

CLINICAL FEATURE

water spray for gross removal of composite overlaying Fiber-Splint and once that is done, either Fiber-Splint can be removed using surgical blade or with fluted carbide burs. Dry the tooth surface frequently in between to identify remaining Fiber-Splint material. Finally twelve fluted carbide burs are used in a feather touch manner which may be followed by a finishing and polishing system. Protective face mask and eyewear (such as Polydentia Vista-Tec protective shields) must be worn during removal procedures.

REPAIR: On rare occasions it may be necessary to repair splinted teeth complex. Practically what I have seen is that Fiber-Splint when done in multiple layers rarely, if at all, breaks.

For repair, refresh the area to be repaired with burs, etch, bond and apply Fiber-Splint and flowable composite in the usual manner.

FOLLOW UP AND MAINTENANCE

Before a splinting procedure, effort is taken to explain to the patient about the new feeling that he or she is going to have, of teeth being bound together and explain the need for hygiene maintenance. The brushing and tongue cleaning technique remain the same as before splinting; but flossing needs to be modified. Now the floss needs to be threaded from in between the embrasures on the cervical end. Inter-dental brushes are recommended for larger embrasures. I usually call the patient one week after the Fiber-Splint procedure to check on hygiene maintenance then after one month and then after six monthly for routine check-up and hygiene maintenance. The splint gives the patient new confidence to brush the teeth, use them freely and smile.

Additional clinical cases – recall after 5 and 10 years

Post five years recall, photograph of a 57 year old patient in whom Fiber-Splint was used to retain stock denture tooth as a pontic for tooth no .31.

A patient who was a heavy smoker, lost his tooth 41 to bone loss. I re-fixed his tooth back using Fiber-Splint



after cutting off the root portion. The natural tooth pontic of tooth 41 has already been in service for more than 10 years as is seen in this post-placement (after 10 years) photograph and has been in full use as is evident from the attrition seen on its incisal edge, along with its neighbouring abutment teeth.

Mirror view showing the lingual side of the same patient shown in the previous picture. Ten year follow-up photograph

CONCLUSION

Using Fiber-Splint (Polydentia) for splinting, the dentist can stabilize mobile anterior teeth quickly, with long term reliability. It grants highly aesthetic results and enhances patient's self confidence. **DA**

NOTICE : Fiber-Splint technique described in this article is based on the author's experience of using the product for more than 15 years. The dentist should use his/her personal judgment in planning and executing treatments that are in the best interests of their patients.



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