

DIRECT COMPOSITE VENEER RESTORATION

1. After preparing the tooth for the veneer select the shade for the restoration. Use shade tabs to select the appropriate shades for the gingival, mid-facial and incisal areas of the tooth.
2. Do a trial build-up using the previously selected shades. Make sure to blend the shades by layering.
 - a. Use the gingival shade to create the correct gingival contour and then thin the material as it goes incisally. The gingival shade should terminate about $\frac{1}{2}$ to $\frac{3}{4}$ toward the incisal edge of the tooth.
 - b. Place the mid-facial shade to establish the remaining contour. Leave the incisal area slightly under-contoured to leave room for the incisal shade.
 - c. Finalize the contour with the incisal shade.
3. Evaluate the shade in normal light. Obtain the patient's approval of the shade.
4. Remove the trial-build up with a spoon or #29 knife. Clean the surface of the tooth.
5. Isolate with the rubber dam and a retraction clamp. The #00, #0 or #212 clamps are usually effective for gingival retraction. Make sure there is access to the gingival margins of the preparation.
6. Protect the adjacent teeth with a matrix band.
7. Etch the preparation and slightly beyond (.5 – 1 mm) with phosphoric acid for 20 seconds.
8. Thoroughly wash and dry. Evaluate the enamel areas to verify proper etching as evidenced by the chalky white appearance of the enamel.
9. Apply the bonding agent. Gently air dry and light cure for 20 seconds.
10. Remove the matrix band to insure access to the proximal margins.
11. Build up the restoration following the previously determined shade formula.

Carefully remove gingival excess when applying the composite in the gingival areas. The restoration should be slightly over-contoured to allow for finishing.
12. Finish the gingival area with the 7901 finishing bur. The bur should be used with gently pressure to remove gingival excess and contour the gingival area.
13. Contour the remaining facial surface with the 7901 and course Sof-Lex discs.
14. Remove incisal excess and contour the incisal with the course disc.
15. Remove excess from the gingival and proximal marginal areas with the #12 blade.
16. Contour the gingival, facial and incisal embrasures with the #12 blade.
17. Finalize the facial and incisal contours with the medium Sof-Lex disc.
18. The course (green) Ultradent polishing cup can be used to smooth and blend the facial and incisal contours.
19. Further refine the surface smoothness with the fine Sof-Lex discs and/or the medium (yellow) Ultradent polishing cup.
20. Separate the teeth with a wooden wedge and smooth the proximal margins with the finishing strips going from course to x-fine.
21. If surface pits are present repair them as follows:
 - a. Remove the defect with a bur.
 - b. Clean the surface with phosphoric acid.
 - c. Wash and dry.

- d. Apply bonding agent.
 - e. Apply the composite.
 - f. Cure
 - g. Finish with discs or cups.
22. Polish the surface with the x-fine disc and/or fine (white) cup.
 23. Evaluate the restoration for marginal integrity, proper contours and surface finish.
 24. Remove the rubber dam.
 25. Evaluate the surface texture and modify as necessary. If surface texturing is desired the following may be helpful.
 - a. Place horizontal lines with a fine diamond bur.
 - b. Polish the surface with the Ultradent brush. The brush will polish the high points leaving the surface slightly irregular.
 - c. If the surface is too rough use a disc or cup to smooth some of the roughness and polish with the brush.
 26. Evaluate and adjust the occlusion.
 27. Give the patient post-operative 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 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.