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### **History of Composites**

- Acrylic resin was used for anterior fillings in the 1940's, but was unacceptable because of leakage
- Silica fillers were then added to produce the first composite. *That's why it's called "composite"*
- In 1962 enamel only acid etch technique was added for much greater success
- Light cured composites started in early 1980's
- First posterior composite material came out in approximately 1985 with 3M's P10-better adhesion to enamel, coated silica fillers with silane

- •1981- Ray Bertolotti learned from Professor Takao Fusayama
- •1983-Ray Bertolotti introduced "total etch" to US at Fifth Quarter Seminars
- •1985-Ray Bertolotti coined the phrase "adhesion dentistry"
- •Annual Yosemite seminars-must attend

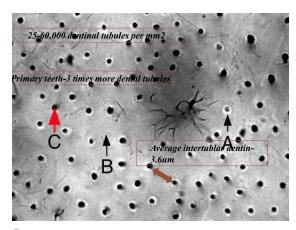
### Advantages of Bonded Composite Restorations

### **Great Aesthetics**

- -Can match all the colors (hues) of teeth
- -Can match the value (lightness and darkness) of teeth
- Can match the chroma (intensity of color) of teeth
- Can match translucencies. More important than hue (color)!
- ·Less micro-leakage

due to acid etch adhesion

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### Restorations BOND to the teeth

- Very high bond-strengths to both enamel and de
- Restore teeth to almost their original strengt
- Leakage will be obvious when it occurs

### Disadvantages of bonded composite restorations

- •Take more time and precision than amalgam restorations
- Therefore, increased cost-
- 50% more time than amalgam restorations, therefore should be 40-50% higher fee
- More technique sensitive
- -If not done carefully, will fail faster
- -But, newer dentinal bonding primers have less chance for error

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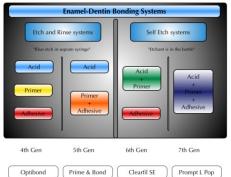
### STEP 1 for long lasting composites Know your bonding & composite material

- Hydrophobic or hydrophilic?
  - -Water soluble primers with alcohol, water and/or acetone
- -Why is this important?
- Select or total etch-etching enamel only or including dentin
- Bond to both enamel and dentin (not just enamel)-Why?
  - Mechanical retention and sealing tubules with hydrophilic primers

### Know your composite material

- •3 steps=acid etch + primer + bond
- •2 steps= acid etch/primer + bond
- 2 steps = acid etch + primer/bond
- 1 step = acid etch/primer/bond-no?

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categories

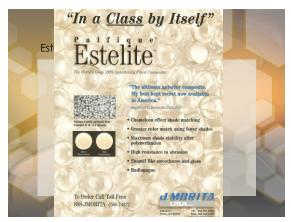
Optibond Prime & Bond

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### **Particle Size**

- "Large particle" size-average >4 microns
- "Small particle" size-average 1-4 microns
- "Micro fill"-< 1 micron-.1 microns
- "Nano fill"-.005-.1 microns
- "Hybrid" mixture of particle sizes like concrete or asphalt
- "Microhybrid"-mixture of particle sizes where the average size is <1 micron





## \*Not necessary for thermal protection \*Not necessary for acid protection -Acid etch may not kill pulp tissue, bacterial invasion from micro-leakage for sure does \*Weakens final restoration and tooth -Used only for indirect or direct pulp cap

Properties of the different components:
Tricalcium silicate (3CaO.SiO<sub>2</sub>): It is the main component of the powder. It regulates the setting reaction.
Dicalcium silicate (2CaO.SiO<sub>2</sub>): It acts as second main core material
Calcium carbonate (CaCO<sub>3</sub>): It acts as filler.
Zirconium dioxide (ZrO<sub>2</sub>): It is added to provide the radio-opacity to the cement.
Calcium chloride (CaCl<sub>2</sub>.2H<sub>2</sub>O): It is an accelerator.

## Ozone (O3) Here are the benefits of ozone gas when applies to the tooth after decay removal: Kills remaining bacteria in the tooth structure and tubules Allows dentist to be less aggressive, thereby not risking exposing the nerve of the tooth Lowers inflammation of the delicate pulp tissue Stimulates the tooth to heal faster and remineralize the remaining tooth structure

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### STEP 2 for long lasting compositesControl Your Environment for Quality! Adjust your chair and your patient so you and your assistant can see and perform properly Head of patient in line with end of chair Light so you can see! Magnification so you can really see! 2.5 X -not enough -3.3 X -4.5 X+

### Control Your Environment for Quality! Moisture control with rubber dam Moisture control with your 3-way syringe Oil control-use oil less compressor Oil control-handpieces

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### STEP 3 for long lasting composites-Prep Design

- ✓ Chase out all groves, including DLG, buccal pits, cusp of Carabelli
- ✓ Clean out grooves likely in to dentin of any dark or white pits
- ✓ Control bleeding & crevicular fluids
- ✓ Control the soft tissue
- √ Follow decalcification/decay subgingival and around line angles





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### STEP 3 for long lasting composites-Prep Design

- √Remove all decay
- ✓ Chase out M-D cracks, etc.
- ✓ Remove all white enamel decalcification areas
- √Bevel all margins
- Roughen with diamond all surfaces you expect to bond to, even 1 mm past

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### STEP 4 for long lasting composites-Prime and Bond long enough!

- √10 seconds-Etch enamel
- √10 Seconds-adding dentin
- √60 seconds-primer
- √10 seconds-bonding

### • Matrix bands, peanuts, wedging, etc • Gingival seal • Band contouring for proper shaped contact • Flowable composite-why? • Layering-Why? • Direct fill whole prep?

•Shrinkage-2%, 3%? Direction?

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# Bonded for life FEES 2025 National Dental Advisory Service \* D2391 resin-based composite-one surface, posterior 80% \$300 20 min. \* D2392 resin-based composite-two surface, posterior 80% \$356 30 min. \* D2393 resin-based composite-three surface, posterior 80% \$432 40 min. \* D2394 resin-based composite-four surface, posterior 80% \$508 50 min. \* D2960 labial veneer (resin laminate-direct 80%=\$1,047 1 hour \* Your hourly rate goal=? You do the math

### 10,000 hour rule from Anders Ericsson •Not just the time or #'s; not the quantity, but the quality •30 years learned over 30 years vs. 30 years experience learned in 1 year. Visiting practice, going to courses like this Creating mediocrity vs. copying expertise Graduated 12/1977, started doing all composites 1984, 1,000+ composites/year= •40,000+ composites done

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