Following are three situations where the Contour Wedge will not perform well unless modifications are made:

1) **When the contact remains intact by means of either the buccal or lingual wall of the cavity preparation.** In this case, a traditional matrix system works better. However, the Contour Wedge works so well at establishing excellent anatomical contacts that it can be argued that it is better to open the contact both buccally and lingually so the restored margins can be more easily examined at the patient's recare visit.

2) **When caries removal dictates an excessively deep subgingival preparation.** In this situation, the Contour Wedge cannot compress the gingiva sufficiently enough to achieve an excellent cervical seal. To overcome this problem, the tooth will be restored in two stages: First, seal off just the very base of the cavity floor with whatever method you choose. Super isolate the cervical floor. Do not concern yourself with the contact area. Place composite to just above the height of the gingiva. Now the Contour Wedge can be used as described earlier to finish out the restoration.

3) **Teeth that are victims of bone and gingival recession.** In these instances, the Contour Wedge will often migrate cervically so that the leading edge does not come to the height of contour of the adjacent tooth. To overcome this problem, a wood wedge is placed first, and then the Contour Wedge rides on top of the wood wedge. (Fig. 9).

Fig. 9

Contour Wedge
116 East Main Street, P.O. Box 337
Owensville, Ohio 45160
(513) 732-3046

the Contour Wedge

Patent Pending

- ***Beautifully Shaped Class II & Class IV Composite Restorations***
- ***Super Tight Contacts: On Short Teeth On MOD Restorations On Anterior Teeth***
- ***Works Well Restoring Overlapped Teeth***

116 East Main Street
P.O. Box 337
Owensville, Ohio 45160
(513) 732-3046
Fax (513) 732-3607

The Contour Wedge is used primarily for Class II and Class IV composite restorations.

After the tooth is prepared, the Contour Wedge is placed either buccally or lingually. The direction of placement is primarily dictated by the direction that best compresses and removes gingiva from the operative field. Prior to placing the wedge, a slight curve is introduced to the tip so that the tip of the wedge will follow the curvature of the tooth. The Contour Wedge must pass all the way through. If it doesn't, the wedge needs to be thinned so that it will pass through completely.

After the direction of placement has been established, the wedge is re-inserted, and the wedge is scratched with an explorer tip at the height that you wish the contact to be. (Fig. 1) Carve the wedge so the leading edge will be at the height of contour of the neighboring tooth and not below it. (Figs. 2 & 3) The composite will be condensed against the Contour Wedge. The leading edge must be at the height of contour of the neighboring tooth in order to produce a desirable convex contact (Fig. 3). Should the leading edge be below the height of contour, an undesirable concave contact will result.

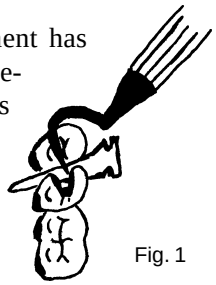
Fig. 1

Fig. 2

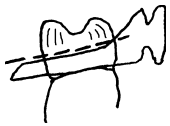
Fig. 3

A #15 scalpel blade works well for carving. A composite finishing bur can also be used. Round out the cut area to establish a rounded emergence profile for the finished restoration. (Fig. 2) Do not notch the Contour Wedge. Otherwise, it will be mechanically locked under the restored contact. (Fig. 4)

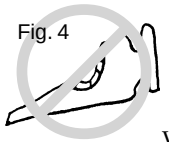
Fig. 4

Replace the wedge. Use your composite condenser and burnish the leading edge of the wedge against the neighboring tooth. (Fig. 5) ***This is critical!*** If the leading edge does not stay against the neighboring tooth, study the anatomy of the interproximal area and carve the borders to match the anatomy. Upon reinsertion of the wedge, the leading edge will now lay in close approximation of the neighboring tooth.

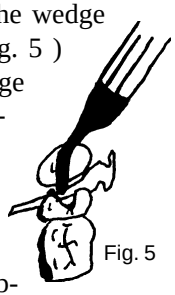
Fig. 5

When the interproximal space approaches 1.5 mm in width, you will often find the Contour Wedge will have a tendency to back out. Should this occur, the Contour Wedge can be secured with a wood wedge, or thinned along the lower borders. This will reduce the taper.

Check to make sure the gingiva is compressed and removed from the field, and that there is no fluid seepage as you would do in any matrix system.

We are now ready to restore the tooth. Do not be afraid to be thorough when applying the etchant. If some etchant gets on the adjacent tooth, that is okay. Of course, the restoration will bond to the adjacent tooth, but do not be alarmed – it will not be left that way. The etchant is rinsed away. The dentin bonding agent of your choice is placed.

Condensable composite, since it is like thick lava, can be shaped against the tooth and the wedge. A key to success is to develop the marginal ridge in and around the contact area.

The curing light is placed buccally and lingually to draw the composite toward the walls of the preparation.

The composite is finished out, including the contact area. The occlusion is adjusted.

To break the bond with the adjacent tooth, the crown removing Baade Pliers are used in this manner. The beaks are placed buccally and lingually at the contact area. Tell your patient that they will hear a little snap as you gently squeeze the beaks together. The composite will break away very cleanly. (Fig. 6)

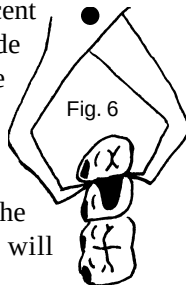
Fig. 6

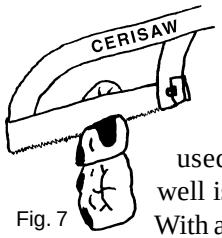

Fig. 7

Attempt to floss the contact. Ninety-five percent of the time, the contact will be too tight. A separating strip can be used, but what works extremely well is Den Mat's Cerisaw. (Fig. 7). With a few passes of the Cerisaw, you will establish a very smooth, snug, flossable contact.

For anterior teeth, the Contour Wedge works well for Class IV restorations, because it allows the dentist to establish an incisal angle and a tight contact simultaneously. After the wedge is properly shaped as described before, the Teflon tape is placed around the adjacent tooth, and then the wedge is replaced against the tape. For anterior teeth, placing the Teflon tape prior to replacing the wedge is easily done. The tape is kept in place throughout the procedure. The tape is so thin that it will not affect the integrity of the contact. (Fig. 8)

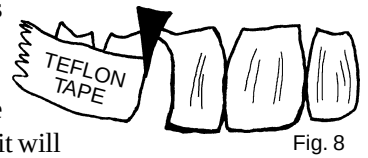

Fig. 8

After the restoration is complete, the Teflon tape is easily flossed from between the teeth.