

Operative Dentistry

General Guidelines

Operative dentistry includes the restoration of hard tooth structure lost as a result of caries, erosion, attrition or trauma.

Since many of the features of operative dentistry are common to all of dental practice, they will not be discussed in detail in this section. Only those aspects that have specific importance for this area will be included.

Restorative materials for operative dentistry include dental amalgam, composite and non-composite resin materials, gold foil, cast restorations (inlays or onlays) and porcelain or ceramic inlays or onlays as well as various temporary or intermediate materials usually classified as cements.

The dentist's choice of restorative material for a given patient depends upon the nature and extent of the defect to be restored, its location in the tooth and in the mouth, the stress distribution expected during mastication and the aesthetic requirements. Treatment with dental amalgam, or composite or non-composite resin restorative materials/porcelain inlays/onlays may be contraindicated when:

- The restoration will receive excessive masticatory force that might fracture the remaining tooth structure or restoration
- When the restoration would be aesthetically unacceptable
- Treatment in question would cause abrasion to opposing dentition

Treatment with cast and/or porcelain restorations may be contraindicated in:

- Patients with high caries activity and/or poor oral hygiene
- When there is no clear indication that restoring the tooth with a cast and/or porcelain restoration will be effective
- When the restorations may cause damage or adversely affect the prognosis for the tooth or adjacent teeth

Treatment with a bonded composite or ceramic restoration may be contraindicated when:

- Operative conditions and/or marginal placement may not permit an acceptable environment for bonding a restoration.

The patient's age, health and general condition and hygiene of the oral cavity as well as the patients' wishes and attitude must also be considered in the dentists' choice of restorative material.

The clinical quality of operative dentistry depends not only upon the proper choice of materials for a given restoration, but also upon strict adherence to good technique on the part of the dentist and his auxiliary personnel, as the properties of most restorative materials are highly susceptible to manipulative variations.

Bleaching is the treatment of a discolored tooth or teeth in an attempt to restore the natural shade and translucency. Bleaching is also used as an esthetic enhancement to teeth or teeth's natural shade. Patients should be advised of possible consequences of bleaching with regards to teeth, periodontium and existing restorations.

The following quality-evaluation criteria should be considered merely as AIDS for the discrimination between the four ratings for each characteristic. The determination of the rating of any given dental service is dependent upon the sound JUDGMENT of the peer review examiners.

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OPERATIVE DENTISTRY

QUALITY EVALUATION RATING SYSTEM		
	Rating	Operational Explanation
S A T I S F A C T O R Y	<p>R Range of Excellence</p> <p>ROMEIO Code: R Call: Romeo</p>	The restoration is of satisfactory quality and is expected to protect the tooth and the surrounding tissue.
	<p>S Range of Acceptability</p> <p>SIERRA Code: S Call: Sierra</p>	The restoration is of acceptable quality, but exhibits one or more features which deviate from the ideal.
N O T S A T I S F A C T O R Y	<p>T Requires Treatment for Prevention or Correction</p> <p>TANGO Code: T Call: Tango</p>	The restoration is not of acceptable quality. Future damage to the tooth and/or its surrounding tissues is likely to occur.
	<p>V Correct or Repeat Statim (if not irreversible condition)</p> <p>VICTOR Code: V Call: Victor</p>	The restoration is not of acceptable quality. Damage to the tooth and/or its surrounding tissue is now occurring.

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QUALITY EVALUATION RATING SYSTEM					
Code	Surface and Color	Code	Anatomic Form	Code	Margin Integrity
	<p>Surface of restoration is smooth. No irritation of adjacent tissue.</p> <p>No mismatch in color, shade and/or translucency between restoration and adjacent tooth structure.*</p> <p>(Refer to General Guidelines)</p>		<p>Restoration's contour is continuous with existing anatomical form, restores contours, cusps, planes, grooves, marginal ridges and functional contact.</p> <p>(Refer to General Guidelines)</p>		<p>No visible evidence of ditching along the margin.</p> <p>No discoloration on the margin between the restoration and tooth structure.*</p> <p>(Refer to General Guidelines)</p>
SRO SMM	<p>Surface of restoration is slightly rough or pitted, (can be refinished).</p> <p>Mismatch between restoration and tooth structure within the normal range of tooth color, shade, and/or translucency.*</p>	SUCO SOC SOH SMR SCO SFA SLG SPX SOCO	<p>Restoration is slightly undercontoured, or Occlusal contour not continuous with that of cusps and planes, or Occlusal height reduced locally (not in toto), or Marginal ridges slightly under-contoured (low), or Contact slightly open (may be self-correcting), or Facial flattening, or Lingual flattening, or Interproximal cervical area slightly under-contoured, or Restoration is slightly overcontoured, but excess material could be removed.</p>	SCR SDIS	<p>Visible evidence of ditching along the margin not extending to the DE junction.</p> <p>Discoloration on the margin between the restoration and the tooth structure.*</p>
TPIT TMM	<p>Surface deeply pitted; irregular grooves (not related to anatomy); cannot be refinished.</p> <p>Mismatch between restoration and tooth structure outside the normal range of tooth color, shade and/or translucency.*</p>	TUCO TDE TBA TOC TCO TPX TOCO TOV	<p>Restoration is under-contoured; or dentin or base is exposed, or occlusion is affected, or contact is faulty (self-correction is unlikely), or interproximal cervical area under-contoured; tissue damage likely, or Restoration is over-contoured; Contour cannot be adjusted properly, or there is marginal over-hang.</p>	TMD TMB TPEN	<p>Ditching along the margin is extending to the DE junction. Ditching along the margin is extending to the center base.</p> <p>Discoloration has penetrated along the margin of the restorative material in pulpal direction.*</p>
VSF SFK VUN	<p>Surface is fractured or flaking.</p> <p>Esthetically displeasing color, shade and/or translucency.*</p>	VMIS VTO VPN	<p>Restoration is missing or traumatic occlusion, or restoration causes pain in tooth or adjacent tissue.</p>	VMD VFR VCAR VTF	<p>Restoration is mobile or fractured, or Caries contiguous with the margin of restoration, or tooth structure fractured.</p>

*Criteria apply to anterior restorations.