REMOVE

Maximum preservation

Welcome to a truly
minimally invasive experience

remove.com.ar

The clinical advantages of Remove®

- Selective removal: acts on necrotic dentin through the formation of chloramines
- Short action time
  (30 seconds)
- Maximum preservation of natural healthy tissue
- High residual bactericidal power
- Inhibits dentin metalloproteins
  (Dentin autolysis)
- Conditions remaining tissue for later adhesion
- Fluorescent identification of infected dentin
- Versatility in acute and chronic caries
  (Capacity to increase or decrease proteolytic potency as needed)
- Regulatory thermosensitivity of proteolysis via LED lamp

Modern dentistry is following trends in medicine by beginning to shift toward minimal intervention, preserving tissue and promoting the remineralization of enamel and dentin. Minimally invasive clinical approaches seek to preserve structure, ensuring an extended life for treated teeth.

In our profession, since the mid-1980s, the prestigious researcher Jo E. Frencken, creator and promoter of ART (Atraumatic Restorative Treatment), has advocated for the removal of infected (decayed) dentin tissue through the exclusive use of hand instruments (1). Through ART, vital dentin is preserved, remineralized and regenerated, allowing a minimally invasive cavity preparation that safeguards pulp health.

This approach generates less stress for the patient, as it avoids the noise and vibration of dental instruments, and in many cases, local anesthesia is unnecessary. Following the publication of research proving its effectiveness, both the World Health Organization (WHO) and the International Dental Federation (FDI) have recognized this technique and recommend it especially in public health programs as safe, reliable and highly impactful.

Clinical Study

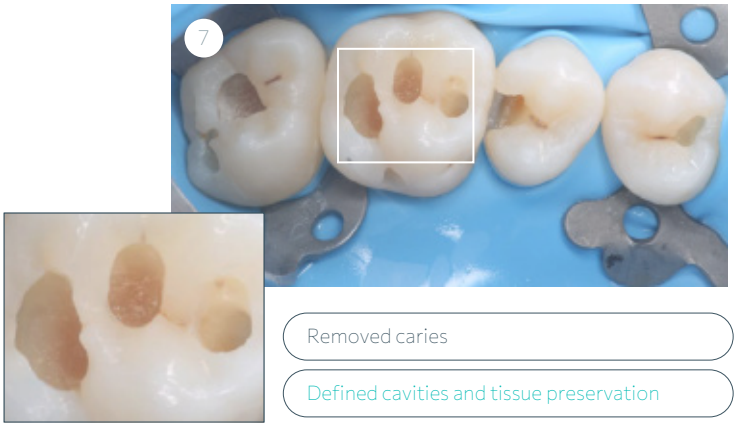
Dr. Carlos Adrián Fernández

Female patient, 22 years of age. Multiple carious lesions in the upper jaw.

Detection of caries

Application of Remove

Removal by scraping Gentle lateral movements with dental excavator



Removed caries

Defined cavities and tissue preservation

Restoration

Precision from start to finish

Differences from other removal systems

Product	Papacarie/Brix 3000	Carisolv	REMOVE
In-tube interaction	Chloramines affect papain	No	Duopack without interaction
Scanning of caries	No	No	Color identifier
Proteolysis regulation (acute/chronic caries)	No	No	By adjusting component dose
Proteolytic thermosensitivity (chronic caries)	No	No	Using LED light
Infected dentin fluorescence	No	No	Identifies on contact
Bactericidal capacity	Medium	High	High residual
Chemically conditions tissues for adhesion	No	Yes	Yes
Minimum action time	2 minutes	40 seconds to 1 minute	30 seconds
Autolytic metalloprotein inhibition	No	No	Yes

Have you ever removed cavities in 30 seconds and without pain?

Mode of use: Technique

Preparatory Stage:
Occasionally, it is necessary to gain access to the site of the lesion using high- or low-speed burs.
Prophylaxis of the treated surface: wash, dry, and isolate with cotton rolls.

Using an appropriate instrument, completely fill the cavity with Remove®.
Wait 30 seconds, the time required for the chemical reactions that soften the carious dentin.

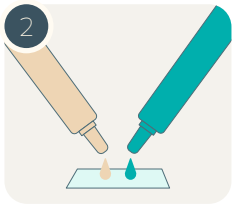
Select a hand instrument (excavator) according to the size of the cavity. Use the instrument with circular and scraping movements to remove the softened dentin. Avoid drying the cavity and rinsing with water during the procedure.

As the carious dentin is removed, the solution acquires a cloudy appearance. Occasionally, it is necessary to repeat the procedure. When a leather-like hardness is reached, the treatment is considered complete.

Clean the cavity with a cotton ball moistened with water or flush with a syringe. Use an LED light to detect the presence of infected dentin through fluorescence.

Restore the tooth with appropriate material, such as composite resins or glass ionomer cements.

1. Isolate the tooth to be treated with cotton rolls and suction.

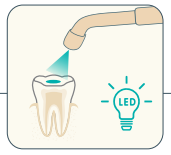
2. 
Mix the contents of both syringes according to the proportions table (Fig. 1) on a glass tile.

3. 
Transfer the resulting mixture to the tooth using a dental spoon.

4. 
Fill the cavity so that all walls are moist.

5. 

Leave to act for 30 seconds and then, using lateral movements, remove the decayed tissue until you reach a hardness similar to leather.

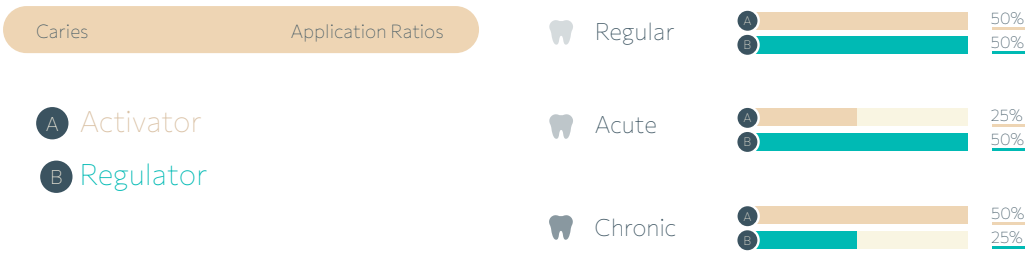


Note:
To identify remnants of dentin, shine an LED light 15 cm from the tooth. The detector will emit fluorescence, marking the residual tissue.

To increase proteolytic potency in more chronic lesions, shine an LED light in contact with the tooth for 10 to 15 seconds.

Another way to increase proteolytic potency is by regulating the proportions of each syringe (Fig. 1).

Fig. 1



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