In recent years many manufacturers have introduced flowable composites, often marketed alongside more viscous, all-purpose composites. Flowable composites have less filler, in some instances 25% less, than all-purpose composites. Less filler results in a product that many clinicians feel offers better adaptation to cavity walls when used under packable composites. Flowable composites are syringeable, can be placed precisely and cured incrementally. Their physical properties allow clinicians to use these products successfully to repair crown margins and ceramic fractures. When selecting a flowable composite, it is important to consider radiopacity. When using the flowable material as a liner under a more traditional composite or under a packable...

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**THE DENTAL ADVISOR Recommends:**

- Tetric Flow (98%), Palfique Estelite LV (96%), 3M ESPE Filtek Flow (94%), Heliomolar Flow (94%), Admira Flow (93%), GrandiO Flow (93%)

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**THE DENTAL ADVISOR**

 evaluates and rates dental products and equipment by objective clinical and laboratory protocols. The publication consists of clinical evaluations, comprehensive long-term evaluations, product comparisons and specialty reports. To subscribe, please call 734-665-2020.

**EDITORS**

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Tetric Flow (Ivoclar Vivadent)
Palfique Estelite LV (Tokuyama Dental)
Heliomolar Flow (Ivoclar Vivadent)
GrandiO Flow (VOCO)
Composite, a radiolucent flowable material may be mistaken for recurrent decay. Flowable composites with higher radiopacity, however, are less translucent, which may produce an undesirable esthetic outcome for Class V applications.

Difficulties with flowable composites are most often encountered when the product is misused in large restorations or in areas where occlusal forces will cause rapid premature wear. Additionally, because flowable composites are associated with high polymerization shrinkage, it is important to incrementally place and cure them. With a greater availability of shades and improved physical properties, flowable composites will remain part of the armamentarium of most restorative dentists.

**Applications**
- Conservative Class I restorations
- Facial composite veneers
- Coverage of enamel hypoplastic defects
- Small carious pits and fissures
- Cervical abfraction lesions
- Cervical caries
- Root surface caries
- Repairs of crown margins
- Sealants

**Advantages**
- Easy to place
- Good adaptation to small, narrow areas
- Low modulus of elasticity for use in abfraction lesions
- Good polish

**Disadvantages**
- High polymerization shrinkage
- Lower strength – not good for large restorations
- Poor wear resistance
- Greater susceptibility to staining

**Clinical Notes**
- Shade selection should precede tooth preparation as the tooth may become desiccated with isolation
- Use a total-etch or self-etch bonding agent
- Most useful shades – A1, A2, A3, B2, C3
- Finishing sequence – gross reduction with flame-shaped diamonds, 16-fluted finishing burs, abrasive-impregnated rubber finishing cups
- Polish with polishing paste
- When restoring isolated pits or fissures, flowable composite can be used with air abrasion and sealant to complete the restoration

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**Editors’ Notes:** Only products evaluated by THE DENTAL ADVISOR are eligible for listing as a recommended product. Table information provided by manufacturer. Costs are listed for comparison only and are not used to calculate the ratings; all costs shown in U.S. dollars.

### Other Featured Products

**Flow-It ALC**
(Pentron Clinical Technologies)

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<tr>
<th>Product</th>
<th>Company</th>
<th>Shades</th>
<th>Fluoride Releasing</th>
<th>Radiopaque*</th>
<th>Delivery System</th>
<th>Cost/ml, $</th>
<th>Rating</th>
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*Products have various levels of radiopacity.