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V3582
Mastering Frequent Esthetic Challenges with Resin

Gordon J. Christensen, DDS, MSD, PhD

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PRACTICAL CLINICAL COURSES

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

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PROGRAM

V3582 Mastering Frequent Esthetic Challenges with Resin

CLINICIAN RESPONSIBLE:

Gordon J. Christensen, DDS, MSD, PhD
Founder and CEO, Practical Clinical Courses
Senior Consultant & Previous CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

1. Discuss the recent changes in patient requests for elective treatment.
2. Describe the differences and similarities in current resin-based composite materials.
3. Describe 5 instruments recommended for composite placement.
4. Describe 5 methods to obtain an optimum dry operating field.
5. Compare the characteristics of air and electric handpieces.
6. Discuss the necessary characteristics for an optimum curing light.
7. Draw and discuss a class III tooth preparation for resin-based composite.
8. Discuss proper placement of resin in a class III tooth preparation.
9. Discuss the finishing technique for a class III resin restoration.
10. Draw and discuss a class IV tooth preparation for resin-based composite.
11. Discuss proper placement of resin in a class IV tooth preparation.
12. Discuss the finishing technique for a class IV resin restoration.
13. Draw and discuss a class V tooth preparation for resin-based composite.
14. Discuss proper placement of resin in a class V tooth preparation.
15. Discuss the finishing technique for a class V resin restoration.
16. Discuss tooth preparation, resin placement, and finishing for “add-on” restorations.
17. Discuss tooth preparation, resin placement, and finishing for direct resin veneers.
18. Discuss potential third-party payment for the resin restorations included in this video.
19. Discuss potential longevity expectations for resin-based composite restorations.
20. Incorporate appropriate materials, devices, and techniques from this video into your practice.

OVERVIEW

V3582 Mastering Frequent Esthetic Challenges with Resin

Resin-based composite restorations are accomplished by most general dentists many times per clinical day. Many concepts can be incorporated into practice that improve the esthetics and longevity of these restorations. This video includes the most frequently accomplished resin restorations. Tooth preparation, resin placement, and proper finishing are emphasized.

The following topics are included in the presentation:

- Changes in elective treatment in recent years
- Differences and similarities in resin-based composite brands
- Instruments for resin placement
- Obtaining an adequate dry operating field
- Selecting an optimum handpiece
- Selecting an optimum curing light
- Class III resin restorations
- Tooth preparations for Class III restorations
- Placement of resin in Class III preparations
- Finishing Class III restorations
- Class IV resin restorations
- Tooth preparations for Class IV restorations
- Placement of resin for Class IV restorations
- Finishing Class IV restorations
- Class V resin restorations
- Conventional resin placement vs. the “sandwich” technique
- Placement of resin and/or resin-modified glass ionomer
- Finishing Class V restorations
- Closing diastemas with resin – “add-ons”
- Tooth preparation for add-ons
- Placing resin for add-ons
- Finishing add-ons
- Direct resin veneers
- Tooth preparation for direct resin veneers
- Placing resin for direct resin veneers
- Finishing direct resin veneers
- Third-party payment for resin restorations
- Longevity expectations for direct resin restorations

SUPPLEMENTAL MATERIALS

V3582 Mastering Frequent Esthetic Challenges with Resin

1. Manchorova-Veleva NA, Vladimirov SB, Keskinova DA. Clinical Effect of Dental Adhesive on Marginal Integrity in Class I and Class II Resin-Composite Restorations. *Folia Med (Plovdiv)*. 2015 Jul-Dec;57(3-4):250-6. doi: 10.1515/folmed-2015-0046.
2. Manchorova-Veleva NA, Vladimirov SB, Keskinova DA. Clinical Impact of Dental Adhesives on Postoperative Sensitivity in Class I and Class II Resin-Composite Restorations. *Folia Med (Plovdiv)*. 2015 Jul-Dec;57(3-4):243-9. doi: 10.1515/folmed-2015-0045.
3. Krämer N, Reinelt C, Frankenberger R. Ten-year Clinical Performance of Posterior Resin Composite Restorations. *J Adhes Dent*. 2015 Aug;17(5):433-41. doi: 10.3290/j.jad.a35010.
4. Delgado AJ, Ritter AV, Donovan TE, Ziemięcki T, Heymann HO. Effect of Finishing Techniques on the Marginal Integrity of Resin-Based Composite and Resin-Modified Glass Ionomer Restoration. *J Esthet Restor Dent*. 2015 Jul-Aug;27(4):184-93. doi: 10.1111/jerd.12140. Epub 2015 Jul 14.
5. Rey R, Nimmo S, Childs GS, Behar-Horenstein LS. Curriculum time compared to clinical procedures in amalgam and composite posterior restorations in U.S. dental schools: a preliminary study. *J Dent Educ*. 2015 Mar;79(3):331-6.
6. Catelan A, de Araújo LS, da Silveira BC, Kawano Y, Ambrosano GM, Marchi GM, Aguiar FH. Impact of the distance of light curing on the degree of conversion and microhardness of a composite resin. *Acta Odontol Scand*. 2015 May;73(4):298-301. doi: 10.3109/00016357.2014.946965. Epub 2015 Feb 1.
7. Machado AN, Coelho-de-Souza FH, Rolla JN, Erhardt MC, Demarco FF. Direct or indirect composite veneers in anterior teeth: which method causes higher tooth mass loss? An in vitro study. *Gen Dent*. 2014 Nov-Dec;62(6):55-7.
8. Wong YJ. Low-quality evidence suggests that amalgam has increased longevity compared with resin-based composite in posterior restorations. *J Am Dent Assoc*. 2016 Nov;147(11):905-906. doi: 10.1016/j.adaj.2016.09.001.
9. da Veiga AM, Cunha AC, Ferreira DM, da Silva Fidalgo TK, Chianca TK, Reis KR, Maia LC. Longevity of direct and indirect resin composite restorations in permanent posterior teeth: A systematic review and meta-analysis. *J Dent*. 2016 Nov;54:1-12. doi: 10.1016/j.jdent.2016.08.003. Epub 2016 Aug 11.

POST-TEST

V3582 Mastering Frequent Esthetic Challenges with Resin

1. Electric handpieces:
 - a. have more torque than air handpieces.
 - b. are quieter than air handpieces.
 - c. can have more precision cutting than air handpieces.
 - d. all of the above.

2. Rubber dam tooth isolation:
 - a. is always required for placing resin restorations.
 - b. is not necessary for placing resin restorations.
 - c. always seals moisture from leaking into tooth preparations.
 - d. is suggested for selected resin placement procedures.

3. Suggested tooth preparation for small Class III indications:
 - a. enters from the facial surface of the caries.
 - b. always includes the tooth contact areas.
 - c. enters from the lingual surface of the tooth.
 - d. does not require mechanical undercuts.

4. The “white line” observed when finishing resin restorations:
 - a. is caused because of inadequate tooth mineralization.
 - b. is not a clinical problem.
 - c. is caused by abusive finishing of the tooth-restorative material interface.
 - d. cannot be avoided.

5. The 7406, football shaped, 12-bladed trimming and finishing bur:
 - a. is usually used on all resin restorations.
 - b. is suggested to be used in the lingual concavity of anterior teeth for Class III and IV restorations.
 - c. is a 6-bladed bur.
 - d. should be used only once.

6. Class IV resin restorations:
 - a. always have a tooth preparation into dentin like Class III restorations.
 - b. are relatively weak.
 - c. usually obtain much of their retention from acid etched enamel around the periphery of the tooth preparation.
 - d. should have a 2mm bevel around all of the margins.

7. “Add-on” diastema closures:
 - a. require tooth preparation similar to a Class III restoration.
 - b. require only removal of the fluoride layer on the external surface of the tooth to allow optimum acid etching and bonding.
 - c. do not have special matrices to make placement procedures easy.
 - d. are not as esthetically pleasing as full facial direct resin veneers.

POST-TEST (CONT'D)

V3582 Mastering Frequent Esthetic Challenges with Resin

- 8. Direct resin veneers:
 - a. always require removal of one-half of the enamel from the tooth facial surface.
 - b. require only enough enamel removal to allow optimum tooth contour and anatomy for the finished resin veneer.
 - c. should usually require use of a facial matrix to provide optimum tooth anatomy.
 - d. are not long-lasting.

- 9. Class V resin restorations:
 - a. should obtain all of their retention from acid etching the incisal/occlusal enamel bevel.
 - b. for optimum long-term resin retention require small "potholes" to be placed in the point angles of the dentin on the gingival portion of the tooth preparation.
 - c. for preventive reasons, should always have *conventional* glass ionomer placed on the internal portion of the tooth preparation.
 - d. usually are not esthetically pleasing.

- 10. Resin-based composite restorations placed in the esthetic zone of patients:
 - a. have moderate longevity.
 - b. are relatively easy to place.
 - c. are color stable.
 - d. all of the above.

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