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DFU#40084 071463 Rev3



# Perfection White™

## In-Office Whitening System

REF 4008104

### Doctor's Instructions

For the rapid whitening of vital and non-vital teeth  
in the controlled environment of the dental office

No light required

For Customer Service, Call 888-670-6100 or 610-239-6000

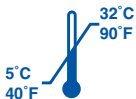
premier®

### Important:

All dental personnel should read and understand all information in this booklet prior to the use of this product.

**Perfection White™** uses 35% hydrogen peroxide. This strong oxidizer can damage tissue. Handle with caution.

### Recommended Storage:



Refrigeration is *not recommended* and may cause pressure build-up inside the peroxide ampules. Heat will also affect the product so it is important to follow the recommended storage temperatures listed above.

**Questions: Call 888-670-6100**

### Supply Checklist

#### **Perfection White™ supplies required for a 2-arch application for one patient:**

- 2-4cc ampules of 35% hydrogen peroxide (clear). Please read warning.
- 1-2cc ampule Gingival Protectant Gel (colored)
- 1 cup Activator Powder
- 1 mixing spatula
- 1 applicator brush

#### **Supplies required, but not included:**

- Latex or vinyl gloves for dental personnel
- Protective eyewear for both dental personnel and patient
- Pumice
- Rubber dam
- Waxed floss

*Reorder Perfection White™ (Item 4008104) from your preferred dental dealer.*

## Do's

- ✓ All dental personnel should wear gloves, face mask and protective eyewear.
- ✓ Patient must wear protective eyewear.
- ✓ Avoid inhalation of the Activator Powder.
- ✓ Understand the proper way to open the peroxide ampules to avoid accidental contact with hydrogen peroxide.
- ✓ Always use a properly fitting rubber dam and Gingival Protectant Gel during in-office bleaching.
- ✓ Stop the procedure and rinse teeth if patient complains of pain or excessive sensitivity during the treatment.

## First Aid

Incidental soft tissue contact with the hydrogen peroxide in Perfection White™ will result in a temporary whitening of tissue and a tingling or burning sensation. If the peroxide comes in contact with either skin or soft tissue, rinse contacted area with water for 5 minutes.

If accidental eye contact with hydrogen peroxide occurs, immediately and copiously rinse eye with water for 15 minutes, then seek medical attention.

## Dont's

- ✗ Do not proceed without reading this booklet.
- ✗ Do not handle peroxide ampules without gloves and protective eyewear.
- ✗ Do not store peroxide ampules in an unmarked container.
- ✗ Do not point tip of ampule towards a person when the ampule tip is snipped with scissors. This prevents accidental squirting of the peroxide.
- ✗ Do not use on patients with very sensitive teeth, extremely worn or eroded dentin, or leaking margins.
- ✗ Do not anesthetize the patient during in-office bleaching.
- ✗ Do not use a curing light, as this may actually slow the bleaching process.



### **WARNING!**

***Perfection White™* contains 35% concentrated hydrogen peroxide which is caustic and CAN CAUSE TISSUE DAMAGE! HANDLE WITH CAUTION!**

## Patient Selection

1. Those patients with yellow-brown stains of extrinsic origin will respond with the fastest and best results. Tetracycline stains, fluorosis, and intrinsic mineral/metal stains are the most difficult.
2. Never promise more than you can deliver! Bleaching results are highly variable.
3. Counsel patients to avoid unreasonable expectations.
4. Patients with known thermal sensitivity, exposed dentin, large pulps, or leaking margins may not be appropriate patients for this technique.
5. As with all procedures, adequate examination of both the patient's general and oral health is a prerequisite prior to bleaching.
6. Application of this bleaching treatment is contraindicated if the patient has anesthetized teeth.
7. If composites are planned, see item 3 on page 8 of this booklet.

### **IMPORTANT!**

**Remember to take a pretreatment shade record of both upper and lower teeth. Chart any pretreatment tooth irregularities such as white spots, brown spots, or banding and point these out to the patient.**

## Vital Tooth Bleaching

### Preparing the patient:

1. After recording tooth shade, snip open the ampule of Gingival Protectant (colored gel) and apply to the gingiva surrounding the teeth that are to be bleached.
2. Carefully apply a properly punched and sealed rubber dam to teeth selected for bleaching. Ligation of teeth is recommended, but is not necessary if bleaching gel consistency is sufficiently thick.
3. Clean teeth on labial and lingual with pumice. Rinse well.

### Mixing the In-Office Bleaching Gel

*Mix outside of the patient operatory. Wear protective eyewear, face mask and gloves.*

1. Open Activator Powder. For two separate mixes, pour half the powder into the extra cup and seal with lid. Avoid inhaling Activator Powder.
2. To open peroxide ampules, hold the ampule between thumb and forefinger so the tip is not pointing towards a person. Without squeezing the contents, carefully snip the sealed tip.
3. Gently squeeze the ampule to dispense a portion of the peroxide into Activator Powder and mix with supplied spatula until a smooth, creamy, shiny consistency is achieved. One ampule is sufficient to treat one arch.
4. Repeat steps 2 and 3 using remaining Activator Powder for second arch.

## Applying the Bleaching Gel

After mixing bleaching gel, return to operatory and immediately begin application to the prepared patient. Gingival Protectant, rubber dam, and patient's protective eyewear should be in place.

1. Using applicator brush, place a 2mm thickness of activated bleaching gel on both the facial and lingual surfaces of the teeth. Be careful not to force bleaching gel under the rubber dam or place bleaching gel over the tooth-rubber dam seal.
2. With the patient under direct visual supervision at all times, leave gel on teeth for 10-15 minutes. If the patient complains of pain or excessive sensitivity, stop the procedure and rinse the bleaching gel from the teeth.
3. Scrape gel off centrals. If shade change is acceptable, go to Step 4. If not acceptable, scrape gel off entire arch and reapply gel for 10-15 minutes.
4. Suction gel from teeth first to avoid spattering the gel on staff or patient. Then carefully rinse and suction all gel from areas surrounding the teeth before removing the rubber dam.

## Acid Etching (not recommended)

Acid etching is not recommended with **Perfection White™** due to contradictory information on the efficacy of acid etching with bleaching.

## Post-Treatment Considerations

1. Patient should avoid consuming anything for 24 hours that might restain the teeth. This includes, but is not limited to, caffeine drinks, nicotine products, caramel-colored colas, and red wine.
2. Teeth may have some thermal sensitivity for a week or so, but the majority of this sensitivity will be in the first 4-8 hours post-treatment.
3. It is prudent to delay composite placement for two weeks after whitening.
4. If a second appointment is needed, wait 1-2 weeks to repeat in-office whitening treatment. Do not proceed with a second whitening appointment until patient sensitivity is diminished.
5. If in-office whitening will be followed by take-home whitening, the patient should wait 24 hours before resuming at-home whitening treatment.

## Spot Bleaching

Sometimes, it is advantageous to bleach isolated problem areas of the tooth individually prior to bleaching all the teeth. This effectively gives a double-dose of bleaching to the problem area, such as the cervical of teeth with third- and fourth-degree tetracycline stains.

If spot bleaching is indicated, prepare the patient and mix the hydrogen peroxide and Activator Powder as you would for a full arch treatment (as described on page 6 of this booklet). The only differences:

1. Mix less bleaching gel to avoid waste. Always mix to creamy consistency.
2. Apply bleaching gel to problem area for only 10 minutes. Rinse and dry.
3. Follow with a maximum of 15 minutes bleaching time for all the teeth.  
This gives the problem areas a total bleach time of 25 minutes.

## Non-Vital Bleaching

It is our evaluation that intracoronal bleaching of non-vital teeth is not completely satisfactory for long-term whitening results. Frequently, the initial results are good for some time, but as the years go by, the tooth darkens noticeably. Most non-vital bleaching is a temporary solution until the patient can have a definitive restorative procedure completed.

When non-vital bleaching is indicated, however, use the following procedure:

## Procedure for Non-Vital Bleaching:

1. Wait one month after endodontic treatment/retreatment to confirm apical health.
2. Prepare the patient with Gingival Protectant, rubber dam, and eye protection as described on pages 6 and 7. Dental personnel should wear gloves, face mask and protective eyewear.
3. Prepare an access opening in the tooth to a depth of the pulp chamber floor.
4. Seal the access chamber with a zinc phosphate or polycarboxylate cement to prevent hydrogen peroxide leakage past the gutta percha. Glass ionomer is not acceptable for this seal.
5. Mix bleaching gel as described on page 6 of this booklet.
6. Place bleaching-gel mixture simultaneously in access opening, on lingual tooth surface and on labial tooth surface for 10 minutes. Repeat as necessary during the same appointment to achieve desired shade.

## Avoid the following:

1. Do not extend access preparation past the depth of the periodontal ligament.
2. Do not leave patient unattended while bleaching is in progress.
3. Do not continue bleaching if patient has discomfort from leaking rubber dam.
4. Do not promise the patient long-term results.