Strip Club

Townies discuss the best way to use Mylar strips in the anterior

An excerpt from one of Dentaltown's busiest message boards begins on the next page.

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Here Are Some Tricks for More Predictable Mylar Strip Use in the Anterior

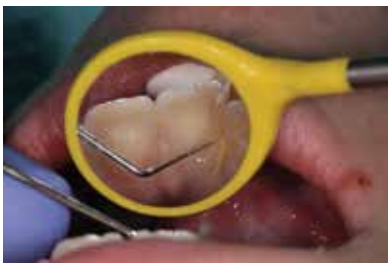
A Townie shares a step-by-step on using greater band curves on challenging restorations

palmers31
Member Since: 07/30/08
Post: 1 of 28

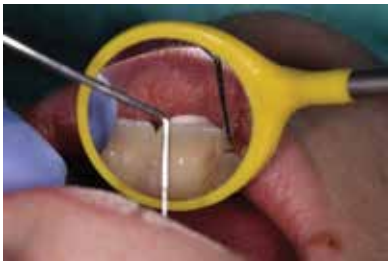
Saw this issue on another thread today. I really hate to see guys get frustrated with stuff that really shouldn't be causing stress! I struggled with Mylar strips for a long time too, and tried lots of variations ... but in the end, I found Mylar strips to give me predictable results—but there are a few tricks. I thought I'd start a new thread since this post will end up being pretty long...

This is from a restoration I did today, #8 (DFL). First things first. That Mylar strip needs to be in the sulcus. On both the buccal and the lingual. And it needs to be fixed into a completely immobile position by your wedge. After the matrix is wedged, I will lightly "tap" the Mylar strip with my finger to see if it moves. It shouldn't move at all. Take a look at this weird wedge position. That is precisely where I place my wedge when using the Mylar strip. You are far enough below the contact point where your wedge won't collapse in your band, and it also keeps the wedge out of the embrasure where the wedge may push the matrix away from the adjacent tooth (causing a light/open contact). You're basically wedging the tooth against the bone in this area.

Next, after you've bonded and such, place a little bit of flowable in the most gingival portion of your prep. Take an endo explorer and press the matrix band as shown in the picture. Cure. Your goal is to create a gingival seal only. Notice how the rest of the matrix band still flares out. Only the gingival portion is pressed tightly against the tooth.



Now move on to the coronal portion. Add some flowable here and gently approximate the band against the tooth as shown. This creates a "cupping" of the matrix band (you can see how the matrix band is bowed out against the adjacent tooth). Cure.

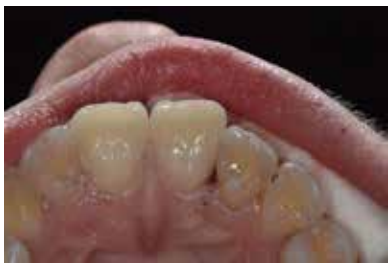


Note: I didn't take a picture of this next step!

At this point you've got flowable on the gingival and the incisal portions of your box as well as on all dentinal surfaces of the prep. But no flowable in the contact area. That will be filled with packable composite. Complete the remainder of the restoration as normal. Use the endo explorer to remove excess composite and to shape the proximal surface of your filling. Do not pull or press the matrix band against the tooth like we were taught in dental school! Instead, using the endo explorer, gently curve the matrix band toward the tooth. This will give you a nice rounded marginal ridge.

Remove the matrix band. Don't freak out. This is what the tissue is supposed to look like. That papilla will recover, I promise.

This is the finished restoration from two different angles. You can see the contour is pretty nice, and the contact is perfect! But getting results like this from a Mylar takes practice; you must be deliberate with each step along the way. This technique also works for "back-to-back" anterior composites too ... but that's for another thread.



Restorative materials used:
Mylar strip (Benco)
Yellow WedgeWand (Garrison Dental)
Clean and Boost (Apex Dental)
UltraEtch (Ultradent)
BondSaver D (Apex Dental)
OptiBond FL (1 and 2)
EvoFlow A2 (Ivoclar Vivadent)
Exquisite A2 (Apex Dental)
I know this was long! Thanks for reading! ■

12/3/2018

Thanks for the nice post with photos. It really helps to see the concepts you're explaining. I like the flowable idea to help stabilize the band. That's a great tip. I agree with you; wedging is key with the Mylar strips. Otherwise you get leakage, or you get a wedge shaped void in the restoration. A question for you: Do you use the pull through technique to help with contours? I have been using it with good success on these anterior restorations, and I wondered about your thoughts on it. Thanks again! ■

12/3/2018

echilds
Member Since: 04/06/06
Post: 2 of 28

Never tried the pull through technique! But I know a lot of guys use it with good success. For me it's a layer of unpredictability that I don't feel comfortable with. Especially if you have bleeders or "non-ideal" preparations. ■

12/3/2018

palmers31
Member Since: 07/30/08
Post: 7 of 28

Aaron, do you ever use a GC band in the anterior? They have made my life much easier. ■

12/3/2018

moptop
Member Since: 03/11/10
Post: 9 of 28

No, I haven't. But I'd love to hear more about them. What do they look like? ■

12/3/2018

palmers31
Member Since: 07/30/08
Post: 10 of 28

This is what I primarily use on anterior restorations. GC band without any wedge. It has made my life so much easier. I rarely use Mylar strips anymore. ■

12/3/2018

mooredge
Member Since: 04/22/08
Post: 12 of 28

Thanks to all who have recommended my GC bands. Below are several more difficult anterior cases which demonstrate what is possible.

[Editor's note: View this message board online to see links to these cases] ■

12/3/2018

owensdent
Member Since: 06/27/02
Post: 14 of 28

Oh OK! By GC bands you meant "greater curve" bands. Duh! I guess I always thought of them as banana bands and got confused. I have used banana bands in the past, never for anteriors though. I find the Tofflemire holder is always in my way, and I don't like the inevitable gap where the band meets the holder. Obviously, it's a great product, but just never really resonated with me. I went through a phase where I used GC bands for posterior massive multi-surface restorations, but I was never quite impressed with the contours and the contacts ... I'm happy to report I've been Tofflemire-free for a few years now. ■

12/4/2018

palmers31
Member Since: 07/30/08
Post: 16 of 28

I'm surprised no one has mentioned Bioclear matrices? I haven't used them myself since I'm an associate with little control over materials, but from what I see they will give you perfect contours in the anterior. I imagine they might be more costly than your standard Mylar though. I have and continue to use greater curve bands in the anterior almost exclusively. I find that by changing the orientation of the holder, I can put the "gap" between the holder and the band in an advantageous position. The holder can be placed either mesially or distally from buccal or lingual—one of these four positions usually gives me what I am looking for. ■

12/13/2018

flipper405
Member Since: 06/22/05
Post: 17 of 28

Premier cure thru contoured matrices make life easy for me. The contour is what makes them give a great result. ■

12/14/2018

dkdocterry
Member Since: 09/17/07
Post: 18 of 28

karid
Member Since: 12/20/02
Post: 20 of 28

Do any of our patients breathe thru their mouth and fog our mirrors? What about the bond then? Rubber dam ... ■

1/30/2019

jgne
Member Since: 03/20/14
Post: 21 of 28

I use the greater curve when gingival seal is more of an issue, or when I want the resilience of the metal (larger restorations).

The Mylar strip is my preference for restorations of the size pictured here. I will try the more apical wedging; that looks like an improvement from my technique currently. Curing through the strip is a little simpler although not a deal breaker for metal bands. ■

1/30/2019

IAmSomebody!
Member Since: 10/06/06
Post: 22 of 28

Another way to customize the matrix is to cut the traditional Tofflemire band into a shorter piece. Burnish it with your fingers to curve it and place it slightly at an angle with a wedge. The hardest part is the gingival contour and embrasure areas. Then you have to roll the band over to get a nice marginal ridge ... so you don't get a flat square angle. Teeth are rounded out and they are challenging to duplicate freehand. It'd be nice if we can crown them all day. It makes me mad when I see people cutting perfect teeth for cosmetic reasons and money. ■

1/30/2019

6D1R3
Member Since: 03/02/06
Post: 23 of 28

Another very good option is Teflon tape. Thin tape placed against the adjacent tooth. in this case #9 and then pack composite regularly with no matrix or wedges to get in the way. Quick, easy and effective. You also can place the tape over the gingiva to help with isolation. Invert it into the sulcus similar to a rubber dam. ■

1/30/2019

4th Crown and Long
Member Since: 01/21/15
Post: 24 of 28

I do the same with Teflon. Gives you great contacts and you don't beat up the gums with the wedge. ■

1/30/2019

jdturne72
Member Since: 01/15/07
Post: 25 of 28

Do you have any pics of that? It seems like you would wedge and what about bleeding? ■

2/17/2019

6D1R3
Member Since: 03/02/06
Post: 26 of 28

I don't have any pictures. It is easier than it sounds. Just place the Teflon tape over the adjacent tooth and push it down interproximally so there is no leakage from the gingiva up to the tooth or overhang from the tooth onto the gingiva. If there is any significant amount of bleeding just control it the way you normally control bleeding and then proceed as usual. You end up with very tight contacts with minimal effort. The hardest thing about this technique is getting all the Teflon tape out of the interproximal area when you are finishing. ■

2/17/2019

naj118
Member Since: 02/26/07
Post: 27 of 28

I hadn't had a problem with a class three in a while, today I had some contact issues ... some days it is perfect, other days with rotation or overlap of contact areas it isn't. ■

2/19/2019