

LIGHT-CURING GLASS IONOMER RESTORATIVE



GLASS IONOMER MATERIALS BY VOCO – PROVEN PRODUCTS HELPING YOU IN YOUR SERVICE TO THE PATIENT EVERY DAY.

For more than 2 decades VOCO has been active in the research and manufacturing of glass ionomer materials designed for dental application. With their indications our glass ionomer filling and luting materials offer a wide range of use in restorative dentistry.

VOCO's glass ionomer materials constitute only a part of VOCO's product range and are suited for specific clinical situations, supporting you in offering solutions for the daily challenges in the surgery.

Glass ionomer products are often compared to highly sophisticated composites, instead of deriving benefit from the advantages of these materials and applying them in accordance with the indication.

Minimally invasive treatment

Small initial carious lesions are only opened as far as necessary, caries is removed and a tooth-coloured glass ionomer restorative is used for treatment: in the case of the light-curing lonolux, it's tooth-friendly and time-saving. The patient only has a short treatment time, and the surgery a significant gain in time.

Paediatric dentistry

Fortunately, most people have already realised that regular oral hygiene from an early age is absolutely essential for keeping teeth healthy. If dental treatment is necessary for children, the dentist and the young patient will be glad of a treatment that is limited to the essential steps and can be done without a prolonged procedure. Advanced glass ionomer restoratives like lonolux are helpful in these situations:

Only relative drying, no conditioning of the tooth hard substance before placement of the restorative, immediate curing without any varnish keeps the "stress" within limits for both sides.

The elder patient

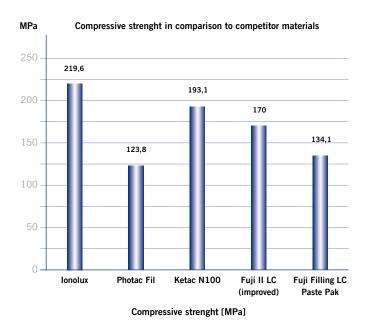
The proportion of elder people in society is rising; this tendency is also seen in the patient mix of the dental surgeries. The demands of that group, placed on the dentist in the field of conservative dentistry clearly differ from those of younger patient groups. Atrophy of the jaw bones accompanied by recession of the gingival line, widely exposed cervical areas and root surfaces, limited manual mobility, can as a result lead to worse oral hygiene which also has an impact on this group.

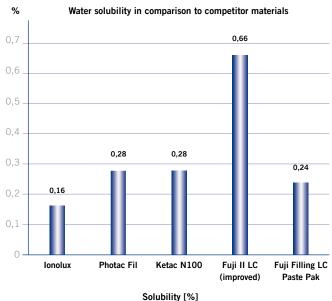
Glass ionomer restoratives are an ideal option for treatment in such cases: Relative drying is sufficient for placement of the filling, good modelling also in cervical areas and quick curing under blue light. As well as fluoride release are the features that recommend lonolux as an ideal material for aged teeth.

Preprosthetic care

Extended defects of the hard tooth substance are frequently subject to intervention before prosthetic treatment can begin. These treatments can often last on for a long time before all affected teeth are caries-free and substance defects are compensated.

In such cases glass ionomer restoratives are a good choice: Caries is treated first, and the tooth then built up. After this first treatment step the build-up is prepared and becomes the basis for the subsequent permanent restoration. Ionolux can be smoothly applied into the cavity, it blocks out undercuts, levels unevenness and does not change the natural tooth colour. Even a large build-up can be prepared efficiently.





Source: VOCO internal measurement 2009

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Pain and emergency therapy

Patients with pain are a challenge for every surgery. With lonolux, the dentist can reliably treat the patient after elimination of the factors causing pain, caries profunda treatment or endodontic treatment. Thus you gain time for your patients and have the safety that you provide first care with a proven light-curing glass ionomer restorative.

Often the result of a treatment has to be monitored over a long period of time. Was the CP successful? Is it necessary to place medication once more before the definitive root filling? Will the patient remain pain free? You need a bacteria- and medicine-tight restorative which is capable of supporting your measures and keeping the cost for first care moderate. Ionolux meets these requirements.



CLINICAL APPLICATION





Tooth 35 immediately after treatment



Dr. Isma Goltz, Bremen





... final restoration



Dr. Isma Goltz, Bremen



... and sealing after endodontic treatment



Pain case: teeth 16, 15 after excavation

Crown 14,

access preparation





Subsequent treatment with Ionolux

Prof. Hervé Tassery, MCU-PH, Fakultät für Odontologie, Université de la Méditerranée AIX-Marseille II



LIGHT-CURING GLASS IONOMER RESTORATIVE

Indications

Class III and V restorations

Small class I restorations

Restorations of deciduous teeth

Cervical fillings and root caries

Temporary restorations

Core build-up

Lining

 Excellently suited as an alternative for the composite-bonded-to-flow technique in deep cavities

Situations in which etching is not indicated, or will take too much time:

- Very deep cavities close to the pulp
- Paediatric dentistry
- Geriatric dentistry
- Disabled patients

Advantages

- · Light-curing in only 20 seconds, and long working time
- No etching, no bonding
- Packing and modelling immediately after placement in the cavity
- No varnish required
- · Easy to finish and polish
- Fluoride releasing
- Biocompatible
- Radiopaque
- Does not stick to the instrument



Presentation

REF 1990 Powder / liquid (12 g / 5 ml) A1, mixing pad,

accessories

REF 1991 Powder / liquid (12 g / 5 ml) A2, mixing pad,

accessories

REF 1992 Powder / liquid (12 g / 5 ml) A3, mixing pad,

accessories



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