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Palestine



Osama Shaalan was born in Palestine. He graduated with honors in Dentistry in 2013 from the University of Sinai. He is the director of several courses in Palestine on direct composite restoration techniques. He is the inventor of the posterior replica instrument for direct posterior composite modeling and occlusal shaping of posterior teeth. He is a certified member of the European Society of Cosmetic Dentistry (ESCD), which awarded him as the youngest and most promising dentist on the 20th anniversary of the ESCD in 2023. He is the first Gold Member of StyleItaliano in the Middle East. He is an international lecturer for aesthetic and restorative dentistry.

He is the author of numerous articles and publications in the field of dental aesthetics.

He is a key opinion leader for many international dental companies. Dr. Shaalan has maintained his clinical practice in aesthetics and restorative dentistry in his private clinic in Palestine.

INTRODUCTION: ONE-DAY VENEERING

They say the smile is a curve that sets everything straight. A beautiful smile means a happy life because this is particularly important to gain confidence and for successful daily relationships. How do you make the patients happy? The goal of any dental treatment is to reach patient satisfaction and to make them happy. The most common problem when patients come to the dental office is that the majority of them cannot afford expensive treatments. Another is when dentists offer them invasive options or over-treatment that affect the quality of their smile. So, it is a must to respect the patient needs by providing them with the treatment they deserve using minimally invasive options and when deciding the treatment plan there should an integration between biology, structure, function, and aesthetics¹.

Today this has become real with the introduction of new techniques, materials, and instruments everything is simplified in terms of the procedure and the overall time. This book will discuss the StyleItaliano techniques for using anterior direct composite restorations for those who are looking for a more affordable and minimally invasive smile makeover in a single visit.

THE CONCEPT OF ONE-DAY VENEERING

With an emphasis on the emergence of direct composite veneers, the coming years look to be historic for smile makeovers in the rapidly changing field of dentistry. Direct composite veneers have gained an important role in dental clinical applications following recently developed materials and techniques in adhesive and restorative dentistry and having the ability to change the patient's smile in one visit nowadays is considered a miracle, because we are not only changing their smile but also their life². This choice creates new possibilities for minimally invasive dentistry as the tooth shape, position, and color can be altered without loss of tooth substance in one visit³ (**Q** 1, 2).



Figure 1 Before the intervention.

Advantages of one-day veneering

- A single visit is a life-changing procedure as compared to other treatments like porcelain veneers which need at least three visits.
- Minimally invasive: direct composite veneers are a conservative alternative because they don't require much tooth preparation.
- Many issues such as discolorations, chipping, gaps, and misalignments can be solved in one visit.
- Natural appearance: the composite material creates a flawless, lifelike smile by simulating the appearance of natural teeth in a short time.
- Cost-effective as compared to other dental aesthetic treatments⁴⁻⁶.



Figure 2 After a smile makeover with a direct composite.

Simplified layering technique

There are four recipes for doing a direct composite veneer for color enhancement or masking discoloration and shape modifications (23, 4).

- Using only one dentin shade for the entire labial surface, simple and fast, can be used in situations for patients with either worn incisal edges or just from day-to-day habits, has thin enamel due to age; we do not suggest the use of an enamel shade. Providing the shade and shape are often correct; we only need to use one body shade with CompoSite (Optident-UK), simplifying the technique⁷.
- 2. Using one dentin for the labial surface and proximal walls with enamel shade only on the incisal third. Simple, fast, and natural (the most used). In instances where a younger patient needs a little more brightness, the Si E shade (Enamel) is the perfect option, as it takes up the color of the body material for a natural appearance.
- 3. Using one dentin and enamel for the entire labial surface is more natural. Still, one needs to be careful to control the thickness of the whole enamel on the labial surface, not exceeding 0.5 mm⁸.
- 4. In case of severe discoloration or very dark teeth, we use a masking agent in addition to dentin and enamel. This technique is called the camouflage technique that covers the discoloration with a light foundation⁷.

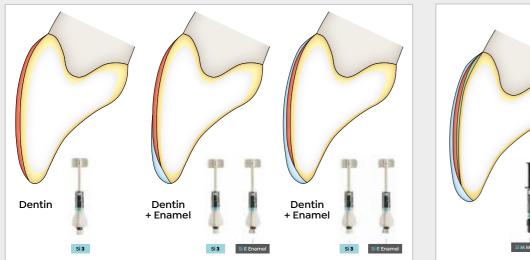


Figure 3 Layering recipes: 1: one dentin shade; 2 shades: one dentin and only enamel at the incisal edge; 2 shades: one dentin and one enamel covering the entire surface. Figure 4 Severe discoloration recipe using a masking agent in addition to dentin and enamel.

Clinical case

A 25-year-old young woman comes to the clinic after having orthodontic treatment and she wants to have a beautiful and confident smile (**2**, **6**). In the retracted view there are multiple old composite restorations with disharmony between the teeth's shape between the right and the left (**2**, **6**b,c). Treatment planning (based on the discussion with the patient), resin composite veneering with minimal tooth preparation was planned (**2**, **6**a). In agreement with the patient's wishes, we decided to do composite veneers as a minimally invasive approach to modify both the color and shape of the upper anterior teeth with direct composite veneering from the 4-4 as appeared from the full smile and to correct the flat smile curve.



Figure 5 Initial situation, full smile.



Figure 6 Black contrast treatment plan. (a) Increase the length of 4 anterior to correspond that to the curve of the smile and lower lip. (b) Enhance the color of the teeth. Correction of the shape symmetry between the right and left side. (c) Correction of the smile curve and incisal embrasure.









Figure 7 (a) Split dam isolation as we will use a Unica matrix to seal the cervical part.(b) Removal of the old composite.(c) Frosty white appearance after sufficient etching.



Figure 10 Side view Unica matrix that can predict and visualize the outer shape and contour of the final restorations.



Figure 8 Freehand construction of palatal shell using mylar strip supported palatally by a finger as this will be done in a single visit. A little pre-finishing of the palatal shell before proceeding to the next step.



Figure 9 Multiple Unica matrix in action (build, support, and predict) – Unica anterior (Polydentia – Switzerland). A Unica matrix that can wrap around the tooth in all directions enabling the practitioner to build the proximal and cervical in one shot. There are two types of Unica matrix: regular for large teeth like upper central and canine and mini-deep for small teeth like upper lateral and lower teeth⁷.



Figure 11 A frame is produced when building the proximal walls and cervical from the Unica matrix, which helps predict the restorations' final shape, control the amount of composite material during layering, and subsequently decrease the time of the finishing and polishing.



Figure 12 Layering the veneering material which is the same dentine shade of the proximal walls.



Figure 15 Final polishing step using Lucida polishing from Diashine.





Figure 13Layering the final enamellayer up to incisal 1/3.

Figure 14 Finishing process.





Figure 17 Side view.





Figure 18 Final aesthetic result.

Figure 19 One-week follow-up.



Figure 20 Side view.



Figure 21 One-year follow-up.



CONCLUSION

Direct composite veneers are a contemporary and cost-effective option for people thinking about changing their smiles, in a minimally invasive way and this can be done in just one visit, reducing the time on both the patient and the practitioner.

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