



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Affiliated to Maharashtra University of Health Sciences, Nashik

Recognized by Dental Council of India



SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 7: Institutional Values and Best Practices

Key Indicator: 7.2 Best Practices

Metric: 7.2.1: Describe two Institutional best practices as per the NAAC format provided in the manual

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Primordial Prevention of dental caries

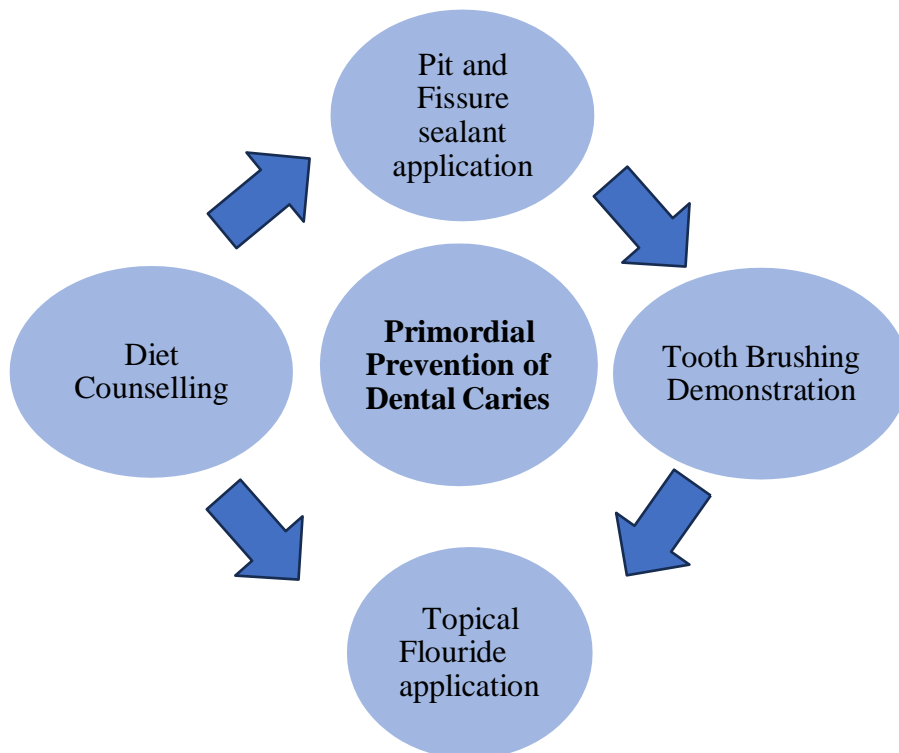
Best Practice -1

Title of Practice - Healthy Teeth, Happy Kids: A School-Based Dental Wellness Program

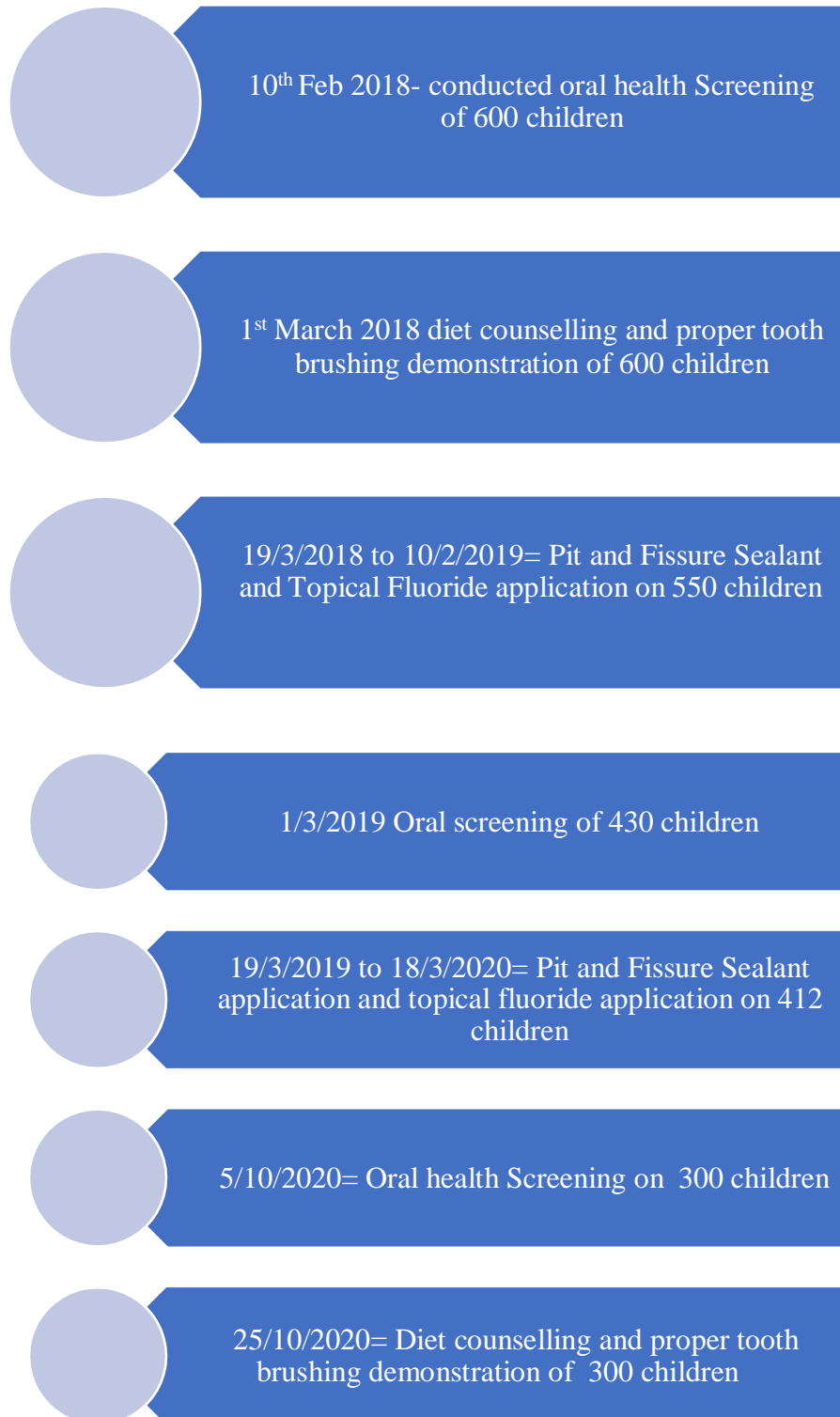
Objectives:


- 1) To promote oral health among low socioeconomic paediatric children aged 6 to 12 years by providing free dental treatment.
- 2) To prevent dental issues, alleviate pain, and enhance the overall quality of life for students.
- 3) To instill healthy dental habits early in life, fostering lifelong oral health awareness and positive attitude towards dentistry.
- 4) Student expose to understand the prevailing pediatric dental problems and offer specific protection to prevent dental caries.

Context:



Calendar of Events


- 
- 10th Feb 2018- conducted oral health Screening of 600 children
 - 1st March 2018 diet counselling and proper tooth brushing demonstration of 600 children
 - 19/3/2018 to 10/2/2019= Pit and Fissure Sealant and Topical Fluoride application on 550 children
 - 1/3/2019 Oral screening of 430 children
 - 19/3/2019 to 18/3/2020= Pit and Fissure Sealant application and topical fluoride application on 412 children
 - 5/10/2020= Oral health Screening on 300 children
 - 25/10/2020= Diet counselling and proper tooth brushing demonstration of 300 children



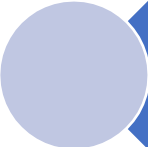
28/10/2020 to 31/12/2020-Pit and Fissure Sealant application and topical fluoride application on 250 children



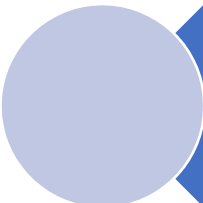
1/10/2021 conducted oral health Screening of 200 children



4/10/2021=Diet counselling and proper tooth brushing demonstration of 200 children



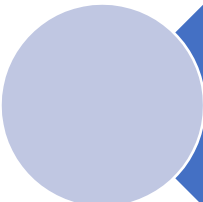
6/10/2021 to 31/12/2021-Pit and Fissure Sealant application and topical fluoride application on 120 children



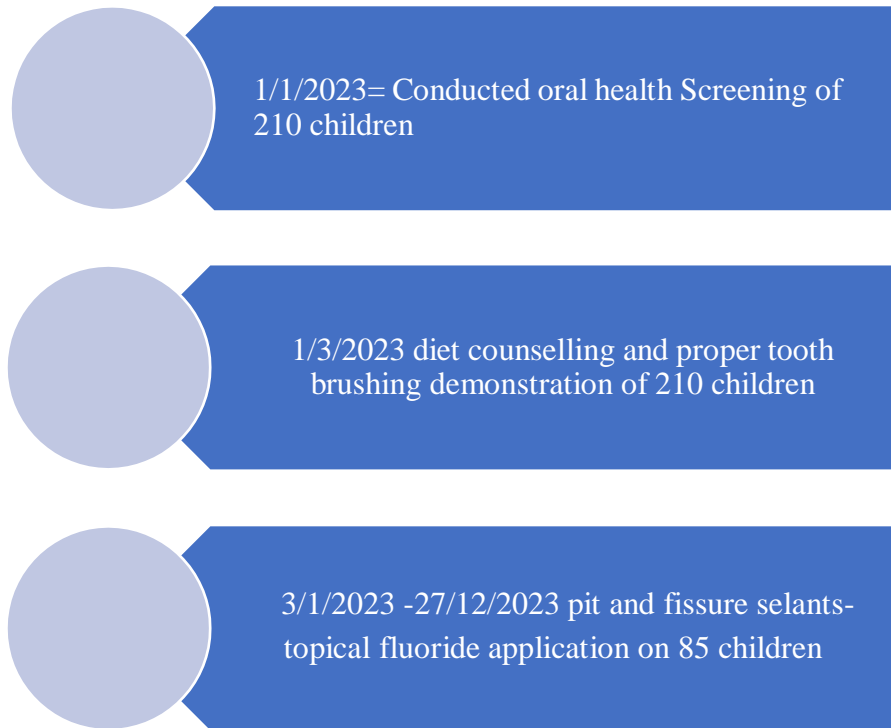
15/3/2022= Conducted oral health Screening of 260 children



20/3/2022 diet counselling and proper tooth brushing demonstration of 260 children



21/3/2022 -31/12/2022 pit and fissure sealants-topical fluoride application on 95 children



Future Plan: Comprehensive dental treatment with aim of disease-free mouth among children by expanding similar program among other underprivileged section population

Practice:

1) Baseline data

- a) Following the screening of 2000 children, it was observed that 1812 had poor oral hygiene, dental caries and mild gingivitis
- b) 1512 Childrens indicated for pit and fissure sealant application followed by topical fluoride application were shortlisted.
- c) Proper Tooth brushing demonstration and appropriate diet counselling will be reinforced
- d) Preventive procedure pit and fissure sealant and topical fluoride application were continuously implemented and monitored.

2) Formative evaluation

Was done to evaluate the retention fissure sealants and oral hygiene maintenance

3) Intervention

- a) Upon identifying students who would benefit from sealants and fluoride
- b) application, appointments were scheduled at the Department of Pediatric Dentistry DYPDS
- c) At the Department of Pediatric Dentistry students were trained batchwise during their clinical posting to apply pit and fissure sealants and topical fluoride application under the supervision of faculty. Yearly, a total of 90 students from final year and around 70 interns are trained.
- d) Post treatment children were given demonstration of Fones tooth brushing and flossing technique to maintain good oral hygiene
- e) Follow up taken during 3rd, 6th,9th month of each year to evaluate the retention of sealants

Evidence of success:

- a) From 2018 to 2023, out of 2000 children 1512 (75.6 %) children were benefitted with Pit and Fissure and Topical Fluoride application
- b) From 2018 to 2023, out of 2000 children 1512 (100 %) children were benefitted with Diet counselling and proper tooth brushing demonstration
- c) 255 children (12.7%) developed new carious lesion amounting to 88.3 % success of the intervention in preventing dental caries
- d) Summative evaluation shown 87 % success in retention of pit and fissure sealants
- e) Students and interns exhibit improvement in clinical skills, knowledge retention, and professional competence over the course of their involvement in the program

Clinical Images

Healthy Teeth, Happy Kids : A School Based Dental Wellness Programme

Primordial prevention interventions Photographs

Clinical Examination





Demonstration of Pit and Fissure Sealant application by Faculty



Training of Students on Extracted teeth



Pit and fissure sealant Application on Extracted teeth



Training for effective Isolation



Procedure



Monitoring by Faculty



Monitoring by Faculty



Monitoring by Faculty



Tooth brushing demonstration



Case Paper



D Y Patil Dental School

D Y Patil Knowledge City, Charholi (Bk), Via Lohegaon, Pune 412105

CASE PAPER

Patient Name: Parag Hegde

Age: 11 Gender: M

Case Paper / Rag No. :2020 99958

Mobile No:

Address:

Date Of joining: 28/10/20

Chief Complaint Dental Camp

Medical History N/A
Habits:

On Examination: Caries 6 | 6 Fillings: |
Missing teeth: | | Mobility: |
Other Observations: |

I, Mr. / Mrs. /Ms. Sumit Hegde (Parent/Guardian in case of Minor) declare in writing that the proposed Dental Treatment has been explained to me in detail as well as the need for the treatment. I have also explained the risk and chances of failure of treatment, as well as the need for certain treatments to be performed under anesthesia. All the advantages and risk of anesthesia have been completely explained to me, I give my complete consent to all dental treatment as well as administration of anesthesia as and when required. By this declaration I absolve the attending doctor and the hospital of any liability in regard to my treatment. I agree to pay the hospital charges as and when instructed. I am/I am not a minor

मी, वी./सौ./कु. सुमित हेगडे (पालक/नातेवाईक (जर सान नसेल तर)) असे लिखित न देतो कि, दंत चिकित्सा केंद्र मला माहिती देत आली आहे, तसेच चाची आवक कता मला सांगितले आहे. या चिकित्सेतील संभाव्य धोका चाचणे चिकित्सा पूर्णपणे फलपुष्ट होईलच याची शांती नाही हे देखील मला सांगितले आहे. चाचणे भूलंदा नंतर आवक कित्याक चाची गरज मला समजावून देत आली आहे. भूल देणेचे सव फायदे- तोटे मला समजावून देत आले आहेत. मी या दंत चिकित्सेला संपूर्ण जाहीर संमती देत आहे. चाचणे वेळोवेळी भूल देणे विषयी माझी जागरूकता वाढवण्यासाठी डॉक्टरांना व हॉस्पिटलला या विषयी जाबाबदारीतून मुक्त करित आहे. मी आवक कतेनुसार हॉस्पिटलला भरावा लागणाऱ्या रकमेची शांती देतो. मी सान आहे.

Referred To:

- Dept 1, OMDR: Basement,
- Dept 2, PHD:Basement,
- Dept 3, Pedodontics: Ground Floor,
- Dept 4, Orthodontics: Ground Floor,
- Dept 5, Periodontics: First Floor,
- Dept 6, Conservative: First Floor,
- Dept 7, Oral Surgery: Third Floor,
- Dept 8, Blood Investigations: Second Floor,
- Dept 9, Prosthodontics: Ground Floor/Third Floor

Adv

① Extraction \bar{c} 75

Pit & fissure sealant \bar{c} 16, 26

28/10/20

Extraction done \bar{c} 75

Pit and fissure sealant done \bar{c} 16, 26

Dr. Sneha

17/11/21

Follow up done

Dr. Poojanka

20/4/21

Follow up done

Dr. Sneha

25/7/21

follow up done

Dr. Pritesh



D Y Patil Dental School

D Y Patil Knowledge City, Charholi (Bk), Via Lohegaon, Pune 412105

CASE PAPER

Patient Name: Parag Hegde

Age: 11 Gender: M

Case Paper / Rag No. : 2020/ 99958

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Chief Complaint Dental Camp

Medical History

N/A

Habits:

On Examination: Caries

6 | 6

Fillings:

| |

Missing teeth:

| |

Mobility:

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Other Observations:

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I, Mr. / Mrs. /Ms. Sunil Hegde (Parent/Guardian in case of Minor) declare in writing that the proposed Dental Treatment has been explained to me in detail as well as the need for the treatment. I have also explained the risk and chances of failure of treatment, as well as the need for certain treatments to be performed under anesthesia. All the advantages and risk of anesthesia have been completely explained to me, I give my complete consent to all dental treatment as well as administration of anesthesia as and when required. By this declaration I absolve the attending doctor and the hospital of any liability in regard to my treatment. I agree to pay the hospital charges as and when instructed. I am/ am not a minor

मी, वी./सौ./कु. सुनील हेगडे (पालक/नातेवाईक (जर सान नसेल तर)) असे िल न देतो िक, दंत िचिके बेल मला माहिती दे ात आली आहे, तसेच ाची आव कता मला सांग ात आली आहे. या िचिके ेतील संभा धोका ाच माणे िचिके ा पूणपणे फल ुप होईलच याची शा ती नाही हे देखील मला सांग ात आले आहे. ाच माणे भूल िद ानंतर आव क ि या कर ाची गरज मला समजावून दे ात आली आहे. भूल दे ाचे सव फायदे- तोटे मला समजावून दे ात आले आहेत. मी या दंत िचिके ेला संपूण जाहीर संमती देत आहे. ाच माणे वेळोवेळी भूल दे ा िविषयी मा ावर उपचार करणा या डॉ राना व हॉ टलला या िविषयी ा जबाबदारीतून मु करीत आहे. मी आव कतेनुसार हॉ टलला भरा ा लागणा या र मेची ाही देतो. मी सान आहे.

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Adv

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17/11/21

Follow up done

Dr. Poojanka

20/4/21

Follow up done

Dr. Sneha

25/7/21

follow up done

Dr. Pritesh

Feed Back

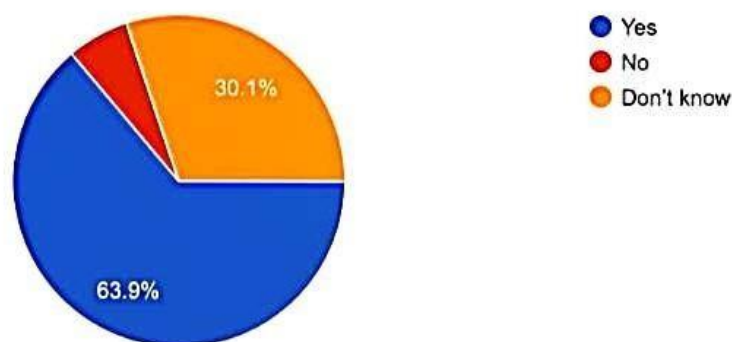
Students Feedback on
Perception of dental students
towards pit and fissure
sealant application :
A school based Dental
Wellness Program
2018-2019

ACADEMIC YEAR 2018-19
STUDENTS FEEDBACK ON HAPPY TEETH, HAPPY KIDS: A SCHOOL BASEED
DENTAL WELLNESS PROGRAM
D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness of pit and fissure sealant application- a school based dental wellness program.
- There were six questions in the questionnaire, most of which focused on gauging knowledge about indication and success of pit and fissure sealant towards preventive health care.
- A total of 83 responses were received.
- The responses were examined to improve quality in application of pit and fissure sealants.

Pit and fissure sealant is a primordial prevention for dental caries?

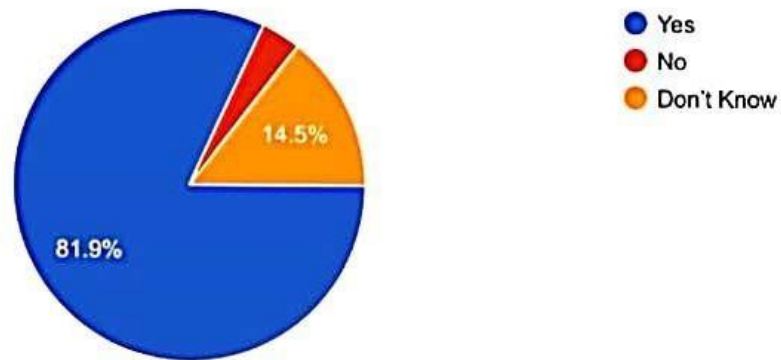
83 responses



Among all the participants 6% disagreed, 30.1% were not sure and 63.9% strongly agreed that pit and fissure sealant is a primordial prevention for dental caries.

Pit and fissure sealant application is indicated for deep fissure involvement?

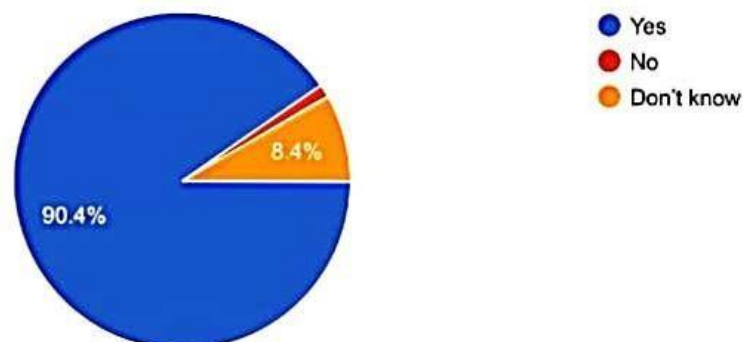
83 responses



Among all the participants 3.6% disagreed in indicating pit and fissure sealant for deep fissure involvement, 14.5% didn't know and 81.9% strongly agreed.

Isolation is an important step in success of pit and fissure sealant?

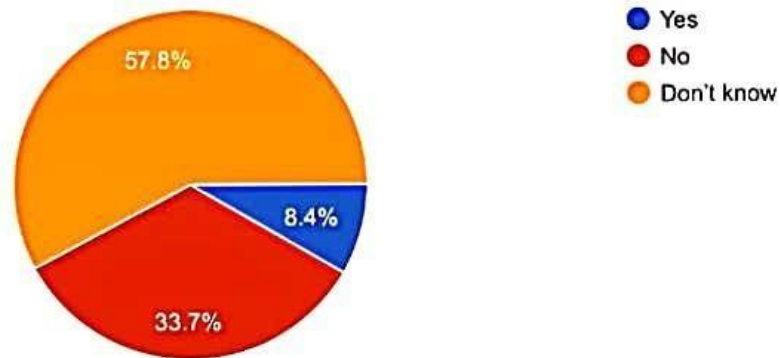
83 responses



Among all the participants 1.2% were not aware of isolation being critical step for success of pit and fissure sealant, 8.4% didn't know while 90.4% strongly agreed.

Control of flow os sealant is easy during sealant application?

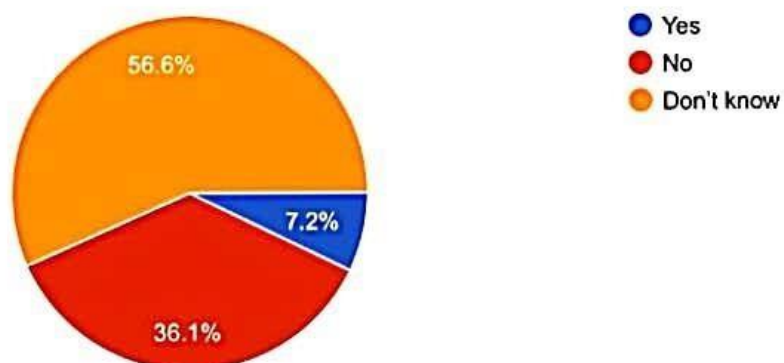
83 responses



Among all the participants 8.4% found it easy to control the flow of sealant, 33.7% found that it was not easy to control the flow of sealant while 57.8% didn't know.

Topical fluoride is mandatory followed by pit and fissure sealant?

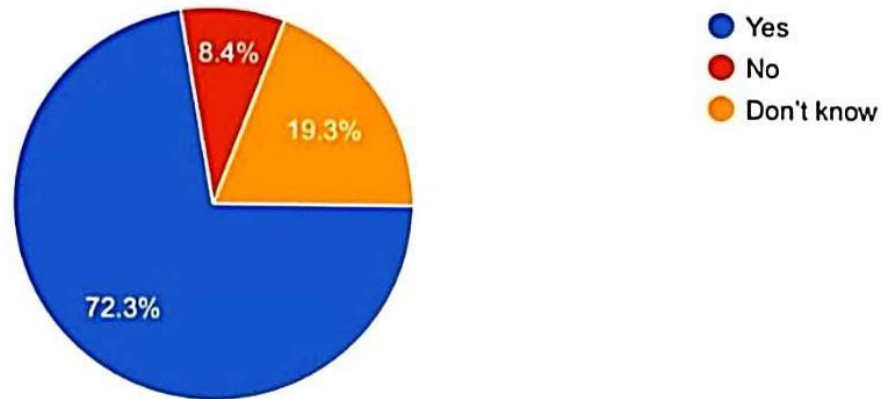
83 responses



7.2% considered topical fluoride mandatory followed by pit and and fissure sealant, 36.1% didn't agree while 56.6% didn't know.

Success of pit and fissure sealant depends on its retention?

83 responses



8.4% disagreed with retention being important factor for success of pit and fissure sealant, 19.3% didn't know while 72.3% agreed to it.



Actionable points:

- Isolation reinforcement
- Control of flow of sealant material
- Prevention of high points

Action Taken:

- Students were trained to develop psychomotor skill of preparing cotton rolls.
- Students were trained to develop skills of applying sealant with cotton to prevent over application.
- Cognitive ,affective and psychomotor skill to prevent high points prevention was taught on extracted tooth.


Dr. Pritesh Gawali
Coordinator
DY PATIL DENTAL SCHOOL



Dr Anand Shigri
DEAN
D Y PATIL DENTAL SCHOOL

Students Feedback on
Perception of dental
students towards pit and
fissure sealant application :
A school based Dental
Wellness Program
2019-20

ACADEMIC YEAR 2019-20

STUDENTS FEEDBACK ON PERCEPTION OF DENTAL STUDENTS TOWARDS PIT AND FISSURE SEALANT APPLICATION :

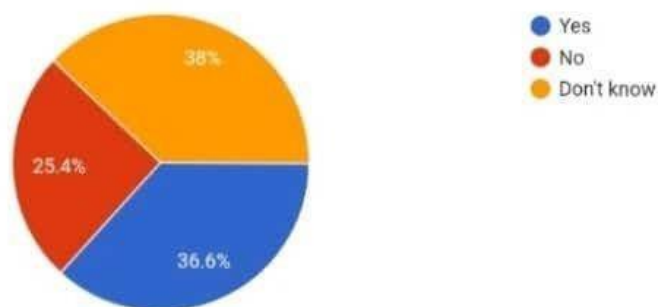
A SCHOOL BASED DENTAL WELLNESS PROGRAM.

D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about pit and fissure sealant application in a school based dental wellness program.
- There were eight questions in the questionnaire, most of which focused on gauging knowledge about indication and success of pit and fissure sealant towards preventive oral health care.
- A total of 72 responses were received.
- The responses were examined to improve quality and success of pit and fissure sealant application in patients.

1-Ergonomical position of operator during procedure helps to overcome mpds?

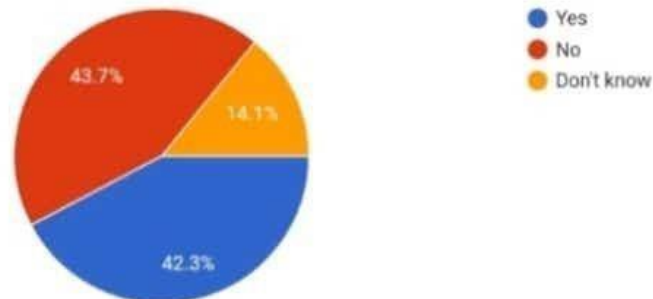
71 responses



Ergonomical position of operator during procedure does not helps to overcome mayofunctional pain disorder syndrome according to 25.4%, it helps according to 36.6% whereas 38% don't know about it.

2-Pit and fissure sealant is a primordial prevention for dental caries?

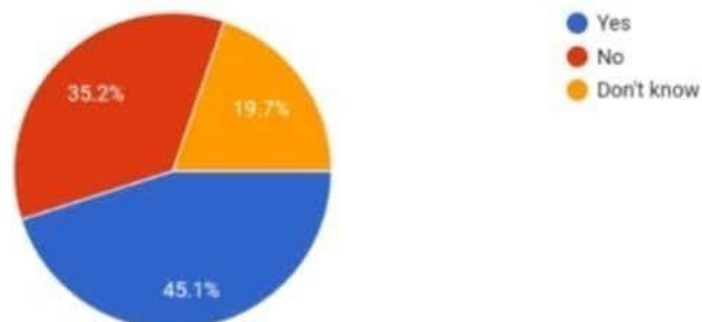
71 responses



Among all the participants 14.1% don't know, 42.3% felt that pit and fissure sealant is a primordial prevention for dental caries , while 43.7% did not agree to it .

3-Pit and fissure sealant application is indicated for deep fissure involvement?

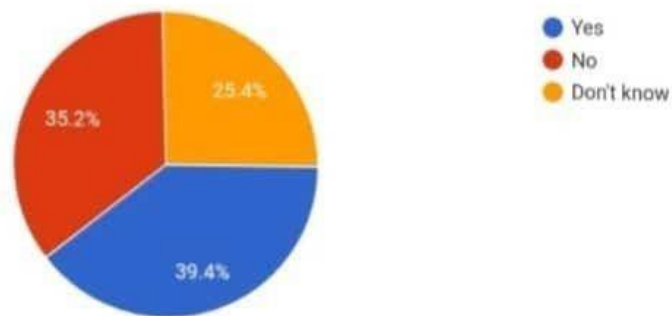
71 responses



Among all the participants 19.7% were not aware about the indications of pit and fissure sealant, 35.2% felt it is not indicated, while 45.1% agreed about it.

4-Isolation is an important step in success of pit and fissure sealant?

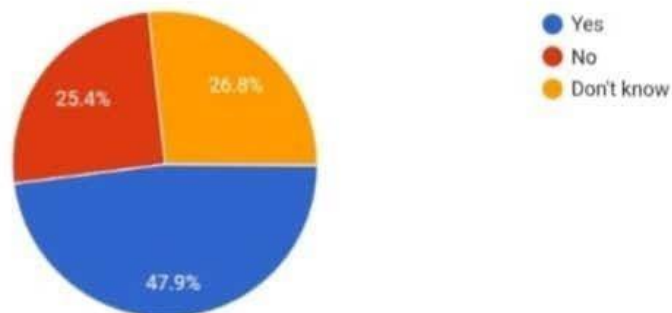
71 responses



Among all response 25.4% rated don't know , 35.2% rated no, and 39.4% rated yes with respect to isolation as an important step in success of Pit and Fissure sealant.

5-Control of flow of sealant is easy during sealant application?

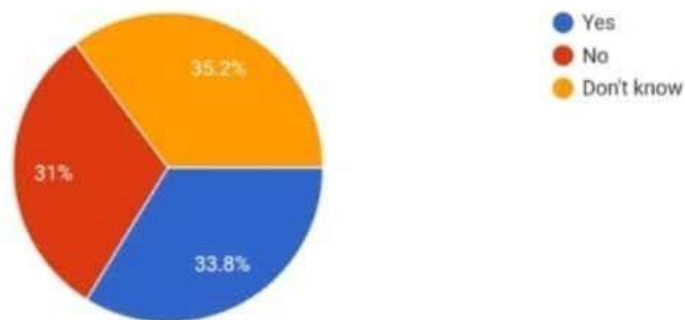
71 responses



Among all the participants 26.8% didn't know about the ease of control of flow sealant during application, 25.4% felt that it was not easy while 47.9% felt easy.

6-Protection of eye of both operator and kid is vital to prevent eye infection?

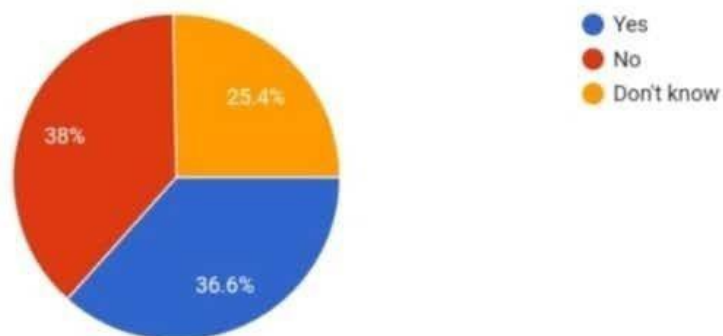
71 responses



Protection of eye of both operator and kid is not vital for 31% participants, 33.8% consider it important while 35.2% don't know.

7-Topical fluoride is mandatory followed by pit and fissure sealant?

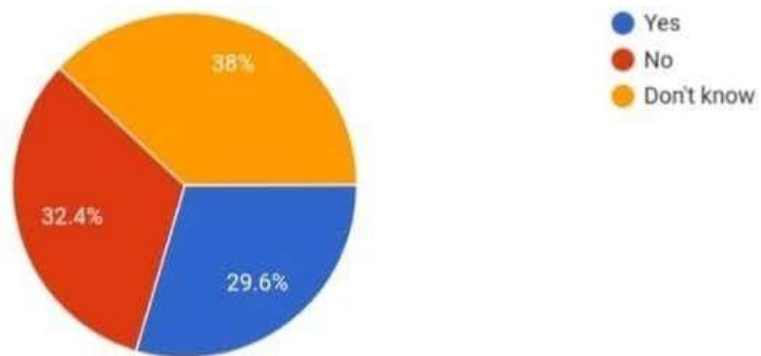
71 responses



25.4% were not aware of it 36.6% considered topical fluoride as mandatory followed by pit and fissure sealant application while 38% didn't agree.

8-Success of pit and fissure sealant depends on its retention?

71 responses



29.65 participants agreed that success of pit and fissure sealant depends on its retention, 32.4% disagreed to the statement whereas 38% didn't know about it.

Actionable points:

- 1) Ergonomics training
- 2) Eye protection
- 3) Retention of sealants

Action Taken:

- 1) Training sessions were conducted for students focused on ergonomic best practices for dental procedures.
- 2) Students were explained about the risks of not using eye protection and the benefits of proper eye safety measures.
- 3) Students were given demonstration on extraction tooth and understand the techniques which will enhance the retention of sealants.



Dr Pritesh Gawali

Coordinator

D Y Patil Dental School



Dr Anand Shigri

DEAN

D Y Patil Dental School



Students Feedback on
Perception of dental
students towards pit and
fissure sealant
application :

A school based Dental
Wellness Program
Report 2020-21

ACADEMIC YEAR 2020-21

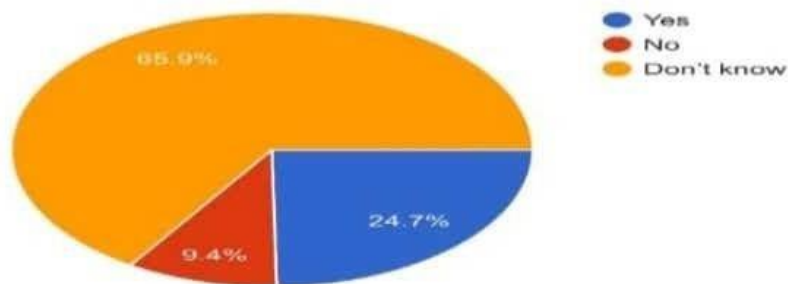
PERCEPTION OF DENTAL STUDENTS TOWARDS PIT AND FISSURE SEALANT
APPLICATION : A SCHOOL BASED DENTAL WELLNESS
PROGRAM.

D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about pit and fissure sealant application in a school based dental wellness program.
- There were eight questions in the questionnaire, most of which focused on gauging knowledge about indication and success of pit and fissure sealant towards preventive oral health care.
- A total of 85 responses were received.
- The responses were examined to improve quality and success of pit and fissure sealant application in patients.

1) Self examination from children and parents is vital to assess progress of Pit and fissure sealant

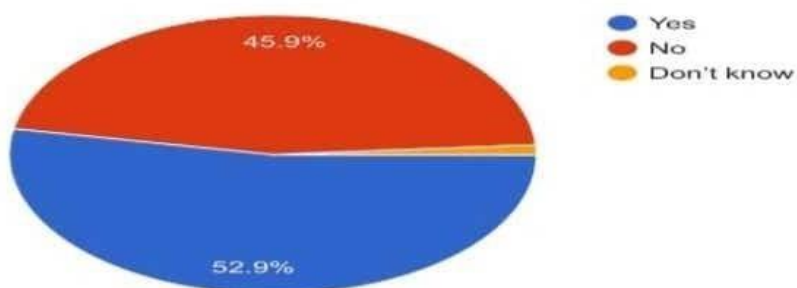
85 responses



- Among all the participants 24.7% felt that Self Examination from parent and child is vital to assess progress of sealant, 65.9% didn't know, while 9.4% did not agreed to it

2) Pit and Fissure sealant is a primordial prevention for dental caries ?

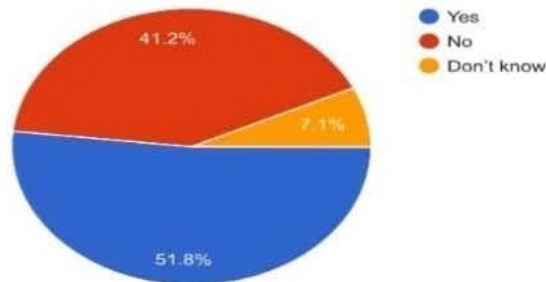
85 responses



- Among all the participants 45.9% felt that pit and fissure sealant is not a primordial prevention, 1.2% didn't know, while 52.9% agreed to it .

3) Pit and Fissure sealant application is indicated for deep fissures involvement?

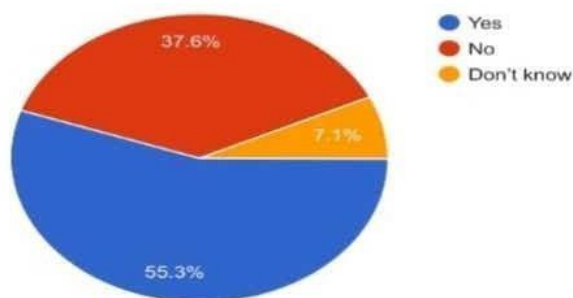
85 responses



- Among all the participants 7.1% were not aware about the indications of pit and fissure sealant 41.2% felt it is not indicated, while 51.8% agreed about it.

4) Isolation is an important step in success of Pit and Fissure sealant?

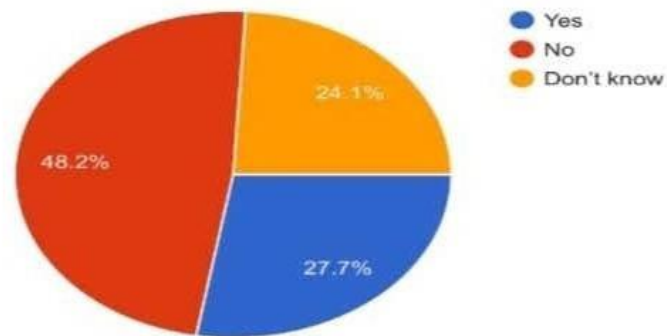
85 responses



- Among all response 37.6% rated no , 7.1% rated don't know, and 55.3% rated yes with respect to isolation as an important step in success of Pit and Fissure sealant.

5)Control of flow of sealant is easy during sealant application?

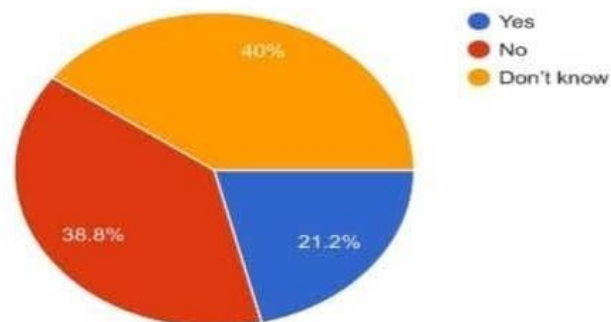
83 responses



- Among all the participants 24.1% didn't know about the ease of control of flow sealant during application, 48.2% felt that it was not easy while 27.7% felt easy.

6)Topical Fluoride is mandatory followed by Pit and Fissure sealant?

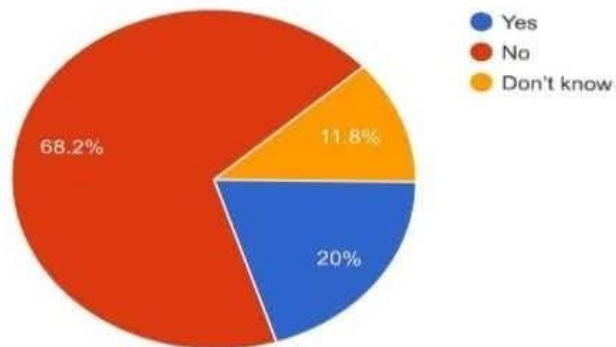
85 responses



- 21.2% considered topical fluoride as mandatory followed by pit and fissure sealant ,40% were not aware about it while 38.8% didn't agree to it.

7) Communication with Parent and Children is important before sealant application

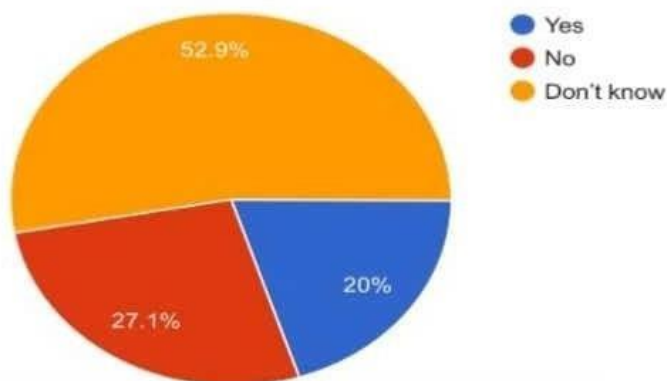
85 responses



- 20% responders believed that communication with parent and children is important before sealant application, while 68.2% did not and 11.8% did not know.

8) Success of Pit and Fissure sealant depends on its retention?

85 responses



- 27.4 % participants felt that success of pit and fissure sealant did not depend on its retention, 20.2% agreed about it while 52.4% had not idea about it.

Actionable points: Integrate self-assessment.
Isolation Enhancement.
Parent Communication Initiative.

Action Taken:

- 1) Students were instructed to explain parents and children about the importance of Self examination and monitoring of Pit and fissure caries.
- 2) Students underwent training to acquire the skills necessary for preparing cotton rolls.
- 3) Students were trained to inform parents and children about the benefits and procedure of pit and fissure sealant application.



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Dean
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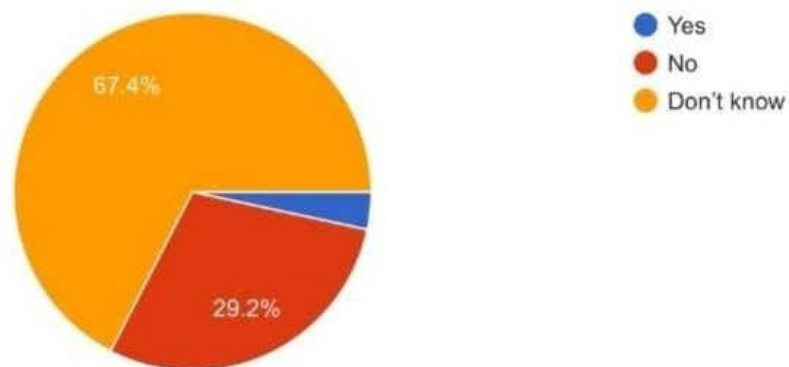
Students Feedback on Perception of Dental
Students Towards Pit and Fissure Sealant
Application 2021-22

ACADEMIC YEAR 2021-22
STUDENTS FEEDBACK ON PERCEPTION OF DENTAL STUDENTS TOWARDS
PIT AND FISSURE SEALANT APPLICATION
D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness of pit and fissure sealant application- a school based dental wellness program.
- There were eight questions in the questionnaire, most of which focused on gauging knowledge about indication and success of pit and fissure sealant towards preventive health care.
- A total of 89 responses were received.
- The responses were examined to improve quality in application of pit and fissure sealants.

PRR is an extended prevention procedure for dental caries?

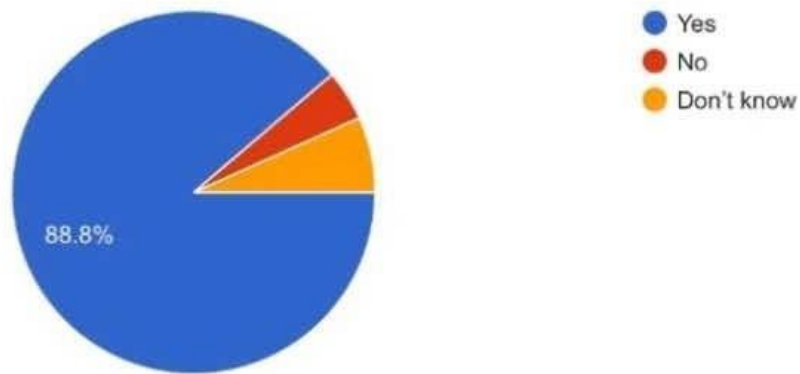
89 responses



Among all the participants 3.4% considered PRR as an extended prevention procedure for dental caries, 29.2% disagreed while 67.4% didn't know.

Isolation is an important step in success of pit and fissure sealant?

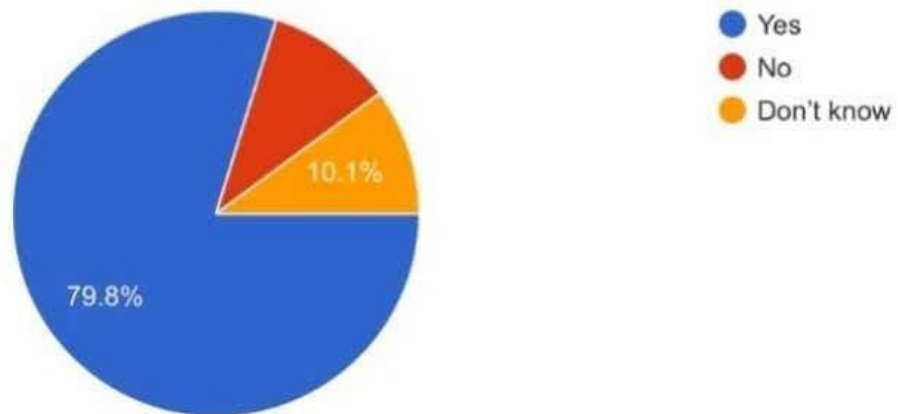
89 responses



Among all the participants 4.5% disagreed with isolation being important step in success of pit and fissure sealant, 6.7% didn't know, 88.8% agreed.

Pit and fissure sealant application is indicated for deep fissure involvement?

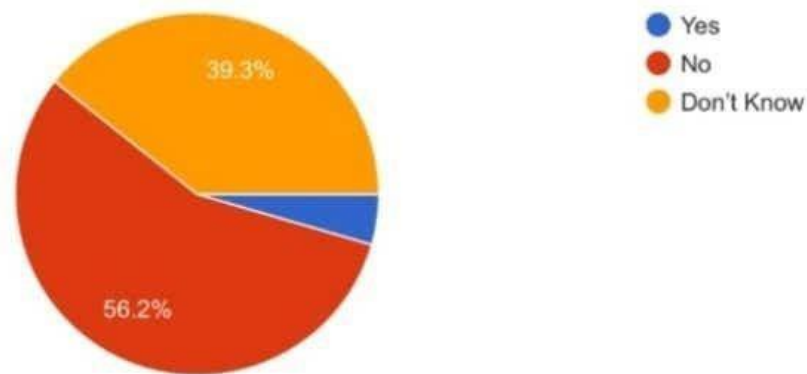
89 responses



Among all the participants 10.1% disagreed in using pit and fissure sealant in deep fissure involvement, 10.1% didn't know while 79.8% agreed.

Self etching procedure helps to reduce application time?

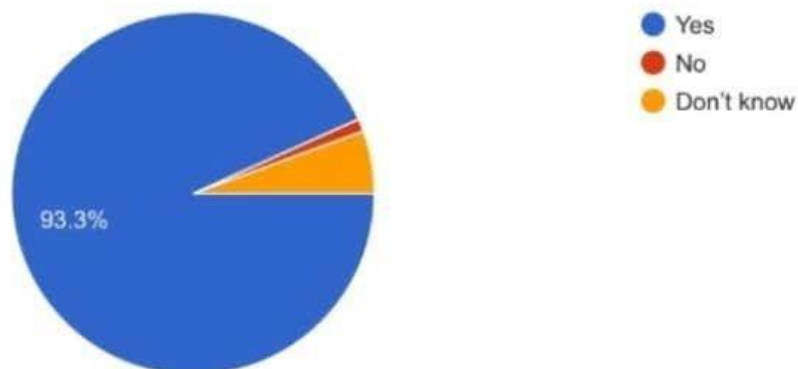
89 responses



4.5% agreed that self etching procedure helps to reduce application time, 39.3% didn't know and 56.2% disagreed.

Pit and fissure sealant is a primordial prevention for dental caries?

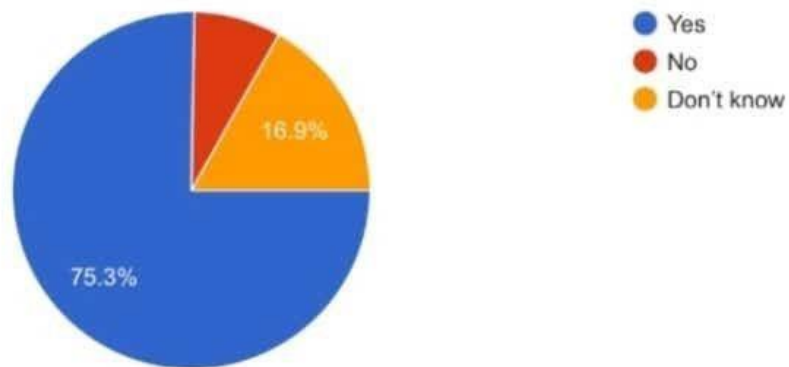
89 responses



Among all the participants, 1.1% disagreed, 5.6% didn't know while 93.3% agreed with pit and fissure sealant being a primordial prevention for dental caries.

Control of flow os sealant is easy during sealant application?

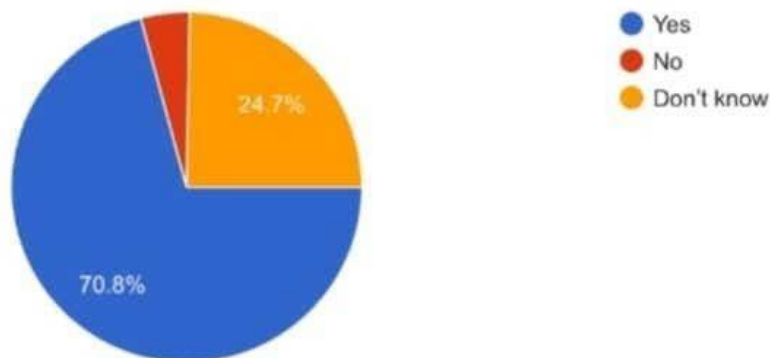
89 responses



7.9% found it not easy to control flow of sealant during sealant application, 16.9% didn't know, 75.3% found it easy to control the flow of sealant.

Topical fluoride is mandatory followed by pit and fissure sealant?

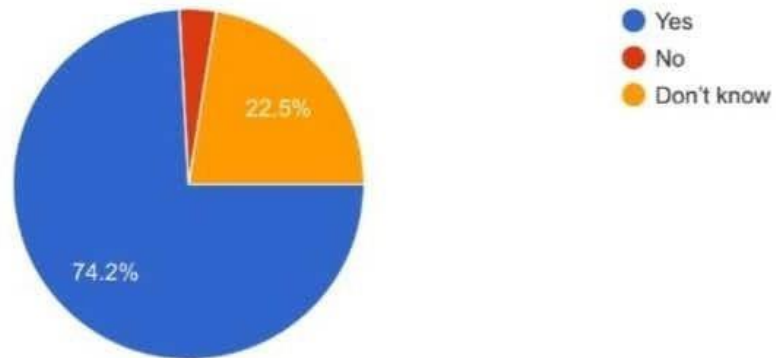
89 responses



4.5% considered topical fluoride not mandatory following pit and fissure sealant, 24.7% didn't know while 70.8% agreed.

Success of pit and fissure sealant depends on its retention?

89 responses



Among all the participants 3.4% disagreed, 22.5% didn't know while 74.2% agreed that the success of pit and fissure sealant depends on its retention.

Actionable points:

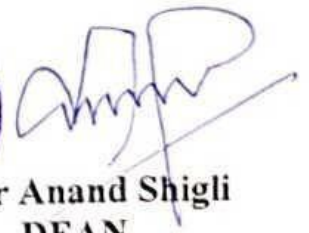
- Preventive procedures for dental caries
- Self etching
- Control of flow of sealant

Action Taken:

- Students were educated to clarify the role of pit and fissure sealant application as an preventive measures for dental caries.
- Practical demonstrations of self etching technique were conducted so that participants can see the procedure in action and understand it's impact on application time.
- Students received training on the precise application of pit and fissure sealant to prevent excessive use.



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Dr Anand Shigli
DEAN
DY PATIL DENTAL SCHOOL

Students Feedback on
Perception of dental
students towards pit and
fissure sealant application :
A school based Dental
Wellness Program
Report 2022-23

ACADEMIC YEAR 2022-23

STUDENTS FEEDBACK ON PERCEPTION OF DENTAL STUDENTS

TOWARDS PIT AND FISSURE SEALANT APPLICATION :

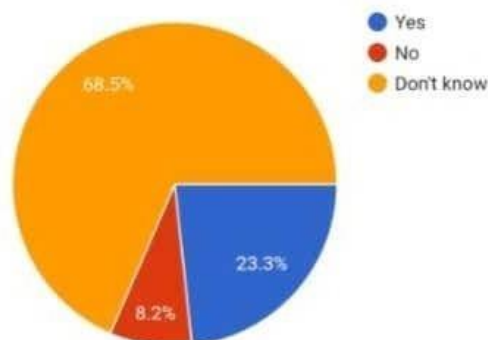
A SCHOOL BASED DENTAL WELLNESS PROGRAM

D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about pit and fissure sealant application in a school based dental wellness program.
- There were eight questions in the questionnaire, most of which focused on gauging knowledge about indication and success of pit and fissure sealant towards preventive oral health care.
- A total of 73 responses were received.
- The responses were examined to improve quality and success of pit and fissure sealant application in patients.

1) Communication with parent and children is important before sealant application ?

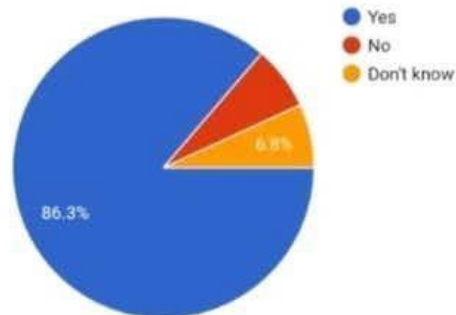
73 responses



Among all the participants 8.2% felt that communication with parent and children is not important before pit and fissure sealant application , 23.3% considered it important, while 68.5% had no idea about it.

2) Pit and Fissure sealant is a primordial prevention for dental caries ?

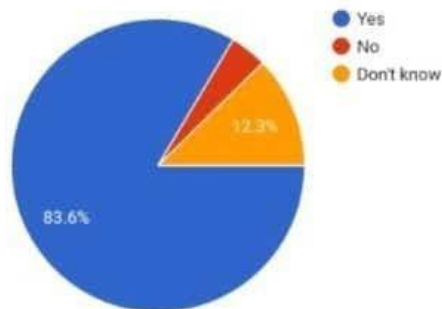
73 responses



Among all the participants 6.9% felt that pit and Fissure sealant is a primordial prevention for dental caries, 6.8% didn't know , while 86.3% agreed about it.

3) Pit and Fissure sealant application is indicated for deep fissures involvement?

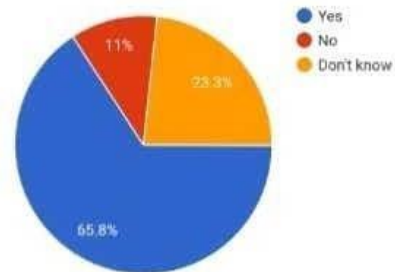
73 responses



Among all participants 4.1% did not consider deep fissures involvement as an indication of pit and Fissure sealant, 12.3% didn't know while 83.6% considered it as an indication for pit and fissure sealant application.

4) Isolation is an important step in success of Pit and Fissure sealant?

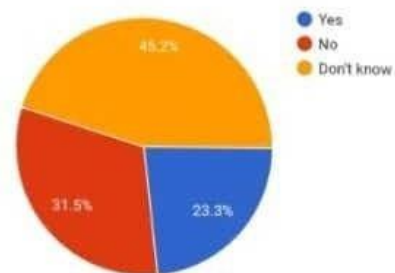
73 responses



Among all the participants 11% did not consider isolation as an important step in success of pit and fissure sealant, 23.3% didn't know while 65.8% considered it as an important step .

5) Self etching procedure helps to reduce application time ?

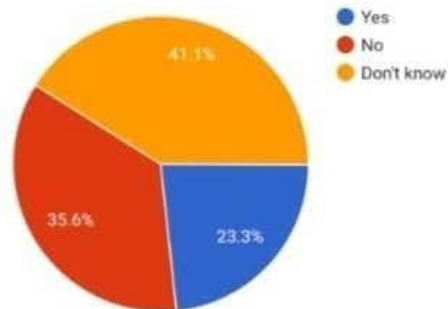
73 responses



23.3% considered that self etching procedure reduces application time of pit and Fissure sealant,31.5% did not agree to it while 45.2% were not aware about it.

6) Control of flow of sealant is easy during sealant application?

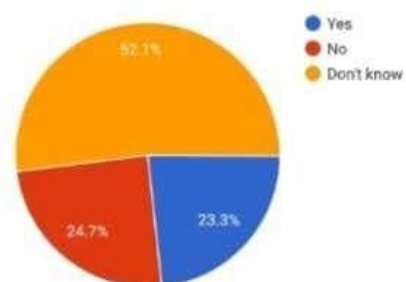
73 responses



23.3% participants felt that control of flow of sealant is easy during sealant application, 35.6% didn't agree to it while 41.1% had not idea about it.

7) Topical Fluoride is mandatory followed by Pit and Fissure sealant?

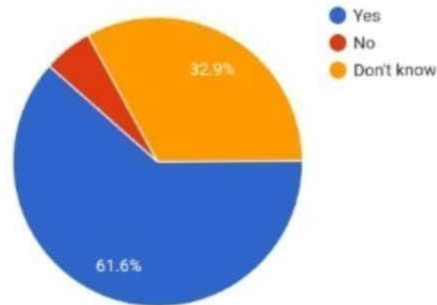
73 responses



Among all the participants 23.3% rated yes, 24.7% rated no while 52.1% didn't know if topical Fluoride is mandatory followed by Pit and Fissure sealant application.

8) Success of Pit and Fissure sealant depends on its retention?

73 responses



Among all the participants 5.5% felt that success of pit and Fissure sealant did not depend on its retention, 32.9% didn't know about it while 61.6% felt that its success depends on its retention.

Actionable points:

- Communication with parent and children
- Self etching
- Isolation reinforcement

Action Taken:

- Sessions and workshops were conducted for parents and children explaining the benefits ,procedure and importance of pit and fissure sealants.
- Practical demonstrations of self etching technique were conducted so that participants can see the procedure in action and understand it's impact on application time.
- Students were trained to develop psychomotor skills of preparing cotton rolls.

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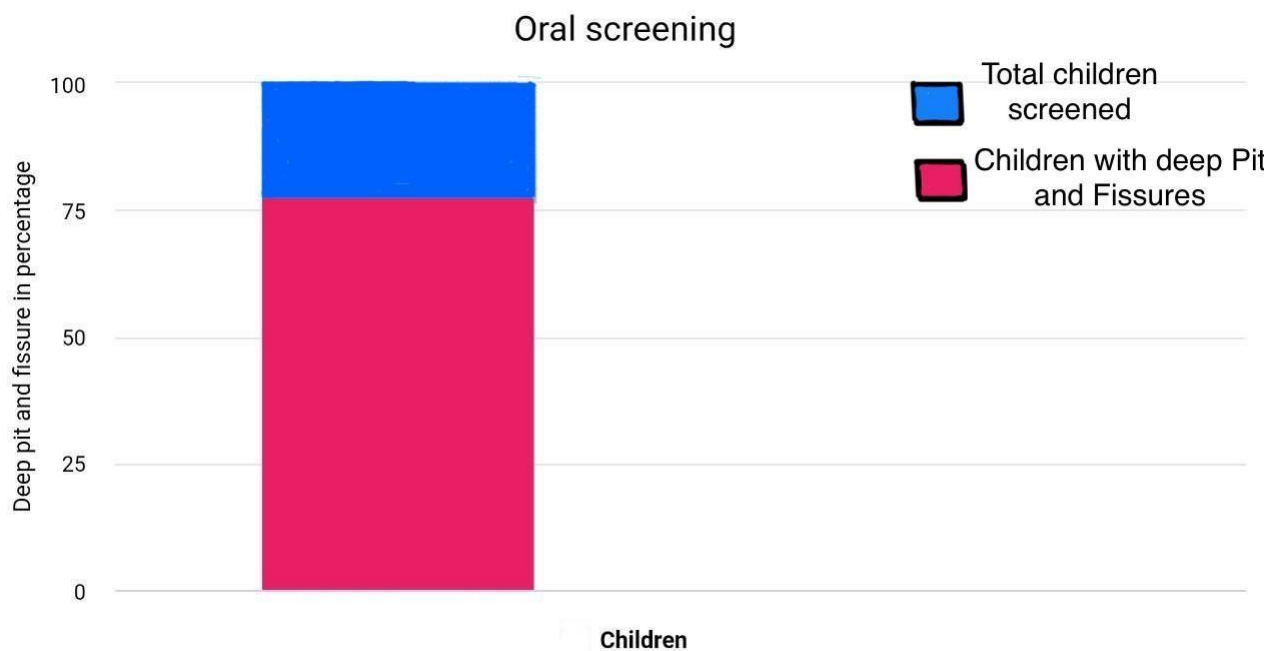


GRAPHS

Oral health screening for children

Total of 2000 where screened and it was noticed that 1512 (75.6%) children possessed deep Pits and Fissures and required Pit and fissures sealant application.

Out of total Children, 75.6% possessed Deep Pit and Fissures



Clinical image of pit and fissures



Pit and Fissures Sealant Application



BEST PRACTICE: 2

**“VISIONARY LEARNING: DENTAL LOUPES AND EARLY CLINICAL
EXPOSURE”**

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2022-2023



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Recognized by Dental Council of India

Ref No: DYPDS/ 362

Date: 18-11-2023

Circular

We are pleased to announce a special lecture organized by the Department of Conservative Dentistry on "Magnification in dentistry". This initiative aims to provide early clinical exposure to second-year BDS students through the use of magnification in dental procedures.

Date: 22nd November 2023

Time: 11:00 AM - 12:00 PM

Topic: "Magnification in dentistry".

Venue: Lecture Hall No. 1

Speaker: Dr. Pradeep Shetty

All second-year BDS students are highly encouraged to attend this insightful lecture. All the HOD's are requested to kindly relieve the students for the lecture from the practicals and lectures.

HOD

Department of Conservative
dentistry & Endodontics

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D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

Magnification Lecture Report	
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2022-2023
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>On November 22nd, 2023, the Department of Conservative Dentistry hosted an insightful lecture on "Magnification in Dentistry." The purpose of this lecture was to provide second-year Bachelor of Dental Surgery (BDS) students with early exposure to the use of magnification in dental procedures.</p> <p>The session was delivered by Dr. Pradeep Shetty, a distinguished expert in conservative dentistry with extensive experience in dental magnification techniques. The lecture began at 11:00 AM in Lecture Hall No. 1 with a strong turnout of second-year BDS students.</p>
KEY TAKEAWAYS	<p>Dr. Shetty commenced the lecture by introducing the concept of magnification in dental procedures. He provided a historical context and underscored the increasing significance of magnification in modern dental practice.</p> <p>The key topics that were discussed were Introduction to magnification in dentistry, Types of magnification tools, Practical applications of magnification in different dental procedures such as restorative dentistry, endodontics, and periodontics.</p> <p>The lecture highlighted several advantages of using magnification, such as improved visibility, enhanced</p>

	<p>precision, reduced strain on the dentist's eyes and back, and overall improved patient care.</p> <p>The lecture was highly informative and well-received by the students. It expanded the knowledge of second-year BDS students and motivated them to consider the importance of magnification in their future dental practice. They valued the opportunity to learn about and engage with advanced dental technology early in their academic careers.</p>
SPEAKER	Dr. Pradeep Shetty



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and Endodontics

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Dean
D.Y. Patil Dental School, Pune



“MAGNIFICATION LECTURE”

ATTENDANCE LIST

DATE: 22/11/2023

II YEAR - 2022-23

Sr. No	Name of Student	ATTENDANCE
1	ALHAT SAKSHI YOGESH	<i>Alhat</i>
2	AGRE SAKSHI SANJEEVKUMAR	<i>Agre</i>
3	ALI AHMED SARA ZULFIKAR	<i>Ali</i>
4	AMRITSAGAR VARUN MOHAN	
5	BADNE PRERNA RAM	<i>Badne</i>
6	BHAGYESH TUKARAM SHIPALKAR	
7	BHAVYA ANILKUMAR NAHATA	<i>Bhavya</i>
8	BHIKKA SANIA SANJAY	<i>Bhikka</i>
9	BHOR KAUSTUBH SANTOSH	
10	BHORE BHUSHAN TANAJI	
11	BHOSALE ABHISHEK RAVINDRA	<i>Bhosale</i>
12	BHOSALE ANJALI AJIT	
13	BHOSALE SHIVANI RAMESH	<i>Bhosale</i>
14	CHAURASIYA ROUNAK ARBIND	
15	CHAVAN GAYATRI DNYANESHWAR	<i>Chavan</i>
16	CHIKUNDRE SAKSHI SUNIL	<i>Chikundre</i>
17	DAMALE BHAGYASHREE SANTOSH	<i>Damale</i>
18	DEMBDA MUSKAN RAVI	
19	DEORE TANAYA RAJENDRA	<i>Deore</i>
20	DEVKATE RUSHIKESH	
21	MACHCHHINDRA	
22	DOLSE VISHAKHA RAMESH	<i>Dolse</i>
23	DUMALE SIMRAN SATISH	<i>Dumale</i>
24	FUNDE ARATI VISHWANATH	<i>Funde</i>
25	GADHARI SOHAM SANJAY	
26	GARDE ROHIT NARHARI	<i>Garde</i>
27	GHODKE ANUJA RAMPRABHU	<i>Ghodke</i>
28	GHOLAP SARTHAKI MAHESH	
29	GITTE AKANKSHA BABASAHEB	<i>Gitte</i>
30	GOR SHREEYA PHALGUN	
31	HOLE ANUSHKA BALASAHEB	<i>Hole</i>
32	JADHAV ARATI SACHIN	
33	JADHAV ASHUTOSH SHARAD	<i>Jadhav</i>
34	JADHAV SWAPNALI SANJAY	
35	JAIN YUTHIKA DEEPAK	<i>Jain</i>
36	JAWALE PRAJAKTA SURESH	
37	JAWARKAR SANSKRUTI VIKAS	<i>Jawarkar</i>
	JOSHI SAYALI SARANG	<i>Joshi</i>

38	KADAM VAISHNAVI SUNIL	<u>Vaishnavi</u>
39	KAKADE RADHIKA HANMANT	
40	KAMBLE TEJAS ANIL	<u>Tejasa</u>
41	KANADE PRIYANKA VIJAY	<u>Priyanka</u>
42	KATE TANVI RAMESH	
43	KUBDE RUTIKA RAMDAS	<u>Rutika</u>
44	KUMBHAR SRUSHTI RAJARAM	<u>Nikita</u>
45	KUSUMBE NIKITA PRAKASH	
46	MAHALE HARSHALI VIJAY	<u>Maha</u>
47	MALI SHIVANI VILAS	
48	MALUSARE ADITI GULSHAN	
49	MASKE SHRADDHA KESHAV	<u>Shraddha</u>
50	MOMIN AIMAN IRSHAD	
51	MUPADE POOJA VILAS	<u>Pooja</u>
52	NAGRE GAURI MADHUKAR	
53	NAIK ASTHA SWARNIL	<u>Astha</u>
54	NAKVE VAISHNAVI NARAYAN	
55	NANDANWAR SANIKA KISHOR	
56	OMASE ADITI GOVIND	<u>Aditi</u>
57	OSWAL VIDHI LALIT	<u>Vidhi</u>
58	PATEKAR AKANKSHA RAMESHWAR	<u>Akanksha</u>
59	PATEL MANSI PRAKASH	
60	PATIL PRANJAL RAVINDRA	<u>Pranjali</u>
61	PATIL PURVA LALIT	<u>Purva</u>
62	PATIL SRUSHTI ULHAS	
63	PAWAR OMKAR PRAKASH	<u>Omkar</u>
64	PAWAR YASH BHAGWAN	<u>Yash</u>
65	PHALKE SHRAVANI DNYANESHWAR	<u>Phalke</u>
66	PHATAK HRUSHKESH RAJENDRA	
67	PUDALE SHUBHANYU SUDESH	<u>Shubham</u>
68	RAMTEKE SAWANI SATYAWAN	
69	RAUT MRUNAL RAMESH	<u>Mrunali</u>
70	RONGATE SUMEDHA TUKARAM	
71	SALAVE VAISHNAVI BABAN	
72	SALVE SANIYA VASANT	<u>Saniya</u>
73	SARALE KSHITIJA PRAKASHRAO	<u>Kshiti</u>
74	SARODE HARDIKA ATUL	
75	SAWANT MIHIKA SACHIN	<u>MIHIKA</u>
76	SAWANT PRAFUL SANTOSH	
77	SETHURAMAN DIPTI	<u>Dipti</u>
78	SHAH RUSHABH JITENDRA	<u>Rushab</u>
79	SHAHARE KRITI LALDAS	<u>Kriti</u>
80	SHELKE NIKITA SHANKAR	<u>Nikita</u>
81	SHEWALE ASHAY AMBADAS	

82	SHIMRU SAYLI KIRAN	
83	SHIPANKAR SHUBHAM SRIKANT	<i>Shubham</i>
84	SHRUTI S KALE	
85	SONUNE VEDANTI GAJANAN	
86	SOUMYA SUNEEL NAIR	<i>Soumya</i>
87	SUNETRA MAHADESHWAR	<i>Sunetra</i>
88	SURYAWANSHI SMITA DIGAMBER	
89	TALE PAWAN BHASKAR	<i>Pawan</i>
90	VAIDYA ABHISHEK DINKAR	<i>Abhishek</i>
91	WAGH VAISHNAVI RAGHUNATH	
92	WAGHMARE SAKSHI SHIVAJI	<i>Sakshi</i>
93	WANDRE ABHISHEK NARAYAN	
94	YADAV SUPRIT VIJAY	<i>Vijaya</i>
95	PATIL AISHWARYA	
96	RAUT PRIYA	<i>Priya</i>

PHOTOGRAPHS OF MAGNIFICATION LECTURE 2022-2023



PHOTOGRAPHS OF MAGNIFICATION LECTURE 2022-2023



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Ref No: DYPDS/ 363)

Date: 25-11-2023

Circular

We are pleased to announce a special workshop on “**Magnification in dentistry**” organized by the Department of Conservative Dentistry, aimed at providing early clinical exposure to second-year BDS students. This workshop will focus on the importance and application of magnification in dental procedures.

Date: 29th November 2023

Venue: Pre-Clinical Conservative lab.

Topic: Magnification in dentistry

Time: 9:00 AM - 1:00 PM

Speaker: Dr. Pradeep Shetty

All second-year BDS students are encouraged to attend this workshop to gain valuable insights and practical knowledge that will aid in their clinical practice. All the HOD's are requested to kindly relieve the students for the workshop from the practicals and lectures.

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D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

Magnification Workshop Report	
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2022-2023
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The Department of Conservative Dentistry organized a special workshop on "Magnification in Dentistry" to provide early clinical exposure to second-year BDS students. The workshop took place on 29th November 2023 at the Pre-Clinical Conservative Lab, focusing on the importance and application of magnification in dental procedures. Dr Pradeep Shetty, a distinguished expert in the field, was the speaker for the session. The session covered various types of magnification devices used in dental practices, including dental loupes and surgical microscopes.</p>
KEY TAKEAWAYS	<p><input type="checkbox"/> Importance of Magnification in Dentistry: The workshop highlighted the critical role of magnification in enhancing the precision and accuracy of dental procedures, leading to improved clinical outcomes and patient care.</p> <p><input type="checkbox"/> Types of Magnification Devices: Students were introduced to various magnification tools such as dental loupes and surgical microscopes, along with their benefits and applications in different dental specialties.</p> <p><input type="checkbox"/> Demonstration of Cavity Preparation and Restoration Under Loupes:</p> <ul style="list-style-type: none">• Cavity Preparation: Dr. Shetty demonstrated the procedure for cavity preparation using dental

	<p>loupes, showcasing the enhanced visibility of the working area. The demonstration illustrated how magnification aids in the meticulous removal of carious tissue and the precise shaping of the cavity.</p> <ul style="list-style-type: none"> • Restoration: The session also included a demonstration of the restoration process under magnification. Dr. Shetty emphasized the importance of accurate placement and contouring of restorative materials to achieve optimal results. <p>□ Hands-On Ergonomics:</p> <ul style="list-style-type: none"> • Ergonomic Techniques: Students participated in hands-on exercises focusing on ergonomic techniques while using dental loupes. They learned how to maintain proper posture and hand positioning to reduce fatigue and increase efficiency during dental procedures. • Practical Skill Development: The hands-on session allowed students to practice cavity preparation and restoration techniques under the guidance of experienced faculty. They received personalized feedback to improve their skills and adapt to working with magnification tools effectively.
SPEAKER	Dr. Pradeep Shetty



HOD
Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Kharadi, Lonergaon, Pune - 411005



Dean
D.Y. Patil Dental School, Pune



“MAGNIFICATION WORKSHOP”

ATTENDANCE LIST

II YEAR - 2022-23

DATE: 29/11/2023

Sr. No	Name of Student	ATTENDANCE
1	ALHAT SAKSHI YOGESH	<i>Alhat</i>
2	AGRE SAKSHI SANJEEVKUMAR	
3	ALI AHMED SARA ZULFIKAR	
4	AMRITSAGAR VARUN MOHAN	<i>Amritsagar</i>
5	BADNE PRERNA RAM	
6	BHAGYESH TUKARAM SHIPALKAR	
7	BHAVYA ANILKUMAR NAHATA	<i>Bhavya</i>
8	BHIKKA SANIA SANJAY	<i>Bhikka</i>
9	BHOR KAUSTUBH SANTOSH	<i>Bhor</i>
10	BHORE BHUSHAN TANAJI	<i>Bhore</i>
11	BHOSALE ABHISHEK RAVINDRA	
12	BHOSALE ANJALI AJIT	<i>Bhosale</i>
13	BHOSALE SHIVANI RAMESH	<i>Bhosale</i>
14	CHAURASIYA ROUNAK ARBIND	
15	CHAVAN GAYATRI DNYANESHWAR	<i>Chavan</i>
16	CHIKUNDRE SAKSHI SUNIL	<i>Chikunde</i>
17	DAMALE BHAGYASHREE SANTOSH	
18	DEMBDA MUSKAN RAVI	<i>Dembda</i>
19	DEORE TANAYA RAJENDRA	<i>Deore</i>
20	DEVKATE RUSHIKESH MACHCHHINDRA	<i>R. Devkate</i>
21	DOLSE VISHAKHA RAMESH	<i>Dolse</i>
22	DUMALE SIMRAN SATISH	
23	FUNDE ARATI VISHWANATH	<i>Funde</i>
24	GADHARI SOHAM SANJAY	<i>Gadhari</i>
25	GARDE ROHIT NARHARI	<i>Garde</i>
26	GHODKE ANUJA RAMPRABHU	<i>Ghodke</i>
27	GHOLAP SARTHAKI MAHESH	<i>Gholap</i>
28	GITTE AKANKSHA BABASAHEB	
29	GOR SHREEYA PHALGUN	<i>Gor</i>
30	HOLE ANUSHKA BALASAHEB	<i>Hole</i>
31	JADHAV ARATI SACHIN	<i>Jadhav</i>
32	JADHAV ASHUTOSH SHARAD	
33	JADHAV SWAPNALI SANJAY	<i>Jadhav</i>
34	JAIN YUTHIKA DEEPAK	
35	JAWALE PRAJAKTA SURESH	
36	JAWARKAR SANSKRUTI VIKAS	<i>Jawarkar</i>
37	JOSHI SAYALI SARANG	<i>Joshi</i>

38	KADAM VAISHNAVI SUNIL	
39	KAKADE RADHIKA HANMANT	<u>Vaish</u> .
40	KAMBLE TEJAS ANIL	
41	KANADE PRIYANKA VIJAY	
42	KATE TANVI RAMESH	<u>Tanvi</u> .
43	KUBDE RUTIKA RAMDAS	
44	KUMBHAR SRUSHTI RAJARAM	
45	KUSUMBE NIKITA PRAKASH	
46	MAHALE HARSHALI VIJAY	
47	MALI SHIVANI VILAS	<u>Mali</u> .
48	MALUSARE ADITI GULSHAN	<u>Malusare</u> .
49	MASKE SHRADDHA KESHAV	<u>Maske</u> .
50	MOMIN AIMAN IRSHAD	<u>Momin</u> .
51	MUPADE POOJA VILAS	<u>Mupade</u> .
52	NAGRE GAURI MADHUKAR	<u>Nagre</u> .
53	NAIK ASTHA SWAPNIL	<u>Naik</u> .
54	NAKVE VAISHNAVI NARAYAN	
55	NANDANWAR SANIKA KISHOR	
56	OMASE ADITI GOVIND	<u>Omase</u> .
57	OSWAL VIDHI LALIT	
58	PATEKAR AKANKSHA RAMESHWAR	
59	PATEL MANSI PRAKASH	<u>Patel</u> .
60	PATIL PRANJAL RAVINDRA	<u>Patil</u> .
61	PATIL PURVA LALIT	
62	PATIL SRUSHTI ULHAS	
63	PAWAR OMKAR PRAKASH	<u>Pawar</u> .
64	PAWAR YASH BHAGWAN	
65	PHALKE SHRAVANI DNYANESHWAR	<u>Phalke</u> .
66	PHATAK HRUSHKESH RAJENDRA	
67	PUDALE SHUBHANYU SUDESH	
68	RAMTEKE SAWANI SATYAWAN	<u>Ramteke</u> .
69	RAUT MRUNAL RAMESH	<u>Raut</u> .
70	RONGATE SUMEDHA TUKARAM	
71	SALAVE VAISHNAVI BABAN	<u>Salave</u> .
72	SALVE SANIYA VASANT	<u>Salve</u> .
73	SARALE KSHITIJA PRAKASHRAO	
74	SARODE HARDIKA ATUL	<u>Sarode</u> .
75	SAWANT MIHIKA SACHIN	
76	SAWANT PRAFUL SANTOSH	<u>Sawant</u> .
77	SETHURAMAN DIPTI	
78	SHAH RUSHABH JITENDRA	
79	SHAHARE KRITI LALDAS	<u>Shahare</u> .
80	SHELKE NIKITA SHANKAR	
81	SHEWALE ASHAY AMBADAS	

82	SHIMRU SAYLI KIRAN	
83	SHIPANKAR SHUBHAM SRIKANT	Shipankar.
84	SHRUTI S KALE	Shruti
85	SONUNE VEDANTI GAJANAN	Sonune.
86	SOUMYA SUNEEL NAIR	Sounair.
87	SUNETRA MAHADESHWAR	
88	SURYAWANSHI SMITA DIGAMBER	S. Smita
89	TALE PAWAN BHASKAR	Pawan
90	VAIDYA ABHISHEK DINKAR	Vaidya
91	WAGH VAISHNAVI RAGHUNATH	Wagh
92	WAGHMARE SAKSHI SHIVAJI	
93	WANDRE ABHISHEK NARAYAN	Wandre
94	YADAV SUPRIT VIJAY	Yadav
95	PATIL AISHWARYA	Patil
96	RAUT PRIYA	

PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2022-2023



PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2022-2023



HOD
Department of Conservative dentistry
and Endodontics

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& Endodontics
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D Y Patil Knowledge City
Charoli (Bk), Via Lohagaon, Pune - 412101

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D.Y. Patil Dental School, Pune



**PHOTOGRAPHS OF STUDENTS TAKING TOUR TO
MAGNIFICATION ROOM**



Photographs of Students taking Clinical Rotations

Year 2022-23







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Recognized by Dental Council of India

Ref No: -DYPDS/ 3004

Date: 01-04-2023

To

Second Year BDS Students
DY Patil Dental School

Subject: - Training Sessions for Second Year BDS Students

This is to inform the Second Year BDS Students that the following Training Sessions have been scheduled for the academic session under Early Clinical Exposure Initiative to provide a better understanding, orientation and sensitizing for the upcoming clinical postings.

Kindly Note:

S. No.	Topic	Date	Staff
1	Functioning of a Dental Chair	08-04-2023	Dr. Vikram Karande
2	Shade Selection	22-04-2023	Dr. Kamal Shigli
3	Ergonomics in Dentistry	13-05-2023	Dr. Ashish Bhagat
4	Impression Procedures	27-05-2023	Dr. Paulami Bagchi
5	Aesthetic Anterior Restoration	03-06-2023	Dr. Pradeep Shetty
6	Infection Control & Sterilisation	24-06-2023	Dr. Pratik Hande
7	Isolation & Rubber Dam Application	22-07-2023	Dr. Kiran Keswani
8	Consent and Patient Privacy	12-08-2023	Dr. Kapil Kshirsagar
9	Introduction & Steps in Fabrication of Fixed Partial Denture	16-09-2023	Dr. Bipin Muley
10	Class V GIC Restoration	07-10-2023	Dr. Divya Dudulwar
11	Posterior Composite	28-10-2023	Dr. Pradeep Shetty

Venue: Pre-Clinical Lab

Time: 9.00 am – 10.00 am

Head of Department of Prosthodontics
D Y PATIL DENTAL SCHOOL
Department of Prosthodontics
C/c: 1. Notice board BDS II year
2. All HOD's

Head
Department of Endodontics

PROFESSOR & HEAD
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D Y Patil Knowledge City
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DY Patil Dental School



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DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Working of Dental Chair
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	Introduction of dental students with basic functioning of Dental chair, and troubleshooting during its working
KEY TAKEAWAYS	Essential practical instruction in operating and comprehending the functions of a dental chair was provided to students through the workshop. Students gained knowledge of patient placement, adjusting controls, and the chair's ergonomic design. The training included fundamental maintenance procedures, common issue troubleshooting, and safety measures to guarantee patient comfort and operating effectiveness. Aesthetic concepts, suction systems, and instrument usage for dental treatments were all demonstrated practically. By the end of workshop, students felt more comfortable utilizing dental chairs, which equips them to perform well in clinical settings and provide patients with high-quality treatment.
TRAINER	Dr. Vikram Karande



HOD

Department of OMFS

PROFESSOR & HEAD

Dept. of Oral & Maxillofacial Surgery

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D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 412110



Dean

D.Y. Patil Dental School, Pune



IInd year BDS 2022 -23

Roll No.	Name	Signature
1	ALHAT SAKSHI YOGESH	
2	AGRE SAKSHI SANJEEVKUMAR	
3	ALI AHMED SARA ZULFIKAR	
4	AMRITSAGAR VARUN MOHAN	
5	BADNE PRERNA RAM	
6	BHAGYESH TUKARAM SHIPALKAR	
7	BHAVYA ANILKUMAR NAHATA	
8	BHIKKA SANIA SANJAY	
9	BHOR KAUSTUBH SANTOSH	
10	BHORE BHUSHAN TANAJI	
11	BHOSALE ABHISHEK RAVINDRA	
12	BHOSALE ANJALI AJIT	
13	BHOSALE SHIVANI RAMESH	
14	CHAURASIYA ROUNAK ARBIND	
15	CHAVAN GAYATRI DNYANESHWAR	
16	CHIKUNDRE SAKSHI SUNIL	
17	DAMALE BHAGYASHREE SANTOSH	
18	DEMBDA MUSKAN RAVI	
19	DEORE TANAYA RAJENDRA	
20	DEVKATE RUSHIKESH MACHCHHINDRA	
21	DOLSE VISHAKHA RAMESH	
22	DUMALE SIMRAN SATISH	
23	FUNDE ARATI VISHWANATH	
24	GADHARI SOHAM SANJAY	
25	GARDE ROHIT NARHARI	
26	GHODKE ANUJA RAMPRABHU	
27	GHOLAP SARTHAKI MAHESH	
28	GITTE AKANKSHA BABASAHEB	
29	GOR SHREEYA PHALGUN	
30	HOLE ANUSHKA BALASAHEB	
31	JADHAV ARATI SACHIN	
32	JADHAV ASHUTOSH SHARAD	
33	JADHAV SWAPNALI SANJAY	
34	JAIN YUTHIKA DEEPAK	
35	JAWALE PRAJAKTA SURESH	
36	JAWARKAR SANSKRUTI VIKAS	
37	JOSHI SAYALI SARANG	
38	KADAM VAISHNAVI SUNIL	
39	KAKADE RADHIKA HANMANT	

40	KAMBLE TEJAS ANIL	Tejas
41	KANADE PRIYANKA VIJAY	Priyanka
42	KATE TANVI RAMESH	Tanvi
43	KUBDE RUTIKA RAMDAS	Rutika
44	KUMBHAR SRUSHTI RAJARAM	Srushti
45	KUSUMBE NIKITA PRAKASH	Nikita
46	MAHALE HARSHALI VIJAY	Harshali
47	MALI SHIVANI VILAS	Shivani
48	MALUSARE ADITI GULSHAN	Aditi
49	MASKE SHRADDHA KESHAV	Shraddha
50	MOMIN AIMAN IRSHAD	Aiman
51	MUPADE POOJA VILAS	Pooja
52	NAGRE GAURI MADHUKAR	Gauri
53	NAIK ASTHA SWAPNIL	Astha
54	NAKVE VAISHNAVI NARAYAN	Vaishnavi
55	NANDANWAR SANIKA KISHOR	Sanika
56	OMASE ADITI GOVIND	Aditi
57	OSWAL VIDHI LALIT	Vidhi
58	PATEKAR AKANKSHA RAMESHWAR	Akanksha
59	PATEL MANSI PRAKASH	Mansi
60	PATIL PRANJAL RAVINDRA	Pranjali
61	PATIL PURVA LALIT	Purva
62	PATIL SRUSHTI ULHAS	Srushti
63	PAWAR OMKAR PRAKASH	Omkar
64	PAWAR YASH BHAGWAN	Yash
65	PHALKE SHRAVANI DNYANESHWAR	Shravani
66	PHATAK HRUSHKESH RAJENDRA	Hrushkesh
67	PUDALE SHUBHANYU SUDESH	Shubhanyu
68	RAMTEKE SAWANI SATYAWAN	Sawani
69	RAUT MRUNAL RAMESH	Mrunal
70	RONGATE SUMEDHA TUKARAM	Sumedha
71	SALAVE VAISHNAVI BABAN	Vaishnavi
72	SALVE SANIYA VASANT	Saniya
73	SARALE KSHITIJIA PRAKASHRAO	Kshiti
74	SARODE HARDIKA ATUL	Hardika
75	SAWANT MIHIKA SACHIN	Mihika
76	SAWANT PRAFUL SANTOSH	Praful
77	SETHURAMAN DIPTI	Dipti
78	SHAH RUSHABH JITENDRA	Rushabh
79	SHAHARE KRITI LALDAS	Kriti
80	SHELKE NIKITA SHANKAR	Nikita
81	SHEWALE ASHAY AMBADAS	Ashay
82	SHIMRU SAYLI KIRAN	Sayli
83	SHIPANKAR SHUBHAM SRIKANT	Shubham
84	SHRUTI S KALE	Shruti
85	SONUNE VEDANTI GAJANAN	Vedanti

86	SOUMYA SUNEEL NAIR	
87	SUNETRA MAHADESHWAR	
88	SURYAWANSHI SMITA DIGAMBER	
89	TALE PAWAN BHASKAR	
90	VAIDYA ABHISHEK DINKAR	
91	WAGH VAISHNAVI RAGHUNATH	
92	WAGHMARE SAKSHI SHIVAJI	
93	WANDRE ABHISHEK NARAYAN	
94	YADAV SUPRIT VIJAY	
95	PATIL AISHWARYA	
96	RAUT PRIYA	





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Shade Selection
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Accurate shade selection is crucial for aesthetic and functional outcomes in dental treatments. This session was conducted to develop their competency in choosing the correct tooth shade for dental restorations. The speaker covered the fundamental principles of tooth colour, discussing the role of hue, chroma, and value in shade selection and also emphasized the importance of understanding the visual perception of colour and how it can be influenced by lighting and surrounding colours.</p> <p>These concepts were illustrated using clinical examples and digital images, enhancing the students' understanding of how to assess and describe tooth colour.</p> <p>Students were introduced to various shade selection systems, such as the Vita Classical Shade Guide and the Vita 3D-Master Shade Guide. Students were explained how these systems are organized and how to use them effectively in clinical practice.</p>
KEY TAKEAWAYS	<ul style="list-style-type: none">• Theoretical Understanding: Students gained a solid foundation in the principles of tooth colour and shade selection.• Tools and Techniques: Familiarity with both traditional and digital shade selection tools provided a comprehensive approach to shade matching.
TRAINER	Dr. Kamal Shigli

HOD

Department of Prosthodontics

Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2022-23

Training Session - Shade Selection

S.No.	NAME	ATTENDANCE
1	ALHAT SAKSHI YOGESH	P
2	AGRE SAKSHI SANJEEVKUMAR	P
3	ALI AHMED SARA ZULFIKAR	P
4	AMRITSAGAR VARUN MOHAN	A
5	BADNE PRERNA RAM	P
6	BHAGYESH TUKARAM SHIPALKAR	P
7	BHAVYA ANILKUMAR NAHATA	P
8	BHIKKA SANIA SANJAY	P
9	BHOR KAUSTUBH SANTOSH	A
10	BHORE BHUSHAN TANAJI	P
11	BHOSALE ABHISHEK RAVINDRA	P
12	BHOSALE ANJALI AJIT	P
13	BHOSALE SHIVANI RAMESH	P
14	CHAURASIYA ROUNAK ARBIND	A
15	CHAVAN GAYATRI DNYANESHWAR	P
16	CHIKUNDRE SAKSHI SUNIL	P
17	DAMALE BHAGYASHREE SANTOSH	P
18	DEMBDA MUSKAN RAVI	P
19	DEORE TANAYA RAJENDRA	P
20	DEVKATE RUSHIKESH MACHCHHINDRA	P
21	DOLSE VISHAKHA RAMESH	A
22	DUMALE SIMRAN SATISH	P
23	FUNDE ARATI VISHWANATH	P
24	GADHARI SOHAM SANJAY	P
25	GARDE ROHIT NARHARI	P
26	GHODKE ANUJA RAMPRABHU	P
27	GHOLAP SARTHAKI MAHESH	A
28	GITTE AKANKSHA BABASAHEB	P
29	GOR SHREEYA PHALGUN	P
30	HOLE ANUSHKA BALASAHEB	P
31	JADHAV ARATI SACHIN	A
32	JADHAV ASHUTOSH SHARAD	P
33	JADHAV SWAPNALI SANJAY	P
34	JAIN YUTHIKA DEEPAK	A
35	JAWALE PRAJAKTA SURESH	P
36	JAWARKAR SANSKRUTI VIKAS	P
37	JOSHI SAYALI SARANG	P
38	KADAM VAISHNAVI SUNIL	P
39	KAKADE RADHIKA HANMANT	P

40	KAMBLE TEJAS ANIL	P
41	KANADE PRIYANKA VIJAY	P
42	KATE TANVI RAMESH	P
43	KUBDE RUTIKA RAMDAS	P
44	KUMBHAR SRUSHTI RAJARAM	A
45	KUSUMBE NIKITA PRAKASH	P
46	MAHALE HARSHALI VIJAY	P
47	MALI SHIVANI VILAS	P
48	MALUSARE ADITI GULSHAN	A
49	MASKE SHRADDHA KESHAV	P
50	MOMIN AIMAN IRSHAD	P
51	MUPADE POOJA VILAS	P
52	NAGRE GAURI MADHUKAR	P
53	NAIK ASTHA SWAPNIL	P
54	NAKVE VAISHNAVI NARAYAN	P
55	NANDANWAR SANIKA KISHOR	P
56	OMASE ADITI GOVIND	A
57	OSWAL VIDHI LALIT	P
58	PATEKAR AKANKSHA RAMESHWAR	P
59	PATEL MANSI PRAKASH	P
60	PATIL PRANJAL RAVINDRA	P
61	PATIL PURVA LALIT	P
62	PATIL SRUSHTI ULHAS	P
63	PAWAR OMKAR PRAKASH	P
64	PAWAR YASH BHAGWAN	P
65	PHALKE SHRAVANI DNYANESHWAR	P
66	PHATAK HRUSHKESH RAJENDRA	A
67	PUDALE SHUBHANYU SUDESH	P
68	RAMTEKE SAWANI SATYAWAN	P
69	RAUT MRUNAL RAMESH	P
70	RONGATE SUMEDHA TUKARAM	P
71	SALAVE VAISHNAVI BABAN	P
72	SALVE SANIYA VASANT	P
73	SARALE KSHITIJA PRAKASHRAO	P
74	SARODE HARDIKA ATUL	P
75	SAWANT MIHIKA SACHIN	P
76	SAWANT PRAFUL SANTOSH	P
77	SETHURAMAN DIPTI	P
78	SHAH RUSHABH JITENDRA	A
79	SHAHARE KRITI LALDAS	P
80	SHELKE NIKITA SHANKAR	P
81	SHEWALE ASHAY AMBADAS	P
82	SHIMRU SAYLI KIRAN	P

83	SHIPANKAR SHUBHAM SRIKANT	P
84	SHRUTI S KALE	P
85	SONUNE VEDANTI GAJANAN	A
86	SOUMYA SUNEEL NAIR	P
87	SUNETRA MAHADESHWAR	P
88	SURYAWANSHI SMITA DIGAMBER	P
89	TALE PAWAN BHASKAR	P
90	VAIDYA ABHISHEK DINKAR	A
91	WAGH VAISHNAVI RAGHUNATH	P
92	WAGHMARE SAKSHI SHIVAJI	P
93	WANDRE ABHISHEK NARAYAN	P
94	YADAV SUPRIT VIJAY	P
95	PATIL AISHWARYA	A
96	RAUT PRIYA	P






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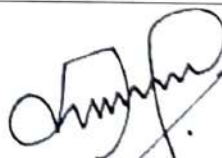

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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Ergonomics in Dentistry
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To educate 2nd year BDS students on the principles of ergonomics, how to incorporate ergonomic practices into their clinical postings, and the benefits of ergonomic interventions in preventing work-related musculoskeletal disorders (WMSDs). The session covered the following principles</p> <ul style="list-style-type: none">• Ergonomic Principles for Dental Practice<ul style="list-style-type: none">• Posture and Positioning• Equipment Design and Placement• Workstation Layout• Practical Ergonomic Strategies<ul style="list-style-type: none">• Chairside Techniques• Instrument Handling• Workflow Optimization• Personal Ergonomic Practices<ul style="list-style-type: none">• Stretching and Exercises• Breaks and Micro-breaks• Stress Management <p>The session emphasized the importance of maintaining proper posture, positioning, and movement to prevent musculoskeletal disorders. Participants were introduced to ergonomic techniques for patient positioning, use of dental equipment, and workstation organization to minimize strain and enhance efficiency.</p>
KEY TAKEAWAYS	The session successfully raised awareness about the importance of ergonomics in dentistry, provided actionable strategies to improve workplace ergonomics, and emphasized the benefits of adopting ergonomic practices for long-term health and efficiency in dental practice.
TRAINER	Dr. Ashish Bhagat


Head of Department of Prosthodontics
Department of Prosthodontics
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Lohegaon, Pune - 412105


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D.Y. Patil Dental School, Pune


Second Year BDS Students - 2022-23
Training Session - Ergonomics in Dentistry

S.No.	NAME	ATTENDANCE
1	ALHAT SAKSHI YOGESH	P
2	AGRE SAKSHI SANJEEVKUMAR	P
3	ALI AHMED SARA ZULFIKAR	P
4	AMRITSAGAR VARUN MOHAN	P
5	BADNE PRERNA RAM	A
6	BHAGYESH TUKARAM SHIPALKAR	P
7	BHAVYA ANILKUMAR NAHATA	P
8	BHIKKA SANIA SANJAY	P
9	BHOR KAUSTUBH SANTOSH	P
10	BHORE BHUSHAN TANAJI	A
11	BHOSALE ABHISHEK RAVINDRA	A
12	BHOSALE ANJALI AJIT	P
13	BHOSALE SHIVANI RAMESH	P
14	CHAURASIYA ROUNAK ARBIND	P
15	CHAVAN GAYATRI DNYANESHWAR	A
16	CHIKUNDRE SAKSHI SUNIL	P
17	DAMALE BHAGYASHREE SANTOSH	P
18	DEMBDA MUSKAN RAVI	P
19	DEORE TANAYA RAJENDRA	P
20	DEVKATE RUSHIKESH MACHCHHINDRA	P
21	DOLSE VISHAKHA RAMESH	A
22	DUMALE SIMRAN SATISH	P
23	FUNDE ARATI VISHWANATH	P
24	GADHARI SOHAM SANJAY	P
25	GARDE ROHIT NARHARI	P
26	GHODKE ANUJA RAMPRABHU	A
27	GHOLAP SARTHAKI MAHESH	P
28	GITTE AKANKSHA BABASAHEB	A
29	GOR SHREEYA PHALGUN	P
30	HOLE ANUSHKA BALASAHEB	P
31	JADHAV ARATI SACHIN	P
32	JADHAV ASHUTOSH SHARAD	A
33	JADHAV SWAPNALI SANJAY	P
34	JAIN YUTHIKA DEEPAK	P
35	JAWALE PRAJAKTA SURESH	P
36	JAWARKAR SANSKRUTI VIKAS	P
37	JOSHI SAYALI SARANG	P
38	KADAM VAISHNAVI SUNIL	P
39	KAKADE RADHIKA HANMANT	P

40	KAMBLE TEJAS ANIL	P
41	KANADE PRIYANKA VIJAY	P
42	KATE TANVI RAMESH	P
43	KUBDE RUTIKA RAMDAS	P
44	KUMBHAR SRUSHTI RAJARAM	P
45	KUSUMBE NIKITA PRAKASH	P
46	MAHALE HARSHALI VIJAY	A
47	MALI SHIVANI VILAS	A
48	MALUSARE ADITI GULSHAN	Y
49	MASKE SHRADDHA KESHAV	P
50	MOMIN AIMAN IRSHAD	P
51	MUPADE POOJA VILAS	P
52	NAGRE GAURI MADHUKAR	P
53	NAIK ASTHA SWAPNIL	P
54	NAKVE VAISHNAVI NARAYAN	A
55	NANDANWAR SANIKA KISHOR	P
56	OMASE ADITI GOVIND	P
57	OSWAL VIDHI LALIT	P
58	PATEKAR AKANKSHA RAMESHWAR	P
59	PATEL MANSI PRAKASH	A
60	PATIL PRANJAL RAVINDRA	P
61	PATIL PURVA LALIT	A
62	PATIL SRUSHTI ULHAS	A
63	PAWAR OMKAR PRAKASH	P
64	PAWAR YASH BHAGWAN	P
65	PHALKE SHRAVANI DNYANESHWAR	P
66	PHATAK HRUSHKESH RAJENDRA	P
67	PUDALE SHUBHANYU SUDESH	P
68	RAMTEKE SAWANI SATYAWAN	P
69	RAUT MRUNAL RAMESH	P
70	RONGATE SUMEDHA TUKARAM	P
71	SALAVE VAISHNAVI BABAN	P
72	SALVE SANIYA VASANT	P
73	SARALE KSHITIJA PRAKASHRAO	P
74	SARODE HARDIKA ATUL	P
75	SAWANT MIHIKA SACHIN	P
76	SAWANT PRAFUL SANTOSH	P
77	SETHURAMAN DIPTI	A
78	SHAH RUSHABH JITENDRA	P
79	SHAHARE KRITI LALDAS	P
80	SHELKE NIKITA SHANKAR	P
81	SHEWALE ASHAY AMBADAS	P
82	SHIMRU SAYLI KIRAN	P

83	SHIPANKAR SHUBHAM SRIKANT	A
84	SHRUTI S KALE	P
85	SONUNE VEDANTI GAJANAN	A
86	SOUMYA SUNEEL NAIR	P
87	SUNETRA MAHADESHWAR	P
88	SURYAWANSHI SMITA DIGAMBER	P
89	TALE PAWAN BHASKAR	P
90	VAIDYA ABHISHEK DINKAR	A
91	WAGH VAISHNAVI RAGHUNATH	P
92	WAGHMARE SAKSHI SHIVAJI	P
93	WANDRE ABHISHEK NARAYAN	P
94	YADAV SUPRIT VIJAY	P
95	PATIL AISHWARYA	A
96	RAUT PRIYA	P





D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Impression Procedures
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To familiarize dental students with impression procedures, focusing on accurate technique and material handling and the choice of correct impression material because different materials possess distinct properties that make them suitable for various clinical scenarios. Key points included:</p> <p>Accuracy and Detail Reproduction: High precision materials like polyvinyl siloxane (PVS) are essential for cases requiring fine detail, such as crowns and bridges.</p> <p>Elastic Recovery: Polyether, with excellent elastic recovery, is preferred for impressions with undercuts.</p> <p>Ease of Use: Alginate is suitable for preliminary impressions due to its ease of mixing and cost-effectiveness, although it lacks the dimensional stability required for final impressions.</p> <p>Hydrophilicity: Hydrophilic materials, such as some PVS types, are ideal for moist environments, ensuring fewer voids and better reproduction of the oral tissues.</p> <p>Working and Setting Times: The working and setting times of materials must align with the clinical procedure and patient comfort. Fast-setting materials are preferred for gag reflex management.</p> <p>Session concluded with case examples demonstrating the selection process for different clinical needs, emphasizing how improper material choice can lead to inaccurate impressions and subsequent restorative failures.</p>
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct impression material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid common pitfalls like air bubbles and incomplete captures.</p>
TRAINER	Dr. Paulami Bagchi


HOD

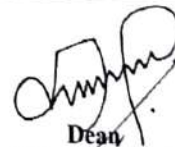
Department of Prosthodontics

Head of Department of Prosthodontics

D Y PATIL DENTAL SCHOOL

D.Y. Patil Knowledge City, Charholi Bk, Pune

Phone: (020) 35037779 • E Mail: dean@dydds.com


Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2022-23
Training Session - Impression Procedure

S.No.	NAME	ATTENDANCE
1	ALHAT SAKSHI YOGESH	A
2	AGRE SAKSHI SANJEEVKUMAR	P
3	ALI AHMED SARA ZULFIKAR	P
4	AMRITSAGAR VARUN MOHAN	P
5	BADNE PRERNA RAM	P
6	BHAGYESH TUKARAM SHIPALKAR	P
7	BHAVYA ANILKUMAR NAHATA	P
8	BHIKKA SANIA SANJAY	P
9	BHOR KAUSTUBH SANTOSH	A
10	BHORE BHUSHAN TANAJI	A
11	BHOSALE ABHISHEK RAVINDRA	P
12	BHOSALE ANJALI AJIT	P
13	BHOSALE SHIVANI RAMESH	P
14	CHAURASIYA ROUNAK ARBIND	P
15	CHAVAN GAYATRI DNYANESHWAR	A
16	CHIKUNDRE SAKSHI SUNIL	P
17	DAMALE BHAGYASHREE SANTOSH	P
18	DEMBDA MUSKAN RAVI	P
19	DEORE TANAYA RAJENDRA	P
20	DEVKATE RUSHIKESH MACHCHHINDRA	A
21	DOLSE VISHAKHA RAMESH	P
22	DUMALE SIMRAN SATISH	P
23	FUNDE ARATI VISHWANATH	P
24	GADHARI SOHAM SANJAY	A
25	GARDE ROHIT NARHARI	P
26	GHODKE ANUJA RAMPRABHU	P
27	GHOLAP SARTHAKI MAHESH	P
28	GITTE AKANKSHA BABASAHEB	A
29	GOR SHREEYA PHALGUN	P
30	HOLE ANUSHKA BALASAHEB	P
31	JADHAV ARATI SACHIN	P
32	JADHAV ASHUTOSH SHARAD	A
33	JADHAV SWAPNALI SANJAY	A
34	JAIN YUTHIKA DEEPAK	P
35	JAWALE PRAJAKTA SURESH	A
36	JAWARKAR SANSKRUTI VIKAS	P
37	JOSHI SAYALI SARANG	P
38	KADAM VAISHNAVI SUNIL	P
39	KAKADE RADHIKA HANMANT	A

40	KAMBLE TEJAS ANIL	A
41	KANADE PRIYANKA VIJAY	P
42	KATE TANVI RAMESH	P
43	KUBDE RUTIKA RAMDAS	A
44	KUMBHAR SRUSHTI RAJARAM	P
45	KUSUMBE NIKITA PRAKASH	P
46	MAHALE HARSHALI VIJAY	P
47	MALI SHIVANI VILAS	P
48	MALUSARE ADITI GULSHAN	P
49	MASKE SHRADDHA KESHAV	A
50	MOMIN AIMAN IRSHAD	P
51	MUPADE POOJA VILAS	A
52	NAGRE GAURI MADHUKAR	P
53	NAIK ASTHA SWAPNIL	P
54	NAKVE VAISHNAVI NARAYAN	A
55	NANDANWAR SANIKA KISHOR	P
56	OMASE ADITI GOVIND	P
57	OSWAL VIDHI LALIT	P
58	PATEKAR AKANKSHA RAMESHWAR	A
59	PATEL MANSI PRAKASH	P
60	PATIL PRANJAL RAVINDRA	P
61	PATIL PURVA LALIT	P
62	PATIL SRUSHTI ULHAS	P
63	PAWAR OMKAR PRAKASH	P
64	PAWAR YASH BHAGWAN	P
65	PHALKE SHRAVANI DNYANESHWAR	P
66	PHATAK HRUSHKESH RAJENDRA	A
67	PUDALE SHUBHANYU SUDESH	P
68	RAMTEKE SAWANI SATYAWAN	P
69	RAUT MRUNAL RAMESH	P
70	RONGATE SUMEDHA TUKARAM	P
71	SALAVE VAISHNAVI BABAN	P
72	SALVE SANIYA VASANT	P
73	SARALE KSHITIJA PRAKASHRAO	P
74	SARODE HARDIKA ATUL	A
75	SAWANT MIHIKA SACHIN	P
76	SAWANT PRAFUL SANTOSH	P
77	SETHURAMAN DIPTI	P
78	SHAH RUSHABH JITENDRA	P
79	SHAHARE KRITI LALDAS	P
80	SHELKE NIKITA SHANKAR	P
81	SHEWALE ASHAY AMBADAS	A
82	SHIMRU SAYLI KIRAN	P
		P

83	SHIPANKAR SHUBHAM SRIKANT	P
84	SHRUTI S KALE	P
85	SONUNE VEDANTI GAJANAN	P
86	SOUMYA SUNEEL NAIR	P
87	SUNETRA MAHADESHWAR	P
88	SURYAWANSHI SMITA DIGAMBER	P
89	TALE PAWAN BHASKAR	P
90	VAIDYA ABHISHEK DINKAR	A
91	WAGH VAISHNAVI RAGHUNATH	P
92	WAGHMARE SAKSHI SHIVAJI	P
93	WANDRE ABHISHEK NARAYAN	A
94	YADAV SUPRIT VIJAY	A
95	PATIL AISHWARYA	P
96	RAUT PRIYA	P



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Aesthetic Anterior Restoration
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Composite resin materials, focusing on accurate clinical technique and material handling.● To understand the indications and contraindications.● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Shade Selection: Importance of choosing the correct Shade of composite resin for anterior teeth based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none">● Isolation● Etching● Bonding● Composite placement- incremental build up● Final Shaping and Contouring● Light curing● Polishing and final check.
TRAINER	Dr. Pradeep Shetty



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105



Dean

D.Y. Patil Dental School, Pune



Training Session Attendance List
Aesthetic Anterior Restoration

ATTENDANCE LIST

II YEAR - 2022-23

DATE: 03-06-2023

SR.NO	NAME OF STUDENT	ATTENDANCE
1.	ALHAT SAKSHI YOGESH	<i>Sakshi</i>
2	AGRE SAKSHI SANJEEVKUMAR	<i>[Signature]</i>
3	ALI AHMED SARA ZULFIKAR	<i>[Signature]</i>
4	AMRITSAGAR VARUN MOHAN	<i>[Signature]</i>
5	BADNE PRERNA RAM	<i>[Signature]</i>
6	BHAGYESH TUKARAM SHIPALKAR	<i>Tukaram</i>
7	BHAVYA ANILKUMAR NAHATA	<i>Bhavya</i>
8	BHIKKA SANIA SANJAY	
9	BHOR KAUSTUBH SANTOSH	<i>Kaustubh</i>
10	BHORE BHUSHAN TANAJI	
11	BHOSALE ABHISHEK RAVINDRA	<i>Abhishek</i>
12	BHOSALE ANJALI AJIT	<i>Anjali</i>
13	BHOSALE SHIVANI RAMESH	<i>[Signature]</i>
14	CHAURASIYA ROUNAK ARBIND	<i>[Signature]</i>
15	CHAVAN GAYATRI DNYANESHWAR	<i>Gayatri</i>
16	CHIKUNDRE SAKSHI SUNIL	<i>[Signature]</i>
17	DAMALE BHAGYASHREE SANTOSH	<i>[Signature]</i>
18	DEMBDA MUSKAN RAVI	
19	DEORE TANAYA RAJENDRA	<i>Tanaya</i>
20	DEVKATE RUSHIKESH MACHCHINDRA	<i>Rushikesh</i>
21	DOLSE VISHAKHA RAMESH	<i>[Signature]</i>
22	DUMALE SIMRAN SATISH	<i>[Signature]</i>
23	FUNDE ARATI VISHWANATH	<i>[Signature]</i>
24	GADHARI SOHAM SANJAY	<i>[Signature]</i>
25	GARDE ROHIT NARHARI	<i>Rohit</i>
26	GHODKE ANUJA RAMPRABHU	<i>Anuja</i>
27	GHOLAP SARTHAKI MAHESH	<i>[Signature]</i>
28	GITTE AKANKSHA BABASAHEB	<i>[Signature]</i>
29	GOR SHREEYA PHALGUN	<i>[Signature]</i>

30	HOLE ANUSHKA BALASAHEB	Anushka
31	JADHAV ARATI SACHIN	Arati
32	JADHAV ASHUTOSH SHARAD	
33	JADHAV SWAPNALI SANJAY	Swapnali
34	JAIN YUTHIKA DEEPAK	Deepak
35	JAWALE PRAJAKTA SURESH	
36	JAWARKAR SANSKRUTI VIKAS	Vikas
37	JOSHI SAYALI SARANG	Sayali
38	KADAM VAISHNAVI SUNIL	Sunil
39	KAKADE RADHIKA HANMANT	Radhika
40	KAMBLE TEJAS ANIL	Tejas
41	KANADE PRIYANKA VIJAY	Priyanka
42	KATE TANVI RAMESH	
43	KUBDE RUTIKA RAMDAS	Rutika
44	KUMBHAR SRUSHTI RAJARAM	
45	KUSUMBE NIKITA PRAKASH	Nikita
46	MAHALE HARSHALI VIJAY	Harshali
47	MALI SHIVANI VILAS	Shivani
48	MALUSARE ADITI GULSHAN	Aditi
49	MASKE SHRADDHA KESHAV	Shraddha
50	MOMIN AIMAN IRSHAD	Aiman
51	MUPADE POOJA VILAS	
52	NAGRE GAURI MADHUKAR	Gauri
53	NAIK ASTHA SWAPNIL	Astha
54	NAKVE VAISHNAVI NARAYAN	
55	NANDANWAR SANIKA KISHOR	Sanika
56	OMASE ADITI GOVIND	Aditi
57	OSWAL VIDHI LALIT	
58	PATEKAR AKANKSHA RAMESHWAR	Akanksha
59	PATEL MANSI PRAKASH	Mansi
60	PATIL PRANJAL RAVINDRA	Pranjali
61	PATIL PURVA LALIT	Purva
62	PATIL SRUSHTI ULHAS	Srushti
63	PAWAR OMKAR PRAKASH	
64	PAWAR YASH BHAGWAN	Yash
65	PHALKE SHRAVANI DNYANESHWAR	Shravani
66	PHATAK HRUSHKESH RAJENDRA	Hrushkesh
67	PUDALE SHUBHANYU SUDESH	Shubhanyu
68	RAMTEKE SAWANI SATYAWAN	Sawani
69	RAUT MRUNAL RAMESH	Mrunal
70	RONGATE SUMEDHA TUKARAM	Sumedha
71	SALAVE VAISHNAVI BABAN	Vanika
72	SALVE SANIYA VASANT	Saniya

73	SARALE KSHITJA PRAKASHIRAO	Kshita
74	SARODE HARDIKA ATUL	Hardika
75	SAWANT MIHIKA SACHIN	Mg
76	SAWANT PRAFUL SANTOSH	Pm
77	SETHURAMAN DIPTI	Dipti
78	SHAH RUSHABH JITENDRA	R.J
79	SHAHARE KRITI LALDAS	Kriti
80	SHELKE NIKITA SHANKAR	Nikita
81	SHEWALE ASHAY AMBADAS	Ashay
82	SHIMRU SAYLI KIRAN	Sk
83	SHIPANKAR SHUBHAM SRIKANT	Shubham
84	SHRUTI S KALE	Shruti
85	SONUNE VEDANTI GAJANAN	Vedant
86	SOUMYA SUNEEL NAIR	Suney
87	SUNETRA MAHADESHWAR	Sunetra
88	SURYAWANSHI SMITA DIGAMBER	Smita
89	TALE PAWAN BHASKAR	PB
90	VAIDYA ABHISHEK DINKAR	Abhishek
91	WAGH VAISHNAVI RAGHUNATH	Vaishnavi
92	WAGHMARE SAKSHI SHIVAJI	Sakshi
93	WANDRE ABHISHEK NARAYAN	Abhishek
94	YADAV SUPRIT VIJAY	Suprit
95	PATIL AISHWARYA	Aishwarya
96	RAUT PRIYA	Priya



HOD
Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
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Charoli (Bk), Via Lohegaon, Pune - 412105

Dean
D.Y. Patil Dental School, Pune



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Infection Control and Sterilization
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	The training session on Sterilization and Infection Control for 2nd year BDS students was conducted to impart essential knowledge and practical skills regarding maintaining a sterile environment in dental practice. The session commenced with comprehensive lectures covering principles of sterilization, various methods such as autoclaving and chemical sterilization, and infection control measures including personal protective equipment (PPE). The session allowed the students to be aware of setting up sterilization equipment, practicing proper sterilization techniques, and simulating infection control protocols during dental procedures. Interactive discussions enhanced understanding and application of theoretical concepts.
KEY TAKEAWAYS	Participants gained a thorough understanding of the importance of sterilization in dental procedures and learned practical skills in implementing infection control measures. They acquired knowledge about different sterilization methods and their appropriate applications, as well as compliance with regulatory standards.
TRAINER	Dr. Pratik Hande



HOD

Department of Oral and Maxillofacial Surgery

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 Dept. of Oral & Maxillofacial Surgery
 D Y Patil Dental School
 D Y Patil Knowledge City
 Charoli (Bk), Via Lohegaon, Pune - 41210




Dean

D.Y. Patil Dental School

IInd year BDS 2022 -23

Roll No.	Name	Signature
1	ALHAT SAKSHI YOGESH	
2	AGRE SAKSHI SANJEEVKUMAR	
3	ALI AHMED SARA ZULFIKAR	
4	AMRITSAGAR VARUN MOHAN	
5	BADNE PRERNA RAM	
6	BHAGYESH TUKARAM SHIPALKAR	
7	BHAVYA ANILKUMAR NAHATA	
8	BHIKKA SANIA SANJAY	
9	BHOR KAUSTUBH SANTOSH	
10	BHORE BHUSHAN TANAJI	
11	BHOSALE ABHISHEK RAVINDRA	
12	BHOSALE ANJALI AJIT	
13	BHOSALE SHIVANI RAMESH	
14	CHAURASIYA ROUNAK ARBIND	
15	CHAVAN GAYATRI DNYANESHWAR	
16	CHIKUNDRE SAKSHI SUNIL	
17	DAMALE BHAGYASHREE SANTOSH	
18	DEMBDA MUSKAN RAVI	
19	DEORE TANAYA RAJENDRA	
20	DEVKATE RUSHIKESH MACHCHHINDRA	
21	DOLSE VISHAKHA RAMESH	
22	DUMALE SIMRAN SATISH	
23	FUNDE ARATI VISHWANATH	
24	GADHARI SOHAM SANJAY	
25	GARDE ROHIT NARHARI	
26	GHODKE ANUJA RAMPRABHU	
27	GHOLAP SARTHAKI MAHESH	
28	GITTE AKANKSHA BABASAHEB	
29	GOR SHREEYA PHALGUN	
30	HOLE ANUSHKA BALASAHEB	
31	JADHAV ARATI SACHIN	
32	JADHAV ASHUTOSH SHARAD	
33	JADHAV SWAPNALI SANJAY	
34	JAIN YUTHIKA DEEPAK	
35	JAWALE PRAJAKTA SURESH	
36	JAWARKAR SANSKRUTI VIKAS	
37	JOSHI SAYALI SARANG	
38	KADAM VAISHNAVI SUNIL	
39	KAKADE RADHIKA HANMANT	

40	KAMBLE TEJAS ANIL	Tejas
41	KANADE PRIYANKA VIJAY	Priyanka
42	KATE TANVI RAMESH	Tanvi
43	KUBDE RUTIKA RAMDAS	Rutika
44	KUMBHAR SRUSHTI RAJARAM	Srushti
45	KUSUMBE NIKITA PRAKASH	Nikita
46	MAHALE HARSHALI VIJAY	Harshali
47	MALI SHIVANI VILAS	Shivani
48	MALUSARE ADITI GULSHAN	Aditi
49	MASKE SHRADDHA KESHAV	Shraddha
50	MOMIN AIMAN IRSHAD	Aiman
51	MUPADE POOJA VILAS	Pooja
52	NAGRE GAURI MADHUKAR	Gauri
53	NAIK ASTHA SWAPNIL	Astha
54	NAKVE VAISHNAVI NARAYAN	Vaishnavi
55	NANDANWAR SANIKA KISHOR	Sanika
56	OMASE ADITI GOVIND	Aditi
57	OSWAL VIDHI LALIT	Vidhi
58	PATEKAR AKANKSHA RAMESHWAR	Akanksha
59	PATEL MANSI PRAKASH	Mansi
60	PATIL PRANJAL RAVINDRA	Pranjali
61	PATIL PURVA LALIT	Purva
62	PATIL SRUSHTI ULHAS	Srushti
63	PAWAR OMKAR PRAKASH	Omkar
64	PAWAR YASH BHAGWAN	Yash
65	PHALKE SHRAVANI DNYANESHWAR	Shravani
66	PHATAK HRUSHKESH RAJENDRA	Hrushkesh
67	PUDALE SHUBHANYU SUDESH	Shubhanyu
68	RAMTEKE SAWANI SATYAWAN	Sawani
69	RAUT MRUNAL RAMESH	Mrunal
70	RONGATE SUMEDHA TUKARAM	Sumedha
71	SALAVE VAISHNAVI BABAN	Vaishnavi
72	SALVE SANIYA VASANT	Saniya
73	SARALE KSHITIJIA PRAKASHRAO	Kshitija
74	SARODE HARDIKA ATUL	Hardika
75	SAWANT MIHIKA SACHIN	Mihika
76	SAWANT PRAFUL SANTOSH	Praful
77	SETHURAMAN DIPTI	Dipti
78	SHAH RUSHABH JITENDRA	Rushabh
79	SHAHARE KRITI LALDAS	Kriti
80	SHELKE NIKITA SHANKAR	Nikita
81	SHEWALE ASHAY AMBADAS	Ashay
82	SHIMRU SAYLI KIRAN	Sayli
83	SHIPANKAR SHUBHAM SRIKANT	Shubham
84	SHRUTI S KALE	Shruti
85	SONUNE VEDANTI GAJANAN	Vedanti

86	SOUMYA SUNEEL NAIR	
87	SUNETRA MAHADESHWAR	
88	SURYAWANSHI SMITA DIGAMBER	
89	TALE PAWAN BHASKAR	
90	VAIDYA ABHISHEK DINKAR	
91	WAGH VAISHNAVI RAGHUNATH	
92	WAGHMARE SAKSHI SHIVAJI	
93	WANDRE ABHISHEK NARAYAN	
94	YADAV SUPRIT VIJAY	
95	PATIL AISHWARYA	
96	RAUT PRIYA	



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Isolation & Rubber Dam Application
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with rubber dam application techniques, focusing on isolation and rubber dam handling.● Application on typhodont to simulate the clinical conditions.● Advantages and disadvantages of rubber dam.
KEY TAKEAWAYS	<p>Selecting the appropriate clamp and independently placing the rubber dam as per clinical situation.</p> <p>To understand the following steps while placing the rubber dam:</p> <ul style="list-style-type: none">● Rubber Dam Sheet Preparation● Clamp Selection and Placement● Placing the Rubber Dam● Final Adjustments <p>To understand the following steps while removing the rubber dam:</p> <ul style="list-style-type: none">● Remove the Frame● Release the Dam from the Teeth● Remove the Clamp
TRAINER	Dr. Kiran Keswani



HOD

Department of Conservative dentistry
and Endodontics

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D Y Patil Knowledge City

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Dean

D.Y. Patil Dental School, Pune



Training Session Attendance List
Isolation & Rubber Dam Application

ATTENDANCE LIST

II YEAR - 2022-23

DATE: 22-07-2023

SR.NO	NAME OF STUDENT	ATTENDANCE
1.	ALHAT SAKSHI YOGESH	Asakshi
2	AGRE SAKSHI SANJEEVKUMAR	Suf
3	ALI AHMED SARA ZULFIKAR	Sarakt
4	AMRITSAGAR VARUN MOHAN	Amrit
5	BADNE PRERNA RAM	
6	BHAGYESH TUKARAM SHIPALKAR	Bhagya
7	BHAVYA ANILKUMAR NAHATA	Nahata
8	BHIKKA SANIA SANJAY	Bhikka
9	BHOR KAUSTUBH SANTOSH	Bhor
10	BHORE BHUSHAN TANAJI	
11	BHOSALE ABHISHEK RAVINDRA	Bhosale
12	BHOSALE ANJALI AJIT	
13	BHOSALE SHIVANI RAMESH	Shivani
14	CHAURASIYA ROUNAK ARBIND	Roundak
15	CHAVAN GAYATRI DNYANESHWAR	
16	CHIKUNDRE SAKSHI SUNIL	Sakshi
17	DAMALE BHAGYASHREE SANTOSH	Damale
18	DEMBDA MUSKAN RAVI	
19	DEORE TANAYA RAJENDRA	Deore
20	DEVKATE RUSHIKESH MACHCHINDRA	Rushid
21	DOLSE VISHAKHA RAMESH	Dolse
22	DUMALE SIMRAN SATISH	
23	FUNDE ARATI VISHWANATH	Funde
24	GADHARI SOHAM SANJAY	Gadhari
25	GARDE ROHIT NARHARI	Garde
26	GHODKE ANUJA RAMPRABHU	Anuja
27	GHOLAP SARTHAKI MAHESH	Gholap
28	GITTE AKANKSHA BABASAHEB	Gitte
29	GOR SHREEYA PHALGUN	
30	HOLE ANUSHKA BALASAHEB	Hole

31	JADHAV ARATI SACHIN	Swapnali
32	JADHAV ASHUTOSH SHARAD	Ashutosh
33	JADHAV SWAPNALI SANJAY	Swapnali
34	JAIN YUTHIKA DEEPAK	Yuthika
35	JAWALE PRAJAKTA SURESH	Prajakta
36	JAWARKAR SANSKRUTI VIKAS	Sanskriti
37	JOSHI SAYALI SARANG	Sayali
38	KADAM VAISHNAVI SUNIL	Vaishnavi
39	KAKADE RADHIKA HANMANT	Radhika
40	KAMBLE TEJAS ANIL	Tejas
41	KANADE PRIYANKA VIJAY	Priyanka
42	KATE TANVI RAMESH	Tanvi
43	KUBDE RUTIKA RAMDAS	Rutika
44	KUMBHAR SRUSHTI RAJARAM	Srushti
45	KUSUMBE NIKITA PRAKASH	Nikita
46	MAHALE HARSHALI VIJAY	Harshali
47	MALI SHIVANI VILAS	Shivani
48	MALUSARE ADITI GULSHAN	Aditi
49	MASKE SHRADDHA KESHAV	Shraddha
50	MOMIN AIMA IRSHAD	Aima
51	MUPADE POOJA VILAS	Pooja
52	NAGRE GAURI MADHUKAR	Gauri
53	NAIK ASTHA SWAPNIL	Astha
54	NAKVE VAISHNAVI NARAYAN	Vaishnavi
55	NANDANWAR SANIKA KISHOR	Sanika
56	OMASE ADITI GOVIND	Aditi
57	OSWAL VIDHI LALIT	Vidhi
58	PATEKAR AKANKSHA RAMESHWAR	Akanksha
59	PATEL MANSI PRAKASH	Mansi
60	PATIL PRANJAL RAVINDRA	Pranjali
61	PATIL PURVA LALIT	Purva
62	PATIL SRUSHTI ULHAS	Srushti
63	PAWAR OMKAR PRAKASH	Omkar
64	PAWAR YASH BHAGWAN	Yash
65	PHALKE SHRAVANI DNYANESHWAR	Shravani
66	PHATAK HRUSHKESH RAJENDRA	Hrushikesh
67	PUDALE SHUBHANYU SUDESH	Shubhanyu
68	RAMTEKE SAWANI SATYAWAN	Sawani
69	RAUT MRUNAL RAMESH	Mrunal
70	RONGATE SUMEDHA TUKARAM	Sumedha
71	SALAVE VAISHNAVI BABAN	Vaishnavi
72	SALVE SANIYA VASANT	Saniya
73	SARALE KSHITIJA PRAKASHRAO	Kshiti

74	SARODE HARDIKA ATUL	<u>Hardika</u>
75	SAWANT MIHIKA SACHIN	<u>Mika</u>
76	SAWANT PRAFUL SANTOSH	<u>Praful</u>
77	SETHURAMAN DIPTI	<u>Sethi</u>
78	SHAH RUSHABH JITENDRA	<u>Rushabh</u>
79	SHAHARE KRITI LALDAS	<u>Kriti Shahare</u>
80	SHELKE NIKITA SHANKAR	<u>Nikkul</u>
81	SHEWALE ASHAY AMBADAS	
82	SHIMRU SAYLI KIRAN	<u>Shimru</u>
83	SHIPANKAR SHUBHAM SRIKANT	<u>Shubham</u>
84	SHRUTI S KALE	<u>Kaleshkar</u>
85	SONUNE VEDANTI GAJANAN	<u>Sonune</u>
86	SOUMYA SUNEEL NAIR	<u>Nair S.</u>
87	SUNETRA MAHADESHWAR	<u>Sunetra</u>
88	SURYAWANSHI SMITA DIGAMBER	<u>Smita</u>
89	TALE PAWAN BHASKAR	<u>Tale Pawan</u>
90	VAIDYA ABHISHEK DINKAR	
91	WAGH VAISHNAVI RAGHUNATH	<u>Wagh</u>
92	WAGHMARE SAKSHI SHIVAJI	<u>Waghmare</u>
93	WANDRE ABHISHEK NARAYAN	<u>Wandre</u>
94	YADAV SUPRIT VIJAY	<u>Yadav</u>
95	PATIL AISHWARYA	
96	RAUT PRIYA	<u>Priya</u>



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and Endodontics

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D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Consent and patient privacy
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Patient consent and privacy are foundational principles in dental practice. Consent involves the voluntary agreement of a patient to undergo treatment after being informed of its nature, benefits, risks, and alternatives. It is not only a legal requirement but also an ethical obligation that ensures respect for patient autonomy and dignity. Understanding the components of valid consent, including competence, information disclosure, and voluntariness, is essential for developing trustful patient-dentist relationships.</p> <p>Patient privacy, on the other hand, refers to the right of individuals to control access to their personal health information. Dental students must learn to handle patient records and information with utmost confidentiality to comply with legal standards. Respecting patient privacy fosters trust and maintains professional integrity. Implementing practical measures such as secure data storage, limited access to patient records, and obtaining explicit consent for sharing information are critical in safeguarding patient confidentiality.</p>
KEY TAKEAWAYS	<p>Patient consent involves informed, voluntary agreement for treatment, respecting autonomy and fostering trust. Understand its components: competence, disclosure, and voluntariness. Patient privacy mandates strict confidentiality of health information, ensuring trust and ethical practice. Safeguard patient records with secure handling and explicit consent for information sharing. Upholding these principles is integral to professional integrity and patient-centered care.</p>
TRAINER	Dr. Kapil Kshirsagar


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Dept. of Oral & Maxillofacial Surgery

D.Y. Patil Dental School

D.Y. Patil Knowledge City

Chhatrapati (P), Vashi, Maharashtra, Pune - 412210


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IInd year BDS 2022 -23

Roll No.	Name	Signature
1	ALHAT SAKSHI YOGESH	
2	AGRE SAKSHI SANJEEVKUMAR	
3	ALI AHMED SARA ZULFIKAR	
4	AMRITSAGAR VARUN MOHAN	
5	BADNE PRERNA RAM	
6	BHAGYESH TUKARAM SHIPALKAR	
7	BHAVYA ANILKUMAR NAHATA	
8	BHIKKA SANIA SANJAY	
9	BHOR KAUSTUBH SANTOSH	
10	BHORE BHUSHAN TANAJI	
11	BHOSALE ABHISHEK RAVINDRA	
12	BHOSALE ANJALI AJIT	
13	BHOSALE SHIVANI RAMESH	
14	CHAURASIYA ROUNAK ARBIND	
15	CHAVAN GAYATRI DNYANESHWAR	
16	CHIKUNDRE SAKSHI SUNIL	
17	DAMALE BHAGYASHREE SANTOSH	
18	DEMBDA MUSKAN RAVI	
19	DEORE TANAYA RAJENDRA	
20	DEVKATE RUSHIKESH MACHCHHINDRA	
21	DOLSE VISHAKHA RAMESH	
22	DUMALE SIMRAN SATISH	
23	FUNDE ARATI VISHWANATH	
24	GADHARI SOHAM SANJAY	
25	GARDE ROHIT NARHARI	
26	GHODKE ANUJA RAMPRABHU	
27	GHOLAP SARTHAKI MAHESH	
28	GITTE AKANKSHA BABASAHEB	
29	GOR SHREEYA PHALGUN	
30	HOLE ANUSHKA BALASAHEB	
31	JADHAV ARATI SACHIN	
32	JADHAV ASHUTOSH SHARAD	
33	JADHAV SWAPNALI SANJAY	
34	JAIN YUTHIKA DEEPAK	
35	JAWALE PRAJAKTA SURESH	
36	JAWARKAR SANSKRUTI VIKAS	
37	JOSHI SAYALI SARANG	
38	KADAM VAISHNAVI SUNIL	
39	KAKADE RADHIKA HANMANT	

40	KAMBLE TEJAS ANIL	Tejas
41	KANADE PRIYANKA VIJAY	Priyanka
42	KATE TANVI RAMESH	Tanvi
43	KUBDE RUTIKA RAMDAS	Rutika
44	KUMBHAR SRUSHTI RAJARAM	Srushti
45	KUSUMBE NIKITA PRAKASH	Nikita
46	MAHALE HARSHALI VIJAY	Harshali
47	MALI SHIVANI VILAS	Shivani
48	MALUSARE ADITI GULSHAN	Aditi
49	MASKE SHRADDHA KESHAV	Shraddha
50	MOMIN AIMAN IRSHAD	Aiman
51	MUPADE POOJA VILAS	Pooja
52	NAGRE GAURI MADHUKAR	Gauri
53	NAIK ASTHA SWAPNIL	Astha
54	NAKVE VAISHNAVI NARAYAN	Vaishnavi
55	NANDANWAR SANIKA KISHOR	Sanika
56	OMASE ADITI GOVIND	Aditi
57	OSWAL VIDHI LALIT	Vidhi
58	PATEKAR AKANKSHA RAMESHWAR	Akanksha
59	PATEL MANSI PRAKASH	Mansi
60	PATIL PRANJAL RAVINDRA	Pranjali
61	PATIL PURVA LALIT	Purva
62	PATIL SRUSHTI ULHAS	Srushti
63	PAWAR OMKAR PRAKASH	Omkar
64	PAWAR YASH BHAGWAN	Yash
65	PHALKE SHRAVANI DNYANESHWAR	Shravani
66	PHATAK HRUSHKESH RAJENDRA	Hrushkesh
67	PUDALE SHUBHANYU SUDESH	Shubhanyu
68	RAMTEKE SAWANI SATYAWAN	Sawani
69	RAUT MRUNAL RAMESH	Mrunal
70	RONGATE SUMEDHA TUKARAM	Sumedha
71	SALAVE VAISHNAVI BABAN	Vaishnavi
72	SALVE SANIYA VASANT	Saniya
73	SARALE KSHITIJIA PRAKASHRAO	Kshitija
74	SARODE HARDIKA ATUL	Hardika
75	SAWANT MIHIKA SACHIN	Mihika
76	SAWANT PRAFUL SANTOSH	Praful
77	SETHURAMAN DIPTI	Dipti
78	SHAH RUSHABH JITENDRA	Rushabh
79	SHAHARE KRITI LALDAS	Kriti
80	SHELKE NIKITA SHANKAR	Nikita
81	SHEWALE ASHAY AMBADAS	Ashay
82	SHIMRU SAYLI KIRAN	Sayli
83	SHIPANKAR SHUBHAM SRIKANT	Shubham
84	SHRUTI S KALE	Shruti
85	SONUNE VEDANTI GAJANAN	Vedanti

86	SOUMYA SUNEEL NAIR	
87	SUNETRA MAHADESHWAR	
88	SURYAWANSHI SMITA DIGAMBER	
89	TALE PAWAN BHASKAR	
90	VAIDYA ABHISHEK DINKAR	
91	WAGH VAISHNAVI RAGHUNATH	
92	WAGHMARE SAKSHI SHIVAJI	
93	WANDRE ABHISHEK NARAYAN	
94	YADAV SUPRIT VIJAY	
95	PATIL AISHWARYA	
96	RAUT PRIYA	





D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Introduction & Steps in Fabrication of Fixed Partial Denture
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The session began with an overview of FPDs, including indications, contraindications, and advantages over removable partial dentures. Students were educated on patient assessment criteria, diagnostic procedures, and treatment planning essential for successful FPD cases. Techniques for investing, casting, and fitting metal frameworks were video demonstrated, with a focus on achieving optimal marginal integrity and occlusion.</p> <p>Summary of Steps in FPD Fabrication</p> <ol style="list-style-type: none">1. Patient Assessment and Treatment Planning2. Tooth Preparation3. Impression Making4. Temporization5. Model and Die Fabrication6. Wax Pattern Creation7. Investing and Casting8. Metal Framework Try-In9. Porcelain Application10. Final Fit and Adjustment11. Final Cementation12. Post-Cementation Care
KEY TAKEAWAYS	The session successfully integrated theoretical knowledge and practical skills, offering Second Year BDS Students a holistic understanding of FPD fabrication.
TRAINER	Dr. Bipin Muley

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Bk, Pune - 412 105

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Second Year BDS Students - 2022-23
Training Session -Steps in Fabrication of FPD

S.No.	NAME	ATTENDANCE
1	ALHAT SAKSHI YOGESH	P
2	AGRE SAKSHI SANJEEVKUMAR	P
3	ALI AHMED SARA ZULFIKAR	A
4	AMRITSAGAR VARUN MOHAN	P
5	BADNE PRERNA RAM	P
6	BHAGYESH TUKARAM SHIPALKAR	P
7	BHAVYA ANILKUMAR NAHATA	P
8	BHIKKA SANIA SANJAY	A
9	BHOR KAUSTUBH SANTOSH	P
10	BHORE BHUSHAN TANAJI	P
11	BHOSALE ABHISHEK RAVINDRA	P
12	BHOSALE ANJALI AJIT	P
13	BHOSALE SHIVANI RAMESH	P
14	CHAURASIYA ROUNAK ARBIND	P
15	CHAVAN GAYATRI DNYANESHWAR	P
16	CHIKUNDRE SAKSHI SUNIL	P
17	DAMALE BHAGYASHREE SANTOSH	P
18	DEMBDA MUSKAN RAVI	A
19	DEORE TANAYA RAJENDRA	P
20	DEVKATE RUSHIKESH MACHCHHINDRA	A
21	DOLSE VISHAKHA RAMESH	P
22	DUMALE SIMRAN SATISH	P
23	FUNDE ARATI VISHWANATH	P
24	GADHARI SOHAM SANJAY	P
25	GARDE ROHIT NARHARI	P
26	GHODKE ANUJA RAMPRABHU	P
27	GHOLAP SARTHAKI MAHESH	P
28	GITTE AKANKSHA BABASAHEB	P
29	GOR SHREEYA PHALGUN	P
30	HOLE ANUSHKA BALASAHEB	A
31	JADHAV ARATI SACHIN	P
32	JADHAV ASHUTOSH SHARAD	P
33	JADHAV SWAPNALI SANJAY	P
34	JAIN YUTHIKA DEEPAK	A
35	JAWALE PRAJAKTA SURESH	P
36	JAWARKAR SANSKRUTI VIKAS	P
37	JOSHI SAYALI SARANG	P
38	KADAM VAISHNAVI SUNIL	A
39	KAKADE RADHIKA HANMANT	P

40	KAMBLE TEJAS ANIL	P
41	KANADE PRIYANKA VIJAY	A
42	KATE TANVI RAMESH	P
43	KUBDE RUTIKA RAMDAS	P
44	KUMBHAR SRUSHTI RAJARAM	P
45	KUSUMBE NIKITA PRAKASH	P
46	MAHALE HARSHALI VIJAY	P
47	MALI SHIVANI VILAS	A
48	MALUSARE ADITI GULSHAN	P
49	MASKE SHRADDHA KESHAV	P
50	MOMIN AIMAN IRSHAD	P
51	MUPADE POOJA VILAS	P
52	NAGRE GAURI MADHUKAR	A
53	NAIK ASTHA SWAPNIL	P
54	NAKVE VAISHNAVI NARAYAN	P
55	NANDANWAR SANIKA KISHOR	P
56	OMASE ADITI GOVIND	P
57	OSWAL VIDHI LALIT	P
58	PATEKAR AKANKSHA RAMESHWAR	P
59	PATEL MANSI PRAKASH	P
60	PATIL PRANJAL RAVINDRA	A
61	PATIL PURVA LALIT	P
62	PATIL SRUSHTI ULHAS	P
63	PAWAR OMKAR PRAKASH	P
64	PAWAR YASH BHAGWAN —	P
65	PHALKE SHRAVANI DNYANESHWAR	P
66	PHATAK HRUSHKESH RAJENDRA	P
67	PUDALE SHUBHANYU SUDESH	P
68	RAMTEKE SAWANI SATYAWAN	P
69	RAUT MRUNAL RAMESH	A
70	RONGATE SUMEDHA TUKARAM	P
71	SALAVE VAISHNAVI BABAN	P
72	SALVE SANIYA VASANT	P
73	SARALE KSHITIJA PRAKASHRAO	P
74	SARODE HARDIKA ATUL	P
75	SAWANT MIHIKA SACHIN	A
76	SAWANT PRAFUL SANTOSH	P
77	SETHURAMAN DIPTI	P
78	SHAH RUSHABH JITENDRA	P
79	SHAHARE KRITI LALDAS	P
80	SHELKE NIKITA SHANKAR	P
81	SHEWALE ASHAY AMBADAS	P
82	SHIMRU SAYLI KIRAN	P

83	SHIPANKAR SHUBHAM SRIKANT	A
84	SHRUTI S KALE	P
85	SONUNE VEDANTI GAJANAN	P
86	SOUMYA SUNEEL NAIR	P
87	SUNETRA MAHADESHWAR	A
88	SURYAWANSHI SMITA DIGAMBER	P
89	TALE PAWAN BHASKAR	P
90	VAIDYA ABHISHEK DINKAR	P
91	WAGH VAISHNAVI RAGHUNATH	P
92	WAGHMARE SAKSHI SHIVAJI	A
93	WANDRE ABHISHEK NARAYAN	P
94	YADAV SUPRIT VIJAY	P
95	PATIL AISHWARYA	P
96	RAUT PRIYA	P



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Class V GIC restoration
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Glass Ionomer Cement, focusing on material handling and restoring Class V cavities.● To understand the physical and mechanical properties of GIC● To understand the indications and contraindications of GIC.
KEY TAKEAWAYS	<p>Understand and implement the following:</p> <ul style="list-style-type: none">● To dispense correct powder and liquid ratio.● To note the properties of GIC such as adhesion, fluoride release, biocompatibility and aesthetics.● Clinical consideration while handling, isolation and surface protection.● To evaluate the factors affecting setting time. <p>By understanding these key aspects of GIC, dental students can make informed decisions about its application and optimize patient outcomes.</p>
TRAINER	Dr. Divya Dudulwar



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Training Session Attendance List

Class V GIC Restoration

ATTENDANCE LIST

II YEAR - 2022-23

DATE: 07-10-2023

SR.NO	NAME OF STUDENT	ATTENDANCE
1.	ALHAT SAKSHI YOGESH	<i>Sakshi</i>
2	AGRE SAKSHI SANJEEVKUMAR	<i>Agre</i>
3	ALI AHMED SARA ZULFIKAR	<i>A</i>
4	AMRITSAGAR VARUN MOHAN	<i>Amrit</i>
5	BADNE PRERNA RAM	<i>Badne</i>
6	BHAGYESH TUKARAM SHIPALKAR	<i>Bhagya</i>
7	BHAVYA ANILKUMAR NAHATA	<i>Bhavya</i>
8	BHIKKA SANIA SANJAY	<i>Bhikka</i>
9	BHOR KAUSTUBH SANTOSH	<i>Bhor</i>
10	BHORE BHUSHAN TANAJI	<i>Bhore</i>
11	BHOSALE ABHISHEK RAVINDRA	<i>Bhosale</i>
12	BHOSALE ANJALI AJIT	<i>Bhosale</i>
13	BHOSALE SHIVANI RAMESH	<i>Bhosale</i>
14	CHAURASIYA ROUNAK ARBIND	
15	CHAVAN GAYATRI DNYANESHWAR	<i>Chavan</i>
16	CHIKUNDRE SAKSHI SUNIL	<i>Chikundre</i>
17	DAMALE BHAGYASHREE SANTOSH	
18	DEMBDA MUSKAN RAVI	<i>Dembda</i>
19	DEORE TANAYA RAJENDRA	<i>Deore</i>
20	DEVKATE RUSHIKESH MACHCHINDRA	
21	DOLSE VISHAKHA RAMESH	<i>Dolse</i>
22	DUMALE SIMRAN SATISH	<i>Dumale</i>
23	FUNDE ARATI VISHWANATH	<i>Funde</i>
24	GADHARI SOHAM SANJAY	<i>Gadhari</i>
25	GARDE ROHIT NARHARI	<i>Garde</i>
26	GHODKE ANUJA RAMPRABHU	<i>Ghodke</i>
27	GHOLAP SARTHAKI MAHESH	<i>Gholap</i>
28	GITTE AKANKSHA BABASAHEB	<i>Gitte</i>
29	GOR SHREEYA PHALGUN	<i>Gor</i>
30	HOLE ANUSHKA BALASAHEB	<i>Hole</i>
31	JADHAV ARATI SACHIN	<i>Jadhav</i>

32	JADHAV ASHUTOSH SHARAD	Jadhav
33	JADHAV SWAPNALI SANJAY	Jadhav
34	JAIN YUTHIKA DEEPAK	Jain
35	JAWALE PRAJAKTA SURESH	Jawale
36	JAWARKAR SANSKRUTI VIKAS	Jawarkar
37	JOSHI SAYALI SARANG	Joshi
38	KADAM VAISHNAVI SUNIL	Kadam
39	KAKADE RADHIKA HANMANT	Kakade
40	KAMBLE TEJAS ANIL	Kamble
41	KANADE PRIYANKA VIJAY	Kanade
42	KATE TANVI RAMESH	Kate
43	KUBDE RUTIKA RAMDAS	Kubde
44	KUMBHAR SRUSHTI RAJARAM	Kumbhar
45	KUSUMBE NIKITA PRAKASH	Kusumbe
46	MAHALE HARSHALI VIJAY	Mahale
47	MALI SHIVANI VILAS	Mali
48	MALUSARE ADITI GULSHAN	Malusare
49	MASKE SHRADDHA KESHAV	Maske
50	MOMIN AIMAN IRSHAD	Momin
51	MUPADE POOJA VILAS	Mupade
52	NAGRE GAURI MADHUKAR	Nagre
53	NAIK ASTHA SWAPNIL	Naik
54	NAKVE VAISHNAVI NARAYAN	Nakve
55	NANDANWAR SANIKA KISHOR	Nandanwar
56	OMASE ADITI GOVIND	Omase
57	OSWAL VIDHI LALIT	Oswal
58	PATEKAR AKANKSHA RAMESHWAR	
59	PATEL MANSI PRAKASH	
60	PATIL PRANJAL RAVINDRA	Patil
61	PATIL PURVA LALIT	Patil
62	PATIL SRUSHTI ULHAS	Patil
63	PAWAR OMKAR PRAKASH	Pawar
64	PAWAR YASH BHAGWAN	Pawar
65	PHALKE SHRAVANI DNYANESHWAR	Phalke
66	PHATAK HRUSHKESH RAJENDRA	Phatak
67	PUDALE SHUBHANYU SUDESH	Pudale
68	RAMTEKE SAWANI SATYAWAN	Ramteke
69	RAUT MRUNAL RAMESH	Raut
70	RONGATE SUMEDHA TUKARAM	Rongate
71	SALAVE VAISHNAVI BABAN	Salave
72	SALVE SANIYA VASANT	Salve
73	SARALE KSHITIJA PRAKASHRAO	Sarale
74	SARODE HARDIKA ATUL	Sarode

75	SAWANT MIHIKA SACHIN	Sawant
76	SAWANT PRAFUL SANTOSH	
77	SETHURAMAN DIPTI	Sethur
78	SHAH RUSHABH JITENDRA	Shah
79	SHAHARE KRITI LALDAS	Kriti
80	SHELKE NIKITA SHANKAR	Nikita
81	SHEWALE ASHAY AMBADAS	Ashay
82	SHIMRU SAYLI KIRAN	Sayali
83	SHIPANKAR SHUBHAM SRIKANT	
84	SHRUTI S KALE	Shruti
85	SONUNE VEDANTI GAJANAN	Vedanti
86	SOUMYA SUNEEL NAIR	Soumya
87	SUNETRA MAHADESHWAR	Sunetra
88	SURYAWANSHI SMITA DIGAMBER	
89	TALE PAWAN BHASKAR	Tale
90	VAIDYA ABHISHEK DINKAR	Vaidya
91	WAGH VAISHNAVI RAGHUNATH	Vaishnavi
92	WAGHMARE SAKSHI SHIVAJI	Sakshi
93	WANDRE ABHISHEK NARAYAN	Abhishek
94	YADAV SUPRIT VIJAY	Vijay
95	PATIL AISHWARYA	Patil
96	RAUT PRIYA	Raut



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 D Y Patil Knowledge City
 Charoli (Bk), Via Lohegaon, Pune - 412105

Dean
 D.Y. Patil Dental School, Pune



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS.

Report

Training Sessions Program Report	
NAME OF SESSION	Posterior Composite Restoration
YEAR OF PROGRAM	2022-23
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Composite resin materials, focusing on accurate technique and material handling.● To understand the indications and contraindications.● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct restorative material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none">● Isolation● Etching● Bonding● Composite placement-importance of increment build up.● Final Shaping and Contouring● Light curing● Polishing and final check.
TRAINER	Dr. Pradeep Shetty



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and Endodontics

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& Endodontics
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Training Session Attendance List

Posterior Composite

ATTENDANCE LIST

II YEAR - 2022-23

DATE: 28-10-2023

SR.NO	NAME OF STUDENT	ATTENDANCE
1.	ALHAT SAKSHI YOGESH	<u>Sakshi</u>
2	AGRE SAKSHI SANJEEVKUMAR	<u>Agre</u>
3	ALI AHMED SARA ZULFIKAR	<u>Sara</u>
4	AMRITSAGAR VARUN MOHAN	<u>Amrit</u>
5	BADNE PRERNA RAM	
6	BHAGYESH TUKARAM SHIPALKAR	<u>Bhagy.</u>
7	BHAVYA ANILKUMAR NAHATA	<u>Bhavya</u>
8	BHIKKA SANIA SANJAY	<u>Bhikka</u>
9	BHOR KAUSTUBH SANTOSH	<u>Bhor</u>
10	BHORE BHUSHAN TANAJI	
11	BHOSALE ABHISHEK RAVINDRA	<u>Bhosale</u>
12	BHOSALE ANJALI AJIT	
13	BHOSALE SHIVANI RAMESH	<u>Shivani</u>
14	CHAURASIYA ROUNAK ARBIND	<u>Rounak</u>
15	CHAVAN GAYATRI DNYANESHWAR	
16	CHIKUNDRE SAKSHI SUNIL	<u>Sakshi</u>
17	DAMALE BHAGYASHREE SANTOSH	<u>Damale</u>
18	DEMBDA MUSKAN RAVI	
19	DEORE TANAYA RAJENDRA	<u>Deore</u>
20	DEVKATE RUSHIKESH MACHCHHINDRA	<u>Rushikesh</u>
21	DOLSE VISHAKHA RAMESH	<u>Dolse</u>
22	DUMALE SIMRAN SATISH	
23	FUNDE ARATI VISHWANATH	<u>Funde</u>
24	GADHARI SOHAM SANJAY	<u>Gadhari</u>
25	GARDE ROHIT NARHARI	<u>Garde</u>
26	GHODKE ANUJA RAMPRABHU	<u>Anuja</u>
27	GHOLAP SARTHAKI MAHESH	<u>Gholap</u>
28	GITTE AKANKSHA BABASAHEB	<u>Gitte</u>
29	GOR SHREEYA PHALGUN	
30	HOLE ANUSHKA BALASAHEB	<u>Hole</u>
31	JADHAV ARATI SACHIN	<u>Jadhav</u>
32	JADHAV ASHUTOSH SHARAD	

33	JADHAV SWAPNALI SANJAY	<u>Kumrale</u>
34	JAIN YUTHIKA DEEPAK	<u>Yutti</u>
35	JAWALE PRAJAKTA SURESH	
36	JAWARKAR SANSKRUTI VIKAS	<u>Santao</u>
37	JOSHI SAYALI SARANG	
38	KADAM VAISHNAVI SUNIL	<u>Kadam</u>
39	KAKADE RADHIKA HANMANT	
40	KAMBLE TEJAS ANIL	<u>Kamble</u>
41	KANADE PRIYANKA VIJAY	
42	KATE TANVI RAMESH	<u>Kate</u>
43	KUBDE RUTIKA RAMDAS	<u>Kubde</u>
44	KUMBHAR SRUSHTI RAJARAM	
45	KUSUMBE NIKITA PRAKASH	
46	MAHALE HARSHALI VIJAY	<u>Mahale</u>
47	MALI SHIVANI VILAS	<u>Mhalani</u>
48	MALUSARE ADITI GULSHAN	
49	MASKE SHRADDHA KESHAV	
50	MOMIN AIMAN IRSHAD	<u>Momin</u>
51	MUPADE POOJA VILAS	
52	NAGRE GAURI MADHUKAR	<u>Nagre</u>
53	NAIK ASTHA SWAPNIL	
54	NAKVE VAISHNAVI NARAYAN	
55	NANDANWAR SANIKA KISHOR	<u>Nandanwar</u>
56	OMASE ADITI GOVIND	
57	OSWAL VIDHI LALIT	<u>Oswal</u>
58	PATEKAR AKANKSHA RAMESHWAR	<u>Patekar</u>
59	PATEL MANSI PRAKASH	
60	PATIL PRANJAL RAVINDRA	<u>Patil</u>
61	PATIL PURVA LALIT	
62	PATIL SRUSHTI ULHAS	<u>Supa</u>
63	PAWAR OMKAR PRAKASH	
64	PAWAR YASH BHAGWAN	<u>Pawar</u>
65	PHALKE SHRAVANI DNYANESHWAR	<u>Phalke</u>
66	PHATAK HRUSHKESH RAJENDRA	
67	PUDALE SHUBHANYU SUDESH	
68	RAMTEKE SAWANI SATYAWAN	<u>Ramteke</u>
69	RAUT MRUNAL RAMESH	<u>Raut</u>
70	RONGATE SUMEDHA TUKARAM	
71	SALAVE VAISHNAVI BABAN	<u>Salave</u>
72	SALVE SANIYA VASANT	<u>Salvedani</u>
73	SARALE KSHITIJIA PRAKASHRAO	
74	SARODE HARDIKA ATUL	<u>Sarode</u>
75	SAWANT MIHIKA SACHIN	<u>Sawant</u>

76	SAWANT PRAFUL SANTOSH	
77	SETHURAMAN DIPTI	<u>Sethy</u>
78	SHAH RUSHABH JITENDRA	
79	SHAHARE KRITI LALDAS	<u>Kriti Shahare</u>
80	SHELKE NIKITA SHANKAR	<u>Nikkul</u>
81	SHEWALE ASHAY AMBADAS	
82	SHIMRU SAYLI KIRAN	<u>Shinon</u>
83	SHIPANKAR SHUBHAM SRIKANT	
84	SHRUTI S KALE	<u>Katashakti</u>
85	SONUNE VEDANTI GAJANAN	<u>Sonune</u>
86	SOUMYA SUNEEL NAIR	<u>Nair</u>
87	SUNETRA MAHADESHWAR	<u>Sunetra</u>
88	SURYAWANSHI SMITA DIGAMBER	<u>Smita</u>
89	TALE PAWAN BHASKAR	<u>Tale Pawan</u>
90	VAIDYA ABHISHEK DINKAR	
91	WAGH VAISHNAVI RAGHUNATH	<u>Wagh</u>
92	WAGHMARE SAKSHI SHIVAJI	
93	WANDRE ABHISHEK NARAYAN	<u>Wandree</u>
94	YADAV SUPRIT VIJAY	<u>Yadav</u>
95	PATIL AISHWARYA	
96	RAUT PRIYA	<u>Priya</u>



Prof

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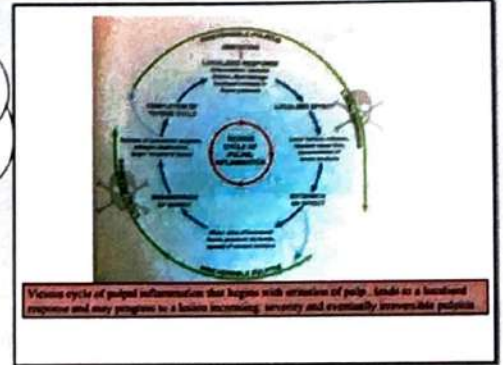
Case Scenarios

PULP PROTECTION



Dr. Kiran Keswani

WHAT HAPPENS WHEN IRRITANTS REACH THE PULP CHAMBER?



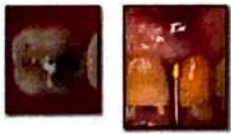
Das, et al. Pulp capping agents. An Evolutionary Review. International Journal of Dental Science and Innovative Research 2020, 3(4): 246-251

Pulp irritants

Bacterial

Traumatic

Iatrogenic

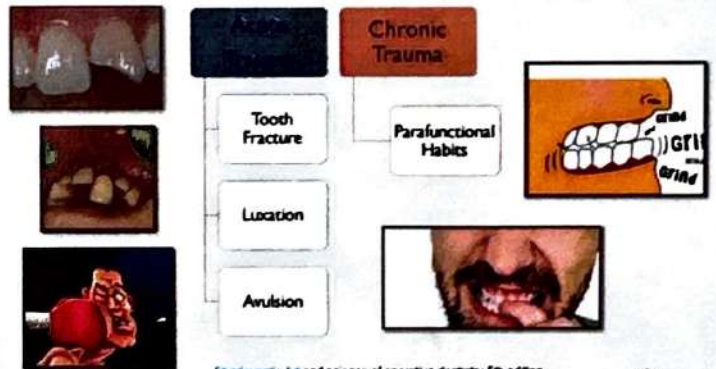


Acute Trauma

Chronic Trauma

- During tooth preparation
- Orthodontic movement of tooth
- Periodontal and periapical curettage
- Use of chemicals
- Idiopathic

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Text book of operative dentistry - Vimal K Bhat 4th edition



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IATROGENIC DAMAGE TO THE PULP

HEAT GENERATED DURING CAVITY PREPARATION

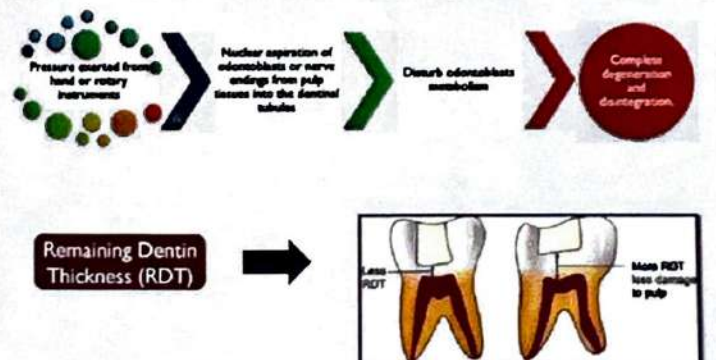
- Heat generated during cavity preparation:

Pulpal temperature is critical and must not exceed normal values in dental restorative procedures. Clinical research has shown irreversible damage to pulp tissues when temperature is increased.



5.5° C - 60%
11° C - 100%

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INDICATIONS

- Recent small mechanical exposure of pulp during (< 24 hours);
- a) Tooth preparation
- b) Traumatic injury

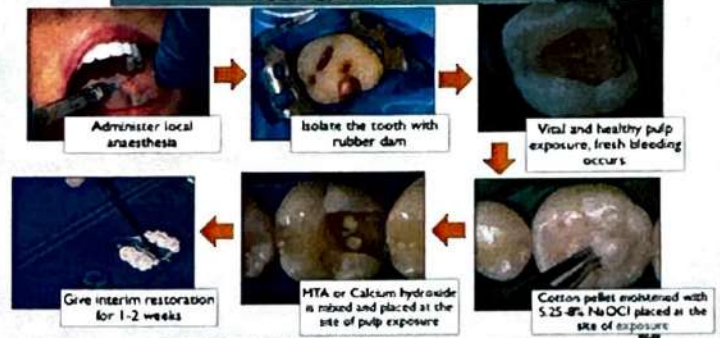


Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice



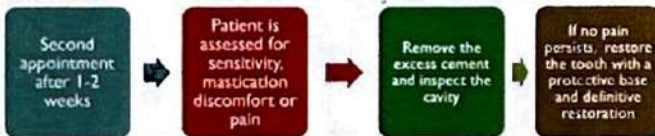
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CLINICAL PROCEDURE - TWO STEP PULP CAPPING



Ingle's Textbook of Endodontics 6th edition

CLINICAL PROCEDURE - TWO STEP PULP CAPPING

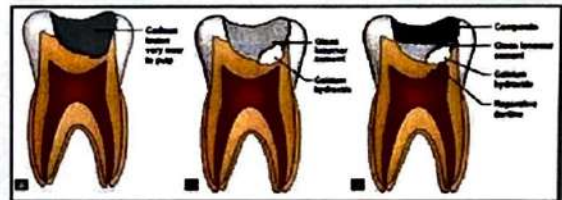


Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice

1

INDIRECT PULP CAPPING

Indirect pulp capping is defined as "a procedure in which a material is placed on a thin partition of remaining carious dentin that, if removed, might expose the pulp in immature permanent teeth."



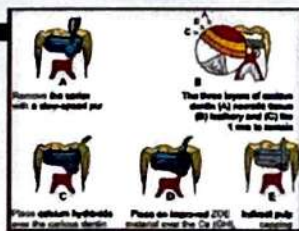
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CLINICAL PROCEDURE

The procedure for indirect pulp capping is same as that of direct pulp capping except that the pulp is not exposed. A thin layer of "affected dentin" is left to avoid exposure.

The pulp capping material is directly placed on the affected dentin.



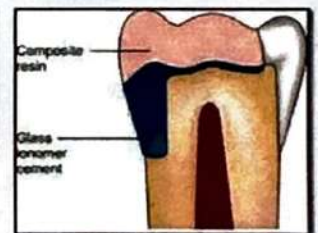
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1

CERVICAL LINING TECHNIQUE/ OPEN SANDWICH TECHNIQUE

- To combine beneficial properties of GIC and Composite
- Cervical portion of the proximal box of a posterior cavity is restored with glass-ionomer cement, and the final restoration being either resin composite or amalgam.
- Indication: Usually for posterior resin composite restorations

GIC expands slightly when in contact with moisture, and this may compensate for the polymerization shrinkage of the resin composite therefore reduce micro leakage

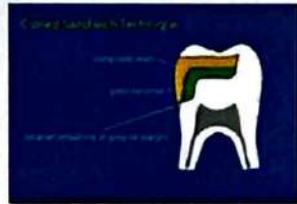


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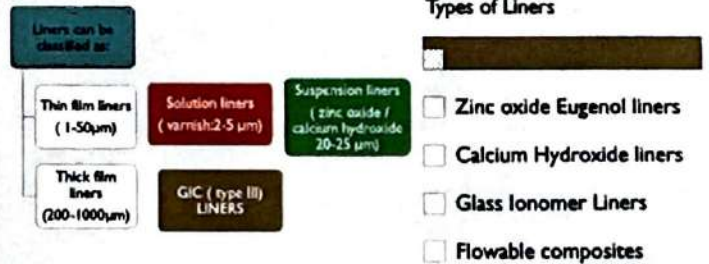
CLOSED SANDWICH TECHNIQUE

- The dentin is covered by Glass ionomer cement which in turn is entirely covered by composite restoration
- Used when there is remaining enamel at the gingival margin



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Text book of operative dentistry - Vimal K. Bhat 4th edition

LINERS



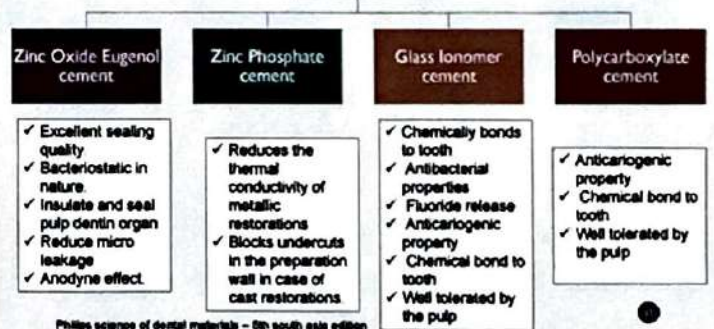
Philips science of dental materials - 6th south asia edition

CLASSIFICATION OF BASES



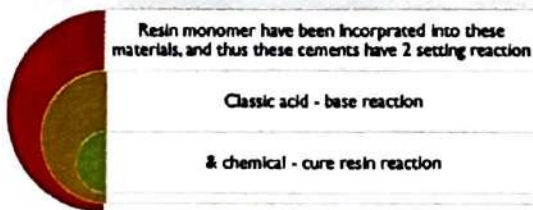
Philips science of dental materials - 6th south asia edition
Des. of M. Pulp capping agents. An Evolutionary Review International Journal of Dental Science and Innovative Research 2020, 3(8), 240-251

Materials used as bases



Philips science of dental materials - 6th south asia edition

RESIN MODIFIED GLASS IONOMER CEMENT (HYBRID IONOMER)



Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. P Indian J Conserv Endod 2021;6(1):123-127.

FLOWABLE COMPOSITES

Composites with a lower amount of filler → more fluid consistency, less strength and lower modulus



Advantages	Disadvantages
Adaptation to walls because of their flow Ease in manipulation	Technique sensitive Requires care of contamination free field
Aesthetic	Polymerization shrinkage → gap formation at resin-tooth interface.

Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. P Indian J Conserv Endod 2021;6(1):123-127.

MINERAL TRIOXIDE AGGREGATE (MTA)

Characteristics:

- Non-toxic material
- Low or no solubility
- Stimulate reparative dentin development by a normal defending process of an early pulpal wound healing (evidence was the presence of odontoblast like cells)
- Minimal inflammation at early healing stage

COMPOSITION

- ✓ Tricalcium silicate
- ✓ Tricalcium aluminate
- ✓ Tricalcium oxide
- ✓ Silicate oxide

Chandini R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127.



BIODENTINE

Calcium silicate-based restorative cement with dentin-like mechanical properties, which can be used as a dentin substitute on crowns and roots similar to how MTA is used.

It has a positive effect on vital pulp cells and stimulates tertiary dentin formation.

In direct contact with vital pulp tissue, it also promotes formation of reparative dentin.

Biodentine may be successfully used as a posterior restoration material for up to 6 months after direct pulp capping. After validation of pulp health, it may be partially removed to place a permanent composite material.

Chandini R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127.



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INLAYS – Indications and Cavity Features

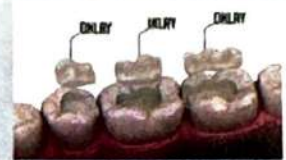
PRESENTED BY
DR. VINOD KAMBLI



Definitions

Inlay

- Inlay is defined as a fixed intracoronal restoration, a dental restoration made outside of a tooth to correspond to the form of prepared cavity, which is then luted into the tooth (Rosensteil)



Onlay

- An Onlay is combination of intracoronal and extra coronal restoration when one or more cusps are covered. (Rosensteil)

Indication

3

- Extensive tooth involvement
- Superior control over contacts and contours.
- Correction of occlusion
- Restoration of endodontically treated teeth
- Retainers for fixed prostheses
- Subgingival lesions
- Patients with low incidence of plaque accumulation
- Fracture lines
- Esthetics



Contraindications

4

- Developing and deciduous teeth
- High plaque/caries indices
- Occlusal disharmony
- Dissimilar metals
- Where esthetics is prime consideration
- Case of extensive occlusal wear facets



Advantages

5

- Yield strength, compressive strength, tensile strength and shear strength of alloys used for cast restorations are far greater than those of any materials used intra orally
- Capable of reproducing precise form and minute detail
- Not significantly affected by tarnish and corrosion processes in the oral environment.
- Surface with maximum biological acceptance
- Gold castings have a coefficient of thermal expansion ($12 \times 10^{-6}^{\circ}\text{C}$) similar to that of tooth structure.

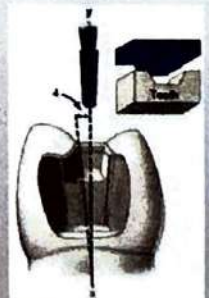
Designs of cavity preparation for cast restorations Inlay

Initial preparation

- Occlusal step
- Proximal box

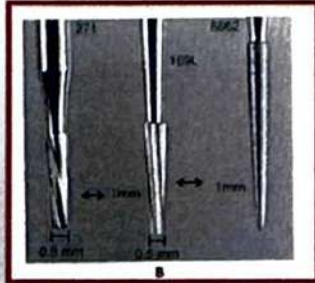
Final preparation

- Removal of Infected Carious Dentin & Pulp protection.
- Preparation of bevels and flares.



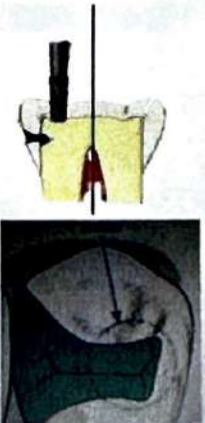
Burs used

- Carbide burs used are plane cut, tapered fissure
- No.271 & 169L help in uniformly tapered walls, smooth pulpal & gingival walls.
- Marginal bevels are placed with No.8862 diamond instrument.



Initial preparation - Occlusal surface

- No. 271 bur is held parallel to the long axis of the tooth – enter pit/ fossa closest to the marginal ridge.
- Punch cut 1.5 mm.
- Outline extended to a dovetail form.



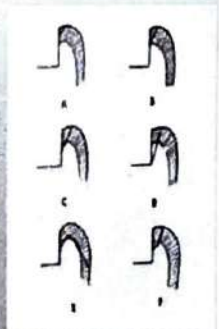
- Correct pulpal depth for an inlay is established with a tapered fissure bur, used to create flat floors and well defined internal line angles
- Tapered sides of the bur are used to help establish the desired divergence of the walls
- Width of the cavity - 1/3rd of the cuspal inclines is included on both sides of the central groove
- Average taper 2 to 5°



Types of bevel

10

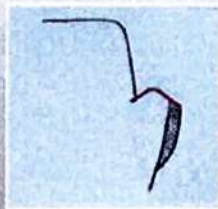
1. Partial bevel - not more than 2/3rd of enamel
2. Short bevel - entire enamel without dentin
3. Long bevel - entire enamel and one half of dentinal wall.
4. Full bevel - whole of enamel and dentin.
5. Reverse bevel - for cusp capping. Usually on facial and lingual surface of cusp.
6. Hollow ground bevel - in the form of concavity. For materials with low castability



Reverse Bevel

11

- It is given on the gingival seat. This bevel has three planes.
- First - reverse bevel plane where the inclination is on the gingivoaxial plane
- Second - flat plane made of dentin.
- Third - plane that is sloping away from the axial wall made up of enamel and dentin. This helps in preventing proximal displacement
- Functions - prevents proximal displacement of the restoration.



Flares

12

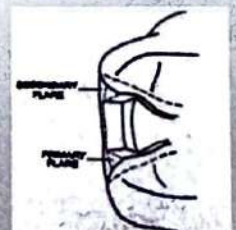
- Flares are present on the proximal box

Two types of flares:

1. Primary flare - similar to long bevel formed on the facial and lingual wall of proximal box. It has angulation of 45° to the inner dentinal wall proper.

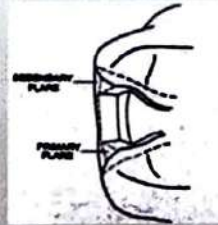
Functions :

- 1) To bring the proximal preparation out of the contact area
- 2) Making that are self cleansable.



Secondary flare functions -

Secondary flare - it is a flat plane superimposed peripherally to a primary flare. Indicated in lesions with wide contact areas and wide bucco-lingual extensions.



Mesio-occluso-distal preparation

- If the marginal ridge is severely weakened because of extensive extension, the preparation often includes the proximal surface.
- The decision in this manner calls for clinician judgment.
- Indicated where the remaining marginal ridge is weakened



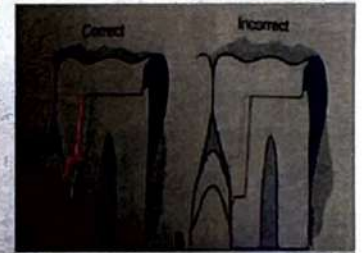
Modification of class II preparation for esthetics

- For esthetic reasons minimal flare is desired for the mesiofacial proximal wall.
- The mesiofacial margin is minimally extended facially of contact to such a position that margin is barely visible.
- The secondary flare is omitted
- The margin is prepared using an enamel hatchet or chisel
- The margins are finished using fine grit paper disk
- Indicated in maxillary premolars & 1st molars.



Class II preparation for abutment & extension to include root surface

- The following modifications are done
 1. The gingival bevel is extended
 2. The width of gingival floor is reduced
 3. The axial wall is moved towards pulp



Dr. [Signature]

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PULP PROTECTION

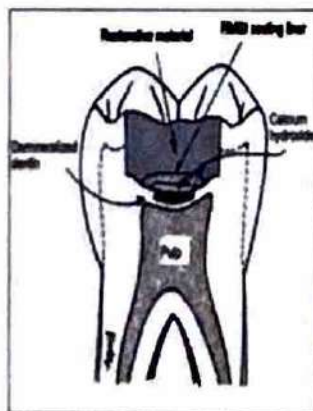
RDT	AMALGAM	COMPOSITE	INDIRECT
<0.5mm	CH+RMGI+DA	CH+RMGI+DA	CH+RMGI+DA
>0.5mm <1.5mm	RMGL+DA	RMGL+DA	RMGL+DA
>1.5mm	DA	DA	DA

Sturdevants art science and operative dentistry south asia fifth edition

Concepts Of Remai

INDIRECT PULP CAPPING

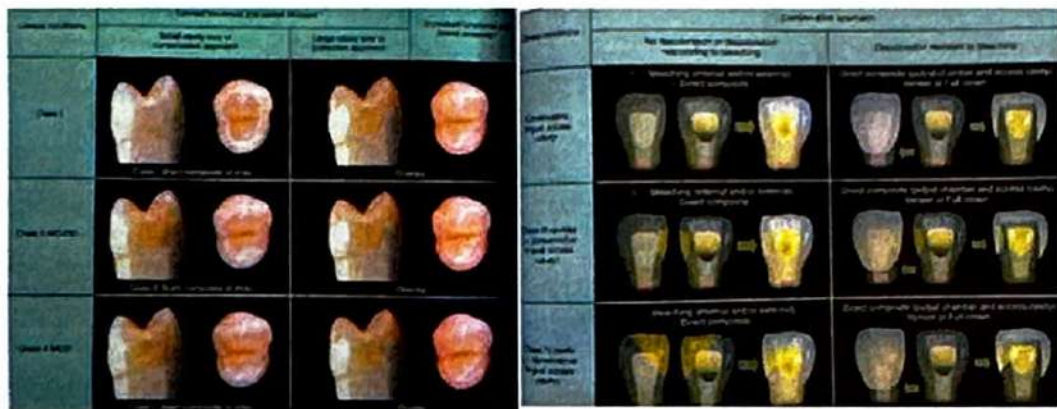
- *Pierre Fauchard* first suggested indirect pulp capping
- carious dentin is allowed to remain adjacent to a vital pulp, rather than risk pulp exposure and is covered with a cavity sealer or liner prior to restoration.
- Indicated in **deep caries lesion**



Louis.h. berman& kenneth.m. hargreaves Cohens pathway of pulp -12 th edition

- RDT >2mm, solution liner only-to be given surfaces of the cavity under metallic restorations liner/base for tooth-coloured restorations
- RDT <2mm, a base of thickness 0.5-0.7mm on pulpal floor and axial wall only
- RDT <1mm, the pulpal floor close to the pulpal suspension liner, over which a base is given.

Sturdevants art science



Cohens 12 th edition

RDT In

- 4 Hydraulic conductance of radicular dentin is inversely proportional to the distance from pulp (i.e., as the distance from pulp, increases hydraulic conductance of root dentin decreases)
- 5 Heat induced pulpal injury (via curing or burs) is inversely proportional to RDT

Signature

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FABRICATION OF WAX PATTERN

PRESENTED BY
DR. VINOD KAMBLI

INLAY WAX- DEFINITION

- A specialized dental wax that can be applied to dies to form direct or indirect patterns for the lost wax technique used for casting metals or hot pressing of ceramics.
(Skimmers)

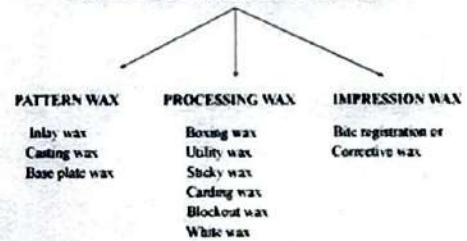


CLASSIFICATION OF WAXES

According to origin.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> Natural <ul style="list-style-type: none"> - Mineral - Paraffin - Microcrystalline - Ceresin - Montan - Plant <ul style="list-style-type: none"> - Carnauba - Candelilla - Japan wax - Cocon butter - Insect <ul style="list-style-type: none"> - Beeswax - Animal <ul style="list-style-type: none"> - Spermaceti wax | <ul style="list-style-type: none"> Synthetic waxes <ul style="list-style-type: none"> - Aerosol OT - Castor wax - Flexowax C - Aldo 33 wax - Durawax | <ul style="list-style-type: none"> Additives: Fats: <ul style="list-style-type: none"> -Stearic acid -Glyceryl tristerate -Oils -Turpentine -Colorants Natural resins <ul style="list-style-type: none"> -Copal -Dammar Synthetic resins <ul style="list-style-type: none"> -Polyethylene -Polyoxyethylene glycol |
|---|--|---|

According to use and application



CLASSIFICATION OF INLAY WAX

The ANSI/ADA Specification No. 4 for Dental Inlay Casting Wax covers 2 types of inlay wax.

- Type I - Medium Wax used in direct techniques
- Type II - Soft Wax used in indirect techniques

- The wax pattern can be prepared by direct technique or by indirect technique.

DIRECT TECHNIQUE

- Indications:**
 1. A tooth in an area of easy accessibility.
 2. Small cavity preparations
 3. Well defined cavity preparations (flat walls, sharp internal line angles, definite gingival margins)
- Advantages**
 1. **Exact replication:** The pattern is carved on the tooth and not on a model which may not be a perfect replica of the tooth. Thus the possible inaccuracies are reduced.
 2. **Little lab work has to be done** as compared to the indirect technique
 3. **Time saving:** Although chair side time is increased, the overall time required for fabrication is decreased.

Disadvantages:

1. Great skill and patience is required to carve the pattern in the patient's mouth.
2. When wax is carved by indirect vision in a mirror, manipulation becomes difficult and fatiguing.
3. Uncomfortable for the patient as the chair side time is increased.
4. Discrepancies of the pattern at the gingival margin are difficult to detect until the pattern has been carved and withdrawn.
5. Also if the casting fails, the patient has to be recalled.

- Direct wax pattern can be prepared by using two methods.

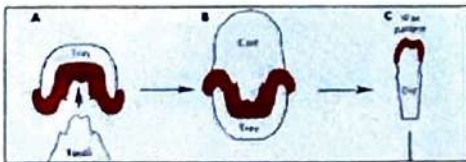
- > With a matrix band
- > Without a matrix band

WAX PATTERN WITHOUT THE USE OF MATRIX BAND

- The inlay wax stick is softened to form a pointed end.
- Softened pointed end is forced into the cavity, the harder end acts like a plunger.
- The thumb and forefinger are used to press the wax into buccal and lingual embrasures.
- The excess wax is cut off occlusally and an egg-shaped burnisher is used to press the wax further into the cavity until it ceases to move under pressure.

INDIRECT TECHNIQUE

- This technique consists of obtaining an accurate impression of the prepared tooth and making a cast from the impression, on which a wax pattern that resembles the shape of the final restoration is shaped.



WAX PATTERN PREPARED WITH A MATRIX BAND

- The retainer and band are tried loosely on a tooth making certain that the gingival margins are covered by the band.
- The internal surfaces of the band are lightly lubricated with a separating medium such as castor oil.
- Wax is then added into the prepared cavity.
- With the finger as a plunger to confine the occlusal portion of wax, the band is tightened until a snug fit is obtained.
- Finger pressure is maintained until the wax is cooled and hardened.
- The bulk of excess wax is then trimmed.
- The matrix retainer is loosened and removed.
- The wax is held firmly in place and the band is removed.
- Excess wax is trimmed from the cavosurface margins.
- Trial removal of the pattern is attempted at this stage.

ADVANTAGES OF PATTERN WITH MATRIX V/S WITHOUT MATRIX BAND

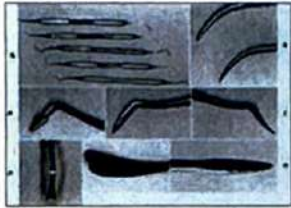
- Wax is confined to the preparation
- Compression of wax readily obtained
- Position of excess wax easily controlled
- Exceptions to "no matrix technique"
 1. No adjacent teeth
 2. Cavity preparation with a deep cervical floor

- After preparation of the die, a lubricant is applied to facilitate the withdrawal of the pattern from the die.
- Various lubricants used are castor oil, machine oil, petroleum jelly, cocoa butter etc.
- Any excess must be avoided, because it would prevent intimate adaptation to the die.
- Melted wax is added in layers with a spatula or waxing instrument or may be painted on with a brush.
- Wax is then carved to proper contour. While carving the margins, care should be taken to avoid abrading any surface of the stone die.
- A silk or fine cloth may be used, for final polishing, rubbing towards the margins.

WAXING INSTRUMENTS

Designed by Dr Peter K. Thomas specifically for the additive waxing technique.

- no. 1 and no. 2 are wax addition instruments
- no. 3 is a burnisher for refining occlusal anatomy
- nos. 4 and 5 are wax carvers



A to F, P.K.T waxing instruments
 (A, Nos. 1 to 5.
 B, Nos. 1 and 2.
 C, No. 3.
 D and E, No. 4.
 F, No. 5)
 G and H, The no. 7 waxing spatula.

Another popular burnisher is the Darby-Perry trimmer (DPT) no. 6



Electric waxing instruments are preferred because they allow precise temperature control of the wax, which is important for proper manipulation.



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Shade Selection for Anterior Composite Restoration

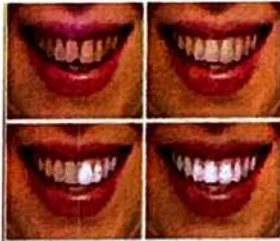
Presented By
Dr. Divya Dudulwar

Contents

1.	Understanding Natural Shades of teeth
2.	Why different shades exist naturally
3.	Understanding Shade guide
4.	Difference between enamel and dentin guides
5.	Importance of shade Selection
6.	Learning basic principles of good shade selection
7.	Stepwise Approach to Shade Selection
8.	Tips and Tricks for good Shade Selection
9.	New Technologies in Shade Selection

NATURAL SHADE OF TEETH

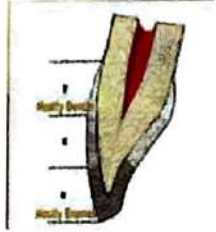
- ✓ Normally teeth are predominantly white, with varying degrees of yellow ,grey or orange tints.
- ✓ The color also varies with the translucency ,thickness and distribution of enamel and dentin and the age of the patient.
- ✓ Other factors may also affect the natural coloring of the teeth such as fluorosis ,tetracycline staining and endodontic treatment!



Fundamentals of color : shade matching and communication in esthetic dentistry / Stephen J. Cho / 2nd Ed

Why Different Shades Exist

- ✓ A cross section of an anterior tooth shows why color zone exists
- ✓ The incisal third (W) has a lighter shade and is more translucent than the cervical third (Y)
- ✓ Whereas the middle third represented by letter X blend both shades



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neer, Richard & Mohammedali, Rajan. (2018). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry. 27. 3-9. 10.1032/EJPD_2018A00002.

Understanding Shade Guides

- ✓ A universally adopted shade guide is known as VITA classical shade guide
- ✓ Most manufactures provide shade guide for their specific materials, which cannot be used for material provide by other manufactures
- ✓ Also different manufactures vary in the number of shade available
- ✓ Because of popularity of bleaching ,many manufactures also provide very light shade



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neer, Richard & Mohammedali, Rajan. (2018). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry. 27. 3-9. 10.1032/EJPD_2018A00002.

Dentin Vs Enamel Shade Guides

- ✓ Most composite materials are available in both enamel and dentin shades
- ✓ Enamel shades are more translucent and are for restoration of incisal edges
- ✓ Whereas dentin shades are mostly used for restoration of cervical areas



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neer, Richard & Mohammedali, Rajan. (2018). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry. 27. 3-9. 10.1032/EJPD_2018A00002.

Importance of Good Shade Selection

- ✓ The success of restorative dentistry is determined on the basis of both functional and aesthetic results.
- ✓ Careful shade selection is necessary to provide patients with an aesthetic restoration that harmoniously blend to the remaining dentition.
- ✓ Good shade selection makes the restoration appear natural and attractive.



Van EE, Sakum WK, Sanoz F, Demirkan I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar

Basic Principles of Shade Selection

- ✓ The patient should be in upright position, mouth should be at dentist's eye level.
- ✓ Teeth to be matched must be clean.
- ✓ Remove bright colors from the field of view.
- ✓ Daylight or standard lamps should be used to determine the shade.



Van EE, Sakum WK, Sanoz F, Demirkan I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar

Stepwise Approach to Shade Selection

1. Hold the entire shade guide near the patient's teeth to determine the general color.
2. Select a specific shade tab according to the general color of the tooth.
3. Hold the selected specific shade tab beside the area of the tooth to be restored.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

Tips and Tricks for Good Shade Selection

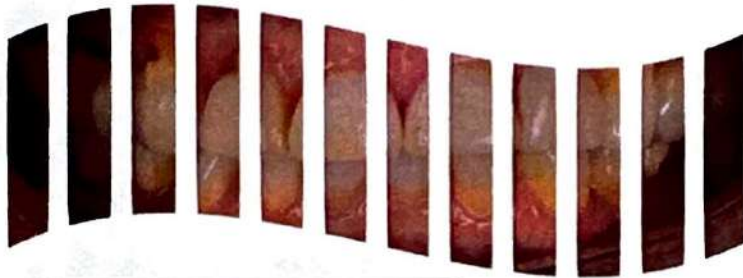
- ✓ To try and mimic the different shades the tooth has in it naturally, we can use several different layers of composites.
- ✓ For good shade selection hand the patient a mirror and assess the shade together with the help of the patient.
- ✓ Have patients remove lipsticks.
- ✓ Use a neutral bob to cover the patient's clothing.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

Signature

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MANAGEMENT OF CARIOUS AND NONCARIOUS CERVICAL LESION

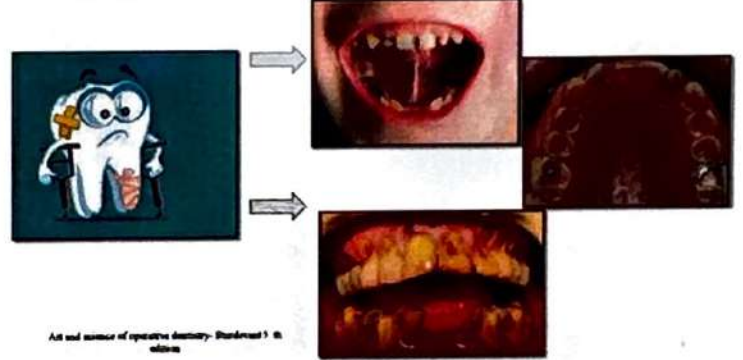
Dr. Kiran Keswani

CONTENTS

- Introduction
- Classification of carious and non carious cervical lesions
- Abrasion
 - Etiology
 - Clinical Features
 - Management
- Erosion
 - Etiology
 - Clinical Features
 - Management
- Abrachion
 - Etiology
 - Clinical Features
 - Management

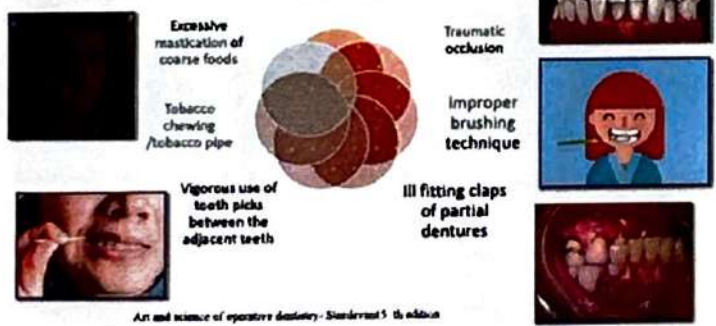
- Management of carious and non carious cervical lesions
 - Role of Composites
 - Sandwich Technique
- Related literature
- Conclusion
- References

INTRODUCTION



Art and science of operative dentistry - Sturdevant 5 th edition

ETIOLOGY



Art and science of operative dentistry - Sturdevant 5 th edition



Textbook of Operative Dentistry, Vinod Kumar, 4 ed. Art and science of operative dentistry - Sturdevant 5 th edition

EROSION



Erosion is the wear or loss of tooth surface by chemical action in the continued presence of demineralising agents with low pH

Erosion is defined as "the defects arising because of dissolution of tooth structure subsequent to chemical attack of either endogenous or exogenous origin, or combined chemico-mechanical attack."

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLASSIFICATION BASED ON ETIOLOGY

Intrinsic Erosion

- *Recurrent Vomiting
- *Eating disorders
- *Medical conditions
- Gastrointestinal
- Metabolic
- Neurological
- *GERD
- *Rumination

Extrinsic Erosion

- Occupational factors
- Diet and Lifestyle
- Drugs (Aspirin and Ascorbic acid)

Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



*Raised amalgam restorations



Maxillary dentition exhibiting concave dentin depressions surrounded by elevated rims of enamel



Extensive loss of buccal and occlusal tooth structure

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



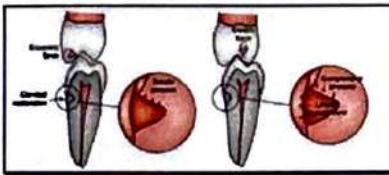
*Multiple cupped out depressions corresponding to the cusp tips



Extensive loss of enamel and dentin on the buccal surface of maxillary and mandibular teeth

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

BIOCHANICS



Class V lesions on two premolars suspected of being abfraction lesions arising from tooth flexure.

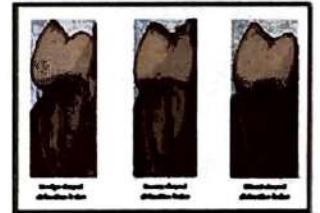
Tooth flexure during abnormal occlusal interaction
 ↓
 Lateral or axial loading of the tooth
 ↓
 Tensile and compressive stresses generated in the cervical region
 ↓
 Strain leading to microfractures in cervical enamel and tooth loss
 ↓
 Notch shaped abfraction lesions

Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



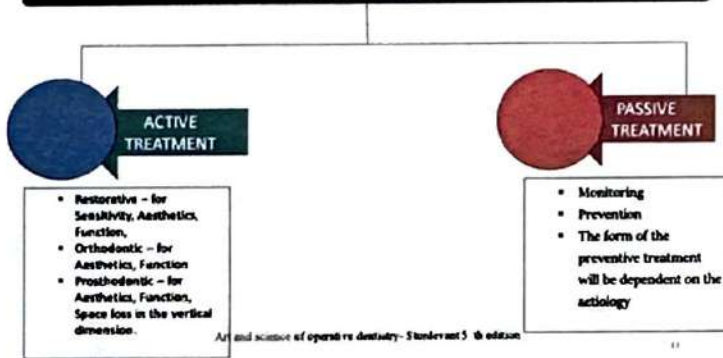
Sharp notch or wedge shaped lesions - affecting the buccal surfaces of teeth



Lesions can vary from "V" shaped to saucer shaped to notched

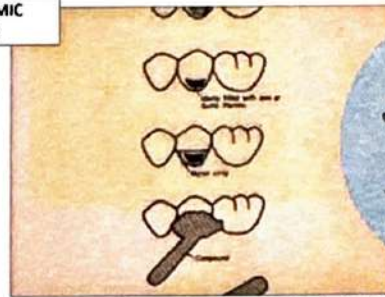
Art and science of operative dentistry- Sturdevant 5th edition

MANAGEMENT



MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

ANATOMIC MATRIX



After restoring the cavity on the model a plastic template is prepared and cut all around (1mm beyond the defect)

This template is used to apply pressure on the restorative material in vivo while curing

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

PREFABRICATED PLASTIC MATRICES

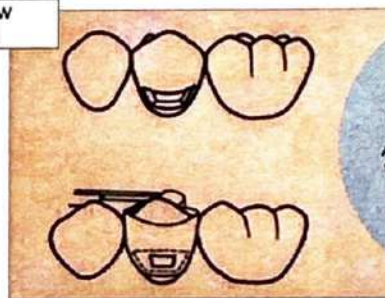


Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

Available in Different sizes
Used for light cure restorations
Handle is provided to hold the matrix in place

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

WINDOW MATRIX



Formed using Tofflemire or copper band matrix
A window slightly smaller than the outline of the cavity is cut
This is used to restore the defect mainly with amalgam restorations

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MANAGEMENT OF CARIOUS CERVICAL LESIONS



- ☐ SUPERFICIAL LESIONS
- COMPOSITE RESTORATION
- GIC RESTORATION
- ☐ DEEP LESIONS
- ROOT CANAL TREATMENT

RESTORATIVE TREATMENT



(a) Retracting wire insertion. (b) Selective phosphoric acid etching of the enamel. (c) Self-etching adhesive system application (primer). (d) Self-etching adhesive system application (bond). (e) Resin increase for dentin. (f) Resin increase for enamel.

Signature

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CLINICAL MANIPULATION OF GLASS IONOMER CEMENT

Dr. Divya Gupta

LIQUID

Component	Function
Polycrylic acid in the form of copolymer with Itaconic acid, maleic acid and tricarballic acid	Copolymerizing with Itaconic, maleic acid, etc. tends to increase reactivity of the liquid, decrease viscosity and reduce tendency for gelation
Tartaric acid	Improves the handling characteristics, increases working time and shortens setting time.
Water	Water is the most important constituent of the cement liquid, it is the medium of reaction and it hydrates the reaction products. The amount of water in the liquid is critical. Too much water results in a weak cement. Too little water impairs the reaction and subsequent hydration

ACCORDING TO USES:

- Type I – Luting
- Type II – Restorative
- Type III – Liner/base
- Type IV – Pit & fissure sealant
- Type V – Luting for orthodontic purpose
- Type VI – Core buildup material
- Type VII – High fluoride releasing command set
- Type VIII – Atraumatic restorative treatment
- Type IX – Pediatric Glass Ionomer cements

COMPOSITION

POWDER

Ingredient	Weight (%)
Silica (SiO ₂)	41.9
Alumina (Al ₂ O ₃)	28.6
Aluminum fluoride (AlF ₃)	1.6
Calcium fluoride (CaF ₂)	15.7
Sodium fluoride (NaF)	9.3
Aluminum phosphate (AlPO ₄)	3.8

CLASSIFICATION

The general ISO classification of cements apply to glass ionomer (ISO 9917-1:2007)*

- Luting
- Bases and liners
- Restorations

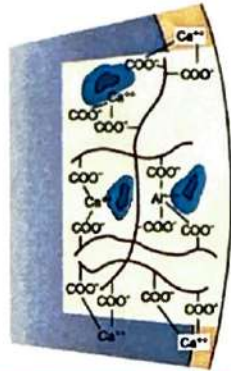
SETTING REACTION OF GIC

- When the powder and liquid are mixed, the acid starts to dissolve the glass
- Releases calcium, aluminum, sodium, and fluorine ions.
- Water serves as a reaction medium.
- The polyacrylic acid chains are then cross-linked by the calcium ions
- Over the next 24 hours, the calcium ions are replaced by aluminum ions.



MECHANISM OF ADHESION

Glass ionomers bond to tooth structure by chelation of the carboxyl groups of the polyacrylic acids with the calcium in the apatite of the enamel and dentin, in a manner similar to polycarboxylate cement.



CONTRAINDICATIONS

Class II

Class VI restorations,

since they lack fracture toughness and are susceptible to wear.

ADVANTAGES

- Tooth-Colored: GICs are tooth-colored, making them aesthetically pleasing
- Chemical Bonding: They chemically bond to tooth substance and non-precious metals without additional adhesives
- Fluoride Release: GICs release fluoride, promoting dental health.
- Thermal Expansion: Their coefficient of thermal expansion matches that of natural teeth.
- Biocompatibility: GICs are biocompatible.

DISADVANTAGES

- Low Fracture Toughness: GICs are not suitable for high load-bearing areas due to low fracture toughness.
- Polishing Limitations: Some types cannot be finished and polished during the same visit they are placed.
- Acid Erosion Vulnerability: Certain GICs are susceptible to acid erosion.
- Flexural Strength and Wear Resistance: Some GICs exhibit low flexural strength and wear resistance.

ARMAMENTERIU



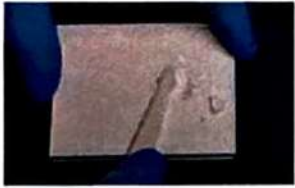
MANIPULATION OF BASE CONSISTENCY



Dispense powder on mixing pad



Hold the liquid bottle vertically and squeeze gently



Use the spoon to scoop the powder and liquid.



Use the spoon to scoop the powder and liquid. Mix the luting agent thoroughly.



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.

MANIPULATION OF LUTING CONSISTENCY



Start Mixing



Just wet the Powder before with the Liquid



Mixing of glass ionomer



Check for string formation



Crown cementation

Dr. Pune

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Classification of caries and cavity designs

PRESENTED BY
DR.DIVYA DUDULWAR

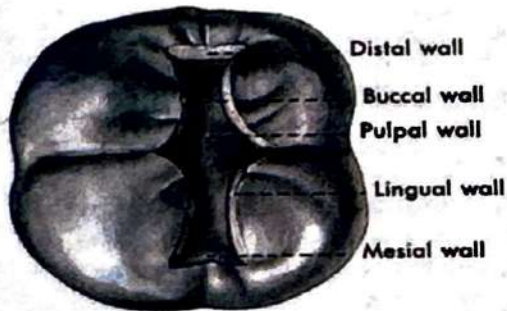
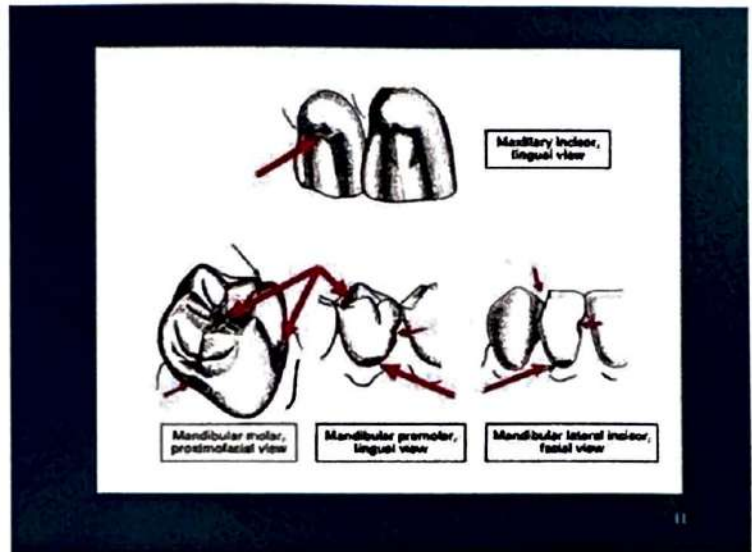
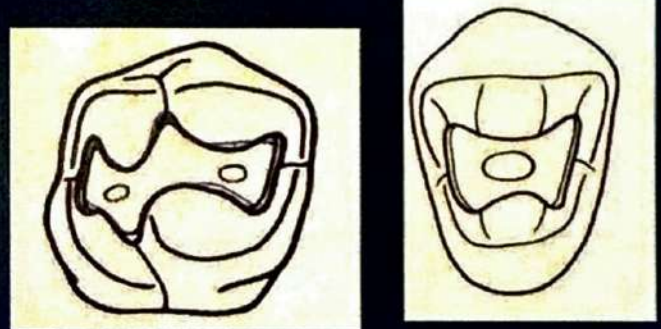


Fig. 1-10. Walls of a prepared Class 1 occlusal cavity.

Class 1, design 2

Indication ; caries cones in dentin extend 1mm or more from the DEJ



Pulpal floors have different levels

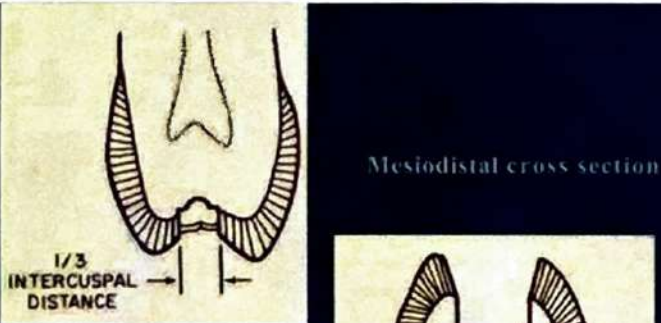
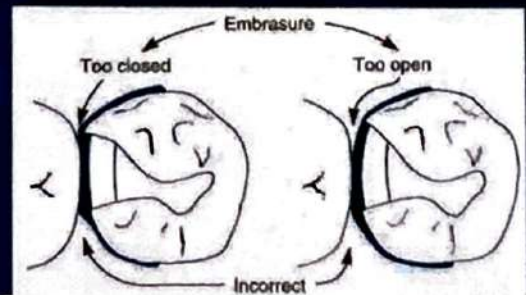


Figure 20.36. The ideal distance of facial and lingual margins of proximal box should be 0.2 to 0.3 mm from adjacent teeth.



Class II, Design 1

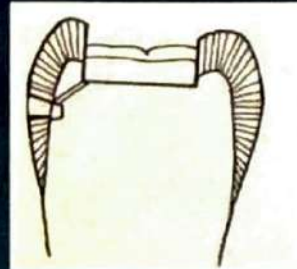
Conventional design



Moderate to large size proximal Lesion with occlusal surface cavity promotes the cavity width of cavity to exceed 1/4 of intercusp distance

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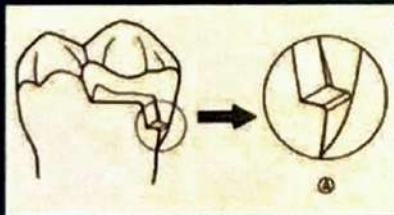
Tunnel preparation



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Bucco lingually

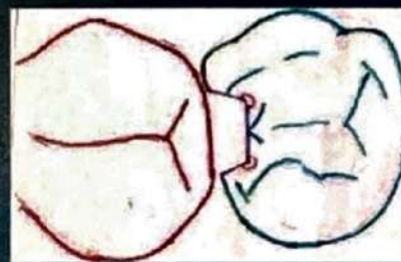


Mesiodistally

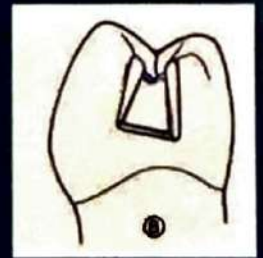
54

Class II, Design 3 (conservative design)

- Involves primarily proximal surface and very limited part of occlusal surface, not extending beyond adjacent triangular fossa
- Sound occlusal crossing ridges
- Minimal loading areas



General shape

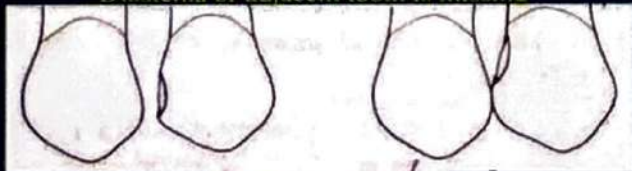


Internal anatomy

Class II, Design 4 (Simple design)

- Proximal surface only

Decay restricted to contacting or proximal surface without undermining marginal ridges
Diastema or adjacent tooth is missing

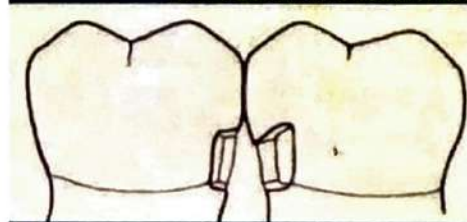


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Class II, Design 5

Part of proximal surface, with a limited access area on facial or lingual surface

- Indications
- 1) Preparation will have 4 surrounding walls
 - small proximal lesions
 - Marginal ridge intact
 - Does not involve contact area



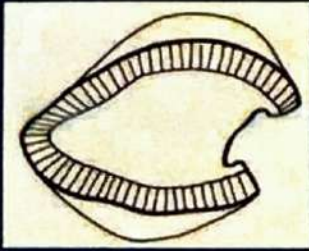
1) Do not have dovetail

2) Have dovetail

59

Class IV

- Incisal angle is undermined
- Labial and lingual walls intact

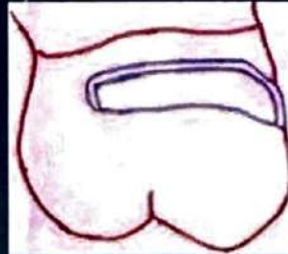


Labio lingual cross section

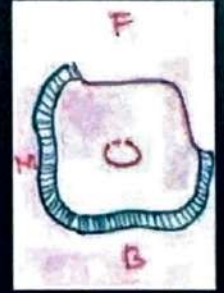
66

Class V, design 2

- Lesions on facial or lingual gingival third have involved axial angle
- Lesion on facial or lingual gingival third are apical to contact area



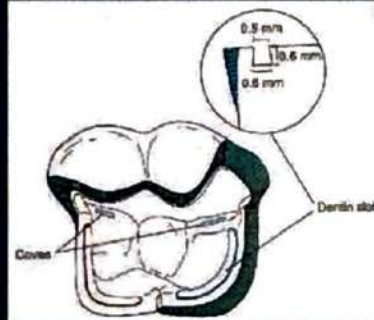
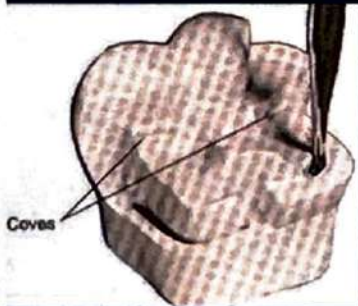
General shape



Mesiodistal cross section

71

Retention locks

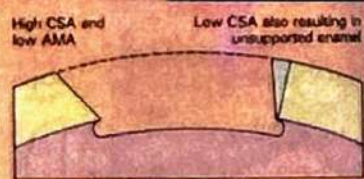
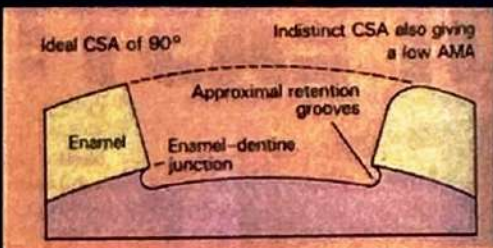


77

Retention locks



Cavo-surface angle



CSA Cavo-surface angle
AMA Amalgam marginal angle

81

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Clinical significance of resistance and retention features

PRESENTED BY
DR. DIVYA DUDULWAR

Indications for restorative intervention:

1. Repair destroyed tooth
2. Repair fractured tooth either complete or incomplete [green stick fracture].
3. Restore teeth with congenital malformations.
4. Replace defective restoration.
5. Replacement of missing teeth.
6. Need for improved form or esthetic.

Cavity preparation determinants



Mechanism of tooth cutting

- **Bladed cutting** using burs
- **Abrasive cutting** using diamonds



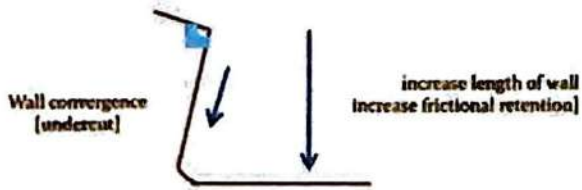
Principles of cavity preparation according to GV Black



Steps of cavity preparation



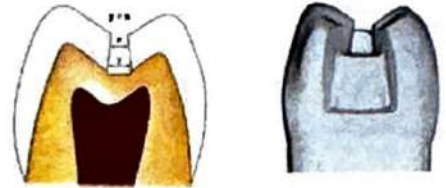
2- Resistance and Retention Form



2- Retention Form

Retentive features

A- axial retentive design features

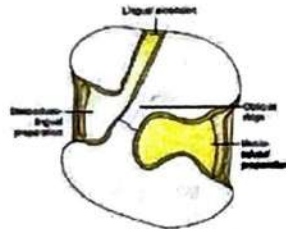


2- Resistance and Retention Form

Retentive features

B- lateral retention

- Buccal or lingual extensions



2- Retention Form

Retentive features

B- lateral retention

- Dove tail lock [common in premolar]



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PULPAL DIAGNOSIS

PRESENTER DR. KIRAN KESWANI

Proper diagnosis



Successful treatment

DURATION OF

PAIN

The duration of pain is also diagnostic.



Reversible pulpitis - pain of short duration caused by a specific irritant, that disappears as soon as the irritant is removed.

- localized and more responsive to cold.

Irreversible pulpitis - Persistent pain without any apparent cause.

VISUAL AND TACTILE INSPECTION:

Grossman has stated that the prime objective of visual and tactile inspection is evaluation of the 3C's -

- Color
- Contour
- Consistency

RELIABILITY OF DIAGNOSTIC TESTS

SENSITIVITY OF A TEST

SPECIFICITY OF A TEST

POSITIVE PREDICTIVE VALUE

NEGATIVE PREDICTIVE VALUE

Arun A, Myshri H, Chackapan D. Pulp vitality tests-an overview on comparison Of sensitivity and vitality. Indian Journal of Oral Sciences. 2015 May 1;8(2):41

HEAT TEST

Healthy Pulp

Irreversible Pulpitis

Non vital tooth

RESPONSE

- similar to contralateral tooth
- Diminishes immediately after removal of stimulus

RESPONSE

- immediate excruciating painful response
- markedly different from control tooth
- lingers after removal of stimulus

RESPONSE

- No response
- confirm with other tests

Asraf Abd-Elmaguid, Donald C. Yu Dental Pulp Neurophysiology Part 2 Current Diagnostic Tests To Assess Pulp Vitality JCD, Vol 73, No 2, March 2009
Ingle's Endodontics, 8th Edition.
Cohen's Pathways Of The Pulp, 10th Edition.
Problem Solving in Endodontics: Prevention, Identification And Management, 5th Edition. Endodontic Therapy, 6th Edition

ACCURACY

COLD	HEAT	ELECTRIC PULP TESTER
↓ 86%	↓ 71%	↓ 81%
Differentiates b/w reversible and irreversible pulpitis	<ul style="list-style-type: none"> Identifies irreversible pulpitis Use it to replicate chief complaint 	<ul style="list-style-type: none"> Tests nerve stimulation, always combine with Cold Test

Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality. JCD, Vol 75, No. 2, March 2009.

PULPAL BLOOD FLOW

Teeth with vital pulp are those with an adequate vascular supply, so the circulatory status, and not sensitivity response of the pulp tissue, has been proposed to assess pulp vitality

INVASIVE TECHNIQUES

- Radioisotope clearance
- H₂ gas desaturation

NON-INVASIVE TECHNIQUES

- Crown surface temperature
- Transmitted light photoplethysmography
- Laser doppler flowmetry
- Pulse oximetry
- Xenon-133 radioisotopes
- Dual wavelength spectrophotometry

Velupillai Gopirathna, Gali Pradeep & Nagendrababu V. Assessment Of Pulp Vitality: A Review. International Journal Of Pediatric Dentistry 2009; 19: 3-15. Dent. 2009; 36:781. Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 1. Clinical And Diagnostic Implications, JCD, Vol 73, No. 1, Feb 2009. Eugene Chen And Paul V. Abbott. Dental Pulp Testing: A Review. Int J

LASER DOPPLER FLOWMETRY

- It is a non invasive electro optical technique which has shown to have potential method of assessing the vitality of teeth by detecting the presence or absence of pulpal blood flow.
- LDF uses Helium neon (632.8nm) and gallium aluminum (780 to 820nm) as semiconductor diode lasers
- First described by Gazelius in 1986



15-20mm VP3 blunt needle, and delivery laser Doppler probe for assessment of front teeth



VP5 blunt needle, 90 degree and delivery laser Doppler probe for assessment of rear teeth



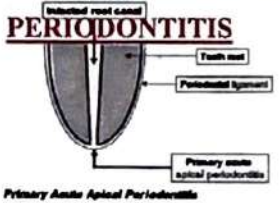
Quick Setting Dental impression putty to make dental splint for optic probes

PULSE OXIMETRY

- Pulse oximetry is a non-invasive technique to measure oxygen saturation levels within the blood of patients. under general anesthesia or sedation. (matthes – father of pulse oximetry-1934)
- A modified probe has been fitted over the tooth, and diodes emit two wavelengths of light (infra-red and red) that are intended to pass through the tooth and are then detected by a photodetector diode. (Red light of approx. 640 nm .Infrared of approx. 960 nm.)



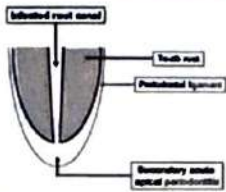
PRIMARY ACUTE APICAL PERIODONTITIS



- Marked tenderness to percussion
- Pain when pressure is applied to the tooth.
- Tooth may have increased mobility and the onset of the pain is usually sudden and unexpected.
- Soreness to biting and touching the tooth, and possibly a feeling of pressure building up in the periapical region.
- Radiographically, the periodontal ligament space and lamina dura may appear normal

Endodontic Topics 2004, 8, 36-54

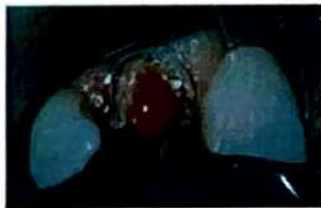
SECONDARY ACUTE APICAL PERIODONTITIS



Secondary Acute Apical Periodontitis

- History of previous episodes of pain or discomfort
- Radiolucency around apex can range from being just a widened periodontal ligament space in early cases to a large radiolucent area if present for a long time.
- Radiographically, there will be a radiolucency surrounding the apex of the involved tooth and there will be loss of the lamina dura

- Secondary acute apical abscess will have a periapical radiolucent area since it is a sequel to secondary acute apical periodontitis (which is also known as an acute exacerbation of chronic apical periodontitis, phoenix abscess)



Endodontic Topics 2004, 8, 36-54

PRIMARY PERIODONTAL DISEASES

Vitality Tests- These teeth respond to pulp testing

Probing Characteristics. Defects tend to be wide and V-shaped."



PRIMARY ENDODONTIC DISEASES

Vitality Test: The tooth is nonresponsive.

Prior Endodontic Procedure: If present, prior procedures are of poor quality.

Probing Characteristics: Probing usually shows normal sulci around the tooth except in one area with a narrow defect.

Signs and Symptoms:
There may or may not be discomfort. Occasionally there is evidence of a localized abscess with some swelling.



PRIMARY ENDODONTIC DISEASE WITH SECONDARY PERIODONTAL INVOLVEMENT

If after a period of time a suppurating primary endodontic disease remains untreated, it may then become secondarily involved with marginal periodontal breakdown.

Plaque forms at the gingival margin of the sinus tract and leads to marginal periodontitis.



GRANULOMA VS CYST VS ABSCESS

Chronic

non painful

Definite outline

Smaller in size



Chronic

non painful

Sclerotic opaque border

Bigger in size

Contain more protein and albumins

Confirmative histology



Acute /Chronic

Pain/non painful

Swelling/parulis

Sinus opening(chronic)

Diffuse outline

Mobility of the tooth

history



PRIMARY PERIODONTAL DISEASE WITH SECONDARY ENDODONTIC INVOLVEMENT

The apical progression of a periodontal pocket may continue until the apical tissues are involved.

In this case, the pulp may become necrotic as a result of infection entering via lateral canals or the apical foramen.

In single rooted teeth, the prognosis is usually poor. In molar teeth, the prognosis may be better.



TRUE COMBINED LESIONS

- Teeth with combined endodontic-periodontal lesions are unresponsive to cold, heat, electric, or cavity tests.
- On radiographic examination some crestal bone loss and an independent periradicular lesion of pulpal origin are evident.
- Periodontal examination and probing of a tooth shows plaque, calculus, periodontitis with a wide and conical periodontal pocket characteristic of a periodontal defect.

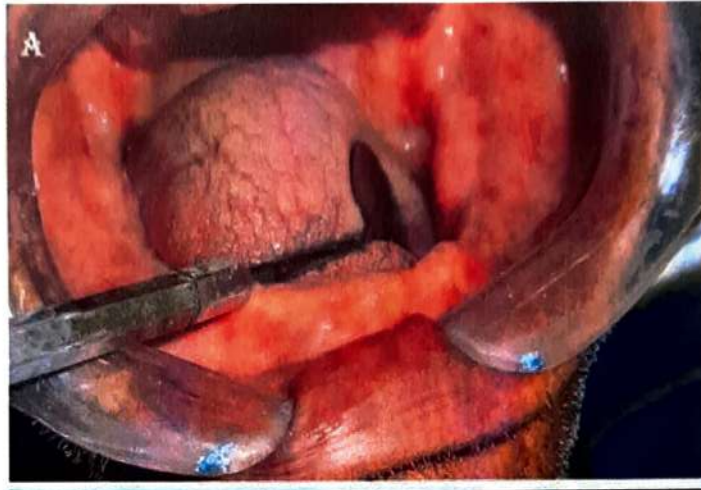


for
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Clinical scenario 1

Management of edentulous patient having bilateral severe disto-lingual undercut in mandibular arch with appropriate dental materials



Managing an edentulous patient with severe disto-lingual undercuts in the mandibular arch involves using appropriate dental materials to ensure stability and retention of the denture. Here's how you can approach it:

1. Assessment and Diagnosis:

- **Undercut Evaluation:** Confirm the presence and severity of the disto-lingual undercuts.
- **Soft Tissue Evaluation:** Assess the condition of the soft tissues, especially the buccal and lingual aspects.

2. Treatment Planning:

- **Impression Technique:** Choose an appropriate impression technique that can capture the undercuts accurately without causing trauma or distortion to the tissues.
- **Material Selection:** Use a high-quality impression material that flows well and captures fine details. Polyvinyl siloxane (PVS) or polyether materials are commonly used for accurate impressions.

3. Model Fabrication:

- Fabricate a master cast from the impression that accurately replicates the anatomy of the edentulous ridge, including the disto-lingual undercuts.

4. Denture Design:

- **Surveying:** Design the denture with a surveyor to identify the undercuts precisely.
- **Path of Insertion and Removal:** Ensure the path of insertion and removal avoids trauma to the tissues and utilizes the undercuts for retention.

5. Retention and Stability:

- **Use of Attachments:** Consider using attachments like stud attachments or precision attachments if necessary, especially if conventional retention is compromised.
- **Material for Denture Base:** Choose a denture base material that provides adequate strength and stability. Heat-cured acrylic resins are commonly used.

6. Clinical Considerations:

- **Soft Tissue Management:** Ensure that the denture borders are well adapted and contoured to prevent tissue irritation or inflammation, especially around the undercuts.
- **Patient Education:** Educate the patient on proper denture hygiene and maintenance, as well as the importance of regular follow-ups.

7. Follow-Up:


- Schedule regular follow-up appointments to assess the fit, function, and comfort of the denture, making adjustments as necessary.

Materials and Techniques:

- **Impression Materials:** Polyvinyl siloxane (PVS) or polyether for accuracy.
- **Master Cast:** Use high-quality dental stone or resin to create a stable and accurate master model.
- **Denture Base:** Heat-cured acrylic resin for strength and durability.
- **Attachments:** Depending on the case, precision attachments or other supplementary retention devices.

Conclusion:

Managing an edentulous patient with severe disto-lingual undercuts requires careful planning, precise execution of techniques, and appropriate material selection to ensure the denture fits well, is stable, and provides adequate retention. Collaboration between the dentist, prosthodontist, and dental technician is crucial for achieving optimal outcomes in such cases.


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Clinical scenario 2

Selection of dental materials for fabrication of complete denture having diffuse erythematous red patch on hard palate.



When fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate, special considerations must be taken to ensure the materials used do not exacerbate the condition and support the healing process. Here are key considerations and recommendations:

Denture Base Material Selection:

1. **Biocompatibility:**
 - **Acrylic Resins:** Choose a denture base material that is biocompatible and hypoallergenic. Heat-cured acrylic resin is commonly used and generally well-tolerated by most patients.
2. **Non-Irritating Properties:**
 - **Irritation Potential:** Ensure the acrylic resin used does not contain any potentially irritating components. Some patients may be sensitive to certain additives or residual monomers.
3. **Surface Finish:**
 - **Polishing:** Thoroughly polish the denture base to a smooth finish to minimize irritation to the already sensitive palate.

Processing Techniques:

1. **Heat-Curing:**
 - **Quality Control:** Ensure proper processing and curing of the acrylic resin to minimize residual monomers, which can potentially irritate the tissues.
2. **Avoiding Porosity:**

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- **Pressure Curing:** Use pressure curing techniques to minimize porosity in the denture base, which can harbor microorganisms and irritants.

Soft Liners or Tissue Conditioners:

1. Temporary Relief:

- **Soft Liners:** Consider using a soft liner or tissue conditioner on the denture base to provide temporary relief and cushioning for the erythematous area, especially if the condition is sensitive or inflamed.

Collaboration and Follow-Up:

1. Dentist-Prosthodontist Collaboration:

- **Communication:** Collaborate closely with the dentist and prosthodontist to ensure the denture design and fit accommodate the presence of the erythematous patch.

2. Patient Monitoring:

- **Follow-Up:** Schedule regular follow-up appointments to monitor the condition of the erythematous patch and assess the fit and comfort of the denture.

Patient Education:

1. **Oral Hygiene:** Educate the patient on proper oral hygiene practices to maintain the health of the tissues under the denture.
2. **Symptom Awareness:** Instruct the patient to report any changes or worsening of symptoms promptly.

Conclusion:

Selecting the appropriate dental materials for fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate involves prioritizing biocompatibility, minimizing irritation, and supporting tissue healing. Heat-cured acrylic resin remains the primary choice for the denture base material, with careful attention to processing techniques and potential use of soft liners or tissue conditioners for added comfort. Close collaboration between dental professionals and diligent patient monitoring are crucial for successful management in such cases.

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Clinical scenario 3

Prosthodontic management of patient who show allergic reaction to methyl methacrylate

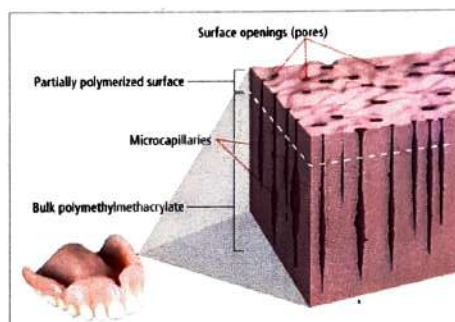


Fig. 1. A cross-section schematic representation of a denture.

Managing a patient who shows allergic reactions to methyl methacrylate (MMA) in prosthodontics requires careful consideration and alternative approaches to ensure both the patient's comfort and the effectiveness of treatment. Here are steps to manage such a situation:

1. Confirm Allergy and Identify Alternatives:

- **Allergy Testing:** Confirm the allergy through patch testing or other allergy testing methods to methyl methacrylate and related compounds.
- **Alternative Materials:** Explore alternative dental materials that do not contain MMA or its derivatives. These may include:
 - **Vinyl-Based Resins:** Some newer formulations of denture base materials use vinyl-based resins that can be hypoallergenic.
 - **Polyethylene-Based Resins:** These resins are also considered hypoallergenic and can be used as an alternative to MMA-containing materials.
 - **Polyurethane-Based Materials:** In some cases, polyurethane-based materials have been used as an alternative, although they are less commonly used in conventional dentures.

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Lohegan, Pune - 411005

2. Customized Treatment Plan:

- **Individualized Approach:** Tailor the treatment plan based on the patient's specific allergy profile and clinical needs.
- **Collaboration:** Work closely with allergists, dermatologists, or immunologists to manage the patient's allergic reactions effectively.

3. Material Selection and Fabrication:

- **Material Compatibility:** Ensure the selected alternative material is compatible with the patient's oral tissues and meets the functional requirements of the prosthesis.
- **Fabrication Techniques:** Follow appropriate fabrication techniques specific to the chosen alternative material to ensure optimal fit, function, and durability of the prosthesis.

4. Patient Monitoring and Follow-Up:

- **Monitoring:** Schedule regular follow-up appointments to monitor the patient's response to the new prosthesis material and assess any signs of allergic reactions or discomfort.
- **Education:** Educate the patient on signs of allergic reactions and proper care and maintenance of the prosthesis.

5. Preventive Measures:

- **Avoidance Strategies:** Take preventive measures to avoid exposure to MMA and related compounds during the fabrication and adjustment of the prosthesis.
- **Emergency Protocol:** Have an emergency protocol in place in case of severe allergic reactions, including access to emergency medications and immediate medical care.

6. Documentation and Communication:

- **Record Keeping:** Maintain detailed records of the patient's allergy history, testing results, and the materials used in the prosthesis.
- **Communication:** Ensure clear communication with the dental team, including dental technicians, regarding the patient's allergy status and specific requirements for materials and techniques.

Conclusion:

Managing a patient allergic to methyl methacrylate in prosthodontics involves careful planning, alternative material selection, and close monitoring to ensure successful treatment outcomes while minimizing the risk of allergic reactions. Collaborating with healthcare professionals and maintaining open communication with the patient are essential for effective management in such cases.



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Clinical Scenario 4

Management of patient who show hypersensitivity reaction to zinc oxide eugenol paste/ZOE cement



- Erythema and ulceration in the left buccal mucosa following place of a temporary ZOE dressing



- Erythema and ulceration of the labial mucosa following cementation of a provisional crown using ZOE

Clinical scenario 5

Management for dental operator or clinician who show hypersensitivity reaction to latex gloves.



Latex:

- Exposure to latex in dentistry comes from the use of rubber dam and latex gloves.
- Latex hypersensitivity may represent true latex allergy or a reaction to the materials used in the processing of latex.
- Dermatitis of the hands is the most common adverse reaction.
- Latex free synthetic rubber, such as neoprene, nitrile, Butyl, and Vitron are polymers that are available as alternatives to natural rubber.

Handwritten signature: *Kamaljeet*
Faint stamp: School of Department of Health, Education and Physical Education, Faculty of Health, Behavior and Society, Johns Hopkins University

Clinical scenario 6

Management of patient who show tissue reaction on gingiva for associated tooth given nickel based alloy for dental crown.



Allergy to nickel-based alloy used for metal ceramic crown

Management Strategies

- **Immediate Symptom Relief:**
 - **Removal:** If the reaction is severe or persistent, temporarily remove the crown to alleviate the symptoms.
 - **Topical Treatment:** Use topical corticosteroids or anti-inflammatory agents to reduce inflammation and promote healing.
 - **Oral Rinses:** Recommend saline or antimicrobial mouth rinses to manage secondary infections and soothe the tissue.
- **Material Replacement:**
 - **Metal-Free Alternatives:** Replace the nickel-based crown with a hypoallergenic alternative such as zirconia, porcelain-fused-to-ceramic, or high-gold-content alloys, which are less likely to cause allergic reactions.
 - **Non-Metal Options:** Consider using all-ceramic or composite crowns for patients with severe metal allergies.
- **Adjust Fit and Margins:**
 - **Refitting:** Ensure that the new restoration fits well with smooth margins to prevent irritation.
 - **Polishing:** Smooth and polish the margins of the crown to minimize tissue irritation.

Amaldeep

Clinical scenario 7

Management of patient who show frequent discolouration of anterior facial surface composite restoration

For managing a patient who frequently experiences discoloration of anterior facial surface composite restorations, consider the following steps:

1. Clinical Assessment

- **History:** Discuss with the patient the frequency, onset, and type of discoloration. Inquire about their dietary habits, oral hygiene practices, and any lifestyle factors such as smoking.
- **Examination:** Evaluate the restoration and surrounding teeth for surface staining, marginal leakage, or integrity issues.

2. Diagnosis

- **Identify Causes:** Common causes of composite discoloration include staining from food and drinks (e.g., coffee, tea, red wine), tobacco use, inadequate oral hygiene, material degradation, and microleakage at the restoration margins.

3. Management Strategies

- **Polishing:** Regularly polish the composite restoration to remove surface stains and restore its smoothness. Use fine polishing pastes and appropriate polishing tools.
- **Surface Sealants:** Apply a resin surface sealant to protect the composite and reduce staining. This can help enhance the composite's resistance to discoloration.
- **Improved Oral Hygiene:** Educate the patient on maintaining good oral hygiene, including proper brushing techniques and using fluoride toothpaste. Consider recommending interdental brushes or floss for areas around restorations.
- **Dietary Modifications:** Advise the patient to reduce the intake of staining substances like coffee, tea, and red wine. Recommend rinsing the mouth with water after consuming staining foods and drinks.
- **Smoking Cessation:** Encourage the patient to quit smoking if they use tobacco, as it contributes significantly to staining.
- **Replace Restoration:** If discoloration is due to internal factors like microleakage or composite breakdown, consider replacing the restoration with a new one, ensuring proper bonding and sealing techniques.

4. Preventive Measures

- **Material Selection:** Use high-quality composite materials with better stain resistance for anterior restorations. Some composites are specifically designed to resist discoloration.
- **Proper Technique:** Ensure correct placement and curing techniques to avoid marginal gaps and ensure a strong bond between the tooth and restoration.

- **Regular Check-ups:** Schedule regular dental visits for professional cleaning and monitoring of the restorations to catch and manage discoloration early.

5. Patient Education

- **Maintenance Instructions:** Provide clear instructions on maintaining restorations, including the use of non-abrasive toothpaste and avoiding abrasive materials.
- **Awareness:** Inform the patient about the nature of composite restorations and the potential for discoloration over time, setting realistic expectations.

Additional Considerations

- **Sealant Reapplication:** Surface sealants may need periodic reapplication to maintain their protective effect.
- **Advanced Options:** In cases of recurrent staining despite these measures, consider discussing alternative restorations such as porcelain veneers which offer greater resistance to discoloration.

Addressing both the underlying causes and preventive strategies can help manage and minimize the discoloration of composite restorations effectively.



Amalged
Amalgam
Amalgam
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Amalgam

Clinical scenario 8

Management of patient who show aggravated coughing during impression making with irreversible hydrocolloid impression material(alginate)



Dust-free alginate is a type of irreversible hydrocolloid impression material modified to reduce the formation of dust during handling. It is typically achieved by adding moisture or coating the alginate particles with a binding agent.

Advantages of Dust-Free Alginate

1. **Reduced Inhalation Risks:**
 - **Health Safety:** Limits the inhalation of potentially harmful particles, protecting the respiratory health of dental staff and patients.
 - **Clean Environment:** Maintains a cleaner clinical environment by minimizing dust dispersion.
2. **Improved Handling:**
 - **Easier Mixing:** Less dust means less mess and more consistent alginate-to-water ratios, leading to smoother, more accurate impressions.
 - **Better Accuracy:** Consistent particle distribution contributes to more homogeneous mixing and less likelihood of inconsistencies in the impression.
3. **Enhanced Patient Comfort:**

Less Irritation: Reduces irritation in patients, particularly those with respiratory sensitivities or allergies.

Comparing Dust-Free Alginate to Traditional Alginate

Feature	Dust-Free Alginate	Traditional Alginate
Dust Generation	Minimal	Higher
Mixing Consistency	More uniform and smooth	Can be variable
Health Risks	Lower risk of inhalation	Higher risk of inhalation
Environmental Impact	Cleaner working environment	More potential for mess
Patient Comfort	Increased	May cause more irritation

Handwritten signature

Clinical scenario 9

Management of patient who complains of dull pain in jaw with two adjacent dissimilar metallic restorations.

When a patient reports dull pain in the jaw and has two adjacent dissimilar metallic restorations, consider the following management steps:

1. Clinical Assessment

- **History:** Ask about the onset, duration, and character of the pain, recent dental procedures, and any other symptoms like sensitivity to hot, cold, or pressure.
- **Examination:** Inspect the restorations for signs of wear, corrosion, or poor fitting. Check for galvanic currents by tapping or touching the metals with a conductive material.

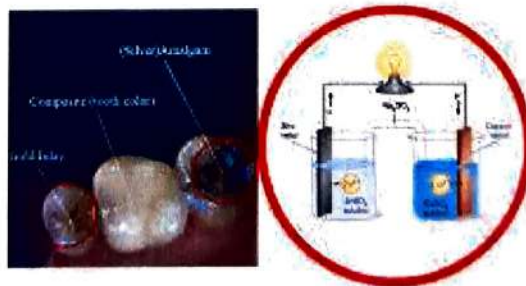
2. Diagnosis

- **Electrogalvanism:** Pain may result from a galvanic reaction between dissimilar metals, causing an electric current.
- **Occlusal Issues:** Evaluate occlusion as improper bite can cause muscle strain and pain.

3. Management Options

- **Adjust Occlusion:** If occlusal issues are identified, adjust the bite.
- **Isolation of Metals:** Consider using insulating materials like varnish or liners between restorations to reduce galvanic currents.
- **Replacement of Restorations:** If electrogalvanism is confirmed and persistent, replacing one or both restorations with compatible materials may be necessary.
- **Symptomatic Relief:** Provide analgesics if needed for pain relief.

Metal Fillings May Act as a Galvanic Battery in the Mouth



Oral Galvanism & Tooth Pain

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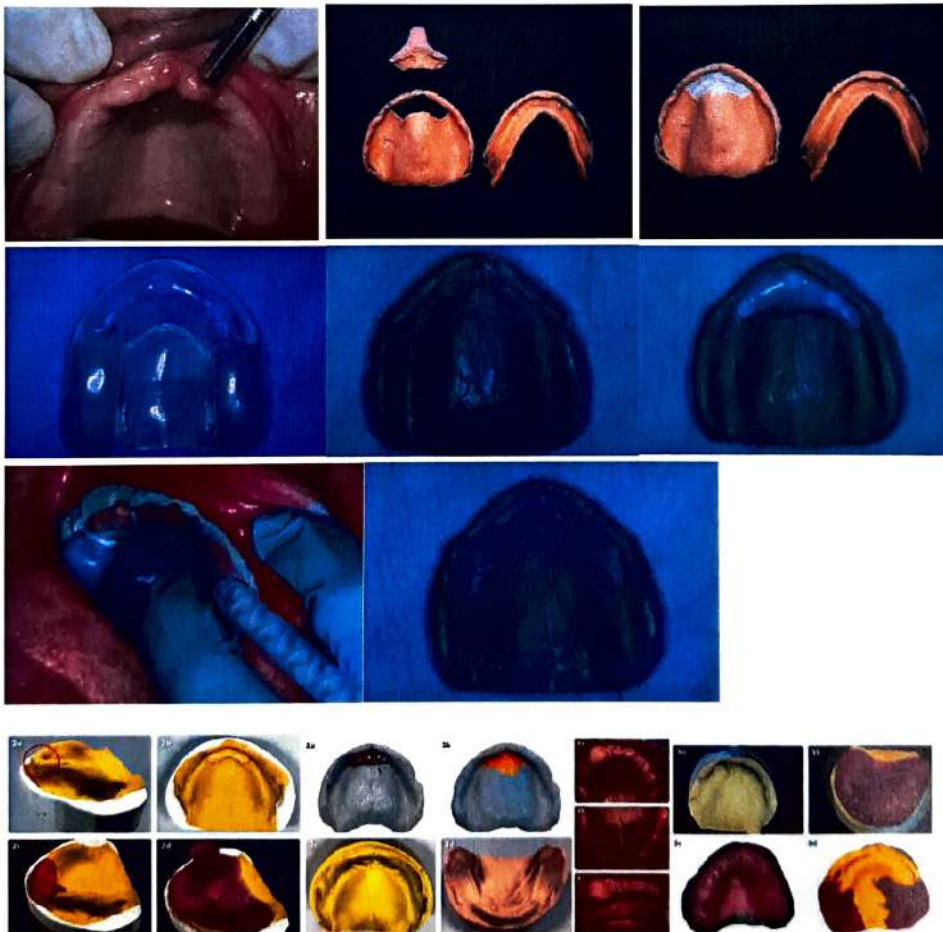
Clinical scenario 10

Management of edentulous patient who show movable flabby tissue in maxillary anterior region during impression.

Flabby tissue or hypermobile ridge tissue is commonly seen in the anterior part of the edentulous maxillary ridge or overlying an atrophic knife-edge mandibular ridge. A flabby ridge is a superficial area of mobile soft tissue affecting alveolar ridges. It occurs when hyperplastic soft tissue replaces the alveolar bone and is seen particularly in the upper anterior region of longterm denture wearers.

Flabby tissues are managed by their severity. Different techniques applied for flabby ridge management, include surgical removal and augmentation, special impression techniques, balanced distribution of occlusal loads and implant therapy.

Impression techniques: If the flabby tissue is compressed during conventional impression making, it will later tend to draw back and dislodge the resulting overlying denture. To obtain optimal support, an impression technique is essential which will compress the non-flabby tissues, and, at the same time, will not displace the flabby tissues.



PHOTOGRAPHS OF SIMULATIONS ON TYPHODONT



2021- 2022



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D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Ref No: DYPDS/ 2739

Date: 15-11-2022

Circular

We are pleased to announce a special lecture organized by the Department of Conservative Dentistry on "Magnification in dentistry". This initiative aims to provide early clinical exposure to second-year BDS students through the use of magnification in dental procedures.

Date: 19th November 2022

Time: 11:00 AM - 12:00 PM

Topic: "Magnification in dentistry".

Venue: Lecture Hall No. 1

Speaker: Dr. Pradeep Shetty

All second-year BDS students are highly encouraged to attend this insightful lecture. All the HOD's are requested to kindly relieve the students for the lecture from the practicals and lectures.

HOD
Department of Conservative
dentistry & Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School
D Y Patil Knowledge City



Dr. Anand Shigli
Dean

Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412 105
• Phone (020) 35037779 • E Mail : dean@dypds.com

D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

	Magnification Lecture Report
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2021-2022
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>On the 19th of November 2022, the Department of Conservative Dentistry held a special lecture on the topic of "Magnification in Dentistry." This lecture aimed to provide second-year Bachelor of Dental Surgery (BDS) students with early clinical exposure to the benefits and applications of magnification in dental procedures.</p> <p>The session was delivered by Dr. Pradeep Shetty, a distinguished expert in conservative dentistry with extensive experience in dental magnification techniques.</p>
KEY TAKEAWAYS	<p>Dr. Shetty started the lecture by introducing the basic concepts of magnification in dental procedures, discussing its historical development and highlighting its increasing importance in modern dentistry.</p> <p>Dr. Shetty discussed the practical applications of magnification in different dental procedures, such as restorative dentistry, endodontics etc. He provided case studies and examples to show how magnification can enhance diagnostic accuracy and treatment outcomes.</p> <p>The lecture was highly informative and well-received by the students. They valued the opportunity to learn about and</p>

	engage with advanced dental technology early in their academic careers.
SPEAKER	Dr. Pradeep Shetty



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D Y Patil Knowledge City
Cherodi (Bk), Via Lohegaon, Pune - 412105



Dean
D.Y. Patil Dental School, Pune



"MAGNIFICATION LECTURE"

ATTENDANCE LIST

DATE: 19/11/2022

II YEAR 2021-22

ROLL NO	NAME OF STUDENT	ATTENDANCE
1.	AAGE LAJARI KISHOR	Aage
2	ADAM SHRUTI JAGDISH	Adus
3	AGHAV PRANAV POPAT	Aghav P.
4	BADGUJAR RUCHIKA PRAKASH	
5	BANODE AVANTIKA GANESHRAO	Avanti ka
6	BHAT KHUSHI RAHUL	Khushi
7	BHOSLE SUNIDHI CHANDRAKANT	
8	BORUDE PRADNYA SITARAM	Pradhya
9	BUMB DARSHAN PRASHANT	Bumb
10	CHANDAK AARYA ANAND	Aaryu
11	CHAURE PANKAJ CHANDRAKANT	
12	CHAVAN PRATIKSHA SAMBHAJI	Chavan
13	CHIKHALE SHUBHAM SANDEEP	
14	CHIPADE MANTHAN VISHWANATH	Chipade
15	DAHIPHALE PRADEEP BALU	pradeep
16	DALIMBKAR SPURTI GULABRAO	
17	DARADE JANHAVI DNYANESHWAR	Janavi
18	DEO SHARVARI ANAND	
19	DESHMUKH SHWETA SUNDAR	
20	GAIKWAD MITALI MAROTI	Mitali
21	GARGOTE AKANKSHA KALURAM	
22	GHUGARE PRATIKSHA TANAJI	Pratiksha
23	HAVASHETTE PRAVIN RAMESH	Prave
24	HINGE RUI CHANDRAKANT	
25	INGAWALAY SANIKA SUUNIL	Sanika
26	INNANI GOURAV KAMALKISHOR	
27	JADHAV CHAITALI DIPAK	Jadhav
28	JADHAV CHANCHAL DNYANESHWAR	Chanchal
29	JADHAV PRANJALI UTTAM	Pranjali
30	JADHAV TEJASVI MAHESH	Tejasvi
31	JAIN RICHI SANJAY	
32	JAMBALKAR MANJU SUKHADEO	Jambalkar

33	KACHARE SARATHI SANJAY	Sarath
34	KALYANKAR SHUBHANGI MANOHAR	
35	KHALATE PRIYANKA GANESH	Khalate
36	KUDALE TAPAN POPAT	
37	KURUTHUKULANGARA ELLENA SHAJI	
38	MIDGULE SAMRUDDHI SUNIL	Midgule
39	MORE NUPUR VITTHAL	More
40	MULE RENUKA SAMPATRAO	
41	MUNGSE VAISHNAVI SAMBHAJI	
42	NAIKWADE NIKITA SUBHASH	Naikwad
43	NANDE SHWETANK SAGAR	Nande
44	NAWALE ANVITA PRALHAD	
45	NIKHADE RUCHI GAJANAN	
46	OMBASE NIKITA MALHARI	Obase
47	OSWAL ISHA SANJAY	Oswal Isha
48	PADMAWAR SHAMAL MANOJ	
49	PANIKER AISHWARYA PRATHAPAKUMAR	Paniker
50	PANSARE ASMITA BALASAHEB	Pansare
51	PARDESHI RITU DATTATRAY	
52	PATEL DIVYA SANJAY	Pathe
53	PATIL ADITI BHARAT	
54	PATIL KRITIKA TUSHAR	Patil
55	PATIL ROSHAN BHAUSAHEB	Patil
56	PATIL SAYALI SHARAD	Patil
57	PAWAR PRACHI DHANANJAY	Pawar
58	PAWAR SHIVANI KALYAN	
59	PHATE AKSHAYA PURUSHOTTAM	Phate
60	PILLAY AISHWARYA SHAILENDRA	
61	RANVIR ASMITA ARUN	Ranvir
62	RATHOD ANJALI HARI	Rathod
63	RATHOD ASHWINI SHIVLAL	
64	RODE ADITI SANTOSH	Rode
65	SALVE ADITYA SAHADEV	
66	SAMAL VAISHNAVI ANAND	Samal
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	Shukh
68	SHAKUNTAL SUHAS GIRISH	
69	SHENDAGE TEJAL TANAJI	
70	SHENDE YUGAL VINOD	Yugal

71	SHINDE MUKTA VINAYAK	Mukta
72	SHINDE SAMRUDDHI DHARMARAJ	
73	SURVE MAYURI DHANAJI	Mayura
74	TANDALE RUTIK BHANUDAS	Tandale R.
75	TATTAPURE MANGESH SURYAKANT	
76	TELE PRATIK BALU	Pratik
77	TUPE RUTIKA SATISH	
78	WAGH SHIVANI KISHOR	Shivani
79	WAKASE RUCHITA DATTATRAY	
80	WANJARE ANUSHKA RAVINDRA	Anushka
81	WANKHADE AKANKSHA VILASRAO	Wankhade
82	YELVE TEJUS BUDDHADAS	Tejus
83	YEWALE UTKARSHA AVINASH	
84	ZAGADE PRATIKSHA KONDIBA	Zagade.
85	ZANWAR SAYALI JUGALKISHOR	Sayali

PHOTOGRAPHS OF MAGNIFICATION LECTURE 2021-2022



PHOTOGRAPHS OF MAGNIFICATION LECTURE 2021-2022



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Ref No: DYPDS/ 2740 (2)

Date: 21-11-2022

Circular

We are pleased to announce a special workshop on “**Magnification in dentistry**” organized by the Department of Conservative Dentistry, aimed at providing early clinical exposure to second-year BDS students. This workshop will focus on the importance and application of magnification in dental procedures.

Date: 25th November 2022

Venue: Pre-Clinical Conservative lab.

Topic: Magnification in dentistry

Time: 9:00 AM - 1:00 PM

Speaker: Dr. Pradeep Shetty

All second-year BDS students are encouraged to attend this workshop to gain valuable insights and practical knowledge that will aid in their clinical practice. All the HOD's are requested to kindly relieve the students for the workshop from the practicals and lectures.

HOD

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D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

Magnification Workshop Report	
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2021 - 2022
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The Department of Conservative Dentistry organized a special lecture on "Magnification in Dentistry" aimed at providing early clinical exposure to second-year BDS students. The lecture focused on the significance and practical applications of magnification in various dental procedures. Dr. Pradip Shetty commenced the workshop with an introduction to the evolution of magnification in dentistry. He highlighted its importance in enhancing precision and improving clinical outcomes.</p>
KEY TAKEAWAYS	<ol style="list-style-type: none">1. Importance of Magnification in Dentistry:<ul style="list-style-type: none">o Enhances precision and accuracy during dental procedures.o Improves visualization of the operating field, aiding in diagnosis and treatment.o Reduces strain on the eyes and enhances overall ergonomics.2. Types of Magnification Tools:<ul style="list-style-type: none">o Dental loupes: Different types, magnification levels, and how to choose the right one.o Operating microscopes: Applications in advanced dental procedures.

	<p>3. Clinical Applications:</p> <ul style="list-style-type: none"> ○ Examples of how magnification improves the quality of restorative and endodontic treatments. ○ Case studies showcasing the impact of magnification on clinical outcomes. <p>Demonstration Under Loupe</p> <p>Dr. Pradeep Shetty conducted a demonstration using dental loupes, covering:</p> <ul style="list-style-type: none"> • Proper fitting and adjustment of dental loupes for optimal magnification. • Techniques for using loupes effectively during dental procedures. • Practical tips on integrating magnification into everyday clinical practice. <p>Chair Position</p> <ul style="list-style-type: none"> • Ergonomics: <ul style="list-style-type: none"> ○ Importance of maintaining correct chair height and backrest position. ○ Ensuring proper posture to prevent musculoskeletal issues. ○ Tips for adjusting the dental chair relative to the patient and working area. <p>Hands-On Experience:</p> <ul style="list-style-type: none"> • Skill Enhancement: Participants had hands-on practice with dental loupes to understand the ergonomic challenges and benefits.
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	<ul style="list-style-type: none"> • Technique Refinement: They practiced techniques under supervision, learning to adapt to magnification for precise maneuvering and handling of dental instruments.
SPEAKER	Dr. Pradeep Shetty



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D.Y. Patil Dental School, Pune



"MAGNIFICATION WORKSHOP"

ATTENDANCE LIST

II YEAR 2021-22

DATE: 25/11/2022

ROLL NO	NAME OF STUDENT	ATTENDANCE
1.	AAGE LAJARI KISHOR	<i>Ajcar</i>
2	ADAM SHRUTI JAGDISH	<i>Adam</i>
3	AGHAV PRANAV POPAT	<i>Agave</i>
4	BADGUJAR RUCHIKA PRAKASH	
5	BANODE AVANTIKA GANESHRAO	<i>Anant</i>
6	BHAT KHUSHI RAHUL	<i>Bhat</i>
7	BHOSLE SUNIDHI CHANDRAKANT	<i>Bhat</i>
8	BORUDE PRADNYA SITARAM	<i>Borude</i>
9	BUMB DARSHAN PRASHANT	<i>Bumb</i>
10	CHANDAK AARYA ANAND	<i>Chandak</i>
11	CHAURE PANKAJ CHANDRAKANT	
12	CHAVAN PRATIKSHA SAMBHAJI	<i>Chavan</i>
13	CHIKHALE SHUBHAM SANDEEP	<i>Chikhal</i>
14	CHIPADE MANTHAN VISHWANATH	<i>Chipade</i>
15	DAHIPHALE PRADEEP BALU	<i>Dahiphale</i>
16	DALIMBKAR SPURTI GULABRAO	<i>Dalimbkar</i>
17	DARADE JANHAVI DNYANESHWAR	<i>Darade</i>
18	DEO SHARVARI ANAND	
19	DESHMUKH SHWETA SUNDAR	<i>Deshmukh</i>
20	GAIKWAD MITALI MAROTI	<i>Gaikwad</i>
21	GARGOTE AKANKSHA KALURAM	<i>Gargote</i>
22	GHUGARE PRATIKSHA TANAJI	<i>Ghugare</i>
23	HAVASHETTE PRAVIN RAMESH	<i>Havashette</i>
24	HINGE RUI CHANDRAKANT	<i>Hinge</i>
25	INGAWALAY SANIKA SUUNIL	<i>Ingawalay</i>
26	INNANI GOURAV KAMALKISHOR	<i>Innan</i>
27	JADHAV CHAITALI DIPAK	<i>Jadhav</i>
28	JADHAV CHANCHAL DNYANESHWAR	<i>Jadhav</i>
29	JADHAV PRANJALI UTTAM	
30	JADHAV TEJASVI MAHESH	<i>Jadhav</i>
31	JAIN RICHI SANJAY	<i>Jain</i>
32	JAMBHALKAR MANJU SUKHADEO	<i>Jambhalkar</i>

33	KACHARE SARATHI SANJAY	Sarath
34	KALYANKAR SHUBHANGI MANOHAR	Shubh
35	KHALATE PRIYANKA GANESH	Priya
36	KUDALE TAPAN POPAT	
37	KURUTHUKULANGARA ELLENA SHAJI	Elle
38	MIDGULE SAMRUDDHI SUNIL	Sunil
39	MORE NUPUR VITTHAL	Nupur
40	MULE RENUKA SAMPATRAO	Renuka
41	MUNGSE VAISHNAVI SAMBHAJI	
42	NAIKWADE NIKITA SUBHASH	Naitika
43	NANDE SHWETANK SAGAR	Shweta
44	NAWALE ANVITA PRALHAD	Anvita
45	NIKHAD RUCHI GAJANAN	Ruchi
46	OMBASE NIKITA MALHARI	Nikita
47	OSWAL ISHA SANJAY	Isha
48	PADMAWAR SHAMAL MANOJ	Shamal
49	PANIKER AISHWARYA PRATHAPAKUMAR	Aishwarya
50	PANSARE ASMITA BALASAHEB	Asmita
51	PARDESHI RITU DATTATRAY	
52	PATEL DIVYA SANJAY	Divya
53	PATIL ADITI BHARAT	Aditi
54	PATIL KRITIKA TUSHAR	Kritika
55	PATIL ROSHAN BHAUSAHEB	Roshan
56	PATIL SAYALI SHARAD	Sayali
57	PAWAR PRACHI DHANANJAY	Prachi
58	PAWAR SHIVANI KALYAN	Shivani
59	PHATE AKSHAYA PURUSHOTTAM	Akshaya
60	PILLAY AISHWARYA SHAILENDRA	Aishwarya
61	RANVIR ASMITA ARUN	Ranvir
62	RATHOD ANJALI HARI	Anjali
63	RATHOD ASHWINI SHIVLAL	Ashwini
64	RODE ADITI SANTOSH	Aditi
65	SALVE ADITYA SAHADEV	Aditya
66	SAMAL VAISHNAVI ANAND	
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	Maseera
68	SHAKUNTAL SUHAS GIRISH	Suhas
69	SHENDAGE TEJAL TANAJI	Tejal
70	SHENDE YUGAL VINOD	Yugal

71	SHINDE MUKTA VINAYAK	Mukta
72	SHINDE SAMRUDDHI DHARMARAJ	Samruddhi
73	SURVE MAYURI DHANAJI	Mayuri
74	TANDALE RUTIK BHANUDAS	Rutik
75	TATTAPURE MANGESH SURYAKANT	Tattapur
76	TELE PRATIK BALU	Pratik
77	TUPE RUTIKA SATISH	Rutika
78	WAGH SHIVANI KISHOR	Shivani
79	WAKASE RUCHITA DATTATRAY	Ruchita
80	WANJARE ANUSHKA RAVINDRA	Anushka
81	WANKHADE AKANKSHA VILASRAO	Akanksha
82	YELVE TEJUS BUDDHADAS	Tejus
83	YEWALE UTKARSHA AVINASH	Utkarsha
84	ZAGADE PRATIKSHA KONDIBA	Pratiksha
85	ZANWAR SAYALI JUGALKISHOR	Sayali

PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2021-2022



PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2021-2022



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and Endodontics

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Charoli (Bk), Via Lohegaon, Pune - 412105

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**PHOTOGRAPHS OF STUDENTS TAKING TOUR TO
MAGNIFICATION ROOM**



Year 2021-22







D Y PATIL DENTAL SCHOOL

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Ref No: - DYPDS/ 2263

Date: 01-04-2022

To

Second Year BDS Students
DY Patil Dental School

Subject: - Training Sessions for Second Year BDS Students

This is to inform the Second Year BDS Students that the following Training Sessions have been scheduled for the academic session under Early Clinical Exposure Initiative to provide a better understanding, orientation and sensitizing for the upcoming clinical postings.

Kindly Note:

S. No.	Topic	Date	Staff
1	Functioning of a Dental Chair	09-04-2022	Dr. Vikram Karande
2	Shade Selection	23-04-2022	Dr. Kamal Shigli
3	Ergonomics in Dentistry	07-05-2022	Dr. Ashish Bhagat
4	Impression Procedures	21-05-2022	Dr. Paulami Bagchi
5	Aesthetic Anterior Restoration	11-06-2022	Dr. Pradeep Shetty
6	Infection Control & Sterilisation	25-06-2022	Dr. Kapil Kshirsagar
7	Isolation & Rubber Dam Application	09-07-2022	Dr. Kiran Keswani
8	Consent and Patient Privacy	20-08-2022	Dr. Pratik Hande
9	Introduction & Steps in Fabrication of Fixed Partial Denture	17-09-2022	Dr. Bipin Muley
10	Class V GIC Restoration	08-10-2022	Dr. Vinod Kambli
11	Posterior Composite	29-10-2022	Dr. Pradeep Shetty

Venue: Pre-Clinical Lab

Time: 9.00 am – 10.00 am

Head
Department of Prosthodontics

C/c: 1. Notice board BDS II year
2. All HOD's

Head
Department of Endodontics

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DY Patil Dental School



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Working of Dental Chair
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	Introduction of dental students with basic functioning of Dental chair, and troubleshooting during its working
KEY TAKEAWAYS	The goal of the dental chair troubleshooting training was to identify and fix common operational problems that arise in clinical settings. Students gained the ability to recognize difficulties such as broken hydraulic systems, electrical malfunctions, or problems with chair positioning and control mechanisms. Step-by-step methods for methodical troubleshooting were covered in the workshop like examining components for wear or damage, altering settings, and verifying connections. Safety procedures and efficient communication between dentist and dental technician were emphasized.
TRAINER	Dr. Vikram Karande



HOD

Department of OMFS

PROFESSOR & HEAD

Dept. of Oral & Maxillofacial Surgery

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 41210



Dean

D.Y. Patil Dental School, Pune



IIND YEAR BDS 2021 -22

Roll No.	Name	Signature
1	AAGE LAJARI KISHOR	<i>Aage</i>
2	ADAM SHRUTI JAGDISH	<i>Shruti</i>
3	AGHAV PRANAV POPAT	<i>Agghav</i>
4	BADGUJAR RUCHIKA PRAKASH	<i>Ruchika</i>
5	BANODE AVANTIKA GANESHRAO	<i>Avantika</i>
6	BHAT KHUSHI RAHUL	<i>Khushi</i>
7	BHOSLE SUNIDHI CHANDRAKANT	<i>Sunidhi</i>
8	BORUDE PRADNYA SITARAM	<i>Pradnya</i>
9	BUMB DARSHAN PRASHANT	<i>Bumb</i>
10	CHANDAK AARYA ANAND	<i>Chandak</i>
11	CHAURE PANKAJ CHANDRAKANT	<i>Chaure</i>
12	CHAVAN PRATIKSHA SAMBHAJI	<i>Chavan</i>
13	CHIKHALE SHUBHAM SANDEEP	<i>Chikhale</i>
14	CHIPADE MANTHAN VISHWANATH	<i>Chipade</i>
15	DAHIPHALE PRADEEP BALU	<i>Pradeep</i>
16	DALIMBKAR SPURTI GULABRAO	<i>Spurti</i>
17	DARADE JANHAVI DNYANESHWAR	<i>Janhar</i>
18	DEO SHARVARI ANAND	<i>Sharvari</i>
19	DESHMUKH SHWETA SUNDAR	<i>Shweta</i>
20	GAIKWAD MITALI MAROTI	<i>Mitali</i>
21	GARGOTE AKANKSHA KALURAM	<i>Akanksha</i>
22	GHUGARE PRATIKSHA TANAJI	<i>Pratiksha</i>
23	HAVASHETTE PRAVIN RAMESH	<i>Pravin</i>
24	HINGE RUI CHANDRAKANT	<i>Hinge</i>
25	INGAWALAY SANIKA SUUNIL	<i>Sanika</i>
26	INNANI GOURAV KAMALKISHOR	<i>Gourav</i>
27	JADHAV CHAITALI DIPAK	<i>Chaitali</i>
28	JADHAV CHANCHAL DNYANESHWAR	<i>Chanchal</i>
29	JADHAV PRANJALI UTTAM	<i>Pranjali</i>

30	JADHAV TEJASVI MAHESH	
31	JAIN RICHI SANJAY	Richi
32	JAMBHALKAR MANJU SUKHADEO	Jambalker
33	KACHARE SARATHI SANJAY	Sarathi
34	KALYANKAR SHUBHANGI MANOHAR	Kalyan
35	KHALATE PRIYANKA GANESH	Khalate
36	KUDALE TAPAN POPAT	Tapan
37	KURUTHUKULANGARA ELLENA SHAJI	ellenes
38	MIDGULE SAMRUDDHI SUNIL	Samruddhi
39	MORE NUPUR VITTHAL	Nore
40	MULE RENUKA SAMPATRAO	Renuka
41	MUNGSE VAISHNAVI SAMBHAJI	Vaishnavi
42	NAIKWADE NIKITA SUBHASH	Nikita
43	NANDE SHWETANK SAGAR	Nandee
44	NAWALE ANVITA PRALHAD	Anvita
45	NIKHADE RUCHI GAJANAN	Ruchi
46	OMBASE NIKITA MALHARI	Nikita
47	OSWAL ISHA SANJAY	Isha
48	PADMAWAR SHAMAL MANOJ	Shamal
49	PANIKER AISHWARYA PRATHAPAKUMAR	Aishwarya
50	PANSARE ASMITA BALASAHEB	Asmita
51	PARDESHI RITU DATTATRAY	Ritu
52	PATEL DIVYA SANJAY	Divya
53	PATIL ADITI BHARAT	Aditi
54	PATIL KRITIKA TUSHAR	Kritika
55	PATIL ROSHAN BHAUSAHEB	Roshan
56	PATIL SAYALI SHARAD	Sayali
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58	PAWAR SHIVANI KALYAN	Shivani
59	PHATE AKSHAYA PURUSHOTTAM	Akshaya
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63	RATHOD ASHWINI SHIVLAL	<i>Ashwini</i>
64	RODE ADITI SANTOSH	<i>Aditya</i>
65	SALVE ADITYA SAHADEV	<i>Aditya</i>
66	SAMAL VAISHNAVI ANAND	<i>Samal</i>
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	<i>Sheikah</i>
68	SHAKUNTAL SUHAS GIRISH	<i>Shakuntal</i>
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75	TATTAPURE MANGESH SURYAKANT	<i>Mangesh</i>
76	TELE PRATIK BALU	<i>Pratik</i>
77	TUPE RUTIKA SATISH	<i>Rutika</i>
78	WAGH SHIVANI KISHOR	<i>Wagh</i>
79	WAKASE RUCHITA DATTATRAY	<i>Ruchita</i>
80	WANJARE ANUSHKA RAVINDRA	<i>Anushka</i>
81	WANKHADE AKANKSHA VILASRAO	<i>Akanksha</i>
82	YELVE TEJUS BUDDHADAS	<i>Tejus</i>
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84	ZAGADE PRATIKSHA KONDIBA	<i>Pratiksha</i>
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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Shade Selection
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Accurate shade selection is crucial for aesthetic and functional outcomes in dental treatments. This session was conducted to develop their competency in choosing the correct tooth shade for dental restorations. The speaker covered the fundamental principles of tooth colour, discussing the role of hue, chroma, and value in shade selection and also emphasized the importance of understanding the visual perception of colour and how it can be influenced by lighting and surrounding colours.</p> <p>These concepts were illustrated using clinical examples and digital images, enhancing the students' understanding of how to assess and describe tooth colour.</p> <p>Students were introduced to various shade selection systems, such as the Vita Classical Shade Guide and the Vita 3D-Master Shade Guide. Students were explained how these systems are organized and how to use them effectively in clinical practice.</p>
KEY TAKEAWAYS	<ul style="list-style-type: none">• Theoretical Understanding: Students gained a solid foundation in the principles of tooth colour and shade selection.• Tools and Techniques: Familiarity with both traditional and digital shade selection tools provided a comprehensive approach to shade matching.
TRAINER	Dr. Kamal Shigli

Kamal Shigli
HOD

Department of Prosthodontics

Year of Department of Prosthodontics
D.Y. PATIL DENTAL SCHOOL
Knowledge City, Charholi Bk, Via Lohegaon, Pune
Page - 1/10/05

[Signature]
Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2021-22

Training Session - Shade Selection

S.No.	NAME	ATTENDANCE
1	AAGE LAJARI KISHOR	P
2	ADAM SHRUTI JAGDISH	P
3	AGHAV PRANAV POPAT	P
4	BADGUJAR RUCHIKA PRAKASH	A
5	BANODE AVANTIKA GANESHRAO	P
6	BHAT KHUSHI RAHUL	P
7	BHOSLE SUNIDHI CHANDRAKANT	P
8	BORUDE PRADNYA SITARAM	P
9	BUMB DARSHAN PRASHANT	P
10	CHANDAK AARYA ANAND	P
11	CHAURE PANKAJ CHANDRAKANT	A
12	CHAVAN PRATIKSHA SAMBHAJI	P
13	CHIKHALE SHUBHAM SANDEEP	P
14	CHIPADE MANTHAN VISHWANATH	P
15	DAHIPHALE PRADEEP BALU	P
16	DALIMBKAR SPURTI GULABRAO	P
17	DARADE JANHAVI DNYANESHWAR	P
18	DEO SHARVARI ANAND	P
19	DESHMUKH SHWETA SUNDAR	A
20	GAIKWAD MITALI MAROTI	P
21	GARGOTE AKANKSHA KALURAM	P
22	GHUGARE PRATIKSHA TANAJI	P
23	HAVASHETTE PRAVIN RAMESH	A
24	HINGE RUI CHANDRAKANT	P
25	INGAWALAY SANIKA SUUNIL	P
26	INNANI GOURAV KAMALKISHOR	P
27	JADHAV CHAITALI DIPAK	P
28	JADHAV CHANCHAL DNYANESHWAR	P
29	JADHAV PRANJALI UTTAM	P
30	JADHAV TEJASVI MAHESH	A
31	JAIN RICHI SANJAY	P
32	JAMBHALKAR MANJU SUKHADEO	P
33	KACHARE SARATHI SANJAY	P
34	KALYANKAR SHUBHANGI MANOHAR	P
35	KHALATE PRIYANKA GANESH	P
36	KUDALE TAPAN POPAT	P
37	KURUTHUKULANGARA ELLENA SHAJI	A
38	MIDGULE SAMRUDDHI SUNIL	P
39	MORE NUPUR VITTHAL	P

40	MULE RENUKA SAMPATRAO	P
41	MUNGSE VAISHNAVI SAMBHAJI	A
42	NAIKWADE NIKITA SUBHASH	A
43	NANDE SHWETANK SAGAR	P
44	NAWALE ANVITA PRALHAD	P
45	NIKHADE RUCHI GAJANAN	A
46	OMBASE NIKITA MALHARI	A
47	OSWAL ISHA SANJAY	A
48	PADMAWAR SHAMAL MANOJ	A
49	PANIKER AISHWARYA PRATHAPAKUMAR	P
50	PANSARE ASMITA BALASAHEB	P
51	PARDESHI RITU DATTATRAY	P
52	PATEL DIVYA SANJAY	P
53	PATIL ADITI BHARAT	P
54	PATIL KRITIKA TUSHAR	A
55	PATIL ROSHAN BHAUSAHEB	P
56	PATIL SAYALI SHARAD	P
57	PAWAR PRACHI DHANANJAY	P
58	PAWAR SHIVANI KALYAN	P
59	PHATE AKSHAYA PURUSHOTTAM	P
60	PILLAY AISHWARYA SHAILENDRA	P
61	RANVIR ASMITA ARUN	P
62	RATHOD ANJALI HARI	P
63	RATHOD ASHWINI SHIVLAL	A
64	RODE ADITI SANTOSH	P
65	SALVE ADITYA SAHADEV	P
66	SAMAL VAISHNAVI ANAND	P
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	P
68	SHAKUNTAL SUHAS GIRISH	P
69	SHENDAGE TEJAL TANAJI	P
70	SHENDE YUGAL VINOD	P
71	SHINDE MUKTA VINAYAK	A
72	SHINDE SAMRUDDHI DHARMARAJ	P
73	SURVE MAYURI DHANAJI	P
74	TANDALE RUTIK BHANUDAS	P
75	TATTAPURE MANGESH SURYAKANT	P
76	TELE PRATIK BALU	P
77	TUPE RUTIKA SATISH	P
78	WAGH SHIVANI KISHOR	P
79	WAKASE RUCHITA DATTATRAY	P
80	WANJARE ANUSHKA RAVINDRA	P
81	WANKHADE AKANKSHA VILASRAO	P

82	YELVE TEJUS BUDDHADAS	P
83	YEWALE UTKARSHA AVINASH	P
84	ZAGADE PRATIKSHA KONDIBA	P
85	ZANWAR SAYALI JUGALKISHOR	P





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Ergonomics in Dentistry
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To educate 2nd year BDS students on the principles of ergonomics, how to incorporate ergonomic practices into their clinical postings, and the benefits of ergonomic interventions in preventing work-related musculoskeletal disorders (WMSDs). The session covered the following principles</p> <ul style="list-style-type: none">• Ergonomic Principles for Dental Practice<ul style="list-style-type: none">• Posture and Positioning• Equipment Design and Placement• Workstation Layout• Practical Ergonomic Strategies<ul style="list-style-type: none">• Chairside Techniques• Instrument Handling• Workflow Optimization• Personal Ergonomic Practices<ul style="list-style-type: none">• Stretching and Exercises• Breaks and Micro-breaks• Stress Management <p>The session emphasized the importance of maintaining proper posture, positioning, and movement to prevent musculoskeletal disorders. Participants were introduced to ergonomic techniques for patient positioning, use of dental equipment, and workstation organization to minimize strain and enhance efficiency.</p>
KEY TAKEAWAYS	The session successfully raised awareness about the importance of ergonomics in dentistry, provided actionable strategies to improve workplace ergonomics, and emphasized the benefits of adopting ergonomic practices for long-term health and efficiency in dental practice.
TRAINER	Dr. Ashish Bhagat

HOD
Head of Department of Prosthodontics
Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Dean
D. Y. Patil Dental School, Pune



Second Year BDS Students - 2021-22
Training Session - Ergonomics in Dentistry

S.No.	NAME	ATTENDANCE
1	AAGE LAJARI KISHOR	P
2	ADAM SHRUTI JAGDISH	P
3	AGHAV PRANAV POPAT	P
4	BADGUJAR RUCHIKA PRAKASH	P
5	BANODE AVANTIKA GANESHRAO	P
6	BHAT KHUSHI RAHUL	A
7	BHOSLE SUNIDHI CHANDRAKANT	A
8	BORUDE PRADNYA SITARAM	P
9	BUMB DARSHAN PRASHANT	P
10	CHANDAK AARYA ANAND	P
11	CHAURE PANKAJ CHANDRAKANT	P
12	CHAVAN PRATIKSHA SAMHAJI	P
13	CHIKHALE SHUBHAM SANDEEP	P
14	CHIPADE MANTHAN VISHWANATH	P
15	DAHIPHALE PRADEEP BALU	A
16	DALIMBKAR SPURTI GULABRAO	P
17	DARADE JANHAVI DNYANESHWAR	P
18	DEO SHARVARI ANAND	P
19	DESHMUKH SHWETA SUNDAR	P
20	GAIKWAD MITALI MAROTI	P
21	GARGOTE AKANKSHA KALURAM	P
22	GHUGARE PRATIKSHA TANAJI	P
23	HAVASHETTE PRAVIN RAMESH	P
24	HINGE RUI CHANDRAKANT	A
25	INGAWALAY SANIKA SUUNIL	P
26	INNANI GOURAV KAMALKISHOR	P
27	JADHAV CHAITALI DIPAK	P
28	JADHAV CHANCHAL DNYANESHWAR	P
29	JADHAV PRANJALI UTTAM	P
30	JADHAV TEJASVI MAHESH	A
31	JAIN RICHI SANJAY	P
32	JAMBHALKAR MANJU SUKHADEO	P
33	KACHARE SARATHI SANJAY	P
34	KALYANKAR SHUBHANGI MANOHAR	P
35	KHALATE PRIYANKA GANESH	P
36	KUDALE TAPAN POPAT	A
37	KURUTHUKULANGARA ELLENA SHAJI	P
38	MIDGULE SAMRUDDHI SUNIL	P
39	MORE NUPUR VITTHAL	P

40	MULE RENUKA SAMPATRAO	P
41	MUNGSE VAISHNAVI SAMBHAJI	P
42	NAIKWADE NIKITA SUBHASH	P
43	NANDE SHWETANK SAGAR	P
44	NAWALE ANVITA PRALHAD	P
45	NIKHADE RUCHI GAJANAN	P
46	OMBASE NIKITA MALHARI	P
47	OSWAL ISHA SANJAY	P
48	PADMAWAR SHAMAL MANOJ	P
49	PANIKER AISHWARYA PRATHAPAKUMAR	P
50	PANSARE ASMITA BALASAHEB	A
51	PARDESHI RITU DATTATRAY	P
52	PATEL DIVYA SANJAY	P
53	PATIL ADITI BHARAT	P
54	PATIL KRITIKA TUSHAR	P
55	PATIL ROSHAN BHAUSAHEB	P
56	PATIL SAYALI SHARAD	P
57	PAWAR PRACHI DHANANJAY	P
58	PAWAR SHIVANI KALYAN	P
59	PHATE AKSHAYA PURUSHOTTAM	P
60	PILLAY AISHWARYA SHAILENDRA	P
61	RANVIR ASMITA ARUN	P
62	RATHOD ANJALI HARI	P
63	RATHOD ASHWINI SHIVLAL	P
64	RODE ADITI SANTOSH	P
65	SALVE ADITYA SAHADEV	P
66	SAMAL VAISHNAVI ANAND	P
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	A
68	SHAKUNTAL SUHAS GIRISH	P
69	SHENDAGE TEJAL TANAJI	P
70	SHENDE YUGAL VINOD	P
71	SHINDE MUKTA VINAYAK	P
72	SHINDE SAMRUDDHI DHARMARAJ	P
73	SURVE MAYURI DHANAJI	P
74	TANDALE RUTIK BHANUDAS	P
75	TATTAPURE MANGESH SURYAKANT	P
76	TELE PRATIK BALU	P
77	TUPE RUTIKA SATISH	A
78	WAGH SHIVANI KISHOR	P
79	WAKASE RUCHITA DATTATRAY	P
80	WANJARE ANUSHKA RAVINDRA	P
81	WANKHADE AKANKSHA VILASRAO	A

82	YELVE TEJUS BUDDHADAS	P
83	YEWALE UTKARSHA AVINASH	A
84	ZAGADE PRATIKSHA KONDIBA	P
85	ZANWAR SAYALI JUGALKISHOR	P





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Impression Procedures
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To familiarize dental students with impression procedures, focusing on accurate technique and material handling and the choice of correct impression material because different materials possess distinct properties that make them suitable for various clinical scenarios. Key points included:</p> <p>Accuracy and Detail Reproduction: High precision materials like polyvinyl siloxane (PVS) are essential for cases requiring fine detail, such as crowns and bridges.</p> <p>Elastic Recovery: Polyether, with excellent elastic recovery, is preferred for impressions with undercuts.</p> <p>Ease of Use: Alginate is suitable for preliminary impressions due to its ease of mixing and cost-effectiveness, although it lacks the dimensional stability required for final impressions.</p> <p>Hydrophilicity: Hydrophilic materials, such as some PVS types, are ideal for moist environments, ensuring fewer voids and better reproduction of the oral tissues.</p> <p>Working and Setting Times: The working and setting times of materials must align with the clinical procedure and patient comfort. Fast-setting materials are preferred for gag reflex management.</p> <p>Session concluded with case examples demonstrating the selection process for different clinical needs, emphasizing how improper material choice can lead to inaccurate impressions and subsequent restorative failures.</p>
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct impression material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid common pitfalls like air bubbles and incomplete captures.</p>
TRAINER	Dr. Paulami Bagchi


HOD

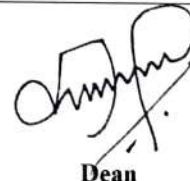
Department of Prosthodontics

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi

Lohegaon, Pune - 412105


Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2021-22
Training Session - Impression Procedure

S.No.	NAME	ATTENDANCE
1	AAGE LAJARI KISHOR	P
2	ADAM SHRUTI JAGDISH	P
3	AGHAV PRANAV POPAT	P
4	BADGUJAR RUCHIKA PRAKASH	P
5	BANODE AVANTIKA GANESHRAO	P
6	BHAT KHUSHI RAHUL	A
7	BHOSLE SUNIDHI CHANDRAKANT	P
8	BORUDE PRADNYA SITARAM	P
9	BUMB DARSHAN PRASHANT	P
10	CHANDAK AARYA ANAND	P
11	CHAURE PANKAJ CHANDRAKANT	P
12	CHAVAN PRATIKSHA SAMBHAJI	P
13	CHIKHALE SHUBHAM SANDEEP	P
14	CHIPADE MANTHAN VISHWANATH	A
15	DAHIPHALE PRADEEP BALU	P
16	DALIMBKAR SPURTI GULABRAO	P
17	DARADE JANHAVI DNYANESHWAR	P
18	DEO SHARVARI ANAND	P
19	DESHMUKH SHWETA SUNDAR	P
20	GAIKWAD MITALI MAROTI	P
21	GARGOTE AKANKSHA KALURAM	P
22	GHUGARE PRATIKSHA TANAJI	P
23	HAVASHETTE PRAVIN RAMESH	P
24	HINGE RUI CHANDRAKANT	A
25	INGAWALAY SANIKA SUUNIL	P
26	INNANI GOURAV KAMALKISHOR	P
27	JADHAV CHAITALI DIPAK	P
28	JADHAV CHANCHAL DNYANESHWAR	P
29	JADHAV PRANJALI UTTAM	P
30	JADHAV TEJASVI MAHESH	P
31	JAIN RICHI SANJAY	A
32	JAMBHALKAR MANJU SUKHADEO	P
33	KACHARE SARATHI SANJAY	P
34	KALYANKAR SHUBHANGI MANOHAR	P
35	KHALATE PRIYANKA GANESH	P
36	KUDALE TAPAN POPAT	P
37	KURUTHUKULANGARA ELLENA SHAJI	A
38	MIDGULE SAMRUDDHI SUNIL	P
39	MORE NUPUR VITTHAL	R

40	MULE RENUKA SAMPATRAO	P
41	MUNGSE VAISHNAVI SAMBHAJI	P
42	NAIKWADE NIKITA SUBHASH	P
43	NANDE SHWETANK SAGAR	P
44	NAWALE ANVITA PRALHAD	P
45	NIKHADE RUCHI GAJANAN	P
46	OMBASE NIKITA MALHARI	P
47	OSWAL ISHA SANJAY	A
48	PADMAWAR SHAMAL MANOJ	P
49	PANIKER AISHWARYA PRATHAPAKUMAR	P
50	PANSARE ASMITA BALASAHEB	P
51	PARDESHI RITU DATTATRAY	P
52	PATEL DIVYA SANJAY	P
53	PATIL ADITI BHARAT	P
54	PATIL KRITIKA TUSHAR	P
55	PATIL ROSHAN BHAUSAHEB	P
56	PATIL SAYALI SHARAD	P
57	PAWAR PRACHI DHANANJAY	P
58	PAWAR SHIVANI KALYAN	P
59	PHATE AKSHAYA PURUSHOTTAM	A
60	PILLAY AISHWARYA SHAILENDRA	P
61	RANVIR ASMITA ARUN	P
62	RATHOD ANJALI HARI	P
63	RATHOD ASHWINI SHIVLAL	P
64	RODE ADITI SANTOSH	P
65	SALVE ADITYA SAHADEV	A
66	SAMAL VAISHNAVI ANAND	P
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	P
68	SHAKUNTAL SUHAS GIRISH	P
69	SHENDAGE TEJAL TANAJI	P
70	SHENDE YUGAL VINOD	P
71	SHINDE MUKTA VINAYAK	P
72	SHINDE SAMRUDDHI DHARMARAJ	P
73	SURVE MAYURI DHANAJI	P
74	TANDALE RUTIK BHANUDAS	P
75	TATTAPURE MANGESH SURYAKANT	P
76	TELE PRATIK BALU	P
77	TUPE RUTIKA SATISH	A
78	WAGH SHIVANI KISHOR	P
79	WAKASE RUCHITA DATTATRAY	P
80	WANJARE ANUSHKA RAVINDRA	P
81	WANKHADE AKANKSHA VILASRAO	P

82	YELVE TEJUS BUDDHADAS	P
83	YEWALE UTKARSHA AVINASH	A
84	ZAGADE PRATIKSHA KONDIBA	P
85	ZANWAR SAYALI JUGALKISHOR	P



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Aesthetic Anterior Restoration
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Composite resin materials, focusing on accurate clinical technique and material handling.● To understand the indications and contraindications.● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Shade Selection: Importance of choosing the correct Shade of composite resin for anterior teeth based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none">● Isolation● Etching● Bonding● Composite placement- incremental build up● Final Shaping and Contouring● Light curing● Polishing and final check.
TRAINER	Dr. Pradeep Shetty



HOD
Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105



Dean
D.Y. Patil Dental School, Pune



Training Session Attendance List

Aesthetic Anterior Restoration

ATTENDANCE LIST

II YEAR - 2021-22

DATE: 11-06-2022

ROLL NO	NAME OF STUDENT	ATTENDANCE
1.	AAGE LAJARI KISHOR	Lajari
2	ADAM SHRUTI JAGDISH	Shruti
3	AGHAV PRANAV POPAT	Agav
4	BADGUJAR RUCHIKA PRAKASH	Ruchika
5	BANODE AVANTIKA GANESHRAO	Avanti
6	BHAT KHUSHI RAHUL	
7	BHOSLE SUNIDHI CHANDRAKANT	Sunidhi
8	BORUDE PRADNYA SITARAM	Pradnya
9	BUMB DARSHAN PRASHANT	Bumb
10	CHANDAK AARYA ANAND	Aarya
11	CHAURE PANKAJ CHANDRAKANT	Pankaj
12	CHAVAN PRATIKSHA SAMBHAJI	
13	CHIKHALE SHUBHAM SANDEEP	Shubham
14	CHIPADE MANTHAN VISHWANATH	Manthan
15	DAHIPHALE PRADEEP BALU	Pradeep
16	DALIMBKAR SPURTI GULABRAO	Spurti
17	DARADE JANHAVI DNYANESHWAR	Janhavi
18	DEO SHARVARI ANAND	Sharvari
19	DESHMUKH SHWETA SUNDAR	Shweta
20	GAIKWAD MITALI MAROTI	Mitali
21	GARGOTE AKANKSHA KALURAM	Akanksha
22	GHUGARE PRATIKSHA TANAJI	Ghugare
23	HAVASHETTE PRAVIN RAMESH	Pravin
24	HINGE RUI CHANDRAKANT	Rui
25	INGAWALAY SANIKA SUUNIL	
26	INNANI GOURAV KAMALKISHOR	Gourav
27	JADHAV CHAITALI DIPAK	Chaitali
28	JADHAV CHANCHAL DNYANESHWAR	Chanchal
29	JADHAV PRANJALI UTTAM	Pranjali
30	JADHAV TEJASVI MAHESH	Tejasvi

31	JAIN RICHI SANJAY	Rishi
32	JAMBHALKAR MANJU SUKHADEO	Manju
33	KACHARE SARATHI SANJAY	Sarathi Kachare
34	KALYANKAR SHUBHANGI MANOHAR	Shubangi
35	KHALATE PRIYANKA GANESH	Priyanka
36	KUDALE TAPAN POPAT	Tapan
37	KURUTHUKULANGARA ELLENA SHAJI	Elleena
38	MIDGULE SAMRUDDHI SUNIL	Sunil
39	MORE NUPUR VITTHAL	Nupur
40	MULE RENUKA SAMPATRAO	Renuka
41	MUNGSE VAISHNAVI SAMBHAJI	Vaishnavi
42	NAIKWADE NIKITA SUBHASH	Nikita
43	NANDE SHWETANK SAGAR	Shweta
44	NAWALE ANVITA PRALHAD	Anvita
45	NIKHADE RUCHI GAJANAN	Ruchi
46	OMBASE NIKITA MALHARI	Nikita
47	OSWAL ISHA SANJAY	Isha
48	PADMAWAR SHAMAL MANOJ	Shamal
49	PANIKER AISHWARYA PRATHAPAKUMAR	Aishwarya
50	PANSARE ASMITA BALASAHEB	Asmita
51	PARDESHI RITU DATTATRAY	Ritu
52	PATEL DIVYA SANJAY	Divya
53	PATIL ADITI BHARAT	Aditi
54	PATIL KRITIKA TUSHAR	Kritika
55	PATIL ROSHAN BHAUSAHEB	Roshan
56	PATIL SAYALI SHARAD	Sayali
57	PAWAR PRACHI DHANANJAY	Prachi
58	PAWAR SHIVANI KALYAN	Shivani
59	PHATE AKSHAYA PURUSHOTTAM	Akshaya
60	PILLAY AISHWARYA SHAILENDRA	Aishwarya
61	RANVIR ASMITA ARUN	Ranvir
62	RATHOD ANJALI HARI	Anjali
63	RATHOD ASHWINI SHIVLAL	Ashwini
64	RODE ADITI SANTOSH	Aditi
65	SALVE ADITYA SAHADEV	Aditya
66	SAMAL VAISHNAVI ANAND	Vaishnavi
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	Maseera
68	SHAKUNTAL SUHAS GIRISH	Shakuntal
69	SHENDAGE TEJAL TANAJI	Tejal
70	SHENDE YUGAL VINOD	Yugal
71	SHINDE MUKTA VINAYAK	Mukta

72	SHINDE SAMRUDDHI DHARMARAJ	Samruddhi
73	SURVE MAYURI DHANAJI	Mayuri
74	TANDALE RUTIK BHANUDAS	Rutik
75	TATTAPURE MANGESH SURYAKANT	Mangesh
76	TELE PRATIK BALU	Tele
77	TUPE RUTIKA SATISH	Rutika
78	WAGH SHIVANI KISHOR	Wagh
79	WAKASE RUCHITA DATTATRAY	
80	WANJARE ANUSHKA RAVINDRA	Anushka
81	WANKHADE AKANKSHA VILASRAO	
82	YELVE TEJUS BUDDHADAS	Yelve
83	YEWALE UTKARSHA AVINASH	Utkarsha
84	ZAGADE PRATIKSHA KONDIBA	
85	ZANWAR SAYALI JUGALKISHOR	Sayali



Rosh

HOD
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Anurag

Dean
D.Y. Patil Dental School, Pune



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Infection Control and Sterilization
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	The training session on Sterilization and Infection Control for 2nd year BDS students was conducted to impart essential knowledge and practical skills regarding maintaining a sterile environment in dental practice. The session commenced with comprehensive lectures covering principles of sterilization, various methods such as autoclaving and chemical sterilization, and infection control measures including personal protective equipment (PPE). The session allowed the students to be aware of setting up sterilization equipment, practicing proper sterilization techniques, and simulating infection control protocols during dental procedures. Interactive discussions enhanced understanding and application of theoretical concepts.
KEY TAKEAWAYS	Participants gained a thorough understanding of the importance of sterilization in dental procedures and learned practical skills in implementing infection control measures. They acquired knowledge about different sterilization methods and their appropriate applications, as well as compliance with regulatory standards.
TRAINER	Dr. Kapil Kshirsagar


HOD

Department of Oral and Maxillofacial Surgery

PROFESSOR & HEAD
 Dept. of Oral & Maxillofacial Surgery
 D.Y. Patil Dental School
 D.Y. Patil Knowledge City
 Chhattri (Bk), Via. Talegaon, Pune - 411 019




Dean

D.Y. Patil Dental School

IIND YEAR BDS 2021 -22

Roll No.	Name	Signature
1	AAGE LAJARI KISHOR	<i>Aage</i>
2	ADAM SHRUTI JAGDISH	<i>Shruti</i>
3	AGHAV PRANAV POPAT	<i>Agghav</i>
4	BADGUJAR RUCHIKA PRAKASH	<i>Ruchika</i>
5	BANODE AVANTIKA GANESHRAO	<i>Avantika</i>
6	BHAT KHUSHI RAHUL	<i>Khushi</i>
7	BHOSLE SUNIDHI CHANDRAKANT	<i>Sunidhi</i>
8	BORUDE PRADNYA SITARAM	<i>Pradnya</i>
9	BUMB DARSHAN PRASHANT	<i>Bumb</i>
10	CHANDAK AARYA ANAND	<i>Chandak</i>
11	CHAURE PANKAJ CHANDRAKANT	<i>Chaure</i>
12	CHAVAN PRATIKSHA SAMBHAJI	<i>Chavan</i>
13	CHIKHALE SHUBHAM SANDEEP	<i>Shubham</i>
14	CHIPADE MANTHAN VISHWANATH	<i>Chipade</i>
15	DAHIPHALE PRADEEP BALU	<i>Pradeep</i>
16	DALIMBKAR SPURTI GULABRAO	<i>Spurti</i>
17	DARADE JANHAVI DNYANESHWAR	<i>Janhar</i>
18	DEO SHARVARI ANAND	<i>Sharvari</i>
19	DESHMUKH SHWETA SUNDAR	<i>Shweta</i>
20	GAIKWAD MITALI MAROTI	<i>Mitali</i>
21	GARGOTE AKANKSHA KALURAM	<i>Akanksha</i>
22	GHUGARE PRATIKSHA TANAJI	<i>Pratiksha</i>
23	HAVASHETTE PRAVIN RAMESH	<i>Pravin</i>
24	HINGE RUI CHANDRAKANT	<i>Hinge</i>
25	INGAWALAY SANIKA SUUNIL	<i>Sanika</i>
26	INNANI GOURAV KAMALKISHOR	<i>Gourav</i>
27	JADHAV CHAITALI DIPAK	<i>Chaitali</i>
28	JADHAV CHANCHAL DNYANESHWAR	<i>Chanchal</i>
29	JADHAV PRANJALI UTTAM	<i>Pranjali</i>

30	JADHAV TEJASVI MAHESH	
31	JAIN RICHI SANJAY	Richi
32	JAMBHALKAR MANJU SUKHADEO	Jambalker
33	KACHARE SARATHI SANJAY	Sarathi
34	KALYANKAR SHUBHANGI MANOHAR	Kalyan
35	KHALATE PRIYANKA GANESH	Khalate
36	KUDALE TAPAN POPAT	Tapan
37	KURUTHUKULANGARA ELLENA SHAJI	ellenes
38	MIDGULE SAMRUDDHI SUNIL	Samruddhi
39	MORE NUPUR VITTHAL	Nore
40	MULE RENUKA SAMPATRAO	Renuka
41	MUNGSE VAISHNAVI SAMBHAJI	Vaishnavi
42	NAIKWADE NIKITA SUBHASH	Nikita
43	NANDE SHWETANK SAGAR	Nandee
44	NAWALE ANVITA PRALHAD	Anvita
45	NIKHADE RUCHI GAJANAN	Ruchi
46	OMBASE NIKITA MALHARI	Nikita
47	OSWAL ISHA SANJAY	Isha
48	PADMAWAR SHAMAL MANOJ	Shamal
49	PANIKER AISHWARYA PRATHAPAKUMAR	Aishwarya
50	PANSARE ASMITA BALASAHEB	Asmita
51	PARDESHI RITU DATTATRAY	Ritu
52	PATEL DIVYA SANJAY	Divya
53	PATIL ADITI BHARAT	Aditi
54	PATIL KRITIKA TUSHAR	Kritika
55	PATIL ROSHAN BHAUSAHEB	Roshan
56	PATIL SAYALI SHARAD	Sayali
57	PAWAR PRACHI DHANANJAY	Prachi
58	PAWAR SHIVANI KALYAN	Shivani
59	PHATE AKSHAYA PURUSHOTTAM	Akshaya
60	PILLAY AISHWARYA SHAIENDRA	Aishwarya
61	RANVIR ASMITA ARUN	Ranvir

62	RATHOD ANJALI HARI	<i>Anjali</i>
63	RATHOD ASHWINI SHIVLAL	<i>Ashwini</i>
64	RODE ADITI SANTOSH	<i>Aditya</i>
65	SALVE ADITYA SAHADEV	<i>Aditya</i>
66	SAMAL VAISHNAVI ANAND	<i>Samal</i>
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	<i>Sheikah</i>
68	SHAKUNTAL SUHAS GIRISH	<i>Shakuntal</i>
69	SHENDAGE TEJAL TANAJI	<i>Tejal</i>
70	SHENDE YUGAL VINOD	<i>Yugal</i>
71	SHINDE MUKTA VINAYAK	<i>Mukta</i>
72	SHINDE SAMRUDDHI DHARMARAJ	<i>Samruddhi</i>
73	SURVE MAYURI DHANAJI	<i>Mayuri</i>
74	TANDALE RUTIK BHANUDAS	<i>Tandale</i>
75	TATTAPURE MANGESH SURYAKANT	<i>Mangesh</i>
76	TELE PRATIK BALU	<i>Pratik</i>
77	TUPE RUTIKA SATISH	<i>Rutika</i>
78	WAGH SHIVANI KISHOR	<i>Wagh</i>
79	WAKASE RUCHITA DATTATRAY	<i>Ruchita</i>
80	WANJARE ANUSHKA RAVINDRA	<i>Anushka</i>
81	WANKHADE AKANKSHA VILASRAO	<i>Akanksha</i>
82	YELVE TEJUS BUDDHADAS	<i>Tejus</i>
83	YEWALE UTKARSHA AVINASH	<i>Utkarsha</i>
84	ZAGADE PRATIKSHA KONDIBA	<i>Pratiksha</i>
85	ZANWAR SAYALI JUGALKISHOR	<i>Sayali</i>



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Isolation & Rubber Dam Application
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with rubber dam application techniques, focusing on isolation and rubber dam handling.● Application on typhodont to simulate the clinical conditions.● Advantages and disadvantages of rubber dam.
KEY TAKEAWAYS	<p>Selecting the appropriate clamp and independently placing the rubber dam as per clinical situation.</p> <p>To understand the following steps while placing the rubber dam:</p> <ul style="list-style-type: none">● Rubber Dam Sheet Preparation● Clamp Selection and Placement● Placing the Rubber Dam● Final Adjustments <p>To understand the following steps while removing the rubber dam:</p> <ul style="list-style-type: none">● Remove the Frame● Release the Dam from the Teeth● Remove the Clamp
TRAINER	Dr. Kiran Keswani



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and Endodontics

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Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105



Dean
D.Y. Patil Dental School, Pune



Training Session Attendance List
Isolation & Rubber Dam Application

ATTENDANCE LIST

II YEAR - 2021-22

DATE: 09-07-2022

ROLL NO	NAME OF STUDENT	ATTENDANCE
1.	AAGE LAJARI KISHOR	<i>Lajari</i>
2	ADAM SHRUTI JAGDISH	
3	AGHAV PRANAV POPAT	
4	BADGUJAR RUCHIKA PRAKASH	<i>Ruchika</i>
5	BANODE AVANTIKA GANESHRAO	
6	BHAT KHUSHI RAHUL	<i>Khushi</i>
7	BHOSLE SUNIDHI CHANDRAKANT	
8	BORUDE PRADNYA SITARAM	<i>Pradya</i>
9	BUMB DARSHAN PRASHANT	<i>Darshan</i>
10	CHANDAK AARYA ANAND	<i>Anand</i>
11	CHAURE PANKAJ CHANDRAKANT	
12	CHAVAN PRATIKSHA SAMBHAJI	<i>Pratiksha</i>
13	CHIKHALE SHUBHAM SANDEEP	<i>Shubham</i>
14	CHIPADE MANTHAN VISHWANATH	
15	DAHIPHALE PRADEEP BALU	<i>Pradeep</i>
16	DALIMBKAR SPURTI GULABRAO	
17	DARADE JANHAVI DNYANESHWAR	
18	DEO SHARVARI ANAND	<i>Sharvari</i>
19	DESHMUKH SHWETA SUNDAR	
20	GAIKWAD MITALI MAROTI	<i>Mitali</i>
21	GARGOTE AKANKSHA KALURAM	
22	GHUGARE PRATIKSHA TANAJI	<i>Ghugare</i>
23	HAVASHETTE PRAVIN RAMESH	
24	HINGE RUI CHANDRAKANT	<i>Rui</i>
25	INGAWALAY SANIKA SUUNIL	<i>Sanika</i>
26	INNANI GOURAV KAMALKISHOR	<i>Gourav</i>
27	JADHAV CHAITALI DIPAK	
28	JADHAV CHANCHAL DNYANESHWAR	<i>Chanchal</i>
29	JADHAV PRANJALI UTTAM	
30	JADHAV TEJASVI MAHESH	<i>Tejasvi</i>
31	JAIN RICHI SANJAY	<i>Richi</i>

32	JAMBHALKAR MANJU SUKHADEO	<u>Manya</u>
33	KACHARE SARATHI SANJAY	
34	KALYANKAR SHUBHANGI MANOHAR	<u>Shubhangi</u>
35	KHALATE PRIYANKA GANESH	
36	KUDALE TAPAN POPAT	<u>Popat</u>
37	KURUTHUKULANGARA ELLENA SHAJI	
38	MIDGULE SAMRUDDHI SUNIL	<u>Samruddhi</u>
39	MORE NUPUR VITTHAL	
40	MULE RENUKA SAMPATRAO	<u>Renuka</u>
41	MUNGSE VAISHNAVI SAMBHAJI	
42	NAIKWADE NIKITA SUBHASH	<u>Nikita</u>
43	NANDE SHWETANK SAGAR	<u>Shwetank</u>
44	NAWALE ANVITA PRALHAD	
45	NIKHADE RUCHI GAJANAN	<u>Ruchi Nikhat</u>
46	OMBASE NIKITA MALHARI	
47	OSWAL ISHA SANJAY	<u>Isha</u>
48	PADMAWAR SHAMAL MANOJ	
49	PANIKER AISHWARYA PRATHAPAKUMAR	<u>Aishwarya</u>
50	PANSARE ASMITA BALASAHEB	
51	PARDESHI RITU DATTATRAY	<u>Ritu</u>
52	PATEL DIVYA SANJAY	<u>Divya</u>
53	PATIL ADITI BHARAT	
54	PATIL KRITIKA TUSHAR	<u>Kritika</u>
55	PATIL ROSHAN BHAUSAHEB	
56	PATIL SAYALI SHARAD	<u>Sayali</u>
57	PAWAR PRACHI DHANANJAY	
58	PAWAR SHIVANI KALYAN	<u>Shivani</u>
59	PHATE AKSHAYA PURUSHOTTAM	
60	PILLAY AISHWARYA SHAILENDRA	<u>Aishwarya</u>
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64	RODE ADITI SANTOSH	<u>Aditi</u>
65	SALVE ADITYA SAHADEV	
66	SAMAL VAISHNAVI ANAND	<u>Vaishnavi</u>
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	
68	SHAKUNTAL SUHAS GIRISH	<u>Shakuntal</u>
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70	SHENDE YUGAL VINOD	<u>Yugal</u>
71	SHINDE MUKTA VINAYAK	
72	SHINDE SAMRUDDHI DHARMARAJ	<u>Shinde</u>

73	SURVE MAYURI DHANAJI	
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D.Y. Patil Dental School, Pune



D Y Patil Dental School
DEPARTMENT OF DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Consent and patient privacy
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Patient consent and privacy are foundational principles in dental practice. Consent involves the voluntary agreement of a patient to undergo treatment after being informed of its nature, benefits, risks, and alternatives. It is not only a legal requirement but also an ethical obligation that ensures respect for patient autonomy and dignity. Understanding the components of valid consent, including competence, information disclosure, and voluntariness, is essential for developing trustful patient-dentist relationships.</p> <p>Patient privacy, on the other hand, refers to the right of individuals to control access to their personal health information. Dental students must learn to handle patient records and information with utmost confidentiality to comply with legal standards. Respecting patient privacy fosters trust and maintains professional integrity. Implementing practical measures such as secure data storage, limited access to patient records, and obtaining explicit consent for sharing information are critical in safeguarding patient confidentiality.</p>
KEY TAKEAWAYS	<p>Patient consent involves informed, voluntary agreement for treatment, respecting autonomy and fostering trust. Understand its components: competence, disclosure, and voluntariness. Patient privacy mandates strict confidentiality of health information, ensuring trust and ethical practice. Safeguard patient records with secure handling and explicit consent for information sharing. Upholding these principles is integral to professional integrity and patient-centered care.</p>
TRAINER	Dr. Pratik Hande


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 Dept. of Oral & Maxillofacial Surgery
 D Y Patil Dental School
 D Y Patil Knowledge City
 Charoli (Bk), Via Lohegaon, Pune - 41210


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 D.Y. Patil Dental School


IIND YEAR BDS 2021 -22

Roll No.	Name	Signature
1	AAGE LAJARI KISHOR	<i>Aage</i>
2	ADAM SHRUTI JAGDISH	<i>Shruti</i>
3	AGHAV PRANAV POPAT	<i>Agghav</i>
4	BADGUJAR RUCHIKA PRAKASH	<i>Ruchika</i>
5	BANODE AVANTIKA GANESHRAO	<i>Avantika</i>
6	BHAT KHUSHI RAHUL	<i>Khushi</i>
7	BHOSLE SUNIDHI CHANDRAKANT	<i>Sunidhi</i>
8	BORUDE PRADNYA SITARAM	<i>Pradnya</i>
9	BUMB DARSHAN PRASHANT	<i>Bumb</i>
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15	DAHIPHALE PRADEEP BALU	<i>Pradeep</i>
16	DALIMBKAR SPURTI GULABRAO	<i>Spurti</i>
17	DARADE JANHAVI DNYANESHWAR	<i>Janhar</i>
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26	INNANI GOURAV KAMALKISHOR	<i>Gourav</i>
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31	JAIN RICHI SANJAY	Richi
32	JAMBHALKAR MANJU SUKHADEO	Jambalker
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35	KHALATE PRIYANKA GANESH	Khalate
36	KUDALE TAPAN POPAT	Tapan
37	KURUTHUKULANGARA ELLENA SHAJI	ellenes
38	MIDGULE SAMRUDDHI SUNIL	Samruddhi
39	MORE NUPUR VITTHAL	Nore
40	MULE RENUKA SAMPATRAO	Renuka
41	MUNGSE VAISHNAVI SAMBHAJI	Vaishnavi
42	NAIKWADE NIKITA SUBHASH	Nikita
43	NANDE SHWETANK SAGAR	Nandee
44	NAWALE ANVITA PRALHAD	Anvita
45	NIKHADE RUCHI GAJANAN	Ruchi
46	OMBASE NIKITA MALHARI	Nikita
47	OSWAL ISHA SANJAY	Isha
48	PADMAWAR SHAMAL MANOJ	Shamal
49	PANIKER AISHWARYA PRATHAPAKUMAR	Aishwarya
50	PANSARE ASMITA BALASAHEB	Asmita
51	PARDESHI RITU DATTATRAY	Ritu
52	PATEL DIVYA SANJAY	Divya
53	PATIL ADITI BHARAT	Aditi
54	PATIL KRITIKA TUSHAR	Kritika
55	PATIL ROSHAN BHAUSAHEB	Roshan
56	PATIL SAYALI SHARAD	Sayali
57	PAWAR PRACHI DHANANJAY	Prachi
58	PAWAR SHIVANI KALYAN	Shivani
59	PHATE AKSHAYA PURUSHOTTAM	Akshaya
60	PILLAY AISHWARYA SHAIENDRA	Aishwarya
61	RANVIR ASMITA ARUN	Ranvir

62	RATHOD ANJALI HARI	<i>Anjali</i>
63	RATHOD ASHWINI SHIVLAL	<i>Ashwini</i>
64	RODE ADITI SANTOSH	<i>Aditya</i>
65	SALVE ADITYA SAHADEV	<i>Aditya</i>
66	SAMAL VAISHNAVI ANAND	<i>Samal</i>
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	<i>Sheikah</i>
68	SHAKUNTAL SUHAS GIRISH	<i>Shakuntal</i>
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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Introduction & Steps in Fabrication of Fixed Partial Denture
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The session began with an overview of FPDs, including indications, contraindications, and advantages over removable partial dentures. Students were educated on patient assessment criteria, diagnostic procedures, and treatment planning essential for successful FPD cases. Techniques for investing, casting, and fitting metal frameworks were video demonstrated, with a focus on achieving optimal marginal integrity and occlusion.</p> <p>Summary of Steps in FPD Fabrication</p> <ol style="list-style-type: none">1. Patient Assessment and Treatment Planning2. Tooth Preparation3. Impression Making4. Temporization5. Model and Die Fabrication6. Wax Pattern Creation7. Investing and Casting8. Metal Framework Try-In9. Porcelain Application10. Final Fit and Adjustment11. Final Cementation12. Post-Cementation Care
KEY TAKEAWAYS	The session successfully integrated theoretical knowledge and practical skills, offering Second Year BDS Students a holistic understanding of FPD fabrication.
TRAINER	Dr. Bipin Muley

HOD

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi
Lohegaon Pune - 412105

Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2021-22
Training Session - Steps in Fabrication of FPD

S.No.	NAME	ATTENDANCE
1	AAGE LAJARI KISHOR	P
2	ADAM SHRUTI JAGDISH	P
3	AGHAV PRANAV POPAT	P
4	BADGUJAR RUCHIKA PRAKASH	P
5	BANODE AVANTIKA GANESHRAO	A
6	BHAT KHUSHI RAHUL	A
7	BHOSLE SUNIDHI CHANDRAKANT	P
8	BORUDE PRADNYA SITARAM	P
9	BUMB DARSHAN PRASHANT	P
10	CHANDAK AARYA ANAND	P
11	CHAURE PANKAJ CHANDRAKANT	P
12	CHAVAN PRATIKSHA SAMBHAJI	P
13	CHIKHALE SHUBHAM SANDEEP	P
14	CHIPADE MANTHAN VISHWANATH	P
15	DAHIPHALE PRADEEP BALU	A
16	DALIMBKAR SPURTI GULABRAO	P
17	DARADE JANHAVI DNYANESHWAR	P
18	DEO SHARVARI ANAND	P
19	DESHMUKH SHWETA SUNDAR	P
20	GAIKWAD MITALI MAROTI	P
21	GARGOTE AKANKSHA KALURAM	P
22	GHUGARE PRATIKSHA TANAJI	P
23	HAVASHETTE PRAVIN RAMESH	P
24	HINGE RUI CHANDRAKANT	P
25	INGAWALAY SANIKA SUUNIL	P
26	INNANI GOURAV KAMALKISHOR	A
27	JADHAV CHAITALI DIPAK	P
28	JADHAV CHANCHAL DNYANESHWAR	P
29	JADHAV PRANJALI UTTAM	P
30	JADHAV TEJASVI MAHESH	P
31	JAIN RICHI SANJAY	P
32	JAMBHALKAR MANJU SUKHADEO	P
33	KACHARE SARATHI SANJAY	P
34	KALYANKAR SHUBHANGI MANOHAR	P
35	KHALATE PRIYANKA GANESH	P
36	KUDALE TAPAN POPAT	P
37	KURUTHUKULANGARA ELLENA SHAJI	P
38	MIDGULE SAMRUDDHI SUNIL	A
39	MORE NUPUR VITTHAL	P

40	MULE RENUKA SAMPATRAO	P
41	MUNGSE VAISHNAVI SAMBHAJI	P
42	NAIKWADE NIKITA SUBHASH	A
43	NANDE SHWETANK SAGAR	P
44	NAWALE ANVITA PRALHAD	P
45	NIKHADE RUCHI GAJANAN	P
46	OMBASE NIKITA MALHARI	P
47	OSWAL ISHA SANJAY	P
48	PADMAWAR SHAMAL MANOJ	P
49	PANIKER AISHWARYA PRATHAPAKUMAR	P
50	PANSARE ASMITA BALASAHEB	P
51	PARDESHI RITU DATTATRAY	A
52	PATEL DIVYA SANJAY	P
53	PATIL ADITI BHARAT	P
54	PATIL KRITIKA TUSHAR	P
55	PATIL ROSHAN BHAUSAHEB	P
56	PATIL SAYALI SHARAD	A
57	PAWAR PRACHI DHANANJAY	P
58	PAWAR SHIVANI KALYAN	P
59	PHATE AKSHAYA PURUSHOTTAM	P
60	PILLAY AISHWARYA SHAILENDRA	P
61	RANVIR ASMITA ARUN	A
62	RATHOD ANJALI HARI	P
63	RATHOD ASHWINI SHIVLAL	P
64	RODE ADITI SANTOSH	P
65	SALVE ADITYA SAHADEV	P
66	SAMAL VAISHNAVI ANAND	P
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	A
68	SHAKUNTAL SUHAS GIRISH	P
69	SHENDAGE TEJAL TANAJI	P
70	SHENDE YUGAL VINOD	P
71	SHINDE MUKTA VINAYAK	P
72	SHINDE SAMRUDDHI DHARMARAJ	P
73	SURVE MAYURI DHANAJI	P
74	TANDALE RUTIK BHANUDAS	A
75	TATTAPURE MANGESH SURYAKANT	P
76	TELE PRATIK BALU	P
77	TUPE RUTIKA SATISH	P
78	WAGH SHIVANI KISHOR	P
79	WAKASE RUCHITA DATTATRAY	P
80	WANJARE ANUSHKA RAVINDRA	P
81	WANKHADE AKANKSHA VILASRAO	P

82	YELVE TEJUS BUDDHADAS	P
83	YEWALE UTKARSHA AVINASH	A
84	ZAGADE PRATIKSHA KONDIBA	P
85	ZANWAR SAYALI JUGALKISHOR	A



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Class V GIC restoration
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Glass Ionomer Cement, focusing on material handling and restoring Class V cavities.● To understand the physical and mechanical properties of GIC● To understand the indications and contraindications of GIC.
KEY TAKEAWAYS	<p>Understand and implement the following:</p> <ul style="list-style-type: none">● To dispense correct powder and liquid ratio.● To note the properties of GIC such as adhesion, fluoride release, biocompatibility and aesthetics.● Clinical consideration while handling, isolation and surface protection.● To evaluate the factors affecting setting time. <p>By understanding these key aspects of GIC, dental students can make informed decisions about its application and optimize patient outcomes.</p>
TRAINER	Dr. Vinod Kambli



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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105



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D.Y. Patil Dental School, Pune



Training Session Attendance List

Class V GIC Restoration

ATTENDANCE LIST

II YEAR - 2021-22

DATE: 08-10-2022

ROLL NO	NAME OF STUDENT	ATTENDANCE
1.	AAGE LAJARI KISHOR	<i>Lajari</i>
2	ADAM SHRUTI JAGDISH	<i>Shruti</i>
3	AGHAV PRANAV POPAT	<i>Pranav</i>
4	BADGUJAR RUCHIKA PRAKASH	<i>Ruchika</i>
5	BANODE AVANTIKA GANESHRAO	<i>Avantika</i>
6	BHAT KHUSHI RAHUL	<i>Khushi</i>
7	BHOSLE SUNIDHI CHANDRAKANT	<i>Sunidhi</i>
8	BORUDE PRADNYA SITARAM	<i>Pradnya</i>
9	BUMB DARSHAN PRASHANT	<i>Darshan</i>
10	CHANDAK AARYA ANAND	<i>Aarya</i>
11	CHAURE PANKAJ CHANDRAKANT	<i>Pankaj</i>
12	CHAVAN PRATIKSHA SAMBHAJI	<i>Pratiksha</i>
13	CHIKHALE SHUBHAM SANDEEP	<i>Shubham</i>
14	CHIPADE MANTHAN VISHWANATH	
15	DAHIPHALE PRADEEP BALU	<i>Pra</i>
16	DALIMBKAR SPURTI GULABRAO	<i>Spurti</i>
17	DARADE JANHAVI DNYANESHWAR	<i>Janhavi</i>
18	DEO SHARVARI ANAND	<i>Sharvari</i>
19	DESHMUKH SHWETA SUNDAR	<i>Shweta</i>
20	GAIKWAD MITALI MAROTI	<i>Mitali</i>
21	GARGOTE AKANKSHA KALURAM	<i>Akanksha</i>
22	GHUGARE PRATIKSHA TANAJI	<i>Pratiksha</i>
23	HAVASHETTE PRAVIN RAMESH	<i>Pravin</i>
24	HINGE RUI CHANDRAKANT	<i>Rui</i>
25	INGAWALAY SANIKA SUUNIL	<i>Sanika</i>
26	INNANI GOURAV KAMALKISHOR	<i>Gourav</i>
27	JADHAV CHAITALI DIPAK	<i>Chaitali</i>
28	JADHAV CHANCHAL DNYANESHWAR	<i>Chanchal</i>
29	JADHAV PRANJALI UTTAM	<i>Pranjali</i>
30	JADHAV TEJASVI MAHESH	<i>Tejasvi</i>
31	JAIN RICHI SANJAY	<i>Richi</i>

32	JAMBHALKAR MANJU SUKHADEO	Manju
33	KACHARE SARATHI SANJAY	Sarath
34	KALYANKAR SHUBHANGI MANOHAR	Shubh
35	KHALATE PRIYANKA GANESH	Priyanka
36	KUDALE TAPAN POPAT	Tapan
37	KURUTHUKULANGARA ELLENA SHAJI	ELLENA
38	MIDGULE SAMRUDDHI SUNIL	Samruddhi
39	MORE NUPUR VITTHAL	Nupur
40	MULE RENUKA SAMPATRAO	Renuka
41	MUNGSE VAISHNAVI SAMBHAJI	Vaishnavi
42	NAIKWADE NIKITA SUBHASH	Nikita
43	NANDE SHWETANK SAGAR	Shweta
44	NAWALE ANVITA PRALHAD	Anvita
45	NIKHADE RUCHI GAJANAN	Ruchi
46	OMBASE NIKITA MALHARI	Nikita
47	OSWAL ISHA SANJAY	Isha
48	PADMAWAR SHAMAL MANOJ	Shamal
49	PANIKER AISHWARYA PRATHAPAKUMAR	Aishwarya
50	PANSARE ASMITA BALASAHEB	Asmita
51	PARDESHI RITU DATTATRAY	Ritu
52	PATEL DIVYA SANJAY	Divya
53	PATIL ADITI BHARAT	Aditi
54	PATIL KRITIKA TUSHAR	Kritika
55	PATIL ROSHAN BHAUSAHEB	Roshan
56	PATIL SAYALI SHARAD	Sayali
57	PAWAR PRACHI DHANANJAY	Prachi
58	PAWAR SHIVANI KALYAN	Shivani
59	PHATE AKSHAYA PURUSHOTTAM	Akshaya
60	PILLAY AISHWARYA SHAILENDRA	Aishwarya
61	RANVIR ASMITA ARUN	Ranvir
62	RATHOD ANJALI HARI	Anjali
63	RATHOD ASHWINI SHIVLAL	Ashwini
64	RODE ADITI SANTOSH	Aditi
65	SALVE ADITYA SAHADEV	Aditya
66	SAMAL VAISHNAVI ANAND	Vaishnavi
67	SHAIKH MASEERA PARVIN MOHD ASHFAQE	Maseera
68	SHAKUNTAL SUHAS GIRISH	Suhani
69	SHENDAGE TEJAL TANAJI	Tejal
70	SHENDE YUGAL VINOD	Yugal
71	SHINDE MUKTA VINAYAK	Mukta
72	SHINDE SAMRUDDHI DHARMARAJ	Samruddhi

73	SURVE MAYURI DHANAJI	
74	TANDALE RUTIK BHANUDAS	
75	TATTAPURE MANGESH SURYAKANT	
76	TELE PRATIK BALU	
77	TUPE RUTIKA SATISH	
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Report

Training Sessions Program Report	
NAME OF SESSION	Posterior Composite Restoration
YEAR OF PROGRAM	2021-22
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Composite resin materials, focusing on accurate technique and material handling.● To understand the indications and contraindications.● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct restorative material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none">● Isolation● Etching● Bonding● Composite placement-importance of increment build up.● Final Shaping and Contouring● Light curing● Polishing and final check.
TRAINER	Dr. Pradeep Shetty



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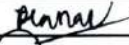

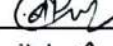
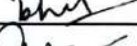
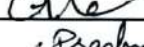


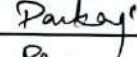

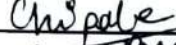




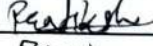
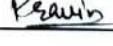

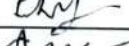
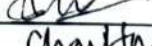


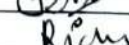




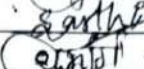
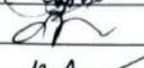


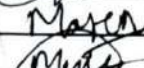
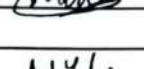

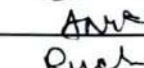

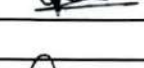

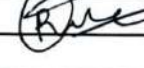
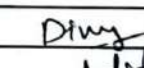
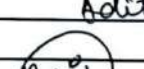
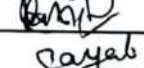
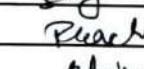
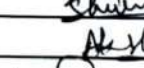
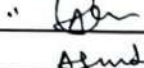


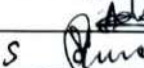
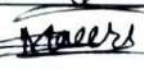
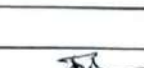

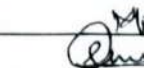




Training Session Attendance List
Posterior Composite

ATTENDANCE LIST

II YEAR - 2021-22

DATE: 29-10-2022

ROLL NO	NAME OF STUDENT	ATTENDANCE
1.	AAGE LAJARI KISHOR	
2	ADAM SHRUTI JAGDISH	
3	AGHAV PRANAV POPAT	
4	BADGUJAR RUCHIKA PRAKASH	
5	BANODE AVANTIKA GANESHRAO	
6	BHAT KHUSHI RAHUL	
7	BHOSLE SUNIDHI CHANDRAKANT	
8	BORUDE PRADNYA SITARAM	
9	BUMB DARSHAN PRASHANT	
10	CHANDAK AARYA ANAND	
11	CHAURE PANKAJ CHANDRAKANT	
12	CHAVAN PRATIKSHA SAMBHAJI	
13	CHIKHALE SHUBHAM SANDEEP	
14	CHIPADE MANTHAN VISHWANATH	
15	DAHIPHALE PRADEEP BALU	
16	DALIMBKAR SPURTI GULABRAO	
17	DARADE JANHAVI DNYANESHWAR	
18	DEO SHARVARI ANAND	
19	DESHMUKH SHWETA SUNDAR	
20	GAIKWAD MITALI MAROTI	
21	GARGOTE AKANKSHA KALURAM	
22	GHUGARE PRATIKSHA TANAJI	
23	HAVASHETTE PRAVIN RAMESH	
24	HINGE RUI CHANDRAKANT	
25	INGAWALAY SANIKA SUUNIL	
26	INNANI GOURAV KAMALKISHOR	
27	JADHAV CHAITALI DIPAK	
28	JADHAV CHANCHAL DNYANESHWAR	
29	JADHAV PRANJALI UTTAM	
30	JADHAV TEJASVI MAHESH	
31	JAIN RICHI SANJAY	

32	JAMBHALKAR MANJU SUKHADEO	
33	KACHARE SARATHI SANJAY	
34	KALYANKAR SHUBHANGI MANOHAR	
35	KHALATE PRIYANKA GANESH	
36	KUDALE TAPAN POPAT	
37	KURUTHUKULANGARA ELLENA SHAJI	
38	MIDGULE SAMRUDDHI SUNIL	
39	MORE NUPUR VITTHAL	
40	MULE RENUKA SAMPATRAO	
41	MUNGSE VAISHNAVI SAMBHAJI	
42	NAIKWADE NIKITA SUBHASH	
43	NANDE SHWETANK SAGAR	
44	NAWALE ANVITA PRALHAD	
45	NIKHADE RUCHI GAJANAN	
46	OMBASE NIKITA MALHARI	
47	OSWAL ISHA SANJAY	
48	PADMAWAR SHAMAL MANOJ	
49	PANIKER AISHWARYA PRATHAPAKUMAR	
50	PANSARE ASMITA BALASAHEB	
51	PARDESHI RITU DATTATRAY	
52	PATEL DIVYA SANJAY	
53	PATIL ADITI BHARAT	
54	PATIL KRITIKA TUSHAR	
55	PATIL ROSHAN BHAUSAHEB	
56	PATIL SAYALI SHARAD	
57	PAWAR PRACHI DHANANJAY	
58	PAWAR SHIVANI KALYAN	
59	PHATE AKSHAYA PURUSHOTTAM	
60	PILLAY AISHWARYA SHAILENDRA	
61	RANVIR ASMITA ARUN	
62	RATHOD ANJALI HARI	
63	RATHOD ASHWINI SHIVLAL	
64	RODE ADITI SANTOSH	
65	SALVE ADITYA SAHADEV	
66	SAMAL VAISHNAVI ANAND	
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	
68	SHAKUNTAL SUHAS GIRISH	
69	SHENDAGE TEJAL TANAJI	
70	SHENDE YUGAL VINOD	
71	SHINDE MUKTA VINAYAK	
72	SHINDE SAMRUDDHI DHARMARAJ	

73	SURVE MAYURI DHANAJI	<i>Surve</i>
74	TANDALE RUTIK BHANUDAS	<i>Tandale</i>
75	TATTAPURE MANGESH SURYAKANT	<i>Tattapure</i>
76	TELE PRATIK BALU	<i>Tele</i>
77	TUPE RUTIKA SATISH	
78	WAGH SHIVANI KISHOR	<i>Wagh</i>
79	WAKASE RUCHITA DATTATRAY	<i>Wakase</i>
80	WANJARE ANUSHKA RAVINDRA	<i>Wanjare</i>
81	WANKHADE AKANKSHA VILASRAO	<i>Wankhade</i>
82	YELVE TEJUS BUDDHADAS	<i>Yelve</i>
83	YEWALE UTKARSHA AVINASH	
84	ZAGADE PRATIKSHA KONDIBA	<i>Zagade</i>
85	ZANWAR SAYALI JUGALKISHOR	<i>Zanwar</i>



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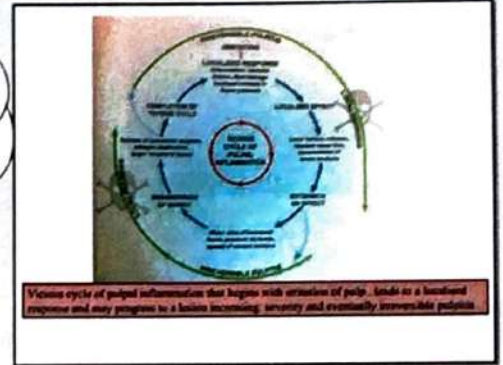
Case Scenarios

PULP PROTECTION



Dr. Kiran Keswani

WHAT HAPPENS WHEN IRRITANTS REACH THE PULP CHAMBER?



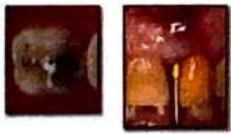
Das, et al. Pulp capping agents. An Evolutionary Review. International Journal of Dental Science and Innovative Research 2020, 3(4): 246-251

Pulp irritants

Bacterial

Traumatic

Iatrogenic

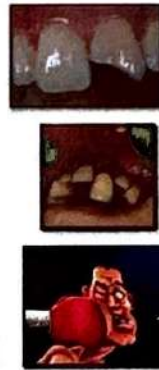


Acute Trauma

Chronic Trauma

- During tooth preparation
- Orthodontic movement of tooth
- Periodontal and periapical curettage
- Use of chemicals
- Idiopathic

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Text book of operative dentistry - Vimal K Bhat 4th edition



Chronic Trauma

Tooth Fracture

Luxation

Avulsion



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IATROGENIC DAMAGE TO THE PULP

During cavity preparation

- Heat generated during cavity preparation:

Pulpal temperature is critical and must not exceed normal values in dental restorative procedures. Clinical research has shown irreversible damage to pulp tissues when temperature is increased.



5.5° C - 60%
11° C - 100%

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Text book of operative dentistry - Vimal K Bhat 4th edition



Remaining Dentin Thickness (RDT)



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INDICATIONS

- Recent small mechanical exposure of pulp during (< 24 hours);
- a) Tooth preparation
- b) Traumatic injury

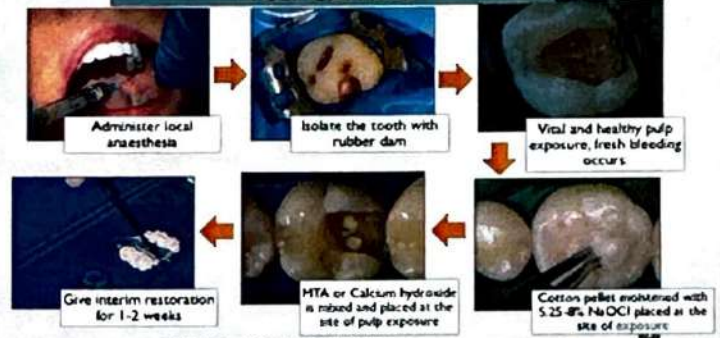


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Marzouk Operative Dentistry, Modern Theory and Practice



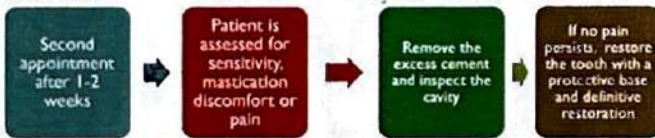
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CLINICAL PROCEDURE - TWO STEP PULP CAPPING



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CLINICAL PROCEDURE - TWO STEP PULP CAPPING

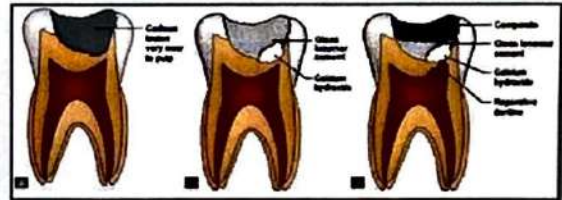


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Marzouk Operative Dentistry, Modern Theory and Practice

1

INDIRECT PULP CAPPING

Indirect pulp capping is defined as "a procedure in which a material is placed on a thin partition of remaining carious dentin that, if removed, might expose the pulp in immature permanent teeth."



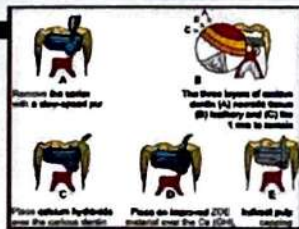
Ingle's Textbook of Endodontics 6th edition

1

CLINICAL PROCEDURE

The procedure for indirect pulp capping is same as that of direct pulp capping except that the pulp is not exposed. A thin layer of "affected dentin" is left to avoid exposure.

The pulp capping material is directly placed on the affected dentin.



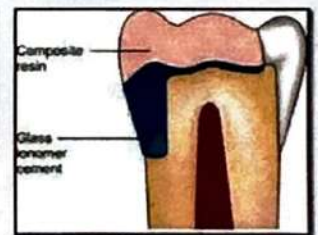
Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice

1

CERVICAL LINING TECHNIQUE/ OPEN SANDWICH TECHNIQUE

- To combine beneficial properties of GIC and Composite
- Cervical portion of the proximal box of a posterior cavity is restored with glass-ionomer cement, and the final restoration being either resin composite or amalgam.
- Indication: Usually for posterior resin composite restorations

GIC expands slightly when in contact with moisture, and this may compensate for the polymerization shrinkage of the resin composite therefore reduce micro leakage

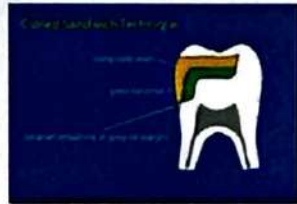


Sturtevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Bari 4th edition

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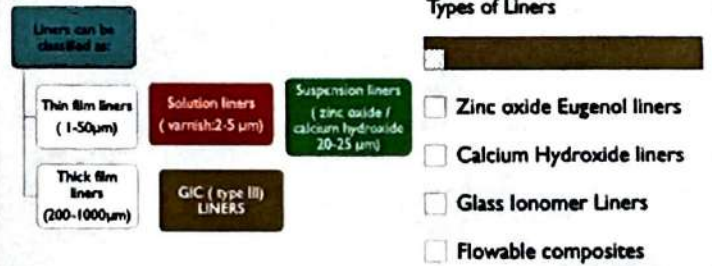
CLOSED SANDWICH TECHNIQUE

- The dentin is covered by Glass ionomer cement which in turn is entirely covered by composite restoration
- Used when there is remaining enamel at the gingival margin



Blundell & Art and science of operative dentistry 6th edition
Text book of operative dentistry - Vimal K. Bhat 4th edition

LINERS



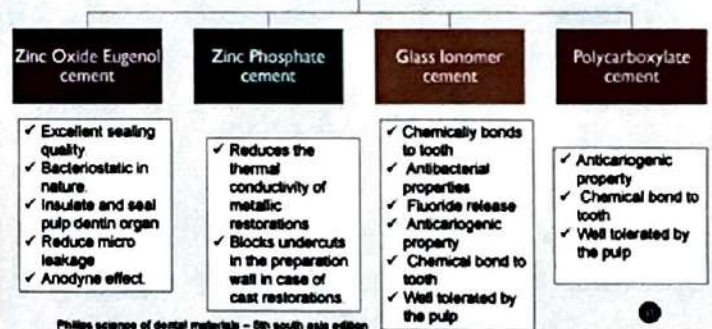
Philips science of dental materials - 6th south asia edition

CLASSIFICATION OF BASES



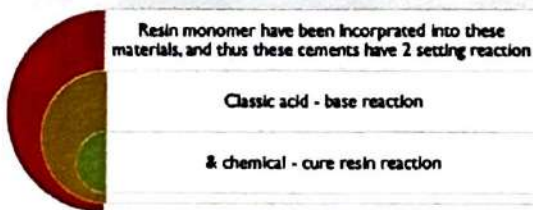
Philips science of dental materials - 6th south asia edition
Des. of M. Pulp capping agents. An Evolutionary Review International Journal of Dental Science and Innovative Research 2020, 3(8), 240-251

Materials used as bases



Philips science of dental materials - 6th south asia edition

RESIN MODIFIED GLASS IONOMER CEMENT (HYBRID IONOMER)



Chandani R, Pateria P, Nishik V. Current key to clinical success in pulp capping. A review. Indian J Conserv Endod 2021;6(1): 123-127.

FLOWABLE COMPOSITES

Composites with a lower amount of filler → more fluid consistency, less strength and lower modulus

Advantages	Disadvantages
<ul style="list-style-type: none"> Adaptation to walls because of their flow Ease in manipulation Aesthetic 	<ul style="list-style-type: none"> Technique sensitive Requires care of contamination free field Polymerization shrinkage → gap formation at resin-tooth interface.

Chandani R, Pateria P, Nishik V. Current key to clinical success in pulp capping. A review. Indian J Conserv Endod 2021;6(1): 123-127.

MINERAL TRIOXIDE AGGREGATE (MTA)

Characteristics:

- Non-toxic material
- Low or no solubility
- Stimulate reparative dentin development by a normal defending process of an early pulpal wound healing (evidence was the presence of odontoblast like cells)
- Minimal inflammation at early healing stage

COMPOSITION

- ✓ Tricalcium silicate
- ✓ Tricalcium aluminate
- ✓ Tricalcium oxide
- ✓ Silicate oxide

Chandni R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127



BIODENTINE

Calcium silicate-based restorative cement with dentin-like mechanical properties, which can be used as a dentin substitute on crowns and roots similar to how MTA is used.

It has a positive effect on vital pulp cells and stimulates tertiary dentin formation.

In direct contact with vital pulp tissue, it also promotes formation of reparative dentin.

Biodentine may be successfully used as a posterior restoration material for up to 6 months after direct pulp capping. After validation of pulp health, it may be partially removed to place a permanent composite material.

Chandni R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127



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INLAYS – Indications and Cavity Features

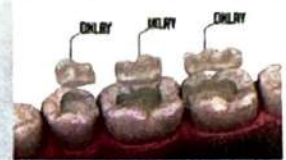
PRESENTED BY
DR. VINOD KAMBLI



Definitions

Inlay

- Inlay is defined as a fixed intracoronal restoration, a dental restoration made outside of a tooth to correspond to the form of prepared cavity, which is then luted into the tooth (Rosensteil)



Onlay

- An Onlay is combination of intracoronal and extra coronal restoration when one or more cusps are covered. (Rosensteil)

Indication

3

- Extensive tooth involvement
- Superior control over contacts and contours.
- Correction of occlusion
- Restoration of endodontically treated teeth
- Retainers for fixed prostheses
- Subgingival lesions
- Patients with low incidence of plaque accumulation
- Fracture lines
- Esthetics



Contraindications

4

- Developing and deciduous teeth
- High plaque/caries indices
- Occlusal disharmony
- Dissimilar metals
- Where esthetics is prime consideration
- Case of extensive occlusal wear facets



Advantages

5

- Yield strength, compressive strength, tensile strength and shear strength of alloys used for cast restorations are far greater than those of any materials used intra orally
- Capable of reproducing precise form and minute detail
- Not significantly affected by tarnish and corrosion processes in the oral environment.
- Surface with maximum biological acceptance
- Gold castings have a coefficient of thermal expansion ($12 \times 10^{-6}^{\circ}\text{C}$) similar to that of tooth structure.

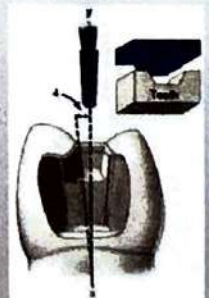
Designs of cavity preparation for cast restorations Inlay

Initial preparation

- Occlusal step
- Proximal box

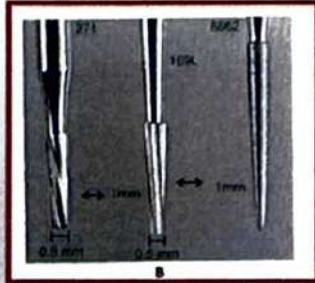
Final preparation

- Removal of Infected Carious Dentin & Pulp protection.
- Preparation of bevels and flares.



Burs used

- Carbide burs used are plane cut, tapered fissure
- No.271 & 169L help in uniformly tapered walls, smooth pulpal & gingival walls.
- Marginal bevels are placed with No.8862 diamond instrument.



Initial preparation - Occlusal surface

- No. 271 bur is held parallel to the long axis of the tooth – enter pit/ fossa closest to the marginal ridge.
- Punch cut 1.5 mm.
- Outline extended to a dovetail form.



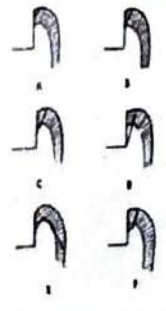
- Correct pulpal depth for an inlay is established with a tapered fissure bur, used to create flat floors and well defined internal line angles
- Tapered sides of the bur are used to help establish the desired divergence of the walls
- Width of the cavity - 1/3rd of the cuspal inclines is included on both sides of the central groove
- Average taper 2 to 5°



Types of bevel

10

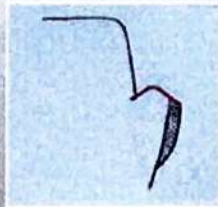
1. Partial bevel - not more than 2/3rd of enamel
2. Short bevel - entire enamel without dentin
3. Long bevel - entire enamel and one half of dentinal wall.
4. Full bevel - whole of enamel and dentin.
5. Reverse bevel - for cusp capping. Usually on facial and lingual surface of cusp.
6. Hollow ground bevel - in the form of concavity. For materials with low castability



Reverse Bevel

11

- It is given on the gingival seat. This bevel has three planes.
- First - reverse bevel plane where the inclination is on the gingivoaxial plane
- Second - flat plane made of dentin.
- Third - plane that is sloping away from the axial wall made up of enamel and dentin. This helps in preventing proximal displacement
- Functions - prevents proximal displacement of the restoration.



Flares

12

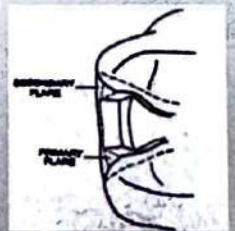
- Flares are present on the proximal box

Two types of flares:

1. Primary flare - similar to long bevel formed on the facial and lingual wall of proximal box. It has angulation of 45° to the inner dentinal wall proper.

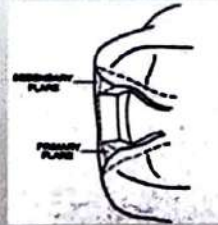
Functions :

- 1) To bring the proximal preparation out of the contact area
- 2) Making that are self cleansable.



Secondary flare functions -

Secondary flare - it is a flat plane superimposed peripherally to a primary flare. Indicated in lesions with wide contact areas and wide bucco-lingual extensions.



Mesio-occluso-distal preparation

- If the marginal ridge is severely weakened because of extensive extension, the preparation often includes the proximal surface.
- The decision in this manner calls for clinician judgment.
- **Indicated** where the remaining marginal ridge is weakened



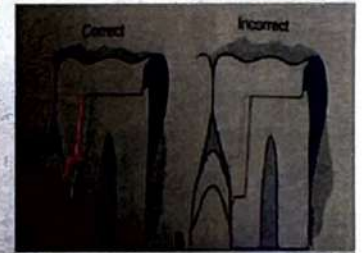
Modification of class II preparation for esthetics

- For esthetic reasons minimal flare is desired for the mesiofacial proximal wall.
- The mesiofacial margin is minimally extended facially of contact to such a position that margin is barely visible.
- The secondary flare is omitted
- The margin is prepared using an enamel hatchet or chisel
- The margins are finished using fine grit paper disk
- **Indicated** in maxillary premolars & 1st molars.



Class II preparation for abutment & extension to include root surface

- The following modifications are done
 1. The gingival bevel is extended
 2. The width of gingival floor is reduced
 3. The axial wall is moved towards pulp



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PULP PROTECTION

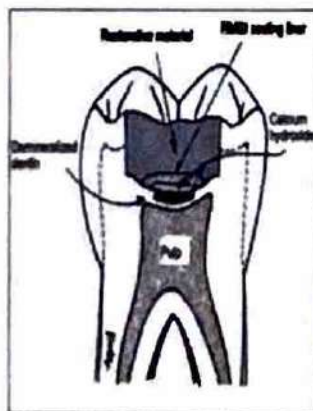
RDT	AMALGAM	COMPOSITE	INDIRECT
<0.5mm	CH+RMGI+DA	CH+RMGI+DA	CH+RMGI+DA
>0.5mm <1.5mm	RMGL+DA	RMGL+DA	RMGL+DA
>1.5mm	DA	DA	DA

Sturdevants art science and operative dentistry south asia fifth edition

Concepts Of Remai

INDIRECT PULP CAPPING

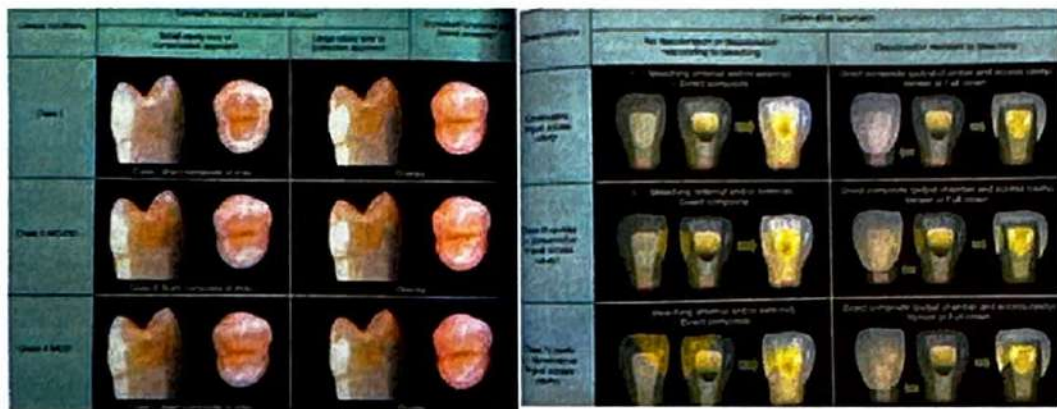
- *Pierre Fauchard* first suggested indirect pulp capping
- carious dentin is allowed to remain adjacent to a vital pulp, rather than risk pulp exposure and is covered with a cavity sealer or liner prior to restoration.
- Indicated in **deep caries lesion**



Louis.h. berman& kenneth.m. hargreaves Cohens pathway of pulp -12 th edition

- RDT >2mm, solution liner only-to be given on surfaces of the cavity under metallic restorations
liner/base for tooth-coloured restorations
- RDT <2mm, a base of thickness 0.5-0.7mm on pulpal floor and axial wall only
- RDT <1mm, the pulpal floor close to the pulpal suspension liner, over which a base is given.

Sturdevants art science



Cohens 12 th edition

RDT In

- 4 Hydraulic conductance of radicular dentin is inversely proportional to the distance from pulp (i.e., as the distance from pulp, increases hydraulic conductance of root dentin decreases)
- 5 Heat induced pulpal injury (via curing or burs) is inversely proportional to RDT

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FABRICATION OF WAX PATTERN

PRESENTED BY
DR. VINOD KAMBLI

INLAY WAX- DEFINITION

- A specialized dental wax that can be applied to dies to form direct or indirect patterns for the lost wax technique used for casting metals or hot pressing of ceramics.
(Skimmers)

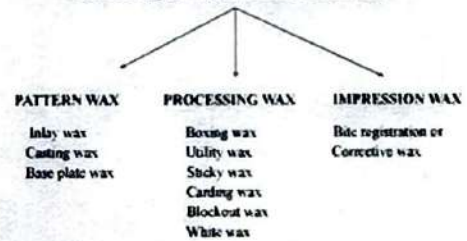


CLASSIFICATION OF WAXES

According to origin.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> Natural <ul style="list-style-type: none"> - Mineral - Paraffin - Microcrystalline - Ceresin - Montan - Plant <ul style="list-style-type: none"> - Carnauba - Candelilla - Japan wax - Cocon butter - Insect <ul style="list-style-type: none"> - Beeswax - Animal <ul style="list-style-type: none"> - Spermaceti wax | <ul style="list-style-type: none"> Synthetic waxes <ul style="list-style-type: none"> - Aerosol OT - Castor wax - Flexowax C - Aldo 33 wax - Durawax | <ul style="list-style-type: none"> Additives: Fats: <ul style="list-style-type: none"> -Stearic acid -Glyceryl tristerate -Oils -Turpentine -Colorants Natural resins <ul style="list-style-type: none"> -Copal -Dammar Synthetic resins <ul style="list-style-type: none"> -Polyethylene -Polyoxyethylene glycol |
|---|--|---|

According to use and application



CLASSIFICATION OF INLAY WAX

The ANSI/ADA Specification No. 4 for Dental Inlay Casting Wax covers 2 types of inlay wax.

- Type I - Medium Wax used in direct techniques
- Type II - Soft Wax used in indirect techniques

- The wax pattern can be prepared by direct technique or by indirect technique.

DIRECT TECHNIQUE

- Indications:**
 1. A tooth in an area of easy accessibility.
 2. Small cavity preparations
 3. Well defined cavity preparations (flat walls, sharp internal line angles, definite gingival margins)
- Advantages**
 1. **Exact replication:** The pattern is carved on the tooth and not on a model which may not be a perfect replica of the tooth. Thus the possible inaccuracies are reduced.
 2. **Little lab work has to be done** as compared to the indirect technique
 3. **Time saving:** Although chair side time is increased, the overall time required for fabrication is decreased.

Disadvantages:

1. Great skill and patience is required to carve the pattern in the patient's mouth.
2. When wax is carved by indirect vision in a mirror, manipulation becomes difficult and fatiguing.
3. Uncomfortable for the patient as the chair side time is increased.
4. Discrepancies of the pattern at the gingival margin are difficult to detect until the pattern has been carved and withdrawn.
5. Also if the casting fails, the patient has to be recalled.

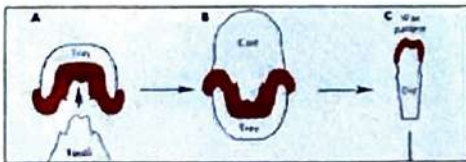
- Direct wax pattern can be prepared by using two methods.
 - > With a matrix band
 - > Without a matrix band

WAX PATTERN WITHOUT THE USE OF MATRIX BAND

- The inlay wax stick is softened to form a pointed end.
- Softened pointed end is forced into the cavity, the harder end acts like a plunger.
- The thumb and forefinger are used to press the wax into buccal and lingual embrasures.
- The excess wax is cut off occlusally and an egg-shaped burnisher is used to press the wax further into the cavity until it ceases to move under pressure.

INDIRECT TECHNIQUE

- This technique consists of obtaining an accurate impression of the prepared tooth and making a cast from the impression, on which a wax pattern that resembles the shape of the final restoration is shaped.



WAX PATTERN PREPARED WITH A MATRIX BAND

- The retainer and band are tried loosely on a tooth making certain that the gingival margins are covered by the band.
- The internal surfaces of the band are lightly lubricated with a separating medium such as castor oil.
- Wax is then added into the prepared cavity.
- With the finger as a plunger to confine the occlusal portion of wax, the band is tightened until a snug fit is obtained.
- Finger pressure is maintained until the wax is cooled and hardened.
- The bulk of excess wax is then trimmed.
- The matrix retainer is loosened and removed.
- The wax is held firmly in place and the band is removed.
- Excess wax is trimmed from the cavosurface margins.
- Trial removal of the pattern is attempted at this stage.

ADVANTAGES OF PATTERN WITH MATRIX V/S WITHOUT MATRIX BAND

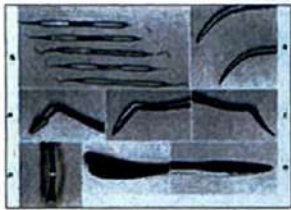
- Wax is confined to the preparation
- Compression of wax readily obtained
- Position of excess wax easily controlled
- Exceptions to "no matrix technique"
 1. No adjacent teeth
 2. Cavity preparation with a deep cervical floor

- After preparation of the die, a lubricant is applied to facilitate the withdrawal of the pattern from the die.
- Various lubricants used are castor oil, machine oil, petroleum jelly, cocoa butter etc.
- Any excess must be avoided, because it would prevent intimate adaptation to the die.
- Melted wax is added in layers with a spatula or waxing instrument or may be painted on with a brush.
- Wax is then carved to proper contour. While carving the margins, care should be taken to avoid abrading any surface of the stone die.
- A silk or fine cloth may be used, for final polishing, rubbing towards the margins.

WAXING INSTRUMENTS

Designed by Dr Peter K. Thomas specifically for the additive waxing technique.

- no. 1 and no. 2 are wax addition instruments
- no. 3 is a burnisher for refining occlusal anatomy
- nos. 4 and 5 are wax carvers



A to F, P.K.T waxing instruments
 (A, Nos. 1 to 5.
 B, Nos. 1 and 2.
 C, No. 3.
 D and E, No. 4.
 F, No. 5)
 G and H, The no. 7 waxing spatula.

Another popular burnisher is the Darby-Perry trimmer (DPT) no. 6



Electric waxing instruments are preferred because they allow precise temperature control of the wax, which is important for proper manipulation.



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Shade Selection for Anterior Composite Restoration

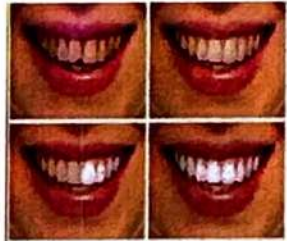
Presented By
Dr. Divya Dudulwar

Contents

1.	Understanding Natural Shades of teeth
2.	Why different shades exist naturally
3.	Understanding Shade guide
4.	Difference between enamel and dentin guides
5.	Importance of shade Selection
6.	Learning basic principles of good shade selection
7.	Stepwise Approach to Shade Selection
8.	Tips and Tricks for good Shade Selection
9.	New Technologies in Shade Selection

NATURAL SHADE OF TEETH

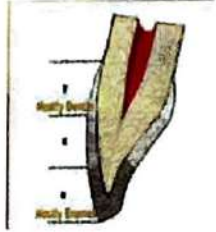
- ✓ Normally teeth are predominantly white, with varying degrees of yellow ,grey or orange tints.
- ✓ The color also varies with the translucency ,thickness and distribution of enamel and dentin and the age of the patient.
- ✓ Other factors may also affect the natural coloring of the teeth such as fluorosis ,tetracycline staining and endodontic treatment!



Fundamentals of color : shade matching and communication in esthetic dentistry / Stephen J. Cho / 2nd Ed

Why Different Shades Exist

- ✓ A cross section of an anterior tooth shows why color zone exists
- ✓ The incisal third (W) has a lighter shade and is more translucent than the cervical third (Y)
- ✓ Whereas the middle third represented by letter X blend both shades



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neel, Richard & Mohammed, Rejman (2016), The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27 : 3-9. 10.1032/EJPD_2016A00002.

Understanding Shade Guides

- ✓ A universally adopted shade guide is known as VITA classical shade guide
- ✓ Most manufacturers provide shade guide for their specific materials, which cannot be used for material provide by other manufacturers
- ✓ Also different manufacturers vary in the number of shade available
- ✓ Because of popularity of bleaching ,many manufacturers also provide very light shade



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neel, Richard & Mohammed, Rejman (2016), The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27 : 3-9. 10.1032/EJPD_2016A00002.

Dentin Vs Enamel Shade Guides

- ✓ Most composite materials are available in both enamel and dentin shades
- ✓ Enamel shades are more translucent and are for restoration of incisal edges
- ✓ Whereas dentin shades are mostly used for restoration of cervical areas



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neel, Richard & Mohammed, Rejman (2016), The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27 : 3-9. 10.1032/EJPD_2016A00002.

Importance of Good Shade Selection

- ✓ The success of restorative dentistry is determined on the basis of both functional and aesthetic results.
- ✓ Careful shade selection is necessary to provide patients with an aesthetic restoration that harmoniously blend to the remaining dentition.
- ✓ Good shade selection makes the restoration appear natural and attractive.



Van EE, Sakum WK, Senner F, Demirkan I. Color match using instrumental and clinical methods for single, group, and multi-shade composite resins. J Esthet Restor Dent. 2021; Mar.

Basic Principles of Shade Selection

- ✓ The patient should be in upright position, mouth should be at dentist's eye level.
- ✓ Teeth to be matched must be clean.
- ✓ Remove bright colors from the field of view.
- ✓ Daylight or standard lamps should be used to determine the shade.



Van EE, Sakum WK, Senner F, Demirkan I. Color match using instrumental and clinical methods for single, group, and multi-shade composite resins. J Esthet Restor Dent. 2021; Mar.

Stepwise Approach to Shade Selection

1. Hold the entire shade guide near the patient's teeth to determine the general color.
2. Select a specific shade tab according to the general color of the tooth.
3. Hold the selected specific shade tab beside the area of the tooth to be restored.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

Tips and Tricks for Good Shade Selection

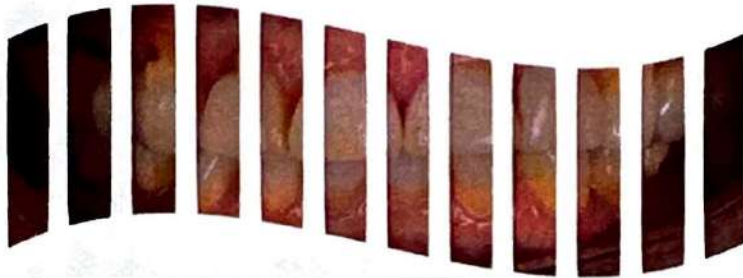
- ✓ To try and mimic the different shades the tooth has in it naturally, we can use several different layers of composites.
- ✓ For good shade selection hand the patient a mirror and assess the shade together with the help of the patient.
- ✓ Have patients remove lipsticks.
- ✓ Use a neutral tab to cover the patient's clothing.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

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MANAGEMENT OF CARIOUS AND NONCARIOUS CERVICAL LESION

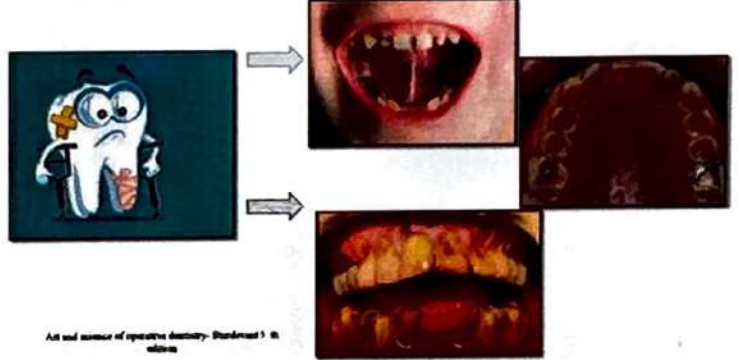
Dr. Kiran Keswani

CONTENTS

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- Abrasion
 - Etiology
 - Clinical Features
 - Management
- Erosion
 - Etiology
 - Clinical Features
 - Management
- Abfraction
 - Etiology
 - Clinical Features
 - Management

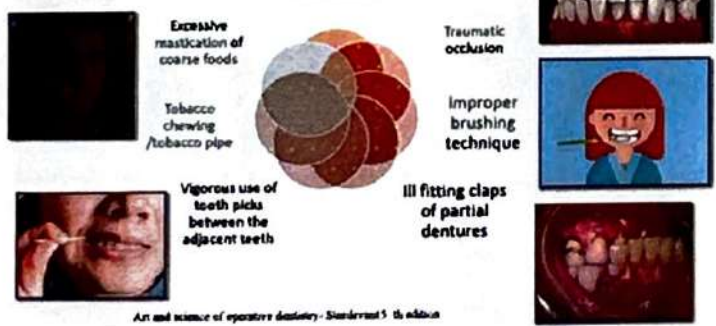
- Management of carious and non carious cervical lesions
 - Role of Composites
 - Sandwich Technique
- Related literature
- Conclusion
- References

INTRODUCTION



Art and science of operative dentistry - Sturdevant 5th edition

ETIOLOGY



Art and science of operative dentistry - Sturdevant 5th edition



Textbook of Operative Dentistry, Vimal Kishor, 4th ed. Art and science of operative dentistry - Sturdevant 5th edition

EROSION



Erosion is the wear or loss of tooth surface by chemical action in the continued presence of demineralising agents with low pH

Erosion is defined as "the defects arising because of dissolution of tooth structure subsequent to chemical attack of either endogenous or exogenous origin, or combined chemo-mechanical attack."

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLASSIFICATION BASED ON ETIOLOGY

Intrinsic Erosion

- *Recurrent Vomiting
- *Eating disorders
- *Medical conditions
- Gastrointestinal
- Metabolic
- Neurological
- *GERD
- *Rumination

Extrinsic Erosion

Occupational factors
Diet and Lifestyle
Drugs
(Aspirin and Ascorbic acid)

Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



*Raised amalgam restorations



Maxillary dentition exhibiting concave dentin depressions surrounded by elevated rims of enamel



Extensive loss of buccal and occlusal tooth structure

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



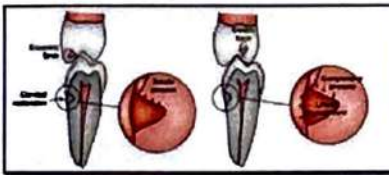
*Multiple cupped out depressions corresponding to the cusp tips



Extensive loss of enamel and dentin on the buccal surface of maxillary and mandibular teeth

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

BIOCHANICS



Class V lesions on two premolars suspected of being abfractions arising from tooth flexure.

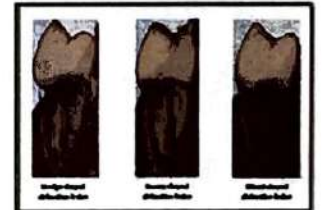
Tooth flexure during abnormal occlusal interaction
↓
Lateral or axial loading of the tooth
↓
Tensile and compressive stresses generated in the cervical region
↓
Strain leading to microfractures in cervical enamel and tooth loss
↓
Notch shaped abfraction lesions

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CLINICAL PRESENTATION



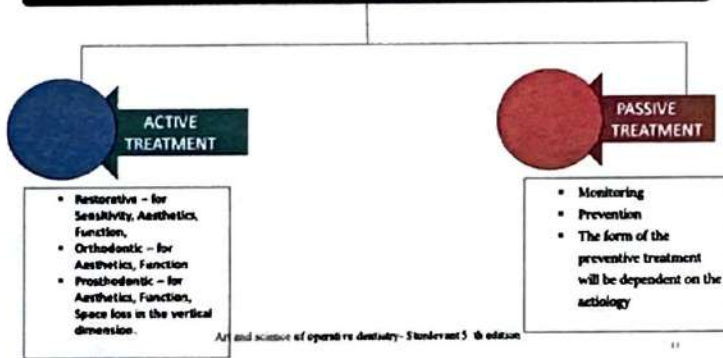
Sharp notch or wedge shaped lesions - affecting the buccal surfaces of teeth



Lesions can vary from "V" shaped to saucer shaped to notched

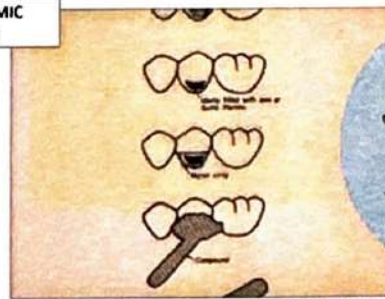
Art and science of operative dentistry- Sturdevant 5th edition

MANAGEMENT



MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

ANATOMIC MATRIX



After restoring the cavity on the model a plastic template is prepared and cut all around (1mm beyond the defect)

This template is used to apply pressure on the restorative material in vivo while curing

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

PREFABRICATED PLASTIC MATRICES

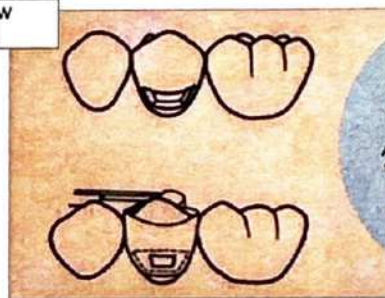


Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

Available in Different sizes
Used for light cure restorations
Handle is provided to hold the matrix in place

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

WINDOW MATRIX



Formed using Tofflemire or copper band matrix
A window slightly smaller than the outline of the cavity is cut
This is used to restore the defect mainly with amalgam restorations

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MANAGEMENT OF CARIOUS CERVICAL LESIONS



- ☐ SUPERFICIAL LESIONS
- COMPOSITE RESTORATION
- GIC RESTORATION
- ☐ DEEP LESIONS
- ROOT CANAL TREATMENT

RESTORATIVE TREATMENT



(a) Retracting wire insertion. (b) Selective phosphoric acid etching of the enamel. (c) Self-etching adhesive system application (primer). (d) Self-etching adhesive system application (bond). (e) Resin increase for dentin. (f) Resin increase for enamel.

Signature

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CLINICAL MANIPULATION OF GLASS IONOMER CEMENT

Dr. Divya Gupta

LIQUID

Component	Function
Polycrylic acid in the form of copolymer with Itaconic acid, maleic acid and tricarballic acid	Copolymerizing with Itaconic, maleic acid, etc. tends to increase reactivity of the liquid, decrease viscosity and reduce tendency for gelation
Tartaric acid	Improves the handling characteristics, increases working time and shortens setting time.
Water	Water is the most important constituent of the cement liquid, it is the medium of reaction and it hydrates the reaction products. The amount of water in the liquid is critical. Too much water results in a weak cement. Too little water impairs the reaction and subsequent hydration

ACCORDING TO USES:

- Type I – Luting
- Type II – Restorative
- Type III – Liner/base
- Type IV – Pit & fissure sealant
- Type V – Luting for orthodontic purpose
- Type VI – Core buildup material
- Type VII – High fluoride releasing command set
- Type VIII – Atraumatic restorative treatment
- Type IX – Pediatric Glass Ionomer cements

COMPOSITION

POWDER

Ingredient	Weight (%)
Silica (SiO ₂)	41.9
Alumina (Al ₂ O ₃)	28.6
Aluminum fluoride (AlF ₃)	1.6
Calcium fluoride (CaF ₂)	15.7
Sodium fluoride (NaF)	9.3
Aluminum phosphate (AlPO ₄)	3.8

CLASSIFICATION

The general ISO classification of cements apply to glass ionomer (ISO 9917-1:2007)*

- a) Luting
- b) Bases and liners
- c) Restorations

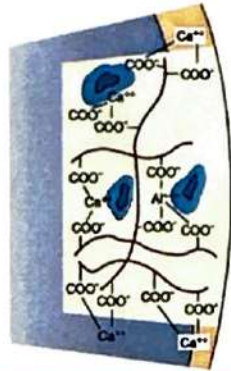
SETTING REACTION OF GIC

- When the powder and liquid are mixed, the acid starts to dissolve the glass
- Releases calcium, aluminum, sodium, and fluorine ions.
- Water serves as a reaction medium.
- The polyacrylic acid chains are then cross-linked by the calcium ions
- Over the next 24 hours, the calcium ions are replaced by aluminum ions.



MECHANISM OF ADHESION

Glass ionomers bond to tooth structure by chelation of the carboxyl groups of the polyacrylic acids with the calcium in the apatite of the enamel and dentin, in a manner similar to polycarboxylate cement.



CONTRAINDICATIONS

Class II

Class VI restorations,

since they lack fracture toughness and are susceptible to wear.

ADVANTAGES

- Tooth-Colored: GICs are tooth-colored, making them aesthetically pleasing.
- Chemical Bonding: They chemically bond to tooth substance and non-precious metals without additional adhesives.
- Fluoride Release: GICs release fluoride, promoting dental health.
- Thermal Expansion: Their coefficient of thermal expansion matches that of natural teeth.
- Biocompatibility: GICs are biocompatible.

DISADVANTAGES

- Low Fracture Toughness: GICs are not suitable for high load-bearing areas due to low fracture toughness.
- Polishing Limitations: Some types cannot be finished and polished during the same visit they are placed.
- Acid Erosion Vulnerability: Certain GICs are susceptible to acid erosion.
- Flexural Strength and Wear Resistance: Some GICs exhibit low flexural strength and wear resistance.

ARMAMENTARIUM



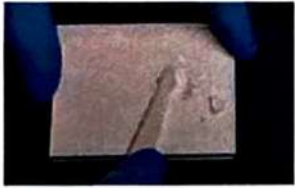
MANIPULATION OF BASE CONSISTENCY



Dispense powder on mixing pad



Hold the liquid bottle vertically and squeeze gently



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.

MANIPULATION OF LUTING CONSISTENCY



Start Mixing



Just wet the Powder before with the Liquid



Mixing of glass ionomer



Check for string formation



Crown cementation

Dr. D. Y. Patil

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Classification of caries and cavity designs

PRESENTED BY
DR.DIVYA DUDULWAR

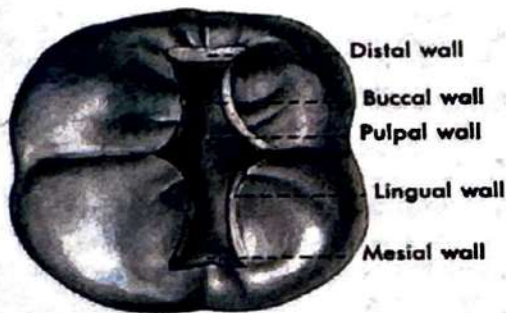
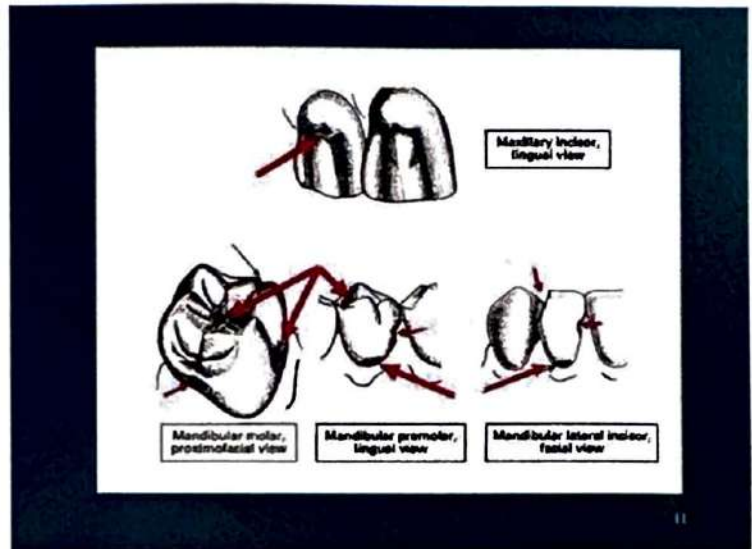
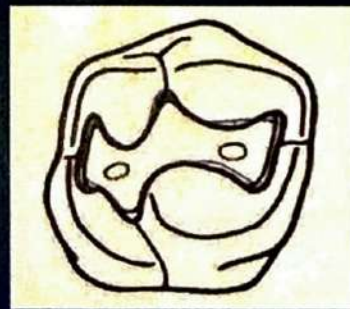


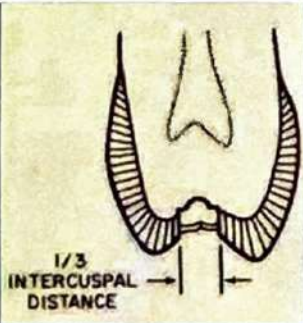
Fig. 1-10. Walls of a prepared Class 1 occlusal cavity.

Class 1, design 2

Indication ; caries cones in dentin extend 1mm or more from the DEJ



Pulpal floors have different levels



Mesiodistal cross section

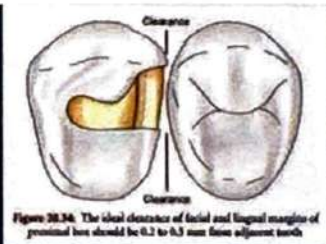
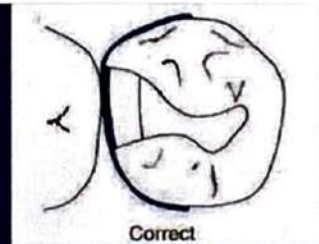
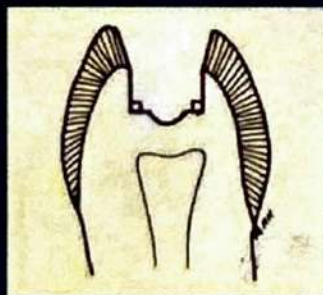
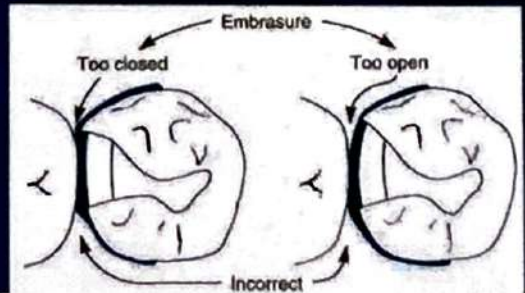


Figure 20.36. The ideal distance of facial and lingual margins of proximal box should be 0.2 to 0.3 mm from adjacent teeth.



Class II, Design 1

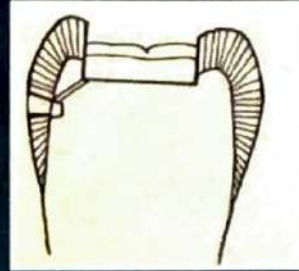
Conventional design



Moderate to large size proximal Lesion with occlusal surface cavity promotes the cavity width of cavity to exceed 1/4 of intercusp distance

50

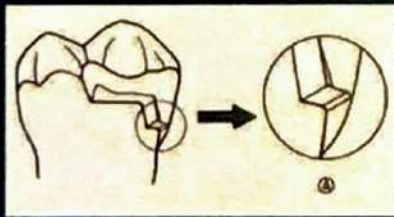
Tunnel preparation



52



Bucco lingually

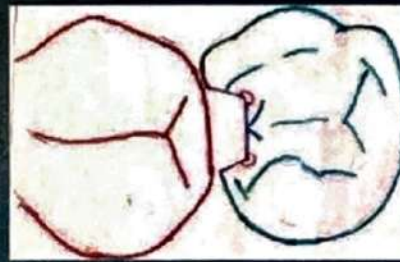


Mesiodistally

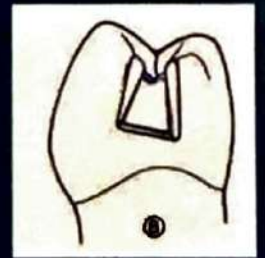
54

Class II, Design 3 (conservative design)

- Involves primarily proximal surface and very limited part of occlusal surface, not extending beyond adjacent triangular fossa
- Sound occlusal crossing ridges
- Minimal loading areas



General shape

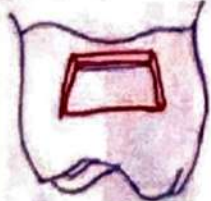
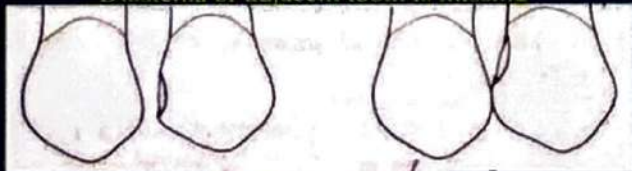


Internal anatomy

Class II, Design 4 (Simple design)

- Proximal surface only

Decay restricted to contacting or proximal surface without undermining marginal ridges
Diastema or adjacent tooth is missing

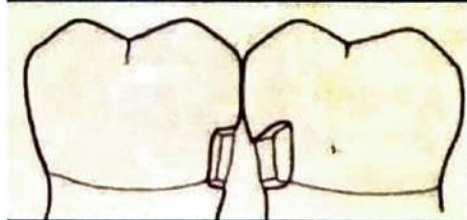


57

Class II, Design 5

Part of proximal surface, with a limited access area on facial or lingual surface

- Indications
- 1) Preparation will have 4 surrounding walls
 - small proximal lesions
 - Marginal ridge intact
 - Does not involve contact area



1) Do not have dovetail

2) Have dovetail

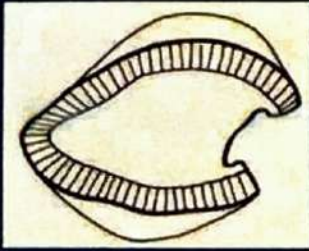
2) Preparation will not have surrounding walls

• medium proximal lesion

59

Class IV

- Incisal angle is undermined
- Labial and lingual walls intact



Labio lingual cross section

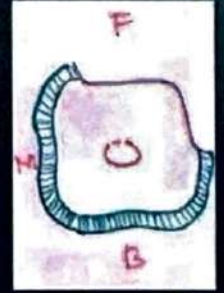
66

Class V, design 2

- Lesions on facial or lingual gingival third have involved axial angle
- Lesion on facial or lingual gingival third are apical to contact area



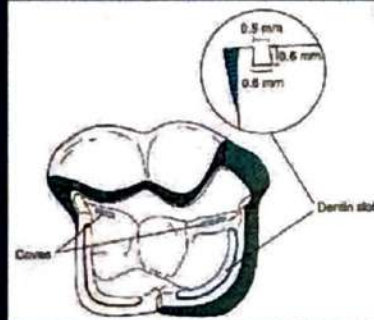
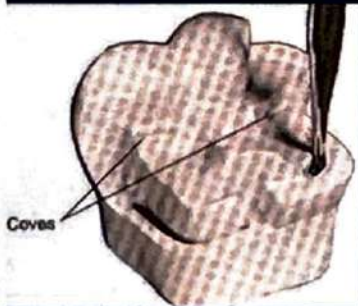
General shape



Mesiodistal cross section

71

Retention locks

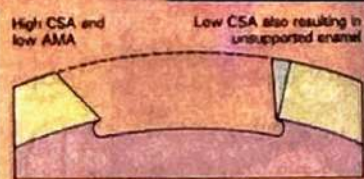
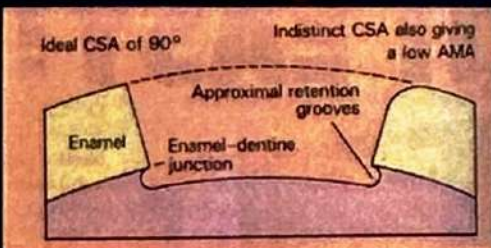


77

Retention locks



Cavo-surface angle



CSA Cavo-surface angle
AMA Amalgam marginal angle

81

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Clinical significance of resistance and retention features

PRESENTED BY
DR. DIVYA DUDULWAR

Indications for restorative intervention:

1. Repair destroyed tooth
2. Repair fractured tooth either complete or incomplete [green stick fracture].
3. Restore teeth with congenital malformations.
4. Replace defective restoration.
5. Replacement of missing teeth.
6. Need for improved form or esthetic.

Cavity preparation determinants



Mechanism of tooth cutting

- **Bladed cutting** using burs
- **Abrasive cutting** using diamonds



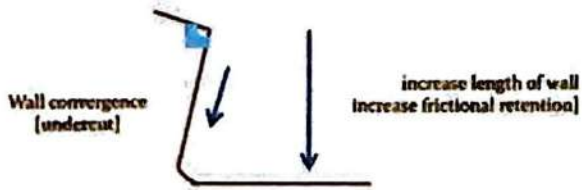
Principles of cavity preparation according to GV Black



Steps of cavity preparation



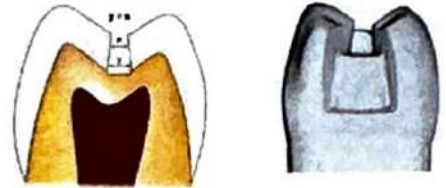
2- Resistance and Retention Form



2- Retention Form

Retentive features

A- axial retentive design features

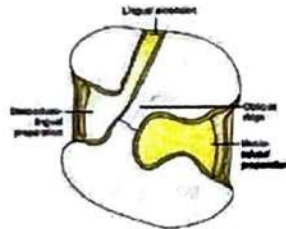


2- Resistance and Retention Form

Retentive features

B- lateral retention

- Buccal or lingual extensions



2- Retention Form

Retentive features

B- lateral retention

- Dove tail lock [common in premolar]



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PULPAL DIAGNOSIS

PRESENTER DR. KIRAN KESWANI

Proper diagnosis



Successful treatment

DURATION OF

PAIN

The duration of pain is **diagnostic**.



Reversible pulpitis - pain of short duration caused by a specific irritant, that disappears as soon as the irritant is removed.

- localized and more responsive to cold.

Irreversible pulpitis - Persistent pain without any apparent cause.

VISUAL AND TACTILE INSPECTION:

Grossman has stated that the prime objective of visual and tactile inspection is evaluation of the 3C's -

- Color
- Contour
- Consistency

RELIABILITY OF DIAGNOSTIC TESTS

SENSITIVITY OF A TEST

SPECIFICITY OF A TEST

POSITIVE PREDICTIVE VALUE

NEGATIVE PREDICTIVE VALUE

Arun A, Mythri H, Chackapan D. Pulp vitality tests-an overview on comparison Of sensitivity and vitality. *Indian Journal of Oral Sciences*. 2015 May 1;8(2):41

HEAT TEST

Healthy Pulp

Irreversible Pulpitis

Non vital tooth

RESPONSE

- similar to contralateral tooth
- Diminishes immediately after removal of stimulus

RESPONSE

- immediate excruciating painful response
- markedly different from control tooth
- lingers after removal of stimulus

RESPONSE

- No response
- confirm with other tests

Asraf Abd-Elmaguid, Donald C. Yu. *Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality*. *JCD*, Vol 73, No 2, March 2009.
Ingle's Endodontics, 8th Edition.
Cohen's Pathways Of The Pulp, 10th Edition.
Problems Solving In Endodontics: Prevention, Identification And Management, 5th Edition. Endodontic Therapy, 6th Edition

ACCURACY

COLD	HEAT	ELECTRIC PULP TESTER
↓ 86%	↓ 71%	↓ 81%
Differentiates b/w reversible and irreversible pulpitis	<ul style="list-style-type: none"> Identifies irreversible pulpitis Use it to replicate chief complaint 	<ul style="list-style-type: none"> Tests nerve stimulation, always combine with Cold Test

Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality. J.C.D.A. Vol 75, No. 2, March 2009.

PULPAL BLOOD FLOW

Teeth with vital pulp are those with an adequate vascular supply, so the circulatory status, and not sensitivity response of the pulp tissue, has been proposed to assess pulp vitality

INVASIVE TECHNIQUES

- Radioisotope clearance
- H₂ gas desaturation

NON-INVASIVE TECHNIQUES

1. Crown surface temperature
2. Transmitted light photoplethysmography
3. Laser doppler flowmetry
4. Pulse oximetry
5. Xenon-133 radioisotopes
6. Dual wavelength spectrophotometry

Velupillai Gopirathna, Gali Pradeep & Nagendrababu V. Assessment Of Pulp Vitality: A Review. International Journal Of Pediatric Dentistry 2009; 19: 3-15. Date: 2009; 165781. Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 1. Clinical And Diagnostic Implications. J.C.D.A. Vol 73, No. 1, Feb 2009. Eugene Chen And Paul V. Abbott. Dental Pulp Testing: A Review. Int J

LASER DOPPLER FLOWMETRY

- It is a non invasive electro optical technique which has shown to have potential method of assessing the vitality of teeth by detecting the presence or absence of pulpal blood flow.
- LDF uses Helium neon (632.8nm) and gallium aluminum (780 to 820nm) as semiconductor diode lasers
- First described by Gazelius in 1986



15-20mm VP3 blunt needle, and delivery laser Doppler probe for assessment of front teeth



VP5 blunt needle, 90 degree and delivery laser Doppler probe for assessment of rear teeth



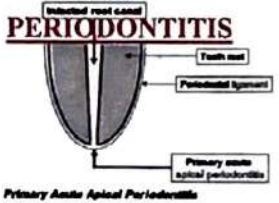
Quick Setting Dental impression putty to make dental splint for optic probes

PULSE OXIMETRY

- Pulse oximetry is a non-invasive technique to measure oxygen saturation levels within the blood of patients. under general anesthesia or sedation. (matthes – father of pulse oximetry-1934)
- A modified probe has been fitted over the tooth, and diodes emit two wavelengths of light (infra-red and red) that are intended to pass through the tooth and are then detected by a photodetector diode. (Red light of approx. 640 nm .Infrared of approx. 960 nm.)



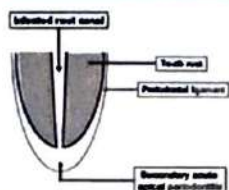
PRIMARY ACUTE APICAL PERIODONTITIS



- Marked tenderness to percussion
- Pain when pressure is applied to the tooth.
- Tooth may have increased mobility and the onset of the pain is usually sudden and unexpected.
- Soreness to biting and touching the tooth, and possibly a feeling of pressure building up in the periapical region.
- Radiographically, the periodontal ligament space and lamina dura may appear normal

Endodontic Topics 2004, 8, 36-54

SECONDARY ACUTE APICAL PERIODONTITIS



Secondary Acute Apical Periodontitis

- History of previous episodes of pain or discomfort
- Radiolucency around apex can range from being just a widened periodontal ligament space in early cases to a large radiolucent area if present for a long time.
- Radiographically, there will be a radiolucency surrounding the apex of the involved tooth and there will be loss of the lamina dura

- Secondary acute apical abscess will have a periapical radiolucent area since it is a sequel to secondary acute apical periodontitis (which is also known as an acute exacerbation of chronic apical periodontitis, phoenix abscess)



Endodontic Topics 2004, 8, 36-54

PRIMARY PERIODONTAL DISEASES

Vitality Tests- These teeth respond to pulp testing

Probing Characteristics. Defects tend to be wide and V-shaped."



GRANULOMA VS CYST VS ABSCESS

Chronic

non painful

Definite outline

Smaller in size



Chronic

non painful

Sclerotic opaque border

Bigger in size

Contain more protein and albumins

Confirmative histology



Acute /Chronic

Pain/non painful

Swelling/parulis

Sinus opening(chronic)

Diffuse outline

Mobility of the tooth

history



PRIMARY ENDODONTIC DISEASES

Vitality Test: The tooth is nonresponsive.

Prior Endodontic Procedure: If present, prior procedures are of poor quality.

Probing Characteristics: Probing usually shows normal sulci around the tooth except in one area with a narrow defect.

Signs and Symptoms:
There may or may not be discomfort. Occasionally there is evidence of a localized abscess with some swelling.



PRIMARY ENDODONTIC DISEASE WITH SECONDARY PERIODONTAL INVOLVEMENT

If after a period of time a suppurating primary endodontic disease remains untreated, it may then become secondarily involved with marginal periodontal breakdown.

Plaque forms at the gingival margin of the sinus tract and leads to marginal periodontitis.



PRIMARY PERIODONTAL DISEASE WITH SECONDARY ENDODONTIC INVOLVEMENT

The apical progression of a periodontal pocket may continue until the apical tissues are involved.

In this case, the pulp may become necrotic as a result of infection entering via lateral canals or the apical foramen.

In single rooted teeth, the prognosis is usually poor. In molar teeth, the prognosis may be better.



TRUE COMBINED LESIONS

- Teeth with combined endodontic-periodontal lesions are unresponsive to cold, heat, electric, or cavity tests.
- On radiographic examination some crestal bone loss and an independent periradicular lesion of pulpal origin are evident.
- Periodontal examination and probing of a tooth shows plaque, calculus, periodontitis with a wide and conical periodontal pocket characteristic of a periodontal defect.

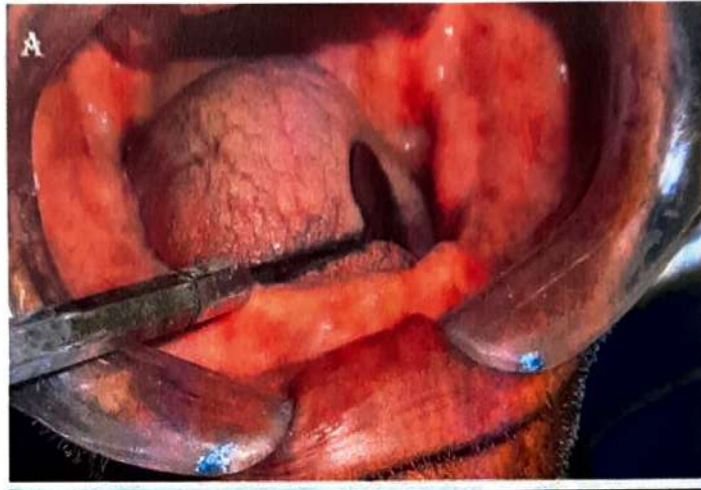


for
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Clinical scenario 1

Management of edentulous patient having bilateral severe disto-lingual undercut in mandibular arch with appropriate dental materials



Managing an edentulous patient with severe disto-lingual undercuts in the mandibular arch involves using appropriate dental materials to ensure stability and retention of the denture. Here's how you can approach it:

1. Assessment and Diagnosis:

- **Undercut Evaluation:** Confirm the presence and severity of the disto-lingual undercuts.
- **Soft Tissue Evaluation:** Assess the condition of the soft tissues, especially the buccal and lingual aspects.

2. Treatment Planning:

- **Impression Technique:** Choose an appropriate impression technique that can capture the undercuts accurately without causing trauma or distortion to the tissues.
- **Material Selection:** Use a high-quality impression material that flows well and captures fine details. Polyvinyl siloxane (PVS) or polyether materials are commonly used for accurate impressions.

3. Model Fabrication:

- Fabricate a master cast from the impression that accurately replicates the anatomy of the edentulous ridge, including the disto-lingual undercuts.

4. Denture Design:

- **Surveying:** Design the denture with a surveyor to identify the undercuts precisely.
- **Path of Insertion and Removal:** Ensure the path of insertion and removal avoids trauma to the tissues and utilizes the undercuts for retention.

5. Retention and Stability:

- **Use of Attachments:** Consider using attachments like stud attachments or precision attachments if necessary, especially if conventional retention is compromised.
- **Material for Denture Base:** Choose a denture base material that provides adequate strength and stability. Heat-cured acrylic resins are commonly used.

6. Clinical Considerations:

- **Soft Tissue Management:** Ensure that the denture borders are well adapted and contoured to prevent tissue irritation or inflammation, especially around the undercuts.
- **Patient Education:** Educate the patient on proper denture hygiene and maintenance, as well as the importance of regular follow-ups.

7. Follow-Up:


- Schedule regular follow-up appointments to assess the fit, function, and comfort of the denture, making adjustments as necessary.

Materials and Techniques:

- **Impression Materials:** Polyvinyl siloxane (PVS) or polyether for accuracy.
- **Master Cast:** Use high-quality dental stone or resin to create a stable and accurate master model.
- **Denture Base:** Heat-cured acrylic resin for strength and durability.
- **Attachments:** Depending on the case, precision attachments or other supplementary retention devices.

Conclusion:

Managing an edentulous patient with severe disto-lingual undercuts requires careful planning, precise execution of techniques, and appropriate material selection to ensure the denture fits well, is stable, and provides adequate retention. Collaboration between the dentist, prosthodontist, and dental technician is crucial for achieving optimal outcomes in such cases.


Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohannam Pune - 412105

Clinical scenario 2

Selection of dental materials for fabrication of complete denture having diffuse erythematous red patch on hard palate.



When fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate, special considerations must be taken to ensure the materials used do not exacerbate the condition and support the healing process. Here are key considerations and recommendations:

Denture Base Material Selection:

1. **Biocompatibility:**
 - **Acrylic Resins:** Choose a denture base material that is biocompatible and hypoallergenic. Heat-cured acrylic resin is commonly used and generally well-tolerated by most patients.
2. **Non-Irritating Properties:**
 - **Irritation Potential:** Ensure the acrylic resin used does not contain any potentially irritating components. Some patients may be sensitive to certain additives or residual monomers.
3. **Surface Finish:**
 - **Polishing:** Thoroughly polish the denture base to a smooth finish to minimize irritation to the already sensitive palate.

Processing Techniques:

1. **Heat-Curing:**
 - **Quality Control:** Ensure proper processing and curing of the acrylic resin to minimize residual monomers, which can potentially irritate the tissues.
2. **Avoiding Porosity:**

Kamath
Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegan, Pune - 412105

- **Pressure Curing:** Use pressure curing techniques to minimize porosity in the denture base, which can harbor microorganisms and irritants.

Soft Liners or Tissue Conditioners:

1. Temporary Relief:

- **Soft Liners:** Consider using a soft liner or tissue conditioner on the denture base to provide temporary relief and cushioning for the erythematous area, especially if the condition is sensitive or inflamed.

Collaboration and Follow-Up:

1. Dentist-Prosthodontist Collaboration:

- **Communication:** Collaborate closely with the dentist and prosthodontist to ensure the denture design and fit accommodate the presence of the erythematous patch.

2. Patient Monitoring:

- **Follow-Up:** Schedule regular follow-up appointments to monitor the condition of the erythematous patch and assess the fit and comfort of the denture.

Patient Education:

1. **Oral Hygiene:** Educate the patient on proper oral hygiene practices to maintain the health of the tissues under the denture.
2. **Symptom Awareness:** Instruct the patient to report any changes or worsening of symptoms promptly.

Conclusion:

Selecting the appropriate dental materials for fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate involves prioritizing biocompatibility, minimizing irritation, and supporting tissue healing. Heat-cured acrylic resin remains the primary choice for the denture base material, with careful attention to processing techniques and potential use of soft liners or tissue conditioners for added comfort. Close collaboration between dental professionals and diligent patient monitoring are crucial for successful management in such cases.

Head of Department of Prosthodontics
 DENTAL SCHOOL
 College City, Chatt
 2023

Clinical scenario 3

Prosthodontic management of patient who show allergic reaction to methyl methacrylate

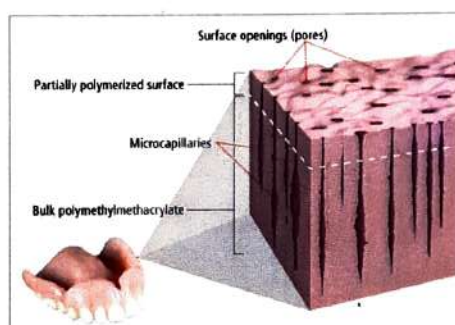


Fig. 1. A cross-section schematic representation of a denture.

Managing a patient who shows allergic reactions to methyl methacrylate (MMA) in prosthodontics requires careful consideration and alternative approaches to ensure both the patient's comfort and the effectiveness of treatment. Here are steps to manage such a situation:

1. Confirm Allergy and Identify Alternatives:

- **Allergy Testing:** Confirm the allergy through patch testing or other allergy testing methods to methyl methacrylate and related compounds.
- **Alternative Materials:** Explore alternative dental materials that do not contain MMA or its derivatives. These may include:
 - **Vinyl-Based Resins:** Some newer formulations of denture base materials use vinyl-based resins that can be hypoallergenic.
 - **Polyethylene-Based Resins:** These resins are also considered hypoallergenic and can be used as an alternative to MMA-containing materials.
 - **Polyurethane-Based Materials:** In some cases, polyurethane-based materials have been used as an alternative, although they are less commonly used in conventional dentures.

2. Customized Treatment Plan:

- **Individualized Approach:** Tailor the treatment plan based on the patient's specific allergy profile and clinical needs.
- **Collaboration:** Work closely with allergists, dermatologists, or immunologists to manage the patient's allergic reactions effectively.

3. Material Selection and Fabrication:

- **Material Compatibility:** Ensure the selected alternative material is compatible with the patient's oral tissues and meets the functional requirements of the prosthesis.
- **Fabrication Techniques:** Follow appropriate fabrication techniques specific to the chosen alternative material to ensure optimal fit, function, and durability of the prosthesis.

4. Patient Monitoring and Follow-Up:

- **Monitoring:** Schedule regular follow-up appointments to monitor the patient's response to the new prosthesis material and assess any signs of allergic reactions or discomfort.
- **Education:** Educate the patient on signs of allergic reactions and proper care and maintenance of the prosthesis.

5. Preventive Measures:

- **Avoidance Strategies:** Take preventive measures to avoid exposure to MMA and related compounds during the fabrication and adjustment of the prosthesis.
- **Emergency Protocol:** Have an emergency protocol in place in case of severe allergic reactions, including access to emergency medications and immediate medical care.

6. Documentation and Communication:

- **Record Keeping:** Maintain detailed records of the patient's allergy history, testing results, and the materials used in the prosthesis.
- **Communication:** Ensure clear communication with the dental team, including dental technicians, regarding the patient's allergy status and specific requirements for materials and techniques.

Conclusion:

Managing a patient allergic to methyl methacrylate in prosthodontics involves careful planning, alternative material selection, and close monitoring to ensure successful treatment outcomes while minimizing the risk of allergic reactions. Collaborating with healthcare professionals and maintaining open communication with the patient are essential for effective management in such cases.



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Clinical Scenario 4

Management of patient who show hypersensitivity reaction to zinc oxide eugenol paste/ZOE cement



- Erythema and ulceration in the left buccal mucosa following place of a temporary ZOE dressing



- Erythema and ulceration of the labial mucosa following cementation of a provisional crown using ZOE

Clinical scenario 5

Management for dental operator or clinician who show hypersensitivity reaction to latex gloves.



Latex:

- Exposure to latex in dentistry comes from the use of rubber dam and latex gloves.
- Latex hypersensitivity may represent true latex allergy or a reaction to the materials used in the processing of latex.
- Dermatitis of the hands is the most common adverse reaction.
- Latex free synthetic rubber, such as neoprene, nitrile, Butyl, and Vitron are polymers that are available as alternatives to natural rubber.

Handwritten signature: *Kamaljeet*
Faint stamp: School of Department of Health, Education and Physical Education, Faculty of Health, Behavior and Society, Johns Hopkins University

Clinical scenario 6

Management of patient who show tissue reaction on gingiva for associated tooth given nickel based alloy for dental crown.



Allergy to nickel-based alloy used for metal ceramic crown

Management Strategies

- **Immediate Symptom Relief:**
 - **Removal:** If the reaction is severe or persistent, temporarily remove the crown to alleviate the symptoms.
 - **Topical Treatment:** Use topical corticosteroids or anti-inflammatory agents to reduce inflammation and promote healing.
 - **Oral Rinses:** Recommend saline or antimicrobial mouth rinses to manage secondary infections and soothe the tissue.
- **Material Replacement:**
 - **Metal-Free Alternatives:** Replace the nickel-based crown with a hypoallergenic alternative such as zirconia, porcelain-fused-to-ceramic, or high-gold-content alloys, which are less likely to cause allergic reactions.
 - **Non-Metal Options:** Consider using all-ceramic or composite crowns for patients with severe metal allergies.
- **Adjust Fit and Margins:**
 - **Refitting:** Ensure that the new restoration fits well with smooth margins to prevent irritation.
 - **Polishing:** Smooth and polish the margins of the crown to minimize tissue irritation.

Amaldeep

Clinical scenario 7

Management of patient who show frequent discolouration of anterior facial surface composite restoration

For managing a patient who frequently experiences discoloration of anterior facial surface composite restorations, consider the following steps:

1. Clinical Assessment

- **History:** Discuss with the patient the frequency, onset, and type of discoloration. Inquire about their dietary habits, oral hygiene practices, and any lifestyle factors such as smoking.
- **Examination:** Evaluate the restoration and surrounding teeth for surface staining, marginal leakage, or integrity issues.

2. Diagnosis

- **Identify Causes:** Common causes of composite discoloration include staining from food and drinks (e.g., coffee, tea, red wine), tobacco use, inadequate oral hygiene, material degradation, and microleakage at the restoration margins.

3. Management Strategies

- **Polishing:** Regularly polish the composite restoration to remove surface stains and restore its smoothness. Use fine polishing pastes and appropriate polishing tools.
- **Surface Sealants:** Apply a resin surface sealant to protect the composite and reduce staining. This can help enhance the composite's resistance to discoloration.
- **Improved Oral Hygiene:** Educate the patient on maintaining good oral hygiene, including proper brushing techniques and using fluoride toothpaste. Consider recommending interdental brushes or floss for areas around restorations.
- **Dietary Modifications:** Advise the patient to reduce the intake of staining substances like coffee, tea, and red wine. Recommend rinsing the mouth with water after consuming staining foods and drinks.
- **Smoking Cessation:** Encourage the patient to quit smoking if they use tobacco, as it contributes significantly to staining.
- **Replace Restoration:** If discoloration is due to internal factors like microleakage or composite breakdown, consider replacing the restoration with a new one, ensuring proper bonding and sealing techniques.

4. Preventive Measures

- **Material Selection:** Use high-quality composite materials with better stain resistance for anterior restorations. Some composites are specifically designed to resist discoloration.
- **Proper Technique:** Ensure correct placement and curing techniques to avoid marginal gaps and ensure a strong bond between the tooth and restoration.

- **Regular Check-ups:** Schedule regular dental visits for professional cleaning and monitoring of the restorations to catch and manage discoloration early.

5. Patient Education

- **Maintenance Instructions:** Provide clear instructions on maintaining restorations, including the use of non-abrasive toothpaste and avoiding abrasive materials.
- **Awareness:** Inform the patient about the nature of composite restorations and the potential for discoloration over time, setting realistic expectations.

Additional Considerations

- **Sealant Reapplication:** Surface sealants may need periodic reapplication to maintain their protective effect.
- **Advanced Options:** In cases of recurrent staining despite these measures, consider discussing alternative restorations such as porcelain veneers which offer greater resistance to discoloration.

Addressing both the underlying causes and preventive strategies can help manage and minimize the discoloration of composite restorations effectively.



Amalgam
 The word "Amalgam" is written in blue cursive script. Below it, there is some very faint, illegible text that appears to be bleed-through from the reverse side of the page.

Clinical scenario 8

Management of patient who show aggravated coughing during impression making with irreversible hydrocolloid impression material(alginate)



Dust-free alginate is a type of irreversible hydrocolloid impression material modified to reduce the formation of dust during handling. It is typically achieved by adding moisture or coating the alginate particles with a binding agent.

Advantages of Dust-Free Alginate

- 1. Reduced Inhalation Risks:**
 - **Health Safety:** Limits the inhalation of potentially harmful particles, protecting the respiratory health of dental staff and patients.
 - **Clean Environment:** Maintains a cleaner clinical environment by minimizing dust dispersion.
- 2. Improved Handling:**
 - **Easier Mixing:** Less dust means less mess and more consistent alginate-to-water ratios, leading to smoother, more accurate impressions.
 - **Better Accuracy:** Consistent particle distribution contributes to more homogeneous mixing and less likelihood of inconsistencies in the impression.
- 3. Enhanced Patient Comfort:**

Less Irritation: Reduces irritation in patients, particularly those with respiratory sensitivities or allergies.

Comparing Dust-Free Alginate to Traditional Alginate

Feature	Dust-Free Alginate	Traditional Alginate
Dust Generation	Minimal	Higher
Mixing Consistency	More uniform and smooth	Can be variable
Health Risks	Lower risk of inhalation	Higher risk of inhalation
Environmental Impact	Cleaner working environment	More potential for mess
Patient Comfort	Increased	May cause more irritation

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Clinical scenario 9

Management of patient who complains of dull pain in jaw with two adjacent dissimilar metallic restorations.

When a patient reports dull pain in the jaw and has two adjacent dissimilar metallic restorations, consider the following management steps:

1. Clinical Assessment

- **History:** Ask about the onset, duration, and character of the pain, recent dental procedures, and any other symptoms like sensitivity to hot, cold, or pressure.
- **Examination:** Inspect the restorations for signs of wear, corrosion, or poor fitting. Check for galvanic currents by tapping or touching the metals with a conductive material.

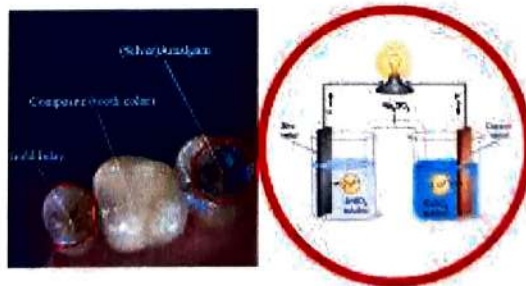
2. Diagnosis

- **Electrogalvanism:** Pain may result from a galvanic reaction between dissimilar metals, causing an electric current.
- **Occlusal Issues:** Evaluate occlusion as improper bite can cause muscle strain and pain.

3. Management Options

- **Adjust Occlusion:** If occlusal issues are identified, adjust the bite.
- **Isolation of Metals:** Consider using insulating materials like varnish or liners between restorations to reduce galvanic currents.
- **Replacement of Restorations:** If electrogalvanism is confirmed and persistent, replacing one or both restorations with compatible materials may be necessary.
- **Symptomatic Relief:** Provide analgesics if needed for pain relief.

Metal Fillings May Act as a Galvanic Battery in the Mouth



Oral Galvanism & Tooth Pain

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Nashik, Pune - 412105

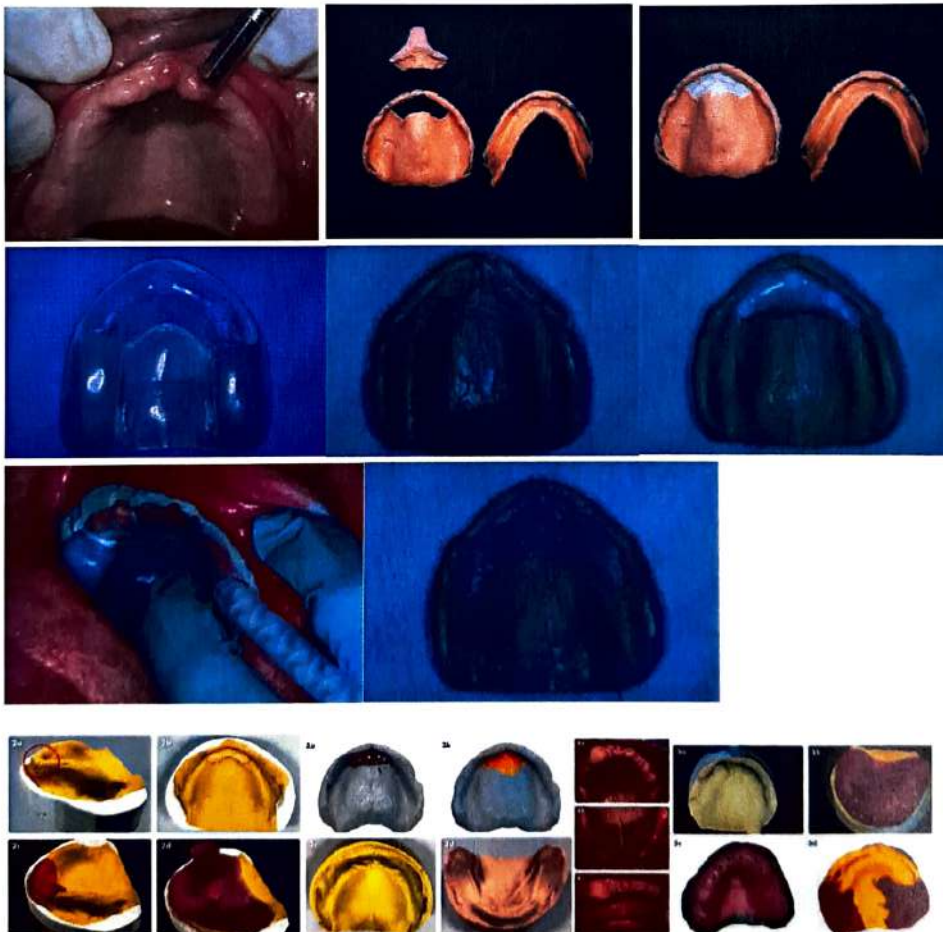
Clinical scenario 10

Management of edentulous patient who show movable flabby tissue in maxillary anterior region during impression.

Flabby tissue or hypermobile ridge tissue is commonly seen in the anterior part of the edentulous maxillary ridge or overlying an atrophic knife-edge mandibular ridge. A flabby ridge is a superficial area of mobile soft tissue affecting alveolar ridges. It occurs when hyperplastic soft tissue replaces the alveolar bone and is seen particularly in the upper anterior region of longterm denture wearers.

Flabby tissues are managed by their severity. Different techniques applied for flabby ridge management, include surgical removal and augmentation, special impression techniques, balanced distribution of occlusal loads and implant therapy.

Impression techniques: If the flabby tissue is compressed during conventional impression making, it will later tend to draw back and dislodge the resulting overlying denture. To obtain optimal support, an impression technique is essential which will compress the non-flabby tissues, and, at the same time, will not displace the flabby tissues.



PHOTOGRAPHS OF SIMULATIONS ON TYPHODONT



2020-2021



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Recognized by Dental Council of India

Ref No: DYPDS/ १४४६

Date: 09-10-2021

Circular

We are pleased to announce a special lecture organized by the Department of Conservative Dentistry on "Magnification in dentistry". This initiative aims to provide early clinical exposure to second-year BDS students through the use of magnification in dental procedures.

Date: 14th October 2021

Time: 11:00 AM - 12:00 PM

Topic: "Magnification in dentistry".

Venue: Lecture Hall No. 1

Speaker: Dr. Divya Dudulwar

All second-year BDS students are highly encouraged to attend this insightful lecture. All the HOD's are requested to kindly relieve the students for the lecture from the practicals and lectures.

HOD

Department of Conservative
dentistry & Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School
D Y Patil Knowledge City

Charholi (Bk), Via Lohegaon, Pune - 412105



Dr. Anand Shigli
Dean

Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412 105
• Phone (020) 35037779 • E Mail : dean@dypds.com

D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

Magnification Lecture Report	
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2020-2021
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>On the 14th of October 2021, the Department of Conservative Dentistry conducted a special lecture on the topic of "Magnification in Dentistry."</p> <p>The lecture aimed to provide second-year Bachelor of Dental Surgery (BDS) students with early clinical exposure to the benefits and applications of magnification in dental procedures.</p>
KEY TAKEAWAYS	<p>Dr. Dudulwar began the lecture by explaining the fundamental concepts of magnification in dental procedures. Dr. Dudulwar provided insights into the practical applications of magnification across various dental procedures, such as restorative dentistry, endodontics, and periodontics.</p> <p>She shared case studies and examples demonstrating how magnification can enhance diagnostic accuracy and treatment outcomes. The special lecture on "Magnification in Dentistry" was a successful endeavor by the Department of Conservative Dentistry.</p> <p>It not only broadened the knowledge of second-year BDS students but also motivated them to appreciate the importance of magnification in their future dental practice. The department intends to continue organizing such</p>

	educational events to bridge the gap between academic learning and clinical application.
SPEAKER	Dr. Divya Dudulwar



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and Endodontics

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& Endodontics
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D Y Patil Knowledge City
Charoll (Bk), Via Lohegaon, Pune - 412105



Dean
D.Y. Patil Dental School, Pune



“MAGNIFICATION LECTURE”

ATTENDANCE LIST

II YEAR - 2020-21

DATE: 14/10/2021

Sr. No	Name of Student	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	Sakshi
2	BAILE SHIVKRISHNA KRANTIKAR	
3	BALGUDE TRUPTI SANJAY	Trupti
4	BARI MRUNALI GOPAL	
5	BEDSE HARSHAL RAJDHAR	Bedse
6	BHANSALI PRINCE SUSHIL	
7	BHATTI HARDIK RAHUL	Hardik
8	BHISE ROHINI BALU	Rohini
9	BHUTKAR ARYA ANIL	
10	CHANDORKAR ISHAN ASHISH	Ishan
11	CHANGMAYUM ESHITA	Eshita
12	CHAVAN SHRADDHA ASHOKRAO	
13	CHIDDARWAR JANHAVI ATUL	
14	DARADE AMIT SUMANT	Amit
15	DESHMANE ADITI ARUN	
16	DESHMUKH SAKSHEE SURYAKANT	Sakshiee
17	DODIA RUCHI BIPIN	Ruchi
18	DOND PRASAD SUNIL	
19	DUGANI SNEHAL MURGENDRA	Dugani
20	GAIKWAD ABHAY SHAHAJI	
21	GAIKWAD AKANKSHA PANDURANG	Akanksha
22	GAIKWAD ANKITA DATTATRAY	
23	GARG KASHISH SANJAY	Kashish
24	GOWAIKAR RUCHA SANJAY	
25	GUDADHE TRUPTI JAYANT	Gudadhe
26	GUPTA RAGHAV MAHESH	
27	HALAGERI PARVATI BASAVRAJ	
28	JAMNA SANIYA ILIYAS	Saniya
29	JHAWAR AKSHATA RAMKISHOR	Jhawar
30	KAMBLE MRUNAL VIJAY	Mrunali
31	KANPILE SAKSHI CHETAN	
32	KEKARE NIRMITI DASHRATH	
33	KHAKAR SWAROOP ARUN	Khakka
34	KULKARNI HARSH MILIND	
35	LOKHANDE PRATIKSHA NARHARI	
36	LOLAGE VAISHANVI	Lolage
37	LONDHE SIDDHESH ANIL	

38	LONDHE VINIT MAHADEO	Vinit
39	LONKAR SAKSHI SANDIP	Sakshi
40	MAGAR SHREYAS ASHOK	Shreyas
41	MAHAJAN JUI SHASHANK	
42	MALI PRERNA RAJESH	Prerna
43	MANE ONKAR VINAYAK	Onkar
44	MANEK SRUSHTI RAJESH	
45	MAURYA KHUSABU	Khushbu
46	MISHRA SHUBHAM SANJAY	Shubham
47	MOHITE AISHWARYA ULHAS	Aishwarya
48	MOMIN RUSHNA ISHTIYAQUE AHMED	Rushna
49	MORE AMRUTA BALDEO	Amruta
50	MULE ADITYA SATISH	Aditya
51	MULIK SIDDHI SAMBHAJI	
52	MUNIFA NAZ MOHAMMAD RAFIQUE	Naz
53	NARKHEDE SAKSHI SHRIKANT	
54	NARSULE DIVYA ARVIND	Divya
55	NARWADE SHYAM VIJAY	
56	PATEL RIDDHI HARESH	Patel
57	PATIL DEVYANI NANDKISHOR	Devayani
58	PATIL HARSHADA ULHASRAO	
59	PATIL JAGRUTI SATISH	Jagruti
60	PATIL PAWAN SATISH	Patil
61	PAWAR POOJA GOPICHAND	
62	PAWAR RUTUJA RAMNATH	Rutuja
63	PHALKE MRUNAL UMESH	Mrunal
64	PHARATE SHWETA EKNATH	
65	RAUT AISHWARYA SHIVLING	Raut
66	SALIYAN SHRUTI SURESH	Saligan
67	SAWANT ROHINI BHARAT	
68	SHAIKH RUHMA ARIF	Shaikh
69	SHEKAPURE AISHWARYA BALAJI	
70	SHELKE OMKAR NANASAHEB	Shekha
71	SHETE VRUSHALI SANJAY	
72	SHINDE PRAJAKTA SADASHIV	Prajakta
73	SHINGADE ADITYA RAGHU	Aditya
74	SONAR BHUVANESHWARI PANKAJ	
75	SONAWANE KANCHAN RAVINDRA	Sonawane
76	SONAWANE SANGRAM SANJAY	Sangram
77	SPRIHA SINGH	Spriha
78	SURYAWAD RUTUJA RAOSAHEB	Rutuja
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	Vijayalaxmi
80	TAMBE SAMRUDDHI SARASRAM	
	UGRAN SHRADDHA VIJAYKUMAR	Ugran

81		
82	WARAL CHETAN SUNIL	W. Sunil
83	WARKAD PRATIKSHA GAJANAN	
84	GHOGARE SAURABH	Saurabh
85	PRAJAKTA PAWAR	Pawar

PHOTOGRAPHS OF MAGNIFICATION LECTURE 2020-2021

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PHOTOGRAPHS OF MAGNIFICATION LECTURE 2020-2021



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Dept. of Conservative Dentistry
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Ref No: -DYPDS/1365

Date: 01-12-2020

To

Second Year BDS Students
DY Patil Dental School

Subject: - Training Sessions for Second Year BDS Students

This is to inform the Second Year BDS Students that the following Training Sessions have been scheduled for the academic session under Early Clinical Exposure Initiative to provide a better understanding, orientation and sensitizing for the upcoming clinical postings.

Kindly Note:

S. No.	Topic	Date	Staff
1	Functioning of a Dental Chair	12-12-2020	Dr. Pratik Hande
2	Shade Selection	19-12-2020	Dr. Kamal Shigli
3	Ergonomics in Dentistry	09-01-2021	Dr. Ashish Bhagat
4	Impression Procedures	23-01-2021	Dr. Paulami Bagchi
5	Aesthetic Anterior Restoration	20-02-2021	Dr. Kiran Keswani
6	Infection Control & Sterilisation	13-03-2021	Dr. Kapil Kshirsagar
7	Isolation & Rubber Dam Application	10-04-2021	Dr. Vinod Kamblil
8	Consent and Patient Privacy	08-05-2021	Dr. Vikram Karande
9	Introduction & Steps in Fabrication of Fixed Partial Denture	22-05-2021	Dr. Bipin Muley
10	Class V GIC Restoration	19-06-2021	Dr. Divya Dudulwar
11	Posterior Composite	24-07-2021	Dr. Kiran Keswani

Venue: Pre-Clinical Lab

Time: 9.00 am – 10.00 am

Head of Department of Prosthodontics
 Head
 Department of Prosthodontics
 C/c: 1. Notice board BDS II year
 2. All HOD's

Head
 Department of Endodontics

Dean
 DY Patil Dental School

PROFESSOR & HEAD
 Department of Prosthodontics
 DY Patil Dental School



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY
Report

Training Sessions Program Report	
NAME OF SESSION	Working of Dental Chair
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	Introduction of dental students with basic functioning of Dental chair, and troubleshooting during its working
KEY TAKEAWAYS	The operation and maintenance of dental chairs used in clinics were covered in the dental chair workshop. Topics like the parts of chair, workings, and ergonomic elements necessary for both patient comfort and practitioner effectiveness were described in detail. The Program also covered preventive maintenance plans, common problem-solving techniques, and suggestions for the best chair performance. Updates on technology developments in dental chair design that prioritize hygienic practices and legal compliance were also included.
TRAINER	Dr. Pratik Hande

for Pratik Hande

HOD

Department of OMFS

PROFESSOR & HEAD

Dept. of Oral & Maxillofacial Surgery

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Pratik Hande

Dean

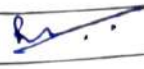
D.Y. Patil Dental School, Pune



IIND YEAR BDS 2020 -21

Roll No.	Name of Student	Signature
1	AMBATKAR SAKSHI SADANAND	
2	BAILE SHIVKRISHNA KRANTIKAR	
3	BALGUDE TRUPTI SANJAY	
4	BARI MRUNALI GOPAL	
5	BEDSE HARSHAL RAJDHAR	
6	BHANSALI PRINCE SUSHIL	
7	BHATTI HARDIK RAHUL	
8	BHISE ROHINI BALU	
9	BHUTKAR ARYA ANIL	
10	CHANDORKAR ISHAN ASHISH	
11	CHANGMAYUM ESHITA	
12	CHAVAN SHRADDHA ASHOKRAO	
13	CHIDDARWAR JANHAVI ATUL	
14	DARADE AMIT SUMANT	
15	DESHMANE ADITI ARUN	
16	DESHMUKH SAKSHEE SURYAKANT	
17	DODIA RUCHI BIPIN	
18	DOND PRASAD SUNIL	
19	DUGANI SNEHAL MURGENDRA	
20	GAIKWAD ABHAY SHAHAJI	
21	GAIKWAD AKANKSHA PANDURANG	
22	GAIKWAD ANKITA DATTATRAY	
23	GARG KASHISH SANJAY	
24	GOWAIKAR RUCHA SANJAY	
25	GUDADHE TRUPTI JAYANT	
26	GUPTA RAGHAV MAHESH	
27	HALAGERI PARVATI BASAVRAJ	
28	JAMNA SANIYA ILIYAS	
29	JHAWAR AKSHATA RAMKISHOR	
30	KAMBLE MRUNAL VIJAY	
31	KANPILE SAKSHI CHETAN	
32	KEKARE NIRMITI DASHRATH	
33	KHAKAR SWAROOP ARUN	
34	KULKARNI HARSH MILIND	
35	LOKHANDE PRATIKSHA NARHARI	
36	LOLAGE VAISHANVI	
37	LONDHE SIDDHESH ANIL	
38	LONDHE VINIT MAHADEO	
39	LONKAR SAKSHI SANDIP	
40	MAGAR SHREYAS ASHOK	

41	MAHAJAN JUI SHASHANK	
42	MALI PRERNA RAJESH	Mali
43	MANE ONKAR VINAYAK	Mane
44	MANEK SRUSHTI RAJESH	Srushti
45	MAURYA KHUSABU	Maurya
46	MISHRA SHUBHAM SANJAY	Shubham
47	MOHITE AISHWARYA ULHAS	Ulhas
48	MOMIN RUSHNA ISHTIYAQUE AHMED	Momin
49	MORE AMRUTA BALDEO	Amruta
50	MULE ADITYA SATISH	Aditya
51	MULIK SIDDHI SAMHAJI	Siddhi
52	MUNIFA NAZ MOHAMMAD RAFIQUE	Munifa
53	NARKHEDE SAKSHI SHRIKANT	Sakshi
54	NARSULE DIVYA ARVIND	Divya
55	NARWADE SHYAM VIJAY	Shyam
56	PATEL RIDDHI HARESH	Riddhi
57	PATIL DEVYANI NANDKISHOR	Devyani
58	PATIL HARSHADA ULHASRAO	Harshada
59	PATIL JAGRUTI SATISH	Jagruti
60	PATIL PAWAN SATISH	Pawan
61	PAWAR POOJA GOPICHAND	Pooja
62	PAWAR RUTUJA RAMNATH	Rutuja
63	PHALKE MRUNAL UMESH	Mrunal
64	PHARATE SHWETA EKNATH	Shweta
65	RAUT AISHWARYA SHIVLING	Aishwarya
66	SALIYAN SHRUTI SURESH	Shruti
67	SAWANT ROHINI BHARAT	Rohini
68	SHAIKH RUHMA ARIF	Ruhma
69	SHEKAPURE AISHWARYA BALAJI	Aishwarya
70	SHELKE OMKAR NANASAHEB	Omkar
71	SHETE VRUSHALI SANJAY	Shete
72	SHINDE PRAJAKTA SADASHIV	Shinde
73	SHINGADE ADITYA RAGHU	Aditya
74	SONAR BHUVANESHWARI PANKAJ	Bhuvaneshwari
75	SONAWANE KANCHAN RAVINDRA	Kanchan
76	SONAWANE SANGRAM SANJAY	Sangram
77	SPRIHA SINGH	Spriha
78	SURYAWAD RUTUJA RAOSAHEB	Rutuja
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	Vijayalaxmi
80	TAMBE SAMRUDDHI SARASRAM	Samruddhi
81	UGRAN SHRADDHA VIJAYKUMAR	Shraddha
82	WARAL CHETAN SUNIL	Chetan
83	WARKAD PRATIKSHA GAJANAN	Pratiksha
84	Ghogare Saurabh	Ghogare

85	Prajakta Pawar	
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D Y PATIL GROUP

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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Shade Selection
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Accurate shade selection is crucial for aesthetic and functional outcomes in dental treatments. This session was conducted to develop their competency in choosing the correct tooth shade for dental restorations. The speaker covered the fundamental principles of tooth colour, discussing the role of hue, chroma, and value in shade selection and also emphasized the importance of understanding the visual perception of colour and how it can be influenced by lighting and surrounding colours.</p> <p>These concepts were illustrated using clinical examples and digital images, enhancing the students' understanding of how to assess and describe tooth colour.</p> <p>Students were introduced to various shade selection systems, such as the Vita Classical Shade Guide and the Vita 3D-Master Shade Guide. Students were explained how these systems are organized and how to use them effectively in clinical practice.</p>
KEY TAKEAWAYS	<ul style="list-style-type: none">• Theoretical Understanding: Students gained a solid foundation in the principles of tooth colour and shade selection.• Tools and Techniques: Familiarity with both traditional and digital shade selection tools provided a comprehensive approach to shade matching.
TRAINER	Dr. Kamal Shigli

HOD

Department of Prosthodontics

Head of Department of Prosthodontics

D Y PATIL DENTAL SCHOOL

Dr. Kamal Shigli, Knowledge City, Charholi

Bk, Pune - 412105

Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2020-21

Training Session - Shade Selection

S.No.	NAME	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	P
2	BAILE SHIVKRISHNA KRANTIKAR	P
3	BALGUDE TRUPTI SANJAY	P
4	BARI MRUNALI GOPAL	A
5	BEDSE HARSHAL RAJDHAR	P
6	BHANSALI PRINCE SUSHIL	P
7	BHATTI HARDIK RAHUL	P
8	BHISE ROHINI BALU	P
9	BHUTKAR ARYA ANIL	P
10	CHANDORKAR ISHAN ASHISH	A
11	CHANGMAYUM ESHITA	P
12	CHAVAN SHRADDHA ASHOKRAO	P
13	CHIDDARWAR JANHAVI ATUL	A
14	DARADE AMIT SUMANT	P
15	DESHMANE ADITI ARUN	P
16	DESHMUKH SAKSHEE SURYAKANT	P
17	DODIA RUCHI BIPIN	P
18	DOND PRASAD SUNIL	A
19	DUGANI SNEHAL MURGENDRA	P
20	GAIKWAD ABHAY SHAHAJI	P
21	GAIKWAD AKANKSHA PANDURANG	P
22	GAIKWAD ANKITA DATTATRAY	A
23	GARG KASHISH SANJAY	P
24	GOWAIKAR RUCHA SANJAY	P
25	GUDADHE TRUPTI JAYANT	P
26	GUPTA RAGHAV MAHESH	P
27	HALAGERI PARVATI BASAVRAJ	P
28	JAMNA SANIYA ILIYAS	A
29	JHAWAR AKSHATA RAMKISHOR	P
30	KAMBLE MRUNAL VIJAY	P
31	KANPILE SAKSHI CHETAN	P
32	KEKARE NIRMITI DASHRATH	P
33	KHAKAR SWAROOP ARUN	P
34	KULKARNI HARSH MILIND	P
35	LOKHANDE PRATIKSHA NARHARI	P
36	LOLAGE VAISHANVI	P
37	LONDHE SIDDHESH ANIL	A
38	LONDHE VINIT MAHADEO	P
39	LONKAR SAKSHI SANDIP	P
40	MAGAR SHREYAS ASHOK	P

41	MAHAJAN JUI SHASHANK	P
42	MALI PRERNA RAJESH	P
43	MANE ONKAR VINAYAK	P
44	MANEK SRUSHTI RAJESH	P
45	MAURYA KHUSABU	A
46	MISHRA SHUBHAM SANJAY	P
47	MOHITE AISHWARYA ULHAS	P
48	MOMIN RUSHNA ISHTIYAQUE AHMED	P
49	MORE AMRUTA BALDEO	P
50	MULE ADITYA SATISH	P
51	MULIK SIDDHI SAMBHAJI	P
52	MUNIFA NAZ MOHAMMAD RAFIQUE	P
53	NARKHEDE SAKSHI SHRIKANT	P
54	NARSULE DIVYA ARVIND	P
55	NARWADE SHYAM VIJAY	A
56	PATEL RIDDHI HARESH	P
57	PATIL DEVYANI NANDKISHOR	P
58	PATIL HARSHADA ULHASRAO	P
59	PATIL JAGRUTI SATISH	P
60	PATIL PAWAN SATISH	P
61	PAWAR POOJA GOPICHAND	P
62	PAWAR RUTUJA RAMNATH	P
63	PHALKE MRUNAL UMESH	A
64	PHARATE SHWETA EKNATH	P
65	RAUT AISHWARYA SHIVLING	P
66	SALIYAN SHRUTI SURESH	P
67	SAWANT ROHINI BHARAT	P
68	SHAIKH RUHMA ARIF	P
69	SHEKAPURE AISHWARYA BALAJI	P
70	SHELKE OMKAR NANASAHEB	P
71	SHETE VRUSHALI SANJAY	P
72	SHINDE PRAJAKTA SADASHIV	P
73	SHINGADE ADITYA RAGHU	P
74	SONAR BHUVANESHWARI PANKAJ	P
75	SONAWANE KANCHAN RAVINDRA	P
76	SONAWANE SANGRAM SANJAY	A
77	SPRIHA SINGH	P
78	SURYAWAD RUTUJA RAOSAHEB	P
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	P
80	TAMBE SAMRUDDHI SARASRAM	P
81	UGRAN SHRADDHA VIJAYKUMAR	P
82	WARAL CHETAN SUNIL	P
83	WARKAD PRATIKSHA GAJANAN	P

84	GHOGARE SAURABH	P
85	PRAJAKTA PAWAR	P



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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Ergonomics in Dentistry
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To educate 2nd year BDS students on the principles of ergonomics, how to incorporate ergonomic practices into their clinical postings, and the benefits of ergonomic interventions in preventing work-related musculoskeletal disorders (WMSDs). The session covered the following principles</p> <ul style="list-style-type: none">• Ergonomic Principles for Dental Practice<ul style="list-style-type: none">• Posture and Positioning• Equipment Design and Placement• Workstation Layout• Practical Ergonomic Strategies<ul style="list-style-type: none">• Chairside Techniques• Instrument Handling• Workflow Optimization• Personal Ergonomic Practices<ul style="list-style-type: none">• Stretching and Exercises• Breaks and Micro-breaks• Stress Management <p>The session emphasized the importance of maintaining proper posture, positioning, and movement to prevent musculoskeletal disorders. Participants were introduced to ergonomic techniques for patient positioning, use of dental equipment, and workstation organization to minimize strain and enhance efficiency.</p>
KEY TAKEAWAYS	The session successfully raised awareness about the importance of ergonomics in dentistry, provided actionable strategies to improve workplace ergonomics, and emphasized the benefits of adopting ergonomic practices for long-term health and efficiency in dental practice.
TRAINER	Dr. Ashish Bhagat

HOD

Department of Prosthodontics

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2020-21
Training Session - Ergonomics in Dentistry

S.No.	NAME	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	P
2	BAILE SHIVKRISHNA KRANTIKAR	P
3	BALGUDE TRUPTI SANJAY	P
4	BARI MRUNALI GOPAL	P
5	BEDSE HARSHAL RAJDHAR	P
6	BHANSALI PRINCE SUSHIL	P
7	BHATTI HARDIK RAHUL	P
8	BHISE ROHINI BALU	P
9	BHUTKAR ARYA ANIL	P
10	CHANDORKAR ISHAN ASHISH	P
11	CHANGMAYUM ESHITA	P
12	CHAVAN SHRADDHA ASHOKRAO	P
13	CHIDDARWAR JANHAVI ATUL	P
14	DARADE AMIT SUMANT	P
15	DESHMANE ADITI ARUN	P
16	DESHMUKH SAKSHEE SURYAKANT	P
17	DODIA RUCHI BIPIN	P
18	DOND PRASAD SUNIL	P
19	DUGANI SNEHAL MURGENDRA	P
20	GAIKWAD ABHAY SHAHAJI	P
21	GAIKWAD AKANKSHA PANDURANG	P
22	GAIKWAD ANKITA DATTATRAY	P
23	GARG KASHISH SANJAY	P
24	GOWAIKAR RUCHA SANJAY	P
25	GUDADHE TRUPTI JAYANT	P
26	GUPTA RAGHAV MAHESH	P
27	HALAGERI PARVATI BASAVRAJ	P
28	JAMNA SANIYA ILIYAS	P
29	JHAWAR AKSHATA RAMKISHOR	P
30	KAMBLE MRUNAL VIJAY	P
31	KANPILE SAKSHI CHETAN	P
32	KEKARE NIRMITI DASHRATH	P
33	KHAKAR SWAROOP ARUN	P
34	KULKARNI HARSH MILIND	P
35	LOKHANDE PRATIKSHA NARHARI	P
36	LOLAGE VAISHANVI	P
37	LONDHE SIDDHESH ANIL	P
38	LONDHE VINIT MAHADEO	P
39	LONKAR SAKSHI SANDIP	A
40	MAGAR SHREYAS ASHOK	P

41	MAHAJAN JUI SHASHANK	P
42	MALI PRERNA RAJESH	P
43	MANE ONKAR VINAYAK	P
44	MANEK SRUSHTI RAJESH	P
45	MAURYA KHUSABU ¹	P
46	MISHRA SHUBHAM SANJAY	P
47	MOHITE AISHWARYA ULHAS	P
48	MOMIN RUSHNA ISHTIYAQUE AHMED	A
49	MORE AMRUTA BALDEO	P
50	MULE ADITYA SATISH	P
51	MULIK SIDDHI SAMBHAJI	P
52	MUNIFA NAZ MOHAMMAD RAFIQUE	P
53	NARKHEDE SAKSHI SHRIKANT	P
54	NARSULE DIVYA ARVIND	P
55	NARWADE SHYAM VIJAY	A
56	PATEL RIDDHI HARESH	P
57	PATIL DEVYANI NANDKISHOR	P
58	PATIL HARSHADA ULHASRAO	P
59	PATIL JAGRUTI SATISH	P
60	PATIL PAWAN SATISH	P
61	PAWAR POOJA GOPICHAND	P
62	PAWAR RUTUJA RAMNATH	P
63	PHALKE MRUNAL UMESH	P
64	PHARATE SHWETA EKNATH	A
65	RAUT-AISHWARYA SHIVLING	P
66	SALIYAN SHRUTI SURESH	P
67	SAWANT ROHINI BHARAT	P
68	SHAIKH RUHMA ARIF	P
69	SHEKAPURE AISHWARYA BALAJI	A
70	SHELKE OMKAR NANASAHEB	P
71	SHETE VRUSHALI SANJAY	P
72	SHINDE PRAJAKTA SADASHIV	A
73	SHINGADE ADITYA RAGHU	A
74	SONAR BHUVANESHWARI PANKAJ	P
75	SONAWANE KANCHAN RAVINDRA	P
76	SONAWANE SANGRAM SANJAY	P
77	SPRIHA SINGH	P
78	SURYAWAD RUTUJA RAOSAHEB	P
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	P
80	TAMBE SAMRUDDHI SARASRAM	P
81	UGRAN SHRADDHA VIJAYKUMAR	P
82	WARAL CHETAN SUNIL	P
83	WARKAD PRATIKSHA GAJANAN	P

84	GHOGARE SAURABH	P
85	PRAJAKTA PAWAR	P



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D Y PATIL DENTAL SCHOOL

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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Impression Procedures
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To familiarize dental students with impression procedures, focusing on accurate technique and material handling and the choice of correct impression material because different materials possess distinct properties that make them suitable for various clinical scenarios. Key points included:</p> <p>Accuracy and Detail Reproduction: High precision materials like polyvinyl siloxane (PVS) are essential for cases requiring fine detail, such as crowns and bridges.</p> <p>Elastic Recovery: Polyether, with excellent elastic recovery, is preferred for impressions with undercuts.</p> <p>Ease of Use: Alginate is suitable for preliminary impressions due to its ease of mixing and cost-effectiveness, although it lacks the dimensional stability required for final impressions.</p> <p>Hydrophilicity: Hydrophilic materials, such as some PVS types, are ideal for moist environments, ensuring fewer voids and better reproduction of the oral tissues.</p> <p>Working and Setting Times: The working and setting times of materials must align with the clinical procedure and patient comfort. Fast-setting materials are preferred for gag reflex management.</p> <p>Session concluded with case examples demonstrating the selection process for different clinical needs, emphasizing how improper material choice can lead to inaccurate impressions and subsequent restorative failures.</p>
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct impression material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid common pitfalls like air bubbles and incomplete captures.</p>
TRAINER	Dr. Paulami Bagchi

HOD

Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi Bk,
Lohegaon, Pune - 412 105

Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2020-21
Training Session - Impression Procedure

S.No.	NAME	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	P
2	BAILE SHIVKRISHNA KRANTIKAR	P
3	BALGUDE TRUPTI SANJAY	P
4	BARI MRUNALI GOPAL	P
5	BEDSE HARSHAL RAJDHAR	P
6	BHANSALI PRINCE SUSHIL	A
7	BHATTI HARDIK RAHUL	P
8	BHISE ROHINI BALU	P
9	BHUTKAR ARYA ANIL	P
10	CHANDORKAR ISHAN ASHISH	P
11	CHANGMAYUM ESHITA	P
12	CHAVAN SHRADDHA ASHOKRAO	P
13	CHIDDARWAR JANHAVI ATUL	P
14	DARADE AMIT SUMANT	P
15	DESHMANE ADITI ARUN	P
16	DESHMUKH SAKSHEE SURYAKANT	P
17	DODIA RUCHI BIPIN	P
18	DOND PRASAD SUNIL	P
19	DUGANI SNEHAL MURGENDRA	P
20	GAIKWAD ABHAY SHAHAJI	A
21	GAIKWAD AKANKSHA PANDURANG	P
22	GAIKWAD ANKITA DATTATRAY	P
23	GARG KASHISH SANJAY	A
24	GOWAIKAR RUCHA SANJAY	P
25	GUDADHE TRUPTI JAYANT	P
26	GUPTA RAGHAV MAHESH	P
27	HALAGERI PARVATI BASAVRAJ	P
28	JAMNA SANIYA ILIYAS	P
29	JHAWAR AKSHATA RAMKISHOR	P
30	KAMBLE MRUNAL VIJAY	P
31	KANPILE SAKSHI CHETAN	P
32	KEKARE NIRMITI DASHRATH	P
33	KHAKAR SWAROOP ARUN	P
34	KULKARNI HARSH MILIND	P
35	LOKHANDE PRATIKSHA NARHARI	P
36	LOLAGE VAISHANVI	P
37	LONDHE SIDDHESH ANIL	A
38	LONDHE VINIT MAHADEO	P
39	LONKAR SAKSHI SANDIP	P
40	MAGAR SHREYAS ASHOK	P

41	MAHAJAN JUI SHASHANK	A
42	MALI PRERNA RAJESH	P
43	MANE ONKAR VINAYAK	P
44	MANEK SRUSHTI RAJESH	A
45	MAURYA KHUSABU	P
46	MISHRA SHUBHAM SANJAY	P
47	MOHITE AISHWARYA ULHAS	P
48	MOMIN RUSHNA ISHTIYAQUE AHMED	P
49	MORE AMRUTA BALDEO	A
50	MULE ADITYA SATISH	A
51	MULIK SIDDHI SAMBHAJI	P
52	MUNIFA NAZ MOHAMMAD RAFIQUE	P
53	NARKHEDE SAKSHI SHRIKANT	P
54	NARSULE DIVYA ARVIND	P
55	NARWADE SHYAM VIJAY	P
56	PATEL RIDDHI HARESH	P
57	PATIL DEVYANI NANDKISHOR	P
58	PATIL HARSHADA ULHASRAO	A
59	PATIL JAGRUTI SATISH	A
60	PATIL PAWAN SATISH	P
61	PAWAR POOJA GOPICHAND	P
62	PAWAR RUTUJA RAMNATH	P
63	PHALKE MRUNAL UMESH	P
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65	RAUT AISHWARYA SHIVLING	P
66	SALIYAN SHRUTI SURESH	P
67	SAWANT ROHINI BHARAT	A
68	SHAIKH RUHMA ARIF	P
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71	SHETE VRUSHALI SANJAY	A
72	SHINDE PRAJAKTA SADASHIV	P
73	SHINGADE ADITYA RAGHU	P
74	SONAR BHUVANESHWARI PANKAJ	P
75	SONAWANE KANCHAN RAVINDRA	P
76	SONAWANE SANGRAM SANJAY	P
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78	SURYAWAD RUTUJA RAOSAHEB	P
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	P
80	TAMBE SAMRUDDHI SARASRAM	P
81	UGRAN SHRADDHA VIJAYKUMAR	P
82	WARAL CHETAN SUNIL	P
83	WARKAD PRATIKSHA GAJANAN	P

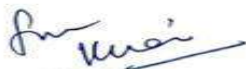
84	GHOGARE SAURABH	A
85	PRAJAKTA PAWAR	P

D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Aesthetic Anterior Restoration
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Composite resin materials, focusing on accurate clinical technique and material handling.● To understand the indications and contraindications.● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Shade Selection: Importance of choosing the correct Shade of composite resin for anterior teeth based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none">● Isolation● Etching● Bonding● Composite placement- incremental build up● Final Shaping and Contouring● Light curing● Polishing and final check.
TRAINER	Dr. Kiran Keswani



HOD
Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lonergaon, Pune - 411016



Dean
D.Y. Patil Dental School, Pune



Training Session Attendance List
Aesthetic Anterior Restoration

II YEAR - 2020-21

DATE:20/02/2021

Sr. No	Name of Student	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	<i>Sakshi</i>
2	BAILE SHIVKRISHNA KRANTIKAR	<i>Shiv</i>
3	BALGUDE TRUPTI SANJAY	<i>Trupti</i>
4	BARI MRUNALI GOPAL	<i>Mrunali</i>
5	BEDSE HARSHAL RAJDHAR	<i>Harshal</i>
6	BHANSALI PRINCE SUSHIL	<i>Prince</i>
7	BHATTI HARDIK RAHUL	
8	BHISE ROHINI BALU	<i>Rohini</i>
9	BHUTKAR ARYA ANIL	<i>Arya</i>
10	CHANDORKAR ISHAN ASHISH	<i>Ishan</i>
11	CHANGMAYUM ESHITA	<i>Eshita</i>
12	CHAVAN SHRADDHA ASHOKRAO	
13	CHIDDARWAR JANHAVI ATUL	<i>Janhavi</i>
14	DARADE AMIT SUMANT	<i>Amit</i>
15	DESHMANE ADITI ARUN	<i>Aditi</i>
16	DESHMUKH SAKSHEE SURYAKANT	<i>Sakshi</i>
17	DODIA RUCHI BIPIN	<i>Ruchi</i>
18	DOND PRASAD SUNIL	<i>Prasad</i>
19	DUGANI SNEHAL MURGENDRA	<i>Snehal</i>
20	GAIKWAD ABHAY SHAHAJI	<i>Abhay</i>
21	GAIKWAD AKANKSHA PANDURANG	<i>Akanksha</i>
22	GAIKWAD ANKITA DATTATRAY	<i>Ankita</i>
23	GARG KASHISH SANJAY	
24	GOWAIKAR RUCHA SANJAY	<i>Rucha</i>

25	GUDADHE TRUPTI JAYANT	<u>Trupti</u>
26	GUPTA RAGHAV MAHESH	<u>Ruthe</u>
27	HALAGERI PARVATI BASAVRAJ	<u>Parvati</u>
28	JAMNA SANIYA ILIYAS	<u>Saniya</u>
29	JHAWAR AKSHATA RAMKISHOR	<u>Akshata</u>
30	KAMBLE MRUNAL VIJAY	<u>Mrunal</u>
31	KANPILE SAKSHI CHETAN	<u>Sakshi</u>
32	KEKARE NIRMITI DASHRATH	<u>Nirmiti</u>
33	KHAKAR SWAROOP ARUN	<u>Swaroop</u>
34	KULKARNI HARSH MILIND	<u>Harsh</u>
35	LOKHANDE PRATIKSHA NARHARI	<u>Pratiksha</u>
36	LOLAGE VAISHANVI	
37	LONDHE SIDDHESH ANIL	<u>Siddhesh</u>
38	LONDHE VINIT MAHADEO	<u>Vinit</u>
39	LONKAR SAKSHI SANDIP	<u>Sakshi</u>
40	MAGAR SHREYAS ASHOK	<u>Shreyas</u>
41	MAHAJAN JUI SHASHANK	<u>Jui</u>
42	MALI PRERNA RAJESH	<u>Prerna</u>
43	MANE ONKAR VINAYAK	<u>Onkar</u>
44	MANEK SRUSHTI RAJESH	<u>Srushti</u>
45	MAURYA KHUSABU	
46	MISHRA SHUBHAM SANJAY	<u>Shubham</u>
47	MOHITE AISHWARYA ULHAS	<u>Aishwarya</u>
48	MOMIN RUSHNA ISHTIYAQUE AHMED	<u>Rushna</u>
49	MORE AMRUTA BALDEO	<u>Amruta</u>
50	MULE ADITYA SATISH	<u>Aditya</u>
51	MULIK SIDDHI SAMHAJI	
52	MUNIFA NAZ MOHAMMAD RAFIQUE	<u>Munifa</u>
53	NARKHEDE SAKSHI SHRIKANT	<u>Sakshi</u>
54	NARSULE DIVYA ARVIND	<u>Divya</u>

55	NARWADE SHYAM VIJAY	<u>Kyam</u>
56	PATEL RIDDHI HARESH	<u>Riddhi</u>
57	PATIL DEVYANI NANDKISHOR	<u>Devyani</u>
58	PATIL HARSHADA ULHASRAO	<u>Harshada</u>
59	PATIL JAGRUTI SATISH	<u>Jagruti</u>
60	PATIL PAWAN SATISH	<u>Pawan</u>
61	PAWAR POOJA GOPICHAND	<u>Pooja</u>
62	PAWAR RUTUJA RAMNATH	<u>Rutuja</u>
63	PHALKE MRUNAL UMESH	<u>Mrunal</u>
64	PHARATE SHWETA EKNATH	<u>Shweta</u>
65	RAUT AISHWARYA SHIVLING	<u>Aaut</u>
66	SALIYAN SHRUTI SURESH	
67	SAWANT ROHINI BHARAT	<u>Rohini</u>
68	SHAIKH RUHMA ARIF	<u>Ruhma</u>
69	SHEKAPURE AISHWARYA BALAJI	<u>Ashwari</u>
70	SHELKE OMKAR NANASAHEB	<u>Omkar</u>
71	SHETE VRUSHALI SANJAY	<u>Vrushali</u>
72	SHINDE PRAJAKTA SADASHIV	
73	SHINGADE ADITYA RAGHU	<u>Shingade</u>
74	SONAR BHUVANESHWARI PANKAJ	<u>Bhuvaneshwari</u>
75	SONAWANE KANCHAN RAVINDRA	<u>Kanchan</u>
76	SONAWANE SANGRAM SANJAY	
77	SPRIHA SINGH	<u>Spriha</u>
78	SURYAWAD RUTUJA RAOSAHEB	<u>Rutuja</u>
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	<u>Vijaya</u>
80	TAMBE SAMRUDDHI SARASRAM	<u>Saral</u>
81	UGRAN SHRADDHA VIJAYKUMAR	<u>Shraddha</u>
82	WARAL CHETAN SUNIL	<u>Chetan</u>
83	WARKAD PRATIKSHA GAJANAN	
84	GHOOGARE SAURABH	<u>Saurabh</u>

D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Infection Control and Sterilization
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	The training session on Sterilization and Infection Control for 2nd year BDS students was conducted to impart essential knowledge and practical skills regarding maintaining a sterile environment in dental practice. The session commenced with comprehensive lectures covering principles of sterilization, various methods such as autoclaving and chemical sterilization, and infection control measures including personal protective equipment (PPE). The session allowed the students to be aware of setting up sterilization equipment, practicing proper sterilization techniques, and simulating infection control protocols during dental procedures. Interactive discussions enhanced understanding and application of theoretical concepts.
KEY TAKEAWAYS	Participants gained a thorough understanding of the importance of sterilization in dental procedures and learned practical skills in implementing infection control measures. They acquired knowledge about different sterilization methods and their appropriate applications, as well as compliance with regulatory standards.
TRAINER	Dr. Kapil Kshirsagar


HOD

Department of Oral and Maxillofacial Surgery

PROFESSOR & HEAD
 Dept. of Oral & Maxillofacial Surgery
 D.Y. Patil Dental School
 D.Y. Patil Knowledge Park,
 Chiroli (Bk), Via. Ichhapur, Pune - 41220





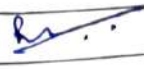
Dean

D.Y. Patil Dental School

IIND YEAR BDS 2020 -21

Roll No.	Name of Student	Signature
1	AMBATKAR SAKSHI SADANAND	
2	BAILE SHIVKRISHNA KRANTIKAR	
3	BALGUDE TRUPTI SANJAY	
4	BARI MRUNALI GOPAL	
5	BEDSE HARSHAL RAJDHAR	
6	BHANSALI PRINCE SUSHIL	
7	BHATTI HARDIK RAHUL	
8	BHISE ROHINI BALU	
9	BHUTKAR ARYA ANIL	
10	CHANDORKAR ISHAN ASHISH	
11	CHANGMAYUM ESHITA	
12	CHAVAN SHRADDHA ASHOKRAO	
13	CHIDDARWAR JANHAVI ATUL	
14	DARADE AMIT SUMANT	
15	DESHMANE ADITI ARUN	
16	DESHMUKH SAKSHEE SURYAKANT	
17	DODIA RUCHI BIPIN	
18	DOND PRASAD SUNIL	
19	DUGANI SNEHAL MURGENDRA	
20	GAIKWAD ABHAY SHAHAJI	
21	GAIKWAD AKANKSHA PANDURANG	
22	GAIKWAD ANKITA DATTATRAY	
23	GARG KASHISH SANJAY	
24	GOWAIKAR RUCHA SANJAY	
25	GUDADHE TRUPTI JAYANT	
26	GUPTA RAGHAV MAHESH	
27	HALAGERI PARVATI BASAVRAJ	
28	JAMNA SANIYA ILIYAS	
29	JHAWAR AKSHATA RAMKISHOR	
30	KAMBLE MRUNAL VIJAY	
31	KANPILE SAKSHI CHETAN	
32	KEKARE NIRMITI DASHRATH	
33	KHAKAR SWAROOP ARUN	
34	KULKARNI HARSH MILIND	
35	LOKHANDE PRATIKSHA NARHARI	
36	LOLAGE VAISHANVI	
37	LONDHE SIDDHESH ANIL	
38	LONDHE VINIT MAHADEO	
39	LONKAR SAKSHI SANDIP	
40	MAGAR SHREYAS ASHOK	

41	MAHAJAN JUI SHASHANK	
42	MALI PRERNA RAJESH	Mali
43	MANE ONKAR VINAYAK	Mane
44	MANEK SRUSHTI RAJESH	Srushti
45	MAURYA KHUSABU	Maurya
46	MISHRA SHUBHAM SANJAY	Shubham
47	MOHITE AISHWARYA ULHAS	Mohite
48	MOMIN RUSHNA ISHTIYAQUE AHMED	Momin
49	MORE AMRUTA BALDEO	More
50	MULE ADITYA SATISH	Mule
51	MULIK SIDDHI SAMHAJI	Siddhi
52	MUNIFA NAZ MOHAMMAD RAFIQUE	Munifa
53	NARKHEDE SAKSHI SHRIKANT	Narkhede
54	NARSULE DIVYA ARVIND	Narsule
55	NARWADE SHYAM VIJAY	Narwade
56	PATEL RIDDHI HARESH	Patel
57	PATIL DEVYANI NANDKISHOR	Patil
58	PATIL HARSHADA ULHASRAO	Patil
59	PATIL JAGRUTI SATISH	Patil
60	PATIL PAWAN SATISH	Patil
61	PAWAR POOJA GOPICHAND	Pawar
62	PAWAR RUTUJA RAMNATH	Pawar
63	PHALKE MRUNAL UMESH	Phalke
64	PHARATE SHWETA EKNATH	Pharate
65	RAUT AISHWARYA SHIVLING	Raut
66	SALIYAN SHRUTI SURESH	Saliyan
67	SAWANT ROHINI BHARAT	Sawant
68	SHAIKH RUHMA ARIF	Shaikh
69	SHEKAPURE AISHWARYA BALAJI	Shekape
70	SHELKE OMKAR NANASAHEB	Shelke
71	SHETE VRUSHALI SANJAY	Shete
72	SHINDE PRAJAKTA SADASHIV	Shinde
73	SHINGADE ADITYA RAGHU	Shingade
74	SONAR BHUVANESHWARI PANKAJ	Sonar
75	SONAWANE KANCHAN RAVINDRA	Sonawane
76	SONAWANE SANGRAM SANJAY	Sonawane
77	SPRIHA SINGH	Spriha
78	SURYAWAD RUTUJA RAOSAHEB	Suryawad
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	Suryawansi
80	TAMBE SAMRUDDHI SARASRAM	Tambe
81	UGRAN SHRADDHA VIJAYKUMAR	Ugran
82	WARAL CHETAN SUNIL	Waral
83	WARKAD PRATIKSHA GAJANAN	Warkad
84	Ghogare Saurabh	Ghogare


85	Prajakta Pawar	
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D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Isolation & Rubber Dam Application
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with rubber dam application techniques, focusing on isolation and rubber dam handling.● Application on typhodont to simulate the clinical conditions.● Advantages and disadvantages of rubber dam.
KEY TAKEAWAYS	Selecting the appropriate clamp and independently placing the rubber dam as per clinical situation. To understand the following steps while placing the rubber dam: <ul style="list-style-type: none">● Rubber Dam Sheet Preparation● Clamp Selection and Placement● Placing the Rubber Dam● Final Adjustments To understand the following steps while removing the rubber dam: <ul style="list-style-type: none">● Remove the Frame● Release the Dam from the Teeth● Remove the Clamp
TRAINER	Dr. Kiran Keswani



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lonergaon, Pune - 411 006



Dean

D.Y. Patil Dental School, Pune



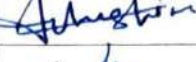



















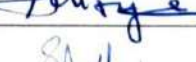

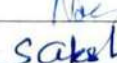


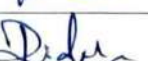
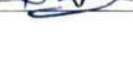









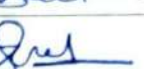
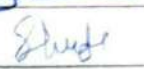

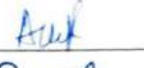
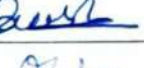
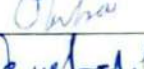
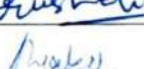

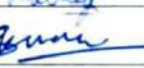


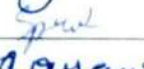









Training Session Attendance List
Isolation & Rubber Dam Application

II YEAR - 2020-21

DATE: 10/04/2021

Sr. No	Name of Student	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	<i>Ambatkar</i>
2	BAILE SHIVKRISHNA KRANTIKAR	<i>Baile</i>
3	BALGUDE TRUPTI SANJAY	<i>Balgude</i>
4	BARI MRUNALI GOPAL	<i>Bari</i>
5	BEDSE HARSHAL RAJDHAR	<i>Bedse</i>
6	BHANSALI PRINCE SUSHIL	<i>Bhansali</i>
7	BHATTI HARDIK RAHUL	<i>Bhatti</i>
8	BHISE ROHINI BALU	<i>Bhise</i>
9	BHUTKAR ARYA ANIL	<i>Bhutkar</i>
10	CHANDORKAR ISHAN ASHISH	<i>Chandorkar</i>
11	CHANGMAYUM ESHITA	
12	CHAVAN SHRADDHA ASHOKRAO	<i>Chavan</i>
13	CHIDDARWAR JANHAVI ATUL	
14	DARADE AMIT SUMANT	<i>Darade</i>
15	DESHMANE ADITI ARUN	<i>Deshmane</i>
16	DESHMUKH SAKSHEE SURYAKANT	<i>Deshmukh</i>
17	DODIA RUCHI BIPIN	<i>Dodia</i>
18	DOND PRASAD SUNIL	<i>Dond</i>
19	DUGANI SNEHAL MURGENDRA	<i>Dugani</i>
20	GAIKWAD ABHAY SHAHAJI	<i>Gaikwad</i>
21	GAIKWAD AKANKSHA PANDURANG	<i>Gaikwad</i>
22	GAIKWAD ANKITA DATTATRAY	<i>Gaikwad</i>
23	GARG KASHISH SANJAY	<i>Garg</i>
24	GOWAIKAR RUCHA SANJAY	<i>Gowaikar</i>
25	GUDADHE TRUPTI JAYANT	<i>Gudadhe</i>
26	GUPTA RAGHAV MAHESH	<i>Gupta</i>

27	HALAGERI PARVATI BASAVRAJ	
28	JAMNA SANIYA ILIYAS	
29	JHAWAR AKSHATA RAMKISHOR	
30	KAMBLE MRUNAL VIJAY	
31	KANPILE SAKSHI CHETAN	
32	KEKARE NIRMITI DASHRATH	
33	KHAKAR SWAROOP ARUN	
34	KULKARNI HARSH MILIND	
35	LOKHANDE PRATIKSHA NARHARI	
36	LOLAGE VAISHANVI	
37	LONDHE SIDDHESH ANIL	
38	LONDHE VINIT MAHADEO	
39	LONKAR SAKSHI SANDIP	
40	MAGAR SHREYAS ASHOK	
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43	MANE ONKAR VINAYAK	
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45	MAURYA KHUSABU	
46	MISHRA SHUBHAM SANJAY	
47	MOHITE AISHWARYA ULHAS	
48	MOMIN RUSHNA ISHTIYAQUE AHMED	
49	MORE AMRUTA BALDEO	
50	MULE ADITYA SATISH	
51	MULIK SIDDHI SAMBHAJI	
52	MUNIFA NAZ MOHAMMAD RAFIQUE	
53	NARKHEDE SAKSHI SHRIKANT	
54	NARSULE DIVYA ARVIND	
55	NARWADE SHYAM VIJAY	
56	PATEL RIDDHI HARESH	

57	PATIL DEVYANI NANDKISHOR	
58	PATIL HARSHADA ULHASRAO	
59	PATIL JAGRUTI SATISH	
60	PATIL PAWAN SATISH	
61	PAWAR POOJA GOPICHAND	
62	PAWAR RUTUJA RAMNATH	
63	PHALKE MRUNAL UMESH	
64	PHARATE SHWETA EKNATH	
65	RAUT AISHWARYA SHIVLING	
66	SALIYAN SHRUTI SURESH	
67	SAWANT ROHINI BHARAT	
68	SHAIKH RUHMA ARIF	
69	SHEKAPURE AISHWARYA BALAJI	
70	SHELKE OMKAR NANASAHEB	
71	SHETE VRUSHALI SANJAY	
72	SHINDE PRAJAKTA SADASHIV	
73	SHINGADE ADITYA RAGHU	
74	SONAR BHUVANESHWARI PANKAJ	
75	SONAWANE KANCHAN RAVINDRA	
76	SONAWANE SANGRAM SANJAY	
77	SPRIHA SINGH	
78	SURYAWAD RUTUJA RAOSAHEB	
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	
80	TAMBE SAMRUDDHI SARASRAM	
81	UGRAN SHRADDHA VIJAYKUMAR	
82	WARAL CHETAN SUNIL	
83	WARKAD PRATIKSHA GAJANAN	
84	GHOGARE SAURABH	
85	PRAJAKTA PAWAR	

D Y Patil Dental School
DEPARTMENT OF DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Consent and patient privacy
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Patient consent and privacy are foundational principles in dental practice. Consent involves the voluntary agreement of a patient to undergo treatment after being informed of its nature, benefits, risks, and alternatives. It is not only a legal requirement but also an ethical obligation that ensures respect for patient autonomy and dignity. Understanding the components of valid consent, including competence, information disclosure, and voluntariness, is essential for developing trustful patient-dentist relationships.</p> <p>Patient privacy, on the other hand, refers to the right of individuals to control access to their personal health information. Dental students must learn to handle patient records and information with utmost confidentiality to comply with legal standards. Respecting patient privacy fosters trust and maintains professional integrity. Implementing practical measures such as secure data storage, limited access to patient records, and obtaining explicit consent for sharing information are critical in safeguarding patient confidentiality.</p>
KEY TAKEAWAYS	<p>Patient consent involves informed, voluntary agreement for treatment, respecting autonomy and fostering trust. Understand its components: competence, disclosure, and voluntariness. Patient privacy mandates strict confidentiality of health information, ensuring trust and ethical practice. Safeguard patient records with secure handling and explicit consent for information sharing. Upholding these principles is integral to professional integrity and patient-centered care.</p>
TRAINER	Dr. Vikram Karande

Dr. Agnibha
HOD
 Department of Oral and Maxillofacial Surgery
PROFESSOR & HEAD
 Dept. of Oral & Maxillofacial Surgery
 D Y Patil Dental School
 D Y Patil Knowledge City
 Charoll (Bk), Via Lohegaon, Pune - 41110


Vikram Karande
Dean
 D.Y. Patil Dental School



IIND YEAR BDS 2020 -21

Roll No.	Name of Student	Signature
1	AMBATKAR SAKSHI SADANAND	
2	BAILE SHIVKRISHNA KRANTIKAR	
3	BALGUDE TRUPTI SANJAY	
4	BARI MRUNALI GOPAL	
5	BEDSE HARSHAL RAJDHAR	
6	BHANSALI PRINCE SUSHIL	
7	BHATTI HARDIK RAHUL	
8	BHISE ROHINI BALU	
9	BHUTKAR ARYA ANIL	
10	CHANDORKAR ISHAN ASHISH	
11	CHANGMAYUM ESHITA	
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35	LOKHANDE PRATIKSHA NARHARI	
36	LOLAGE VAISHANVI	
37	LONDHE SIDDHESH ANIL	
38	LONDHE VINIT MAHADEO	
39	LONKAR SAKSHI SANDIP	
40	MAGAR SHREYAS ASHOK	

41	MAHAJAN JUI SHASHANK	
42	MALI PRERNA RAJESH	Mali
43	MANE ONKAR VINAYAK	Mane
44	MANEK SRUSHTI RAJESH	Srushti
45	MAURYA KHUSABU	Maurya
46	MISHRA SHUBHAM SANJAY	Shubham
47	MOHITE AISHWARYA ULHAS	Ulhas
48	MOMIN RUSHNA ISHTIYAQUE AHMED	Momin
49	MORE AMRUTA BALDEO	Amruta
50	MULE ADITYA SATISH	Aditya
51	MULIK SIDDHI SAMHAJI	Siddhi
52	MUNIFA NAZ MOHAMMAD RAFIQUE	Munifa
53	NARKHEDE SAKSHI SHRIKANT	Sakshi
54	NARSULE DIVYA ARVIND	Divya
55	NARWADE SHYAM VIJAY	Shyam
56	PATEL RIDDHI HARESH	Riddhi
57	PATIL DEVYANI NANDKISHOR	Devyani
58	PATIL HARSHADA ULHASRAO	Harshada
59	PATIL JAGRUTI SATISH	Jagruti
60	PATIL PAWAN SATISH	Pawan
61	PAWAR POOJA GOPICHAND	Pooja
62	PAWAR RUTUJA RAMNATH	Rutuja
63	PHALKE MRUNAL UMESH	Mrunal
64	PHARATE SHWETA EKNATH	Shweta
65	RAUT AISHWARYA SHIVLING	Aishwarya
66	SALIYAN SHRUTI SURESH	Shruti
67	SAWANT ROHINI BHARAT	Rohini
68	SHAIKH RUHMA ARIF	Ruhma
69	SHEKAPURE AISHWARYA BALAJI	Balaji
70	SHELKE OMKAR NANASAHEB	Omkar
71	SHETE VRUSHALI SANJAY	Shete
72	SHINDE PRAJAKTA SADASHIV	Shinde
73	SHINGADE ADITYA RAGHU	Aditya
74	SONAR BHUVANESHWARI PANKAJ	Bhuvaneshwari
75	SONAWANE KANCHAN RAVINDRA	Kanchan
76	SONAWANE SANGRAM SANJAY	Sangram
77	SPRIHA SINGH	Spriha
78	SURYAWAD RUTUJA RAOSAHEB	Rutuja
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	Vijayalaxmi
80	TAMBE SAMRUDDHI SARASRAM	Samruddhi
81	UGRAN SHRADDHA VIJAYKUMAR	Shraddha
82	WARAL CHETAN SUNIL	Chetan
83	WARKAD PRATIKSHA GAJANAN	Pratiksha
84	Ghogare Saurabh	Ghogare

85	Prajakta Pawar	
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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Introduction & Steps in Fabrication of Fixed Partial Denture
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The session began with an overview of FPDs, including indications, contraindications, and advantages over removable partial dentures. Students were educated on patient assessment criteria, diagnostic procedures, and treatment planning essential for successful FPD cases. Techniques for investing, casting, and fitting metal frameworks were video demonstrated, with a focus on achieving optimal marginal integrity and occlusion.</p> <p>Summary of Steps in FPD Fabrication</p> <ol style="list-style-type: none">1. Patient Assessment and Treatment Planning2. Tooth Preparation3. Impression Making4. Temporization5. Model and Die Fabrication6. Wax Pattern Creation7. Investing and Casting8. Metal Framework Try-In9. Porcelain Application10. Final Fit and Adjustment11. Final Cementation12. Post-Cementation Care
KEY TAKEAWAYS	The session successfully integrated theoretical knowledge and practical skills, offering Second Year BDS Students a holistic understanding of FPD fabrication.
TRAINER	Dr. Bipin Muley

HOD

Head of Department of Prosthodontics
Department of Prosthodontics

DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2020-21
Training Session - Steps in Fabrication of FPD

S.No.	NAME	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	P
2	BAILE SHIVKRISHNA KRANTIKAR	P
3	BALGUDE TRUPTI SANJAY	P
4	BARI MRUNALI GOPAL	P
5	BEDSE HARSHAL RAJDHAR	P
6	BHANSALI PRINCE SUSHIL	A
7	BHATTI HARDIK RAHUL	P
8	BHISE ROHINI BALU	A
9	BHUTKAR ARYA ANIL	P
10	CHANDORKAR ISHAN ASHISH	P
11	CHANGMAYUM ESHITA	P
12	CHAVAN SHRADDHA ASHOKRAO	P
13	CHIDDARWAR JANHAVI ATUL	P
14	DARADE AMIT SUMANT	A
15	DESHMANE ADITI ARUN	A
16	DESHMUKH SAKSHEE SURYAKANT	P
17	DODIA RUCHI BIPIN	P
18	DOND PRASAD SUNIL	P
19	DUGANI SNEHAL MURGENDRA	P
20	GAIKWAD ABHAY SHAHAJI	P
21	GAIKWAD AKANKSHA PANDURANG	P
22	GAIKWAD ANKITA DATTATRAY	P
23	GARG KASHISH SANJAY	P
24	GOWAIKAR RUCHA SANJAY	A
25	GUDADHE TRUPTI JAYANT	P
26	GUPTA RAGHAV MAHESH	P
27	HALAGERI PARVATI BASAVRAJ	P
28	JAMNA SANIYA ILIYAS	P
29	JHAWAR AKSHATA RAMKISHOR	P
30	KAMBLE MRUNAL VIJAY	P
31	KANPILE SAKSHI CHETAN	P
32	KEKARE NIRMITI DASHRATH	P
33	KHAKAR SWAROOP ARUN	P
34	KULKARNI HARSH MILIND	P
35	LOKHANDE PRATIKSHA NARHARI	P
36	LOLAGE VAISHANVI	P
37	LONDHE SIDDHESH ANIL	A
38	LONDHE VINIT MAHADEO	P
39	LONKAR SAKSHI SANDIP	P
40	MAGAR SHREYAS ASHOK	P

41	MAHAJAN JUI SHASHANK	Y
42	MALI PRERNA RAJESH	Y
43	MANE ONKAR VINAYAK	P
44	MANEK SRUSHTI RAJESH	P
45	MAURYA KHUSABU	P
46	MISHRA SHUBHAM SANJAY	P
47	MOHITE AISHWARYA ULHAS	P
48	MOMIN RUSHNA ISHTIYAQUE AHMED	A
49	MORE AMRUTA BALDEO	P
50	MULE ADITYA SATISH	P
51	MULIK SIDDHI SAMBHAJI	P
52	MUNIFA NAZ MOHAMMAD RAFIQUE	P
53	NARKHEDE SAKSHI SHRIKANT	P
54	NARSULE DIVYA ARVIND	P
55	NARWADE SHYAM VIJAY	P
56	PATEL RIDDHI HARESH	A
57	PATIL DEVYANI NANDKISHOR	Y
58	PATIL HARSHADA ULHASRAO	P
59	PATIL JAGRUTI SATISH	P
60	PATIL PAWAN SATISH	P
61	PAWAR POOJA GOPICHAND	P
62	PAWAR RUTUJA RAMNATH	P
63	PHALKE MRUNAL UMESH	P
64	PHARATE SHWETA EKNATH	P
65	RAUT AISHWARYA SHIVLING	P
66	SALIYAN SHRUTI SURESH	P
67	SAWANT ROHINI BHARAT	A
68	SHAIKH RUHMA ARIF	P
69	SHEKAPURE AISHWARYA BALAJI	r
70	SHELKE OMKAR NANASAHEB	P
71	SHETE VRUSHALI SANJAY	P
72	SHINDE PRAJAKTA SADASHIV	P
73	SHINGADE ADITYA RAGHU	P
74	SONAR BHUVANESHWARI PANKAJ	A
75	SONAWANE KANCHAN RAVINDRA	P
76	SONAWANE SANGRAM SANJAY	P
77	SPRIHA SINGH	P
78	SURYAWAD RUTUJA RAOSAHEB	P
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	P
80	TAMBE SAMRUDDHI SARASRAM	A
81	UGRAN SHRADDHA VIJAYKUMAR	P
82	WARAL CHETAN SUNIL	P
83	WARKAD PRATIKSHA GAJANAN	P

84	GHOGARE SAURABH	P
85	PRAJAKTA PAWAR	P

D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Class V GIC restoration
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Glass Ionomer Cement, focusing on material handling and restoring Class V cavities.● To understand the physical and mechanical properties of GIC● To understand the indications and contraindications of GIC.
KEY TAKEAWAYS	<p>Understand and implement the following:</p> <ul style="list-style-type: none">● To dispense correct powder and liquid ratio.● To note the properties of GIC such as adhesion, fluoride release, biocompatibility and aesthetics.● Clinical consideration while handling, isolation and surface protection.● To evaluate the factors affecting setting time. <p>By understanding these key aspects of GIC, dental students can make informed decisions about its application and optimize patient outcomes.</p>
TRAINER	Dr. Divya Dudulwar



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lonergaon, Pune - 412140



Dean

D.Y. Patil Dental School, Pune



Training Session Attendance List

Class V GIC Restoration

II YEAR - 2020-21

DATE:19/06/2021

Sr. No	Name of Student	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	<u>Sakshi</u>
2	BAILE SHIVKRISHNA KRANTIKAR	<u>Baile</u>
3	BALGUDE TRUPTI SANJAY	<u>Balgu</u>
4	BARI MRUNALI GOPAL	<u>Mrunali</u>
5	BEDSE HARSHAL RAJDHAR	<u>Harshal</u>
6	BHANSALI PRINCE SUSHIL	<u>Prince</u>
7	BHATTI HARDIK RAHUL	<u>Hardik</u>
8	BHISE ROHINI BALU	<u>Rohini</u>
9	BHUTKAR ARYA ANIL	<u>Arya</u>
10	CHANDORKAR ISHAN ASHISH	<u>Ishan</u>
11	CHANGMAYUM ESHITA	<u>Eshita</u>
12	CHAVAN SHRADDHA ASHOKRAO	<u>Shradha</u>
13	CHIDDARWAR JANHAVI ATUL	<u>Janhavi</u>
14	DARADE AMIT SUMANT	<u>Amit</u>
15	DESHMANE ADITI ARUN	<u>Aditi</u>
16	DESHMUKH SAKSHEE SURYAKANT	<u>Sakshita</u>
17	DODIA RUCHI BIPIN	<u>Ruchi</u>
18	DOND PRASAD SUNIL	<u>Prasad</u>
19	DUGANI SNEHAL MURGENDRA	<u>Snehal</u>
20	GAIKWAD ABHAY SHAHAJI	<u>Abhay</u>
21	GAIKWAD AKANKSHA PANDURANG	<u>Akanksha</u>
22	GAIKWAD ANKITA DATTATRAY	<u>Ankita</u>
23	GARG KASHISH SANJAY	<u>Kashish</u>
24	GOWAIKAR RUCHA SANJAY	<u>Rucha</u>
25	GUDADHE TRUPTI JAYANT	<u>Trupti</u>

26	GUPTA RAGHAV MAHESH	Raghu
27	HALAGERI PARVATI BASAVRAJ	Parvati
28	JAMNA SANIYA ILIYAS	Saniya
29	JHAWAR AKSHATA RAMKISHOR	Akshata
30	KAMBLE MRUNAL VIJAY	
31	KANPILE SAKSHI CHETAN	Sakshi
32	KEKARE NIRMITI DASHRATH	Nirmita
33	KHAKAR SWAROOP ARUN	Swaroop
34	KULKARNI HARSH MILIND	Harsh
35	LOKHANDE PRATIKSHA NARHARI	Pratishka
36	LOLAGE VAISHANVI	Lolage
37	LONDHE SIDDHESH ANIL	Siddhesh
38	LONDHE VINIT MAHADEO	Vinit
39	LONKAR SAKSHI SANDIP	Sakshi
40	MAGAR SHREYAS ASHOK	Shreyas
41	MAHAJAN JUI SHASHANK	Jui
42	MALI PRERNA RAJESH	Prerna
43	MANE ONKAR VINAYAK	Onkar
44	MANEK SRUSHTI RAJESH	Srushti
45	MAURYA KHUSABU	Khushbu
46	MISHRA SHUBHAM SANJAY	Shubham
47	MOHITE AISHWARYA ULHAS	Aishwarya
48	MOMIN RUSHNA ISHTIYAQUE AHMED	Rushna
49	MORE AMRUTA BALDEO	Amruta
50	MULE ADITYA SATISH	Aditya
51	MULIK SIDDHI SAMBHAJI	Siddhi
52	MUNIFA NAZ MOHAMMAD RAFIQUE	Munifa
53	NARKHEDE SAKSHI SHRIKANT	Sakshi
54	NARSULE DIVYA ARVIND	Divya
55	NARWADE SHYAM VIJAY	Shyam


56	PATEL RIDDHI HARESH	Riddhi
57	PATIL DEVYANI NANDKISHOR	Devi
58	PATIL HARSHADA ULHASRAO	Harshada
59	PATIL JAGRUTI SATISH	Jagruti
60	PATIL PAWAN SATISH	Pawan
61	PAWAR POOJA GOPICHAND	Pooja
62	PAWAR RUTUJA RAMNATH	Rutuja
63	PHALKE MRUNAL UMESH	Mrunal
64	PHARATE SHWETA EKNATH	Shweta
65	RAUT AISHWARYA SHIVLING	Aishwarya
66	SALIYAN SHRUTI SURESH	Shruti
67	SAWANT ROHINI BHARAT	Rohini
68	SHAIKH RUHMA ARIF	Ruhma
69	SHEKAPURE AISHWARYA BALAJI	Ashkapure
70	SHELKE OMKAR NANASAHEB	Omkar
71	SHETE VRUSHALI SANJAY	Vrushali
72	SHINDE PRAJAKTA SADASHIV	Prajakta
73	SHINGADE ADITYA RAGHU	Shingade
74	SONAR BHUVANESHWARI PANKAJ	
75	SONAWANE KANCHAN RAVINDRA	Kanchan
76	SONAWANE SANGRAM SANJAY	Sangram
77	SPRIHA SINGH	Spriha
78	SURYAWAD RUTUJA RAOSAHEB	Surya
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	Vijaya
80	TAMBE SAMRUDDHI SARASRAM	Samruddhi
81	UGRAN SHRADDHA VIJAYKUMAR	Ugras
82	WARAL CHETAN SUNIL	Chetan
83	WARKAD PRATIKSHA GAJANAN	Pratiksha
84	GHOOGARE SAURABH	Saurabh
85	PRAJAKTA PAWAR	Prajakta

D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS.

Report

Training Sessions Program Report	
NAME OF SESSION	Posterior Composite Restoration
YEAR OF PROGRAM	2020-21
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none"> ● To familiarize dental students with Composite resin materials, focusing on accurate technique and material handling. ● To understand the indications and contraindications. ● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct restorative material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none"> ● Isolation ● Etching ● Bonding ● Composite placement-importance of increment build up. ● Final Shaping and Contouring ● Light curing ● Polishing and final check.
TRAINER	Dr. Kiran Keswani



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD

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D Y Patil Knowledge City

Charoli (Bk), Via Lonergaon, Pune - 411 006



Dean

D.Y. Patil Dental School, Pune



Training Session Attendance List

Posterior Composite

II YEAR - 2020-21

DATE:24/07/2021

Sr. No	Name of Student	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	Sakshi
2	BAILE SHIVKRISHNA KRANTIKAR	Baile
3	BALGUDE TRUPTI SANJAY	Trupti
4	BARI MRUNALI GOPAL	Mrunal
5	BEDSE HARSHAL RAJDHAR	Harsh
6	BHANSALI PRINCE SUSHIL	
7	BHATTI HARDIK RAHUL	Harsh
8	BHISE ROHINI BALU	Rohini
9	BHUTKAR ARYA ANIL	Arya
10	CHANDORKAR ISHAN ASHISH	Ishan
11	CHANGMAYUM ESHITA	Eshita
12	CHAVAN SHRADDHA ASHOKRAO	Sh.Chavan
13	CHIDDARWAR JANHAVI ATUL	Janavhikar .
14	DARADE AMIT SUMANT	Amit
15	DESHMANE ADITI ARUN	Aditi
16	DESHMUKH SAKSHEE SURYAKANT	Deshmukh
17	DODIA RUCHI BIPIN	Ruchi
18	DOND PRASAD SUNIL	Dond
19	DUGANI SNEHAL MURGENDRA	Snehal
20	GAIKWAD ABHAY SHAHAJI	Abhay
21	GAIKWAD AKANKSHA PANDURANG	AKS
22	GAIKWAD ANKITA DATTATRAY	Ankita
23	GARG KASHISH SANJAY	KG
24	GOWAIKAR RUCHA SANJAY	Rucha
25	GUDADHE TRUPTI JAYANT	Trupti
26	GUPTA RAGHAV MAHESH	Raghu

27	HALAGERI PARVATI BASAVRAJ	Parvat
28	JAMNA SANIYA ILIYAS	Jamna
29	JHAWAR AKSHATA RAMKISHOR	Akshata
30	KAMBLE MRUNAL VIJAY	Mrunal
31	KANPILE SAKSHI CHETAN	Sakshi
32	KEKARE NIRMITI DASHRATH	Nirmita
33	KHAKAR SWAROOP ARUN	Swaroop
34	KULKARNI HARSH MILIND	
35	LOKHANDE PRATIKSHA NARHARI	Pratiksha
36	LOLAGE VAISHANVI	Loage
37	LONDHE SIDDHESH ANIL	S Londhe
38	LONDHE VINIT MAHADEO	Vinit Londhe
39	LONKAR SAKSHI SANDIP	Lonkar
40	MAGAR SHREYAS ASHOK	Magar
41	MAHAJAN JUI SHASHANK	Jui
42	MALI PRERNA RAJESH	
43	MANE ONKAR VINAYAK	Onkar
44	MANEK SRUSHTI RAJESH	
45	MAURYA KHUSABU	Khushi
46	MISHRA SHUBHAM SANJAY	
47	MOHITE AISHWARYA ULHAS	Ashu
48	MOMIN RUSHNA ISHTIYAQUE AHMED	Momin
49	MORE AMRUTA BALDEO	Amruta
50	MULE ADITYA SATISH	Mule
51	MULIK SIDDHI SAMBHAJI	Siddhi
52	MUNIFA NAZ MOHAMMAD RAFIQUE	Naz
53	NARKHEDE SAKSHI SHRIKANT	
54	NARSULE DIVYA ARVIND	Divya
55	NARWADE SHYAM VIJAY	
56	PATEL RIDDHI HARESH	Patel

57	PATIL DEVYANI NANDKISHOR	Patth
58	PATIL HARSHADA ULHASRAO	Pat
59	PATIL JAGRUTI SATISH	Jagru
60	PATIL PAWAN SATISH	Pawan
61	PAWAR POOJA GOPICHAND	Pawar Pooja
62	PAWAR RUTUJA RAMNATH	<u>Rutuja</u>
63	PHALKE MRUNAL UMESH	<u>Mrunal</u>
64	PHARATE SHWETA EKNATH	<u>Shweta</u>
65	RAUT AISHWARYA SHIVLING	Aishwarya
66	SALIYAN SHRUTI SURESH	<u>Shruti Suresh</u>
67	SAWANT ROHINI BHARAT	Rohini
68	SHAIKH RUHMA ARIF	<u>Ruhma</u>
69	SHEKAPURE AISHWARYA BALAJI	
70	SHELKE OMKAR NANASAHEB	Shelke
71	SHETE VRUSHALI SANJAY	Vrushali
72	SHINDE PRAJAKTA SADASHIV	<u>Shinde</u>
73	SHINGADE ADITYA RAGHU	Aditya
74	SONAR BHUVANESHWARI PANKAJ	<u>Bhuvan</u>
75	SONAWANE KANCHAN RAVINDRA	Kanchan
76	SONAWANE SANGRAM SANJAY	Sangram
77	SPRIHA SINGH	Spriha
78	SURYAWAD RUTUJA RAOSAHEB	<u>Rutuja</u>
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	
80	TAMBE SAMRUDDHI SARASRAM	Tambe
81	UGRAN SHRADDHA VIJAYKUMAR	
82	WARAL CHETAN SUNIL	Waral
83	WARKAD PRATIKSHA GAJANAN	Warkad
84	GHOOGARE SAURABH	GhooGare
85	PRAJAKTA PAWAR	<u>Pawar</u>

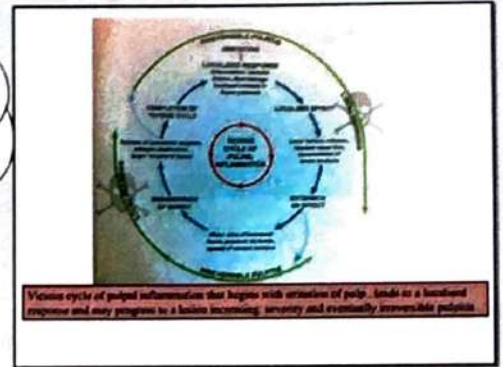
Case Scenarios

PULP PROTECTION



Dr. Kiran Keswani

WHAT HAPPENS WHEN IRRITANTS REACH THE PULP CHAMBER?



Das, et al. Pulp capping agents. An Evolutionary Review. International Journal of Dental Science and Innovative Research 2020, 3(4): 246-251

Pulp irritants

Bacterial

Traumatic

Iatrogenic

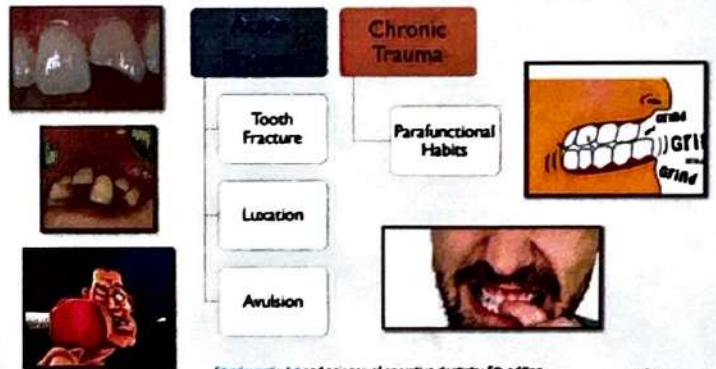


Acute Trauma

Chronic Trauma

- During tooth preparation
- Orthodontic movement of tooth
- Periodontal and pericalcurettage
- Use of chemicals
- Idiopathic

Sturdevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Siroi 4th edition



Sturdevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Siroi 4th edition

IATROGENIC DAMAGE TO THE PULP

During cavity preparation

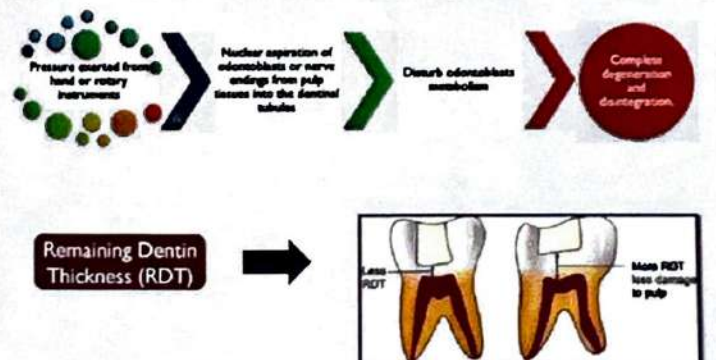
- Heat generated during cavity preparation:

Pulpal temperature is critical and must not exceed normal values in dental restorative procedures. Clinical research has shown irreversible damage to pulp tissues when temperature is increased.



5.5° C - 60%
11° C - 100%

Sturdevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Siroi 4th edition



Remaining Dentin Thickness (RDT)



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INDICATIONS

- Recent small mechanical exposure of pulp during (< 24 hours);
- a) Tooth preparation
- b) Traumatic injury

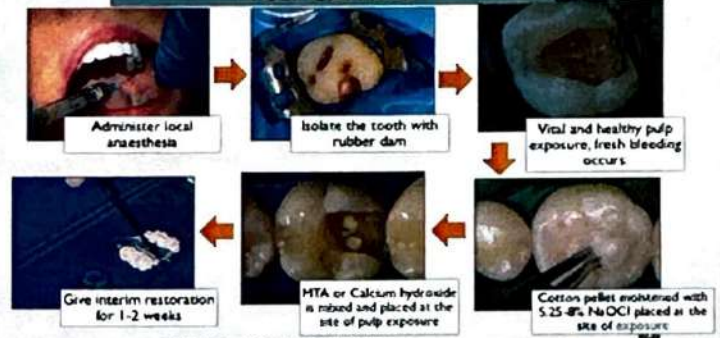


Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice



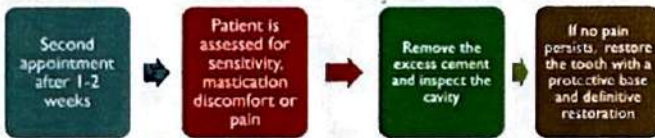
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CLINICAL PROCEDURE - TWO STEP PULP CAPPING



Ingle's Textbook of Endodontics 6th edition

CLINICAL PROCEDURE - TWO STEP PULP CAPPING

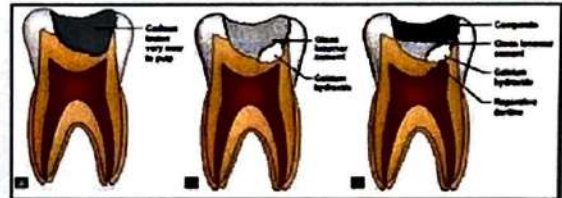


Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice

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INDIRECT PULP CAPPING

Indirect pulp capping is defined as "a procedure in which a material is placed on a thin partition of remaining carious dentin that, if removed, might expose the pulp in immature permanent teeth."



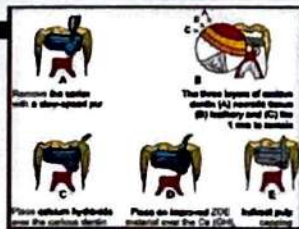
Ingle's Textbook of Endodontics 6th edition

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CLINICAL PROCEDURE

The procedure for indirect pulp capping is same as that of direct pulp capping except that the pulp is not exposed. A thin layer of "affected dentin" is left to avoid exposure.

The pulp capping material is directly placed on the affected dentin.



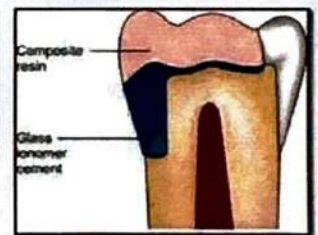
Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice

1

CERVICAL LINING TECHNIQUE/ OPEN SANDWICH TECHNIQUE

- To combine beneficial properties of GIC and Composite
- Cervical portion of the proximal box of a posterior cavity is restored with glass-ionomer cement, and the final restoration being either resin composite or amalgam.
- Indication: Usually for posterior resin composite restorations

GIC expands slightly when in contact with moisture, and this may compensate for the polymerization shrinkage of the resin composite therefore reduce micro leakage

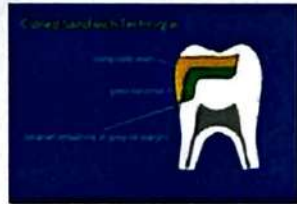


Sturtevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Bári 4th edition

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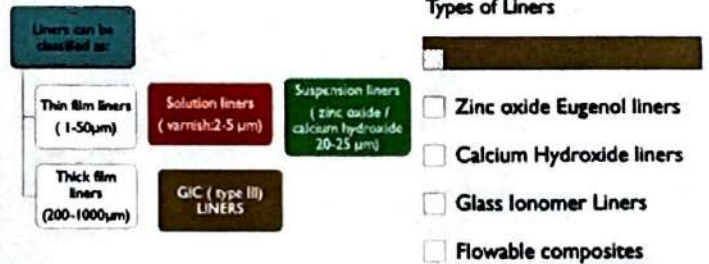
CLOSED SANDWICH TECHNIQUE

- The dentin is covered by Glass ionomer cement which in turn is entirely covered by composite restoration
- Used when there is remaining enamel at the gingival margin



Blundell & Art and science of operative dentistry 6th edition
Text book of operative dentistry - Vimal K. Bhat 4th edition

LINERS



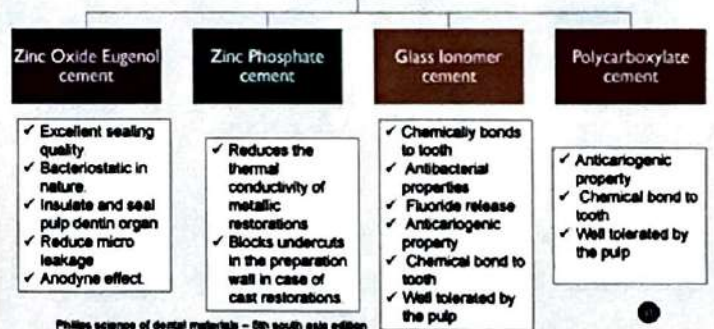
Philips science of dental materials - 6th south asia edition

CLASSIFICATION OF BASES



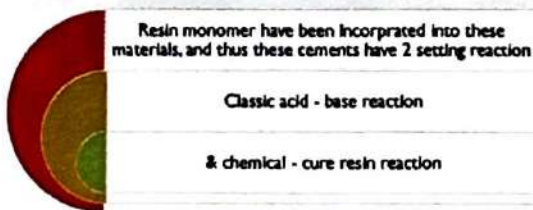
Philips science of dental materials - 6th south asia edition
Des. of M. Pulp capping agents. An Evolutionary Review International Journal of Dental Science and Innovative Research 2020, 3(8), 240-251

Materials used as bases



Philips science of dental materials - 6th south asia edition

RESIN MODIFIED GLASS IONOMER CEMENT (HYBRID IONOMER)



Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. P Indian J Conserv Endod 2021;6(1):123-127.

FLOWABLE COMPOSITES

Composites with a lower amount of filler → more fluid consistency, less strength and lower modulus



Advantages	Disadvantages
Adaptation to walls because of their flow Ease in manipulation	Technique sensitive Requires care of contamination free field
Aesthetic	Polymerization shrinkage → gap formation at resin-tooth interface.

Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. P Indian J Conserv Endod 2021;6(1):123-127.

MINERAL TRIOXIDE AGGREGATE (MTA)

Characteristics:

- Non-toxic material
- Low or no solubility
- Stimulate reparative dentin development by a normal defending process of an early pulpal wound healing (evidence was the presence of odontoblast like cells)
- Minimal inflammation at early healing stage

COMPOSITION

- ✓ Tricalcium silicate
- ✓ Tricalcium aluminate
- ✓ Tricalcium oxide
- ✓ Silicate oxide

Chandini R. Mishra P. Nishit V. Current lay to clinical success in pulp capping: A review IP Indian J Conserv Endod 2023;8(1):123-127



BIODENTINE

Calcium silicate-based restorative cement with dentin-like mechanical properties, which can be used as a dentin substitute on crowns and roots similar to how MTA is used.

It has a positive effect on vital pulp cells and stimulates tertiary dentin formation.

In direct contact with vital pulp tissue, it also promotes formation of reparative dentin.

Biodentine may be successfully used as a posterior restoration material for up to 6 months after direct pulp capping. After validation of pulp health, it may be partially removed to place a permanent composite material.

Chandini R. Mishra P. Nishit V. Current lay to clinical success in pulp capping: A review IP Indian J Conserv Endod 2023;8(1):123-127



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INLAYS – Indications and Cavity Features

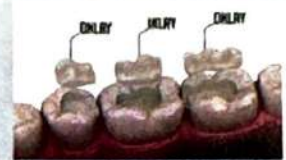
PRESENTED BY
DR. VINOD KAMBLI



Definitions

Inlay

- Inlay is defined as a fixed intracoronal restoration, a dental restoration made outside of a tooth to correspond to the form of prepared cavity, which is then luted into the tooth (Rosensteil)



Onlay

- An Onlay is combination of intracoronal and extra coronal restoration when one or more cusps are covered. (Rosensteil)

Indication

3

- Extensive tooth involvement
- Superior control over contacts and contours.
- Correction of occlusion
- Restoration of endodontically treated teeth
- Retainers for fixed prostheses
- Subgingival lesions
- Patients with low incidence of plaque accumulation
- Fracture lines
- Esthetics



Contraindications

4

- Developing and deciduous teeth
- High plaque/caries indices
- Occlusal disharmony
- Dissimilar metals
- Where esthetics is prime consideration
- Case of extensive occlusal wear facets



Advantages

5

- Yield strength, compressive strength, tensile strength and shear strength of alloys used for cast restorations are far greater than those of any materials used intra orally
- Capable of reproducing precise form and minute detail
- Not significantly affected by tarnish and corrosion processes in the oral environment.
- Surface with maximum biological acceptance
- Gold castings have a coefficient of thermal expansion ($12 \times 10^{-6}^{\circ}\text{C}$) similar to that of tooth structure.

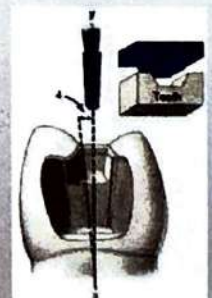
Designs of cavity preparation for cast restorations Inlay

Initial preparation

- Occlusal step
- Proximal box

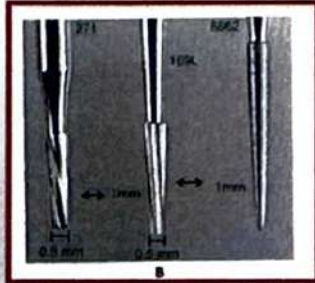
Final preparation

- Removal of Infected Carious Dentin & Pulp protection.
- Preparation of bevels and flares.



Burs used

- Carbide burs used are plane cut, tapered fissure
- No.271 & 169L help in uniformly tapered walls, smooth pulpal & gingival walls.
- Marginal bevels are placed with No.8862 diamond instrument.



Initial preparation - Occlusal surface

- No. 271 bur is held parallel to the long axis of the tooth – enter pit/ fossa closest to the marginal ridge.
- Punch cut 1.5 mm.
- Outline extended to a dovetail form.



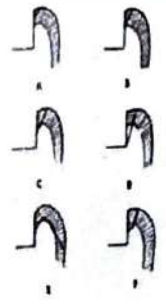
- Correct pulpal depth for an inlay is established with a tapered fissure bur, used to create flat floors and well defined internal line angles
- Tapered sides of the bur are used to help establish the desired divergence of the walls
- Width of the cavity - 1/3rd of the cuspal inclines is included on both sides of the central groove
- Average taper 2 to 5°



Types of bevel

10

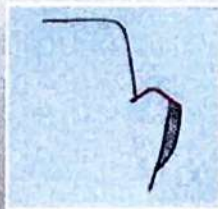
1. Partial bevel - not more than 2/3rd of enamel
2. Short bevel - entire enamel without dentin
3. Long bevel - entire enamel and one half of dentinal wall.
4. Full bevel - whole of enamel and dentin.
5. Reverse bevel - for cusp capping. Usually on facial and lingual surface of cusp.
6. Hollow ground bevel - in the form of concavity. For materials with low castability



Reverse Bevel

11

- It is given on the gingival seat. This bevel has three planes.
- First - reverse bevel plane where the inclination is on the gingivoaxial plane
- Second - flat plane made of dentin.
- Third - plane that is sloping away from the axial wall made up of enamel and dentin. This helps in preventing proximal displacement
- Functions - prevents proximal displacement of the restoration.



Flares

12

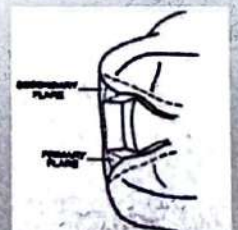
- Flares are present on the proximal box

Two types of flares:

1. Primary flare - similar to long bevel formed on the facial and lingual wall of proximal box. It has angulation of 45° to the inner dentinal wall proper.

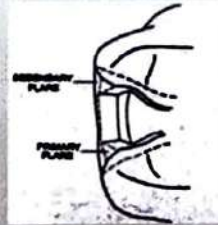
Functions :

- 1) To bring the proximal preparation out of the contact area
- 2) Making that are self cleansable.



Secondary flare functions -

Secondary flare - it is a flat plane superimposed peripherally to a primary flare. Indicated in lesions with wide contact areas and wide bucco-lingual extensions.



Mesio-occluso-distal preparation

- If the marginal ridge is severely weakened because of extensive extension, the preparation often includes the proximal surface.
- The decision in this manner calls for clinician judgment.
- Indicated where the remaining marginal ridge is weakened



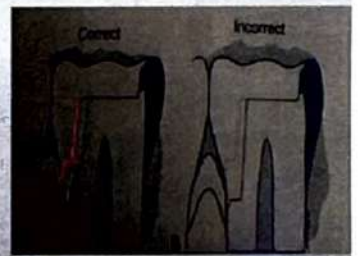
Modification of class II preparation for esthetics

- For esthetic reasons minimal flare is desired for the mesiofacial proximal wall.
- The mesiofacial margin is minimally extended facially of contact to such a position that margin is barely visible.
- The secondary flare is omitted
- The margin is prepared using an enamel hatchet or chisel
- The margins are finished using fine grit paper disk
- Indicated in maxillary premolars & 1st molars.



Class II preparation for abutment & extension to include root surface

- The following modifications are done
 1. The gingival bevel is extended
 2. The width of gingival floor is reduced
 3. The axial wall is moved towards pulp



Dr. [Signature]

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PULP PROTECTION

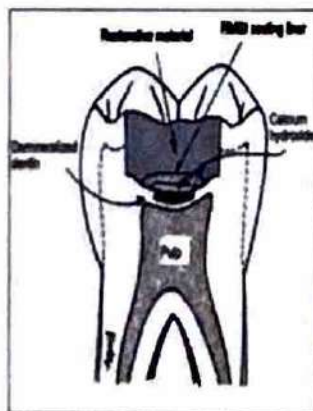
RDT	AMALGAM	COMPOSITE	INDIRECT
<0.5mm	CH+RMGI+DA	CH+RMGI+DA	CH+RMGI+DA
>0.5mm <1.5mm	RMGL+DA	RMGL+DA	RMGL+DA
>1.5mm	DA	DA	DA

Sturdevants art science and operative dentistry south asia fifth edition

Concepts Of Remai

INDIRECT PULP CAPPING

- *Pierre Fauchard* first suggested indirect pulp capping
- carious dentin is allowed to remain adjacent to a vital pulp, rather than risk pulp exposure and is covered with a cavity sealer or liner prior to restoration.
- Indicated in **deep caries lesion**



Louis.h. berman& kenneth.m. hargreaves Cohens pathway of pulp -12 th edition

- RDT >2mm, solution liner only-to be given surfaces of the cavity under metallic restorations liner/base for tooth-coloured restorations
- RDT <2mm, a base of thickness 0.5-0.7mm on pulpal floor and axial wall only
- RDT <1mm, the pulpal floor close to the pulpal suspension liner, over which a base is given.

Sturdevants art science



Cohens 12 th edition

RDT In

- 4 Hydraulic conductance of radicular dentin is inversely proportional to the distance from pulp (i.e., as the distance from pulp, increases hydraulic conductance of root dentin decreases)
- 5 Heat induced pulpal injury (via curing or burs) is inversely proportional to RDT

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FABRICATION OF WAX PATTERN

PRESENTED BY
DR. VINOD KAMBLI

INLAY WAX- DEFINITION

- A specialized dental wax that can be applied to dies to form direct or indirect patterns for the lost wax technique used for casting metals or hot pressing of ceramics.
(Skimmers)

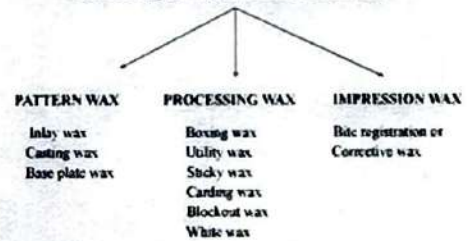


CLASSIFICATION OF WAXES

According to origin.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> Natural <ul style="list-style-type: none"> - Mineral - Paraffin - Microcrystalline - Ceresin - Montan - Plant <ul style="list-style-type: none"> - Carnauba - Candelilla - Japan wax - Cocon butter - Insect <ul style="list-style-type: none"> - Beeswax - Animal <ul style="list-style-type: none"> - Spermaceti wax | <ul style="list-style-type: none"> Synthetic waxes <ul style="list-style-type: none"> - Aerosol OT - Castor wax - Flexowax C - Aldo 33 wax - Durawax | <ul style="list-style-type: none"> Additives: Fats: <ul style="list-style-type: none"> -Stearic acid -Glyceryl tristerate -Oils -Turpentine -Colorants Natural resins <ul style="list-style-type: none"> -Copal -Dammar Synthetic resins <ul style="list-style-type: none"> -Polyethylene -Polyoxyethylene glycol |
|---|--|---|

According to use and application



CLASSIFICATION OF INLAY WAX

The ANSI/ADA Specification No. 4 for Dental Inlay Casting Wax covers 2 types of inlay wax.

- Type I - Medium Wax used in direct techniques
- Type II - Soft Wax used in indirect techniques

- The wax pattern can be prepared by direct technique or by indirect technique.

DIRECT TECHNIQUE

- Indications:**
 1. A tooth in an area of easy accessibility.
 2. Small cavity preparations
 3. Well defined cavity preparations (flat walls, sharp internal line angles, definite gingival margins)
- Advantages**
 1. **Exact replication:** The pattern is carved on the tooth and not on a model which may not be a perfect replica of the tooth. Thus the possible inaccuracies are reduced.
 2. **Little lab work has to be done** as compared to the indirect technique
 3. **Time saving:** Although chair side time is increased, the overall time required for fabrication is decreased.

Disadvantages:

1. Great skill and patience is required to carve the pattern in the patient's mouth.
2. When wax is carved by indirect vision in a mirror, manipulation becomes difficult and fatiguing.
3. Uncomfortable for the patient as the chair side time is increased.
4. Discrepancies of the pattern at the gingival margin are difficult to detect until the pattern has been carved and withdrawn.
5. Also if the casting fails, the patient has to be recalled.

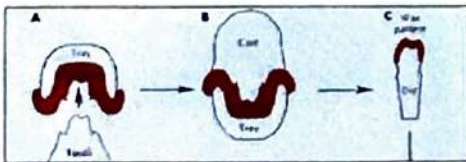
- Direct wax pattern can be prepared by using two methods.
 - > With a matrix band
 - > Without a matrix band

WAX PATTERN WITHOUT THE USE OF MATRIX BAND

- The inlay wax stick is softened to form a pointed end.
- Softened pointed end is forced into the cavity, the harder end acts like a plunger.
- The thumb and forefinger are used to press the wax into buccal and lingual embrasures.
- The excess wax is cut off occlusally and an egg-shaped burnisher is used to press the wax further into the cavity until it ceases to move under pressure.

INDIRECT TECHNIQUE

- This technique consists of obtaining an accurate impression of the prepared tooth and making a cast from the impression, on which a wax pattern that resembles the shape of the final restoration is shaped.



WAX PATTERN PREPARED WITH A MATRIX BAND

- The retainer and band are tried loosely on a tooth making certain that the gingival margins are covered by the band.
- The internal surfaces of the band are lightly lubricated with a separating medium such as castor oil.
- Wax is then added into the prepared cavity.
- With the finger as a plunger to confine the occlusal portion of wax, the band is tightened until a snug fit is obtained.
- Finger pressure is maintained until the wax is cooled and hardened.
- The bulk of excess wax is then trimmed.
- The matrix retainer is loosened and removed.
- The wax is held firmly in place and the band is removed.
- Excess wax is trimmed from the cavosurface margins.
- Trial removal of the pattern is attempted at this stage.

ADVANTAGES OF PATTERN WITH MATRIX V/S WITHOUT MATRIX BAND

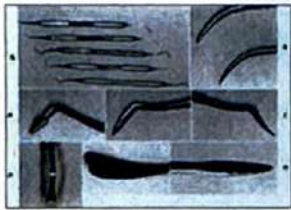
- Wax is confined to the preparation
- Compression of wax readily obtained
- Position of excess wax easily controlled
- Exceptions to "no matrix technique"
 1. No adjacent teeth
 2. Cavity preparation with a deep cervical floor

- After preparation of the die, a lubricant is applied to facilitate the withdrawal of the pattern from the die.
- Various lubricants used are castor oil, machine oil, petroleum jelly, cocoa butter etc.
- Any excess must be avoided, because it would prevent intimate adaptation to the die.
- Melted wax is added in layers with a spatula or waxing instrument or may be painted on with a brush.
- Wax is then carved to proper contour. While carving the margins, care should be taken to avoid abrading any surface of the stone die.
- A silk or fine cloth may be used, for final polishing, rubbing towards the margins.

WAXING INSTRUMENTS

Designed by Dr Peter K. Thomas specifically for the additive waxing technique.

- no. 1 and no. 2 are wax addition instruments
- no. 3 is a burnisher for refining occlusal anatomy
- nos. 4 and 5 are wax carvers



A to F, P.K.T waxing instruments
 (A, Nos. 1 to 5.
 B, Nos. 1 and 2.
 C, No. 3.
 D and E, No. 4.
 F, No. 5)
 G and H, The no. 7 waxing spatula.

Another popular burnisher is the Darby-Perry trimmer (DPT) no. 6



Electric waxing instruments are preferred because they allow precise temperature control of the wax, which is important for proper manipulation.



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Shade Selection for Anterior Composite Restoration

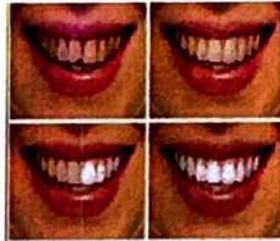
Presented By
Dr. Divya Dudulwar

Contents

1.	Understanding Natural Shades of teeth
2.	Why different shades exist naturally
3.	Understanding Shade guide
4.	Difference between enamel and dentin guides
5.	Importance of shade Selection
6.	Learning basic principles of good shade selection
7.	Stepwise Approach to Shade Selection
8.	Tips and Tricks for good Shade Selection
9.	New Technologies in Shade Selection

NATURAL SHADE OF TEETH

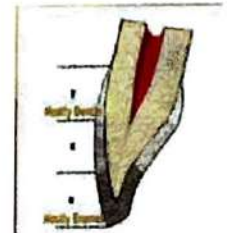
- ✓ Normally teeth are predominantly white, with varying degrees of yellow, grey or orange tints.
- ✓ The color also varies with the translucency, thickness and distribution of enamel and dentin and the age of the patient.
- ✓ Other factors may also affect the natural coloring of the teeth such as fluorosis, tetracycline staining and endodontic treatment.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen J. Cho / 2nd Ed

Why Different Shades Exist

- ✓ A cross section of an anterior tooth shows why color zones exists
- ✓ The incisal third (W) has a lighter shade and is more translucent than the cervical third (Y)
- ✓ Whereas the middle third represented by letter X blend both shades



Ahmed, Gulmez & Pinar, Karim & Wood, Duncan & Scott, Richard & Mohammedali, Rejman (2016). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27: 3-9. 10.1032/EJPD_2015A00002.

Understanding Shade Guides

- ✓ A universally adopted shade guide is known as VITA classical shade guide
- ✓ Most manufacturers provide shade guide for their specific materials, which cannot be used for material provide by other manufacturers
- ✓ Also different manufacturers vary in the number of shade available
- ✓ Because of popularity of bleaching, many manufacturers also provide very light shade



Dentin Vs Enamel Shade Guides

- ✓ Most composite materials are available in both enamel and dentin shades
- ✓ Enamel shades are more translucent and are for restoration of incisal edges
- ✓ Whereas dentin shades are mostly used for restoration of cervical areas



Ahmed, Gulmez & Pinar, Karim & Wood, Duncan & Scott, Richard & Mohammedali, Rejman (2016). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27: 3-9. 10.1032/EJPD_2015A00002.

Ahmed, Gulmez & Pinar, Karim & Wood, Duncan & Scott, Richard & Mohammedali, Rejman (2016). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27: 3-9. 10.1032/EJPD_2015A00002.

Importance of Good Shade Selection

- ✓ The success of restorative dentistry is determined on the basis of both functional and aesthetic results.
- ✓ Careful shade selection is necessary to provide patients with an aesthetic restoration that harmoniously blends to the remaining dentition.
- ✓ Good shade selection makes the restoration appear natural and attractive.



Van EE, Sakum WK, Sano M, Demirkan I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar.

Basic Principles of Shade Selection

- ✓ The patient should be in upright position, mouth should be at dentist's eye level.
- ✓ Teeth to be matched must be clean.
- ✓ Remove bright colors from the field of view.
- ✓ Daylight or standard lamps should be used to determine the shade.



Van EE, Sakum WK, Sano M, Demirkan I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar.

Stepwise Approach to Shade Selection

1. Hold the entire shade guide near the patient's teeth to determine the general color.
2. Select a specific shade tab according to the general color of the tooth.
3. Hold the selected specific shade tab beside the area of the tooth to be restored.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

Tips and Tricks for Good Shade Selection

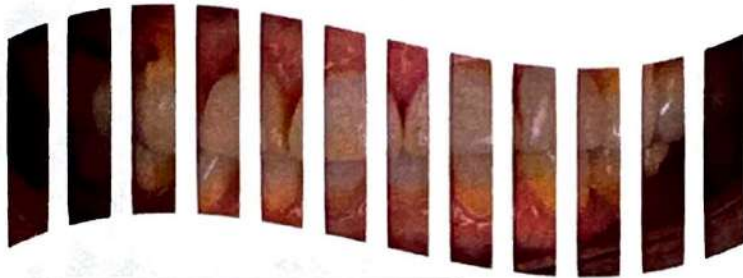
- ✓ To try and mimic the different shades the tooth has in it naturally, we can use several different layers of composites.
- ✓ For good shade selection hand the patient a mirror and assess the shade together with the help of the patient.
- ✓ Have patients remove lipsticks.
- ✓ Use a neutral tab to cover the patient's clothing.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

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MANAGEMENT OF CARIOUS AND NONCARIOUS CERVICAL LESION

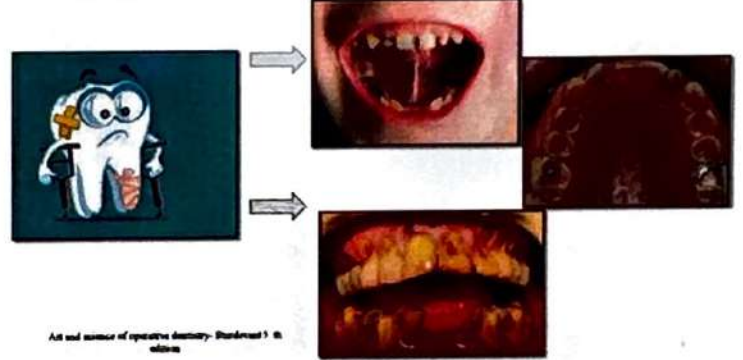
Dr. Kiran Keswani

- Management of carious and non carious cervical lesions
 - Role of Composites
 - Sandwich Technique
- Related literature
- Conclusion
- References

CONTENTS

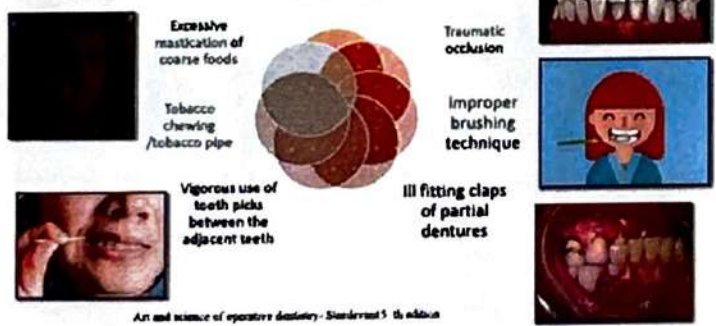
- Introduction
- Classification of carious and non carious cervical lesions
- Abrasion
 - Etiology
 - Clinical Features
 - Management
- Erosion
 - Etiology
 - Clinical Features
 - Management
- Abfraction
 - Etiology
 - Clinical Features
 - Management

INTRODUCTION



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ETIOLOGY

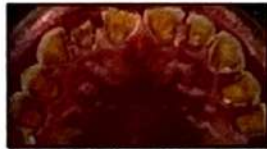


Art and science of operative dentistry - Sturdevant 5th edition



Textbook of Operative Dentistry, Vinod Kumar, 4th ed. Art and science of operative dentistry - Sturdevant 5th edition

EROSION



Erosion is the wear or loss of tooth surface by chemical action in the continued presence of demineralising agents with low pH

Erosion is defined as "the defects arising because of dissolution of tooth structure subsequent to chemical attack of either endogenous or exogenous origin, or combined chemico-mechanical attack."

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLASSIFICATION BASED ON ETIOLOGY

Intrinsic Erosion

- *Recurrent Vomiting
- *Eating disorders
- *Medical conditions
- Gastrointestinal
- Metabolic
- Neurological
- *GERD
- *Rumination

Extrinsic Erosion

Occupational factors
Diet and Lifestyle
Drugs
(Aspirin and Ascorbic acid)

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CLINICAL PRESENTATION



*Raised amalgam restorations



Maxillary dentition exhibiting concave dentin depressions surrounded by elevated rims of enamel



Extensive loss of buccal and occlusal tooth structure

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



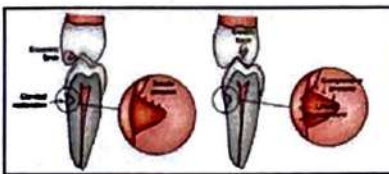
*Multiple cupped out depressions corresponding to the cusp tips



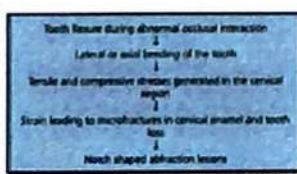
Extensive loss of enamel and dentin on the buccal surface of maxillary and mandibular teeth

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

BIOCHANICS



Class V lesions on two premolars suspected of being abfractions arising from tooth flexure.

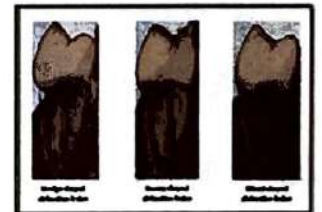


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CLINICAL PRESENTATION



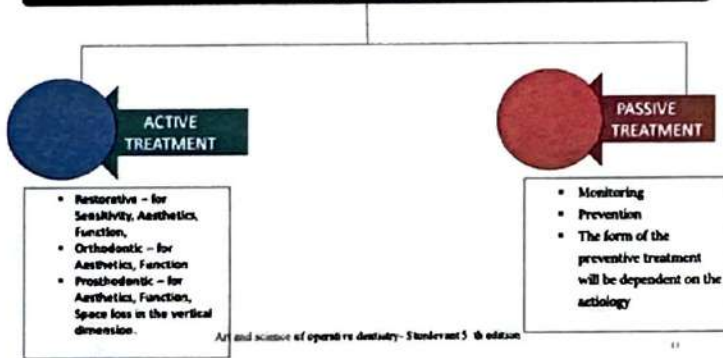
Sharp notch or wedge shaped lesions - affecting the buccal surfaces of teeth



Lesions can vary from "V" shaped to saucer shaped to notched

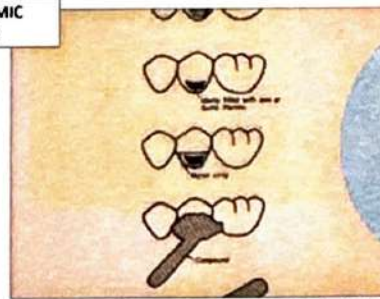
Art and science of operative dentistry- Sturdevant 5th edition

MANAGEMENT



MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

ANATOMIC MATRIX



After restoring the cavity on the model a plastic template is prepared and cut all around (1mm beyond the defect)

This template is used to apply pressure on the restorative material in vivo while curing

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

PREFABRICATED PLASTIC MATRICES

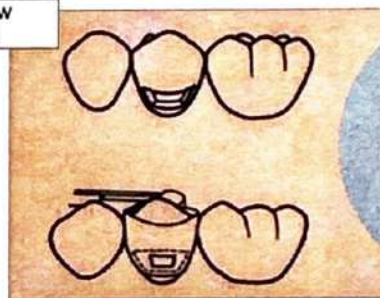


Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

Available in Different sizes
Used for light cure restorations
Handle is provided to hold the matrix in place

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

WINDOW MATRIX



Formed using Tofflemire or copper band matrix
A window slightly smaller than the outline of the cavity is cut
This is used to restore the defect mainly with amalgam restorations

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MANAGEMENT OF CARIOUS CERVICAL LESIONS



- ☐ SUPERFICIAL LESIONS
- COMPOSITE RESTORATION
- GIC RESTORATION
- ☐ DEEP LESIONS
- ROOT CANAL TREATMENT

RESTORATIVE TREATMENT



(a) Retracting wire insertion. (b) Selective phosphoric acid etching of the enamel. (c) Self-etching adhesive system application (primer). (d) Selfetching adhesive system application (bond). (e) Resin increase for dentin. (f) Resin increase for enamel.

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CLINICAL MANIPULATION OF GLASS IONOMER CEMENT

Dr. Divya Gupta

LIQUID

Component	Function
Polycrylic acid in the form of copolymer with Itaconic acid, maleic acid and tricarballic acid	Copolymerizing with Itaconic, maleic acid, etc. tends to increase reactivity of the liquid, decrease viscosity and reduce tendency for gelation
Tartaric acid	Improves the handling characteristics, increases working time and shortens setting time.
Water	Water is the most important constituent of the cement liquid, it is the medium of reaction and it hydrates the reaction products. The amount of water in the liquid is critical. Too much water results in a weak cement. Too little water impairs the reaction and subsequent hydration

ACCORDING TO USES:

- Type I – Luting
- Type II – Restorative
- Type III – Liner/base
- Type IV – Pit & fissure sealant
- Type V – Luting for orthodontic purpose
- Type VI – Core buildup material
- Type VII – High fluoride releasing command set
- Type VIII – Atraumatic restorative treatment
- Type IX – Pediatric Glass Ionomer cements

COMPOSITION

POWDER

Ingredient	Weight (%)
Silica (SiO ₂)	41.9
Alumina (Al ₂ O ₃)	28.6
Aluminum fluoride (AlF ₃)	1.6
Calcium fluoride (CaF ₂)	15.7
Sodium fluoride (NaF)	9.3
Aluminum phosphate (AlPO ₄)	3.8

CLASSIFICATION

The general ISO classification of cements apply to glass ionomer (ISO 9917-1:2007)*

- Luting
- Bases and liners
- Restorations

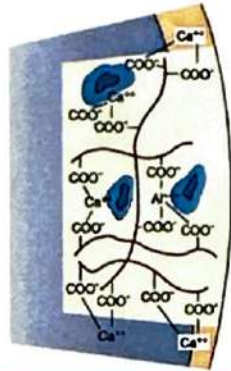
SETTING REACTION OF GIC

- When the powder and liquid are mixed, the acid starts to dissolve the glass
- Releases calcium, aluminum, sodium, and fluorine ions.
- Water serves as a reaction medium.
- The polyacrylic acid chains are then cross-linked by the calcium ions
- Over the next 24 hours, the calcium ions are replaced by aluminum ions.



MECHANISM OF ADHESION

Glass ionomers bond to tooth structure by chelation of the carboxyl groups of the polyacrylic acids with the calcium in the apatite of the enamel and dentin, in a manner similar to polycarboxylate cement.



CONTRAINDICATIONS

Class II

Class VI restorations,

since they lack fracture toughness and are susceptible to wear.

ADVANTAGES

- Tooth-Colored: GICs are tooth-colored, making them aesthetically pleasing.
- Chemical Bonding: They chemically bond to tooth substance and non-precious metals without additional adhesives.
- Fluoride Release: GICs release fluoride, promoting dental health.
- Thermal Expansion: Their coefficient of thermal expansion matches that of natural teeth.
- Biocompatibility: GICs are biocompatible.

DISADVANTAGES

- Low Fracture Toughness: GICs are not suitable for high load-bearing areas due to low fracture toughness.
- Polishing Limitations: Some types cannot be finished and polished during the same visit they are placed.
- Acid Erosion Vulnerability: Certain GICs are susceptible to acid erosion.
- Flexural Strength and Wear Resistance: Some GICs exhibit low flexural strength and wear resistance.

ARMAMENTARIUM



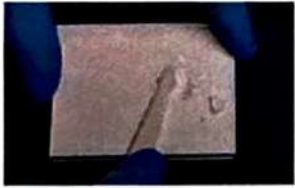
MANIPULATION OF BASE CONSISTENCY



Dispense powder on mixing pad



Hold the liquid bottle vertically and squeeze gently



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.

MANIPULATION OF LUTING CONSISTENCY



Start Mixing



Just wet the Powder before with the Liquid



Mixing of glass ionomer



Check for string formation



Crown cementation

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Classification of caries and cavity designs

PRESENTED BY
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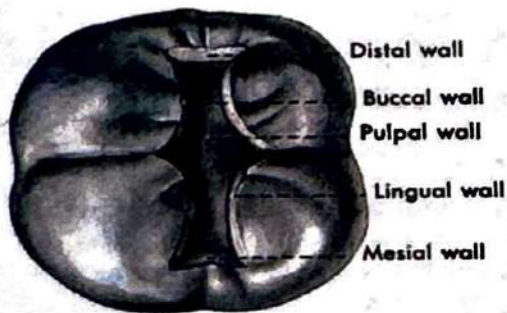
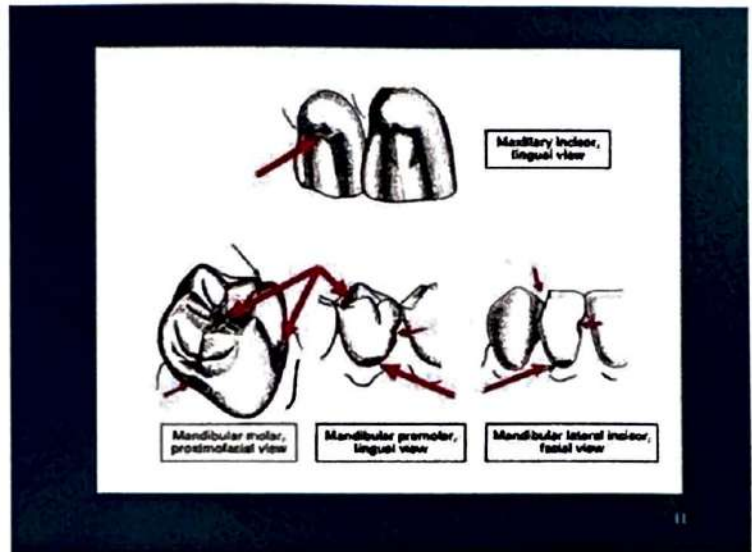
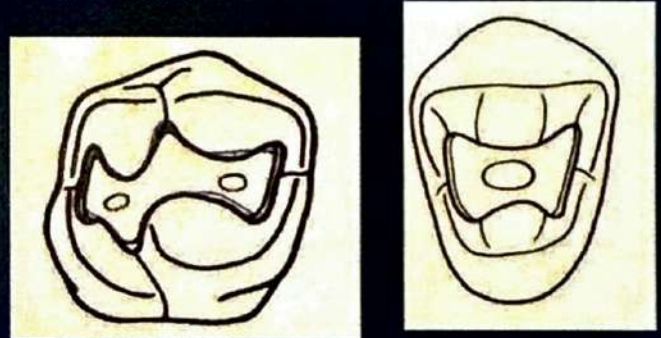


Fig. 1-10. Walls of a prepared Class 1 occlusal cavity.

Class 1, design 2

Indication ; caries cones in dentin extend 1mm or more from the DEJ



Pulpal floors have different levels

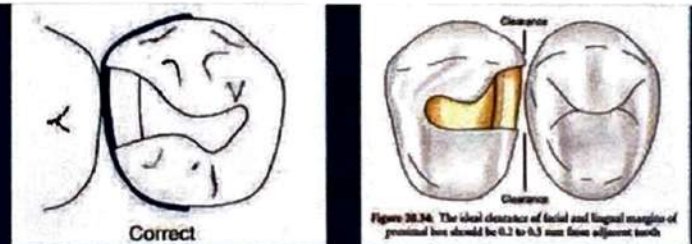
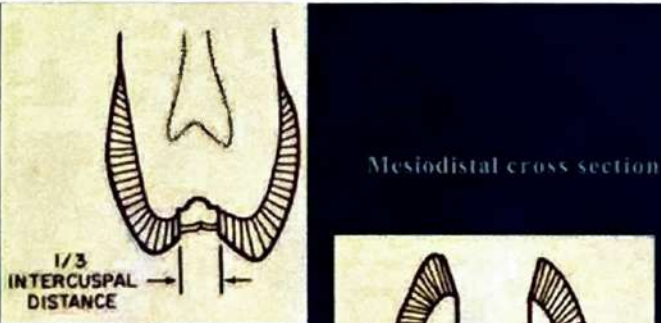
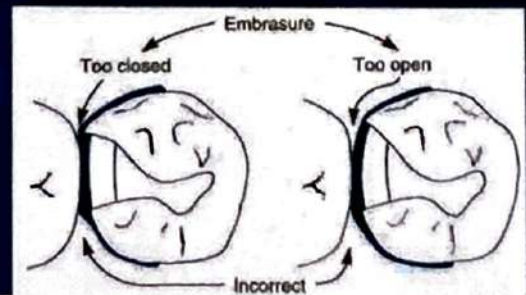


Figure 20.36. The ideal distance of facial and lingual margins of proximal box should be 0.2 to 0.3 mm from adjacent teeth.



Class II, Design 1

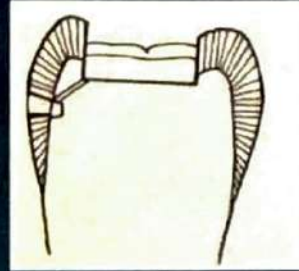
Conventional design



Moderate to large size proximal Lesion with occlusal surface cavity promotes the cavity width of cavity to exceed 1/4 of intercusp distance

50

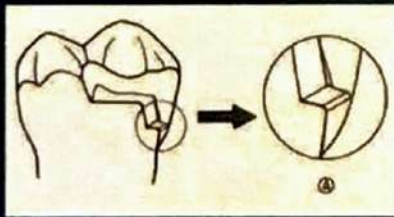
Tunnel preparation



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Bucco lingually

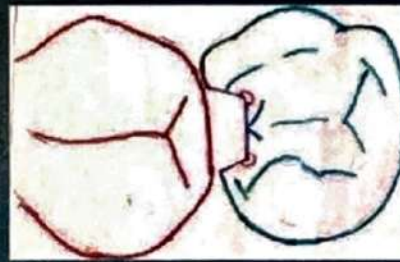


Mesiodistally

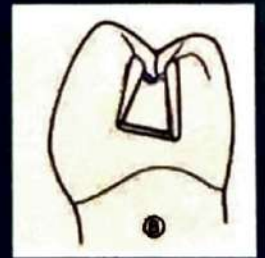
54

Class II, Design 3 (conservative design)

- Involves primarily proximal surface and very limited part of occlusal surface, not extending beyond adjacent triangular fossa
- Sound occlusal crossing ridges
- Minimal loading areas



General shape

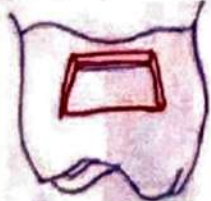
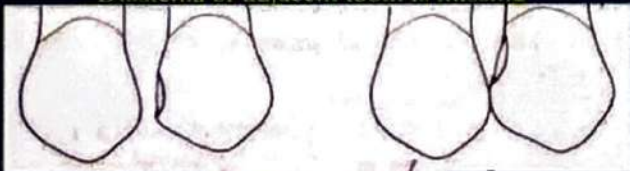


Internal anatomy

Class II, Design 4 (Simple design)

- Proximal surface only

Decay restricted to contacting or proximal surface without undermining marginal ridges
Diastema or adjacent tooth is missing

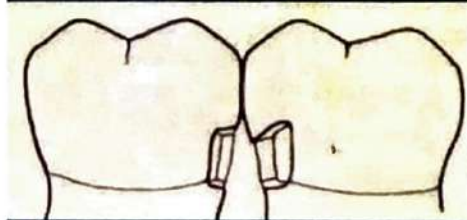


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Class II, Design 5

Part of proximal surface, with a limited access area on facial or lingual surface

- Indications
- 1) Preparation will have 4 surrounding walls
 - small proximal lesions
 - Marginal ridge intact
 - Does not involve contact area



1) Do not have dovetail

2) Have dovetail

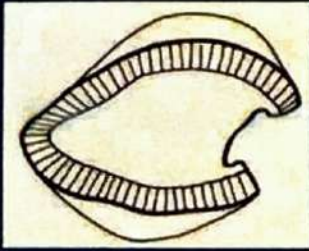
2) Preparation will not have surrounding walls

• medium proximal lesion

59

Class IV

- Incisal angle is undermined
- Labial and lingual walls intact

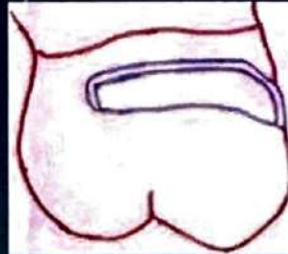


Labio lingual cross section

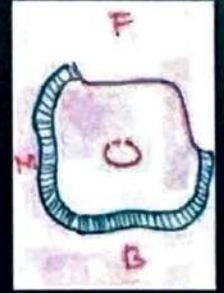
66

Class V, design 2

- Lesions on facial or lingual gingival third have involved axial angle
- Lesion on facial or lingual gingival third are apical to contact area



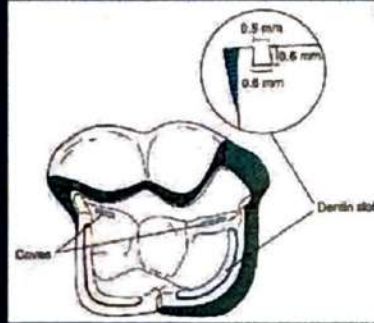
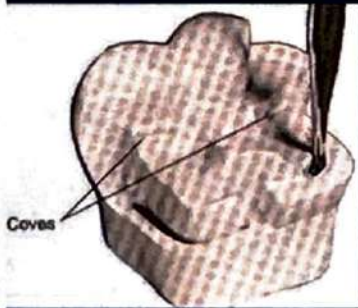
General shape



Mesiodistal cross section

71

Retention locks

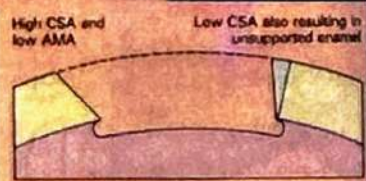
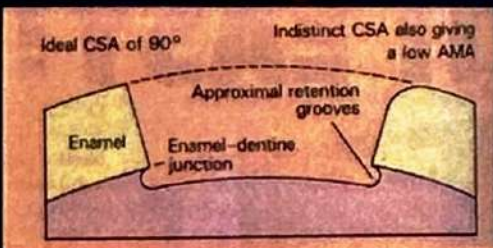


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Retention locks



Cavo surface angle



CSA Cavo surface angle
AMA Amalgam marginal angle

81

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Clinical significance of resistance and retention features

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Indications for restorative intervention:

1. Repair destroyed tooth
2. Repair fractured tooth either complete or incomplete [green stick fracture].
3. Restore teeth with congenital malformations.
4. Replace defective restoration.
5. Replacement of missing teeth.
6. Need for improved form or esthetic.

Cavity preparation determinants



Mechanism of tooth cutting

- Bladed cutting using burs
- Abrasive cutting using diamonds



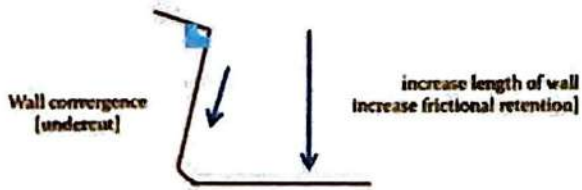
Principles of cavity preparation according to GV Black



Steps of cavity preparation



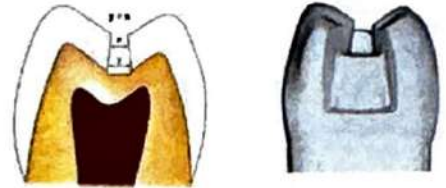
2- Resistance and Retention Form



2- Retention Form

Retentive features

A- axial retentive design features

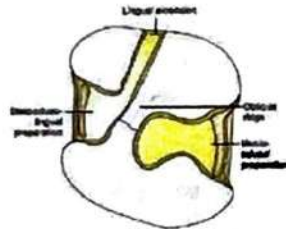


2- Resistance and Retention Form

Retentive features

B- lateral retention

- Buccal or lingual extensions



2- Retention Form

Retentive features

B- lateral retention

- Dove tail lock [common in premolar]



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PULPAL DIAGNOSIS

PRESENTER DR. KIRAN KESWANI

Proper diagnosis



Successful treatment

DURATION OF PAIN

The duration of pain is **diagnostic**.



Reversible pulpitis - pain of short duration caused by a specific irritant, that disappears as soon as the irritant is removed.
- localized and more responsive to cold.

Irreversible pulpitis - Persistent pain without any apparent cause.

VISUAL AND TACTILE INSPECTION:

Grossman has stated that the prime objective of visual and tactile inspection is evaluation of the 3C's -

- Color
- Contour
- Consistency

RELIABILITY OF DIAGNOSTIC TESTS

SENSITIVITY OF A TEST

SPECIFICITY OF A TEST

POSITIVE PREDICTIVE VALUE

NEGATIVE PREDICTIVE VALUE

Arun A, Mythri H, Chackapan D. Pulp vitality tests-an overview on comparison Of sensitivity and vitality. *Indian Journal of Oral Sciences*. 2015 May 1;8(2):41

HEAT TEST

Healthy Pulp

Reversible Pulpitis

Non vital tooth

RESPONSE

- similar to contralateral tooth
- Diminishes immediately after removal of stimulus

RESPONSE

- immediate excruciating painful response
- markedly different from control tooth
- lingers after removal of stimulus

RESPONSE

- No response
- confirm with other tests

Asraf Abd-Elmaguid, Donald C. Yu. *Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality*. *JCD*, Vol 73, No 2, March 2009.
Ingle's Endodontics, 6th Edition.
Cohen's Pathways Of The Pulp, 10th Edition.
Problems Solving in Endodontics: Prevention, Identification And Management, 5th Edition. Endodontic Therapy, 6th Edition

ACCURACY

COLD	HEAT	ELECTRIC PULP TESTER
↓ 86%	↓ 71%	↓ 81%
Differentiates b/w reversible and irreversible pulpitis	<ul style="list-style-type: none"> Identifies irreversible pulpitis Use it to replicate chief complaint 	<ul style="list-style-type: none"> Tests nerve stimulation, always combine with Cold Test

Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality. JCD, Vol 75, No. 2, March 2009.

PULPAL BLOOD FLOW

Teeth with vital pulp are those with an adequate vascular supply, so the circulatory status, and not sensitivity response of the pulp tissue, has been proposed to assess pulp vitality

INVASIVE TECHNIQUES

- Radioisotope clearance
- H₂ gas desaturation

NON-INVASIVE TECHNIQUES

1. Crown surface temperature
2. Transmitted light photoplethysmography
3. Laser doppler flowmetry
4. Pulse oximetry
5. Xenon-133 radioisotopes
6. Dual wavelength spectrophotometry

Vedagutham Gopirishna, Gali Pradeep & Nagendrababu V. Evaluation of Assessment Of Pulp Vitality: A Review. International Journal Of Pediatric Dentistry 2009; 19: 3-15. Dent. 2009; 36:783.
Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 1. Clinical And Diagnostic Implications, JCD, Vol 73, No. 1, Feb 2009.
Engene Chen And Paul V. Abbott. Dental Pulp Testing: A Review. Int J

LASER DOPPLER FLOWMETRY

- It is a non invasive electro optical technique which has shown to have potential method of assessing the vitality of teeth by detecting the presence or absence of pulpal blood flow.
- LDF uses Helium neon (632.8nm) and gallium aluminum (780 to 820nm) as semiconductor diode lasers
- First described by Gazelius in 1986



15-20mm VP3 blunt needle, and delivery laser Doppler probe for assessment of front teeth



VP5 blunt needle, 90 degree and delivery laser Doppler probe for assessment of rear teeth



Quick Setting Dental impression putty to make dental splint for optic probes

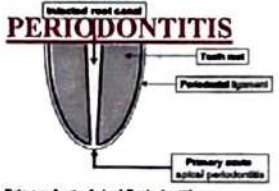
PULSE OXIMETRY

• Pulse oximetry is a non-invasive technique to measure oxygen saturation levels within the blood of patients. under general anesthesia or sedation.
 (matthes – father of pulse oximetry-1934)

• A modified probe has been fitted over the tooth, and diodes emit two wavelengths of light (infra-red and red) that are intended to pass through the tooth and are then detected by a photodetector diode. (Red light of approx. 640 nm .Infrared of approx. 960 nm.)



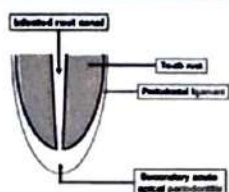
PRIMARY ACUTE APICAL PERIODONTITIS



- Marked tenderness to percussion
- Pain when pressure is applied to the tooth.
- Tooth may have increased mobility and the onset of the pain is usually sudden and unexpected.
- Soreness to biting and touching the tooth, and possibly a feeling of pressure building up in the periapical region.
- Radiographically, the periodontal ligament space and lamina dura may appear normal

Endodontic Topics 2004, 8, 36-54

SECONDARY ACUTE APICAL PERIODONTITIS



Secondary Acute Apical Periodontitis

- History of previous episodes of pain or discomfort
- Radiolucency around apex can range from being just a widened periodontal ligament space in early cases to a large radiolucent area if present for a long time.
- Radiographically, there will be a radiolucency surrounding the apex of the involved tooth and there will be loss of the lamina dura

GRANULOMA VS CYST VS ABSCESS

Chronic
non painful
Definite outline
Smaller in size



Chronic
non painful
Sclerotic opaque border
Bigger in size
Contain more protein and albumins

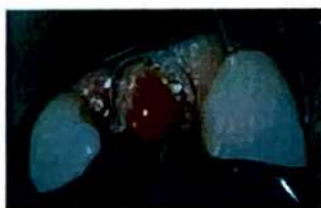


Confirmative histology

Acute /Chronic
Pain/non painful
Swelling/parulis
Sinus opening(chronic)
Diffuse outline
Mobility of the tooth
history



- Secondary acute apical abscess will have a periapical radiolucent area since it is a sequel to secondary acute apical periodontitis (which is also known as an acute exacerbation of chronic apical periodontitis, phoenix abscess)



Endodontic Topics 2004, 8, 36-54

PRIMARY ENDODONTIC DISEASES

Vitality Test: The tooth is nonresponsive.

Prior Endodontic Procedure: If present, prior procedures are of poor quality.

Probing Characteristics: Probing usually shows normal sulci around the tooth except in one area with a narrow defect.

Signs and Symptoms:
There may or may not be discomfort. Occasionally there is evidence of a localized abscess with some swelling.



PRIMARY PERIODONTAL DISEASES

Vitality Tests- These teeth respond to pulp testing

Probing Characteristics. Defects tend to be wide and V-shaped."



PRIMARY ENDODONTIC DISEASE WITH SECONDARY PERIODONTAL INVOLVEMENT

If after a period of time a suppurating primary endodontic disease remains untreated, it may then become secondarily involved with marginal periodontal breakdown.

Plaque forms at the gingival margin of the sinus tract and leads to marginal periodontitis.



PRIMARY PERIODONTAL DISEASE WITH SECONDARY ENDODONTIC INVOLVEMENT

The apical progression of a periodontal pocket may continue until the apical tissues are involved.

In this case, the pulp may become necrotic as a result of infection entering via lateral canals or the apical foramen.

In single rooted teeth, the prognosis is usually poor. In molar teeth, the prognosis may be better.



TRUE COMBINED LESIONS

- Teeth with combined endodontic-periodontal lesions are unresponsive to cold, heat, electric, or cavity tests.
- On radiographic examination some crestal bone loss and an independent periradicular lesion of pulpal origin are evident.
- Periodontal examination and probing of a tooth shows plaque, calculus, periodontitis with a wide and conical periodontal pocket characteristic of a periodontal defect.

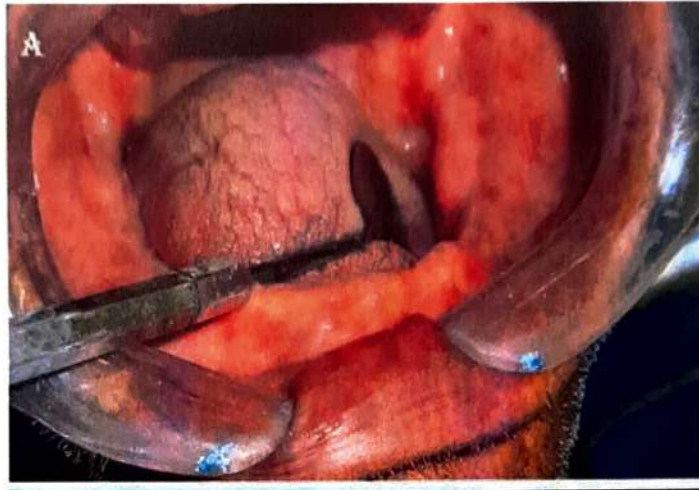


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Clinical scenario 1

Management of edentulous patient having bilateral severe disto-lingual undercut in mandibular arch with appropriate dental materials



Managing an edentulous patient with severe disto-lingual undercuts in the mandibular arch involves using appropriate dental materials to ensure stability and retention of the denture. Here's how you can approach it:

1. Assessment and Diagnosis:

- **Undercut Evaluation:** Confirm the presence and severity of the disto-lingual undercuts.
- **Soft Tissue Evaluation:** Assess the condition of the soft tissues, especially the buccal and lingual aspects.

2. Treatment Planning:

- **Impression Technique:** Choose an appropriate impression technique that can capture the undercuts accurately without causing trauma or distortion to the tissues.
- **Material Selection:** Use a high-quality impression material that flows well and captures fine details. Polyvinyl siloxane (PVS) or polyether materials are commonly used for accurate impressions.

3. Model Fabrication:

- Fabricate a master cast from the impression that accurately replicates the anatomy of the edentulous ridge, including the disto-lingual undercuts.

4. Denture Design:

- **Surveying:** Design the denture with a surveyor to identify the undercuts precisely.
- **Path of Insertion and Removal:** Ensure the path of insertion and removal avoids trauma to the tissues and utilizes the undercuts for retention.

5. Retention and Stability:

- **Use of Attachments:** Consider using attachments like stud attachments or precision attachments if necessary, especially if conventional retention is compromised.
- **Material for Denture Base:** Choose a denture base material that provides adequate strength and stability. Heat-cured acrylic resins are commonly used.

6. Clinical Considerations:

- **Soft Tissue Management:** Ensure that the denture borders are well adapted and contoured to prevent tissue irritation or inflammation, especially around the undercuts.
- **Patient Education:** Educate the patient on proper denture hygiene and maintenance, as well as the importance of regular follow-ups.

7. Follow-Up:


- Schedule regular follow-up appointments to assess the fit, function, and comfort of the denture, making adjustments as necessary.

Materials and Techniques:

- **Impression Materials:** Polyvinyl siloxane (PVS) or polyether for accuracy.
- **Master Cast:** Use high-quality dental stone or resin to create a stable and accurate master model.
- **Denture Base:** Heat-cured acrylic resin for strength and durability.
- **Attachments:** Depending on the case, precision attachments or other supplementary retention devices.

Conclusion:

Managing an edentulous patient with severe disto-lingual undercuts requires careful planning, precise execution of techniques, and appropriate material selection to ensure the denture fits well, is stable, and provides adequate retention. Collaboration between the dentist, prosthodontist, and dental technician is crucial for achieving optimal outcomes in such cases.


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Clinical scenario 2

Selection of dental materials for fabrication of complete denture having diffuse erythematous red patch on hard palate.



When fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate, special considerations must be taken to ensure the materials used do not exacerbate the condition and support the healing process. Here are key considerations and recommendations:

Denture Base Material Selection:

1. **Biocompatibility:**
 - **Acrylic Resins:** Choose a denture base material that is biocompatible and hypoallergenic. Heat-cured acrylic resin is commonly used and generally well-tolerated by most patients.
2. **Non-Irritating Properties:**
 - **Irritation Potential:** Ensure the acrylic resin used does not contain any potentially irritating components. Some patients may be sensitive to certain additives or residual monomers.
3. **Surface Finish:**
 - **Polishing:** Thoroughly polish the denture base to a smooth finish to minimize irritation to the already sensitive palate.

Processing Techniques:

1. **Heat-Curing:**
 - **Quality Control:** Ensure proper processing and curing of the acrylic resin to minimize residual monomers, which can potentially irritate the tissues.
2. **Avoiding Porosity:**

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- **Pressure Curing:** Use pressure curing techniques to minimize porosity in the denture base, which can harbor microorganisms and irritants.

Soft Liners or Tissue Conditioners:

1. Temporary Relief:

- **Soft Liners:** Consider using a soft liner or tissue conditioner on the denture base to provide temporary relief and cushioning for the erythematous area, especially if the condition is sensitive or inflamed.

Collaboration and Follow-Up:

1. Dentist-Prosthodontist Collaboration:

- **Communication:** Collaborate closely with the dentist and prosthodontist to ensure the denture design and fit accommodate the presence of the erythematous patch.

2. Patient Monitoring:

- **Follow-Up:** Schedule regular follow-up appointments to monitor the condition of the erythematous patch and assess the fit and comfort of the denture.

Patient Education:

1. **Oral Hygiene:** Educate the patient on proper oral hygiene practices to maintain the health of the tissues under the denture.
2. **Symptom Awareness:** Instruct the patient to report any changes or worsening of symptoms promptly.

Conclusion:

Selecting the appropriate dental materials for fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate involves prioritizing biocompatibility, minimizing irritation, and supporting tissue healing. Heat-cured acrylic resin remains the primary choice for the denture base material, with careful attention to processing techniques and potential use of soft liners or tissue conditioners for added comfort. Close collaboration between dental professionals and diligent patient monitoring are crucial for successful management in such cases.

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Clinical scenario 3

Prosthodontic management of patient who show allergic reaction to methyl methacrylate

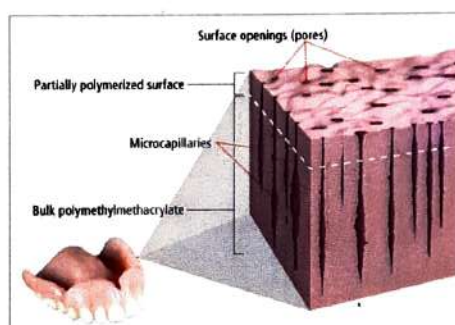


Fig. 1. A cross-section schematic representation of a denture.

Managing a patient who shows allergic reactions to methyl methacrylate (MMA) in prosthodontics requires careful consideration and alternative approaches to ensure both the patient's comfort and the effectiveness of treatment. Here are steps to manage such a situation:

1. Confirm Allergy and Identify Alternatives:

- **Allergy Testing:** Confirm the allergy through patch testing or other allergy testing methods to methyl methacrylate and related compounds.
- **Alternative Materials:** Explore alternative dental materials that do not contain MMA or its derivatives. These may include:
 - **Vinyl-Based Resins:** Some newer formulations of denture base materials use vinyl-based resins that can be hypoallergenic.
 - **Polyethylene-Based Resins:** These resins are also considered hypoallergenic and can be used as an alternative to MMA-containing materials.
 - **Polyurethane-Based Materials:** In some cases, polyurethane-based materials have been used as an alternative, although they are less commonly used in conventional dentures.

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Lohegan, Pune - 411006

2. Customized Treatment Plan:

- **Individualized Approach:** Tailor the treatment plan based on the patient's specific allergy profile and clinical needs.
- **Collaboration:** Work closely with allergists, dermatologists, or immunologists to manage the patient's allergic reactions effectively.

3. Material Selection and Fabrication:

- **Material Compatibility:** Ensure the selected alternative material is compatible with the patient's oral tissues and meets the functional requirements of the prosthesis.
- **Fabrication Techniques:** Follow appropriate fabrication techniques specific to the chosen alternative material to ensure optimal fit, function, and durability of the prosthesis.

4. Patient Monitoring and Follow-Up:

- **Monitoring:** Schedule regular follow-up appointments to monitor the patient's response to the new prosthesis material and assess any signs of allergic reactions or discomfort.
- **Education:** Educate the patient on signs of allergic reactions and proper care and maintenance of the prosthesis.

5. Preventive Measures:

- **Avoidance Strategies:** Take preventive measures to avoid exposure to MMA and related compounds during the fabrication and adjustment of the prosthesis.
- **Emergency Protocol:** Have an emergency protocol in place in case of severe allergic reactions, including access to emergency medications and immediate medical care.

6. Documentation and Communication:

- **Record Keeping:** Maintain detailed records of the patient's allergy history, testing results, and the materials used in the prosthesis.
- **Communication:** Ensure clear communication with the dental team, including dental technicians, regarding the patient's allergy status and specific requirements for materials and techniques.

Conclusion:

Managing a patient allergic to methyl methacrylate in prosthodontics involves careful planning, alternative material selection, and close monitoring to ensure successful treatment outcomes while minimizing the risk of allergic reactions. Collaborating with healthcare professionals and maintaining open communication with the patient are essential for effective management in such cases.



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Clinical Scenario 4

Management of patient who show hypersensitivity reaction to zinc oxide eugenol paste/ZOE cement



- Erythema and ulceration in the left buccal mucosa following place of a temporary ZOE dressing



- Erythema and ulceration of the labial mucosa following cementation of a provisional crown using ZOE

Clinical scenario 5

Management for dental operator or clinician who show hypersensitivity reaction to latex gloves.



Latex:

- Exposure to latex in dentistry comes from the use of rubber dam and latex gloves.
- Latex hypersensitivity may represent true latex allergy or a reaction to the materials used in the processing of latex.
- Dermatitis of the hands is the most common adverse reaction.
- Latex free synthetic rubber, such as neoprene, nitrile, Butyl, and Vitron are polymers that are available as alternatives to natural rubber.

Handwritten signature: *Kamaljeet*
Word of Department of Health
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Clinical scenario 6

Management of patient who show tissue reaction on gingiva for associated tooth given nickel based alloy for dental crown.



Allergy to nickel-based alloy used for metal ceramic crown

Management Strategies

- **Immediate Symptom Relief:**
 - **Removal:** If the reaction is severe or persistent, temporarily remove the crown to alleviate the symptoms.
 - **Topical Treatment:** Use topical corticosteroids or anti-inflammatory agents to reduce inflammation and promote healing.
 - **Oral Rinses:** Recommend saline or antimicrobial mouth rinses to manage secondary infections and soothe the tissue.
- **Material Replacement:**
 - **Metal-Free Alternatives:** Replace the nickel-based crown with a hypoallergenic alternative such as zirconia, porcelain-fused-to-ceramic, or high-gold-content alloys, which are less likely to cause allergic reactions.
 - **Non-Metal Options:** Consider using all-ceramic or composite crowns for patients with severe metal allergies.
- **Adjust Fit and Margins:**
 - **Refitting:** Ensure that the new restoration fits well with smooth margins to prevent irritation.
 - **Polishing:** Smooth and polish the margins of the crown to minimize tissue irritation.

Amaldeep

Clinical scenario 7

Management of patient who show frequent discolouration of anterior facial surface composite restoration

For managing a patient who frequently experiences discoloration of anterior facial surface composite restorations, consider the following steps:

1. Clinical Assessment

- **History:** Discuss with the patient the frequency, onset, and type of discoloration. Inquire about their dietary habits, oral hygiene practices, and any lifestyle factors such as smoking.
- **Examination:** Evaluate the restoration and surrounding teeth for surface staining, marginal leakage, or integrity issues.

2. Diagnosis

- **Identify Causes:** Common causes of composite discoloration include staining from food and drinks (e.g., coffee, tea, red wine), tobacco use, inadequate oral hygiene, material degradation, and microleakage at the restoration margins.

3. Management Strategies

- **Polishing:** Regularly polish the composite restoration to remove surface stains and restore its smoothness. Use fine polishing pastes and appropriate polishing tools.
- **Surface Sealants:** Apply a resin surface sealant to protect the composite and reduce staining. This can help enhance the composite's resistance to discoloration.
- **Improved Oral Hygiene:** Educate the patient on maintaining good oral hygiene, including proper brushing techniques and using fluoride toothpaste. Consider recommending interdental brushes or floss for areas around restorations.
- **Dietary Modifications:** Advise the patient to reduce the intake of staining substances like coffee, tea, and red wine. Recommend rinsing the mouth with water after consuming staining foods and drinks.
- **Smoking Cessation:** Encourage the patient to quit smoking if they use tobacco, as it contributes significantly to staining.
- **Replace Restoration:** If discoloration is due to internal factors like microleakage or composite breakdown, consider replacing the restoration with a new one, ensuring proper bonding and sealing techniques.

4. Preventive Measures

- **Material Selection:** Use high-quality composite materials with better stain resistance for anterior restorations. Some composites are specifically designed to resist discoloration.
- **Proper Technique:** Ensure correct placement and curing techniques to avoid marginal gaps and ensure a strong bond between the tooth and restoration.

- **Regular Check-ups:** Schedule regular dental visits for professional cleaning and monitoring of the restorations to catch and manage discoloration early.

5. Patient Education

- **Maintenance Instructions:** Provide clear instructions on maintaining restorations, including the use of non-abrasive toothpaste and avoiding abrasive materials.
- **Awareness:** Inform the patient about the nature of composite restorations and the potential for discoloration over time, setting realistic expectations.

Additional Considerations

- **Sealant Reapplication:** Surface sealants may need periodic reapplication to maintain their protective effect.
- **Advanced Options:** In cases of recurrent staining despite these measures, consider discussing alternative restorations such as porcelain veneers which offer greater resistance to discoloration.

Addressing both the underlying causes and preventive strategies can help manage and minimize the discoloration of composite restorations effectively.



Amalgam
The word "Amalgam" is written in blue cursive script. Below it, there is some very faint, illegible text that appears to be a list of items or a table.

Clinical scenario 8

Management of patient who show aggravated coughing during impression making with irreversible hydrocolloid impression material(alginate)



Dust-free alginate is a type of irreversible hydrocolloid impression material modified to reduce the formation of dust during handling. It is typically achieved by adding moisture or coating the alginate particles with a binding agent.

Advantages of Dust-Free Alginate

- 1. Reduced Inhalation Risks:**
 - **Health Safety:** Limits the inhalation of potentially harmful particles, protecting the respiratory health of dental staff and patients.
 - **Clean Environment:** Maintains a cleaner clinical environment by minimizing dust dispersion.
- 2. Improved Handling:**
 - **Easier Mixing:** Less dust means less mess and more consistent alginate-to-water ratios, leading to smoother, more accurate impressions.
 - **Better Accuracy:** Consistent particle distribution contributes to more homogeneous mixing and less likelihood of inconsistencies in the impression.
- 3. Enhanced Patient Comfort:**

Less Irritation: Reduces irritation in patients, particularly those with respiratory sensitivities or allergies.

Comparing Dust-Free Alginate to Traditional Alginate

Feature	Dust-Free Alginate	Traditional Alginate
Dust Generation	Minimal	Higher
Mixing Consistency	More uniform and smooth	Can be variable
Health Risks	Lower risk of inhalation	Higher risk of inhalation
Environmental Impact	Cleaner working environment	More potential for mess
Patient Comfort	Increased	May cause more irritation

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Clinical scenario 9

Management of patient who complains of dull pain in jaw with two adjacent dissimilar metallic restorations.

When a patient reports dull pain in the jaw and has two adjacent dissimilar metallic restorations, consider the following management steps:

1. Clinical Assessment

- **History:** Ask about the onset, duration, and character of the pain, recent dental procedures, and any other symptoms like sensitivity to hot, cold, or pressure.
- **Examination:** Inspect the restorations for signs of wear, corrosion, or poor fitting. Check for galvanic currents by tapping or touching the metals with a conductive material.

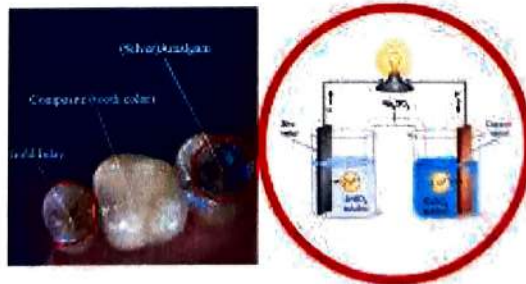
2. Diagnosis

- **Electrogalvanism:** Pain may result from a galvanic reaction between dissimilar metals, causing an electric current.
- **Occlusal Issues:** Evaluate occlusion as improper bite can cause muscle strain and pain.

3. Management Options

- **Adjust Occlusion:** If occlusal issues are identified, adjust the bite.
- **Isolation of Metals:** Consider using insulating materials like varnish or liners between restorations to reduce galvanic currents.
- **Replacement of Restorations:** If electrogalvanism is confirmed and persistent, replacing one or both restorations with compatible materials may be necessary.
- **Symptomatic Relief:** Provide analgesics if needed for pain relief.

Metal Fillings May Act as a Galvanic Battery in the Mouth



Oral Galvanism & Tooth Pain

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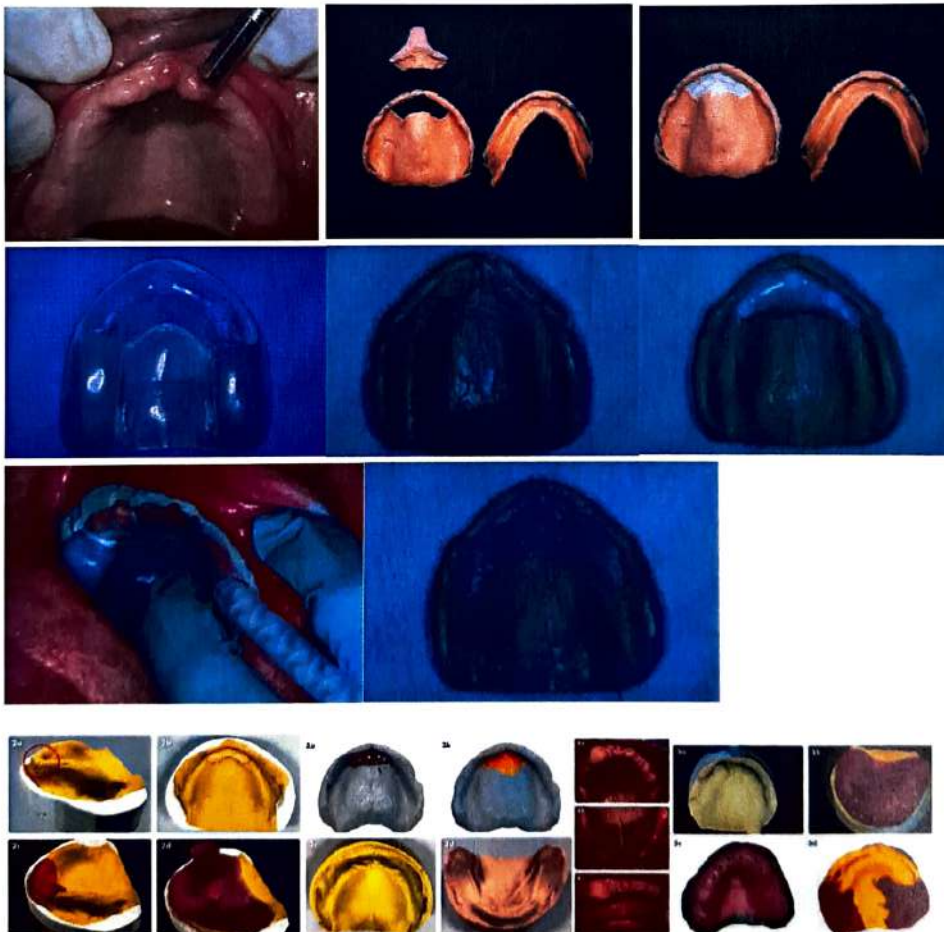
Clinical scenario 10

Management of edentulous patient who show movable flabby tissue in maxillary anterior region during impression.

Flabby tissue or hypermobile ridge tissue is commonly seen in the anterior part of the edentulous maxillary ridge or overlying an atrophic knife-edge mandibular ridge. A flabby ridge is a superficial area of mobile soft tissue affecting alveolar ridges. It occurs when hyperplastic soft tissue replaces the alveolar bone and is seen particularly in the upper anterior region of long-term denture wearers.

Flabby tissues are managed by their severity. Different techniques applied for flabby ridge management, include surgical removal and augmentation, special impression techniques, balanced distribution of occlusal loads and implant therapy.

Impression techniques: If the flabby tissue is compressed during conventional impression making, it will later tend to draw back and dislodge the resulting overlying denture. To obtain optimal support, an impression technique is essential which will compress the non-flabby tissues, and, at the same time, will not displace the flabby tissues.



2019-2020



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Ref No: DYPDS/ 1069(2)

Date: 01-02-2020

Circular

We are pleased to announce a special lecture organized by the Department of Conservative Dentistry on "Magnification in dentistry". This initiative aims to provide early clinical exposure to second-year BDS students through the use of magnification in dental procedures.

Date: 4th February 2020

Time: 11:00 AM - 12:00 PM

Topic: "Magnification in dentistry".

Venue: Lecture Hall No. 1

Speaker: Dr. Vinod Kambli

All second-year BDS students are highly encouraged to attend this insightful lecture. All the HOD's are requested to kindly relieve the students for the lecture from the practicals and lectures.

HOD

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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

Magnification Workshop Report	
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2019-2020
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The Department of Conservative Dentistry hosted a workshop focused on "Magnification in Dentistry," designed to give second-year BDS students early exposure to clinical practice. This event took place on February 11, 2020, at the Pre-Clinical Conservative Lab, where the importance and practical applications of magnification tools in dental procedures were underscored. Dr. Vinod Kambli, an esteemed expert in the field, delivered the keynote address for the session. The session covered various types of magnification devices used in dental practices, including dental loupes and dental microscopes.</p>
KEY TAKEAWAYS	<ol style="list-style-type: none">1. Importance of Magnification in Dentistry:<ul style="list-style-type: none">○ Enhances the precision and accuracy of dental procedures.○ Improves diagnostic capabilities.○ Reduces eye strain and fatigue.○ Facilitates better visualization of the working area.2. Types of Magnification Tools:<ul style="list-style-type: none">○ Dental loupes: Different types and magnification powers.○ Operating microscopes: Usage and benefits in complex procedures.3. Ergonomics in Dentistry:

	students to stay informed about technological advancements in the field.
SPEAKER	Dr. Vinod Kambli



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D.Y. Patil Dental School, Pune



MAGNIFICATION LECTURE

ATTENDANCE LIST

II YEAR (2019- 2020)

DATE: 04/02/2020

Sr. No	Name of Student	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	<i>Yojana</i>
2	AGARKAR HRUTUJA VINOD	<i>Arut</i>
3	AGLAWE SAKSHI SURESH	<i>Sakshi</i>
4	AUTADE HARSHAL DATTATRAY	<i>Harsh</i>
5	BANGAR ASHWINI VITTHAL	<i>Asmit</i>
6	BANSODE SNEHA MAHADEO	<i>Sneha</i>
7	BARDESKAR RUTUJA APPASO	<i>Rutuja</i>
8	BHOIR SHIVANI SHANKAR	<i>Shankar</i>
9	BHOYAR SHRADDHA GANESH	<i>Sham</i>
10	BHUJBAL HARSHADA RAMESHWAR	<i>Harshad</i>
11	BHURA AMAAN ASIF	<i>Aman</i>
12	BORADE NANDINI CHANDRAKANT	<i>Nandini</i>
13	CHAUDHARI KETAN SANJAY	<i>Ketan</i>
14	CHAVAN ANURADHA ANIL	<i>Anuradha</i>
15	CHOUDHARY VAISHNAVI VINOD	<i>Vandana</i>
16	DABERAO ADITI HARISH	<i>Aditi</i>
17	DESHMUKH RUTIKA ARUN	<i>Rutika</i>
18	DODAL ISHAN AKSHAY	<i>Ishan</i>
19	DUDHE POOJA NILKANTH	<i>Pooja</i>
20	GAIKAR MANALI SAKHARAM	<i>Manali</i>
21	GAIKWAD AKSHATA TANAJI	
22	GAIKWAD PRASAD JALINDAR	<i>Prasad</i>
23	GAIKWAD SHIVANI NITIN	<i>Shivani</i>
24	GARJE KIRTI VIJAYKUMAR	
25	GHOSALKAR GARGI RAJENDRA	<i>Gargi</i>
26	GIRE POONAM TULSIRAM	<i>Poonam</i>
27	GUNE ISHA SUBHASH	
28	ITANKAR SHARVARI BODHRAJ	<i>Sharvari</i>
29	JADHAV ANJALI ASHOK	<i>Anjali</i>
30	JADHAV ROHINI BHARAT	<i>Rohini</i>
31	JADHAV TANMAY ASHISH	<i>Tanmay</i>
32	JAGTAP PRATIK VIJAY	
33	JAISWAL RITIKA RAKESH	<i>Ritika</i>
34	JAJU GAURI SUNIL	<i>Jaju</i>
35	JHA KRITIKA	
36	JOSHI ISHA CHINTAMAN	<i>Joshi</i>
37	KAIRAMKONDA RUTUJA RAMESH	
38	KAMTHE ABOLI DATTATRAY	<i>Aboli</i>

39	KAMTHE ASHWINI MADHUKAR	Kamthe
40	KENDRE RUTUJA DNYANOBA	
41	KHANDEKAR RUSHIKESH UMESH	Khandekar
42	KHARAT TEJAS SITARAM	Tejas
43	KHATIK AAFIYA PARVEEN	Afiza
44	KHUDE SHANTANU VISHNU	
45	KRISHNA KESHAV	Keshav
46	KSHIRSAGAR SHIVANI RAJENDRA	
47	KULKARNI MRUNAL SUNIL	Mrunal
48	LATPATE MANSI NATHRAO	Mansi. Lapte
49	LINGAIT VIDISHA	V. Lingait
50	MANWANI ANISHA SUNIL	
51	MANWAR SANKET AVINASH	Sanket
52	MARIA NOOR	Maria. Noor
53	MULEY Sampada DHANANJAY	
54	MUNJAL VIDHYA DEVIDAS	V. Munjal
55	MUTTEPWAR Sampada SUNIL	Sampada
56	NAGDEKAR SHRUTI RAVINDRA	
	NAIKWADE PALLAVI	
57	CHANDRASHEKHAR	
58	NALAWADE ANKITA BHIMRAO	ANKITA
59	NALAWADE INDRAJEET YOGESH	Indrajeet
60	NIGAM SOMILA UMESH	
61	NIKAM SHRADDHA ARJUN	Shraddha
62	PACHANGE VAISHNAVI VENKATESH	
63	PADGHAN SARIKA MADHUKAR	
64	PADILE NISHIGANDHA DNYANOBA	Padile
65	PAGNIS AAYUSHI	
66	PAKAWALA UMMAY KULSUM	Ummay
67	PANASKAR APOORVA DIPAK	
68	PARDESHI ISHWARI SUNIL	Ishwari
69	PARMAR YASHI SAMPAT	Yashi
	PASUNOORI AISHWARYA	
70	SOMNARSAIAH	Aishwarya
71	PATIL TEJASWINI MAHENDRA	Patil
72	PAYGHAN AKASH KADUJI	
73	PITALE NEHA GIRISH	Neha
74	POOJARY NIKHITA PRABHAKAR	Poojary
75	POTODE BAKUL NARENDRA	Potode
76	RAMGADE RIYA JITENDRA	Ramga
77	RAVANGAVE VAISHNAVI SANJAY	
78	ROKDE ALISHA SHIVRAM	Alisha
79	SAGAR SHUBHANGI JIVAN	
80	SHAH PURVA KIRAN	Shah

81	SONTAKKE PRATIKSHA PRALHAD	Sontakke
82	SONVANE SURAJ SHRIMANTRAO	Sonvane
83	SURVE SWARANJALI SHASHIKANT	
84	TAMORE ABHISHEK MAHENDRA	Tamore
85	TANDALE TANVI TUSHAR	
86	TARDE ABHISHEK VIKAS	Tarde
87	TIWARI SUMANT	Tiwari
88	VAIDYA MEDHA MUKUND	Vaidya
89	VIDHATE ANKITA NILKANTH	Vidhate
90	WAKURE AMOL BABASAHEB	
91	GHOOGARE SAURABH SUBHASH	GhooGare
92	GHOSADE PRANALI BANDU	
93	SHINDE SHRADDHA	Shinde

PHOTOGRAPHS OF MAGNIFICATION LECTURE 2019- 2020





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Ref No: DYPDS/1079(3)

Date: 07-02-2020

Circular

We are pleased to announce a special workshop on “**Magnification in dentistry**” organized by the Department of Conservative Dentistry, aimed at providing early clinical exposure to second-year BDS students. This workshop will focus on the importance and application of magnification in dental procedures.

Date: 11th February 2020

Venue: Pre-Clinical Conservative lab.

Topic: Magnification in dentistry

Time: 9:00 AM - 1:00 PM

Speaker: Dr. Vinod Kambli

All second-year BDS students are encouraged to attend this workshop to gain valuable insights and practical knowledge that will aid in their clinical practice. All the HOD's are requested to kindly relieve the students for the workshop from the practicals and lectures.

HOD

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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

Magnification Workshop Report	
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	<ul style="list-style-type: none"> ○ Correct chair positioning. ○ Maintaining proper posture to prevent musculoskeletal disorders. ○ Importance of ergonomics for long-term health of dental professionals. <p>Demonstration Under Loupes</p> <p>Dr. Vinod Kambli conducted a live demonstration using dental loupes, highlighting:</p> <ul style="list-style-type: none"> • The correct way to wear and adjust dental loupes. • How to focus and use loupes effectively during dental procedures. • Practical tips for integrating loupes into daily practice. <p>Hands-On Session</p> <p>The hands-on session allowed students to:</p> <ul style="list-style-type: none"> • Practice using dental loupes under guided supervision. • Apply the principles of correct chair position and posture <p>The workshop on "Magnification in Dentistry" was a resounding success; The session emphasized the critical role of magnification in enhancing the quality of dental care and introduced students to essential ergonomic practices</p>
SPEAKER	Dr. Vinod Kambli



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MAGNIFICATION WORKSHOP

ATTENDANCE LIST

II YEAR (2019- 2020)

DATE: 11/02/2020

Sr. No	Name of Student	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	<u>Yojana</u>
2	AGARKAR HRUTUJA VINOD	<u>Arutuja</u>
3	AGLAWE SAKSHI SURESH	<u>Sakshi</u>
4	AUTADE HARSHAL DATTATRAY	<u>Autade</u>
5	BANGAR ASHWINI VITTHAL	<u>Ashwini</u>
6	BANSODE SNEHA MAHADEO	<u>Shubhansode</u>
7	BARDESKAR RUTUJA APPASO	<u>Rutuja</u>
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14	CHAVAN ANURADHA ANIL	<u>Anuradha</u>
15	CHOUDHARY VAISHNAVI VINOD	<u>vaish</u>
16	DABERAO ADITI HARISH	<u>Rutika</u>
17	DESHMUKH RUTIKA ARUN	
18	DODAL ISHAN AKSHAY	<u>Poojilal</u>
19	DUDHE POOJA NILKANTH	<u>Isha</u>
20	GAIKAR MANALI SAKHARAM	<u>Manaligaikar</u>
21	GAIKWAD AKSHATA TANAJI	<u>Akshata</u>
22	GAIKWAD PRASAD JALINDAR	
23	GAIKWAD SHIVANI NITIN	<u>Shivani</u>
24	GARJE KIRTI VIJAYKUMAR	<u>Shivani Garje</u>
25	GHOSALKAR GARGI RAJENDRA	<u>Gargi</u>
26	GIRE POONAM TULSIRAM	<u>Poonam</u>
27	GUNE ISHA SUBHASH	<u>Isha</u>
28	ITANKAR SHARVARI BODHRAJ	<u>Sharvati</u>
29	JADHAV ANJALI ASHOK	<u>Anjali</u>
30	JADHAV ROHINI BHARAT	<u>Rohini</u>
31	JADHAV TANMAY ASHISH	<u>Tanmayji</u>
32	JAGTAP PRATIK VIJAY	<u>Pratik</u>
33	JAISWAL RITIKA RAKESH	
34	JAJU GAURI SUNIL	<u>Gauri</u>
35	JHA KRITIKA	<u>Kritikajha</u>
36	JOSHI ISHA CHINTAMAN	<u>Isha</u>
37	KAIRAMKONDA RUTUJA RAMESH	<u>Rutujak</u>
38	KAMTHE ABOLI DATTATRAY	<u>Abolika</u>

39	KAMTHE ASHWINI MADHUKAR	Kamthe
40	KENDRE RUTUJA DNYANOBA	Katajak
41	KHANDEKAR RUSHIKESH UMESH	
42	KHARAT TEJAS SITARAM	Kharat
43	KHATIK AAFIYA PARVEEN	Afijaki
44	KHUDE SHANTANU VISHNU	Shantanu
45	KRISHNA KESHAV	Keshu
46	KSHIRSAGAR SHIVANI RAJENDRA	Shivani
47	KULKARNI MRUNAL SUNIL	
48	LATPATE MANSI NATHRAO	
49	LINGAIT VIDISHA	Vidhista
50	MANWANI ANISHA SUNIL	Anisha
51	MANWAR SANKET AVINASH	Sanket
52	MARIA NOOR	
53	MULEY Sampada DHANANJAY	Sa
54	MUNJAL VIDHYA DEVIDAS	
55	MUTTEPWAR Sampada SUNIL	Sampada
56	NAGDEKAR SHRUTI RAVINDRA	
57	NAIKWADE PALLAVI CHANDRASHEKHAR	N. Pallavi
58	NALAWADE ANKITA BHIMRAO	Ankita
59	NALAWADE INDRAJEET YOGESH	
60	NIGAM SOMILA UMESH	Somila
61	NIKAM SHRADDHA ARJUN	Nikam
62	PACHANGE VAISHNAVI VENKATESH	
63	PADGHAN SARIKA MADHUKAR	Sarika
64	PADILE NISHIGANDHA DNYANOBA	
65	PAGNIS AAYUSHI	Ayush
66	PAKAWALA UMMAY KULSUM	Ummay
67	PANASKAR APOORVA DIPAK	
68	PARDESHI ISHWARI SUNIL	Ishwari
69	PARMAR YASHI Sampat	Yashi
70	PASUNOORI AISHWARYA SOMNARSAIAH	Aishwarya
71	PATIL TEJASWINI MAHENDRA	Patil
72	PAYGHAN AKASH KADUJI	
73	PITALE NEHA GIRISH	Neha
74	POOJARY NIKHITA PRABHAKAR	Nikhita
75	POTODE BAKUL NARENDRA	Bakul
76	RAMGADE RIYA JITENDRA	
77	RAVANGAVE VAISHNAVI SANJAY	Vaishnavi
78	ROKDE ALISHA SHIVRAM	Alisha
79	SAGAR SHUBHANGI JIVAN	
80	SHAH PURVA KIRAN	Shah

81	SONTAKKE PRATIKSHA PRALHAD	Sontakke
82	SONVANE SURAJ SHRIMANTRAO	Sonvan
83	SURVE SWARANJALI SHASHIKANT	
84	TAMORE ABHISHEK MAHENDRA	Tamore
85	TANDALE TANVI TUSHAR	Tushar
86	TARDE ABHISHEK VIKAS	
87	TIWARI SUMANT	Tiwari
88	VAIDYA MEDHA MUKUND	Vaidya
89	VIDHATE ANKITA NILKANTH	
90	WAKURE AMOL BABASAHEB	Wakure
91	GHOGARE SAURABH SUBHASH	Ghogle
92	GHOSADE PRANALI BANDU	Ghodase
93	SHINDE SHRADDHA	Shinde

PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2019-2020



PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2019-2020



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lohgaon, Pune - 411 006

Dean

D.Y. Patil Dental School, Pune



**PHOTOGRAPHS OF STUDENTS TAKING TOUR TO
MAGNIFICATION ROOM**



Year 2019-20







D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Ref No: - DYPDS/ 904(3)

Date: 02-09-2019

To

Second Year BDS Students
DY Patil Dental School

Subject: - Training Sessions for Second Year BDS Students

This is to inform the Second Year BDS Students that the following Training Sessions have been scheduled for the academic session under Early Clinical Exposure Initiative to provide a better understanding, orientation and sensitizing for the upcoming clinical postings.

Kindly Note:

S. No.	Topic	Date	Staff
1	Functioning of a Dental Chair	05-10-2019	Dr. Pratik Hande
2	Shade Selection	26-10-2019	Dr. Kamal Shigli
3	Ergonomics in Dentistry	09-11-2019	Dr. Ashish Bhagat
4	Impression Procedures	30-11-2019	Dr. Paulami Bagchi
5	Aesthetic Anterior Restoration	21-12-2019	Dr. Kiran Keswani
6	Infection Control & Sterilisation	11-01-2020	Dr. Kapil Kshirsagar
7	Isolation & Rubber Dam Application	22-02-2020	Dr. Vinod Kambli
8	Consent and Patient Privacy	07-03-2020	Dr. Suhas Vaze
9	Introduction & Steps in Fabrication of Fixed Partial Denture	21-03-2020	Dr. Bipin Muley
10	Class V GIC Restoration	04-04-2020	Dr. Divya Dudulwar
11	Posterior Composite	18-04-2020	Dr. Kiran Keswani

Venue: Pre-Clinical Lab

Time: 9.00 am – 10.00 am


Head

Department of Prosthodontics

C/c: 1. Notice board BDS II year
2. All HOD's


Head

Department of Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charholi Bk. 1, Via Lohagaon, Pune - 411 005.


Dean

DY Patil Dental School



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Working of Dental Chair
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	Introduction of dental students with basic functioning of Dental chair, and troubleshooting during its working
KEY TAKEAWAYS	The students were give information on basic working of a dental chair, various chairs available in the market, their comparisons. Utilisation of chair and other common equipment to its maximum, Common problems faced in daily practice, recognising the problems and trying to solve the simple problems. Do's and Dont's while working, common maintenance practice
TRAINER	Dr. Pratik Hande

Dr. Kapil
HOD

Department of OMFS
PROFESSOR & HEAD
 Dept. of Oral & Maxillofacial Surgery
 D Y Patil Dental School
 D Y Patil Knowledge City
 Cheroll (Bk), Via Lohegaon, Pune - 411010

Dr. Pratik Hande

Dean
 D.Y. Patil Dental School, Pune



IIND YEAR BDS 2019 – 20

Roll No.	Name	Signature
1	ADSULE YOJANA JEETENDRA	<i>Adsule</i>
2	AGARKAR HRUTUJA VINOD	<i>Agarkar</i>
3	AGLAWE SAKSHI SURESH	<i>Aglawe</i>
4	AUTADE HARSHAL DATTATRAY	<i>Autade</i>
5	BANGAR ASHWINI VITTHAL	<i>Bangar</i>
6	BANSODE SNEHA MAHADEO	<i>Bansode</i>
7	BARDESKAR RUTUJA APPASO	<i>Barde</i>
8	BHOIR SHIVANI SHANKAR	<i>Bhoir</i>
9	BHOYAR SHRADDHA GANESH	<i>Bhoir</i>
10	BHUJBAL HARSHADA RAMESHWAR	<i>Bhuir</i>
11	BHURA AMAAN ASIF	<i>Bhura</i>
12	BORADE NANDINI CHANDRAKANT	<i>Borade</i>
13	CHAUDHARI KETAN SANJAY	<i>Chaudhari</i>
14	CHAVAN ANURADHA ANIL	<i>Chavan</i>
15	CHOUDHARY VAISHNAVI VINOD	<i>Choudhary</i>
16	DABERAO ADITI HARISH	<i>Daberao</i>
17	DESHMUKH RUTIKA ARUN	<i>Deshmukh</i>
18	DODAL ISHAN AKSHAY	<i>Dodal</i>
19	DUDHE POOJA NILKANTH	<i>Dudhe</i>
20	GAIKAR MANALI SAKHARAM	<i>Gaikar</i>
21	GAIKWAD AKSHATA TANAJI	<i>Gaikwad</i>
22	GAIKWAD PRASAD JALINDAR	<i>Gaikwad</i>
23	GAIKWAD SHIVANI NITIN	<i>Gaikwad</i>
24	GARJE KIRTI VIJAYKUMAR	<i>Garje</i>
25	GHOSALKAR GARGI RAJENDRA	<i>Ghosalkar</i>
26	GIRE POONAM TULSIRAM	<i>Gire</i>
27	GUNE ISHA SUBHASH	<i>Gune</i>
28	ITANKAR SHARVARI BODHRAJ	<i>Itankar</i>
29	JADHAV ANJALI ASHOK	<i>Jadhav</i>
30	JADHAV ROHINI BHARAT	<i>Jadhav</i>
31	JADHAV TANMAY ASHISH	<i>Jadhav</i>
32	JAGTAP PRATIK VIJAY	<i>Jagtap</i>
33	JAISWAL RITIKA RAKESH	<i>Jaiswal</i>
34	JAJU GAURI SUNIL	<i>Jaju</i>
35	JHA KRITIKA	<i>Jha</i>
36	JOSHI ISHA CHINTAMAN	<i>Joshi</i>
37	KAIRAMKONDA RUTUJA RAMESH	<i>Kairamkonda</i>
38	KAMTHE ABOLI DATTATRAY	<i>Kamthe</i>

39	KAMTHE ASHWINI MADHUKAR	Ashwini
40	KENDRE RUTUJA DNYANOBA	Rutuja
41	KHANDEKAR RUSHIKESH UMESH	Rushikesh
42	KHARAT TEJAS SITARAM	Tejas
43	KHATIK AAFIYA PARVEEN	Aafiya
44	KHUDE SHANTANU VISHNU	Shantanu
45	KRISHNA KESHAV	Keshav
46	KSHIRSAGAR SHIVANI RAJENDRA	Shivani
47	KULKARNI MRUNAL SUNIL	Mrunal
48	LATPATE MANSI NATHRAO	Mansi
49	LINGAIT VIDISHA	Vidisha
50	MANWANI ANISHA SUNIL	Anisha
51	MANWAR SANKET AVINASH	Sanket
52	MARIA NOOR	Noor
53	MULEY SAMPADA DHANANJAY	Sampada
54	MUNJAL VIDHYA DEVIDAS	Vidhya
55	MUTTEPWAR SAMPADA SUNIL	Sampada
56	NAGDEKAR SHRUTI RAVINDRA	Shruti
57	NAIKWADE PALLAVI CHANDRASHEKHAR	Pallavi
58	NALAWADE ANKITA BHIMRAO	Ankita
59	NALAWADE INDRAJEET YOGESH	Indrajeet
60	NIGAM SOMILA UMESH	Somila
61	NIKAM SHRADDHA ARJUN	Shraddha
62	PACHANGE VAISHNAVI VENKATESH	Vaishnavi
63	PADGHAN SARIKA MADHUKAR	Sarika
64	PADILE NISHIGANDHA DNYANOBA	Nishigandha
65	PAGNIS AAYUSHI	Aayushi
66	PAKAWALA UMMAY KULSUM	Umay
67	PANASKAR APOORVA DIPAK	Apoorva
68	PARDESHI ISHWARI SUNIL	Ishwari
69	PARMAR YASHI SAMPAT	Yashi
70	PASUNOORI AISHWARYA SOMNARSAIAH	Aishwarya
71	PATIL TEJASWINI MAHENDRA	Tejaswini
72	PAYGHAN AKASH KADUJI	Akash
73	PITALE NEHA GIRISH	Neha
74	POOJARY NIKHITA PRABHAKAR	Nikhita
75	POTODE BAKUL NARENDRA	Bakul
76	RAMGADE RIYA JITENDRA	Riya
77	RAVANGAVE VAISHNAVI SANJAY	Vaishnavi
78	ROKDE ALISHA SHIVRAM	Alisha
79	SAGAR SHUBHANGI JIVAN	Shubhangi
80	SHAH PURVA KIRAN	Purva
81	SONTAKKE PRATIKSHA PRALHAD	Pratiksha
82	SONVANE SURAJ SHRIMANTRAO	Suraj
83	SURVE SWARANJALI SHASHIKANT	Swaranjali
84	TAMORE ABHISHEK MAHENDRA	Abhishek

85	TANDALE TANVI TUSHAR	
86	TARDE ABHISHEK VIKAS	<i>Abhishek</i>
87	TIWARI SUMANT	<i>S</i>
88	VAIDYA MEDHA MUKUND	<i>MA</i>
89	VIDHATE ANKITA NILKANTH	<i>Ankita</i>
90	WAKURE AMOL BABASAHEB	<i>Amol</i>
91	GHOHARE SAURABH SUBHASH	<i>Saurabh</i>
92	GHOSADE PRANALI BANDU	<i>Pran</i>
93	SHINDE SHRADDHA	<i>Shraddha</i>





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Shade Selection
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Accurate shade selection is crucial for aesthetic and functional outcomes in dental treatments. This session was conducted to develop their competency in choosing the correct tooth shade for dental restorations. The speaker covered the fundamental principles of tooth colour, discussing the role of hue, chroma, and value in shade selection and also emphasized the importance of understanding the visual perception of colour and how it can be influenced by lighting and surrounding colours.</p> <p>These concepts were illustrated using clinical examples and digital images, enhancing the students' understanding of how to assess and describe tooth colour.</p> <p>Students were introduced to various shade selection systems, such as the Vita Classical Shade Guide and the Vita 3D-Master Shade Guide. Students were explained how these systems are organized and how to use them effectively in clinical practice.</p>
KEY TAKEAWAYS	<ul style="list-style-type: none">• Theoretical Understanding: Students gained a solid foundation in the principles of tooth colour and shade selection.• Tools and Techniques: Familiarity with both traditional and digital shade selection tools provided a comprehensive approach to shade matching.
TRAINER	Dr. Kamal Shigli


HOD

Department of Prosthodontics



Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2019-20
Training Session - Shade Selection

S.No.	NAME	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	P
2	AGARKAR HRUTUJA VINOD	P
3	AGLAWE SAKSHI SURESH	P
4	AUTADE HARSHAL DATTATRAY	A
5	BANGAR ASHWINI VITTHAL	P
6	BANSODE SNIHA MAHADEO	P
7	BARDESKAR RUTUJA APPASO	P
8	BHOIR SHIVANI SHANKAR	P
9	BHOYAR SHRADDHA GANESH	P
10	BHUIBAL HARSHADA RAMESHWAR	P
11	BHURA AMAAN ASIF	P
12	BORADE NANDINI CHANDRAKANT	A
13	CHAUDHARI KETAN SANJAY	P
14	CHAVAN ANURADHA ANIL	P
15	CHOUDHARY VAISHNAVI VINOD	P
16	DABERAO ADITI HARISH	P
17	DESHMUKH RUTIKA ARUN	P
18	DODAL ISHAN AKSHAY	P
19	DUDHE POOJA NILKANTH	P
20	GAIKAR MANALI SAKHARAM	A
21	GAIKWAD AKSHATA TANAJI	P
22	GAIKWAD PRASAD JALINDAR	P
23	GAIKWAD SHIVANI NITIN	P
24	GARJE KIRTI VIJAYKUMAR	P
25	GHOSALKAR GARGI RAJENDRA	P
26	GIRE POONAM TULSIRAM	A
27	GUNE ISHA SUBHASH	P
28	ITANKAR SHARVARI BODHRAJ	P
29	JADHAV ANJALI ASHOK	P
30	JADHAV ROHINI BHARAT	P
31	JADHAV TANMAY ASHISH	P
32	JAGTAP PRATIK VIJAY	P
33	JAISWAL RITIKA RAKESH	P
34	JAJU GAURI SUNIL	P
35	JHA KRITIKA	P
36	JOSHI ISHA CHINTAMAN	P
37	KAIRAMKONDA RUTUJA RAMESH	P
38	KAMTHE ABOLI DATTATRAY	P
39	KAMTHE ASHWINI MADHUKAR	R
40	KENDRE RUTUJA DNYANOBA	P

41	KHANDEKAR RUSHIKESH UMESH	P
42	KHARAT TEJAS SITARAM	P
43	KHATIK AAFIYA PARVEEN	P
44	KHUDE SHANTANU VISHNU	P
45	KRISHNA KESHAV	P
46	KSHIRSAGAR SHIVANI RAJENDRA	A
47	KULKARNI MRUNAL SUNIL	P
48	LATPATE MANSI NATHRAO	P
49	LINGAIT VIDISHA	P
50	MANWANI ANISHA SUNIL	P
51	MANWAR SANKET AVINASH	P
52	MARIA NOOR	A
53	MULEY Sampada DHANANJAY	P
54	MUNJAL VIDHYA DEVIDAS	P
55	MUTTEPWAR Sampada SUNIL	P
56	NAGDEKAR SHRUTI RAVINDRA	P
57	NAIKWADE PALLAVI CHANDRASHEKHAR	A
58	NALAWADE ANKITA BHIMRAO	P
59	NALAWADE INDRAJEET YOGESH	P
60	NIGAM SOMILA UMESH	P
61	NIKAM SHRADDHA ARJUN	P
62	PACHANGE VAISHNAVI VENKATESH	A
63	PADGHAN SARIKA MADHUKAR	P
64	PADILE NISHIGANDHA DNYANOBA	P
65	PAGNIS AAYUSHI	P
66	PAKAWALA UMMAY KULSUM	P
67	PANASKAR APOORVA DIPAK	P
68	PARDESHI ISHWARI SUNIL	A
69	PARMAR YASHI SAMPAT	P
70	PASUNOORI AISHWARYA SOMNARSAIAH	P
71	PATIL TEJASWINI MAHENDRA	P
72	PAYGHAN AKASH KADUJI	P
73	PITALE NEHA GIRISH	P
74	POOJARY NIKHITA PRABHAKAR	P
75	POTODE BAKUL NARENDRA	P
76	RAMGADE RIYA JITENDRA	P
77	RAVANGAVE VAISHNAVI SANJAY	P
78	ROKDE ALISHA SHIVRAM	P
79	SAGAR SHUBHANGI JIVAN	P
80	SHAH PURVA KIRAN	P
81	SONTAKKE PRATIKSHA PRALHAD	P
82	SONVANE SURAJ SHRIMANTRAO	P
83	SURVE SWARANJALI SHASHIKANT	P

84	TAMORE ABHISHEK MAHENDRA	P
85	TANDALE TANVI TUSHAR	P
86	TARDE ABHISHEK VIKAS	P
87	TIWARI SUMANT	A
88	VAIDYA MEDHA MUKUND	P
89	VIDHATE ANKITA NILKANTH	P
90	WAKURE AMOL BABASAHEB	P
91	GHOGARE SAURABH SUBHASH	P
92	GHOSADE PRANALI BANDU	A
93	SHINDE SHRADDHA	P





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Ergonomics in Dentistry
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To educate 2nd year BDS students on the principles of ergonomics, how to incorporate ergonomic practices into their clinical postings, and the benefits of ergonomic interventions in preventing work-related musculoskeletal disorders (WMSDs). The session covered the following principles</p> <ul style="list-style-type: none">• Ergonomic Principles for Dental Practice<ul style="list-style-type: none">• Posture and Positioning• Equipment Design and Placement• Workstation Layout• Practical Ergonomic Strategies<ul style="list-style-type: none">• Chairside Techniques• Instrument Handling• Workflow Optimization• Personal Ergonomic Practices<ul style="list-style-type: none">• Stretching and Exercises• Breaks and Micro-breaks• Stress Management <p>The session emphasized the importance of maintaining proper posture, positioning, and movement to prevent musculoskeletal disorders. Participants were introduced to ergonomic techniques for patient positioning, use of dental equipment, and workstation organization to minimize strain and enhance efficiency.</p>
KEY TAKEAWAYS	The session successfully raised awareness about the importance of ergonomics in dentistry, provided actionable strategies to improve workplace ergonomics, and emphasized the benefits of adopting ergonomic practices for long-term health and efficiency in dental practice.
TRAINER	Dr. Ashish Bhagat

HOD
Head of Department of Prosthodontics
Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Dean
D.Y. Patil Dental School, Pune



Second Year BDS Students - 2019-20		
Training Session - Ergonomics in Dentistry		
S.No.	NAME	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	P
2	AGARKAR HRUTUJA VINOD	P
3	AGLAWE SAKSHI SURESH	P
4	AUTADE HARSHAL DATTATRAY	P
5	BANGAR ASHWINI VITTHAL	P
6	BANSODE SNEHA MAHADEO	P
7	BARDESKAR RUTUJA APPASO	A
8	BHOIR SHIVANI SHANKAR	P
9	BHOYAR SHRADDHA GANESH	A
10	BHUJBAL HARSHADA RAMESHWAR	P
11	BHURA AMAAN ASIF	P
12	BORADE NANDINI CHANDRAKANT	P
13	CHAUDHARI KETAN SANJAY	P
14	CHAVAN ANURADHA ANIL	P
15	CHOUDHARY VAISHNAVI VINOD	P
16	DABERAO ADITI HARISH	P
17	DESHMUKH RUTIKA ARUN	P
18	DODAL ISHAN AKSHAY	P
19	DUDHE POOJA NILKANTH	P
20	GAIKAR MANALI SAKHARAM	A
21	GAIKWAD AKSHATA TANAJI	P
22	GAIKWAD PRASAD JALINDAR	P
23	GAIKWAD SHIVANI NITIN	P
24	GARJE KIRTI VIJAYKUMAR	P
25	GHOSALKAR GARGI RAJENDRA	P
26	GIRE POONAM TULSIRAM	P
27	GUNE ISHA SUBHASH	P
28	ITANKAR SHARVARI BODHRAJ	P
29	JADHAV ANJALI ASHOK	P
30	JADHAV ROHINI BHARAT	P
31	JADHAV TANMAY ASHISH	P
32	JAGTAP PRATIK VIJAY	P
33	JAISWAL RITIKA RAKESH	P
34	JAJU GAURI SUNIL	P
35	JHA KRITIKA	P
36	JOSHI ISHA CHINTAMAN	P
37	KAIRAMKONDA RUTUJA RAMESH	A
38	KAMTHE ABOLI DATTATRAY	A
39	KAMTHE ASHWINI MADHUKAR	P
40	KENDRE RUTUJA DNYANOBA	P

41	KHANDEKAR RUSHIKESH UMESH	A
42	KHARAT TEJAS SITARAM	P
43	KHATIK AAFIYA PARVEEN	P
44	KHUDE SHANTANU VISHNU	A
45	KRISHNA KESHAV	P
46	KSHIRSAGAR SHIVANI RAJENDRA	P
47	KULKARNI MRUNAL SUNIL	P
48	LATPATE MANSI NATHRAO	P
49	LINGAIT VIDISHA	P
50	MANWANI ANISHA SUNIL	P
51	MANWAR SANKET AVINASH	P
52	MARIA NOOR	P
53	MULEY Sampada DHANANJAY	P
54	MUNJAL VIDHYA DEVIDAS	P
55	MUTTEPWAR Sampada SUNIL	P
56	NAGDEKAR SHRUTI RAVINDRA	P
57	NAIKWADE PALLAVI CHANDRASHEKHAR	P
58	NALAWADE ANKITA BHIMRAO	A
59	NALAWADE INDRAJEET YOGESH	P
60	NIGAM SOMILA UMESH	P
61	NIKAM SHRADDHA ARJUN	P
62	PACHANGE VAISHNAVI VENKATESH	P
63	PADGHAN SARIKA MADHUKAR	P
64	PADILE NISHIGANDHA DNYANOBA	P
65	PAGNIS AAYUSHI	A
66	PAKAWALA UMMAY KULSUM	P
67	PANASKAR APOORVA DIPAK	P
68	PARDESHI ISHWARI SUNIL	P
69	PARMAR YASHI SAMPAT	P
70	PASUNOORI AISHWARYA SOMNARSAIAH	P
71	PATIL TEJASWINI MAHENDRA	P
72	PAYGHAN AKASH KADUJI	P
73	PITALE NEHA GIRISH	P
74	POOJARY NIKHITA PRABHAKAR	P
75	POTODE BAKUL NARENDRA	P
76	RAMGADE RIYA JITENDRA	P
77	RAVANGAVE VAISHNAVI SANJAY	P
78	ROKDE ALISHA SHIVRAM	P
79	SAGAR SHUBHANGI JIVAN	P
80	SHAH PURVA KIRAN	P
81	SONTAKKE PRATIKSHA PRALHAD	P
82	SONVANE SURAJ SHRIMANTRAO	P
83	SURVE SWARANJALI SHASHIKANT	P

84	TAMORE ABHISHEK MAHENDRA	P
85	TANDALE TANVI TUSHAR	P
86	TARDE ABHISHEK VIKAS	P
87	TIWARI SUMANT	P
88	VAIDYA MEDHA MUKUND	P
89	VIDHATE ANKITA NILKANTH	P
90	WAKURE AMOL BABASAHEB	P
91	GHOGARE SAURABH SUBHASH	P
92	GHOSADE PRANALI BANDU	P
93	SHINDE SHRADDHA	P





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Impression Procedures
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To familiarize dental students with impression procedures, focusing on accurate technique and material handling and the choice of correct impression material because different materials possess distinct properties that make them suitable for various clinical scenarios. Key points included:</p> <p>Accuracy and Detail Reproduction: High precision materials like polyvinyl siloxane (PVS) are essential for cases requiring fine detail, such as crowns and bridges.</p> <p>Elastic Recovery: Polyether, with excellent elastic recovery, is preferred for impressions with undercuts.</p> <p>Ease of Use: Alginate is suitable for preliminary impressions due to its ease of mixing and cost-effectiveness, although it lacks the dimensional stability required for final impressions.</p> <p>Hydrophilicity: Hydrophilic materials, such as some PVS types, are ideal for moist environments, ensuring fewer voids and better reproduction of the oral tissues.</p> <p>Working and Setting Times: The working and setting times of materials must align with the clinical procedure and patient comfort. Fast-setting materials are preferred for gag reflex management.</p> <p>Session concluded with case examples demonstrating the selection process for different clinical needs, emphasizing how improper material choice can lead to inaccurate impressions and subsequent restorative failures.</p>
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct impression material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid common pitfalls like air bubbles and incomplete captures.</p>
TRAINER	Dr. Paulami Bagchi


HOD

Head, Department of Prosthodontics
D.Y. Patil Dental School
D.Y. Patil Knowledge City, Charholi
Lower Phase, Pune - 411005




Dean

D.Y. Patil Dental School, Pune

Second Year BDS Students - 2019-20
Training Session - Impression Procedure

S.No.	NAME	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	P
2	AGARKAR HRUTUJA VINOD	P
3	AGLAWE SAKSHI SURESH	A
4	AUTADE HARSHAL DATTATRAY	P
5	BANGAR ASHWINI VITTHAL	P
6	BANSODE SNEHA MAHADEO	P
7	BARDESKAR RUTUJA APPASO	A
8	BHOIR SHIVANI SHANKAR	P
9	BHOYAR SHRADDHA GANESH	P
10	BHUJBAL HARSHADA RAMESHWAR	P
11	BHURA AMAAN ASIF	A
12	BORADE NANDINI CHANDRAKANT	P
13	CHAUDHARI KETAN SANJAY	P
14	CHAVAN ANURADHA ANIL	P
15	CHOUHDARY VAISHNAVI VINOD	A
16	DABERAO ADITI HARISH	P
17	DESHMUKH RUTIKA ARUN	P
18	DODAL ISHAN AKSHAY	P
19	DUDHE POOJA NILKANTH	A
20	GAIKAR MANALI SAKHARAM	P
21	GAIKWAD AKSHATA TANAJI	P
22	GAIKWAD PRASAD JALINDAR	P
23	GAIKWAD SHIVANI NITIN	A
24	GARJE KIRTI VIJAYKUMAR	P
25	GHOSALKAR GARGI RAJENDRA	P
26	GIRE POONAM TULSIRAM	A
27	GUNE ISHA SUBHASH	P
28	ITANKAR SHARVARI BODHRAJ	P
29	JADHAV ANJALI ASHOK	A
30	JADHAV ROHINI BHARAT	P
31	JADHAV TANMAY ASHISH	P
32	JAGTAP PRATIK VIJAY	A
33	JAISWAL RITIKA RAKESH	P
34	JAJU GAURI SUNIL	P
35	JHA KRITIKA	A
36	JOSHI ISHA CHINTAMAN	P
37	KAIRAMKONDA RUTUJA RAMESH	P
38	KAMTHE ABOLI DATTATRAY	P
39	KAMTHE ASHWINI MADHUKAR	P
40	KENDRE RUTUJA DNYANOBA	P

41	KHANDEKAR RUSHIKESH UMESH	P
42	KHARAT TEJAS SITARAM	P
43	KHATIK AAFIYA PARVEEN	P
44	KHUDE SHANTANU VISHNU	P
45	KRISHNA KESHAV	P
46	KSHIRSAGAR SHIVANI RAJENDRA	P
47	KULKARNI MRUNAL SUNIL	P
48	LATPATE MANSI NATHRAO	P
49	LINGAIT VIDISHA	P
50	MANWANI ANISHA SUNIL	P
51	MANWAR SANKET AVINASH	P
52	MARIA NOOR	P
53	MULEY Sampada DHANANJAY	P
54	MUNJAL VIDHYA DEVIDAS	P
55	MUTTEPWAR Sampada SUNIL	P
56	NAGDEKAR SHRUTI RAVINDRA	P
57	NAIKWADE PALLAVI CHANDRASHEKHAR	P
58	NALAWADE ANKITA BHIMRAO	P
59	NALAWADE INDRAJEET YOGESH	P
60	NIGAM SOMILA UMESH	P
61	NIKAM SHRADDHA ARJUN	P
62	PACHANGE VAISHNAVI VENKATESH	P
63	PADGHAN SARIKA MADHUKAR	P
64	PADILE NISHIGANDHA DNYANOBA	P
65	PAGNIS AAYUSHI	P
66	PAKAWALA UMMAY KULSUM	P
67	PANASKAR APOORVA DIPAK	P
68	PARDESHI ISHWARI SUNIL	P
69	PARMAR YASHI SAMPAT	P
70	PASUNOORI AISHWARYA SOMNARSAIAH	P
71	PATIL TEJASWINI MAHENDRA	P
72	PAYGHAN AKASH KADUJI	P
73	PITALE NEHA GIRISH	P
74	POOJARY NIKHITA PRABHAKAR	P
75	POTODE BAKUL NARENDRA	P
76	RAMGADE RIYA JITENDRA	P
77	RAVANGAVE VAISHNAVI SANJAY	P
78	ROKDE ALISHA SHIVRAM	P
79	SAGAR SHUBHANGI JIVAN	P
80	SHAH PURVA KIRAN	P
81	SONTAKKE PRATIKSHA PRALHAD	P
82	SONVANE SURAJ SHRIMANTRAO	P
83	SURVE SWARANJALI SHASHIKANT	P

84	TAMORE ABHISHEK MAHENDRA	P
85	TANDALE TANVI TUSHAR	P
86	TARDE ABHISHEK VIKAS	P
87	TIWARI SUMANT	P
88	VAIDYA MEDHA MUKUND	P
89	VIDHATE ANKITA NILKANTH	P
90	WAKURE AMOL BABASAHEB	P
91	GHOHARE SAURABH SUBHASH	P
92	GHOSADE PRANALI BANDU	P
93	SHINDE SHRADDHA	P




D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Aesthetic Anterior Restoration
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none"> ● To familiarize dental students with Composite resin materials, focusing on accurate clinical technique and material handling. ● To understand the indications and contraindications. ● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Shade Selection: Importance of choosing the correct Shade of composite resin for anterior teeth based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none"> ● Isolation ● Etching ● Bonding ● Composite placement- incremental build up ● Final Shaping and Contouring ● Light curing ● Polishing and final check.
TRAINER	Dr. Kiran Keswani



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and Endodontics

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Dept. of Conservative Dentistry
& Endodontics
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D Y Patil Knowledge City
Charoli (Bk), Via Lonergaon, Pune - 411005



Dean
D.Y. Patil Dental School, Pune



Training Session Attendance List
Aesthetic Anterior Restoration

II YEAR - 2019-20

DATE:21/12/2019

Sr. No	Name of Student	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	<i>Adsule</i>
2	AGARKAR HRUTUJA VINOD	<i>Agarkar</i>
3	AGLAWE SAKSHI SURESH	<i>Aglawe</i>
4	AUTADE HARSHAL DATTATRAY	<i>Autade</i>
5	BANGAR ASHWINI VITTHAL	<i>Bhagar</i>
6	BANSODE SNEHA MAHADEO	<i>Bansode</i>
7	BARDESKAR RUTUJA APPASO	<i>Barde</i>
8	BHOIR SHIVANI SHANKAR	<i>Bhoir</i>
9	BHOYAR SHRADDHA GANESH	<i>Bhoir</i>
10	BHUJBAL HARSHADA RAMESHWAR	<i>Bhujbal</i>
11	BHURA AMAAN ASIF	<i>Bhura</i>
12	BORADE NANDINI CHANDRAKANT	<i>Borade</i>
13	CHAUDHARI KETAN SANJAY	<i>Chaudhari</i>
14	CHAVAN ANURADHA ANIL	<i>Chavan</i>
15	CHOUDHARY VAISHNAVI VINOD	<i>Choudhary</i>
16	DABERAO ADITI HARISH	<i>Daberao</i>
17	DESHMUKH RUTIKA ARUN	<i>Deshmukh</i>
18	DODAL ISHAN AKSHAY	<i>Dodal</i>
19	DUDHE POOJA NILKANTH	<i>Dudhe</i>
20	GAIKAR MANALI SAKHARAM	<i>Gaikar</i>
21	GAIKWAD AKSHATA TANAJI	<i>Gaikwad</i>
22	GAIKWAD PRASAD JALINDAR	<i>Gaikwad</i>
23	GAIKWAD SHIVANI NITIN	<i>Gaikwad</i>

24	GARJE KIRTI VIJAYKUMAR	<u>Garje</u>
25	GHOSALKAR GARGI RAJENDRA	
26	GIRE POONAM TULSIRAM	<u>Poonam</u>
27	GUNE ISHA SUBHASH	<u>Subhash</u>
28	ITANKAR SHARVARI BODHRAJ	<u>Sharvari</u>
29	JADHAV ANJALI ASHOK	
30	JADHAV ROHINI BHARAT	<u>Rohini</u>
31	JADHAV TANMAY ASHISH	<u>Tanmay</u>
32	JAGTAP PRATIK VIJAY	<u>Pratik</u>
33	JAISWAL RITIKA RAKESH	<u>Ritika</u>
34	JAJU GAURI SUNIL	<u>Sunil</u>
35	JHA KRITIKA	<u>Jha</u>
36	JOSHI ISHA CHINTAMAN	<u>Joshi</u>
37	KAIRAMKONDA RUTUJA RAMESH	<u>Rutuja</u>
38	KAMTHE ABOLI DATTATRAY	<u>Aboli</u>
39	KAMTHE ASHWINI MADHUKAR	<u>Ashwini</u>
40	KENDRE RUTUJA DNYANOBA	<u>Rutuja</u>
41	KHANDEKAR RUSHIKESH UMESH	<u>Rushika</u>
42	KHARAT TEJAS SITARAM	<u>Sitaram</u>
43	KHATIK AAFIYA PARVEEN	<u>Aafiya</u>
44	KHUDE SHANTANU VISHNU	<u>Khude</u>
45	KRISHNA KESHAV	<u>Keshav</u>
46	KSHIRSAGAR SHIVANI RAJENDRA	<u>Shivani</u>
47	KULKARNI MRUNAL SUNIL	<u>Sunil</u>
48	LATPATE MANSI NATHRAO	<u>Mansi</u>
49	LINGAIT VIDISHA	<u>Lingait</u>
50	MANWANI ANISHA SUNIL	<u>Anishi</u>
51	MANWAR SANKET AVINASH	<u>Manwar</u>
52	MARIA NOOR	<u>Maria</u>
53	MULEY Sampada DHANANJAY	<u>Sampada</u>

54	MUNJAL VIDHYA DEVIDAS	<u>Dmunjal</u> .
55	MUTTEPWAR Sampada SUNIL	<u>Sampad</u>
56	NAGDEKAR SHRUTI RAVINDRA	<u>Shru</u>
57	NAIKWADE PALLAVI CHANDRASHEKHAR	<u>Pallavi</u> .
58	NALAWADE ANKITA BHIMRAO	<u>Ankita</u>
59	NALAWADE INDRAJEET YOGESH	<u>Indrajeet</u>
60	NIGAM SOMILA UMESH	<u>Somil</u>
61	NIKAM SHRADDHA ARJUN	<u>Shraddha</u>
62	PACHANGE VAISHNAVI VENKATESH	<u>Vpachange</u> .
63	PADGHAN SARIKA MADHUKAR	<u>Sarika</u>
64	PADILE NISHIGANDHA DNYANOBA	<u>Nishigandha</u>
65	PAGNIS AAYUSHI	<u>Ayushi</u> .
66	PAKAWALA UMMAY KULSUM	<u>Umay</u>
67	PANASKAR APOORVA DIPAK	<u>Apoorva</u>
68	PARDESHI ISHWARI SUNIL	<u>Ishwari</u>
69	PARMAR YASHI SAMPAT	<u>Yashi</u> .
70	PASUNOORI AISHWARYA SOMNARSAIAH	<u>Aishwarya</u>
71	PATIL TEJASWINI MAHENDRA	<u>Tejaswini</u>
72	PAYGHAN AKASH KADUJI	<u>Kaduji</u> .
73	PITALE NEHA GIRISH	<u>Neha</u>
74	POOJARY NIKHITA PRABHAKAR	<u>Nikhita</u> .
75	POTODE BAKUL NARENDRA	<u>Bakul</u>
76	RAMGADE RIYA JITENDRA	<u>Riya</u>
77	RAVANGAVE VAISHNAVI SANJAY	<u>Vaishnavi</u>
78	ROKDE ALISHA SHIVRAM	<u>Alisha</u> .
79	SAGAR SHUBHANGI JIVAN	<u>Shubhangi</u>
80	SHAH PURVA KIRAN	<u>Purva</u>
81	SONTAKKE PRATIKSHA PRALHAD	<u>Pratiksha</u> .
82	SONVANE SURAJ SHRIMANTRAO	<u>Sonvane</u>
83	SURVE SWARANJALI SHASHIKANT	<u>Surve</u> .

84	TAMORE ABHISHEK MAHENDRA	
85	TANDALE TANVI TUSHAR	<u>Tushar</u>
86	TARDE ABHISHEK VIKAS	<u>Abhishek</u>
87	TIWARI SUMANT	<u>Sumant</u>
88	VAIDYA MEDHA MUKUND	<u>Medha</u>
89	VIDHATE ANKITA NILKANTH	<u>Ankita</u>
90	WAKURE AMOL BABASAHEB	<u>Amol</u>
91	GHOHARE SAURABH SUBHASH	<u>Subhash</u>
92	GHOSADE PRANALI BANDU	<u>Pranali</u>
93	SHINDE SHRADDHA	<u>Shraddha</u>



Anurag

HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
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[Signature]

Dean

D.Y. Patil Dental School, Pune



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Infection Control and Sterilization
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	The training session on Sterilization and Infection Control for 2nd year BDS students was conducted to impart essential knowledge and practical skills regarding maintaining a sterile environment in dental practice. The session commenced with comprehensive lectures covering principles of sterilization, various methods such as autoclaving and chemical sterilization, and infection control measures including personal protective equipment (PPE). The session allowed the students to be aware of setting up sterilization equipment, practicing proper sterilization techniques, and simulating infection control protocols during dental procedures. Interactive discussions enhanced understanding and application of theoretical concepts.
KEY TAKEAWAYS	Participants gained a thorough understanding of the importance of sterilization in dental procedures and learned practical skills in implementing infection control measures. They acquired knowledge about different sterilization methods and their appropriate applications, as well as compliance with regulatory standards.
TRAINER	Dr. Kapil Kshirsagar


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Dean

D.Y. Patil Dental School

IIND YEAR BDS 2019 – 20

Roll No.	Name	Signature
1	ADSULE YOJANA JEETENDRA	<i>Adsule</i>
2	AGARKAR HRUTUJA VINOD	<i>Agarkar</i>
3	AGLAWE SAKSHI SURESH	<i>Aglawe</i>
4	AUTADE HARSHAL DATTATRAY	<i>Autade</i>
5	BANGAR ASHWINI VITTHAL	<i>Bangar</i>
6	BANSODE SNEHA MAHADEO	<i>Bansode</i>
7	BARDESKAR RUTUJA APPASO	<i>Barde</i>
8	BHOIR SHIVANI SHANKAR	<i>Bhoir</i>
9	BHOYAR SHRADDHA GANESH	<i>Bhoir</i>
10	BHUJBAL HARSHADA RAMESHWAR	<i>Bhuwal</i>
11	BHURA AMAAN ASIF	<i>Bhura</i>
12	BORADE NANDINI CHANDRAKANT	<i>Borade</i>
13	CHAUDHARI KETAN SANJAY	<i>Chaudhari</i>
14	CHAVAN ANURADHA ANIL	<i>Chavan</i>
15	CHOUDHARY VAISHNAVI VINOD	<i>Choudhary</i>
16	DABERAO ADITI HARISH	<i>Daberao</i>
17	DESHMUKH RUTIKA ARUN	<i>Deshmukh</i>
18	DODAL ISHAN AKSHAY	<i>Dodal</i>
19	DUDHE POOJA NILKANTH	<i>Dudhe</i>
20	GAIKAR MANALI SAKHARAM	<i>Gaikar</i>
21	GAIKWAD AKSHATA TANAJI	<i>Gaikwad</i>
22	GAIKWAD PRASAD JALINDAR	<i>Gaikwad</i>
23	GAIKWAD SHIVANI NITIN	<i>Gaikwad</i>
24	GARJE KIRTI VIJAYKUMAR	<i>Garje</i>
25	GHOSALKAR GARGI RAJENDRA	<i>Ghosalkar</i>
26	GIRE POONAM TULSIRAM	<i>Gire</i>
27	GUNE ISHA SUBHASH	<i>Gune</i>
28	ITANKAR SHARVARI BODHRAJ	<i>Itankar</i>
29	JADHAV ANJALI ASHOK	<i>Jadhav</i>
30	JADHAV ROHINI BHARAT	<i>Jadhav</i>
31	JADHAV TANMAY ASHISH	<i>Jadhav</i>
32	JAGTAP PRATIK VIJAY	<i>Jagtap</i>
33	JAISWAL RITIKA RAKESH	<i>Jaiswal</i>
34	JAJU GAURI SUNIL	<i>Jaju</i>
35	JHA KRITIKA	<i>Jha</i>
36	JOSHI ISHA CHINTAMAN	<i>Joshi</i>
37	KAIRAMKONDA RUTUJA RAMESH	<i>Kairamkonda</i>
38	KAMTHE ABOLI DATTATRAY	<i>Kamthe</i>

39	KAMTHE ASHWINI MADHUKAR	Ashwini
40	KENDRE RUTUJA DNYANOBA	Rutuja
41	KHANDEKAR RUSHIKESH UMESH	Rushikesh
42	KHARAT TEJAS SITARAM	Tejas
43	KHATIK AAFIYA PARVEEN	Aafiya
44	KHUDE SHANTANU VISHNU	Shantanu
45	KRISHNA KESHAV	Keshav
46	KSHIRSAGAR SHIVANI RAJENDRA	Shivani
47	KULKARNI MRUNAL SUNIL	Mrunal
48	LATPATE MANSI NATHRAO	Mansi
49	LINGAIT VIDISHA	Vidisha
50	MANWANI ANISHA SUNIL	Anisha
51	MANWAR SANKET AVINASH	Sanket
52	MARIA NOOR	Noor
53	MULEY SAMPADA DHANANJAY	Sampada
54	MUNJAL VIDHYA DEVIDAS	Vidhya
55	MUTTEPWAR SAMPADA SUNIL	Sampada
56	NAGDEKAR SHRUTI RAVINDRA	Shruti
57	NAIKWADE PALLAVI CHANDRASHEKHAR	Pallavi
58	NALAWADE ANKITA BHIMRAO	Ankita
59	NALAWADE INDRAJEET YOGESH	Indrajeet
60	NIGAM SOMILA UMESH	Somila
61	NIKAM SHRADDHA ARJUN	Shraddha
62	PACHANGE VAISHNAVI VENKATESH	Vaishnavi
63	PADGHAN SARIKA MADHUKAR	Sarika
64	PADILE NISHIGANDHA DNYANOBA	Nishigandha
65	PAGNIS AAYUSHI	Aayushi
66	PAKAWALA UMMAY KULSUM	Umay
67	PANASKAR APOORVA DIPAK	Apoorva
68	PARDESHI ISHWARI SUNIL	Ishwari
69	PARMAR YASHI SAMPAT	Yashi
70	PASUNOORI AISHWARYA SOMNARSAIAH	Aishwarya
71	PATIL TEJASWINI MAHENDRA	Tejaswini
72	PAYGHAN AKASH KADUJI	Akash
73	PITALE NEHA GIRISH	Neha
74	POOJARY NIKHITA PRABHAKAR	Nikhita
75	POTODE BAKUL NARENDRA	Bakul
76	RAMGADE RIYA JITENDRA	Riya
77	RAVANGAVE VAISHNAVI SANJAY	Vaishnavi
78	ROKDE ALISHA SHIVRAM	Alisha
79	SAGAR SHUBHANGI JIVAN	Shubhangi
80	SHAH PURVA KIRAN	Purva
81	SONTAKKE PRATIKSHA PRALHAD	Pratiksha
82	SONVANE SURAJ SHRIMANTRAO	Suraj
83	SURVE SWARANJALI SHASHIKANT	Swaranjali
84	TAMORE ABHISHEK MAHENDRA	Abhishek

85	TANDALE TANVI TUSHAR	
86	TARDE ABHISHEK VIKAS	<i>Abhishek</i>
87	TIWARI SUMANT	<i>S</i>
88	VAIDYA MEDHA MUKUND	<i>MA</i>
89	VIDHATE ANKITA NILKANTH	<i>Ankita</i>
90	WAKURE AMOL BABASAHEB	<i>Amol</i>
91	GHOHARE SAURABH SUBHASH	<i>Saurabh</i>
92	GHOSADE PRANALI BANDU	<i>Pran</i>
93	SHINDE SHRADDHA	<i>Shraddha</i>



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Isolation & Rubber Dam Application
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none"> ● To familiarize dental students with rubber dam application techniques, focusing on isolation and rubber dam handling. ● Application on typhodont to simulate the clinical conditions. ● Advantages and disadvantages of rubber dam.
KEY TAKEAWAYS	<p>Selecting the appropriate clamp and independently placing the rubber dam as per clinical situation.</p> <p>To understand the following steps while placing the rubber dam:</p> <ul style="list-style-type: none"> ● Rubber Dam Sheet Preparation ● Clamp Selection and Placement ● Placing the Rubber Dam ● Final Adjustments <p>To understand the following steps while removing the rubber dam:</p> <ul style="list-style-type: none"> ● Remove the Frame ● Release the Dam from the Teeth ● Remove the Clamp
TRAINER	Dr. Vinod Kambli



HOD

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D.Y. Patil Dental School, Pune



Training Session Attendance List
Isolation & Rubber Dam Application

II YEAR - 2019-20

DATE:22/02/2020

Sr. No	Name of Student	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	AY
2	AGARKAR HRUTUJA VINOD	Hrute
3	AGLAWE SAKSHI SURESH	(28)
4	AUTADE HARSHAL DATTATRAY	Autad
5	BANGAR ASHWINI VITTHAL	Asu
6	BANSODE SNEHA MAHADEO	Sneha
7	BARDESKAR RUTUJA APPASO	Rudg.
8	BHOIR SHIVANI SHANKAR	Shivani
9	BHOYAR SHRADDHA GANESH	Shrey
10	BHUJBAL HARSHADA RAMESHWAR	BH
11	BHURA AMAAN ASIF	Amaan
12	BORADE NANDINI CHANDRAKANT	Nandini
13	CHAUDHARI KETAN SANJAY	Ketan
14	CHAVAN ANURADHA ANIL	Anu
15	CHOUDHARY VAISHNAVI VINOD	Vaish
16	DABERAO ADITI HARISH	Aditi
17	DESHMUKH RUTIKA ARUN	Rutika
18	DODAL ISHAN AKSHAY	Ishan
19	DUDHE POOJA NILKANTH	Pooja
20	GAIKAR MANALI SAKHARAM	Manali
21	GAIKWAD AKSHATA TANAJI	Akshata
22	GAIKWAD PRASAD JALINDAR	Prasad
23	GAIKWAD SHIVANI NITIN	Shivani
24	GARJE KIRTI VIJAYKUMAR	Kirti
25	GHOSALKAR GARGI RAJENDRA	Gargi

26	GIRE POONAM TULSIRAM	Poonam
27	GUNE ISHA SUBHASH	Isha
28	ITANKAR SHARVARI BODHIRAJ	Sharvari
29	JADHAV ANJALI ASHOK	Anjali
30	JADHAV ROHINI BHARAT	Rohini
31	JADHAV TANMAY ASHISH	Tanmay
32	JAGTAP PRATIK VIJAY	Pratik
33	JAISWAL RITIKA RAKESH	Ritika
34	JAJU GAURI SUNIL	Gauri
35	JHA KRITIKA	Kritika
36	JOSHI ISHA CHINTAMAN	Isha
37	KAIRAMKONDA RUTUJA RAMESH	Rutuja
38	KAMTHE ABOLI DATTATRAY	Aboli
39	KAMTHE ASHWINI MADHUKAR	Ashwini
40	KENDRE RUTUJA DNYANOBA	Rutuja
41	KHANDEKAR RUSHIKESH UMESH	Rushikesh
42	KHARAT TEJAS SITARAM	Tejas
43	KHATIK AAFIYA PARVEEN	Aafiya
44	KHUDE SHANTANU VISHNU	Shantanu
45	KRISHNA KESHAV	Keshav
46	KSHIRSAGAR SHIVANI RAJENDRA	Shivani
47	KULKARNI MRUNAL SUNIL	Mrunal
48	LATPATE MANSI NATHRAO	Mansi
49	LINGAIT VIDISHA	Vidisha
50	MANWANI ANISHA SUNIL	Anisha
51	MANWAR SANKET AVINASH	Sanket
52	MARIA NOOR	Noor
53	MULEY SAMPADA DHANANJAY	Sampada
54	MUNJAL VIDHYA DEVIDAS	Vidhya
55	MUTTEPWAR SAMPADA SUNIL	Sampada

56	NAGDEKAR SHRUTI RAVINDRA	Shruti
57	NAIKWADE PALLAVI CHANDRASHEKHAR	Pallavi
58	NALAWADE ANKITA BHIMRAO	Ankita
59	NALAWADE INDRAJEET YOGESH	Indrajeet
60	NIGAM SOMILA UMESH	Somila
61	NIKAM SHRADDHA ARJUN	Shraddha
62	PACHANGE VAISHNAVI VENKATESH	Vaishnavi
63	PADGHAN SARIKA MADHUKAR	Sarika
64	PADILE NISHIGANDHA DNYANOBA	Nishi
65	PAGNIS AAYUSHI	Aayushi
66	PAKAWALA UMMAY KULSUM	Umay
67	PANASKAR APOORVA DIPAK	Apoorva
68	PARDESHI ISHWARI SUNIL	Ishwari
69	PARMAR YASHI SAMPAT	Yashi
70	PASUNOORI AISHWARYA SOMNARSAIAH	Aishwariya
71	PATIL TEJASWINI MAHENDRA	Tejaswini
72	PAYGHAN AKASH KADUJI	Akash
73	PITALE NEHA GIRISH	Neha
74	POOJARY NIKHITA PRABHAKAR	Nikhita
75	POTODE BAKUL NARENDRA	Bakul
76	RAMGADE RIYA JITENDRA	Riya
77	RAVANGAVE VAISHNAVI SANJAY	Vaishnavi
78	ROKDE ALISHA SHIVRAM	Alisha
79	SAGAR SHUBHANGI JIVAN	Shubhangi
80	SHAH PURVA KIRAN	Purva
81	SONTAKKE PRATIKSHA PRALHAD	Pratiksha
82	SONVANE SURAJ SHRIMANTRAO	Suraj
83	SURVE SWARANJALI SHASHIKANT	Swaranjali
84	TAMORE ABHISHEK MAHENDRA	Abhishek
85	TANDALE TANVI TUSHAR	Tanvi

86	TARDE ABHISHEK VIKAS	Abh
87	TIWARI SUMANT	Sum
88	VAIDYA MEDHA MUKUND	Medha
89	VIDHATE ANKITA NILKANTH	Ankita
90	WAKURE AMOL BABASAHEB	Amol
91	GHOHARE SAURABH SUBHASH	Saurabh
92	GHOSADE PRANALI BANDU	Pranali
93	SHINDE SHRADDHA	Shraddha



HOD

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and Endodontics

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DEPARTMENT OF DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Consent and patient privacy
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Patient consent and privacy are foundational principles in dental practice. Consent involves the voluntary agreement of a patient to undergo treatment after being informed of its nature, benefits, risks, and alternatives. It is not only a legal requirement but also an ethical obligation that ensures respect for patient autonomy and dignity. Understanding the components of valid consent, including competence, information disclosure, and voluntariness, is essential for developing trustful patient-dentist relationships.</p> <p>Patient privacy, on the other hand, refers to the right of individuals to control access to their personal health information. Dental students must learn to handle patient records and information with utmost confidentiality to comply with legal standards. Respecting patient privacy fosters trust and maintains professional integrity. Implementing practical measures such as secure data storage, limited access to patient records, and obtaining explicit consent—for sharing information are critical in safeguarding patient confidentiality.</p>
KEY TAKEAWAYS	<p>Patient consent involves informed, voluntary agreement for treatment, respecting autonomy and fostering trust. Understand its components: competence, disclosure, and voluntariness. Patient privacy mandates strict confidentiality of health information, ensuring trust and ethical practice. Safeguard patient records with secure handling and explicit consent for information sharing. Upholding these principles is integral to professional integrity and patient-centered care.</p>
TRAINER	Dr. Suhas Vaze



HOD

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IIND YEAR BDS 2019 – 20

Roll No.	Name	Signature
1	ADSULE YOJANA JEETENDRA	Adsule
2	AGARKAR HRUTUJA VINOD	Agarkar
3	AGLAWE SAKSHI SURESH	Aglawe
4	AUTADE HARSHAL DATTATRAY	Autade
5	BANGAR ASHWINI VITTHAL	Bangar
6	BANSODE SNEHA MAHADEO	Bansode
7	BARDESKAR RUTUJA APPASO	Barde
8	BHOIR SHIVANI SHANKAR	Bhoir
9	BHOYAR SHRADDHA GANESH	Bhoir
10	BHUJBAL HARSHADA RAMESHWAR	Bhujbal
11	BHURA AMAAN ASIF	Bhura
12	BORADE NANDINI CHANDRAKANT	Borade
13	CHAUDHARI KETAN SANJAY	Chaudhari
14	CHAVAN ANURADHA ANIL	Chavan
15	CHOUDHARY VAISHNAVI VINOD	Choudhary
16	DABERAO ADITI HARISH	Daberao
17	DESHMUKH RUTIKA ARUN	Deshmukh
18	DODAL ISHAN AKSHAY	Dodal
19	DUDHE POOJA NILKANTH	Dudhe
20	GAIKAR MANALI SAKHARAM	Gaikar
21	GAIKWAD AKSHATA TANAJI	Gaikwad
22	GAIKWAD PRASAD JALINDAR	Gaikwad
23	GAIKWAD SHIVANI NITIN	Gaikwad
24	GARJE KIRTI VIJAYKUMAR	Garje
25	GHOSALKAR GARGI RAJENDRA	Ghosalkar
26	GIRE POONAM TULSIRAM	Gire
27	GUNE ISHA SUBHASH	Gune
28	ITANKAR SHARVARI BODHRAJ	Itankar
29	JADHAV ANJALI ASHOK	Jadhav
30	JADHAV ROHINI BHARAT	Jadhav
31	JADHAV TANMAY ASHISH	Jadhav
32	JAGTAP PRATIK VIJAY	Jagtap
33	JAISWAL RITIKA RAKESH	Jaiswal
34	JAJU GAURI SUNIL	Jaju
35	JHA KRITIKA	Jha
36	JOSHI ISHA CHINTAMAN	Joshi
37	KAIRAMKONDA RUTUJA RAMESH	Kairamkonda
38	KAMTHE ABOLI DATTATRAY	Kamthe

39	KAMTHE ASHWINI MADHUKAR	Ashwini
40	KENDRE RUTUJA DNYANOBA	Rutuja
41	KHANDEKAR RUSHIKESH UMESH	Rushikesh
42	KHARAT TEJAS SITARAM	Tejas
43	KHATIK AAFIYA PARVEEN	Aafiya
44	KHUDE SHANTANU VISHNU	Shantanu
45	KRISHNA KESHAV	Keshav
46	KSHIRSAGAR SHIVANI RAJENDRA	Shivani
47	KULKARNI MRUNAL SUNIL	Mrunal
48	LATPATE MANSI NATHRAO	Mansi
49	LINGAIT VIDISHA	Vidisha
50	MANWANI ANISHA SUNIL	Anisha
51	MANWAR SANKET AVINASH	Sanket
52	MARIA NOOR	Noor
53	MULEY SAMPADA DHANANJAY	Sampada
54	MUNJAL VIDHYA DEVIDAS	Vidhya
55	MUTTEPWAR SAMPADA SUNIL	Sampada
56	NAGDEKAR SHRUTI RAVINDRA	Shruti
57	NAIKWADE PALLAVI CHANDRASHEKHAR	Pallavi
58	NALAWADE ANKITA BHIMRAO	Ankita
59	NALAWADE INDRAJEET YOGESH	Indrajeet
60	NIGAM SOMILA UMESH	Somila
61	NIKAM SHRADDHA ARJUN	Shraddha
62	PACHANGE VAISHNAVI VENKATESH	Vaishnavi
63	PADGHAN SARIKA MADHUKAR	Sarika
64	PADILE NISHIGANDHA DNYANOBA	Nishigandha
65	PAGNIS AAYUSHI	Aayushi
66	PAKAWALA UMMAY KULSUM	Umay
67	PANASKAR APOORVA DIPAK	Apoorva
68	PARDESHI ISHWARI SUNIL	Ishwari
69	PARMAR YASHI SAMPAT	Yashi
70	PASUNOORI AISHWARYA SOMNARSAIAH	Aishwarya
71	PATIL TEJASWINI MAHENDRA	Tejaswini
72	PAYGHAN AKASH KADUJI	Akash
73	PITALE NEHA GIRISH	Neha
74	POOJARY NIKHITA PRABHAKAR	Nikhita
75	POTODE BAKUL NARENDRA	Bakul
76	RAMGADE RIYA JITENDRA	Riya
77	RAVANGAVE VAISHNAVI SANJAY	Vaishnavi
78	ROKDE ALISHA SHIVRAM	Alisha
79	SAGAR SHUBHANGI JIVAN	Shubhangi
80	SHAH PURVA KIRAN	Purva
81	SONTAKKE PRATIKSHA PRALHAD	Pratiksha
82	SONVANE SURAJ SHRIMANTRAO	Suraj
83	SURVE SWARANJALI SHASHIKANT	Swaranjali
84	TAMORE ABHISHEK MAHENDRA	Abhishek

85	TANDALE TANVI TUSHAR	
86	TARDE ABHISHEK VIKAS	<i>Abhishek</i>
87	TIWARI SUMANT	<i>S</i>
88	VAIDYA MEDHA MUKUND	<i>MA</i>
89	VIDHATE ANKITA NILKANTH	<i>Ankita</i>
90	WAKURE AMOL BABASAHEB	<i>Amol</i>
91	GHOHARE SAURABH SUBHASH	<i>Saurabh</i>
92	GHOSADE PRANALI BANDU	<i>Pran</i>
93	SHINDE SHRADDHA	<i>Shraddha</i>



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Introduction & Steps in Fabrication of Fixed Partial Denture
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The session began with an overview of FPDs, including indications, contraindications, and advantages over removable partial dentures. Students were educated on patient assessment criteria, diagnostic procedures, and treatment planning essential for successful FPD cases. Techniques for investing, casting, and fitting metal frameworks were video demonstrated, with a focus on achieving optimal marginal integrity and occlusion.</p> <p>Summary of Steps in FPD Fabrication</p> <ol style="list-style-type: none">1. Patient Assessment and Treatment Planning2. Tooth Preparation3. Impression Making4. Temporization5. Model and Die Fabrication6. Wax Pattern Creation7. Investing and Casting8. Metal Framework Try-In9. Porcelain Application10. Final Fit and Adjustment11. Final Cementation12. Post-Cementation Care
KEY TAKEAWAYS	The session successfully integrated theoretical knowledge and practical skills, offering Second Year BDS Students a holistic understanding of FPD fabrication.
TRAINER	Dr. Bipin Muley

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D.Y. Patil Dental School, Pune



Second Year BDS Students - 2019-20
Training Session - Steps in Fabrication of FPD

S.No.	NAME	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	P
2	AGARKAR HRUTUJA VINOD	P
3	AGLAWE SAKSHI SURESH	P
4	AUTADE HARSHAL DATTATRAY	P
5	BANGAR ASHWINI VITTHAL	P
6	BANSODE SNEHA MAHADEO	P
7	BARDESKAR RUTUJA APPASO	P
8	BHOIR SHIVANI SHANKAR	P
9	BHOYAR SHRADDHA GANESH	A
10	BHUJBAL HARSHADA RAMESHWAR	P
11	BHURA AMAAN ASIF	P
12	BORADE NANDINI CHANDRAKANT	P
13	CHAUDHARI KETAN SANJAY	P
14	CHAVAN ANURADHA ANIL	P
15	CHOUDHARY VAISHNAVI VINOD	P
16	DABERAO ADITI HARISH	P
17	DESHMUKH RUTIKA ARUN	P
18	DODAL ISHAN AKSHAY	A
19	DUDHE POOJA NILKANTH	A
20	GAIKAR MANALI SAKHARAM	P
21	GAIKWAD AKSHATA TANAJI	P
22	GAIKWAD PRASAD JALINDAR	P
23	GAIKWAD SHIVANI NITIN	P
24	GARJE KIRTI VIJAYKUMAR	P
25	GHOSALKAR GARGI RAJENDRA	P
26	GIRE POONAM TULSIRAM	P
27	GUNE ISHA SUBHASH	P
28	ITANKAR SHARVARI BODHRAJ	P
29	JADHAV ANJALI ASHOK	P
30	JADHAV ROHINI BHARAT	P
31	JADHAV TANMAY ASHISH	P
32	JAGTAP PRATIK VIJAY	P
33	JAISWAL RITIKA RAKESH	A
34	JAJU GAURI SUNIL	P
35	JHA KRITIKA	P
36	JOSHI ISHA CHINTAMAN	A
37	KAIRAMKONDA RUTUJA RAMESH	A
38	KAMTHE ABOLI DATTATRAY	P
39	KAMTHE ASHWINI MADHUKAR	P
40	KENDRE RUTUJA DNYANOBA	P

41	KHANDEKAR RUSHIKESH UMESH	P
42	KHARAT TEJAS SITARAM	P
43	KHATIK AAFIYA PARVEEN	P
44	KHUDE SHANTANU VISHNU	A
45	KRISHNA KESHAV	P
46	KSHIRSAGAR SHIVANI RAJENDRA	P
47	KULKARNI MRUNAL SUNIL	P
48	LATPATE MANSI NATHRAO	P
49	LINGAIT VIDISHA	A
50	MANWANI ANISHA SUNIL	P
51	MANWAR SANKET AVINASH	P
52	MARIA NOOR	P
53	MULEY SAMPADA DHANANJAY	P
54	MUNJAL VIDHYA DEVIDAS	P
55	MUTTEPWAR SAMPADA SUNIL	P
56	NAGDEKAR SHRUTI RAVINDRA	P
57	NAIKWADE PALLAVI CHANDRASHEKHAR	P
58	NALAWADE ANKITA BHIMRAO	A
59	NALAWADE INDRAJEET YOGESH	P
60	NIGAM SOMILA UMESH	P
61	NIKAM SHRADDHA ARJUN	P
62	PACHANGE VAISHNAVI VENKATESH	P
63	PADGHAN SARIKA MADHUKAR	P
64	PADILE NISHIGANDHA DNYANOBA	P
65	PAGNIS AAYUSHI	P
66	PAKAWALA UMMAY KULSUM	P
67	PANASKAR APOORVA DIPAK	P
68	PARDESHI ISHWARI SUNIL	P
69	PARMAR YASHI SAMPAT	P
70	PASUNOORI AISHWARYA SOMNARSAIAH	A
71	PATIL TEJASWINI MAHENDRA	P
72	PAYGHAN AKASH KADUJI	P
73	PITALE NEHA GIRISH	P
74	POJARY NIKHITA PRABHAKAR	P
75	POTODE BAKUL NARENDRA	A
76	RAMGADE RIYA JITENDRA	A
77	RAVANGAVE VAISHNAVI SANJAY	P
78	ROKDE ALISHA SHIVRAM	P
79	SAGAR SHUBHANGI JIVAN	P
80	SHAH PURVA KIRAN	P
81	SONTAKKE PRATIKSHA PRALHAD	P
82	SONVANE SURAJ SHRIMANTRAO	P
83	SURVE SWARANJALI SHASHIKANT	P

84	TAMORE ABHISHEK MAHENDRA	A
85	TANDALE TANVI TUSHAR	P
86	TARDE ABHISHEK VIKAS	P
87	TIWARI SUMANT	P
88	VAIDYA MEDHA MUKUND	P
89	VIDHATE ANKITA NILKANTH	A
90	WAKURE AMOL BABASAHEB	P
91	GHOGARE SAURABH SUBHASH	P
92	GHOSADE PRANALI BANDU	P
93	SHINDE SHRADDHA	P



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Class V GIC restoration
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Glass Ionomer Cement, focusing on material handling and restoring Class V cavities.● To understand the physical and mechanical properties of GIC● To understand the indications and contraindications of GIC.
KEY TAKEAWAYS	<p>Understand and implement the following:</p> <ul style="list-style-type: none">● To dispense correct powder and liquid ratio.● To note the properties of GIC such as adhesion, fluoride release, biocompatibility and aesthetics.● Clinical consideration while handling, isolation and surface protection.● To evaluate the factors affecting setting time. <p>By understanding these key aspects of GIC, dental students can make informed decisions about its application and optimize patient outcomes.</p>
TRAINER	Dr. Divya Dudulwar



HOD

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Dean

D.Y. Patil Dental School, Pune



Training Session Attendance List

Class V GIC Restoration

II YEAR - 2019-20

DATE:04/04/2020

Sr. No	Name of Student	ATTENDANCE
1	ADSULE YOJANA JEETENDRA	Yojana
2	AGARKAR HRUTUJA VINOD	HRUTUJA
3	AGLAWE SAKSHI SURESH	Aglawe
4	AUTADE HARSHAL DATTATRAY	Harshal
5	BANGAR ASHWINI VITTHAL	Vitthal
6	BANSODE SNEHA MAHADEO	Sneha
7	BARDESKAR RUTUJA APPASO	Rutuja
8	BHOIR SHIVANI SHANKAR	Shivani
9	BHOYAR SHRADDHA GANESH	Shraddha
10	BHUJBAL HARSHADA RAMESHWAR	Harshada
11	BHURA AMAAN ASIF	Amaan
12	BORADE NANDINI CHANÐRAKANT	Nandini
13	CHAUDHARI KETAN SANJAY	Ketan
14	CHAVAN ANURADHA ANIL	Anuradha
15	CHOUDHARY VAISHNAVI VINOD	Vaishnavi
16	DABERAO ADITI HARISH	Aditi
17	DESHMUKH RUTIKA ARUN	Rutika
18	DODAL ISHAN AKSHAY	Ishan
19	DUDHE POOJA NILKANTH	Pooja
20	GAIKAR MANALI SAKHARAM	Manali
21	GAIKWAD AKSHATA TANAJI	Akshata
22	GAIKWAD PRASAD JALINDAR	Prasad
23	GAIKWAD SHIVANI NITIN	Shivani
24	GARJE KIRTI VIJAYKUMAR	Kirti
25	GHOSALKAR GARGI RAJENDRA	Gargi

26	GIRE POONAM TULSIRAM	Poonam
27	GUNE ISHA SUBHASH	Isha
28	ITANKAR SHARVARI BODHRAJ	Sharvari
29	JADHAV ANJALI ASHOK	Anjali
30	JADHAV ROHINI BHARAT	Rohini
31	JADHAV TANMAY ASHISH	Tanmay
32	JAGTAP PRATIK VIJAY	Pratik
33	JAISWAL RITIKA RAKESH	Ritika
34	JAJU GAURI SUNIL	Jaji
35	JHA KRITIKA	Kritika
36	JOSHI ISHA CHINTAMAN	Isha
37	KAIRAMKONDA RUTUJA RAMESH	Rutuja
38	KAMTHE ABOLI DATTATRAY	Aboli
39	KAMTHE ASHWINI MADHUKAR	Ashwini
40	KENDRE RUTUJA DNYANOBA	Rutuja
41	KHANDEKAR RUSHIKESH UMESH	Rushikesh
42	KHARAT TEJAS SITARAM	Tejas
43	KHATIK AAFIYA PARVEEN	Aafiya
44	KHUDE SHANTANU VISHNU	Vishnu
45	KRISHNA KESHAV	Keshav
46	KSHIRSAGAR SHIVANI RAJENDRA	Shivani
47	KULKARNI MRUNAL SUNIL	Mrunal
48	LATPATE MANSI NATHRAO	Mansi
49	LINGAIT VIDISHA	Vidisha
50	MANWANI ANISHA SUNIL	Anisha
51	MANWAR SANKET AVINASH	Sanket
52	MARIA NOOR	Noor
53	MULEY Sampada DHANANJAY	Sampada
54	MUNJAL VIDHYA DEVIDAS	Vidya
55	MUTTEPWAR Sampada SUNIL	Sampada

56	NAGDEKAR SHRUTI RAVINDRA	Shruti
57	NAIKWADE PALLAVI CHANDRASHEKHAR	Pallavi
58	NALAWADE ANKITA BHIMRAO	Ankita
59	NALAWADE INDRAJEET YOGESH	Indrajeet
60	NIGAM SOMILA UMESH	Somila
61	NIKAM SHRADDHA ARJUN	Nika
62	PACHANGE VAISHNAVI VENKATESH	Vaishnavi
63	PADGHAN SARIKA MADHUKAR	Sarika
64	PADILE NISHIGANDHA DNYANOBA	Padile
65	PAGNIS AAYUSHI	Aayushi
66	PAKAWALA UMMAY KULSUM	Umay
67	PANASKAR APOORVA DIPAK	Apoorva
68	PARDESHI ISHWARI SUNIL	Ishwari
69	PARMAR YASHI Sampat	Yashi
70	PASUNOORI AISHWARYA SOMNARSAIAH	Aishwarya
71	PATIL TEJASWINI MAHENDRA	Patil
72	PAYGHAN AKASH KADUJI	Paygan
73	PITALE NEHA GIRISH	Neha
74	POOJARY NIKHITA PRABHAKAR	Nikhita
75	POTODE BAKUL NARENDRA	Negendra
76	RAMGADE RIYA JITENDRA	Riya
77	RAVANGAVE VAISHNAVI SANJAY	Viya
78	ROKDE ALISHA SHIVRAM	Alisha
79	SAGAR SHUBHANGI JIVAN	Shubhi
80	SHAH PURVA KIRAN	Purva
81	SONTAKKE PRATIKSHA PRALHAD	Sontakke
82	SONVANE SURAJ SHRIMANTRAO	Suraj
83	SURVE SWARANJALI SHASHIKANT	Swarnjali
84	TAMORE ABHISHEK MAHENDRA	Abhishek
85	TANDALE TANVI TUSHAR	Tanvi

86	TARDE ABHISHEK VIKAS	Abhishek
87	TIWARI SUMANT	Sumant
88	VAIDYA MEDHA MUKUND	Medha
89	VIDHATE ANKITA NILKANTH	Ankita
90	WAKURE AMOL BABASAHEB	Amol
91	GHOGARE SAURABH SUBHASH	Saurabh
92	GHOSADE PRANALI BANDU	Pranali
93	SHINDE SHRADDHA	Shraddha



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Dean

D.Y. Patil Dental School, Pune




D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS.

Report

Training Sessions Program Report	
NAME OF SESSION	Posterior Composite Restoration
YEAR OF PROGRAM	2019-20
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none"> ● To familiarize dental students with Composite resin materials, focusing on accurate technique and material handling. ● To understand the indications and contraindications. ● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct restorative material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none"> ● Isolation ● Etching ● Bonding ● Composite placement-importance of increment build up. ● Final Shaping and Contouring ● Light curing ● Polishing and final check.
TRAINER	Dr. Kiran Keswani



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Training Session Attendance List

Posterior Composite

II YEAR - 2019-20

DATE: 18/04/2020

Sr. No	Name of Student	ATTENDANCE
1	AMBATKAR SAKSHI SADANAND	Sakshi
2	BAILE SHIVKRISHNA KRANTIKAR	Pratik
3	BALGUDE TRUPTI SANJAY	Trupti
4	BARI MRUNALI GOPAL	Mrunali
5	BEDSE HARSHAL RAJDHAR	Harsh
6	BHANSALI PRINCE SUSHIL	Prince
7	BHATTI HARDIK RAHUL	Hardik
8	BHISE ROHINI BALU	Rohini
9	BHUTKAR ARYA ANIL	Arya
10	CHANDORKAR ISHAN ASHISH	Ishan
11	CHANGMAYUM ESHITA	Eshita
12	CHAVAN SHRADDHA ASHOKRAO	Shraddha
13	CHIDDARWAR JANHAVI ATUL	Janhavi
14	DARADE AMIT SUMANT	Amit
15	DESHMANE ADITI ARUN	Aditi
16	DESHMUKH SAKSHEE SURYAKANT	Sakshi
17	DODIA RUCHI BIPIN	Ruchi
18	DOND PRASAD SUNIL	Prasad
19	DUGANI SNEHAL MURGENDRA	Snehal
20	GAIKWAD ABHAY SHAHAJI	Abhay
21	GAIKWAD AKANKSHA PANDURANG	Akanksha
22	GAIKWAD ANKITA DATTATRAY	Ankita
23	GARG KASHISH SANJAY	Kashish
24	GOWAIKAR RUCHA SANJAY	Rucha
25	GUDADHE TRUPTI JAYANT	Trupti
26	GUPTA RAGHAV MAHESH	Raghu

27	HALAGERI PARVATI BASAVRAJ	Parvati
28	JAMNA SANIYA ILIYAS	Saniya
29	JHAWAR AKSHATA RAMKISHOR	Akshata
30	KAMBLE MRUNAL VIJAY	Mrunal
31	KANPILE SAKSHI CHETAN	Sakshi
32	KEKARE NIRMITI DASHRATH	Nirmiti
33	KHAKAR SWAROOP ARUN	Swaroop
34	KULKARNI HARSH MILIND	Harsh
35	LOKHANDE PRATIKSHA NARHARI	Pratiksha
36	LOLAGE VAISHANVI	Vaishanvi
37	LONDHE SIDDHESH ANIL	Siddhesh
38	LONDHE VINIT MAHADEO	Vinit
39	LONKAR SAKSHI SANDIP	Sakshi
40	MAGAR SHREYAS ASHOK	Shreyas
41	MAHAJAN JUI SHASHANK	Jui
42	MALI PRERNA RAJESH	Prerna
43	MANE ONKAR VINAYAK	Onkar
44	MANEK SRUSHTI RAJESH	Srushti
45	MAURYA KHUSABU	Khusabu
46	MISHRA SHUBHAM SANJAY	Shubham
47	MOHITE AISHWARYA ULHAS	Aishwarya
48	MOMIN RUSHNA ISHTIYAQUE AHMED	Rushna
49	MORE AMRUTA BALDEO	Amruta
50	MULE ADITYA SATISH	Aditya
51	MULIK SIDDHI SAMBHAJI	Siddhi
52	MUNIFA NAZ MOHAMMAD RAFIQUE	Munifa
53	NARKHEDE SAKSHI SHRIKANT	Sakshi
54	NARSULE DIVYA ARVIND	Divya
55	NARWADE SHYAM VIJAY	Shyam
56	PATEL RIDDHI HARESH	Riddhi

57	PATIL DEVYANI NANDKISHOR	Devyani
58	PATIL HARSHADA ULHASRAO	Harshada
59	PATIL JAGRUTI SATISH	Jagruti
60	PATIL PAWAN SATISH	Pawan
61	PAWAR POOJA GOPICHAND	Pooja
62	PAWAR RUTUJA RAMNATH	Rutuja
63	PHALKE MRUNAL UMESH	Mrunal
64	PHARATE SHWETA EKNATH	Shweta
65	RAUT AISHWARYA SHIVLING	Aishwarya
66	SALIYAN SHRUTI SURESH	Shruti
67	SAWANT ROHINI BHARAT	Rohini
68	SHAIKH RUHMA ARIF	Ruhma
69	SHEKAPURE AISHWARYA BALAJI	Aishwarya
70	SHELKE OMKAR NANASAHEB	Shelke
71	SHETE VRUSHALI SANJAY	Vrushali
72	SHINDE PRAJAKTA SADASHIV	Prajakta
73	SHINGADE ADITYA RAGHU	Aditya
74	SONAR BHUVANESHWARI PANKAJ	Bhuvaneshwari
75	SONAWANE KANCHAN RAVINDRA	Kanchan
76	SONAWANE SANGRAM SANJAY	Sangram
77	SPRIHA SINGH	Spriha
78	SURYAWAD RUTUJA RAOSAHEB	Rutuja
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	Vijayalaxmi
80	TAMBE SAMRUDDHI SARASRAM	Samruddhi
81	UGRAN SHRADDHA VIJAYKUMAR	Shraddha
82	WARAL CHETAN SUNIL	Chetan
83	WARKAD PRATIKSHA GAJANAN	Pratiksha
84	GHOGARE SAURABH	Saurabh
85	PRAJAKTA PAWAR	Prajakta



Anurag

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Anurag

Dean

D.Y. Patil Dental School, Pune

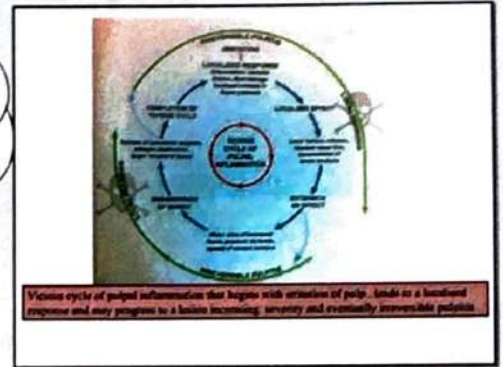


Case Scenarios

PULP PROTECTION



Dr. Kiran Keswani



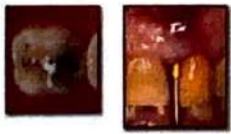
Das, et al. Pulp capping agents. An Evolutionary Review. International Journal of Dental Science and Innovative Research 2020, 3(4): 246-251

Pulp irritants

Bacterial

Traumatic

Iatrogenic

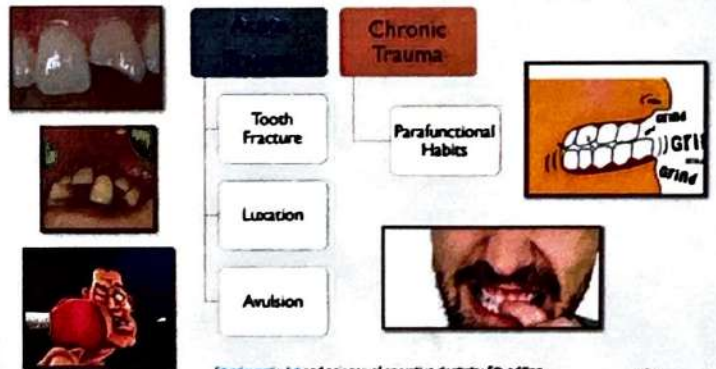


Acute Trauma

Chronic Trauma

- During tooth preparation
- Orthodontic movement of tooth
- Periodontal and periapical curettage
- Use of chemicals
- Idiopathic

Sturdevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Siroi 4th edition



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IATROGENIC DAMAGE TO THE PULP

HEAT GENERATED DURING CAVITY PREPARATION

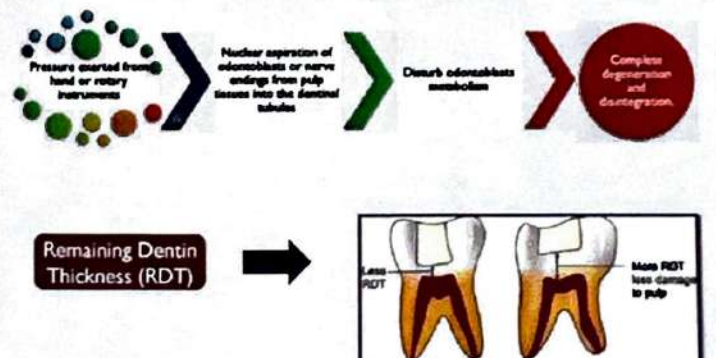
- Heat generated during cavity preparation:

Pulpal temperature is critical and must not exceed normal values in dental restorative procedures. Clinical research has shown irreversible damage to pulp tissues when temperature is increased.



5.5° C - 60%
11° C - 100%

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INDICATIONS

- Recent small mechanical exposure of pulp during (< 24 hours);
- a) Tooth preparation
- b) Traumatic injury

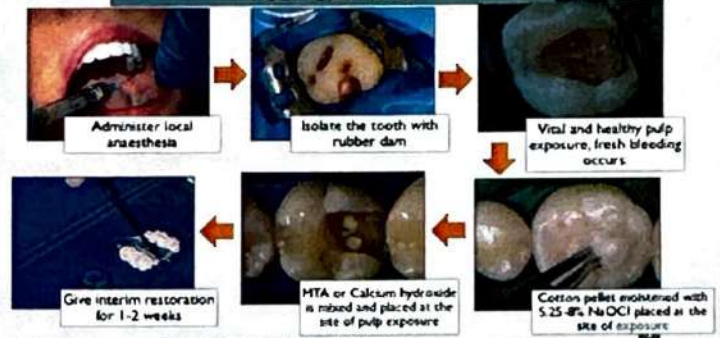


Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice



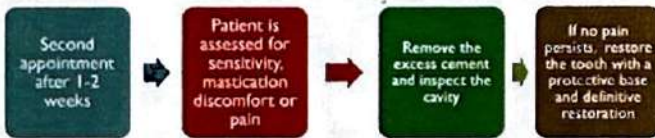
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CLINICAL PROCEDURE - TWO STEP PULP CAPPING



Ingle's Textbook of Endodontics 6th edition

CLINICAL PROCEDURE - TWO STEP PULP CAPPING

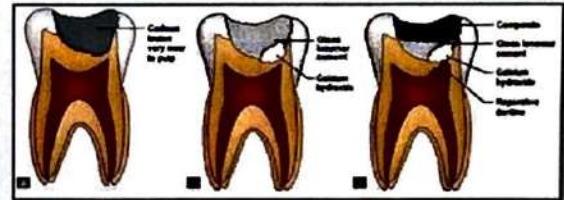


Ingle's Textbook of Endodontics 6th edition
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1

INDIRECT PULP CAPPING

Indirect pulp capping is defined as "a procedure in which a material is placed on a thin partition of remaining carious dentin that, if removed, might expose the pulp in immature permanent teeth."



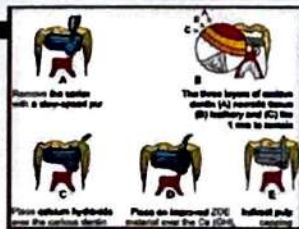
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1

CLINICAL PROCEDURE

The procedure for indirect pulp capping is same as that of direct pulp capping except that the pulp is not exposed. A thin layer of "affected dentin" is left to avoid exposure.

The pulp capping material is directly placed on the affected dentin.



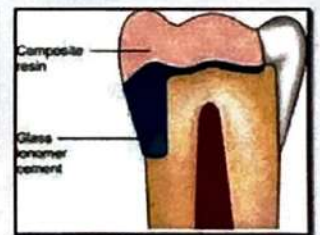
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1

CERVICAL LINING TECHNIQUE/ OPEN SANDWICH TECHNIQUE

- To combine beneficial properties of GIC and Composite
- Cervical portion of the proximal box of a posterior cavity is restored with glass-ionomer cement, and the final restoration being either resin composite or amalgam.
- Indication: Usually for posterior resin composite restorations

GIC expands slightly when in contact with moisture, and this may compensate for the polymerization shrinkage of the resin composite therefore reduce micro leakage

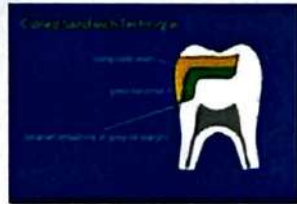


Sturtevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Bári 4th edition

1

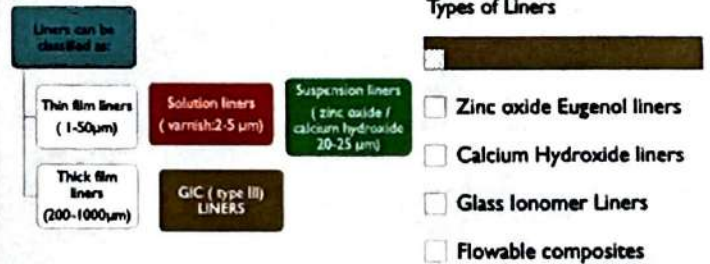
CLOSED SANDWICH TECHNIQUE

- The dentin is covered by Glass ionomer cement which in turn is entirely covered by composite restoration
- Used when there is remaining enamel at the gingival margin



Blundell & Art and science of operative dentistry 6th edition
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LINERS



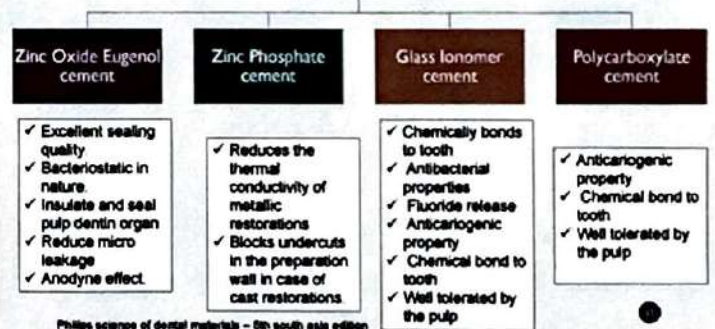
Philips science of dental materials - 6th south asia edition

CLASSIFICATION OF BASES



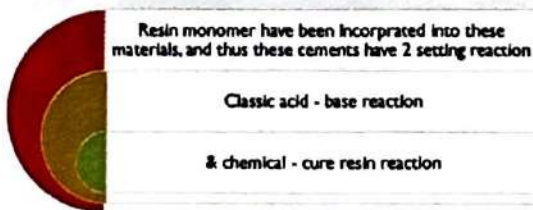
Philips science of dental materials - 6th south asia edition
Des. of M. Pulp capping agents. An Evolutionary Review International Journal of Dental Science and Innovative Research 2020, 3(8): 240-251

Materials used as bases



Philips science of dental materials - 6th south asia edition

RESIN MODIFIED GLASS IONOMER CEMENT (HYBRID IONOMER)



Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. J Indian J Conserv Endod 2021;6(1): 123-127.

FLOWABLE COMPOSITES

Composites with a lower amount of filler → more fluid consistency, less strength and lower modulus



Advantages	Disadvantages
Adaptation to walls because of their flow Ease in manipulation	Technique sensitive Requires care of contamination free field
Aesthetic	Polymerization shrinkage → gap formation at resin-tooth interface.

Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. J Indian J Conserv Endod 2021;6(1): 123-127.

MINERAL TRIOXIDE AGGREGATE (MTA)

Characteristics:

- Non-toxic material
- Low or no solubility
- Stimulate reparative dentin development by a normal defending process of an early pulpal wound healing (evidence was the presence of odontoblast like cells)
- Minimal inflammation at early healing stage

COMPOSITION

- ✓ Tricalcium silicate
- ✓ Tricalcium aluminate
- ✓ Tricalcium oxide
- ✓ Silicate oxide

Chandni R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127



BIODENTINE

Calcium silicate-based restorative cement with dentin-like mechanical properties, which can be used as a dentin substitute on crowns and roots similar to how MTA is used.

It has a positive effect on vital pulp cells and stimulates tertiary dentin formation.

In direct contact with vital pulp tissue, it also promotes formation of reparative dentin.

Biodentine may be successfully used as a posterior restoration material for up to 6 months after direct pulp capping. After validation of pulp health, it may be partially removed to place a permanent composite material.

Chandni R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127



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INLAYS – Indications and Cavity Features

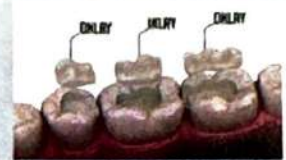
PRESENTED BY
DR. VINOD KAMBLI



Definitions

Inlay

- Inlay is defined as a fixed intracoronal restoration, a dental restoration made outside of a tooth to correspond to the form of prepared cavity, which is then luted into the tooth (Rosensteil)



Onlay

- An Onlay is combination of intracoronal and extra coronal restoration when one or more cusps are covered. (Rosensteil)

Indication

3

- Extensive tooth involvement
- Superior control over contacts and contours.
- Correction of occlusion
- Restoration of endodontically treated teeth
- Retainers for fixed prostheses
- Subgingival lesions
- Patients with low incidence of plaque accumulation
- Fracture lines
- Esthetics



Contraindications

4

- Developing and deciduous teeth
- High plaque/caries indices
- Occlusal disharmony
- Dissimilar metals
- Where esthetics is prime consideration
- Case of extensive occlusal wear facets



Advantages

5

- Yield strength, compressive strength, tensile strength and shear strength of alloys used for cast restorations are far greater than those of any materials used intra orally
- Capable of reproducing precise form and minute detail
- Not significantly affected by tarnish and corrosion processes in the oral environment.
- Surface with maximum biological acceptance
- Gold castings have a coefficient of thermal expansion ($12 \times 10^{-6}^{\circ}\text{C}$) similar to that of tooth structure.

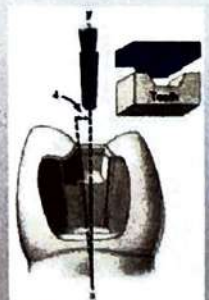
Designs of cavity preparation for cast restorations Inlay

Initial preparation

- Occlusal step
- Proximal box

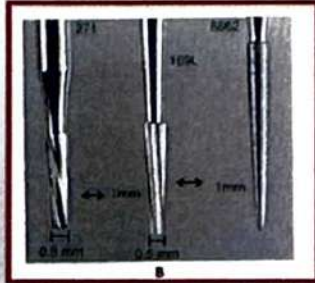
Final preparation

- Removal of Infected Carious Dentin & Pulp protection.
- Preparation of bevels and flares.



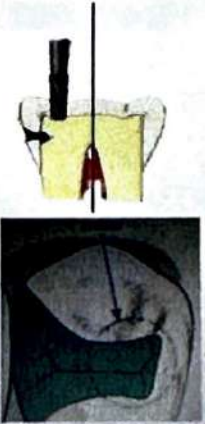
Burs used

- Carbide burs used are plane cut, tapered fissure
- No.271 & 169L help in uniformly tapered walls, smooth pulpal & gingival walls.
- Marginal bevels are placed with No.8862 diamond instrument.



Initial preparation - Occlusal surface

- No. 271 bur is held parallel to the long axis of the tooth – enter pit/ fossa closest to the marginal ridge.
- Punch cut 1.5 mm.
- Outline extended to a dovetail form.



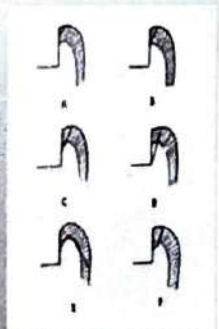
- Correct pulpal depth for an inlay is established with a tapered fissure bur, used to create flat floors and well defined internal line angles
- Tapered sides of the bur are used to help establish the desired divergence of the walls
- Width of the cavity - 1/3rd of the cuspal inclines is included on both sides of the central groove
- Average taper 2 to 5°



Types of bevel

10

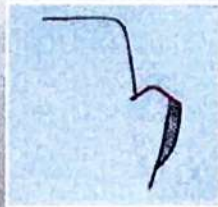
1. Partial bevel - not more than 2/3rd of enamel
2. Short bevel - entire enamel without dentin
3. Long bevel - entire enamel and one half of dentinal wall.
4. Full bevel - whole of enamel and dentin.
5. Reverse bevel - for cusp capping. Usually on facial and lingual surface of cusp.
6. Hollow ground bevel - in the form of concavity. For materials with low castability



Reverse Bevel

11

- It is given on the gingival seat. This bevel has three planes.
- First - reverse bevel plane where the inclination is on the gingivoaxial plane
- Second - flat plane made of dentin.
- Third - plane that is sloping away from the axial wall made up of enamel and dentin. This helps in preventing proximal displacement
- Functions - prevents proximal displacement of the restoration.



Flares

12

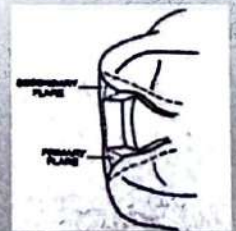
- Flares are present on the proximal box

Two types of flares:

1. Primary flare - similar to long bevel formed on the facial and lingual wall of proximal box. It has angulation of 45° to the inner dentinal wall proper.

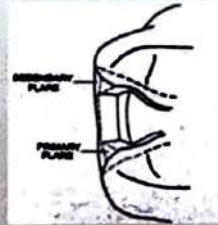
Functions :

- 1) To bring the proximal preparation out of the contact area
- 2) Making that are self cleansable.



Secondary flare functions -

Secondary flare - it is a flat plane superimposed peripherally to a primary flare. Indicated in lesions with wide contact areas and wide bucco-lingual extensions.



Mesio-occluso-distal preparation

- If the marginal ridge is severely weakened because of extensive extension, the preparation often includes the proximal surface.
- The decision in this manner calls for clinician judgment.
- Indicated where the remaining marginal ridge is weakened



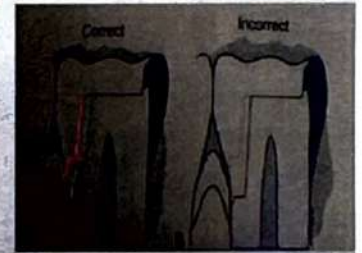
Modification of class II preparation for esthetics

- For esthetic reasons minimal flare is desired for the mesiofacial proximal wall.
- The mesiofacial margin is minimally extended facially of contact to such a position that margin is barely visible.
- The secondary flare is omitted
- The margin is prepared using an enamel hatchet or chisel
- The margins are finished using fine grit paper disk
- Indicated in maxillary premolars & 1st molars.



Class II preparation for abutment & extension to include root surface

- The following modifications are done
 1. The gingival bevel is extended
 2. The width of gingival floor is reduced
 3. The axial wall is moved towards pulp



Dr. [Signature]

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PULP PROTECTION

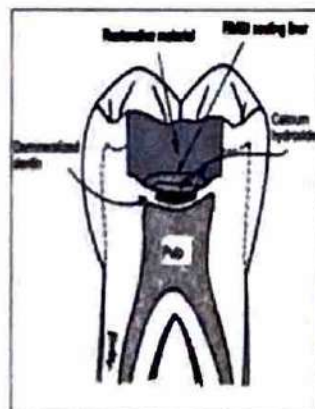
RDT	AMALGAM	COMPOSITE	INDIRECT
<0.5mm	CH+RMGI+DA	CH+RMGI+DA	CH+RMGI+DA
>0.5mm <1.5mm	RMGL+DA	RMGL+DA	RMGL+DA
>1.5mm	DA	DA	DA

Sturdevants art science and operative dentistry south asia fifth edition

Concepts Of Remai

INDIRECT PULP CAPPING

- *Pierre Fauchard* first suggested indirect pulp capping
- carious dentin is allowed to remain adjacent to a vital pulp, rather than risk pulp exposure and is covered with a cavity sealer or liner prior to restoration.
- Indicated in **deep caries lesion**



Louis.h. berman& kenneth.m. hargreaves Cohens pathway of pulp -12 th edition

- RDT >2mm, solution liner only-to be given on surfaces of the cavity under metallic restorations and liner/base for tooth-coloured restorations
- RDT <2mm, a base of thickness 0.5-0.7mm on pulpal floor and axial wall only
- RDT <1mm, the pulpal floor close to the pulpal wall, suspension liner, over which a base is given.

Sturdevants art science



Cohens 12 th edition

RDT In

- 4 Hydraulic conductance of radicular dentin is inversely proportional to the distance from pulp (i.e., as the distance from pulp, increases hydraulic conductance of root dentin decreases)
- 5 Heat induced pulpal injury (via curing or burs) is inversely proportional to RDT

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FABRICATION OF WAX PATTERN

PRESENTED BY
DR. VINOD KAMBLI

INLAY WAX- DEFINITION

- A specialized dental wax that can be applied to dies to form direct or indirect patterns for the lost wax technique used for casting metals or hot pressing of ceramics.
(Skimmers)

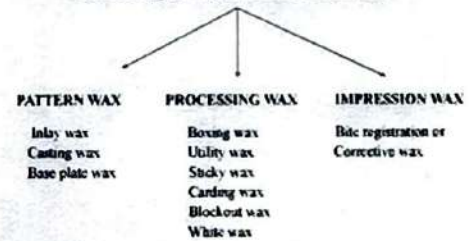


CLASSIFICATION OF WAXES

According to origin.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> Natural <ul style="list-style-type: none"> - Mineral <ul style="list-style-type: none"> • Paraffin • Microcrystalline • Ceresin • Montan - Plant <ul style="list-style-type: none"> • Carnauba • Candelilla • Japan wax • Cocon butter - Insect <ul style="list-style-type: none"> • Beeswax - Animal <ul style="list-style-type: none"> • Spermaceti wax | <ul style="list-style-type: none"> Synthetic waxes <ul style="list-style-type: none"> - Aerosol OT - Castor wax - Flexowax C - Aldo 33 wax - Durawax | <ul style="list-style-type: none"> Additives: Fats: <ul style="list-style-type: none"> -Stearic acid -Glyceryl tristerate -Oils -Turpentine -Colorants Natural resins <ul style="list-style-type: none"> Copal Dammar Synthetic resins <ul style="list-style-type: none"> Polyethylene Polyoxyethylene glycol |
|---|--|---|

According to use and application



CLASSIFICATION OF INLAY WAX

The ANSI/ADA Specification No. 4 for Dental Inlay Casting Wax covers 2 types of inlay wax.

- Type I - Medium Wax used in direct techniques
- Type II - Soft Wax used in indirect techniques

- The wax pattern can be prepared by direct technique or by indirect technique.

DIRECT TECHNIQUE

- Indications:**
 1. A tooth in an area of easy accessibility.
 2. Small cavity preparations
 3. Well defined cavity preparations (flat walls, sharp internal line angles, definite gingival margins)
- Advantages**
 1. **Exact replication:** The pattern is carved on the tooth and not on a model which may not be a perfect replica of the tooth. Thus the possible inaccuracies are reduced.
 2. **Little lab work has to be done** as compared to the indirect technique
 3. **Time saving:** Although chair side time is increased, the overall time required for fabrication is decreased.

Disadvantages:

1. Great skill and patience is required to carve the pattern in the patient's mouth.
2. When wax is carved by indirect vision in a mirror, manipulation becomes difficult and fatiguing.
3. Uncomfortable for the patient as the chair side time is increased.
4. Discrepancies of the pattern at the gingival margin are difficult to detect until the pattern has been carved and withdrawn.
5. Also if the casting fails, the patient has to be recalled.

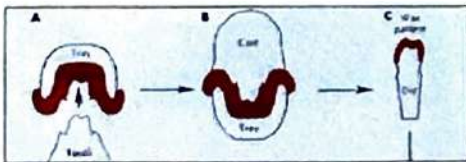
- Direct wax pattern can be prepared by using two methods.
 - > With a matrix band
 - > Without a matrix band

WAX PATTERN WITHOUT THE USE OF MATRIX BAND

- The inlay wax stick is softened to form a pointed end.
- Softened pointed end is forced into the cavity, the harder end acts like a plunger.
- The thumb and forefinger are used to press the wax into buccal and lingual embrasures.
- The excess wax is cut off occlusally and an egg-shaped burnisher is used to press the wax further into the cavity until it ceases to move under pressure.

INDIRECT TECHNIQUE

- This technique consists of obtaining an accurate impression of the prepared tooth and making a cast from the impression, on which a wax pattern that resembles the shape of the final restoration is shaped.



WAX PATTERN PREPARED WITH A MATRIX BAND

- The retainer and band are tried loosely on a tooth making certain that the gingival margins are covered by the band.
- The internal surfaces of the band are lightly lubricated with a separating medium such as castor oil.
- Wax is then added into the prepared cavity.
- With the finger as a plunger to confine the occlusal portion of wax, the band is tightened until a snug fit is obtained.
- Finger pressure is maintained until the wax is cooled and hardened.
- The bulk of excess wax is then trimmed.
- The matrix retainer is loosened and removed.
- The wax is held firmly in place and the band is removed.
- Excess wax is trimmed from the cavosurface margins.
- Trial removal of the pattern is attempted at this stage.

ADVANTAGES OF PATTERN WITH MATRIX V/S WITHOUT MATRIX BAND

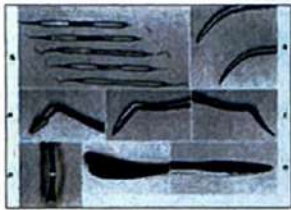
- Wax is confined to the preparation
- Compression of wax readily obtained
- Position of excess wax easily controlled
- Exceptions to "no matrix technique"
 1. No adjacent teeth
 2. Cavity preparation with a deep cervical floor

- After preparation of the die, a lubricant is applied to facilitate the withdrawal of the pattern from the die.
- Various lubricants used are castor oil, machine oil, petroleum jelly, cocoa butter etc.
- Any excess must be avoided, because it would prevent intimate adaptation to the die.
- Melted wax is added in layers with a spatula or waxing instrument or may be painted on with a brush.
- Wax is then carved to proper contour. While carving the margins, care should be taken to avoid abrading any surface of the stone die.
- A silk or fine cloth may be used, for final polishing, rubbing towards the margins.

WAXING INSTRUMENTS

Designed by Dr Peter K. Thomas specifically for the additive waxing technique.

- no. 1 and no. 2 are wax addition instruments
- no. 3 is a burnisher for refining occlusal anatomy
- nos. 4 and 5 are wax carvers



A to F, P.K.T waxing instruments
 (A, Nos. 1 to 5.
 B, Nos. 1 and 2.
 C, No. 3.
 D and E, No. 4.
 F, No. 5)
 G and H, The no. 7 waxing spatula.

Another popular burnisher is the Darby-Perry trimmer (DPT) no. 6



Electric waxing instruments are preferred because they allow precise temperature control of the wax, which is important for proper manipulation.



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Shade Selection for Anterior Composite Restoration

Presented By
Dr. Divya Dudulwar

Contents

1.	Understanding Natural Shades of teeth
2.	Why different shades exist naturally
3.	Understanding Shade guide
4.	Difference between enamel and dentin guides
5.	Importance of shade Selection
6.	Learning basic principles of good shade selection
7.	Stepwise Approach to Shade Selection
8.	Tips and Tricks for good Shade Selection
9.	New Technologies in Shade Selection

NATURAL SHADE OF TEETH

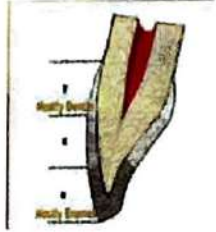
- ✓ Normally teeth are predominantly white, with varying degrees of yellow ,grey or orange tints.
- ✓ The color also varies with the translucency ,thickness and distribution of enamel and dentin and the age of the patient.
- ✓ Other factors may also affect the natural coloring of the teeth such as fluorosis ,tetracycline staining and endodontic treatment!



Fundamentals of color : shade matching and communication in esthetic dentistry / Stephen J. Cho / 2nd Ed

Why Different Shades Exist

- ✓ A cross section of an anterior tooth shows why color zone exists
- ✓ The incisal third (W) has a lighter shade and is more translucent than the cervical third (Y)
- ✓ Whereas the middle third represented by letter X blend both shades



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neer, Richard & Mollenhauer, Reppert (2010), The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27 : 3-9. 10.1032/EJPD_2010A00003.

Understanding Shade Guides

- ✓ A universally adopted shade guide is known as VITA classical shade guide
- ✓ Most manufacturers provide shade guide for their specific materials, which cannot be used for material provide by other manufacturers
- ✓ Also different manufacturers vary in the number of shade available
- ✓ Because of popularity of bleaching ,many manufacturers also provide very light shade



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neer, Richard & Mollenhauer, Reppert (2010), The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27 : 3-9. 10.1032/EJPD_2010A00003.

Dentin Vs Enamel Shade Guides

- ✓ Most composite materials are available in both enamel and dentin shades
- ✓ Enamel shades are more translucent and are for restoration of incisal edges
- ✓ Whereas dentin shades are mostly used for restoration of cervical areas



Ahmed, Galwala & Pines, Levine & Wood, Duncan & Neer, Richard & Mollenhauer, Reppert (2010), The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27 : 3-9. 10.1032/EJPD_2010A00003.

Importance of Good Shade Selection

- ✓ The success of restorative dentistry is determined on the basis of both functional and aesthetic results.
- ✓ Careful shade selection is necessary to provide patients with an aesthetic restoration that harmoniously blends to the remaining dentition.
- ✓ Good shade selection makes the restoration appear natural and attractive.



Van EE, Sakum WK, Sanoz F, Demirkan I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar.

Basic Principles of Shade Selection

- ✓ The patient should be in upright position, mouth should be at dentist's eye level.
- ✓ Teeth to be matched must be clean.
- ✓ Remove bright colors from the field of view.
- ✓ Daylight or standard lamps should be used to determine the shade.



Van EE, Sakum WK, Sanoz F, Demirkan I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar.

Stepwise Approach to Shade Selection

1. Hold the entire shade guide near the patient's teeth to determine the general color.
2. Select a specific shade tab according to the general color of the tooth.
3. Hold the selected specific shade tab beside the area of the tooth to be restored.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

Tips and Tricks for Good Shade Selection

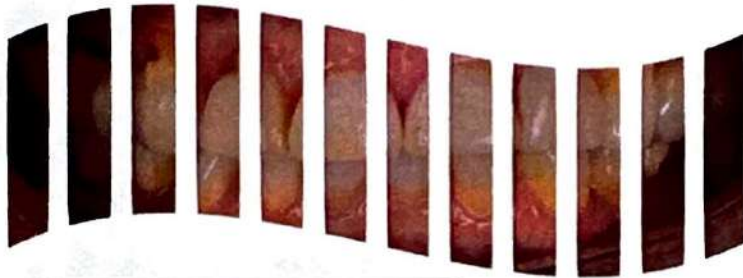
- ✓ To try and mimic the different shades the tooth has in it naturally, we can use several different layers of composites.
- ✓ For good shade selection hand the patient a mirror and assess the shade together with the help of the patient.
- ✓ Have patients remove lipsticks.
- ✓ Use a neutral tab to cover the patient's clothing.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

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MANAGEMENT OF CARIOUS AND NONCARIOUS CERVICAL LESION

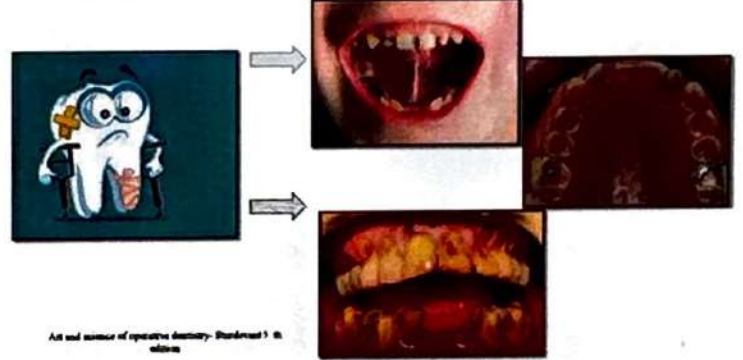
Dr. Kiran Keswani

- Management of carious and non carious cervical lesions
 - Role of Composites
 - Sandwich Technique
- Related literature
- Conclusion
- References

CONTENTS

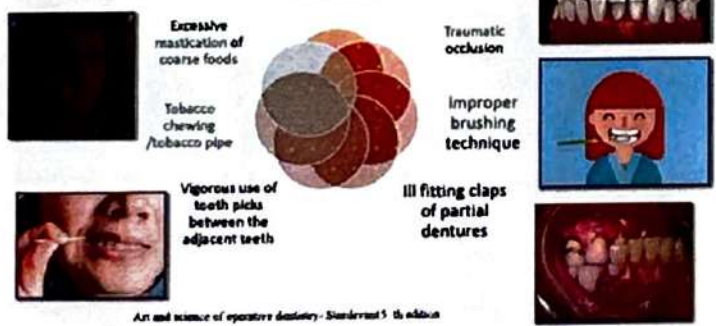
- Introduction
- Classification of carious and non carious cervical lesions
- Abrasion
 - Etiology
 - Clinical Features
 - Management
- Erosion
 - Etiology
 - Clinical Features
 - Management
- Abfraction
 - Etiology
 - Clinical Features
 - Management

INTRODUCTION



Art and science of operative dentistry - Sturdevant 5th edition

ETIOLOGY



Art and science of operative dentistry - Sturdevant 5th edition



Textbook of Operative Dentistry, Vinod Kumar, 4th ed. Art and science of operative dentistry - Sturdevant 5th edition

EROSION



Erosion is the wear or loss of tooth surface by chemical action in the continued presence of demineralising agents with low pH

Erosion is defined as "the defects arising because of dissolution of tooth structure subsequent to chemical attack of either endogenous or exogenous origin, or combined chemico-mechanical attack."

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLASSIFICATION BASED ON ETIOLOGY

Intrinsic Erosion

- *Recurrent Vomiting
- *Eating disorders
- *Medical conditions
- Gastrointestinal
- Metabolic
- Neurological
- *GERD
- *Rumination

Extrinsic Erosion

Occupational factors
Diet and Lifestyle
Drugs
(Aspirin and Ascorbic acid)

Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



*Raised amalgam restorations



Maxillary dentition exhibiting concave dentin depressions surrounded by elevated rims of enamel



Extensive loss of buccal and occlusal tooth structure

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



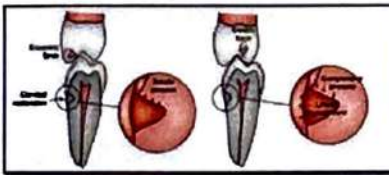
*Multiple cupped out depressions corresponding to the cusp tips



Extensive loss of enamel and dentin on the buccal surface of maxillary and mandibular teeth

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

BIOCHANICS



Class V lesions on two premolars suspected of being abfractions arising from tooth flexure.

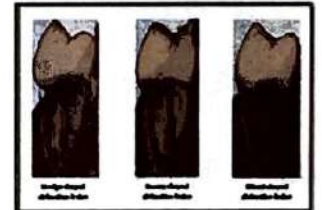
Tooth flexure during abnormal occlusal interaction
↓
Lateral or axial loading of the tooth
↓
Tensile and compressive stresses generated in the cervical region
↓
Strain leading to microfractures in cervical enamel and tooth loss
↓
Notch shaped abfraction lesions

Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



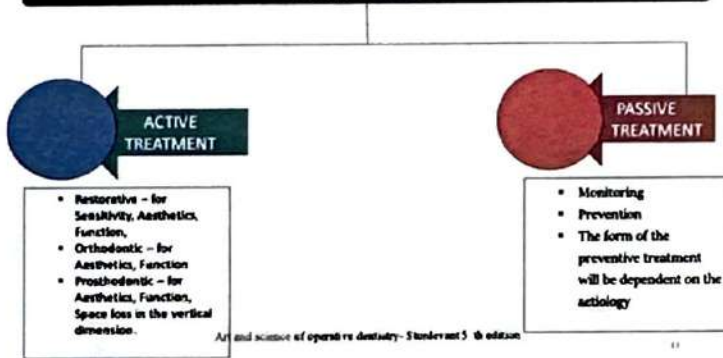
Sharp notch or wedge shaped lesions - affecting the buccal surfaces of teeth



Lesions can vary from "V" shaped to saucer shaped to notched

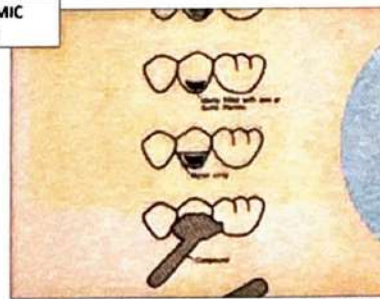
Art and science of operative dentistry- Sturdevant 5th edition

MANAGEMENT



MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

ANATOMIC MATRIX



After restoring the cavity on the model a plastic template is prepared and cut all around (1mm beyond the defect)

This template is used to apply pressure on the restorative material in vivo while curing

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

PREFABRICATED PLASTIC MATRICES

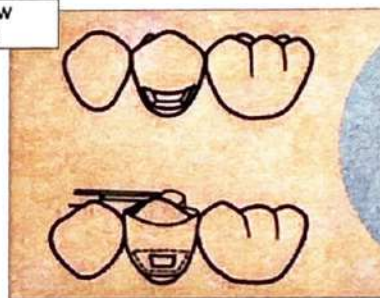


Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

Available in Different sizes
Used for light cure restorations
Handle is provided to hold the matrix in place

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

WINDOW MATRIX



Formed using Tofflemire or copper band matrix
A window slightly smaller than the outline of the cavity is cut
This is used to restore the defect mainly with amalgam restorations

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MANAGEMENT OF CARIOUS CERVICAL LESIONS



- ☐ SUPERFICIAL LESIONS
- COMPOSITE RESTORATION
- GIC RESTORATION
- ☐ DEEP LESIONS
- ROOT CANAL TREATMENT

RESTORATIVE TREATMENT



(a) Retracting wire insertion. (b) Selective phosphoric acid etching of the enamel. (c) Self-etching adhesive system application (primer). (d) Self-etching adhesive system application (bond). (e) Resin increase for dentin. (f) Resin increase for enamel.

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CLINICAL MANIPULATION OF GLASS IONOMER CEMENT

Dr. Divya Gupta

LIQUID

Component	Function
Polycrylic acid in the form of copolymer with Itaconic acid, maleic acid and tricarballic acid	Copolymerizing with Itaconic, maleic acid, etc. tends to increase reactivity of the liquid, decrease viscosity and reduce tendency for gelation
Tartaric acid	Improves the handling characteristics, increases working time and shortens setting time.
Water	Water is the most important constituent of the cement liquid, it is the medium of reaction and it hydrates the reaction products. The amount of water in the liquid is critical. Too much water results in a weak cement. Too little water impairs the reaction and subsequent hydration

ACCORDING TO USES:

- Type I – Luting
- Type II – Restorative
- Type III – Liner/base
- Type IV – Pit & fissure sealant
- Type V – Luting for orthodontic purpose
- Type VI – Core buildup material
- Type VII – High fluoride releasing command set
- Type VIII – Atraumatic restorative treatment
- Type IX – Pediatric Glass Ionomer cements

COMPOSITION

POWDER

Ingredient	Weight (%)
Silica (SiO ₂)	41.9
Alumina (Al ₂ O ₃)	28.6
Aluminum fluoride (AlF ₃)	1.6
Calcium fluoride (CaF ₂)	15.7
Sodium fluoride (NaF)	9.3
Aluminum phosphate (AlPO ₄)	3.8

CLASSIFICATION

The general ISO classification of cements apply to glass ionomer (ISO 9917-1:2007)*

- Luting
- Bases and liners
- Restorations

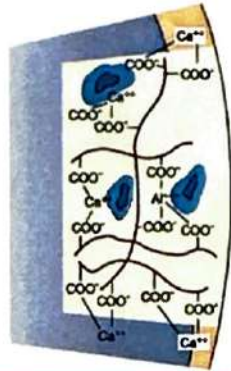
SETTING REACTION OF GIC

- When the powder and liquid are mixed, the acid starts to dissolve the glass
- Releases calcium, aluminum, sodium, and fluorine ions.
- Water serves as a reaction medium.
- The polyacrylic acid chains are then cross-linked by the calcium ions
- Over the next 24 hours, the calcium ions are replaced by aluminum ions.



MECHANISM OF ADHESION

Glass ionomers bond to tooth structure by chelation of the carboxyl groups of the polyacrylic acids with the calcium in the apatite of the enamel and dentin, in a manner similar to polycarboxylate cement.



CONTRAINDICATIONS

Class II

Class VI restorations,

since they lack fracture toughness and are susceptible to wear.

ADVANTAGES

- Tooth-Colored: GICs are tooth-colored, making them aesthetically pleasing
- Chemical Bonding: They chemically bond to tooth substance and non-precious metals without additional adhesives
- Fluoride Release: GICs release fluoride, promoting dental health.
- Thermal Expansion: Their coefficient of thermal expansion matches that of natural teeth.
- Biocompatibility: GICs are biocompatible.

DISADVANTAGES

- Low Fracture Toughness: GICs are not suitable for high load-bearing areas due to low fracture toughness.
- Polishing Limitations: Some types cannot be finished and polished during the same visit they are placed.
- Acid Erosion Vulnerability: Certain GICs are susceptible to acid erosion.
- Flexural Strength and Wear Resistance: Some GICs exhibit low flexural strength and wear resistance.

ARMAMENTARIUM



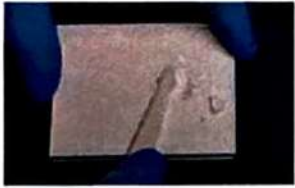
MANIPULATION OF BASE CONSISTENCY



Dispense powder on mixing pad



Hold the liquid bottle vertically and squeeze gently



Use the spoon to scoop the powder and liquid.



Use the spoon to scoop the powder and liquid. Mix the luting agent thoroughly.



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.

MANIPULATION OF LUTING CONSISTENCY



Start Mixing



Just wet the Powder together with the Liquid



Mixing of glass ionomer



Check for string formation



Crown cementation

Dr. Pune

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Classification of caries and cavity designs

PRESENTED BY
DR.DIVYA DUDULWAR

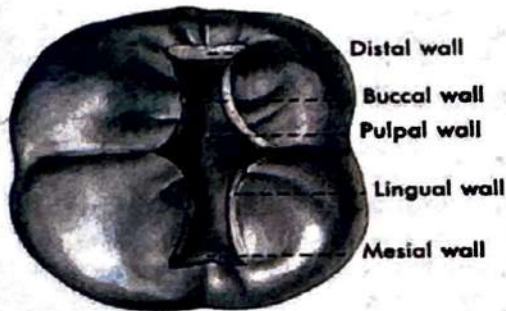
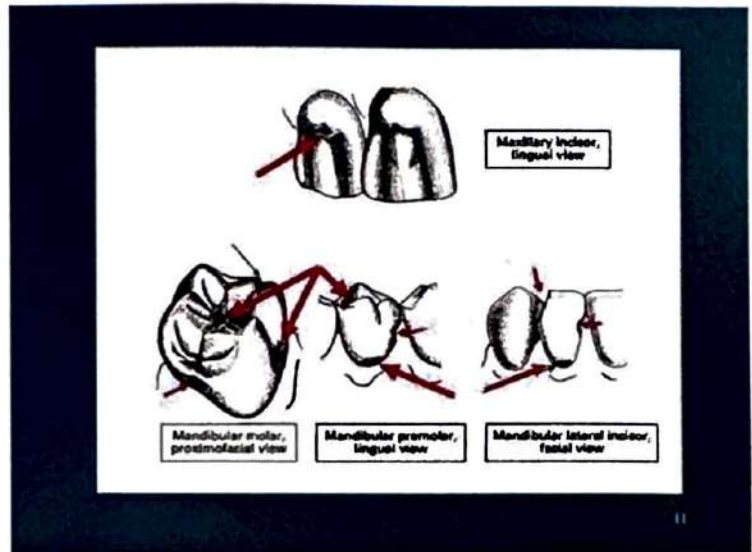
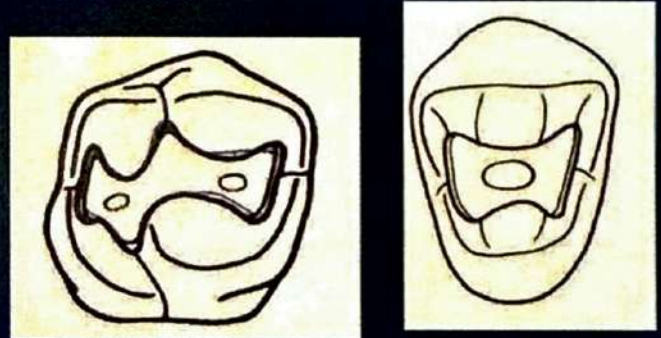


Fig. 1-10. Walls of a prepared Class 1 occlusal cavity.

Class 1, design 2

Indication ; caries cones in dentin extend 1mm or more from the DEJ



Pulpal floors have different levels

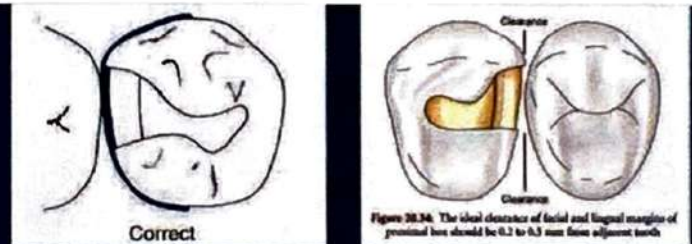
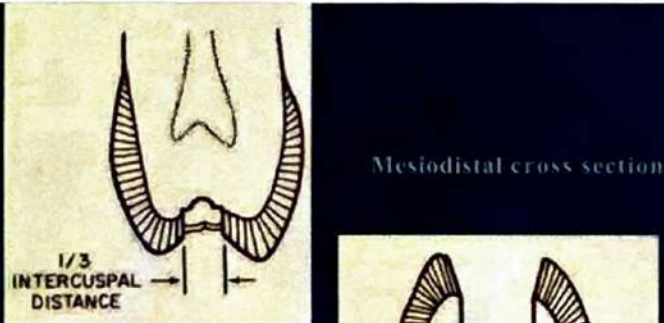
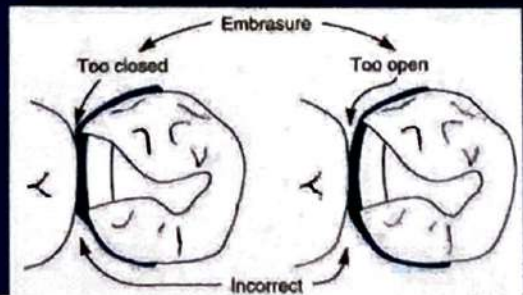
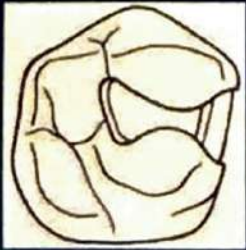


Figure 20.36. The ideal clearance of facial and lingual margins of proximal box should be 0.2 to 0.3 mm from adjacent tooth.



Class II, Design 1

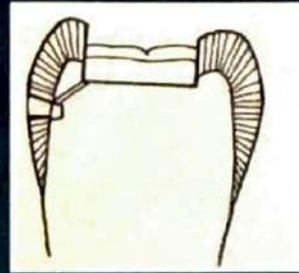
Conventional design



Moderate to large size proximal Lesion with occlusal surface cavity promotes the cavity width of cavity to exceed 1/4 of intercusp distance

50

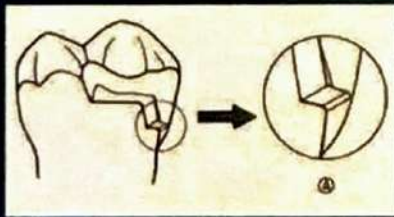
Tunnel preparation



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Bucco lingually

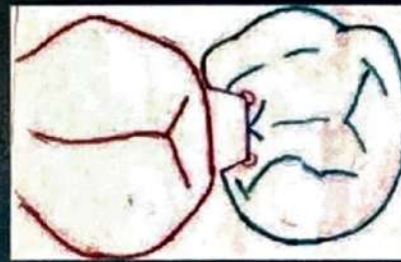


Mesiodistally

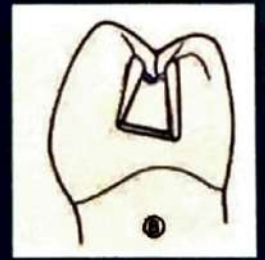
54

Class II, Design 3 (conservative design)

- Involves primarily proximal surface and very limited part of occlusal surface, not extending beyond adjacent triangular fossa
- Sound occlusal crossing ridges
- Minimal loading areas



General shape

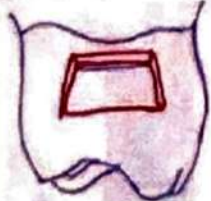
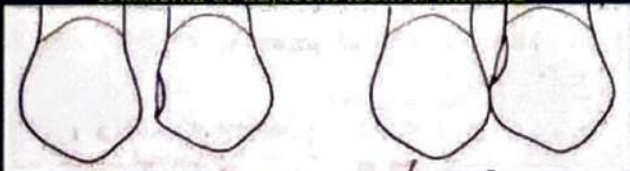


Internal anatomy

Class II, Design 4 (Simple design)

- Proximal surface only

Decay restricted to contacting or proximal surface without undermining marginal ridges
Diastema or adjacent tooth is missing

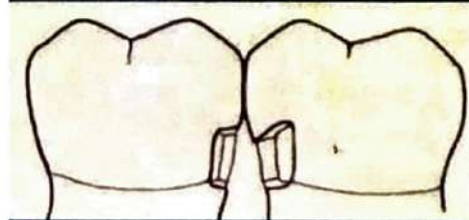


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Class II, Design 5

Part of proximal surface, with a limited access area on facial or lingual surface

- Indications
- 1) Preparation will have 4 surrounding walls
 - small proximal lesions
 - Marginal ridge intact
 - Does not involve contact area



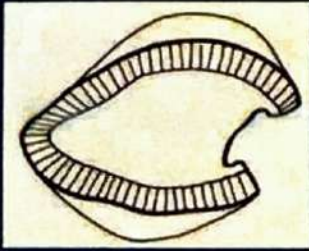
1) Do not have dovetail

2) Have dovetail

59

Class IV

- Incisal angle is undermined
- Labial and lingual walls intact

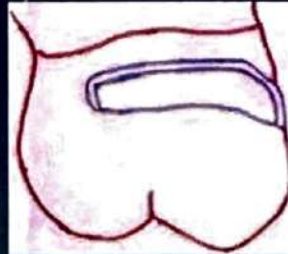


Labio lingual cross section

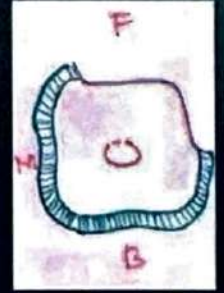
66

Class V, design 2

- Lesions on facial or lingual gingival third have involved axial angle
- Lesion on facial or lingual gingival third are apical to contact area



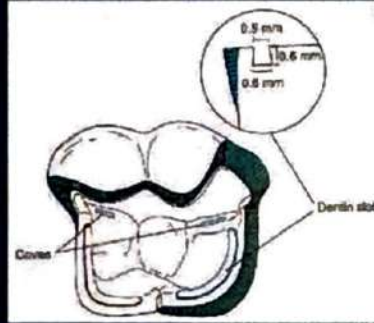
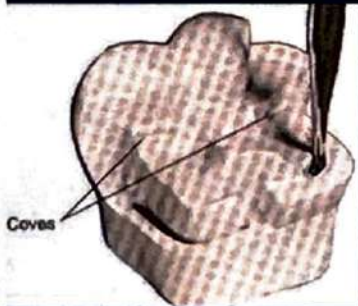
General shape



Mesiodistal cross section

71

Retention locks

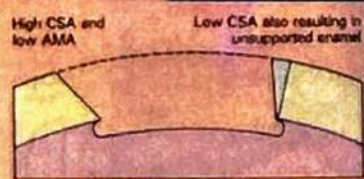
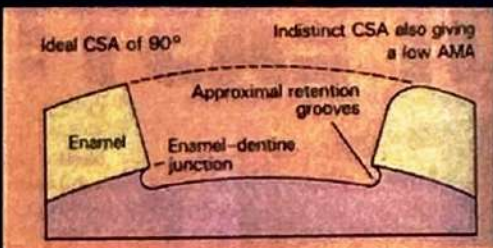


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Retention locks



Cavo surface angle



CSA Cavo surface angle
AMA Amalgam marginal angle

81

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Clinical significance of resistance and retention features

PRESENTED BY
DR. DIVYA DUDULWAR

Indications for restorative intervention:

1. Repair destroyed tooth
2. Repair fractured tooth either complete or incomplete [green stick fracture].
3. Restore teeth with congenital malformations.
4. Replace defective restoration.
5. Replacement of missing teeth.
6. Need for improved form or esthetic.

Cavity preparation determinants



Mechanism of tooth cutting

- **Bladed cutting** using burs
- **Abrasive cutting** using diamonds



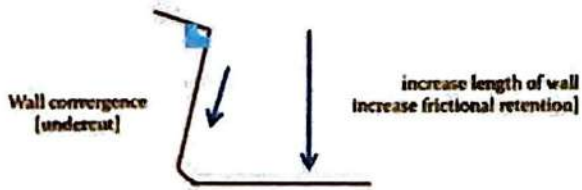
Principles of cavity preparation according to GV Black



Steps of cavity preparation



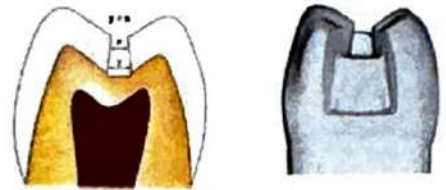
2- Resistance and Retention Form



2- Retention Form

Retentive features

A- axial retentive design features

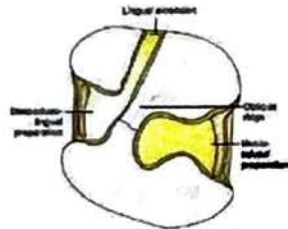


2- Resistance and Retention Form

Retentive features

B- lateral retention

- Buccal or lingual extensions



2- Retention Form

Retentive features

B- lateral retention

- Dove tail lock [common in premolar]



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PULPAL DIAGNOSIS

PRESENTER DR. KIRAN KESWANI

Proper diagnosis



Successful treatment

DURATION OF

PAIN

The duration of pain is also diagnostic.



Reversible pulpitis - pain of short duration caused by a specific irritant, that disappears as soon as the irritant is removed.

- localized and more responsive to cold.

Irreversible pulpitis - Persistent pain without any apparent cause.

VISUAL AND TACTILE INSPECTION:

Grossman has stated that the prime objective of visual and tactile inspection is evaluation of the 3C's -

- Color
- Contour
- Consistency

RELIABILITY OF DIAGNOSTIC TESTS

SENSITIVITY OF A TEST

SPECIFICITY OF A TEST

POSITIVE PREDICTIVE VALUE

NEGATIVE PREDICTIVE VALUE

Arun A, Mythri H, Chackapan D. Pulp vitality tests-an overview on comparison Of sensitivity and vitality. *Indian Journal of Oral Sciences*. 2015 May 1;8(2):41

HEAT TEST

Healthy Pulp

RESPONSE

- similar to contralateral tooth
- Diminishes immediately after removal of stimulus

Reversible Pulpitis

RESPONSE

- immediate excruciating painful response
- markedly different from control tooth
- lingers after removal of stimulus

Non vital tooth

RESPONSE

- No response
- confirm with other tests

Asraf Abd-Elmaguid, Donald C. Yu. *Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality*. *JCD*, Vol 73, No 2, March 2009.
Ingle's Endodontics, 8th Edition.
Cohen's Pathways Of The Pulp, 10th Edition.
Problems Solving in Endodontics: Prevention, Identification And Management, 5th Edition. Endodontic Therapy, 6th Edition

ACCURACY

COLD	HEAT	ELECTRIC PULP TESTER
↓	↓	↓
86%	71%	81%
Differentiates b/w reversible and irreversible pulpitis	<ul style="list-style-type: none"> Identifies irreversible pulpitis Use it to replicate chief complaint 	<ul style="list-style-type: none"> Tests nerve stimulation, always combine with Cold Test

Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology Part 2. Current Diagnostic Tests To Assess Pulp Vitality. JCD, Vol 75, No. 2, March 2009

PULPAL BLOOD FLOW

Teeth with vital pulp are those with an adequate vascular supply, so the circulatory status, and not sensitivity response of the pulp tissue, has been proposed to assess pulp vitality

INVASIVE TECHNIQUES

- Radioisotope clearance
- H₂ gas desaturation

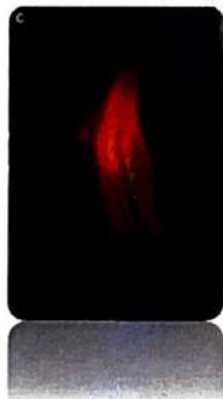
NON-INVASIVE TECHNIQUES





- 1 Crown surface temperature
- 2 Transmitted light photoplethysmography
- 3 Laser doppler flowmetry
- 4 Pulse oximetry
- 5 Xenon-133 radioisotopes
- 6 Dual wavelength spectrophotometry

Vedagutham Gopirishan, Gali Pradeep & Nagendrababu V. Evaluation of Assessment Of Pulp Vitality: A Review. International Journal Of Pediatric Dentistry 2009; 19: 3-15. Dent. 2009; 36:783.
 Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 1. Clinical And Diagnostic Implications. JCD, Vol 73, No. 1, Feb 2009
 Eugene Chen And Paul V. Abbott. Dental Pulp Testing: A Review. Int J

LASER DOPPLER FLOWMETRY

- It is a non invasive electro optical technique which has shown to have potential method of assessing the vitality of teeth by detecting the presence or absence of pulpal blood flow.
- LDF uses Helium neon (632.8nm) and gallium aluminum (780 to 820nm) as semiconductor diode lasers
- First described by Gazelius in 1986

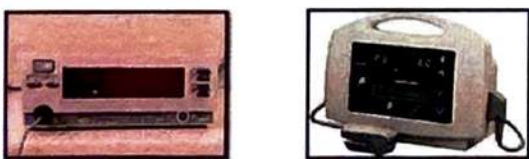


	
15-20mm VP3 blunt needle, and delivery laser Doppler probe for assessment of front teeth	VP5 blunt needle, 90 degree and delivery laser Doppler probe for assessment of rear teeth
	
	Quick Setting Dental impression putty to make dental splint for optic probes

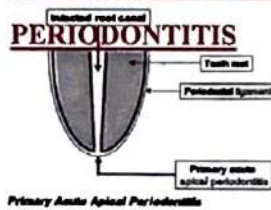
PULSE OXIMETRY

- Pulse oximetry is a non-invasive technique to measure oxygen saturation levels within the blood of patients. under general anesthesia or sedation.
 (matthes – father of pulse oximetry-1934)

- A modified probe has been fitted over the tooth, and diodes emit two wavelengths of light (infra-red and red) that are intended to pass through the tooth and are then detected by a photodetector diode. (Red light of approx. 640 nm .Infrared of approx. 960 nm.)



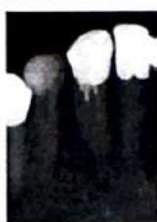
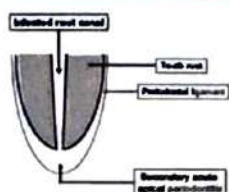
PRIMARY ACUTE APICAL PERIODONTITIS



- Marked tenderness to percussion
- Pain when pressure is applied to the tooth.
- Tooth may have increased mobility and the onset of the pain is usually sudden and unexpected.
- Soreness to biting and touching the tooth, and possibly a feeling of pressure building up in the periapical region.
- Radiographically, the periodontal ligament space and lamina dura may appear normal

Endodontic Topics 2004, 8, 36-54

SECONDARY ACUTE APICAL PERIODONTITIS



Secondary Acute Apical Periodontitis

- History of previous episodes of pain or discomfort
- Radiolucency around apex can range from being just a widened periodontal ligament space in early cases to a large radiolucent area if present for a long time.
- Radiographically, there will be a radiolucency surrounding the apex of the involved tooth and there will be loss of the lamina dura

- Secondary acute apical abscess will have a periapical radiolucent area since it is a sequel to secondary acute apical periodontitis (which is also known as an acute exacerbation of chronic apical periodontitis, phoenix abscess)



Endodontic Topics 2004, 8, 36-54

PRIMARY PERIODONTAL DISEASES

Vitality Tests- These teeth respond to pulp testing

Probing Characteristics. Defects tend to be wide and V-shaped."



GRANULOMA VS CYST VS ABSCESS

Chronic
non painful
Definite outline
Smaller in size



Chronic
non painful
Sclerotic opaque border
Bigger in size
Contain more protein and albumins



Confirmative histology

Acute /Chronic
Pain/non painful
Swelling/parulis
Sinus opening(chronic)
Diffuse outline
Mobility of the tooth
history



PRIMARY ENDODONTIC DISEASES

Vitality Test: The tooth is nonresponsive.

Prior Endodontic Procedure: If present, prior procedures are of poor quality.

Probing Characteristics: Probing usually shows normal sulci around the tooth except in one area with a narrow defect.

Signs and Symptoms:
There may or may not be discomfort. Occasionally there is evidence of a localized abscess with some swelling.



PRIMARY ENDODONTIC DISEASE WITH SECONDARY PERIODONTAL INVOLVEMENT

If after a period of time a suppurating primary endodontic disease remains untreated, it may then become secondarily involved with marginal periodontal breakdown.

Plaque forms at the gingival margin of the sinus tract and leads to marginal periodontitis.



PRIMARY PERIODONTAL DISEASE WITH SECONDARY ENDODONTIC INVOLVEMENT

The apical progression of a periodontal pocket may continue until the apical tissues are involved.

In this case, the pulp may become necrotic as a result of infection entering via lateral canals or the apical foramen.

In single rooted teeth, the prognosis is usually poor. In molar teeth, the prognosis may be better.



TRUE COMBINED LESIONS

- Teeth with combined endodontic-periodontal lesions are unresponsive to cold, heat, electric, or cavity tests.
- On radiographic examination some crestal bone loss and an independent periradicular lesion of pulpal origin are evident.
- Periodontal examination and probing of a tooth shows plaque, calculus, periodontitis with a wide and conical periodontal pocket characteristic of a periodontal defect.

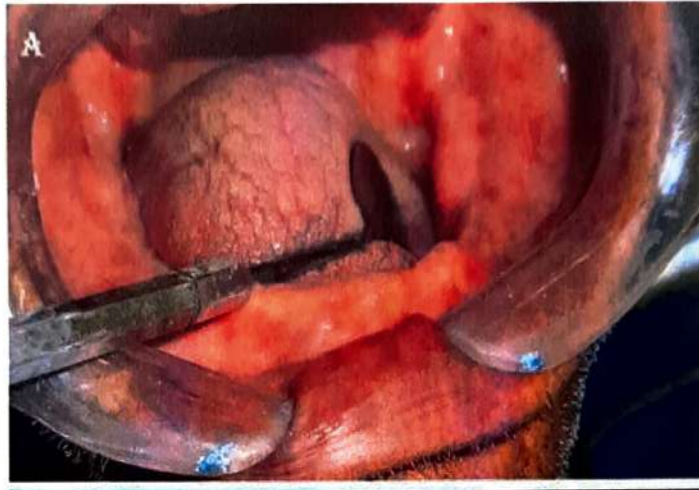


for
Patil

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lehegaon, Pune - 412105

Clinical scenario 1

Management of edentulous patient having bilateral severe disto-lingual undercut in mandibular arch with appropriate dental materials



Managing an edentulous patient with severe disto-lingual undercuts in the mandibular arch involves using appropriate dental materials to ensure stability and retention of the denture. Here's how you can approach it:

1. Assessment and Diagnosis:

- **Undercut Evaluation:** Confirm the presence and severity of the disto-lingual undercuts.
- **Soft Tissue Evaluation:** Assess the condition of the soft tissues, especially the buccal and lingual aspects.

2. Treatment Planning:

- **Impression Technique:** Choose an appropriate impression technique that can capture the undercuts accurately without causing trauma or distortion to the tissues.
- **Material Selection:** Use a high-quality impression material that flows well and captures fine details. Polyvinyl siloxane (PVS) or polyether materials are commonly used for accurate impressions.

3. Model Fabrication:

- Fabricate a master cast from the impression that accurately replicates the anatomy of the edentulous ridge, including the disto-lingual undercuts.

4. Denture Design:

- **Surveying:** Design the denture with a surveyor to identify the undercuts precisely.
- **Path of Insertion and Removal:** Ensure the path of insertion and removal avoids trauma to the tissues and utilizes the undercuts for retention.

5. Retention and Stability:

- **Use of Attachments:** Consider using attachments like stud attachments or precision attachments if necessary, especially if conventional retention is compromised.
- **Material for Denture Base:** Choose a denture base material that provides adequate strength and stability. Heat-cured acrylic resins are commonly used.

6. Clinical Considerations:

- **Soft Tissue Management:** Ensure that the denture borders are well adapted and contoured to prevent tissue irritation or inflammation, especially around the undercuts.
- **Patient Education:** Educate the patient on proper denture hygiene and maintenance, as well as the importance of regular follow-ups.

7. Follow-Up:


- Schedule regular follow-up appointments to assess the fit, function, and comfort of the denture, making adjustments as necessary.

Materials and Techniques:

- **Impression Materials:** Polyvinyl siloxane (PVS) or polyether for accuracy.
- **Master Cast:** Use high-quality dental stone or resin to create a stable and accurate master model.
- **Denture Base:** Heat-cured acrylic resin for strength and durability.
- **Attachments:** Depending on the case, precision attachments or other supplementary retention devices.

Conclusion:

Managing an edentulous patient with severe disto-lingual undercuts requires careful planning, precise execution of techniques, and appropriate material selection to ensure the denture fits well, is stable, and provides adequate retention. Collaboration between the dentist, prosthodontist, and dental technician is crucial for achieving optimal outcomes in such cases.


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Lohannam Pune - 412105

Clinical scenario 2

Selection of dental materials for fabrication of complete denture having diffuse erythematous red patch on hard palate.



When fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate, special considerations must be taken to ensure the materials used do not exacerbate the condition and support the healing process. Here are key considerations and recommendations:

Denture Base Material Selection:

1. **Biocompatibility:**
 - **Acrylic Resins:** Choose a denture base material that is biocompatible and hypoallergenic. Heat-cured acrylic resin is commonly used and generally well-tolerated by most patients.
2. **Non-Irritating Properties:**
 - **Irritation Potential:** Ensure the acrylic resin used does not contain any potentially irritating components. Some patients may be sensitive to certain additives or residual monomers.
3. **Surface Finish:**
 - **Polishing:** Thoroughly polish the denture base to a smooth finish to minimize irritation to the already sensitive palate.

Processing Techniques:

1. **Heat-Curing:**
 - **Quality Control:** Ensure proper processing and curing of the acrylic resin to minimize residual monomers, which can potentially irritate the tissues.
2. **Avoiding Porosity:**

Kamath
Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegan, Pune - 412105

- **Pressure Curing:** Use pressure curing techniques to minimize porosity in the denture base, which can harbor microorganisms and irritants.

Soft Liners or Tissue Conditioners:

1. Temporary Relief:

- **Soft Liners:** Consider using a soft liner or tissue conditioner on the denture base to provide temporary relief and cushioning for the erythematous area, especially if the condition is sensitive or inflamed.

Collaboration and Follow-Up:

1. Dentist-Prosthodontist Collaboration:

- **Communication:** Collaborate closely with the dentist and prosthodontist to ensure the denture design and fit accommodate the presence of the erythematous patch.

2. Patient Monitoring:

- **Follow-Up:** Schedule regular follow-up appointments to monitor the condition of the erythematous patch and assess the fit and comfort of the denture.

Patient Education:

- 1. Oral Hygiene:** Educate the patient on proper oral hygiene practices to maintain the health of the tissues under the denture.
- 2. Symptom Awareness:** Instruct the patient to report any changes or worsening of symptoms promptly.

Conclusion:

Selecting the appropriate dental materials for fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate involves prioritizing biocompatibility, minimizing irritation, and supporting tissue healing. Heat-cured acrylic resin remains the primary choice for the denture base material, with careful attention to processing techniques and potential use of soft liners or tissue conditioners for added comfort. Close collaboration between dental professionals and diligent patient monitoring are crucial for successful management in such cases.

Head of Department of Prosthodontics
DENTAL SCHOOL
Age City, Chatt
2023

Clinical scenario 3

Prosthodontic management of patient who show allergic reaction to methyl methacrylate

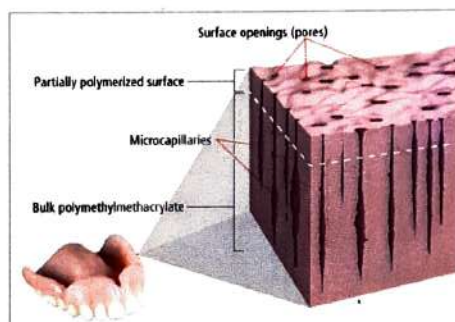


Fig. 1. A cross-section schematic representation of a denture.

Managing a patient who shows allergic reactions to methyl methacrylate (MMA) in prosthodontics requires careful consideration and alternative approaches to ensure both the patient's comfort and the effectiveness of treatment. Here are steps to manage such a situation:

1. Confirm Allergy and Identify Alternatives:

- **Allergy Testing:** Confirm the allergy through patch testing or other allergy testing methods to methyl methacrylate and related compounds.
- **Alternative Materials:** Explore alternative dental materials that do not contain MMA or its derivatives. These may include:
 - **Vinyl-Based Resins:** Some newer formulations of denture base materials use vinyl-based resins that can be hypoallergenic.
 - **Polyethylene-Based Resins:** These resins are also considered hypoallergenic and can be used as an alternative to MMA-containing materials.
 - **Polyurethane-Based Materials:** In some cases, polyurethane-based materials have been used as an alternative, although they are less commonly used in conventional dentures.

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Lohegan, Pune - 411005

2. Customized Treatment Plan:

- **Individualized Approach:** Tailor the treatment plan based on the patient's specific allergy profile and clinical needs.
- **Collaboration:** Work closely with allergists, dermatologists, or immunologists to manage the patient's allergic reactions effectively.

3. Material Selection and Fabrication:

- **Material Compatibility:** Ensure the selected alternative material is compatible with the patient's oral tissues and meets the functional requirements of the prosthesis.
- **Fabrication Techniques:** Follow appropriate fabrication techniques specific to the chosen alternative material to ensure optimal fit, function, and durability of the prosthesis.

4. Patient Monitoring and Follow-Up:

- **Monitoring:** Schedule regular follow-up appointments to monitor the patient's response to the new prosthesis material and assess any signs of allergic reactions or discomfort.
- **Education:** Educate the patient on signs of allergic reactions and proper care and maintenance of the prosthesis.

5. Preventive Measures:

- **Avoidance Strategies:** Take preventive measures to avoid exposure to MMA and related compounds during the fabrication and adjustment of the prosthesis.
- **Emergency Protocol:** Have an emergency protocol in place in case of severe allergic reactions, including access to emergency medications and immediate medical care.

6. Documentation and Communication:

- **Record Keeping:** Maintain detailed records of the patient's allergy history, testing results, and the materials used in the prosthesis.
- **Communication:** Ensure clear communication with the dental team, including dental technicians, regarding the patient's allergy status and specific requirements for materials and techniques.

Conclusion:

Managing a patient allergic to methyl methacrylate in prosthodontics involves careful planning, alternative material selection, and close monitoring to ensure successful treatment outcomes while minimizing the risk of allergic reactions. Collaborating with healthcare professionals and maintaining open communication with the patient are essential for effective management in such cases.



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Clinical Scenario 4

Management of patient who show hypersensitivity reaction to zinc oxide eugenol paste/ZOE cement



- Erythema and ulceration in the left buccal mucosa following place of a temporary ZOE dressing



- Erythema and ulceration of the labial mucosa following cementation of a provisional crown using ZOE

Clinical scenario 5

Management for dental operator or clinician who show hypersensitivity reaction to latex gloves.



Latex:

- Exposure to latex in dentistry comes from the use of rubber dam and latex gloves.
- Latex hypersensitivity may represent true latex allergy or a reaction to the materials used in the processing of latex.
- Dermatitis of the hands is the most common adverse reaction.
- Latex free synthetic rubber, such as neoprene, nitrile, Butyl, and Vitron are polymers that are available as alternatives to natural rubber.

Handwritten signature: *Kamaljeet*
Faint stamp: School of Department of Health Sciences, Faculty of Health Sciences, University of Alberta, Edmonton, Alberta, Canada.

Clinical scenario 6

Management of patient who show tissue reaction on gingiva for associated tooth given nickel based alloy for dental crown.



Allergy to nickel-based alloy used for metal ceramic crown

Management Strategies

- **Immediate Symptom Relief:**
 - **Removal:** If the reaction is severe or persistent, temporarily remove the crown to alleviate the symptoms.
 - **Topical Treatment:** Use topical corticosteroids or anti-inflammatory agents to reduce inflammation and promote healing.
 - **Oral Rinses:** Recommend saline or antimicrobial mouth rinses to manage secondary infections and soothe the tissue.
- **Material Replacement:**
 - **Metal-Free Alternatives:** Replace the nickel-based crown with a hypoallergenic alternative such as zirconia, porcelain-fused-to-ceramic, or high-gold-content alloys, which are less likely to cause allergic reactions.
 - **Non-Metal Options:** Consider using all-ceramic or composite crowns for patients with severe metal allergies.
- **Adjust Fit and Margins:**
 - **Refitting:** Ensure that the new restoration fits well with smooth margins to prevent irritation.
 - **Polishing:** Smooth and polish the margins of the crown to minimize tissue irritation.

Amaljeet

Clinical scenario 7

Management of patient who show frequent discolouration of anterior facial surface composite restoration

For managing a patient who frequently experiences discoloration of anterior facial surface composite restorations, consider the following steps:

1. Clinical Assessment

- **History:** Discuss with the patient the frequency, onset, and type of discoloration. Inquire about their dietary habits, oral hygiene practices, and any lifestyle factors such as smoking.
- **Examination:** Evaluate the restoration and surrounding teeth for surface staining, marginal leakage, or integrity issues.

2. Diagnosis

- **Identify Causes:** Common causes of composite discoloration include staining from food and drinks (e.g., coffee, tea, red wine), tobacco use, inadequate oral hygiene, material degradation, and microleakage at the restoration margins.

3. Management Strategies

- **Polishing:** Regularly polish the composite restoration to remove surface stains and restore its smoothness. Use fine polishing pastes and appropriate polishing tools.
- **Surface Sealants:** Apply a resin surface sealant to protect the composite and reduce staining. This can help enhance the composite's resistance to discoloration.
- **Improved Oral Hygiene:** Educate the patient on maintaining good oral hygiene, including proper brushing techniques and using fluoride toothpaste. Consider recommending interdental brushes or floss for areas around restorations.
- **Dietary Modifications:** Advise the patient to reduce the intake of staining substances like coffee, tea, and red wine. Recommend rinsing the mouth with water after consuming staining foods and drinks.
- **Smoking Cessation:** Encourage the patient to quit smoking if they use tobacco, as it contributes significantly to staining.
- **Replace Restoration:** If discoloration is due to internal factors like microleakage or composite breakdown, consider replacing the restoration with a new one, ensuring proper bonding and sealing techniques.

4. Preventive Measures

- **Material Selection:** Use high-quality composite materials with better stain resistance for anterior restorations. Some composites are specifically designed to resist discoloration.
- **Proper Technique:** Ensure correct placement and curing techniques to avoid marginal gaps and ensure a strong bond between the tooth and restoration.

- **Regular Check-ups:** Schedule regular dental visits for professional cleaning and monitoring of the restorations to catch and manage discoloration early.

5. Patient Education

- **Maintenance Instructions:** Provide clear instructions on maintaining restorations, including the use of non-abrasive toothpaste and avoiding abrasive materials.
- **Awareness:** Inform the patient about the nature of composite restorations and the potential for discoloration over time, setting realistic expectations.

Additional Considerations

- **Sealant Reapplication:** Surface sealants may need periodic reapplication to maintain their protective effect.
- **Advanced Options:** In cases of recurrent staining despite these measures, consider discussing alternative restorations such as porcelain veneers which offer greater resistance to discoloration.

Addressing both the underlying causes and preventive strategies can help manage and minimize the discoloration of composite restorations effectively.



Amalgam
 The word "Amalgam" is written in blue cursive. Below it, there is some very faint, illegible text that appears to be a list of items or a table.

Clinical scenario 8

Management of patient who show aggravated coughing during impression making with irreversible hydrocolloid impression material(alginate)



Dust-free alginate is a type of irreversible hydrocolloid impression material modified to reduce the formation of dust during handling. It is typically achieved by adding moisture or coating the alginate particles with a binding agent.

Advantages of Dust-Free Alginate

- 1. Reduced Inhalation Risks:**
 - **Health Safety:** Limits the inhalation of potentially harmful particles, protecting the respiratory health of dental staff and patients.
 - **Clean Environment:** Maintains a cleaner clinical environment by minimizing dust dispersion.
- 2. Improved Handling:**
 - **Easier Mixing:** Less dust means less mess and more consistent alginate-to-water ratios, leading to smoother, more accurate impressions.
 - **Better Accuracy:** Consistent particle distribution contributes to more homogeneous mixing and less likelihood of inconsistencies in the impression.
- 3. Enhanced Patient Comfort:**

Less Irritation: Reduces irritation in patients, particularly those with respiratory sensitivities or allergies.

Comparing Dust-Free Alginate to Traditional Alginate

Feature	Dust-Free Alginate	Traditional Alginate
Dust Generation	Minimal	Higher
Mixing Consistency	More uniform and smooth	Can be variable
Health Risks	Lower risk of inhalation	Higher risk of inhalation
Environmental Impact	Cleaner working environment	More potential for mess
Patient Comfort	Increased	May cause more irritation

Handwritten signature

Clinical scenario 9

Management of patient who complains of dull pain in jaw with two adjacent dissimilar metallic restorations.

When a patient reports dull pain in the jaw and has two adjacent dissimilar metallic restorations, consider the following management steps:

1. Clinical Assessment

- **History:** Ask about the onset, duration, and character of the pain, recent dental procedures, and any other symptoms like sensitivity to hot, cold, or pressure.
- **Examination:** Inspect the restorations for signs of wear, corrosion, or poor fitting. Check for galvanic currents by tapping or touching the metals with a conductive material.

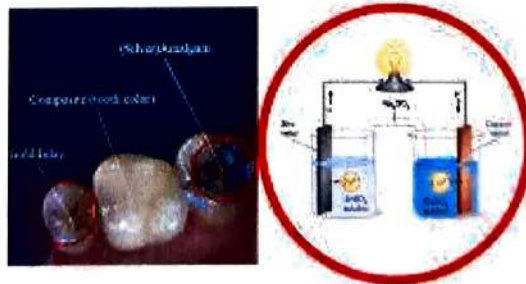
2. Diagnosis

- **Electrogalvanism:** Pain may result from a galvanic reaction between dissimilar metals, causing an electric current.
- **Occlusal Issues:** Evaluate occlusion as improper bite can cause muscle strain and pain.

3. Management Options

- **Adjust Occlusion:** If occlusal issues are identified, adjust the bite.
- **Isolation of Metals:** Consider using insulating materials like varnish or liners between restorations to reduce galvanic currents.
- **Replacement of Restorations:** If electrogalvanism is confirmed and persistent, replacing one or both restorations with compatible materials may be necessary.
- **Symptomatic Relief:** Provide analgesics if needed for pain relief.

Metal Fillings May Act as a Galvanic Battery in the Mouth



Oral Galvanism & Tooth Pain

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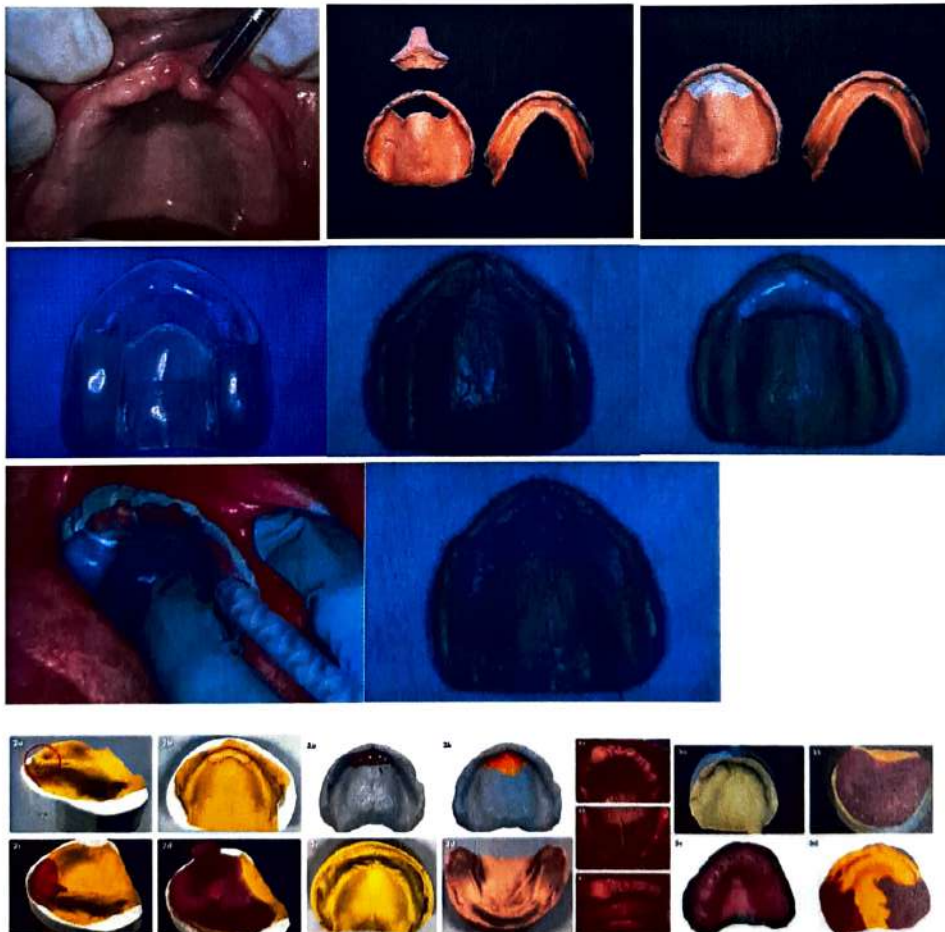
Clinical scenario 10

Management of edentulous patient who show movable flabby tissue in maxillary anterior region during impression.

Flabby tissue or hypermobile ridge tissue is commonly seen in the anterior part of the edentulous maxillary ridge or overlying an atrophic knife-edge mandibular ridge. A flabby ridge is a superficial area of mobile soft tissue affecting alveolar ridges. It occurs when hyperplastic soft tissue replaces the alveolar bone and is seen particularly in the upper anterior region of long-term denture wearers.

Flabby tissues are managed by their severity. Different techniques applied for flabby ridge management, include surgical removal and augmentation, special impression techniques, balanced distribution of occlusal loads and implant therapy.

Impression techniques: If the flabby tissue is compressed during conventional impression making, it will later tend to draw back and dislodge the resulting overlying denture. To obtain optimal support, an impression technique is essential which will compress the non-flabby tissues, and, at the same time, will not displace the flabby tissues.



PHOTOGRAPHS OF SIMULATIONS ON TYPHODONT



2018-2019



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Ref No: DYPDS/ 725 (2)

Date: 12-02-2019

Circular

We are pleased to announce a special lecture organized by the Department of Conservative Dentistry on "Magnification in dentistry". This initiative aims to provide early clinical exposure to second-year BDS students through the use of magnification in dental procedures.

Date: 16th February 2019

Time: 11:00 AM - 12:00 PM

Topic: "Magnification in dentistry".

Venue: Lecture Hall No. 1

Speaker: Dr. Kiran Keswani

All second-year BDS students are highly encouraged to attend this insightful lecture. All the HOD's are requested to kindly relieve the students for the lecture from the practicals and lectures.

HOD

Department of Conservative
dentistry & Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charnli (Bk), Via Lohagaon, Pune - 411 004



Dr. Anand Shigli

Dean

Dr. D.Y. Patil Knowledge City, Charholi Bk, Via Lohagaon, Pune 412 105
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D Y Patil Dental School
DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

	Magnification Lecture Report
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	The lecture, aimed primarily at second-year Bachelor of Dental Surgery (BDS) students, sought to provide an early clinical exposure to the benefits and applications of magnification in dental procedures. The lecture commenced at 11:00 AM in Lecture Hall No. 1. It was well-attended by second-year BDS students. The session was led by Dr. Kiran Keswani, a distinguished expert in the field of conservative dentistry, known for her extensive knowledge and experience in dental magnification techniques.
KEY TAKEAWAYS	Dr. Keswani began the lecture by explaining the fundamental concepts of magnification in dental procedures. Dr. Keswani illustrated the practical applications of magnification in different dental procedures, including restorative dentistry, endodontics, and periodontics. She provided case studies and examples where magnification significantly improved diagnostic accuracy and treatment outcomes. The lecture covered the multiple benefits of using magnification, such as enhanced visibility, improved precision, reduced strain on the dentist's eyes and back, and overall better patient care.
SPEAKER	Dr. Kiran Keswani



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D.Y. Patil Dental School

D.Y. Patil Knowledge City

Choroli (Sk), Via Lonergum, Pune - 411006



Dean

D.Y. Patil Dental School, Pune



MAGNIFICATION LECTURE

ATTENDANCE LIST

Date: 16/02/2019

Date: 16/02/2019

II YEAR – 2018-19

Roll nos.	Name of the Student	Signature
1	AJMERA KRISHNA SHRINIVAS	Ajmera
2	AJREKAR IFTISAM ABDULGAFFAR	Ajrekar
3	ASHTA SWARAJ GOPAL	Ashta Swaraj
4	AWHALE ANKITA ASHOK	
5	BANDEBUCHHE LAKSHMI RAJESH	B. B. B.
6	BHASGE PRASHANT UMAKANT	Bhasge P.
7	BHIMANI PRIYANSH MANILAL	
8	CHHEDA REET RAJESH	Chheda
9	DEGLURKAR NIDHI JAYANT	
10	DEOLE NISHIKA VINAY	Deole
11	DESHMUKH ISHWARI HEMANTRAO	
12	DESH PANDE AKSHADA AVINASH	Deshpande
13	DHAIGUDE SNEHAL HIMMATRAO	Dhaigude
14	DHAYBAR SHREYA SANJAY	
15	DOLE RUTA PRAMOD	Dole
16	EDLAWAR APOORVA SANJAY	
17	FUNDE SNEHA JAGANNATH	Funde
18	GAIKWAD PARINAYA NANDKUMAR	Gaikwad
19	GUPTA ARUSH	Gupta
20	GURAV DIPTI SANJAY	
21	GUTTE VARSHA ANKUSHRAO	Gutte
22	HANGE ANUJA SHIVRAJ	Hange
23	JAGTAP KOMAL DEEPAK	Jagtap
24	KACHAVE PALLAVI PRABHAKAR	Kachave
25	KADAM GAUTAMI BALASAHEB	Kadam
26	KADAM POOJA SUNIL	
27	KADAM SHIVANI ANANT	
28	KANASE RACHANA BHAUSAHEB	Kanase
29	KARADKHELE ADITI NAMDEV	
30	KEDAR PRIYANKA JALINDAR	
31	KHADE PUSHPAK PRABHU	Khade
32	KHADE SHITAL BABAJI	
33	KSHIRSAGAR RAHUL ATUL	Kshirsagar
34	KHODKE RITA SHIVAJI	Khodke
35	KOKATE AKSHAY NAMDEV	Kokate

36	KOLHE SHIVANI SANJAY	
37	KULKARNI SHRUTI MAHESH	Kulkarni Shri
38	KUMBHAR TANVI PRAKASH	Kumbhar
39	LOHTIA VISHAKHA	Lohita
40	LONDHE NEHA TANAJI	Londhe
41	MAHAJAN PIYUSH KASHINATH	Maha Jan Pys
42	MAHIRCHANDANI DIVYA MEET	Mahirchandi
43	MATHAPATI RUTUJA SOMESHWAR	Mathapati
44	MATHURVAISHYA UNNATI SANJAY	Mathurva
45	MAURYA ANURAG PRATAP	Maurya
46	MAURYA MONIKA	Maurya
47	MEHRE KSHITIJA KISAN	Mehreshdi
48	MENGHANI NIKHIL PARMANAND	Menghani
49	MISHRA ADARSH HARISHCHANDRA	Mishra
50	MUDSINGE ANKITA ANIL	Mudsinge
51	NADARGE MADURA CHANDRASHEKHAR	Nadarge
52	NAIK DIVYA AJIT	Naik
53	NARAWADE HEMANGI RAMDAS	Narawade
54	NIKAM PRAKASHA DATTATRAY	Nikam
55	OSTWAL BHAVNA ARVIND	Ostwal
56	PADSALGI KOMAL SUNIL	Padsalgi
57	PANCHAL SHRIYASH GOVINDRAO	Panchal
58	PANADE SACHIN BHIMRAO	Panade
59	PATIL DIVYA SURESH	Patil
60	PATIL KOMAL NANDLAL	Patil
61	PATIL KRUTIKA KAILASH	Patil
62	PATIL LEENA SANJAY	Patil
63	PATIL PORNIMA SANJAY	Patil
64	PATIL PRANAV ADAGONDA	Patil
65	PATIL RUPAL RAMDAS	Patil
66	PATIL SANIKA GIRISH	Patil
67	RAJAGOPAL ANSHIKA	Rajagopal
68	RANKAWAT ROSHNI NANDKISHOR	Rankawat
69	RAUT MONIKA KAILAS	Raut
70	RAUT UZAIR ZAHID	Raut
71	ROY TANYA	Roy
72	SARSWAT QASHISH ANIL	Sarswat
73	SAWANT VARSHA SANDIPAN	Sawant
74	SAXENA MUSKAAN	Saxena
75	SHAH DEEP NIRAV	Shah
76	SHARMA PRACHI	Sharma
77	SHELKE MUKTA PRAMOD	Shelke
78	SHINDE SHUBHAM DILIP	Shinde

79	SHINDE SHRADHDA LAXMAN	Shruti Shinde
80	SHRUTI SURAKSHYA	shruti
81	TAMBE NEHA YOGANAND	Tambe
82	THAKUR NIRANJANSINGH RAJENDRASINGH	Prayag
83	TRIPATHI VAISHNAVI PRASHANT	Vaishnavi T.
84	VIDHATE MANJIRI RAGHUNATH	Waghmode
85	WAGHMODE SHIVANI SOMESHWAR	Shivani
86	ZAVAR HARSHALI PRAVIN	Zavar
87	ZOTE ASHWIN ANAND	Zote

PHOTOGRAPHS OF MAGNIFICATION LECTURE 2018-2019



PHOTOGRAPHS OF MAGNIFICATION LECTURE 2018-2019



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohgaon, Pune - 411 006

Dean

D.Y. Patil Dental School, Pune





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Affiliated to the Maharashtra University of Health Sciences, Nashik
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Ref No: DYPDS/ 776 U

Date: 16-02-2019

Circular

We are pleased to announce a special workshop on “**Magnification in dentistry**” organized by the Department of Conservative Dentistry, aimed at providing early clinical exposure to second-year BDS students. This workshop will focus on the importance and application of magnification in dental procedures.

Date: 22nd February 2019

Venue: Pre-Clinical Conservative lab.

Topic: **Magnification in dentistry**

Time: 9:00 AM - 1:00 PM

Speaker: **Dr. Kiran Keswani**

All second-year BDS students are encouraged to attend this workshop to gain valuable insights and practical knowledge that will aid in their clinical practice. All the HOD's are requested to kindly relieve the students for the workshop from the practicals and lectures.

HOD

Department of Conservative
Dentistry & Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School
D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 412105



Dr. Anand Shigli
Dean

Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412 105
• Phone (020) 35037779 • E Mail : dean@dypds.com

D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Report

Magnification Workshop Report	
NAME OF SESSION	Magnification in dentistry
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The workshop on "Magnification in Dentistry" organized by the Department of Conservative Dentistry aimed to introduce second-year BDS students to the significance and application of magnification tools in dental procedures. The session was held on 22nd February 2019 at the Pre-Clinical Conservative Lab from 9:00 AM to 1:00 PM. Dr. Kiran Keswani commenced the workshop with an introduction to the evolution of magnification in dentistry. She highlighted its importance in enhancing precision and improving clinical outcomes. The session covered various types of magnification devices used in dental practices, including dental loupes and surgical microscopes.</p>
KEY TAKEAWAYS	<p><input type="checkbox"/> Importance of Magnification: The workshop emphasized how magnification enhances precision and accuracy in dental procedures, leading to better clinical outcomes and patient care.</p> <p><input type="checkbox"/> Types of Magnification Tools: Students were introduced to various magnification devices such as dental loupes and surgical microscopes. The advantages of each tool in different clinical scenarios were discussed.</p> <p><input type="checkbox"/> Demonstration Under Loupes:</p> <ul style="list-style-type: none"> • Procedure Detailing: Dr. Keswani demonstrated, cavity preparation, Base application and Restoration using loupes. Students observed how magnification

	<p>improves visibility of intricate dental structures and facilitates meticulous work.</p> <p><input type="checkbox"/> Hands-On Experience:</p> <ul style="list-style-type: none"> • Skill Enhancement: Participants had hands-on practice with dental loupes to understand the ergonomic challenges and benefits. • Technique Refinement: They practiced techniques under supervision, learning to adapt to magnification for precise maneuvering and handling of dental instruments.
SPEAKER	Dr. Kiran Keswani



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D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lonergaon, Pune - 412106



Dean

D.Y. Patil Dental School, Pune



MAGNIFICATION WORKSHOP

ATTENDANCE LIST

Date: 22/02/2019

II YEAR – 2018-19

Date: 22/02/2019

Roll nos.	Name of the Student	Signature
1	AJMERA KRISHNA SHRINIVAS	Ajmera
2	AJREKAR IFTISAM ABDULGAFFAR	Ajrekar
3	ASHTA SWARAJ GOPAL	Ashta
4	AWHALE ANKITA ASHOK	Awale
5	BANDEBUCHE LAKSHMI RAJESH	Bandebuche
6	BHASGE PRASHANT UMAKANT	Bhasge
7	BHIMANI PRIYANSH MANILAL	Bhimani
8	CHHEDA REET RAJESH	Chheda
9	DEGLURKAR NIDHI JAYANT	Deglurkar
10	DEOLE NISHIKA VINAY	Deole
11	DESHMUKH ISHWARI HEMANTRAO	Deshmukh
12	DESHPANDE AKSHADA AVINASH	Deshpande
13	DHAIGUDE SNEHAL HIMMATRAO	Dhaigude
14	DHAYBAR SHREYA SANJAY	Dhaybar
15	DOLE RUTA PRAMOD	Dole
16	EDLAWAR APOORVA SANJAY	Edlawar
17	FUNDE SNEHA JAGANNATH	Funde
18	GAIKWAD PARINAYA NANDKUMAR	Gaikwad
19	GUPTA ARUSH	Gupta
20	GURAV DIPTI SANJAY	Gurav
21	GUTTE VARSHA ANKUSHRAO	Gutte
22	HANGE ANUJA SHIVRAJ	Hange
23	JAGTAP KOMAL DEEPAK	Jagtap
24	KACHAVE PALLAVI PRABHAKAR	Kachave
25	KADAM GAUTAMI BALASAHEB	Kadam
26	KADAM POOJA SUNIL	Kadam
27	KADAM SHIVANI ANANT	Kadam
28	KANASE RACHANA BHAUSAHEB	Kanase
29	KARADKHELE ADITI NAMDEV	Karadkhele
30	KEDAR PRIYANKA JALINDAR	Kedar
31	KHADE PUSHPAK PRABHU	Khade
32	KHADE SHITAL BABAJI	Khade
33	KSHIRSAGAR RAHUL ATUL	Kshirsagar
34	KHODKE RITA SHIVAJI	Khodke
35	KOKATE AKSHAY NAMDEV	Kokate

36	KOLHE SHIVANI SANJAY	
37	KULKARNI SHRUTI MAHESH	Kul
38	KUMBHAR TANVI PRAKASH	Kumbhar
39	LOHTIA VISHAKHA	Lohtia
40	LONDHE NEHA TANAJI	
41	MAHAJAN PIYUSH KASHINATH	Maha
42	MAHIRCHANDANI DIVYA MEET	Mahir
43	MATHAPATI RUTUJA SOMESHWAR	Matha
44	MATHURVAISHYA UNNATI SANJAY	
45	MAURYA ANURAG PRATAP	
46	MAURYA MONIKA	Anurag
47	MEHRE KSHITIJA KISAN	
48	MENGHANI NIKHIL PARMANAND	
49	MISHRA ADARSH HARISHCHANDRA	Nikhil Mishra
50	MUDSINGE ANKITA ANIL	
51	NADARGE MADURA CHANDRASHEKHAR	
52	NAIK DIVYA AJIT	
53	NARAWADE HEMANGI RAMDAS	Narh Darya
54	NIKAM PRATIKSHA DATTATRAY	
55	OSTWAL BHAVNA ARVIND	
56	PADSALGI KOMAL SUNIL	
57	PANCHAL SHRIYASH GOVINDRAO	
58	PANADE SACHIN BHIMRAO	
59	PATIL DIVYA SURESH	Patil
60	PATIL KOMAL NANDLAL	
61	PATIL KRUTIKA KAILASH	Patil
62	PATIL LEENA SANJAY	
63	PATIL PORNIMA SANJAY	Patil P.
64	PATIL PRANAV ADAGONDA	
65	PATIL RUPAL RAMDAS	Patil
66	PATIL SANIKA GIRISH	
67	RAJAGOPAL ANSHIKA	Rajagop
68	RANKAWAT ROSHNI NANDKISHOR	
69	RAUT MONIKA KAILAS	Raut
70	RAUT UZAIR ZAHID	Raut
71	ROY TANYA	Roy
72	SARSWAT QASHISH ANIL	Sar
73	SAWANT VARSHA SANDIPAN	Sawant
74	SAXENA MUSKAAN	Saxena
75	SHAH DEEP NIRAV	Shah
76	SHARMA PRACHI	Sharma
77	SHELKE MUKTA PRAMOD	Shelke
78	SHINDE SHUBHAM DILIP	Shinde

79	SHINDE SHRADHDA LAXMAN	<i>su</i>
80	SHRUTI SURAKSHYA	
81	TAMBE NEHA YOGANAND	<i>Tambe</i>
82	THAKUR NIRANJANSINGH RAJENDRASINGH	<i>raj</i>
83	TRIPATHI VAISHNAVI PRASHANT	<i>Vaishnavi</i>
84	VIDHATE MANJIRI RAGHUNATH	
85	WAGHMODE SHIVANI SOMESHWAR	<i>Shivani</i>
86	ZAVAR HARSHALI PRAVIN	<i>Harshali</i>
87	ZOTE ASHWIN ANAND	<i>Zote</i>

PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2018-2019



PHOTOGRAPHS OF MAGNIFICATION WORKSHOP 2018-2019



HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lonhegaon, Pune - 411 006

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**PHOTOGRAPHS OF STUDENTS TAKING TOUR TO
MAGNIFICATION ROOM**



Year 2018-19







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Recognized by Dental Council of India

Ref No: - DYPDS/ 597

Date: 03-08-2018

To

Second Year BDS Students
DY Patil Dental School

Subject: - Training Sessions for Second Year BDS Students

This is to inform the Second Year BDS Students that the following Training Sessions have been scheduled for the academic session under Early Clinical Exposure Initiative to provide a better understanding, orientation and sensitizing for the upcoming clinical postings.

Kindly Note:

S. No.	Topic	Date	Staff
1	Functioning of a Dental Chair	11-08-2018	Dr. Pratik Hande
2	Shade Selection	15-09-2018	Dr. Kamal Shigli
3	Ergonomics in Dentistry	13-10-2018	Dr. Ashish Bhagat
4	Impression Procedures	17-11-2018	Dr. Paulami Bagchi
5	Aesthetic Anterior Restoration	08-12-2018	Dr. Divya Dudulwar
6	Infection Control & Sterilisation	29-12-2018	Dr. Suhas Vaze
7	Isolation & Rubber Dam Application	12-01-2019	Dr. Kiran Keswani
8	Consent and Patient Privacy	02-02-2019	Dr. Kapil Kshirsagar
9	Introduction & Steps in Fabrication of Fixed Partial Denture	09-03-2019	Dr. Bipin Muley
10	Class V GIC Restoration	23-03-2019	Dr. Vinod Kambli
11	Posterior Composite	13-04-2019	Dr. Kiran Keswani

Venue: Pre-Clinical Lab

Time: 9.00 am – 10.00 am

Kamal Shigli
Head

Department of Prosthodontics
C/c: 1. Notice board BDS II year
2. All HOD's

Sanjay
Head

Department of Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics
DY Patil Dental School
DY Patil Knowledge City
Ch. (204), Via Lohegaon, Pune - 412105

Shreyas
Dean

DY Patil Dental School



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY
Report

Training Sessions Program Report	
NAME OF SESSION	Working of Dental Chair
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	To familiarize dental students with working of Dental chair, and common problems faced during its working
KEY TAKEAWAYS	Understanding basic working of a dental chair, its parts and handling of chair. Common problems faced in daily practice, recognising the problems and trying to solve the simple problems. Do's and Dont's while working, common maintenance practice
TRAINER	Dr. Pratik Hande



HOD

Department of OMFS

PROFESSOR & HEAD

Dept. of Oral & Maxillofacial Surgery

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 411017



Dean

D.Y. Patil Dental School, Pune



IIND YEAR BDS 2018 -19

Roll No.	Name	Signature
1	AJMERA KRISHNA SHRINIVAS	
2	AJREKAR IFTISAM ABDULGAFFAR	
3	ASHTA SWARAJ GOPAL	
4	AWHALE ANKITA ASHOK	
5	BANDEBUCHE LAKSHMI RAJESH	
6	BHASGE PRASHANT UMAKANT	
7	BHIMANI PRIYANSH MANILAL	
8	CHHEDA REET RAJESH	
9	DEGLURKAR NIDHI JAYANT	
10	DEOLE NISHIKA VINAY	
11	DESHMUKH ISHWARI HEMANTRAO	
12	DESHPANDE AKSHADA AVINASH	
13	DHAIGUDE SNEHAL HIMMATRAO	
14	DHAYBAR SHREYA SANJAY	
15	DOLE RUTA PRAMOD	
16	EDLAWAR APOORVA SANJAY	
17	FUNDE SNEHA JAGANNATH	
18	GAIKWAD PARINAYA NANDKUMAR	
19	GUPTA ARUSH	
20	GURAV DIPTI SANJAY	
21	GUTTE VARSHA ANKUSHRAO	
22	HANGE ANUJA SHIVRAJ	
23	JAGTAP KOMAL DEEPAK	
24	KACHAVE PALLAVI PRABHAKAR	
25	KADAM GAUTAMI BALASAHEB	
26	KADAM POOJA SUNIL	
27	KADAM SHIVANI ANANT	
28	KANASE RACHANA BHAUSAHEB	
29	KARADKHELE ADITI NAMDEV	
30	KEDAR PRIYANKA JALINDAR	
31	KHADE PUSHPAK PRABHU	
32	KHADE SHITAL BABAJI	
33	KSHIRSAGAR RAHUL ATUL	
34	KHODKE RITA SHIVAJI	
35	KOKATE AKSHAY NAMDEV	
36	KOLHE SHIVANI SANJAY	

37	KULKARNI SHRUTI MAHESH	
38	KUMBHAR TANVI PRAKASH	
39	LOHTIA VISHAKHA	
40	LONDHE NEHA TANAJI	
41	MAHAJAN PIYUSH KASHINATH	
42	MAHIRCHANDANI DIVYA MEET	
43	MATHAPATI RUTUJA SOMESHWAR	
44	MATHURVAISHYA UNNATI SANJAY	
45	MAURYA ANURAG PRATAP	
46	MAURYA MONIKA	
47	MEHRE KSHITIJA KISAN	
48	MENGHANI NIKHIL PARMANAND	
49	MISHRA ADARSH HARISHCHANDRA	
50	MUDSINGE ANKITA ANIL	
51	NADARGE MADURA CHANDRASHEKHAR	
52	NAIK DIVYA AJIT	
53	NARAWADE HEMANGI RAMDAS	
54	NIKAM PRATIKSHA DATTATRAY	
55	OSTWAL BHAVNA ARVIND	
56	PADSALGI KOMAL SUNIL	
57	PANCHAL SHRIYASH GOVINDRAO	
58	PANADE SACHIN BHIMRAO	
59	PATIL DIVYA SURESH	
60	PATIL KOMAL NANDLAL	
61	PATIL KRUTIKA KAILASH	
62	PATIL LEENA SANJAY	
63	PATIL PORNIMA SANJAY	
64	PATIL PRANAV ADAGONDA	
65	PATIL RUPAL RAMDAS	
66	PATIL SANIKA GIRISH	
67	RAJAGOPAL ANSHIKA	
68	RANKAWAT ROSHNI NANDKISHOR	
69	RAUT MONIKA KAILAS	
70	RAUT UZAIR ZAHID	
71	ROY TANYA	
72	SARSWAT QASHISH ANIL	
73	SAWANT VARSHA SANDIPAN	
74	SAXENA MUSKAAN	
75	SHAH DEEP NIRAV	
76	SHARMA PRACHI	
77	SHELKE MUKTA PRAMOD	
78	SHINDE SHUBHAM DILIP	
79	SHINDE SHRADHDA LAXMAN	

80	SURAKSHYA SHRUTI	<i>Subash</i>
81	TAMBE NEHA YOGANAND	<i>Nehe</i>
82	THAKUR NIRANJANSINGH RAJENDRASINGH	<i>Nehe</i>
83	TRIPATHI VAISHNAVI PRASHANT	<i>Subash</i>
84	VIDHATE MANJIRI RAGHUNATH	<i>Vidhate</i>
85	WAGHMODE SHIVANI SOMESHWAR	<i>Shivani</i>
86	ZAVAR HARSHALI PRAVIN	<i>Pravin</i>
87	ZOTE ASHWIN ANAND	<i>Pravin</i>





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Shade Selection
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Accurate shade selection is crucial for aesthetic and functional outcomes in dental treatments. This session was conducted to develop their competency in choosing the correct tooth shade for dental restorations. The speaker covered the fundamental principles of tooth colour, discussing the role of hue, chroma, and value in shade selection and also emphasized the importance of understanding the visual perception of colour and how it can be influenced by lighting and surrounding colours.</p> <p>These concepts were illustrated using clinical examples and digital images, enhancing the students' understanding of how to assess and describe tooth colour.</p> <p>Students were introduced to various shade selection systems, such as the Vita Classical Shade Guide and the Vita 3D-Master Shade Guide. Students were explained how these systems are organized and how to use them effectively in clinical practice.</p>
KEY TAKEAWAYS	<ul style="list-style-type: none">• Theoretical Understanding: Students gained a solid foundation in the principles of tooth colour and shade selection.• Tools and Techniques: Familiarity with both traditional and digital shade selection tools provided a comprehensive approach to shade matching.
TRAINER	Dr. Kamal Shigli

HOD
Head of Department of Prosthodontics
Department of Prosthodontics
D Y PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi
Lohangaon Pune - 412105

Dean
D.Y. Patil Dental School, Pune



Second Year BDS Students - 2018-19

Training Session - Shade Selection

S.No.	NAME	ATTENDANCE
1	AJMERA KRISHNA SHRINIVAS	P
2	AJREKAR IFTISAM ABDULGAFFAR	P
3	ASHTE SWARAJ GOPAL	P
4	AWHALE ANKITA ASHOK	P
5	BANDEBUCHHE LAKSHMI RAJESH	P
6	BHASGE PRASHANT UMAKANT	A
7	BHIMANI PRIYANSH MANILAL	P
8	CHHEDA REET RAJESH	P
9	DEGLURKAR NIDHI JAYANT	P
10	DEOLE NISHIKA VINAY	P
11	DESHMUKH ISHWARI HEMANTRAO	P
12	DESHPANDE AKSHADA AVINASH	P
13	DHAIGUDE SNEHAL HIMMATRAO	A
14	DHAYBAR SHREYA SANJAY	P
15	DOLE RUTA PRAMOD	P
16	EDLAWAR APOORVA SANJAY	P
17	FUNDE SNEHA JAGANNATH	P
18	GAIKWAD PARINAYA NANDKUMAR	A
19	GUPTA ARUSH	A
20	GURAV DIPTI SANJAY	P
21	GUTTE VARSHA ANKUSHRAO	P
22	HANGE ANUJA SHIVRAJ	P
23	JAGTAP KOMAL DEEPAK	P
24	KACHAVE PALLAVI PRABHAKAR	P
25	KADAM GAUTAMI BALASAHEB	P
26	KADAM POOJA SUNIL	P
27	KADAM SHIVANI ANANT	P
28	KANASE RACHANA BHAUSAHEB	A
29	KARADKHELE ADITI NAMDEV	P
30	KEDAR PRIYANKA JALINDAR	P
31	KHADE PUSHPAK PRABHU	P
32	KHADE SHITAL BABAJI	P
33	KSHIRSAGAR RAHUL ATUL	P
34	KHODKE RITA SHIVAJI	P
35	KOKATE AKSHAY NAMDEV	A
36	KOLHE SHIVANI SANJAY	P
37	KULKARNI SHRUTI MAHESH	P
38	KUMBHAR TANVI PRAKASH	P
39	LOHTIA VISHAKHA	P
40	LONDHE NEHA TANAJI	P

41	MAHAJAN PIYUSH KASHINATH	P
42	MAHIRCHANDANI DIVYA MEET	P
43	MATHAPATI RUTUJA SOMESHWAR	A
44	MATHURVAISHYA UNNATI SANJAY	P
45	MAURYA ANURAG PRATAP	P
46	MAURYA MONIKA	P
47	MEHRE KSHITIJA KISAN	P
48	MENGHANI NIKHIL PARMANAND	A
49	MISHRA ADARSH HARISHCHANDRA	P
50	MUDSINGE ANKITA ANIL	P
51	NADARGE MADURA CHANDRASHEKHAR	P
52	NAIK DIVYA AJIT	P
53	NARAWADE HEMANGI RAMDAS	P
54	NIKAM PRATIKSHA DATTATRAY	P
55	OSTWAL BHAVNA ARVIND	P
56	PADSALGI KOMAL SUNIL	P
57	PANCHAL SHRIYASH GOVINDRAO	P
58	PANADE SACHIN BHIMRAO	P
59	PATIL DIVYA SURESH	P
60	PATIL KOMAL NANDLAL	P
61	PATIL KRUTIKA KAILASH	P
62	PATIL LEENA SANJAY	P
63	PATIL PORNIMA SANJAY	P
64	PATIL PRANAV ADAGONDA —	P
65	PATIL RUPAL RAMDAS	P
66	PATIL SANIKA GIRISH	A
67	RAJAGOPAL ANSHIKA	P
68	RANKAWAT ROSHNI NANDKISHOR	P
69	RAUT MONIKA KAILAS	P
70	RAUT UZAIR ZAHID	P
71	ROY TANYA	P
72	SARSWAT QASHISH ANIL	P
73	SAWANT VARSHA SANDIPAN	P
74	SAXENA MUSKAAN	P
75	SHAH DEEP NIRAV	P
76	SHARMA PRACHI	P
77	SHELKE MUKTA PRAMOD	P
78	SHINDE SHUBHAM DILIP	P
79	SHINDE SHRADHDA LAXMAN	P
80	SURAKSHYA SHRUTI	P
81	TAMBE NEHA YOGANAND	P

82	THAKUR NIRANJANSINGH RAJENDRASINGH	P
83	TRIPATHI VAISHNAVI PRASHANT	P
84	VIDHATE MANJIRI RAGHUNATH	P
85	WAGHMODE SHIVANI SOMESHWAR	P
86	ZAVAR HARSHALI PRAVIN	P
87	ZOTE ASHWIN ANAND	P





D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Ergonomics in Dentistry
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To educate 2nd year BDS students on the principles of ergonomics, how to incorporate ergonomic practices into their clinical postings, and the benefits of ergonomic interventions in preventing work-related musculoskeletal disorders (WMSDs). The session covered the following principles</p> <ul style="list-style-type: none">• Ergonomic Principles for Dental Practice<ul style="list-style-type: none">• Posture and Positioning• Equipment Design and Placement• Workstation Layout• Practical Ergonomic Strategies<ul style="list-style-type: none">• Chairside Techniques• Instrument Handling• Workflow Optimization• Personal Ergonomic Practices<ul style="list-style-type: none">• Stretching and Exercises• Breaks and Micro-breaks• Stress Management <p>The session emphasized the importance of maintaining proper posture, positioning, and movement to prevent musculoskeletal disorders. Participants were introduced to ergonomic techniques for patient positioning, use of dental equipment, and workstation organization to minimize strain and enhance efficiency.</p>
KEY TAKEAWAYS	The session successfully raised awareness about the importance of ergonomics in dentistry, provided actionable strategies to improve workplace ergonomics, and emphasized the benefits of adopting ergonomic practices for long-term health and efficiency in dental practice.
TRAINER	Dr. Ashish Bhagat

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Head of Department of Prosthodontics
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Department of Prosthodontics
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DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Ashish Bhagat
Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2018-19
Training Session - Ergonomics in Dentistry

S.No.	NAME	ATTENDANCE
1	AJMERA KRISHNA SHRINIVAS	P
2	AJREKAR IFTISAM ABDULGAFFAR	A
3	ASHTA SWARAJ GOPAL	P
4	AWHALE ANKITA ASHOK	P
5	BANDEBUCHER LAKSHMI RAJESH	A
6	BHASGE PRASHANT UMAKANT	P
7	BHIMANI PRIYANSH MANILAL	P
8	CHHEDA REET RAJESH	P
9	DEGLURKAR NIDHI JAYANT	P
10	DEOLE NISHIKA VINAY	A
11	DESHMUKH ISHWARI HEMANTRAO	P
12	DESHPANDE AKSHADA AVINASH	P
13	DHAIGUDE SNEHAL HIMMATRAO	P
14	DHAYBAR SHREYA SANJAY	P
15	DOLE RUTA PRAMOD	P
16	EDLAWAR APOORVA SANJAY	P
17	FUNDE SNEHA JAGANNATH	A
18	GAIKWAD PARINAYA NANDKUMAR	P
19	GUPTA ARUSH	P
20	GURAV DIPTI SANJAY	P
21	GUTTE VARSHA ANKUSHRAO	P
22	HANGE ANUJA SHIVRAJ	P
23	JAGTAP KOMAL DEEPAK	P
24	KACHAVE PALLAVI PRABHAKAR	P
25	KADAM GAUTAMI BALASAHEB	P
26	KADAM POOJA SUNIL	A
27	KADAM SHIVANI ANANT	P
28	KANASE RACHANA BHAUSAHEB	P
29	KARADKHELE ADITI NAMDEV	A
30	KEDAR PRIYANKA JALINDAR	P
31	KHADE PUSHPAK PRABHU	P
32	KHADE SHITAL BABAJI	P
33	KSHIRSAGAR RAHUL ATUL	P
34	KHODKE RITA SHIVAJI	A
35	KOKATE AKSHAY NAMDEV	P
36	KOLHE SHIVANI SANJAY	P
37	KULKARNI SHRUTI MAHESH	P
38	KUMBHAR TANVI PRAKASH	P
39	LOHTIA VISHAKHA	P
40	LONDHE NEHA TANAJI	P

41	MAHAJAN PIYUSH KASHINATH	P
42	MAHIRCHANDANI DIVYA MEET	P
43	MATHAPATI RUTUJA SOMESHWAR	P
44	MATHURVAISHYA UNNATI SANJAY	P
45	MAURYA ANURAG PRATAP	P
46	MAURYA MONIKA	P
47	MEHRE KSHITIJA KISAN	A
48	MENGHANI NIKHIL PARMANAND	P
49	MISHRA ADARSH HARISHCHANDRA	A
50	MUDSINGE ANKITA ANIL	P
51	NADARGE MADURA CHANDRASHEKHAR	P
52	NAIK DIVYA AJIT	P
53	NARAWADE HEMANGI RAMDAS	P
54	NIKAM PRATIKSHA DATTATRAY	P
55	OSTWAL BHAVNA ARVIND	P
56	PADSALGI KOMAL SUNIL	P
57	PANCHAL SHRIYASH GOVINDRAO	A
58	PANADE SACHIN BHIMRAO	P
59	PATIL DIVYA SURESH	P
60	PATIL KOMAL NANDLAL	P
61	PATIL KRUTIKA KAILASH	P
62	PATIL LEENA SANJAY	P
63	PATIL PORNIMA SANJAY	P
64	PATIL PRANAV ADAGONDA	P
65	PATIL RUPAL RAMDAS	A
66	PATIL SANIKA GIRISH	P
67	RAJAGOPAL ANSHIKA	P
68	RANKAWAT ROSHNI NANDKISHOR	A
69	RAUT MONIKA KAILAS	P
70	RAUT UZAIR ZAHID	P
71	ROY TANYA	P
72	SARSWAT QASHISH ANIL	P
73	SAWANT VARSHA SANDIPAN	P
74	SAXENA MUSKAAN	P
75	SHAH DEEP NIRAV	P
76	SHARMA PRACHI	P
77	SHELKE MUKTA PRAMOD	P
78	SHINDE SHUBHAM DILIP	P
79	SHINDE SHRADHDA LAXMAN	A
80	SURAKSHYA SHRUTI	P
81	TAMBE NEHA YOGANAND	P

82	THAKUR NIRANJANSINGH RAJENDRASINGH	P
83	TRIPATHI VAISHNAVI PRASHANT	P
84	VIDHATE MANJIRI RAGHUNATH	P
85	WAGHMODE SHIVANI SOMESHWAR	P
86	ZAVAR HARSHALI PRAVIN	A
87	ZOTE ASHWIN ANAND	P





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DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Impression Procedures
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>To familiarize dental students with impression procedures, focusing on accurate technique and material handling and the choice of correct impression material because different materials possess distinct properties that make them suitable for various clinical scenarios. Key points included:</p> <p>Accuracy and Detail Reproduction: High precision materials like polyvinyl siloxane (PVS) are essential for cases requiring fine detail, such as crowns and bridges.</p> <p>Elastic Recovery: Polyether, with excellent elastic recovery, is preferred for impressions with undercuts.</p> <p>Ease of Use: Alginate is suitable for preliminary impressions due to its ease of mixing and cost-effectiveness, although it lacks the dimensional stability required for final impressions.</p> <p>Hydrophilicity: Hydrophilic materials, such as some PVS types, are ideal for moist environments, ensuring fewer voids and better reproduction of the oral tissues.</p> <p>Working and Setting Times: The working and setting times of materials must align with the clinical procedure and patient comfort. Fast-setting materials are preferred for gag reflex management.</p> <p>Session concluded with case examples demonstrating the selection process for different clinical needs, emphasizing how improper material choice can lead to inaccurate impressions and subsequent restorative failures.</p>
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct impression material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid common pitfalls like air bubbles and incomplete captures.</p>
TRAINER	Dr. Paulami Bagchi

Paulami Bagchi
Head of Department of Prosthodontics
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Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Dr. Paulami Bagchi
Dean
D.Y. Patil Dental School, Pune



Second Year BDS Students - 2018-19
Training Session - Impression Procedure

S.No.	NAME	ATTENDANCE
1	AJMERA KRISHNA SHRINIVAS	P
2	AJREKAR IFTISAM ABDULGAFFAR	P
3	ASHTE SWARAJ GOPAL	P
4	AWHALE ANKITA ASHOK	P
5	BANDEBUCHER LAKSHMI RAJESH	P
6	BHASGE PRASHANT UMAKANT	P
7	BHIMANI PRIYANSH MANILAL	P
8	CHHEDA REET RAJESH	P
9	DEGLURKAR NIDHI JAYANT	P
10	DEOLE NISHIKA VINAY	A
11	DESHMUKH ISHWARI HEMANTRAO	P
12	DESHPANDE AKSHADA AVINASH	A
13	DHAIGUDE SNEHAL HIMMATRAO	P
14	DHAYBAR SHREYA SANJAY	P
15	DOLE RUTA PRAMOD	A
16	EDLAWAR APOORVA SANJAY	P
17	FUNDE SNEHA JAGANNATH	P
18	GAIKWAD PARINAYA NANDKUMAR	A
19	GUPTA ARUSH	P
20	GURAV DIPTI SANJAY	P
21	GUTTE VARSHA ANKUSHRAO	P
22	HANGE ANUJA SHIVRAJ	A
23	JAGTAP KOMAL DEEPAK	P
24	KACHAVE PALLAVI PRABHAKAR	P
25	KADAM GAUTAMI BALASAHEB	P
26	KADAM POOJA SUNIL	A
27	KADAM SHIVANI ANANT	A
28	KANASE RACHANA BHAUSAHEB	P
29	KARADKHELE ADITI NAMDEV	A
30	KEDAR PRIYANKA JALINDAR	P
31	KHADE PUSHPAK PRABHU	P
32	KHADE SHITAL BABAJI	A
33	KSHIRSAGAR RAHUL ATUL	P
34	KHODKE RITA SHIVAJI	P
35	KOKATE AKSHAY NAMDEV	A
36	KOLHE SHIVANI SANJAY	A
37	KULKARNI SHRUTI MAHESH	P
38	KUMBHAR TANVI PRAKASH	A
39	LOHTIA VISHAKHA	P
40	LONDHE NEHA TANAJI	A

41	MAHAJAN PIYUSH KASHINATH	P
42	MAHIRCHANDANI DIVYA MEET	P
43	MATHAPATI RUTUJA SOMESHWAR	P
44	MATHURVAISHYA UNNATI SANJAY	P
45	MAURYA ANURAG PRATAP	A
46	MAURYA MONIKA	P
47	MEHRE KSHITJA KISAN	P
48	MENGHANI NIKHIL PARMANAND	P
49	MISHRA ADARSH HARISHCHANDRA	P
50	MUDSINGE ANKITA ANIL	P
51	NADARGE MADURA CHANDRASHEKHAR	A
52	NAIK DIVYA AJIT	A
53	NARAWADE HEMANGI RAMDAS	P
54	NIKAM PRATIKSHA DATTATRAY	P
55	OSTWAL BHAVNA ARVIND	P
56	PADSALGI KOMAL SUNIL,	P
57	PANCHAL SHRIYASH GOVINDRAO	P
58	PANADE SACHIN BHIMRAO	P
59	PATIL DIVYA SURESH	P
60	PATIL KOMAL NANDLAL	P
61	PATIL KRUTIKA KAILASH	P
62	PATIL LEENA SANJAY	P
63	PATIL PORNIMA SANJAY	P
64	PATIL PRANAV ADAGONDA	P
65	PATIL RUPAL RAMDAS	P
66	PATIL SANIKA GIRISH	P
67	RAJAGOPAL ANSHIKA	P
68	RANKAWAT ROSHNI NANDKISHOR	P
69	RAUT MONIKA KAILAS	P
70	RAUT UZAIR ZAHID	P
71	ROY TANYA	P
72	SARSWAT QASHISH ANIL	P
73	SAWANT VARSHA SANDIPAN	P
74	SAXENA MUSKAAN	P
75	SHAH DEEP NIRAV	P
76	SHARMA PRACHI	P
77	SHELKE MUKTA PRAMOD	P
78	SHINDE SHUBHAM DILIP	P
79	SHINDE SHRADHDA LAXMAN	P
80	SURAKSHYA SHRUTI	P
81	TAMBE NEHA YOGANAND	P

82	THAKUR NIRANJANSINGH RAJENDRASINGH	P
83	TRIPATHI VAISHNAVI PRASHANT	P
84	VIDHATE MANJIRI RAGHUNATH	P
85	WAGHMODE SHIVANI SOMESHWAR	P
86	ZAVAR HARSHALI PRAVIN	P
87	ZOTE ASHWIN ANAND	P



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Aesthetic Anterior Restoration
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Composite resin materials, focusing on accurate clinical technique and material handling.● To understand the indications and contraindications.● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Shade Selection: Importance of choosing the correct Shade of composite resin for anterior teeth based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none">● Isolation● Etching● Bonding● Composite placement- incremental build up● Final Shaping and Contouring● Light curing● Polishing and final check.
TRAINER	Dr. Divya Dudulwar



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Dean

D.Y. Patil Dental School, Pune



Training Session Attendance List
Aesthetic Anterior Restoration

II YEAR - 2018-19

DATE:08/12/2018

Roll nos.	Name of the Student	Signature
1	AJMERA KRISHNA SHRINIVAS	
2	AJREKAR IFTISAM ABDULGAFFAR	
3	ASHTA SWARAJ GOPAL	
4	AWHALE ANKITA ASHOK	
5	BANDEBUCHE LAKSHMI RAJESH	
6	BHASGE PRASHANT UMAKANT	
7	BHIMANI PRIYANSH MANILAL	
8	CHHEDA REET RAJESH	
9	DEGLURKAR NIDHI JAYANT	
10	DEOLE NISHIKA VINAY	
11	DESHMUKH ISHWARI HEMANTRAO	
12	DESHPANDE AKSHADA AVINASH	
13	DHAIGUDE SNEHAL HIMMATRAO	
14	DHAYBAR SHREYA SANJAY	
15	DOLE RUTA PRAMOD	
16	EDLAWAR APOORVA SANJAY	
17	FUNDE SNEHA JAGANNATH	
18	GAIKWAD PARINAYA NANDKUMAR	
19	GUPTA ARUSH	
20	GURAV DIPTI SANJAY	
21	GUTTE VARSHA ANKUSHRAO	
22	HANGE ANUJA SHIVRAJ	
23	JAGTAP KOMAL DEEPAK	
24	KACHAVE PALLAVI PRABHAKAR	
25	KADAM GAUTAMI BALASAHEB	
26	KADAM POOJA SUNIL	
27	KADAM SHIVANI ANANT	
28	KANASE RACHANA BHAUSAHEB	
29	KARADKHELE ADITI NAMDEV	
30	KEDAR PRIYANKA JALINDAR	
31	KHADE PUSHPAK PRABHU	
32	KHADE SHITAL BABAJI	
33	KSHIRSAGAR RAHUL ATUL	
34	KHODKE RITA SHIVAJI	

35	KOKATE AKSHAY NAMDEV	Kokate
36	KOLHE SHIVANI SANJAY	Kolhe
37	KULKARNI SHRUTI MAHESH	Kulkarni
38	KUMBHAR TANVI PRAKASH	Kumbhar
39	LOHTIA VISHAKHA	Lohtia
40	LONDHE NEHA TANAJI	Londhe
41	MAHAJAN PIYUSH KASHINATH	Mahajan
42	MAHIRCHANDANI DIVYA MEET	Mahirchandani
43	MATHAPATI RUTUJA SOMESHWAR	Mathapat
44	MATHURVAISHYA UNNATI SANJAY	Mathur
45	MAURYA ANURAG PRATAP	Maurya
46	MAURYA MONIKA	Maurya
47	MEHRE KSHITIJA KISAN	Mehre
48	MENGHANI NIKHIL PARMANAND	Menghani
49	MISHRA ADARSH HARISHCHANDRA	Mishra
50	MUDSINGE ANKITA ANIL	Mudsinge
51	NADARGE MADURA CHANDRASHEKHAR	Nadarge
52	NAIK DIVYA AJIT	Naik
53	NARWADE HEMANGI RAMDAS	Narwade
54	NIKAM PRATIKSHA DATTATRAY	Nikam
55	OSTWAL BHAVNA ARVIND	Ostwal
56	PADSALGI KOMAL SUNIL	Padsalgi
57	PANCHAL SHRIYASH GOVINDRAO	Panchal
58	PANADE SACHIN BHIMRAO	Panade
59	PATIL DIVYA SURESH	Patil
60	PATIL KOMAL NANDLAL	Patil
61	PATIL KRUTIKA KAILASH	Patil
62	PATIL LEENA SANJAY	Patil
63	PATIL PORNIMA SANJAY	Patil
64	PATIL PRANAV ADAGONDA	Patil
65	PATIL RUPAL RAMDAS	Patil
66	PATIL SANIKA GIRISH	Patil
67	RAJAGOPAL ANSHIKA	Rajagopal
68	RANKAWAT ROSHNI NANDKISHOR	Rankawat
69	RAUT MONIKA KAILAS	Raut
70	RAUT UZAIR ZAHID	Raut
71	ROY TANYA	Roy
72	SARSWAT QASHISH ANIL	Sarswat
73	SAWANT VARSHA SANDIPAN	Sawant
74	SAXENA MUSKAAN	Saxena
75	SHAH DEEP NIRAV	Shah
76	SHARMA PRACHI	Sharma
77	SHELKE MUKTA PRAMOD	Shelke
78	SHINDE SHUBHAM DILIP	Shinde
79	SHINDE SHRADIHA LAXMAN	Shinde
80	SHRUTI SURAKSHYA	Shruti

81	TAMBE NEHA YOGANAND	Tambe
82	THAKUR NIRANJANSINGH RAJENDRASINGH	Thakur
83	TRIPATHI VAISHNAVI PRASHANT	Tripathy
84	VIDHATE MANJIRI RAGHUNATH	Vidhate
85	WAGHMODE SHIVANI SOMESHWAR	Waghmode
86	ZAVAR HARSHALI PRAVIN	Zavar
87	ZOTE ASHWIN ANAND	Zote



Anurag Kulkarni

HOD

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Anurag Kulkarni

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D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Report

Training Sessions Program Report	
NAME OF SESSION	Infection Control and Sterilization
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	The training session on Sterilization and Infection Control for 2nd year BDS students was conducted to impart essential knowledge and practical skills regarding maintaining a sterile environment in dental practice. The session commenced with comprehensive lectures covering principles of sterilization, various methods such as autoclaving and chemical sterilization, and infection control measures including personal protective equipment (PPE). The session allowed the students to be aware of setting up sterilization equipment, practicing proper sterilization techniques, and simulating infection control protocols during dental procedures. Interactive discussions enhanced understanding and application of theoretical concepts.
KEY TAKEAWAYS	Participants gained a thorough understanding of the importance of sterilization in dental procedures and learned practical skills in implementing infection control measures. They acquired knowledge about different sterilization methods and their appropriate applications, as well as compliance with regulatory standards.
TRAINER	Dr. Suhas Vaze

Suhas Vaze
HOD

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Suhas Vaze

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D.Y. Patil Dental School

IIND YEAR BDS 2018 -19

Roll No.	Name	Signature
1	AJMERA KRISHNA SHRINIVAS	
2	AJREKAR IFTISAM ABDULGAFFAR	
3	ASHTA SWARAJ GOPAL	
4	AWHALE ANKITA ASHOK	
5	BANDEBUCHE LAKSHMI RAJESH	
6	BHASGE PRASHANT UMAKANT	
7	BHIMANI PRIYANSH MANILAL	
8	CHHEDA REET RAJESH	
9	DEGLURKAR NIDHI JAYANT	
10	DEOLE NISHIKA VINAY	
11	DESHMUKH ISHWARI HEMANTRAO	
12	DESHPANDE AKSHADA AVINASH	
13	DHAIGUDE SNEHAL HIMMATRAO	
14	DHAYBAR SHREYA SANJAY	
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17	FUNDE SNEHA JAGANNATH	
18	GAIKWAD PARINAYA NANDKUMAR	
19	GUPTA ARUSH	
20	GURAV DIPTI SANJAY	
21	GUTTE VARSHA ANKUSHRAO	
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26	KADAM POOJA SUNIL	
27	KADAM SHIVANI ANANT	
28	KANASE RACHANA BHAUSAHEB	
29	KARADKHELE ADITI NAMDEV	
30	KEDAR PRIYANKA JALINDAR	
31	KHADE PUSHPAK PRABHU	
32	KHADE SHITAL BABAJI	
33	KSHIRSAGAR RAHUL ATUL	
34	KHODKE RITA SHIVAJI	
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38	KUMBHAR TANVI PRAKASH	
39	LOHTIA VISHAKHA	
40	LONDHE NEHA TANAJI	
41	MAHAJAN PIYUSH KASHINATH	
42	MAHIRCHANDANI DIVYA MEET	
43	MATHAPATI RUTUJA SOMESHWAR	
44	MATHURVAISHYA UNNATI SANJAY	
45	MAURYA ANURAG PRATAP	
46	MAURYA MONIKA	
47	MEHRE KSHITIJA KISAN	
48	MENGHANI NIKHIL PARMANAND	
49	MISHRA ADARSH HARISHCHANDRA	
50	MUDSINGE ANKITA ANIL	
51	NADARGE MADURA CHANDRASHEKHAR	
52	NAIK DIVYA AJIT	
53	NARAWADE HEMANGI RAMDAS	
54	NIKAM PRATIKSHA DATTATRAY	
55	OSTWAL BHAVNA ARVIND	
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65	PATIL RUPAL RAMDAS	
66	PATIL SANIKA GIRISH	
67	RAJAGOPAL ANSHIKA	
68	RANKAWAT ROSHNI NANDKISHOR	
69	RAUT MONIKA KAILAS	
70	RAUT UZAIR ZAHID	
71	ROY TANYA	
72	SARSWAT QASHISH ANIL	
73	SAWANT VARSHA SANDIPAN	
74	SAXENA MUSKAAN	
75	SHAH DEEP NIRAV	
76	SHARMA PRACHI	
77	SHELKE MUKTA PRAMOD	
78	SHINDE SHUBHAM DILIP	
79	SHINDE SHRADHDA LAXMAN	

80	SURAKSHYA SHRUTI	<i>Subash</i>
81	TAMBE NEHA YOGANAND	<i>Nehe</i>
82	THAKUR NIRANJANSINGH RAJENDRASINGH	<i>Nehe</i>
83	TRIPATHI VAISHNAVI PRASHANT	<i>Subash</i>
84	VIDHATE MANJIRI RAGHUNATH	<i>Vidhate</i>
85	WAGHMODE SHIVANI SOMESHWAR	<i>Shivani</i>
86	ZAVAR HARSHALI PRAVIN	<i>Pravin</i>
87	ZOTE ASHWIN ANAND	<i>Pravin</i>

D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Isolation & Rubber Dam Application
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with rubber dam application techniques, focusing on isolation and rubber dam handling.● Application on typhodont to simulate the clinical conditions.● Advantages and disadvantages of rubber dam.
KEY TAKEAWAYS	<p>Selecting the appropriate clamp and independently placing the rubber dam as per clinical situation.</p> <p>To understand the following steps while placing the rubber dam:</p> <ul style="list-style-type: none">● Rubber Dam Sheet Preparation● Clamp Selection and Placement● Placing the Rubber Dam● Final Adjustments <p>To understand the following steps while removing the rubber dam:</p> <ul style="list-style-type: none">● Remove the Frame● Release the Dam from the Teeth● Remove the Clamp
TRAINER	Dr. Kiran Keswani



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D.Y. Patil Dental School, Pune



Training Session Attendance List
Isolation & Rubber Dam Application

II YEAR - 2018-19

DATE:12/01/2019

Roll nos.	Name of the Student	Signature
1	AJMERA KRISHNA SHRINIVAS	Ajmera
2	AJREKAR IFTISAM ABDULGAFFAR	Ajrekar
3	ASHTA SWARAJ GOPAL	Ashta
4	AWHALE ANKITA ASHOK	Bandewale
5	BANDEBUCHHE LAKSHMI RAJESH	Laksh
6	BHASGE PRASHANT UMAKANT	Prashant
7	BHIMANI PRIYANSH MANILAL	Bhimani
8	CHHEDA REET RAJESH	Reet
9	DEGLURKAR NIDHI JAYANT	Nidhi
10	DEOLE NISHIKA VINAY	Deole
11	DESHMUKH ISHWARI HEMANTRAO	Ishwari
12	DESHPANDE AKSHADA AVINASH	Akshada
13	DHAIGUDE SNEHAL HIMMATRAO	Dhaigude
14	DHAYBAR SHREYA SANJAY	Shreya
15	DOLE RUTA PRAMOD	Ruta
16	EDLAWAR APOORVA SANJAY	Apoorva
17	FUNDE SNEHA JAGANNATH	Funde
18	GAIKWAD PARINAYA NANDKUMAR	Parinaya
19	GUPTA ARUSH	Arush
20	GURAV DIPTI SANJAY	Gurav
21	GUTTE VARSHA ANKUSHRAO	Varsha
22	HANGE ANUJA SHIVRAJ	Anuja
23	JAGTAP KOMAL DEEPAK	Jagtap
24	KACHAVE PALLAVI PRABHAKAR	Pallavi
25	KADAM GAUTAMI BALASAHEB	Gautami
26	KADAM POOJA SUNIL	Pooja
27	KADAM SHIVANI ANANT	Shivani
28	KANASE RACHANA BHAUSAHEB	Rachana
29	KARADKHELE ADITI NAMDEV	Aditi
30	KEDAR PRIYANKA JALINDAR	Kedar
31	KHADE PUSHPAK PRABHU	PusHPak
32	KHADE SHITAL BABAJI	Shital
33	KSHIRSAGAR RAHUL ATUL	Rahul
34	KHODKE RITA SHIVAJI	Rita
35	KOKATE AKSHAY NAMDEV	Akshay

36	KOLHE SHIVANI SANJAY	Kolhe
37	KULKARNI SHRUTI MAHESH	Kulkarni
38	KUMBHAR TANVI PRAKASH	Kumbhar
39	LOHTIA VISHAKHA	Lohtia
40	LONDHE NEHA TANAJI	Londhe
41	MAHAJAN PIYUSH KASHINATH	MahaJan
42	MAHIRCHANDANI DIVYA MEET	Mahirchandani
43	MATHAPATI RUTUJA SOMESHWAR	Mathapati
44	MATHURVAISHYA UNNATI SANJAY	Mathurvaishya
45	MAURYA ANURAG PRATAP	Maurya
46	MAURYA MONIKA	Maurya
47	MEHRE KSHITIJA KISAN	Mehre
48	MENGHANI NIKHIL PARMANAND	Menghani
49	MISHRA ADARSH HARISHCHANDRA	Mishra
50	MUDSINGE ANKITA ANIL	Mudsinge
51	NADARGE MADURA CHANDRASHEKHAR	Nadarge
52	NAIK DIVYA AJIT	Naik
53	NARAWADE HEMANGI RAMDAS	Narawade
54	NIKAM PRATIKSHA DATTATRAY	Nikam
55	OSTWAL BHAVNA ARVIND	Ostwal
56	PADSALGI KOMAL SUNIL	Padsalgi
57	PANCHAL SHRIYASH GOVINDRAO	Panchal
58	PANADE SACHIN BHIMRAO	Panade
59	PATIL DIVYA SURESH	Patil
60	PATIL KOMAL NANDLAL	Patil
61	PATIL KRUTIKA KAILASH	Patil
62	PATIL LEENA SANJAY	Patil
63	PATIL PORNIMA SANJAY	Patil
64	PATIL PRANAV ADAGONDA	Patil
65	PATIL RUPAL RAMDAS	Patil
66	PATIL SANIKA GIRISH	Patil
67	RAJAGOPAL ANSHIKA	Rajagopal
68	RANKAWAT ROSHNI NANDKISHOR	Rankawat
69	RAUT MONIKA KAILAS	Raut
70	RAUT UZAIR ZAHID	Raut
71	ROY TANYA	Roy
72	SARSWAT QASHISH ANIL	Sarswat
73	SAWANT VARSHA SANDIPAN	Sawant
74	SAXENA MUSKAAN	Saxena
75	SHAH DEEP NIRAV	Shah
76	SHARMA PRACHI	Sharma
77	SHELKE MUKTA PRAMOD	Shelke
78	SHINDE SHUBHAM DILIP	Shinde
79	SHINDE SHRADHDA LAXMAN	Shinde
80	SHRUTI SURAKSHYA	Shruti
81	TAMBE NEHA YOGANAND	Tambe

82	THAKUR NIRANJANSINGH RAJENDRASINGH	<i>son</i>
83	TRIPATHI VAISHNAVI PRASHANT	<u><i>Tripathi V.</i></u>
84	VIDHATE MANJIRI RAGHUNATH	<i>son</i>
85	WAGHMODE SHIVANI SOMESHWAR	<i>son</i>
86	ZAVAR HARSHALI PRAVIN	<u><i>Jayati</i></u>
87	ZOTE ASHWIN ANAND	<i>son</i>



Anurag

HOD

Department of Conservative dentistry
and Endodontics

PROFESSOR & HEAD
Dept. of Conservative Dentistry
& Endodontics

D.Y. Patil Dental School
D.Y. Patil Knowledge City
Charoli (Bk), Via Lonhegaon, Pune - 412206

[Signature]


Dean



D.Y. Patil Dental School, Pune



D Y Patil Dental School
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY
Report


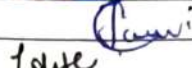


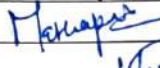

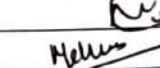
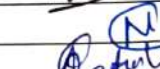
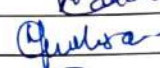
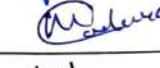
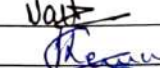

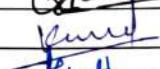
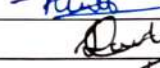


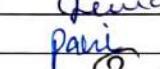
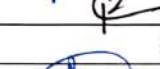

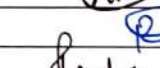
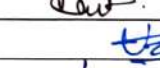
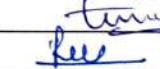
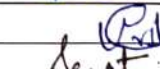
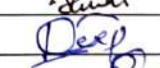
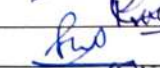
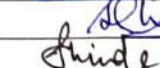



Training Sessions Program Report	
NAME OF SESSION	Consent and patient privacy
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>Patient consent and privacy are foundational principles in dental practice. Consent involves the voluntary agreement of a patient to undergo treatment after being informed of its nature, benefits, risks, and alternatives. It is not only a legal requirement but also an ethical obligation that ensures respect for patient autonomy and dignity. Understanding the components of valid consent, including competence, information disclosure, and voluntariness, is essential for developing trustful patient-dentist relationships.</p> <p>Patient privacy, on the other hand, refers to the right of individuals to control access to their personal health information. Dental students must learn to handle patient records and information with utmost confidentiality to comply with legal standards. Respecting patient privacy fosters trust and maintains professional integrity. Implementing practical measures such as secure data storage, limited access to patient records, and obtaining explicit consent for sharing information are critical in safeguarding patient confidentiality.</p>
KEY TAKEAWAYS	<p>Patient consent involves informed, voluntary agreement for treatment, respecting autonomy and fostering trust. Understand its components: competence, disclosure, and voluntariness. Patient privacy mandates strict confidentiality of health information, ensuring trust and ethical practice. Safeguard patient records with secure handling and explicit consent for information sharing. Upholding these principles is integral to professional integrity and patient-centered care.</p>
TRAINER	Dr. Kapil Kshirsagar


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 Department of Oral and Maxillofacial surgery
PROFESSOR & HEAD
 Dept. of Oral & Maxillofacial Surgery
 D Y Patil Dental School
 D Y Patil Knowledge City
 Charoll (Bk), Via Lohegaon, Pune - 411010


Dean
 D.Y. Patil Dental School


IIND YEAR BDS 2018 -19

Roll No.	Name	Signature
1	AJMERA KRISHNA SHRINIVAS	
2	AJREKAR IFTISAM ABDULGAFFAR	
3	ASHTA SWARAJ GOPAL	
4	AWHALE ANKITA ASHOK	
5	BANDEBUCHE LAKSHMI RAJESH	
6	BHASGE PRASHANT UMAKANT	
7	BHIMANI PRIYANSH MANILAL	
8	CHHEDA REET RAJESH	
9	DEGLURKAR NIDHI JAYANT	
10	DEOLE NISHIKA VINAY	
11	DESHMUKH ISHWARI HEMANTRAO	
12	DESHPANDE AKSHADA AVINASH	
13	DHAIGUDE SNEHAL HIMMATRAO	
14	DHAYBAR SHREYA SANJAY	
15	DOLE RUTA PRAMOD	
16	EDLAWAR APOORVA SANJAY	
17	FUNDE SNEHA JAGANNATH	
18	GAIKWAD PARINAYA NANDKUMAR	
19	GUPTA ARUSH	
20	GURAV DIPTI SANJAY	
21	GUTTE VARSHA ANKUSHRAO	
22	HANGE ANUJA SHIVRAJ	
23	JAGTAP KOMAL DEEPAK	
24	KACHAVE PALLAVI PRABHAKAR	
25	KADAM GAUTAMI BALASAHEB	
26	KADAM POOJA SUNIL	
27	KADAM SHIVANI ANANT	
28	KANASE RACHANA BHAUSAHEB	
29	KARADKHELE ADITI NAMDEV	
30	KEDAR PRIYANKA JALINDAR	
31	KHADE PUSHPAK PRABHU	
32	KHADE SHITAL BABAJI	
33	KSHIRSAGAR RAHUL ATUL	
34	KHODKE RITA SHIVAJI	
35	KOKATE AKSHAY NAMDEV	
36	KOLHE SHIVANI SANJAY	

37	KULKARNI SHRUTI MAHESH	
38	KUMBHAR TANVI PRAKASH	
39	LOHTIA VISHAKHA	
40	LONDHE NEHA TANAJI	
41	MAHAJAN PIYUSH KASHINATH	
42	MAHIRCHANDANI DIVYA MEET	
43	MATHAPATI RUTUJA SOMESHWAR	
44	MATHURVAISHYA UNNATI SANJAY	
45	MAURYA ANURAG PRATAP	
46	MAURYA MONIKA	
47	MEHRE KSHITIJA KISAN	
48	MENGHANI NIKHIL PARMANAND	
49	MISHRA ADARSH HARISHCHANDRA	
50	MUDSINGE ANKITA ANIL	
51	NADARGE MADURA CHANDRASHEKHAR	
52	NAIK DIVYA AJIT	
53	NARAWADE HEMANGI RAMDAS	
54	NIKAM PRATIKSHA DATTATRAY	
55	OSTWAL BHAVNA ARVIND	
56	PADSALGI KOMAL SUNIL	
57	PANCHAL SHRIYASH GOVINDRAO	
58	PANADE SACHIN BHIMRAO	
59	PATIL DIVYA SURESH	
60	PATIL KOMAL NANDLAL	
61	PATIL KRUTIKA KAILASH	
62	PATIL LEENA SANJAY	
63	PATIL PORNIMA SANJAY	
64	PATIL PRANAV ADAGONDA	
65	PATIL RUPAL RAMDAS	
66	PATIL SANIKA GIRISH	
67	RAJAGOPAL ANSHIKA	
68	RANKAWAT ROSHNI NANDKISHOR	
69	RAUT MONIKA KAILAS	
70	RAUT UZAIR ZAHID	
71	ROY TANYA	
72	SARSWAT QASHISH ANIL	
73	SAWANT VARSHA SANDIPAN	
74	SAXENA MUSKAAN	
75	SHAH DEEP NIRAV	
76	SHARMA PRACHI	
77	SHELKE MUKTA PRAMOD	
78	SHINDE SHUBHAM DILIP	
79	SHINDE SHRADHDA LAXMAN	

80	SURAKSHYA SHRUTI	<i>Subash</i>
81	TAMBE NEHA YOGANAND	<i>Nehe</i>
82	THAKUR NIRANJANSINGH RAJENDRASINGH	<i>Nehe</i>
83	TRIPATHI VAISHNAVI PRASHANT	<i>Subash</i>
84	VIDHATE MANJIRI RAGHUNATH	<i>Vidhate</i>
85	WAGHMODE SHIVANI SOMESHWAR	<i>Shivani</i>
86	ZAVAR HARSHALI PRAVIN	<i>Pravin</i>
87	ZOTE ASHWIN ANAND	<i>Pravin</i>





D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

DEPARTMENT OF PROSTHODONTICS, CROWN & BRIDGE Training Session Program Report

NAME OF SESSION	Introduction & Steps in Fabrication of Fixed Partial Denture
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<p>The session began with an overview of FPDs, including indications, contraindications, and advantages over removable partial dentures. Students were educated on patient assessment criteria, diagnostic procedures, and treatment planning essential for successful FPD cases. Techniques for investing, casting, and fitting metal frameworks were video demonstrated, with a focus on achieving optimal marginal integrity and occlusion.</p> <p>Summary of Steps in FPD Fabrication</p> <ol style="list-style-type: none">1. Patient Assessment and Treatment Planning2. Tooth Preparation3. Impression Making4. Temporization5. Model and Die Fabrication6. Wax Pattern Creation7. Investing and Casting8. Metal Framework Try-In9. Porcelain Application10. Final Fit and Adjustment11. Final Cementation12. Post-Cementation Care
KEY TAKEAWAYS	The session successfully integrated theoretical knowledge and practical skills, offering Second Year BDS Students a holistic understanding of FPD fabrication.
TRAINER	Dr. Bipin Muley

HOD

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105

Dean

D.Y. Patil Dental School, Pune



Second Year BDS Students - 2018-19
Training Session - Steps in Fabrication of FPD

S.No.	NAME	ATTENDANCE
1	AJMERA KRISHNA SHRINIVAS	P
2	AJREKAR IFTISAM ABDULGAFFAR	P
3	ASHTE SWARAJ GOPAL	P
4	AWHALE ANKITA ASHOK	P
5	BANDEBUCHE LAKSHMI RAJESH	P
6	BHASGE PRASHANT UMAKANT	P
7	BHIMANI PRIYANSH MANILAL	A
8	CHHEDA REET RAJESH	P
9	DEGLURKAR NIDHI JAYANT	P
10	DEOLE NISHIKA VINAY	P
11	DESHMUKH ISHWARI HEMANTRAO	P
12	DESHPANDE AKSHADA AVINASH	A
13	DHAIGUDE SNEHAL HIMMATRAO	P
14	DHAYBAR SHREYA SANJAY	P
15	DOLE RUTA PRAMOD	P
16	EDLAWAR APOORVA SANJAY	A
17	FUNDE SNEHA JAGANNATH	P
18	GAIKWAD PARINAYA NANDKUMAR	P
19	GUPTA ARUSH	P
20	GURAV DIPTI SANJAY	P
21	GUTTE VARSHA ANKUSHRAO	P
22	HANGE ANUJA SHIVRAJ	P
23	JAGTAP KOMAL DEEPAK	P
24	KACHAVE PALLAVI PRABHAKAR	P
25	KADAM GAUTAMI BALASAHEB	P
26	KADAM POOJA SUNIL	P
27	KADAM SHIVANI ANANT	P
28	KANASE RACHANA BHAUSAHEB	A
29	KARADKHELE ADITI NAMDEV	P
30	KEDAR PRIYANKA JALINDAR	P
31	KHADE PUSHPAK PRABHU	A
32	KHADE SHITAL BABAJI	P
33	KSHIRSAGAR RAHUL ATUL	P
34	KHODKE RITA SHIVAJI	P
35	KOKATE AKSHAY NAMDEV	A
36	KOLHE SHIVANI SANJAY	A
37	KULKARNI SHRUTI MAHESH	P
38	KUMBHAR TANVI PRAKASH	P
39	LOHTIA VISHAKHA	P
40	LONDHE NEHA TANAJI	P

41	MAHAJAN PIYUSH KASHINATH	P
42	MAHIRCHANDANI DIVYA MEET	P
43	MATHAPATI RUTUJA SOMESHWAR	P
44	MATHURVAISHYA UNNATI SANJAY	P
45	MAURYA ANURAG PRATAP	P
46	MAURYA MONIKA	A
47	MEHRE KSHITIJA KISAN	P
48	MENGHANI NIKHIL PARMANAND	P
49	MISHRA ADARSH HARISHCHANDRA	P
50	MUDSINGE ANKITA ANIL	P
51	NADARGE MADURA CHANDRASHEKHAR	P
52	NAIK DIVYA AJIT	A
53	NARAWADE HEMANGI RAMDAS	P
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58	PANADE SACHIN BHIMRAO	P
59	PATIL DIVYA SURESH	A
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61	PATIL KRUTIKA KAILASH	P
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63	PATIL PORNIMA SANJAY	P
64	PATIL PRANAV ADAGONDA—	P
65	PATIL RUPAL RAMDAS	P
66	PATIL SANIKA GIRISH	A
67	RAJAGOPAL ANSHIKA	P
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74	SAXENA MUSKAAN	P
75	SHAH DEEP NIRAV	P
76	SHARMA PRACHI	P
77	SHELKE MUKTA PRAMOD	P
78	SHINDE SHUBHAM DILIP	A
79	SHINDE SHRADHDA LAXMAN	P
80	SURAKSHYA SHRUTI	P
81	TAMBE NEHA YOGANAND	P

82	THAKUR NIRANJANSINGH RAJENDRASINGH	P
83	TRIPATHI VAISHNAVI PRASHANT	A
84	VIDHATE MANJIRI RAGHUNATH	P
85	WAGHMODE SHIVANI SOMESHWAR	P
86	ZAVAR HARSHALI PRAVIN	P
87	ZOTE ASHWIN ANAND	P



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

Report

Training Sessions Program Report	
NAME OF SESSION	Class V GIC restoration
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none"> ● To familiarize dental students with Glass Ionomer Cement, focusing on material handling and restoring Class V cavities. ● To understand the physical and mechanical properties of GIC ● To understand the indications and contraindications of GIC.
KEY TAKEAWAYS	<p>Understand and implement the following:</p> <ul style="list-style-type: none"> ● To dispense correct powder and liquid ratio. ● To note the properties of GIC such as adhesion, fluoride release, biocompatibility and aesthetics. ● Clinical consideration while handling, isolation and surface protection. ● To evaluate the factors affecting setting time. <p>By understanding these key aspects of GIC, dental students can make informed decisions about its application and optimize patient outcomes.</p>
TRAINER	Dr. Vinod Kambli


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 and Endodontics

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 Dept. of Conservative Dentistry
 & Endodontics
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 D Y Patil Knowledge City
 Charoli (Bk), Via Lonargaon, Pune - 412214



Dean
 D.Y. Patil Dental School, Pune



Training Session Attendance List

Class V GIC Restoration

II YEAR - 2018-19

DATE:23/03/2019

Roll nos.	Name of the Student	Signature
1	AJMERA KRISHNA SHRINIVAS	<i>Ajmera</i>
2	AJREKAR IFTISAM ABDULGAFFAR	<i>Ajrekar</i>
3	ASHTE SWARAJ GOPAL	<i>Ashte</i>
4	AWHALE ANKITA ASHOK	<i>Awhale</i>
5	BANDEBUCHE LAKSHMI RAJESH	<i>Bandebuche</i>
6	BHASGE PRASHANT UMAKANT	<i>Bhasge</i>
7	BHIMANI PRIYANSH MANILAL	<i>Bhimani</i>
8	CHHEDA REET RAJESH	<i>Chheda</i>
9	DEGLURKAR NIDHI JAYANT	<i>De</i>
10	DEOLE NISHIKA VINAY	<i>Deole</i>
11	DESHMUKH ISHWARI HEMANTRAO	<i>Deshmukh</i>
12	DESHPANDE AKSHADA AVINASH	<i>Deshpande</i>
13	DHAIGUDE SNEHAL HIMMATRAO	<i>Dhaigude</i>
14	DHAYBAR SHREYA SANJAY	<i>Dhaybar</i>
15	DOLE RUTA PRAMOD	<i>Dole</i>
16	EDLAWAR APOORVA SANJAY	<i>Edlawar</i>
17	FUNDE SNEHA JAGANNATH	<i>Funde</i>
18	GAIKWAD PARINAYA NANDKUMAR	<i>Gaikwad</i>
19	GUPTA ARUSH	<i>Gupta</i>
20	GURAV DIPTI SANJAY	<i>Gurav</i>
21	GUTTE VARSHA ANKUSHRAO	<i>Gutte</i>
22	HANGE ANUJA SHIVRAJ	<i>Hange</i>
23	JAGTAP KOMAL DEEPAK	<i>Jagtap</i>
24	KACHAVE PALLAVI PRABHAKAR	<i>Kachave</i>
25	KADAM GAUTAMI BALASAHEB	<i>Kadam</i>
26	KADAM POOJA SUNIL	<i>Kadam</i>
27	KADAM SHIVANI ANANT	<i>Kadam</i>
28	KANASE RACHANA BHAUSAHEB	<i>Kanase</i>
29	KARADKHELE ADITI NAMDEV	<i>Karadkhele</i>
30	KEDAR PRIYANKA JALINDAR	<i>Kedar</i>
31	KHADE PUSHPAK PRABHU	<i>Khade</i>
32	KHADE SHITAL BABAJI	<i>Shital</i>
33	KSHIRSAGAR RAHUL ATUL	<i>Kshirsagar</i>
34	KHODKE RITA SHIVAJI	<i>Khodke</i>
35	KOKATE AKSHAY NAMDEV	<i>Kokate</i>

36	KOLHE SHIVANI SANJAY	Kshirani
37	KULKARNI SHRUTI MAHESH	Shruti
38	KUMBHAR TANVI PRAKASHI	Tanvi
39	LOHTIA VISHAKHA	Vishakha
40	LONDHE NEHA TANAJI	Neha
41	MAHAJAN PIYUSH KASHINATH	Piyush
42	MAHIRCHANDANI DIVYA MEET	Divya
43	MATHAPATI RUTUJA SOMESHWAR	Rutuja
44	MATHURVAISHYA UNNATI SANJAY	Unnati
45	MAURYA ANURAG PRATAP	Anurag
46	MAURYA MONIKA	Monika
47	MEHRE KSHITIJA KISAN	Kshiti
48	MENGHANI NIKHIL PARMANAND	Nikhil
49	MISHRA ADARSH HARISHCHANDRA	Adarsh
50	MUDSINGE ANKITA ANIL	Ankita
51	NADARGE MADURA CHANDRASHEKHAR	Madura
52	NAIK DIVYA AJIT	Divya
53	NARAWADE HEMANGI RAMDAS	Hemangi
54	NIKAM PRATIKSHA DATTATRAY	Pratiksha
55	OSTWAL BHAVNA ARVIND	Bhavna
56	PADSALGI KOMAL SUNIL	Komal
57	PANCHAL SHRIYASH GOVINDRAO	Shriyash
58	PANADE SACHIN BHIMRAO	Sachin
59	PATIL DIVYA SURESH	Divya
60	PATIL KOMAL NANDLAL	Komal
61	PATIL KRUTIKA KAILASH	Krutika
62	PATIL LEENA SANJAY	Leena
63	PATIL PORNIMA SANJAY	Pornima
64	PATIL PRANAV ADAGONDA	Pranav
65	PATIL RUPAL RAMDAS	Rupal
66	PATIL SANIKA GIRISH	Sanika
67	RAJAGOPAL ANSHIKA	Anshika
68	RANKAWAT ROSHNI NANDKISHOR	Roshni
69	RAUT MONIKA KAILAS	Monika
70	RAUT UZAIR ZAHID	Uzair
71	ROY TANYA	Tanya
72	SARSWAT QASHISH ANIL	Qashish
73	SAWANT VARSHA SANDIPAN	Varsha
74	SAXENA MUSKAAN	Muskaan
75	SHAH DEEP NIRAV	Deep
76	SHARMA PRACHI	Prachi
77	SHELKE MUKTA PRAMOD	Mukta
78	SHINDE SHUBHAM DILIP	Shubham
79	SHINDE SHRADHDA LAXMAN	Shradhda
80	SHRUTI SURAKSHYA	Shruti
81	TAMBE NEHA YOGANAND	Neha

82	THAKUR NIRANJANSINGH RAJENDRASINGH	21
83	TRIPATHI VAISHNAVI PRASHANT	Tripathi
84	VIDHATE MANJIRI RAGHUNATH	21
85	WAGHMODE SHIVANI SOMESHWAR	21
86	ZAVAR HARSHALI PRAVIN	21
87	ZOTE ASHWIN ANAND	Zote Ashwin



Anurag

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Dean
D.Y. Patil Dental School, Pune



D Y Patil Dental School

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS.

Report

Training Sessions Program Report	
NAME OF SESSION	Posterior Composite Restoration
YEAR OF PROGRAM	2018-19
PARTICIPANTS	Second Year BDS Students
SESSION OVERVIEW	<ul style="list-style-type: none">● To familiarize dental students with Composite resin materials, focusing on accurate technique and material handling.● To understand the indications and contraindications.● To understand the advantages and disadvantages.
KEY TAKEAWAYS	<p>Material Selection: Importance of choosing the correct restorative material based on the clinical situation.</p> <p>Technique Proficiency: Emphasis on technique to avoid failure and fracture of composite restoration.</p> <p>Understanding the following steps for composite restoration in posterior teeth:</p> <ul style="list-style-type: none">● Isolation● Etching● Bonding● Composite placement-importance of increment build up.● Final Shaping and Contouring● Light curing● Polishing and final check.
TRAINER	Dr. Kiran Keswani



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D.Y. Patil Dental School, Pune



Training Session Attendance List
Posterior Composite

II YEAR - 2018-19

DATE:13/04/2019

Roll nos.	Name of the Student	Signature
1	AJMERA KRISHNA SHRINIVAS	<i>Ajmera</i>
2	AJREKAR IFTISAM ABDULGAFFAR	<i>Iffon</i>
3	ASHTA SWARAJ GOPAL	<i>Sans</i>
4	AWHALE ANKITA ASHOK	<i>Amal</i>
5	BANDEBUCHE LAKSHMI RAJESH	<i>Laksh</i>
6	BHASGE PRASHANT UMAKANT	<i>Prashant B.</i>
7	BHIMANI PRIYANSH MANILAL	<i>M</i>
8	CHHEDA REET RAJESH	<i>Reet</i>
9	DEGLURKAR NIDHI JAYANT	<i>Nidhi</i>
10	DEOLE NISHIKA VINAY	<i>Nishika</i>
11	DESHMUKH ISHWARI HEMANTRAO	<i>Ishwari</i>
12	DESHPANDE AKSHADA AVINASH	<i>Akshada</i>
13	DHAIGUDE SNEHAL HIMMATRAO	
14	DHAYBAR SHREYA SANJAY	<i>Shreya</i>
15	DOLE RUTA PRAMOD	
16	EDLAWAR APORVA SANJAY	<i>Apurva</i>
17	FUNDE SNEHA JAGANNATH	<i>Sneha</i>
18	GAIKWAD PARINAYA NANDKUMAR	<i>Parinaya P.</i>
19	GUPTA ARUSH	<i>Arush</i>
20	GURAV DIPTI SANJAY	<i>Dipti</i>
21	GUTTE VARSHA ANKUSHRAO	<i>Varsha</i>
22	HANGE ANUJA SHIVRAJ	
23	JAGTAP KOMAL DEEPAK	<i>Komal J.</i>
24	KACHAVE PALLAVI PRABHAKAR	<i>Pallavi</i>
25	KADAM GAUTAMI BALASAHEB	<i>Gautami</i>
26	KADAM POOJA SUNIL	<i>Pooja</i>
27	KADAM SHIVANI ANANT	<i>Shivani</i>
28	KANASE RACHANA BHAUSAHEB	<i>Rachana</i>
29	KARADKHELE ADITI NAMDEV	<i>Aditi</i>
30	KEDAR PRIYANKA JALINDAR	<i>Priyanka</i>
31	KHADE PUSHPAK PRABHU	<i>Pushpak</i>
32	KHADE SHITAL BABAJI	<i>Shital</i>
33	KSHIRSAGAR RAHUL ATUL	<i>Rahisagar R.</i>
34	KHODKE RITA SHIVAJI	<i>Rita</i>
35	KOKATE AKSHAY NAMDEV	<i>Akshay</i>

36	KOLHE SHIVANI SANJAY	Kolhe
37	KULKARNI SHRUTI MAHESH	Kulkarni
38	KUMBHAR TANVI PRAKASH	Kumbhar
39	LOHTIA VISHAKHA	Lohtia
40	LONDHE NEHA TANAJI	Londhe
41	MAHAJAN PIYUSH KASHINATH	Mahajan
42	MAHIRCHANDANI DIVYA MEET	Mahirchandani
43	MATHAPATI RUTUJA SOMESHWAR	Mathapat.
44	MATHURVAISHYA UNNATI SANJAY	Mathur
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Dr. Musai

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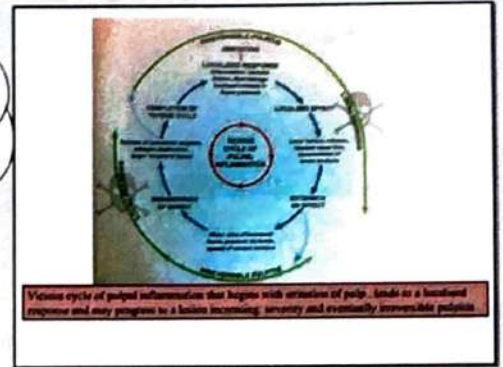
Case Scenarios

PULP PROTECTION



Dr. Kiran Keswani

WHAT HAPPENS WHEN IRRITANTS REACH THE PULP CHAMBER?



Vicious cycle of pulpal inflammation that begins with irritation of pulp, leads to a localized response and may progress to a failure increasing severity and eventually irreversible pulpalitis.

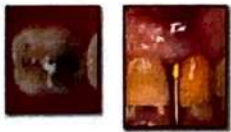
Das, et al. Pulp capping agents. An Evolutionary Review. International Journal of Dental Science and Innovative Research 2020, 3(4): 246-251

Pulp irritants

Bacterial

Traumatic

Iatrogenic

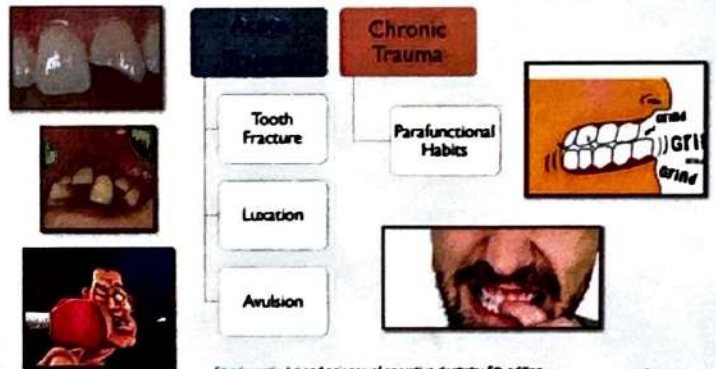


Acute Trauma

Chronic Trauma

- During tooth preparation
- Orthodontic movement of tooth
- Periodontal and periapical curettage
- Use of chemicals
- Idiopathic

Sturdevant's Art and science of operative dentistry 5th edition
Text book of operative dentistry - Vimal K Sirci 4th edition



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IATROGENIC DAMAGE TO THE PULP

HEAT GENERATED DURING CAVITY PREPARATION

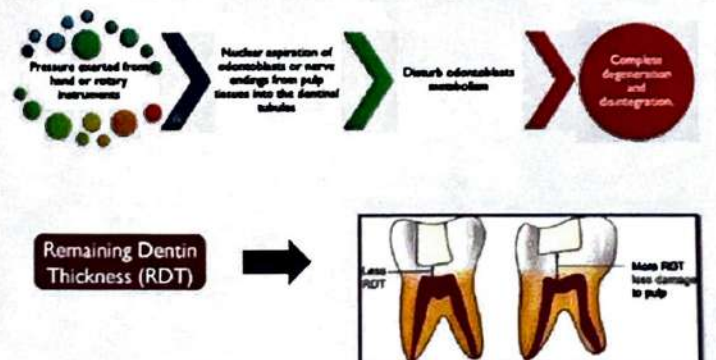
- Heat generated during cavity preparation:

Pulpal temperature is critical and must not exceed normal values in dental restorative procedures. Clinical research has shown irreversible damage to pulp tissues when temperature is increased.



5.5° C - 60%
11° C - 100%

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INDICATIONS

- Recent small mechanical exposure of pulp during (< 24 hours);
- a) Tooth preparation
- b) Traumatic injury

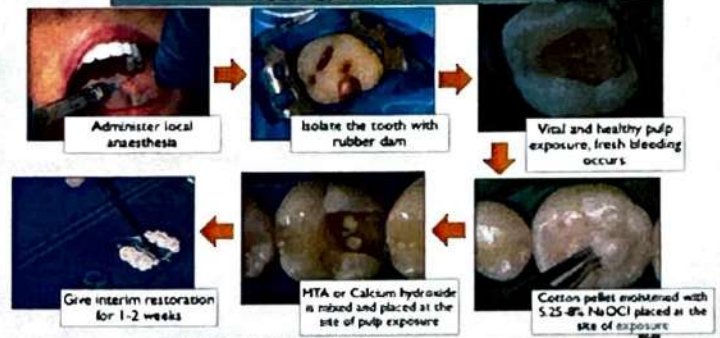


Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice



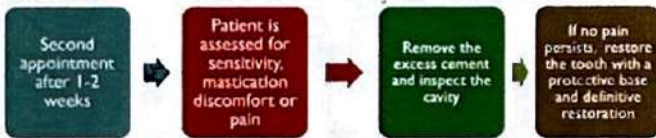
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CLINICAL PROCEDURE - TWO STEP PULP CAPPING



Ingle's Textbook of Endodontics 6th edition

CLINICAL PROCEDURE - TWO STEP PULP CAPPING

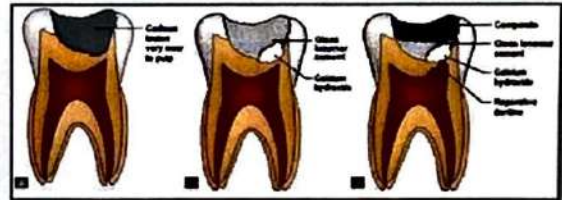


Ingle's Textbook of Endodontics 6th edition
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INDIRECT PULP CAPPING

Indirect pulp capping is defined as "a procedure in which a material is placed on a thin partition of remaining carious dentin that, if removed, might expose the pulp in immature permanent teeth."



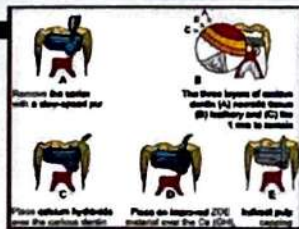
Ingle's Textbook of Endodontics 6th edition

1

CLINICAL PROCEDURE

The procedure for indirect pulp capping is same as that of direct pulp capping except that the pulp is not exposed. A thin layer of "affected dentin" is left to avoid exposure.

The pulp capping material is directly placed on the affected dentin.



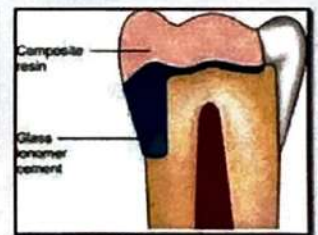
Ingle's Textbook of Endodontics 6th edition
Marzouk Operative Dentistry, Modern Theory and Practice

1

CERVICAL LINING TECHNIQUE/ OPEN SANDWICH TECHNIQUE

- To combine beneficial properties of GIC and Composite
- Cervical portion of the proximal box of a posterior cavity is restored with glass-ionomer cement, and the final restoration being either resin composite or amalgam.
- Indication: Usually for posterior resin composite restorations

GIC expands slightly when in contact with moisture, and this may compensate for the polymerization shrinkage of the resin composite therefore reduce micro leakage

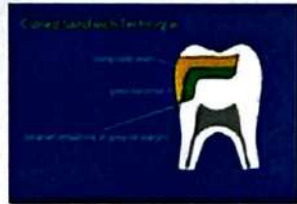


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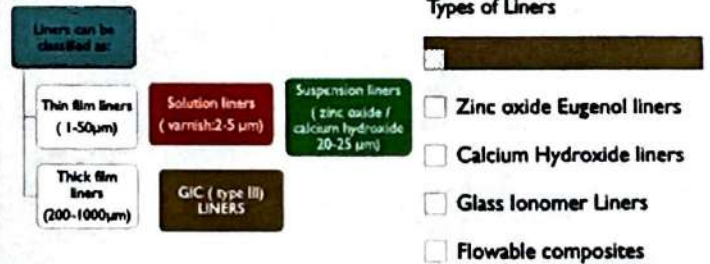
CLOSED SANDWICH TECHNIQUE

- The dentin is covered by Glass ionomer cement which in turn is entirely covered by composite restoration
- Used when there is remaining enamel at the gingival margin



Blundell & Art and science of operative dentistry 6th edition
Text book of operative dentistry - Vimal K. Bhat 4th edition

LINERS



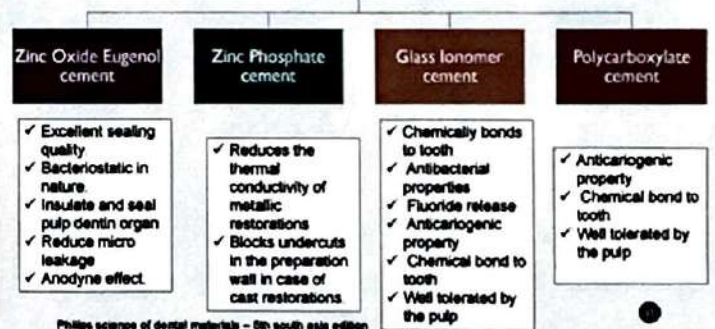
Philips science of dental materials - 6th south asia edition

CLASSIFICATION OF BASES



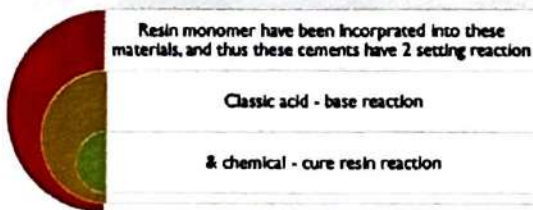
Philips science of dental materials - 6th south asia edition
Des. of M. Pulp capping agents. An Evolutionary Review International Journal of Dental Science and Innovative Research 2020, 3(8), 240-251

Materials used as bases



Philips science of dental materials - 6th south asia edition

RESIN MODIFIED GLASS IONOMER CEMENT (HYBRID IONOMER)



Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. P Indian J Conserv Endod 2021;6(1):123-127.

FLOWABLE COMPOSITES

Composites with a lower amount of filler → more fluid consistency, less strength and lower modulus



Advantages	Disadvantages
Adaptation to walls because of their flow Ease in manipulation	Technique sensitive Requires care of contamination free field
Aesthetic	Polymerization shrinkage → gap formation at resin-tooth interface.

Chandani A, Mehta P, Nishik V. Current key to clinical success in pulp capping. A review. P Indian J Conserv Endod 2021;6(1):123-127.

MINERAL TRIOXIDE AGGREGATE (MTA)

Characteristics:

- Non-toxic material
- Low or no solubility
- Stimulate reparative dentin development by a normal defending process of an early pulpal wound healing (evidence was the presence of odontoblast like cells)
- Minimal inflammation at early healing stage

COMPOSITION

- ✓ Tricalcium silicate
- ✓ Tricalcium aluminate
- ✓ Tricalcium oxide
- ✓ Silicate oxide

Chandni R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127.



BIODENTINE

Calcium silicate-based restorative cement with dentin-like mechanical properties, which can be used as a dentin substitute on crowns and roots similar to how MTA is used.

It has a positive effect on vital pulp cells and stimulates tertiary dentin formation.

In direct contact with vital pulp tissue, it also promotes formation of reparative dentin.

Biodentine may be successfully used as a posterior restoration material for up to 6 months after direct pulp capping. After validation of pulp health, it may be partially removed to place a permanent composite material.

Chandni R. Mishra, P. Nishit V. Current lay to clinical success in pulp capping: A review. IP Indian J Conserv Endod 2023;8(1):123-127.



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INLAYS – Indications and Cavity Features

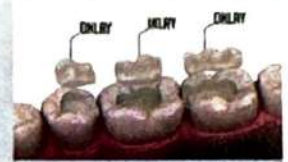
PRESENTED BY
DR. VINOD KAMBLI



Definitions

Inlay

- Inlay is defined as a fixed intracoronal restoration, a dental restoration made outside of a tooth to correspond to the form of prepared cavity, which is then luted into the tooth (Rosensteil)



Onlay

- An Onlay is combination of intracoronal and extra coronal restoration when one or more cusps are covered. (Rosensteil)

Indication

3

- Extensive tooth involvement
- Superior control over contacts and contours.
- Correction of occlusion
- Restoration of endodontically treated teeth
- Retainers for fixed prostheses
- Subgingival lesions
- Patients with low incidence of plaque accumulation
- Fracture lines
- Esthetics



Contraindications

4

- Developing and deciduous teeth
- High plaque/caries indices
- Occlusal disharmony
- Dissimilar metals
- Where esthetics is prime consideration
- Case of extensive occlusal wear facets



Advantages

5

- Yield strength, compressive strength, tensile strength and shear strength of alloys used for cast restorations are far greater than those of any materials used intra orally
- Capable of reproducing precise form and minute detail
- Not significantly affected by tarnish and corrosion processes in the oral environment.
- Surface with maximum biological acceptance
- Gold castings have a coefficient of thermal expansion ($12 \times 10^{-6}^{\circ}\text{C}$) similar to that of tooth structure.

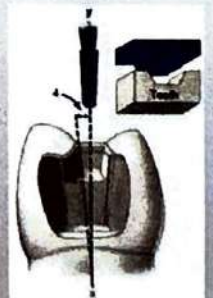
Designs of cavity preparation for cast restorations Inlay

Initial preparation

- Occlusal step
- Proximal box

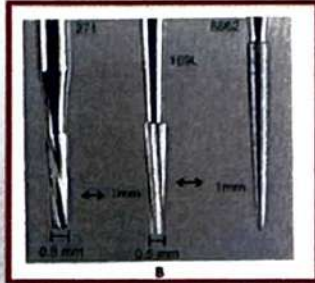
Final preparation

- Removal of Infected Carious Dentin & Pulp protection.
- Preparation of bevels and flares.



Burs used

- Carbide burs used are plane cut, tapered fissure
- No.271 & 169L help in uniformly tapered walls, smooth pulpal & gingival walls.
- Marginal bevels are placed with No.8862 diamond instrument.



Initial preparation - Occlusal surface

- No. 271 bur is held parallel to the long axis of the tooth – enter pit/ fossa closest to the marginal ridge.
- Punch cut 1.5 mm.
- Outline extended to a dovetail form.



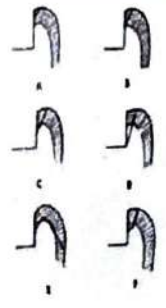
- Correct pulpal depth for an inlay is established with a tapered fissure bur, used to create flat floors and well defined internal line angles
- Tapered sides of the bur are used to help establish the desired divergence of the walls
- Width of the cavity - 1/3rd of the cuspal inclines is included on both sides of the central groove
- Average taper 2 to 5°



Types of bevel

10

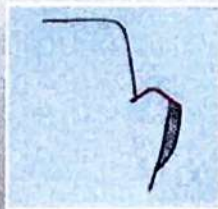
1. Partial bevel - not more than 2/3rd of enamel
2. Short bevel - entire enamel without dentin
3. Long bevel - entire enamel and one half of dentinal wall.
4. Full bevel - whole of enamel and dentin.
5. Reverse bevel - for cusp capping. Usually on facial and lingual surface of cusp.
6. Hollow ground bevel - in the form of concavity. For materials with low castability



Reverse Bevel

11

- It is given on the gingival seat. This bevel has three planes.
- First - reverse bevel plane where the inclination is on the gingivoaxial plane
- Second - flat plane made of dentin.
- Third - plane that is sloping away from the axial wall made up of enamel and dentin. This helps in preventing proximal displacement
- Functions - prevents proximal displacement of the restoration.



Flares

12

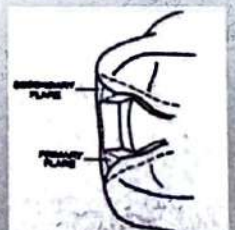
- Flares are present on the proximal box

Two types of flares:

1. Primary flare - similar to long bevel formed on the facial and lingual wall of proximal box. It has angulation of 45° to the inner dentinal wall proper.

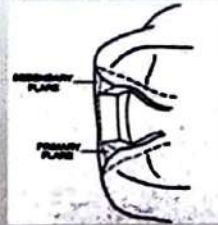
Functions :

- 1) To bring the proximal preparation out of the contact area
- 2) Making that are self cleansable.



Secondary flare functions -

Secondary flare - it is a flat plane superimposed peripherally to a primary flare. Indicated in lesions with wide contact areas and wide bucco-lingual extensions.



Mesio-occluso-distal preparation

- If the marginal ridge is severely weakened because of extensive extension, the preparation often includes the proximal surface.
- The decision in this manner calls for clinician judgment.
- Indicated where the remaining marginal ridge is weakened



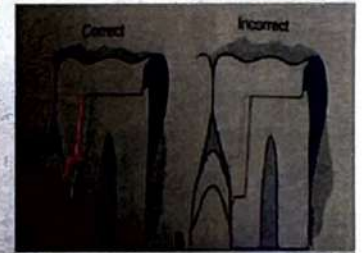
Modification of class II preparation for esthetics

- For esthetic reasons minimal flare is desired for the mesiofacial proximal wall.
- The mesiofacial margin is minimally extended facially of contact to such a position that margin is barely visible.
- The secondary flare is omitted
- The margin is prepared using an enamel hatchet or chisel
- The margins are finished using fine grit paper disk
- Indicated in maxillary premolars & 1st molars.



Class II preparation for abutment & extension to include root surface

- The following modifications are done
 1. The gingival bevel is extended
 2. The width of gingival floor is reduced
 3. The axial wall is moved towards pulp



Dr. [Signature]

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PULP PROTECTION

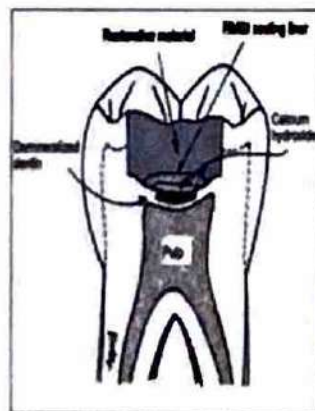
RDT	AMALGAM	COMPOSITE	INDIRECT
<0.5mm	CH+RMGI+DA	CH+RMGI+DA	CH+RMGI+DA
>0.5mm <1.5mm	RMGL+DA	RMGL+DA	RMGL+DA
>1.5mm	DA	DA	DA

Sturdevants art science and operative dentistry south asia fifth edition

Concepts Of Remai

INDIRECT PULP CAPPING

- *Pierre Fauchard* first suggested indirect pulp capping
- carious dentin is allowed to remain adjacent to a vital pulp, rather than risk pulp exposure and is covered with a cavity sealer or liner prior to restoration.
- Indicated in **deep caries lesion**



Louis h. berman& kenneth m. hargreaves Cohens pathway of pulp -12 th edition

- RDT >2mm, solution liner only-to be given on surfaces of the cavity under metallic restorations. liner/base for tooth-coloured restorations
- RDT <2mm, a base of thickness 0.5-0.7mm on pulpal floor and axial wall only
- RDT <1mm, the pulpal floor close to the pulpal suspension liner, over which a base is given.

Sturdevants art science



Cohens 12 th edition

RDT In

- 4 Hydraulic conductance of radicular dentin is inversely proportional to the distance from pulp (i.e., as the distance from pulp, increases hydraulic conductance of root dentin decreases)
- 5 Heat induced pulpal injury (via curing or burs) is inversely proportional to RDT

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FABRICATION OF WAX PATTERN

PRESENTED BY
DR. VINOD KAMBLI

INLAY WAX- DEFINITION

- A specialized dental wax that can be applied to dies to form direct or indirect patterns for the lost wax technique used for casting metals or hot pressing of ceramics.
(Skimmers)

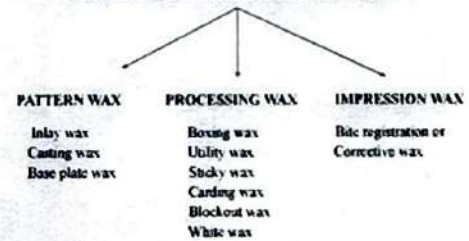


CLASSIFICATION OF WAXES

According to origin.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> Natural <ul style="list-style-type: none"> - Mineral - Paraffin - Microcrystalline - Ceresin - Montan - Plant <ul style="list-style-type: none"> - Carnauba - Candelilla - Japan wax - Cocon butter - Insect <ul style="list-style-type: none"> - Beeswax - Animal <ul style="list-style-type: none"> - Spermaceti wax | <ul style="list-style-type: none"> Synthetic waxes <ul style="list-style-type: none"> - Aerosol OT - Castor wax - Flexowax C - Aldo 33 wax - Durawax | <ul style="list-style-type: none"> Additives: Fats: <ul style="list-style-type: none"> -Stearic acid -Glyceryl tristerate -Oils -Turpentine -Colorants Natural resins <ul style="list-style-type: none"> -Copal -Dammar Synthetic resins <ul style="list-style-type: none"> -Polyethylene -Polyoxyethylene glycol |
|---|--|---|

According to use and application



CLASSIFICATION OF INLAY WAX

The ANSI/ADA Specification No. 4 for Dental Inlay Casting Wax covers 2 types of inlay wax.

- Type I - Medium Wax used in direct techniques
- Type II - Soft Wax used in indirect techniques

- The wax pattern can be prepared by direct technique or by indirect technique.

DIRECT TECHNIQUE

- Indications:**
 1. A tooth in an area of easy accessibility.
 2. Small cavity preparations
 3. Well defined cavity preparations (flat walls, sharp internal line angles, definite gingival margins)
- Advantages**
 1. **Exact replication:** The pattern is carved on the tooth and not on a model which may not be a perfect replica of the tooth. Thus the possible inaccuracies are reduced.
 2. **Little lab work has to be done** as compared to the indirect technique
 3. **Time saving:** Although chair side time is increased, the overall time required for fabrication is decreased.

Disadvantages:

1. Great skill and patience is required to carve the pattern in the patient's mouth.
2. When wax is carved by indirect vision in a mirror, manipulation becomes difficult and fatiguing.
3. Uncomfortable for the patient as the chair side time is increased.
4. Discrepancies of the pattern at the gingival margin are difficult to detect until the pattern has been carved and withdrawn.
5. Also if the casting fails, the patient has to be recalled.

- Direct wax pattern can be prepared by using two methods.

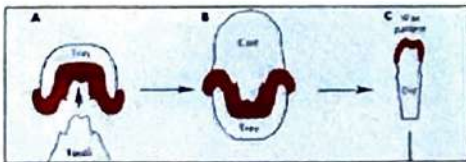
- > With a matrix band
- > Without a matrix band

WAX PATTERN WITHOUT THE USE OF MATRIX BAND

- The inlay wax stick is softened to form a pointed end.
- Softened pointed end is forced into the cavity, the harder end acts like a plunger.
- The thumb and forefinger are used to press the wax into buccal and lingual embrasures.
- The excess wax is cut off occlusally and an egg-shaped burnisher is used to press the wax further into the cavity until it ceases to move under pressure.

INDIRECT TECHNIQUE

- This technique consists of obtaining an accurate impression of the prepared tooth and making a cast from the impression, on which a wax pattern that resembles the shape of the final restoration is shaped.



WAX PATTERN PREPARED WITH A MATRIX BAND

- The retainer and band are tried loosely on a tooth making certain that the gingival margins are covered by the band.
- The internal surfaces of the band are lightly lubricated with a separating medium such as castor oil.
- Wax is then added into the prepared cavity.
- With the finger as a plunger to confine the occlusal portion of wax, the band is tightened until a snug fit is obtained.
- Finger pressure is maintained until the wax is cooled and hardened.
- The bulk of excess wax is then trimmed.
- The matrix retainer is loosened and removed.
- The wax is held firmly in place and the band is removed.
- Excess wax is trimmed from the cavosurface margins.
- Trial removal of the pattern is attempted at this stage.

ADVANTAGES OF PATTERN WITH MATRIX V/S WITHOUT MATRIX BAND

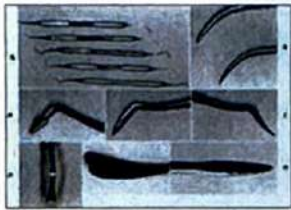
- Wax is confined to the preparation
- Compression of wax readily obtained
- Position of excess wax easily controlled
- Exceptions to "no matrix technique"
 1. No adjacent teeth
 2. Cavity preparation with a deep cervical floor

- After preparation of the die, a lubricant is applied to facilitate the withdrawal of the pattern from the die.
- Various lubricants used are castor oil, machine oil, petroleum jelly, cocoa butter etc.
- Any excess must be avoided, because it would prevent intimate adaptation to the die.
- Melted wax is added in layers with a spatula or waxing instrument or may be painted on with a brush.
- Wax is then carved to proper contour. While carving the margins, care should be taken to avoid abrading any surface of the stone die.
- A silk or fine cloth may be used, for final polishing, rubbing towards the margins.

WAXING INSTRUMENTS

Designed by Dr Peter K. Thomas specifically for the additive waxing technique.

- no. 1 and no. 2 are wax addition instruments
- no. 3 is a burnisher for refining occlusal anatomy
- nos. 4 and 5 are wax carvers

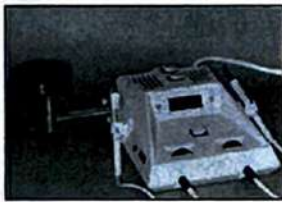


A to F, PKT waxing instruments
 (A, Nos. 1 to 5.
 B, Nos. 1 and 2.
 C, No. 3.
 D and E, No. 4.
 F, No. 5)
 G and H, The no. 7 waxing spatula.

Another popular burnisher is the Darby-Perry trimmer (DPT) no. 6



Electric waxing instruments are preferred because they allow precise temperature control of the wax, which is important for proper manipulation.



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Shade Selection for Anterior Composite Restoration

Presented By
Dr. Divya Dudulwar

NATURAL SHADE OF TEETH

- ✓ Normally teeth are predominantly white, with varying degrees of yellow, grey or orange tints.
- ✓ The color also varies with the translucency, thickness and distribution of enamel and dentin and the age of the patient.
- ✓ Other factors may also affect the natural coloring of the teeth such as fluorosis, tetracycline staining and endodontic treatment.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen J. Cho / 2nd Ed

Understanding Shade Guides



- ✓ A universally adopted shade guide is known as VITA classical shade guide.
- ✓ Most manufacturers provide shade guide for their specific materials, which cannot be used for material provided by other manufacturers.
- ✓ Also different manufacturers vary in the number of shade available.
- ✓ Because of popularity of bleaching, many manufacturers also provide very light shade.

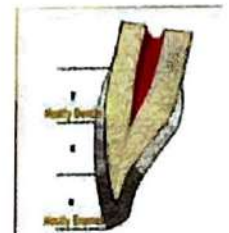
Ahmed, Ghalib & Pines, Lertze & Wood, Duncan & Neer, Richard & Mollerstrom, Sjöqvist (2010). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27: 3-9. 10.1032/EJPD_2010A00002.

Contents

1.	Understanding Natural Shades of teeth
2.	Why different shades exist naturally
3.	Understanding Shade guide
4.	Difference between enamel and dentin guides
5.	Importance of shade Selection
6.	Learning basic principles of good shade selection
7.	Stepwise Approach to Shade Selection
8.	Tips and Tricks for good Shade Selection
9.	New Technologies in Shade Selection

Why Different Shades Exist

- ✓ A cross section of an anterior tooth shows why color zone exists.
- ✓ The incisal third (W) has a lighter shade and is more translucent than the cervical third (Y).
- ✓ Whereas the middle third represented by letter X blend both shades.



Ahmed, Ghalib & Pines, Lertze & Wood, Duncan & Neer, Richard & Mollerstrom, Sjöqvist (2010). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27: 3-9. 10.1032/EJPD_2010A00002.

Dentin Vs Enamel Shade Guides



- ✓ Most composite materials are available in both enamel and dentin shades.
- ✓ Enamel shades are more translucent and are for restoration of incisal edges.
- ✓ Whereas dentin shades are mostly used for restoration of cervical areas.

Ahmed, Ghalib & Pines, Lertze & Wood, Duncan & Neer, Richard & Mollerstrom, Sjöqvist (2010). The Effects of Colored Pigments on the Translucency of Experimental Dental Resin Composites. The European Journal of prosthodontics and restorative dentistry 27: 3-9. 10.1032/EJPD_2010A00002.

Importance of Good Shade Selection

- ✓ The success of restorative dentistry is determined on the basis of both functional and aesthetic results.
- ✓ Careful shade selection is necessary to provide patients with an aesthetic restoration that harmoniously blend to the remaining dentition.
- ✓ Good shade selection makes the restoration appear natural and attractive.



Van EE, Sakum WK, Sanoor F, Derraman I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar

Basic Principles of Shade Selection

- ✓ The patient should be in upright position, mouth should be at dentist's eye level.
- ✓ Teeth to be matched must be clean.
- ✓ Remove bright colors from the field of view.
- ✓ Daylight or standard lamps should be used to determine the shade.



Van EE, Sakum WK, Sanoor F, Derraman I. Color match using instrumental and visual methods for single, group, and multi shade composite resins. J Esthet Restor Dent. 2021; Mar

Stepwise Approach to Shade Selection

1. Hold the entire shade guide near the patient's teeth to determine the general color.
2. Select a specific shade tab according to the general color of the tooth.
3. Hold the selected specific shade tab beside the area of the tooth to be restored.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

Tips and Tricks for Good Shade Selection

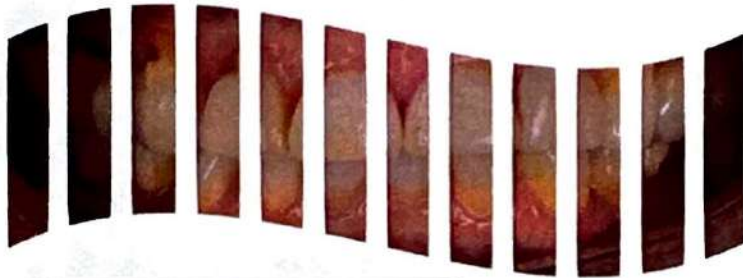
- ✓ To try and mimic the different shades the tooth has in it naturally, we can use several different layers of composites.
- ✓ For good shade selection hand the patient a mirror and assess the shade together with the help of the patient.
- ✓ Have patients remove lipsticks.
- ✓ Use a neutral tab to cover the patient's clothing.



Fundamentals of color: shade matching and communication in esthetic dentistry / Stephen I. Chu / 2nd Ed

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MANAGEMENT OF CARIOUS AND NONCARIOUS CERVICAL LESION

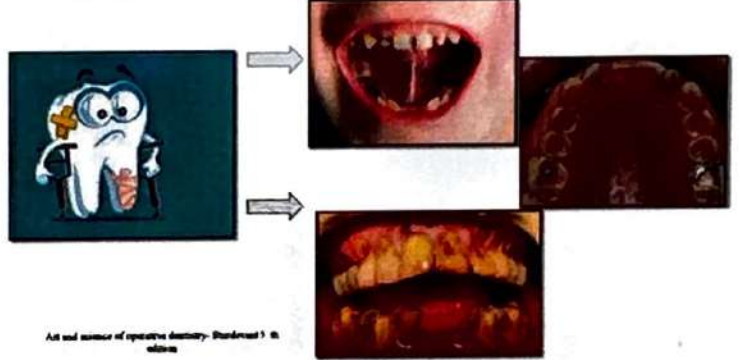
Dr. Kiran Keswani

- Management of carious and non carious cervical lesions
 - Role of Composites
 - Sandwich Technique
- Related literature
- Conclusion
- References

CONTENTS

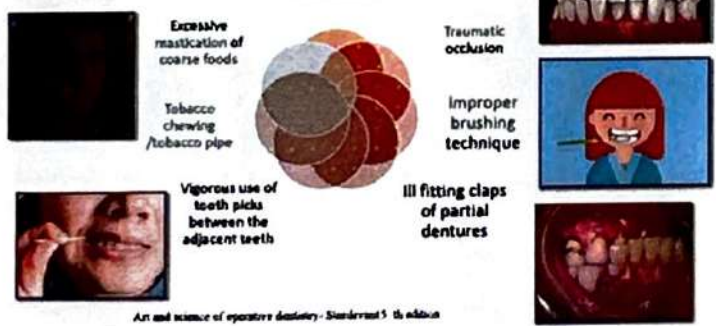
- Introduction
- Classification of carious and non carious cervical lesions
- Abrasion
 - Etiology
 - Clinical Features
 - Management
- Erosion
 - Etiology
 - Clinical Features
 - Management
- Abrachion
 - Etiology
 - Clinical Features
 - Management

INTRODUCTION



Art and science of operative dentistry - Sturdevant 5 th edition

ETIOLOGY

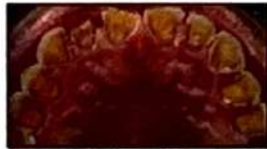


Art and science of operative dentistry - Sturdevant 5 th edition



Textbook of Operative Dentistry, Vimal Kishor, 4 ed. Art and science of operative dentistry - Sturdevant 5 th edition

EROSION



Erosion is the wear or loss of tooth surface by chemical action in the continued presence of demineralising agents with low pH

Erosion is defined as "the defects arising because of dissolution of tooth structure subsequent to chemical attack of either endogenous or exogenous origin, or combined chemico-mechanical attack."

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLASSIFICATION BASED ON ETIOLOGY

Intrinsic Erosion

- *Recurrent Vomiting
- *Eating disorders
- *Medical conditions
- Gastrointestinal
- Metabolic
- Neurological
- *GERD
- *Rumination

Extrinsic Erosion

Occupational factors
Diet and Lifestyle
Drugs
(Aspirin and Ascorbic acid)

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CLINICAL PRESENTATION



*Raised amalgam restorations



Maxillary dentition exhibiting concave dentin depressions surrounded by elevated rims of enamel



Extensive loss of buccal and occlusal tooth structure

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
Art and science of operative dentistry- Sturdevant 5th edition

CLINICAL PRESENTATION



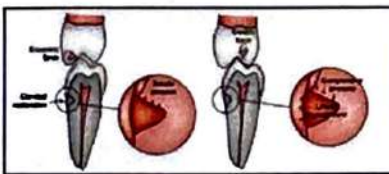
*Multiple cupped out depressions corresponding to the cusp tips



Extensive loss of enamel and dentin on the buccal surface of maxillary and mandibular teeth

Textbook of Operative Dentistry, Vinay 2011, 4 ed.
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BIOCHANICS



Class V lesions on two premolars suspected of being abfractions arising from tooth flexure.

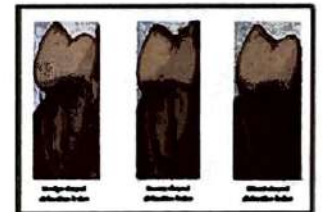
Tooth flexure during abnormal occlusal interaction
↓
Lateral or axial loading of the tooth
↓
Tensile and compressive stresses generated in the cervical region
↓
Strain leading to microfractures in cervical enamel and tooth loss
↓
Notch shaped abfraction lesions

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CLINICAL PRESENTATION



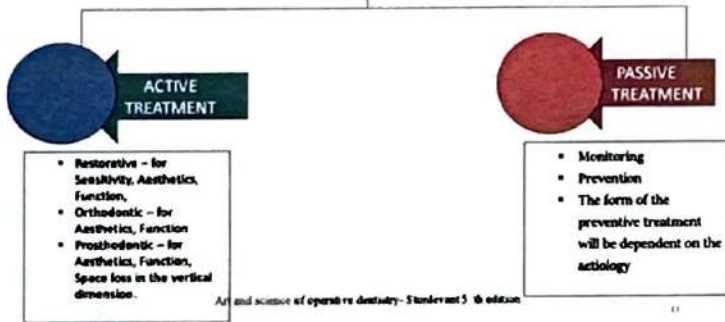
Sharp notch or wedge shaped lesions - affecting the buccal surfaces of teeth



Lesions can vary from "V" shaped to saucer shaped to notched

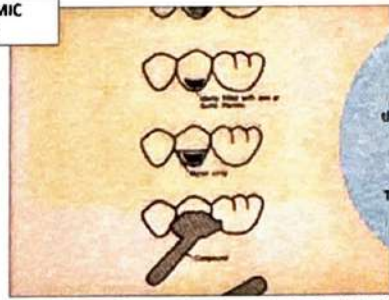
Art and science of operative dentistry- Sturdevant 5th edition

MANAGEMENT



MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

ANATOMIC MATRIX



After restoring the cavity on the model a plastic template is prepared and cut all around (1mm beyond the defect)

This template is used to apply pressure on the restorative material in vivo while curing

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

PREFABRICATED PLASTIC MATRICES

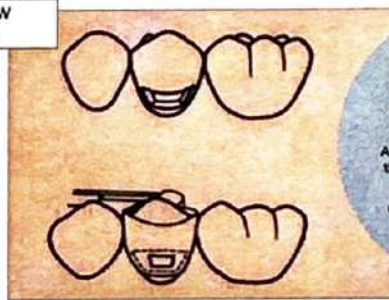


Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

Available in Different sizes
Used for light cure restorations
Handle is provided to hold the matrix in place

MATRICES FOR RESTORATION OF NON CARIOUS CERVICAL LESIONS

WINDOW MATRIX



Formed using Tofflemire or copper band matrix
A window slightly smaller than the outline of the cavity is cut
This is used to restore the defect mainly with amalgam restorations

Perez C6os R, Gonzalez MR, Prado NA, de Miranda MS, Mac6do M6e A, Fernandes BM. Restoration of noncarious cervical lesions: when, why, and how. Int J Dent. 2012;2012:687058

MANAGEMENT OF CARIOUS CERVICAL LESIONS



- ☐ SUPERFICIAL LESIONS
- COMPOSITE RESTORATION
- GIC RESTORATION
- ☐ DEEP LESIONS
- ROOT CANAL TREATMENT

RESTORATIVE TREATMENT



(a) Retracting wire insertion. (b) Selective phosphoric acid etching of the enamel. (c) Self-etching adhesive system application (primer). (d) Selfetching adhesive system application (bond). (e) Resin increase for dentin. (f) Resin increase for enamel.

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CLINICAL MANIPULATION OF GLASS IONOMER CEMENT

Dr. Divya Gupta

LIQUID

Component	Function
Polycrylic acid in the form of copolymer with Itaconic acid, maleic acid and tricarballic acid	Copolymerizing with Itaconic, maleic acid, etc. tends to increase reactivity of the liquid, decrease viscosity and reduce tendency for gelation
Tartaric acid	Improves the handling characteristics, increases working time and shortens setting time.
Water	Water is the most important constituent of the cement liquid, it is the medium of reaction and it hydrates the reaction products. The amount of water in the liquid is critical. Too much water results in a weak cement. Too little water impairs the reaction and subsequent hydration

ACCORDING TO USES:

- Type I – Luting
- Type II – Restorative
- Type III – Liner/base
- Type IV – Pit & fissure sealant
- Type V – Luting for orthodontic purpose
- Type VI – Core buildup material
- Type VII – High fluoride releasing command set
- Type VIII – Atraumatic restorative treatment
- Type IX – Pediatric Glass Ionomer cements

COMPOSITION

POWDER

Ingredient	Weight (%)
Silica (SiO ₂)	41.9
Alumina (Al ₂ O ₃)	28.6
Aluminum fluoride (AlF ₃)	1.6
Calcium fluoride (CaF ₂)	15.7
Sodium fluoride (NaF)	9.3
Aluminum phosphate (AlPO ₄)	3.8

CLASSIFICATION

The general ISO classification of cements apply to glass ionomer (ISO 9917-1:2007)*

- a) Luting
- b) Bases and liners
- c) Restorations

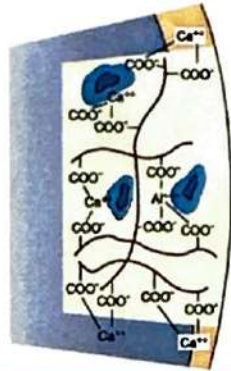
SETTING REACTION OF GIC

- When the powder and liquid are mixed, the acid starts to dissolve the glass
- Releases calcium, aluminum, sodium, and fluorine ions.
- Water serves as a reaction medium.
- The polyacrylic acid chains are then cross-linked by the calcium ions
- Over the next 24 hours, the calcium ions are replaced by aluminum ions.



MECHANISM OF ADHESION

Glass ionomers bond to tooth structure by chelation of the carboxyl groups of the polyacrylic acids with the calcium in the apatite of the enamel and dentin, in a manner similar to polycarboxylate cement.



CONTRAINDICATIONS

Class II

Class VI restorations,

since they lack fracture toughness and are susceptible to wear.

ADVANTAGES

- Tooth-Colored: GICs are tooth-colored, making them aesthetically pleasing.
- Chemical Bonding: They chemically bond to tooth substance and non-precious metals without additional adhesives.
- Fluoride Release: GICs release fluoride, promoting dental health.
- Thermal Expansion: Their coefficient of thermal expansion matches that of natural teeth.
- Biocompatibility: GICs are biocompatible.

DISADVANTAGES

- Low Fracture Toughness: GICs are not suitable for high load-bearing areas due to low fracture toughness.
- Polishing Limitations: Some types cannot be finished and polished during the same visit they are placed.
- Acid Erosion Vulnerability: Certain GICs are susceptible to acid erosion.
- Flexural Strength and Wear Resistance: Some GICs exhibit low flexural strength and wear resistance.

ARMAMENTARIUM



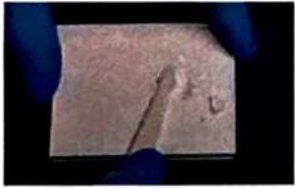
MANIPULATION OF BASE CONSISTENCY



Dispense powder on mixing pad



Hold the liquid bottle vertically and squeeze gently



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.



A good mix should have a glossy surface. This indicates the presence of residual polyacid and ensures proper bonding to the tooth.



A mix with dull surface (right) is discarded.

MANIPULATION OF LUTING CONSISTENCY



Start Mixing



Just wet the Powder before with the Liquid



Mixing of glass ionomer



Check for string formation



Crown cementation

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Classification of caries and cavity designs

PRESENTED BY
DR.DIVYA DUDULWAR

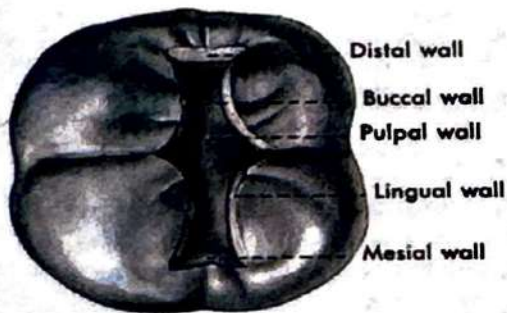
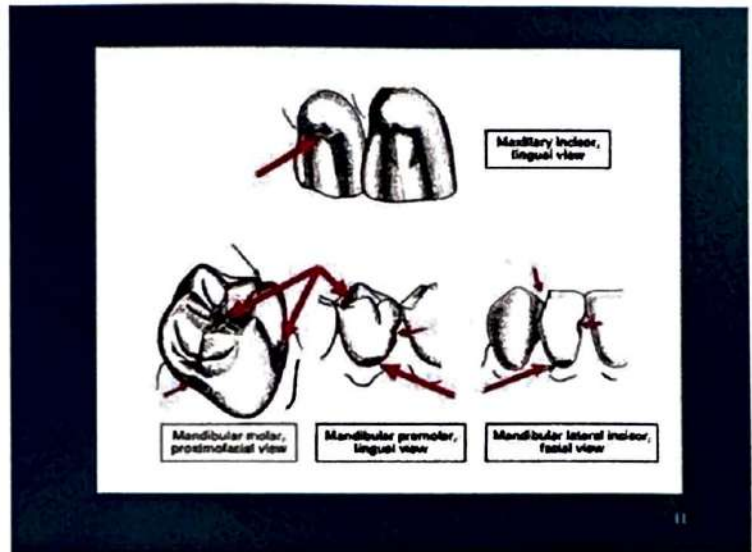
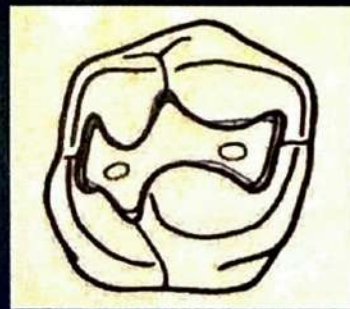


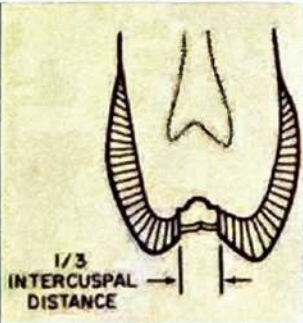
Fig. 1-10. Walls of a prepared Class 1 occlusal cavity.

Class 1, design 2

Indication ; caries cones in dentin extend 1mm or more from the DEJ



Pulpal floors have different levels



Mesiodistal cross section

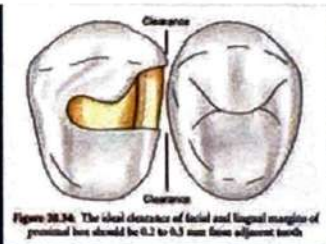
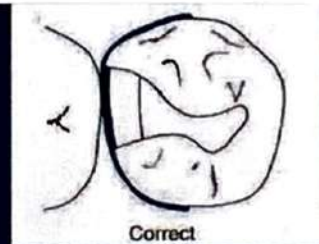
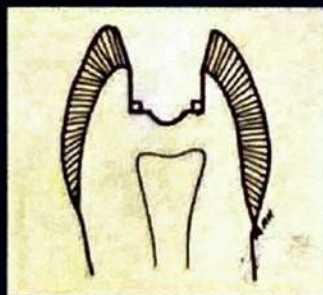
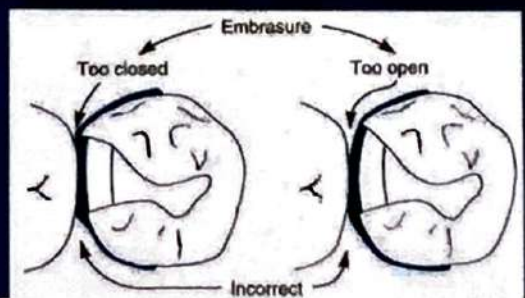
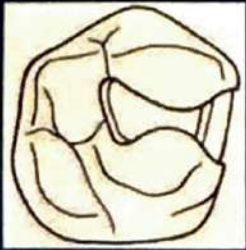


Figure 20.36. The ideal distance of facial and lingual margins of proximal box should be 0.2 to 0.3 mm from adjacent teeth.



Class II, Design 1

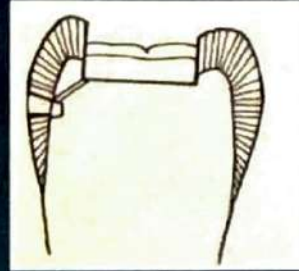
Conventional design



Moderate to large size proximal Lesion with occlusal surface cavity promotes the cavity width of cavity to exceed 1/4 of intercusp distance

50

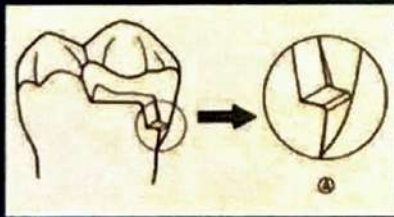
Tunnel preparation



52



Bucco lingually

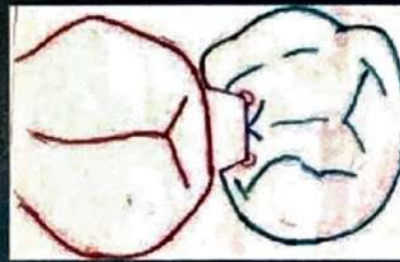


Mesiodistally

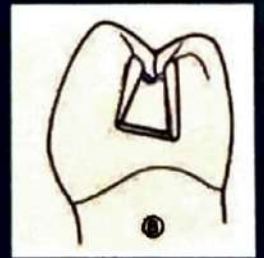
54

Class II, Design 3 (conservative design)

- Involves primarily proximal surface and very limited part of occlusal surface, not extending beyond adjacent triangular fossa
- Sound occlusal crossing ridges
- Minimal loading areas



General shape

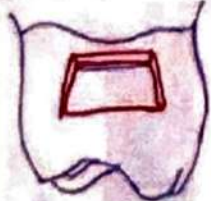
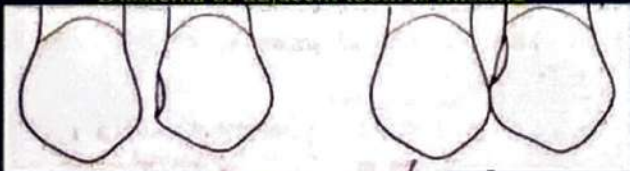


Internal anatomy

Class II, Design 4 (Simple design)

- Proximal surface only

Decay restricted to contacting or proximal surface without undermining marginal ridges
Diastema or adjacent tooth is missing

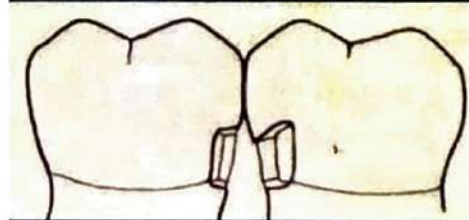


57

Class II, Design 5

Part of proximal surface, with a limited access area on facial or lingual surface

- Indications
- 1) Preparation will have 4 surrounding walls
 - small proximal lesions
 - Marginal ridge intact
 - Does not involve contact area



2) Preparation will not have surrounding walls

• medium proximal lesion

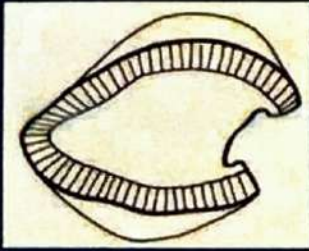
1) Do not have dovetail

2) Have dovetail

59

Class IV

- Incisal angle is undermined
- Labial and lingual walls intact

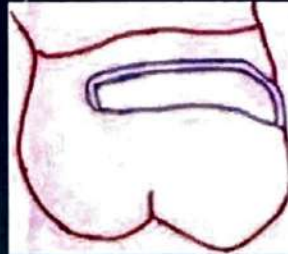


Labio lingual cross section

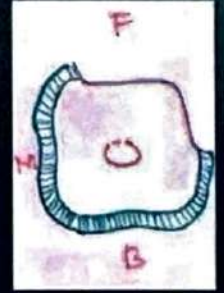
66

Class V, design 2

- Lesions on facial or lingual gingival third have involved axial angle
- Lesion on facial or lingual gingival third are apical to contact area



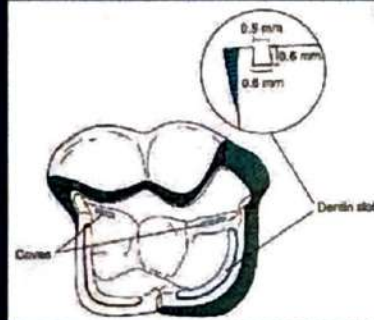
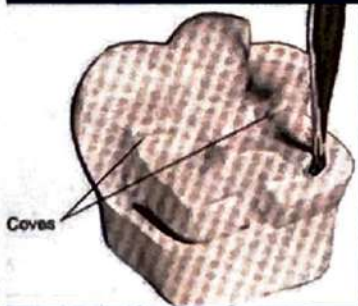
General shape



Mesiodistal cross section

71

Retention locks

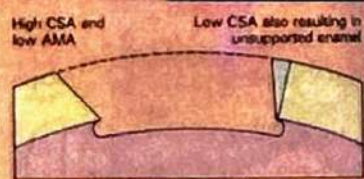
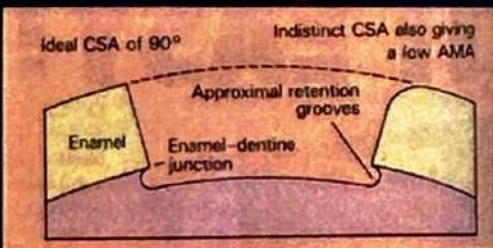


77

Retention locks



Cavo surface angle



CSA Cavo surface angle
AMA Amalgam marginal angle

81

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Clinical significance of resistance and retention features

PRESENTED BY
DR. DIVYA DUDULWAR

Indications for restorative intervention:

1. Repair destroyed tooth
2. Repair fractured tooth either complete or incomplete [green stick fracture].
3. Restore teeth with congenital malformations.
4. Replace defective restoration.
5. Replacement of missing teeth.
6. Need for improved form or esthetic.

Cavity preparation determinants



Mechanism of tooth cutting

- **Bladed cutting** using burs
- **Abrasive cutting** using diamonds



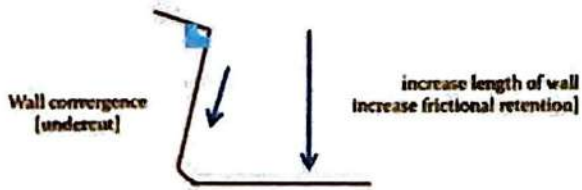
Principles of cavity preparation according to GV Black



Steps of cavity preparation



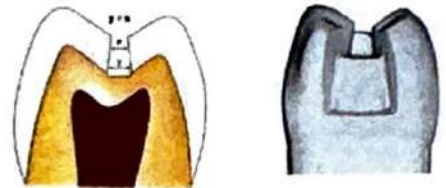
2- Resistance and Retention Form



2- Retention Form

Retentive features

A- axial retentive design features

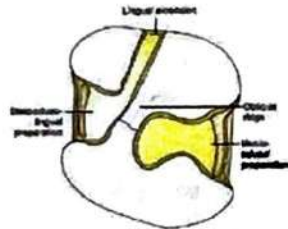


2- Resistance and Retention Form

Retentive features

B- lateral retention

- Buccal or lingual extensions



2- Retention Form

Retentive features

B- lateral retention

- Dove tail lock [common in premolar]



Signature

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PULPAL DIAGNOSIS

PRESENTER DR. KIRAN KESWANI

Proper diagnosis



Successful treatment

DURATION OF

PAIN

The duration of pain is **diagnostic**.



Reversible pulpitis - pain of short duration caused by a specific irritant, that disappears as soon as the irritant is removed.

- localized and more responsive to cold.

Irreversible pulpitis - Persistent pain without any apparent cause.

VISUAL AND TACTILE INSPECTION:

Grossman has stated that the prime objective of visual and tactile inspection is evaluation of the 3C's -

- Color
- Contour
- Consistency

RELIABILITY OF DIAGNOSTIC TESTS

SENSITIVITY OF A TEST

SPECIFICITY OF A TEST

POSITIVE PREDICTIVE VALUE

NEGATIVE PREDICTIVE VALUE

Arun A, Mythri H, Chackapan D. Pulp vitality tests—an overview on comparison of sensitivity and vitality. *Indian Journal of Oral Sciences*. 2015 May 1;8(2):41

HEAT TEST

Healthy Pulp

Irreversible Pulpitis

Non vital tooth

RESPONSE

- similar to contralateral tooth
- Diminishes immediately after removal of stimulus

RESPONSE

- immediate excruciating painful response
- markedly different from control tooth
- lingers after removal of stimulus

RESPONSE

- No response
- confirm with other tests

Asraf Abd-Elmaguid, Donald C. Yu. *Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality*. *JCD*, Vol 73, No 2, March 2009.
Ingle's Endodontics, 8th Edition.
Cohen's Pathways Of The Pulp, 10th Edition.
Problems Solving in Endodontics: Prevention, Identification And Management, 5th Edition. Endodontic Therapy, 6th Edition

ACCURACY

<p>COLD</p> <p>↓</p> <p>86%</p> <p>Differentiates b/w reversible and irreversible pulpitis</p>	<p>HEAT</p> <p>↓</p> <p>71%</p> <ul style="list-style-type: none"> Identifies irreversible pulpitis Use it to replicate chief complaint 	<p>ELECTRIC PULP TESTER</p> <p>↓</p> <p>81%</p> <ul style="list-style-type: none"> Tests nerve stimulation, always combine with Cold Test
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Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 2. Current Diagnostic Tests To Assess Pulp Vitality. JCD, Vol 75, No. 2, March 2009.

PULPAL BLOOD FLOW

Teeth with vital pulp are those with an adequate vascular supply, so the circulatory status, and not sensitivity response of the pulp tissue, has been proposed to assess pulp vitality

INVASIVE TECHNIQUES

- Radioisotope clearance
- I12 gas desaturation

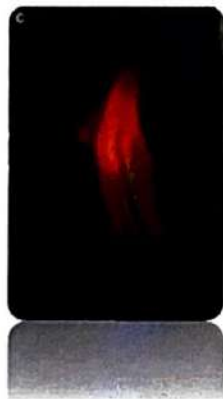
NON-INVASIVE TECHNIQUES

1. Crown surface temperature
2. Transmitted light photoplethysmography
3. Laser doppler flowmetry
4. Pulse oximetry
5. Xenon-133 radioisotopes
6. Dual wavelength spectrophotometry

Velupillai Gopirathna, Gali Pradeep & Nagendrababu V. Endodontic Assessment Of Pulp Vitality: A Review. International Journal Of Pediatric Dentistry 2009; 19: 3-15. Dent. 2009; 36:783.
Ashraf Abd-Elmeguid, Donald C. Yu. Dental Pulp Neurophysiology: Part 1. Clinical And Diagnostic Implications. JCD, Vol 73, No. 1, Feb 2009.
Engus Chen And Paul V. Abbott. Dental Pulp Testing: A Review. Int J

LASER DOPPLER FLOWMETRY

- It is a non invasive electro optical technique which has shown to have potential method of assessing the vitality of teeth by detecting the presence or absence of pulpal blood flow.
- LDF uses Helium neon (632.8nm) and gallium aluminum (780 to 820nm) as semiconductor diode lasers
- First described by Gazelius in 1986



15-20mm VP3 blunt needle, and delivery laser Doppler probe for assessment of front teeth



VP5 blunt needle, 90 degree and delivery laser Doppler probe for assessment of rear teeth



Quick Setting Dental impression putty to make dental splint for optic probes

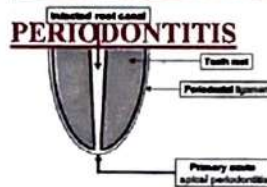
PULSE OXIMETRY

- Pulse oximetry is a non-invasive technique to measure oxygen saturation levels within the blood of patients. under general anesthesia or sedation.
- (matthes – father of pulse oximetry-1934)

- A modified probe has been fitted over the tooth, and diodes emit two wavelengths of light (infra-red and red) that are intended to pass through the tooth and are then detected by a photodetector diode. (Red light of approx. 640 nm .Infrared of approx. 960 nm.)



PRIMARY ACUTE APICAL PERIODONTITIS



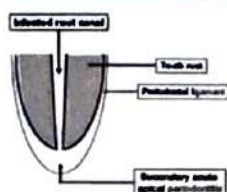
Primary Acute Apical Periodontitis



- Marked tenderness to percussion
- Pain when pressure is applied to the tooth.
- Tooth may have increased mobility and the onset of the pain is usually sudden and unexpected.
- Soreness to biting and touching the tooth, and possibly a feeling of pressure building up in the periapical region.
- Radiographically, the periodontal ligament space and lamina dura may appear normal

Endodontic Topics 2004, 8, 36-54

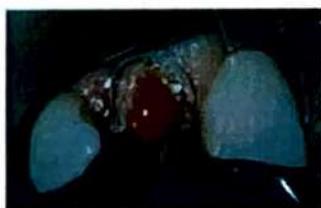
SECONDARY ACUTE APICAL PERIODONTITIS



Secondary Acute Apical Periodontitis

- History of previous episodes of pain or discomfort
- Radiolucency around apex can range from being just a widened periodontal ligament space in early cases to a large radiolucent area if present for a long time.
- Radiographically, there will be a radiolucency surrounding the apex of the involved tooth and there will be loss of the lamina dura

- Secondary acute apical abscess will have a periapical radiolucent area since it is a sequel to secondary acute apical periodontitis (which is also known as an acute exacerbation of chronic apical periodontitis, phoenix abscess)



Endodontic Topics 2004, 8, 36-54

PRIMARY PERIODONTAL DISEASES

Vitality Tests- These teeth respond to pulp testing

Probing Characteristics. Defects tend to be wide and V-shaped."



GRANULOMA VS CYST VS ABSCESS

Chronic
non painful
Definite outline
Smaller in size



Chronic
non painful
Sclerotic opaque border
Bigger in size
Contain more protein and albumins



Confirmative histology

Acute /Chronic
Pain/non painful
Swelling/parulis
Sinus opening(chronic)
Diffuse outline
Mobility of the tooth
history



PRIMARY ENDODONTIC DISEASES

Vitality Test: The tooth is nonresponsive.

Prior Endodontic Procedure: If present, prior procedures are of poor quality.

Probing Characteristics: Probing usually shows normal sulci around the tooth except in one area with a narrow defect.

Signs and Symptoms:
There may or may not be discomfort. Occasionally there is evidence of a localized abscess with some swelling.



PRIMARY ENDODONTIC DISEASE WITH SECONDARY PERIODONTAL INVOLVEMENT

If after a period of time a suppurating primary endodontic disease remains untreated, it may then become secondarily involved with marginal periodontal breakdown.

Plaque forms at the gingival margin of the sinus tract and leads to marginal periodontitis.



PRIMARY PERIODONTAL DISEASE WITH SECONDARY ENDODONTIC INVOLVEMENT

The apical progression of a periodontal pocket may continue until the apical tissues are involved.

In this case, the pulp may become necrotic as a result of infection entering via lateral canals or the apical foramen.

In single rooted teeth, the prognosis is usually poor. In molar teeth, the prognosis may be better.



TRUE COMBINED LESIONS

- Teeth with combined endodontic-periodontal lesions are unresponsive to cold, heat, electric, or cavity tests.
- On radiographic examination some crestal bone loss and an independent periradicular lesion of pulpal origin are evident.
- Periodontal examination and probing of a tooth shows plaque, calculus, periodontitis with a wide and conical periodontal pocket characteristic of a periodontal defect.

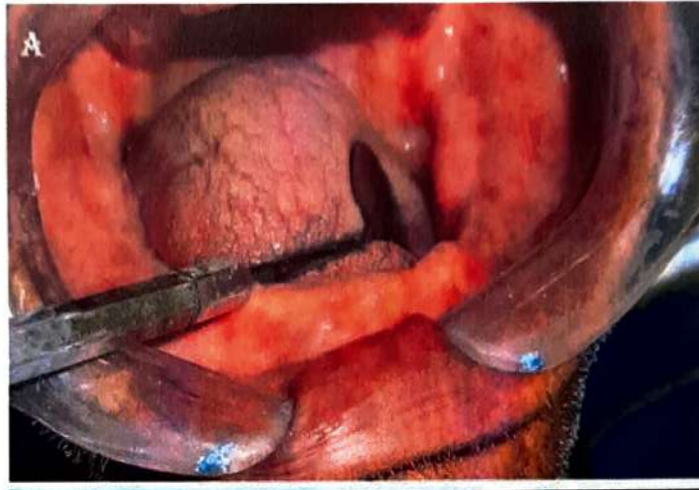


for
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Clinical scenario 1

Management of edentulous patient having bilateral severe disto-lingual undercut in mandibular arch with appropriate dental materials



Managing an edentulous patient with severe disto-lingual undercuts in the mandibular arch involves using appropriate dental materials to ensure stability and retention of the denture. Here's how you can approach it:

1. Assessment and Diagnosis:

- **Undercut Evaluation:** Confirm the presence and severity of the disto-lingual undercuts.
- **Soft Tissue Evaluation:** Assess the condition of the soft tissues, especially the buccal and lingual aspects.

2. Treatment Planning:

- **Impression Technique:** Choose an appropriate impression technique that can capture the undercuts accurately without causing trauma or distortion to the tissues.
- **Material Selection:** Use a high-quality impression material that flows well and captures fine details. Polyvinyl siloxane (PVS) or polyether materials are commonly used for accurate impressions.

3. Model Fabrication:

- Fabricate a master cast from the impression that accurately replicates the anatomy of the edentulous ridge, including the disto-lingual undercuts.

4. Denture Design:

- **Surveying:** Design the denture with a surveyor to identify the undercuts precisely.
- **Path of Insertion and Removal:** Ensure the path of insertion and removal avoids trauma to the tissues and utilizes the undercuts for retention.

5. Retention and Stability:

- **Use of Attachments:** Consider using attachments like stud attachments or precision attachments if necessary, especially if conventional retention is compromised.
- **Material for Denture Base:** Choose a denture base material that provides adequate strength and stability. Heat-cured acrylic resins are commonly used.

6. Clinical Considerations:

- **Soft Tissue Management:** Ensure that the denture borders are well adapted and contoured to prevent tissue irritation or inflammation, especially around the undercuts.
- **Patient Education:** Educate the patient on proper denture hygiene and maintenance, as well as the importance of regular follow-ups.

7. Follow-Up:


- Schedule regular follow-up appointments to assess the fit, function, and comfort of the denture, making adjustments as necessary.

Materials and Techniques:

- **Impression Materials:** Polyvinyl siloxane (PVS) or polyether for accuracy.
- **Master Cast:** Use high-quality dental stone or resin to create a stable and accurate master model.
- **Denture Base:** Heat-cured acrylic resin for strength and durability.
- **Attachments:** Depending on the case, precision attachments or other supplementary retention devices.

Conclusion:

Managing an edentulous patient with severe disto-lingual undercuts requires careful planning, precise execution of techniques, and appropriate material selection to ensure the denture fits well, is stable, and provides adequate retention. Collaboration between the dentist, prosthodontist, and dental technician is crucial for achieving optimal outcomes in such cases.


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Clinical scenario 2

Selection of dental materials for fabrication of complete denture having diffuse erythematous red patch on hard palate.



When fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate, special considerations must be taken to ensure the materials used do not exacerbate the condition and support the healing process. Here are key considerations and recommendations:

Denture Base Material Selection:

1. **Biocompatibility:**
 - **Acrylic Resins:** Choose a denture base material that is biocompatible and hypoallergenic. Heat-cured acrylic resin is commonly used and generally well-tolerated by most patients.
2. **Non-Irritating Properties:**
 - **Irritation Potential:** Ensure the acrylic resin used does not contain any potentially irritating components. Some patients may be sensitive to certain additives or residual monomers.
3. **Surface Finish:**
 - **Polishing:** Thoroughly polish the denture base to a smooth finish to minimize irritation to the already sensitive palate.

Processing Techniques:

1. **Heat-Curing:**
 - **Quality Control:** Ensure proper processing and curing of the acrylic resin to minimize residual monomers, which can potentially irritate the tissues.
2. **Avoiding Porosity:**

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- **Pressure Curing:** Use pressure curing techniques to minimize porosity in the denture base, which can harbor microorganisms and irritants.

Soft Liners or Tissue Conditioners:

1. Temporary Relief:

- **Soft Liners:** Consider using a soft liner or tissue conditioner on the denture base to provide temporary relief and cushioning for the erythematous area, especially if the condition is sensitive or inflamed.

Collaboration and Follow-Up:

1. Dentist-Prosthodontist Collaboration:

- **Communication:** Collaborate closely with the dentist and prosthodontist to ensure the denture design and fit accommodate the presence of the erythematous patch.

2. Patient Monitoring:

- **Follow-Up:** Schedule regular follow-up appointments to monitor the condition of the erythematous patch and assess the fit and comfort of the denture.

Patient Education:

1. **Oral Hygiene:** Educate the patient on proper oral hygiene practices to maintain the health of the tissues under the denture.
2. **Symptom Awareness:** Instruct the patient to report any changes or worsening of symptoms promptly.

Conclusion:

Selecting the appropriate dental materials for fabricating a complete denture for a patient with a diffuse erythematous red patch on the hard palate involves prioritizing biocompatibility, minimizing irritation, and supporting tissue healing. Heat-cured acrylic resin remains the primary choice for the denture base material, with careful attention to processing techniques and potential use of soft liners or tissue conditioners for added comfort. Close collaboration between dental professionals and diligent patient monitoring are crucial for successful management in such cases.

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 Shivaji Maharaj

Clinical scenario 3

Prosthodontic management of patient who show allergic reaction to methyl methacrylate

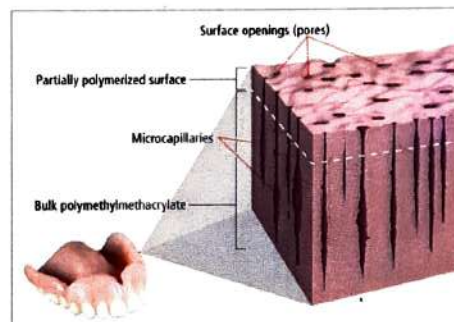


Fig. 1. A cross-section schematic representation of a denture.

Managing a patient who shows allergic reactions to methyl methacrylate (MMA) in prosthodontics requires careful consideration and alternative approaches to ensure both the patient's comfort and the effectiveness of treatment. Here are steps to manage such a situation:

1. Confirm Allergy and Identify Alternatives:

- **Allergy Testing:** Confirm the allergy through patch testing or other allergy testing methods to methyl methacrylate and related compounds.
- **Alternative Materials:** Explore alternative dental materials that do not contain MMA or its derivatives. These may include:
 - **Vinyl-Based Resins:** Some newer formulations of denture base materials use vinyl-based resins that can be hypoallergenic.
 - **Polyethylene-Based Resins:** These resins are also considered hypoallergenic and can be used as an alternative to MMA-containing materials.
 - **Polyurethane-Based Materials:** In some cases, polyurethane-based materials have been used as an alternative, although they are less commonly used in conventional dentures.

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2. Customized Treatment Plan:

- **Individualized Approach:** Tailor the treatment plan based on the patient's specific allergy profile and clinical needs.
- **Collaboration:** Work closely with allergists, dermatologists, or immunologists to manage the patient's allergic reactions effectively.

3. Material Selection and Fabrication:

- **Material Compatibility:** Ensure the selected alternative material is compatible with the patient's oral tissues and meets the functional requirements of the prosthesis.
- **Fabrication Techniques:** Follow appropriate fabrication techniques specific to the chosen alternative material to ensure optimal fit, function, and durability of the prosthesis.

4. Patient Monitoring and Follow-Up:

- **Monitoring:** Schedule regular follow-up appointments to monitor the patient's response to the new prosthesis material and assess any signs of allergic reactions or discomfort.
- **Education:** Educate the patient on signs of allergic reactions and proper care and maintenance of the prosthesis.

5. Preventive Measures:

- **Avoidance Strategies:** Take preventive measures to avoid exposure to MMA and related compounds during the fabrication and adjustment of the prosthesis.
- **Emergency Protocol:** Have an emergency protocol in place in case of severe allergic reactions, including access to emergency medications and immediate medical care.

6. Documentation and Communication:

- **Record Keeping:** Maintain detailed records of the patient's allergy history, testing results, and the materials used in the prosthesis.
- **Communication:** Ensure clear communication with the dental team, including dental technicians, regarding the patient's allergy status and specific requirements for materials and techniques.

Conclusion:

Managing a patient allergic to methyl methacrylate in prosthodontics involves careful planning, alternative material selection, and close monitoring to ensure successful treatment outcomes while minimizing the risk of allergic reactions. Collaborating with healthcare professionals and maintaining open communication with the patient are essential for effective management in such cases.



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Clinical Scenario 4

Management of patient who show hypersensitivity reaction to zinc oxide eugenol paste/ZOE cement



- Erythema and ulceration in the left buccal mucosa following place of a temporary ZOE dressing



- Erythema and ulceration of the labial mucosa following cementation of a provisional crown using ZOE

Clinical scenario 5

Management for dental operator or clinician who show hypersensitivity reaction to latex gloves.



Latex:

- Exposure to latex in dentistry comes from the use of rubber dam and latex gloves.
- Latex hypersensitivity may represent true latex allergy or a reaction to the materials used in the processing of latex.
- Dermatitis of the hands is the most common adverse reaction.
- Latex free synthetic rubber, such as neoprene, nitrile, Butyl, and Vitron are polymers that are available as alternatives to natural rubber.

Handwritten signature: *Kamaljeet*
Word of Department of Health
BY PAID IN...
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Clinical scenario 6

Management of patient who show tissue reaction on gingiva for associated tooth given nickel based alloy for dental crown.



Allergy to nickel-based alloy used for metal ceramic crown

Management Strategies

- **Immediate Symptom Relief:**
 - **Removal:** If the reaction is severe or persistent, temporarily remove the crown to alleviate the symptoms.
 - **Topical Treatment:** Use topical corticosteroids or anti-inflammatory agents to reduce inflammation and promote healing.
 - **Oral Rinses:** Recommend saline or antimicrobial mouth rinses to manage secondary infections and soothe the tissue.
- **Material Replacement:**
 - **Metal-Free Alternatives:** Replace the nickel-based crown with a hypoallergenic alternative such as zirconia, porcelain-fused-to-ceramic, or high-gold-content alloys, which are less likely to cause allergic reactions.
 - **Non-Metal Options:** Consider using all-ceramic or composite crowns for patients with severe metal allergies.
- **Adjust Fit and Margins:**
 - **Refitting:** Ensure that the new restoration fits well with smooth margins to prevent irritation.
 - **Polishing:** Smooth and polish the margins of the crown to minimize tissue irritation.

Amaldeep

Clinical scenario 7

Management of patient who show frequent discolouration of anterior facial surface composite restoration

For managing a patient who frequently experiences discoloration of anterior facial surface composite restorations, consider the following steps:

1. Clinical Assessment

- **History:** Discuss with the patient the frequency, onset, and type of discoloration. Inquire about their dietary habits, oral hygiene practices, and any lifestyle factors such as smoking.
- **Examination:** Evaluate the restoration and surrounding teeth for surface staining, marginal leakage, or integrity issues.

2. Diagnosis

- **Identify Causes:** Common causes of composite discoloration include staining from food and drinks (e.g., coffee, tea, red wine), tobacco use, inadequate oral hygiene, material degradation, and microleakage at the restoration margins.

3. Management Strategies

- **Polishing:** Regularly polish the composite restoration to remove surface stains and restore its smoothness. Use fine polishing pastes and appropriate polishing tools.
- **Surface Sealants:** Apply a resin surface sealant to protect the composite and reduce staining. This can help enhance the composite's resistance to discoloration.
- **Improved Oral Hygiene:** Educate the patient on maintaining good oral hygiene, including proper brushing techniques and using fluoride toothpaste. Consider recommending interdental brushes or floss for areas around restorations.
- **Dietary Modifications:** Advise the patient to reduce the intake of staining substances like coffee, tea, and red wine. Recommend rinsing the mouth with water after consuming staining foods and drinks.
- **Smoking Cessation:** Encourage the patient to quit smoking if they use tobacco, as it contributes significantly to staining.
- **Replace Restoration:** If discoloration is due to internal factors like microleakage or composite breakdown, consider replacing the restoration with a new one, ensuring proper bonding and sealing techniques.

4. Preventive Measures

- **Material Selection:** Use high-quality composite materials with better stain resistance for anterior restorations. Some composites are specifically designed to resist discoloration.
- **Proper Technique:** Ensure correct placement and curing techniques to avoid marginal gaps and ensure a strong bond between the tooth and restoration.

- **Regular Check-ups:** Schedule regular dental visits for professional cleaning and monitoring of the restorations to catch and manage discoloration early.

5. Patient Education

- **Maintenance Instructions:** Provide clear instructions on maintaining restorations, including the use of non-abrasive toothpaste and avoiding abrasive materials.
- **Awareness:** Inform the patient about the nature of composite restorations and the potential for discoloration over time, setting realistic expectations.

Additional Considerations

- **Sealant Reapplication:** Surface sealants may need periodic reapplication to maintain their protective effect.
- **Advanced Options:** In cases of recurrent staining despite these measures, consider discussing alternative restorations such as porcelain veneers which offer greater resistance to discoloration.

Addressing both the underlying causes and preventive strategies can help manage and minimize the discoloration of composite restorations effectively.



Amalgam
 The word "Amalgam" is written in blue cursive script. Below it, there is some very faint, illegible text that appears to be bleed-through from the reverse side of the page.

Clinical scenario 8

Management of patient who show aggravated coughing during impression making with irreversible hydrocolloid impression material(alginate)



Dust-free alginate is a type of irreversible hydrocolloid impression material modified to reduce the formation of dust during handling. It is typically achieved by adding moisture or coating the alginate particles with a binding agent.

Advantages of Dust-Free Alginate

- 1. Reduced Inhalation Risks:**
 - **Health Safety:** Limits the inhalation of potentially harmful particles, protecting the respiratory health of dental staff and patients.
 - **Clean Environment:** Maintains a cleaner clinical environment by minimizing dust dispersion.
- 2. Improved Handling:**
 - **Easier Mixing:** Less dust means less mess and more consistent alginate-to-water ratios, leading to smoother, more accurate impressions.
 - **Better Accuracy:** Consistent particle distribution contributes to more homogeneous mixing and less likelihood of inconsistencies in the impression.
- 3. Enhanced Patient Comfort:**

Less Irritation: Reduces irritation in patients, particularly those with respiratory sensitivities or allergies.

Comparing Dust-Free Alginate to Traditional Alginate

Feature	Dust-Free Alginate	Traditional Alginate
Dust Generation	Minimal	Higher
Mixing Consistency	More uniform and smooth	Can be variable
Health Risks	Lower risk of inhalation	Higher risk of inhalation
Environmental Impact	Cleaner working environment	More potential for mess
Patient Comfort	Increased	May cause more irritation

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Clinical scenario 9

Management of patient who complains of dull pain in jaw with two adjacent dissimilar metallic restorations.

When a patient reports dull pain in the jaw and has two adjacent dissimilar metallic restorations, consider the following management steps:

1. Clinical Assessment

- **History:** Ask about the onset, duration, and character of the pain, recent dental procedures, and any other symptoms like sensitivity to hot, cold, or pressure.
- **Examination:** Inspect the restorations for signs of wear, corrosion, or poor fitting. Check for galvanic currents by tapping or touching the metals with a conductive material.

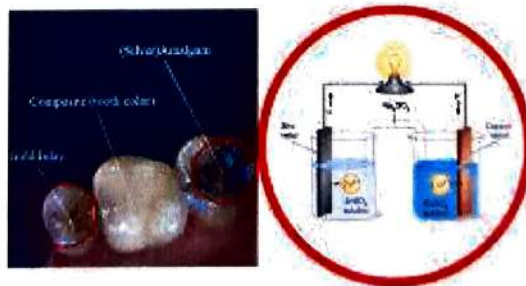
2. Diagnosis

- **Electrogalvanism:** Pain may result from a galvanic reaction between dissimilar metals, causing an electric current.
- **Occlusal Issues:** Evaluate occlusion as improper bite can cause muscle strain and pain.

3. Management Options

- **Adjust Occlusion:** If occlusal issues are identified, adjust the bite.
- **Isolation of Metals:** Consider using insulating materials like varnish or liners between restorations to reduce galvanic currents.
- **Replacement of Restorations:** If electrogalvanism is confirmed and persistent, replacing one or both restorations with compatible materials may be necessary.
- **Symptomatic Relief:** Provide analgesics if needed for pain relief.

Metal Fillings May Act as a Galvanic Battery in the Mouth



Oral Galvanism & Tooth Pain

Manoj Patil
Head of Department of Prosthodontics
DR. PATIL DENTAL SCHOOL
Dr. Patil Knowledge City, Charholi
Nashik, Pune - 412105

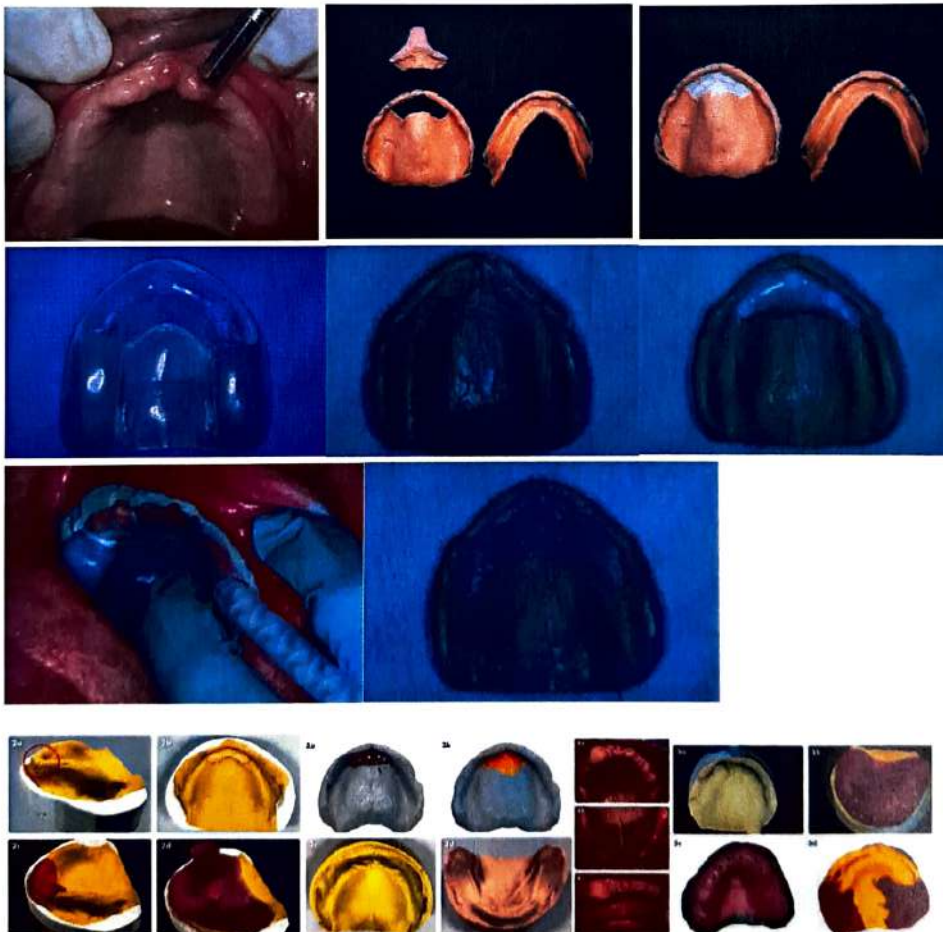
Clinical scenario 10

Management of edentulous patient who show movable flabby tissue in maxillary anterior region during impression.

Flabby tissue or hypermobile ridge tissue is commonly seen in the anterior part of the edentulous maxillary ridge or overlying an atrophic knife-edge mandibular ridge. A flabby ridge is a superficial area of mobile soft tissue affecting alveolar ridges. It occurs when hyperplastic soft tissue replaces the alveolar bone and is seen particularly in the upper anterior region of longterm denture wearers.

Flabby tissues are managed by their severity. Different techniques applied for flabby ridge management, include surgical removal and augmentation, special impression techniques, balanced distribution of occlusal loads and implant therapy.

Impression techniques: If the flabby tissue is compressed during conventional impression making, it will later tend to draw back and dislodge the resulting overlying denture. To obtain optimal support, an impression technique is essential which will compress the non-flabby tissues, and, at the same time, will not displace the flabby tissues.



PHOTOGRAPHS OF SIMULATIONS ON TYPHODONT



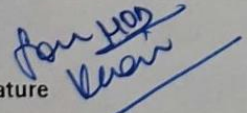
BATCH 2018-19

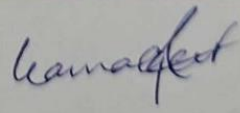
D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

Sr No	Name of student	Endo Pre test marks	Endo post test marks	Prostho Pre test marks	Prostho Post test marks
1	AJMERA KRISHNA SHRINIVAS	3	7	3	6
2	AJREKAR IFTISAM ABDULGAFFAR	3	9	3	7
3	ASHTE SWARAJ GOPAL	3	8	3	5
4	AWHALE ANKITA ASHOK	4	9	3	6
5	BANDEBUCHE LAKSHMI RAJESH	3	8	4	5
6	BHASGE PRASHANT UMAKANT	3	8	4	5
7	BHIMANI PRIYANSH MANILAL	3	8	4	6
8	CHHEDA REET RAJESH	3	7	3	6
9	DEGLURKAR NIDHI JAYANT	3	8	3	7
10	DEOLE NISHIKA VINAY	3	8	3	6
11	DESHMUKH ISHWARI HEMANTRAO	3	7	2	6
12	DESHPANDE AKSHADA AVINASH	3	8	3	7
13	DHAIGUDE SNEHAL HIMMATRAO	4	8	3	6
14	DHAYBAR SHREYA SANJAY	5	8	4	7
15	DOLE RUTA PRAMOD	5	8	4	7
16	EDLAWAR APOORVA SANJAY	4	7	3	6
17	FUNDE SNEHA JAGANNATH	4	8	3	7
18	GAIKWAD PARINAYA NANDKUMAR	4	8	2	7
19	GUPTA ARUSH	3	8	2	6
20	GURAV DIPTI SANJAY	4	8	3	6
21	GUTTE VARSHA ANKUSHRAO	3	8	4	6
22	HANGE ANUJA SHIVRAJ	3	8	4	6
23	JAGTAP KOMAL DEEPAK	3	9	2	8
24	KACHAVE PALLAVI PRABHAKAR	3	9	3	8
25	KADAM GAUTAMI BALASAHEB	4	7	3	6
26	KADAM POOJA SUNIL	3	9	2	6
27	KADAM SHIVANI ANANT	3	6	3	7
28	KANASE RACHANA BHAUSAHEB	2	7	2	7
29	KARADKHELE ADITI NAMDEV	3	7	3	7
30	KEDAR PRIYANKA JALINDAR	3	4	3	7
31	KHADE PUSHPAK PRABHU	4	8	2	6
32	KHADE SHITAL BABAJI	3	9	3	7
33	KSHIRSAGAR RAHUL ATUL	4	8	4	6
34	KHODKE RITA SHIVAJI	3	8	2	7
35	KOKATE AKSHAY NAMDEV	3	9	2	6
36	KOLHE SHIVANI SANJAY	3	8	3	6
37	KULKARNI SHRUTI MAHESH	5	6	2	7
38	KUMBHAR TANVI PRAKASH	2	9	3	7
39	LOHTIA VISHAKHA	5	7	3	8
40	LONDHE NEHA TANAJI	3	8	3	6
41	MAHAJAN PIYUSH KASHINATH	5	9	3	7
42	MAHIRCHANDANI DIVYA MEET	3	8	3	6
43	MATHAPATI RUTUJA SOMESHWAR	4	6	3	6
44	MATHURVAISHYA UNNATI SANJAY	3	9	3	3

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

45	MAURYA ANURAG PRATAP	3	7	3	6
46	MAURYA MONIKA	4	8	2	6
47	MEHRE KSHITIJA KISAN	3	9	3	7
48	MENGHANI NIKHIL PARMANAND	4	8	3	6
49	MISHRA ADARSH HARISHCHANDRA	3	8	5	6
50	MUDSINGE ANKITA ANIL	5	8	3	5
51	NADARGE MADURA CHANDRASHEKHAR	5	8	3	7
52	NAIK DIVYA AJIT	4	8	3	5
53	NARAWADE HEMANGI RAMDAS	3	9	3	6
54	NIKAM PRATIKSHA DATTATRAY	5	8	3	6
55	OSTWAL BHAVNA ARVIND	3	9	3	7
56	PADSALGI KOMAL SUNIL	4	9	3	7
57	PANCHAL SHRIYASH GOVINDRAO	3	7	4	6
58	PANADE SACHIN BHIMRAO	3	8	3	6
59	PATIL DIVYA SURESH	3	7	3	7
60	PATIL KOMAL NANDLAL	2	8	2	7
61	PATIL KRUTIKA KAILASH	2	9	2	7
62	PATIL LEENA SANJAY	2	9	2	7
63	PATIL PORNIMA SANJAY	3	9	3	7
64	PATIL PRANAV ADAGONDA	3	9	3	7
65	PATIL RUPAL RAMDAS	3	9	3	7
66	PATIL SANIKA GIRISH	4	9	3	8
67	RAJAGOPAL ANSHIKA	2	8	2	7
68	RANKAWAT ROSHNI NANDKISHOR	2	7	2	5
69	RAUT MONIKA KAILAS	2	8	3	6
70	RAUT UZAIR ZAHID	3	8	3	8
71	ROY TANYA	2	8	3	8
72	SARSWAT QASHISH ANIL	3	9	3	7
73	SAWANT VARSHA SANDIPAN	3	8	2	8
74	SAXENA MUSKAAN	3	7	4	8
75	SHAH DEEP NIRAV	2	8	2	7
76	SHARMA PRACHI	3	8	2	7
77	SHELKE MUKTA PRAMOD	3	7	3	6
78	SHINDE SHUBHAM DILIP	3	9	4	7
79	SHINDE SHRADHDA LAXMAN	6	9	4	7
80	SURAKSHYA SHRUTI	4	9	3	7
81	TAMBE NEHA YOGANAND	3	8	4	7
82	THAKUR NIRANJANSINGH RAJENDRASINGH	3	8	3	6
83	TRIPATHI VAISHNAVI PRASHANT	2	8	3	6
84	VIDHATE MANJIRI RAGHUNATH	3	9	3	7
85	WAGHMODE SHIVANI SOMESHWAR	4	9	3	7
86	ZAVAR HARSHALI PRAVIN	3	7	3	6
87	ZOTE ASHWIN ANAND	4	8	3	6

Signature 
 Department of Conservative Dentistry and Endodontics
PROFESSOR & HEAD
 Dept. of Conservative Dentistry
 & Endodontics
 D Y Patil Dental School
 D Y Patil Knowledge City
 Charholi (E), Lohegaon, Pune - 412105

Signature 
 Department of Prosthodontics and Implantology
 Head of Department of Prosthodontics
 DY PATIL DENTAL SCHOOL
 DY Patil Knowledge City, Charholi
 Lohegaon, Pune - 412105

BATCH 2019-20

D Y Patil Dental School, Lohegaon, Pune

Marklist for Early Clinical Exposure (Pre and Post Test)

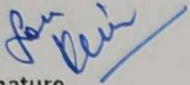
Sr No	Name of student	Endo Pre test marks	Endo post test marks	Prostho Pre test marks	Prostho Post test marks
1	ADSULE YOJANA JEETENDRA	2	8	2	7
2	AGARKAR HRUTUJA VINOD	4	7	4	7
3	AGLAWE SAKSHI SURESH	2	7	3	6
4	AUTADE HARSHAL DATTATRAY	2	8	3	6
5	BANGAR ASHWINI VITTHAL	3	4	2	5
6	BANSODE SNEHA MAHADEO	3	7	2	7
7	BARDESKAR RUTUJA APPASO	4	8	3	6
8	BHOIR SHIVANI SHANKAR	5	7	4	7
9	BHOYAR SHRADDHA GANESH	5	8	2	5
10	BHUJBAL HARSHADA RAMESHWAR	4	7	3	7
11	BHURA AMAAN ASIF	3	8	2	7
12	BORADE NANDINI CHANDRAKANT	3	8	3	7
13	CHAUDHARI KETAN SANJAY	4	8	4	7
14	CHAVAN ANURADHA ANIL	6	8	5	7
15	CHOUDHARY VAISHNAVI VINOD	5	7	3	7
16	DABERAO ADITI HARISH	6	8	5	7
17	DESHMUKH RUTIKA ARUN	4	9	2	6
18	DODAL ISHAN AKSHAY	4	8	2	6
19	DUDHE POOJA NILKANTH	3	8	2	8
20	GAIKAR MANALI SAKHARAM	3	9	2	6
21	GAIKWAD AKSHATA TANAJI	5	6	3	5
22	GAIKWAD PRASAD JALINDAR	5	8	3	6
23	GAIKWAD SHIVANI NITIN	2	8	2	6
24	GARJE KIRTI VIJAYKUMAR	2	8	2	6
25	GHOSALKAR GARGI RAJENDRA	3	8	3	8
26	GIRE POONAM TULSIRAM	2	7	2	7
27	GUNE ISHA SUBHASH	4	7	4	7
28	ITANKAR SHARVARI BODHRAJ	3	8	2	6
29	JADHAV ANJALI ASHOK	3	8	3	7
30	JADHAV ROHINI BHARAT	3	8	3	6
31	JADHAV TANMAY ASHISH	2	9	2	7
32	JAGTAP PRATIK VIJAY	2	8	2	6
33	JAISWAL RITIKA RAKESH	3	8	2	6
34	JAJU GAURI SUNIL	3	8	2	7
35	JHA KRITIKA	2	9	3	7
36	JOSHI ISHA CHINTAMAN	3	8	2	6
37	KAIRAMKONDA RUTUJA RAMESH	3	8	2	7
38	KAMTHE ABOLI DATTATRAY	2	8	3	8
39	KAMTHE ASHWINI MADHUKAR	3	9	4	7
40	KENDRE RUTUJA DNYANOBA	3	8	4	6
41	KHANDEKAR RUSHIKESH UMESH	3	8	4	7
42	KHARAT TEJAS SITARAM	4	9	4	7

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

43	KHATIK AAFIYA PARVEEN	3	8	2	6
44	KHUDE SHANTANU VISHNU	3	8	3	7
45	KRISHNA KESHAV	4	8	3	6
46	KSHIRSAGAR SHIVANI RAJENDRA	3	8	3	7
47	KULKARNI MRUNAL SUNIL	3	9	3	7
48	LATPATE MANSI NATHRAO	5	9	4	7
49	LINGAIT VIDISHA	4	8	3	7
50	MANWANI ANISHA SUNIL	5	6	4	7
51	MANWAR SANKET AVINASH	5	7	4	6
52	MARIA NOOR	4	7	4	6
53	MULEY SAMPADA DHANANJAY	4	8	5	6
54	MUNJAL VIDHYA DEVIDAS	4	9	3	7
55	MUTTEPWAR SAMPADA SUNIL	3	9	4	7
56	NAGDEKAR SHRUTI RAVINDRA	4	7	4	6
57	NAIKWADE PALLAVI CHANDRASHEKHAR	4	7	3	6
58	NALAWADE ANKITA BHIMRAO	6	8	5	7
59	NALAWADE INDRAJEET YOGESH	3	9	5	9
60	NIGAM SOMILA UMESH	2	9	2	6
61	NIKAM SHRADDHA ARJUN	3	9	3	6
62	PACHANGE VAISHNAVI VENKATESH	7	9	2	7
63	PADGHAN SARIKA MADHUKAR	3	8	4	7
64	PADILE NISHIGANDHA DNYANOBA	6	8	3	6
65	PAGNIS AAYUSHI	5	8	4	6
66	PAKAWALA UMMAY KULSUM	4	8	4	6
67	PANASKAR APOORVA DIPAK	3	7	4	6
68	PARDESHI ISHWARI SUNIL	4	6	4	7
69	PARMAR YASHI SAMPAT	5	9	4	7
70	PASUNOORI AISHWARYA SOMNARSAIA	6	9	4	7
71	PATIL TEJASWINI MAHENDRA	6	8	4	7
72	PAYGHAN AKASH KADUJI	5	7	2	7
73	PITALE NEHA GIRISH	4	9	3	7
74	POOJARY NIKHITA PRABHAKAR	5	9	5	7
75	POTODE BAKUL NARENDRA	4	9	3	6
76	RAMGADE RIYA JITENDRA	3	8	4	7
77	RAVANGAVE VAISHNAVI SANJAY	3	8	4	6
78	ROKDE ALISHA SHIVRAM	5	8	3	6
79	SAGAR SHUBHANGI JIVAN	4	7	2	6
80	SHAH PURVA KIRAN	3	8	3	7
81	SONTAKKE PRATIKSHA PRALHAD	3	9	3	6
82	SONVANE SURAJ SHRIMANTRAO	5	9	4	7
83	SURVE SWARANJALI SHASHIKANT	3	9	2	7
84	TAMORE ABHISHEK MAHENDRA	3	9	2	7
85	TANDALE TANVI TUSHAR	4	9	3	7
86	TARDE ABHISHEK VIKAS	3	9	3	6
87	TIWARI SUMANT	2	8	2	6

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

88	VAIDYA MEDHA MUKUND	2	8	3	6
89	VIDHATE ANKITA NILKANTH	3	8	2	6
90	WAKURE AMOL BABASAHEB	3	8	3	6
91	GHOHARE SAURABH SUBHASH	3	8	4	5
92	GHOSADE PRANALI BANDU	4	8	2	5
93	SHINDE SHRADDHA	3	6	2	5



Signature

Department of Conservative Dentistry and Endodontics

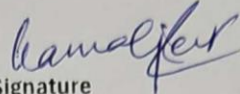
PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 412105



Signature

Department of Prosthodontics and Implantology

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi

Lohegaon, Pune - 412105

(4) Lecta

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

BATCH 2020-21

Roll no.	Name of Student	Endo Pre test marks	Endo post test marks	Prostho Pre test marks	Prostho Post test marks
1 ✓	AMBATKAR SAKSHI SADANAND	4	9	4	7
2	BAILE SHIVKRISHNA KRANTIKAR	3	8	3	5
3 ✓	BALGUDE TRUPTI SANJAY	4	8	4	6
4 ✓	BARI MRUNALI GOPAL	3	8	4	6
5 ✓	BEDSE HARSHAL RAJDHAR	5	8	5	7
6 ✓	BHANSALI PRINCE SUSHIL	3	9	4	7
7 ✓	BHATTI HARDIK RAHUL	5	9	5	6
8 ✓	BHISE ROHINI BALU	3	8	3	7
9 ✓	BHUTKAR ARYA ANIL	6	8	4	7
10 ✓	CHANDORKAR ISHAN ASHISH	4	7	4	8
11	CHANGMAYUM ESHITA	3	8	2	7
12 ✓	CHAVAN SHRADDHA ASHOKRAO	3	7	4	8
13 ✓	CHIDDARWAR JANHAVI ATUL	5	8	3	6
14 ✓	DARADE AMIT SUMANT	3	10	2	8
15 ✓	DESHMANE ADITI ARUN	3	9	3	8
16 ✓	DESHMUKH SAKSHEE SURYAKANT	4	7	3	6
17	DODIA RUCHI BIPIN	4	9	3	8
18 ✓	DOND PRASAD SUNIL	4	8	3	7
19 ✓	DUGANI SNEHAL MURGENDRA	4	8	2	5
20 ✓	GAIKWAD ABHAY SHAHAJI	3	8	2	6
21 ✓	GAIKWAD AKANKSHA PANDURANG	3	9	2	8
22 ✓	GAIKWAD ANKITA DATTATRAY	4	7	3	6
23 ✓	GARG KASHISH SANJAY	4	8	4	6
24	GOWAIKAR RUCHA SANJAY	3	9	3	8
25 ✓	GUDADHE TRUPTI JAYANT	5	9	3	8
26 ✓	GUPTA RAGHAV MAHESH	3	9	2	8
27	HALAGERI PARVATI BASAVRAJ	4	8	3	6
28 ✓	JAMNA SANIYA ILIYAS	5	7	3	6
29	JHAWAR AKSHATA RAMKISHOR	3	8	3	5
30 ✓	KAMBLE MRUNAL VIJAY	5	7	4	5
31	KANPILE SAKSHI CHETAN	4	8	4	6
32 ✓	KEKARE NIRMITI DASHRATH	3	9	3	8
33 ✓	KHAKAR SWAROOP ARUN	4	8	3	7
34 ✓	KULKARNI HARSH MILIND	2	7	3	6
35 ✓	LOKHANDE PRATIKSHA NARHARI	2	8	3	7

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

36✓	LOLAGE VAISHANVI	4	8	3	6
37✓	LONDHE SIDDHESH ANIL	6	9	3	6
38✓	LONDHE VINIT MAHADEO	3	9	3	8
39✓	LONKAR SAKSHI SANDIP	3	9	3	8
40✓	MAGAR SHREYAS ASHOK	2	8	3	6
41	MAHAJAN JUI SHASHANK	4	9	4	6
42✓	MALI PRERNA RAJESH	4	9	3	8
43✓	MANE ONKAR VINAYAK	3	3	7	7
44✓	MANEK SRUSHTI RAJESH	3	7	4	6
45✓	MAURYA KHUSABU	3	8	2	5
46✓	MISHRA SHUBHAM SANJAY	2	9	3	6
47	MOHITE AISHWARYA ULHAS	3	7	2	7
48	MOMIN RUSHNA ISHTIYAQUE AHMED	4	8	3	7
49	MORE AMRUTA BALDEO	3	7	4	7
50✓	MULE ADITYA SATISH	4	8	5	6
51	MULIK SIDDHI SAMBHAJI	3	8	4	8
52✓	MUNIFA NAZ MOHAMMAD RAFIQUE	3	7	4	7
53✓	NARKHEDE SAKSHI SHRIKANT	3	7	4	7
54	NARSULE DIVYA ARVIND	3	7	4	6
55	NARWADE SHYAM VIJAY	4	9	3	8
56✓	PATEL RIDDHI HARESH	1	9	2	7
57✓	PATIL DEVYANI NANDKISHOR	4	5	4	6
58✓	PATIL HARSHADA ULHASRAO	3	8	4	7
59	PATIL JAGRUTI SATISH	4	9	3	8
60✓	PATIL PAWAN SATISH	2	8	3	6
61	PAWAR POOJA GOPICHAND	3	9	2	6
62✓	PAWAR RUTUJA RAMNATH	3	9	3	6
63	PHALKE MRUNAL UMESH	5	8	3	6
64✓	PHARATE SHWETA EKNATH	3	8	4	8
65	RAUT AISHWARYA SHIVLING	4	8	4	6
66✓	SALIYAN SHRUTI SURESH	3	7	4	7
67	SAWANT ROHINI BHARAT	5	8	4	6
68	SHAIKH RUHMA ARIF	3	8	4	6
69✓	SHEKAPURE AISHWARYA BALAJI	5	8	3	6
70✓	SHELKE OMKAR NANASAHEB	5	8	3	6
71✓	SHETE VRUSHALI SANJAY	2	9	3	6
72✓	SHINDE PRAJAKTA SADASHIV	2	9	2	5
73	SHINGADE ADITYA RAGHU	3	9	2	6
74✓	SONAR BHUVANESHWARI PANKAJ	2	7	3	8

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

75	SONAWANE KANCHAN RAVINDRA	5	9	6	7
76	SONAWANE SANGRAM SANJAY	5	9	2	7
77	SPRIHA SINGH	4	7	4	8
78	SURYAWAD RUTUJA RAOSAHEB	4	7	3	6
79	SURYAWANSHI VIJAYALAXMI MAHENDRA	5	7	3	6
80	TAMBE SAMRUDDHI SARASRAM	4	7	4	6
81	UGRAN SHRADDHA VIJAYKUMAR	4	8	4	6
82	WARAL CHETAN SUNIL	2	7	1	7
83	WARKAD PRATIKSHA GAJANAN	3	7	3	7
84	Ghogare Saurabh	4	8	3	5
85	Prajakta Pawar	4	8	3	6

Mani

Signature

Department of Conservative Dentistry and Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charholi (Bk), via Lohegaon, Pune - 412105

Kamaljeet

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Department of Prosthodontics and Implantology

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi

Lohegaon, Pune - 412105

BATCH 2021-22
D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

Roll no.	Name of Student	Endo Pre test marks	Endo post test marks	Prostho Pre test marks	Prostho Post test marks
1	AAGE LAJARI KISHOR	4	9	4	7
2	ADAM SHRUTI JAGDISH	3	8	3	5
3	AGHAV PRANAV POPAT	4	8	4	6
4	BADGUJAR RUCHIKA PRAKASH	3	8	4	6
5	BANODE AVANTIKA GANESHRAO	5	8	5	7
6	BHAT KHUSHI RAHUL	3	9	4	7
7	BHOSLE SUNIDHI CHANDRAKANT	5	9	5	6
8	BORUDE PRADNYA SITARAM	1	9	4	7
9	BUMB DARSHAN PRASHANT	2	10	3	8
10	CHANDAK AARYA ANAND	3	7	4	6
11	CHAURE PANKAJ CHANDRAKANT	3	8	2	7
12	CHAVAN PRATIKSHA SAMBHAJI	4	8	3	7
13	CHIKHALE SHUBHAM SANDEEP	3	8	4	6
14	CHIPADE MANTHAN VISHWANATH	3	10	2	8
15	DAHIPHALE PRADEEP BALU	3	8	2	6
16	DALIMBKAR SPURTI GULABRAO	4	8	3	6
17	DARADE JANHAVI DNYANESHWAR	4	9	3	8
18	DEO SHARVARI ANAND	4	8	3	7
19	DESHMUKH SHWETA SUNDAR	4	8	4	8
20	GAIKWAD MITALI MAROTI	3	8	2	6
21	GARGOTE AKANKSHA KALURAM	3	9	2	8
22	GHUGARE PRATIKSHA TANAJI	4	7	3	6
23	HAVASHETTE PRAVIN RAMESH	4	8	4	6
24	HINGE RUI CHANDRAKANT	3	9	3	8
25	INGAWALAY SANIKA SUUNIL	5	9	3	8
26	INNANI GOURAV KAMALKISHOR	3	9	2	8
27	JADHAV CHAITALI DIPAK	4	8	3	6
28	JADHAV CHANCHAL DNYANESHWAR	5	7	3	6
29	JADHAV PRANJALI UTTAM	3	8	3	5
30	JADHAV TEJASVI MAHESH	5	9	4	5
31	JAIN RICHI SANJAY	4	8	4	6
32	JAMBHALKAR MANJU SUKHADEO	3	9	3	8
33	KACHARE SARATHI SANJAY	4	8	3	7
34	KALYANKAR SHUBHANGI MANOHAR	2	7	3	6
35	KHALATE PRIYANKA GANESH	2	8	3	7
36	KUDALE TAPAN POPAT	4	8	3	6
37	KURUTHUKULANGARA ELLENA SHAJI	6	9	3	6
38	MIDGULE SAMRUDDHI SUNIL	3	9	3	8
39	MORE NUPUR VITTHAL	3	9	3	8
40	MULE RENUKA SAMPATRAO	2	8	3	6
41	MUNGSE VAISHNAVI SAMBHAJI	4	9	4	6
42	NAIKWADE NIKITA SUBHASH	4	9	3	8
43	NANDE SHWETANK SAGAR	3	3	7	7
44	NAWALE ANVITA PRALHAD	4	9	3	6

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

45	NIKHADE RUCHI GAJANAN	3	8	2	5
46	OMBASE NIKITA MALHARI	2	9	3	6
47	OSWAL ISHA SANJAY	3	7	2	7
48	PADMAWAR SHAMAL MANOJ	4	8	3	7
49	PANIKER AISHWARYA PRATHAPAKUMAR	4	8	4	6
50	PANSARE ASMITA BALASAHEB	4	8	5	6
51	PARDESHI RITU DATTATRAY	4	8	5	6
52	PATEL DIVYA SANJAY	4	9	2	8
53	PATIL ADITI BHARAT	3	8	2	5
54	PATIL KRITIKA TUSHAR	4	8	4	7
55	PATIL ROSHAN BHAUSAHEB	4	9	3	8
56	PATIL SAYALI SHARAD	1	9	2	7
57	PAWAR PRACHI DHANANJAY	4	8	4	6
58	PAWAR SHIVANI KALYAN	3	10	4	6
59	PHATE AKSHAYA PURUSHOTTAM	4	9	3	8
60	PILLAY AISHWARYA SHAILENDRA	2	8	3	6
61	RANVIR ASMITA ARUN	3	9	2	6
62	RATHOD ANJALI HARI	3	9	3	6
63	RATHOD ASHWINI SHIVLAL	5	8	3	6
64	RODE ADITI SANTOSH	2	9	3	6
65	SALVE ADITYA SAHADEV	4	8	4	6
66	SAMAL VAISHNAVI ANAND	4	7	4	6
67	SHAIKH MASEERA PARVIN MOHD ASHFAQUE	5	8	4	6
68	SHAKUNTAL SUHAS GIRISH	3	8	4	6
69	SHENDAGE TEJAL TANAJI	5	8	3	6
70	SHENDE YUGAL VINOD	5	8	3	6
71	SHINDE MUKTA VINAYAK	2	9	3	6
72	SHINDE SAMRUDDHI DHARMARAJ	2	9	2	5
73	SURVE MAYURI DHANAJI	3	9	2	6
74	TANDALE RUTIK BHANUDAS	2	7	3	8
75	TATTAPURE MANGESH SURYAKANT	5	9	6	7
76	TELE PRATIK BALU	5	9	2	7
77	TUPE RUTIKA SATISH	4	9	4	6
78	WAGH SHIVANI KISHOR	4	7	3	6
79	WAKASE RUCHITA DATTATRAY	5	7	3	6
80	WANJARE ANUSHKA RAVINDRA	4	7	4	6
81	WANKHADE AKANKSHA VILASRAO	4	8	4	6
82	YELVE TEJUS BUDDHADAS	2	7	1	7
83	YEWALE UTKARSHA AVINASH	3	7	3	7
84	ZAGADE PRATIKSHA KONDIBA	4	8	3	5
85	ZANWAR SAYALI JUGALKISHOR	4	8	3	6

Signature

Department of Conservative Dentistry and Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Via Lohegaon, Pune - 412105

Signature

Department of Prosthodontics and Implantology

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi

Lohegaon, Pune - 412105

BATCH 2022-23

D Y Patil Dental School, Lohegaon, Pune

Marklist for Early Clinical Exposure (Pre and Post Test)

Sr No	Name of student	Endo Pre test marks	Endo post test marks	Prostho Pre test marks	Prostho Post test marks
1 ✓	ALHAT SAKSHI YOGESH				
2 ✓	AGRE SAKSHI SANJEEVKUMAR	5	6	4	5
3	ALI AHMED SARA ZULFIKAR	5	6	4	5
4 ✓	AMRITSAGAR VARUN MOHAN	4	6	5	5
5 ✓	BADNE PRERNA RAM	5	6	5	5
6	BHAGYESH SHIPALKAR	3	9	4	8
7 ✓	BHAVYA ANILKUMAR NAHATA	5	8	4	8
8 ✓	BHIKKA SANIA SANJAY	4	8	3	9
9 ✓	BHOR KAUSTUBH SANTOSH	4	8	5	7
10	BHORE BHUSHAN TANAJI	4	6	5	5
11 ✓	BHOSALE ABHISHEK RAVINDRA	5	7	4	8
12 ✓	BHOSALE ANJALI AJIT	5	8	4	9
13 ✓	BHOSALE SHIVANI RAMESH	5	9	4	8
14 ✓	CHAURASIYA ROUNAK ARBIND	5	9	4	8
15 ✓	CHAVAN GAYATRI DNYANESHWAR	4	9	4	7
16	CHIKUNDRE SAKSHI SUNIL	5	9	4	8
17	DAMALE BHAGYASHREE SANTOSH	4	8	4	7
18 ✓	DEMBDA MUSKAN RAVI	5	9	4	8
19 ✓	DEORE TANAYA RAJENDRA	4	8	4	7
20 ✓	DEVKATE RUSHIKESH MACHCHHINDRA	5	9	4	8
21 ✓	DEVKATE RUSHIKESH MACHCHHINDRA	4	8	3	6
22 ✓	DOLSE VISHAKHA RAMESH	4	8	3	6
23 ✓	DUMALE SIMRAN SATISH	4	9	4	8
24 ✓	FUNDE ARATI VISHWANATH	4	9	4	8
25 ✓	GADHARI SOHAM SANJAY	4	9	4	8
26 ✓	GADHARI SOHAM SANJAY	5	8	4	7
27 ✓	GHODKE ANUJA RAMPRABHU	4	7	5	8
28 ✓	GHOLAP SARTHAKI MAHESH	5	6	4	5
29 ✓	GITTE AKANKSHA BABASAHEB	5	8	5	5
30 ✓	GOR SHREEYA PHALGUN	4	8	4	7
31 ✓	HOLE ANUSHKA BALASAHEB	4	6	5	5
32 ✓	JADHAV ARATI SACHIN	4	8	4	8
33 ✓	JADHAV ASHUTOSH SHARAD	4	7	5	8
34 ✓	JADHAV SWAPNALI SANJAY	4	6	5	5
35	JAIN YUTHIKA DEEPAK	4	7	3	7
36 ✓	JAWALE PRAJAKTA SURESH	4	7	3	7
37 ✓	JAWARKAR SANSKRUTI VIKAS	5	8	4	7
38	JOSHI SAYALI SARANG	4	9	3	8
39 ✓	KADAM VAISHNAVI SUNIL	5	7	4	8
40	KAKADE RADHIKA HANMANT	5	6	4	5
41 ✓	KAMBLE TEJAS ANIL	4	6	5	5
42	KANADE PRIYANKA VIJAY	5	8	4	4
	KATE TANVI RAMESH	4	9	5	7
	KUBDE RUTIKA RAMDAS	5	4	4	8

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

43 ✓	KUMBHAR SRUSHTI RAJARAM				
44 ✓	KUSUMBE NIKITA PRAKASH	4	8	4	7
45	MAHALE HARSHALI VIJAY	4	8	5	9
46	MALI SHIVANI VILAS	5	7	6	7
47 ✓	MALUSARE ADITI GULSHAN	4	9	4	7
48 ✓	MASKE SHRADDHA KESHAV	3	9	4	8
49 ✓	MOMIN AIMAAN IRSHAD	4	6	4	5
50 ✓	MUPADE POOJA VILAS	4	9	4	7
51 ✓	NAGRE GAURI MADHUKAR	4	8	5	4
52 ✓	NAIK ASTHA SWAPNIL	4	8	4	4
53 ✓	NAKVE VAISHNAVI NARAYAN	4	7	5	7
54 ✓	NANDANWAR SANIKA KISHOR	5	8	4	4
55 ✓	OMASE ADITI GOVIND	4	8	4	4
56 ✓	OSWAL VIDHI LALIT	3	8	4	4
57 ✓	PATEKAR AKANKSHA RAMESHWAR	4	8	4	4
58 ✓	PATEL MANSI PRAKASH	4	8	4	8
59 ✓	PATIL PRANJAL RAVINDRA	4	6	5	5
60 ✓	PATIL PURVA LALIT	5	7	4	5
61 ✓	PATIL SRUSHTI ULHAS	4	9	4	7
62 ✓	PAWAR OMKAR PRAKASH	4	7	5	5
63	PAWAR YASH BHAGWAN	4	10	4	8
64 ✓	PHALKE SHRAVANI DNYANESHWAR	4	9	3	7
65 ✓	PHATAK HRUSHKESH RAJENDRA	4	8	4	8
66	PHATAK HRUSHKESH RAJENDRA	4	7	4	7
67	PUDALE SHUBHANYU SUDESH	4	9	2	7
68 ✓	RAMTEKE SAWANI SATYAWAN	4	8	4	5
69 ✓	RAUT MRUNAL RAMESH	4	8	5	7
70 ✓	RONGATE SUMEDHA TUKARAM	4	8	4	8
71 ✓	SALAVE VAISHNAVI BABAN	4	8	4	8
72 ✓	SALVE SANIYA VASANT	4	7	4	5
73 ✓	SARALE KSHITIJA PRAKASHRAO	4	6	5	5
74	SARODE HARDIKA ATUL	5	9	4	7
75 ✓	SAWANT MIHIKA SACHIN	4	8	4	4
76 ✓	SAWANT PRAFUL SANTOSH	4	8	5	5
77 ✓	SETHURAMAN DIPTI	4	8	4	5
78 ✓	SHAH RUSHABH JITENDRA	4	8	4	8
79 ✓	SHAHARE KRITI LALDAS	5	8	4	8
80	SHAHARE KRITI LALDAS	4	8	5	6
81 ✓	SHELKE NIKITA SHANKAR	4	7	5	6
82	SHEWALE ASHAY AMBADAS	4	7	5	6
83 ✓	SHIMRU SAYLI KIRAN	5	8	4	8
84	SHIPANKAR SHUBHAM SRIKANT	4	9	5	5
85 ✓	SHRUTI S KALE	5	8	4	7
86 ✓	SONUNE VEDANTI GAJANAN	4	8	4	8
87	SOUMYA SUNEEL NAIR	4	6	4	4
	SUNETRA MAHADESHWAR	5	8	4	5
	SURYAWANSHI SMITA DIGAMBER	5	8	4	6
		5	8	4	4

D Y Patil Dental School, Lohegaon, Pune
Marklist for Early Clinical Exposure (Pre and Post Test)

88 ✓	TALE PAWAN BHASKAR	5	8	4	5
89	VAIDYA ABHISHEK DINKAR	5	8	4	5
90 ✓	WAGH VAISHNAVI RAGHUNATH	5	6	4	6
91	WAGHMARE SAKSHI SHIVAJI	4	7	4	5
92	WANDRE ABHISHEK NARAYAN	4	9	3	6
93	PATIL AISHWARYA	5	6	4	5
94 ✓	PRIYA RAUT	4	7	4	5

Mani

Signature

Department of Conservative Dentistry and Endodontics

PROFESSOR & HEAD

Dept. of Conservative Dentistry
& Endodontics

D Y Patil Dental School

D Y Patil Knowledge City

Charoli (Bk), Lohegaon, Pune - 412105

Kamlesh

Signature

Department of Prosthodontics and Implantology

Head of Department of Prosthodontics

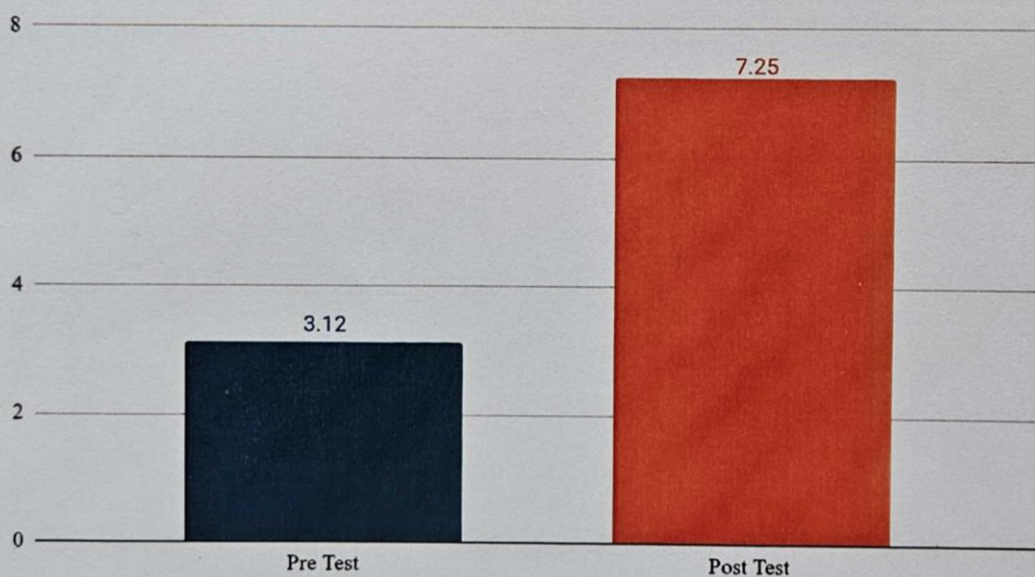
DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charoli.

Lohegaon, Pune - 412105

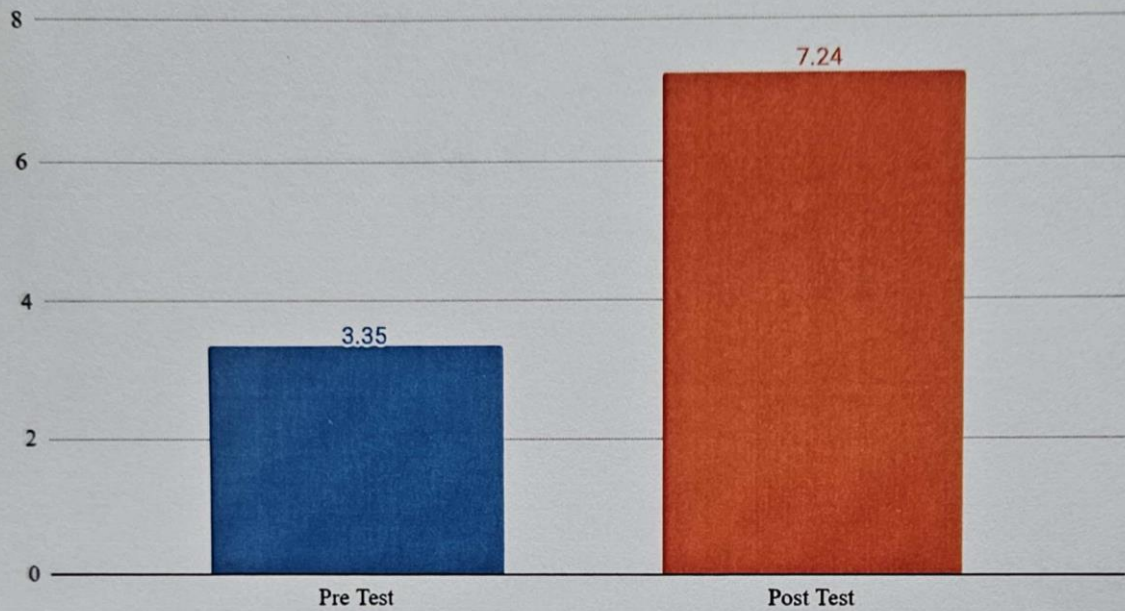
ECE Comparison Report On Pre And Post Test Marks

Evaluation of ECE Pre and Post Test Marks: Batch 2018-2019



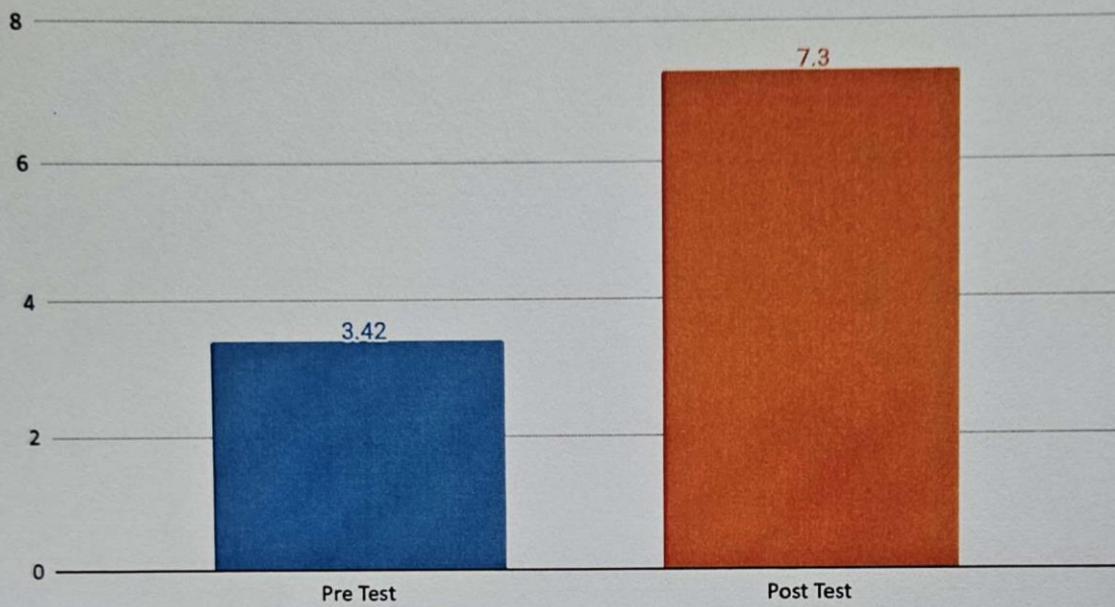
Inference: After carrying out ECE activity for this batch 132.37% increase in the marks was observed.

Evaluation of ECE Pre and Post Test Marks: Batch 2019-2020



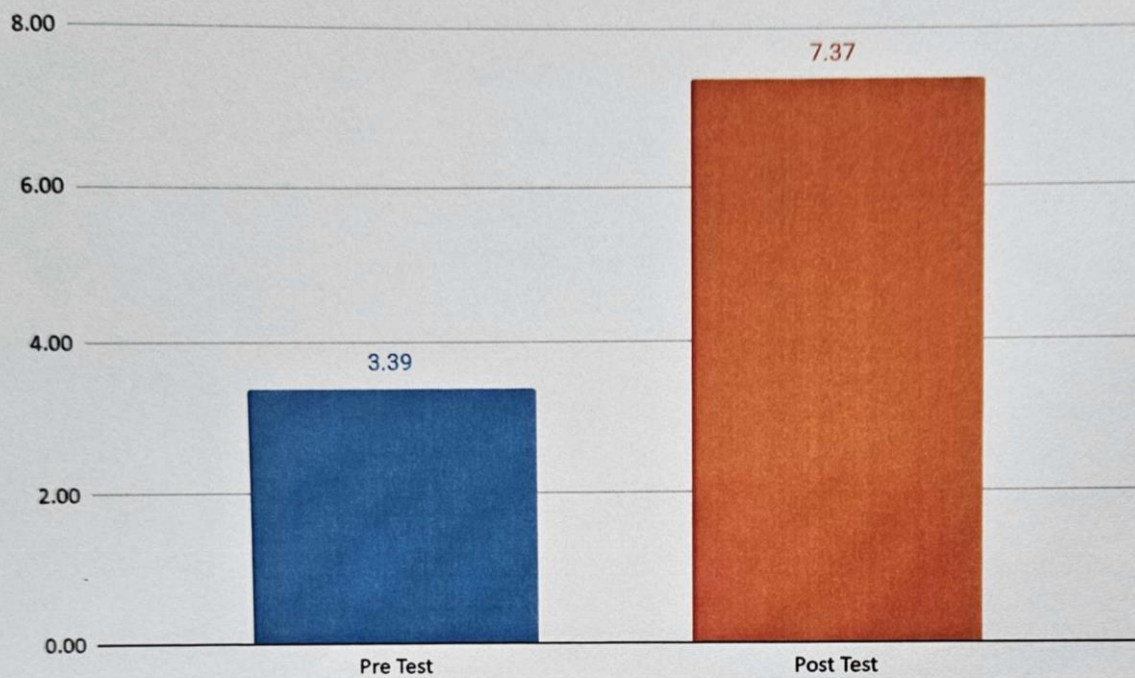
Inference:After carrying out ECE activity for this batch 111.21% increase in the marks was observed.

Evaluation of ECE Pre and Post Test Marks: Batch 2020-2021



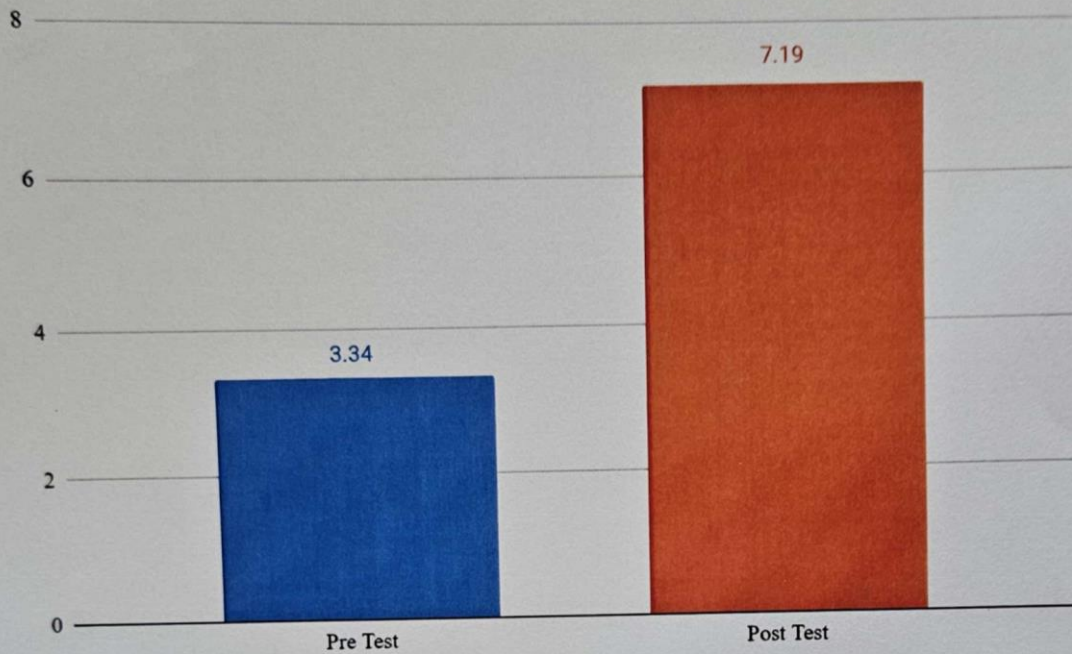
Inference: After carrying out ECE activity for this batch 113.45% increase in the marks was observed.

Evaluation of ECE Pre and Post Test Marks: Batch 2021-2022



Inference:After carrying out ECE activity for this batch 118.04% increase in the marks was observed.

Evaluation of ECE Pre and Post Test Marks: Batch 2022-2023



Inference: After carrying out ECE activity for this batch 115.26% increase in the marks was observed.

Dr Kamal Shigli

Coordinator

D Y Patil Dental School

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

**DY Patil Knowledge City, Charholi
Lohegaon, Pune - 412105**

Dr Kiran Keswani

Coordinator

D Y Patil Dental School

**Dept. of Conservative Dentistry
& Endodontics**

Dr Anand Shigli

DEAN

D Y Patil Dental School

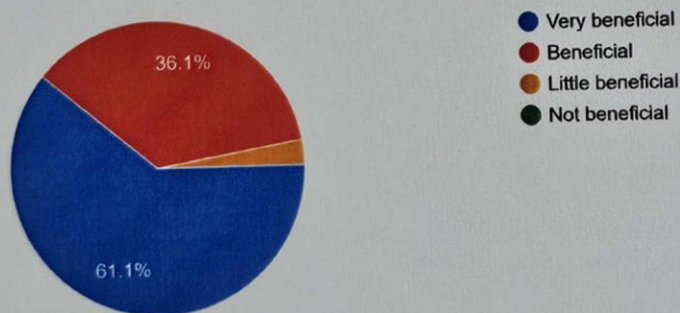
Students Feedback on
Visionary Learning : Dental
Loupes and Early Clinical
Exposure
Report 2018-2019

ACADEMIC YEAR 2018-2019
STUDENTS FEEDBACK ON EARLY CLINICAL EXPOSURE PROGRAM.
D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about Early Clinical Exposure. There were five questions in the questionnaire, most of which focused on gauging knowledge about early clinical exposure.
- A total of 72 responses were received.
- The responses were examined to improve skills and understanding of students by access to early clinical exposure.

1) How beneficial was the early clinical exposure program, keeping in mind the training conducted for you?

72 responses



Among all the participants 61.1% felt that the training sessions conducted were very beneficial, 36.1% found it beneficial, while 2.8% found it little beneficial.

2) How beneficial was the workshop on magnification in reinforcing importance of cavity features and ergonomics amongst you?

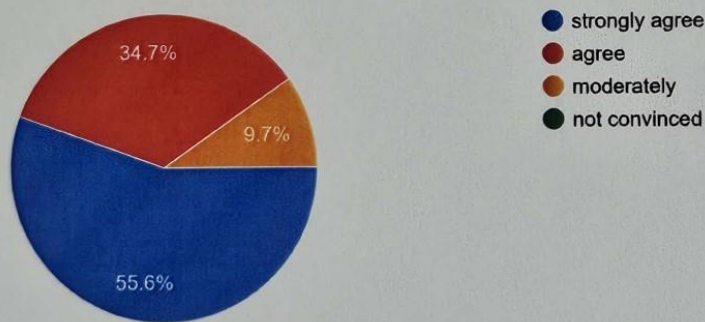
72 responses



Among all the participants 27.8% felt that the workshops on magnification reinforcing the importance of cavity features conducted were very beneficial, 70.8% found it beneficial, while 1.4% found it little beneficial.

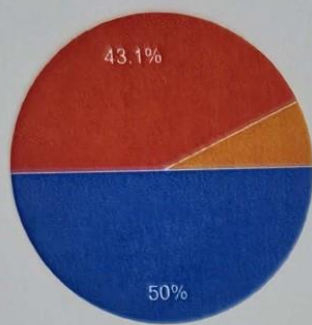
3) Did the program of early clinical exposure evoke great interest amongst you towards performing better in clinics?

72 responses



Among all the participants 55.6% strongly agreed that the program of early clinical exposure evoked great interest towards performing better in clinics, 34.7% agreed, while 9.7% moderately agreed.

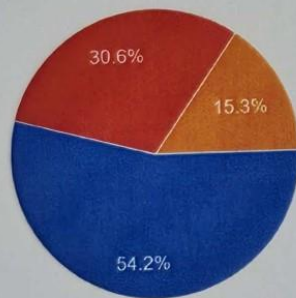
4) Did the clinical case scenarios discussed during early clinical exposure program help having greater affinity towards dentistry as compare...It about dentistry when you first joined
72 responses



- It was of immense help
- It was of moderate help
- It was of little help
- It was of no help

Among all the participants 50% found the clinical case scenarios immensely helpful, 43.1% found it moderately helpful, while 6.9% found it of little help in having greater affinity towards dentistry.

5) Did the program of early clinical exposure give you good exposure and give you way in cement manipulation skills?
72 responses



- strongly agree
- moderately agree
- agree
- Don't agree

Among the participants 54.2% strongly agreed that the program gave them good exposure and skills in cement manipulation, 30.6% moderately agreed while 15.3% agreed.

Kamal Shigli

Dr Kamal Shigli

Coordinator

Head of Department of Prosthodontics
D Y Patil Dental School
DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charholi
Lohgaon, Pune - 412105

Kiran Keswani

Dr Kiran Keswani

Coordinator

D Y Patil Dental School

Dept. of Conservative Dentistry
& Endodontics

Anand Shigli

Dr Anand Shigli

DEAN

D Y Patil Dental School

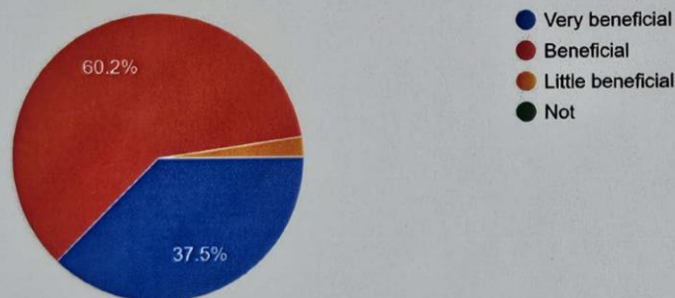
Students Feedback on
Visionary Learning : Dental
Loupes and Early Clinical
Exposure
Report 2019-2020

ACADEMIC YEAR 2019-2020
STUDENTS FEEDBACK ON EARLY CLINICAL EXPOSURE PROGRAM.
D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about Early Clinical Exposure. There were five questions in the questionnaire, most of which focused on gauging knowledge about early clinical exposure.
- A total of 88 responses were received.
- The responses were examined to improve skills and understanding of students by access to early clinical exposure.

1) How beneficial was the early clinical exposure program, keeping in mind the training conducted for you?

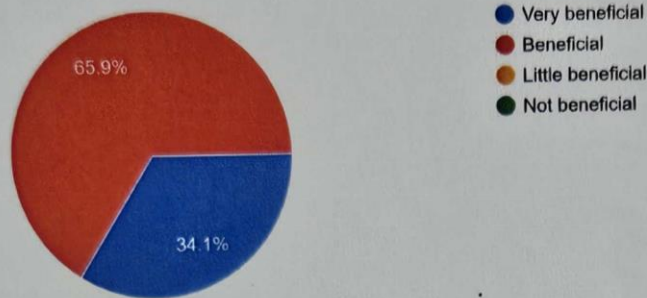
88 responses



Among all the participants 37.5% felt that the training sessions conducted were very beneficial, 60.2% found it beneficial, while 2.3% found it little beneficial.

2) How beneficial was the workshop on magnification in reinforcing importance of cavity features and ergonomics amongst you?

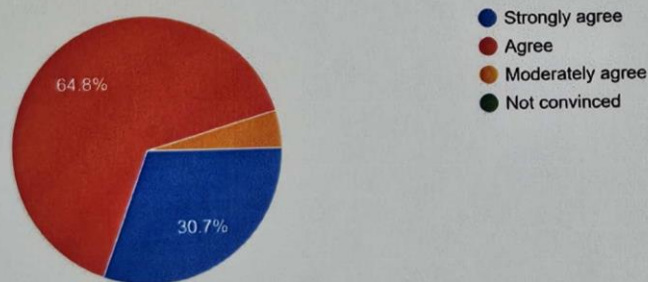
88 responses



Among all the participants 34.1% felt that the workshops on magnification reinforcing the importance of cavity features conducted were very beneficial, 65.9% found it beneficial.

3) Did the program of early clinical exposure evoke great interest amongst you towards performing better in clinics?

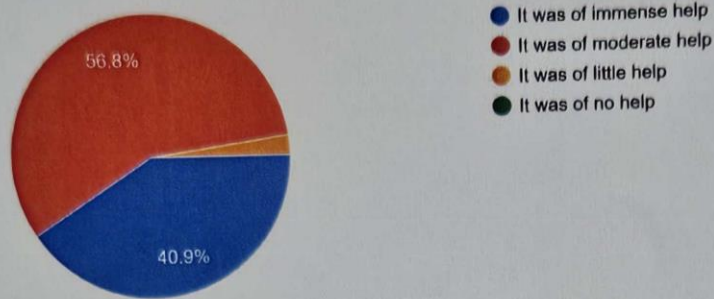
88 responses



Among all the participants 30.7% strongly agreed that the program of early clinical exposure evoked great interest towards performing better in clinics, 64.8% agreed, while 4.5% moderately agreed.

4) Did the clinical case scenarios discussed during early clinical exposure program help you in having greater affinity towards dentistry as compare...It about dentistry when you first joined dentistry?

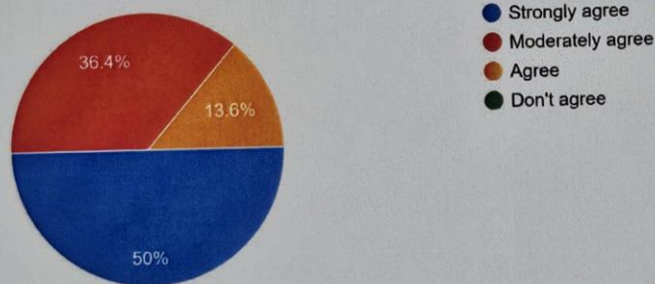
88 responses



Among all the participants 40.9% found the clinical case scenarios immensely helpful, 56.8% found it moderately helpful, while 2.3% found it of little help in having greater affinity towards dentistry.

5) Did the program of early clinical exposure give you good exposure and give you way manipulation skills?

88 responses



Among the participants 50% strongly agreed that the program gave them good exposure and skills in cement manipulation, 36.4% moderately agreed while 13.6% agreed.

Kamal Shigli

Dr Kamal Shigli

Coordinator

D Y Patil Dental School

Head of Department of Prosthodontics

DY PATIL DENTAL SCHOOL

DY Patil Knowledge City, Charhoji,

Lohegaon, Pune - 412105

Kiran Keswani

Dr Kiran Keswani

Coordinator

D Y Patil Dental School

**Dept. of Conservative Dentistry
& Endodontics**

Anand Shigli

Dr Anand Shigli

DEAN

D Y Patil Dental School

Students Feedback on
Visionary Learning : Dental
Loupes and Early Clinical
Exposure
Report 2020-2021

ACADEMIC YEAR 2020-2021

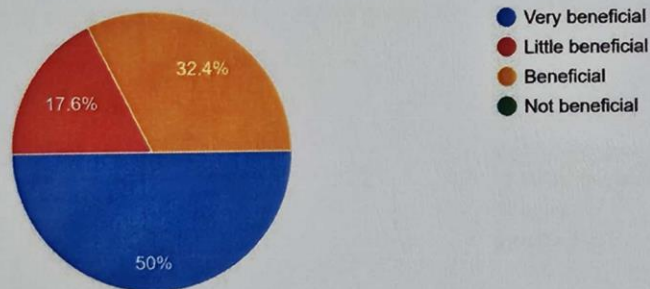
STUDENTS FEEDBACK ON EARLY CLINICAL EXPOSURE PROGRAM.

D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about Early Clinical Exposure. There were five questions in the questionnaire, most of which focused on gauging knowledge about early clinical exposure.
- A total of 68 responses were received.
- The responses were examined to improve skills and understanding of students by access to early clinical exposure.

1) How beneficial was the early clinical exposure program, keeping in mind the training conducted for you?

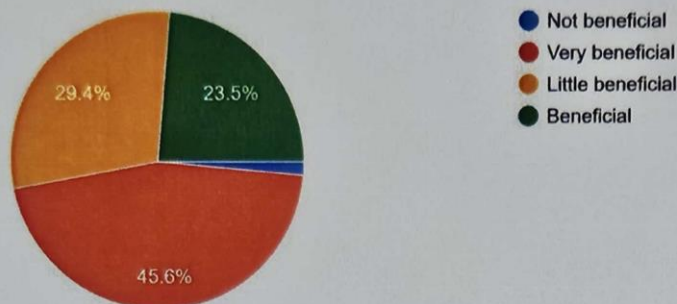
68 responses



Among all the participants 50% felt that the training sessions conducted were very beneficial, 32.4% found it beneficial, while 17.6% found it little beneficial while 0% did not find it beneficial at all.

2) How beneficial was the workshop on magnification in reinforcing importance of cavity features and ergonomics amongst you?

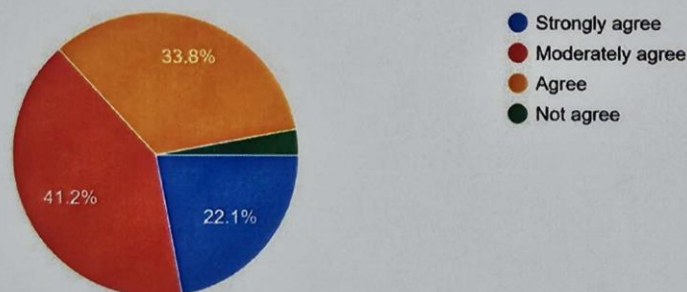
68 responses



Among all the participants 45.6% felt that the workshops on magnification reinforcing the importance of cavity features conducted were very beneficial, 23.5% found it beneficial, while 29.4% found it little beneficial while 1.5% did not find it beneficial at all.

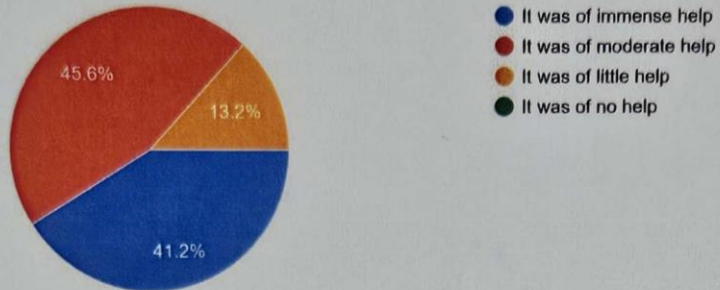
3) Did the program of early clinical exposure evoke great interest amongst you towards performing better in clinics?

68 responses



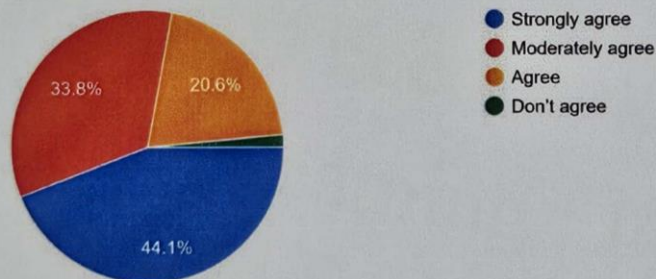
Among all the participants 22.1% strongly agreed that the program of early clinical exposure evoked great interest towards performing better in clinics, 33.8% agreed, while 41.2% moderately agreed and 2.9% were not convinced at all.

4) Did the clinical case scenarios discussed during early clinical exposure program help you in having greater affinity towards dentistry as compare...It about dentistry when you first joined dentistry?
68 responses



Among all the participants 41.2% found the clinical case scenarios immensely helpful, 45.6% found it moderately helpful, while 13.2% found it of little help and 0% found it of no help at all in having greater affinity towards dentistry.

5) Did the program of early clinical exposure give you good exposure and give you w ent manipulation skills?
68 responses



Among the participants 44.1% strongly agreed that the program gave them good exposure and skills in cement manipulation, 33.8% moderately agreed while 20.6% agreed and 1.5% did not agree at all.

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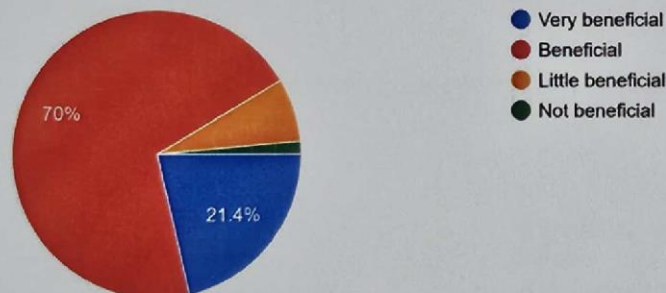
Students Feedback on
Visionary Learning : Dental
Loupes and Early Clinical
Exposure
Report 2021-2022

ACADEMIC YEAR 2021-2022
STUDENTS FEEDBACK ON EARLY CLINICAL EXPOSURE PROGRAM.
D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about Early Clinical Exposure. There were five questions in the questionnaire, most of which focused on gauging knowledge about early clinical exposure.
- A total of 70 responses were received.
- The responses were examined to improve skills and understanding of students by access to early clinical exposure.

1)How beneficial was the early clinical exposure program, keeping in mind the training sessions conducted for you?

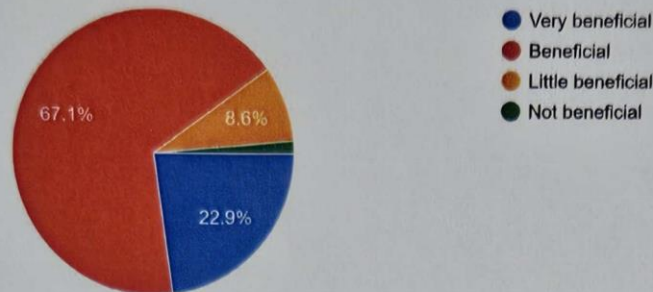
70 responses



Among all the participants 21.4% felt that the training sessions conducted were very beneficial, 70% found it beneficial, while 7.1% found it little beneficial while 1.4 % did not find it beneficial at all.

2) How beneficial was the workshop on magnification in reinforcing the importance of cavity features and ergonomics amongst you?

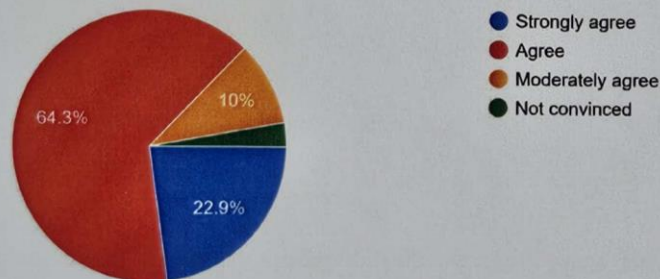
70 responses



Among all the participants 22.9% felt that the workshops on magnification reinforcing the importance of cavity features conducted were very beneficial, 67.1% found it beneficial, while 8.6% found it little beneficial while 1.4% did not find it beneficial at all.

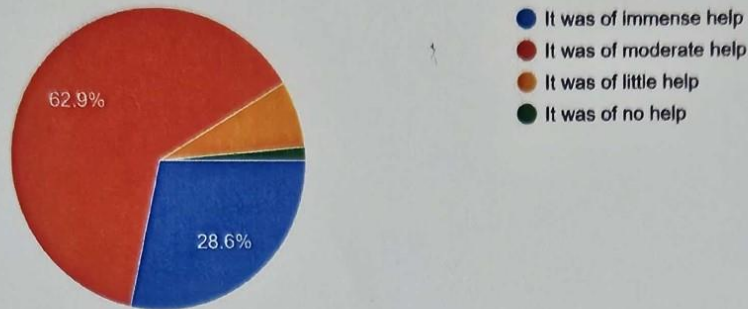
3) Did the program of early clinical exposure evoke great interest amongst you towards performing better in clinics?

70 responses



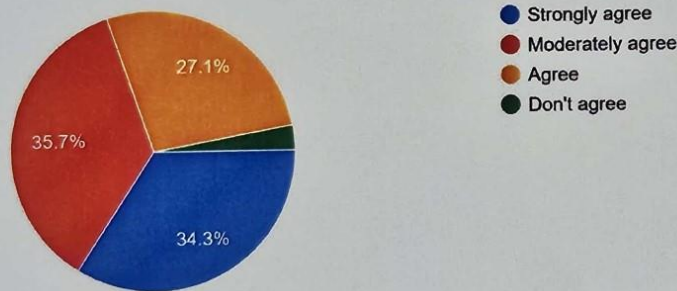
Among all the participants 22.9% strongly agreed that the program of early clinical exposure evoked great interest towards performing better in clinics, 64.3% agreed, while 10% moderately agreed and 2.9% were not convinced at all.

4) Did the clinical case scenarios discussed during early clinical exposure program help you in having greater affinity towards dentistry as compare...It about dentistry when you first joined dentistry?
70 responses



Among all the participants 28.6% found the clinical case scenarios immensely helpful, 62.9% found it moderately helpful, while 7.1% found it of little help and 1.4% found it of no help at all in having greater affinity towards dentistry.

5) Did the program of early clinical exposure give you good exposure and give you way manipulation skills?
70 responses



Among the participants 34.3% strongly agreed that the program gave them good exposure and skills in cement manipulation, 35.7% moderately agreed while 27.1% agreed and 2.9% did not agree at all.

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Visionary Learning : Dental
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Exposure
Report 2022-2023

ACADEMIC YEAR 2022-2023

STUDENTS FEEDBACK ON EARLY CLINICAL EXPOSURE PROGRAM.

D Y PATIL DENTAL SCHOOL

- Students from the college completed the survey created to gather information on the knowledge and awareness about Early Clinical Exposure. There were five questions in the questionnaire, most of which focused on gauging knowledge about early clinical exposure.
- A total of 72 responses were received.
- The responses were examined to improve skills and understanding of students by access to early clinical exposure.

1)How beneficial was the early clinical exposure program, keeping in mind the training conducted for you?

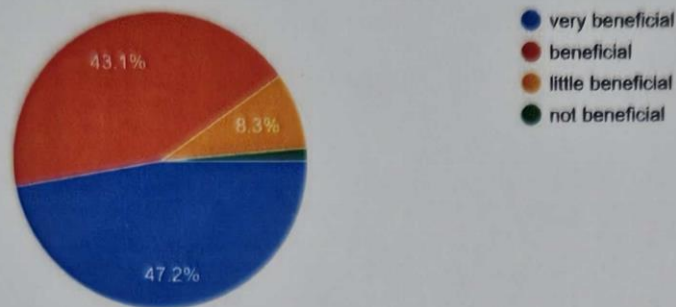
72 responses



Among all the participants 54.2% felt that the training sessions conducted were very beneficial, 37.5% found it beneficial, while 6.9% found it little beneficial while 1.4% did not find it beneficial at all.

2) How beneficial was the workshop on magnification in reinforcing importance of cavity features and ergonomics amongst you?

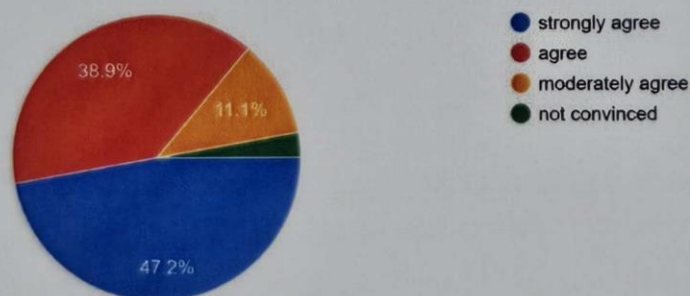
72 responses



Among all the participants 47.2% felt that the workshops on magnification reinforcing the importance of cavity features conducted were very beneficial, 43.1% found it beneficial, while 8.3% found it little beneficial while 1.4% did not find it beneficial at all.

3) Did the program of early clinical exposure evoke great interest amongst you towards performing better in clinics?

72 responses



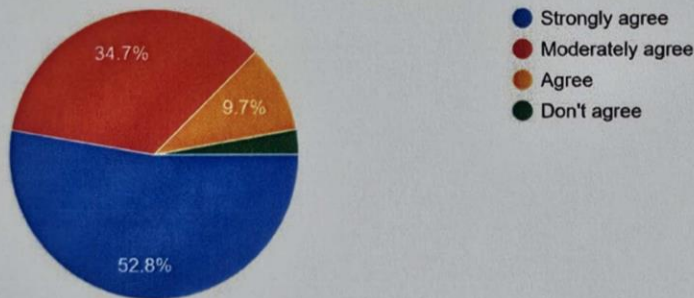
Among all the participants 47.2% strongly agreed that the program of early clinical exposure evoked great interest towards performing better in clinics, 38.9% agreed, while 11.1% moderately agreed and 2.8% were not convinced at all.

4) Did the clinical case scenarios discussed during early clinical exposure program I
 having greater affinity towards dentistry as compare...It about dentistry when you first joiry?
 72 responses



Among all the participants 52.8% found the clinical case scenarios immensely helpful, 40.3% found it moderately helpful, while 5.6% found it of little help and 1.4% found it of no help at all in having greater affinity towards dentistry.

5) Did the program of early clinical exposure give you good exposure and give you way in cement manipulation skills?
 72 responses



Among the participants 52.8% strongly agreed that the program gave them good exposure and skills in cement manipulation, 34.7% moderately agreed while 9.7% agreed and 2.8% did not agree at all.

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