Adhesive cementation of partial veneers

By Dr Eduardo Mahn, Chile

The desire for esthetically pleasing, minimally invasive and perfectly matching anterior restorations has existed since the beginning of dentistry. Only recently, however, has it become possible to translate this desire into reality. For many years, dentists were struggling with the opacity of PFM crowns before all-ceramic crowns became available. However, these ceramic materials were not resistant enough to be suitable for less invasive indications. Finally, ceramic veneers were launched. Veneer preparations are far less invasive than crown preparations - some preparation was nonetheless still needed. In addition, the veneers had to be designed in such a way that they covered the entire buccal surface. However, given the advancements in ceramic technology and the luting composites available today, it is now possible to use partial veneers and to insert them without any difficulty. Partial veneers are ceramic veneers that only cover that part of the tooth that is missing, broken off or abraded. As a result, the tooth warrants only partial preparation or none at all.

This approach has become feasible for two reasons:

1. New ceramic materials are available. Dental technicians have now the option of layering any ceramic restoration. They can choose to use a fluorapatite ceramic material such as IPS e.max Ceram or to press the restoration from a highly translucent ingot such as the Opal or HT ingots of the IPS e.max Press range.

2. Luting composites have improved. A wide range of modern esthetic cements have become available. They are offered in several degrees of brightness to match them to the brightness of the natural teeth being restored with a veneer or partial veneer. In addition, these luting composites contain newly developed photoinitiators which improve their curing capabilities and long-term shade-stability.

The ceramic material selected for a restoration depends on the size of the defect and/or the optical effects and stability that the dentist intends to achieve. The layering technique is likely to be the first choice for teeth featuring multiple optical effects. If large partial veneers that do not warrant special effects but include the entire incisal edge are required, a high-strength ceramic such as lithium disilicate is a likely choice.

When it comes to selecting a luting material for veneers and partial restorations, Variolink Veneer from Ivoclar Vivadent is bound to be the first choice for many dentists. Not long ago, the successor product, Variolink Esthetic, has been launched. This luting material is available in...
The final cement was removed using a scalpel light curing, any remaining excess water spray, as shown in Fig. 16. After prudent to cool the teeth with damage to the pulp. It is there-
up, there is a potential risk for caus-
result in a considerable heat build-
light intensity of 1,100 mW/cm² may
for this length of time cured for 30 seconds (Fig. 16). Since
lights as each side had to be light
ed simultaneously from both sides
14). The veneers were first illuminat-
cess cement was carefully removed
they were seated (Figs 12 and 13). Ex-
11). Variolink Esthetic LC “Warm” was
plied to the partial veneers before
10 seconds (Figs 10 and
Universal was rubbed in and allowed
going with water (Fig. 9). Then, Adhese
ondons (Figs 7 and 8), followed by rins-
6). The enamel was etched for 20
was placed between the teeth (Fig.
The enamel was etched for 20
seconds and the dentin for 10 sec-
(Figs 7 and 8), followed by mix-
ing with water (Fig. 9). Then, Adhesive
Universal was rubbed in and allowed
to react for 10 seconds (Figs 10 and
Variolink Esthetic LC “Warm” was
plied to the partial veneers before
were seated (Figs 12 and 13). Ex-
cess cement was carefully removed
with a brush before light curing (Fig. 14).
The veneers were first illuminat-
ed simultaneously from both sides
for five seconds using two Bluephase
Style lights whilst cooling the
Fig. 16: Final light curing with two
Bluephase Style lights whilst cooling the
tooth with water spray
Fig. 15: Light curing for 5 seconds from
both side
Fig. 17: Excess removal using a scalpel
(Bladeno. 12)
Fig. 18: Postoperative view
Fig. 19: Close-up of the final result after
four weeks

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