

IMPRESSIONS:

- Begin by blocking out crowns, bridges, implants, veneers/perio undercuts. We use Opal Dam, Light Cured Gingival Barrier by Ultradent, syringe dispensed. Kool Dam by Pulpdent or any of multiple brands offered by bleaching material companies for block out prior to bleaching—all work fine.
- Impregum is our current impression material. 2 stage, medium body tray material and light body gun mix. We use the automixer for the tray. The triple tray by Exacta is stable, sturdy and allows for accuracy.
- I'm going to go through a new impression procedure. The steps are as follows. Dry the prepared areas with cotton rolls, air dry the teeth and gums to be impressed. We use aspirator tips on both sides and the assistants' vacuum until closure. The tray must be tried in first. I'll say, "Mrs. Jones, we're going to have you close quickly and tight. This is a practice." I'll look at the opposite side to see how centric looks to me and my assistant in that first closure. If it looks reasonable and normal, I'll tell Mrs. Jones to "SNAP" together again. I use the term "snap" so there is no question when we are expecting her teeth to come together (certainly after our fingers and instruments are removed!) I'll say, "DO NOT close until I say the word 'SNAP'. Then go straight together and hold tight - DO NOT MOVE – NO OPENING! DO NOT rebound, do not fish around, do not try to help, do not move your jaw. Do not open. DO NOT touch the material with your fingers. Hold for 10 minutes. This is a practice." (Whatever time your impression material needs for setting.)
- Some patients fail the test. They fidget here and there, they fish around for a place to touch and have no idea where maximum intercuspation is! Occasionally you'll have to give them a face mirror to guide them into centric. It is a must to establish the "SNAP" closure into centric! It's worth the time and effort otherwise you'll spend inordinate time at seating, adjusting unnecessarily. Once you get Mrs. Jones to repeat the "SNAP" position, you and your assistant agree what it looks like on the opposite side from the impression, you then say "Mrs. Jones, I'm going to try the tray in. We'll pretend I've put 'uie guie' stuff on the teeth and in the tray. Your mouth stays open while I put the 'uie guie' stuff on the teeth and tray. Then I'll put the tray with messy stuff on it into your mouth. When I say 'SNAP' you go together just like we practiced."
- Proceed with try in. Make sure the opposite side looks like the first snap without tray (given a slight variance for the mesh material). If the patient goes sideways or haywire, try again and again until accuracy is assured. Make sure none of the tray plastic interferes with the bite, the posterior tissues, or muscles. Pull cheek away from teeth on opposite side to preclude catching the cheek in the bite.

- Once a good test is repeated, the actual impression taking can commence. Assure dryness of areas, instruct second assistant to go load tray while I will begin injecting light body material into opposing bite grooves, circle any teeth on the row in front and behind Maryland Bridge preps, fill grooves of nearby teeth and finally inject into the pontic interproximal areas and up onto the prepared tooth areas. I sometimes finger spread the material to eliminate bubbles or moisture.
- We work as a team to seat the tray and impression materials. I ask the assistant to begin removing the cotton rolls as I place the tray. As they are being removed the tray is being guided into place on the prepared arch first. Once all cotton rolls are removed, place the tray onto the prepared arch deliberately and then say “SNAP.” DO NOT open, do NOT rebound, do not fish around, do not try to help, do not move your jaw, do not swallow, do NOT OPEN! Hold for 10 minutes until set. DO NOT touch with fingers. It will ruin clothes.”
- Keep an aspirator tip on the opposite side to keep saliva from drowning the patient. I ask them if the staff had told them to wear a swimsuit today cause they might have to swim out! HA! Change or flip the headrest for comfort. Every two minutes the assistant should make sure the saliva is controlled. Also that the patient is not opening or shifting their bite!!! Make sure patient is awake. Your sleep apneic patients will fall asleep, releasing the bite and creating havoc for you because you’ll only find out at the seating appointment- it won’t fit!! Constantly talk to them saying, “hold tight, don’t open.” Remind them not to reach up or touch the area since it is sticky and will ruin clothing!!
- Once set, begin by loosening the opposing teeth slightly with finger pressure and release the impressed area by finger pressure. Now instruct patient to open straight – no wiggling. Help lift upward on impression as jaw drops downward. Then remove upper. Check for results. Clean up block out material used around any crowns/bridges/implants/veneers/perio involved undercuts etc. (ours is called Opal Dam). Put impression in infection control of your choice and ship to the lab. Gordon Christensen’s Clinicians Report says chemical disinfection results in less than .3% distortion. ANSI/ADA standard is <1.5%. CaviCide spray produces the least distortion of their tested chemicals.¹

¹ Dr. Gordon Christensen’s Report

- Complete lab sheet in detail. “Draw your design”. Use a lab who has done some that were successful. DO NOT use a new lab or inexperienced lab for your first one. You’ll want their part to be successful and if there is error, it be yours. You can correct yours but not theirs! Disinfect if you like before returning to lab. Have the lab ship Maryland Bridge back in a foam cushioned jewel box so as to prevent movement or contamination. DO NOT SEND BACK ON A MODEL.
- I would never bond to the Maryland Bridge preps for a temporary. Fresh cut enamel is essential for final product to bond to!!! Once prepared I would avoid any bonding or change to the surfaces. It currently takes two weeks for my lab to return the new bridge. Most patients do not need a temporary since many have been without for a while. Others have had to wait healing from an extraction (I wait 90 days for normal healing and less time if bone graft material was used). A flipper is the best temporary in these cases of necessity.



BLOCK OUT OPTIONS:
Light Cured Gingival Barrier
Glycerine
Wax