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Reasons to use Bio-C® Sealer

1

BIOACTIVITY
- Faster recovery.

2

HIGH pH
- Antibacterial action.

3

**READY TO USE/
PRE-MIXED**
- Convenient/Time-saving.

4

**NON-RESINOUS/
EUGENOL FREE**
- Easy to clean the pulp chamber, does not stain dental structure, and is highly biocompatible.

5

**SETTING
EXPANSION &
HIGH ADHESION**
- Excellent hermetic seal.

6

**VERY
COMPETITIVELY
PRICED**

ENDODONTICS

BIO-C® SEALER

Ready to use bioceramic root canal sealer.



INDICATION

Obturation of the root canal.

CHARACTERISTICS AND BENEFITS

- Pre-mixed: Ready for use/injectable;
- Contains Zirconia Oxide: Does not cause staining;
- Bioceramic formulation: High biocompatibility;
- Release of Calcium ions: Bioactivity;
- High pH: Antibacterial action;
Interaction with dentin: high adhesion

BIO-C SEALER 4-PACK 4 x 0.5g syringes, 20 applicator tips	850819
BIO-C SEALER APPLICATOR TIPS 20-Pack	850811

Definition

Bio-C® Sealer is a ready-to-use bioceramic cement for root canal filling. The bioceramic composition allows the release of calcium ions, which stimulates the formation of mineralized tissue. Its mechanical and physical properties make it easy to manipulate and seal the canals, and its biological properties and high pH ensure safety and treatment success.



Bioactive



Ready to use/injectable



Does not stain

Composition

COMPONENT	FUNCTION
Tricalcium Silicate	Initial mechanical resistance
Dicalcium Silicate	Mechanical resistance over time
Tricalcium Aluminate	Initial setting
Calcium Oxide	Calcium ion release
Zirconia Oxide	Radiopacity
Silicon Oxide	Rheology agent
Polyethylene Glycol	Dispersing agent
Iron Oxide	Pigmentation

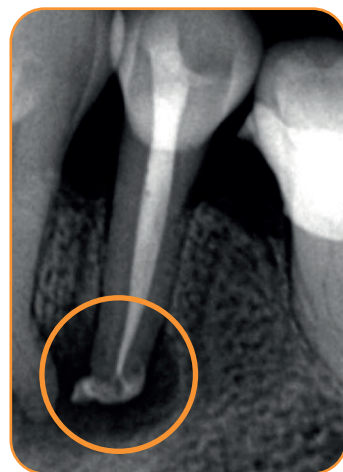
Bio-C Sealer is a non-resin cement that, in addition to its improved biocompatibility properties, also provides an easy pulp chamber cleaning after endodontic obturation.

EUGENOL FREE: Bio-C Sealer is free of Eugenol and therefore has lower cytotoxicity, does not cause staining and does not interfere with the polymerization of resinous materials (resin cements and composite resins).

Key Features and Benefits

Flow

Bio-C Sealer's high flow rate allows efficient filling of the main and accessory canals.



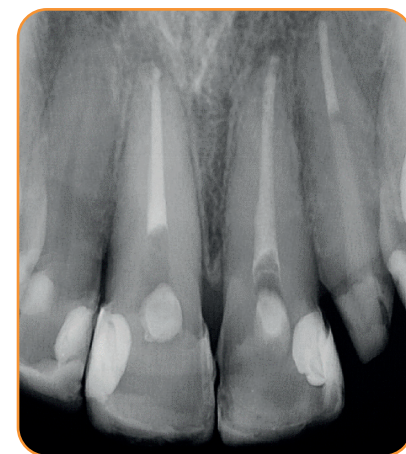
Ferrari, P

Setting Time

Bio-C Sealer setting reaction occurs through the contact with the moisture from dentinal tubules and periapical tissues, as it is a product with hydraulic characteristics. Setting occurs between 60 and 120 minutes.

Radiopacity

Bio-C Sealer has high opacity (superior to 7 mm of the Aluminium step-wedge), providing an excellent radiographic view.



Rocha, V

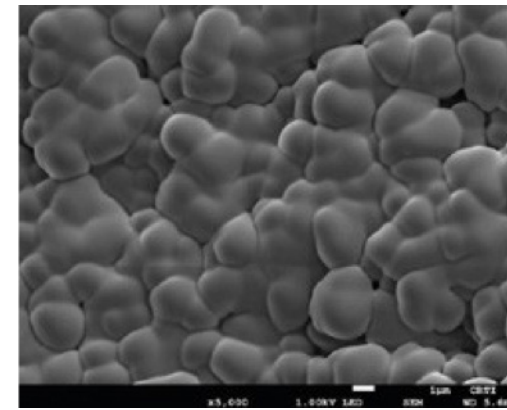
NO STAINS
The radiopacifier used in Bio-C Sealer does not cause staining in the tooth structure (ZrO₂)

Film Thickness

Particle size of less than 2 µm provides thin (> 50 µm) thickness, allowing a proper filling and placement of gutta-percha film, as well as excellent penetration into the dentinal tubules radiographic views.

Particle Size

With a particle size of less than 2 µm, Bio-C Sealer has excellent flow, thin film thickness and diffusion to tissues, leading to a faster regeneration.



MEV FEG (5000x): Image obtained by secondary electron capture. (Siqueira, C.P)

Technical Data

Setting Time	60 to 120 minutes
Radiopacity	Superior to 7.0 mm in the Aluminium (Al) Step-Wedge
pH	12,5 (after 12 hours)
Flow	23.46 mm
Particle Size	Less than 2 µm
Film Thickness	21 µm

Release of Calcium Ions

The release of Calcium ions is fundamental for the biological and chemical action of a filling cement. Bio-C Sealer presents constant release of Calcium to the tissues, promoting biomineralization and stimulation of the tissues for their fast regeneration.

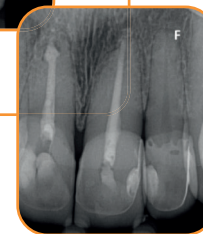
Antibacterial Action

The high pH (12.5) gives Bio-C Sealer an antibacterial action, desirable for endodontic cements, which results in a more effective product with favorable treatment prognosis.

Benefits

Biocompatible	Easy to clean
Bioactive	Easy to apply
High flow	Calcium release
Non-resin	High pH
Absence of discoloration	Radiopaque
	Hydrophilic

Clinical Cases



Bernardes, R. A.



Tavares, W.



Sellera, D.