

## EXTENSIVE CLASS III 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. Check for the chalky white appearance to the etched enamel.
9. Apply a matrix band and tighten to seal the gingival margin.
10. Apply etching solution to dentin for 5-10 sec.
11. Wash for 10 sec., remove excessive water with air and vacuum then dry with cotton pellet.
12. Apply bonding agent (Optibond Solo) with applicator.
13. Gently air dry to remove the solvent.
14. Light cure for 20 sec.
15. Mix the Bisfil composite material.
16. Apply the Bisfil composite with a Centrix syringe to seal the gingival margin and build up the gingival embrasure until it is occlusal to the crest of the rubber dam.
17. Allow the material to chemically cure. Test with a sharp instrument to verify the material is hard.
18. Remove the matrix band.
19. Re-apply the bonding agent to the margins and slightly onto the tooth structure beyond the margins.
20. Cure for 20 seconds from the facial and lingual.
21. Re-apply a mylar matrix and firmly wedge to insure separation.
22. Place composite from the facial and push through to the lingual.
23. Remove excess composite from the lingual.
24. Apply pressure to the matrix band on the lingual with your finger to form the lingual contour of the restoration and limit the lingual excess.
25. Place 2<sup>nd</sup> increment of composite (usually dentin shade) from the facial to establish contact and internal bulk. Internal shades should be established at this time. Contour and remove excess with the placement instrument.
26. Cure for 40 sec. from the facial and 40 sec. from the lingual.
27. Place the 3<sup>rd</sup> increment of composite (usually enamel shade) to establish the facial form and the incisal form. Incisal translucency would be established as required.
28. Cure for 40 sec. From the facial.
29. Examine from the lingual, facial and incisal to verify that proper contours have been established with a little excess to allow for finishing. Add composite as needed.
30. Remove excess and establish contour on facial and incisal with courses Sof-Lex discs.
31. Refine the facial contours with the 7801 or 7901 finishing bur.
32. Contour the gingival and facial embrasures with the #12 blade.
33. Contour and remove excess from the lingual gingival with the 7801 or 7901 finishing bur.

34. Remove excess and establish contour on lingual with C379F (football shape) finishing bur.
35. Remove gingival excess and establish correct gingival and lingual embrasure form with #12 blade.
36. Remove debris from the contact area and embrasures with dental floss.
37. Smooth and polish the gingival embrasures by feeding a 1/2 width course finishing strip through the gingival embrasure. Strip the embrasure area until smooth.
38. Smooth and polish the gingival embrasure by feeding a 1.2 width finishing strip into the gingival embrasure and strip until smooth and polished with the medium to X-fine strip.
39. Smooth and polish the facial and incisal surfaces with the Sof-Lex discs, going from medium to X-fine.
40. Smooth and polish the lingual surface with Ultradent points and/or Sof-Lex discs going from medium to X-fine.
41. Evaluate the restoration for proper contours, surface finish and marginal integrity. Modify as required to obtain proper margins and contours. If minor surface defects appear they can be corrected by following the following procedures.
  - a. Remove the defective area with a small (1.2 or 1) bur.
  - b. Clean by etching with acid.
  - c. Wash and dry.
  - d. Apply bonding agent.
  - e. Light cure.
  - f. Finish surface.
42. Remove rubber dam.
43. Check occlusion, centric and excursive with articulating material and adjust as needed with the C379UF finishing bur.
44. 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 they experience any problems, such as the bite does not feel comfortable, they should call to have the problem corrected.