COMPONEER –
A Perfect Complement to the Aesthetic Dental Practice

DR. TERRY WONG, JULY 2012

Introduction
I maintain a restorative practice in Melbourne, Australia, with emphasis on aesthetic Dentistry. A large part of my aesthetic restorative procedures include porcelain veneers and the time consuming and technically difficult direct, free-hand bonded composite resin veneers.

With the introduction of COMPONEER (Coltène/Whaledent AG) I can now offer a third alternative to my patients. COMPONEER are an affordable alternative to porcelain veneers. Perfect for patients who choose not to have their teeth prepared or cut. There are significant advantages for the Dentist. Delivering a new smile to the patient requires less effort and certainly reduces chair-side time. The difficulty in sculpting the composite in free-handed resin bonding is taken away by the appropriate selection of “ready made” veneers. COMPONEER certainly have a place in my practice. They are another aesthetic option for our patients. I will introduce the system in the following four cases:

Case 1 | COMPONEER to close lower spaces

A 30+ year old female patient dislikes the appearance of her lower incisor teeth. She is concerned about significant spacing between her lower teeth.

After examining her teeth, I mentioned concerns of the long-term prognosis of tooth 41 (lower right central incisor) as there is significant bone loss and subsequent gingival recession due to chronic periodontal disease (Fig. 1). The patient is aware of her gum disease but does not want to lose her lower teeth. She would still like to have aesthetic improvements to her lower teeth. Additionally, cost was a concern. In considering her poor long-term prognosis of the lower teeth, it was decided to adopt a conservative approach using COMPONEER to treat three lower incisors, namely teeth 31, 41, 42.

There was to be no tooth preparation other than sand blasting the enamel surfaces with an aluminium oxide powder. The enamel was etched for 30 seconds using phosphoric acid. One Coat Bond (Coltène/Whaledent) was applied to the teeth and cured for 10 seconds. Size “L” COMPONEER of shade White Opalescence were chosen together with SYNERGY D6 shade A1/B1 Dentine as a base shade.

The teeth were not too mobile considering the apparent bone loss. So no splinting or stabilisation of the tooth 41 was necessary. SYNERGY D6 shade White Opalescence enamel was applied to deficient areas (Fig. 2). The patient was extremely happy with the end result.
20 year old female patient completed a full fixed orthodontic treatment approximately 6 years ago.

The patient had commented that although her teeth were well aligned, she disliked the mottled and patchy appearance of the enamel surfaces of her teeth.

At her Dental examination, I accepted her concerns about the appearance of her teeth. I also made mention that her upper anterior teeth were short (Fig. 1 + 2). Treatment options were discussed, including porcelain veneers and COMPONEER. The patient selected to have COMPONEER as she did not want tooth cutting/preparation. The COMPONEER Contour Guide, a teeth size guide, was used to determine the appropriate COMPONEER sizes for the four anterior upper incisors (Fig. 3). A "L" size was selected for the central incisors and "M" size for the lateral incisors.

The White Opalescence shade of COMPONEER was selected and the dentine composite shade chosen was SYNERGY D6 White Bleach.

There was no tooth preparation necessary and the four anterior teeth were cleaned with pumice. 35% phosphoric acid was used to etch the teeth for 30 seconds. The One Coat Bond (Coltène/Whaledent AG) was then applied to the enamel surfaces and before light-curing for 10 seconds per tooth, transparent matrices were placed in the interdentally spaces. The COMPONEER were wetted with One Coad Bond and briefly blow-dried with air, but without light-curing. White Bleach dentine composite was then applied to the fitting surface of each COMPONEER.

One by one, the COMPONEER were pressed onto the teeth surfaces using the Placer instrument, beginning with the two central incisors. Each COMPONEER was subsequently cured when alignment was corrected. Any peripheral defective areas were filled using SYNERGY D6 White Bleach dentine composite resin. The finishing was made by using finest finishing diamonds as well as flexible discs and strips (Fig. 4 + 5).
Case 3 | COMPONEER to replace defective porcelain veneers

A 30+ year old female patient presented with 7 year old porcelain veneers with defective margins. The margins were restored with composite resin.

However, the composite resin repairs were visible and unsightly (Fig. 1 + 2). The patient selected to have COMPONEER as the cost of replacing her current veneers with new porcelain veneers was unaffordable. The patient was given local anaesthesia and the 8 porcelain veneers were subsequently cut off.

As the patient requested a brighter smile, COMPONEER with a White Opalescence shade were chosen. White Bleach dentine shade SYNERGY D6 resin was used under the COMPONEER to increase the brightness of the teeth. COMPONEER was applied to teeth 13 – 23 and teeth 14 and 24 were free handed direct composite veneers using the same shades as the COMPONEER (Fig. 3 + 4). Five weeks after treatment, the patient requested to shorten teeth 11, 21 and 22 (Fig. 5).
A 30+ year old female patient complained about chipping her upper central incisors. She also would like her midline diastema reduced (Fig. 1).

The patient did not want to have her teeth cut as per porcelain veneers so she selected to have two COMPONEER bonded to her upper central incisors. Size “M” was selected as the appropriate fit of the COMPONEER on her central incisors. The shade chosen was Universal (Fig. 2). The corresponding shade of universal SYNERGY D6 dentine was used as the base composite shade under the COMPONEER.

No tooth preparation was carried out. The teeth were etched with 35 % phosphoric acid and One Coat Bond was applied to the teeth and cured for 10 seconds each. Bond was applied to the COMPONEER and not cured. Universal composite was then applied to the two teeth and the COMPONEER were pressed into the composite. The excess composite was removed before the COMPONEER were fully light cured for 40 seconds each tooth. The COMPONEER were polished to finalize the treatment (Fig. 3).

Summary about the COMPONEER direct veneering system:

- A lot of indications are possible such as closing spaces/gaps, aligning crooked teeth, masking discoloured teeth, lengthening teeth, improving the shape of teeth.
- Simple handling – less labial adjustments required, so for the in-experienced dentist who has trouble delivering direct composite veneers, this is a perfect system.
- Aesthetic results are achievable in ONE appointment. There can be no tooth preparation or only minimal tooth preparation. Therefore NO PAIN to the patient. No local anaesthetic is necessary.
- No lab fees.
- COMPONEER system covers all steps.
- Surprisingly easy.