DIRECTA ceramir® cement



Bioactive Strength For Lasting Restorations

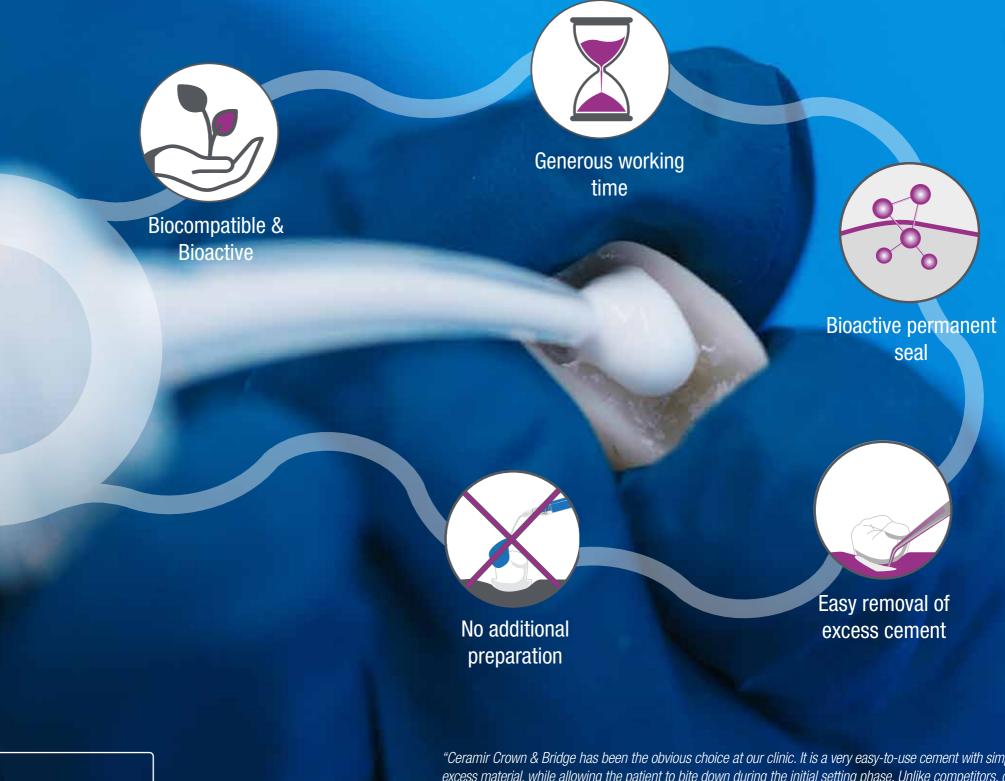
Ceramir Crown & Bridge is a self-setting biocompatible, and bioactive dental cement for conventional permanent cementation in various types of restorations.

Its powder consists mainly of calcium aluminate, and the liquid is water. The cement hardens through a chemical reaction. Once set, it reacts with saliva to form hydroxyapatite at the margins, creating a tight, permanent seal that minimizes microleakage and marginal gaps.

Its alkaline nature and natural integration enhance tissue compatibility, reduce post operative sensitivity, and lower the risk of secondary decay, resulting in a long-lasting patient friendly restoration. Ceramir dental cement requires no additional preparation of the tooth or the restoration before cementation.

It has a smooth flowability and generous working time, ensuring easy placement. During setting, it enters a controlled gel phase, allowing easy removal of excess cement. These properties make Ceramir dental cement an excellent choice for durable natural restorations.

Ceramir Crown & Bridge is offered in two forms: the pre-mixed, ready-to-use QuikCap capsule, and the QuikMix option, which allows you to mix the powder and liquid manually.



Indications

Indicated for permanent cementation of prosthetic restorations including metal, PFM (porcelain fused to metal), Zirconia and other high strength ceramics.

"Ceramir Crown & Bridge has been the obvious choice at our clinic. It is a very easy-to-use cement with simple removal of excess material, while allowing the patient to bite down during the initial setting phase. Unlike competitors, one capsule is more than enough for a three-unit bridge — which is both convenient and saves money. We really recommend all our colleagues to use Ceramir Crown & Bridge."

- Tom Sandelin, Dentist, Kristallen Dental Clinic, Uppsala Sweden

Easy Handling for Effortless Placement



Easy to use, reliable results

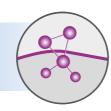
Its smooth, flowable consistency and generous working time allow for effortless placement of the restoration. No additional preparation of the restoration or the tooth is required, saving you time and money. Ceramir dental cement is hydrophilic, wets and flows well even in moist conditions to ensure a smooth placement and adaptation of the restoration. It provides a strong, long-lasting

seal at the restoration interface, minimising the risk of secondary decay and offering long-term protection. Excess cement can easily be removed thanks to the controlled gel phase. These excellent handling properties minimise technique sensitivity and save valuable chair time.



Excess cement can easily be removed thanks to controlled gel phase.

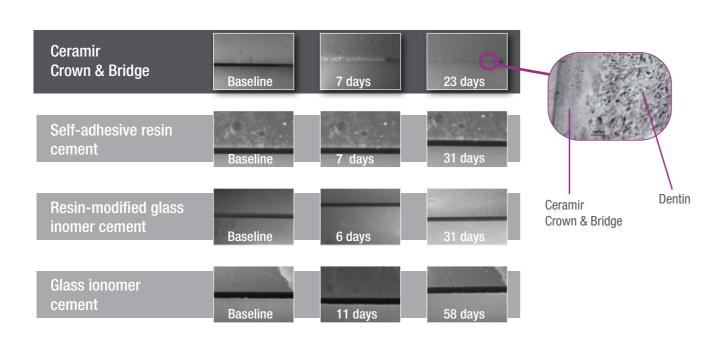
Superior Sealing for Long-lasting Result



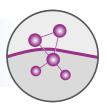
A permanent seal for lasting results

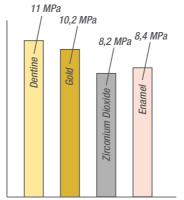
Ceramir dental cement provides a permanent seal at the restoration interface, reducing the risk of secondary decay and ensuring long-term protection. By eliminating gaps between the tooth and the restoration, it prevents bacterial leakage and supports the restoration over time, thereby contributing to its

longevity and a positive prognosis. Thanks to its alkaline properties (pH > 7), the cement promotes remineralisation and hydroxyapatite formation, strengthening the sealed interface and supporting the tooth's natural repair processes.



Ceramir cement Bond strength





Reliable and durable adhesion

Achieving reliable and durable adhesion is essential for long-term clinical success. Ceramir dental cement delivers consistent bond strength comparable to leading resin-modified glass ionomer cements, ensuring secure retention across a variety of restorative materials.

Ceramir cement bond strength to different substrates. Data on file.

Biocompatible & Hydrophilic - Inspired by Nature



Long-lasting, natural restorations

Ceramir dental cement supports biomimetic dentistry because its formulation is designed to work in harmony with the tooth. It is non-acidic, which makes it gentle on teeth and eliminates the risk of postoperative sensitivity. Free from resin, the cement is safe and stable, ensuring there is no shrinkage. Its natural bioactivity makes it biocompatible and hydrophilic, promoting remineralisation and forming hydroxyapatite to create a strong seal and long-lasting protection.

Ceramir cement in comparison

Property	IDEAL Material	Glass Inomer	Resin modified Glass inomer	Phosphate cement	Ceramir Cement
Film thickness µm	Low < 40	13,5	23,1	25,3	12-13 or < 25
Compressive Strength Mpa	High	122-162	40-141	62-101	150-200
Pulp irritation	Low	High	High	Moderate	Very Low
Removal of excess	Easy	Medium	Medium	Easy	Extremly Easy

Data on file.

Ceramir Bioceramic Implant Cement

Easy handling for implant treatments

Ceramir Bioceramic Implant Cement was specially developed to help dentists focused on implant treatments. Ceramir Bioceramic Implant Cement is a permanent bioceramic cement, 100% resin free and tissue-friendly with excellent handling properties. No additional preparation of the

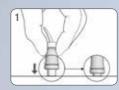
implant or restoration is required, saving you time and money. Ceramir Bioceramic Implant Cement ensures a smooth placement and adaptation of the restoration. Excess cement can easily be removed thanks to the controlled gel phase.



The main component in the powder is calcium aluminate and the liquid, water. The cement, which hardens because of a chemical reaction, is self-setting. In Ceramir Bioceramic Implant Cement QuikCap, the cement is supplied in a capsule for mixing and direct application. A capsule applicator and a mixing device are required for use. We recommend Ceramir Applicator 2.



Easy handling in a few steps















1. Activation

Hold the capsule firmly against a hard, flat surface with the plunger facing down. Push down firmly, forcing the plunger into the body of the capsule until it stops.

2. Mixing

Immediately place the capsule in a high-frequency oscillating (4,000 to 5,000 rpm) dental triturator or laboratory centrifuge. Mix for 8 seconds.

3. / 4. Application

Immediately insert the activated capsule into the applicator and apply the cement. After application, remove the empty capsule. Working time (from end of mixing) at 23 °C/73 °F: 2 minutes.

5. Seating

Seat the restoration and stabilize it under pressure, to avoid any movements, until the cement reaches a rubber-like consistency (approx. 2 min).

6. Removal of excess cement

Remove excess material when the cement has reached the rubber-like consistency.

7. Finishing

Keep the restoration stabilized for an additional 4 minutes. Check the area around the margins of the restoration (especially the gingival sulcus) and remove any remaining cement.







Design By Dentists

Directa's products are developed, tested and evaluated by our selected team of highly-qualified and renowned Swedish and international dental professionals. The aim is to make life easier for all dental professionals in their daily clinical work.

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DIRECTA AB

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REF	Product Description	Pieces/Content
40030 40029	Ceramir® Crown & Bridge QuikCap Ceramir® Crown & Bridge QuikCap	20 capsules á 0,17 ml 5 capsules á 0,17 ml
40032 40033 40034	Ceramir® Crown & Bridge QuikMix Kit* Ceramir® Crown & Bridge QuikMix Powder refill Ceramir® Crown & Bridge QuikMix Liquid refill	Complete Kit 1 bottle of powder 15 g 1 bottle of liquid 9 ml
40037	Ceramir® Bioceramic Implant Cement QuikCap	10 capsules á 0,17 ml
40027	Ceramir® Applicator 2	1 pcs/box

^{*1} bottle of powder 15 g, 1 bottle of liquid 9 ml, 1 mixing pad, 1 spoon

Reference sources:

A Review of Luting Agents

Cornelis H. Pameijer, International Journal of Dentistry Volume 2012, Article ID 752861, 7 pages doi:10.1155/2012/752861

A bioactive dental luting cement- its retentive proper and 3- year clinical findings

Steven R. Jefferies, MS, DDS, PhD; Cornelis H. Pameijer, DMD, DSc, PhD; David C. Appleby, DMD, MScD, FACP; Daniel Boston, DMD; and Jesper Lööf, PhD Conexiant dental journal February 1, 2013Volume 34, Issue 2, February 2013

Long-term retention of lithium disilicate crowns with a current bioactive cement

Kerry R. Streiff DDS | Xavier Lepe DDS, MS | Glen H. Johnson DDS, MS Wiley Received: 4 December 2020 Accepted: 19 January 2021DOI: 10.1111/jerd.1271

Hydroxyapatite formation on a novel dental cement in human saliva

Johanna Engstrand 1, Erik Unosson, Håkan Engqvist

ISRN Dent. 2012:2012:624056. doi: 10.5402/2012/624056. Epub 2012 Sep 27.

Preliminary Evidence That Bioactive Cements Occlude Artificial Marginal Gaps

STEVEN R. JEFFERIES, MS, DDS, PhD*, ALEXANDER E. FULLER, DMD†‡, DANIELW. BOSTON, DMD§ Journal of Esthetic and Restorative Dentistry, 2015 Wiley Periodicals, Inc. DOI 10.1111/jerd.12133

