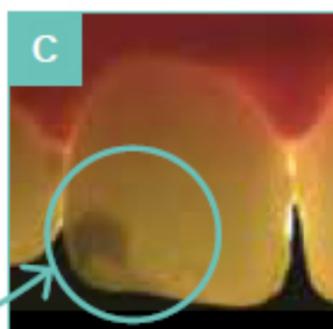
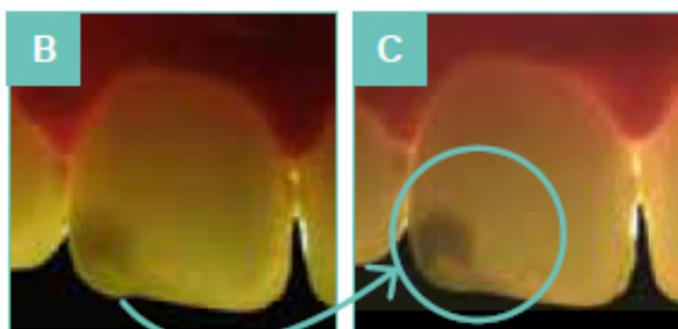
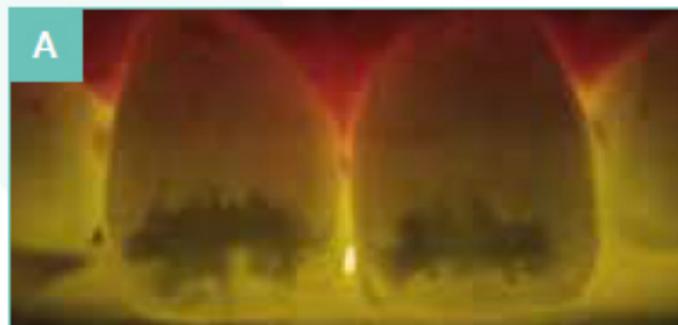


Tips & Tricks: Transillumination as an aid in diagnosis, control and monitoring



DIAGNOSIS: Determination of lesion depth



A Surface lesion

- Thin layer over the lesion
- Sharp lesion margins
- No microabrasive steps necessary in advance; step 2 (see right) can be omitted.

B Deeper lesion

- Thicker layer over the lesion
- Diffuse lesion margins
- First, selectively remove the surface layer using microabrasion (air abrasion or fine diamond drills) to convert the lesion into a superficial lesion (sharper lesion margins, see **C**) and open it for infiltration.

Note: For very deep lesions, it may be necessary to apply a thin layer of restorative composite after infiltration.



CONTROL: Examination of lesion access

- Note:** Icon Prime evaporates quickly due to its alcohol content, so any changes are only visible temporarily.
- Lesion fades after application of Icon Prime under transillumination
→ Lesion is accessible, infiltration can take place.
 - Lesion does not fade or fades only partially
→ Lesion is not accessible or only partially accessible
→ Further selective removal of the surface layer is necessary in the inaccessible areas (see **B**).



MONITORING: Monitoring the infiltration – patience pays off!

Do not use a polymerization lamp for transillumination during infiltration!

- Transillumination enables a more precise assessment of when the infiltration process is complete. This prevents premature curing.
- For complex, deep lesions, infiltrate for longer than 3 min (sometimes 10–20 min) to achieve the best results.



This is a short guide.

For detailed application steps, please observe the instructions for use for the products.

DMG Chemisch-Pharmazeutische Fabrik GmbH · Elbgaustraße 248 · 22547 Hamburg · Germany
dmg-dental.com

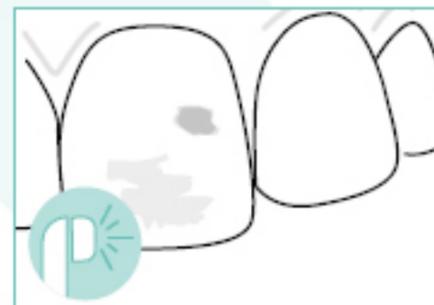
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Icon Vestibular Short guide

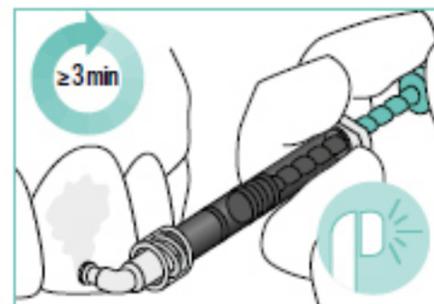


One treatment unit is sufficient for approximately two teeth.

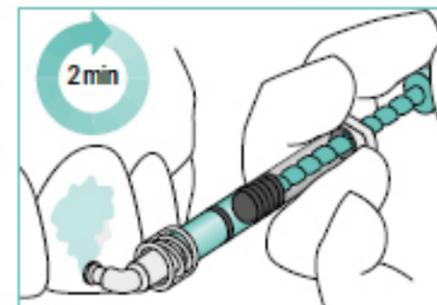


1. Clean the tooth and apply a compatible or liquid rubber dam.

2. Use transillumination to determine the depth of the lesion. If the lesion is deep, first selectively remove the surface layer to open the lesion and make it accessible for infiltration (see tips on the left).



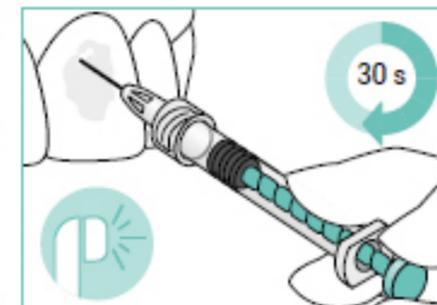
5. Switch off all light sources. Apply Icon Infiltrant. Allow to act for at least 3 min, reapplying during this time. Use transillumination (not the polymerization lamp!) for better assessment (see tips on the left).



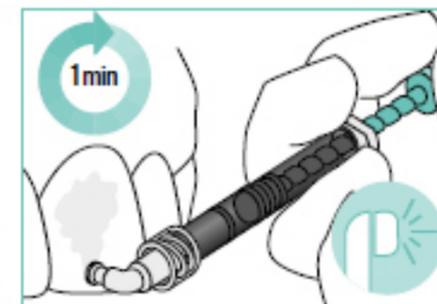
3. Apply Icon Etch and allow to act for 2 min. During the contact time, activate Icon Etch by occasionally moving the tip. Suction off Icon Etch and rinse with water for 30 s. Dry with oil- and water-free air.



6. Remove excess from the surface and/or use dental floss (fluoride-free, unwaxed). Light-cure for 40 s.



4. Apply Icon Prime and allow to act for 30 s. Check using transillumination (see tips on the left): Lesion does not fade or fades only partially
→ Repeat steps 3–4 (if necessary 2–4). Lesion fades
→ Dry with oil- and water-free air.



7. Reapply Icon Infiltrant. Allow to act for 1 min. Remove excess. Light-cure for 40 s, polish.

Further information, application videos, free live demonstrations, and contact details for the sales representative can be found here:
dmg-dental.com/more-about-icon-vestibular

