Composites in posterior teeth

All pit and fissure restorations.

They are assigned in to three groups. R. on <u>occlusal surface of premolars and molars</u>

R. in foramina coeca – usually on <u>occlusal two thirds</u> of the facial and lingual surfaces of molars.

R.on lingual surface of maxillary incisors.

Longevity of fillings





Indications

- Moderate to large restorations
- Restorations that are not in highly aesthetics areas
- Restorations that have heavy occlusal contacts
- Restorations that cannot be well isolated
- Restorations that extend onto the root surface
- Foundations
- Abutmjent teeth for removable partial dentures
- Temporary or caries control restorations.

Contraindications

 Aesthetically prominent areas of posterior teeth
 Small moderate classes L that can be well

Small moderate classes I. that can be well isolated

Materials: Amalgam, composite. Amalgam: Pertinent material qualities and propeties

Strength Longevity Ease of use Clinically proven success

Clinical technique

From the occlusal surface using the fissure bur (or diamond burs, see below).

Outline

Ideal outline includes all occlusal pits and fissures. If crista transversa od obliqua are no affected, it is recommended not to prepare them.

Resistance principles

- Keep the facial and lingual margin extensionsas minimal as possible between the central groove and the cusp tips.
- Extending the outline to include fissures, thereby placing the margins on relatively smooth sopund tooth structure.
- Minimally extending into the marginal ridge without removing dentinal support.
- Eliminating a weak wall of enamel by joining teo outlines that come close together
- Enamel.
 - Nevel leave the enamel undermined
- All corners are round, the bottom smooth.

Retention principles

Prepare the box – the bottom is in dentin
 Undercuts can be prepared, the proximal ridges must not be weakened!

Removal of carious, infected, dentin and remaining defective enamel.

Spoon excavator or a slowly revolving, round carbid bur of appropriate size.

Indications

- Aesthetically prominent areas of posterior teeth
- Small moderate classes I. that can be well isolated
- Good level of oral hygiene is necessary

Contraindications

- Moderate to large restorations
- Restorations that are not in highly aesthetics areas
- Restorations that have heavy occlusal contacts
- Restorations that cannot be well isolated
- Restorations that extend onto the root surface
- Abutment teeth for removable partial dentures
- Temporary or caries control restorations.

Materials: Amalgam, composite. Amalgam: Pertinent material qualities and propeties

Strength Longevity Ease of use Clinically proven sucess

Clinical technique

From the occlusal surface using the fissure bur (or diamond burs)



Outline includes the caries lesion only

Retention principles

Prepare the box or deep dish – the bottom is in dentin
Do not prepare any undercuts!
Do not bevel enamel, finish the border with diamond bur inly.

Removal of carious, infected, dentin and remaining defective enamel.

Spoon excavator or a slowly revolving, round carbid bur of appropriate size.

Polymerization shrinkage and its consequences Forces during polymerization

Polymerization stress

Polymerization – light curing composites

- Mode of polymerization
 Phases
- Pre-gel
- G-point
- Post -gel



Monomer Polymer

- Composite material (content of filler)
- Geometry of the cavity (C-factor)
- Placement of the composite
- Mode of polymerization

Composite material (content of filler)

High content of the filler causes bigger stress

Flowable composites – low stress

Geometry of the cavity (C-factor)

Polymerization shrinkage

C (configuration factor) explanation





C (configuration factor) explanation







Surface of adhesion/free surface of the filling

1/1 and less is optimal





C (configuration factor) explanation



Possible problems that can occure by improper handling



- Placement of the composite:

- Create the first layer thin, flowable can be used
- Place th material in increments with respect of the C-factor of each layer

- Composite material (content of filler)
- Geometry of the cavity (C-factor)
- Placement of the composite
- Mode of polymerization

Placement of the material

Correct





Pre gel phase should be long – soft start



Pre –gel Gel Post -gel Marginal adaptation depends on
 Placement of composite material

Dry operating field

Adhesive systems



Flow materials - importance

- 1. Stress braker
- 2. Block out of the undercuts
- 3. Adaptation to the marginal walls
- 4. Aesthetic reasons
- 5. Protection of adhesives



Temperovaný kompozit

Adhesives

Adhesive systems using acid etching technique

Selfetching adhesive systems
Adhesives

Acid etching technique

Etching Washing Priming Bonding

Adhesives

Selfetching adhesive systems

Priming Bonding

Adhesives

Active and passive bonding

Active – rubbing with microbrush Passive – without any rubbing



























Adhesive preparation in a fissure



Adhesive preparation



Preparation of enamel borders





Next to cusp 50-60°, Never cover the cusp



Class II.



Class II.

Main problems:

Contact point Marginal adaptation

Contact point













































Marginal adpatation

Margin in enamel


Marginal adaptation

In dentin



Preparation
do not bevel!!!

Interproximal vertical borders



Preparační technika



wrong preparation angle



Filling and Caries Excavation



Proximal Preparation with SonicSys



Final Preparation of Cavity



Approximal Caries



Approximal Caries



























Alternative preparation - slot





















Tunnel preparation



















Success

- 1. Loups or microscope
- 2. Miniinstruments
- 3. Dezinffection
- 4. GIC in capsules
- 5. BW post op

Success?

- 1. Low caries risk
- 2. Proximal ridge without infraction
- 3. Good cooperation
- 4. D2





















