IN THE NAME OF GOD

PREPARATION OF ESTHETIC ONLAY RESTORATIONS

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Inlay

Onlay

Crown





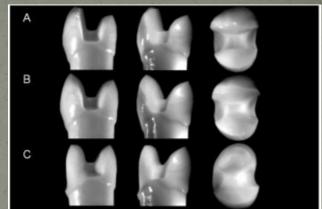


- Ceramic and resin composite inlays or onlays
- CAD/CAM and laboratory-fabricated inlays or onlays



THE SAME

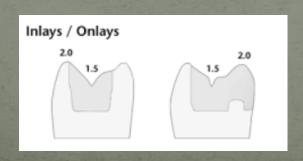
- Divergent
- (6-8 degrees in proximal boxes)

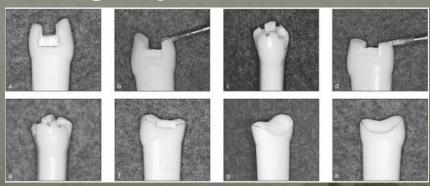


- Relatively nonretentive preparation
- Rounded internal angles and proximal boxes
- (the best fitness)
- Grooves should not be used



- Walls and floors: smooth and even
- -(not necessarily flat)
- -Smoothness plays a big role in the fitness of the CAD-CAM restorations
- Internal angles: rounded
- Occlusal reduction: uniform and of sufficient thickness
- Depth: At least 1.5 mm in the central fossa and non-functional cusps and 2.0 mm over functional cusps
- Width: At least 2 mm (faciolingually)





 Resistance and retention form for the restoration are provided primarily by adhesion to enamel and dentin



• Supragingival margin placement is desired to facilitate isolation for the adhesive cementation of the inlay or onlay



- No bevels at the occlusal or gingival margins
- A 90-degree butt joint(cavosurface):
- -minimizes the chipping problem

BUT

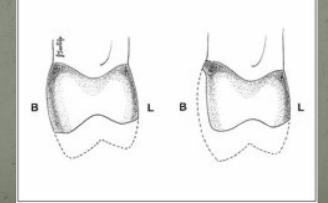


. when the esthetic blend of the restoration and the tooth is important, such as on the **facial surface of a maxillary premolar:**

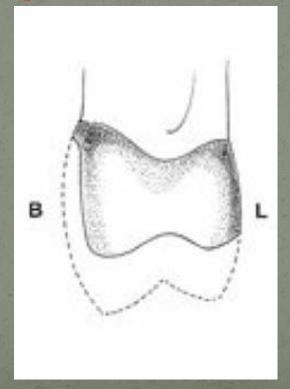
-the entire facial surface of the premolar may be included in the preparation

- The cavosurface margin is modified with a footballshaped diamond at a 45-degree angle to the cavosurface

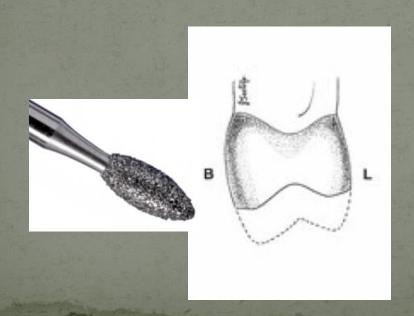
margin

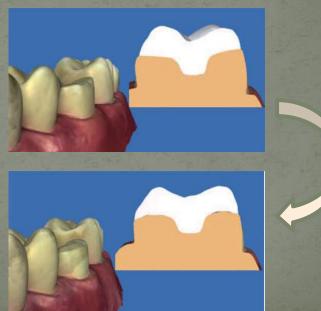


• the entire facial surface of the premolar may be included in the preparation for the best shade matching: vonlay



• A modified cavosurface margin creates a blend of porcelain to enamel shading and still maintaining a bulk of ceramic at the margin and enhances the esthetic blend of the facial margin and does not involve the entire facial surface of the tooth





Bases and liners

- The use of bases and liners is somewhat controversial.
- Glass-ionomer bases were used for dentinal protection and to base the preparation to "ideal" form. But there is no need for that.
- Therefore, glass-ionomer cement is recommended only for routine block-out of undercuts.

- Made in the usual manner with acrylic resin or resin composite
- Cemented with temporary cement.
- Eugenol-containing cement should not be used with the provisional restoration when the definitive restoration will be bonded with a resin cement

- The more retentive **polycarboxylate cement** is the temporary luting cement of choice
- To improve retention:
- -Small mechanical undercuts on the intaglio surface of the provisional restoration
- The provisional restorations can be connected
- -A local internal area of the preparation away from any margins may be "spot etched". (A finishing diamond bur to remove the area of bonding once the provisional restoration has been removed)

To provide retention and to decrease sensitivity:

-Dentin primer

-Small amount of resin-modified glass-ionomer cement liner on the pulpal floor

Only for short-term use in small preparations:

-The preparation is filled with the provisional material, and the patient is instructed to bite into maximum intercuspation to develop the occlusion.

-Excess material is removed with an explorer, and the provisional restoration is light cured.

Summary

Tooth preparation

- Select a shade prior to tooth dehydration.
- Make a stent for fabrication of a provisional restoration.
- Remove caries and any existing restorative materials.
- Preparation should be well isolated to ensure success with

the adhesive cementation technique.

Preparation should allow 2 mm of occlusal clearance for

the definitive restoration. All internal line angles should be rounded and walls divergent

occlusally. There should be no grooves or sharp angles.

 When necessary, retract gingival tissues to expose the preparation margins. Take a final impression.

7. Make a custom provisional restoration

using the stent.

Place undercuts in the intaglio surface of the provisional restoration.

8. Cement with a strong provisional cement; because the preparation has minimal resistance

form, polycarboxylate

cement is the cement of choice for luting the provisional

restoration.

Longevity of ceramic onlays: A systematic review ,J Esthet Restor Dent,2018.

• Van Dijken and Hasselrot: Endodontically treated teeth with no retention (no post or core had the greatest failure rate (37%)

• Murgueitio and: Increased leucite-reinforced ceramic onlay thickness reduced the probability of failures, and 85.7% of the fractures were for onlays with thicknesses

less than 2mm.

THANKYOU FOR YOUR ATTENTION

