Kuraray Europe introduces a unique desensitiser: TEETHMATE DESENSITIZER

With TEETHMATE DESENSITIZER, which has been launched officially in September 2013, Kuraray Europe is introducing a unique desensitiser that sets new standards.

TEETHMATE DESENSITIZER treats sensitive teeth effectively and—for the first time—naturally. The launch of this new material thus represents the birth of a revolutionary material class.

Kuraray Noritake Dental designed TEETHMATE DESENSITIZER to create the human body’s hardest mineral, hydroxyapatite (HAp). It is created exactly where you need it, closing dentinal tubules and enamel cracks. And because it is natural, it is tissue-friendly. So from now on, you can treat sensitivity with confidence.

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The only thing you need to do is apply it to one or more teeth. And there is no need to protect the gingiva because our HAp is tissue-friendly. It takes only a few easy steps: mix the powder and liquid, rub it on to the tooth and rinse it off with water. Patients will love the neutral taste and the invisible result. And most of all, patients will enjoy their teeth again.

Until now, often more than one treatment method has been needed to deal with tooth sensitivity. Only TEETHMATE DESENSITIZER provides the real solution. Use it to close exposed or prepared dentine. Treat patients’ teeth directly before and after whitening. Or use TEETHMATE DESENSITIZER in combination with your preferred adhesive or cement.

Thanks to the creation of HAp, treatment for sensitivity is now smart, invisible and durable.

Technical information:
- Components: tetracalcium phosphate; dicalcium phosphate, anhydrous; water; etc.
- Reaction pH: around 10.
- Number of treatments per package: 130 treatments.
- Maximum leaving time after mixing: 10 minutes.
- Patients should avoid drinking and eating for 45 minutes after treatment.
- Bond strength with adhesives: non-significant decrease or increase.
- Bond strength with cement: non-significant decrease or increase.

Wide indication range:
- Treatment of dentine exposed by toothbrush abrasion, gingival recession, periodontal disease and/or acid erosion;
- Treatment of dentine after mechanical tooth cleaning, scaling and/or root planing;
- Treatment of tooth surfaces before and after whitening;
- Treatment of prepared dentine for fillings and/or prosthetic restorations.