

Adhesive systems

Etch&rinse and self~etch systems

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Composites – adhesive filling technique

- \square preparation;
- ☑ acid etching/conditioning (enamel, dentin);
- ☑ using adhesives/bonding agents
 - (primer + bond) both on enamel, dentin)
 - \rightarrow minimal invasivity, microretention;
- \square composite filling technique.

Adhesion

- the anorganic tooth material changes to resin
- connection of two materials on one interlocking surface
- has two phases:
- 1 demineralisation
 2 hybridisation

Conditioning – enamel

- ☑ dr. Michael Bouncore, 1967
- ☑ previous phosphoric acid milling + bonding agents → micromechanical gripping

after 30~40s penetration is 10~50 μ m deep

microtag:

where the nucleus of the enamel prism dissolves <u>macrotag</u>:

where the perifery of the enamel prism dissolves

Microtags Macrotags Enamel

Conditioning – dentin

more difficult:

- \square less hydroxy apatite;
- \boxdot inhomogeneous structure.

Smear layer

- \square start up during preparation;
- Ø 0,5~5 µm organikc and anorganic components (dentin chips + microorganisms);
- ☑ plugs in the tubuli
 - 2~5 µm deep →

obstruct the attachements.

The "predestination" of smear layer

etch&rinse – removes

self~etch – modifies

Adhesives

(primer + bond) ☑ basic is similar to the composite matrix (BisGMA);

- ☑ hidrophobe;
- ✓ close the clear dentin surface, so protect from
 - ~ microleakage;
 - ~ postoperative sensitivity;
 - ~ hydrodynamical stimuli;

 \square reduce polymerisation shrinkage.

Primer

- ☑ to interconnect the hydrophil dentin and the hydrophobe bonding agent;
- \square water and infiltrate the collagene network \rightarrow hybridisation is possible.

Sorts of primers

✓ water based; } , dry bonding"
✓ ethanol based;
✓ acetone based.
✓ , wet bonding

Utilization of dentin tubuli for bonding

- ☑ in <u>superfitial</u> dentin layers: less tubuli, smaller cross section → <u>intertubular</u> areas are more inportant;
- ✓ in <u>deeper layers:</u> more tubuli, bigger cross section
 → <u>intratubular</u>, addicional bonding forces.

Classifications of adhesives

• generations I-VII

according to marketing appearances;

Van Meerbeck's subdivison

due to clinical usings:

- \square total-etch = etch & rinse systems;
- \square self-etch bondings;
- ✓ resin modified glass ionomer bonding systems.



Self-etching systems with modifying the smear layer

Acid

Adhesive

1 ster

☑ there's no previous conditioning;
☑ their monomers have acidic groups;
☑ put directly on the smear layer
→ built~in the hybrid layer.

2 steps



Self-etch adhesives

- Accoring to acidic agressivity:
- \square strong;
- 🗹 mild;
- \square medium strong systems.

Strong self-etch adhesives

- \square pH1 or less \rightarrow intensely demineralise;
- \square there's no chemical interaction;
- \square bonding mechanism based on diffusion;
- \boxdot few clinical experiences.

Mild self-etch adhesives

- ☑ approimately pH2 \rightarrow demineralisation in 1µm deep;
- ☑ additional chemical bonding;
- \square thinner hybrid layer;
- \boxdot weak point is bonding to enamel.

Medium strong self-etch adhesives

- ☑ approimately pH1,5;
- \square "strong effect" in top layers:

better micromechanical attachment;

☑ "mild effect" in deeper layers: chemical bonding.

3 Resin modified glass ionomer adhesives

- \square filling material with more resin;
- ✓ less postoperative sensitivity (since there's no acid etching + also stress breaking);
- ☑ with polypropylene acid preconditioning even betteradhesion.

3 Resin modified glass ionomer adhesives

10~20% polypropylene acid

✓ removes smear layer → microporosity in the dentin: micromechanical attachment; "mild self etch"

 \square chemical bonding with calcium ions.

Use

10-20% polypropylene acid etching for 10s → rinsing, drying; as an underliner.

Thank you!