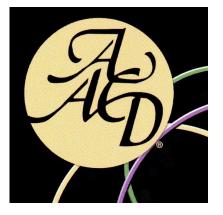
Giving Your Patients something to Smile about :

The Art of Direct ResiN

Presented by

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Co-Sponsored by





New Orleans, Louisiana May 6, 2008

MATERIALS LIST FOR ANTERIOR DIRECT RESINS

| 1. | Placement Instrume | nts: Goldstein Flexi-thin CIGFT Mini 3,Goldfogel #1(TNCCIA), Goldstein Flexi-thin CIGFT 3 Paddle shape by Hu-Friedy Composite Placement Instruments (Green and Gold) by Almore (800-547-1511) |
|---|------------------------|---|
| | | #2 Chisel Blender Brush (7450) by Loew Cornell (Art Store)#1 Brush by Cosmedent (800-621-6729) |
| | | CompoRoller by Kerr |
| | | OptraSculpt by Ivoclar |
| 2. | Adhesives: | Prime & Bond NT or XP Bond by Dentsply, Optibond Solo Plus |
| | | by Kerr, Excite by Ivoclar, Single Bond Plus by 3M/Espe, |
| | | PQ1 by Ultradent (800-552-5512), One Step Plus by Bisco (800- |
| | | BISDENT) Self-etching: SE Bond by Kuraray, Unifil Bond by |
| | | GC, AdheSE by Ivoclar, All Bond SE by Bisco, Scotchbond SE by 3M/Espe |
| 3. | Opaquers: | Monopaque White or Extra White by Ivoclar, Kolor Plus A1 |
| 5. | Opaquers. | Opaque by Kerr or Creative Color Opaquers by Cosmedent |
| 4. | Resins: | 4 Seasons by Ivoclar |
| | | (Kit according to Ron Jackson: |
| | | Dentins – A1, A2, A3, B1, B2, D2 and XL |
| | | Enamels – A1, A2, A3, A4, B1, B2, C2, D2, L and XL |
| | | Trans – Clear |
| | | Effects – Super Clear, Blue and White) |
| | | Esthet X by Dentsply |
| | | Point 4 or Premise by Kerr |
| | | Filtek Supreme by 3M/Espe |
| | | Vit-l-escence by Ultradent |
| 5 | Calarra | Renamel Restorative System by Cosmedent |
| 5. | Colors: | Tetric Color by Ivoclar (White, Light Yellow and Ochre) |
| | | Creative Color tints by Cosmedent (Grey, Violet and Honey Yellow) |
| | | Kolor Plus by Kerr (Blue) |
| 6. Preparation & Finishing burs: Anterior Direct Resin Placement and Finishing Kit | | |
| | F | #K0060 according to Dr. Ron Jackson by Brasseler (800-841- |
| | | 4522) |
| 7. | Finishing discs: | Optidisc by Kerr, Softlex XT by 3M or Flexidisc by Cosmedent |
| 8. | Diamond strips: | NTI Serrated Diamond Strips by Axis, Diamond strips by |
| | | Brasseler, etc. (Wide and Narrow (Coarse, Medium and Fine)) |
| 9. | Aluminum Oxide str | |
| | | |
| 11 | Dallahima Dastan | Jiffy system by Ultradent, Enhance by Dentsply |
| 11. | Polishing Pastes: | Enamelize (Cosmedent) for polishing use with Flexibuff Disc |
| 12. | Diode Tissue Laser: | (Cosmedent) Odyssey 2.4G or Navigator by Ivoclar available thru Patterson or |
| 12. | DIVUE LISSUE LASEL. | Schein |
| 14. | Miscellaneous: | OptraGate by Ivoclar, TapeTrix by Cognident (888-822-4890), Optilume TruShade by Optident available thru Clinician's Choice |

FUNDAMENTAL CONCEPTS

- 1. Opacity / Translucency (Value)
- 2. Form
- 3. Color
- 4. Characterizations
- 5. Texture and Surface Contour

Naturally Shaded Composites

Renamel (Cosmedent)

Esthet•X (Dentsply)

Point 4 / Premise (Kerr)

Vit-I-escence (Ultradent)

Venus (Kulzer)

Filtek Supreme (3M/Espe)

4 Seasons (Ivoclar)

- **Opacities**
- 1. Dentin (6-8%) 9-10
- 2. Enamel (10-14%) 15-16
- 3. Trans Enamel (18-50%)

Other Systems

Miris (Coltene) Matrix (Discus) Gradia Direct (GC) Artiste (Pentron) Estelite Sigma (Tokuyama)

<u>Shade Taking Steps</u>

- 1. Take shade quickly teeth dehydrate fast
- 2. Take shade of middle third of the tooth.
- 3. Establish a reference point:
 - a. Have patient put incisors end to end. Note the difference between uppers and lowers as regards to <u>VALUE.</u>
 - b. Take a digital photograph for reference.
- 4. At the end of the appointment, compare the VALUE of the restoration to the opposing incisors. The relative difference should be the same when compared to the before photograph.

FINISHING and POLISHING TECHNIQUES for ANTERIOR DIRECT RESINS

- 1) Use fine and extra-fine Finishing diamonds to shape initial contour and margins.
- 2) Use aluminum oxide discs, coarse and medium for additional shaping of incisal embrasures and line angles.
- 3) Use Epitex (my preference) or aluminum oxide strips to smooth and finish interproximal areas. Sometimes diamond strips may be necessary.
- 4) Use Astropol Gray cup (wet) to smooth. Rotate from composite to tooth.
- 5) Use Astropol Green cup (wet) to begin polish.
- 6) Use Gray Astropol point (Ivoclar) to place surface contour. Both are used wet.
- 7) Use the Astropol Pink Cup (dry) with light touch to take the surface to a high polish.
- 8) Use Enamelize polishing paste on Flexibuff disc (Cosmedent).
- 9) Finally, use Astropol Pink Cup (dry) with light touch to take the surface to the highest polish.

Refer to materials list for products and manufacturers.

MAINTENANCE INSTRUCTIONS FOR THE HYGIENIST

The following are suggestions to maintain these restorations for maximum longevity and appearance.

- 1) Do <u>NOT</u> use Sonic Scalers around margins of esthetic restorations
- 2) If there is no stain present on the veneers leave alone do <u>NOT</u> use any <u>PROPHY</u> <u>PASTE.</u>
- 3) If stain is present use any one of the following pastes:
 - a. Proxyt Fine by Ivoclar
 - b. Prisma Gloss Extra Fine by Dentsply Caulk
- 4) If one of the above pastes are used to remove stain, repolish the surface to an enamel Luster using the Astropol High Polish (Pink) Cup by Ivoclar rotating from material to tooth structure using <u>LIGHT PRESSURE</u>. Then obtain high gloss using Enamelize by Cosmedent on Flexibuff Disc followed by Astropol High Polish (Pink) feather light touch.
- 5) Do <u>NOT</u> use Acidulated Phosphate fluoride (APF) only Neutral Sodium fluoride (NSF) should be used.

PATIENT INSTRUCTIONS for CARE OF DIRECT RESIN VENEERS

Congratulations! You have just received the most up-to-date, state of the art composite resin veneer dentistry has to offer.

Your cosmetic bonding has been accomplished with the following materials:

To insure maximum beauty and longevity, a few points should be mentioned:

- 1. Brush with an ultra-soft toothbrush at least 2 times a day. Floss at least once a day, preferably before bedtime.
- 2. As with your natural teeth, the bonded material can pick up stains: try to avoid or keep to a minimum tobacco, coffee, tea, soy sauce, curry, colas, grape juice, blueberries or red wine. Routine dental cleanings will usually remove stains. Do not use baking soda or any abrasive toothpaste.
- 3. Do not rinse routinely with mouthwashes, as they are high in alcohol. Alcohol can soften bonded composite resin. If mouthwash is desired, a solution of ½ hydrogen peroxide and ½ water could be used or select a non-alcohol containing mouth wash such as Breath Rx or Rembrandt.
- 4. Sodium fluoride is the only home fluoride that should be used. Stannous fluoride or acidulated phosphate fluoride are not recommended for composite resin bonding or porcelain. ACT is a sodium fluoride rinse and can be recommended for home use.
- 5. Habits such as opening packages with your teeth, biting thread, chewing ice, nail biting or pipe smoking should be avoided. Avoid direct biting into ribs, bones, hard candy, nuts or hard bread and rolls. This puts stress on the material and could result in a fracture. Be aware that certain foods such as spare ribs, corn on the cob, carrots and apples can also put added stress on bonded teeth and possibly increase the need for repairs. Most kinds of sandwiches are not a problem.
- 6. If a chip or a fracture does occur, the veneer can usually be renewed using the same material. It is a short appointment and the fee is similar to that for a restoration for a front tooth.
- 7. How long bonding lasts depends on many things. It's a lot like getting a new set of tires. How long they last depends on the quality of the tire, the type of road surfaces traveled, the way you drive and how many miles you drive in a year. In the same manner, longevity of your veneers depends on your habits and how much stress is placed on the front teeth.
- 8. Since your cosmetic bonding is accomplished in a single office visit, your teeth will feel different to your lips and tongue when you first close your mouth. This is normal and to be expected when changes have been made to the shape and size of the teeth. Sometimes, your speech may change or be affected in the beginning until your tongue adapts to the changes. Even though the changes are slight, (measurable only in millimeters), your mouth is extremely sensitive and will exaggerate those feelings at first. Usually, after a couple of days, the feelings lessen and your mouth will feel normal again.

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- 9. 4 Seasons Technique Manual, Ivoclar