

## gs-80 spherical

## INSTRUCTIONS FOR USE

Indications for use: Filling material as a treatment for dental caries Contra-indications for use: Do not use in persons with a known mercury allergy.

GS-80 SPHERICAL: The technically advanced, non-gamma 2 spherical

at an affordable price. GS-80 spherical's superior quality and outstanding at an anorabile price. GS-80 spherical's superior quality and outstanding strength ensures greater safety margins and a tough, durable restoration. GS-80 spherical has optimised plasticity which enables easy placement producing minimum porosity and maximum strength. The alloy to mercury ratio varies between 1/0.73 and 1/0.78 depending on the size and setting time. i.e. 42.2% to 43.8% by weight mercury. The compressive strength of GS-80 Spherical at 24 hours is 530 MPa, and the dimensional change during hardening is -0.03%.

GS-80 spherical capsules have a green body and the coloured plunger denotes the spill size, whilst the coloured base indicates the setting time:

	Plunger	Alloy (mg)	Mercury (mg)	
Spill			Fast (blue)	Regular (grey)
1	grey	400	292	304
2	Lt.green	600	438	456
3	burgundy	800	584	608
5	gold	1200	-	936
Working	time:			
Condensing time (minutes)			3.0	3.5
Carving 1	time (minutes)		5.5	6.0
	, ,			

INSTRUCTIONS:

1. Select the appropriate size capsule according to colour coding.

2. With the capsule inverted, SLOWLY press the plunger end of the capsule against a flat surface (see figure 1) until the flange of the plunger is flush with the capsule body (see figure 2). THIS IS MOST IMPORTANT. Initially, resistance will be felt, then suddenly released as the plunger pierces a diaphragm allowing the mercury to enter the mixing chamber.

3. Slightly spread the amalgamator clips and carefully insert the capsule. Ensure that the capsule is securely anchored between the clips. (see figure 3).

4. Select the appropriate mixing time from the suggested mixing times (see table 1). A range of mixing times is given to accommodate mixing variations that can occur due to machine type, age and line voltage. Correctly triturated amalgam will form into a bright homogeneous plastic mass. A hot, shiny, sticky mass indicates over trituration whilst a dull, dry or powdery mass is under triturated.

5. After trituration has been completed. Carefully remove the stable of the capsule of th

under triturated.

5. After trituration has been completed, **carefully** remove the capsule from the clip.

6. Tap the base end of the capsule sharply on the bench to ensure that the mixed amalgam is located in the base of the capsule (see figure 4).

7. Separate the base from the body and remove the prepared amalgam from the capsule. If the small separating diaphragm has come away from the capsule wall during activation and mixing, it will separate cleanly from the amalgam. amalgam. 8. CONDENSATION:

8. CÓNDENSATION: Moisture contamination: If moisture has introduced into the amalgam before it has set, properties such as strength and corrosion resistance may be affected adversely. Whenever it is possible, use a dry field. Insertion of the amalgam should commence immediately after trituration. It is not necessary to express mercury prior to insertion. Traditional condensation techniques are recommended. Pack angles and undercuts with a small-faced plugger, using sufficient pressure to ensure good adaptation. Build the restoration with additional portions until cavity is slightly over filled. Remove any mercury rich amalgam from the surface, that may develop during condensation.
9. FINISHING:
Trimming and carving can be commenced immediately condensation has been

9. FINISHING: Trimming and carving can be commenced immediately condensation has been completed. Light burnishing can be used to advantage and if the restoration is polished, this procedure should be carried out after 24 hours. Avoid overheat-ing by ensuring adequate water cooling and low speed polishing.

WARNING - CONTAINS MERCURY

DANGER - POISON

May be harmful if vapours are inhaled. Avoid breathing.

Keep container closed. Use with adequate ventilation.

Do not open capsules prior to trituration. Do not remove the coloured plunger from the capsule. The wearing of gloves, glasses and protective clothing is recommended for all dental procedures. Dispose of used capsules in accordance with national regulations.

Ingestion: Mercury may cause neurotoxic effects and renal damage.

Inhalation: Mercury may cause respiratory disorders including inflammation and fluid retention.

Eyes & Skin: Mercury may cause irritations and allergic reactions.

Acute Exposure: Mercury may cause irritations and allergic reactions including dermatitis, digestive and respiratory disorders.

**California Prop 65 Warning:** This product contains mercury, a chemical known to the State of California to cause birth defects or other reproductive

Health Canada Warning: (1) Non-mercury filling materials should be considered for restoring the primary teeth of children where the mechanical properties of the material are suitable. (2) Wherever possible, amalgam fillings should not be placed in or removed from the teeth of pregnant women. (3) Amalgam should not be placed in patients with impaired kidney function. (4) In placing and removing amalgam fillings, dentists should use techniques and equipment to minimize the exposure of the patient and the dentist to mercury vapour and to prevent amalgam waste from being flushed into municipal sewage systems. (5) Dentists should advise individuals who may have allergic hypersensitivity to mercury to avoid the use of amalgam. In patients who have developed hypersensitivity to amalgam, existing amalgam restorations should be replaced with another material where this is recommended by a physician.

The U.S. FDA states the following on dental amalgams: Dental amalgam has been demonstrated to be an effective restorative material that has benefits in terms of strength, marginal integrity, suitability for large occlusal surfaces, and durability. Dental amalgam also releases low levels of mercury vapor, a chemical that at high exposure levels is well-documented to cause neurological and renal adverse health effects. Mercury vapor concentrations are highest immediately after placement and removal of dental amalgam but decline thereafter. Clinical studies have not established a causal link between dental amalgam and adverse health effects in adults and children age six and older. In addition, two clinical trials in children aged six and older did not find neurological or renal injury associated with amalgam use. The developing neurological systems in fetuses and young children may be more sensitive to the neurotoxic effects of mercury vapor. Very limited to no clinical information is available regarding long-term health outcomes in pregnant women and their developing fetuses, and children under the age of six, including infants who are breastfed. The Agency for Toxic Substances and Disease Registry's (ATSDR) and the Environmental Protection Agency (EPA) have established levels of exposure for mercury vapor that are intended to be highly protective against adverse health effects, including for sensitive subpopulations such as pregnant women and their developing fetuses, breastfed infants, and children under age six. Exceeding these levels does not necessarily mean that any against adverse health effects, including for setistive suppopulations such as pregnant women and their developing fetuses, breastfed infants, and children under age six. Exceeding these levels does not necessarily mean that any adverse effects will occur. FDA has found that scientific studies using the most reliable methods have shown that dental amalgam exposes adults to amounts of elemental mercury vapor below or approximately equivalent to the protective levels of exposure identified by ATSDR and EPA. Based on these findings and the clinical data, FDA has concluded that exposures to mercury vapor from dental amalgam do not put individuals age six and older at risk for mercury-associated adverse health effects. Taking into account factors such as the number and size of teeth and respiratory volumes and rates, FDA estimates that the estimated daily dose of mercury in children under age six with dental amalgams is lower than the estimated daily adult dose. The exposures to children would therefore be lower than the protective levels of exposure identified by ATSDR and EPA.In addition, the estimated concentration of mercury in breast milk attributable to dental amalgam is an order of magnitude below the EPA protective reference dose for oral exposure to inorganic mercury. FDA has concluded that the existing data support a finding that infants are not at risk for adverse health effects from the breast milk of women exposed to mercury vapors from dental amalgam.

CAUTION: Federal law restricts this device to sale by or on the order of a

Keep out of the reach of children. Single use only. Do not place the device in direct contact with other types of metals.

Spillages: Mercury presents a health hazard if incorrectly handled. Spillages of mercury should be removed immediately, including from places which are difficult to access. Use a plastic syringe to draw it up. Smaller quantities can be covered by sulfur powder and removed. Avoid inhalation of the vapour. The information provided herein is given in good faith, but no warranty expressed or implied is made. MSDS available at www.sdi.com.au or contact your regional representative.

N G L I

**STORAGE:** It is recommended that this product be stored at temperatures below  $25^{\circ}\text{C}$  /  $77^{\circ}\text{F}$  in a well ventilated place.

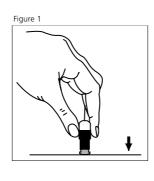
Composition of alloys: GS-80 Spherical: Ag 56%, Sn 29%, Cu 15%

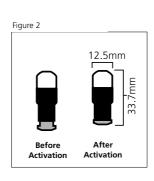
GS-80 Spherical capsules conform to ISO 24234 and ANSI/ADA Specification

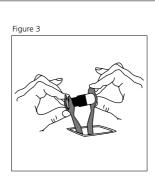
## AMERICAN DENTAL ASSOCIATION MECHANICAL AMALGAMATION REQUIREMENT

AMALGAMATOR Cycles per second Time of Mixing (Seconds) Plastic Capsules SDI ULTRAMAT 2 75

8 (2 spill regular setting time)







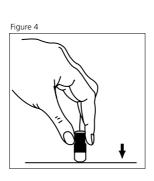


Table 1:

Recommended amalgamator setti	ngs		
	gs-80 spherical		
amalgamator	speed setting	1,2, 3 spill	5 spill
Ultramat 2 (SDI)	Fixed	8±1	7±1
Capmix (ESPE)		9±1	8±1
Vari-Mix II (Caulk)	M2	8±1	7±1
Vari-Mix III (Caulk)	M	8±1	7±1
Silamat (Vivadent)	Fixed	8±1	7±1
Wig-L-Bug (Crescent):			
LP-60	Medium	10±2	8±2
SC-40		20±5	18±5
S2000	Low	10±2	8±2
DS80	Low	20±2	18±2
Spirit (Pelton Crane)	3500 CPM	10±2	8±2
Executive (Pelton Crane)		10±2	8±2
Torit	Fixed	12±2	10±2
Duomat (Degussa)	3800 CPM	9±1	7±1
Zenith	M	10±2	8±2
AutoMix (Kerr)	3600 CPM	10±1	8±1

NOTE: The ESPE Rotomix is not recommended for mixing SDI amalgam capsules. Capmix, Vari-Mix II, Vari-Mix III, Silamat, Wig-L-Bug, Spirit, Executive, Torit, Duomat, Zenith, AutoMix and Rotomix are not the registered trademarks of SDI Limited.

Made in Australia by SDI Limited Bayswater, Victoria 3153 Australia 1 800 337 003 Austria 00800 0225 5734 Brazil 0800 770 1735 France 00800 0225 5734 Germany 0800 1005759 Ireland 00800 0225 5734 Italy 00800 0225 5734 New Zealand 0800 734 034 Spain 00800 0225 5734 United Kingdom 00800 0225 5734 United Kingdom 00800 0225 5734 USA & Canada 1 800 228 5166 www.sdi.com.au

EC REP SDI Germany GmbH Hansestrasse 85 51149 Cologne Germany T+49 2203 9255 0

