

BRIDGES

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Opalite™ All-Zirconia Crowns & Bridges

The esthetic alternative to metal occlusion or full-cast crowns

Every practice has severe bruxers and grinders that still want an esthetic posterior restoration. Every dentist has run into the situation where there isn't enough occlusal preparation space for porcelain coverage. Now there is a solution to both these dilemmas: Opalite All-Zirconia crowns and bridges – exclusively from Aurum Ceramic.

An all-ceramic alternative designed specifically to meet posterior high load demands, Opalite is a monolithic, solid medical grade Zirconia crown or bridge without the porcelain overlay. Hard sintered to reach a final flexural strength of 1100 MPa, Opalite restorations are virtually unbreakable, offering excellent long-term durability for bruxers and grinders.



Perfect for Tight, Minimal Clearance Situations



A traditional, conservative cast gold preparation is all that's required. Best of all, you can have as little as 0.5 mm occlusal reduction (although 1.0 mm is ideal). This is far less than standard PFM or layered Zirconia/Porcelain restorations. Feather edge margins can be employed (shoulder preparations are not required). Opalite crowns and bridges can be designed directly from your digital impression files – or from normal impressions and models. Use conventional cementation.

High-Translucency for Excellent Aesthetics



Opalite is a far more esthetic alternative when compared to metal occlusion or full-cast crowns. Glazed to a smooth, plaque resistant surface, there is a wide range of shades available for a perfect match. Created with latest advancements in digital technologies, each restoration is CAD/CAM milled for virtually perfect contacts, fit and easy seating. Digitally equilibrated occlusion, contacts and beautifully consistent anatomy virtually eliminate the need for chair side adjustments.

Features and Benefits

Super Strong and Esthetic

- Monolithic all-zirconia crowns & bridges.
- Occlusal reduction as little as 0.5 mm all that's required.
- Hard sintered for final 1100 MPa flexural strength.
- Virtually unbreakable, even with severe bruxers and grinders.
- Use your digital impression files – or normal impressions and models.
- CAD/CAM milled for virtually perfect contacts, fit and easy seating.
- Conventional cementation.

Indications:

- Posterior crowns and bridges.
- Esthetic alternative to metal occlusion and full-cast metal posterior restorations.
- Severe parafunctional activity. Super strong answer for bruxers and grinders.
- Ideal for tight/minimal clearance situations.

Contraindications:

- Anterior crowns and bridges unless a facial veneer of porcelain is added for better esthetics (occlusal will remain in 100% Zirconia).
- Veneers.
- Inlays/Onlays.

Shade Selection:

- For basic shades, use the Vita Lumin, Vita 3D Master or Chromascop Shade Guides.
- For bleached shades, use the Chromascop Bleached Shade Guide, Vita 3D Master Bleached Shade Guide or Illuminé Shade Guide.

Laboratory Requirements:

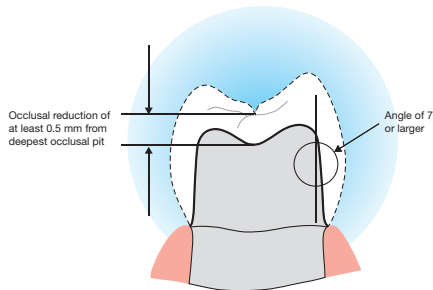
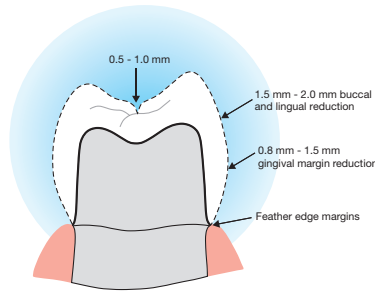
1. Thoroughly detailed prescription denoting which teeth are to be crowned, extracted and/or bridged as well as selected shade.
2. Clear and accurate upper and lower full arch impressions or study models.
3. Bite registration.

Techniques and Tips:

A. Preparation

- a) Opalite restorations require only a simple cast gold type preparation.
- b) Can be fabricated on conservative feather edge preparations. Shoulder preparations are not required. Clear margins are a prerequisite for an accurate restoration.
- c) Any preparation with at least 0.5 mm of occlusal space is acceptable, however 1.0 mm preparation is ideal.

- d) Margins should be sharp, but all internal features, whether positive or negative, should be rounded as with any all-ceramic. Avoid sharp angles and undercuts.
- e) Maintain an even reduction of anatomical form.
- f) These are minimum requirements. Strength will be increased with more tooth reduction (Note: opacity will be less, translucency will be better).



B. Try-in

- Only “passive” pressure should be needed to fully seat the restoration.
- Never force restorations into place.
- If restorations fail to seat passively in the mouth, but fit on the model, please return to the lab with a new impression.

C. Cementation

- Opalite crowns and bridges can be cemented with any resin reinforced glassionomer cement (e.g., RelyX or GC Fuji Plus). Use resin cements (e.g., Multi-Link or Panavia F2.0) for short or over-tapered preparations.
NOTE: Cements with higher expansion rates (e.g., hybrid ionomer cements) must NOT be used.
- All final seating should be accomplished with only “passive” finger force. Never force restorations into place.
- Clean tooth surfaces. Tooth surface should not be dehydrated when cement is applied. Excessive drying concentrates protein debris and prevents efficient wetting of tooth surface.
- Never use varnishes to protect tooth if polyacrylic acid cements are used (prevents chemical bonding to tooth structure).
- Protect margins of cement with varnish after initial set (5 to 6 minutes). Saliva should not come into direct contact with unset cement.

D. Polishing

- Polish with preferred porcelain polishing system.

Adjustment Tips:

- Adjust restorations with a fine grit diamond, using water and air spray to keep restoration cool and to avoid microfractures.
- If using air only, use the lightest touch possible when making adjustments.
- A football-shaped bur is the most effective for occlusal and lingual surfaces; a tapered bur is the ideal choice for buccal and lingual surfaces.



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