Filtek™ Supreme XT Universal Restorative – ordering codes

3911 Filtek Supreme XT Capsule Refills
Dentine Shades available in 10 x 0.2g capsules in: A1D, A2D, A3D, A4D, B3D, C4D, C6D, White D, Extra White D
Enamel Shades available in 10 x 0.2g capsules in: A1E, A2E, A3E, B1E, B2E, D2E, White E

3911 TEC Filtek Supreme XT Body Multi-shade Trial Kit for Capsules
Total of 30 capsules, each contains 0.2g:
5 x A4D, 5 x A3D
10 x A3.5B, 5 x A3E, 5 x A2E
Enables A2 & A3 in the 2 shade technique & A3.5 in the single shade technique

3911TP Filtek Supreme XT Body Shade Starter Kit for Capsules
Total of 60 capsules, each contains 0.2g:
20 x A2B, 20 x A3B, 20 x A3.5B

3911P Filtek Supreme XT Professional Kit for Capsules
Total of 150 capsules, each contains 0.2g.
Also includes 2 x 4g syringes:
20 x A2B, 20 x A3B, 20 x A3.5B
20 x A4D, 20 x A3D, 10 x B3D
10 x A1E, 10 x A2E, 10 x A3E, 10 x B2E
1 x 4g Syringe Y-Translucent Shade and 1 x 4g Syringe D-2E Enables A3 & A3.5 in the 4 shade technique, A2, A3, A3.5 & B2 in the 2 shade technique

3910 Filtek Supreme XT Syringe Refills
Dentine Shades available in 1 x 4g syringes in: A1D, A2D, A3D, A4D, B3D, C4D, C6D, White D, Extra White D
Enamel Shades available in 1 x 4g syringes in: A1E, A2E, A3E, B1E, B2E, D2E, White E

3910EC Filtek Supreme XT Body Multi-shade Trial Kit for Syringes
Total of 30 capsules, each contains 0.2g:
5 x A4D, 5 x A3D
10 x A3.5B, 5 x A3E, 5 x A2E
Enables A2 & A3 in the 2 shade technique & A3.5 in the single shade technique

3910TP Filtek Supreme XT Body Shade Starter Kit for Syringes
Total of 60 capsules, each contains 0.2g:
20 x A2B, 20 x A3B, 20 x A3.5B

3910P Filtek Supreme XT Professional Kit for Syringes
Total of 12 syringes, each contains 4g:
1 x A2B, 1 x A3B, 1 x A3.5B
1 x A4D, 1 x A3D, 1 x B3D
1 x A1E, 1 x A2E, 1 x A3E, 1 x B2E, 1 x D2E
1 x YT Translucent Shade Enables A3 & A3.5 in the 4 shade technique, A2, A3, A3.5 & B2 in the 2 shade technique

3913 Filtek Supreme XT Flowable Intro Kit
Total of 5 syringes, each contains 2g:
1 x A2, 1 x A3, 1 x A3.5, 1 x W, 1 x OA3
60 x single use application tips

3913* Filtek Supreme XT Flowable Refills
Total of 2 syringes, each contains 2g & 20 x single use application tips:
A1, A2, A3, A3.5, A4, B1, B2, C2, D2, OA3, W, WW

3700T Filtek Flow tips
20 x single use application tips

76816 Buy a Special Promotion Pack containing an Elipar™ FreeLight 2 LED Curing Light and get up to £300 of Filtek Supreme XT Universal Restorative FREE!

Free of charge support tools

Introduction to Layering with Filtek Supreme XT Universal Restorative Booklet
Expertise Direct Restorations: The Art of Shade Selection and Composite Layering CD
A Collection of Scientific Results, Filtek Supreme XT Universal Restorative

3M ESPE™ Filtek™ Supreme XT Universal Restorative
Welcome

To deliver patients’ expectations, dentists on the other hand require restoratives to be designed with versatility in mind. The ability to achieve high aesthetics from a simple single shade technique will appeal to many clinicians. On the other hand a wide range of shades and opacities will help the aesthetic specialist achieve successful, natural looking results when using multi-shade techniques. And such a versatile material aesthetic enough for anterior use yet strong enough for posterior restorations is perfect.

That’s why Filtek Supreme XT is the ideal universal restorative.

We hope that in the following pages we demonstrate the strength of our claim and that you will be inspired to try Filtek Supreme XT nanocomposite for yourself.

We’ve even created a special offer to make this easier for you.

Yours sincerely

Emma Owen
Product Manager
Restorative Products
3M ESPE

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Aesthetic alternative to ageing amalgam using 3M™ ESPE™ Filtek™ Supreme XT Universal Restorative

The patient, a 29 year old female, expressed dissatisfaction with the aesthetics of the current amalgam restorations and sought an alternative.

This case involved the lower right 1st and 2nd molars (46,47) and the illustrations highlight the various steps involved in these restorations which were carried out as part of a comprehensive cosmetic plan (Fig 1).

Under anaesthesia and rubber dam, the existing amalgam restorations were removed and cavity design improved following caries removal. Both cavities were lined using 3M™ ESPE™ Vitrebond™ liner/base prior to etching and application of 3M™ ESPE™ Adper™ Scotchbond™ 1 XT Adhesive (Fig 2).

The cavities were filled incrementally using 3M™ ESPE™ Filtek™ Supreme XT Universal Restorative shade B2D, B2B and A2B. At this stage some staining was added to the future fissure pattern prior to the surface 1mm being restored using shade A2E and final finishing with the translucent resin (Figs 3 - 4). Margins were verified with Epitek™ and floss upon removal of the rubber dam.

By using this system, the initial shade taken – B2B – can be lightened slightly in order to blend with the resulting shade of the partially filled tooth. As filling material is placed in the tooth, the shade can be seen to alter slightly from the initial shade, and by placing a slightly lighter or darker surface layer, the restoration shade can be altered as necessary. Placement of the superficial translucent layer gives the finished restoration the same shine as polished enamel when carved. Thus, the layered options represent the “natural shading technique” with darker dentine layers and lighter enamel layers allowing the colour of the final solution to come from within the restoration. Carving is undertaken in order to incorporate the natural anatomical cusps, ridges, pits, fissures and sluiceways found in the teeth being restored which allows salivary flow and light reflection as in nature.

The initial shade selection was taken using the teeth to be filled as well as those adjacent to them ensuring an excellent compatibility in the new restorations.

Finally, the occlusion was checked in centric, protrusive and lateral excursions and adjusted as necessary.

Review two years after placement shows no change in the appearance of the restorations and a patient who continues to be very impressed with the results. (Fig 5)

Conclusion

Filtek Supreme XT universal restorative, through its Nanotechnology, enables the product to achieve excellent, lasting polish retention as well as the superior handling, strength and wear properties required for universal indications.

Clinician: Dr Philip J Friel
BSc (Hons) BDS MFDS RCS Ed
Dr Philip J Friel graduated BSc (Hons) 1998 in anatomy and BDS in 2000 from Glasgow University. For the next two years, he worked in maxillofacial surgery and general practice before achieving membership to the Royal College of Surgeons of Edinburgh.

Dr Friel now works in private cosmetic and implant dentistry in both Glasgow and Edinburgh and has extensive experience of the Filtek™ and Lava™ restorations through his work with 3M ESPE. Dr Friel also undertakes a rigorous programme of worldwide cosmetic and implant dental training with the leaders in the field. He lectures for Nobel Biocare, Dental Technology Services and is currently studying towards a masters degree in dental implantology at the University of Sheffield.

Case History

There are many and varied reasons for the replacement of posterior amalgam restorations. In this case, the main reason was failure of the existing restoration due to micro leakage with resultant secondary caries.

The initial shade selection was taken – A2B - and the patient continues to be very impressed with restoration.

Special offer, order codes, contact details

Fig 1. Failure of composite restoration in tooth 46

Fig 2. Lining of tooth with Vitrebond interim base and application of Adper Scotchbond 1 XT adhesive

Fig 3 & 4. Shades B2D, B2B and A2B were placed incrementally using Filtek Supreme XT Universal Restorative with a final translucent A2E layer

Fig 5. The restoration after two years: no change in appearance and the patient continues to be very impressed with restoration.
Replacement of existing composite restorations for primarily aesthetic reasons using 3M™ ESPE™ Filtek™ Supreme XT Universal Restorative

Clinician: Dr. Claus-Peter Ernst
Dr. Ernst is senior assistant and associate professor in the Department for Operative Dentistry at the Johannes Gutenberg University, Mainz, Germany. His main interests are in adhesive and aesthetic dentistry.

Introduction
Indications for the replacement of existing restorations are many and varied, but the most commonly occurring situations are secondary caries and fracture of the existing restoration. However, in the anterior region in particular, greater aesthetic awareness, and consequently higher patient expectations, means that dentists are increasingly being requested to replace restorations that are still functionally intact, but less than satisfactory in terms of aesthetics.

Case history
In January 2003, a 21-year-old dental student wanted her existing composite restoration on tooth 21 replaced (Fig. 1). This was a considerable challenge, considering that the dental hard tissue was intact, but less than satisfactory in terms of aesthetics.

1. 21 year old patient who requested replacement of her existing composite restoration on tooth 21

Fig. 2. For this patient, the direct isolation of the operating site with a rubber dam (Fig. 2) in view of the patient's expectation. After considering that the dental hard tissue was intact, but less than satisfactory in terms of aesthetics.

Patient recall
Figures 6 and 7 show the situation at a follow-up examination two weeks later. The main purpose of a recall after such a short time is to detect any composite or adhesive overhangs that were not detectable immediately after the restoration was finished. If those are not removed, such overhangs tend to become part of the restoration surface, which would result in penetration by microorganisms (e.g., coffee, tea, and red wine). This is a side-effect that should really be avoided for restorations where high aesthetics are expected. Figure 8 shows the restoration after two years: there were no colour changes, and the original polish has been retained virtually intact. The fact that the restoration margins are free of discolouration is an argument in favour of using a more time-consuming, multi-step adhesive with phosphoric acid etching. Marginal discoloration is often a result of discoloration due to the bonding layer being particularly unaesthetic in such situations.

References

Fig. 3. Using a silicone matrix for the fabrication of the restoration composite. However, it can also lead to an undesirable translucent margin around the restoration. Then, in spite of correct shade adjustment and selection of the right opacity, the restoration stands out clearly because of this transparent, greyish-looking margin. This is attributable to light reflection phenomena in the – usually uncoloured – bonding layer. This phenomenon can even be accentuated if the bridge extends too far.

Using a silicone matrix
With the aid of the silicone matrix, the lingual wall of the restoration was created by inserting a portion of the enamel shade 3M™ ESPE™ Filtek™ Supreme XT Universal Restorative A2E into the silicone matrix and then pressing the matrix with the material onto the preparation from lingual. While holding the silicone matrix, polymerisation was carried out from labial (Elipar™ FreeLight 2 curing light, 3M ESPE). Then the silicone matrix was removed again and pieces of cellophane strip were inserted approximately to separate the adjacent teeth. Cervical wedging, which was possible in this case because the preparation margin was located above the tooth equator, facilitated the requisite separation between the teeth, which ultimately led to the desired thickness of the approximal contacts.

2. Adaptation of a palatal silicone matrix after isolating the operating site with a rubber dam

Using the dentine shades
The two approximal surfaces were subsequently modelled slightly from labial to the appropriate positions (Fig. 3). The next step was to build up the opaque core (A2D), which was modelled from labial using two spatially-shaped instruments, and polymerised separately. The number of mamelons sculpted is not as important for teeth with such a high basic opacity as for translucent incisors. Lenhard describes the position and sculpting of such mamelons very well in his excellent general article, which appeared in Quintessence (Fig. 4). In the present case, the recommendation that the central incisor should be given three such mamelons was not followed, as in this case the main objection for the dentine core was to taper off irregularly towards the incisal edge (Fig. 4). The rest of the labial surface towards the preparation margin was formed exclusively with the body shade from Filtek Supreme XT Restorative A2B; only towards the incisal edge was the enamel shade A2E used discreetly. Figure 5 shows the finished and polished restoration.

3. Phosphoric acid conditioning after protecting the adjacent teeth with pieces of transparent matrix strip (Frisasco, Tetrand) to prevent unintentional damage.

4. Patient recall

5. Build-up of the opaque core using Filtek Supreme XT nanocomposite A2D. In this case the recommendation to give the central incisor three such mamelons was not followed, as the main objective for the dentine core was to taper off irregularly towards the incisal edge.

6. The restoration after finishing and polishing

7. Situation at a further follow-up examination two weeks later, against a black background, as in Fig. 1

8. The picture with slightly open mouth clearly shows that the opacity of the restorative has been chosen correctly.

9. The restoration after two years. The original polish has been retained virtually intact.

Fig. 4. With the aid of the silicone matrix, it was possible to create the lingual wall of the restoration. The approximal surfaces were modelled immediately afterwards – also using the 3M™ ESPE™ Filtek™ Supreme XT enamel shade A2E after inserting approximal pieces of cellophane strip for separation from the adjacent teeth.
How does nanotechnology enable high polish?

Dental technology has seen great development over the past twenty years. From the early days of composites, the breakthrough came with hybrids. A combination of large, medium and small particles provided a material that was strong, gave excellent aesthetics and could be used for any indication. These universal composites made life much simpler.

Universal hybrids have been used successfully for many years, but over time it became apparent that these materials cannot retain a high level of polish for a long period. When placed they can look beautiful, but on recall a decline in polish is evident. This caused by changes at a microscopic level.

The erosion conundrum

When patients brush and chew, composite materials wear. All composite materials wear to differing degrees, and as they do, filler particles are exposed which, over time, are eroded from the surface of the restoration. These eroded filler particles leave behind a crater, exactly proportional to the size of the removed filler particle. The idea behind the varying sizes of clusters was to mimic the situation occurring in hybrids. It is known that large particles, medium particles and small particles used as filler in a hybrid are responsible for the combined properties of strength and aesthetics. However, a material with large clusters, medium clusters and small clusters would still keep the strength similar to that of a hybrid, but now the aesthetics (in particular the polish retention) could be dramatically improved.

Filtek Supreme XT nanocomposite has similar strength characteristics to a hybrid, but the polish retention and overall aesthetics outshine any hybrid and virtually all microfills. As the surface of Filtek Supreme XT nanocomposite wears (as all composite surfaces do) particles are lost from the surface. However, when particles are lost from hybrids they tend to be in the range of 0.6 microns. When filler is lost from the surface of Filtek Supreme XT nanocomposite, it is not the entire cluster that is lost, but only the nano-sized particles (like plucking a grape from a bunch). The resulting crater following the loss of these incredibly small particles has hardly any effect on the reflection of light from the material surface. Therefore the polish retention of Filtek Supreme XT nanocomposite has shown to be far higher than most other composites on the market.

The problem of polish retention had eluded scientists for a number of years. It was known that if the average particle size was reduced below 0.6 microns, a material with high polish retention could be created. Unfortunately, it was also known that if the smaller the particles became, the weaker the composite became and it was not possible to provide a material with universal indications. Later advances in technology allowed for the formation and manipulation of nano-sized particles (nanotechnology).

Microfills have been proven to retain their polish (surface reflectivity) over time. As the surface of a microfill becomes abraded, the primary filler particles (in some cases 40nm in diameter) are lost at a similar rate to the surrounding resin. However, since the pre-polymersised filler particles are only marginally stronger than the matrix resin, the overall composite is not very resistant to fracture.

Research carried out by 3M ESPE realised that the strength of these materials could be dramatically increased if individual particles (20-75nm in size) were clustered together. A new material (Filtek™ Supreme XT Universal Restorative) contains a range of cluster sizes along with a quantity of free nano-sized particles. The idea behind the varying sizes of clusters was to mimic the situation occurring in hybrids. It is known that large particles, medium particles and small particles used as filler in a hybrid are responsible for the combined properties of strength and aesthetics. However, a material with large clusters, medium clusters and small clusters would still keep the strength similar to that of a hybrid, but now the aesthetics (in particular the polish retention) could be dramatically improved.

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Filtek Supreme XT Universal Restorative from 3M ESPE is a light activated, direct restorative nanocomposite designed to deliver optimised aesthetic properties for both single and multi-shade restorations. Filtek Supreme XT nanocomposite is offered in dentine, body, enamel and translucent opacities. Designed to meet the needs of all dental professionals, Filtek Supreme XT nanocomposite can be used in several ways:

- Just the body opacity – an opacity which has been designed to provide the average opacity of the whole tooth
- The body and enamel opacities as a two layer technique
- All 4 opacities to give a restoration which mimics all the differing opacities in a single tooth

It doesn’t matter which build-up procedure you choose, Filtek Supreme XT nanocomposite will always deliver an outstanding polish. A polish that will remain far longer than a traditional hybrid, thanks to unique nanotechnology from 3M ESPE.
Shade selection – even for bleached teeth!

Introduction

3M ESPE™ Filtek™ Supreme XT Universal Restorative is all about options. The system is designed to offer excellent results when used in single shade or multi-shade restorations.

Clinical experience confirms that colour and opacity make Filtek Supreme XT nanocomposite ideal for anterior restorations, while strength and wear resistance make it ideal for posterior restorations.

To aid in the shade selection process, Filtek Supreme XT nanocomposite incorporates a unique shade selector wheel. Once a shade has been selected, the shade selector offers recommendations for a shade that incorporates a unique shade selector wheel. The following support tools are available for clinical situaiton. As well as providing shade recommendations, the selector provides technique sketches and quick reference for the cure times of Filtek Supreme XT nanocomposite.

In these cases, when the old restoration is removed the dentine appears very yellow in comparison to enamel. This can be masked out using the dentine bleach shades W/2 and X/2. A bleach enamel shade can also be used to mimic the translucency and whiteness of the adjacent bleached teeth.

With Filtek Supreme XT nanocomposite clinicians can be confident knowing they are using a material that performs predictably and will produce results which will not disappoint the patient.

To support you in selecting the right shade, the following support tools are available for you free of charge:

- Introduction to Layering with Filtek™ Supreme XT Universal Restorative Booklet
- Shade Selector Wheel also downloadable from www.3MESPE.com/uk
- Expertise Direct Restorations: The Art of Shade Selection and Composite Layering CD

Please see the back cover for more details.

A shade for every indication

Shading requirements change as you become more skilled at matching the natural tooth. The use of Extra White and bleach shades is patient driven because of the previously discussed demands of patients for that ‘perfect smile’.

The provision of bleach shades is also increasing due to the old style composites becoming discoloured round the edges from staining by tea, coffee and red wine consumption.

Flowable composites became popular additions to the dentist’s armamentum in the mid to late 1990s. With a composition very similar to that of composite resins, flowables differ in one respect – filler loading.

With lower filler loading, flowable composites typically display lower physical properties than hybrid composites. Thus, recommended indications have not included use in stress-bearing restorations. More suited as a liner, for restorative for Class V restorations, small Class I and II, porcelain repairs and marginal defects, the ability to flow makes these materials a very versatile addition to the clinician’s material portfolio.

Containing less filler, flowable composites typically exhibit higher polymerisation shrinkage than conventional composites. However, it is the polymerisation stress that is ultimately destructive. Braga et al. (2003) reported that the polymerisation stress of flowable composites was measured to be no greater than that measured for conventional composites. It was summarised that the lower elastic modulus (stiffness) of the flowable composites, compared to conventional composites, compensates for the higher shrinkage.

Filttek Supreme XT flowable restorative is a low viscosity, visible light-cured, radiopaque flowable restorative which can be used either on its own (after placing a compatible adhesive) or in conjunction with a methacrylate-based restorative such as 3M ESPE™ Filtek™ Supreme XT Universal Restorative. Its principal characteristic is ‘flow on demand’ handling. It flows under pressure yet holds its shape without slumping or running. It is available in 12 shades which include bleach shades, white and extra white and an opaque shade A3 which is ideal for use as a liner or base.

Filttek Supreme XT Flowable restorative incorporates fillers (approximately 65% by weight) based on the patented nanofller technology of Filtek Supreme XT universal restorative. As discussed on page 6, the nanofller technology allows the dentist to create a surface with outstanding polish retention.

The system is designed to offer excellent results when used in single shade or multi-shade restorations.

Go with the Flow – with 3M ESPE™ Flowable Restorative

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The method of choice was Filttek Supreme XT Flowable Restorative from 3M ESPE. The viscosity of this material ensured good adaptation of the resin to the tooth structure whilst avoiding uncontrollable flow. In addition, unlike many other flowable composite resins, good aesthetics are predictable.

The restoration was built up incrementally using shades of A4 cervically and A3.5 more coronally. Final shaping and polishing was achieved with polishing discs and cups. (Fig 2). Following three months in vivo the restoration was reviewed and showed no evidence of degradation or abrasion. The patient was asymptomatic and very pleased with the result (Fig 3).

Case study of Filtek Supreme XT Flowable Restorative in a Class V cavity

Clinician: Dr Paul Mulligan BDS MFGDP (UK)

Dr Mulligan is a general dental practitioner in private practice in Royal Leamington Spa, Warwickshire. His main clinical interests lie in restorative dentistry, ranging from simple aesthetic restorative work to implant retained prosthodontics.

Case history

The patient was a 61-year old female who had concerns regarding the appearance of an abrasion cavity present cervically in tooth 15 (Fig 1). Following instruction in oral hygiene and advice regarding prevention of abrasion, restoration of this Class V lesion was undertaken with a direct composite restoration.

Isolation was achieved using split dam and curing agent. The cavity was prepared using free pumice sturry and subsequently washed and dried. Total etch technique was adopted and a type 2 dentine bonding agent was applied (Adper™ Scotchbond™ 1 XT Adhesive (3M ESPE)).

The composite of choice was Filttek Supreme XT Flowable Restorative from 3M ESPE. The viscosity of this material ensured good adaptation of the resin to the tooth structure whilst avoiding uncontrollable flow. In addition, unlike many other flowable composite resins, good aesthetics are predictable.

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Fig. 1 61 year old patient with concerns about the appearance of an abrasion cavity on tooth 15

Fig. 2 The restoration was built up incrementally using A4 cervically and A3.5 more coronally

Fig. 3 The restoration after three months: no evidence of degradation or abrasion
High aesthetic results today can be achieved with several procedures and materials: direct and indirect with 3M™ ESPE™ Filtek™ Supreme XT Universal Restorative and Filtek™ Supreme XT Flowable Restorative and indirect with 3M™ ESPE™ Lava Crowns and Bridges providing a beautiful all-ceramic restoration with the strength of zirconia.

Case study by Dr Sanjay Sethi of Square Mile Dental Centre, London and Richard O’Brien MDT of Dental Excellence, London
Sanjay Sethi, GDP, executive council member of the British Academy of Aesthetic Dentistry and founder of the London Dentology Study Club.

Richard O’Brien MDT, Master Technician qualified in 1993 then continued his studies receiving his Masters Degree in dental technology in the year 2000, qualifying best in his year. He previously ran a high quality laboratory in Cologne before coming to England in 2001 where he worked at the Eastman Dental Hospital until joining Dental Excellence Technology in 2002. Richard has taught extensively by giving courses in ceramic systems and has lectured and presented his work throughout the United Kingdom and abroad.

A female patient in her mid 30s presented for aesthetic replacement of her 8 years old porcelain veneers on teeth 12, 11, 21 and 22.

Her complaints included sensitive incisors, visible margins and worn veneers.

On examination:

i. The dentition was caries free and periodontally stable
ii. The occlusion was class II division 1 with incisor-canine guidance
iii. The patient had suffered significant tooth tissue loss on all palatal surfaces of teeth 12,11,21 and 22.
iv. This patient was also bruxing, as can be seen by the wear facets on the canine tips and abrasion lesions on teeth 13, 23, 24
v. The central incisors are lacking symmetry form and proportion
vi. Teeth 12, 11, 21 and 22 were all vital and were only sensitive due to lack of pulpal insulation from thin palatal hard tissue coverage.

The patient was advised to only replace the failed restoration on the upper incisors and wanted to have conservative restorations to seal the abfraction areas on teeth 13, 23 and 24.

The Lava crowns were chosen because of the following benefits:

a. strength
b. aesthetics
c. thin section of coping requires very minimal palatal reduction
d. biocompatibility

Treatment phase:

i. The existing restorations were carefully removed revealing very heavy buccal and incisal preparations. Coarse and medium coarse diamond burs were used to facilitate the removal of the existing veneers
ii. The preparation was completed with great care to prepare the palatal aspect as conservatively as possible. A 1.2 buccal chamfer finish line on the buccal shoulder.

The occlusion provided a 0.5mm space between upper and lower incisors, thus a very minimal preparation was performed on the palatal aspects other than a 0.5mm chamfer finish margin. This was done to avoid the pulp chambers which would have inevitably meant elective root canal treatment in otherwise sound and vital teeth. 0.3mm Lava copings were selected to maximise on aesthetic potential.

iii. The provisional was fabricated from a putty index of the diagnostic wax up using a BIS GMA temporary material. This was the cut back and relaced with composite material until the final form was attained

iv. Teeth 12, 11, 21 and 22 were meticulously provisionalled to full and final form whilst modifying the emergence profiles of the provisional to slowly change the gingival heights.

v. Teeth 13, 23 and 24 cervical areas were restored with composite restorations

vi. A further review appointment was made to assess the provisional two weeks after being placed. This allowed for the patient to adjust to the new form and also allowed the clinician to check the aesthetics, phonetics, form and function.

Once all the criteria are met an impression was taken using “A” silicone material until the final form was attained. This was the cut back and refaced with Unicem Self-Adhesive Resin Cement that contains only nano particles and nano clusters.

Unicem Self-Adhesive Resin Cement

A new series of 3M ESPE Expertise Seminars takes a closer look at direct and in-direct aesthetic procedures by focusing on the latest advances in aesthetic dentistry. It includes an introduction to 3M™ ESPE™ Lava™ Crowns and Bridges, discussing why zirconia is the future for all-ceramic restorations; the new 3M™ ESPE™ Filtek™ Supreme XT Restorative, and the cosmetic benefits of using a composite that contains only nano particles and nano clusters.

Filtek™ Supreme XT Restorative
Hands on course
Tuesday, 19 September 2006 – London
Venue/time to be confirmed

Successful Crown and Bridge Restorations
A look at the clinical and ethical side of marketing to patients

Agenda
- Registration, buffet and refreshments
- Dr Sanjay Sethi - Aesthetic team dynamics
- A look at preparations, impression taking, all-ceramic solutions and cementation
- Coffee break
- Aesthetic team dynamics
- Lunch
- Ashley Latter - Ethical selling – effective techniques in achieving more business from your patients

Coffee

Successful Crown and Bridge Restorations
All day event, starts at 9.30am

From Preparation to Cementation Seminars

Friday, 16 September 2006 – Dublin

Successful Crown and Bridge Restorations
All day event, starts at 9.30am

From Preparation to Cementation Seminars

Dr John Rafelt, 3M ESPE
Evening starts at 6.30pm

Tuesday, 19 September 2006 – London

Successful Crown and Bridge Restorations
All day event, starts at 9.30am

From Preparation to Cementation Seminars

Dr John Rafelt, 3M ESPE
Evening starts at 6.30pm

Saturday, 16 September 2006 – Leicester
Successful Crown and Bridge Restorations
All day event, starts at 9.30am

Wednesday, 15 November 2006 – Leamington Spa
Ultimate Aesthetic All-Ceramic and Composite Solutions Seminar
Dr John Rafelt, 3M ESPE
Evening starts at 6.30pm

Tuesday, 7 November 2006 – Liverpool
From Preparation to Cementation Seminar
Dr Phil Evans, Tech Ceram and Richard Allott, 3M ESPE
Evening starts at 6.30pm

Thursday, 9 November 2006 – Oxford
From Preparation to Cementation Seminar
Dr John Rafelt, 3M ESPE
Evening starts at 6.30pm

Ultimate Aesthetic
All-Ceramic and Composite Solutions Seminars

Agenda
- Registration, buffet and refreshments
- Latest advances in aesthetic composites and bonding
- Coffee break
- New concepts in crown and bridge design
- Discussion and close

Saturday, 23 September 2006 – Dublin
Successful Crown and Bridge Restorations
All day event, starts at 9.30am

Wednesday, 1 November 2006 – Cork
Ultimate Aesthetic All-Ceramic and Composite Solutions Seminar
Dr John Rafelt, 3M ESPE
Evening starts at 6.30pm

All sessions are held at 3M ESPE Stand M03

For further information and to book your place, please call 3M ESPE on: 01509 613361 or visit our website www.3MESPE.com/uk