

Usage Instructions 09/22/2022

Mixing

1. Using the measuring vials provided in the kit, measure out 1 ½-2 vials of powder and 1 vial of liquid (two parts powder to one part liquid). Mix the powder and liquid in the mixing glass provided. Do not use a plastic cup for mixing.
2. Quickly (5 seconds) mix the two components using a small spatula. Cover the mixing container with plastic wrap or glass slab and allow the mixture to stand covered for 5-7 minutes at room temperature. Continuous spatulation is not recommended.
3. After 5-7 minutes has elapsed, uncover the mixture and check the consistency. The material will be very soft and somewhat runny, but not excessively so. Place the denture in the jig and then add the FlowCast in the jig and immerse in warm soapy water for another 5-10 minutes.

If a slightly heavier consistency is desired, allow the material to set up longer. It is recommended to start with a 2:1 by volume mix of powder to liquid and allow that mix to stand covered for 5-7 minutes before application. This will give a good combination of tissue conditioning and flowability for the functional impression. However, a powder-liquid ratio of up to 2 ¼ parts powder to 1 part liquid may be used if a slightly heavier body is desired for mandibular dentures, free-end saddle partials and adding to denture borders.

4. Prior to the patient leaving with the FlowCast denture, they should be instructed to clean the FlowCast denture twice a day with mild soap and water.

Follow up Visits

1. Remove the dentures from the patient's mouth and rinse them under running water. Examine the tissue surfaces of the dentures for border over extensions, border under extensions and tissue impingements.

Border over extensions and tissue impingements are visible as hard denture base material showing through the white FlowCast resin. These are relieved using an acrylic bur and repaired using freshly mixed FlowCast applied to the defect.

Border under extensions are visible as unsupported areas of tissue treatment material greater than 3-4 mm in length. These areas must be backed up using autopolymerizing acrylic resin to provide support.

To help maintain the surface, a drop of FlowCast liquid can be applied over the patched areas using a brush or gloved finger.

2. An occlusal evaluation should be performed at every follow up appointment. Flow-Cast material stabilizes the denture making occlusal evaluations easier.
3. The consistency and color of the patient's denture bearing tissue should be monitored at each appointment. For patients with extremely inflamed tissue, the FlowCast material may need to be changed as healing takes place.
4. Schedule an additional follow up visit 24-48 hours from the initial follow up visit. At the second and subsequent follow up visits, repeat the evaluation of the impression surface, oral

tissue and occlusal relationships. Once all 3 areas are satisfactory to both the patient and dentist, the denture may be sent to a laboratory for relining or rebase. The final impression should be boxed in plaster and model poured in type III stone as soon as possible after removal from the mouth to preserve accuracy.

Direct Placement

1. Thoroughly wash and dry the tissue surface of the denture.
2. Using an acrylic bur in a handpiece, lightly relieve any gross undercuts. Relieve the borders of the denture 1-3 mm.
3. Due to the very sticky nature of the material, lubricate areas with petroleum jelly that are not to be covered with the FlowCast material.
4. Working with the maxillary denture first, mix the FlowCast and put in a monoject syringe. Then place in warm water for 5 minutes. Place a bead of mixed FlowCast material into the residual ridge area of the denture. Using a spatula spread the material onto the palate and labial flange areas of the denture. Carefully insert the denture into the patient's mouth and have the patient very gently close against the opposing denture into the maximum intercuspation. Have the patient maintain this position for 5-10 minutes. The FlowCast should not be runny when you put the denture in the patient's mouth.
5. Remove the denture from the patient's mouth and trim excess material using a scalpel or electric trimmer. Replace the maxillary denture in the patient's mouth and repeat the procedure with the mandibular denture.
6. Once both dentures have been lined and placed into the patient's mouth, occlusal relationship of the dentures should be checked in centric relation. Replace the dentures in the patient's mouth and invite the patient to converse with a member of the staff or read aloud for 2-3 minutes. Aggressive occlusal adjustment should be delayed until the material has flowed to functional borders to stabilize the dentures (usually the first follow up visit). It is recommended that an occlusal indicator wax be used to check occlusal relationships.

Processing the completed impression

The final impression may be processed into hard acrylic either by relining or rebase. In either case, a precision processing method should be employed to preserve the accuracy of the impression.

Disinfection

The finished impression should be disinfected using a water based hospital level disinfectant in accordance with Local, State, and Federal recommendations and regulations.

Maintenance

After 1 day in the mouth, FlowCast material treated dentures can be cleaned by gentle brushing with a soft bristle brush and clear water. **Do not use commercially available chemical cleansers. Do not immerse denture in cleaning solutions. Twice a day the patient should remove the denture and clean the surface of FlowCast with mild soap and water.**