



Tips and Tricks

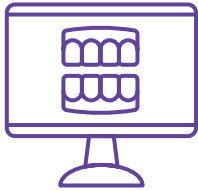
Prior to the Procedure



Talking to your Patient

Discussing the differences between porcelain and composite veneers is an important conversation to have. Remind your patients that the 3M™ Filtek™ Matrix procedure is:

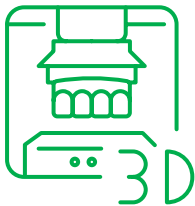
- Enabled by clinically proven composite materials that are adjustable and repairable
- Conservative, adjustable and repairable
- Cost-effective
- Esthetic
- Efficient



Digital Design Process

The digital design process will typically assume that the restoration will be additive and supragingival. However, there are clinical approaches to customize the process, such as:

- Packing cord to allow the restoration to go subgingival
- Indicating tooth reduction as necessary
- Submitting restoration designs to assist in the design process
- Including notes for technician in the 3M™ Oral Care Portal



Scanning and Impressing

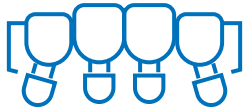
For optimal matrix fit, ensure the following:

- Full arch scans or impressions, and bite registration
- Accurate and defect-free scans or impressions from second bicuspid to second bicuspid
- Accurate and defect-free scans or impressions at the gingival margin



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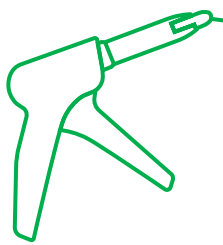
Matrix Use



Before Matrix Placement

It is highly recommended to trial fit the matrix prior to the procedure to ensure proper fit. You should:

- Check the fit along the gingival margin and the interface where the facial and lingual matrix come together
- If tooth preparation is required, stay more than 1 mm from the gingival margin otherwise risk experiencing excess flash
- Remove biofilm prior to adhesive placement
- Minimize adhesive placement interproximally to reduce contact bonding
- Consider checking the contacts with floss afterward



Filling Technique

When placing composite, there are multiple technique options. Some choose to line the gingival margin with flowable composite and cure prior to injecting universal composite to reduce flash. Some choose not to use any flowable composite at all, and only use warmed universal composite. Regardless of technique:

- Err on the side of overfilling to reduce the potential for voids
- Do not re-open the cavity door after composite placement as composite may stick to the door and create internal voids
- If you underfill, you might have internal or surface voids. With surface voids, standard void repair can be performed. With internal voids, the composite would have to be removed and redone
- Remove excess composite from facial vent hole, door perimeter, and interproximal areas to assist matrix removal and reduce contact bonding



Light Curing

Prior to light curing, ensure:

- All doors are fully closed
- Excess composite has been removed from the vents and matrix edges
- The performance and output of your curing light using a service such as CheckMarc or CheckUp

While light curing:

- Cure each surface
- Always stay within the depth of cure of the composite
- An extra cure after removal of matrix can be performed as well



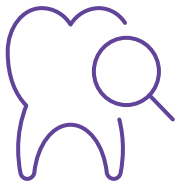
Filtek™

Matrix

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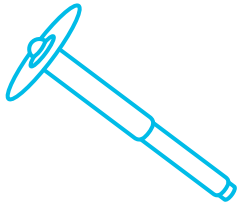
After Matrix Use



Contact Separation

If any contacts are bonded, it is recommended to:

- Start on the most distal bonded contact and move mesially when separating
- Score the contacts and apply force with a hand instrument interproximally at the gingiva to pop them apart
- Use a bur, saw or blade if necessary
- Use a finishing and polishing strip to finish the contact



Finishing and Polishing

When finishing and polishing the restorations, it is important to:

- Conservatively remove excess composite from the door outlines and vents to not lose the line angles created by the matrix
- Perform the proper finishing and polishing sequence, beginning with a finishing system such as 3M™ Sof-Lex™ Contouring and Polishing Discs or a bur, and ending with your preferred polishing system such as 3M™ Sof-Lex™ Diamond Polishing System and/or a polishing paste
- Achieve a high final polish to reduce biofilm accumulation and staining