



Our Mission:

Protecting  
partially  
erupted teeth.

With **Fuji Triage™** from **GC**.

One of many **GC** solutions for  
caring for youngsters.

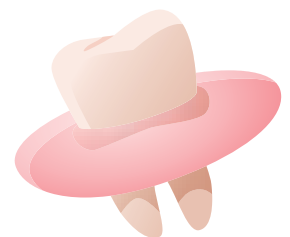
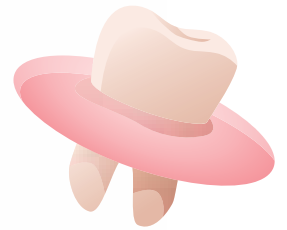
**GC**

# Did you know:

- first and second permanent molars take about 1.5 years to fully erupt<sup>(1)</sup>
- these teeth are difficult to clean during eruption
- the caries risk is highest during this period<sup>(2)</sup>
- occlusal pits and fissures are 8 times more susceptible to dental caries than smooth surfaces<sup>(3)</sup>
- if the enamel is hypomineralised it can break down very quickly, early protection with Glass Ionomer Cement (GIC) may help reduce this

## Most dentists wait for the teeth to fully erupt because:

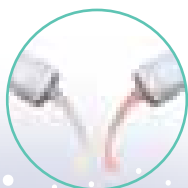
- proper isolation is not possible
- the bonding effectiveness of resin to aprismatic enamel is poor



# Protect NOW! Fuji Triage

from GC, the glass ionomer solution for protecting partially erupted molars.

- **Easy to apply:** no etching, no air drying, no bonding required
- **Moisture tolerant:** allows easy placement, even on partially erupted molars, without the use of a rubber dam
- **Low viscosity, excellent flow:** helps penetration into deep pits and fissures



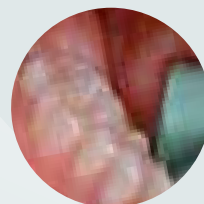
## Protection in five simple



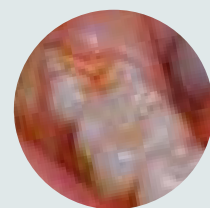
**Step 1:** Remove plaque/debris from the tooth and from under the operculum. Avoid aggravating the operculum.



**Step 2:** Treat the tooth with a dentine conditioner (20 seconds) or cavity conditioner (10 seconds) using a micro-brush and blot dry (do not desiccate).



**Step 3:** Isolate using cotton rolls and suction.

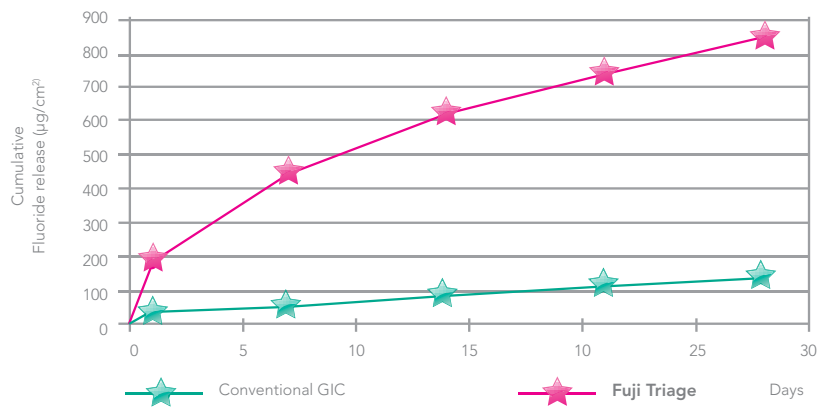


**Step 4:** Spread a thin film of Fuji Triage over the pits and fissures.

Mission completed after 4-6

Source: Dr. M. Blique, France

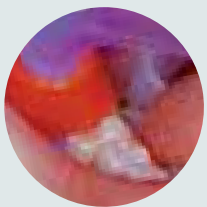
- **Unique pink colour:** absorbs the heat from the curing light to speed up the setting and aids visualization and monitoring
- **Exceptionally high fluoride release:** creates an acid-resistant fluoride-modified hydroxyapatite. In addition, the fluoride release promotes remineralisation of the enamel if any initial carious lesions are present<sup>(6)</sup>



GC Fuji Triage's fluoride release is six times higher than conventional glass ionomers' and much higher than resin sealants' fluoride release

Source: GC Internal Data, January 2006

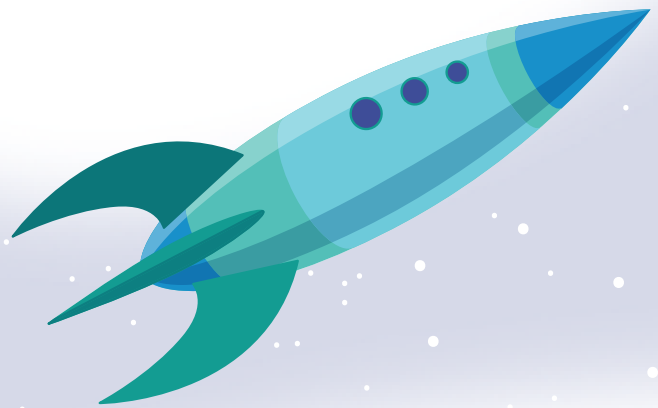
## steps



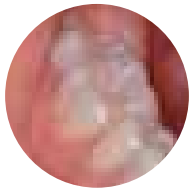
**Step 5:** For a quicker setting reaction, set the **PINK Fuji Triage** using 20-40 seconds of light curing or let it self-set for 4 minutes.

We recommend to cover the glass ionomer surface with a protective coating like cocoa butter, **Fuji Varnish** or **Fuji Coat LC**.

## minutes!

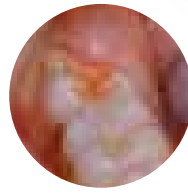


# But why wait? Here are the facts:



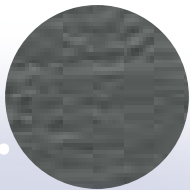
Partially erupted tooth.  
Source: Dr. M. Blique, France

**Fact 1:** It is difficult to isolate a partially erupted molar, when the tooth is partially covered by an operculum. Resin-based sealants need a dry environment for their bonding effectiveness.<sup>(4,5)</sup>



Partially erupted tooth treated with Fuji Triage.  
Source: Dr. M. Blique, France

**However:** Fuji Triage is moisture tolerant and offers **chemical adhesion** to tooth structure, **even in a moist environment.**<sup>(6,7)</sup>



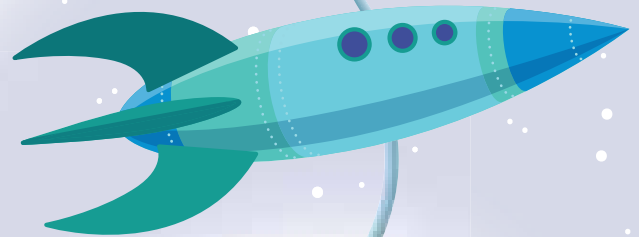
Aprismatic enamel after etching, not showing micro retentive surface. Source: Prof. Alessandra Pereira de Andrade, Brazil

**Fact 2:** Resin-based sealants rely on enamel etching and micro-mechanical retention. **Etching aprismatic enamel does not provide a microretentive surface for an effective resin bond.**<sup>(6)</sup>



Ion exchange layer at the interphase, showing chemical adhesion between the tooth and the glass ionomer. Source: Prof. Alessandra Pereira de Andrade, Brazil

**However:** Fuji Triage, being a glass ionomer, **allows chemical adhesion, even to aprismatic enamel.**

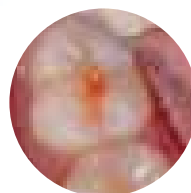


## In addition:

- Clinical studies indicate that **Fuji Triage** has **similar retention compared to resin sealants at 24 months** and report reduced instances of marginal stains and caries in the teeth.<sup>(6)</sup>

- Once the tooth is fully erupted, you still have the option to either renew the existing glass ionomer sealant or place a resin-based sealant.

- The **retention** of small amounts of glass ionomer sealants could be sufficient to prevent caries in the pits and fissures of teeth<sup>(8)</sup> Fluoride-modified hydroxyapatite is much more caries resistant.<sup>(6)</sup>



Retention of Fuji Triage after 3 years. Source: Dr. M. Blique, France



**GC Fuji Triage POWDER/LIQUID**

(1-1 Pack, 15 g powder, 10 g liquid, 6 g Dentin Conditioner and accessories)  
 002490 Pink  
 002491 White

**GC Fuji Triage CAPSULES**

(Box of 50 capsules, mixed volume per capsule 0.13 ml)  
 002495 Pink  
 002496 White

Accessories for optimal results

To increase adhesion:

**000110 GC Cavity Conditioner / 000120 GC Dentin Conditioner**

To prevent dehydration after the initial set:

**000026 GC Fuji Varnish / 000176 GC Fuji Coat LC**

**Academic references**

1. Dennison et al. *Effectiveness of sealant treatment over five years in an insured population.* JADA 2000;131(5):597-605.
2. National Center for Health Statistics. Health, United States, 2009 With Special Feature on Medical Technology. Hyattsville, Md.:2010:306-307.
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4. Locker et al. *The use of pit and fissure sealants in preventing caries in the permanent dentition of children.* Br Dent J 2003; 195: 375-8.
5. Smallridge et al. *Management of the stained fissure in the first permanent molar* Int J Paediatr Dent 2000;10:79-83
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7. Beiruti et al. *Comm Dent Oral Epidemiol* 2006;34:403-409.
8. I Mejäre, IA Mjör. *Glass ionomer and resin-based fissure sealants: a clinical study.* Scand J Dent Res, 1990:98:345-350.



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