

# Make it **STICK!** Predictable and Durable Adhesive Dentistry

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## Bonding to Enamel

- High inorganic (Hydroxyapatite) content
  - range: from 86% up to 98% HA in mature enamel
  - consistent, homogeneous structure
  - ∴ **Enamel is a very predictable resin bonding substrate**
- Etching Enamel
  - Phosphoric acid (H<sub>3</sub>PO<sub>4</sub>), 32%-35%: IDEAL
  - Increases bonding surface area
  - Cleans debris and contaminants
  - **Bonding to etched enamel is very predictable/durable**
- Selective Etching (for Self-Etching adhesives)
  - Self-etching adhesives: minimal etch of enamel – adequate?
  - PRE-ETCH enamel w/phosphoric acid for best seal
    - Etch ONLY the enamel margins
    - Etch 30-45 seconds, rinse and dry thoroughly
- *Aprismatic* enamel at surface
  - must instrument surface to expose prisms for optimal bonding
  - use a coarse composite finishing disk
  - disk beyond the bevel
- White Lines at margins
  - Enamel cohesive failure
  - Space fills with polishing debris
  - Proximal margins: BEVEL
  - Occlusal margins: REMOVE SHARP EDGE
    - Remove unsupported enamel
  - Disk beyond the bevels
  - Etch with phosphoric acid
    - 30-45 sec. on *enamel*
  - Rinse thoroughly
  - WAIT 5-10 min. before finishing restoration margins

## Bonding to Dentin

### Dentin as a Bonding Substrate

- *COMPLEX* structure
  - Less HA (45%-65%) than enamel, PLUS collagen, tubules, water, tubular fluid, noncollagenous proteins
  - Direct connection to the pulp (via tubules)
    - "The general practitioner should handle dentin as a dynamic continuum of the pulp." (P. Lambrechts)
- Confusing array of products and techniques

- **COMPLEXITY + VARIABILITY = dentin is NOT a very predictable resin bonding substrate!**
  - Variable morphology – tubule density
  - Variable degree of mineralization
    - Intertubular dentin (less mineralized) vs. Peritubular (Intratubular) (more mineralization)
      - shallow dentin: more intertubular, more “etchable”
      - deep dentin: more peritubular, more acid resistant
    - Sclerotic dentin – HYPERmineralized!
      - How to optimize the bond?
        - Prepare? Longer etch? Glass ionomer v. resin?
    - Carious dentin – partially (?) DEmineralized
  - Dentin as a Bonding Substrate – Summary:
    - No such thing as “*NORMAL dentin*”
    - Substrate variability = Bonding variability
    - Don’t be complacent!
  - Durability of Resin-Dentin Bonds
    - Dentin bonds made with newer simplified hydrophilic adhesives are subject to deterioration over time from
    - Hydrolytic breakdown
      - water sorption during and after bonding (Nanoleakage)
      - hydrolytic breakdown of resin and collagen
    - Degradation of demineralized collagen matrix by *host enzymes* (matrix metalloproteinases, or MMPs)
      - rinsing w/ 2% chlorhexidine cavity disinfectant between etching and resin placement may prevent this!

### **Dentin-Resin Bonding: What Can We Use?**

(ALL systems employ variations of the following three steps)

- Acidic Conditioner (Dentin Etching)
  - removes smear layer, dissolves HA at dentin surface → exposes collagen fibers
  - opens tubules (dissolves smear plugs), widens tubule openings (funnel shape)
  - renders dentin surface highly *permeable*
- Hydrophilic Primer
  - hydrophilic resin monomer dissolved in a hydrophilic solvent
    - hydrophilic properties imparted by –OH and –COOH functional groups
  - diffusion of resin monomers into collagen fiber scaffold
  - formation of "Hybrid Layer" or "resin interdiffusion zone" composed of resin + collagen
  - penetration of monomers into tubules and tubule branches (resin tags)
  - conversion of surface from hydrophilic to hydrophobic
- Adhesive resin
  - stabilization of monomer-infiltrated (hybrid layer) dentin
  - copolymerization with the composite resin

## II. The Products



## III. Clinical Technique Considerations

- Dentin "Wetness" (NOTE: this applies ONLY to etch & rinse adhesives)
  - *Overdrying* of etched surface → collagen fiber collapse → ↓↓ *permeability!*
  - if not addressed: no resin diffusion, no hybrid layer, no resin tags, NO BOND!
  - *wet surface is critical for Acetone-based primers*
  - *Overwet* dentin → voids in bonded interface
  - optimal "wetness" is *critical for Acetone-based primers*
- Avoiding collagen collapse
  - Don't overdry – *blot dry* instead of using compressed air
    - suction-off excess water after rinsing, then use cut 2x2 non-linting gauze or dry applicator to absorb remaining excess in prep
    - overdried? re-wet with water and blot
  - Ethanol- or Water-based primers (simultaneous rewetting and priming)
  - Rewetting agents
    - water
    - cavity cleaners, e.g. Consepis® (2% chlorhexidine) (Ultradent) or Tubulicid Red® (EDTA + benzalkonium chloride + NaF) (Global)
  - Self-etching primers
    - usually dissolved in water
    - less sensitive to dentin wetness/dryness
    - most work best on DRY dentin

- Don't rush the priming step!
  - Apply/agitate for 30 seconds
    - Need **TIME** for resin interdiffusion into dentin
    - Facilitates evaporation of solvent
- "Air dry" = evaporate remaining water or solvent with compressed air
  - use GENTLE air stream to avoid displacement of primer monomer
  - dentin surface will still appear shiny due to presence of resin
- Sequential Etching (for Etch & Rinse adhesives)
  - **Avoid overetching dentin!**
  - Etch enamel for 30-45 seconds
  - Etch dentin for 5-10 seconds
- Isolation
  - moisture control is *critical!*
  - high surface energy of etched enamel is attractive to *all* liquids (water, saliva, blood, sulcular fluid)
  - *biofilm* contamination will result in reduced wettability of a hydrophobic adhesive

#### **BONDING CHECKLIST – Etch & Rinse (4<sup>th</sup> or 5<sup>th</sup> generation)**

1. Etch...
  - enamel for 30-45 seconds
  - dentin for 5 seconds
  - Rinse thoroughly (5-10 seconds)
  - **BLOT** dry (don't overdry!)
    - primers need **MOIST** dentin surface
    - **re-wet** and blot dry if necessary
  - Apply 2% chlorhexidine for 2 min., then blot dry
2. Prime...
  - Don't dispense until needed!
  - Re-cap bottle IMMEDIATELY (EVAPORATION!)
  - Apply and agitate
  - RE-apply and agitate
  - GENTLY air dry for 10 seconds
  - Not shiny? Re-apply and dry
3. Bond (apply adhesive resin)...
  - SLIGHTLY air thin
  - Cure for 20 seconds

#### **BONDING CHECKLIST – Self-Etch (6<sup>th</sup> or 7<sup>th</sup> generation)**

- *Selective enamel etch with phosphoric acid*
  - 30-45 seconds
- Apply 2% chlorhexidine for 2 min., blot/air dry
- Apply primer per mfr.'s DFU
- Apply/cure resin per mfr.'s DFU

## Resin-Dentin Adhesion: Neutralizing the Variables – Part I

### Posterior Composites: Risk factors for restoration longevity

- Size of restoration
  - Larger outline → higher risk of wear
  - Larger volume → resin/dentin interface is at risk (*shrinkage stress* at composite-dentin interface)
- Site
  - More posterior → more force during function
- Opposing occlusion
  - “plunger” cusp → force is concentrated in a small area
- Configuration (“c”) -factor
  - c-factor = ratio of bonded surface area to unbonded (free) surface area
  - e.g. flat dentin surface:  $c=1$ ; occlusal Class I cavity:  $c\cong 5$
  - higher c-factor → higher polymerization contraction forces on walls
  - Compensating for a high c-factor:
    - incremental insertion of composite
    - very small 1<sup>st</sup> increment
    - flowable composite as 1<sup>st</sup> increment
      - lower shrinkage stress and higher elasticity than packable/sculptable hybrids
- *Bulk Fill* Flowable Composite
  - Lower shrinkage stress
  - Higher depth of cure
  - Excellent radiopacity