





# NeoPUTTY® Non-Staining BIOACTIVE Bioceramic

**AVALON BIOMED**  
Advanced Bioceramics

## INSTRUCTIONS FOR USE



### NeoPUTTY®

#### COMPOSITION & DESCRIPTION

Multi-purpose root and pulp treatment bioactive paste consisting of an extremely fine, inorganic powder of tricalcium/dicalcium silicate in an organic medium. The product is packaged ready-to-use. No mixing is required. NeoPUTTY is designed to set in vivo in the presence of moisture provided by the surrounding tissues.

#### MATERIAL CHARACTERISTICS:

- Bioactive bioceramic
- Does not discolor teeth
- Radiopaque
- Resin-free

#### INDICATIONS

Dental procedures contacting vital pulp tissue such as:

- Indirect pulp cap
- Direct pulp cap
- Partial pulpotomy
- Cavity liner
- Base
- Pulpotomy
- Apexogenesis
- Root-end filling

#### CONTRAINDICATIONS

- Hypersensitivity against caustic (high pH) solutions.
- Do not use for primary tooth pulpectomy [obturation/root canal filling] unless the permanent successor tooth is absent.

#### ADVERSE REACTIONS

Reversible acute inflammation of the oral mucosa if contacted with the unset paste.

#### WARNINGS

NeoPUTTY is caustic, as are all tricalcium silicates.

#### INTERACTIONS WITH OTHER DENTAL MATERIALS

None known.

#### STORAGE

Store at room temperature. (DO NOT REFRIGERATE). To prevent hardening of the NeoPUTTY, immediately recap after each use. Store the syringe in the protective aluminum container provided.

#### PRECAUTIONS

- Avoid contact of unset putty with skin or oral mucosa. After incidental contact, wash and rinse with water.
- Wear suitable gloves and protective glasses during use.
- NeoPUTTY MUST BE KEPT WELL SEALED. Immediately recap after each use.
- To protect against moisture intrusion, store NeoPUTTY in its protective aluminum container.
- Do not overfill the root canals when obturating or performing apexification.
- Avoid touching the syringe to a contaminated surface.
- Cover the syringe body with a disposable protective sleeve if used intraorally, to minimize contamination of the syringe.
- NeoPUTTY is provided in clean non-sterile packaging. Clinicians should follow their established protocols for cleaning and disinfection of the NeoPUTTY syringe between uses.

See: [www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf](http://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf)

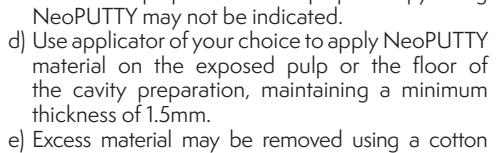
#### ADA 57, ISO 6876 & 9917-1 CRITERIA

- Working Time at room temperature: >1 hr.
- Initial Setting Time at 37°C, in vivo (or moist environment): ~4 hrs.
- Solubility: <3%.
- Dimensional stability: < 0.1% expansion.
- Radiopacity: 8.4 mm equivalent of aluminum.
- Pb and As: <2 ppm.

#### CLINICAL DIRECTIONS FOR USE:

NeoPUTTY material is shown in **Yellow** in the drawings.

#### DIRECT and INDIRECT PULP CAPPING; BASE and LINER:



- a) Complete a cavity preparation under rubber dam isolation, using a high-speed bur.
- b) Prepare a Class I root-end cavity preparation 3 to 5 mm deep with an ultrasonic tip.
- c) Isolate the area and achieve hemostasis.
- d) Dry the area.
- e) Gently compress the NeoPUTTY material in the root-end cavity using a "plastic" instrument or other small carrier or instrument.
- f) Excess material may be removed using a cotton pellet dampened with sterile water or saline.
- g) Confirm placement with a radiograph.

i) Close the surgical site.

#### OTHER APPLICATIONS:

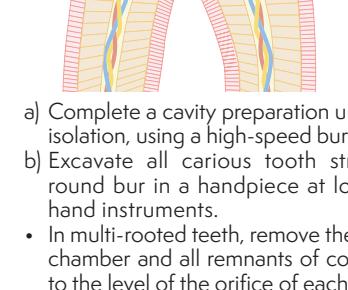
NeoPUTTY may be used with or without NeoSEALER Flo for complete endodontic obturation when applicable.

Immediately **restore** over NeoPUTTY with a light curable composite, glass ionomer, RMGI, compomer, or luting cement and crown.

Alternatively, you may use a flowable composite, RMGI, ZOE or other material **to secure** the NeoPUTTY prior to final tooth restoration.

- g) Assess the pulp vitality as needed and confirm with a radiograph.

#### PULPOTOMY and APEXOGENESIS:



Pulpotomy/  
Apexogenesis

- a) Complete a cavity preparation under rubber dam isolation, using a high-speed bur.

b) Excavate all carious tooth structure using a round bur in a handpiece at low speed or use hand instruments.

- c) In multi-rooted teeth, remove the roof of the pulp chamber and all remnants of coronal pulp tissue to the level of the orifice of each root canal.

d) In single-rooted teeth, remove the pulp to the level of the cemento-enamel junction or slightly below.

- e) Control hemorrhage using a solution of your choice (e.g. sterile saline, sodium hypochlorite (1.25-6.0%) or chlorhexidine), if hemorrhage is still present after 10 minutes, the diagnosis is irreversible pulpitis and a full pulpectomy is typically performed instead.

f) Use applicator of your choice to apply NeoPUTTY material on the exposed pulp or the floor of the cavity preparation, maintaining a minimum thickness of 1.5 mm.

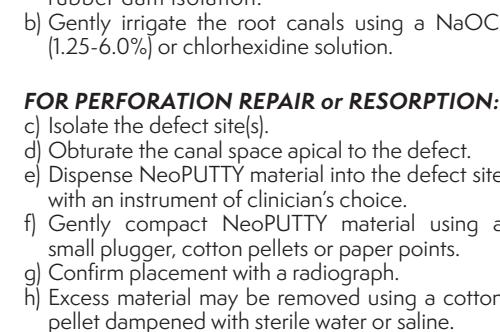
g) Excess material may be removed using a cotton pellet slightly dampened with sterile water or saline.

f) NeoPUTTY is washout resistant when placed. Immediately **restore** over NeoPUTTY with a light curable composite, glass ionomer, RMGI, radiocompomer, or luting cement and crown.

Alternatively, you may use a flowable composite, RMGI, ZOE or other material **to secure** the NeoPUTTY prior to final tooth restoration.

- g) Assess the pulp vitality as needed and confirm with a radiograph.

#### PERFORATION REPAIR, RESORPTION or APEXIFICATION:



Perforation repair  
Resorption  
Apexification

- a) Debride, clean and shape the root canal system using intra-canal instruments under rubber dam isolation.

b) Gently irrigate the root canals using a NaOCl (1.25-6.0%) or chlorhexidine solution.

- c) Isolate the defect site(s).

d) Obtain a canal space apical to the defect.

e) Dispense NeoPUTTY material into the defect site with an instrument of clinician's choice.

f) Gently compact NeoPUTTY material using a small plugger, cotton pellets or paper points.

g) Confirm placement with a radiograph.

h) Excess material may be removed using a cotton pellet dampened with sterile water or saline.

i) Obtain the remaining canal space and close the coronal access.

#### FOR APEXIFICATION:

- c) Isolate the defect site(s).

d) Obtain the canal space apical to the defect.

e) Dispense NeoPUTTY material into the defect site with an instrument of clinician's choice.

f) Gently compact NeoPUTTY material using a small plugger, cotton pellets or paper points.

g) Confirm placement with a radiograph.

h) Excess material may be removed using a cotton pellet dampened with sterile water or saline.

i) Obtain the remaining canal space and close the coronal access.

#### FOR APICAL OBTRUCTION:

NeoPUTTY may be used with or without NeoSEALER Flo for complete endodontic obturation when applicable.

#### IFU-56 Rev 2 Avalon Biomed NeoPUTTY (Multi Lang)

Symbol	Manufacturer	Caution	Expiration Date
	Authorized Representative in the European Community		
	Prescription Only		
	Consult Instructions For Use		

