

## CLASS IV COMPOSITE PLACEMENT & FINISHING

1. Select shade for the restoration using shade tabs.
2. Do a trial build-up with the selected composite materials and get approval from the patient.
3. Remove build-up material.
4. Place the rubber dam.
5. Pumice, wash and dry teeth.
6. Protect adjacent tooth with matrix band.
7. Apply etching solution to enamel for 20 sec.
8. Wash for 10 sec and air dry.
9. Apply etching solution to dentin for 5-10 sec.
10. Wash for 10 sec., remove excessive water with air and vacuum then dry with cotton pellet.
11. Apply bonding agent (Optibond Solo) with applicator.
12. Light cure for 20 sec from lingual and facial.
13. Support matrix band on lingual with finger to form lingual contour of restoration.
14. Place 1<sup>st</sup> increment of composite (usually dentin shade and opaque) to form lingual wall.
15. Cure for 20 sec. from the facial and 20 sec. from the lingual.
16. Remove matrix band. Wedge may be replaced if separation is required to help establish contact.
17. Place 2<sup>nd</sup> increment of composite (usually dentin shade) to establish contact and internal bulk. Internal shades should be established at this time.
18. Cure for 20 sec. from the facial and 20 sec. from the lingual.
19. Place 3<sup>rd</sup> increment of composite (usually enamel shade) to establish facial form and incisal form. Incisal translucency would be established as required.
20. Cure for 40 sec from the facial.
21. Examine from lingual, facial and incisal to verify that proper contours have be established with a little excess to allow for finishing.
22. Remove excess and establish contour on facial and incisal with courses Sof-Lex discs.
23. Refine the facial contours with the 7901 finishing bur.
24. Remove excess and establish contour on lingual with 9406 (football shape) finishing bur.
25. Remove gingival excess and establish correct gingival, lingual, facial and incisal embrasure form with #12 blade.
26. Evaluate for marginal excess and proper contours from facial, lingual & incisal. Modify as required to obtain proper margins and contours.
27. Separate from adjacent tooth, if bonded, with instrument like binangle chisel by wedging and rotating the instrument. Warn patient that they may hear a slight cracking sound and that it is not the tooth or filling.
28. Maintain slight separation with wedge.
29. Smooth and polish the proximal contact and embrasures with finishing strips. Course to x-fine.
30. Smooth and finalize contours on the facial and incisal surfaces with medium Sof-Lex discs.
31. Polish facial and incisal with the fine and x-fine Sof-Lex discs.

32. Smooth and polish the lingual surface with Ultradent points. Green is course, Yellow is medium and White is fine.
33. Remove rubber dam.
34. Check occlusion, centric and excursive with articulating material and adjust as needed.
35. Give patient postoperative instructions.
  - a. Care for the restored tooth like the rest of their teeth with normal home care to include brushing and flossing.
  - b. They can eat and drink normally after the anesthesia wears off. They should avoid biting into very hard object as the restoration might break. (The restoration is about as strong as the patient's natural tooth structure.)
  - c. They might experience some minor discomfort of the tissues around the restored tooth due to the irritation of the gingival wedge and the finishing of the gingival marginal area.
  - d. The restoration might appear slightly too translucent after removal of the rubber dam. This is due to the desiccation of the tooth, which makes it appear more opaque. The tooth will re-hydrate in a few hours and the shade should be acceptable.
  - e. If the bite does not feel comfortable they should call to have the occlusion adjusted as this could cause the failure of the restoration.