The Restorative Touch of TheraCal LC

The first member of BISCO’s award-winning TheraFamily, TheraCal LC is once again a standout star among DPS readers for its versatility and unique healing properties.

In the years since TheraCal LC’s debut in 2011, it has become one of those products many dentists simply can’t do without. One such dentist is Craig Aebli, DDS, who practices in Sanford, FL. “I do a fair amount of restorative dentistry, and with a lot of composites, so it’s not unusual for me to have patients that have deep areas of decay,” said Dr. Aebli. “It probably reach for TheraCal LC several times a week,” he added.

TheraCal LC is part of BISCO’s award-winning TheraFamily of restoratives, which includes TheraCal PT, TheraCem, and TheraBase. The resin-modified calcium silicate-filled liner material is ideal for direct and indirect pulp capping, and is light-cured for immediate placement, it also serves as a protective liner under composites, amalgams, cements, and other base materials.

Significant Calcium Release

With its unique proprietary formulation, TheraCal LC promotes significant calcium release, which also leads to a protective seal.1 The calcium release stimulates hydroxyapatite and secondary bridge formation.6,7 The first member of BISCO’s TheraFamily of restoratives, which includes TheraCal PT, TheraCem, and TheraBase. The resin-modified calcium silicate-filled liner material is ideal for direct and indirect pulp capping, and is light-cured for immediate placement, it also serves as a protective liner under composites, amalgams, cements, and other base materials.

Base Layer: The Thera Way

TheraBase is a dual-cure, calcium- and fluoride-releasing, self-adhesive base/liner that chemically bonds to tooth structure and releases and recharges calcium and fluoride ions.8

• Calcium release generates an alkaline pH** Alkaline pH promotes pulp vitality.

• Dual-cured material that will polymerize even in deep restorations where light cannot reach.

• Stronger and more durable than other base materials, glass ionomers, and resin-modified glass ionomers**

5 Reasons Why DPS Readers Love TheraCal LC:
1. Calcium release that stimulates hydroxyapatite and secondary bridge formation.4,8
2. Alkaline pH, which promotes pulp vitality.9
3. Visible on radiographs to easily distinguish areas of decay.4
4. Protects and insulates the pulp.10
5. Compatible with any bonding technique and can be placed under cements and restorative materials.

“This convenience is another reason TheraCal LC is at the top of my go-to product list. TheraCal LC is dispensed in a syringe, with just a small tip applicator that you attach to the syringe. You can dispense out just as much as you need directly onto the tooth and it flows well,” he explained. “If I need to move it around a little with an explorer, I can do that, and once I have it in place, I just light cure it and it’s set. It can’t get much

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TheraCal LC also adds versatility to its list of attributes. According to BISCO, it can also be used as an alternative to calcium hydroxide, glass ionomer, RMGI, IRM/ZOE, and other restorative materials. TheraCal LC is compatible with any bonding technique and can be placed under cements and restorative materials.

Top 3 Reasons...
Awarded the DPS Recommended Product badge in 2015, and a favorite among Dental Product Shopper readers in the years since, TheraCal LC remains an operatory staple for Dr. Aebi for 5 key reasons:

- Its ease of application, the fact that it’s a light-cured material, and the good results I’ve continuously received with pulpal healing. These features are a huge advantage when you’re trying to restore a tooth with deep caries and pulp exposures.

On the next page, read “Case in Point: Solving A Restorative Challenge” in which Dr. Andrés E. López shares a recent case where he used several BISCO products, including TheraCal LC, to resolve a fistula and place an overlay on a patient’s lower left molars.

References:
BISCO has on file the calcium release data for TheraCal LC.


- Easy cleanup and high radiopacity
- Low solubility and will not wash out over time
- Improved ease of use
- Versatility

PULOPTOMY: THE THERA WAY
TheraCal PT is a biocompatible, dual-cured, resin-modified calcium silicate designed for pulpotomy treatment that maintains tooth vitality by performing as a barrier and protector of the dental pulp complex.

- Working time: minimum 45 seconds at 35°C
- Setting time: maximum 5 minutes at 35°C
- Easily dispense from a dual-barrel automix syringe directly on pulp exposures

Cementation: The Thera Way
TheraCem is a dual-cured, calcium- and fluoride-releasing, self-adhesive resin cement that delivers a strong bond to zirconia and most substrates with no etching or priming required.

- Indicated for luting crowns, bridges, inlays, onlays, and prefabricated metal, non-metal, or fiber posts
- Autotmix dual-syringe provides a consistent mix for immediate delivery
- Easy cleanup and high radiopacity

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CASE IN POINT: SOLVING A RESTORATIVE CHALLENGE
In this case snapshot, Andrés E. López, DDS, describes using several BISCO products—including TheraCal LC, All-Bond Universal, Core-Flo DC Lite, and Duo-Link Universal—to treat a 28-year-old female who presented with a fistula on her lower left molars that hadn’t resolved after 2 months.

I completed a clinical, radiographic and photographic analysis. The tooth had a provisional restoration (IRM) and cotton in the pulp chamber. The pre-operative x-ray revealed the presence of a fractured file in the mesiofacial canal. I isolated the tooth, removed the caries, placed the matrix, selective etched, applied CHX 2%, and completed distal deep margin elevation (DME). I then placed All-Bond Universal on the distal composite. Single session endodontics was performed on the fractured file. Obturation was made with bioceramics cement and gutta-percha.

Restoring the Upper Right Molar
Next, I carefully cleaned the pulp chamber, applied All-Bond Universal and Core-Flo DC Lite to build the core structure. The patient was prescribed antibiotics. When the patient returned 10 days later for her second visit, the fistula had disappeared. I completed absolute isolation, removed occlusal and mesial caries on the upper-right third molar, applied TheraCal LC in deep areas, selective etched, applied CHX 2% and All-Bond Universal, then layered the composite.

An Overlay for the Lower Left Molar
The preparation for an overlay on the lower left molar was also performed. The rubber dam was removed, the retraction cord placed, preparation completed, and digital impression taken. When the patient returned for the third visit, we again completed absolute isolation, prophylaxis, selective acid etching, placed All-Bond Universal, and cemented the lithium disilicate overlay with Duo-Link Universal adhesive resin cement.

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