Clinical Techniques

a simple, easy, beautiful **SMILE**

Clinical Techniques by Dr. Terry Wong B.D.Sc















Direct Veneer Laminates



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ABOUT THE AUTHOR

Dr Terry Wong B.D.Sc. (Hons) Melb.

Dr. Terry Wong lectures internationally on the topic of composite resin restorations. Presently, Dr. Wong lectures at Melbourne University on the topic of Aesthetic Dentistry and conducts handson programs about free handed delivery of composite restorations.

He attended the Las Vegas Institute (LVI) and studied occlusion at the Kois centre in Seattle. He has been personally instructed by Dr. Newton Fahl of the Fahl School and Art and Science in Aesthetic Dentistry in Brazil. Dr. Wong obtained his degree at Melbourne University in 1987 and maintains a general practice in Melbourne with emphasis on restorative dentistry.

CASE 1: DIAGNOSIS & TREATMENT

Diagnosis: A 60+yr old female patient presented with a complaint that her old composite restorations were noticeably different in colour to her natural teeth. Her previous dentist would replace the fillings however inevitably, the same problem would occur. Her dentition is described as class II div 2 with rotations of her upper lateral incisors, notably the tooth 22. The patient was also unhappy with the general colour of her teeth and described them to be a "yellow" colour. **(Fig 1)**.



Treatment Plan: Various treatment options were explained to the patient, namely porcelain veneers or direct resin bonding. Orthodontics was suggested but the patient was not interested in this treatment option. The patient chose resin bonding over porcelain veneers on the basis there would be little or no tooth preparation.

We discussed improving the alignment of the teeth by way of carrying out resin bonding to teeth 14, 12, 11, 21, 22, 23 and 24. Tooth 13 was not considered as the tooth was well aligned in the arch. The patient was happy to leave tooth 22 slightly rotated to give a more "natural" look.

Shade Selection: Various combinations of Aura composite shade were applied to the teeth, cured for 10 secs, and the patient made her shade selection. (Fig 2 & 3).

1. Dentine shade DC3 and enamel shade E3 (Fig 2).





2. Dentine shade DC3 and enamel shade E2 (Fig 3).

Patient preferred lighter shade combination of Aura Dentine Chroma shade DC3 and Enamel shade E2 (Fig 3).

An immediate post treatment picture was taken to show the resin bonding to teeth 14, 12, 11, 21, 22, 23, 24 **(Fig 4)**.



A 7 week post treatment review of the restoration **(Fig 5)** shows the patient extremely satisfied with the outcome.







Aura: THE DENTAL

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aura 🕦



Non-invasive replacement of the missing lower incisor

CASE 2: DIAGNOSIS & TREATMENT

Diagnosis: A 50+ year old male presented with a recently fractured and root treated lower incisor, tooth 31. Patient wanted a non-invasive replacement of the missing lower incisor.

Treatment Plan: After the extraction of the fractured tooth 31, a minimum 6 week period was allowed for healing **(FIG 1)**.



During this 6 week period, the patient wore a temporary retainer with a tooth in the 31 site. Post healing period, a new composite bridge was constructed from a plaster model of the lower arch (Fig 2).



A round diamond bur was used to create an ovate point at the site of missing tooth 31 (Fig 3).



SDI's Aura DC4 was applied on the model and cured in increments of less than 2mm over a sectional matrix band on the plaster model (Fig 4).



An Everstick fibre was measured out and cut to fit between the adjacent teeth (Fig 5).



Lingual and labial views of the composite build up with the embedded fibre material (FIG 6, 7, 8).







Immediate post cementation of the composite bridge (Fig 9)



and a 7 week review (**Fig 10**). By using SDI's Aura, a functional and aesthetic result was obtained without tooth preparation.





Aura, an Australian innovation.

- Based on the natural make-up and colours of enamel and dentine.
- Simple layering technique to reproduce the natural colours of teeth.
- High polishability and sculptability.
- Designed to simplify shade matching for busy clinicians.



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