

Avlon Biomed NeoMTA 2 Root & Pulp Treatment Material

Multi-Purpose Use for Every Pulp Need

Non-Staining Bioactive Bioceramic NeoMTA 2

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Avlon Biomed NeoMTA 2 Root & Pulp Treatment Material is a Powder & Gel system consisting of an extremely fine, inorganic Powder of tricalcium and calcium silicate, which is mixed with the water-based Gel and dental placement. The Powder is supplied in a protective, desiccant-lined container for long shelf life. NeoMTA 2 was developed to prevent discoloration from medicaments or exposure to light in primary or permanent teeth, including when used under full coverage ceramic or composite restorations. NeoMTA 2 is a radiopaque, bioactive bioceramic.

Indications:

- Indirect pulp cap
- Partial liner/Base
- Pulpotomy
- Apexification
- Resorption repair
- Root-end filling
- Sealing
- Oburation

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INSTRUCTIONS FOR USE

Root and Pulp Treatment Material

STEP-BY-STEP MIXING INSTRUCTIONS

- Dispense 1 scoop (= 0.1 gm) of NeoMTA 2 Powder on a glass slab.
- Dispense one or two drops of NeoMTA 2 Gel next to the Powder.

NOTE: The Gel imparts washout resistance for easier rinsing and faster setting, which other liquids do not. The mixture is immediately washout resistant when mixed as a putty.

- Gradually add as much Gel as necessary into the Powder to achieve the desired consistency. Incorporate the Gel by spatulating the Powder/ Gel mixture firmly against the glass slab to ensure all of the Powder is thoroughly wetted by the Gel. Consistency for:
 - All procedures other than sealing - firm putty or thinner, if desired.
 - Sealing - syrupy, stringy mixture.
- If the material is not to be used immediately, cover the mixed material with a gauze sponge moistened with sterile water, or a clean cover to prevent evaporation. If the mixture becomes dry, extra Gel may be used to rewet the material before it sets.
- If the mixture is too tacky, add a small amount of Powder-less than 1/2 scoop. For future mixtures, use less Gel. Alternatively, spread out mixture to a thin layer on the glass slab to allow some drying. Then use the edge of a metal spatula to gather the material into a putty or other desired consistency.

CLINICAL DIRECTIONS FOR USE

NeoMTA 2 is shown in **Yellow**.

Direct or Indirect pulp cap/Base or Liner

- Complete a cavity preparation under rubber dam isolation, using a high-speed bur.
- Excavate all carious tooth structure using a round bur in a handpiece at low speed, or use hand instruments.
- In multi-rooted teeth, remove the roof of the pulp chamber and all remnants of coronal pulp tissue to the level of the office of each root canal.

- Complete a cavity preparation under rubber dam isolation, using a high-speed bur.
- NOTE: If applying material for an indirect pulp cap, base or liner, skip to step d.

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- Excavate carious tooth structure using a round bur in a handpiece at low speed or use hand instruments.
- 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 vital pulp therapy using MTA may not be indicated.

- Use applicator of your choice to apply mixed NeoMTA 2 material on the exposed pulp or the floor of the cavity preparation, maintaining a minimum thickness of 1.5 mm.
- Excess material may be removed using a cotton pellet slightly dampened with sterile water or saline.

- NeoMTA 2 is washout resistant when placed. Immediately restore over NeoMTA 2 with a light curable composite, glass ionomer (RMGI or compomer), or luting cement and crown. Alternatively, you may use a flowable composite, RMGI, ZOE or other material to secure the NeoMTA 2 prior to final tooth restoration.
- Assess the pulp vitality as needed and confirm with a radiograph.

Pulpotomy and Apexogenesis

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

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

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- In single-rooted teeth, remove the pulp to the level of the cemento-enamel junction or slightly below.
- 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 with obturation is typically performed instead.

- Use an applicator of your choice to apply mixed NeoMTA 2 material on the exposed pulp or the floor of the cavity preparation, covering the pulp stumps while spreading the MTA to the edges of the surrounding dentin to a minimum thickness of 1.5 mm.
- Excess material may be removed using a cotton pellet slightly dampened with sterile water or saline.

- NeoMTA 2 is washout resistant when placed. Immediately restore over NeoMTA 2 with a light curable composite, glass ionomer (RMGI or compomer), or luting cement and crown. Alternatively, you may use a flowable composite, RMGI, ZOE or other material to secure the NeoMTA 2 prior to final tooth restoration.
- Assess the pulp vitality as needed and confirm with a radiograph.

Perforation repair/ Resorption/Apexification

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

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

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

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- Gently compact NeoMTA 2 material using a small amalgam plugger, cotton pellets or paper points.
- Confirm placement with a radiograph.

- Excess material may be removed using a cotton pellet slightly dampened with sterile water or saline.
- When the NeoMTA 2 material is firm (a few minutes), obturate the remaining canal space and close the coronal access as you do normally.

For Root Apexification:

- Dry the canal system with paper points, being careful not to extend the points beyond a wide-open apex.
- Gently compact NeoMTA 2 in the apical region, to create a 3 to 5 mm apical barrier.
- Confirm placement with a radiograph.

- Obturate the remaining canal space and close the coronal access.

- A full coverage restoration is normally placed following apexification.

Root-end filling

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

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

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