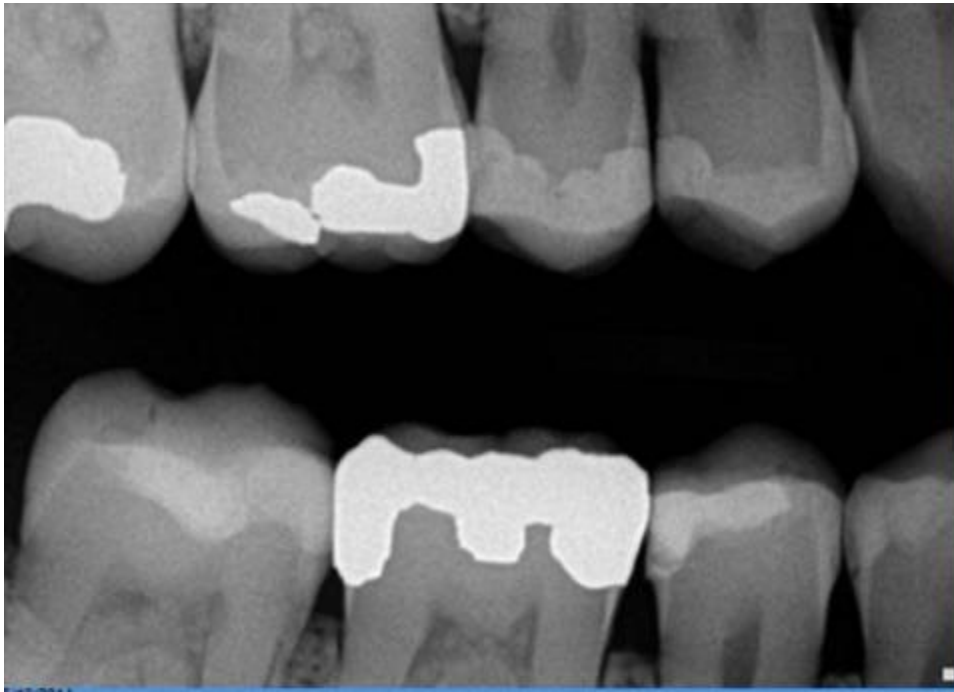


# Class II Restorations- By Cory Glenn, DDS

## Introduction:

I've had a few people ask me this week about class II restorations so I took a ton of pics this morning to help show them what I do. First things first, this is mostly all of John Kanca and Jason Smithson's techniques.



Recurrent decay under 4 and 5.





The most important tool in the toolbox for doing these well and without stress. I have an isolight and it's great but the sound drives me bananas.....so does the assistant's suction if I tried to cotton roll isolate this. Once you learn to use the dam, it adds maybe 2 minutes but you make it up in time savings and stress reduction for all the remaining steps. Make a note of the clamp because I modify it.



I chopped off the front wings to allow better access for the wedge and matrix. The clamp is placed first and then the dam stretched over the clamp. Pre-lubricate (KY) the back of the dam to help things go interproximal easier.



Dam inverted with flat ended instrument and assistant's air spray



I place my wave wedges before I start prepping. This keeps me from prepping into the dam material and grabbing it, protects and compresses the gingiva, and keeps me from dropping a hole in my box should I get heavy handed. It also gives you a clear visual of when you've broken contact



Initial preps and caries dye



Rinsed



The caries dye will also stain any plaque near the proximal margins. I'll take my flame finishing bur and rough this area up too to remove it.....can't bond to plaque



Trying to show the bevel of the occlusal surface. I find it makes for less chance of white lines and is easier to blend in the composite



Remove one wedge and place your matrix- this is a small. You want to choose the appropriate height so that it is exactly even with the adjacent marginal ridge. Replace the same wedge to stabilize the matrix. Re lube with KY before inserting



Side view. If you don't place these at the appropriate height, you are guaranteed to make your proximal too tall and you'll lose the advantage of that rounded profile that the band provides



I've never had success trying to do multiple teeth at once and it really doesn't save any time over a one at a time approach. take about 2-3 inches of teflon plumbers tape and pack it in to the adjacent prep. This will protect the neighboring tooth from your excess etch and bondo but the bigger advantage is that it will stabilize your sectional matrix. Without it, when you compress composite in the box, your matrix will flex out and give you a poor proximal contour



Clean and Boost to clean the prep of handpiece oil, Surpass bonding agent, Titan Flow, Filtek supreme ultra (when is the new composite coming Kanca? ; )



After cleaning, Surpass 1,2,3 placed and then a thin layer of titan flowable in the boxes. These are co-cured together



Only now do I place the ring and only on the distal where I need a tight contact.....no need for one on the mesial yet





build the proximal walls first and then you can remove the ring and concentrate on your anatomy



Immediately after matrix/ring removal



Incremental buildup of the occlusal surface. Make the anatomy deep! I felt I was making it pretty deep and still ended up adjusting away some of it at the end



#4 completed.....onto #5



Teflon removed and matrices placed.....I re-used the teflon to pack between the wedges and keep the matrices adapted closer to the tooth



clean and boost, surpass, titan co-cured and then ring placed. Build one proximal wall at time. I did the mesial and then put the ring on the distal and built it.



Immediately after matrix removal. You'll still have flash to clean up.



Flash removed with dam still on using medium grit flame finishing diamond



Bite check. Ideally with anatomic buildup you would have no adjustment to make.....I'm still working on that part. I still tend to overbuild



Final. Lost some anatomy.....oh well.



Final BW

**Case by:**

Nathan Cory Glenn, DDS