

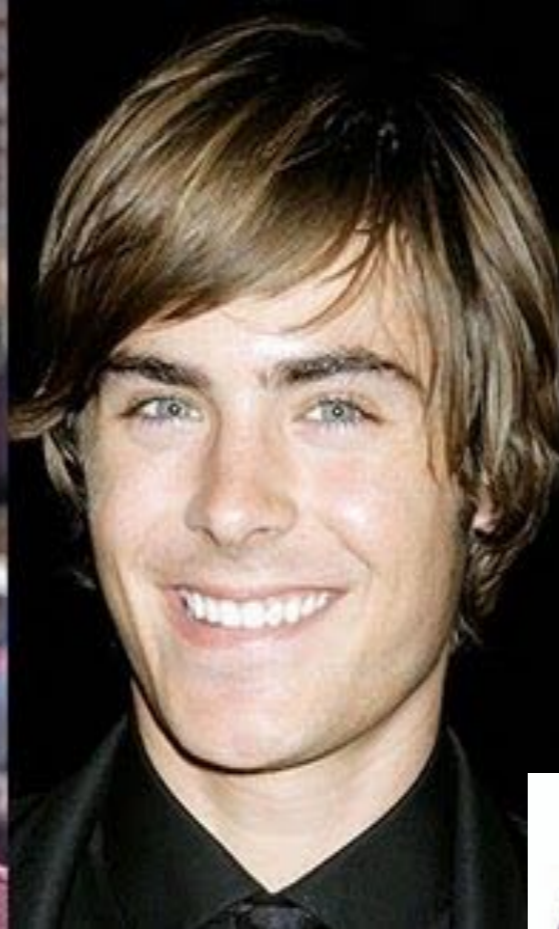
Composite vs porcelain veneers

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Operative &





What are veneers??

- Veneer is a layer of tooth-colored material that is applied to a tooth to restore:
 1. Localized or generalized defects
 2. Intrinsic discolorations.
- Change tooth color, position or shape.



Fracture



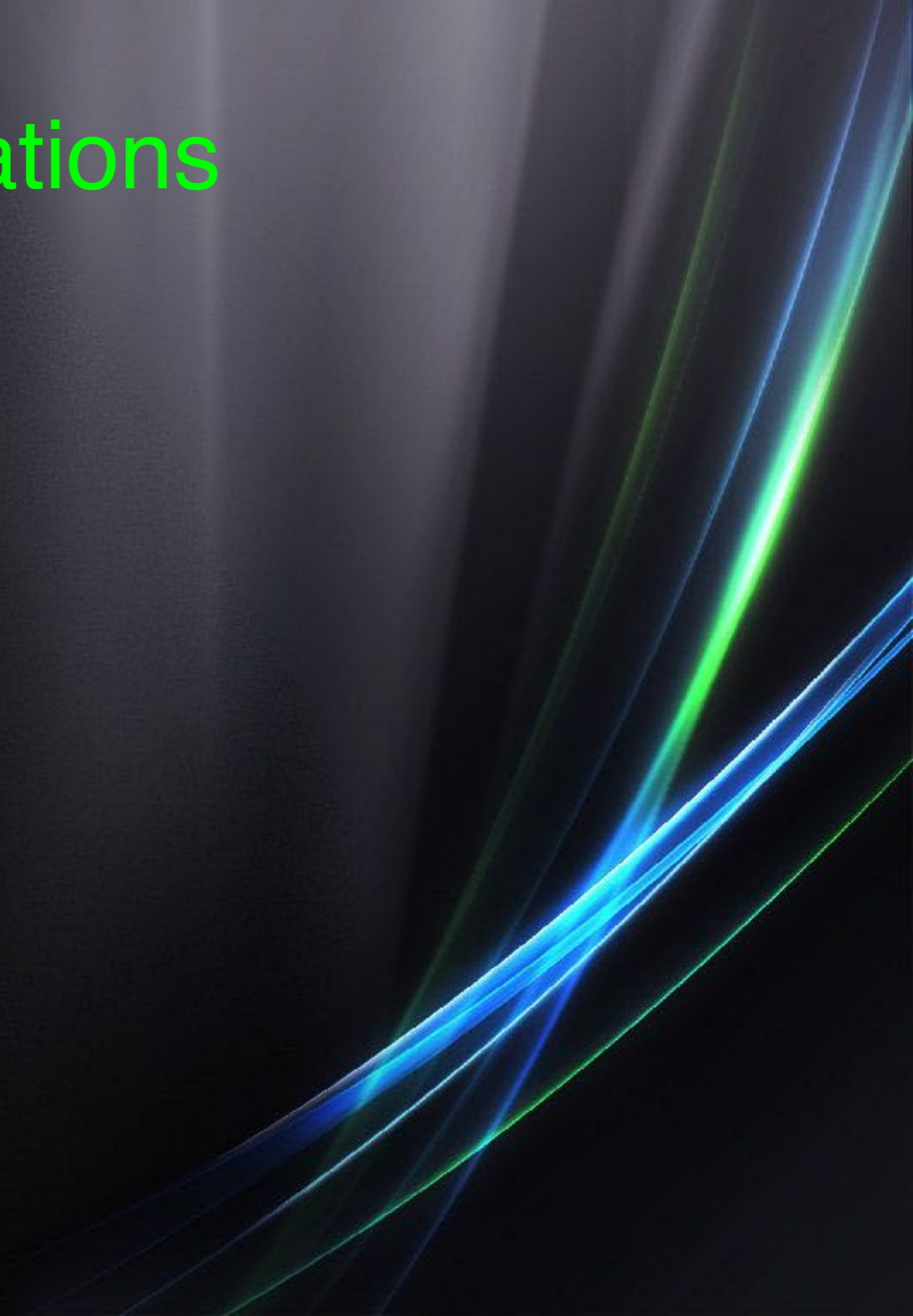
Fluorosis



Tetracycline staining



Indications



1. Trial smile



2. Anterior teeth with several carious lesions or restorations



3. Fractures

- We can use composite veneers if
 - We are treating an emergency complex fracture.
 - We have a fracture that is too large or teeth that are too short that wont allow cosmetic contouring.



4. Stains

- We can use composite veneers if
 - The patient is not a heavy smoker or coffee drinker.
 - If the patient chooses a less expensive and less invasive option.
 - If the patient has white and brown stains.



5. Tetracycline stains





6. Diastema closure.



7. Wear



Contra-indications

- Poorly motivated patients with a high rate of tooth decay.
- Gum recession, exposure of the root or high lip line.
- Current large restorations are present.



- Severely rotated or overlapped teeth.
- Extremely discolored teeth.
- If the patient is a bruxer.



Advantages

- ✓ Less expensive than porcelain veneers.
- ✓ Completed in one appointment.
- ✓ May not require anesthesia.
- ✓ Can be repaired.

Advantages Cont.

- ✓ Reversible, little or no tooth reduction.
- ✓ Natural looking.
- ✓ Easily maintained.
- ✓ Does not wear opposing teeth.

Disadvantages

- Color instability.
- Wear.
- Polymerization Shrinkage.
- Might break down or chip.
- Gum irritation may occur if margins are imperfect.
- May not cover dark stains well.

Composite Vs. Porcelain



	Composite	Porcelain
Visits	One visit	Two visits
Esthetic result	Good	Better than composite
Effect on opposing	Doesn't wear	Wear
Longevity	3 - 8 years	5 - 12 years
Cost	Less	More
Staining	Easily stained	More resistant
Repairing	Easy	Difficult

What are the types of materials used for constructing veneers??

- Directly applied composite

- Indirect Processed composite

- Porcelain

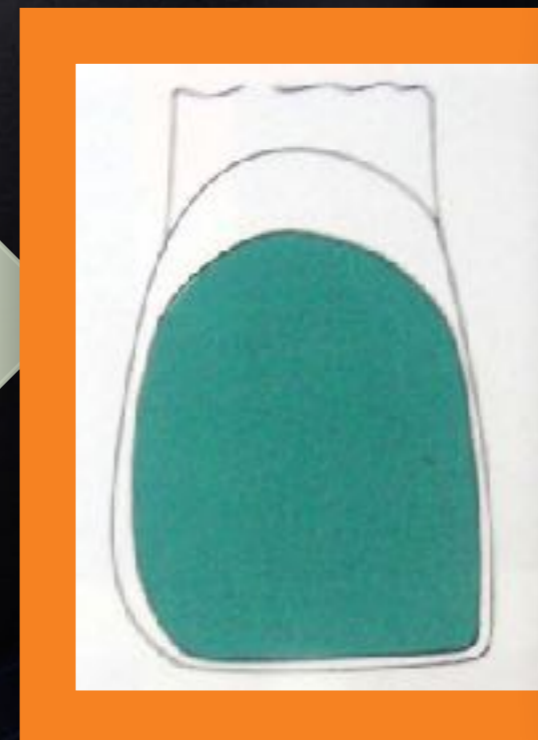
- Pressed ceramic materials

Two types of esthetic veneers exist:

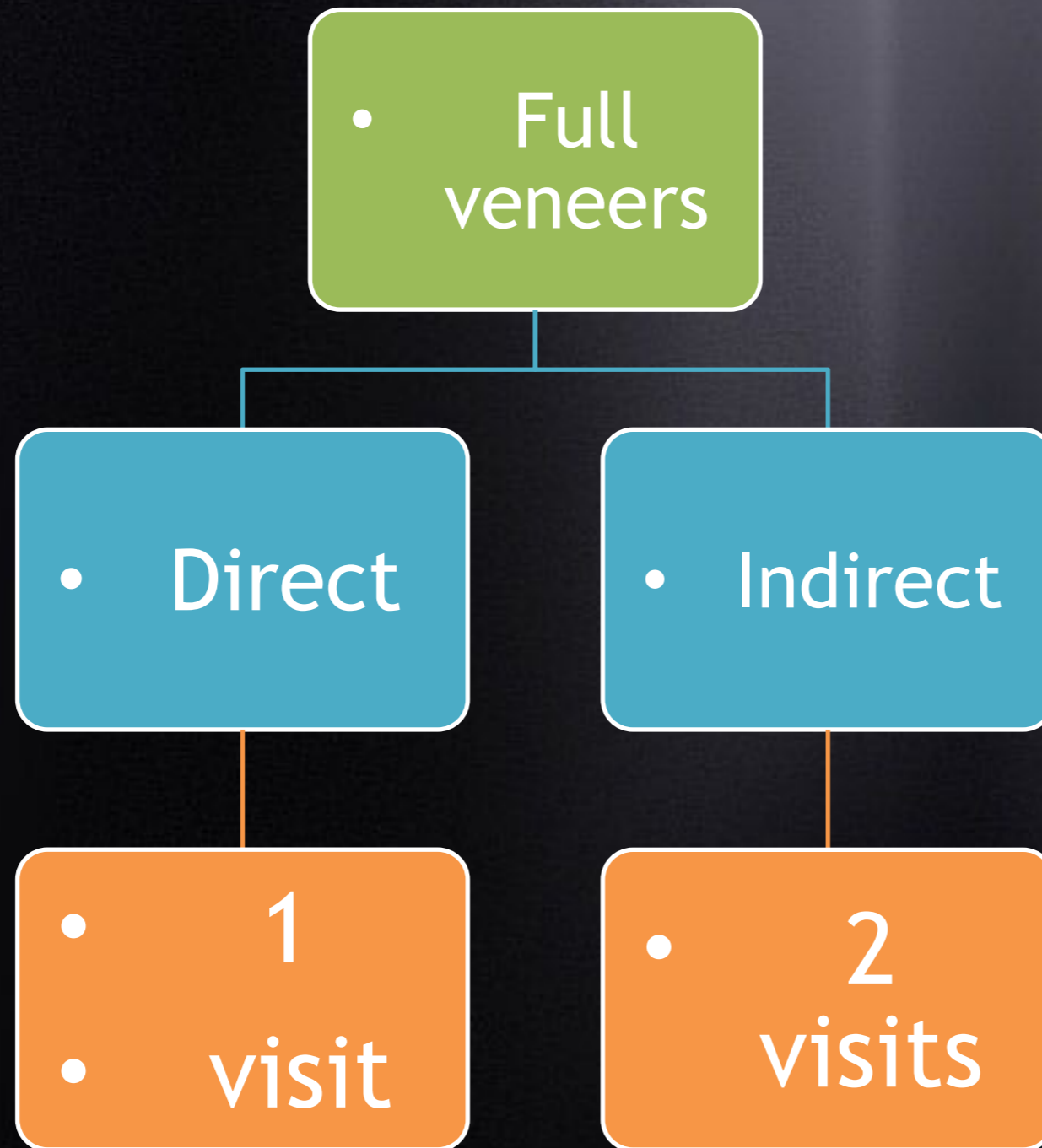
- **Partial veneers**--> indicated for restorations for localized defects or areas of intrinsic staining.



- **Full veneers:** → indicated for restorations of generalized defects or areas of intrinsic staining that involves most of the facial surface of a tooth.



How can full veneers be accomplished???



Indirect technique offers 3 advantages over direct technique which are:

- Less sensitive to operator technique.

- Faster placement in cases of multiple teeth to be veneered.

- Indirect veneers lasts longer.

- Types of preparations:

- Preplless

- Intra-enamel preparation



Prepless

• Controversy!!

- Advantages:
- 1. Easy technique (you just have to etch then cement!!)
- 2. Reversibility!!

- *Disadvantages* :
- 1. *Overcontour*:
- *Appear and feel unnatural
- *Gingival irritation
- 2. Easy to dislodge.

- Types of preparations:

- Preplless

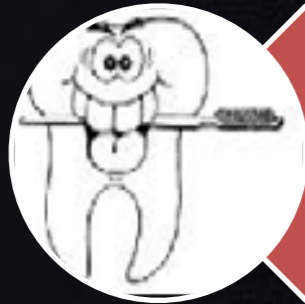
- Intra-enamel preparation

Intra-enamel preparation

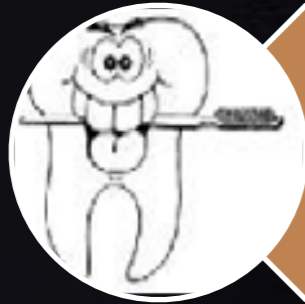
Usually
recommended



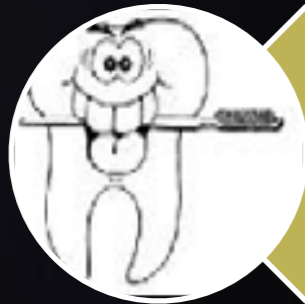
Why is Intra-enamel preparation recommended???



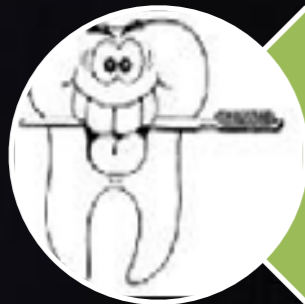
- It provides space for opaque, bonding, and veneering material to establish maximal esthetic without over contouring.



- To remove the outer rich fluoride layer from the enamel that is more resistant to acid etch.



- To create a rough surface for improved bonding.



- To establish a definite finish line.

Disadvantages:

- 1. Removes from tooth structure

- 2. Takes more time

- 3
- Irreversible

Amount of reduction is determined by:

- 1. Position of original tooth in relation to the desired position
- 2. Color of tooth structure in relation to the thickness of composite materials required to block out color.

Three types of intra-enamel veneer preparation

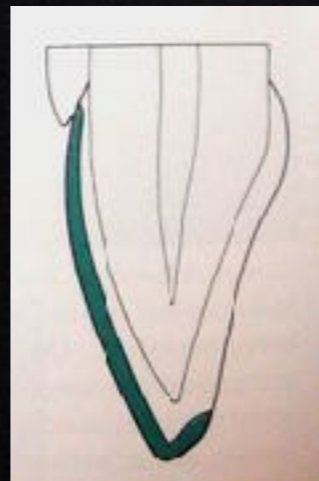
- **Partial veneer prep.**

- Does not extend subgingivally or involve incisal angle.



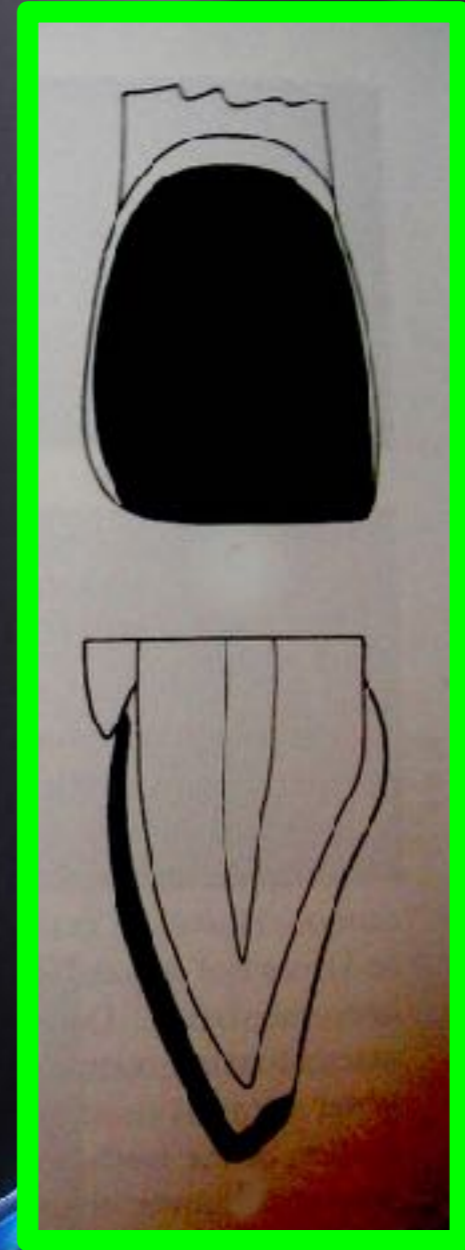
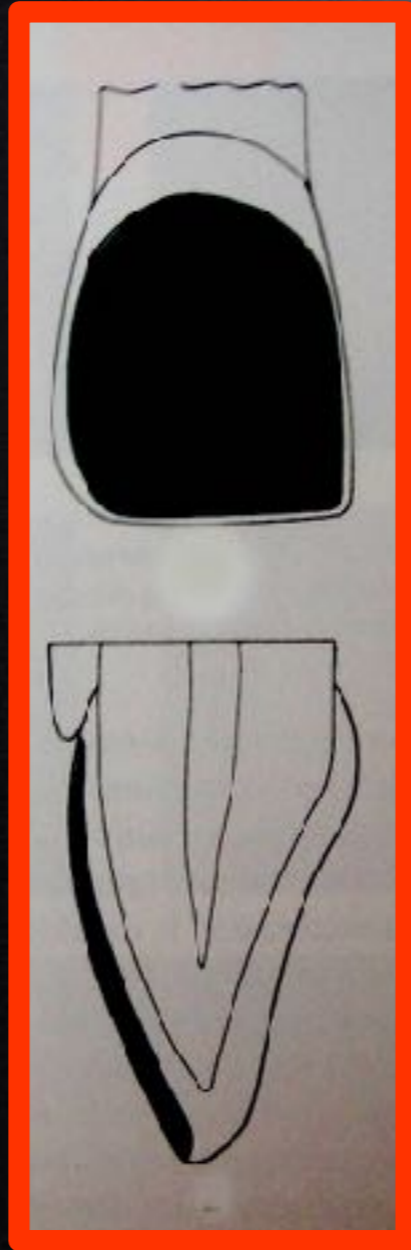
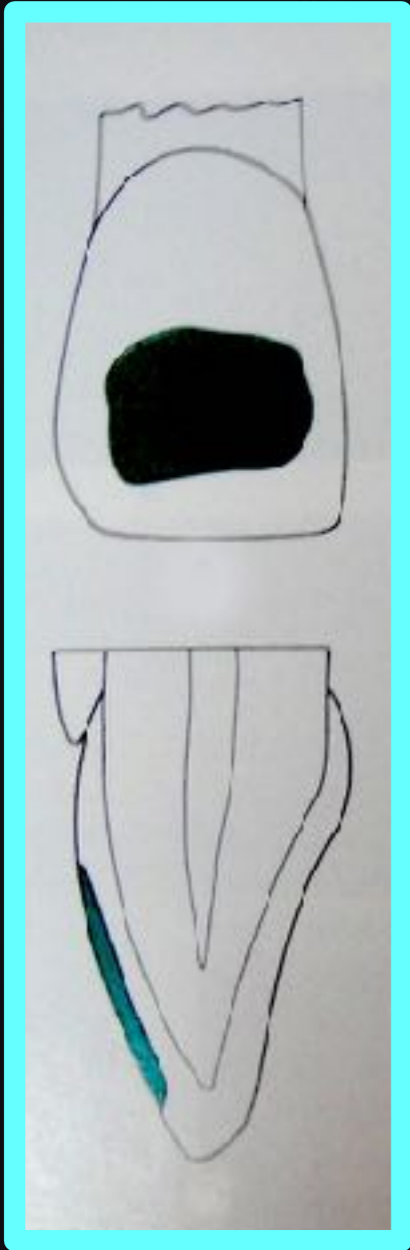
- **Full veneer prep.**

- **A) Incisal-lapping prep.** Design: extending subgingivally that includes all of the incisal surface. Indicated if teeth required lengthening or if the defects existed involves the incisal edge.



- **B) Window preparation design** :that extends to gingival crest and terminates at the facioincisal angle. Mostly indicated for indirect processed composite veneers because of the limited bond strength of the composite veneer.







What can we use as an alternative to composite veneers??

We have several other options to modify the color and position of the teeth:

- Dental bleaching.
- Orthodontic treatment.
- Porcelain dental veneers.

Longevity of composite veneers

- While tooth bonding is considered to be a permanent restoration, they won't give the same lasting service as :
 - Porcelain veneers.
 - Dental crowns.

Following a correct maintenance treatment, we can count on an estimate average life of 3 to 8 years or so.



Maintenance

If we are able to maintain the veneers correctly we can lengthen their life.

- The maintenance consists of:
 1. Correct tooth brushing and flossing as the person should normally do to prevent oral hygiene problems.



2. The patient should be able to continue a normal diet.
However, biting on hard things such as opening pistachio nuts should be avoided.
3. Annual visits to the dental hygienist .
4. Annual dental visits for veneer polishing or repair.
5. Avoid using ultrasonic scalers.



Thank you

The background features a dark gradient from black on the left to a lighter grey on the right. Several bright, glowing streaks of light in shades of blue and green sweep across the right side of the image, creating a sense of motion and energy.