

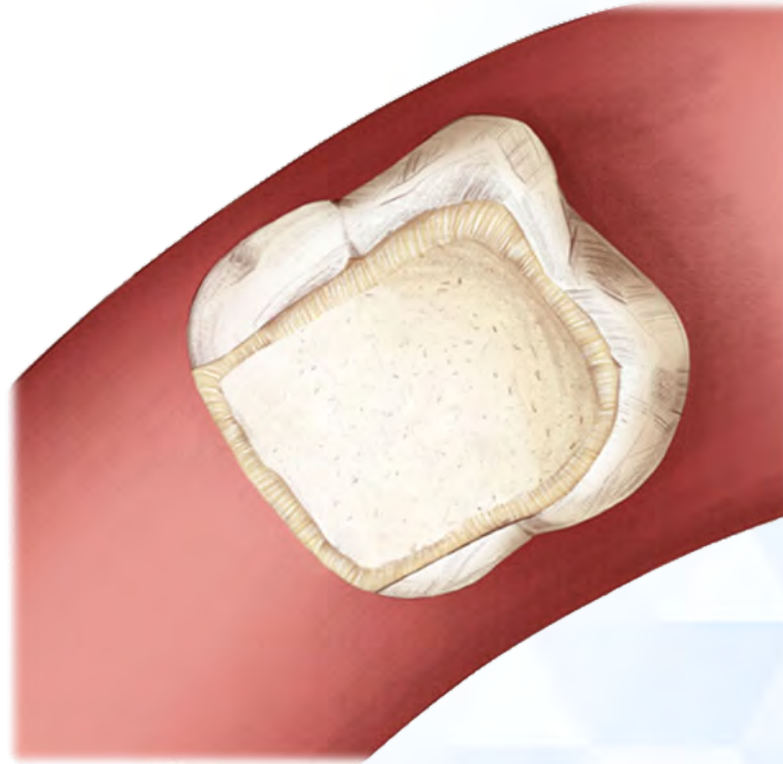
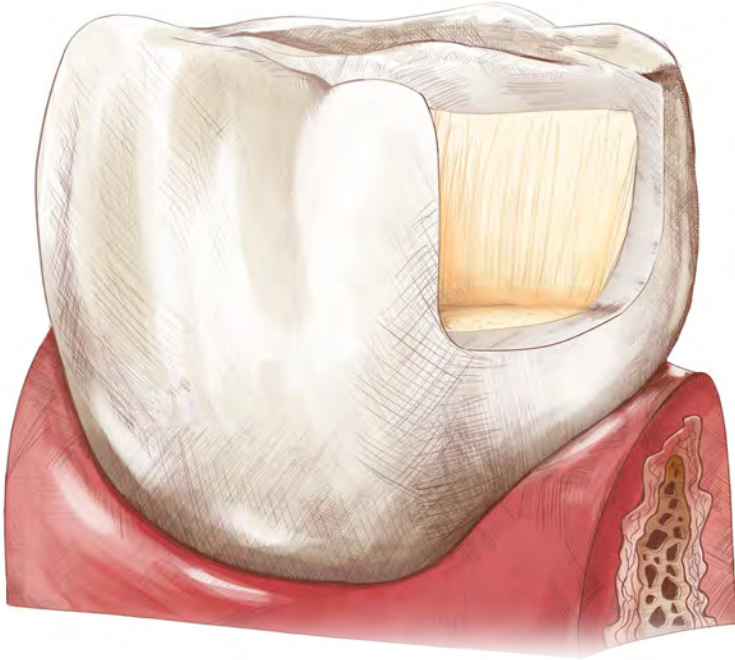


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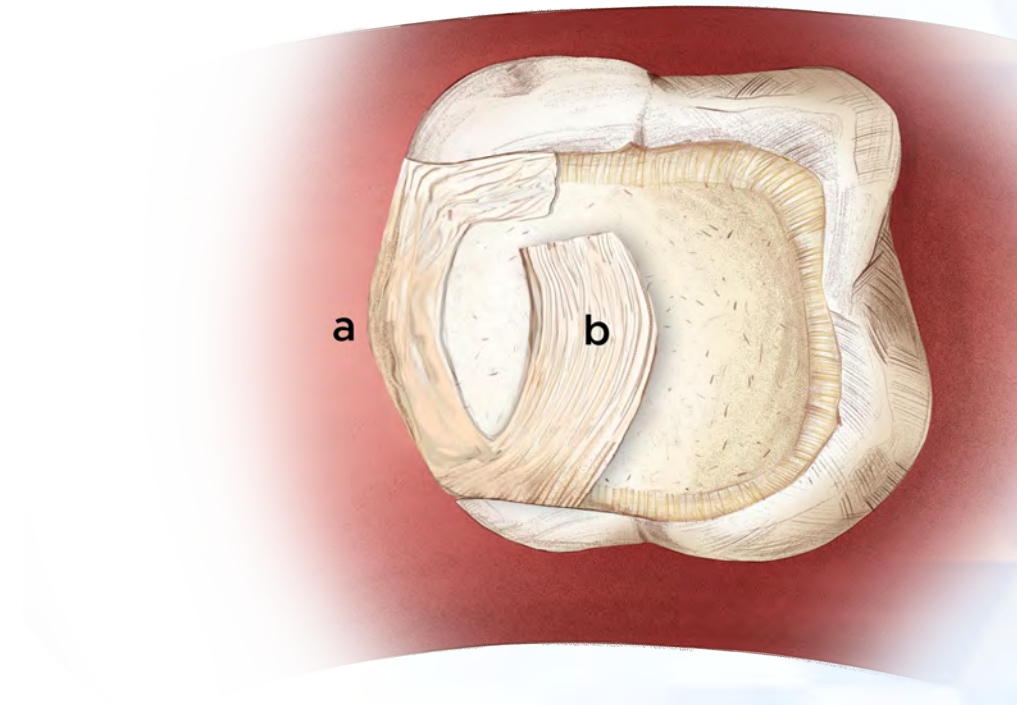
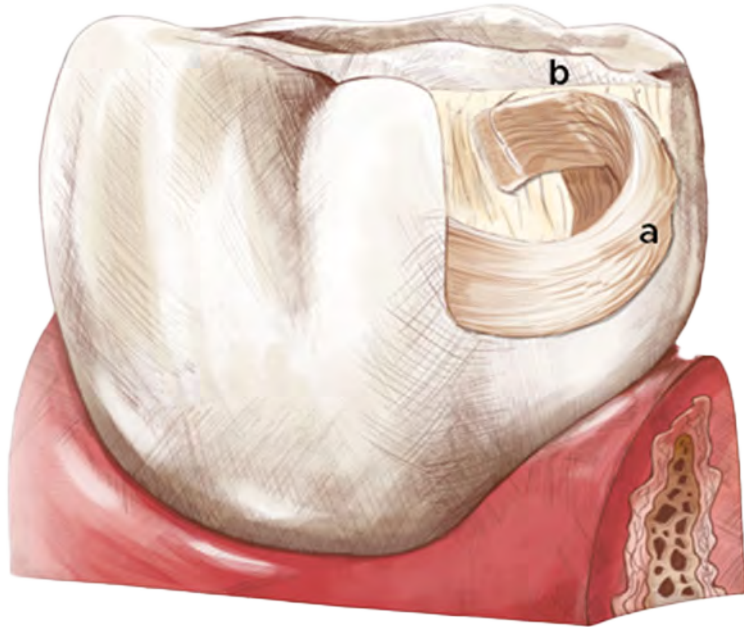
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Side and bird's eye view of the big class II preparation.



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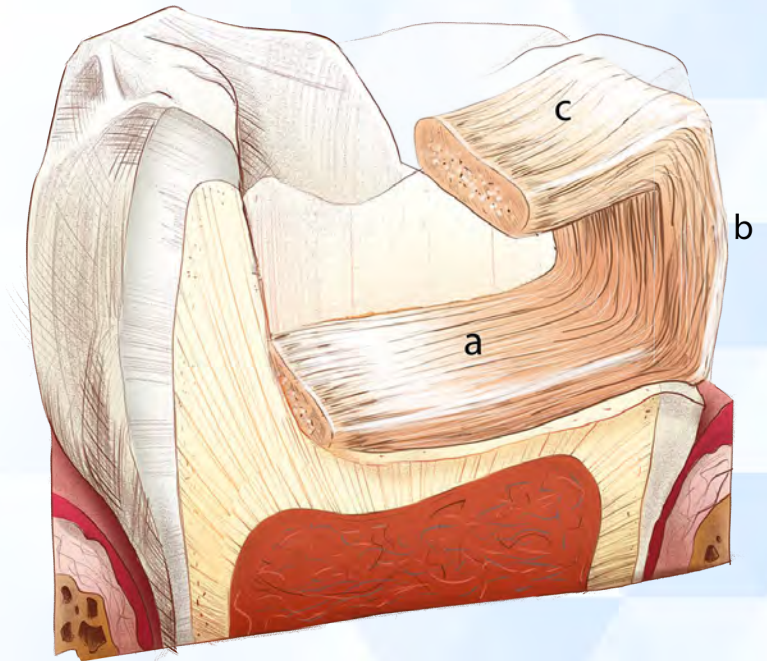
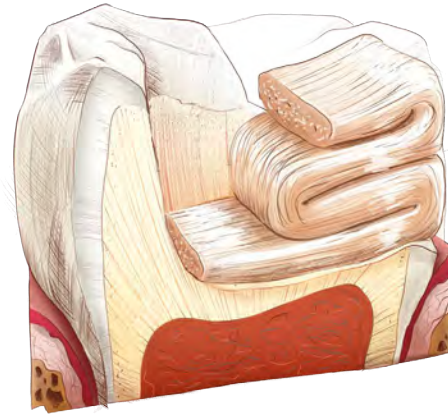
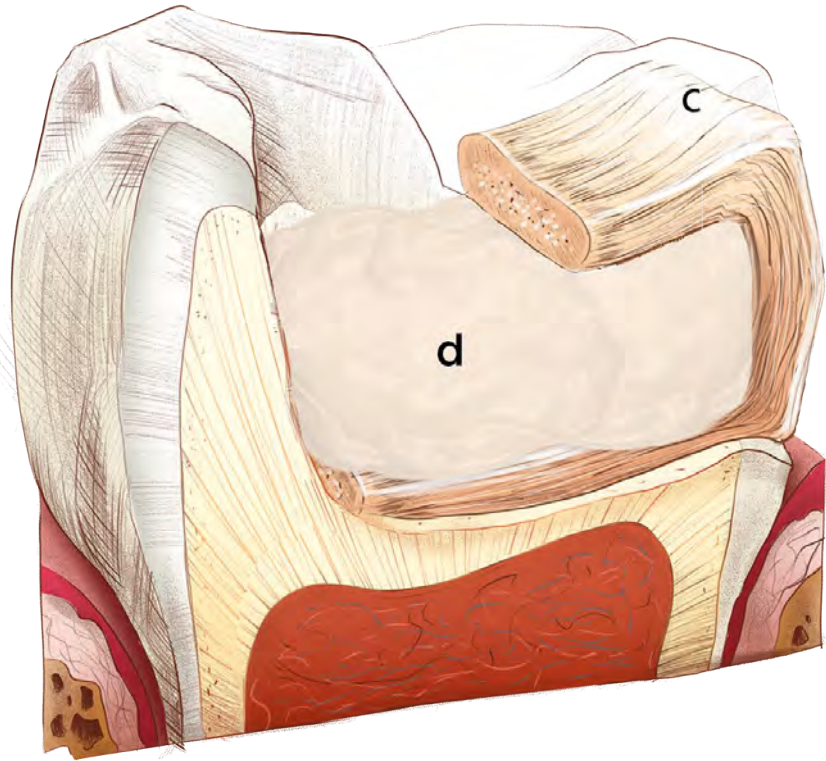
Fibre reinforcement of restorations with wide entrance.

Comcord placed vertically in the mesial wall of the tooth, creating a contour of the tooth and contact point (a).

Second fibre ending (b) supports mesial/lingual cusp of the tooth, presumably the most exposed part of occlusal surface.



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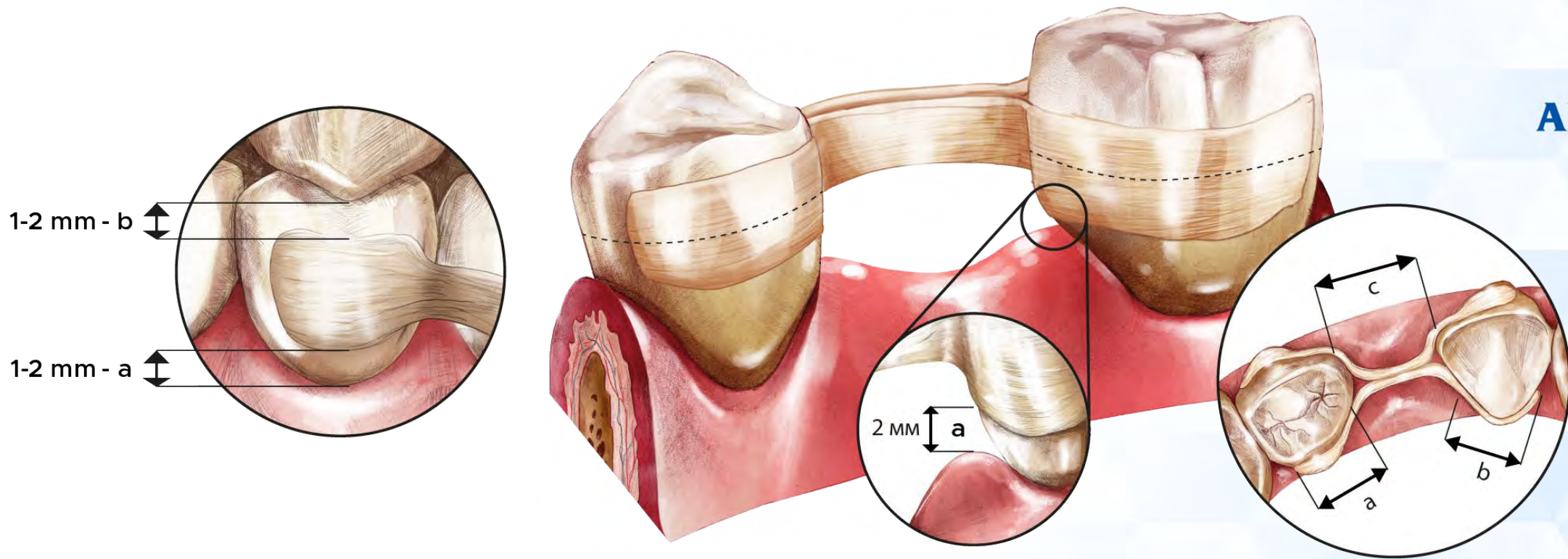
Fibre reinforcement of restorations with narrow entrance.

Comcord placed horizontally on the bottom of the preparation (a), vertical part creates a contact point (b).

Final ending (c) supports occlusal surface of the tooth, where it's the most needed. Restorative material (d).



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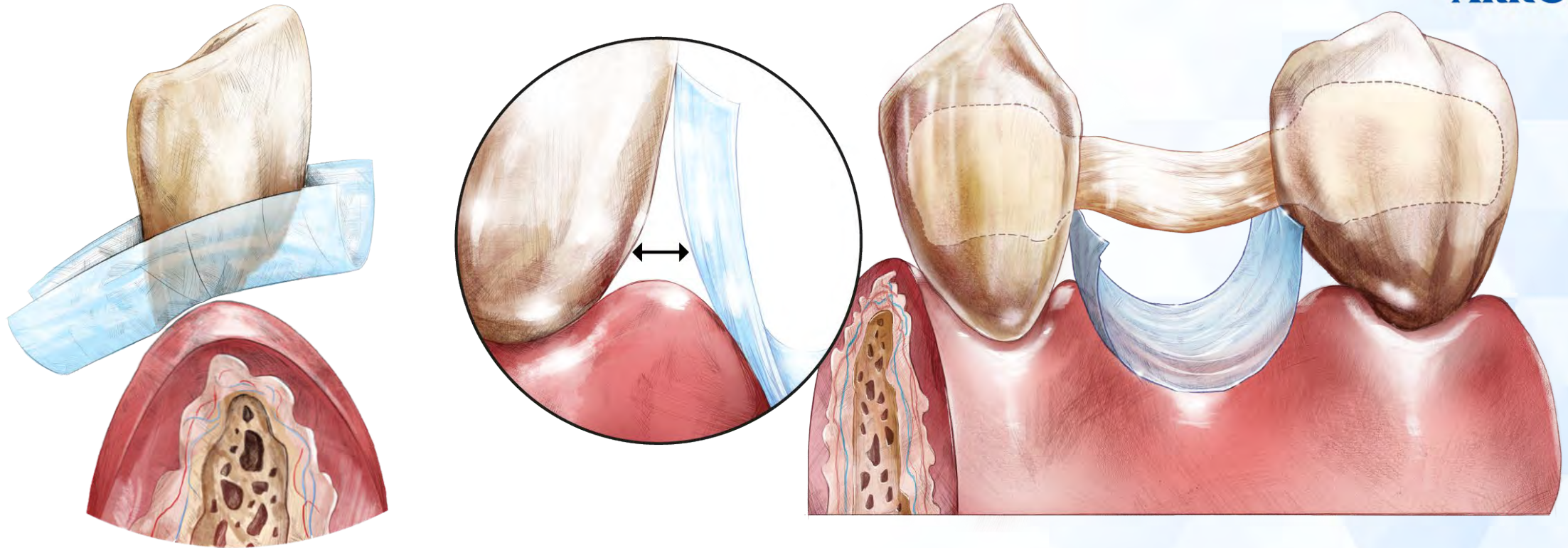


Comcord reinforcement for a bridge to restore one missing tooth, without a preparation.
Fibre must omit either gum edge (a) and occlusion surface (b) by 1-2 mm, on every part of reinforcement.

Fibres are placed on both aquators (-----), surrounding both tooth,
where two abutments combined are longer than a gap. $a+b > c$.



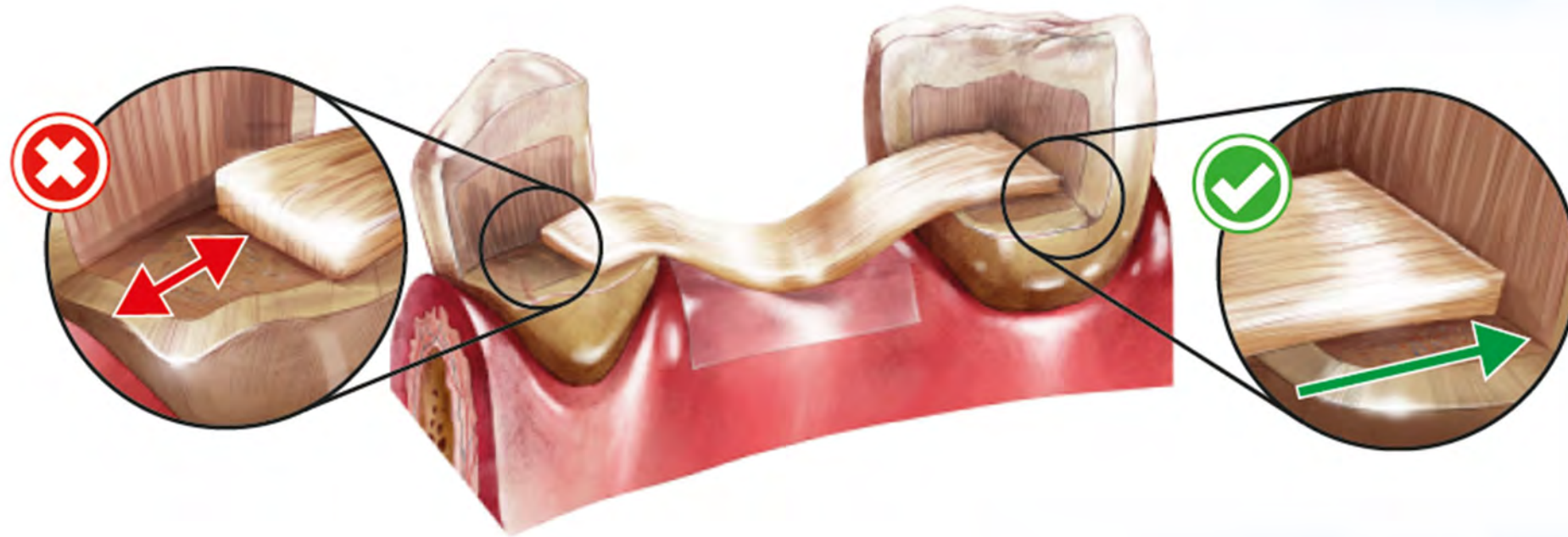
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How to secure smooth and safe surface of the gum-oriented bottom of the restoration, using plastic matrix band.
Band lays on the gum (a) separating composite from it, leaving intra dental gap open.



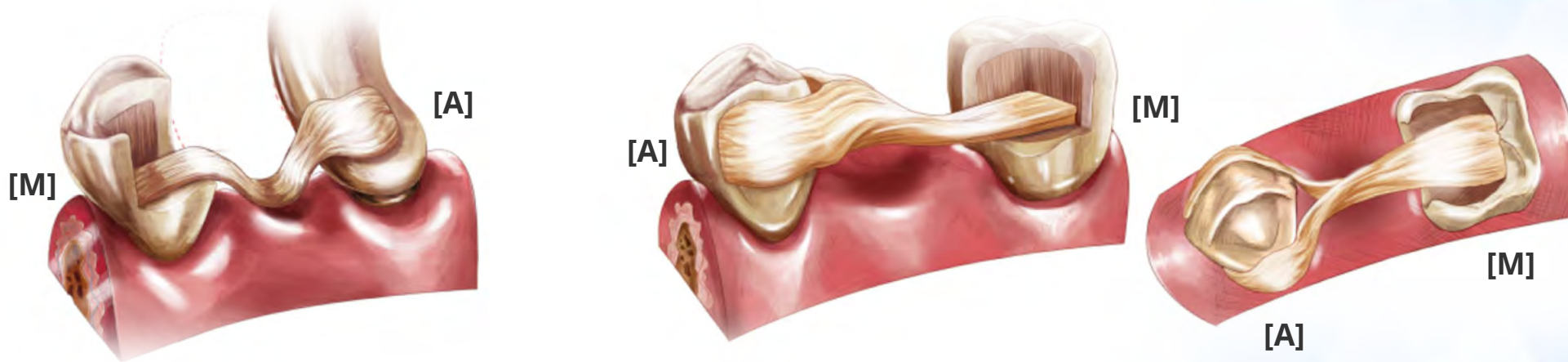
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Fibre must reach either side of preparation. Placing fibre in a distance from it's edge is a mistake, reducing mechanical properties of reinforcement.



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Variety of fibre locations, dependently on the combination of adhesive and mechanical attachment.

Adhesion [A]

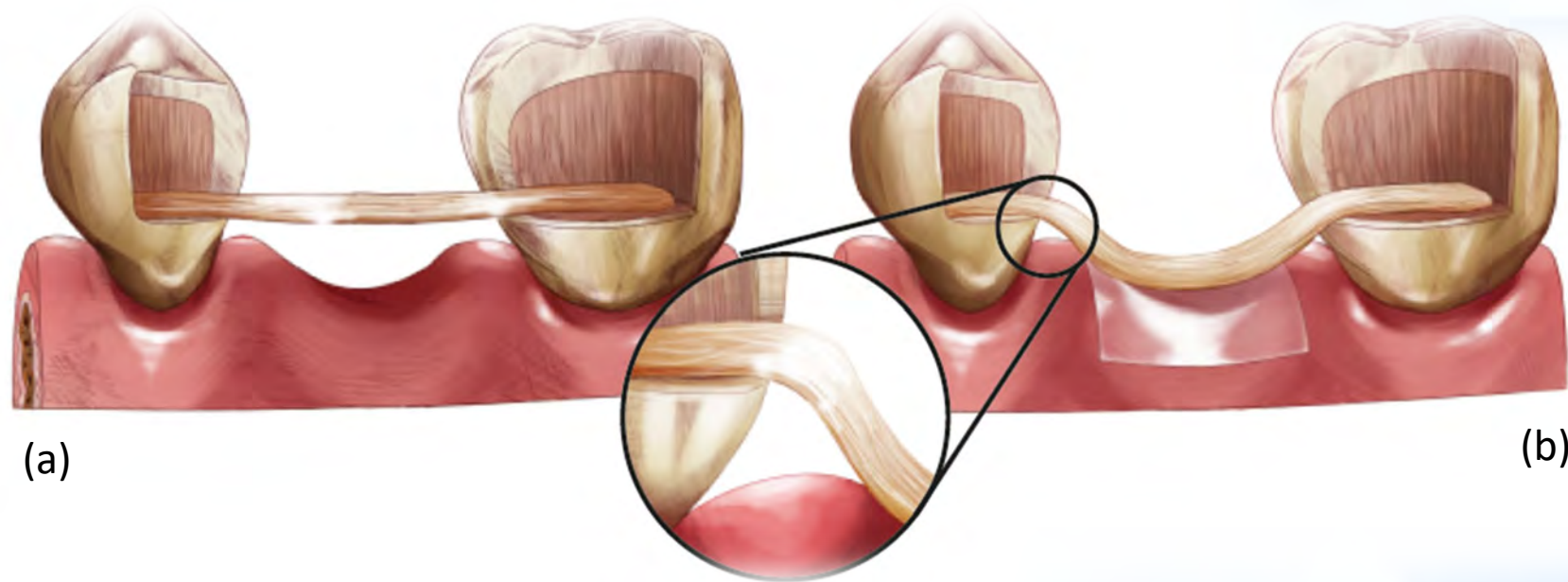
Mechanic [M].



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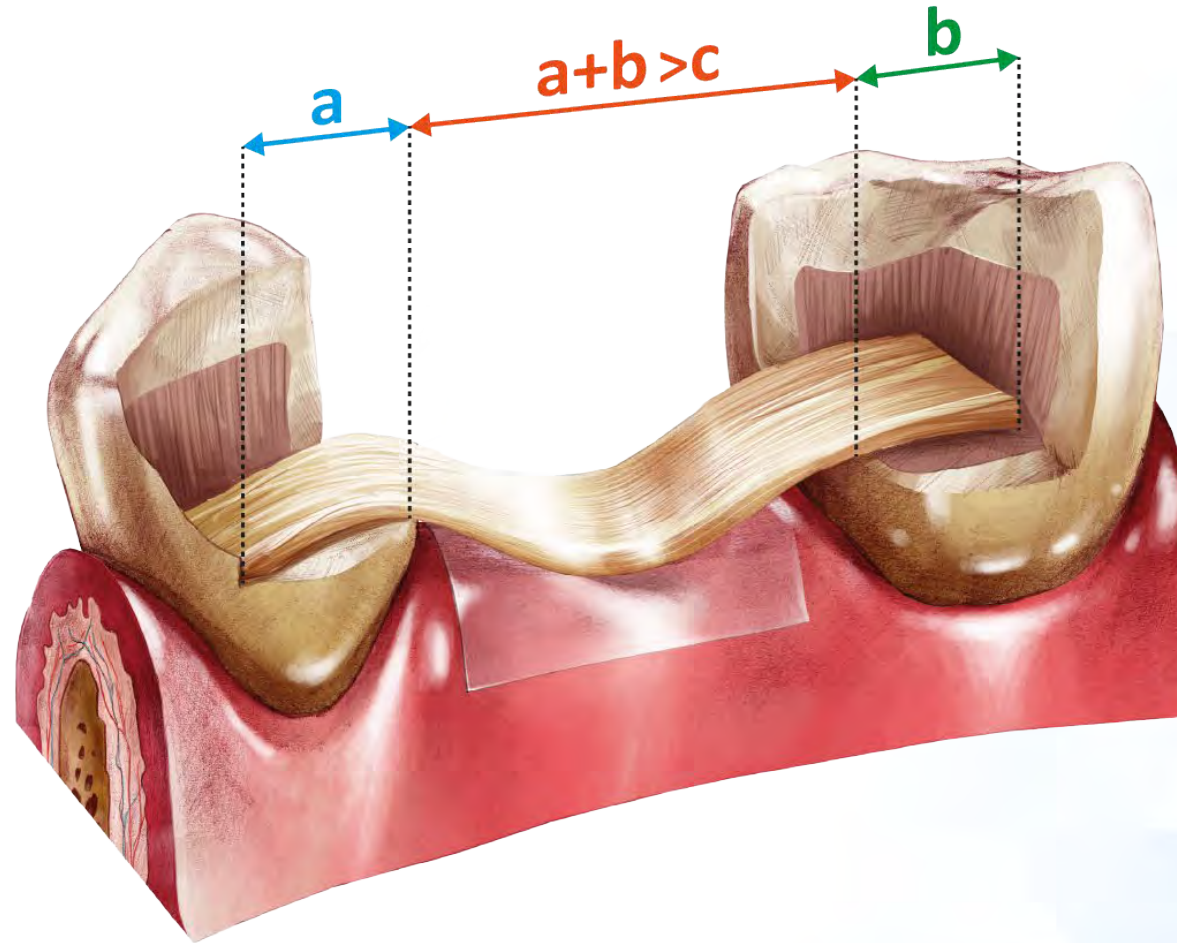
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Two possibilities of fibre reinforcement, both the proper ones. Difference is only in a shape and the distance of fibre towards a gum. (a) fibre lays straight horizontally, easy to apply but makes filling a gap underneath quite difficult, (b) demands more fibre modelling, especially to omit gingival papilla but shortens time of overall work.



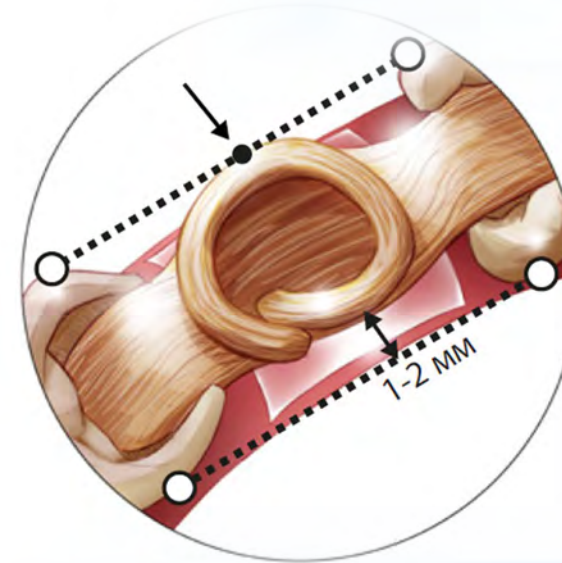
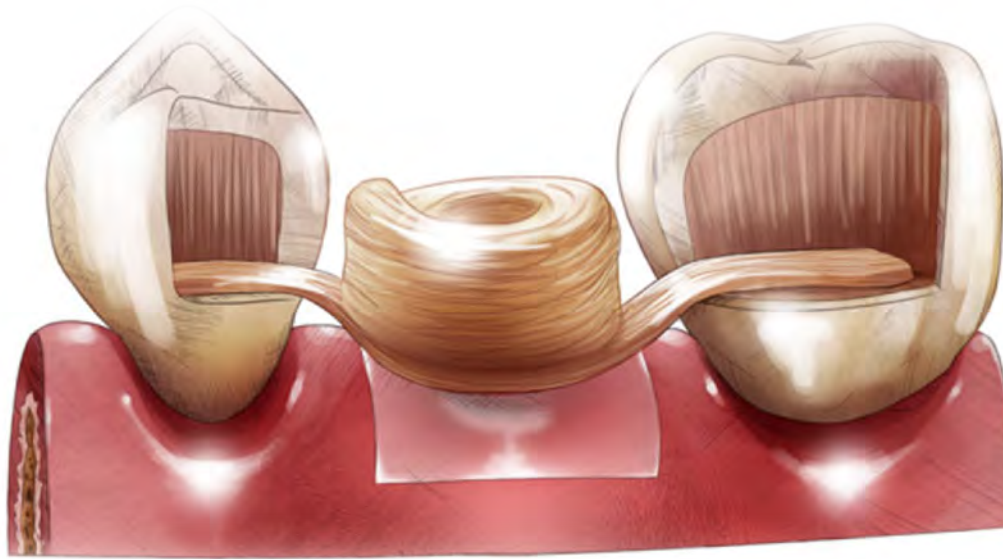
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Length of the fibre within a gap must be shorter than a sum of fibres for both abuments combined. $c < a+b$



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One of the possibilities how to form fibre reinforcement for bridge with a big tooth missing.
Circle-like fibre creates support for a crown of rebuilt tooth.
While modelling, consider size and location of a new tooth towards the size of neighbouring ones.
Keep fibre 1-2 mm distant from an external wall, in case you need add composite for aesthetic reasons.
Comcord may be an external layer if it looks like neighbouring ones.



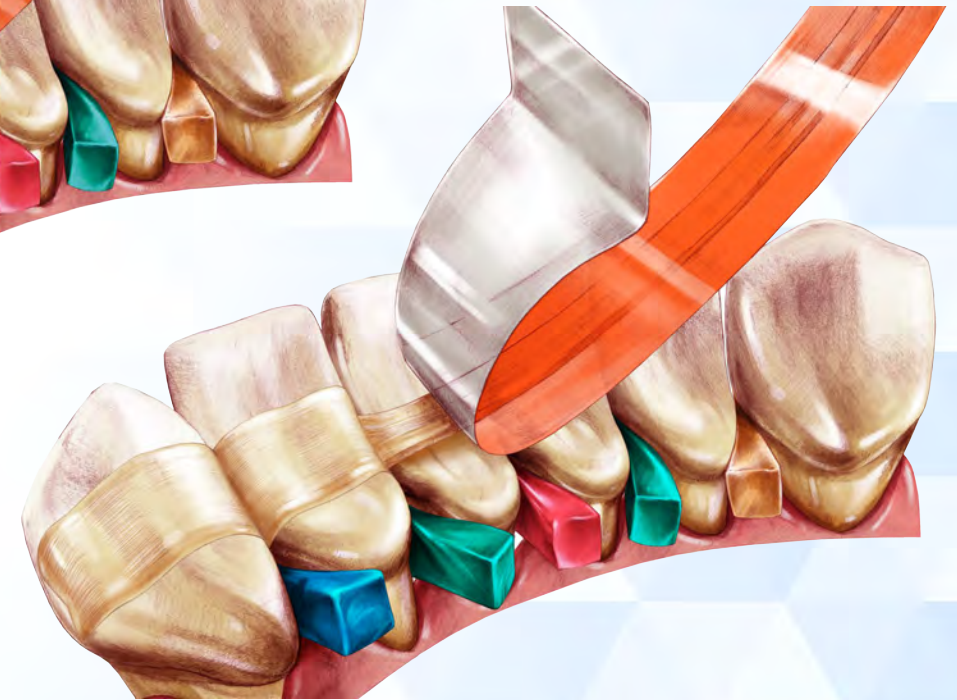
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Wooden wedges used to set immobile teeth in occlusion, as a necessary step before splinting itself.
Wider part of a wedge is placed where teeth tend to lean.



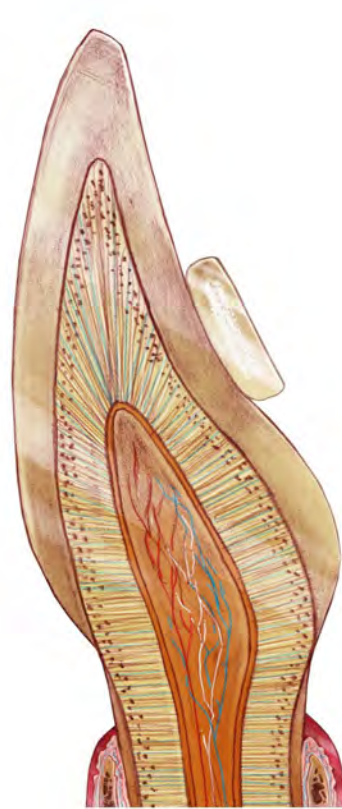
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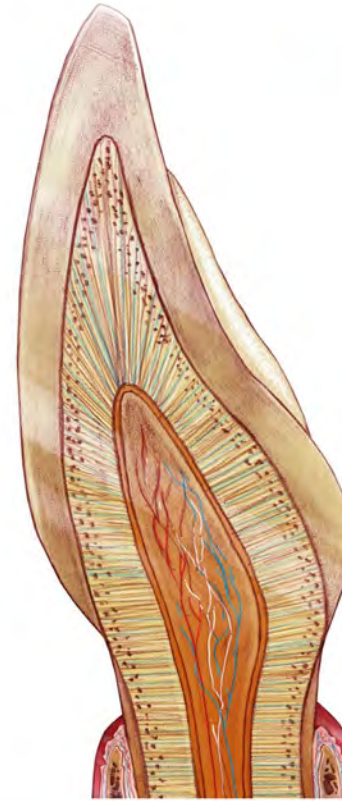
Modelling a splint, step by step. It is easier to divide modeling by 5-6 mm parts cured separately, rather than modelling the whole splint at once and cure afterwards.



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(a)

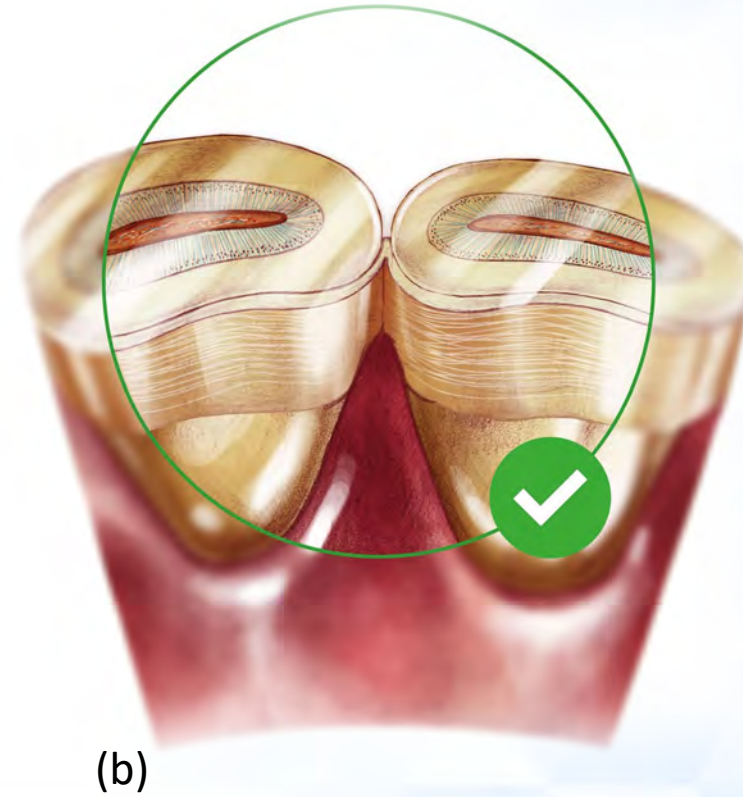
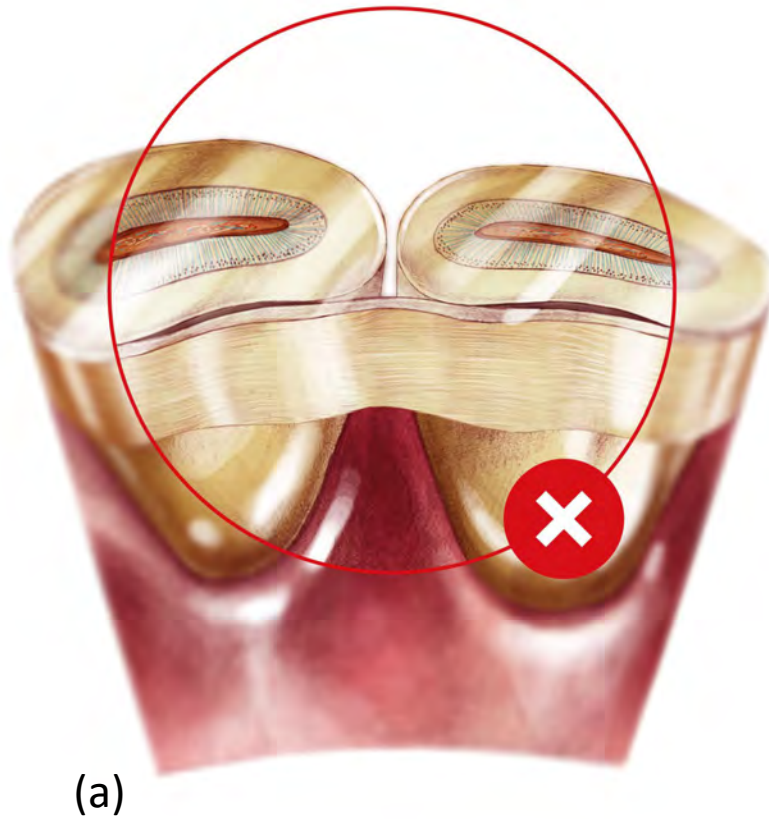


(b)

Cross section of the modelling of a splint, (a) when Comcord is just placed, (b) Comcord is flattened properly into the smooth surfaces sliding into enamel. Adhesion is increased, patient's home hygiene undisturbed.



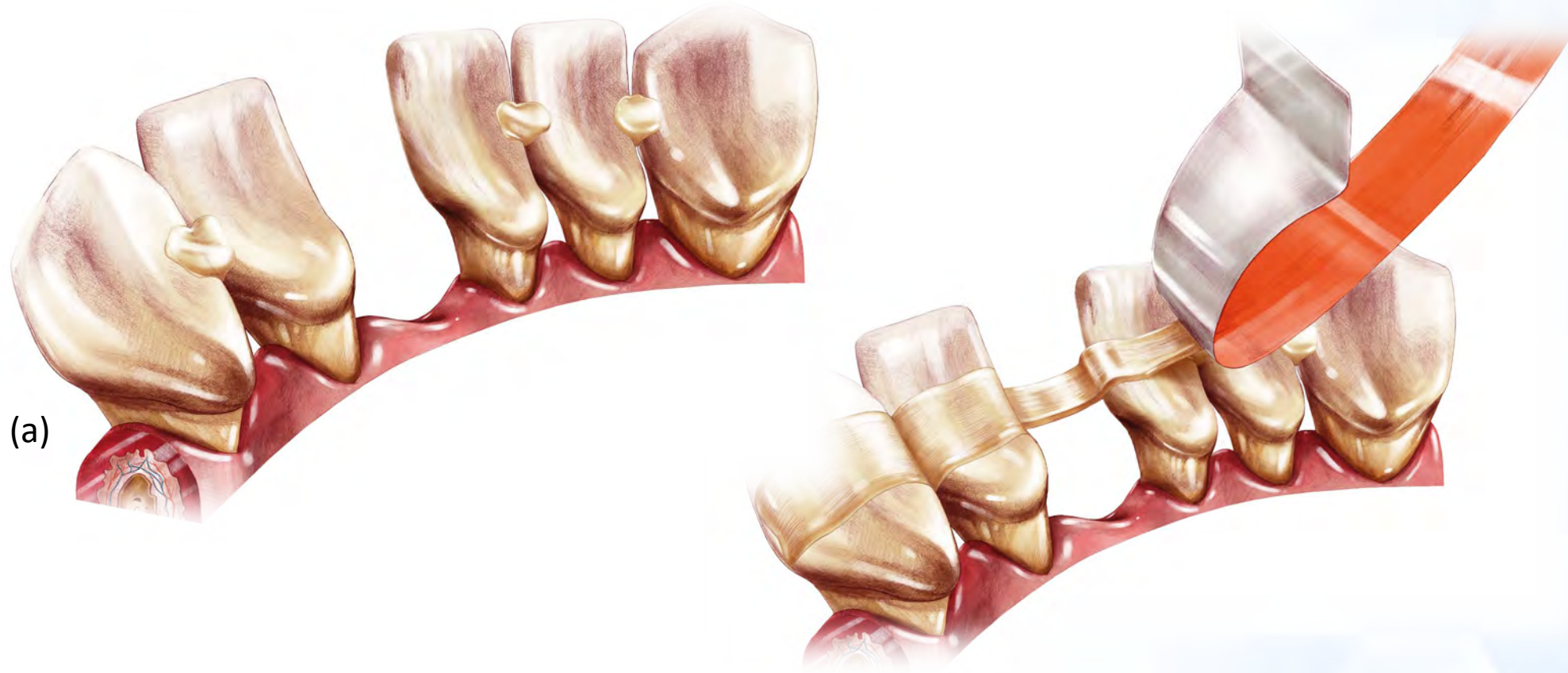
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Cross section of the splint modelling (a) when Comcord is just placed on the lingual surfaces, insufficiently, (b) Comcord is pressed properly into the intra dental gaps, creating 3 surfaces attachment to the teeth.



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(a)

In case of one tooth lost, pre-splint stability is secured by drops of the flowable joining teeth (a).
Further steps are similar to basic splinting.



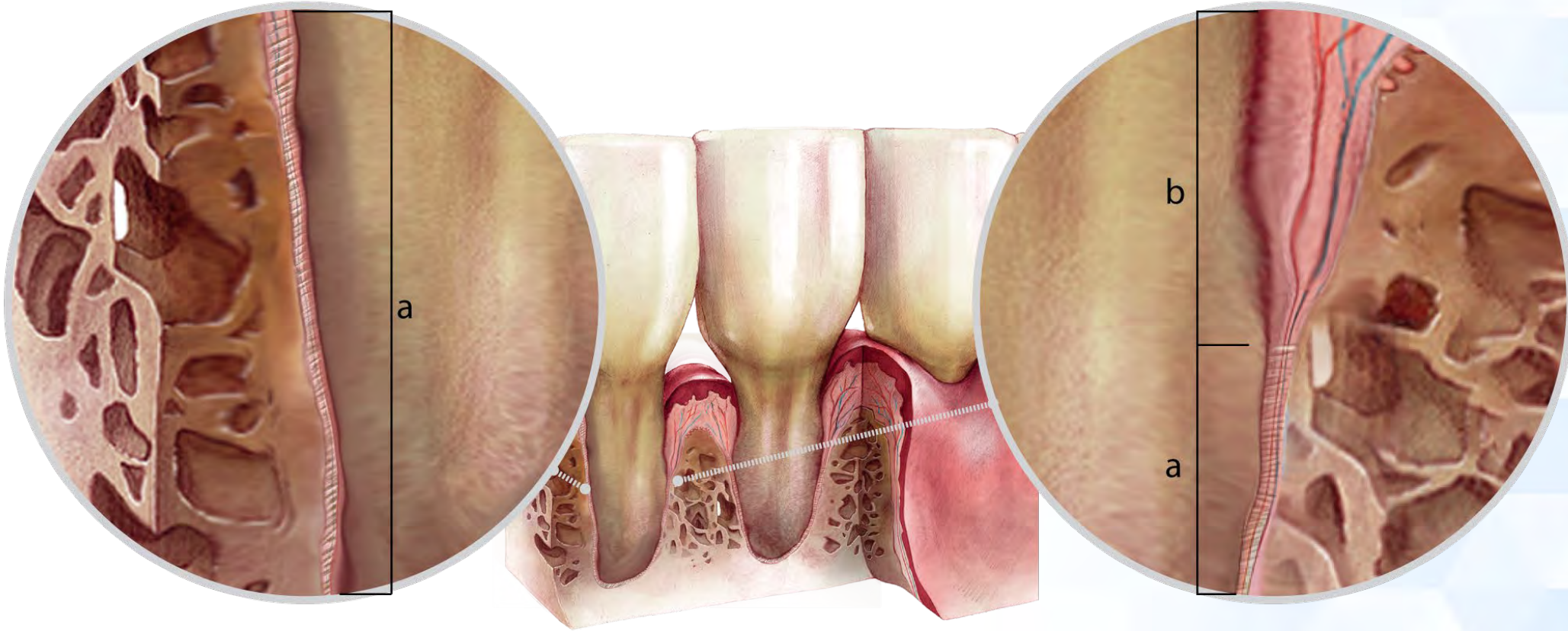
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Side and bird's eye view of the fibre reinforcement of the crown building.



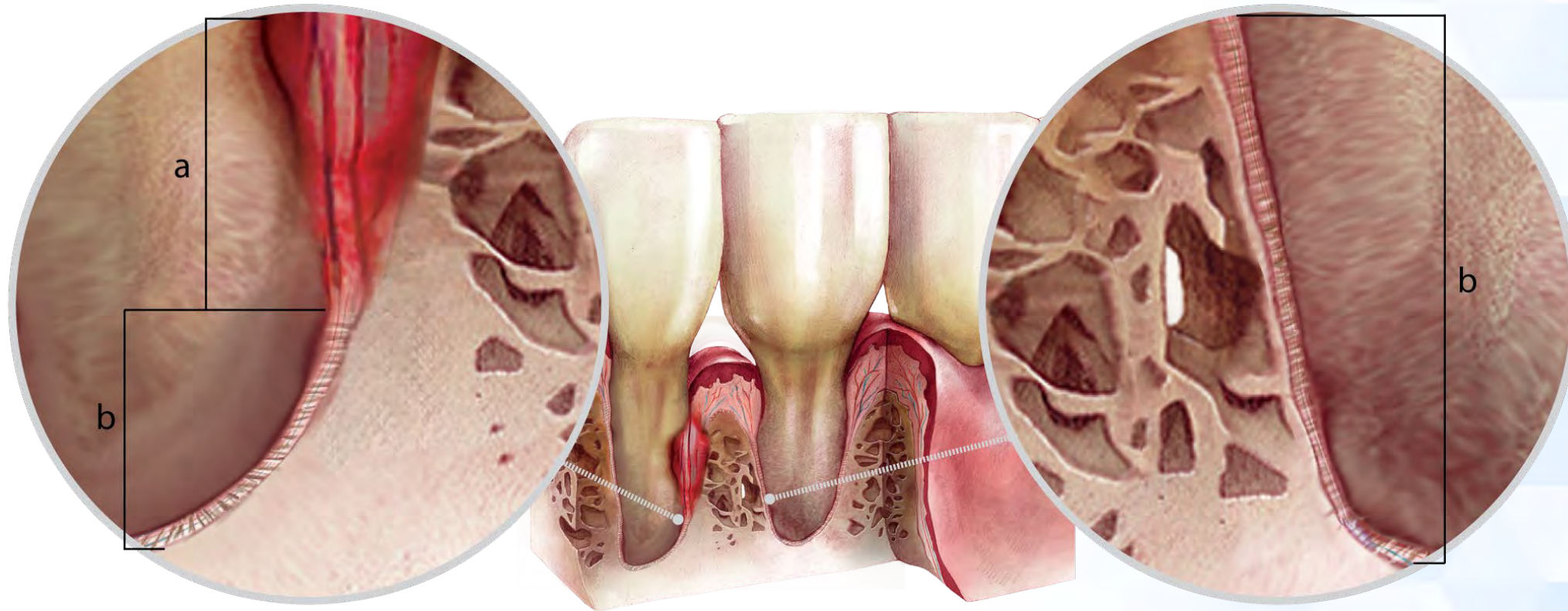
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Cross section of the teeth affected by periodontal pockets' inflammation (b) no bone-tooth connection. Healthy gums (a) are composed of perio ligaments expanding between tooth cementum and a bone, connecting both structures.



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Cross section of the teeth with acute inflammation (a) of periodontal pocket.
Significant destruction of the ligaments. Healthy pocket (b).



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