Cementation
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QUINTESSENCE YAYINCILIK

Edition:	1st Edition 2012
pages:	130
Images:	352
Cover:	Hardcover
ISBN:	978-605-62448-4-1
Stock No.:	15021
Published:	December 2012

Book information

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Title: Cementation

Short text:

Preface

There are many properties the materials used in fixed restorations should have, such as not being toxic, not soluble in oral fluids, and not discoloring. The long-term success of cements is provided by their resistance to chewing and biting forces. Aesthetically it must resemble the tissue it replaces in terms of natural color and appearance. The restoration obtained from a material fulfilling these criteria can only be used by the patient in long term if it can provide integrity with the complementary tissue in the oral environment. In this regard, the cementation of restorations is the final step in a series of demanding, expensive clinical and laboratory stages and it requires at least as other restoration steps do. This attention starts with the selection' of a luting agent. During the last 50 years, adhesive materials, new devices, equipments and methods in dentistry have improved. These developments offer a wide range of choices to dentists regarding cementation material selection in restorative procedures, especially cementation.

What kind of luting agent should be used? A conventional one or an adhesive one? This selection should be made according to cement type, the restorative materials used and the habits of the patient. Crown height of the abutment and occlusal forces should be taken into consideration. What is the restoration material? Is it metal supported, full ceramic or zirconium? Is it necessary to mask the color of abutment in aesthetic restoration? Can the luting agent bond to the tooth and restoration? Is it necessary to use sandblasting or etching to increase the bonding? All these questions should be answered by the clinician during the analysis of the treatment plan; at this point the type of the restoration material should be decided. In order to carry out this analysis, the application properties as well as structural properties of luting agents should be well understood on a scientific basis. This condition is especially important in adhesive procedures.

One of the most important success criteria perceived by the patient is displacement of the restoration, and from the point of view of the clinician, the absence of micro leakage. Both of these factors are affected by the luting agent type. I strongly believe that this book, which covers various indications of different luting agents, physical and mechanical properties, and how to ensure optimum properties to meet these criteria through demonstrative clinical cases, will be helpful for both dentistry students and our dentist colleagues.

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Categories: Restorative Dentistry, Prosthodontics