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INCIDENCE AND SEVERITY OF POSTOPERATIVE PAIN FOLLOWING DIFFERENT POLYMERIZATION TECHNIQUES OF RESIN COMPOSITE RESTORATIONS

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ABSTRACT

The incidence of postoperative sensitivity was investigated by examining several potential sources of pain. Following an appointment for a restoration of moderate class III carious lesions, a population of twenty subjects with a total of forty restorations was asked about their experienced pain as a part of a survey. This survey required subjects to answer three printed questionnaires after one, three and seven days post-operatively. Questions covered three different potential sources of postoperative pain: osmotic, thermal and tactile following the dental appointment. Clinical assessment of the restoration for evaluation of objective symptoms related to over mentioned stimuli and confirmation of the subjective symptoms was also done The majority of subjects experienced post-operative pain when the direct snap shot technique was used for polymerizing the restoration. When soft start guided technique was utilized all the subjects did not experience any pain. In general, subjects received restorations with soft start direct polymerization manifested post operative pain less than snap- shot guided technique. Patients experience pain in the first 24 hours following resin composite restorations except with the soft guided polymerization technique. On the other hand, dentists should consider informing the patients that pain will decrease gradually and disappear after seven days providing that a successful restoration was performed.

INTRODUCTION

Reaching the second millenium, esthetic restorations received expanded attention, to the extent that it has been considered of primary importance in the selection of restorative material of choice. Yet, tooth colored restoratives, still suffer from serious shortcomings such as the problem of polymerization contraction associated with dental composites and the low physical properties associated with glass ionomer etc. [1-4]

The cosmotic quality of restored anterior teeth is improved by preserving tooth structure. However, caries-immune boundaries required for all types of restorations should not escape notice[5,6].

The introduction of tooth colored restoratives particularly, resin composite and its modifications to improve its physical properties, various generations of adhesive systems and modulating their techniques of application, has been considered to be the major plight of the profession[7].

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