

No.	Question	Answer
1	What are the indications for the use of Curodont™ Repair Fluoride Plus?	Curodont™ Repair Fluoride Plus is a remineralizing, low-viscosity liquid material that induces Guided Enamel Remineralization in early, non-cavitated carious lesions (watch areas/white spot lesions). These lesions often appear as white spots on buccal and occlusal surfaces. For proximal lesions, which may not be visually accessible, radiographs and/or advanced diagnostic measures, such as laser fluorescence, fiber-optic transillumination, impedance measurement, etc. may be used.
2	How many times should Curodont™ Repair Fluoride Plus be used to bring about remineralization?	In a majority of cases, one application of Curodont™ Repair Fluoride Plus is sufficient to treat one lesion, provided the patient maintains good oral hygiene in this period. The remineralization continues to increase thereafter. If deemed necessary by the clinician, such as in cases like rampant caries, the application may be repeated.
3	How long does it take to remineralize a lesion?	Natural enamel formation in primary and permanent teeth requires a few months to a few years, respectively. Curodont™ Repair Fluoride Plus is a biomimetic system that treats early caries by remineralizing enamel over time. The speed of remineralization depends on a number of patient behavioral and environmental factors, such as oral hygiene maintenance, quality of saliva, dietary habits, etc.
4	What is the purpose of using sodium hypochlorite in the Curodont™ Repair Fluoride Plus protocol?	Sodium hypochlorite is an agent used frequently in dentistry to dissolve organic content. In the protocol for Curodont™ Repair Fluoride Plus (CRFP), 2% sodium hypochlorite is used, with a small cotton pellet and tweezers, to remove the salivary pellicle and any other organic deposit from the surface of the early carious lesions (watch areas/white spot lesions). This step ensures that the pores of this pseudo-intact surface layer are not blocked by any organic matter, in order to facilitate the effective diffusion of CRFP within the sub-surface body of the lesion.

5	<p>What are the alternatives to using sodium hypochlorite if the dental professional does not wish to/cannot use it?</p>	<p>Alternatives to sodium hypochlorite include air polisher, prophylaxis paste, pumice etc. as mechanical means of removal of organic content and the salivary pellicle. If these alternative methods are used, it is important to rinse the tooth thoroughly after this step.</p> <p>The use of 2% sodium hypochlorite may be a more 'thorough' way to remove the salivary pellicle and organic matter.</p>
6	<p>Can fluoride varnish be applied after the use of Curodont™ Repair Fluoride Plus (CRFP)?</p>	<p>Yes, the use of fluoride varnish or any other remineralizing paste is permitted after the use of CRFP. These agents act as suppliers of calcium, phosphate, and/or fluoride ions to the CRFP technology within early carious lesions (watch areas/white spot lesions), thus supporting the Guided Enamel Remineralization.</p> <p>When using these agents, they must be applied at least 5 minutes after the application of CRFP in-office or after the appointment, at home.</p> <p>An ideal complement to Curodont™ Repair Fluoride Plus is Curodont™ Protect. This anti-cavity dental gel can be applied once a day for one week (or until the tube is finished) on a lesion that has been treated in-office with Curodont™ Repair Fluoride Plus.</p>
7	<p>Does the application of Curodont™ Repair Fluoride Plus (CRFP) affect the bond strength of orthodontic adhesives?</p>	<p>No, the use of CRFP before the bonding of orthodontic brackets or around bonded orthodontic brackets does not affect the shear bond strength of adhesives used for bonding.</p>
8	<p>Can Curodont™ Repair Fluoride Plus (CRFP) be used for both active and inactive lesions?</p>	<p>The active and inactive states of early caries are not well defined. A lesion can go from being active to inactive and vice versa and currently, there is no method to definitely determine if a lesion is 100% active or inactive. In such a scenario, taking into account all factors related to location and appearance of the lesion, it may be safer to treat all early carious lesions (watch areas/white spot lesions) with CRFP than to risk progression of the lesion.</p>

<p>9</p>	<p>When can bleaching be done before/after a Curodont™ Repair Fluoride Plus (CRFP) treatment?</p>	<p>With regards to treating a patient who needs both bleaching and treatment of early caries with CRFP, there is no strict requirement to do one before the other:</p> <ol style="list-style-type: none"> 1. If CRFP treatment is done first, it is recommended to wait 2 weeks before the bleaching treatment. After treatment with CRFP, the vVARDIS technology diffuses within the body of the early carious lesion (watch area/white spot lesion) and remineralization begins. A gap of 2 weeks between the CRFP treatment and the bleaching treatment is recommended, to maximize effectiveness of CRFP. 2. If the bleaching is done first, CRFP can be used immediately. Peroxide, in addition to bleaching, 'cleans up' the tooth surface well and removes the need for the pre-treatment steps of salivary pellicle removal and etching before using CRFP. However, if a few days have passed after the bleaching, it is recommended to follow the entire protocol as per instructions. In fact, CRFP will also help tackle the demineralization occurring due to bleaching.
<p>10</p>	<p>Why should unwaxed floss be used and not waxed floss in the Curodont™ Repair Fluoride Plus (CRFP) protocol?</p>	<p>In the CRFP protocol, we suggest using unwaxed floss to effectively apply the phosphoric acid gel on proximal surfaces. There are two reasons for preferring unwaxed floss over waxed floss:</p> <ol style="list-style-type: none"> 1. Unwaxed floss is thinner than waxed floss and may slip through tighter contacts better. One of the purposes of waxed floss is the ease of movement on tooth surfaces due to the wax. However, in the present case, the etchant gel acts as a 'lubricant' for the unwaxed floss. 2. Waxed floss is known to sometimes leave waxy residues on tooth surfaces. These residues run the risk of getting lodged in the pores of the surface of early caries (watch area/white spot lesion) and blocking them, which might interfere with the diffusion of the CRFP liquid through the lesion surface. Additionally, wax is hydrophobic (non-polar) while the CRFP solution is hydrophilic (polar); this difference in nature will also cause the wax to interfere with the diffusion of the solution.

11	<p>Can Curodont™ Repair Fluoride Plus (CRFP) be used on sound tooth surfaces as a preventive agent in patients at high risk of caries?</p>	<p>CRFP is a treatment for early caries. The CRFP technology works by enabling the diffusion of remineralizing ions into the body of early carious lesions (watch areas/white spot lesions). Thus, it is not an appropriate product to use on intact tooth surfaces.</p> <p>Curodont™ Protect, an anti-cavity dental gel, would be an ideal product for caries prevention, including for patients at high caries risk.</p>
12	<p>How should I apply Curodont™ Repair Fluoride Plus to proximal caries?</p>	<p>If early caries are detected on adjacent proximal surfaces, use one CRFP applicator for both lesions. The sponge must be squeezed, preferably with the help of a flat-ended instrument such as a composite instrument, through the lingual and buccal embrasures to deposit as much of the CRFP liquid near the surface of the early caries (watch area/white spot lesion) as possible. Keep area isolated for 5 minutes while the formula soaks in.</p>
13	<p>Can I use Curodont™ Repair Fluoride Plus (CRFP) on white spot lesions due to causes other than caries?</p>	<p>CRFP is a non-invasive, painless, and safe treatment for early caries that works by Guided Enamel Remineralization. The demineralized environment within early carious lesions provides the platform for the CRFP technology to work and current evidence does not indicate its use in white spots that have a non-bacterial etiology.</p>
14	<p>Can I use a whitening toothpaste after using Curodont™ Repair Fluoride Plus (CRFP)?</p>	<p>Whitening toothpastes depend on different mechanisms to achieve the whitening effect. Many toothpastes depend on hydroxyapatite for whitening, in which case, there is absolutely no issue with using it right after a Curodont Repair Fluoride Plus treatment. The hydroxyapatite may assist in the remineralizing action of Repair.</p> <p>However, even if the whitening toothpaste is peroxide-based, it may be used post-CRFP application. The peroxide content in whitening toothpastes is fairly minimal and the 'brushing' action ensures that the contact time of the agent with the CRFP technology within early lesions will also be quite low. Thus, the probability of peroxide from these toothpastes interfering with the action of CRFP is very low.</p>

<p>15</p>	<p>Can Curodont™ Repair Fluoride Plus (CRFP) remineralize dentin?</p>	<p>In most cases, except when caries involves the outer third of dentin while the lesion is still non-cavitated, we would not recommend using CRFP.</p> <p>CRFP works by enabling the diffusion of remineralizing ions, such as Ca²⁺ and F⁻, in early carious lesions. The pseudo-intact surface of the early enamel caries provides an 'undisturbed compartment' for the CRFP technology to 'stay' in and perform its action. Caries extending into dentin are complicated due to two factors:</p> <ol style="list-style-type: none"> 1. By the time caries extends into dentin, the tooth structure is often undermined enough to undergo a break down, converting the lesion into a cavity. A cavity is a contaminated area with degraded organic matrix, bacteria, food debris etc., all of which must be excavated before the tooth can be restored. 2. The lack of an 'intact' surface layer in a cavitated lesion precludes the presence of an 'undisturbed compartment' for CRFP to stay in and work. Both these factors mean that cavitated lesions extending significantly into the dentin cannot be treated using CRFP. 3. However, in cases where caries extending to the dentino-enamel junction or to the outer 1/3rd of dentin are still non-cavitated, CRFP can be used to treat these lesions.
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