

Class II. cavity preparation

Class II.:

Defects affecting one or both proximal surfaces of posterior teeth.

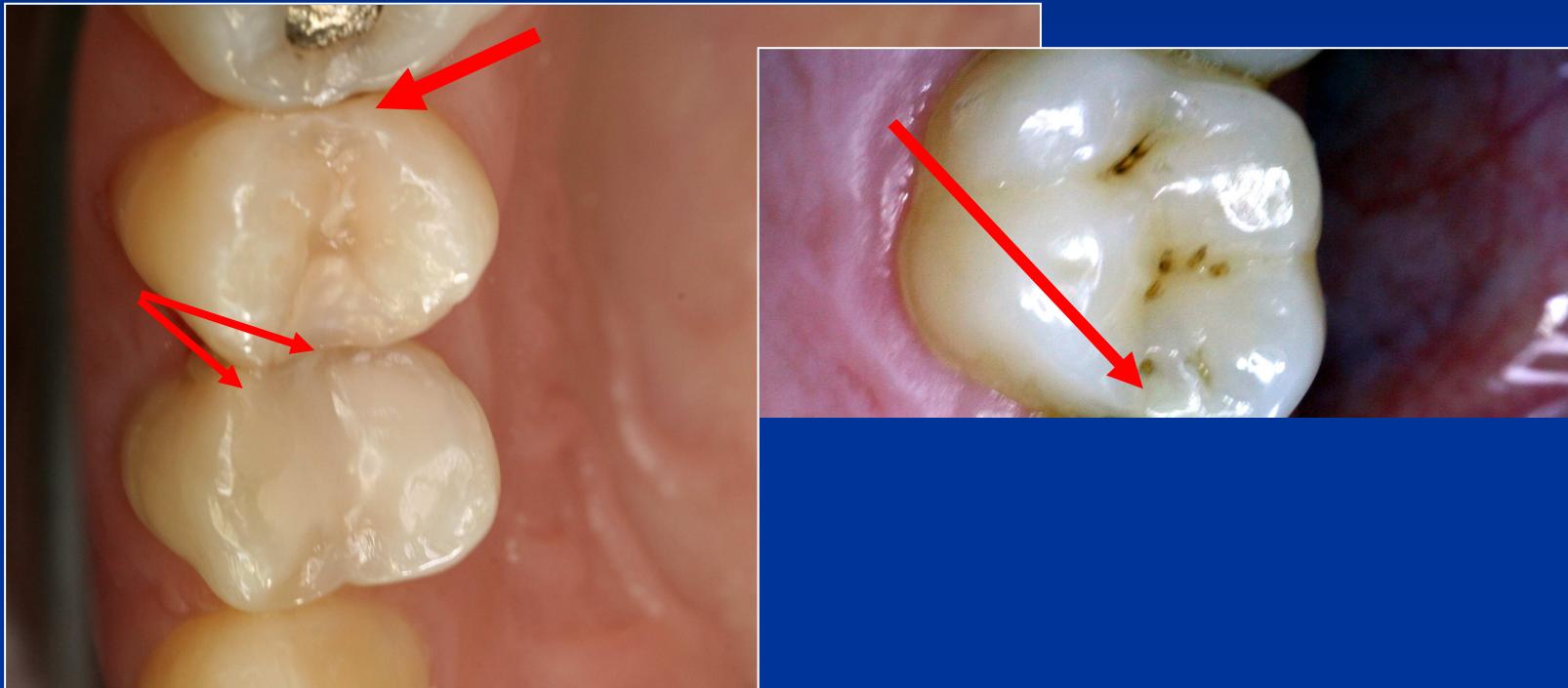


Symptoms

- No symptoms
- Increased sensitivity (cold, sweet)
- Retention of food
- Defect (carious lesion is open – the enamel is broken)
- Bite sensitivity (when carious lesion is open)

Diagnosis

- Visual changes of tooth structure
- Transillumination
- Radiography

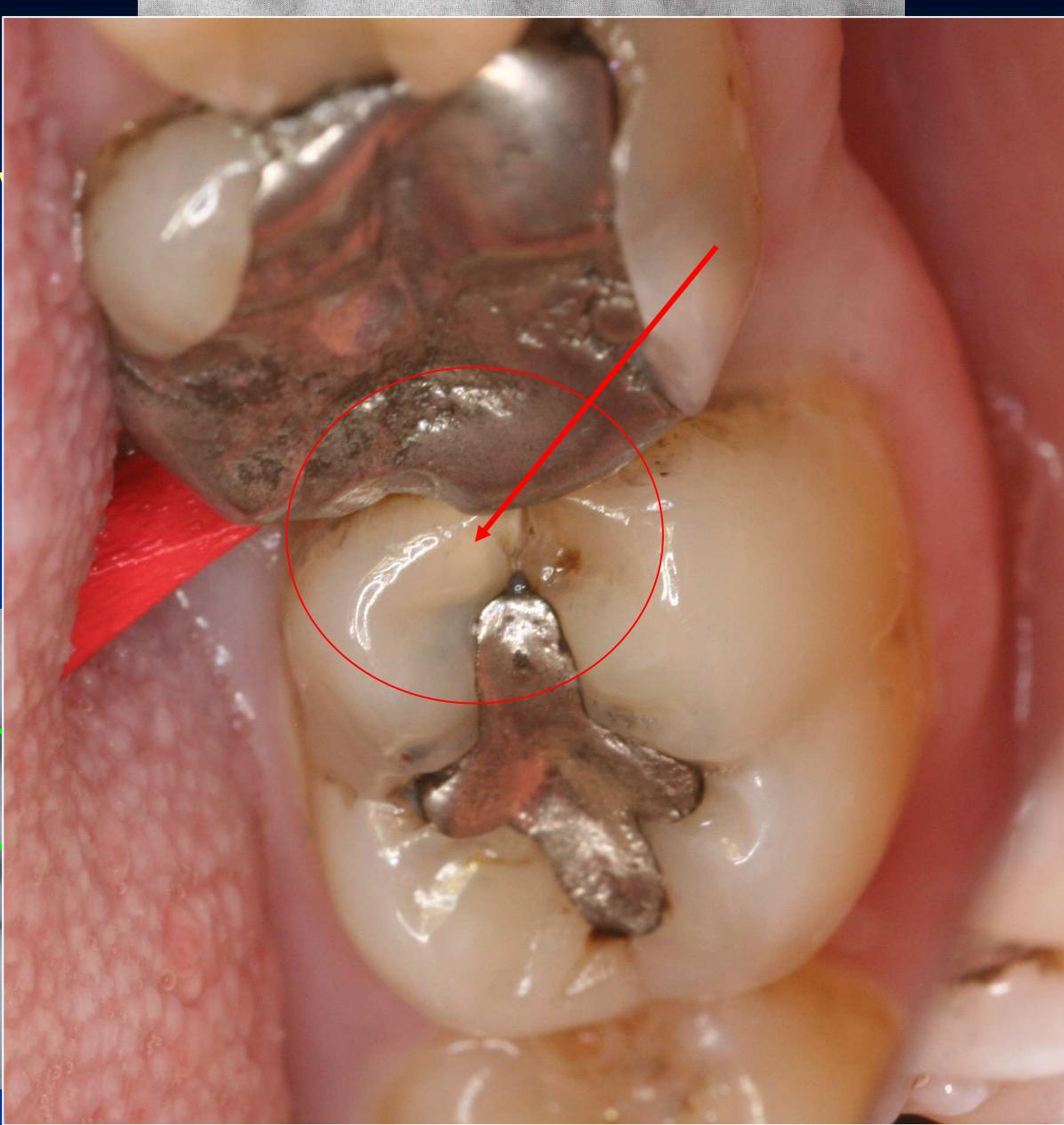
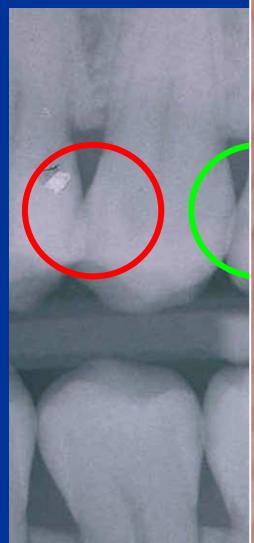




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4 stupňový
grading



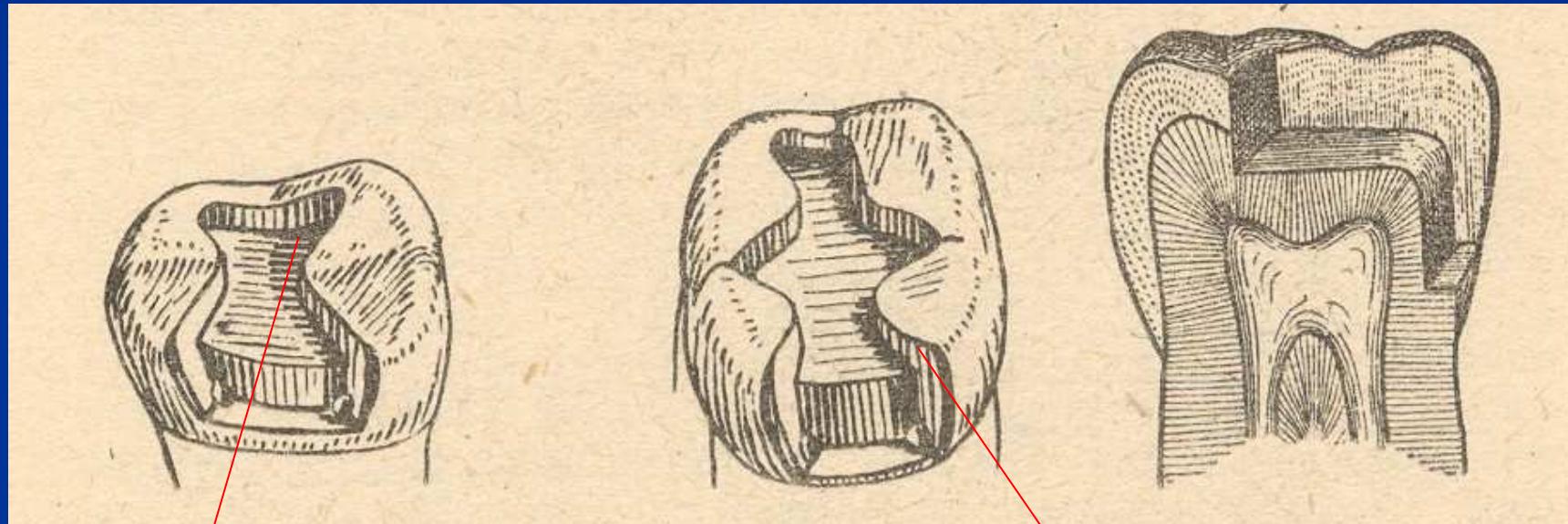
Preparation - amalgam

- Conventional preparation acc. to the Black´s rules
- Slot preparation
- Large preparation – cusp(s) involved

Preparation - adhesive materials

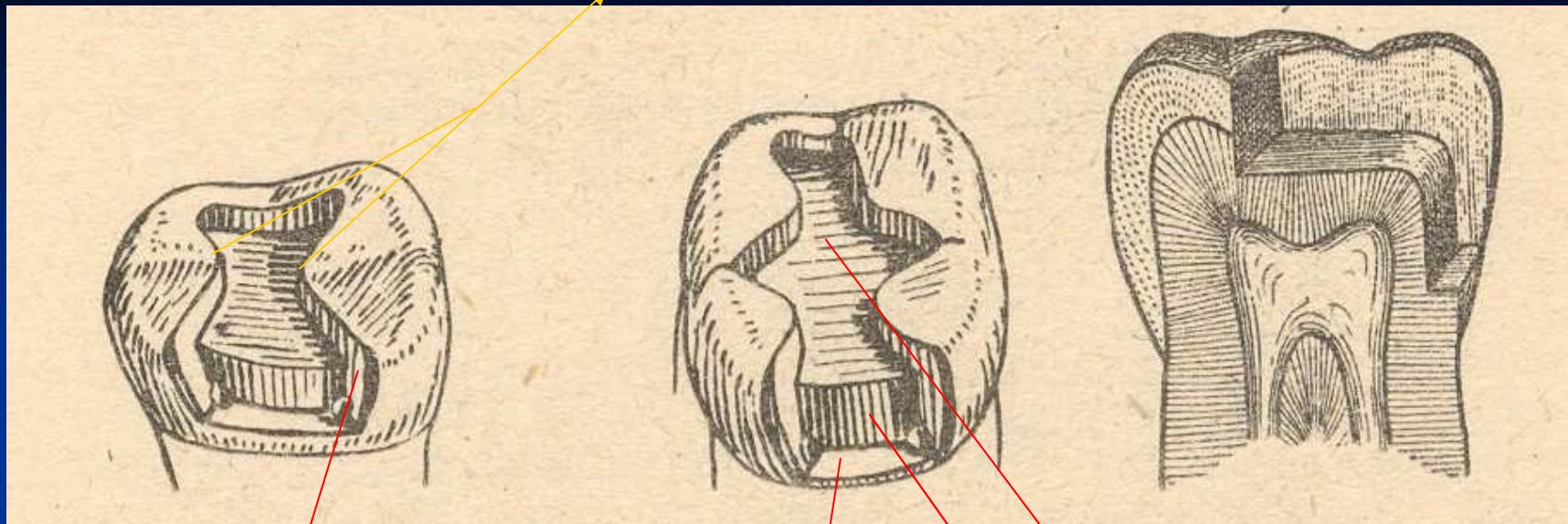
- Conventional preparation for composites
- Adhesive slot
- Tunnel preparation

Conventional preparation



Occlusal cavity

Proximal cavity - box



Isthmus

Axial wall

Gingival wall

Pulpal walls

Access to the cavity

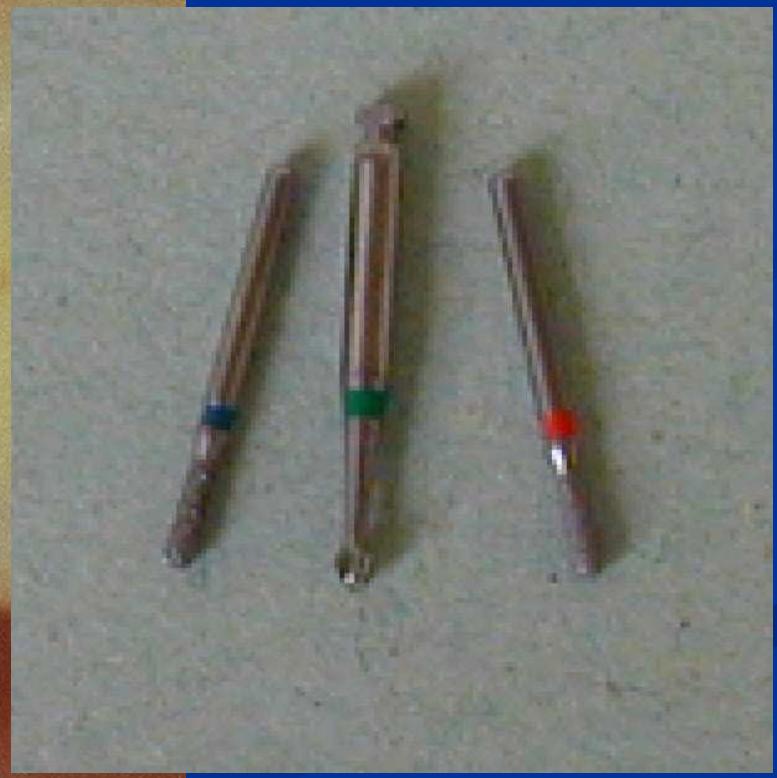
From the occlusal surface

Through the undermined enamel

Separation using wooden wedges is useful



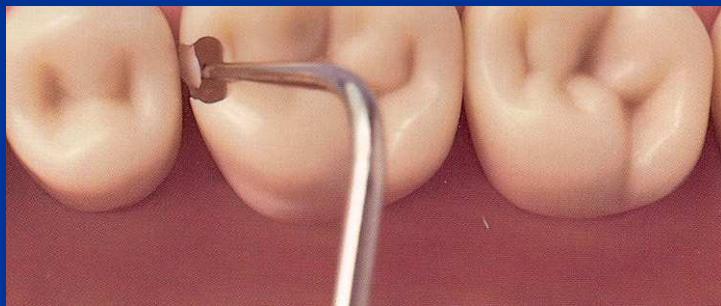
Pre op





Access to the cavity

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Cavity border and extention for prevention

Proximal box:

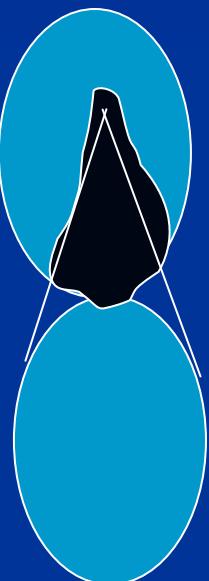
Axial wedges

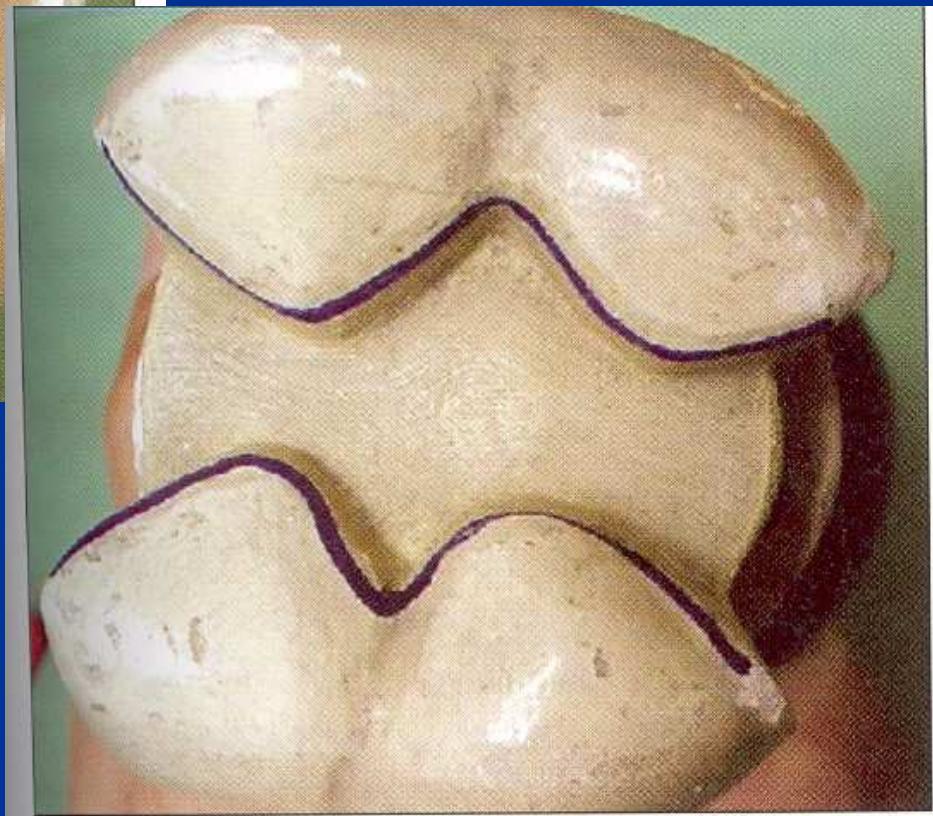
Under the free gingiva

Occlusal

Class I. cavity preparation

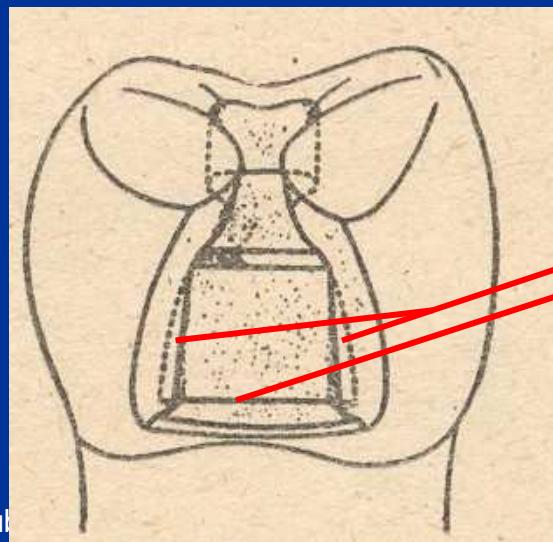
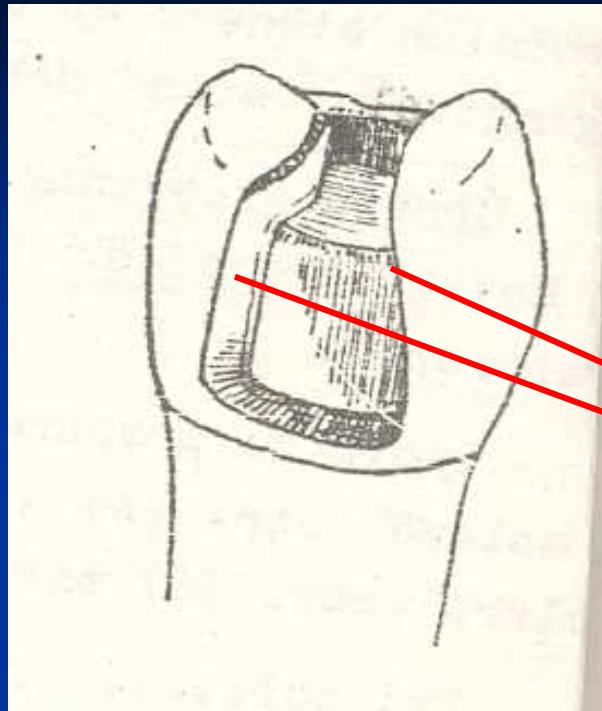
American rule



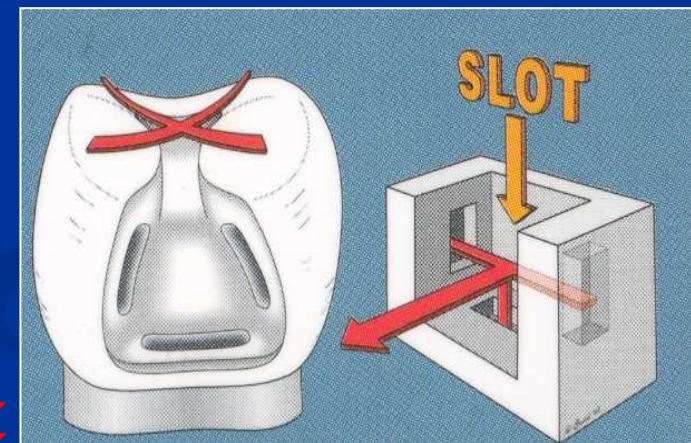


Zásada retence

- Kotvení pomocnou kavitou na žvýkací ploše – kotvení na rybinu
- Obráceně divergentní preparací kavity approximální
- Preparace rýh a zárezů



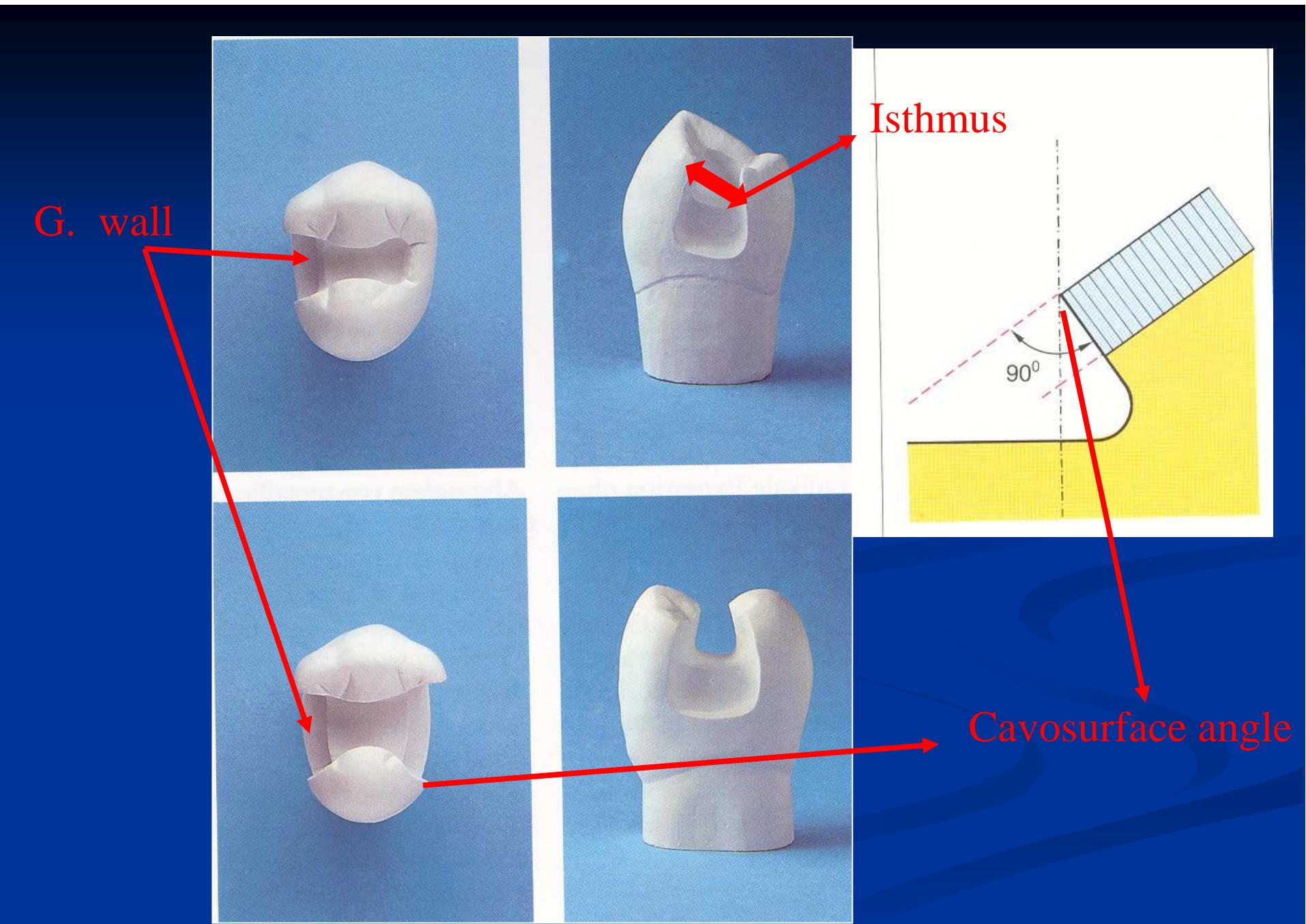
Autoretention



Grooves

Resistance

- No undermined enamel
- No sharp wedges
- Isthmus is $1/3 - 1/4$ intercuspidal distance
- Angle between axial and gingival wall: 90° , or 85°
- Width of gingival wall is 1 mm at least
- Thickness of the filling 2 – 4 mm (4mm cusp replacing)



Excavation of carious dentin

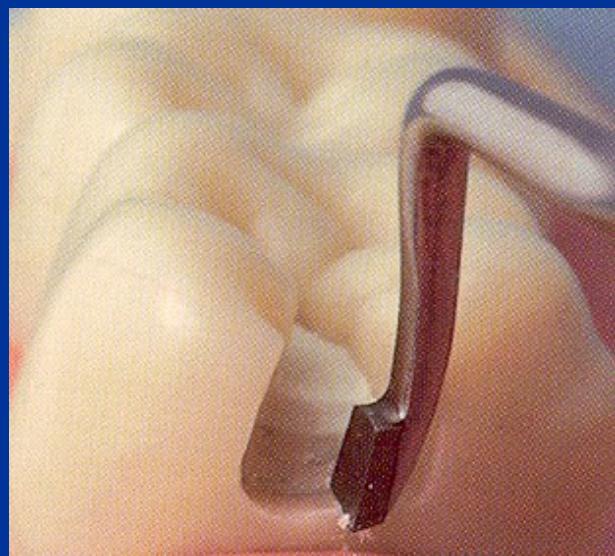
Rounded bur



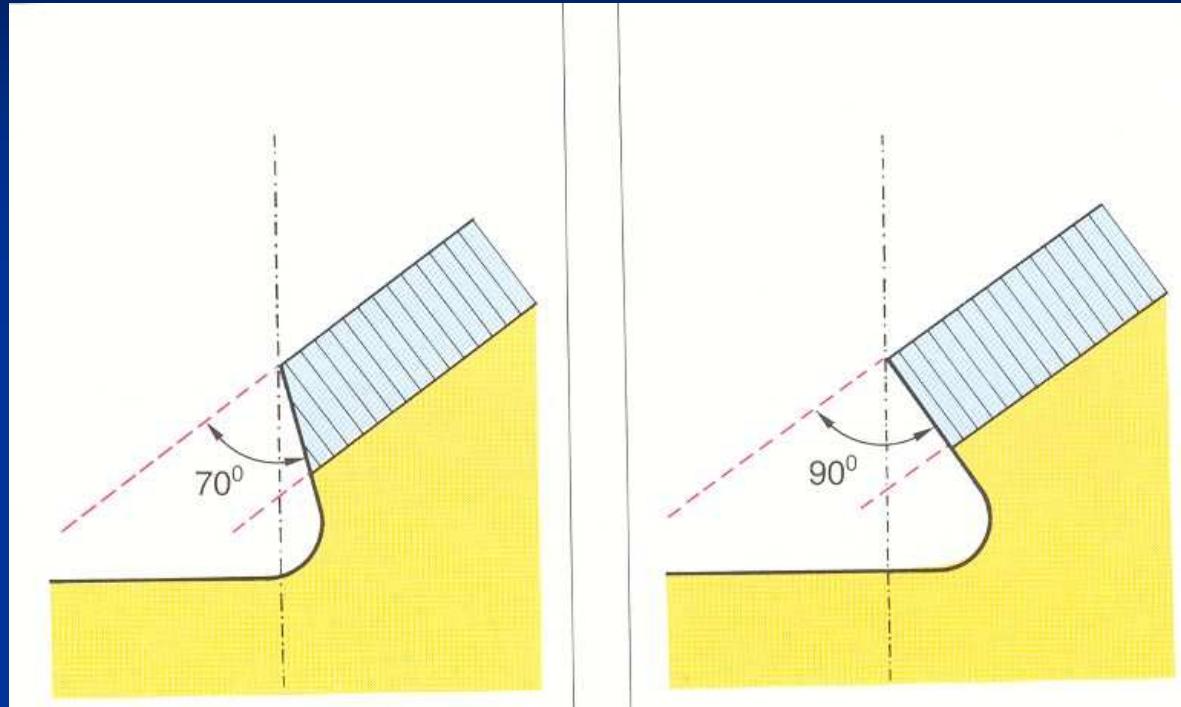
Finishing of cavity walls

- Red coded diamond bur
- Chisel on the gingival wall (if in enamel)



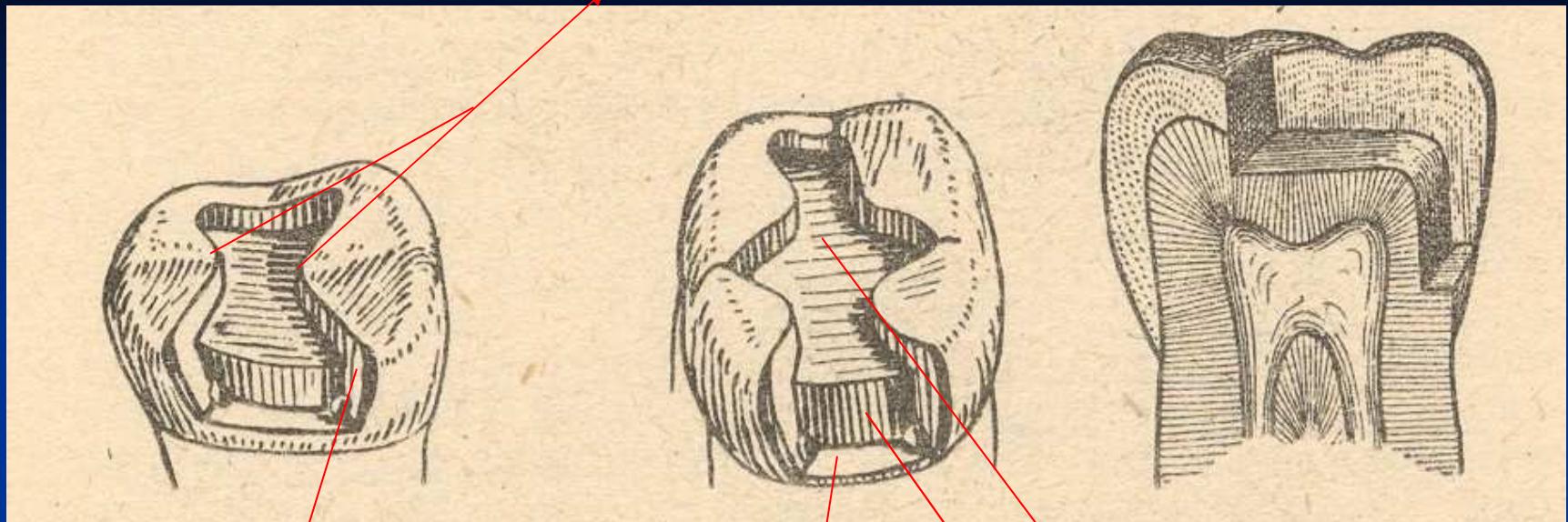






Cavity control

- Goog light, miror



Isthmus

Axial wall

Gingival wall

Pulpal wall

Matrix placement

- Matrix primarily is used when a proximal surface is to be restored

The objectives:

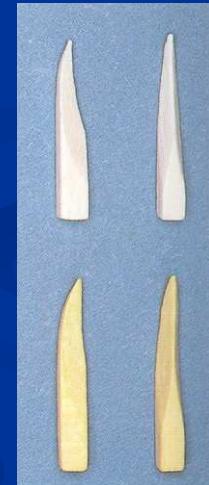
- Provide proper contact
- Provide proper contour
- Confine the restorative material
- Reduce the amount of excess material

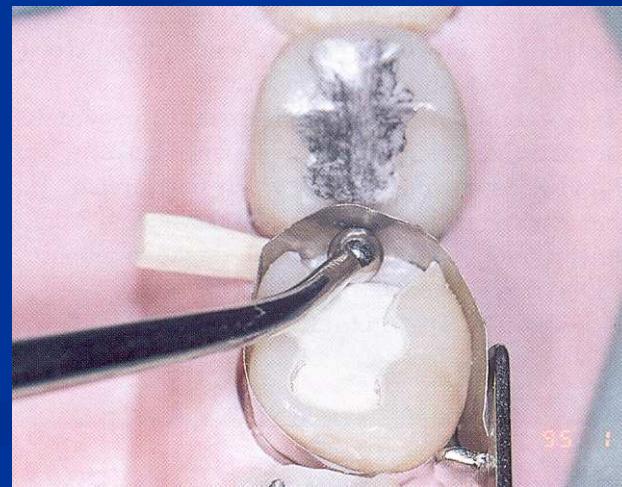
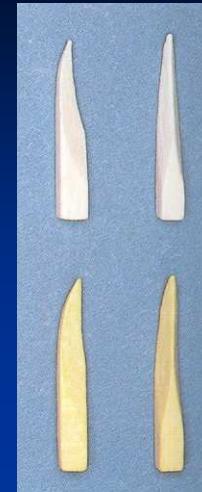
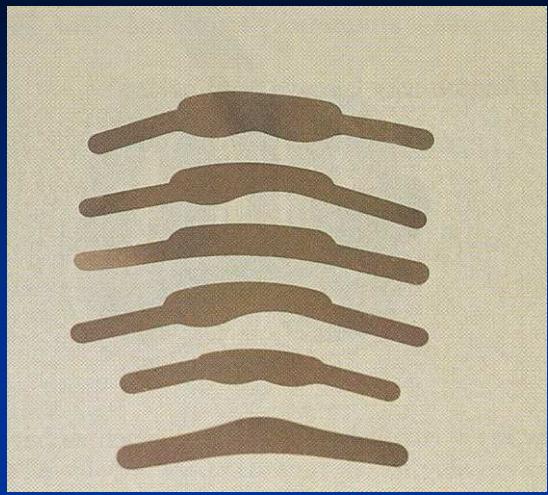
Matrices

- Ivory I retainer Ivory 1
- Hawe Neos retainer Ivory 8
- Tofelmire matix and retainer

Wedges

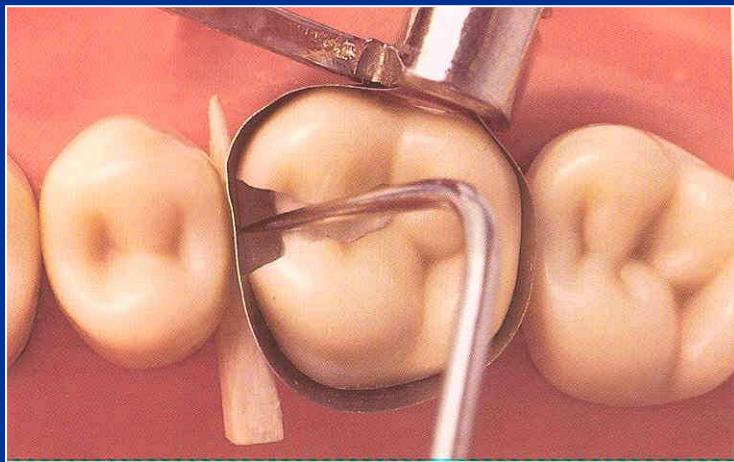
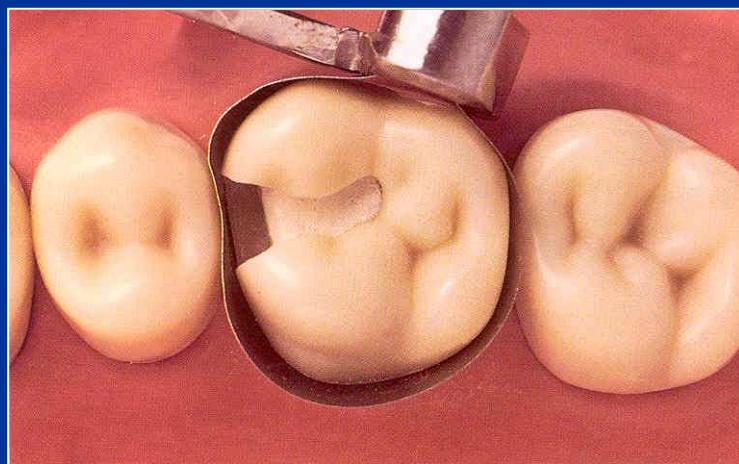
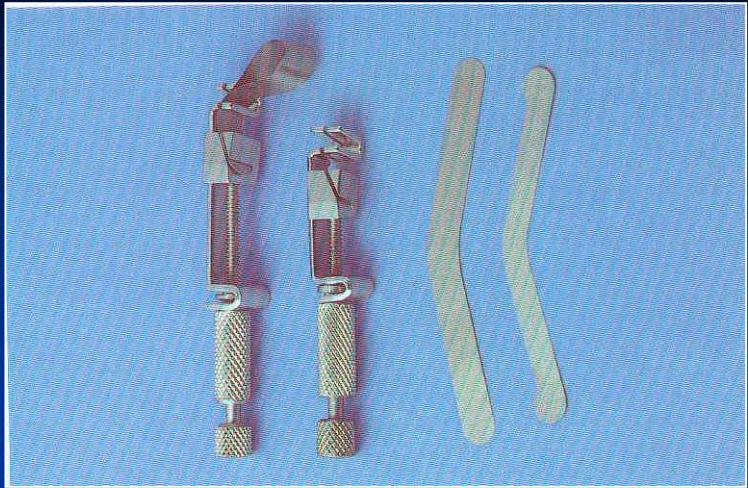
- Wooden wedges
 - tighten the matrix band
 - compress the gingiva
 - separate the teeth

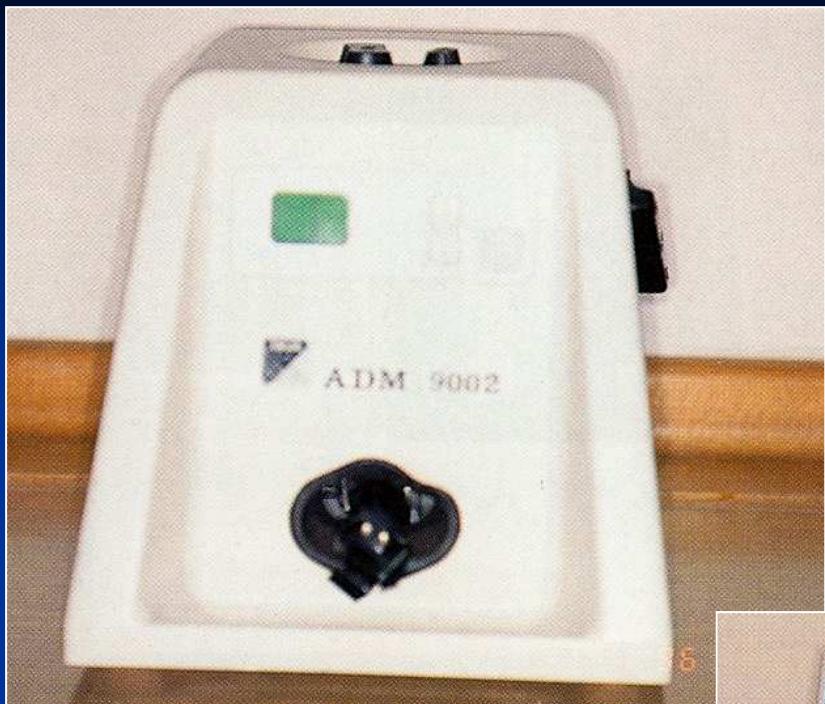




Wedging

- Slip the matrix band over the tooth (apical to the gingiva margin – 0,5, - 1 mm)
- Tighten the matrix, check it with probe
- Place a wedge
- Turn the retainer $\frac{1}{4}$ counterclockwise
- Contour the band



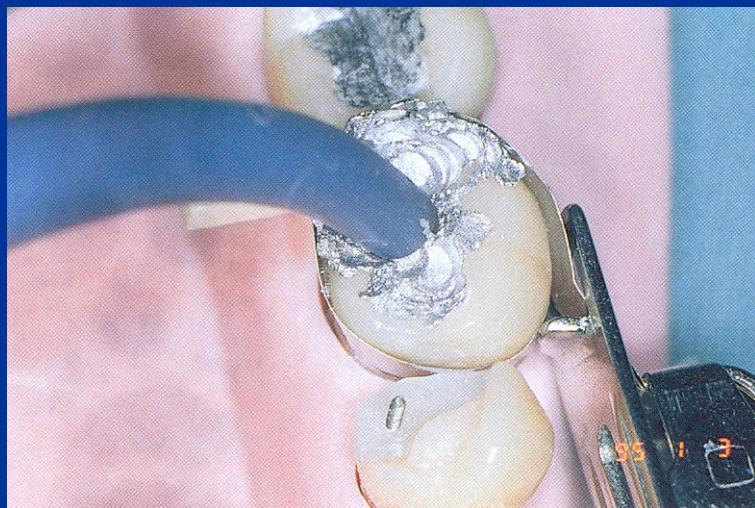
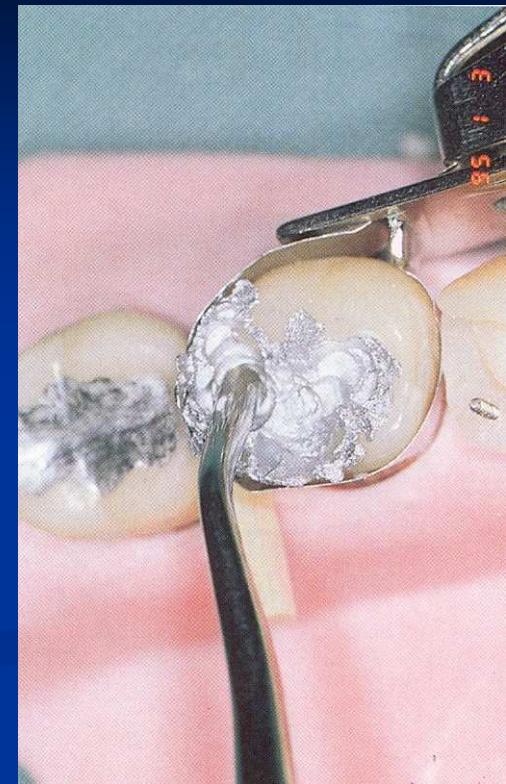


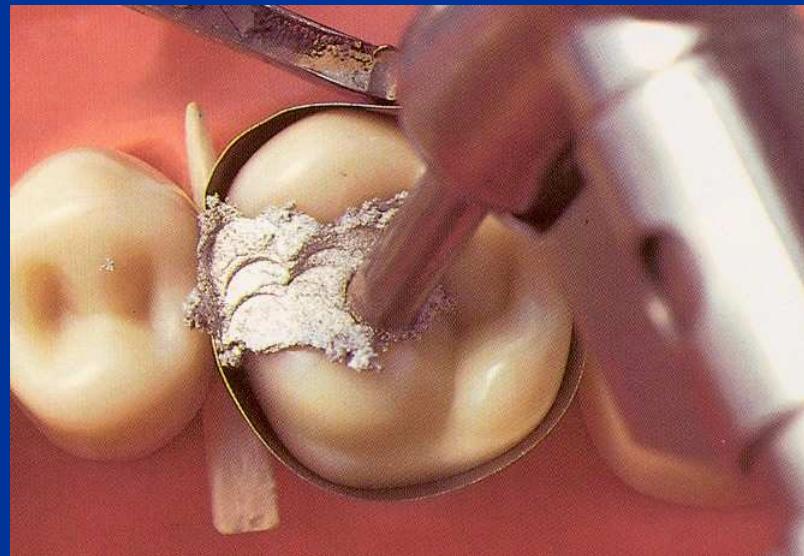
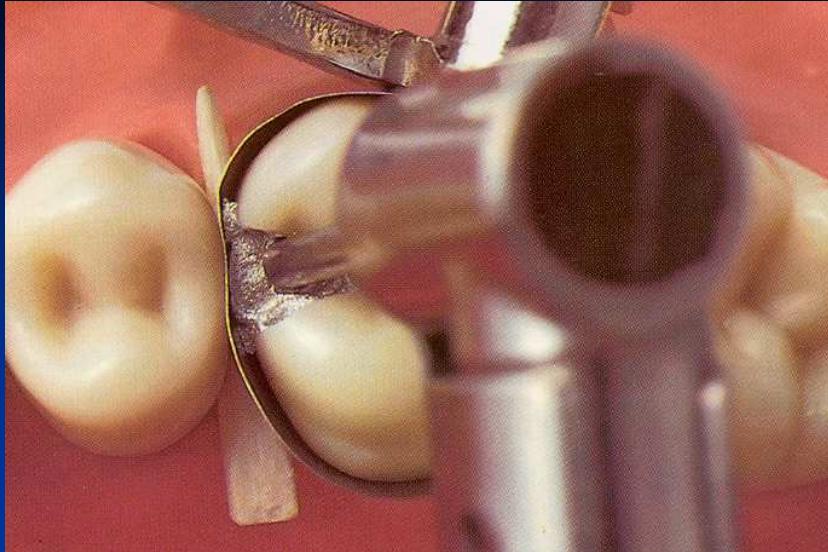
Trituration!

Condensation of amalgam

- Condensor – stamen is the best one
- Power driven condensation

How big the stamen should be??





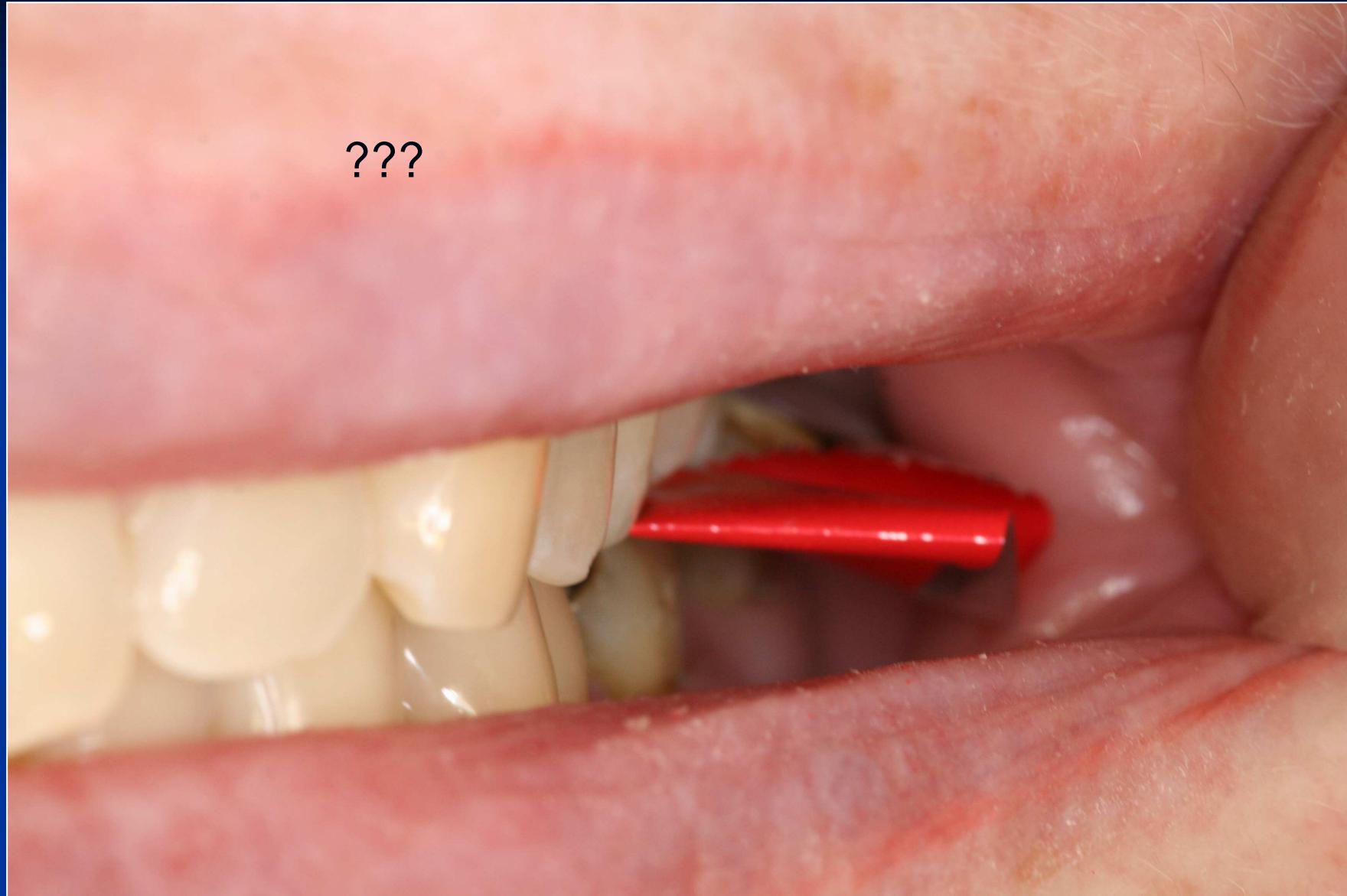










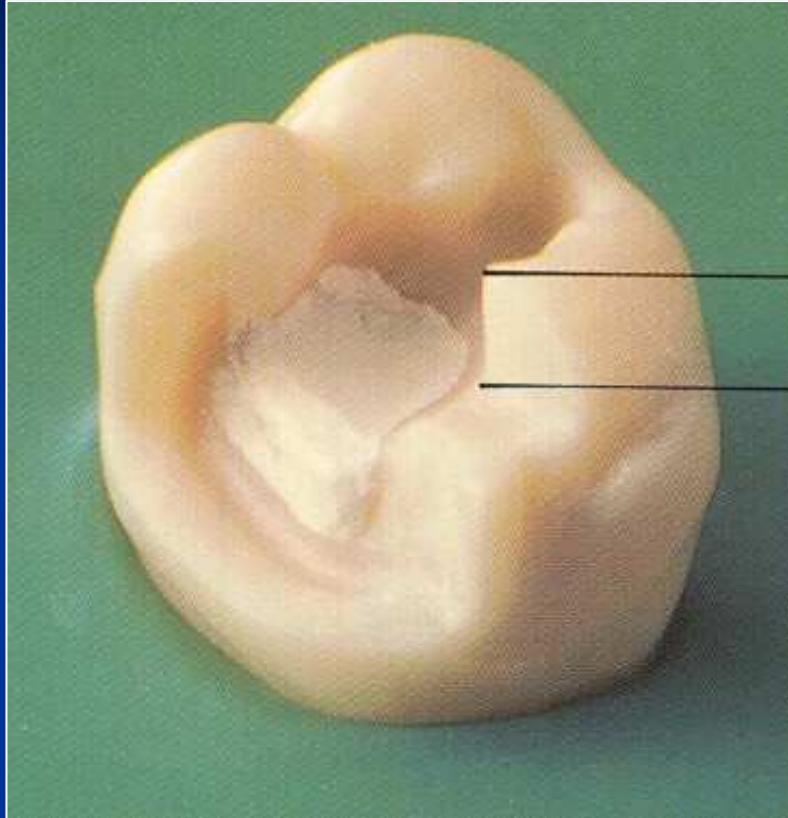


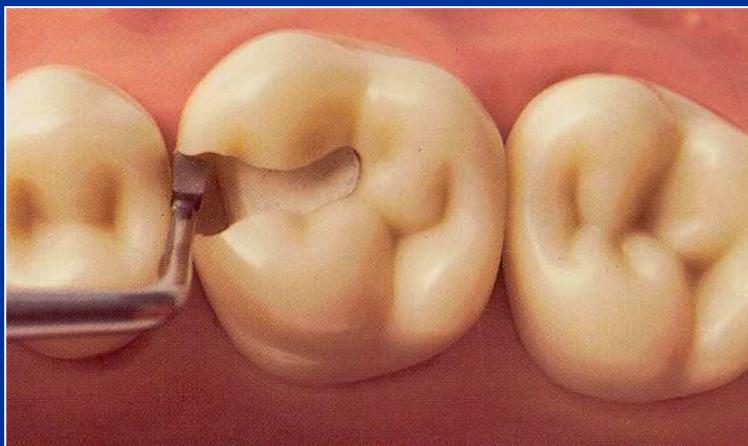
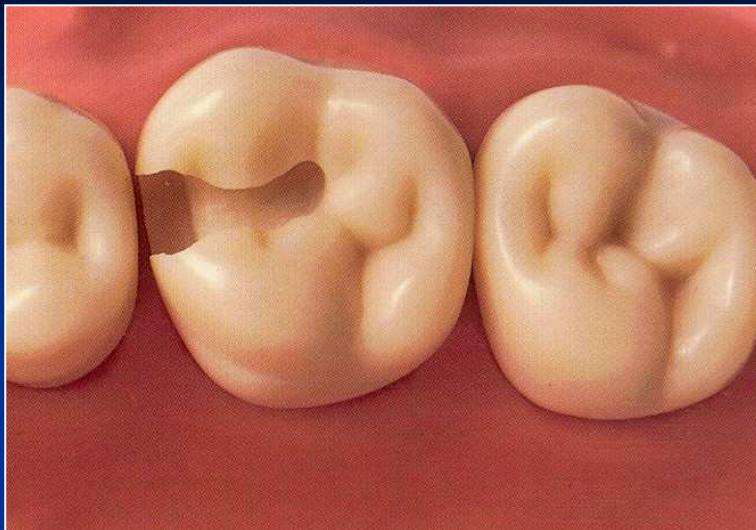


Base

- Zinkoxidphosphate cement
- Zinkoxidkarboxylate cement
- Glass ionomer cement
- Zinkoxideugenol

On pulpal walls only!

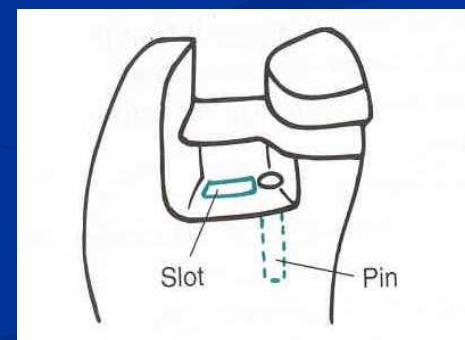
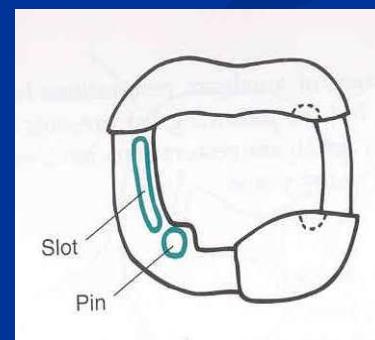
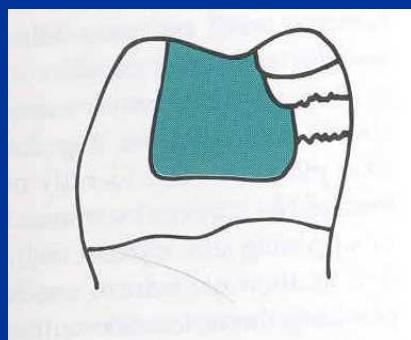
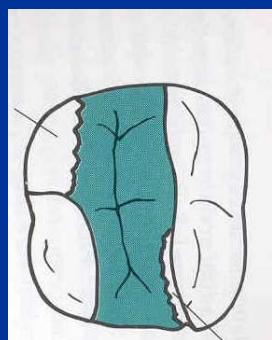


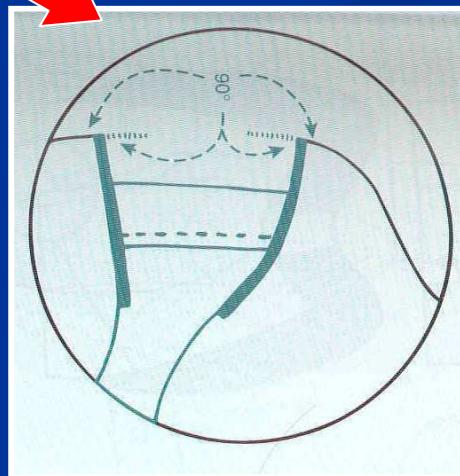
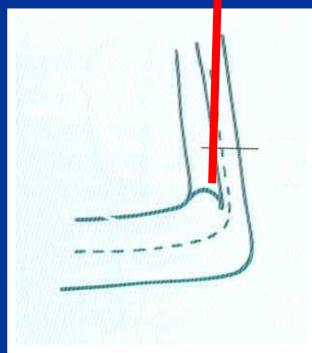
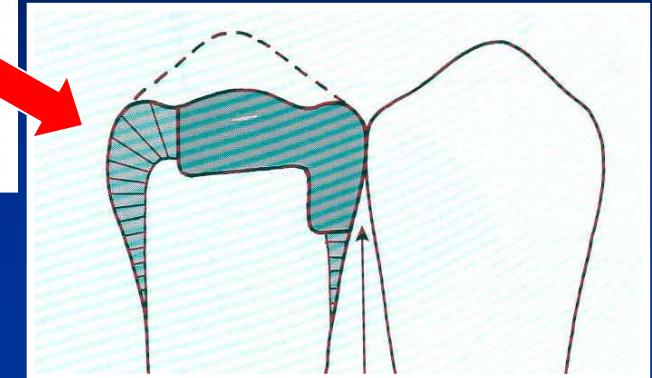
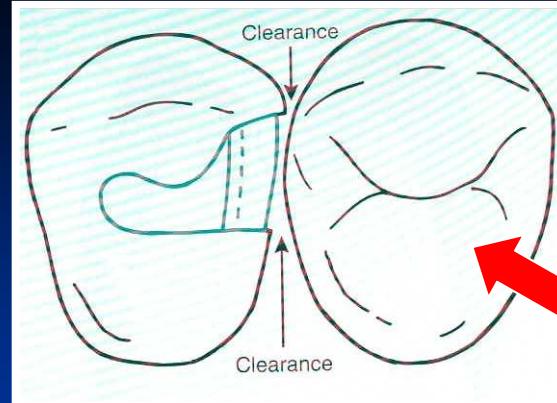
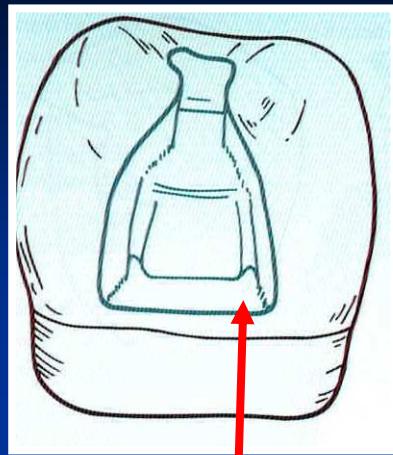


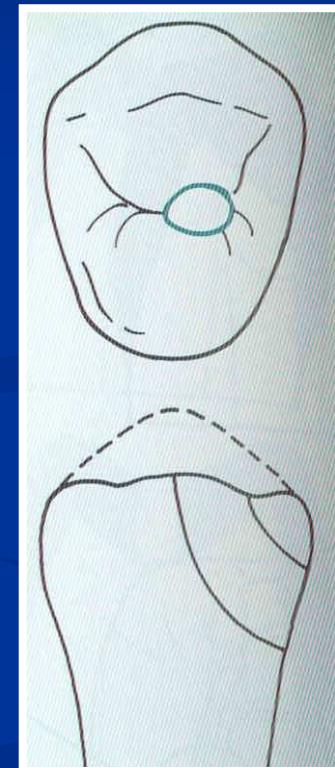
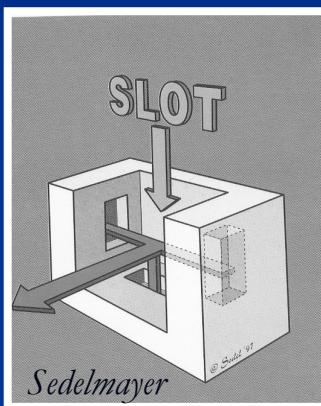
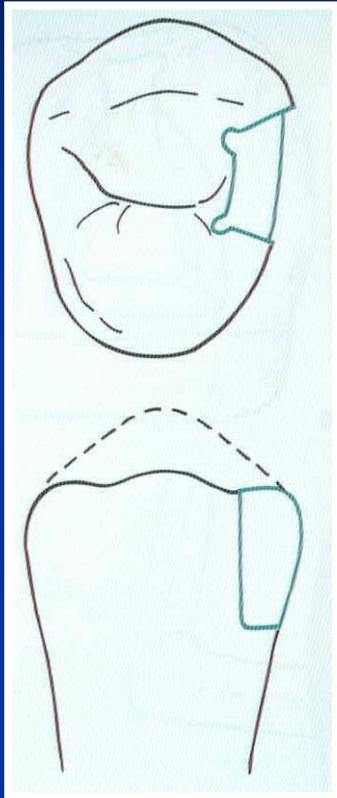
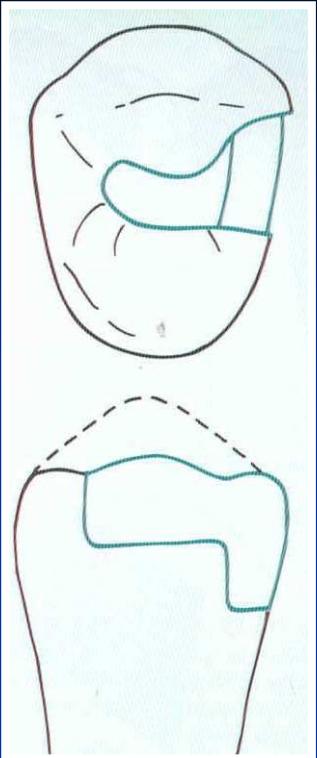
The base must be hardened

Amalgam

Retention



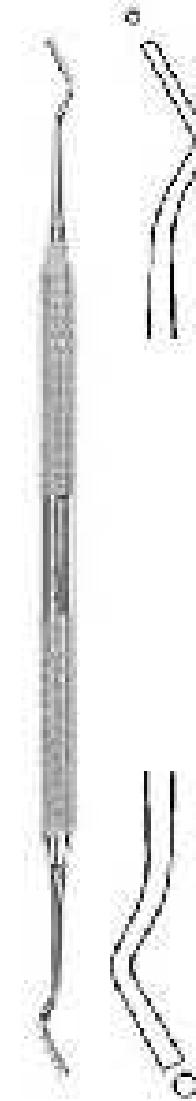




Instruments

- Preparation
- Filling
- Finishing and polishing

Cpátko tyčinkové

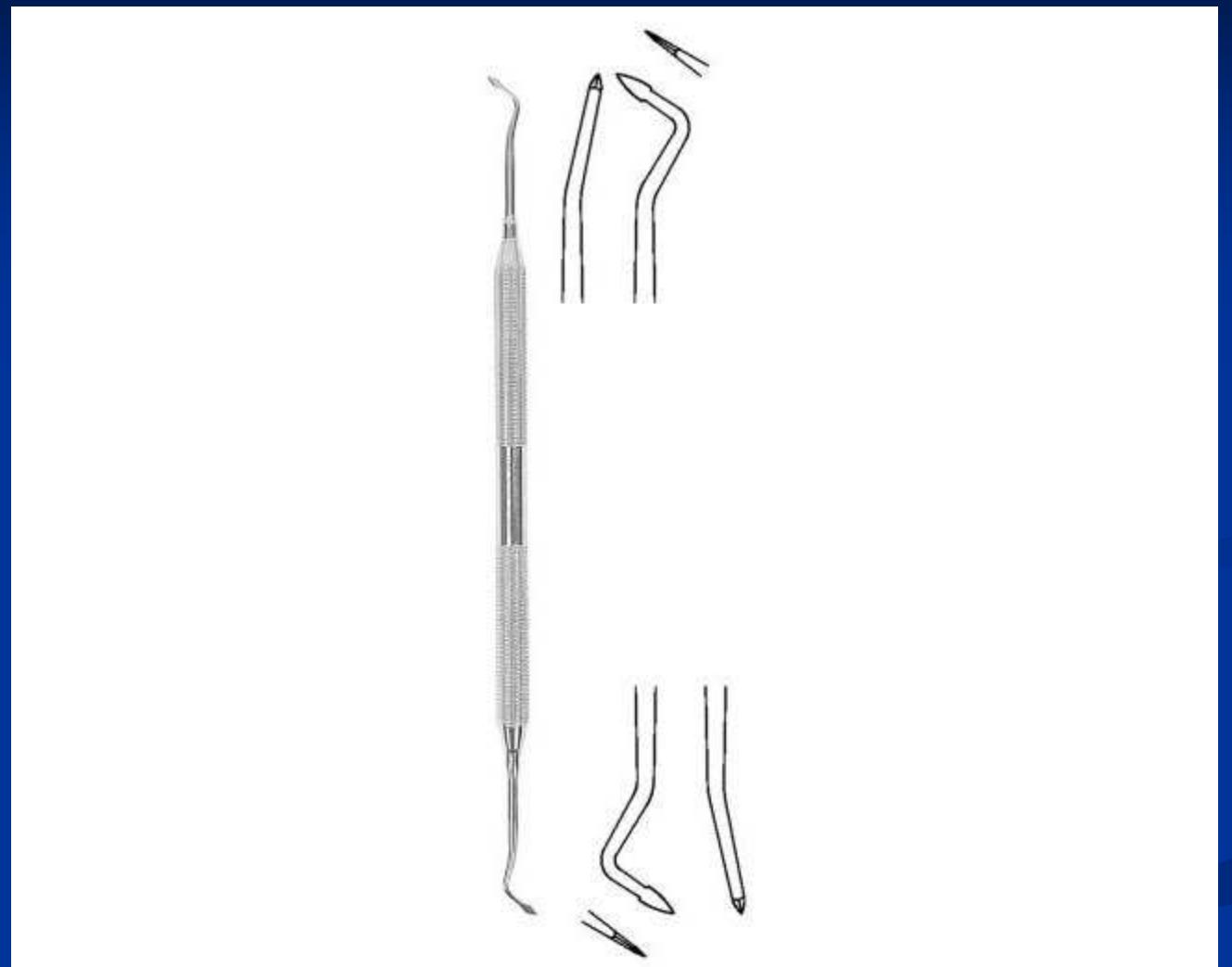


Ořezávač -Frahm

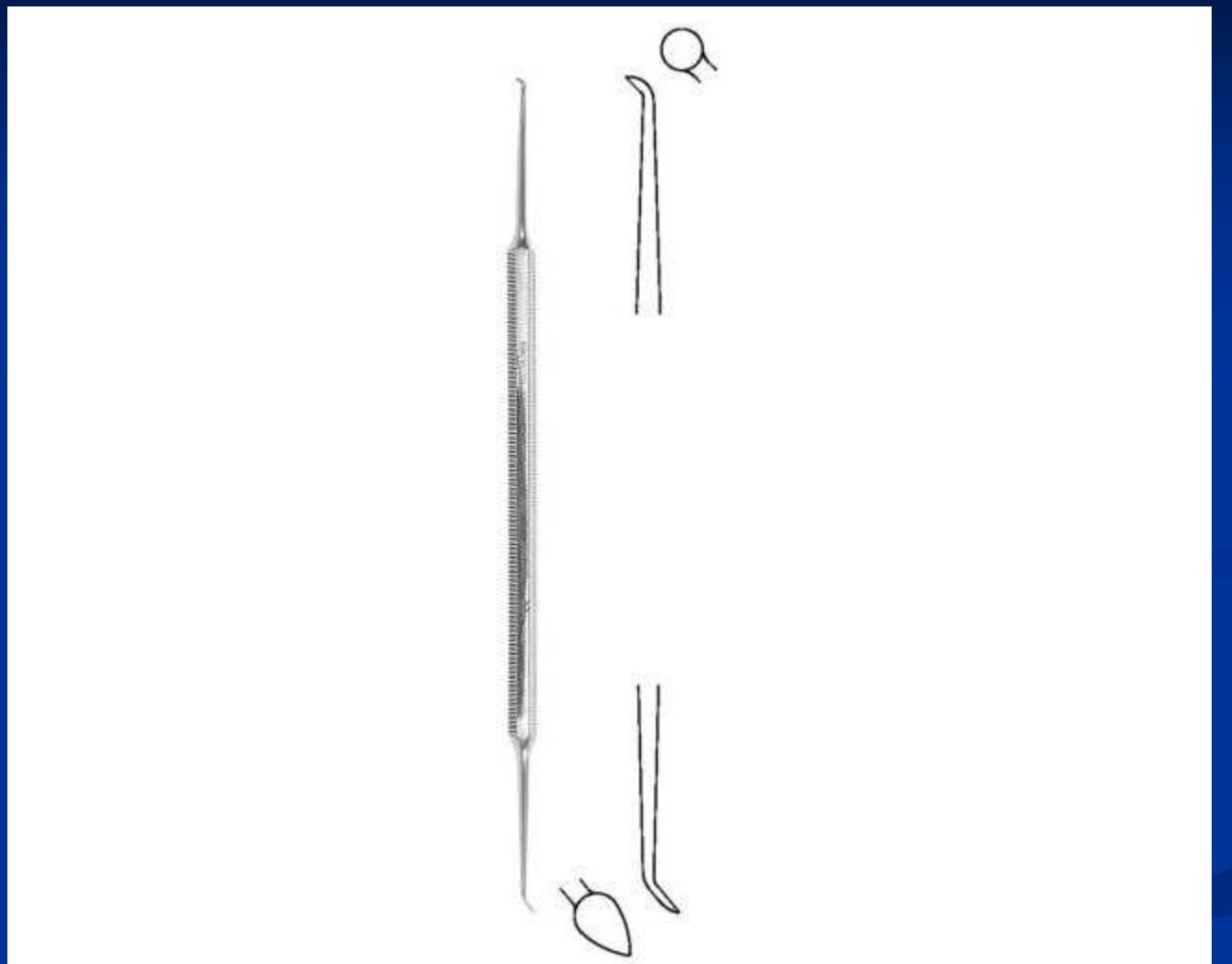




Carver Sapin



Carver discoid-cleoid



Amalgam carrier

