REMOVE

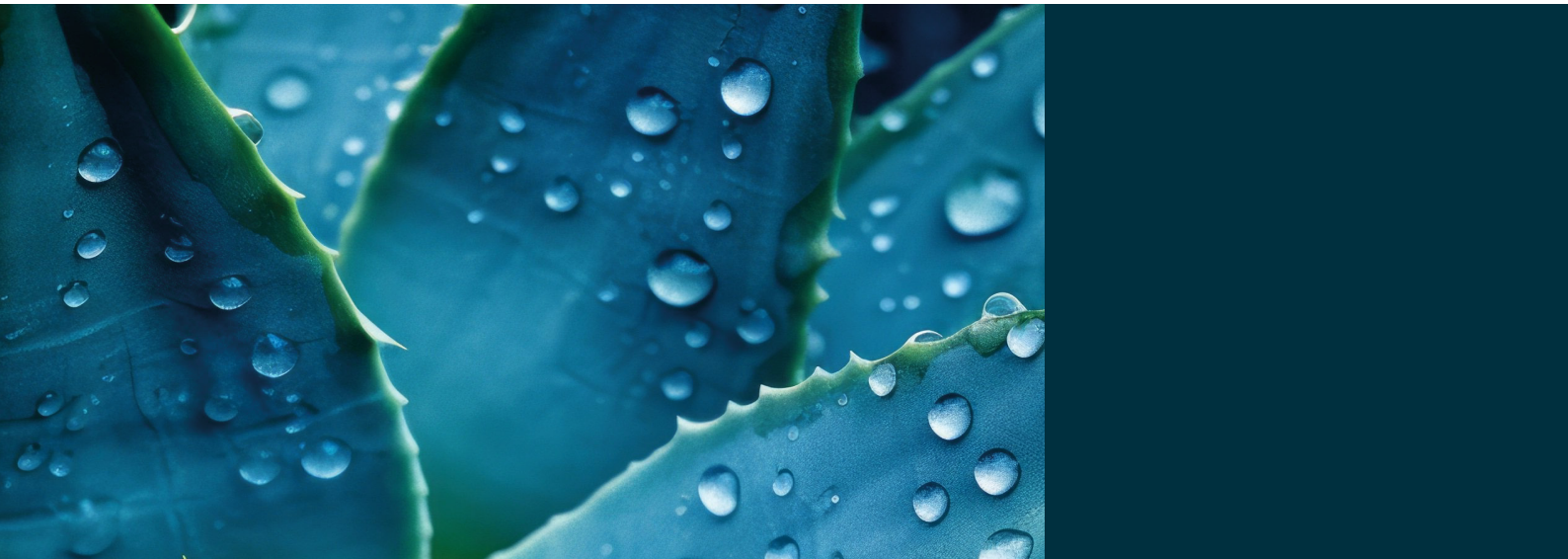
Maximum Preservation

Welcome to a truly minimally invasive experience

www.remove.ae

Clinical Advantages of Remove®

- Selective Removal: targets necrotic dentine through chloramine formation
- Short Action Time: just 30 seconds
- Maximum preservation of natural and healthy tissue
- High residual bactericidal power
- Inhibits dentinal metalloproteinases (prevents dentine autolysis)
- Conditions remaining tissues for subsequent adhesion
- Fluorescent identification of infected dentine
- Versatile in both acute and chronic caries (ability to modulate proteolytic power as required)
- Proteolysis regulation via LED light thermosensitivity



Modern dentistry, aligning with current trends in medicine, is shifting towards minimally invasive interventions, aiming to preserve tissues and promote the remineralisation of enamel and dentine. Minimally invasive clinical approaches aim to preserve structure, thereby prolonging the lifespan of treated teeth.

Since the mid-1980s, the renowned researcher Jo E. Frencken, creator and promoter of ART (Atraumatic Restorative Treatment), has advocated for the removal of infected dentinal tissue (decay) using only manual instruments. Through ART, vital dentine is preserved, allowing for its remineralisation and regeneration. This makes it possible to prepare minimally invasive cavities that safeguard pulp health.

This approach generates less anxiety for patients, as it avoids the noise and vibration of the dental handpiece, and in many cases, local anaesthesia is not needed. Following the publication of studies confirming its effectiveness, both the World Health Organization (WHO) and the World Dental Federation (FDI) have recognised and endorsed this technique, particularly for use in public health programmes, as it is safe, reliable, and highly impactful.

Clinical Case

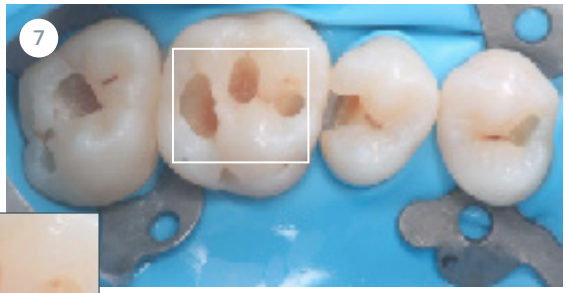
Dr. Carlos Adrián Fernández

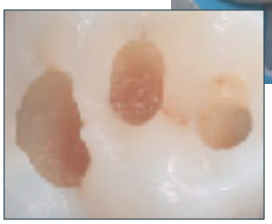
Female patient, aged 22 years. Multiple carious lesions in the upper jaw.

Caries Detection

Application of Remove

Scraping removal Lateral movements with an excavator





Caries Removed

Defined cavities and tissue preservation

Restoration

Have you ever removed caries in just 30 seconds and without pain?

Instructions for Use: Technique

Preparation stage:
Access to the lesion site may occasionally require high- or low-speed burs.
Perform prophylaxis on the surface to be treated: wash, dry, and isolate with cotton rolls.

Using an appropriate instrument, completely fill the cavity with Remove®. Wait 30 seconds, the time needed for the chemical reaction to soften the carious dentine.

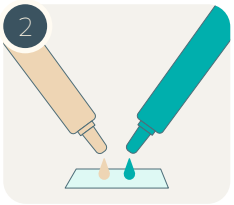
Select a manual instrument (excavator spoon) according to the size of the cavity. Use rotational and scraping movements to remove the softened dentine. Avoid drying the cavity or rinsing with water during the procedure.

As carious dentine is removed, the solution will become turbid. This process may need to be repeated. The treatment is complete when a leathery hardness (similar to leather) is detected.

Clean the cavity using water-moistened cotton or rinse with a syringe. Use an LED lamp to identify infected dentine via fluorescence.

Restore the tooth using appropriate materials, such as composite resins or glass ionomer cements.

1 Isolate the tooth using cotton rolls and suction.

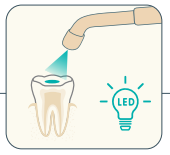


2 Mix the contents of both syringes in the proportions chart (Fig.1) on a glass slab.

3 Apply the mixture to the tooth with a dental spoon.

4 Fill the cavity so that all walls are well moistened.

5 Leave for 30 seconds and remove carious tissue with lateral movements until leathery dentine is reached.

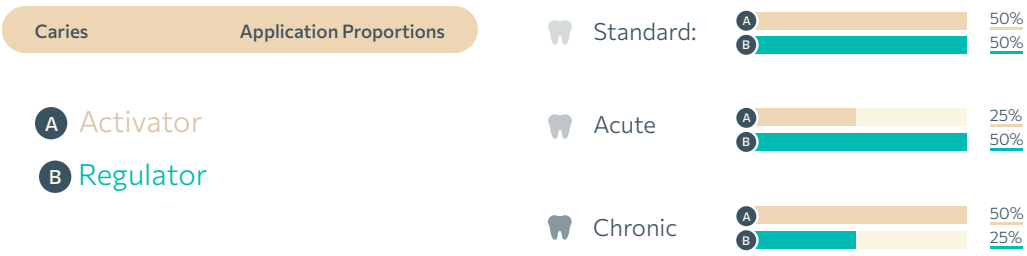


Note:
To identify residual dentine, shine a LED light from 15 cm away. The detector will emit fluorescence, highlighting remaining tissue.

To increase proteolytic power in more chronic lesions, shine the LED light directly onto the tooth for 10 to 15 seconds.

An alternative way to boost proteolytic activity is to adjust the proportion of the syringes (see Fig.1).

Fig. 1



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