

Aura Posterior Bulk Fill Restorative



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DIAGNOSIS & TREATMENT

A patient presented with distal radiographic caries on tooth 29 and mesial and distal radiographic caries on tooth 30 (**FIG 1**). The teeth are prepared for restoration by using a Komet H7/330 carbide bur. Next, the isolation of tooth 29 is accomplished using an Isolite, a Garrison sectional matrix, wedge and right. A diode laser was used to plasty the interproximal gingival tissue for ease of placement of the sectional matrix. Tooth 29 is further prepared using SDI Super Etch 37% phosphoric acid for a 15 second total etch of enamel and dentine (**FIG 2**). The phosphoric acid is then copiously rinsed away with water using the air-water syringe. Once the tooth has been carefully prepared, SDI Riva Bond LC is triturated and a micro applicator will be used to apply the bonding agent to the cavity preparation (**FIG 3**). Riva Bond LC is placed on all of the enamel and dentine surfaces of the preparation and light cured using the SDI Radii Plus curing light for 20 seconds (**FIG 4**).

The cavity is now ready for restorative material to be added incrementally. To ensure the first increment of composite adapts uniformly to all surfaces of the geometric cavity preparation, a 0.5mm increment of SDI Wave MV flowable composite is placed (**FIG 5**). SDI Aura Bulk Fill is placed into the remainder of the cavity preparation in one increment and adapted using a Hu-Friedy Goldstein Flexi-thin Mini 4 composite placing instrument (**FIG 6**).

After sculpting the occlusal anatomy, the surface of the Aura Bulk Fill is smoothed using a Keystone Red Sable Brush Flat #2. The brush was dipped into the Riva Bond LC and all excess removed prior to use (**FIG 7**). This process of performing light brush strokes from the composite toward the margin prior to light curing helps to precisely adapt the composite to the preparation margins. The Aura Bulk Fill is light cured using the Radii Plus curing light for 20 seconds from the occlusal aspect and 20 seconds from both facial and lingual aspects (**FIG 8**).

The same cavity preparation and restorative material increments are performed on tooth 30. **FIG 9** shows the MOD preparation after it has been filled with Aura Bulk Fill prior to sculpting. Once the MOD preparation on tooth 30 is filled, light curing begins with 20 seconds from the occlusal aspect and 20 seconds from both facial and lingual aspects (**FIG 10**).

A Komet 8392 "needle" composite interproximal finishing diamond is used to accentuate occlusal form and remove any marginal flash prior to finishing (**FIG 11**). Rubber point abrasives are used to polish the surface of the Aura Bulk fill after refinement with the "needle" diamond instrument (**FIG 12**). A composite polishing brush is used to impart the final luster to the restoration (**FIG 13**). Finally, once an application of surface sealant is applied, air thinning and light curing, the restorations are shown complete from the occlusal aspect (**FIG 14**).



Fig 1. Caries on tooth 29 & 30.



Fig 2. Total etch of Enamel & Dentine.



Fig 3. SDI Riva Bond LC.



Fig 4. Light Curing with SDI Radii Plus.



Fig 5. SDI Wave MV flowable.



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Fig 6. Aura increment adapted Bulk Fill.

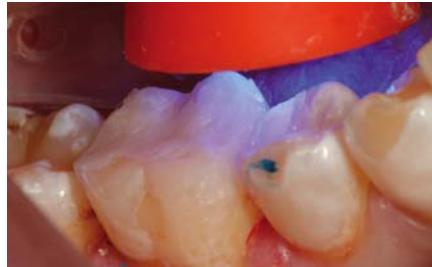


Fig 10. Light curing with SDI Radii Plus.



FIG 14. Final restoration.



Fig 7. Aura Bulk Fill smoothed with a Keystone Red Sable Brush flat #2.



Fig 11. Diamond finishing to accentuate occlusal form.



Fig 8. Light curing with SDI Radii Plus.



Fig 12. Polishing Aura Bulk Fill surface.



Fig 9. MOD preparation of tooth 30.



Fig 13. Composite polishing brush.

ABOUT THE AUTHOR

Dr. Robert A. Lowe received his Doctor of Dental Surgery degree, magna cum laude, graduating second in his class from Loyola University School of Dentistry in 1982. Following graduation, he completed a one year Dental Residency, receiving additional expertise in several disciplines including Restorative and Rehabilitative Dentistry, Aesthetic Dentistry, Periodontics, Prosthodontics, and Sedation Dentistry, completing a rotation in Surgical Anesthesia. Dr. Lowe has maintained a full time private dental practice for 26 years and is also a world recognised clinician in the field Cosmetic and Rehabilitative Dentistry. He is a member of the American Dental Association, state and local dental society components, as well as being a sustaining member of the American Academy of Cosmetic Dentistry, and a member of American Society of Dental Aesthetics.



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