

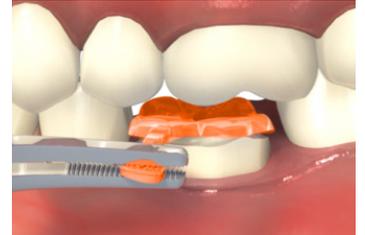
How to achieve correct OVC occlusion

Tooth preparation - how much clearance to leave.

When preparing the tooth for the placement of the One Visit Crown, at least 1mm of clearance needs to be allowed in the central fossa and 1.5mm at the cusps and marginal ridges for the OVC to be seated.

The OVC comes with a replica, which accurately reflects the size of the cured top-layer of the OVC.

Hold the replica handle using tweezers, placing the replica over the prepped tooth, and ask the patient to bite down. Prep the tooth until the patient's bite no longer obstructs the movement of the replica from side to side.



If the patient's bite obstructs the movement of the replica, you know that you need to prep the tooth more. A useful tip is to spray the underside of the replica with an occlusal spray, to identify where further reduction of the prep is needed after the patient bites down. An example of an occlusal spray you could use is the Bausch Arti-Spray® Occlusion-Spray.

Also check that the replica hasn't been tilted due to a plunging opposing cusp – if it is tilted then adjust the opposing dentition as required.

OVC positioning - how to correctly place and align the fissures.

After removing the OVC from the black film, reshape the uncured sub-layer to a more conical form. This helps air to escape when pressing the OVC into the matrix band. Take care that no contamination of the uncured sub-layer occurs as a result of the gloves being used intra orally.

With a finger, gently depress the OVC to align with the marginal ridges of the neighbouring tooth.

Use the OVC Seating Guide to align the OVC vertically and horizontally. Ensure the OVC is inside the matrix band and not caught on the lip of the band. Remove any excess material and use the Seating Guide once more to re-align.



What if the OVC ends up below the occlusal plane?

If the OVC is depressed slightly lower than the marginal ridges of the neighbouring tooth and is therefore marginally out of occlusion, studies have shown that the tooth will naturally erupt back into occlusion over the next 2-3 weeks^[1].

Some clinicians prefer to ask the patient to gently bite together once the OVC is in place.

Warning: if the patient bites out of centric occlusion or has an untrimmed opposing plunger cusp, there is a small risk that the OVC tips undesirably. If this happens, the OVC must be removed and re-seated.

Attempting to re-position the OVC without removing it may result in a void forming beneath it. See info sheet 'how to prevent or correct errors' for detailed instructions on what to do in this circumstance.

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