

SIMPLE, QUICK AND AESTHETICALLY PLEASING

Written by Peter Buchan



Peter Buchan from No9 Dental Practice, West Lothian, highlights his experiences with Tokuyama's special shadeless Omnichroma composite

When I was introduced to Tokuyama's unique shadeless Omnichroma composite by my local Trycare representative, Gillien Duncan, I was curious to see if this could work. I didn't believe the claims that one completely shadeless material could mimic all the myriad of shades found in teeth.

However, I was keen to see how it would handle in my hands and wondered if it would be a good enough material to use in my Practice. So, I decided to buy a pack and find out.

I decided to have a go on an extracted tooth and the results persuaded me to go "live" on my first patient. In the following series of case studies you will see the results of my first four cases.

CASE ONE

This was a 24-year-old female patient requiring small incisal build-ups on teeth UL1 and UL2. There was nothing of note in the Medical History and the periapical radiograph showed good bone, some existing intact restorations and no evidence of caries.

Before photographs were taken, using polarised photography in order to remove the surface reflection and aid

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Peter Buchan graduated in 1993, then spent a short time working in hospital where he gained his FDS from Edinburgh Royal College. He moved to general practice and bought his own practice in 2002, gradually increased to solely private work while training in cosmetic, restorative and implant dentistry. He received BACD accreditation in 2016 and RCS(Ed) Implant Diploma 2019. He has remained passionate about all areas of cosmetic dentistry and applying these skills to his implant work. His practice has grown to look after patients better, investing in digital X-rays back in 2002, CEREC in 2009 and CBCT in 2017. He regularly revisits his composite skills and looks at the latest materials to keep improving.



Figure 1: Initial situation labial view



Figure 2: Initial situation right view



Figure 3: Initial situation left view



Figure 4: Initial situation viewed with polarising light



Figure 5: Shade evaluation with polarising light

CASE STUDY 1

bur. The enamel was then acid-etched and Tokuyama Bond Force II applied. Tokuyama Bond Force II is a one bottle adhesive which only requires one single application. It can be used on both cut and uncut enamel and dentine. You can choose to use it using either a self-etch or selective enamel-etch technique. I prefer to use the selective enamel-etch technique. It gives an extended five minutes working time and only requires 10 seconds to light cure.

The Omnichroma restoration was then built up freehand, no palatal stent was required on this occasion, and then the Omnichroma was light cured for 20 seconds. Immediately upon

proper shade evaluation. Estelite shade OA2, Estelite A2 and Omnichroma were compared to evaluate which shade would match best. The Omnichroma was selected.

Because it was a minimal restoration, in enamel only, no local anaesthetic was required. The margins were bevelled with a red flame diamond high speed

CASE STUDY 1 CONTINUED



Figure 6: Initial situation close up



Figure 7: After edges bevelled



Figure 8: Acid etching the incisal edges



Figure 9: Building up the palatal surface with Omnicroma Blocker



Figure 10: Building up the labial surface with Omnicroma



Figure 11: Initial restoration pre polished labial view



Figure 12: Initial restoration pre polish right view



Figure 13: Initial restoration pre polish left view



Figure 14: Final restoration labial view



Figure 15: Final restoration with a contrastor



Figure 16: Close up with contrastor



Figure 17: Oblique view with contrastor

light-curing the previously opaque material transformed into a translucent restoration which seamlessly merged with the surrounding teeth and disappeared like magic. The occlusion was checked, smoothed and then a final high lustre polish created using a Dentsply Enhance polishing disc then Cosmedent flexi mini disc kit.

The patient was shown the final restoration and departed extremely happy with the final result.

CASE TWO

This was a 23-year-old male patient who had lost a distal restoration from his upper right central incisor and needed a quick replacement with very little time available. The tooth was caries-free and consequently no local anaesthesia was required. The margins of the restoration were bevelled using the high-speed turbine and a red flame diamond bur.

Polarised photography was used

to check the value or brightness of the material.

The enamel was then acid-etched and Tokuyama Bond Force II applied. The Omnicroma restoration was then built up freehand using Omnicroma Blocker on the palatal surface, this was light-cured for 20 seconds and then the labial surface built up using regular Omnicroma. An oxygen inhibition gel was then applied and then the Omnicroma was light-cured for 20 seconds. The occlusion

CASE STUDY 2

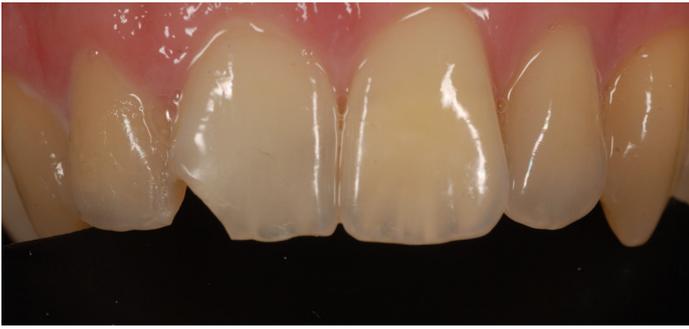


Figure 1 of case study 2: Initial presentation



Figure 2 of case study 2: Restoration viewed under polarising light

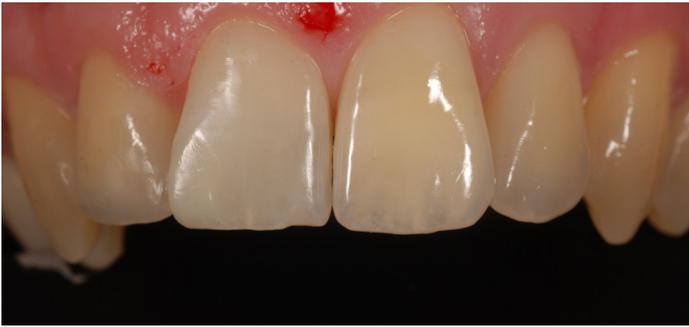


Figure 3 of case study 2: After final buildup



Figure 4 of case study 2: Final restoration after polishing

was checked, the excess removed, the restoration smoothed and then polished to a final high lustre polish using the high-speed turbine and slow speed handpiece.

The patient was shown the final result and was delighted.

CASE THREE

This was a 27-year-old female patient with an unsightly mesial incisal composite on her upper left central incisor with associated wear. There was nothing of note in the medical history.

Articaine local anaesthetic was administered and the occlusion checked. The deficient restoration was removed using the high-speed turbine leaving a caries-free preparation. The enamel was then acid-etched and Tokuyama Bond Force II applied. The restoration was then

built up freehand using Omnichroma and Omnichroma Blocker. The occlusion was checked and then the restoration smoothed and polished.

The patient left the practice very happy.

CASE FOUR

This was a 65-year-old female patient with a fractured mesial incisal composite on her upper right lateral incisor. The patient was complaining of a “broken front filling”. The medical history was updated.

On examination the mesial incisal restoration on the upper right lateral incisor was broken and required replacement. The patient was happy to proceed there and then. A lignocaine 1:80000 infiltration local anaesthetic was administered and the occlusion checked.

The deficient restoration was removed using the high-speed turbine and the margins of the preparation bevelled. The preparation was caries-free. The enamel was then acid-etched and Tokuyama Bond Force II applied. The restoration was then built up freehand using Omnichroma and Estelite shade OPA3. The occlusion was checked and then the restoration smoothed and polished.

The patient was shown the final result and was delighted.

CONCLUSION

Since starting with Omnichroma I have been very impressed with the results. In particular I enjoy the handling characteristics, the surface polishability and the way that it seamlessly blends in with the surrounding teeth to provide a

CASE STUDY 3



Figure 1 of case study 3: Initial presentation



Figure 2 of case study 3: Initial situation with Omnichroma blobs on incisal edge



Figure 3 of case study 3: Final restoration

CASE STUDY 4



Figure 1 of case study 4: Initial presentation labial view



Figure 2 of case study 4: Initial presentation side view



Figure 3 of case study 4: Final restoration labial view



Figure 4 of case study 4: Final restoration side view

very harmonious restoration without the complexity of layering techniques.

Omnichroma comes in two varieties. Regular which has a natural translucency built into it, which only becomes apparent

when it is light cured, and an opaque Blocker which is designed to mask over dark stains or for use on incisal edges and so on, where you do not want the dark shadow of the mouth to affect to otherwise superb

aesthetic result of Omnichroma. In my experience, I use the Blocker in about one in four restorations.

I've been delighted with the aesthetic results I can achieve with Omnichroma and it definitely has a role to play in my practice, particularly when I am matching a tooth which does not have a complicated colour range and structure which would require a layering technique. In a large number of cases Omnichroma can provide a highly aesthetic result. ●

MORE INFORMATION

All the products mentioned in this article are available from Trycare. For more information about any of these products, including Omnichroma, contact your local Trycare representative.

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