

PRACTICAL CLINICAL COURSES

A Service of the Gordon J. Christensen
Career Development Program

V1559

Direct Resin Veneers – A Great Practice Builder!

Gordon J. Christensen, DDS, MSD, PhD

Materials Included

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Presented by: Gordon J. Christensen, DDS, MSD, PhD

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Veneers, Resin (Post-Treatment Patient Instructions)

Date: _____

Tooth Numbers: _____

Resin Brand: _____

Color: _____

We have placed resin (plastic) veneers on your teeth. These restorations were fabricated using the finest materials and techniques available today, and you should receive several years of excellent service from them. Please be aware of the following information about your restorations:

Chewing: Avoid chewing excessively hard foods such as hard candy, corn nuts, ice, bones, etc., because the resin material can be broken from the tooth under extreme force. In the event a breakage occurs, replacement of the veneer is not difficult.

Recall Visits: Professional examinations every six months are suggested. Any developing problems can be observed at an early stage and can be repaired easily, while waiting for a longer time may require redoing the veneer. We will contact you when it is time for your recall appointment.

Preventive Procedures: To provide optimum longevity of your restorations and to prevent future dental decay and supporting tissue breakdown, please use the following preventive procedures that are checked below:

- _____ a. Brush with a fluoride-containing toothpaste, and floss your teeth at least once a day, preferably before going to bed.
- _____ b. Swish vigorously for 30 seconds daily with a fluoride-containing mouth rinse available over-the-counter without a prescription. The best time is immediately before bedtime.
- _____ c. Use a Water Pik as directed
- _____ d. Use a 1.1% neutral sodium fluoride as a brush-on material. These products require a prescription from us.
- _____ e. Use a mechanical toothbrush.

The Future: You will receive several years of service from your veneers. However, after observing veneers serve patients for many years, we have seen the following conditions occur occasionally.

- a. Depending on the foods you eat and other factors, a slight change in the color of the veneers may occur over a period of years. If the color change is objectionable to you, the veneers should be replaced.
- b. Depending on what you eat or drink, the veneers may develop slight stains around the edges. Please tell us if this occurs. Repairs can usually be accomplished early, prolonging the service of the veneers.
- c. The gums (gingiva) may recede from the veneers, displaying discolored tooth structure underneath. This condition may require veneer replacement or other modifications.

PROGRAM

V1559 Direct Resin Veneers - A Great Practice Builder!

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD
CEO, Practical Clinical Courses
CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. List the types of materials used for indirect tooth veneers.
2. Discuss the clinical success of veneers.
3. Compare full crowns with veneers.
4. Compare the cost of indirect veneers with direct resin-based composite veneers.
5. List the indications for veneers.
6. Describe how to determine restorative material color for resin veneers.
7. Describe three levels of veneer tooth preparation.
8. Describe three types of cords for soft-tissue management.
9. List three types of matrices for direct resin veneers.
10. Discuss three methods for bonding direct resin veneers.
11. Describe the method for placement of resin on the tooth for a veneer.
12. Describe finishing the cervical portion of the resin veneer.
13. Describe finishing the interproximal and facial areas of the resin veneer.
14. Describe finishing the incisal and occlusal portions of the resin veneer.
15. List three important points on which to instruct patients about direct resin veneers.
16. Discuss the potential longevity of direct resin veneers.
17. Describe the challenges that occur as veneers begin to fail.
18. Describe how to remove stains from the margins of resin veneers.
19. Discuss if a broken resin veneer can be repaired.
20. Compare direct resin veneers with ceramic veneers.

OVERVIEW

V1559 Direct Resin Veneers – A Great Practice Builder!

This presentation discusses and demonstrates the direct resin veneer technique. The following and other topics are included in the video:

- Patient desire for veneers
- Materials used for veneers, direct and indirect
- The clinical success potential for veneers
- Veneers vs. full crowns
- The cost of veneers, direct and indirect
- One appointment vs. two appointments
- Indications for veneers
- Determining tooth and restorative material color
- Trying various colors on teeth
- Tooth preparations for veneers
- Soft-tissue management
- Matrices
- Bonding restorative material to tooth structure
- Placing restorative material on teeth
- Finishing direct resin veneers
- Finishing the cervical areas
- Finishing the interproximal and facial areas
- Finishing the incisal and occlusal areas
- Overall occlusal adjustment after placing the veneers
- Polishing direct resin veneers
- Providing patient instructions about veneers
- Longevity expectations for direct resin veneers
- Repair and maintenance of direct resin veneers
- Conclusions about direct resin veneers

REFERENCES

V1559 Direct Resin Veneers – A Great Practice Builder!

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2. Pontons-Melo JC, Furuse AY, Mondelli J. A direct composite resin stratification technique for restoration of the smile. *Quintessence Int.* 2011 Mar;42(3):205-11.
3. Zorba YO, Bayindir YZ, Barutcugil C. Direct laminate veneers with resin composites: two case reports with five-year follow-ups. *J Contemp Dent Pract.* 2010 Jul 1;11(4):E056-62.
4. Reis A, Higashi C, Loguercio AD. Re-anatomization of anterior eroded teeth by stratification with direct composite resin. *J Esthet Restor Dent.* 2009;21(5):304-16.
5. Koczarski M. Smile makeover utilizing direct composite resin veneers. *Dent Today.* 2008 Dec;27(12):76, 78-9.
6. Mangani F, Cerutti A, Putignano A, Bollero R, Madini L. Clinical approach to anterior adhesive restorations using resin composite veneers. *Eur J Esthet Dent.* 2007 Summer;2(2):188-209.
7. Fahl N Jr. A polychromatic composite layering approach for solving a complex Class IV/direct veneer/diastema combination: Part II. *Pract Proced Aesthet Dent.* 2007 Jan-Feb;19(1):17-22.
8. Gresnigt MM, Ozcan M. Fracture strength of direct versus indirect laminates with and without fiber application at the cementation interface. *Dent Mater.* 2007 Aug;23(8):927-33. Epub 2006 Oct 6.
9. Horvath S, Schulz CP. Minimally invasive restoration of a maxillary central incisor with a partial veneer. *Eur J Esthet Dent.* 2012 Spring;7(1):6-16.
10. Brignall I, Mehta SB, Banerji S, Millar BJ. Aesthetic composite veneers for an adult patient with amelogenesis imperfecta: a case report. *Dent Update.* 2011 Nov;38(9):594-6, 598-600, 603.
11. Anchieta RB, Rocha EP, Watanabe MU, de Almeida EO, Freitas-Junior AC, Martini AP, Barioni SR. Recovering the function and esthetics of fractured teeth using several restorative cosmetic approaches. Three clinical cases. *Dent Traumatol.* 2012 Apr;28(2):166-72. doi: 10.1111/j.1600-9657.2011.01048.x. Epub 2011 Aug 19.
12. Batalocco G, Lee H, Ercoli C, Feng C, Malmstrom H. Fracture resistance of composite resin restorations and porcelain veneers in relation to residual tooth structure in fractured incisors. *Dent Traumatol.* 2012 Feb;28(1):75-80. doi: 10.1111/j.1600-9657.2011.01037.x. Epub 2011 Jul 14.

POST-TEST

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1. Microfill resins have _____ as filler particles.
 - a. aluminosilicate glass
 - b. barium salt
 - c. silicon dioxide
 - d. zirconium oxide

2. Indirect ceramic veneers are not made from:
 - a. lithium disilicate.
 - b. zirconia.
 - c. leucite-reinforced glass.
 - d. aluminosilicate glass.

3. Direct resin veneers:
 - a. are always less esthetic than crowns.
 - b. have shorter longevity expectations than crowns.
 - c. usually have postoperative sensitivity after cementation.
 - d. usually cost less than crowns.

4. Usually veneers are not indicated for:
 - a. grossly carious teeth.
 - b. dark tetracycline stained teeth.
 - c. teeth with little enamel remaining.
 - d. all of the above.

5. Determining the exact color for direct resin veneers is usually done by:
 - a. using the Vita Master shade guide.
 - b. judging the color by eye.
 - c. trying the resin on the tooth and curing it.
 - d. none of the above.

6. It was suggested that placement of cords for tissue management when preparing teeth for direct resin veneers:
 - a. is not necessary.
 - b. is occasionally needed.
 - c. is necessary.
 - d. is replaced by using laser or electrosurgery.

7. Tooth preparations for veneers:
 - a. are usually the same depth for all teeth being veneered.
 - b. may vary in depth depending on the positioning of the teeth in the arch form.
 - c. are done with carbide burs.
 - d. are always in enamel only.

POST-TEST (CONT'D)

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- 8. Placement of resin for direct resin veneers:
 - a. is done using several typical resin capsules for one veneer.
 - b. is best done with a bulk piece of resin.
 - c. is usually best with flowable resin.
 - d. is always done using a celluloid crown form.

- 9. Finishing direct resin veneers:
 - a. should start on facial tooth surfaces.
 - b. should start on cervical tooth surfaces.
 - c. should start on incisal tooth surfaces.
 - d. should start on occluding surfaces.

- 10. Occasional failure of direct resin veneers is observed as:
 - a. stains on the margins.
 - b. fracture of the entire resin piece from the tooth.
 - c. bodily discoloration of the resin.
 - d. none of the above.

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