

# Glove & Hemostatic Agent Selection



We have found that both aluminum chloride and ferric sulfate containing hemostatic agents do not interfere with the set of vinylpolysiloxane (VPS) materials.

It is the handling of the hemostatic agent and cord with sulfur-contaminated gloves that causes the impression material setting process to slow down or be inhibited.

Hypoallergenic gloves tend to be best.

A well rinsed preparation prior to syringing is ideal.

# Tissue and Preparation Management

## PREPARATIONS

- Excess moisture should be air dried but do not desiccate. Leave the preparation moist (ideal for Aquasil Ultra) but avoid pooled liquid.

## TISSUE MANAGEMENT

- The most predictable type of tissue management results from healthy gingiva that has not been traumatized.
- Gingival retraction techniques are largely a matter of preference. Regardless of the specific technique selected, it is advisable to create a lateral space of  $> 0.5\text{mm}$  (ideal is  $1\text{mm}$  since this is more visible to the naked eye) and an apical extension beyond the finish line of  $> 0.5\text{mm}$  (ideal is  $1\text{mm}$  since this is more visible to the naked eye).
- Care should be taken when a heavy/rigid tray material is used to avoid locking an impression in undercuts. If undercuts exist (especially between teeth) block them out with soft wax.
- If hemostasis can not be achieved it may be preferable to provide the patient with a well fitting temporary restoration, home care instructions, and postpone impression making until soft tissue inflammation has subsided.

# Washing/Syringing of the Preparation

- If time permits, use a syringe as it is ideal for access to the sulcus and tactile feedback.
- Begin syringing the preparation. At the same time the assistant should be loading the tray.
- Seat the tray as soon as you are finished syringing the preparation to ensure no folds, pulls, drags and good co-lamination.
- Continue syringing around the preparation while pushing the material forward and keeping the tip buried in the material.
- When approaching interproximal areas it may be necessary to express material thru the interproximal and continue injecting into the sulcus on the opposite side of the proximal area.
- When coverage of the marginal area is completed, proceed coronally and circumferentially using the same principle of keeping the tip buried and pushing the material forward.
- Remove the tip from the material after prep and each adjacent occlusal/incisal surface is entirely covered with wash material.
- Some clinicians have found benefit from placing a layer of wash on the tray material prior to seating.

# Seating and Removal of the Tray

- Retract cheek bilaterally when seating, even for a triple tray impression, since a patient may favor the retracted side when closing and not close into centric occlusion.
- Position the tray before seating. The tray should be aligned parallel to the occlusal plane to ensure vertical seating.
- Use a slow continuous vertical seating motion.
- For a closed bite have patient close into centric occlusion.
- The patient should perform no jaw movement until the impression is ready to be removed.
- After mouth removal time relieve pressure peripherally and remove tray by grasping handle and quickly snapping from sealed position.

# Disinfection

Aquasil Ultra is compatible with most EPA registered surface disinfectants. Follow the Aquasil Ultra and surface disinfectant manufacturer's Directions for Use.