

Short-term soft lining material for denture base

Denture Soft II

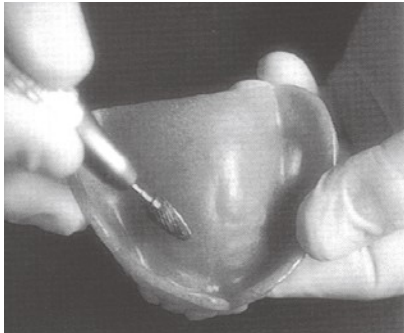
Tissue conditioner & Functional Impression material



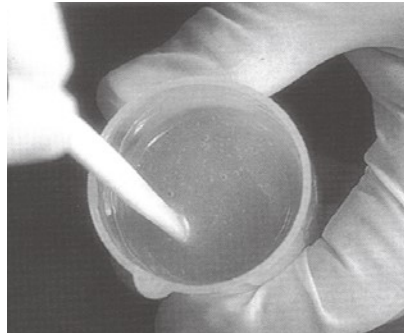
[Characteristics]

Comparing with a conventional tissue conditioner, Denture-Soft II does not lose elasticity over a long period.

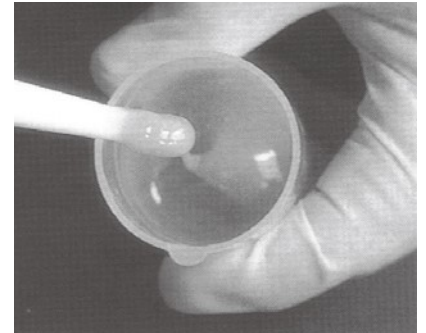
[Procedures]



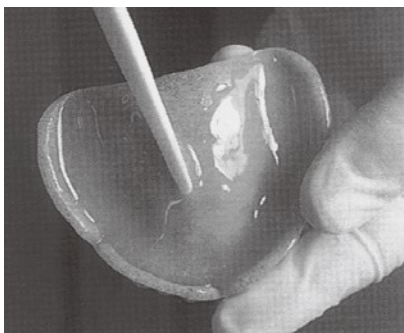
- 1 Remove the old resin surface with a carbide bur where lining is necessary, and is cleaned and dried.



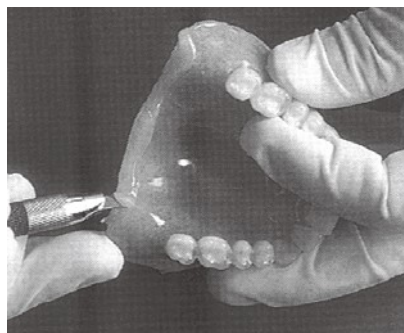
- 2 The mixture of powder and liquid is stirred for about 20 seconds not involving air. The standard ratio of powder to liquid is 3g to 2ml. (Add 2 ml of liquid to the powder, adjusted to the scale 3 of the powder-measuring cup. Or add 5 ml of liquid to the powder, adjusted to the scale 10 of the attached mixing cup)



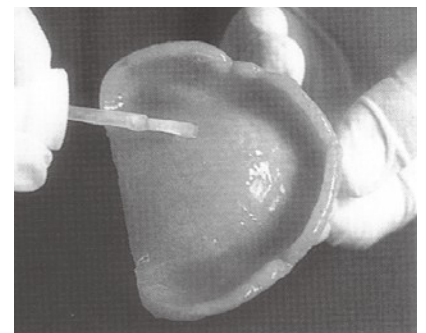
- 3 Creamy paste will become a syrup-like gel within 1 or 2 minutes.



- 4 Apply the syrup-like Denture-Soft II on the inner surface of the denture base, and make even the surface using a spatula. Seat the denture in the mouth to make border molding.



- 5 Remove any excess materials using a knife or heated spatula.



- 6 Apply "New top coat" , included in a set, to the lined surfaces of the denture and its surrounding border to smooth the surface. The durability will be improved by the procedure.

Note) The "New top coat" is a very volatile material, and once it is volatile it becomes very difficult to apply. So please make sure to fasten the lid firmly. (Optional set with 30mL is available)

[Contents]

Powder · · · · · 100g Liquid · · · · · 80mL
New top coat (Surface smoothing material) · · · · · 6mL
Powder-measuring cup,
Mixing cup , Spatula, Syringe
Color · · · · · Pink, White



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Short-term soft lining material for denture base

Denture Soft II

INSTRUCTIONS FOR USE

I. INTRODUCTION

By lining mucous membrane face of a denture base, it is used for temporary lining, tissue condition, obtaining functional impression and so on.

II. INDICATIONS

Short-term soft lining material for denture base, and for functional impression.

III. CONTRAINDICATION

It should not be used with those patients who had allergic reactions including rash, skin inflammation to methyl methacrylate polymer, methyl methacrylate monomer or organic solvents in the past.

IV. POSSIBLE SIDE EFFECT

While it is used, allergic reactions including redness, sore, blister, swelling may occur.

V. INCOMPATIBILITIES

Do not use metal plates.

VI. PRECAUTIONS

1. Safety precautions

1. If allergic reactions including rash, eczema, redness, tumor, swelling, itch, eruption, numbness occur to a patient due to using the material, stop using it immediately and let the patient call a doctor, or call a doctor in case of a dentist or a medical staff suffered.
2. When using the material, take care sufficiently so as not to contact with eyes, skin, or clothing by wearing medical gloves and safety glasses. Although medical gloves (for dentistry) prevent it from contacting with hands directly, as it is known, organic solvents or monomers penetrate them in a short time. So, if the liquid, the powder, the mixture, or the bonding material sticks to gloves, throw them away immediately, and rinse hands thoroughly with running water with soap.
3. Take sufficient precautions so that the material will not contact with patient's eyes, skin, or clothing. In addition, try not to let it stick to any other parts of mucous in the mouth as much as possible than the part that it should be applied.
4. If it contacts with patient's eyes, rinse them with plenty of running water immediately, and let him call an eye doctor, or call an eye doctor in case of a dentist or a medical staff suffered.
5. If excess resin flows into the respiratory tract or the esophagus, let a patient call a medical specialist and have a treatment.
6. After having finished treatment in the mouth, immediately clean the mouth sufficiently

(let a patient rinse the mouth thoroughly). And if the material sticks to the skin, rinse with plenty of running water with soap. If it sticks to clothing, immediately wipe it off with alcohol (with cotton ball) thoroughly.

2. Handling and manipulation precautions

1. When a mucous membrane becomes inflamed or there is a big difference in the distribution of bite pressure against the mucous beneath the denture base, the mucous membrane needs treatment before hand.
2. As the liquid is inflammable, it should not be used or placed near the fire. And if it is spilt on the table or the floor, wipe it immediately with dry cloth.
3. It should be used in the place where the ventilation is appropriate (several ventilation per hour).
4. When polymerized denture is ground or polished, use a local ventilation or dust mask approved by public organizations not to inhale fine particles.
5. In order to prevent infection, syringes and spatulas should be cleaned, and sterilized with alcohol after use.
6. It should not be used together with other products.
7. It should not be used in any ways other than resin for denture base repair.
8. It should not be used by any person other than qualified dentists.

3. Storage precautions

1. The material should be stored to avoid fire, high temperature, high humidity and direct sunlight, at 0°C to 23°C.
2. It should not be stored in a large quantity in the same storage. A fire extinguisher should be installed in the place where it is used and the storage.
3. As for both the powder and the liquid, lids of the containers should be tightened firmly.
4. While it is not used for a long period of time, or stored laying them on their side, store it with both a lid and an inner stopper tightened. (Do not throw away the inner stopper and keep it for storage.)
5. The material should be properly stored and controlled, and not be touched by any person other than people engage in dentistry

VII. COMPONENTS

1. Powder 100g
Poly(ethyl methacrylate), coloring agent, and others
2. Liquid 80mL
BPRG, Ethyl alcohol, and others
3. New top coat 6mL
Ethyl acetate, and others
4. Accessories
Powder measuring cup, Mixing cup, Pipette, Spatula, Steeple-crowned cap

VIII. CLINICAL PROCEDURES

1. Remove an old resin surface of a denture base to obtain a new surface using bur, and rinse with water and dry it.
2. Measure both powder and liquid. In case of lower jaw of a full denture, the standard ratio of powder to liquid is the powder adjusting the scale of 3 (3g) of the measuring cup to the liquid adjusting the scale 2 (2mL) of a pipette. In case of upper jaw of a full denture, the quantity of powder and liquid is twice as much of what mentioned above.
3. Add the liquid to the powder in the mixing cup with a pipette, and mix it for about 20 seconds not to involve air with a spatula. After 1 to 2 minutes the mixture will become like syrup.
4. Spread the syrup like mixture onto the inner side of the denture base, smooth it even as much as possible with a spatula and insert it in a mouth.
5. Ask a patient for occlusion, and take out the denture about 5 minutes later.
6. Take off any excess material with a knife or a hot spatula.
7. Apply "New top coat" as a surface smoothing material thoroughly to the lining surface and the part where mucous surface meets periphery. And smooth uneven spots.

[CAUTION]

1. The mixture should not be spread too much, as it will cause to flow into the pharynx. Ask the patient to breath through his nose so that it will not flow into the pharynx, which should be confirmed in the case of patients who has lower reflex (Such as aged people).
2. When the material is taken out from the container, use it immediately, and the container of the liquid should be tightened its lid firmly after use.

[WARRANTY]

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