In the daily practice of the average restorative dentist, caries in posterior teeth presents a major part of the treatments applied. Direct resin restorations provide a proven and long-lasting solution; however, during these procedures we face many different challenges. One of them is getting a reliable bond to dentin and enamel, and compensation of composite shrinkage. Conventional techniques and materials required the use of multiple increments, what resulted in a time-consuming procedure when applied properly. With the introduction of bulkfill materials cavities can be restored with less increments, resulting in faster and more economic procedures. With this we can improve productivity, or use the time saved with the stratification for perfecting the remaining steps of restorative procedures.

Bulk fill materials are now-a-days a reality. In the posterior region they have proven to be the perfect material when used properly. This kind of materials entered the market almost a decade ago, with the skepticism of a big part of the dental community. Years of research are giving amazing results on the clinical performance of these new generation materials.
Fig. 1 – Patient presented with a failing and unesthetic restoration in tooth no. 16. The restoration had visible insufficient gingival margin. Reaction to cold stimuli was normal. Local anesthesia was applied, and the rubber dam was placed before removal of the old restoration.

Fig. 2 – A wedge was placed to protect the rubber dam and the neighbouring tooth during removal of the old
restoration.

Fig. 3 – Clinical view after removal of the restoration and secondary decay. The cavity was cleaned with glicine powder. The cavity margins were polished with diamond burs and hand instruments.
Fig. 4  
Img. 4 – Matrix in place with proper marginal seal. Enamel margins were selectively etched with 37% phosphoric acid for 20 seconds, rinsed thoroughly and a self-etch adhesive was applied.
Fig. 5  
Img. 5 – After build-up of the approximal wall, the matrix and the ring were removed to have better access and visibility of the operatory field.

Fig. 6  
Img. 6 – The cavity then was filled up evenly with bulk fill composite. Space was left for a final occlusal composite layer.
Fig. 7  Img. 7 – For the modeling of the occlusal surface, a medium translucency body material was used. Anatomy was restored cusp by cusp.
**Fig. 8**  
Img. 8 – Final picture of the restoration immediately after rubber dam removal.

**Fig. 9**  
Img. 9 – Occlusal check after final polishing and removal of rubber dam.
Fig. 10 – Occlusal view after 8 months in function.
With all these strategies, we can succeed in the everyday dentistry, in feasible times and for long term results. This strategy is used by the author and many colleagues in daily bases, thus, we suggest it regardless of the material because is fast and effective.