

ISSUE:

**02**  
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# D L S DENTAL LIFE SCIENCES



**ARKONA**

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[www.dentallifesciences.com](http://www.dentallifesciences.com)



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Nasutów 99 C, 21-025 Niemce, Poland, EU

# Comcord

composite and fibre matrix

**SIMPLE AND EASY FOR EVERYONE.**

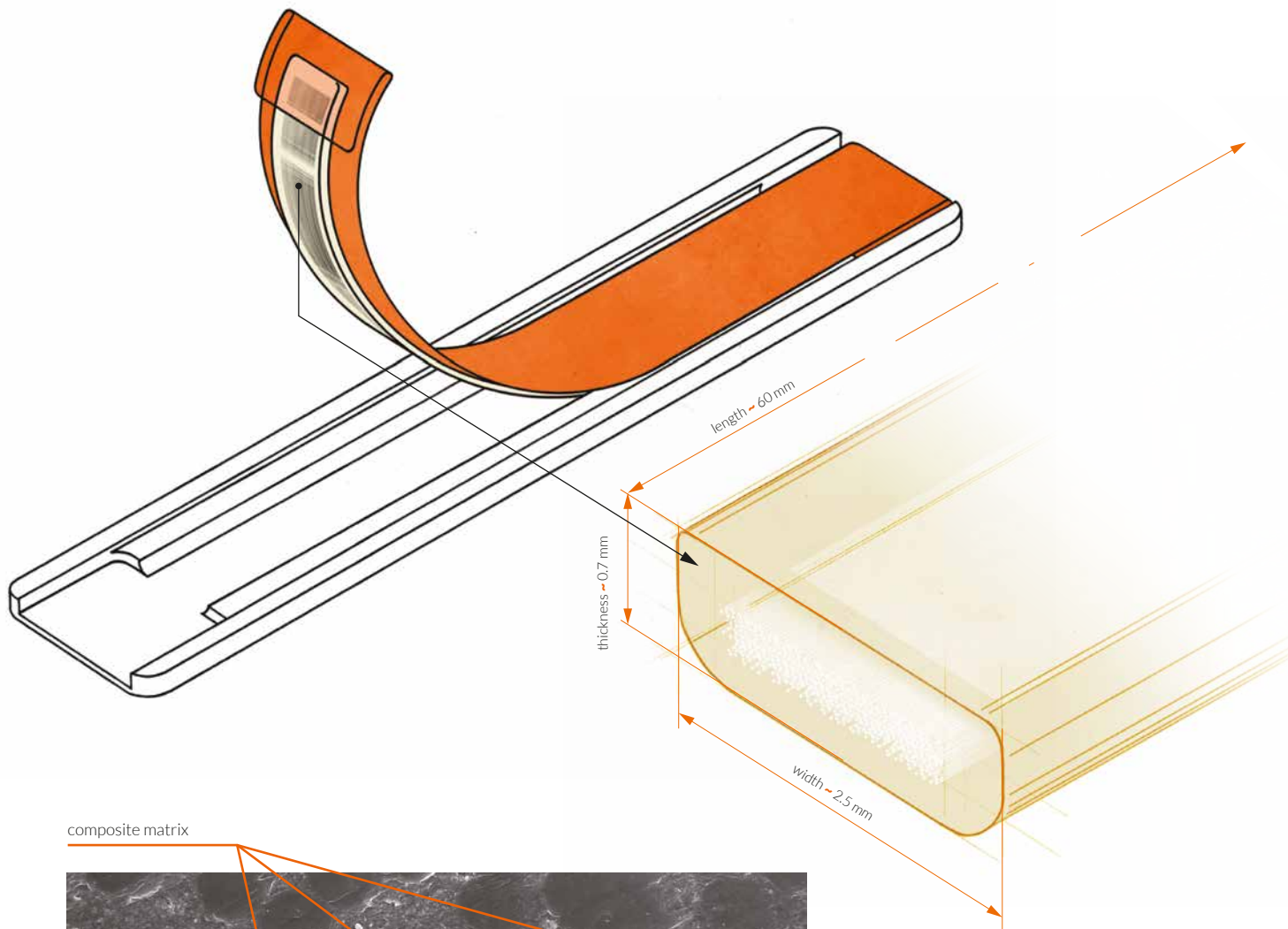


## SIMPLE

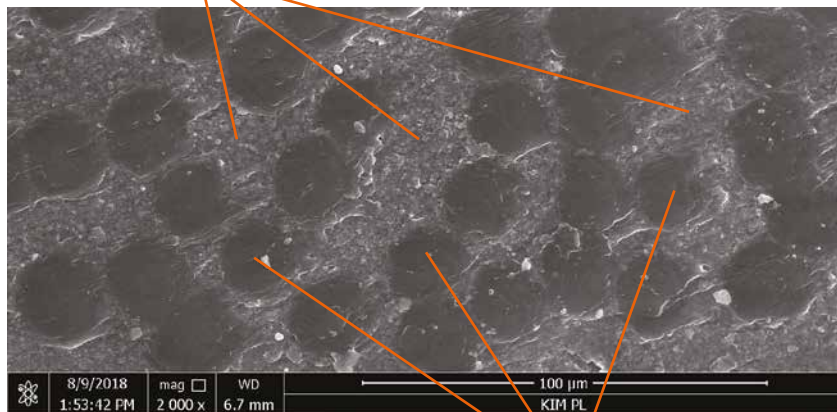
- QUICK APPLICATION
- MODELLING IS AS EASY AS A FILLING
- NO TRAINING REQUIRED

## FOR EVERYONE

- MULTIPLICITY OF INDICATIONS
- LOW-COST PROCEDURES
- NO TRAINING REQUIRED



composite matrix



COMCORD cross section SEM image (2000 x).

filaments

## INDICATIONS

- splinting of loose or avulsed teeth;
- support for permanent composite restorations such as fillings, crowns, bridges, onlays and inlays;
- composite bridges: Conventional, Maryland and Rochette types;
- orthodontic retainers.



## BRIDGE - SINGLE-TOOTH RESTORATION

A single missing tooth is the most common type of tooth loss. A COMCORD reinforced bridge enables a one-visit tooth replacement which takes no more than 30-40 minutes.



## CROWNS - CORE BUILD UP

COMCORD can be used for all types of crown reconstruction, regardless of shape of the core. Permanent and highly aesthetic work can be completed in 30-40 minutes.



## CROWNS - CROWN RESTORATION WHERE THERE HAS BEEN ROOT CANAL THERAPY

Comcord re-establishes the contact points, adheres closely to the remaining tooth. Comcord with its fibre re-inforcement is much more durable and faster to apply than layering composite. It will withstand forces greater than those experienced by chewing. Comcord's close adherence to the remaining tooth protects the gum from interproximal inflammation.



## LARGE FILLINGS, ONLAYS - A TOOTH WITH EXTENSIVE CORONAL DAMAGE BUT WITHOUT THE NEED FOR ROOT CANAL THERAPY

Extensive crown damage is particularly difficult to rebuild when it reaches below the gingival margin and when it involves the loss of contact points. A COMCORD reinforced onlay is a quick and effective way to solve this problem. COMCORD helps restore the contact points, it adheres tightly to the tooth surface and protects the gum by preventing plaque build up that causes inflammation. The total procedure takes approximately 15 minutes.

Using COMCORD as a support for large fillings ensures the same benefits as above.



## STABILISING SPLINT - MOBILE TEETH

Periodontal disease is usually associated with progressive tooth mobility. A COMCORD splint is a durable and very simple way of achieving tooth stabilisation. The procedure takes approximately 20-30 minutes and it can be easily performed in any dental office.



## SPLINT-BRIDGE - MOBILE TEETH WITH A SINGLE-TOOTH RESTORATION

In the most severe cases of periodontitis there is associated tooth loss. In such cases the best solution is to make a splint with the replacement teeth attached. A COMCORD splint enables permanent stabilisation of the preserved mobile teeth as well as aesthetic replacement of the lost ones.



CROSS INFECTION CONTROL  
C O M P O S I T E



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## WHY CiCC

**REDUCES BIOHAZARD**

**REDUCES COST  
OF MATERIALS**

**REDUCES TIME  
AND EFFORT REQUIRED  
FOR ANY FILLING  
PROCEDURE**





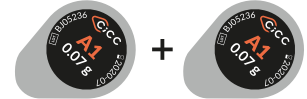
## SMALL FILLINGS IN DECIDUOUS AND PERMANENT TEETH

Composite in a 0.07 g blister is the ideal quantity for a small filling. Without wasting material.



## MEDIUM-SIZED FILLINGS

Combine CiCC blisters in any way you want: two 0.07 g blisters are perfect for filling medium-sized cavities without the need to remove any excess material.



## LARGE FILLINGS

CiCC is also available in a 0.2 g blister which is most suitable for large cavities and onlays.



## COLOURED FILLINGS IN DECIDUOUS TEETH

Why not make a dental appointment a little bit of fun? Pink and blue fillings are especially popular with the youngest patients. Let them choose their colour.



## TEMPORARY TREATMENTS: OCCLUSAL CORRECTION

Use CiCC PINK/BLUE to correct the bite, or as the first layer of the occlusal correction. Coloured composite contrasts with enamel and thereby eliminates the risk of accidental enamel damage during its removal.



## TEMPORARY TREATMENTS: SPLINTS AND RETAINERS

Using CiCC PINK/BLUE as a temporary splint or retainer attachment ensures a clear demarcation between composite and a tooth, eliminating the risk of enamel damage.



# Colourflow

light cured flowable dental composite



COLOURFLOW is a modern, light-cured composite, available in nine colours.

The **A2** is not enough.

available in a 1 g syringe





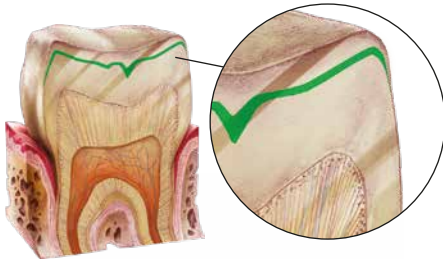
## MARKING AND SEALING ROOT CANAL ORIFICES AFTER ENDODONTIC TREATMENT

Marking root canal orifices after endodontic treatment makes it easier to locate them in the case of subsequent retreatment. The procedure also protects root canals from secondary caries development. Additionally, assigning particular colours to certain cases, facilitates subsequent procedures.



## PROTECTING ENAMEL DURING THE REMOVAL OF TEMPORARY SPLINTS AND RETAINERS

Attaching temporary fibres or retainers, using tooth-coloured composites, which are later removed, risks damaging healthy enamel. On the other hand, incomplete removal of composite material results in poor aesthetics and may lead to the development of secondary caries. Using COLOURFLOW as a fibre or a retainer attachment ensures a clear demarcation between composite and a tooth, eliminating the risk of enamel damage.



## PROTECTING TEETH DURING THE REMOVAL OF OCCLUSAL CORRECTIONS

Using tooth-coloured material to correct the bite can lead to damage to the underlying enamel, if it needs subsequent removal. Applying a first layer using a contrasting coloured composite eliminates the risk of accidental tooth damage.



## TO INDICATE THE AMOUNT AND DISTRIBUTION OF SEALANT IN CHILDREN

Using COLOURFLOW for filling pits and fissures in the occlusal surfaces of children's teeth allows parents to monitor the level of composite wear. The less visible the colour, the sooner should the sealing procedure be repeated.



## IMPROVING AESTHETICS OF RESTORATIONS BY CHARACTERISATION AND STAINING

Colourflow is deal to restore aesthetics and natural look of oral cavity. The composite can be used for various tooth characterisations or for recreating the gum line.

# P Perioflush

for the irrigation of periodontal pockets  
*Liquid*

QUICKLY AND  
EFFECTIVELY CLEANS  
PERIODONTAL POCKETS



The combined effect of ozonated water, low pH and minerals, including colloidal silver, prevents the build up of plaque and pathogenic micro-organisms. The minerals dissolve and dilute the inflammatory accumulations within the periodontal pockets, without potentially painful foaming.

available in a set of 10 x 3 ml syringe

## PERIODONTAL POCKETS

Periodontal pockets around lower incisors are (in adults) the most common cause of the loss of healthy teeth.

55% of population aged 35-44 have 2-4 periodontal pockets which require specialised treatment.

## AREAS AROUND TEETH WITH DIFFICULT ERUPTION, ESPECIALLY WISDOM TEETH

Partial tooth eruption usually causes pericoronitis - a bacterial infection of the soft tissues around the crown of a partially erupted tooth. It occurs when food debris is trapped under an operculum (a soft tissue flap that covers some of the chewing surface of a partially erupted tooth). Such area cannot be adequately cleansed and therefore it becomes an ideal environment for accumulation of bacteria.

90% of patients with wisdom teeth have experienced repeated episodes of pericoronitis during eruption of those teeth.

## INTERDENTAL SPACES WITHOUT PROPER POINTS OF CONTACT

Open contact between adjacent teeth causes food debris and plaque accumulation and it is an ideal space for bacterial growth. Those remains can be hard to clean out, which leads to inflammation and infection.

According to the survey\*, this is the most frequent cause of periodontal disease.

## AREAS AROUND ORTHODONTIC APPLIANCES

Vast majority of patients with fixed orthodontic appliances have, at least once, suffered from periodontal disease at some point during their treatment. Such appliances cause an increase in bacteria around the bracket and the band. These, combined with poor oral hygiene and abnormal occlusal forces, can result in a rapid development of periodontal disease.

According to the survey\*, around 30% of patients with fixed orthodontic appliances frequently suffer from at least one type of periodontal disease.

## PERIODONTAL POCKETS AROUND TEETH INTENDED FOR EXTRACTION

Periodontal pockets are usually found around teeth affected by dental caries and intended for extraction. Inflammation may significantly impair the healing process of the socket after the tooth has been extracted.

There are approx. 50 000 carious teeth removed each year. Periodontal pockets are found in almost all of these cases.

## AREAS UNDER RESTORATIONS SUCH AS BRIDGES AND CROWNS

Areas around restorations (especially improperly constructed ones) are exposed to an increased food debris and plaque accumulation. Such places are difficult, or even impossible, for the patient to clean at home.

In patients with restorations, using a regular toothbrush does not ensure a proper oral hygiene. However, only around 10% of population uses dental floss on a daily basis; only around 5% of population regularly uses mouthwash.

# Sealprim

nanohybrid, translucent  
pit and fissure sealant



**QUICK POLYMERISATION**

3 mm in only 5 seconds

**INSTANT APPLICATION**

without using adhesive system



available in a 1 g syringe





### HEALTHY DECIDUOUS TEETH

In the case of deciduous teeth, occlusal surfaces of molars are highly susceptible to dental caries development. Caries is the main cause of toothache in children; it may also lead to malocclusion, sleep problems and long-term learning difficulties.

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### HEALTHY PERMANENT TEETH

In the case of permanent teeth, occlusal surfaces of molars and premolars are highly susceptible to dental caries development.

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### HEALTHY TEETH WITH SUPERFICIAL DENTAL CARIES

The mechanical strength of SEALPRIM allows it to be used not only for sealing procedures, but also for fillings. After the carious lesion has been removed, cavity filling, as well as sealing, may be performed using the same composite.

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### FORAMINA CAECUM (BLIND HOLES)

Foramina caecum – small holes which are usually found in palatal surfaces of first and second incisors – create an environment which is conducive to the development of dental caries. Even an insignificant caries in a deep foramen caecum may lead to serious dental fracture – especially in the case of second incisors which tend to be thinner and more fragile. Sealing is the most effective and the least invasive method of protecting such teeth.

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### UPPER THIRD MOLARS (WISDOM TEETH)

Upper third molars are very difficult, or even impossible, for the patient to clean at home and traditional oral hygiene is usually insufficient to prevent the development of dental caries. However, prophylactic extraction of healthy wisdom teeth is unjustifiable. A wisdom tooth which is protected against oral bacteria and harmful oral acids may stay completely healthy for many years. Such a tooth can prevent malocclusion or serve as an attachment place for dental crowns and bridges.

# Chords

light cured polyaramid dental fibres



## INDICATIONS

- support for permanent composite restorations such as crowns, bridges, onlays and inlays
- splinting or immobilising loosened teeth
- orthodontic retainers
- individual posts

One package contains a 10 cm fibre; available in widths: 2 mm, 3 mm or 4 mm



O-PHOSPHORIC ACID 36%

# Etchgel

dental etching system



Based on water, purified and ozonated to international pharmacological standards, which ensures an easy and complete rinsing of the product.

Formulated using natural raw materials, which do not stain teeth.

available in: a 2.6 g/6.5 g/13 g syringe or a set of 3 x 13 g syringe

An excellent **ETCHING GEL**

# Create

light cured dental composite restorative material

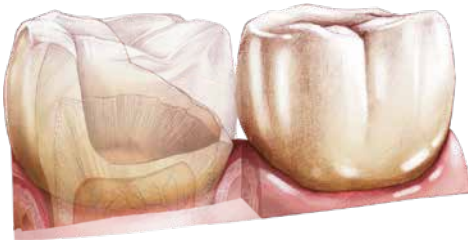
LIGHT CURED COMPOSITE  
OF AN INCREASED MECHANICAL DURABILITY



The only technology that enables a permanent restoration in one visit of approximately 2 hours.  
Non-invasive and affordable alternative to implants.  
For dentists and dental technicians.

available in shades: A1, A2, A3, A3.5, OA2, OA3, B1, B2, C2, D2, D3, T – transparent

available in a 6 g syringe



**LARGE FILLINGS, ONLAYS, ENDOCROWNS**

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**BRIDGES - TOOTH RESTORATION**

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**SPLINT-BRIDGE - TOOTH RESTORATION**

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**CROWN RECONSTRUCTION**



# Glaze

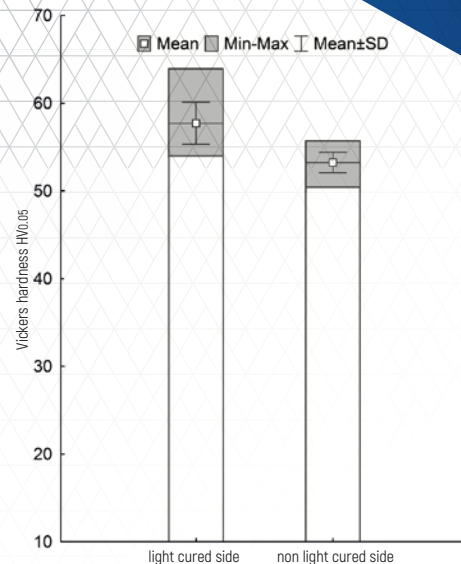
light cured final glaze



**GLAZE** is a universal light cured product, created on a base of organic resins. It can be applied on all kinds of materials: light- and self-cured ones. Glazed teeth do not require additional polishing.

**GLAZE** increases the glossiness of composite fillings, composite restorations and glass ionomers.

**GLAZE** also significantly increases the mechanical strength and durability of glass ionomers.



available in a 3 ml bottle

# Bond

dental adhesive system



Universal, one-bottle dental adhesive system.

Ensures adhesive strength on the level of  $20 \pm 3$  MPa to enamel and approx.  $12 \pm 2$  MPa to dentine.

available in a 4 ml bottle

# Silkflow

light cured flowable dental composite

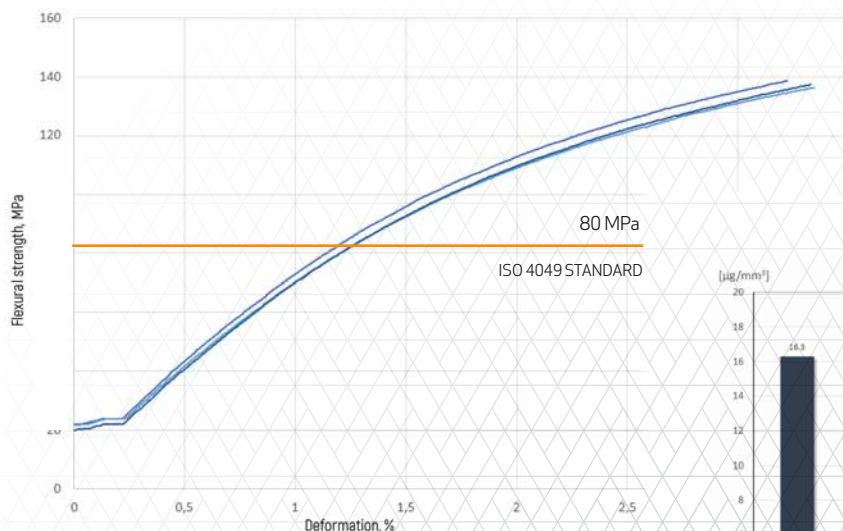
**SILKFLOW** is a universal, light cured composite with a broad range of applications.

available in shades: A1, A2, A3, A3.5, OA2

available in: a 2 g syringe or a set of 3 x 2 g syringe







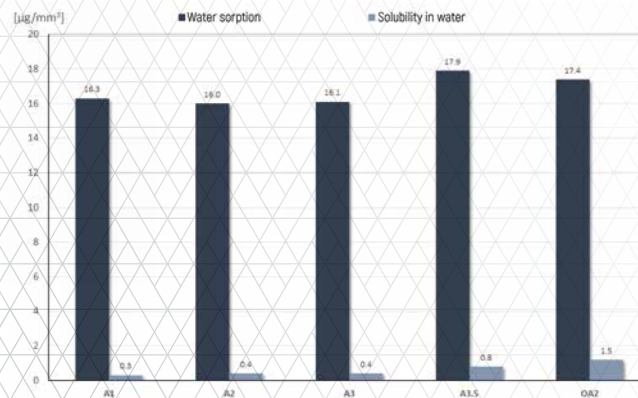
**Zwick / Roell**

EN ISO 4049:

Minimum flexural strength 80 MPa

Maximum water sorption 40  $\mu\text{g}/\text{mm}^3$

Maximum water solubility 7.5  $\mu\text{g}/\text{mm}^3$



The optimal composition and proportions of dimethacrylate resins (Bis-GMA, UDMA, Bis-EMA, TEGDMA) and fillers in SILKFLOW composite ensures excellent mechanical performance and exhibits high levels of flexural strength – the value of possible deformation without damage is approx. 3%.

# Colourant

light cured flowable dental composite

**COLOURANT** is used locally to increase colour intensity of composite restorations and composite fillings, in order to mask or cover stains, metal or other imperfections.



available in: Gingival, White or A, B, C  
(different degrees of colour intensity)



available in a 1 g syringe

# Preop

making your working environment safer



**PROTECTS DENTISTS,  
DENTAL STAFF  
& PATIENTS**

PREOP significantly reduces the bacterial load in the patient's mouth when used as a preoperative mouthwash. PREOP loosens oral plaque, disrupts potential oral pathogens and reduces quantum of the 700 or so microorganisms that make up the microbiota in the mouth. PREOP enhances protection of the working environment for the dentist, staff and patients.

## HOW PREOP WORKS



DISSOLVE  
(30-40 s)



RINSE



SPIT OUT

contains 90 tablets



[www.dentallifesciences.com](http://www.dentallifesciences.com)



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D L S DENTAL LIFE  
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