Preparation of Porcelain laminate veneers

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introduction

From the initial introduction of porcelain, the use of it in porcelain-fused-to-metal (PFM) applications has achieved the most popularity.

However, this technique, or the metal used, impairs the transmission of light. If the gingival tissues are thin, the marginal soft tissues near the metal collars that have been placed subgingival may appear to be dark.



introduction

Laminate veneer is defined as:

Conservative method of restoration the appearance of discolored

,pitted or fractured anterior teeth. consists of bonding thin ceramic

laminate veneer on the labial surface of affected teeth



Advantages

- Minimal Tissue Response
- Strength
- natural fluorescence and absorb, reflect, and transmit light exactly as does the natural tooth structure
- Long-lasting results with the successful
- less invasive procedures
- Wear and stain resistance



Disadvantages

- The process is irreversible
- More costly than composite veneers
- Not suitable for patients with clenching or grinding habits
- Not repairable should they chip or crack
- Tooth may become more sensitive to hot and cold foods and beverages
- They can dislodge and fall off
- Technique sensitive



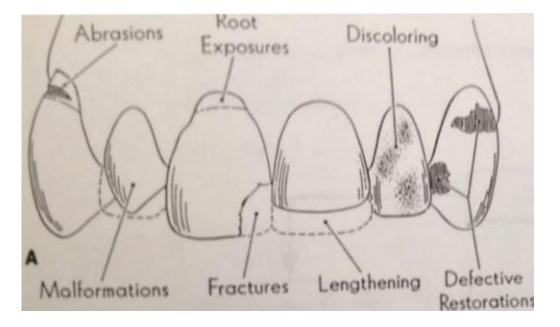
Porcelain Laminate Veneers versus Composite Veneers

The longevity of composites is questionable

- ▶ They are susceptible to discoloration, marginal fractures and wear
- The biocompatibility and nonporous surface of the porcelain that prevents plaque adherence
- excellent periodontal health

Application

- Small proximal lesions and moderate incisal chipping
- Developmental defects on the facial surface of the tooth
- Anterior teeth that have been damaged by severe staining
- Successfully used to close diastemata
- Correct misalignment,
- cover discolored or misshapen teeth



Contraindications

- Lack of marginal enamel
- High caries index and poor plaque control
- Unrealistic patient expectation
- Unresolved functional issues
- When orthodontics is the right choice
- When bleaching will work
- Multiple composite restorations
- More than 2 mm of unsupported porcelain

Contraindications











Variation in veneer preparation

1. Window preparation

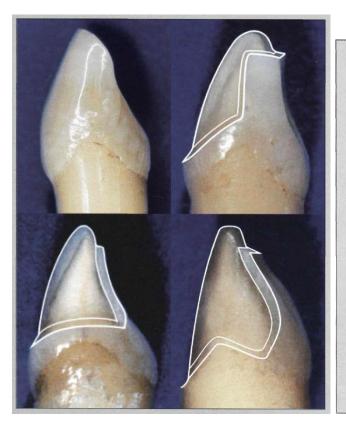


Variation in veneer preparation

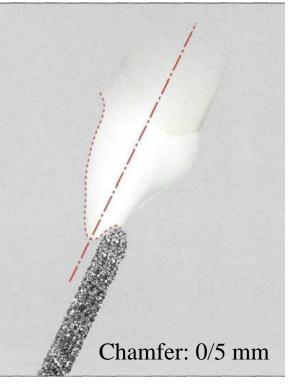




Variation in veneer preparation









Lingual wrap

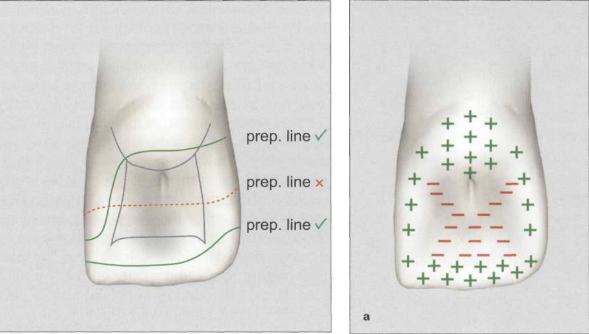
- Less than 50% of enamel remains
- Lingual tooth structure involve
- More than 2mm of unsupported ceramic
- Margins may be on dentin



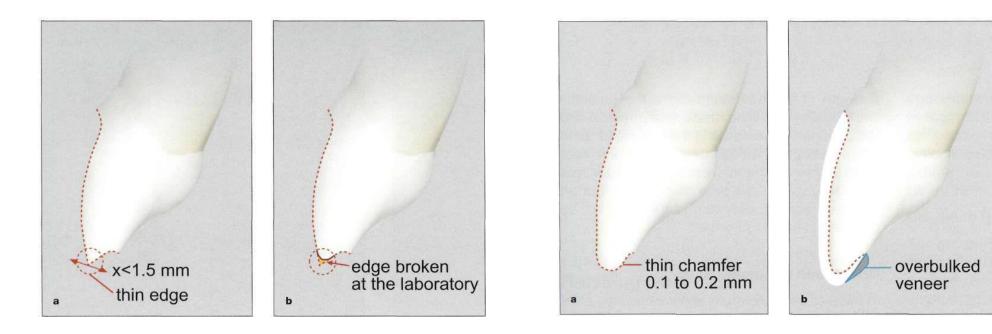
Margin Placement

The preparation lines on the lingual should not be located on the palatinal concavity. it should be placed either above the concavity or below on the smooth convex area of the cingulum so that

they will be subject to low tensile forces.



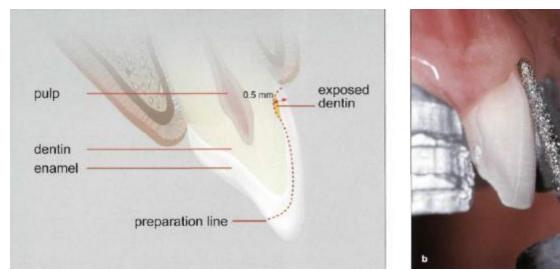
Incisal Edge



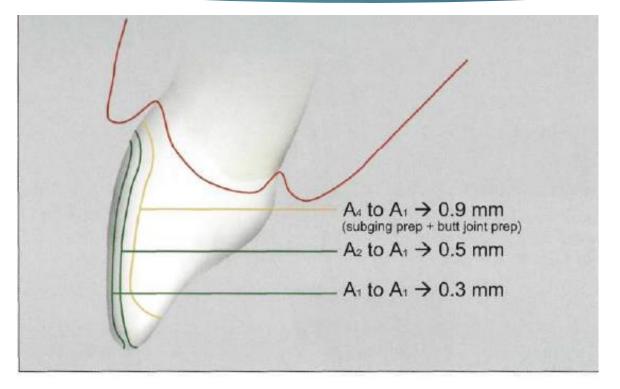
- If a very thin notch is left at the incisal edge(b) it may break at the lab.
- □ If the palatal chamfer is prepared thinner than it should be, the result is an overbulked lingual extension.

Enamel Thickness

- Enamel has different thicknesses at the gingival, middle and incisal 1/3rds of the
 - facial surface of the tooth. They can be 0.3-0.5 mm at the facial gingival third,
 - up to 0.6-1.0 mm at the middle third and 1.0-2.1 mm at the incisal third.



Enamel Thickness



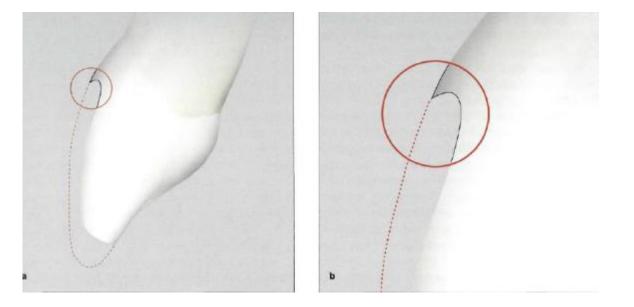
 \Box A depth of 0/2 mm is needed to change the hue of

the tooth by one shade

Enamel Thickness

▶ It is important to control the depth of the preparation in relation to the radius of

the round-ended diamond bur to avoid the formation of a reverse margin.



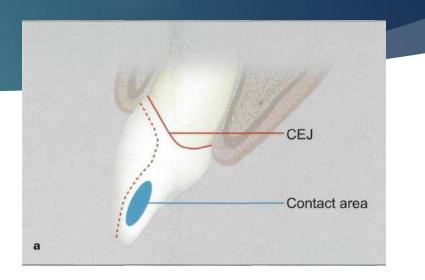
Interproximal Contact Area

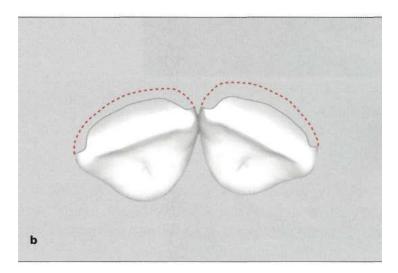
> There are numerous factors that determine how deep to

prepare the contact area. Whenever possible, it is best to

preserve the contact area, as it is an anatomical feature

that is difficult to reproduce.

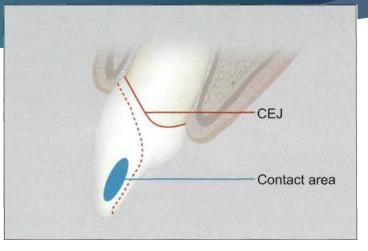


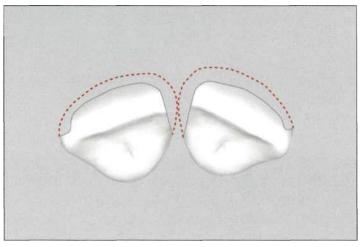


Breaking the Contact

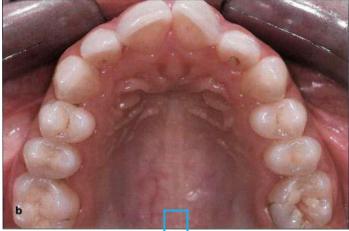
closing a diastema

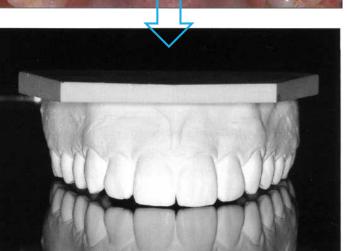
- changing the shape or position of a group of teeth
- the existence of caries or defects
- Preexisting composite fillings





Facial Contours











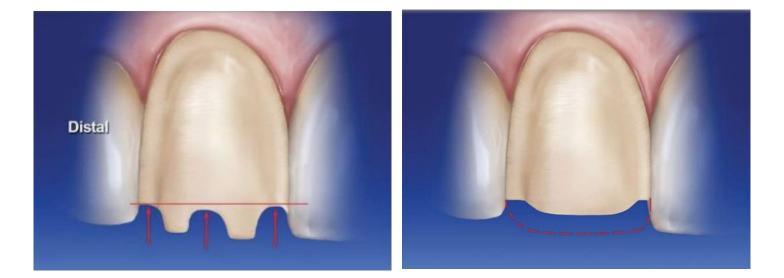


Preparation(incisal reduction)

A 2mm incisal reduction

The distal depth cut is the most gingivally positioned ,followed by the mesial and then the center depth cut





Preparation(labial reduction)



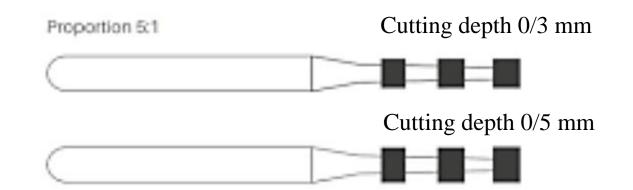


the depth cutter



▶ No 1: 0/5 mm reduction

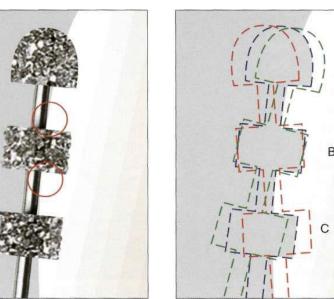
▶ No 2: 0/3 mm reduction



the depth cutter

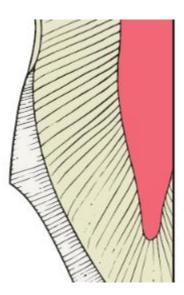
The surface after the depth cutter is used in only one angle. Note that the only true depth is gained in the area of B (middle 1/3rd, black dots). To reach the necessary depth on points A (gingival 1/3rd, green dots) and C (incisal 1/3rd, red dots), the bur should be used in three different angulations.





Labial Margin

The recommended margin (long chamfer) for facial veneers has an obtuse Cavo surface angle, and so the ends of the enamel prisms are exposed for differential etching.



Location of labial margin

- Should it terminate short of free gingival crest
- > At the level of gingival crest ?
- > Apical to gingival crest ?

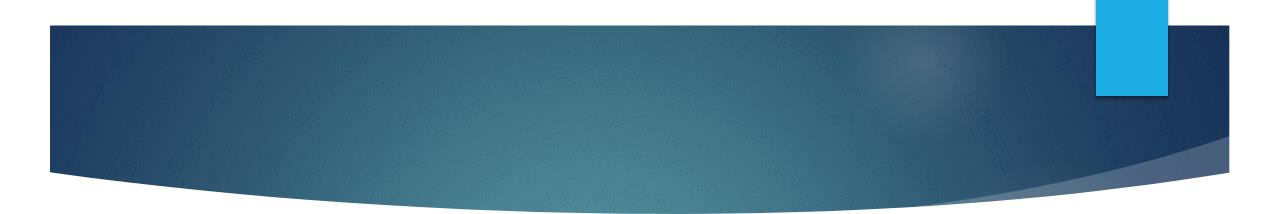
Depends on individual situation-

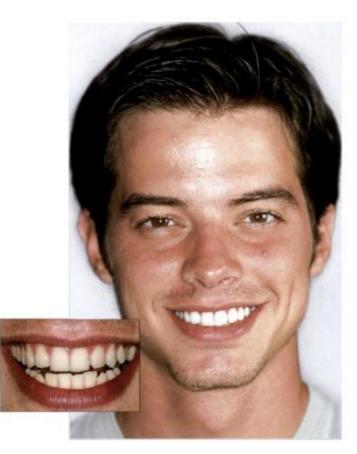
If the defect does not extended subgingivaly

- the margin should not extend subgingivaly

In case of if area is carious

defective restoration – extend subgingivaly dark discoloration

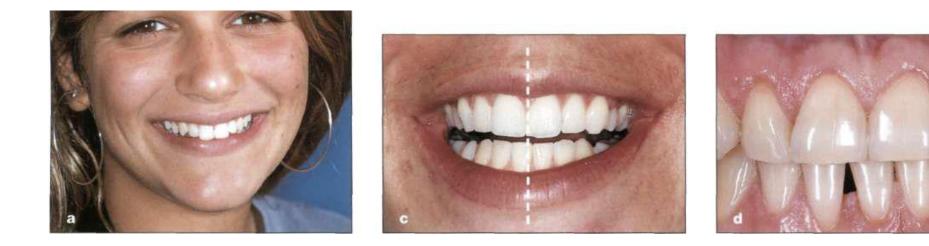




Smile Design

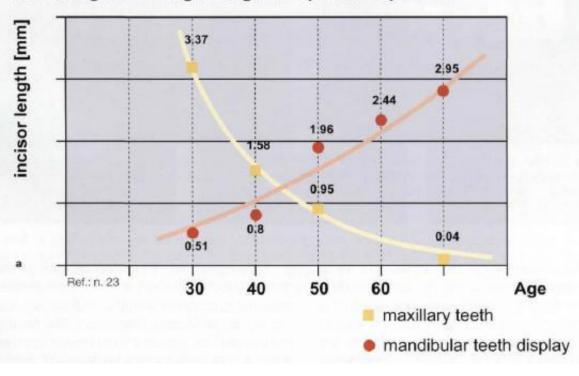
Mid-line

Slight deviations do not create visual tension nor do they affect the esthetics negatively, A high percentage of the patients (as much as 75%) have mandibular midlines that do not coincide with the maxillary.



Incisal Length

The reduced display is owing to the sagging of the upper lip, and the reduction is further increased by the incisal tooth wear. In the mandibular arch, even though some incisal wear does exist, the lower tooth display increases as the muscle tone of the lower lip decreases and sags down owing to gravity. Incisal edges showing through the lips at rest position



Gingival Levels and Harmony

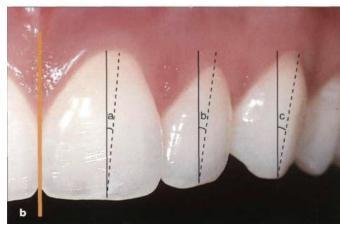


If the cause is wear the tooth may erupt towards the area of wear, bringing the gingival tissue down incisally.



The apex of the triangle (zenith point of the lateral incisor) is 0.5 to 1 mm, positioned incisally.

Tooth Axis



The tooth axis of the central incisors may be positioned slightly distally towards the apex when compared to the vertical midline

Canines and premolars follow a vertical tooth axis when viewed from the lateral aspect. However, when they are observed from the facial aspect, owing to their lingual inclinations towards the incisal edges,

Interdental Contact Areas and Points

The longest contact area is between the central incisors; the shortest contact is between the lateral

incisor and the canine, still following a pleasing pattern.

The interdental embrasure is the smallest and sharpest in the central incisors. Continuing the

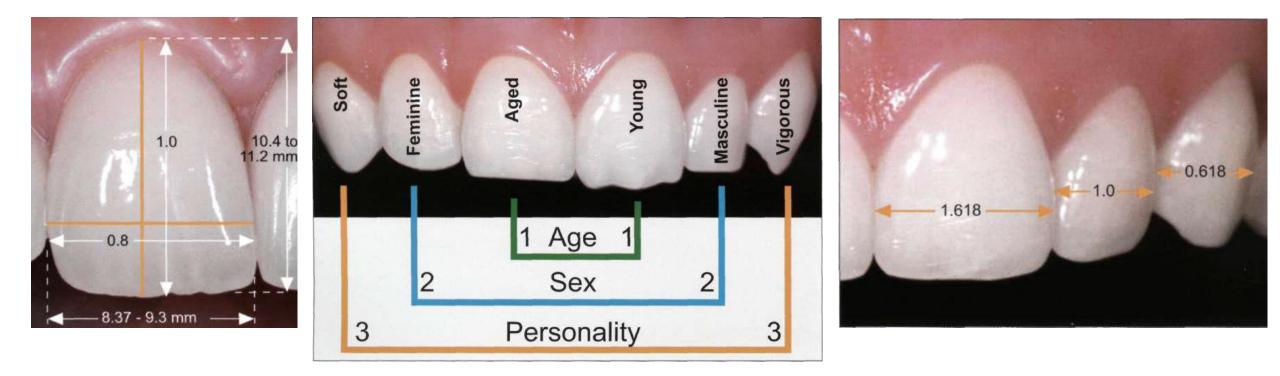
observation posteriorly, the embrasures become larger and wider.







proportion of the anterior teeth



Smile Line

In a pleasing smile, the incisal edges of the incisors follow convex curvature, which is parallel to the lower lip. (a) The lower lip in men is fairly straight (b) when compared to the female lip. That creates a smile line that is flattering in males.





