

## Tips from practicing dentists on using products to the best advantage

### Product Category: RESTORATIVE MATERIALS AND ACCESSORIES

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**Practice location:** Havertown, PA  
**Type of practice:** General Dentistry  
**Years in practice:** 20  
**System/product to be described:**  
 Traxodent – Hemodent Paste Retraction System  
**Manufacturer:** Premier Dental Products Company  
**Company Website:**  
[www.premusa.com](http://www.premusa.com)

#### Description of this product and its benefits to the dental patient:

To overcome the challenges of traditional mechanical gingival retraction (that is, retraction cord with or without hemostatic agent) for crown and bridge impressions, a new class of cordless gingival retraction materials called gingival retraction pastes has been introduced. Retraction pastes generally are clay-based to absorb moisture and are coupled with an astringent. They are designed to be placed into and around the gingival sulcus and produce hemostasis and drying within several minutes. When they are used with a compression cap (a cylindrical, dense cotton pellet) and direct pressure, retraction pastes can also provide excellent tissue retraction. Traxodent (Premier) is a Hemodent Paste Retraction System that features functionalized proprietary clay. Compared with other kaolin-based clay

**Figure 1:** Traxodent Hemodent Paste Retraction System, unit dose with dispenser before delivery into the mouth.  
**Figure 2:** Occlusal view of Traxodent retraction paste around tooth no. 12. Note how the viscosity of the material allows it to stay in contact with the marginal and sulcular gingiva to provide hemostasis and retraction.  
**Figure 3:** Patient biting on a Retraction Cap for 2 minutes.  
**Figure 4:** After 2 minutes, the Traxodent retraction paste is rinsed away with water. After gentle drying the tissue is free of blood or moisture and ready for the final impression.



systems, Traxodent's clay provides improved ion exchange of the astringent, because its surface area provides "swelling" capacity for fluid control, drying, and gingival retraction. Traxodent contains 15% aluminum chloride and comes in either prepackaged syringes with bendable metal tips or unit doses with slender plastic tips that fit into an autoclavable dispenser. Traxodent can be used in virtually any clinical situation in which control of bleeding is required. There is essentially no learning curve to using Traxodent. The material is simply dispensed into the area around the prepared tooth with or without retraction cord followed by having the patient bite on a Retraction Cap (Premier). After 2 minutes, the paste is removed by thoroughly rinsing

the area with water. The area can then be gently dried leaving the tissue free of moisture and blood, ideally prepared for the final crown and bridge impression.

#### Step-by-step description of how this product is used with a patient:

A 62-year-old man came in for a full-coverage restoration for tooth no. 12 after a large existing mesio-occluso-distobuccal amalgam build-up and successful root canal therapy. Using Solo Diamond Single Patient-Use diamond bur (Premier), I prepared tooth no. 12 for a zirconia restoration. I prepared at least 1 millimeter of occlusal and axial reduction with a smooth 90-degree shoulder finish line ending equigingivally. I placed Knit-Pak Knitted Retraction Cord

(Premier) size 000 gingival retraction cord atraumatically using a flat-ended instrument. Owing to persistent oozing of blood and fluid around tooth no. 12, I placed Traxodent retraction paste around the prepared tooth using a unit-dose capsule. (Figures 1 and 2) The patient was instructed to bite down on a molar-size Retraction Cap and provide direct pressure to the area. (Figure 3) After approximately 2 minutes, I removed the Retraction Cap and thoroughly rinsed the area with water. Hemostasis was achieved and the margins of tooth no. 12 were clearly visible. (Figure 4) I used a T-LOC Triple Tray Adhesive-Free Dual Arch Impression Tray (Premier) for the final impression. After the mouth removal time had elapsed for the Polyvinyl siloxane final impression material, I removed the impression of tooth no. 12 and inspected it. After I verified complete capture of the preparation details, I fabricated a provisional restoration using bis-acryl temporary material and cemented it using NexTemp Temporary Cement (Premier). At this point, the patient was released after the successful procedure, with an appointment scheduled in 3 weeks for definitive cementation of the final restoration.