

Tips from practicing dentists on using products to the best advantage

Product Category RESTORATIVE MATERIALS AND ACCESSORIES

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Practice location: Plymouth Meeting, PA

Type of practice: General Practice

Years in practice: 21

System/product to be

described: Traxodent – Hemodent Paste Retraction System

Manufacturer: Premier Dental Products Company

Company Website: www.PremierDentalCo.com

Description of this product and its benefits to the dental patient:

Mechanical retraction and hemostasis of gingival tissues during crown and bridge procedures has typically been performed by using gingival retraction cord with or without a hemostatic agent. To further aid in tissue management before final impressions are obtained, a new class of cordless gingival retraction materials called gingival retraction pastes has been introduced. Retraction pastes generally are clay-based to absorb moisture and are coupled with an astringent. They are designed to be placed into and around the gingival sulcus and, within several minutes, produce hemostasis and drying. When retraction paste is used with a compression cap (a cylindrical, dense cotton pellet) and direct pressure, it can also provide tissue retraction. Traxodent (Premier) is a Hemodent Paste

Retraction System that features a functionalized proprietary clay (Figure 1). Traxodent's clay provides an improved ion exchange of the astringent and drying, and gingival retraction because its surface area provides "swelling" capacity for fluid control. Traxodent contains 15% aluminum chloride and



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Figure 1: Traxodent Hemodent Paste Retraction System is can be dispensed either as a unit dose with dispenser or syringe.

Figure 2: Occlusal view of the final preparation for tooth no. 20. Note how the interproximal gingiva is oozing blood.

Figure 3: Patient biting on a Retraction Cap for 2 minutes.

Figure 4: After 2 minutes, the Traxodent retraction paste is rinsed away with water. After gentle drying the tissue is free of blood and moisture and ready for the final impression.

comes in either prepackaged syringes using bendable metal tips or unit doses with a slender plastic tip that fits into an autoclavable dispenser. Traxodent can be used in almost any clinical situation in which control of bleeding is required, and it may even be used in conjunction with gingival retraction cord. The material is dispensed into the area around the prepared tooth followed by having the patient bite on a Retraction Cap (Premier). After 2 minutes, the paste is removed by thoroughly rinsing the area with water. The area can then be gently dried leaving the tissue free of moisture and blood and ideally prepared for the final crown and bridge impression.

Step-by-step description of how this product is used with a patient:

A 47-year-old man sought treatment for a full-coverage restoration on tooth no. 20 after a post-and-core procedure and successful root canal therapy. Using Solo Diamond (Premier) Single Patient-Use diamond burs, I prepared tooth no. 20 for a zirconia restoration. I created at least 1 millimeter of occlusal and axial reduction with

a smooth 90° shoulder finish line that ended equigingivally (Figure 2). Owing to persistent oozing of blood and fluid from the interproximal areas of tooth no. 20, I placed Traxodent retraction paste using a unit-dose capsule around the prepared tooth. I instructed the patient to bite down on a molar-size Retraction Cap and provide direct pressure to the area (Figure 3). After approximately 2 minutes, I removed the Retraction Cap and rinsed the area thoroughly with water. Hemostasis was achieved and the margins of tooth no. 20 were clearly visible (Figure 4). I used a T-LOC Triple Tray Adhesive-Free Dual Arch Impression Tray (Premier) for the final impression. After the mouth removal time had elapsed of the polyvinyl siloxane final impression material, I removed the final impression for tooth no. 20 and inspected it. After verifying complete capture of the preparation details, I fabricated a provisional restoration using bis-acryl temporary material and cemented using NexTemp Temporary Cement (Premier). At this point, I released the patient with another appointment in 3 weeks for definitive cementation of the final restoration.