



ER System | CeraPost®

ER CeraPost® – root posts made of zirconium-oxide ceramics.

The type of ceramic material used for ER CeraPosts® has proven successful for many years in dental and medical applications due to its excellent corrosion behaviour, complete biocompatibility and outstanding mechanical loading strength. Compared to metal posts, the tooth coloured CeraPost® offers the advantage of an aesthetically perfect restoration. At the same time, its high mechanical loading strength allows CeraPost® to achieve a lasting and stable restoration without micro-leakage by using the adhesive technique.

Material data of CeraPost®

Zirconium oxide ceramics:

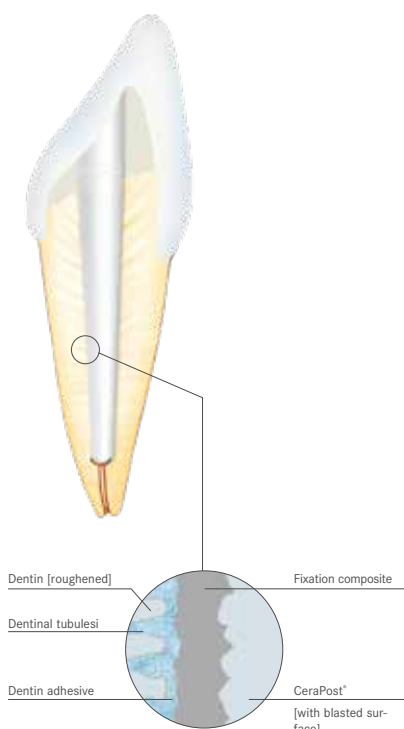
Composition:	94,9% ZrO ₂
	5,1% Y ₂ O ₃
Bending strength:	820 MPa
Modulus of elasticity:	200 GPa
Hardness (Knoop):	18.000 N/mm ²

Indikationen:

All teeth and remaining tooth structures that are restored or reinforced with CeraPost® can be used as prosthetic abutments and restored with ceramic crowns, partial crowns and veneers without impairing the natural tooth colour, thus achieving an aesthetically pleasing result.

Advantages of adhesive fixation:

Compared to the conventional method, the retention force can be nearly doubled when using CeraPost®. Why is that? The adhesive technique in combination with roughened root canals permits a chemo-mechanical union of the used materials without micro-leakage. This advantage becomes particularly apparent in pre-prosthetic stabilization, where even a small tooth structure can be sufficiently stabilized without significant loss of tooth substance.



[Fig.1] Diagram of an adhesive bond



Restoration of teeth
with partially destroyed crown [coronal degree of destruction 10 - 70%]



Restoration of coronally destroyed teeth
with a 2-piece ceramic build-up [coronal degree of destruction 70 - 100%]

Clinical sequence of the aesthetic restoration of an incisor:

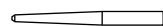
1. Preoperative clinical status.
2. Preoperative radiological status.
3. Preparation of the post site and the retention box using the ER root canal reamer 196 and the root facer 120D and checking the proper fit of the post.
4. Impression taking for the indirect post/core build-up.
5. Next, the build-up is created in the laboratory. The restoration is adapted to the individual requirements of the tooth and divided in two parts, i.e. the core build-up and the root post. The prefabricated ceramic post is placed into the build-up.
6. Checking the proper fit of the build-up, starting with the individually adapted core build-up.
7. This is followed by checking the proper fit of the reconstruction together with the CeraPost®.
8. Mechanical conditioning of the canal using roughening the instrument 196D. Insertion of the ceramic post reconstruction by means of dual-hardening composite.
9. Final trimming of the post/core build-up and impression taking.
10. Post operative clinical status after integration of the definite allceramic crown.



● 231L12.050



● 439L12.070



● 232L12.090



● 233L12.110

Reference:

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