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STAGES OF DENTAL PROSTHETICS WITH VENEERS

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Abstract

Healthy and beautiful teeth are the most important element of a person's attractiveness. Cosmetic issues are the focus of dental clinics. Veneers and laminates made of ceramic and composite materials have become very popular as a means of quickly changing the appearance. The rapid development of materials science in dentistry and new methods of aesthetic dentistry have made it possible to restore and correct the color, shape and position of teeth, recreate harmonious bites and smiles. Bonding systems and composite materials make it possible to eliminate aesthetic obstacles without the use of traditional orthopedic methods of treatment.

Methods and Materials:

Methods of aesthetic restoration of vestibular surfaces of teeth using composite veneers are widely used. This type of aesthetic work involves not only the elimination of defects, but also a detailed reproduction of anatomical forms, optical effects and individual characteristics. Veneers are very thin standardized composite plates (linings) imitating enamel (from 0.3 mm on the front teeth to 0.7 mm on the incisors) and replacing the front (outer) surface of the tooth. The pads are polymerized from a highly filled nanohybrid composite with excellent mechanical strength and color fastness, pressed and molded at the factory. To facilitate bonding, the inner surface is sandblasted. Onlay is distinguished from direct composite veneers by the absence of pores. The ideal shape, macro- and microtexture of the surface and natural opalescence are the main advantages. Due to the wide range of indications, this technique is very sensitive to the fit of the steps. Doctors face difficulties in determining the volume of pretreatment of hard tissues, choosing a bonding system and gum recession. The clinical stages of direct restoration of hard tissues with composite and laminate veneers are analyzed in detail here. Phase 1 Discussion of the patient's needs, determination of indications and contraindications, treatment plan and expected results. First

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of all, the dentist must find out the purpose of the patient's visit. It is necessary to find out what the patient is most dissatisfied with: the color of the teeth, the position and shape of the teeth, gingival edges, the expression and size of the smile, etc. Indications for the use of direct composite veneers and laminates: discoloration of teeth, carious lesions, poor-quality restorations, non-carious diseases associated with anomalies in the development and formation of hard tooth tissues, the development of hard tooth tissues after erection, the presence of a tip or crest, mismatch of lateral dimensions of teeth, minor axial rotation or tilt of teeth. The main factor influencing the final result of treatment is the quality of occlusive relationships. Bad habits and parafunctions can significantly affect the treatment plan. Aesthetic correction of the front teeth can be started only after normalization and stabilization of occlusal relationships and completion of lateral prosthetics. Relative contraindications to direct restoration are occlusive disorders, parafunctions (bruxism), poor hygiene and inflammatory periodontal diseases. From an ethical and legal point of view, it is important to provide patients with all the information about the various treatment options. Treatment plans for different cost levels (direct composite veneers, laminates, all-ceramic laminates) should be clarified. There are various ways to demonstrate the final result to the patient. This includes modeling with composite material, and applying composite veneers to restored teeth, and presenting the future design using computer programs, and wax modeling. The patient's examination process should be recorded in the form of a series of photographs.

The second stage. Color selection. The reference scale helps to determine the color of the restoration. At this stage, it is recommended to make an appropriate color template next to the tooth being restored. The shade of dentin is selected by applying a reference scale to the upper and central third of the crown, and enamel to the incisor edge. When determining the color, the tooth and the reference scale (color) must be wet. Natural lighting and many other parameters are also important, which are described in detail in books on cosmetic dentistry. Stage III. Brushing your teeth. Thorough cleaning of teeth using preventive toothpaste without fluoride Stage IV. Isolation of the surgical field. Appropriate dental isolation is necessary to achieve optimal results. An elastic, soft retractor for lips and cheeks "Optragate" (Ivoclar Vivadent) is suitable for the aesthetic treatment of front teeth. At the same time, patients can keep their mouths open

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for a long time. Insulating systems can be supplemented with liquid cofferdams or retraction threads. Gum retraction is performed according to indications. To prevent gum retraction and loss of adhesion between teeth and gum, instead of twisted threads, knitted or knitted threads of small size are used. The presence of adrenaline or iron sulfate in the retraction thread is undesirable (the probability of inhibition of polymerization and staining of restoration increases). When retracting the gum, time limits should also be observed.

Careful treatment of intact tooth tissues and rejection of radical pretreatment is one of the modern strategies in dentistry . Since enamel is important for bonding, teeth should be dissected in such a way as to preserve as much enamel as possible. Thin layers of enamel are removed to increase the area of adhesion between the tooth and the restoration and to provide space for future aesthetic design. There are several types of dissection. The first preparation is when the color of the tooth to be aesthetically altered does not need to be changed or only a minor change is required. In this case, the hard tissues of the tooth are dissected to a minimum depth. At the same time, a rim is installed above the gum. The prepared surface looks like a "window", the boundaries of which are within the enamel. the second type is when the color of one tooth differs significantly from the color of the neighboring tooth. In such cases, to reproduce the desired color, the hard tissues of the tooth can be shaved off by about 0.6-0.9 mm. The edge of the preparation is preferably positioned above the gum. The third method of preparation. Dark depulpated teeth that are completely different from the color of the rest of the teeth. The dissecting edge may be located above the gum, but in some situations, subgingival dissection may be used. Processing of incisor edges. In all types of preparation, the preparation boundary may end at the incisor edge if the tooth is intact or if the chipped angle of the tooth does not exceed one third of the incisor edge. The transition to the palatine surface should be 3 mm (up to 1/3 of the oral surface of the tooth), and the border of preparation should not coincide with the zone of direct occlusal contact. To complete the formation of hard tissues, the approximal surfaces should be treated with metal strips, and the transition from the prepared area to the hard tissues of the tooth (finish) should be treated with a tire with a yellow ring. To control the adequacy of cleaning the tooth surface, you can use a "silicone key". The preparation tool

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and the choice of the speed mode, The preliminary treatment of the enamel is best carried out with the help of an angular levitating tip.

VI. Preparation of the adhesive. It depends on the type of hard tissues (enamel, dentin) and their quantity. Option 1: Preservation of enamel. It is most suitable for adhesive techniques. Preferably the use of adhesive systems of the 5th generation. The enamel is treated with acid for 30 seconds and washed with water for the same time. After etching, the enamel should be matte and without excess water. The glue is applied for 20 seconds, the solvent is removed by air, the enamel is translucent for 10 seconds. Option 2. In addition to the enamel, the dentin surface is exposed. When using a fifth-generation bonding system, the following problems may arise - The etching depth does not always correspond to the penetration depth of the adhesive system components. The best option in this clinical situation is selective etching of enamel and the use of a self-etching adhesive system of the sixth or seventh generation. Option 3: Work with dentin instead of enamel. Use 4th, 6th or 7th generation systems. Adhesive systems of the fourth generation remain the "gold standard" of bonding in dentistry. However, they are very sensitive to bonding methods. Working with 4th generation bonding systems

VII: Attachment of the matrix system. Before carrying out aesthetic restoration, it is necessary to install a celluloid matrix and wedges . Stage VIII. Composite restoration. The traditional technique of "layer-by-layer restoration" with light-cured composite resin is used. Various authors presented their restoration techniques, including layered restorations and multi-layered restorations. The use of "silicone templates" ensures high quality restorations. Stage 9. Final treatment of restoration The final treatment of aesthetic composite restorations includes grinding (coarse and fine) and polishing. The conical boron is used to treat the boundary between restoration and hard tissues on the vestibular surface, and the diamond oval boron is used to correct the oral surface of the veneer at the point of contact with the antagonist tooth. After polishing, it is recommended to carry out the final glazing of the restoration to reduce the monomer residues. Then a yellow-white annular boron or a carbide finisher is used for final finishing. The final polishing to a "dry shine" using various brushes with special coatings completes the work. X-stage. Recommendations and dynamic monitoring. It is recommended to refrain from eating foods and beverages with

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a strong coloring effect for at least 24 hours. Follow-up observations should be carried out every 6-12 months. Patients should be warned about the need to give up bad habits (smoking, daily consumption of coloring drinks and spices), as well as the need to pay attention to daily oral hygiene. - Preparation The volume of tissues to be removed is minimal, since the component is very thin (see the first method of preparation). -Preparation for bonding teeth. After etching, the adhesive is applied to the tooth. To work with enamel, use One Coat Bond Corten (a water-soluble adhesive of the 5th generation used in the technique of total etching). When used on dentine - One Coat 7.0 Coltene (self-etching adhesive). Apply the adhesive for 20 seconds, distribute with air and illuminate for 10 seconds. -Application of composite resin to the tooth. Use the traditional technique of "layer-by-layer restoration" with light-cured composite resin. The last layer of composite resin (completely covering the vestibular surface) is not exposed to light until the composite resin is applied. - Preparation of the component for gluing. The companion is held in the hand with a special accessory (specially designed holder with replaceable nozzles (black protective cap)) to protect the lining from damage. The glue is applied to the component. Then Synergy D6 Composite Resist is applied evenly. - The curing of the structure with a polymerizer begins from the surface of the oral cavity (the composite is adsorbed on the tooth). The recommended power of the polymerizer is at least 800 MW / cm2, the exposure time is 30 seconds. Then the restoration is further irradiated from the vestibular side. -Final treatment. When using the ramp, there is no need for rough grinding, and the removal of excess filler material is minimized, which reduces the number of finishing operations.

Conclusion:

Thus, the modern level of development of cosmetic dentistry allows each patient who has applied to the clinic not only to cure their teeth and periodontal diseases, but also to improve their aesthetic parameters. Adhesive systems and composite materials significantly expand the possibilities of cosmetic dentistry and are able to satisfy even the most demanding patients.

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