

Technical Guide

Instructions for Use and General Information

- **Occlusal Evaluation and selecting a Crown**



Intended Use: NuSmile® SSCs are designed for full coverage restoration of damaged or decayed teeth.

- **Preparation of the tooth and Trial Fitting**

- **Adjusting a NuSmile SSC**

Welcome to the superior design and functionality of NuSmile SSC. This guide is intended to provide the technical information needed to successfully use NuSmile SSCs. Your success is important to us, questions and comments are always welcome.

- **Cementing the Crown**

- **Disinfection Methods**

- **Suggested ADA Coding**

- **Occlusal Evaluation and Selecting a Crown**

The occlusal relationship should be evaluated before the application of the rubber dam. Evaluate the relation of the opposing teeth to determine if there is sufficient clearance to avoid excessive contact in occlusion. Approximate the original mesial-distal dimension of the non-carious tooth and determine the space available between the adjacent teeth, then choose the smallest NuSmile SSC that will restore pre-existing proximal contacts.

- **Preparation of the Tooth and Trial Fitting**

The single most important aspect of mastering the use of NuSmile SSCs is the proper preparation of the tooth. Local anesthesia is usually necessary and the use of a rubber dam is strongly recommended. The tooth should be prepared so that the crown fits the tooth with a snap 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 1.5mm and round all axial line angles.
3. Using a tapered fissure or diamond bur slice through the mesial proximal surface, reducing or removing the contact without creating a ledge in the proximal space or damaging the approximating tooth. Perform the same process to the distal surface.
4. The interproximal margins should be knife edge with no ledges extending approximately 1mm subgingival. Little or no reduction is required for the buccal and lingual surfaces other than rounding the axial line angles.
5. When multiple adjacent teeth are being prepared, greater interproximal reduction is required for easier crown placement. With a perio probe or explorer slide through the proximal surface to ensure there is no contact.
6. If there is space loss from proximal caries, buccal reduction of the cervical bulge will likely be required.
7. Round all sharp edges and line angles. Make a final check of the preparation.
8. Try on the crown by placing from lingual to buccal, then pushing it over the buccal bulge for a snap fit. Check margins for close cervical adaptation extending 1mm subgingivally. This sizing step is particularly important in cases with tight interproximal contacts, crowded dentition, or mesial-distal space loss.

Adjusting a NuSmile SSC

It may be necessary to slightly resize or adjust the crown. The crown can be removed with a spoon excavator or other appropriate instrument. Crimp and contour the crown if it does not fit snugly by crimping the gingival one-fourth of the crown's margins inward to establish a tight marginal fit and adaptation (contour with 114 ball and socket or 137 Gordon plier and crimp with Unitek 800-417 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 crown may be in too tight contact with the adjacent tooth. Excessive gingival blanching means that the crown is too long or too bulky. A properly fitting crown extends 1mm into the sulcus and can be trimmed with C&B scissors or heatless stone as needed. No other areas of the NuSmile SSC should be adjusted.

Continued on reverse side



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Restore with confidence

Email NuSmile Clinical Questions
Directly to an Experienced Clinician



Cementing the Crown

The prepared teeth 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. NuSmile BioCem® Universal BioActive Cement, glass ionomer cement or resin modified glass ionomer cement may be used to cement the NuSmile **SSC**. If pulpal therapy has been performed with a eugenol based material in the pulp chamber, cover the eugenol material with pure glass ionomer before cementation with NuSmile BioCem® or RMGI. Fill the crown approximately two-thirds full with cement so that excess cement will flow out from the margins during cementation preventing any voids. Perform cleanup and allow cement to cure per cement manufacturer's instructions. Check occlusion. If a NuSmile **SSC** is on hyperocclusion, the opposing teeth may be slightly adjusted as necessary. Occasionally it may be advantageous to slightly reduce the interproximal aspect of adjacent primary teeth to facilitate fitting posterior veneered crowns.

Disinfection Methods

NuSmile crowns are provided in clean 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 steriliant or sterilizer.

Suggested ADA Coding

Refer to "Other Restorative Services"
D2930 – Prefabricated Stainless Steel Crown, Primary Tooth.

Precaution:

The stainless steel substructure of this product has an approximate 8-14% nickel content. Allergic reaction may occur in individuals highly sensitive to nickel.

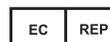
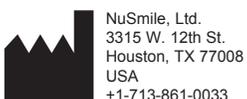
Additional Cautions, Storage and Maintenance

Single-use only. If reused, crown could be contaminated and could pose risk of infection. Do not use the product for any other purpose. Store crown at room temperature in a clean and dry place.

R_x Only



Email NuSmile® Clinical Questions
Directly to an Experienced Clinician



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