

This guide is intended to provide the technical information needed to successfully use NuSmile BioFlx. Your success is important to us, questions and comments are always welcome.

INTENDED USE and INDICATIONS: NuSmile® BioFlx crowns are designed for full coverage restoration of damaged or decayed teeth.

OCCLUSAL EVALUATION AND SELECTING A CROWN

The occlusal relationship should be evaluated before the application of the rubber dam. Approximate the mesial-distal dimension of the carious tooth to determine the space available between the adjacent teeth, then choose the smallest NuSmile BioFlx crown that will restore the proximal contacts.

PREPARATION OF THE TOOTH AND TRIAL FITTING

Local anesthesia is usually necessary, and the use of a rubber dam or equivalent isolation is strongly recommended. The tooth should be prepared so that the crown fits the tooth with a snug/active fit. As in many cases involving early childhood caries (ECC), the extent of decay may dictate appropriate pulpal therapy before or after tooth preparation.

1. Remove all existing caries as indicated.
2. Prepare the occlusal surface, with a uniform occlusal reduction of approximately 1mm - 1.5mm and round all axial line angles.
3. Using a tapered fissure or tapered diamond bur slice through the mesial proximal surface, reducing or removing the contact without creating a ledge in the proximal space or damaging the adjacent tooth. Perform the same process to the distal surface. Proximal slices should slightly converge toward the occlusal surface.
4. The interproximal margins should be knife edge with no ledges. Little or no reduction is required for the lingual surfaces other than rounding the axial line angles. Buccal bulge reduction is recommended while maintaining a snug fit.
5. When multiple adjacent teeth are being prepared, greater interproximal reduction is required for easier crown placement.
6. Round all sharp edges and line angles. Make a final check of the preparation.
7. Try on the crown by placing from lingual to buccal, then pushing it over the buccal bulge for a snug/active fit. Check margins for close cervical adaptation extending approximately 0.5mm subgingivally. There should be some resistance to dislodgement of the crown.

ADJUSTING A NUSMILE BIOFLX CROWN

Crimping the crown is not recommended. Slight contouring may be done with Howe Pliers. If the crown is too small, use the next larger size crown or further reduce the tooth circumferentially. If the crown is in hyperocclusion, the tooth preparation may have a ledge, may need more occlusal reduction; or the proximal contacts may be too tight contact with the adjacent tooth. Excessive gingival blanching means that the crown is too long or too bulky. A properly fit crown extends approximately 0.5mm into the sulcus and may be trimmed with C&B scissors or stone as needed. No other areas of the NuSmile BioFlx crown should be adjusted or crimped.

CEMENTING THE CROWN

The prepared teeth and the crown should be cleaned of any saliva, blood or debris, and any gingival hemorrhage reasonably controlled prior to cementation. Pressure, tissue infiltration or a hemostatic agent may be used for this purpose as necessary. Self-setting RMGI (FujiCEM® 2¹) or GI (Fuji I®¹, Ketac™²) may be used to cement the NuSmile BioFlx crown. Fill the crown approximately two-thirds full with cement so that excess cement will flow out from the margins during cementation minimizing any voids. Perform cleanup and allow cement to cure per cement manufacturer's instructions. Run a knotted floss through the contacts to remove any residual interproximal cement. Check occlusion. If a NuSmile BioFlx crown is in hyperocclusion, the opposing teeth may be slightly adjusted as necessary, or allow the occlusion to self-adjust. Avoid trying to adjust the occlusal anatomy/height of the NuSmile BioFlx crown as it could lead to perforation.

CLEANING AND STERILIZATION

NuSmile crowns are provided in non-sterile packaging. Clinician may choose to sterilize before use. Cold sterilization, autoclave or steam sterilization may be used according to the standard instructions of the manufacturer of the sterilant or sterilizer.

CAUTION:  **CROWNS CEMENTED FOR INTRAORAL SERVICE should NOT be cleaned and sterilized to use for another patient.**

PRECAUTION:

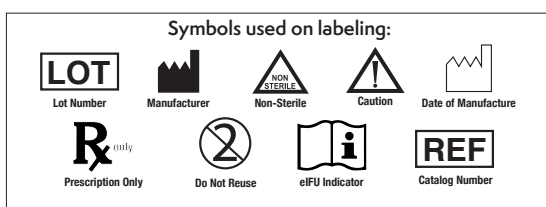
- Crowns that are reprocessed after cementation in another patient may cause infection resulting in possible long term health effects.
- Dental crowns may cause artifacts in MRIs, MRI technician should be notified of any dental crowns.

STORAGE:

Crowns should be stored in a clean storage container.

SUGGESTED ADA CODING:

CDT Code D2932 - Pre-fabricated resin crown



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