

# Step by step approach to managing caries with direct class 1 and class 2 composite restorations

**By adhering to standardised operating protocols, using high-quality materials, and employing rubber dam isolation, clinicians can efficiently perform multiple direct restorations in a single appointment, reducing time in improving comfort for both, the clinician and patient.**

A young female patient presented for a routine dental examination with the absence of symptoms (Fig. 1). Following clinical and radiographic examinations we noted multiple carious lesions. In this report we look at occlusal caries affecting the upper left second molar and interproximal (Fig. 2) caries affecting the upper left first molar.

After adequate anaesthesia, we proceeded to isolate the affected area with rubber dam to ensure optimal treatment outcome. We proceeded to clear the caries from the affected areas whilst protecting the adjacent teeth under magnification. The ADJ was cleared of caries with diamond burs.

Sectional matrix band and wedge was chosen to recreate the optimal interproximal anatomy. Separator ring was used to ensure the correct contact was achieved and minimise risk of post operative complications.

Marginal ridge was created (Fig. 3) with a minimal amount of flow composite at the base (**Visalys®** Flow A2) and an adequate composite mass (**Visalys®** Fill A2) to enhance the margin between the restoration and the tooth. This area was light cured appropriately as per manufacturer's advice.

A layer of fluid composite **Visalys®** Flow A2 (Fig. 4) was applied to the base of the cavity which was then light cured. The restoration was then built up in small increments in order to minimise polymerisation shrinkage and minimise risk of post operative complications such as sensitivity.

The rubber dam was then removed and the occlusion checked with 8-micron thick articulating paper. The occlusion was adjusted using a fine grit diamond bur.

The restorations were polished and buffed, and the quality of contact points with adjacent teeth was tested using floss. The interproximal area was checked to ensure the absence of roughness or excess composite.

The **Visalys®** composites were very easy to use with optimal physical and optical properties conclusion in an aesthetic and functional restoration. This was further enhanced by the level of polish we were able to achieve due to the physical properties of the product.



Fig. 1: Initial situation



Fig. 2: After removal of old filling and cariogenic tissue



Fig. 3: Prepared teeth with matrix band and separator ring



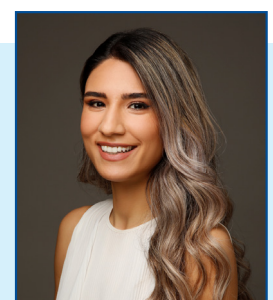
Fig. 4: Final situation

## DR. SHAADI MANOUCHEHRI

Dr. Shaadi Manouchehri, an award-winning cosmetic dentist and facial aesthetic practitioner, has dedicated her career to creating beautiful and healthy transformations for her clients. With her exceptional skills, passion for aesthetics and commitment to excellence, Dr. Manouchehri has become a trusted name in the field of cosmetic dentistry and facial aesthetics.

After completing her dental education and training, Dr. Manouchehri embarked on a mission to deliver the highest quality care and transform the lives of her patients through the latest techniques and treatments. She has extensive experience and expertise in a wide range of cosmetic procedures, including composite bonding, porcelain veneers, orthodontics, smile makeovers and dermal fillers.

In addition to her clinical practice, Dr. Manouchehri is actively involved in teaching and is director at the London School of Facial Aesthetics training dentists and doctors in aesthetics.



**Dr. Shaadi Manouchehri**

Dental surgeon and facial aesthetic practitioner