

3. PRIMARY RETENTION FORM

Def: is that form, shape and configuration of the tooth preparation that resists the displacement or removal of restoration from the preparation under lifting and tipping masticatory forces.

*Resistance form, resists fracture

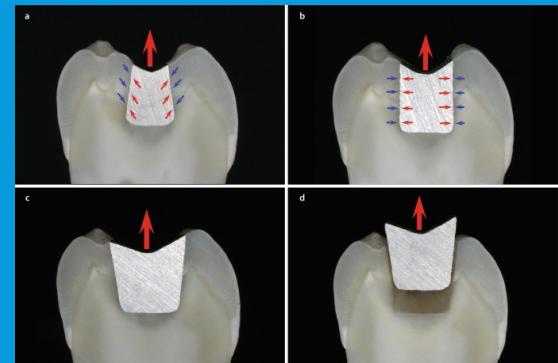
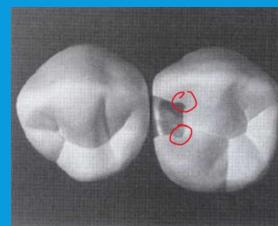
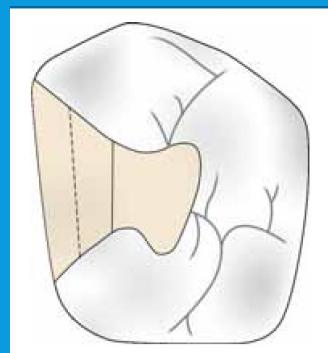
*Convenience form, Accessable form

RETENTION MECHANISMS:

Amalgam: Retention is increased in amalgam restoration by the following:

- **occlusal convergence** of the buccal and lingual walls towards the tooth surface.
- Conserving the marginal ridges
- Providing occlusal dovetail(class II) .

– Or grooves if it was box only

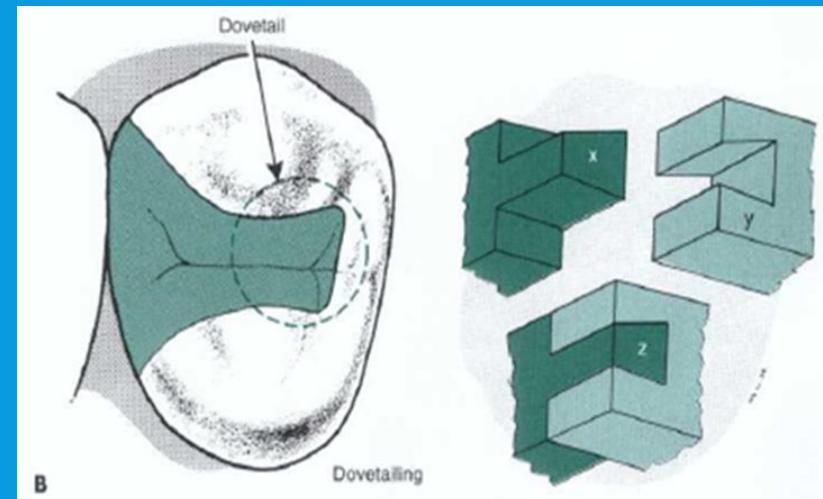
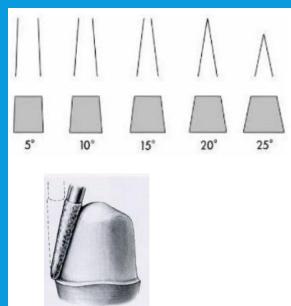


RETENTION MECHANISM



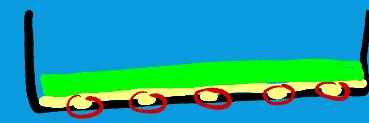
Cast metals:

- Close parallelism of the opposing walls with slight occlusal divergence of 2°-5°



Composites: In composites, retention is increased by:

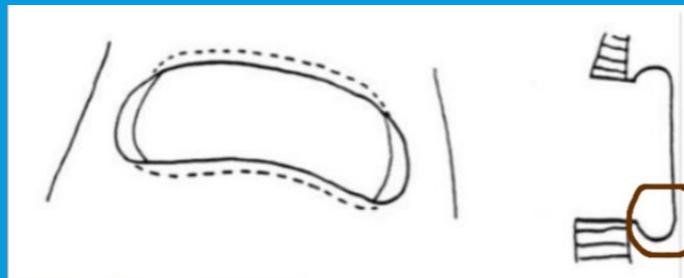
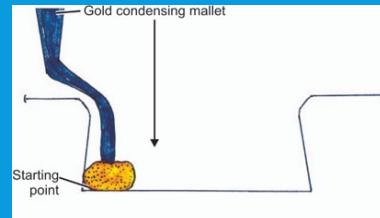
- Micromechanical bonding between the etched and primed prepared tooth structure and the composite resin.



Roughning of surface by diamond increase retention.

In class V in root retention groove axiogingivally give primary retention.

- Direct filling gold: Elastic compression of dentin and starting point in dentin provide retention in direct gold fillings by proper condensation.



4. OBTAIN THE REQUIRED CONVENIENCE FORM

Convenience Form

Definition: The convenience form is that form which facilitates and provides adequate visibility, accessibility and ease of operation during preparation and restoration of the tooth.

FEATURES OF CONVENIENCE FORM

- Sufficient extension of distal, mesial, facial or lingual walls to gain adequate access to the **deeper portion** of the preparation.
- Cavosurface margin of the preparation should be related to the selected restorative material for the purpose of convenience and marginal adaptation.

FEATURES OF CONVENIENCE FORM

- In class II preparations, access is made through occlusal surface for convenience form.
- Proximal clearance is provided from the adjoining tooth during class II tooth preparation.



FEATURES OF CONVENIENCE FORM

To make Class II tunnel preparation, for convenience, the proximal caries in posterior teeth is approached through a

tunnel initiating from the occlusal surface and ending on carious lesion on the proximal surface without cutting the
marginal ridge.

- for cast gold restorations occlusal

divergence is one of the features of convenience form.

5- REMOVAL OF REMAINING CARIES :

Hand method

spoon excavator removes soft infected dentin.

Sharp excavator from periphery toward the center with light force

Rotary method

low speed, for more control

Use round carbide bur with light pressure and intermittent strokes.

Moderate cavity extend to firm dentin.

not soft, check by the spoon.

Infected and affected dentine

- Demineralized
- Decolagenated
- high load of bacteria

- you can't leave it

Spots in the floor

ADJ

- Healthy collagen fiber
- just demineralized
- not invaded by bacteria (not contaminated)
- you can leave it.

ADVANCED LESION

- 1- the pulpal and axial caries removal should extend to approximately 1 mm from the pulp with the recognition that dentin in this deep region may still be soft (soft dentin) to tactile sense.
- 2- Carious dentin in more peripheral areas is removed until the dentin is firm

5-REMOVAL OF OLD RESTORATION:

Old restorative material should be removed if:

*(1) may negatively affect the **esthetic***

(old amalgam material left under a new composite),

*(2) radiographic evidence indicates **caries** lesion under the old material*

— you can't follow 1.5 rule -

*recurrent
caries*

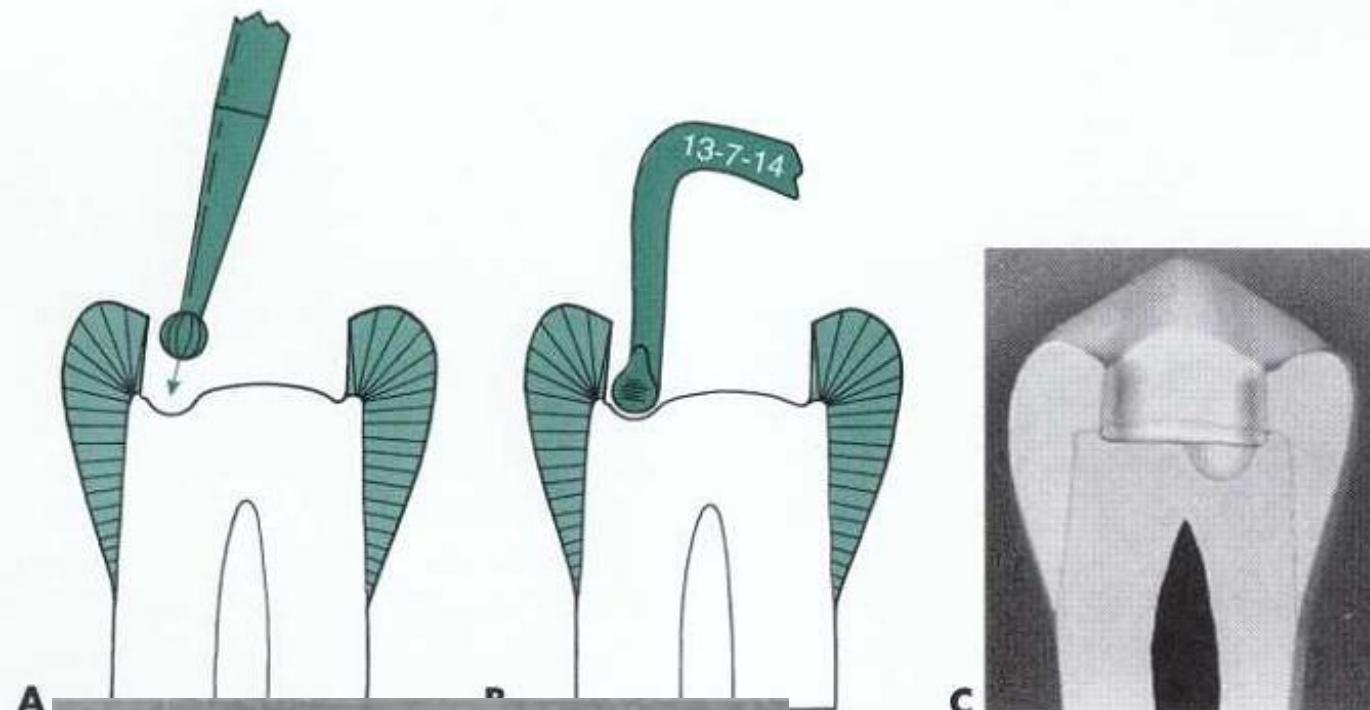
REMOVAL OF REMAINING OLD RESTORATION

*(3) the tooth pulp was **symptomatic** preoperatively, (4) the dentin along the periphery of the old restorative material is **soft***

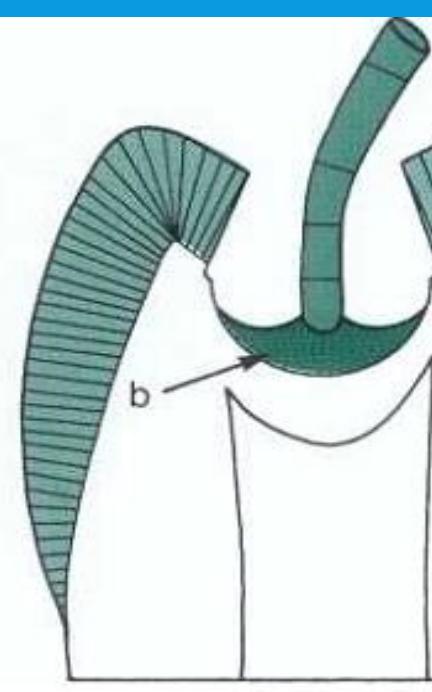
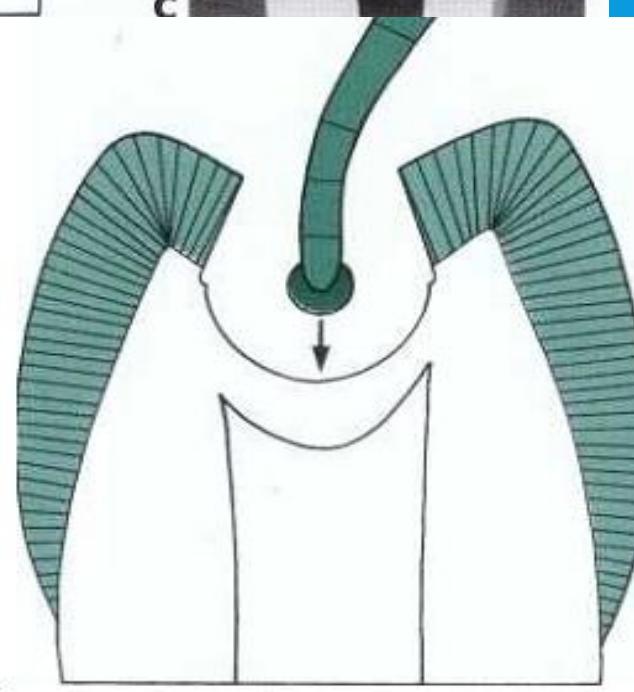
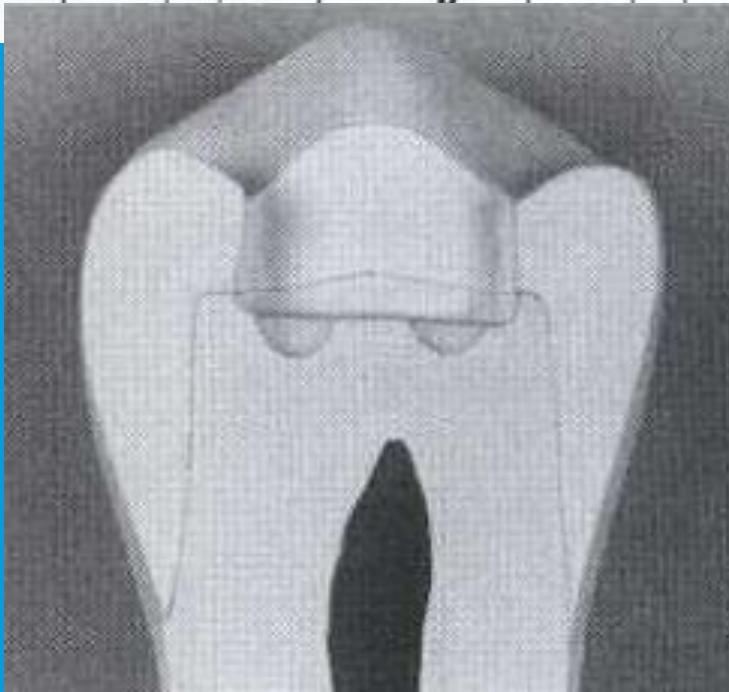
*(5) **retention** of the existing material is compromised*

and the material

- If **none** of these conditions is present, it is
- acceptable to **leave** the remaining old restoration to serve as a **base**, rather than risk unnecessary excavation in close **proximity** to pulp



Flat floor
=
Resistance form
How ?!



6- PULP PROTECTION

Deep dentin is very porous and thin. provides little protection from

- (1) heat generated by rotary instruments
- (2) noxious ingredients of restorative materials, (3) thermal changes
- (4) forces transmitted through materials to the dentin,
- (5) galvanic shock
- (6) the ingress of bacteria

- So you need at least 2 mm of healthy tissue at the interface

- check the space through X-Ray

BASES AND LINERS

: Substitute healthy dentin-

- Thick layer 1-2 mm applied along the cavity to provide mechanical support
- Thin layer at deepest point of the cavity, gives chemical protection

irritant material if it was close to the pulp < 0.5 mm

Sedative

Provides biological approach of protection: ↓

- Stimulate 2nd dentin production

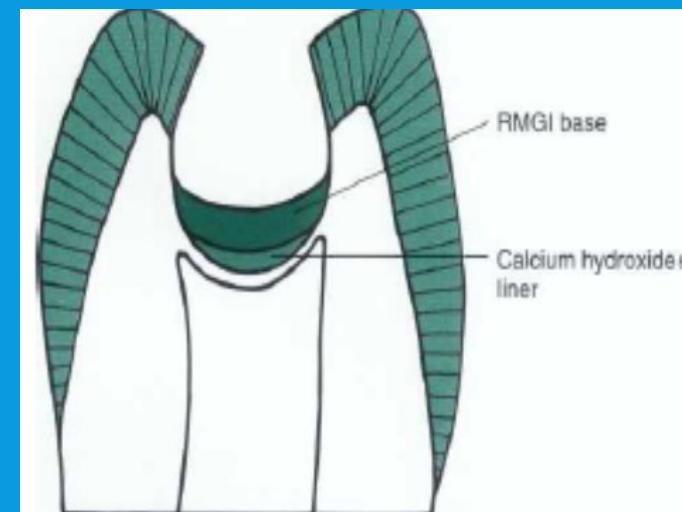
<Dentin bridging>

- Suspensions or dispersions of zinc oxide, calcium hydroxide, (RMGI) that are applied to the deep tooth surface as a protective barrier. referred to as Best recent liner material → Calcium silicate based <MTA, Bioceram>
- liners when used in a relatively thin film. the term base is used to describe the materials, used in thicker dimensions, beneath permanent restorations to provide for mechanical, chemical, and thermal protection
 - Prevent force of condensation applied on amalgam
 - cushioning effect during masticatory forces.

- Amalgam
- Composite

BASES AND LINERS

- bases include zinc phosphate, zinc oxide–eugenol, polycarboxylate, RMGI). Generally, it is desirable to have approximately a **2-mm** dimension of bulk between the pulp and a metallic restorative material.
- this bulk may include
- remaining dentin, liner, or base.



BASES AND LINERS

If the removal of soft dentin does not extend deeper than 1 to 2 mm from the initially prepared pulpal or axial wall, usually no liner is indicated.

- If the excavation extends to within 0.5 mm *not ZOE*
- of the pulp, a liner usually is selected to cover the deepest area of the dentin. (CaOH_2)
- liner may be effective to stimulate reoperative dentin.



CaOH₂

Base

- CaOH₂ liners must always be covered with a RMGI when used under amalgam restorations to prevent dissolution of the liner over time.
- In addition, CaOH₂ liners should be covered by a RMGI to protect liner from dissolution by acid etch

Amalgam

Composite

Additional

SECONDARY RESISTANCE AND RETENTION FORM

two types:

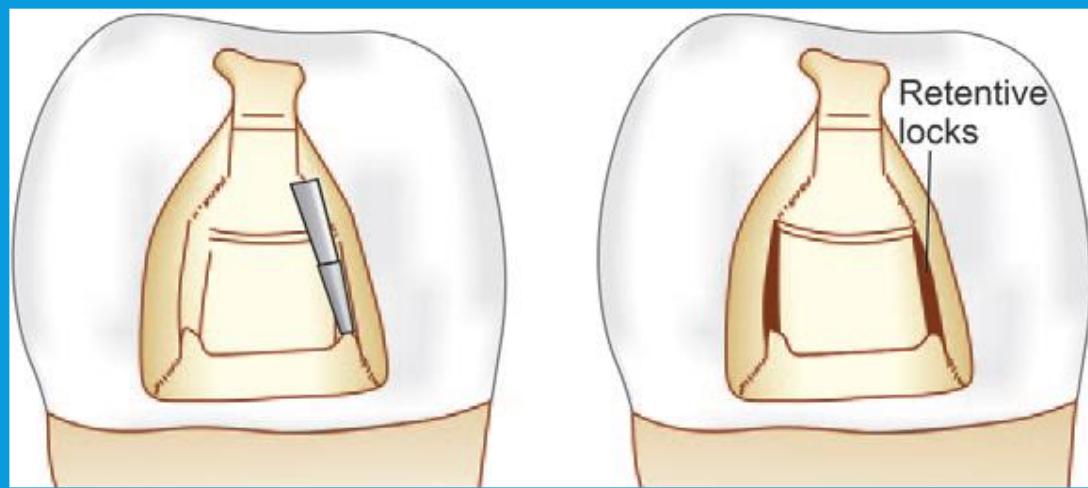
- (1) mechanical preparation features *Amalgam*
- (2) treatments of the preparation walls with etching, priming, and adhesive *Composite*

Materials

(not considered step of preparation).

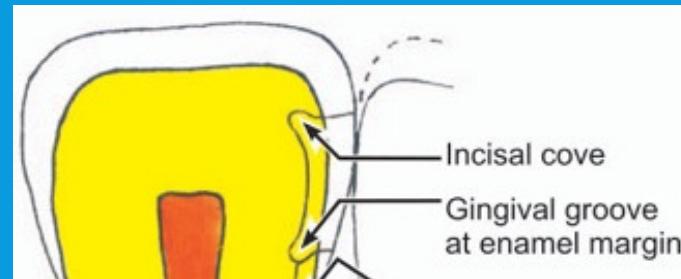
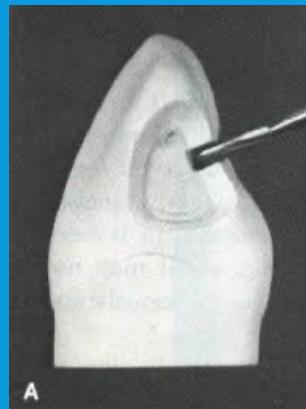
RETENTION GROOVES AND COVES.

- Vertically oriented grooves(locks): of the facial and lingual aspects of a proximal preparation are used to provide additional retention for **wide faciolingual proximal boxes** in **Class II** amalgam restorations.
- Horizontally oriented grooves: prepared in most Class **III** and **V** for amalgam and in some root-surface tooth preparations for amalgam and composite resin.
(Slots)



COVES

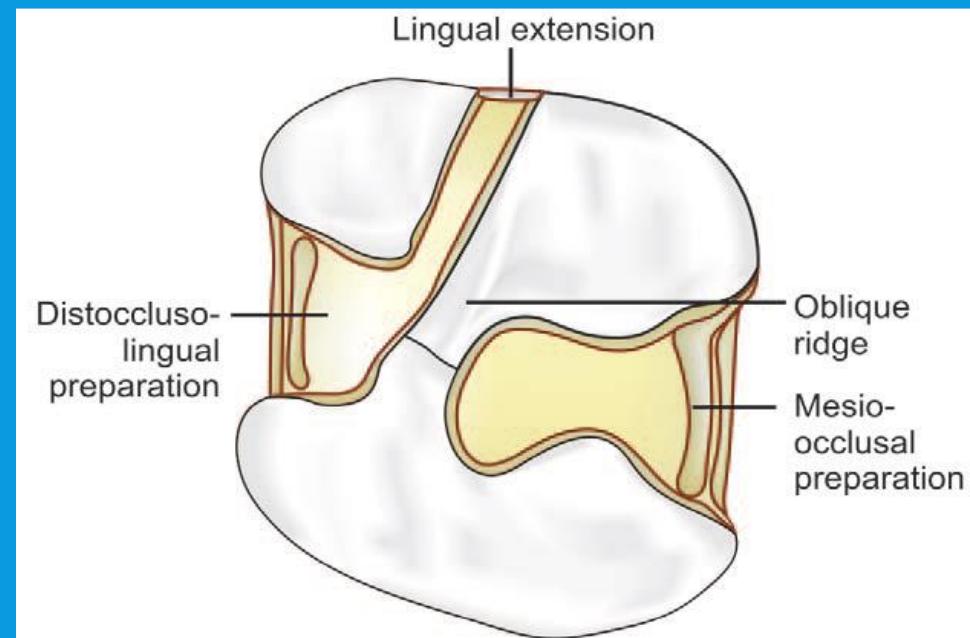
Small **retentive indentations**, referred to as “**coves**,” are utilized for retention in the incisal point angles of **Class III amalgams**.



PREPARATION EXTENSIONS

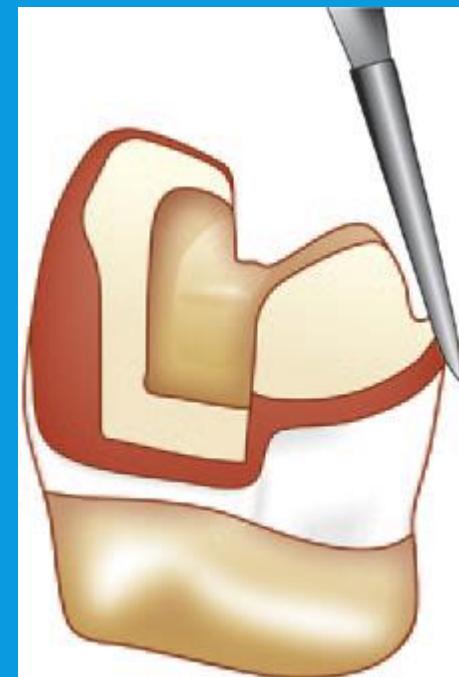
Additional retention of the **cast**

materials may be obtained by arbitrarily extending the preparation for molars onto the facial or lingual surface to include a **facial or lingual groove**



SKIRTS

Skirts are preparation features used in cast gold restorations that extend the preparation around some, if not all, of the line angles of the tooth.



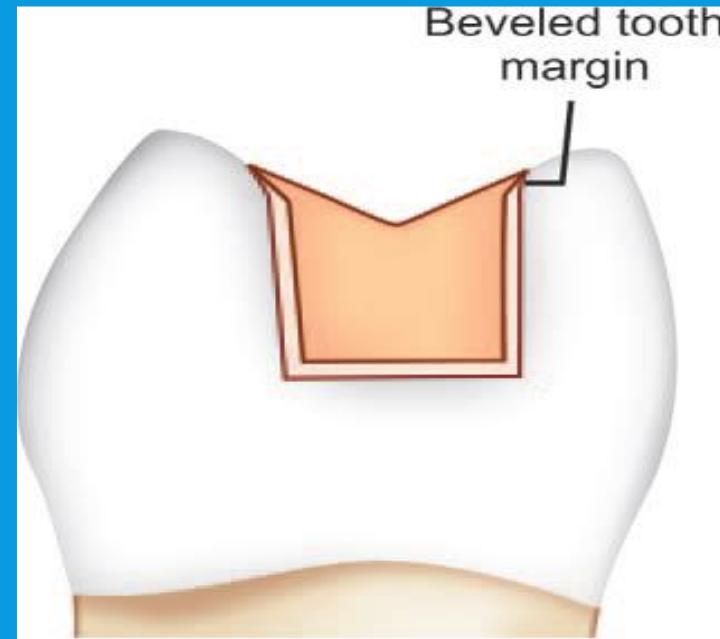
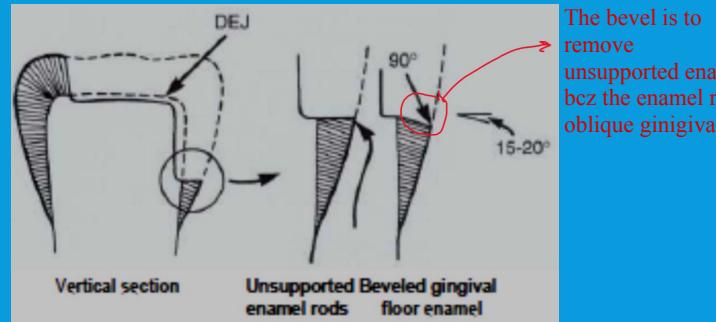
BEVELED ENAMEL MARGIN

Some **cast-metal** and **composite** preparations include beveled margin. the **bevels for cast-metal** restorations are used primarily to afford a **better junctional relationship**

Between the metal

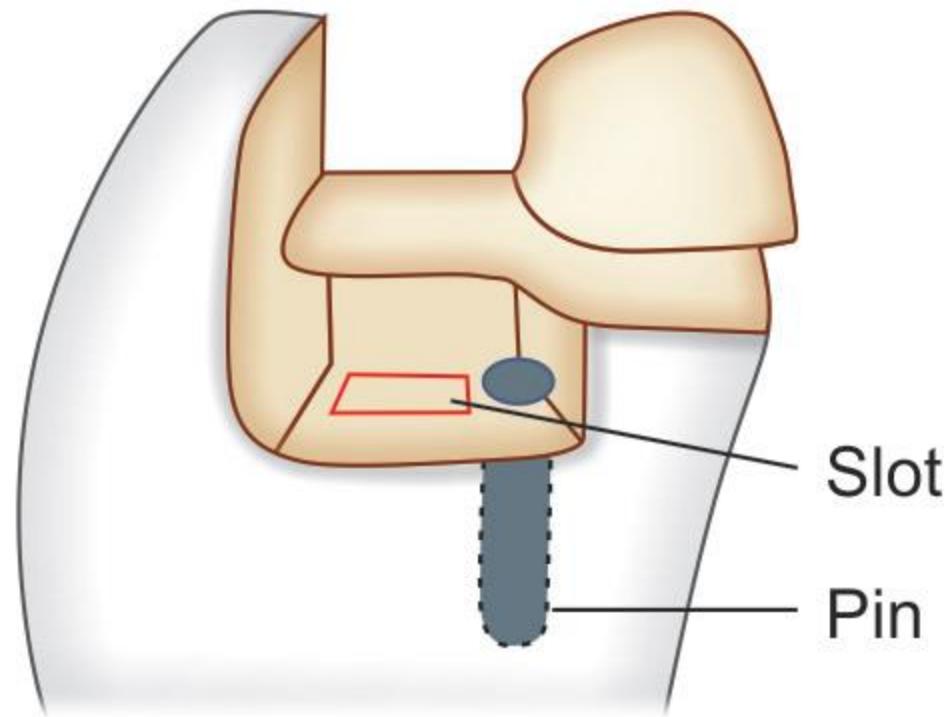
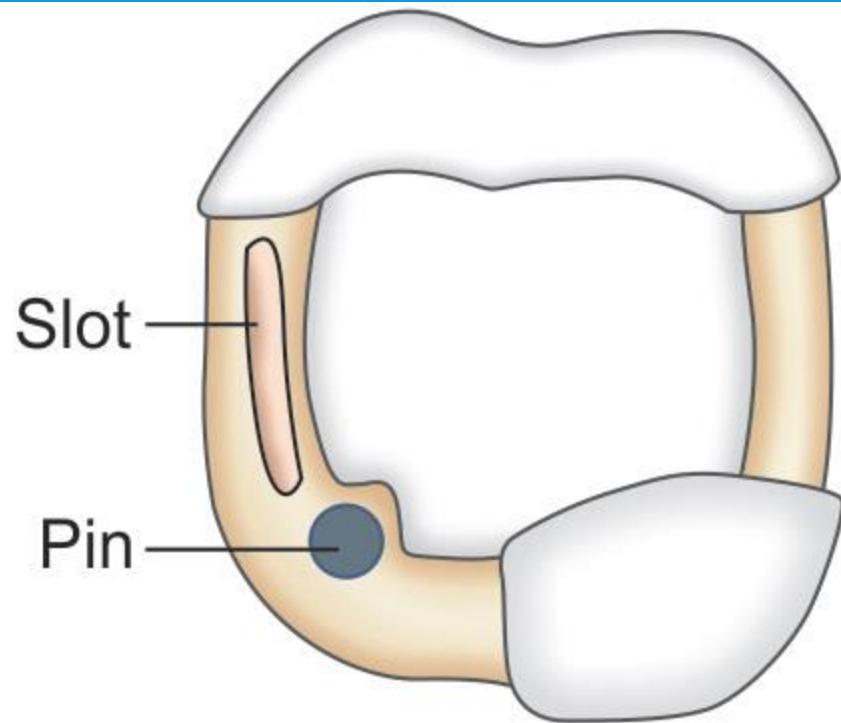
and the tooth

- Bevel is contraindicated in amalgam except on gingival margin of the proximal box, to remove undermined enamel.



STEP, AMALGAM PIN AND SLOT

- there is limited remaining tooth structure additional secondary features are necessary
- 1- Careful orientation of remaining horizontal and vertical walls results in “steps” that increase retention and resistance
- 2- the retentive **holes** (for amalgam **pins**)



7- FINISHING OF CAVITY WALLS:

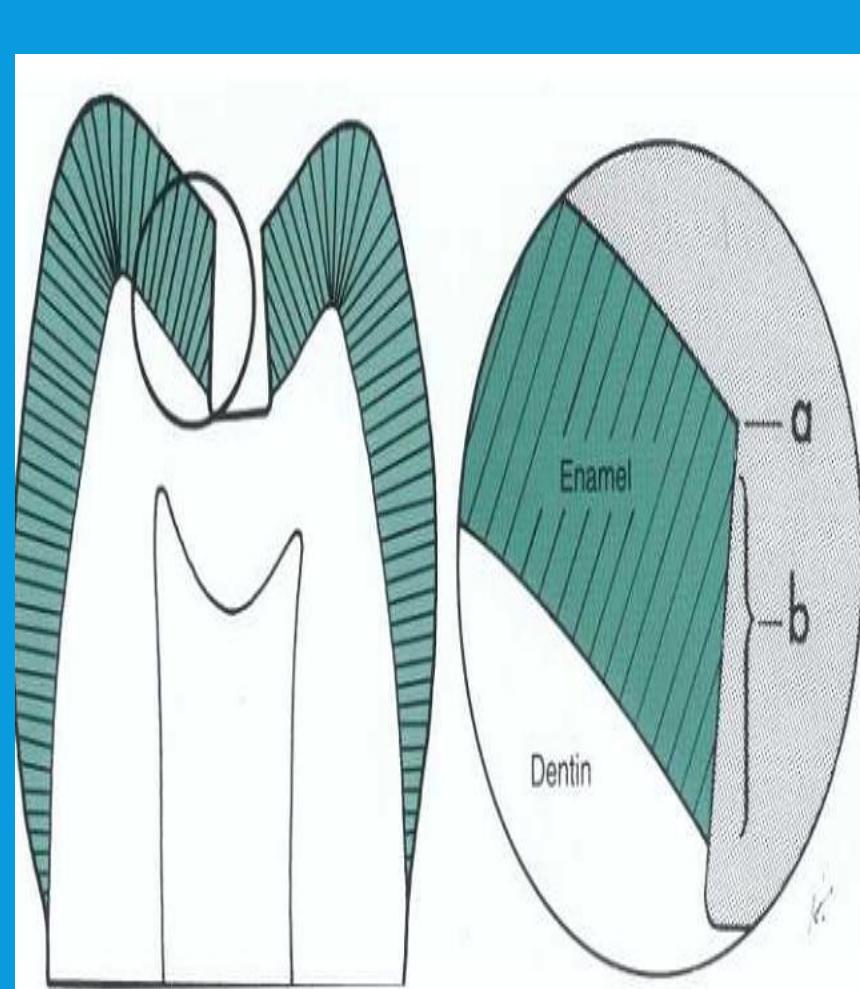
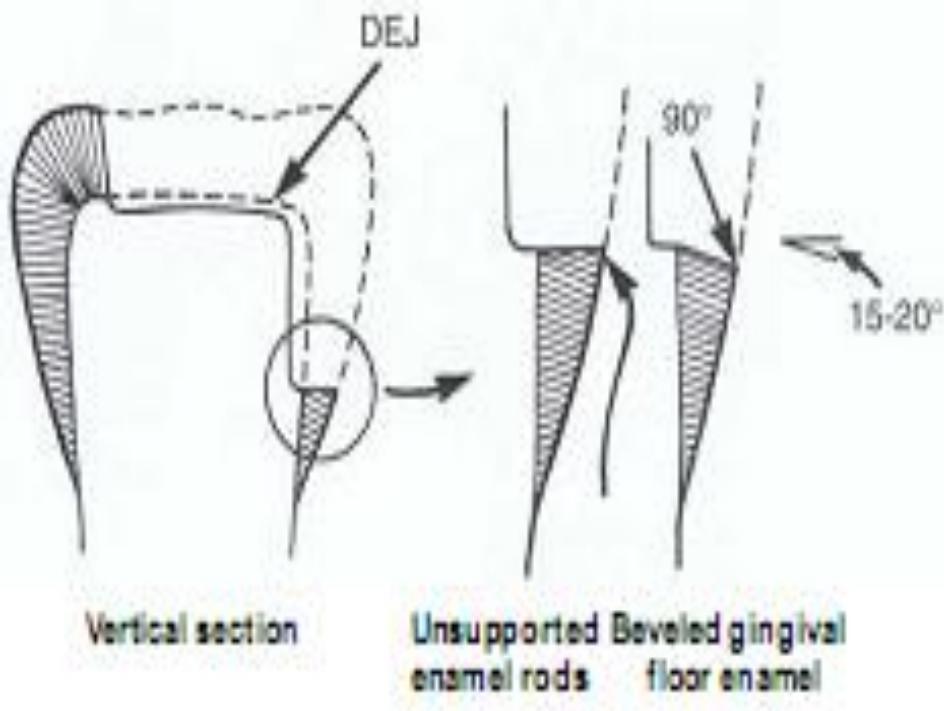
Objectives:

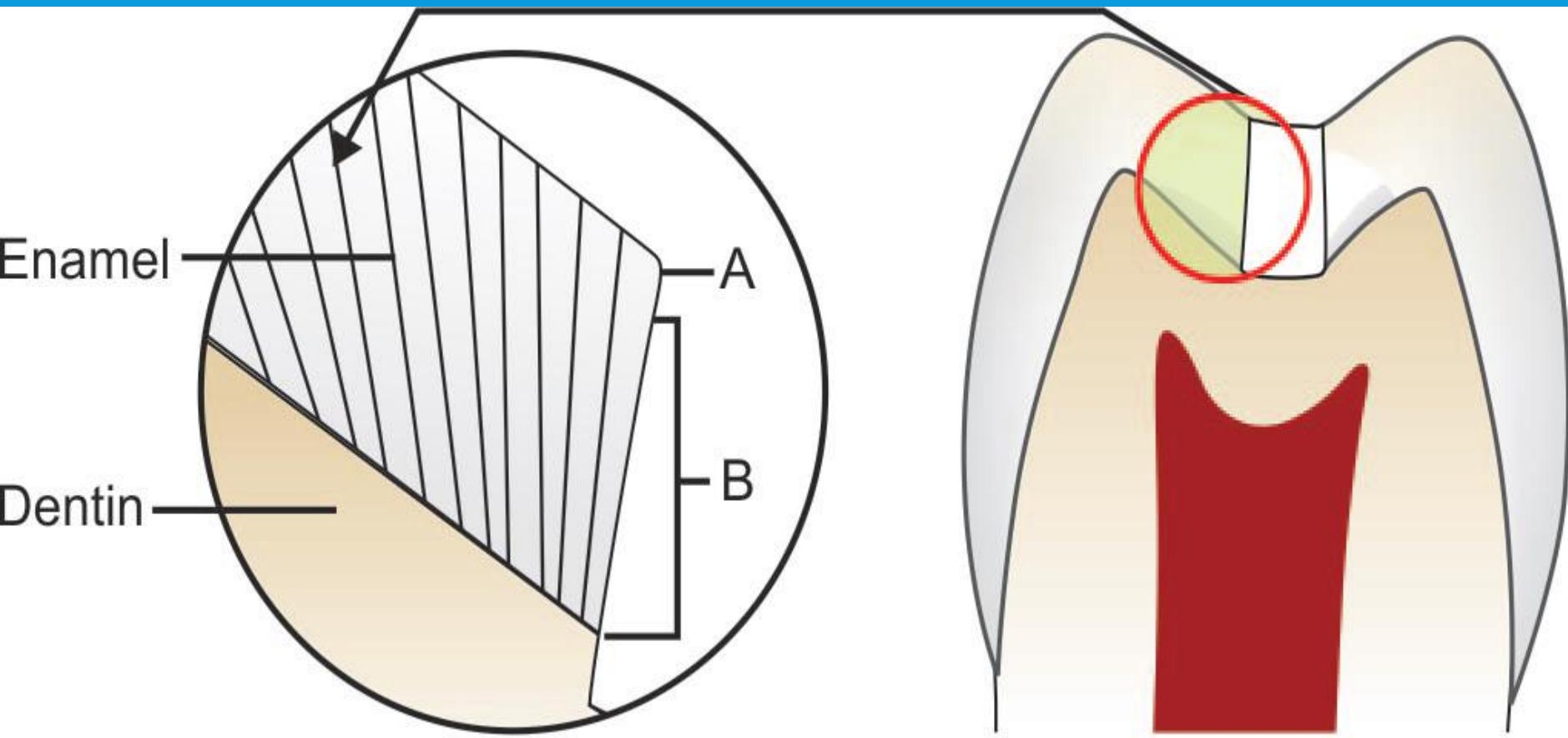
1. Removal of undermined enamel
2. Obtaining the suitable *CSA* according to the restorative material
3. Having correct cavity walls inclination
4. Smoothening walls and margins for better adaptation
5. Roundation of line and point angle

FACTORS AFFECTING CSA

1. Type of restoration
2. Stress acting on cavity margin → This restoration applied to the bevel.
3. Location of the margin → out of stress
4. Condition of enamel
5. Esthetic requirements

Gradual variation in color difference btw the restoration and tooth structure.





8-TOILET OF THE CAVITY

- Toilet of the cavity is cleaning of the cavity from small chips of cutting tooth structure and carious lesion, using sharp hand instrument to loosen it and washed with air - water spray, cotton pellets then gentle dryness with oil free air.
- CHX cleans the cavity and may increase the bond durability with composite

Thank you for paying attention

Any question ?