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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 human 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 made it possible to restore and correct the color, shape and position of teeth, recreate harmonious bites and Smile. Bonding systems and composite materials allow you to eliminate aesthetic obstacles without the use of traditional orthopedic methods of treatment. Methods of aesthetic restoration of vestibular surfaces of teeth with the help of composite veneers are widely used. This type of aesthetic work involves not only the elimination of defects, but also a detailed reproduction of anatomical shapes, optical effects and individual characteristics.

KEYWORDS

Introduction

Materials and methods: Veneers are very thin, standardized composite plates (onlays) that mimic enamel (from 0.3 mm on the front teeth to 0.7 mm on the incisors) and replace the front (outer) surface of the tooth. The onlays are polymerized from a highly filled nanohybrid composite with excellent mechanical strength and color fastness, pressed and molded at the factory. To facilitate adhesion, the inner surface is sandblasted. From Onlay direct composite veneers are distinguished by the absence of pores. Perfect shape, macro and micro surface texture 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 amount of pre-treatment of hard tissues, the choice of bonding system and gum recession. It analyzes in detail the clinical stages of direct restoration of hard tissues with composite and laminate veneers.

1. Discussion of the patient's needs, determination of indications and contraindications, treatment plan and expected results. First of all, the dental specialist 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, the 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, development of hard tooth tissues after an erection, the presence of an apex or ridge,

discrepancy in the lateral dimensions of the teeth, slight axial rotation or inclination of the teeth. The main factor influencing the final result of treatment is the quality of the occlusal relationship. Bad habits and parafunctions can significantly affect the treatment plan. Aesthetic correction of the front teeth can be started only after the normalization and stabilization of the occlusal relationship and the completion of lateral prosthetics. Relative contraindications to direct restoration are occlusive disorders, parafunctions (bruxism), poor hygiene and inflammatory periodontal disease. From an ethical and legal point of view, it is important to provide patients with all the information about the different 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 process of examining the patient should be recorded in the form of a series of photographs.

2. 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 to be restored. The shade of dentin is selected by applying the reference scale to the upper and central third of the crown, and the enamel to the incisor edge. When determining the color, the tooth and the reference scale (color) must be moist. Natural light and many other parameters are also important, which are described in detail in books on cosmetic dentistry.

3. Brushing your teeth. Thorough brushing of teeth using fluoride-free prophylactic toothpaste Stage IV: Isolation of the surgical field. For optimal results, appropriate isolation of the teeth is necessary. For the aesthetic treatment of the front teeth, the elastic, soft lip and cheek retractor "Optragate" (Ivoclar Vivadent) is suitable. At the same time, patients can keep their mouth open for a long time. Insulating systems can be supplemented with liquid cofferdams or retraction threads. Retraction of the gums is carried out according to indications. To prevent gum retraction and loss of adhesion between the teeth and gums, small knitted or knitted threads are used instead of twisted threads. The presence of epinephrine or ferrous sulfate in the retraction thread is undesirable (the likelihood of inhibition, polymerization and staining of the restoration increases). When retraction of the gums, time limits should also be observed.

4. Preparation: Gentle 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 prepared in such a way as to preserve as much enamel as possible. Thin layers of enamel are removed to increase the adhesion area between the tooth and the restoration and to provide space for the future aesthetic structure. There are several types of preparation. The first preparation is when the color of the tooth to be aesthetically changed does not need to be changed or only a slight change is required. In this case, the hard tissues of the tooth are prepared to a minimum depth. In this case, a side is installed above the gum. The prepared surface looks like a "window", the boundaries of which are within the enamel. The second type. when the color of one tooth differs significantly from the color of the adjacent 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 third method of preparation. Dark depulped teeth that are completely different from the color of the rest of the teeth. The dissecting margin may be located above the gum, but in some situations, subgingival preparation may be used. Processing of incisor edges. For all types of preparation, the preparation boundary may end at the incisor edge if the tooth is intact or if the chipped corner 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 preparation border should not coincide with the zone of direct occlusal contact. To complete the formation of hard tissues, the proximal 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 splint with a yellow ring. To control the adequacy of cleaning the tooth surface, you can use a "silicone key". Preparation tool and selection of speed mode Enamel pre-treatment is best done with an angular levitating tip. Preparation of the adhesive. Depends on the type of hard tissues (enamel, dentin) and their number. Option 1: Preservation of enamel. Most suitable for adhesive techniques. It is preferable to use 5th generation adhesive systems. 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 free of 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 surface of the dentin is exposed. When using a fifth-generation bonding system, the following problems may arise: - The depth of etching does not always correspond to the depth of penetration of the components of the adhesive system. The best option in this clinical situation is selective etching of the 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. Fourth-generation adhesive systems remain the "gold standard" of bonding in dentistry. However, they are very sensitive to bonding techniques. Work with bonding systems of the 4th generation.Attachment of the matrix system. Before aesthetic restoration, it is necessary to install a celluloid matrix and wedges (Fig. 6). Stage VIII. Composite restoration. The traditional technique of "layer-by-layer restoration" with light-curing composite resin is used. Various authors presented their restoration techniques, including layer-by-layer restorations and multi-layer restorations. The use of "silicone templates" ensures high quality restorations. Final processing of restoration The final processing of aesthetic composite restorations includes grinding (rough and fine) and polishing. The conical bur is used to treat the boundary between the restoration and the hard tissues on the vestibular surface, and the diamond oval bur 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 remnants of the monomer. Then, for the final finishing, a yellow-white ring bur or carbide finisher is used. The final polishing to a "dry shine" using various brushes with special coatings completes the work.

Conclusion:

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

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