

Ionolux

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

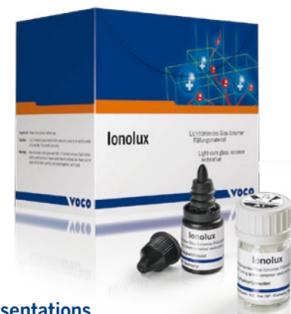
- Excellently suited as an alternative for the composite-bonded-to-flow technique in deep cavities

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



Presentations

- REF 1990 Powder 12 g A1, liquid 5 ml, accessories
 REF 1991 Powder 12 g A2, liquid 5 ml, accessories
 REF 1992 Powder 12 g A3, liquid 5 ml, accessories



Presentations

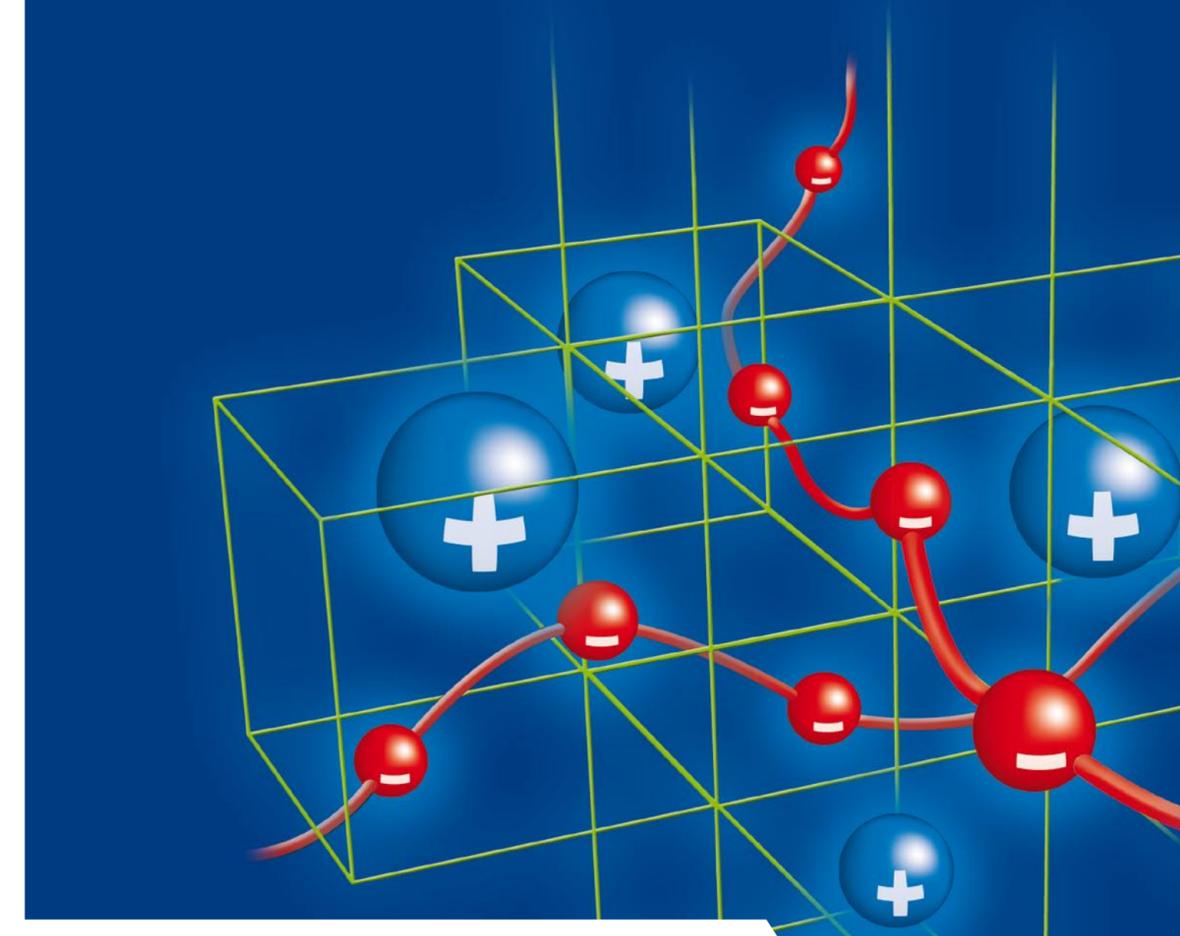
- REF 1980 Set 50 capsules (10 x A1, 10 x A2, 30 x A3), accessories
 REF 1981 Intro-Set 20 capsules A3, AC Applicator, AC Activator
 REF 1984 20 capsules A1
 REF 1985 20 capsules A2
 REF 1986 20 capsules A3

VOCO GmbH
 P.O. Box 767
 27457 Cuxhaven
 Germany

Tel.: +49 (0)4721-719-0
 Fax: +49 (0)4721-719-140

info@voco.com
 www.voco.com

Available from:



Ionolux

LIGHT-CURING GLASS IONOMER RESTORATIVE

Ionolux

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 Ionolux, 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 Ionolux 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

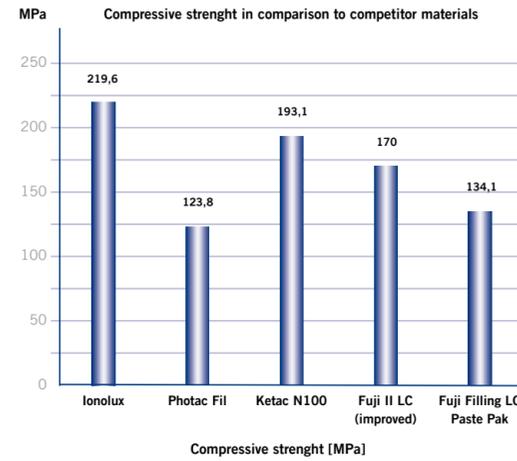
The proportion of elder people in society is rising; this tendency is also seen in the patient mix of the dental surgeries. The demands of that group, placed on the dentist in the field of conservative dentistry clearly differ from those of younger patient groups. Atrophy of the jaw bones accompanied 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 Ionolux as an ideal material for aged teeth.

Preprosthetic care

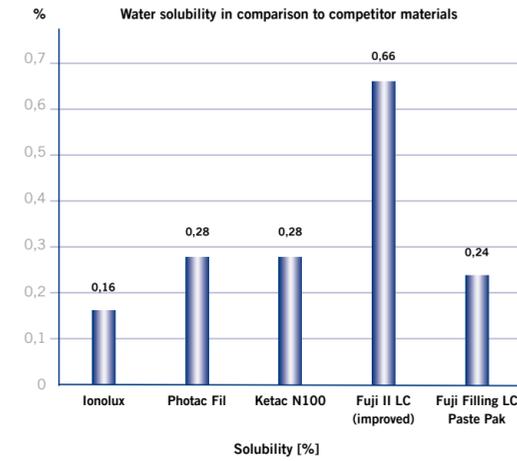
Extended defects of the hard tooth substance are frequently subject to intervention before prosthetic treatment can begin. These treatments can often last on for a long time before all affected teeth are caries-free and substance defects are compensated.

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, Data on File

Photac Fil, Ketac N100, Fuji II LC, Fuji Filling LC Paste Pak are not registered trademarks of VOCO GmbH



Source: VOCO internal measurement 2009, Data on File

Pain and emergency therapy

Patients with pain are a challenge for every surgery. With Ionolux, 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.

Ionolux

CLINICAL APPLICATION



Tooth 35 with cervical defect

Dr. Isma Goltz, Bremen



Tooth 35 immediately after treatment



Cervical caries on upper front teeth

Dr. Isma Goltz, Bremen



... final restoration



Crown 14, access preparation

Dr. Isma Goltz, Bremen



... and sealing after endodontic treatment



Pain case: teeth 16, 15 after excavation

Prof. Hervé Tassery, MCU-PH, Faculté für Odontologie, Université Marseille



Subsequent treatment with Ionolux