

IPS Empress® and IPS Eris®



The Materials

The IPS Eris® System is comprised of two new and distinctly different ceramic materials. The framework material of IPS Eris® is lithium disilicate and a fluorapatite ceramic is used in the layering phase of the fabrication process. These two materials provide more than three times the strength of the original IPS Empress®, thus expanding the indications for its use. IPS Eris® provides strength and esthetics for single crowns and anterior three-unit bridges. The original IPS Empress® material (a member of the leucite crystalline family) continues to be indicated for aesthetic inlays, onlays, veneers, and anterior single crowns.

Treatment Planning

Case Selection

1. All teeth considered for reconstruction using IPS Empress® and IPS Eris® materials must allow for preparation to attain ideal resistance and retention form.
2. All ceramic reconstructive systems should be avoided in patients with parafunctional activity such as severe bruxing or clenching.

Shoulder Margin Design

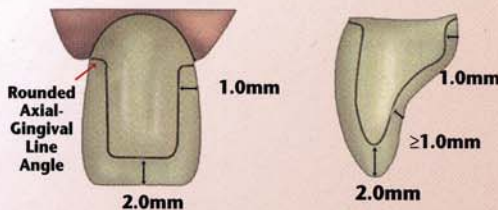


Figure 1

Preparation Considerations (Figure 1 & 2)

1. All single-unit crowns, inlays and onlays should have adequate tooth structure to allow for the marginal placement to be at or above the free gingival margin tissues.
2. IPS Eris® full coverage crowns and bridges should be prepared so that all margins are at or above the free gingival margin tissue. If the preparation requires cervical extension, the margin placement should be on sound tooth structure not invading the biological width.
3. IPS Eris® framework material should be at least 0.8 mm in thickness for optimal strength.

Shoulder Margin Design

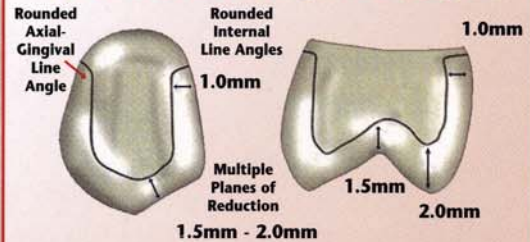


Figure 2

Abutments (Figure 3)

1. All teeth considered for use as bridge retainers must provide adequate clinical crown length (4.5mm - 5.5mm) to allow for the preparation to achieve ideal resistance and retention form.
2. The clinical crown length of the retainer tooth next to the edentulous space must be of adequate length to allow for the required occlusal-gingival connector height. These critical connector dimensions are directly related to the occlusal force they are required to function against.

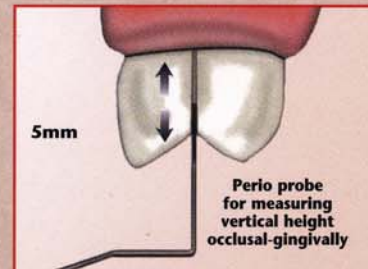


Figure 3

Pontic Span

Maximum pontic spans will vary from patient to patient depending on the tooth position, size, condition and arch position of the retainers. Pontic spans should not exceed 9 mm posterior to the canine and 11 mm anterior to the canine. Measurements for this determination are made from the unprepared abutment surfaces next to the edentulous space.

Indications:

IPS Empress® . . .

Extraordinary Results for Veneers, Inlays, Onlays & Anterior Single Crowns.

IPS Eris® . . .

Extraordinary Results for Single Crowns and 3 Unit Anterior Bridges.