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## TWO WAYS OF STAINING POSTERIOR COMPOSITES

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Aesthetic composite restorations in the posterior region means functional composite restorations. Function=Aesthetic

Creating cusps, groves, slopes in your restoration is not a trend or a cool way of doing composite restorations but a must have procedure for a functional restoration.

More often dentists use brown stains to give a more natural looking restoration in the posterior region. The question is - this is mandatory for a aesthetic posterior restoration?

The beauty is in the eye of the beholder, this is why sometimes the patients appreciate to be beautiful and natural and more often they complain about unpleasant brown spots on their restoration. On the other hand dentists are very happy and exciting with brown stains on composites in the posterior region.

The staining procedure itself is not a label or a certificate for an aesthetic and correct composite posterior restoration. In my opinion staining procedure define and enhance the 3D perception of the occlusal morphology. As a perception for the patients very often they appreciate the detailed work (if the doctor explain why he used the stains) and also the different way of doing a posterior composite restoration.

The intensity of the brown should be chosen very carefully regarding to the natural stained adjacent or homologue teeth.

If the stain and morphology copy of the natural teeth is good, the unpleasant perception of the patient disappear because the restoration is integrated into the arch. More often the patients complain if the intensity of the stain is bigger than the neighbours and less complains when the stain procedure is more delicate.

In this article two ways of staining procedure is described:

- staining after the morphology is finished - external staining
- staining during the morphology design



n1. This technique called also the external stained technique is done after the last layer of composite or after the contouring procedure. As a step by step procedure - a small quantity of brown stain applied at the level of the groves and fissure with a sharp instrument (fine probe, Fissura, 10 k-file, etc) or using a ultra fine needle tip applied directly to the stain syringe - before light curing, the stain excess is removed with an adhesive tip - if is needed additional layers can be used until the desired characterization is obtained



Initial situation of the case.



Cavities prepared on the 6 and 7



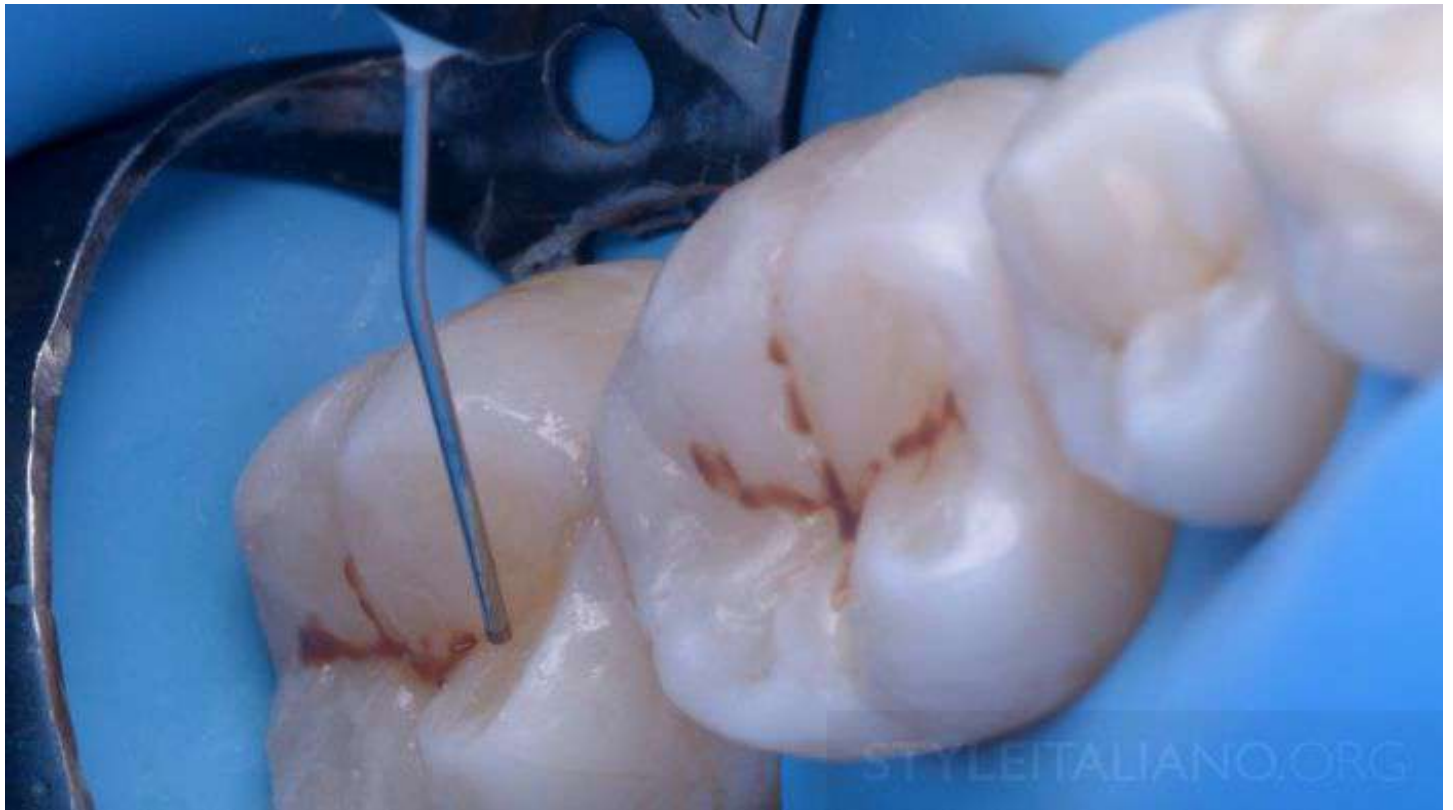
The seven is designed. The morphology design is the basement for a natural like brown characterization.



Modelling of the composite on the 6 and the 7



The aspect of the morphology after the modelling. In this stage I prefer to be more delicate with the excess of the material. This fact save me a lot of time for contouring and finishing procedure. Up to this point I have spent 62 minutes with the patient.(hello, anesthesia, isolation, cavity preparation, adhesion, layering)



After the layering I have applied a brown stain at the level of the groves. The quantity of the stain at this moment it is not so important. To have a very good control of the stain procedure is to apply it on quite smooth composite surface. This why if the composite surface is too rough first I will do a finishing procedure and after that I will stain.



Another way to applied the tint is using a very sharp instrument eg. Fissura from LM Arte



Removing the excess of the stain with an adhesive tip.



The aspect after staining procedure before finishing and polishing.



After finishing, polishing and occlusal check. The final TIME after polishing is 95 minutes.



2. The SECOND TECHNIQUE that it can be used for staining is during the occlusal morphology design. The initial aspect of the case.



The aspect of cavity preparation



As a preparation for staining procedure I reconstruct first the vestibular part of the cavity.





A small quantity of the stain is applied on the BASE( into the cavity) of the vestibular cusp. BEFORE light curing the stain I have applied the composite for the oral cusp. Pushing the composite against the cured vestibular cusp the stain will flow up to the surface, following the groves and fissures.



Also as in the first technique with an adhesive tip, the excess of the stain can be removed. A very natural aspect can be achieved with this technique. The aspect after the last layer.



The same technique for the second molar. The vestibular cusps are already designed and the stain that is NOT light cured placed at the base of the cavity.



One of the oral cusp reconstruct and the appearance of the stain at the surface. The advantage of this technique is that the stain line is more delicate and well defined.



The disadvantage of this technique is that you are forced to defined very good your morphology. This why this technique is more operator sensitive.



The final aspect of the restorations after finishing polishing and occlusal check.

The staining procedure is a really need for a posterior composite restoration?

From medical view absolutely not.

Maybe some dentist can say that this is a time losing procedure. If they feel in this way is better not to do and I respect that. Yes we can say that we should do everything for the patient but also I think that we need to do also for ourselves!

I am doing this because I feel more, I create more, I keep the passion in every restoration or at least time to time. Changing things in your daily practice, even if they are very small, can keep your passion a long time also for big and important things!

Csikszentmihalyi, Mihaly (2014). Flow and the Foundations of Positive Psychology: The Collected Works of Mihaly Csikszentmihalyi. Dordrecht: Springer, 2014. ISBN 978-94-017-9087-1

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