

Fuji **Triage** from GC.

Simple and serious protection for teeth at need. Seals, protects and fortifies teeth.

"GC"



New name – From Fuji VII to Fuji Triage

Fuji VII – why so popular amongst dentists

- Nice handling, good flow
- Moisture tolerant
- Good clinical results
- Especially used in the fissure protection indication where bonding or etching is not needed when using Fuji VII

However, more and more requests

- For a white version
- For powder to liquid packaging...







Fuji Triage means more choice

Choice of

- Pink or white shade
- Mixing technique: hand mixed or encapsulated
- Curing technique: light cure or chemical set no difference in physical properties

Choice of

- Specific clinical applications
- Non invasive techniques

A true Minimum Intervention product

GC Fuji Triage, ppt Master GB, 09/2006



Fuji Triage - Seals, protects and fortifies teeth

What is surface protection?

- Application of a thin layer of glass ionomer to tooth surfaces at increased risk
- To create a hardened tooth surface
- To form a more acid-resistant ion exchange layer which acts as additional protection for the tooth

Стеклоиономерный цемент





Fuji Triage - Seals, protects and fortifies teeth

The perfect GIC for tooth surface protection

- Flowable
- Moisture tolerant
- High Fluoride release



- Prevents acid contact with tooth
- Difficult for plaque to adhere to Fuji Triage









5

- 1. Composition
- 2. Characteristics
- 3. Indications
- 4. Procedure
- 5. Packaging and pricing
- 6. Physical properties
- 7. Sales arguments

Fuji **Tria** from GC



Fuji **Triage** from GC.





1. Composition





Fuji Triage – Composition

Conventional GIC in composition

- Two components
- H₂O containing
- No resin reinforcement

Aluminofluoro-silicate glass 100% Pigment Trace Polyacrylic acid 40% Distilled water 50% Polybase carboxylic acid 10%

Fuji **Triage** from GC.











2. Characteristics





Fuji Triage – Characteristics

General features

- Self curing conventional GIC
 - Easy to apply
 - No etching, no bonding
 - Chemical adhesion to tooth structure
 - No addition of resins
- Moisture tolerant
 - Stable adhesion also when saliva control is not possible
- Low viscosity
 - Easy to apply
- Very high level of fluoride release
 - Protection













Fuji Triage – Characteristics

Fluoride release



Fig. Fluoride release of Fuji Triage CAPSULE and Fuji IX GP FAST

Six times higher Fluoride release than packable GIC's GC Fuji Triage, ppt Master GB, version 1.0, 09/2006



Fuji Triage - Characteristics

Translucent pink shade

- Optional Command set with VLC unit
- For early protection against de-hydration
- Visible control during recalls: diagnostic marker
- Communication tool

White shade

• For aesthetic demand / anterior protection

















Main indication



Fissures of newly erupted molars





Fissures of newly erupted molars

- Two major intra-oral key factors for occurrence of cariogenic micro organisms
 - Stage of eruption / functional usage of teeth
 - Tooth specific anatomy





Newly erupted molar GC Fuji Triage, ppt Master GB, version 1.0, 09/2006



Fissures of newly erupted molars

- Erupting molars are more likely to develop caries due to very unfavourable intra oral conditions
 - No functional usage over a long period of time / no natural removal of plaque
 - Newly erupted molars have immature outer enamel and are consequently more vulnerable to acid attack
 - Difficulties to keep clean by brushing
- This uncertain situation can last for molars between 1 to 1.5 years!



Caries formation

Caries in newly erupted molar

16

CONFujitage, ppt Master GB, version 1.0, 09/2006



Possible reasons for failure of sealants Molars 1 – 1.5 years **Eruption** period Difficult to diagnose Caries can start Seal hidden caries? Moisture control? 1. NO natural cleaning – NO functional contacts 2. Difficult to keep clean by brushing 3. Immature enamel GC Fuji maye, ppi masier OD, version r.o., 09/2006



A new approach for fissure protection Molars 1 – 1.5 years Eruption period Protect fissures immediately upon eruption Prevention of caries

NO natural cleaning – NO functional contacts
Difficult to keep clean by brushing
Immature enamel

GC Fuji maye, ppriviasier GD, version 1.0, 09/2006



Fuji Triage - Indications

Fissure protection



Molar at risk

End result



Fuji Triage - Indications

Additional indications: more and more users





Fuji Triage - Indications

Dentine hypersensitivity

• Offering instant long-lasting relief



6 months



12 months Fuji Triage is still in place



Temporary restoration of endodontic access - key to success

- Coronal leakage is an important cause of root canal treatment failure (Bobotis, 1989)
- 48.6 % periradicular inflamation when poor temporary restoration versus "only" 30.2 % periradicular inflamation when poor endodontics (Ray and Trope, 1995)



 "Glass ionomer and resin-modified glass ionomer restorative materal provide a better coronal seal against Streptococcus Mutans than Zinc oxide / eugenol" (Seiler, 2006)

	Nb of leaking specimen	Mean day of start of leakage
IRM	10	10.0
Fuji Triage	4	23.3
		/22



Intermediate restoration to stabilise caries

- Sealing caries at the preliminary stage before making a decision on next course of treatment
- For use on all tooth surfaces to provide a seal to halt the progress of caries
- Special application in situations of rampant caries or caries in xerostomia patients
- Particularly useful for elderly, caries prone and dental phobic patients





Dr. H. Ngo

Use slow handpiece or hand instrument and GC Fuji Triage, ppt Master2GBmversion magins at the periphery 09/2006





Fuji Triage – Indications

Protection of exposed root surfaces

- Protects older patients more at risk for developing root surface caries
 - reduced saliva flow
 - diminished buffering and poor remineralisation capacities



Application of thin layer of glass ionomer



Triage definition

 "A process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment. Triage is used in hospital emergency rooms, on battlefields, and at disaster sites when limited medical resources must be allocated."



7**,'GC,'**

Fuji Triage – Summary of indications

For emergency situations

- Immature enamel newly erupted molars
 - Protection when it is most needed
- Dentine hypersensitivity
 - Good immediate remmedy to relieve pain
- Access cavity restorations in endodontics
 - Better sealing for succesful endodontic treatments
- Temporary sealing of open cavities intermediate restoration
 - Maintain tooth structure when prognosis is uncertain gain time
 - Stabilisation material: create a mineralising seal, e.g. after use of Heal Ozone





Fuji Triage - Summary of indications

For emergency situations





Fuji **Triage** from GC.



4. Procedure





Fuji Triage - Procedure

Procedure













Fuji Triage - Procedure

Procedure







Optional lightcuring GC Fuji Triage, ppt Master GB, version 1.0, 09/2006







Fuji triage – Procedure

Procedure **Procedure**



Fuji **Triage** from GC.



5. Packaging and pricing





Fuji Triage - Packaging and pricing



Fuji Triage P/L

- 15 g powder
- 10 g (8 ml) liquid
- 6 g (5.7 ml) Dentin Conditioner
- powder scoop
- mixing pad

Article number	Article description	
002495	GC Fuji Triage Pink, box of 50 capsules	
002496	GC Fuji Triage White, box of 50 capsules	
002490	GC Fuji Triage Pink, 1-1 pack	
002491	GC Fuji Triage White, 1-1 pack	
GC Fuji Tria	ige, ppt Master GB, version 1.0,	/
/ 09/2006		/33

Fuji **Triage** from GC.



6. Physical properties





Fuji Triage - Physical properties (1)

09/2006

GC R&D

		Capsules	P/L	
Powder / Liquid ratio (g/g)		0.30 / 0.15	1.8 / 1.0	
Net volume (ml)		0,13	NA	
Mixing Time		10'	20′-25'	
Working time		1′40″	1'40"	
Setting time	Without light irradiation 2'30"	2'30"		
Setting time	With light irradiation	0′20″ - 0'40"	0'20" - 0'40"	
No water sensitivity after	Without light irradiation	3′00″	3'00"	
	With light irradiation	2′00″	NA	
GC Fuji Triage, ppt Master GB, version 1.0,				



GC R&D

Fuji Triage - Physical properties (2)

		Capsulos	D/I
		Capsules	F/L
	After 1 hour	100 (8)	100 (8)
Compressive strength (Mpa)	After 1 day	159 (6)	173 (6)
	After 7 days	171 (21)	189 (15)
Adhesive strength*	Bovine enamel	7.0 (0.9)	7.6 (1.7)
(Mpa, After 1 day)	Bovine dentin	6.0 (0.3)	6.3 (1.4)
	After 1 hour	26 (1)	29 (4)
Surface hardness (Hv)	After 1 day	39 (1)	40 (3)
	After 7 days	48	NA
Radiopacity (mm)		2.4	2.8
Fluoride release (µg / cm ²)	After 1 day	197	183
GC Fuji Triage, ppt Master G /09/2006 *Without conditioner	B, version 1.0,	1	/36



Working and setting times in min.



- Net setting time (ISO Method)
- Setting time (R&D Method)

GC R&D





Compressive strength in MPa





Adhesive strength in MPa



GC Fuji Triage, ppt Master GB, version⁴¹.0, 09/2006



Surface hardness Hv





Fluoride release in µg / cm²





Antibacterial effect

Antibacterial effect of various glass ionomers. M.C. PETERS*, M. JIMENEZ, G.E. 0415 POORT, and J.C. FENNO, University of Michigan, USA Objectives: Several studies have demonstrated the antibacterial effect of glass ionomers (GIs) on the major pathogens causing dental caries. These antibacterial properties of GIs have been attributed to both the high concentrations of fluoride and to the low pH of these materials. The purpose of this in-vitro study was to examine the inhibiting effect of several GI restorative materials on bacterial growth. Methods: Using the agar diffusion test antibacterial activities of 4 GIs, Fuji IX (F9, auto-cure:AC), Fuji II LC (F2, light-cure), PhotacFil Quick (PF, LC) and one experimental GI (EXPA in AC and EXPL in LC mode) were evaluated against the cariogenic S. mutans (clinical isolate) and S. sobrinus 6715. 1% Glutaraldehyde was used as control. The bacteria were grown in BHI broth or agar at 37 degrees under anaerobic conditions. Overnight broth cultures were concentrated 10x, and 0.1ml was spread over the surface of each agar plate. Wells of 6mm in diameter were punched and filled with material plugs, prepared according to manufacturer's recommendations. After 24 hours incubation the inhibition zone was measured. Results: The greatest inhibitory area (mm diameter/SD) was produced by the control(11.65/0.77) followed by EXPA (9.28/0.68) and F9(9.07/0.62), EXPL(8.08/0.52), F2 (7.24/0.29) and PF(7.03/0.02). Conclusion: The AC materials showed greater inhibition than the LC materials. When compared to F2 and PF, both EXPA and F9 showed a significantly larger inhibitory effect against S, mutans and S, sobrinus,

IADR,San Diego,2002



Antibacterial effect





Fuji IX GP

Fuji Triage

Hien Ngo, April 2002





Water sensitivity



Fuji Triage - No light irradiation



Fuji Triage - With light irradiation



Fuji IX GP Fast

1' 2' 3' 4' GC Fuji Triage, ppt Master GB, version 1.0, 09/2006

GC R&D



Fuji Triage – References

Available literature references: 23





Fuji Triage - Simplicity itself

Easy to mix

Easy to place asy to finish Easy to identify riage, ppt Master GB, version 1.0,

09/2006



Fuji **Triage** from GC.





7. Sales arguments



7**,'GC,'**

Sales argument - 1

- Q: "Which product do you use for fissure sealing the partially erupted tooth in a high caries risk child?"
 - In most the dentist will answer: NOTHING!
 - ... or wait for the tooth to erupt because the dentist knows that a composite sealant cannot be placed before that, as there is a risk of recurrent caries or loss of retention due to moisture sensitivity



GC Fuji Triage, ppt Master GB, 09/2006



Sales argument – 1 - Answer

A: Fuji Triage is the answer!!

- Use the Geoff Knight article "The fissure Seal Time Bomb" (ref #1) to explain that Fuji Triage is the only material that
 - Can be used on immature enamel
 - Needs minimal isolation
 - Does not affect the occlusion when the molar erupts
 - Can bond reliable eve, when parts of the molar is covered by the hyperculum
 - Deposits fluoride to form fluor apatite making the tooth more acid resistant and will prevent plaque accumulation
- Suggest that the dentist can use
 - The pink shade for partially erupted teeth (i.e. good colour to monitor the wear/indicates temporary status) and
 - The white shade for post-eruption (better colour for more permanent fillings)

Fuji Triage is the perfect material to "Protect" the teeth.





Sales argument – 2

Q: How do you restore lingual root cavities in ageing dentitions?

- Difficulties to permanently restore these cavities with composite/compomers
 - · Cavities are near the saliva glands, so difficult to isolate from moisture
 - If too much of the caries is removed and the pulp is exposed the dentist sometimes can end up doing endodontic treatment

A: to avoid these problems, Fuji Triage can be used as a temporary plaster to "Seal & Heal"

Procedure

- Soft caries is removed
- Fuji Triage is placed onto moist semi-hard dentine
- Protected with Fuji Coat LC
- Left in place for up to 6 months whilst
- Tooth heals underneath
- Composite/Fuji IX can then be placed on a healed tooth surface for better aesthetics

GC Fuji Triage, ppt Master GB, version 1.0, 09/2006





50



Sales argument - 3

- Q: How do you desensitise Hypoplastic /(Wisdom) Teeth?
 - Few materials stick to the hypoplastic tooth with a sticky dentine coating
 - Problem for dentists to treat with resins
- A: Fuji Triage works brilliantly as a protective desensitising coating,
 - can seal the dentine and prevent further demineralisation
 - also works well for partially erupted sensitive wisdom teeth

The "Protect & Seal" message works well in this case.

GC Fuji Triage, ppt Master G 09/2006





Sales argument – 4

Endodontic sealing

- Many endodontists have turned to GICs to seal access cavities after root canal treatment
- GICs give a much better seal due to the chemical bond to tooth structure
- Many of them require a material that is not tooth coloured so that they can identify it



Good endodontic filling with poor Good GC FujpTriage, ppt Master GB, version 1.0, coro 09/2006



Good endodontic filling with good coronal restoration





Sales argument – 5,6,7.....

There are many more uses for Fuji Triage such as

- Temporary filling material- pink, to make sure the patient returns for their permanent filling!
- Lining when near the pulp in e.g. a child's tooth etc.
- Sealing cavities after treatment with Ozone/Photo Activated Disinfection (PAD) Dentists have been recommended to use Fuji Triage by Kavo and Denfotex



Sales argument - summary

1sts questions

- "Do you treat lots of children/elderly patients?"
- "Do you do much fissure sealing?"
- Then choose the best argument

Possibility to use a plastic model to demonstrate

- How the Fuji Triage flows into the fissures
- How the dentist can use one capsule to protect 3-4 fissures at once

If the dentists/hygienists find that it sets too quickly for them,

• Store Fuji Triage somewhere cold to increase the working time

Thank you,

for your attention.

