

TISSUE GOO

HEMOSTATIC GEL



IMPRESSIONS

Unlike runny liquid hemostatic agents, **TISSUE GOO™** is a gel that stays where you place it, offering exceptional hemostasis without compromising the health of the gingival tissue.

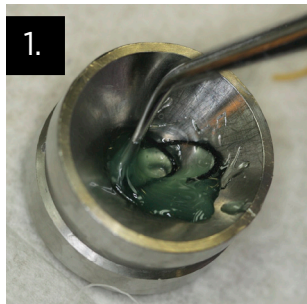
TISSUE GOO's active ingredient is 25% aluminum sulfate, which will control bleeding throughout the cord placement and tissue management processes. Aluminum sulfate is much kinder to soft tissue than other hemostatic agents. During retraction cord placement, **TISSUE GOO** acts as a lubricant. Place **TISSUE GOO** in the sulcus, or saturate the RE-CORD retraction cord with **TISSUE GOO**, then proceed by gently packing the RE-CORD knitted retraction cord into the sulcus. The hollow design of RE-CORD holds more hemostatic agent (**TISSUE GOO**), and will compress when packed into the sulcus. RE-CORD will expand in the sulcus to provide ideal tissue displacement.

TISSUE GOO is especially effective for veneer cementation, where minor bleeding often occurs. **TISSUE GOO** stops bleeding without contaminating the marginal bonding surface or discoloring the soft tissue, a problem commonly experienced with ferric sulfate hemostatic agents. **TISSUE GOO** will not interfere with the set of your impression material. **TISSUE GOO** is gooseberry flavored and makes tissue management a more pleasant experience, unlike the caustic flavor of ferric sulphate materials.

The **TISSUE GOO** Big Shot is a 60ML refill syringe designed to allow you to refill your **TISSUE GOO** 3ML syringes in just seconds without mess.

CLINICAL TECHNIQUE

EFFECTIVE & EFFICIENT GINGIVAL RETRACTION USING A DOUBLE CORD TECHNIQUE



1. Tissue Goo may be placed directly into the sulcus to control bleeding, however, if Re-Cord is saturated with Tissue Goo, it also acts as a lubricant, ensuring easier placement of the retraction cord.



2. Gently massage the cord into the bottom of the sulcus, making sure that the ends of Re-Cord do not overlap but meet end to end.



3. This occlusal view shows that the first cord meets end to end, but neither Re-Cord nor the margins are entirely visible, indicating that a Double Cord Technique is indicated. After a minimum of 3:00 minutes in the sulcus, only the second cord is removed prior to the impression.



4. After saturating the second larger Re-Cord with Tissue Goo, it is placed over the first cord, to laterally displace the tissue. Only this cord is removed just prior to the impression.



5. Note that the entire cavo-surface margin of the preparation is visible indicating sufficient retraction to capture the margin. Prior to impressioning and cord removal the preparation is treated with Detail to cleanse and alter the surface tension for the most accurate, detailed impression.

Dentistry and photography courtesy of Dr. Brad Carson.

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