Yes, we've actually had long term experience with this. In fact, the researcher/endodontist Ron Lemmon addressed two studies with publication on this in 1993.

Bottom line: For quality predictable hemostasis (and Profound hemostasis) one should use the Astringedent or Viscostat (I prefer Viscostat) delivered from the Dento Infusor. The Dento Infusor, the the correct use thereof is pivitol to this procedure!

The Viscostat is loaded into the 1.2cc syringe. One then enters the cript, rubing firm (this is important. Most who fail, do so because they don't rub firm enough) the tip against the bleeding bone as they slowly push on the plunger so to express (infuse) the coagulative hemostatic into the bleeding cappilary orifices. This causes coagulum to form within said orifices. The firm rubbing action additionally wipes the excess coagulum off even at the cut tissue (in this case, cut bone). Occasionally there can be nuisance bleeding around the edge of the crypt, even in the soft tissues. One addresses this the same. Occasionally there can be a larger vessel cut which persistantly keeps oozing into the crypt space. One should isolate this bleeder with the end of the Dento-Infusor tip, press it firmly against the orifice and push on the plunger (even without rubbing). This can move the coagulative hemostatic into the larger vessel and plug it off.

It is important when the retrofil procedure is done to curret the cyrpt clean of extraneous coagulum and even re-intiate some bleeding. This assures normal healing. Leaving volumes of coagulum in the cyrpt can retard normal healing.

Thank you – Dan Fischer – Ultradent on ROOTS 4/8/2004