

EDELWEISS TROUBLESHOOTING GUIDE

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edelweiss VENEER, OCCLUSIONVD, POST&CORE are prefabricated, particle-compressed, laser-finished composite products with the advantages of ceramical features but without their disadvantages. All edelweiss products have biomorphological pattern in different sizes for all different teeth. Their surfaces are anorganic and contain Zinc and Fluoride, therefore all edelweiss products are antibacterial.

CONSULTING OF PATIENTS

- Treatment in one appointment possible, temporary appliance is unnecessary
- All edelweiss products are always reparable and replaceable
- Treatment without injection is possible
- Treatment without impression is possible
- VENEERS are placed on every single teeth, it is possible that the first feeling could be thick, because it is a new situation: for example biting into cheek -> blood-filled blister, the feeling is thicker than it is
- VENEERS should be used like natural teeth, which means brushing and flossing, Electronical tooth brushes are possible
- Dental hygiene: do not use directly ZEG on the surfaces of edelweiss products, damages are possible
- If the patient does not floss, caries cavities are possible just as with teeth without VENEERS
- Abrasion-properties of edelweiss products are the same like naturally teeth
- Minimal thickness is not necessary like ceramic VENEERS, therefore non-invasive treatment is possible
- Treatment is non-invasive or minimal-invasive
- All edelweiss products are made from the same material, which is used for fixing, therefore all pieces work together like a monoblock
- edelweiss products make complete oral restorations possible
- The feeling of the edelweiss products are like natural teeth
- Pre-treatment bleaching is not urgent necessarily, because edelweiss products can be placed with bright material and the color will never change
- Individualizations are possible in color and shape
- Predictable results, especially on models (Adjusting in technical laboratory)
- Repairs and grinding is possible
- Discoloration of endodontic tooth: when required internal bleaching, opaque masking directly on tooth, light-curing, VENEER fixing with vital-colors (warmer coloration)

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CHIPPING/ FRACTURES

- Inclusions of air, particles, fluffs or mud in composite under VENEER
- Blowing off bonding residual water in dental jet
- Bonding non or not enough light-cured
- Cavities in attaching composite, composite not correctly adapted
- Powder-free gloves are necessary, fingertips cleaned with alcohol
- Surface of VENEERS or OCCLUSIONSVD should be without bonding or residual composite when light-curing
- Correct etching: non-invasive enamel 1 minute, minimal-invasive enamel 30 seconds, dentin 15 seconds
- Bonding 20 seconds, than blowing off
- Sulcusfluide, blood, saliva: draining with retraction-cords, rubber dam, Optradam
- Incorrect vertical dimension and abrasion: checking vertical dimension, on demand building up with OCCLUSIONSVD for right teeth guidance, in particular the canine guidance.
If it is not present, the frontal VENEERS will fracture with pro-, re- or latero-trusion
- Laterotrusion: check also the laterals, they will get fractured if there is not a correct canine-guidance.

DISCOLORIZATION OF EDELWEISS PRODUCTS

- Too much bonding => Bonding lakes
- Another bonding material with too much solvents results in discolorization
- Too much grinding of the VENEER-surface: uncovered attaching composite => discolorization
- Cavities in attaching composite
- Adhesive-materials correct use: Acetonbasic (classic), alcohol/waterbasic => heavy drying, time-consuming, extended working possible
- Haemostatic products with Aluminiumchloride (Expasyl), not ferrumsulfate
- Using another composite for fixing with less fillings => especially on the margins of edelweiss products discolorizations and no monoblock-function!
- Discolorization of restorations: complete replacement, because of caries-risk!

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LIGHTPOLYMERISATION

- Light-curing: necessary energy 12.000-16.000 mW/cm²
- "Total energy concept" (Koran&Kürschner 1998), e.g.: Light 600mW/cm² => 12.000:600 = 20 seconds time of light-curing

BUT

- "Ulbricht-sphere" (Ernst et al. 2006): absolute lightpower less strong => longer light-curing!
- Be careful: Light intensity decreases the further away it is
This means that 1 cm distance away results in the light effectiveness declining by circa 80%! With turbotips much more!
- Lamps consequently cleaning, time of light-curing could double

VENEER-REPAIRING

- Remove all fracture-pieces
- On demand using retraction-cords, Optradam or rubber-dam, absolutely draining
- On demand using matrix bands for separation
- Roughen fractured places
- Cleaning
- Etching (Smear Layer)
- Bonding with DIRECT VENEER Bond (for all repairs of edelweiss products and materials)
- Attaching composite enamel shade or another color of attaching composites (Vita color shade A0, A1, A2, A3, A3,5)
- If the fracture is too big, replace with a new edelweiss product (color documentation is important)

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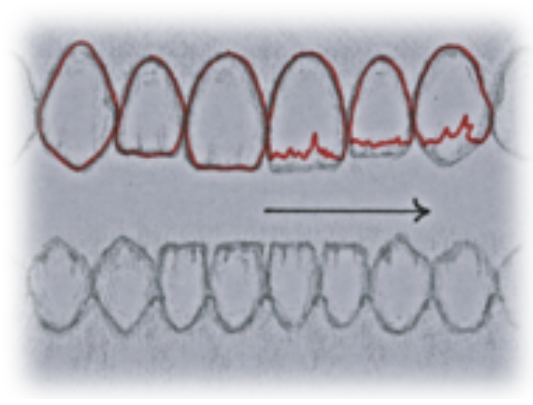
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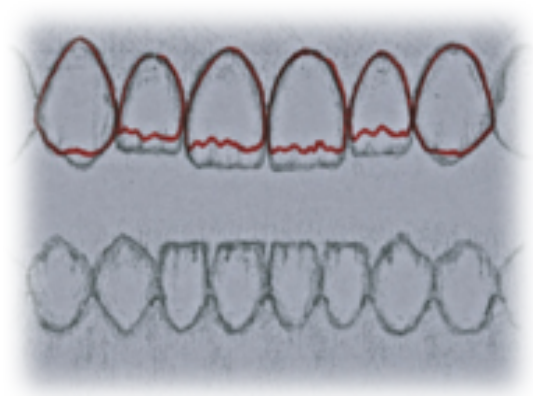


VENEER: PROBLEMS

- No canine guidance, e.g.: Laterotrusion to the left side, frontal guidance



- Less vertical dimension





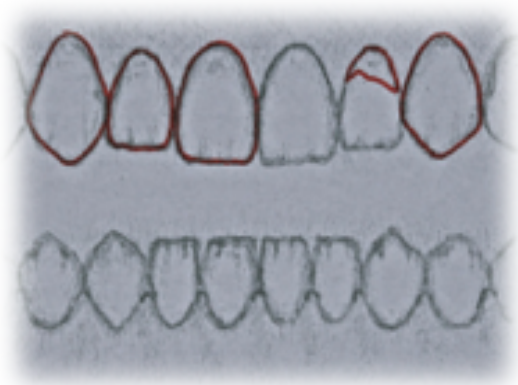
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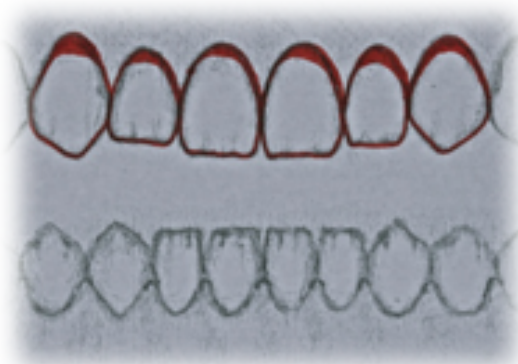


VENEER: PROBLEMS

- Particles of VENEER are missing or the complete VENEER is gone : air, particles, too much bonding, too little bonding or composite, not dry enough, no light-curing of bonding, powder-gloves



- VENEER cervical too short, located discolorization, free composite surface



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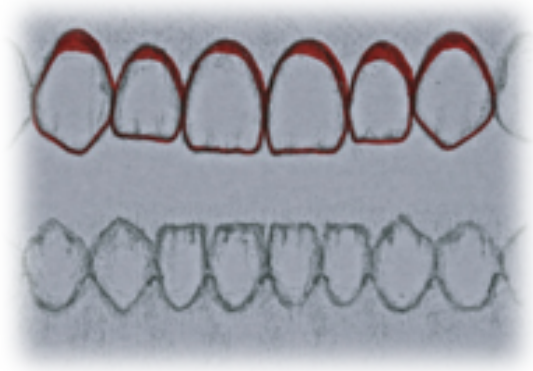


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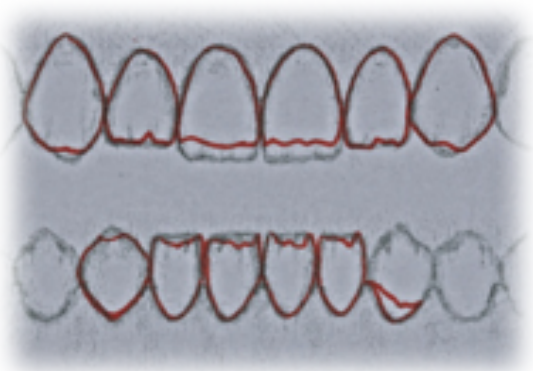
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- VENEER marginal under gum, inflammation risk



- Less vertical dimension



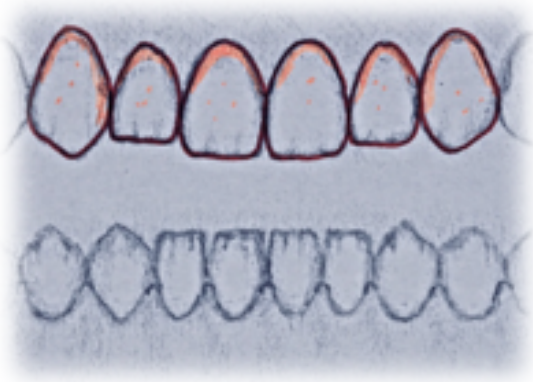


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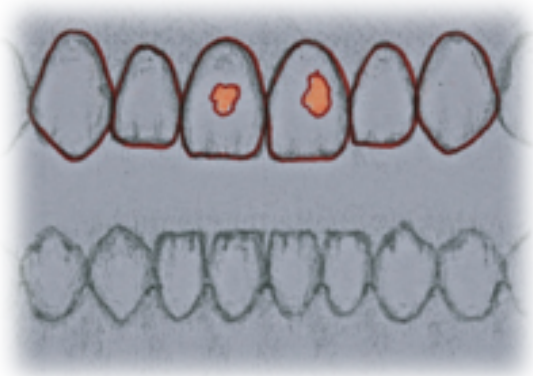
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- Less attaching-composite under VENEER, cavities in composite: caries risk!



- Too much grinding of or polishing: free composite surface



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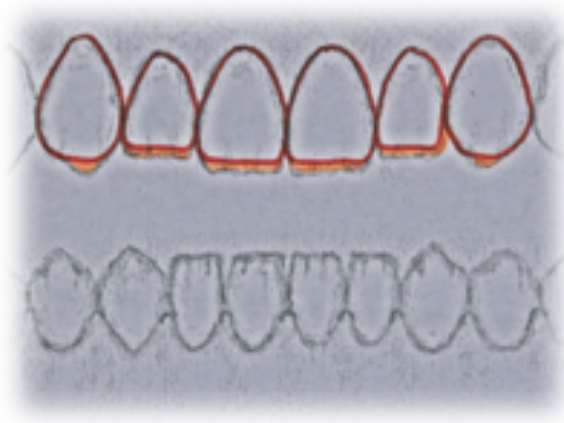


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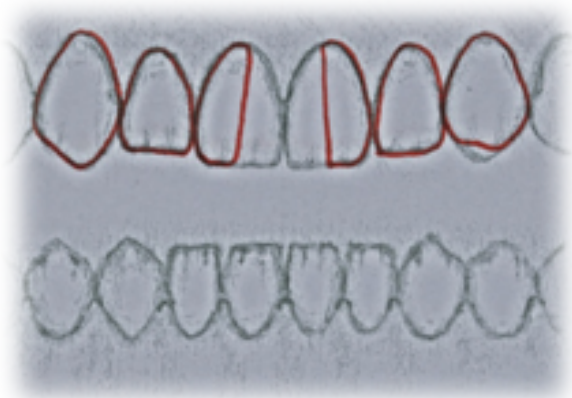
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- Discolorization incisal: VENEER too short



- Less vertical dimension, less bonding, less composite, bad habits, accident



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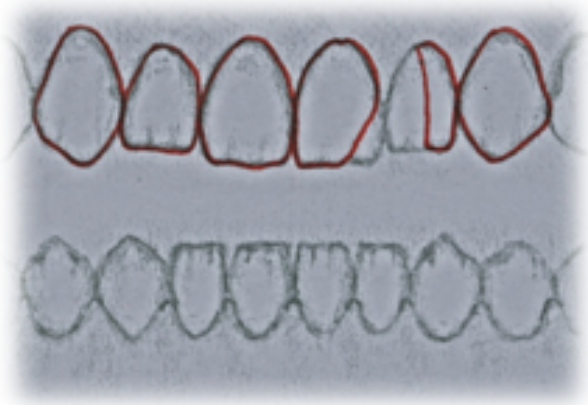


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- Bad habits, accident, trauma



- Discolorization approximal/interspace, less composite: caries risk!

