

Resin-based Dental Restorative Material



ESTELITE ASTERIA

REF PE01

ENGLISH

Read all information, precautions and notes before using.

■ PRODUCT DESCRIPTION AND GENERAL INFORMATION

- 1) ESTELITE ASTERIA is a light-cured, radiopaque composite resin for use in anterior and posterior restorations. It is indicated for all carious lesion classes, including minimal or no-preparation type restorations. ESTELITE ASTERIA contains 82% by weight (71% by volume) silica-zirconia filler and composite filler. A high filler load offers decreased polymerization shrinkage. Every inorganic filler contained in ESTELITE ASTERIA is a spherical filler (mean particle size: 200 nm, particle size range: 10 to 300 nm) that enables excellent gloss retention and wear resistance. ESTELITE ASTERIA contains Bisphenol A di(2-hydroxy propoxy) dimethacrylate (Bis-GMA), Bisphenol A polyethoxy methacrylate (Bis-MPEPP), 1,6-bis(methacryloxy)carbonylaminotrimethyl hexane (UDMA), triethylene glycol dimethacrylate (TEGDMA), Mequinol, Dibutyl hydroxyl toluene, and UV absorber.
- 2) ESTELITE ASTERIA incorporates Radical-Amplified Photopolymerization initiator technology (RAP technology). RAP technology facilitates a shortened light curing time and ample working time (90 sec.). Please see the table depicting the relationship between curing time and increment depth (■ INDICATIONS FOR FILLING AND CURING).
- 3) ESTELITE ASTERIA is provided either in SYRINGE or Pre Loaded Tip(PLT).

■ SHADE

ESTELITE ASTERIA contains 7 Body shades and 5 Enamel shades. The ESTELITE ASTERIA shading system is designed to mimic a wide shade range of the natural dentition by layering the appropriate shades selected from 2 categories: Body and Enamel.

Component	Shade	Tip
Body	A1B, A2B, A3B, A3.5B, A4B, B3, BL	Body shades are designed for reconstructing the dentin layer. The Body shades should cover all enamel margins except the incisal area.
Enamel	Natural Enamel (NE)	NE is recommended to restore translucency in the incisal area in most cases.
	White Enamel (WE)	WE is recommended for the proximal wall. WE is suggested as an alternative to NE in whiter cases.
	Yellow Enamel (YE)	YE is designed to mimic discolored enamel.
	Trans Enamel (TE)	TE is the most translucent in ESTELITE ASTERIA. This shade is suggested as an alternative to NE in highly translucent cases.
	Occlusal Enamel (OeC)	OeC is recommended for the occlusal surface. OeC has exceptional sculptability to shape occlusal cusps and fissures.

■ INDICATIONS

- Direct anterior and posterior restorations including occlusal surfaces
- Direct bonded composite veneer
- Diastema closure
- Repair of porcelain/composite

■ CONTRAINDICATIONS

ESTELITE ASTERIA contains methacrylic monomers. DO NOT use ESTELITE ASTERIA for patients allergic to or hypersensitive to methacrylic and related monomers or to any of the other ingredients.

■ PRECAUTIONS

- 1) DO NOT use ESTELITE ASTERIA for any purposes other than those listed in these instructions. Use ESTELITE ASTERIA only as directed herein.
- 2) ESTELITE ASTERIA is designed for sale and use by licensed dental care professionals only. It is not designed for sale nor use by non-dental care professionals.
- 3) DO NOT use ESTELITE ASTERIA if the safety seals are broken or appear to have been tampered with.
- 4) If ESTELITE ASTERIA causes an allergic reaction or hypersensitivity, discontinue its use immediately.
- 5) Use examination gloves (plastic, vinyl or latex) at all times when handling ESTELITE ASTERIA to avoid the possibility of allergic reactions from methacrylic monomers. Note: Certain substances/materials may penetrate through examination gloves. If ESTELITE ASTERIA comes in contact with the examination gloves, remove and dispose of the gloves, and wash hands thoroughly with water as soon as possible.
- 6) Avoid contact of ESTELITE ASTERIA with eyes, mucosal membrane, skin and clothing.

- If ESTELITE ASTERIA comes in contact with the eyes, thoroughly flush eyes with water and immediately contact an ophthalmologist.
- If ESTELITE ASTERIA comes in contact with the mucosal membrane, wipe the affected area immediately, and thoroughly flush with water after the restoration is completed.

- If ESTELITE ASTERIA comes into contact with the skin or clothing, immediately saturate the area with an alcohol soaked cotton swab or gauze.

- Instruct the patient to rinse his mouth immediately after treatment.

7) ESTELITE ASTERIA should not be ingested or aspirated. Ingestion or aspiration may cause serious injury.

8) To avoid the unintentional ingestion of ESTELITE ASTERIA, do not leave it unsupervised within the reach of patients and children.

9) Clean the placement instruments and brushes with alcohol after use.

10) When using a light-curing unit, protective eye shields, glasses or goggles should be worn at all times.

11) This product is designed to be used at room temperature (18 - 30°C / 62 - 84°F). Allow product to reach room temperature prior to use. Cold material may be difficult to extrude.

■ INDICATIONS FOR FILLING AND CURING

ESTELITE ASTERIA is designed to be cured by either a halogen, LED or Plasma Arc with a wavelength of 400-500 nm. Be sure to light-cure ESTELITE ASTERIA extra-orally and check the time needed for complete hardening of ESTELITE ASTERIA with your light-curing unit before performing the bonding procedure. The following table summarizes the relationship between curing time and increment depth.

Relationship between curing time and increment depth:

Light type	Intensity (mW/cm²)	Curing time (Seconds)	Increment depth (mm) ⁽¹⁾		
			A1B, A2B, A3B, A3.5B, B3, BL NE, WE, YE, TE, OeC	A4B	— ⁽²⁾
Halogen	400	10	1.7	— ⁽²⁾	— ⁽²⁾
		20	2.1	1.8	— ⁽²⁾
	600	10	2.0	1.7	— ⁽²⁾
		20	2.4	2.0	— ⁽²⁾
LED	400	10	2.1	1.8	— ⁽²⁾
		20	2.5	2.1	— ⁽²⁾
	600	10	1.7	— ⁽²⁾	— ⁽²⁾
		20	2.0	1.7	— ⁽²⁾
Plasma Arc	1000	10	2.2	1.9	— ⁽²⁾
		6	2.0	1.8	— ⁽²⁾

1) Increment depth was determined on the basis of test results performed in accordance with section 7.10 "depth of cure" of ISO4049: 2009.

2) Curing time must be at least 20 seconds.

■ SPECIAL NOTES FOR THE USE OF PLT

- 1) PLTs are designed for single patient use only. Do not re-cap and/or re-use the PLT tip once material has been dispensed for that patient.
- 2) Dispensers are not provided for ESTELITE ASTERIA. Use a dispenser that fits the PLT of ESTELITE ASTERIA. For proper use and proper disinfection, see manufacturer's instructions.
- 3) Use light, controlled pressure to prevent any continued extrusion of material following pressure release.

■ STORAGE

1) Store ESTELITE ASTERIA at temperatures between 0 - 25°C (32 - 77°F).

- 2) AVOID direct exposure to light and heat.
3) DO NOT use ESTELITE ASTERIA after the indicated date of expiration on the syringe or PLT package.

■ DISPOSAL

To safely dispose of excess ESTELITE ASTERIA, extrude unused portion from SYRINGE or PLT and light-cure before disposal.

■ CUSTOM SHADE GUIDE

See the instructions for ESTELITE ASTERIA Custom Shade Guide prior use.

■ CLINICAL PROCEDURE

1. Cleaning

Thoroughly clean the tooth surface with a rubber cup and a fluoride-free paste, and then rinse with water.

2. Shade Selection

Select the appropriate shade of ESTELITE ASTERIA using the custom shade guide prepared in advance.

- Complete the shade selection within 5 minutes; teeth become whiter when dehydrated.
- Lightness (color value) is the primary importance on shade selection.
- In the case of whitened teeth, select the shade a few weeks later after the completion of whitening. Whitened teeth tend to become slightly darker with the elapse of time.

3. Isolation

A rubber dam is the preferred method of isolation.

4. Cavity Preparation

Prepare the cavity and rinse with water. Add bevels to the enamel margins of anterior preparations (class III, IV, V), bevels assist in erasing demarcations between the cavity margins and the restoration, thereby enhancing both esthetics and retention.

- Scalloped (undulant) bevel may be desirable depending on the esthetics and retention.
- In the case where no cavity preparation has been made (caries-free cervical defects), clean the tooth surface with a rubber cup and a fluoride-free cleaning paste. Rinse thoroughly with water.

- Please see the table depicting the shade and tip (■ SHADE).

5. Bonding

A rubber dam is the preferred method of isolation.

6. Dispensing

7-1. PLT

- Please read ■ SPECIAL NOTES FOR THE USE OF PLT before use.
- Load the PLT into a dispenser that fits the PLT.
 - Remove the PLT cap.
 - Extrude the paste directly into cavity or indirectly on the mixing pad.

7-2. SYRINGE

Remove the syringe cap. Extrude the paste onto a mixing pad by turning the handle clockwise. After dispensing, turn the handle counter-clockwise by a half to full turn to release residual pressure inside the syringe and re-cap the syringe immediately.

- DO NOT apply unnecessary force to the syringe immediately after removing from the refrigerator.
- Weisen Sie den Patienten an, den Mund sofort nach der Behandlung auszuspulen.

7-3. ESTELITE ASTERIA

Protect the pulp appropriately, if the cavity is in close proximity to the pulp. In the case of pulp exposure, apply calcium hydroxide for pulp capping. DO NOT USE EUGENOL-BASED MATERIALS to protect the pulp as these materials will inhibit curing of ESTELITE ASTERIA.

6. Bonding System

Apply a light-cured bonding system according to its manufacturer's instructions.

7. Dispensing

7-1. PLT

- Please read ■ SPECIAL NOTES FOR THE USE OF PLT before use.
- Load the PLT into a dispenser that fits the PLT.
 - Remove the PLT cap.
 - Extrude the paste directly into cavity or indirectly on the mixing pad.

7-2. SYRINGE

Remove the syringe cap. Extrude the paste onto a mixing pad by turning the handle clockwise. After dispensing, turn the handle counter-clockwise by a half to full turn to release residual pressure inside the syringe and re-cap the syringe immediately.

- DO NOT apply unnecessary force to the syringe immediately after removing from the refrigerator.
- Weisen Sie den Patienten an, den Mund sofort nach der Behandlung auszuspulen.

7-3. ESTELITE ASTERIA

Protect the pulp appropriately, if the cavity is in close proximity to the pulp. In the case of pulp exposure, apply calcium hydroxide for pulp capping. DO NOT USE EUGENOL-BASED MATERIALS to protect the pulp as these materials will inhibit curing of ESTELITE ASTERIA.

8. Filling and contouring

Fill the cavity incrementally. Increments should not exceed the indicated curing depth (please refer to the aforementioned table).

- In case that characterization is required, tints (such as ESTELITE COLOR) can be used. Apply the tint according to manufacturer's instructions.
- DO NOT mix ESTELITE ASTERIA with other brands of composite resin to avoid incomplete cure or entrainment of air bubbles. In order to avoid air bubbles entrapment, DO NOT mix ESTELITE ASTERIA with another shade of the paste.

9. Curing

Light-cure each increment for at least the indicated time (please see aforementioned table), keeping the curing light tip within a distance of 2 mm from the increment.

- If other brands of composite resins are layered over the cured composite, follow its manufacturer's instructions.
- If ESTELITE ASTERIA causes an allergic reaction or hypersensitivity, discontinue its use immediately.

10. Finishing

Shape and polish the restoration. For finishing, use finishing discs and/or fine finishing diamond points. Use metal finishing strips or vinyl polishing strips for proximal surfaces. For polishing, polish with rubber points or any suitable polishing tools. For final polishing, use felt discs or cotton wheels with polishing paste, or suitable polishing tools.

IMPORTANT NOTE: The manufacturer is not responsible for damage or injury caused by improper use of this product. It is the personal responsibility of the dental professional to ensure the product is suitable for application before use.

Specifications are subject to change without notice. When the product specification changes, the instructions and precautions may change also.

■ DEUTSCH

Lesen Sie bitte vor Gebrauch alle Informationen, Vorsichtsmaßnahmen und Warnhinweise.

■ PRODUKTBESCHREIBUNG UND ALLGEMEINE HINWEISE

- 1) ESTELITE ASTERIA ist ein lichthärtendes, röntgenopakes Komposit für Restaurierungen im Front- und Seitenzahnbereich. Es ist für alle Karies-Läsionsklassen geeignet, einschließlich für Restaurierungen mit minimalem oder ohne Präparation. ESTELITE ASTERIA enthält 82 Gewichtsprozent (71 Volumenprozent) Silizium-Kronoxid und Komposit-Füllmasse. Durch einen hohen Füllstoffanteil wird eine niedrige Polymerisationsshrinkage erreicht. Alle in ESTELITE ASTERIA enthaltenen anorganischen Füller sind kugelförmig (durchschnittliche Partikelgröße: 0,2 µm, Partikelgrößenbereich: 0,1 bis 0,3 µm) und gewährleisten ausgezeichnete Glanzbeständigkeit und Verschleißfestigkeit. ESTELITE ASTERIA enthält Bisphenol-A-di(2-hydroxy-propoxy)-Dimethacrylat (Bis-GMA), Bisphenol-A-Polyethoxy-Methacrylat (Bis-MPEPP), 1,6-bis(Methacryloxy)carbonylaminotrimethyl hexane (UDMA), triethyleneglycol Dimethacrylate (TEGMDA), Mequinol, Dibutyl hydroxyl toluene und UV-Absorber.

2) ESTELITE ASTERIA basiert auf der RAP-Technologie (Radical-Amplified Photopolymerization initiator technology). Die RAP-Technologie ermöglicht eine kürzere Aushärtungsduar und eine längere Verarbeitungszeit (90 s). Bitte beachten Sie die Tabelle, in der das Verhältnis zwischen Aushärtungszeit und Schichtdicke aufgeführt ist (■ HINWEISE ZUR FÜLLUNGLEGUNG UND AUSHÄRTUNG).

- 3) ESTELITE ASTERIA wird in der SPRITZE oder als vor beladene Applikationsspitze (PLT, "Pre Loaded Tip") angeboten.

■ FARBNEN

ESTELITE ASTERIA enthält

