

EXPASYL™



Multipatient 1g capsule.
(5-6 applications/capsule)

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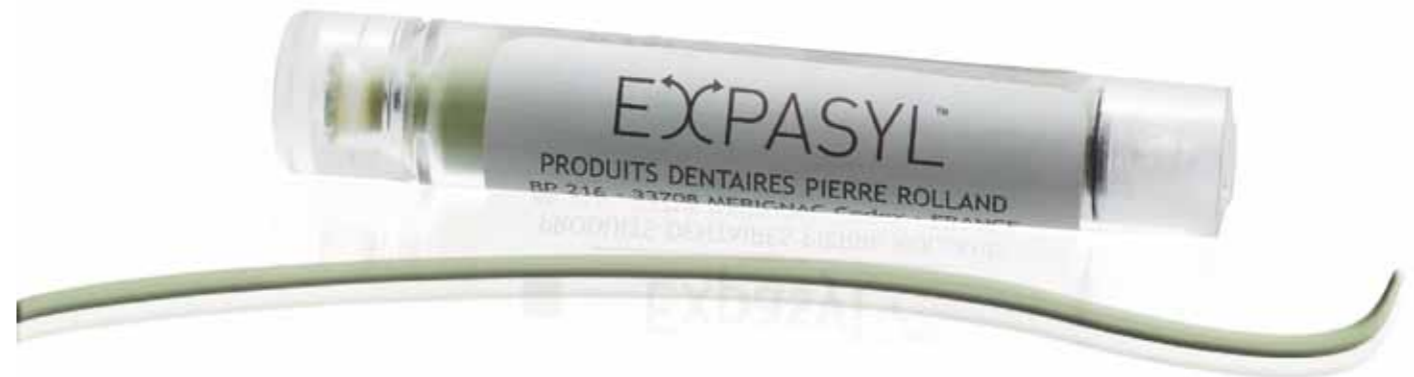
Photos courtesy of © AJ Faucher. Académie du Sourire

References	Products
KITS & APPLICATOR	
Ref. 294 100	Minikit: 1 Applicator + 6 Capsules + 12 Straight Cannulas (bendable)
Ref. 260 900	Applicator x1
CAPSULES & CANNULAS	
Ref. 261 030	Capsules x20
Ref. 294 010	Capsules x6
Ref. 261 001	Strawberry Capsules x20
Ref. 261 005	Straight Cannulas (bendable) x100
Ref. 261 040	Straight Cannulas (bendable) x40
Ref. 261 015	Pre-bent Cannulas x100
Ref. 261 045	Pre-bent Cannulas x40

Not available in all countries. Please contact your dealer.

EXPASYL™

**Effective and atraumatic
sulcular opening
for a natural and aesthetic
prosthesis.**



Class I medical device - CE - For professional use only.
Read the instructions in the notice carefully. Manufacturer: Produits Dentaires Pierre Rolland - France.
All information that is essential to ensure correct use of these devices
is included in the summary of the product characteristics available on the laboratory's website.
Not reimbursed by health insurance organisations.
Created in: July 2016

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EN



YOUR GREATEST ALLY FOR A NATURAL AND AESTHETIC PROSTHESIS

EXPASYL™

15 YEARS
OF CLINICAL
EXPERIENCE



THE RIGHT PRESSURE FOR A SAFE AND EFFECTIVE RESULT

Expasyl provides excellent benefits with little risk. Its viscosity has been carefully calculated to open the sulcus effectively without damaging the epithelial attachment. The opening quality is equivalent to that obtained with a retraction cord. Without injury, bleeding or pain. Your procedure is both safe and effective. No need to wait for the tissue healing since it has not been damaged.

UNPARALLELED PERFORMANCE

- Top-quality opening and efficient drying
- Preserves the epithelial attachment and gum line.
- No bleeding. No recession. No pain.
- Fast, simple and cost-affordable protocol.
- Expert guarantee.



AJ. Faucher, Académie du Sourire

MULTIPLE INDICATIONS

- Expasyl offers a wide range of applications:
- Conventional and digital imprint.
 - Sealing / Bonding.
 - Class II and V preservative care.
 - Implantology.

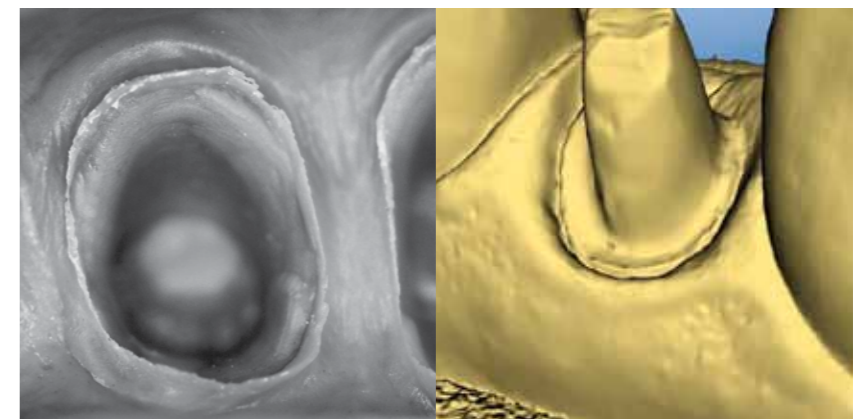


WITH EXPASYL, ENJOY A HIGH- PRECISION IMPRESSION

The prosthesis is natural, attractive and perfectly adjusted.
The gum tissue is intact.



AJ. Faucher, Académie du Sourire



M. Elmosnino

P. Lalet, e-dentisterie

THE RIGHT PRESSURE FOR A PERFECT SULCULAR OPENING, WITH NO TRAUMA OR PAIN.

ECT SULCULAR OPENING,

MAXIMUM EFFICIENCY

- The compound opens the sulcus and dries it (blood, saliva and fluids). Efficiently.
- Combination with an accessory, solution or additional procedure is no longer necessary.
- The preparation limits and emergence profile are fully accessible.

PAINLESS & ATRAUMATIC PROCEDURE

- Expasyl generates a pressure that is 37 times less than that of a cord (143 vs 5396 kPa)⁽¹⁾.
- The epithelial attachment is preserved (the integrity of the epithelial attachment is no longer guaranteed above 2400 kPa)⁽²⁾. The risk of gingival recession and bone resorption are reduced.
- Your patient doesn't suffer.



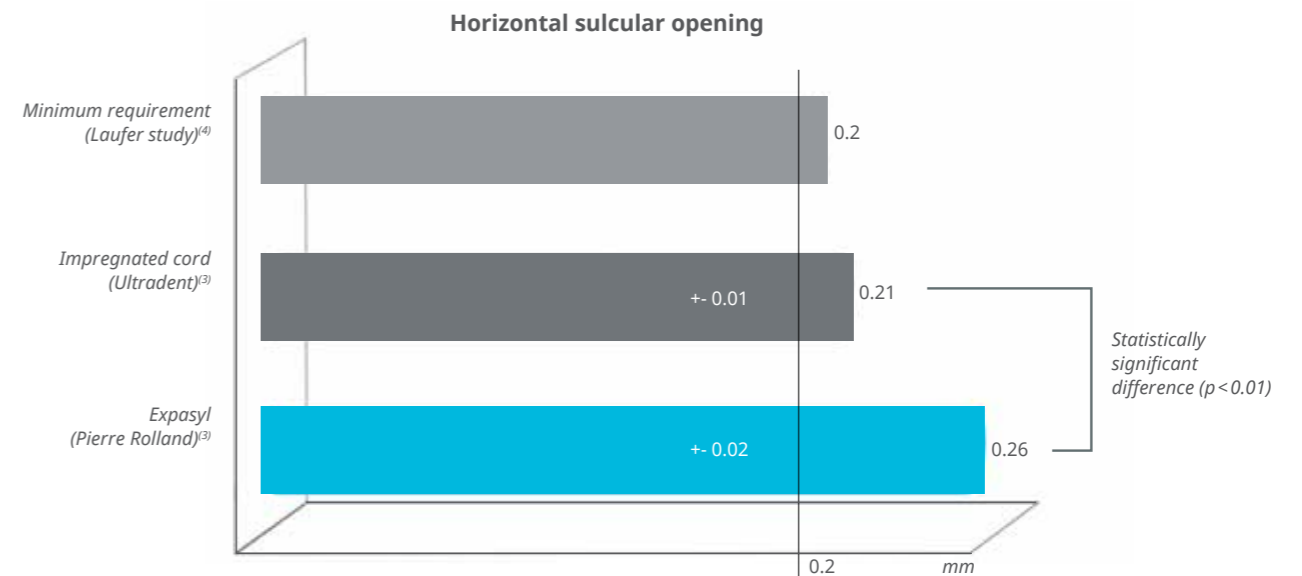
G. ALDIE



G. ALDIE

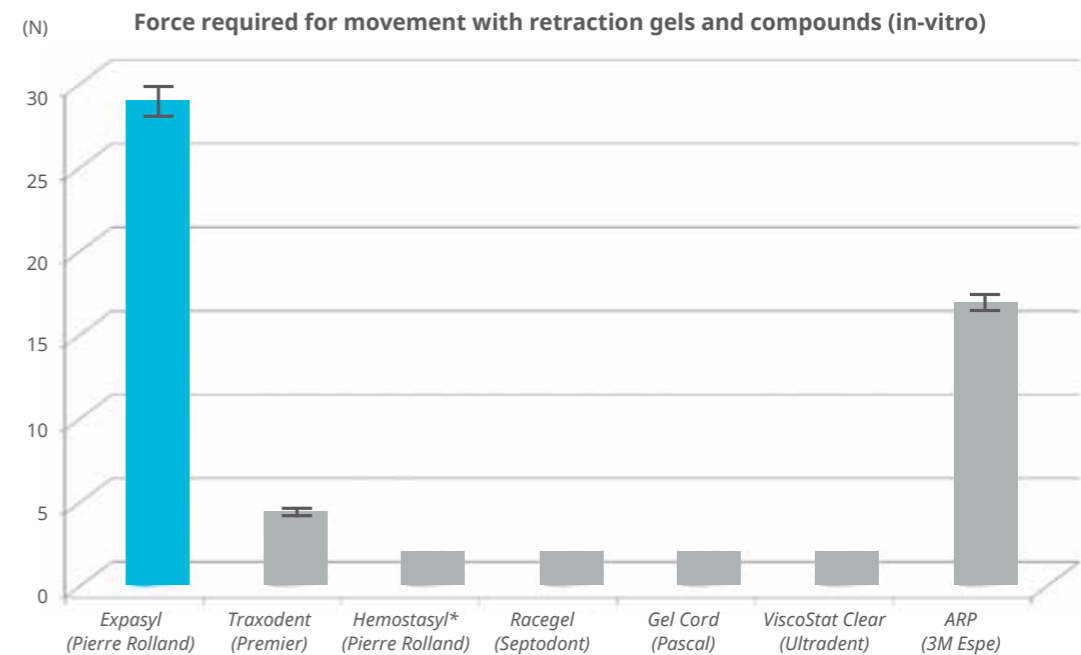
Better opening than with a retraction cord

Expasyl provides a significantly better horizontal sulcular opening than can be obtained with a retraction cord⁽³⁾.



Greater pressure than other compounds

Expasyl generates a pressure that is 1.7 to 9.2 times greater than other retraction compounds available on the market⁽⁵⁾.



⁽³⁾ Prasanna GS, Reddy K, Kumar RK, Shivaprakash S. Evaluation of efficacy of different gingival displacement materials on gingival sulcus width. *J Contemp Dent Pract.* 2013 Mar 1;14(2):217-21. ⁽⁴⁾ Laufer BZ, Baharav H, Langer Y, Cardash HS. The closure of the gingival crevice following gingival retraction for impression making. *J Oral Rehabil.* 1997 Sep;24(9):629-35. ⁽⁵⁾ Abstract #1364. American Association for Dental Research. 2012 March. * Note: Hemostasyl is included in this study but is not a retraction compound.

⁽¹⁾ Bennani V, Aarts JM, He LH. A comparison of pressure generated by cordless gingival displacement techniques. *J Prosthet Dent.* 2012 June;107(6):388-92. ⁽²⁾ Bennani V, Inger M, Aarts JM. Comparison of pressure generated by cordless gingival displacement materials. *J Prosthet Dent.* 2014 Aug;112(2):163-7.

APPROVED BY EXPERTS

EXPASYL™ IS RECOMMENDED BY:



The reference in terms of CEREC ab-initio training and the mastery of advanced practices.

The experts fully endorse Expasyl



Expasyl and Intact Epithelial Attachment

The epithelial attachment is the most fragile part of the periodontium. It must be approached with care during treatment and when working with prosthesis so as not to cause breakage and/or irritation. The Pierre Rolland Laboratories were the first to offer dental surgeons the Expasyl™ system, making it possible to deflect the gums without breaking the epithelial attachment and to create an impression for a prosthesis that meets the state of the art. As periodontists, we are naturally excited about the possibility of not being iatrogenic and preventing unfortunate attachment loss and unsightly gingival recession.

Dr. Jacques CHARON
Periodontist
Designer of the ParoConcept Method



Expasyl and CAD/CAM

A system for gentle gum eversion and reliable haemostasis, such as Expasyl, is an essential part of the preparation protocol prior to recording optical data. [...] An additional specific advantage in using Expasyl with direct CAD/CAM (full treatment during one session) is that Expasyl treats the epithelial attachment, which means that bonding can be carried out during the same clinical process whilst preserving the gum line during all the phases of creation, in a single operation.

Dr. Fabienne JORDAN-COMBARIEU
Dental Surgeon
Trainer for e-dentisterie, approved by the ISCD
(International Society of Computerized Dentistry)



Expasyl and Implantology

Even though the majority of prosthetic steps are done using transfers and replicas, often avoiding aggression to the soft peri-implant tissue, clinicians may need a better view of the cervical edges of implants and must therefore keep in mind the fragility of the peri-implant attachment (adhesion of the more vulnerable hemidesmosomes, collagen fibres running parallel to the main axis of the implant and therefore less anchored, peri-implant conjunctive tissue with fewer cells and blood vessels than the periodontal conjunctive tissue of a natural tooth, etc.).

Dr. Francis LOUISE
Periodontist
UP-HP

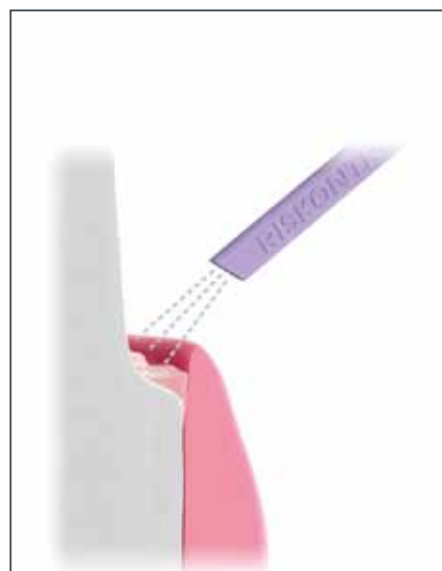
Expasyl and Ceramic Bonding

Expasyl is a product I cannot do without in my day-to-day practice. It is extraordinary for making impression and, in the time of ceramic restoration, essential for eliminating gingival fluid during bonding.

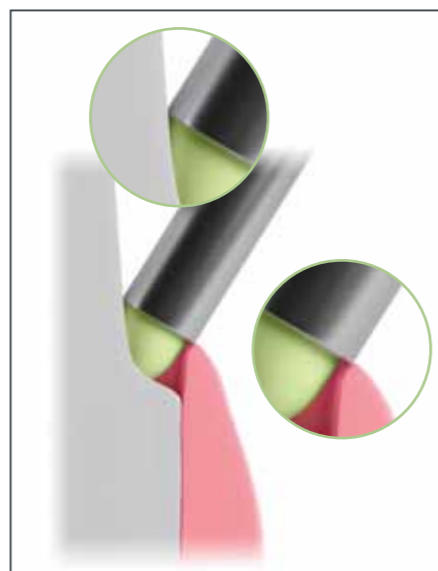
Dr. Gary M. RADZ
Private Practice - DDS
Cosmetic Dentistry of Colorado

FAST, SIMPLE AND COST-AFFORDABLE PROTOCOL

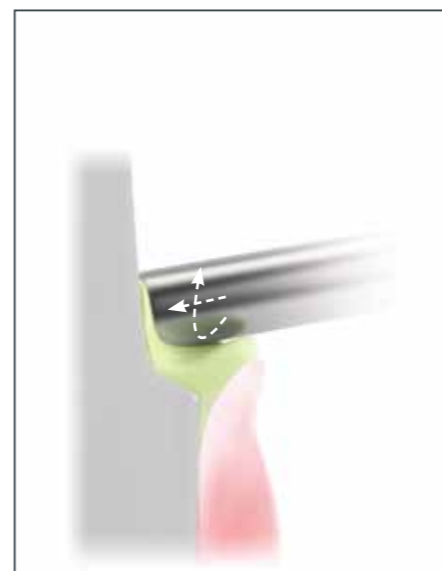
SIMPLE PROCEDURE



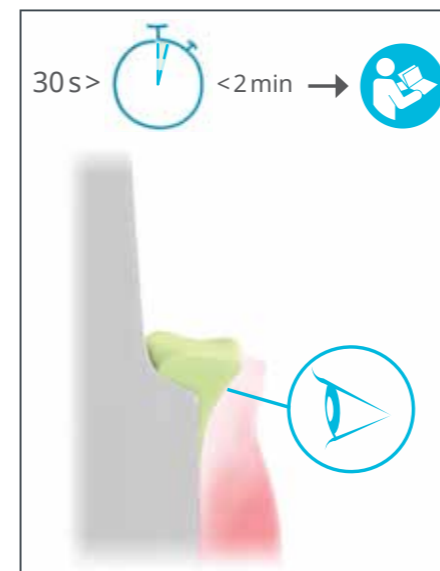
1 Gently rinse and dry the preparation.



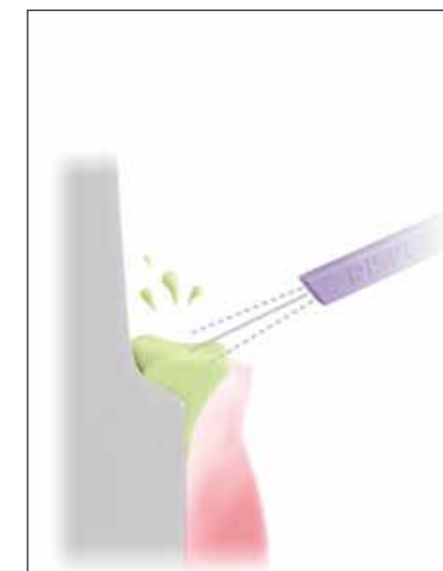
2 Position the end of the cannula to create a closed space. Slowly extrude the material.



3 After applying, press the end of the cannula to the tooth and pivot it. The compound cord is easily broken away.



4 Let Expasyl act for 1-2 minutes. The gum tissue whitens, indicating the compression exerted by the material.



5 Clear with a gentle air-water spray.



6 The sulcus is opened, and the site is completely dry. No injury. No pain. No bleeding.

TIME SAVINGS

- Placement: Expasyl easily inserts into the sulcus in less than 20 seconds.

- Contact time: Expasyl works in just 1-2 minutes.

- Removal: Expasyl is easily cleared with a gentle air-water spray.



MONEY SAVINGS

- With Expasyl, there is no need for additional anaesthesia or haemostasis.

- **Time savings:** up to 5 minutes per tooth (especially helpful when preparing multiple teeth).

- Impression made at the same clinical time, even with heavy bleeding.

A COMPOUND SUITABLE FOR ALL

CLINICAL CASES

1



The teeth are prepared for veneer restorations. The limits are very slightly subgingival.

2



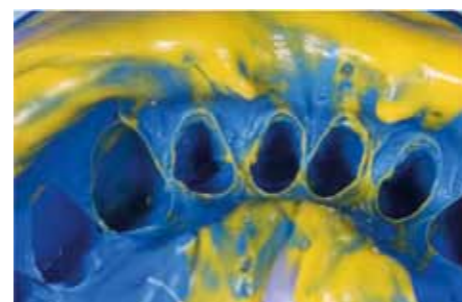
End of gingival retroversion with nothing but the use of Expasyl left on for 2 minutes.

3



After removing the product and drying the preparations, light silicone is applied to the incisal portion. It is pushed into the open sulcus with no trauma by the heavy silicone, using the triple mixture method.

4



Result of the imprint: the sulcular space is defined by the light silicone.

5



The temporary veneers are in place.

6



Final result one year after the procedure.

AJ. Faucher
Académie du sourire

Like a traditional impression, a digital imprint requires a precise reading of the limits and no bleeding. For this subgingival preparation covering the dark side of the tooth, the gum tissue quickly repositions itself on the margin, making it impossible to read. Expasyl makes it possible to open the sulcus and dry the place for a right impression. Because reading is easier, the procedure is completed more quickly.

P. Lalet
e-dentisterie

1



Teeth 16 and 17 before Expasyl.

2



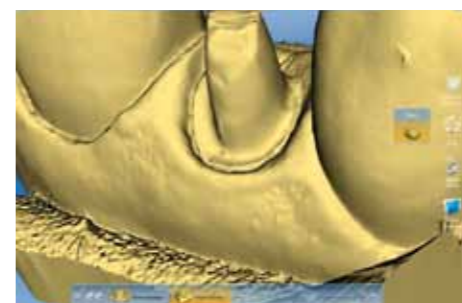
Expasyl left in place for 1 minute.

3



Teeth 16 and 17 after Expasyl removal.

4



Cerec virtual model with preparations 16 and 17. Very readable preparation limits thanks to Expasyl.

5



e-max CAD porcelain caps in place (photo 10 days after placement). The limits are complied with, and the gum tissue is intact.

G. Aldié