

# Composites - indication

- Small – moderate cavities
  - Good level of oral hygiene
  - No heavy occlusal stress
  - Dry operating field

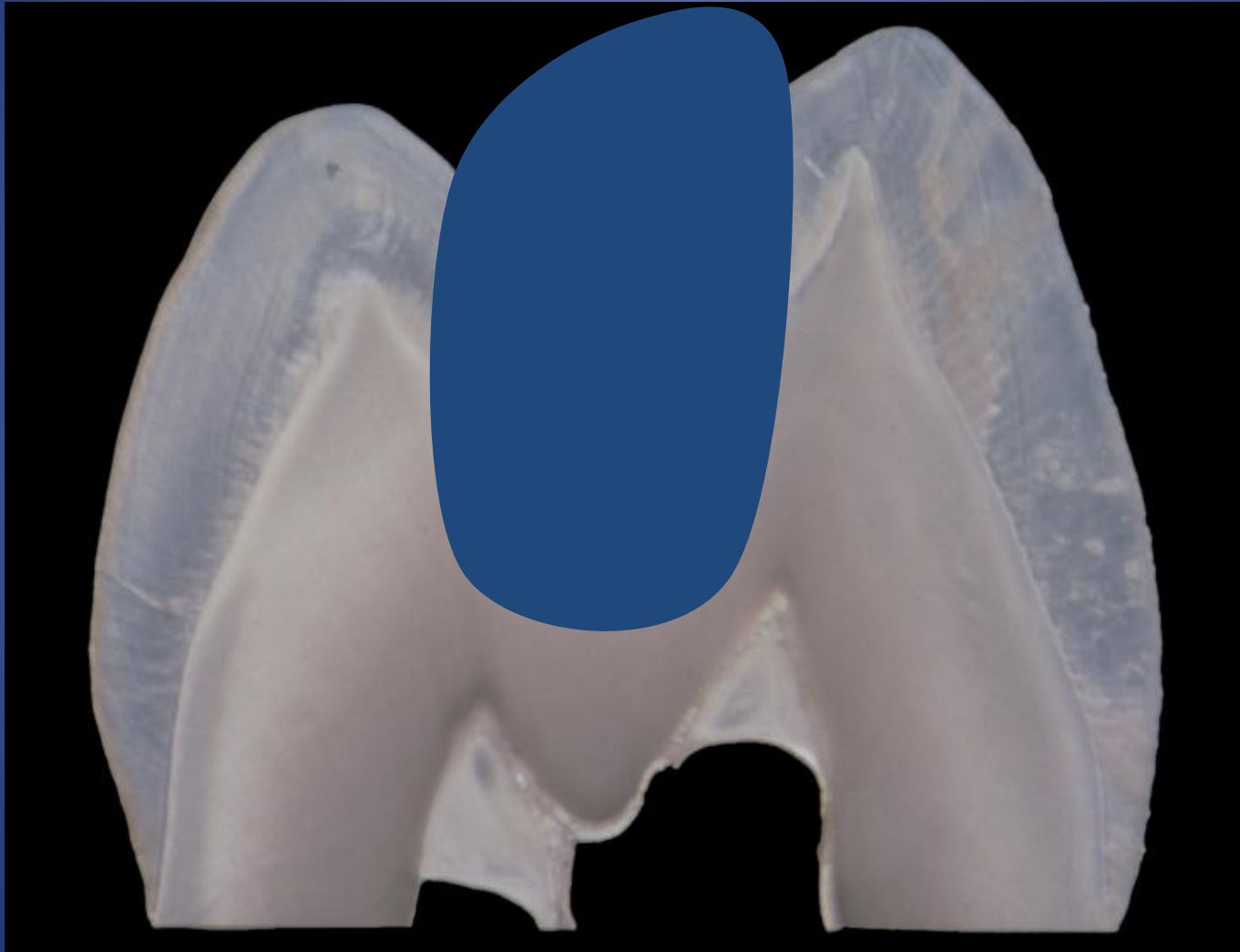
# Preparation for adhesive materials – composites

- No extension for prevention (adhesion)
- No grooves
- No undercuts
- Rounded box
- Bevel the axial walls and the outer edge of the gingival wall
- Small isolated cavities are possible

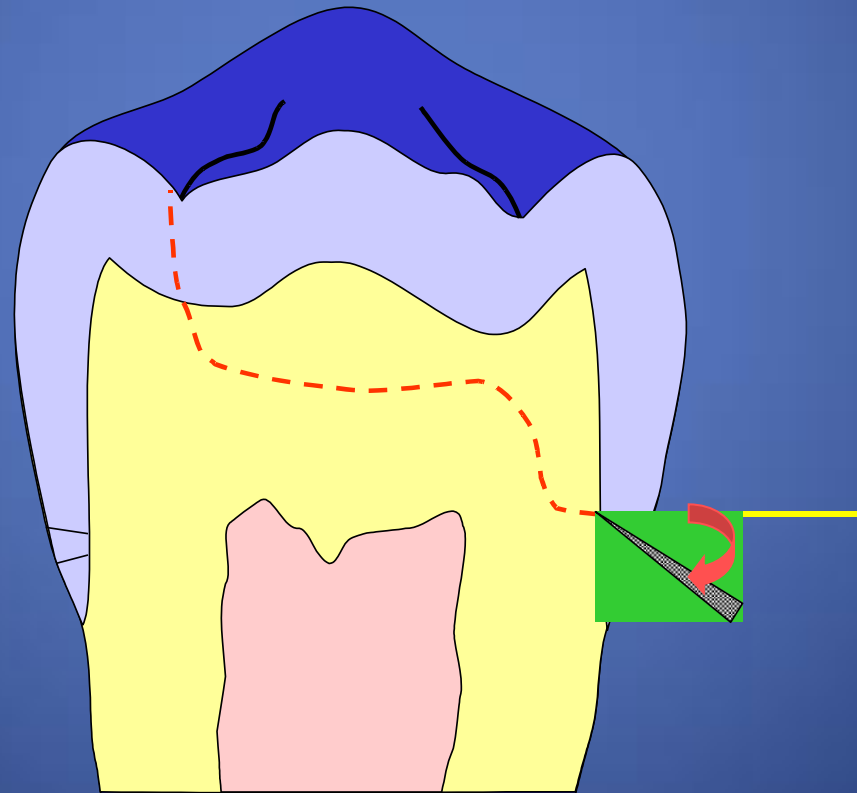
# Cavity for amalgam



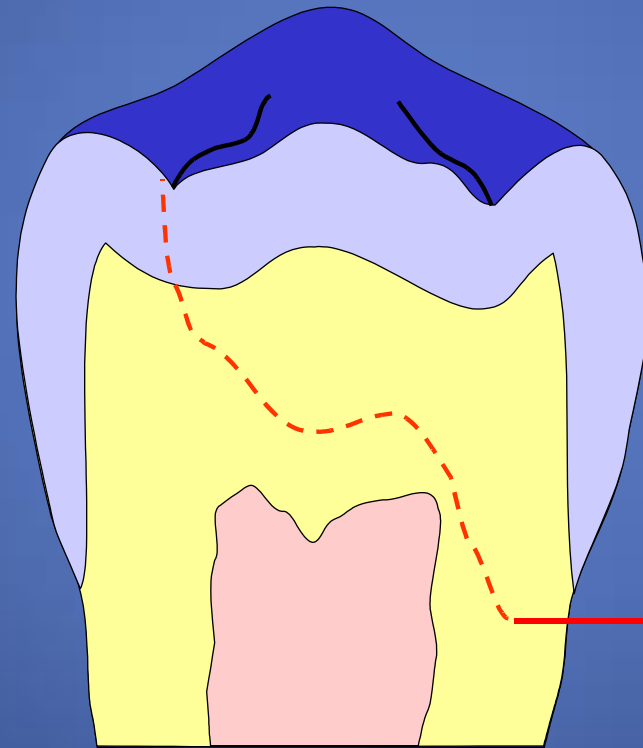
# Cavity for composite



# Bevel on the gingival wall



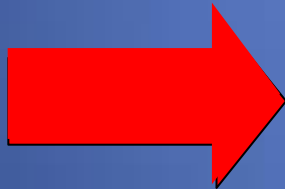
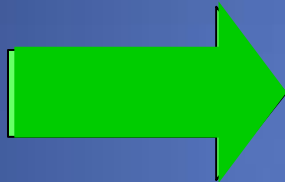
# If out of enamel



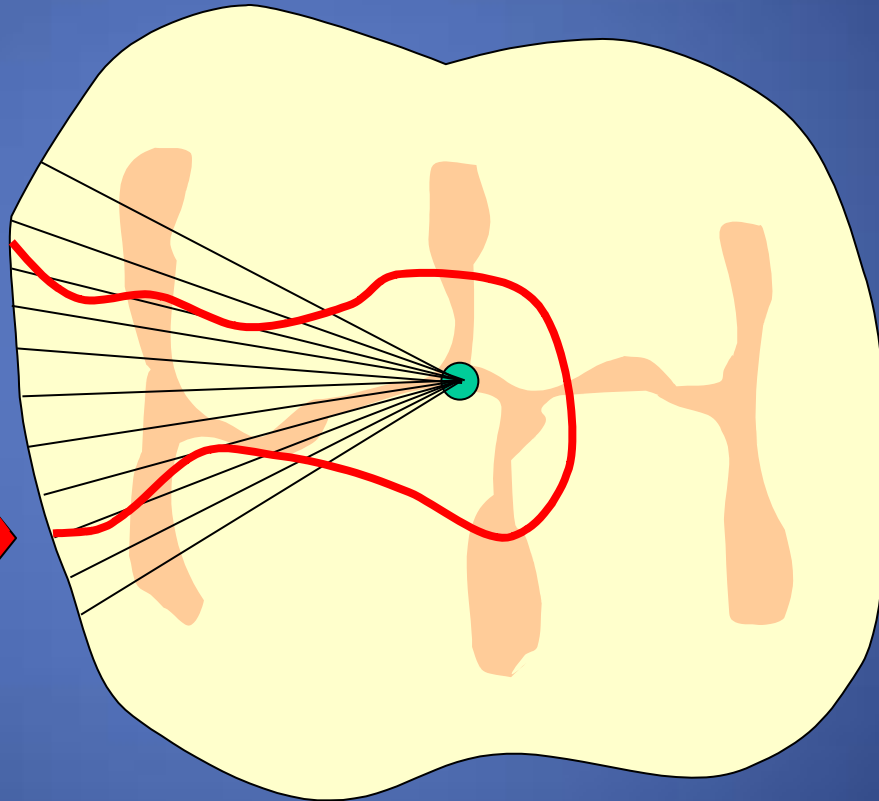
Preparation  
do not bevel!!!

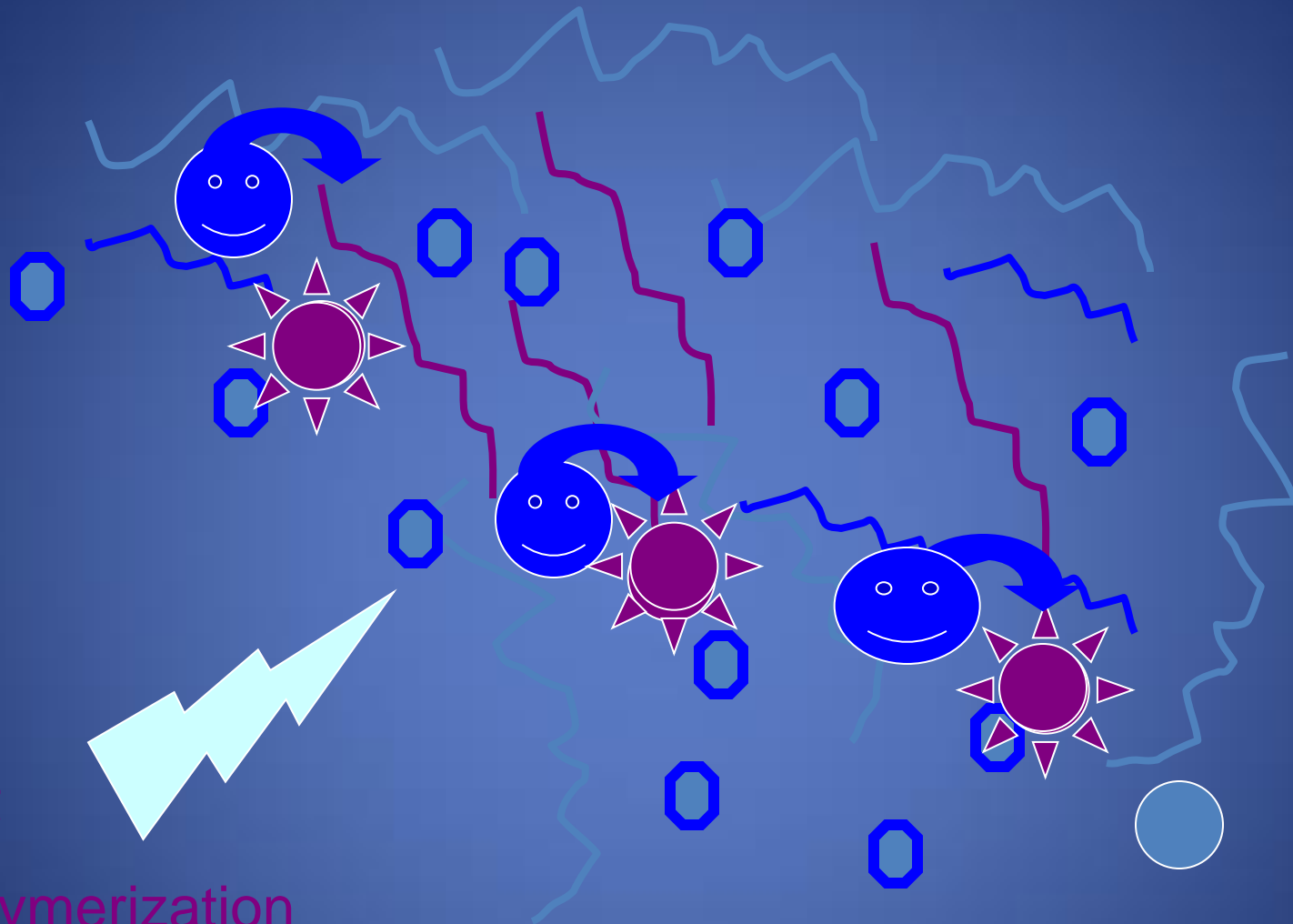
# Bevel of enamel on axial walls

Composite material



Amalgam





Light

Polymerization

Monomer  $\longrightarrow$  Polymer



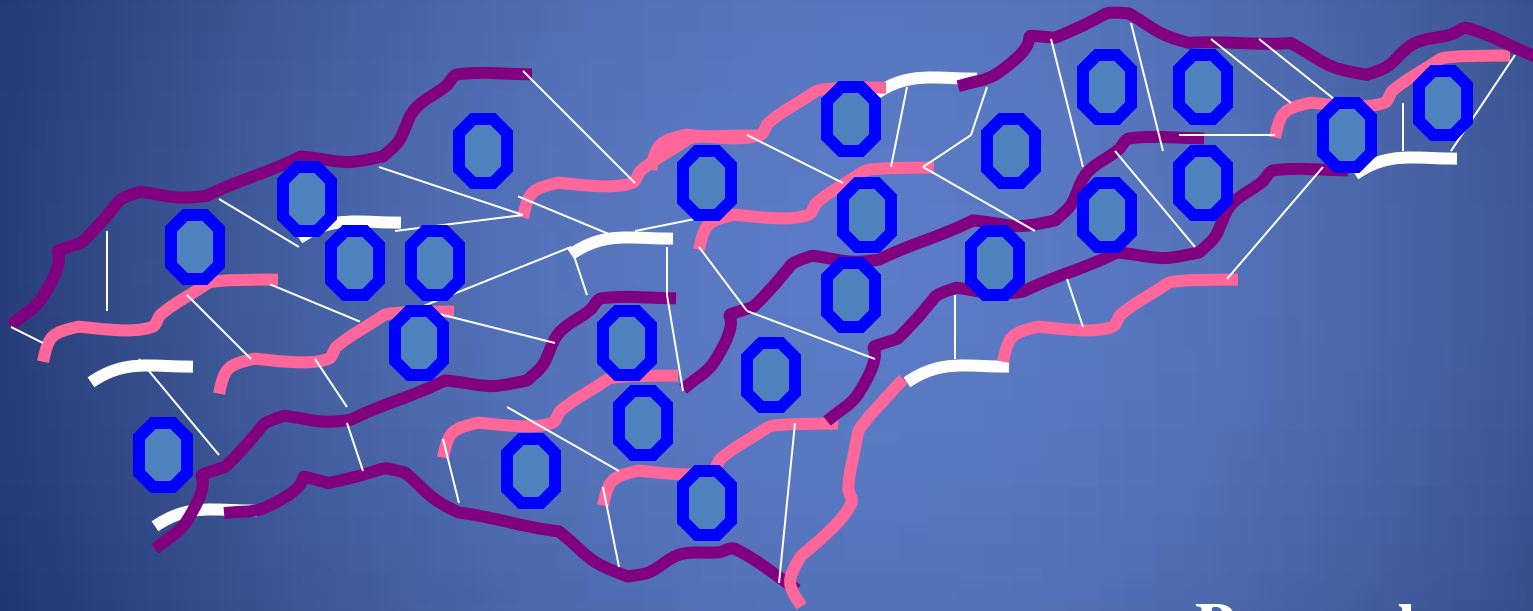
# Polymerization – light curing composites

- Mode of polymerization

## Phases

- Pre-gel
- Gel-point
- Post –gel phase

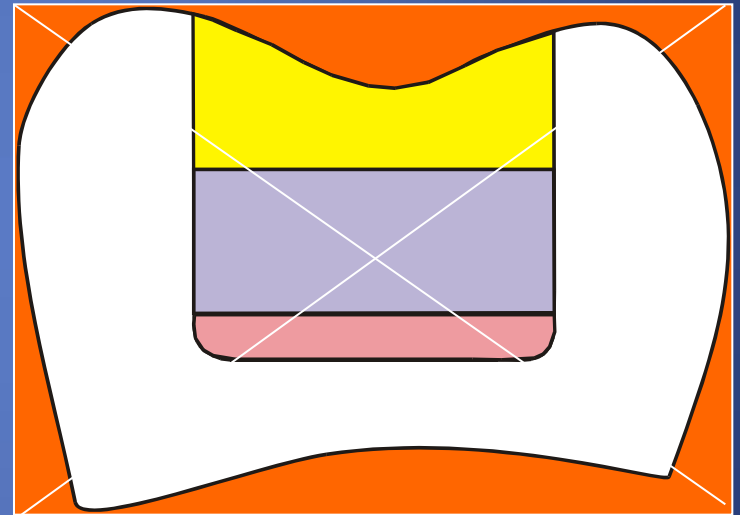
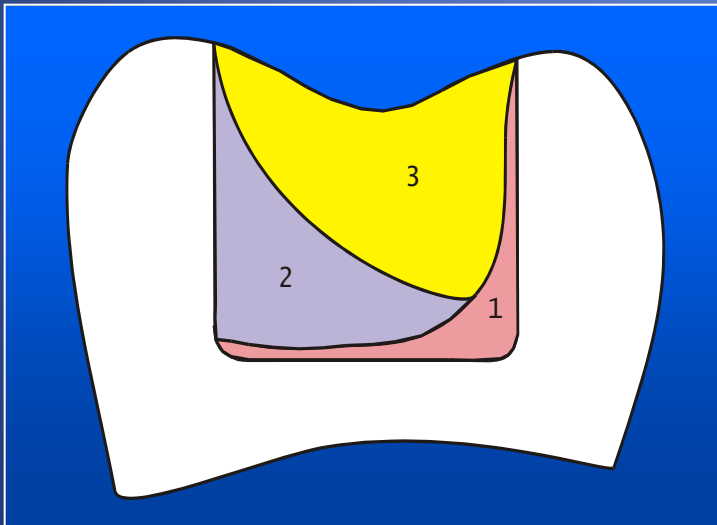
Pre gel phase should be long – soft start



Pre -gel  
Gel  
Post -gel

# Placement of the material

Correct





























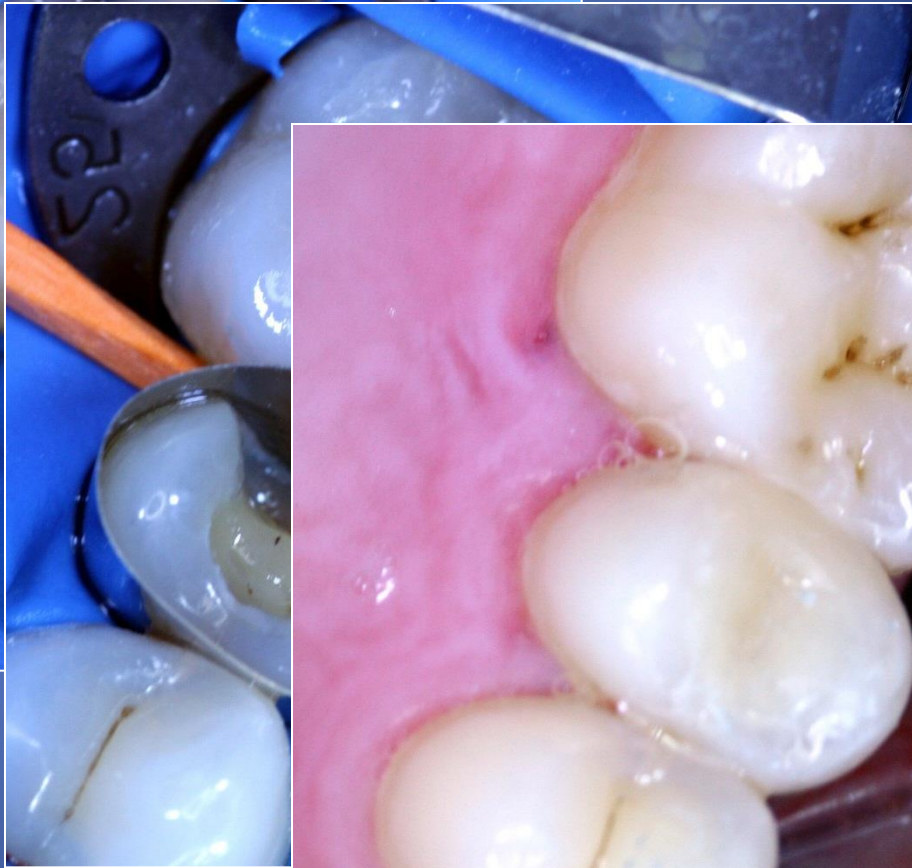
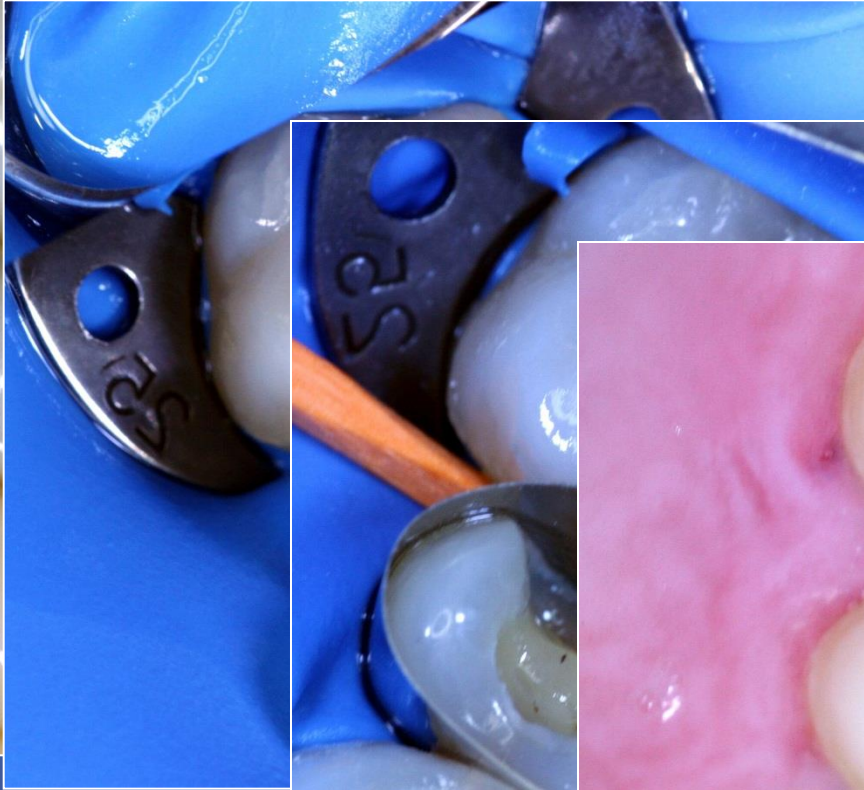
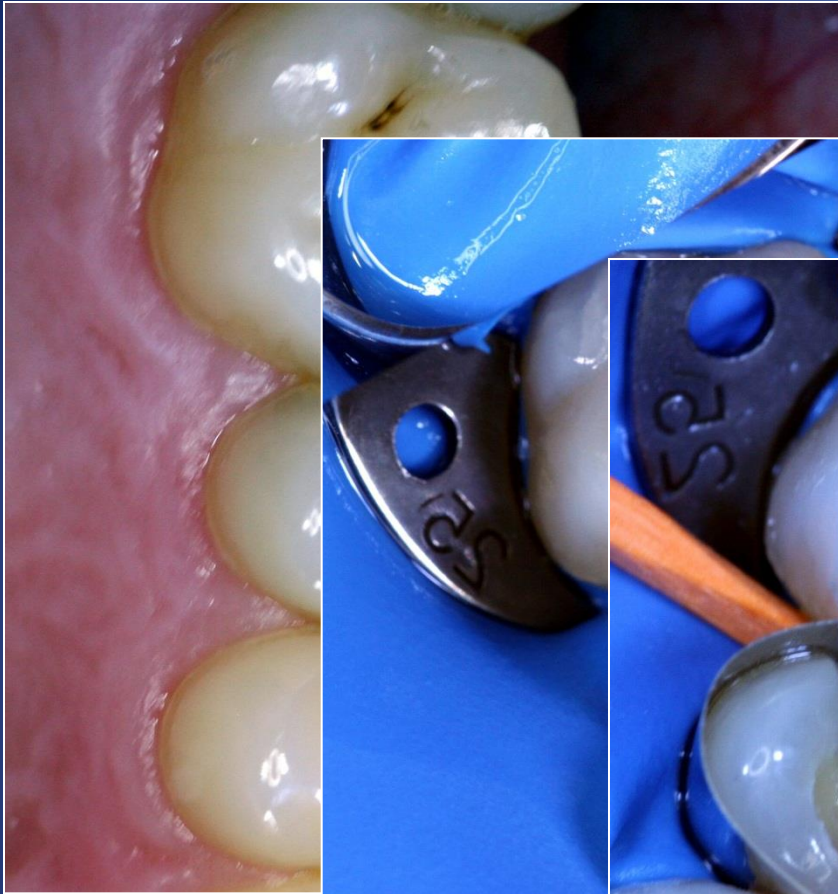
















# Matrices for composites in class II.

- Matrix band + matrix retainer
- Segmental matrix + separator

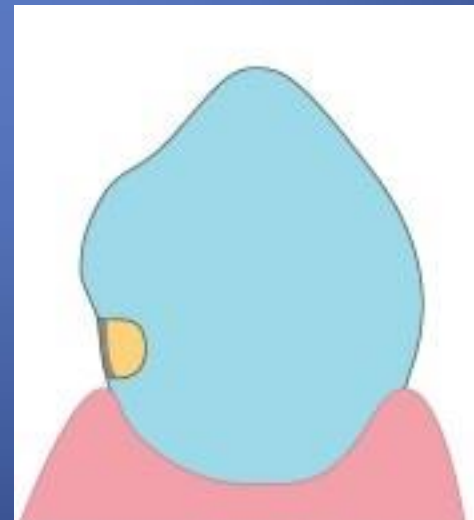




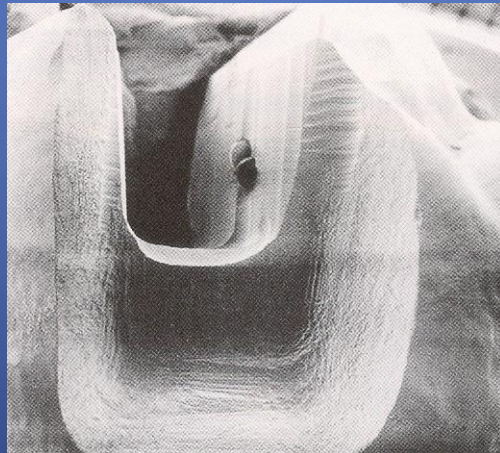




# Alternative preparation – adhesive slot



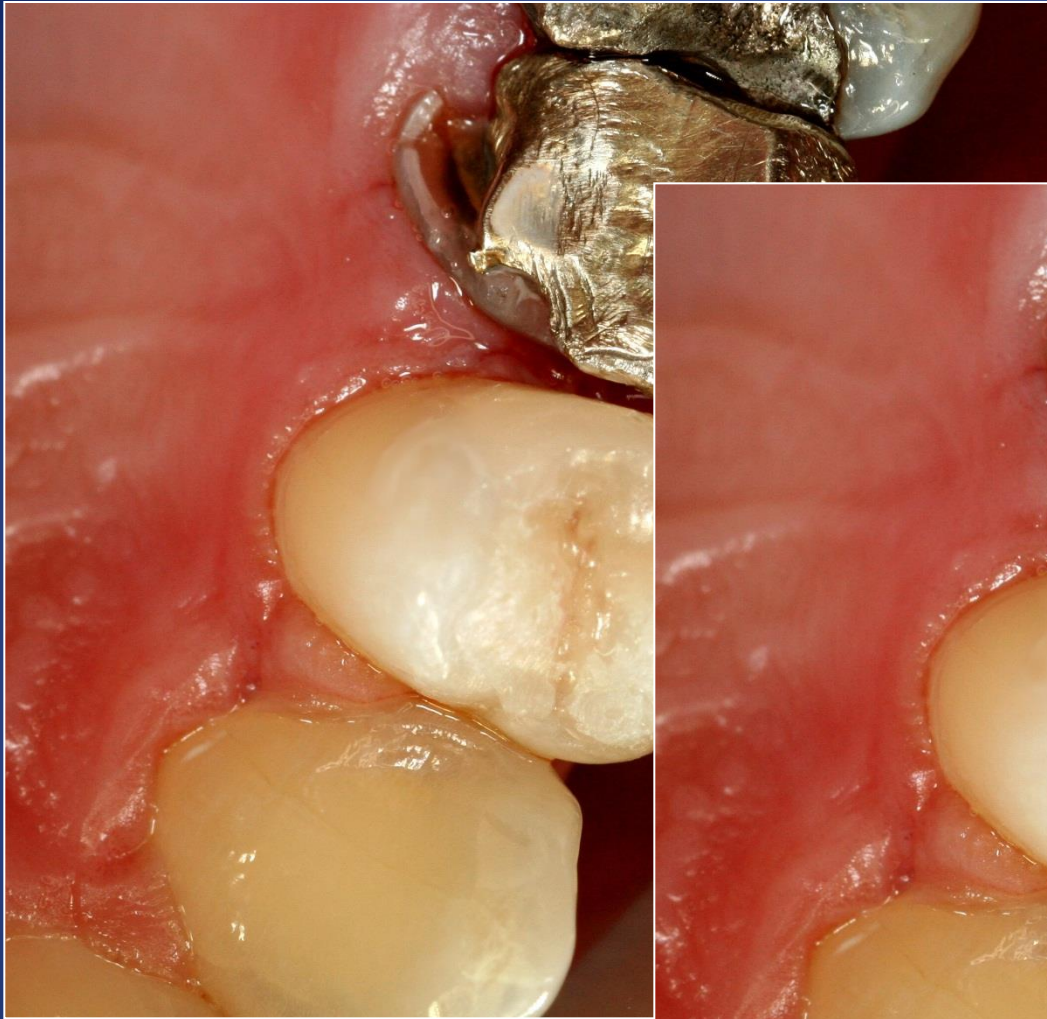




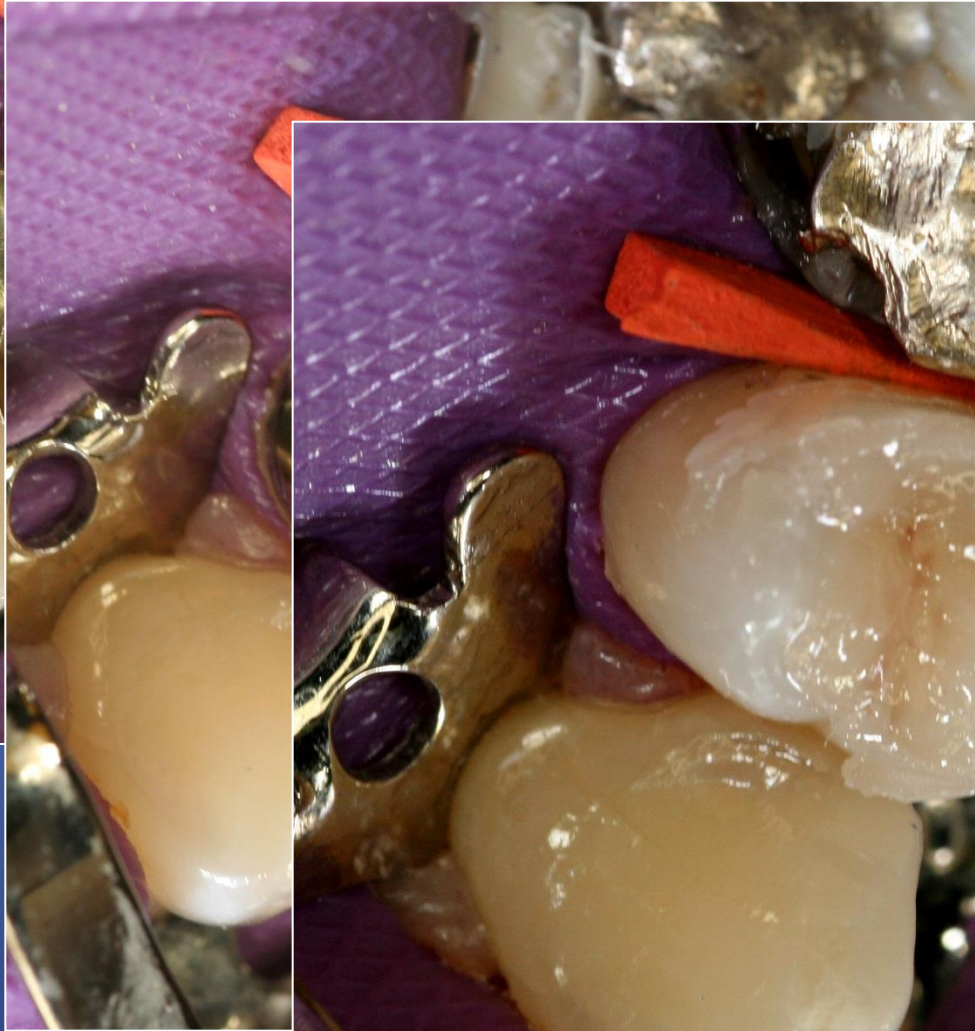




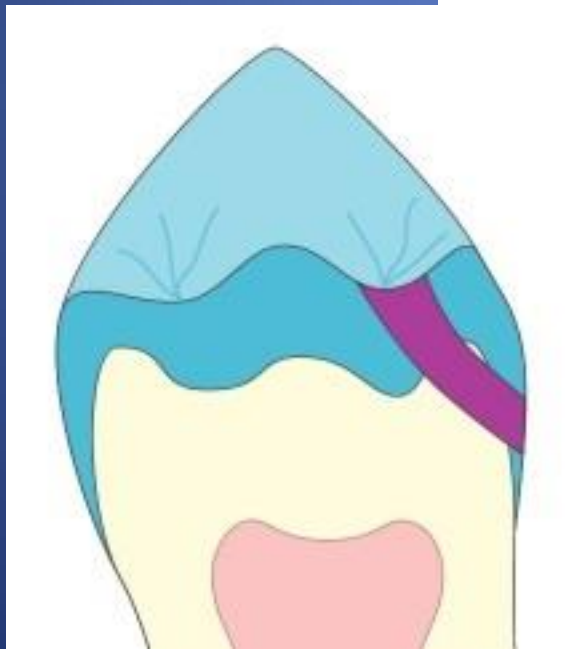
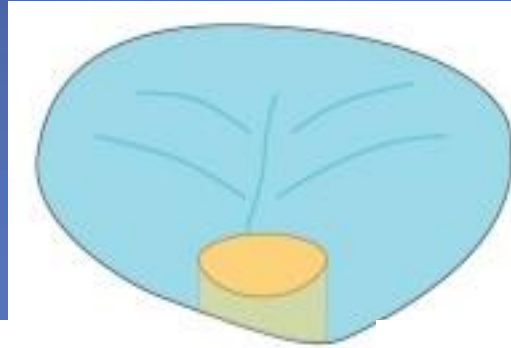






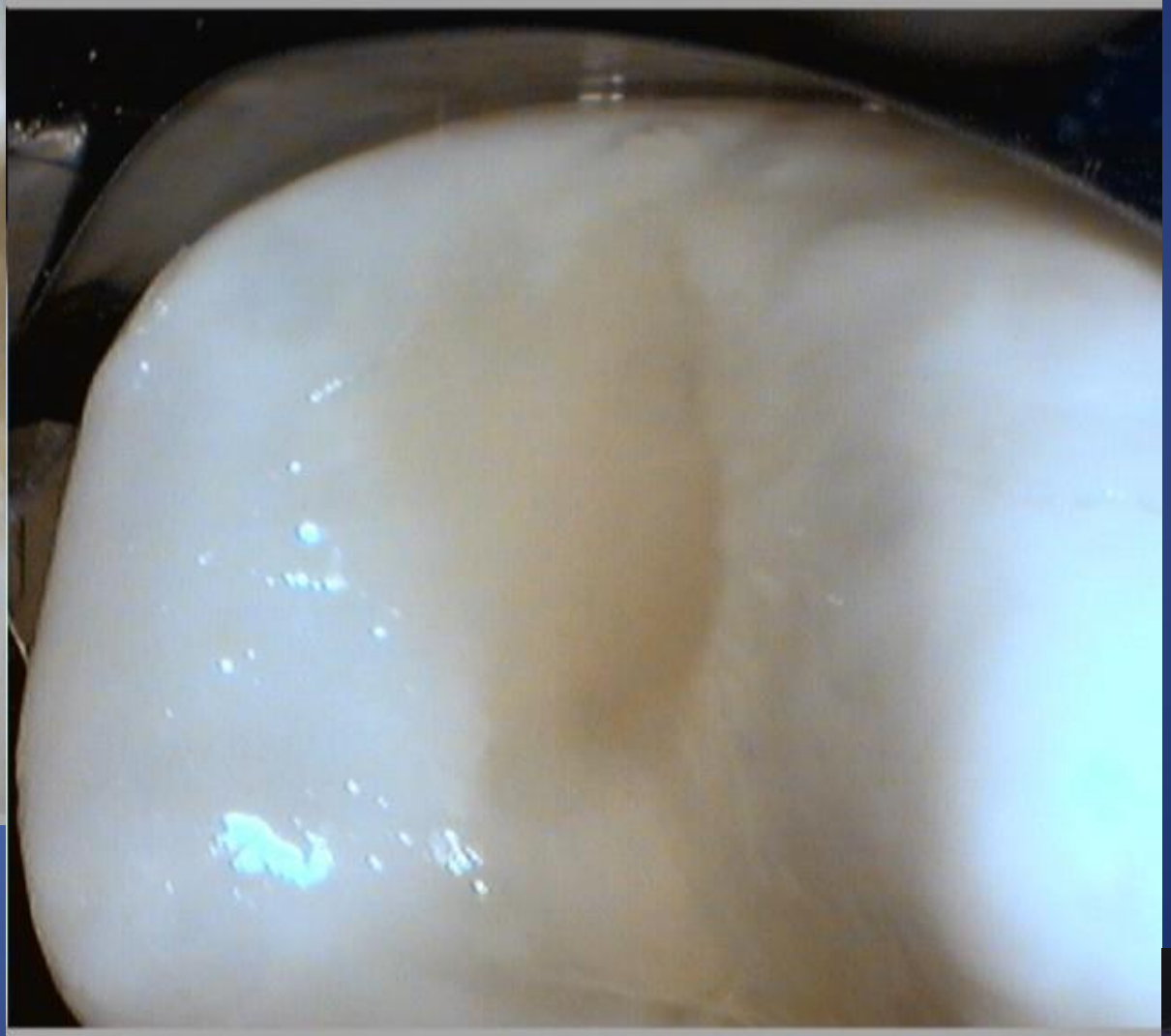


# Tunnel preparation











1. Low caries risk
2. Proximal ridge without infracture
3. Good cooperation
4. Small caries lesion



1. Magnification(Loups or microscope)
2. Miniinstruments
3. Dezinfection
4. GIC in capsules or composite
5. BW post op

# Glassionomer and class II.

- Temporary filling – first phase for the sandwich technique
- Tunnel filling (preparation)







