

Restorative Clinical Cases

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Brands: SDR Plus

Class V restoration with SDR[®] Plus on tooth 13

A 70-year-old male patient presented to the Creighton University School of Dentistry for restoration of a facial lesion of tooth #13.

The preparation was isolated with gingival retraction cord and then restored using Prime&Bond NT and SDR Plus. This case demonstrates not only how easy SDR Plus can make Class 5 cavities, but also the excellent esthetics that can be achieved.

Before- Initial Situation



After- Final Situation



Dr. Jason Goodchild
Pennsylvania/USA

Dr. Jason H. Goodchild graduated from the University of Pennsylvania School of Dental Medicine in 1998. Dr. Goodchild joined Dentsply as a Research Dentist in 2012, and now serves Dentsply Sirona as Clinical Education Manager, with a focus on North America.

He is also Associate Professor and Chairman, Department of Diagnostic Sciences, Creighton University School of Dentistry. Omaha, Nebraska. Dr. Goodchild combines active clinical surgery in restorative dentistry at his practice in Havertown, Pennsylvania, research work with numerous publications, and diverse editorial positions.

Class V restoration with SDR[®] Plus on tooth 13



Completed preparation of tooth #13 facial. The preparation has been isolated using gingival retraction cord that was carefully placed to not only displace the gingiva for visualization of the cavosurface, but also to achieve and maintain hemostasis.



34% phosphoric acid is applied to the entire preparation for 15 seconds followed by water rinsing. Care was taken to avoid over-exposure of phosphoric acid with the surrounding gingival tissue.



After rinsing the preparation for approximately 10 seconds to remove the phosphoric acid, the tooth was left moist and Prime&Bond NT was generously applied and the entire preparation remained wet for 20 seconds before removing the excess solvent with a 5 second gentle stream of air. The adhesive was light cured for 10 seconds with a dental curing light capable of spectral output greater than 300mw/cm².



As the depth of the preparation was less than 4 mm, it was restored with SDR Plus with only a single layer. Due to the compula tip of the SDR Plus, it was easy to accurately place the material and avoid gross excess.



After light curing the SDR Plus with a dental curing light for 20 seconds, the restoration was finished with a fluted composite finishing bur. It was then polished with white stones and felt points.



The final restoration of tooth #13 facial with SDR Plus. Note the excellent esthetics of the restoration, especially compared to the existing restoration on tooth #12.

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Conclusion and references

This case is an example of how SDR Plus can easily and effectively be used to restore a Class 5 lesion.

Even though SDR Plus is a flowable composite resin, its unique rheology allows easy adaption of the material to the cavity geometry while also not being too runny preventing additional trimming time.



SDR® Plus
Bulk Fill Flowable

