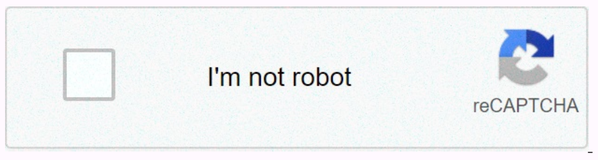

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Cavity varnish pdf

Volume 40, Issue 5, November 1978, Pages 534-537Se full text 26 Cavity lans, liners, and bases Figure 26.1 Cavity liner reduce the negative effects of heat, chemicals, and galvanic effects on tooth mass. Box 26.1 Bases and Liners Box requirements 26.2 Factors affecting liner integrity and efficiency, and base degree set for restoration position Strength and thickness of liner force exercised during restoration placement Aid for surrounding hard tissue Box 26.3 Requirements for high strength bases Provide thermal protection Higher strength than liners Higher viscosity than liners Table 26.1 Average mechanical properties of low- and high-strength bases Cavrum varnish may create barriers in the tandrestaure interface against the migration of irritants from restorations and/or oral fluids into the dentin. Cavity liners act both as barriers and in exercising therapeutic effects. A cavity varnish provides a barrier against fluid penetration into the underlying dentin. When applied to dentin, a varnish can reduce post-operative sensitivity and limit the migration of corrosion products to dentin, reducing teeth discoloration. Varnish are usually solutions of natural gums, synthetic resin, or colonium (typically/> Only gold members can continue reading. Log in or Sign up to continue LinkedIn emplea cookies para mejorar la funcionalidad y el rendimiento de nuestro sitio web, así como para ofrecer publicidad relevant. Si continúas navegando por ese sitio web, aceptas el uso de cookies. Consulta nuestras Condiciones de uso y nuestra Política de privacidad para más información. LinkedIn emplea cookies para mejorar la funcionalidad y el rendimiento de nuestro sitio web, así como para ofrecer publicidad relevant. Si continúas navegando por ese sitio web, aceptas el uso de cookies. Consulta nuestra Política de privacidad y nuestras Condiciones de uso para más información. Cavity varnish, base, liner or Sealer is an integral part of Operative Dentistry, which has the main goal of maintaining the health of Dental Pulp. In Operative Dentistry, the main purpose is to restore the tooth affected by either caries, trauma, etc. with restorative materials. These Permanent restorative materials are harmful to pulp when exposed to it, here is when Pulp Protective agents enter They act as a barrier between the restorative material or pulpalirritative substances and vital pulp. Cavity Liners and bases are used to prevent damage to pulp, which can result in irreversible pulpitis and may require Root Canal Treatment. What are the various pulpalirritative substances: Pulpal irritants are the substances or factors that lead to damage to pulp tissue. Caries, trauma, erosion, exhaustion, etc. Heat, Pressure, leakage, etc. Cavity varnish: Uses, techniques, benefits It is a liquid used on the surface of the teeth as a thin layer and later transformed into a solid layer using either a or any physical process. Process. or solvent-based varnish is used to help make it easy to apply on the irregular surface of the tooth equally. It is usually a natural gum such as copal resin or synthetic resin dissolved in organic solvents such as ether, alcohol or chloroform to help facilitate application. The ideal requirements for a Dental Varnish are Bio compatibility, easy use, patient comfort, easy activation. Applications of cavities / Dental Varnish: Protection of teeth from Caries: Teeth are protected from future caries activity by releasing active substances such as fluoride or antimicrobials Desensitizing teeth: Varnish helps reduce sensitivity by forming a physical layer on top of the tooth, which blocks Dentinal tubuli. Whitening of teeth: Dental lans sometimes contain bleaching agents in them, which helps with whitening of the teeth acting as indirect bleaching agents. Loals are used in moderate to high-risk caries cases, as a preventive measure, dentinal hypersensitivity, postoperative sensitivity cases. Types of Dental Varnish: There are several types of varnish depending on the ingredients it contains and the purpose of varnish. Fluoride varnish, teeth whitening varnish, desensitising varnish, antimicrobial varnish. The other types depend on how they are healed – physically healed or chemically cured. Most commonly used lans are: Duraphate: Fluoride varnish with 22,600 ppm fluoride in the form of sodium fluoride Carex: Fluoride Varnish with lower concentration of fluoride but similar effect as duraphate in the prevention of caries. Fluoride protector: Polyurethane-based product with 7000 ppm fluoride as silhanfluoride. Clinical efficacy has been under question as it is referred to as 1% to 17%. Duraflour: It consists of 5% NaF in alcoholic suspension of natural resin. Zarosen: Antimicrobial varnish reduces bacterial growth in the oral cavity. Commonly used is Chlorhexidine thymol varnish as it prevents the growth of both grams of negative and gram positive organisms. Dental Varnish is used in dental clinic easily without much use of dental equipment, complete oral prophylaxis followed by drying and insulation of the teeth to be used. An applicator tufted small brush is used to apply the material to the proximal surfaces. The patient should be asked to wait for 5 minutes with an open mouth and all saliva should be sucked out with the liquid on the surface of the tooth. The patient is asked not to be rinsed off drinking for the next an hour and should be advised not to chew anything firmly on the teeth which have undergone application. It takes somewhere between 18-20 hours for varnish to have fluoride desired effect on the enamel. The only downside to Varnish is that it leaves yellowish discoloration on the tooth for a few days along with a bad taste. To prevent discoloration and bad taste - Duraflor Halo has been introduced taking into account children. Dental Liners of Cavity Liners: A Liner is defined as a liquid containing CaOH and zinc oxide (occasionally) suspended in a solution of synthetic or natural resin. Commonly used drugs clinically are – Dycal and Life, which are available in two pasta system containing CaOH and Accelerator. Cavty liner helps provide thermal and physical insulating properties from the restorative material on the surface of the tooth. Resin Modified Glass Ionomer cement is also used as a liner. There are two types of liners based on the suspension – Solution Liners or Varnish, which is Copal or natural resin dissolved non-aqueous volatile solvent, which dries after application to produce a thin layer above the tooth surface. Suspension Liner is the second type of liner where the suspension is water and thus dry is slow and leaves a thicker layer (20-25 um) on the tooth surface helps in thermal protection. Composition of cavity liners: Therapeutic agent: Calcium hydroxide and zinc oxide Solvent: Ethyl alcohol Thickening Agent: Ethyl Cellulose Radiopacifier: Barium Sulfate Anticariogenic: Fluoride Features Cavity Liner: Protection of Pulp From Thermal, Electric (Amalgam Restoration) and Mechanical Forces. The degree of insulation depends on the thickness of remaining dentin, for pulpal protection 2mm of liner must be placed. Ca (OH)2 is used as suspension or chemically hardened of light-hardened material in case of deep caries with caries that extend into Dentin. Manipulation and use of cavity linings: Liners (Dycal) are available in two pasta systems – one contains CaOH and ZnO and the other an accelerator. Both materials are dispensed in equal quantities on a mixing pad or a glass plate, and by means of a probe or a periodontal probe, both are mixed to achieve a homogeneous mixture and colour and transported using the same instrument to the cavity and applied to the bottom of the cavity. A Cavity Liner is applied as a thin layer on the floor of the cavity, acting as a barrier between restoration and dentin. Its main purpose is to protect pulp tissue from any irritants such as thermal, physical, chemical or mechanical agents. It acts as a pulp capping agent along with having anticariogenic properties as it helps in the formation of secondary Dentin or reparative dentin. Dental or Cavity Bases: These are located similar to liners, but are indicated in cases where the amount of remaining dentin is low and a thicker base is needed for the protection of pulp during restoration. Minimum thickness of a Dental base to obtain thermal protection is 0.75mm. Bases are of two types based on the necessary strength - Sub or low strength Base: Ca (OH)2, Zinc Oxide Eugenol, Glass Ionomer Cement High Strength Base: Glass Ionomer, Resin Modified Glass Ionomer, Reinforced Zinc Oxide Eugenol, Zinc Phosphate, Zinc Polycarboxylate. Ideal requirements for Dental Base: Should have high strength in low thickness, which will not affect the thickness of restoration compatible Dentin, Pulpal Pulpal and the overlying restoration Should not irritate the pulpal tissue Should not discolor easily to manipulate and place in the cavity to help reduce working hoursA Setting time should be short to help place the permanent restoration in immediate order Should prevent Dentin permeability For thermal insulation: ZOE, Ca (OH)2, Zinc Polycarboxy used For chemical insulation: ZOE, Ca (OH)2 is considered ideal , while GIC and Zinc Carylboxate can also be used The main criteria for using a liner or base are to protect Pulpal and Dentinal tissue from external factors and overlying restoration as well. While Varnish has different purposes all these are used to protect the tooth from further damage and come under either preventive or restorative treatment plans in dentistry. I am Varun, a dentist from Hyderabad, India trying my bit to help everyone understand Dental Problems and Treatments and make Dental Education simplified for dental students and dental fraternity. If in doubt feel free to contact me or comment in the post, thanks for visiting. Visit.