Anterior Composite Restoration

When treating multiple teeth, a freehand mockup Confirm the treatment plan with patient is beneficial during the consent process. Consider injection moulding technique. Take pre-op photographs and Decide between a single shade or layered techniqueselect shade(s) of composite e.g., enamel dentine shades and staining. Administer LA if needed and Floss ties improve vision. place rubber dam Remove caries and place a This will allow the composite to blend 45-degree bevel margin with the existing tooth structure. Perform air abrasion With aluminium oxide. Selective enamel etch with 37% phosphoric Rubbing allows the bond to penetrate acid: enamel 30 secs, dentine 15 secs further. Air drying can introduce water. Rub bond in and leave for 20 If you are doing the layering technique, seconds before light curing build palatal wall in enamel shade, place dentine layer, stains and then enamel. For larger restorations, consider using a putty stent or freehand with a mylar strip and finger support palatally If closing spaces, sectional matrices and stents are useful options. Otherwise, use a mylar strip held in place. Build the proximal wall (and remaining layers if using layering technique) Wetting agents can be used to stop composite sticking to your instruments. Place the final layer as smoothly as possible taking the morphology into consideration Cure through glycerine to remove Assess line angles, look at primary, secondary the oxygen inhibition layer and tertiary anatomy. You can use burs, wheels, brushes and pastes to get a polish. Finish and polish according to the correct morphology If the patient wants to whiten their teeth, this should be completed prior to composite work. Also, there Check occlusion, adjust and needs to be a 2-week break between the last day of take post-op photographs whitening and placement of composite restorations.