



# Bonding of ceramic veneers

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In recent years, the use of aesthetic bonded ceramic restorations has been favoured because of the aesthetic demand of our patients as well as our profession's concern to promote minimally invasive procedures<sup>1</sup>. Among these restorations, veneers are mostly associated to the aesthetic improvement of the smile and the techniques of tissue preservations<sup>2</sup>.

The fragility and detachment of these fine pieces of ceramics remain the main sources of apprehension of practitioners despite excellent results reported in the many clinical studies published to date<sup>3,4</sup>. Admittedly, a low rate of failure is still relevant, but the understanding of the phenomena and the clinical criteria influencing the result either positively or negatively enabled to systematise the entire procedure in a better way. Among the criteria reported as determinants, the respect of an exclusive enamel bonding is essential. Indeed, the enamel can be easily etched and its composition, mainly mineral, does not make adhesion difficult as hydrated dentine can do. Hence, when the bonding system is wisely selected, the ceramic-enamel bond can reach adhesion values greater than the natural dentinoenamel junction.

In order to preserve the enamel tissue of the vestibular surfaces, several authors have proposed clinical procedures based on the analysis and preliminary composed aesthetic treatment plan. The use of silicone keys to control the reduction<sup>5</sup> to the transfer the treatment plan through a mock-up<sup>6,7</sup> are approaches that limit the preparation to the bare minimum. Then, the respect of a strict bonding protocol ensures the durability of the final result.



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