



Sigal Jacobson ▶ Uvener by Ultradent

11 ore fa ·



Tips from the inventor:

Q: What are all the different applications of the Uvener kit?

A: - Direct composite veneer

- Mock-ups - no etching and bonding needed

- Temporaries for porcelain veneers- Spot etch and spot bond apply any composite resin on the prepared tooth and press the Uvener template on it.

- As an index for gum lift/contour - no need to create expensive stents from the labs.

-To create from the templates individual composite shade guide

- Class 5, 4 , peg laterals

we will post soon short videos on each of the procedures.

Q: Is there a learning curve when first using Uvener? How do I start using it ?

A: Uvener is easy to use. Like all new tools it can take a little practice to become proficient at it, but that's half the fun. The strength of the Uvener system is that if you aren't 100% satisfied with your initial result, you can just remove a little layer with a bur bond apply composite press the Uvener template again onto the tooth surface. You will quickly learn, after one or two trials, how much pressure to apply and how much composite to apply. For beginners we suggest doing a mock-up on the patient without etching and bonding – this way you can evaluate color and shape without committing to the result. We also recommend, when first starting out, that you work on single-teeth rather than multiple-teeth cases. After gaining some experience and confidence with our easy-to-use template, you will skillfully manage bigger cases.

Another issue when staring is that the dentist tends to apply too much composite and left with too much excess to clean at the periphery, I personally prefer to apply less composite onto the tooth surface and add a second layer of composite if needed and press again.

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Mi piace

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8



Jeremy Cooper

All good advice ... My tips..... Generally I use a spot of flowable(VOCO Amaris Flow,Highly Translucent)and spread it out on the UVener. I then apply some enamel shade composite(Amaris TL,TN,TD) on top of this and spread it out over the UVener...NOT TOO THICKLY..... I apply the dentine composite(Amaris O1-O5) directly to the tooth surface and spread it out with a plastic before applying the UVener.....I remove the excess with a blunt probe,only if I am confident there will be no gingival bleeding,before curing,otherwise I will bur it away afterwards...Not everyone in my world achieves optimal gingival health ,however,hard I try! Layering the composite gives a more natural appearance and a less uniform appearance enhancing natural aesthetics.....

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Mi piace · 2 · Rispondi · Altro · 10 ore fa



Sigal Jacobson

Thanks Jeremy for excellent good tips , i also want to add when adding flow as a last layer ,to make sure that the flowable they use is a high- fill flowable so it will stain less and wear less.Examples: Genial flow by GC, Gradio Flow-Voco , Beautiful by Shofu and more. I like to use Vit-lescence by ultradent in many cases because it is a micro- hybrid and give excellent shine without addinga last layer of heavy flow ,Microfill composite Renamel from cosmodent also gives a long lasting shine and excellent as last layer.

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Modificato · Mi piace · 1 · Rispondi · Altro · 10 ore fa



Jeremy Cooper

Filler content of composites complex chemistry.... A subject often glossed over by dentists.... VOCO GrandioSO is the regular filling material, a nano hybrid and has a high filler content of 89%.....GrandioSO flow is a flowable nano hybrid 81%....GrandioSO Heavy Flow is 83%...Amaris is 80% and i believe Amaris flow is 64%..... On that basis I agree with you it will last less especially on Incisal edges. Whether it matters greatly with facial surfaces will relate to diet,tooth brushing habits,dentifrices etc.Some workers think these flowables wear off very quickly indeed and I expect if you live in a country where there are deserts etc and sand content in the air is high the wear will be even more rapid. In reality as the mouth is fortunately a wet environment I suspect these composites look great a long time after the outer flowable areas have worn off.However, they all look great when they are applied initially and the different life spans of the flowable I expect clinically is hugely variable....I can see a thesis for a PhD here....

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