

Here's a Fast, Cordless Technique That's Compatible with Any Impression Procedure.

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I hate retraction cord! Patients make faces when I place it. And in my hands, cord seems to stimulate bleeding that can be hard to stop.

Here's a very simple technique that eliminates the hassle and patient discomfort of packing cord as well as the bleeding.

First, there's the prep. I place a shoulder of 0.5mm to 1.5mm (depending on the esthetic requirements) 360° around the prep. I believe this is the easiest margin for a lab to read.

Second there's the cleaning procedure. I use aluminum chloride hemostatic agent in a small syringe with a fuzzy-tip applicator. I rub this at the margin while I liberally express the liquid, keeping the HVE nearby. This simultaneously removes debris and stops any bleeding.

Third is the temporization. I fabricate a temporary using autopolymerizing resin. You can use virtually any technique

– strip crowns – thermo-plastic buttons – free-hand – whatever.

Fourth is the retraction. After the temporary material has set, I clean the interior of the crown with alcohol and the prep with aluminum chloride in a fuzzy-tipped syringe* to remove the oxygen-inhibited layer. If I left this thin layer of unset resin, it would prevent the vinyl impression material from setting properly.

To avoid wasting a mixing tip, I spatulate a small amount of Cinch-90 on a pad and overfill the temp. I immediately seat the crown and ask the patient to bite down firmly. The hydraulic pressure this creates forces the impression material down into the sulcus atraumatically. About 2 minutes later I remove the temp to reveal a dry, blood-free prep and beautifully retracted tissue.

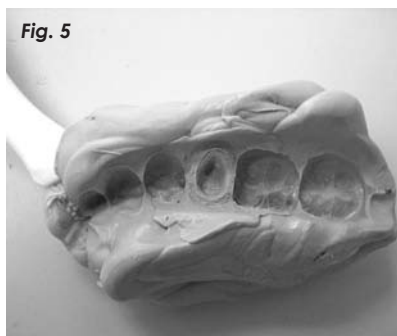
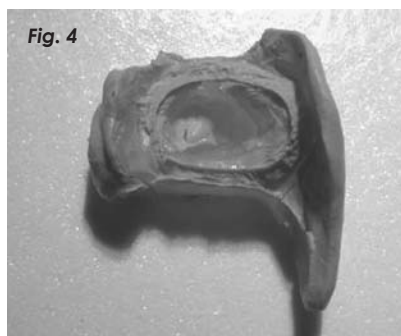
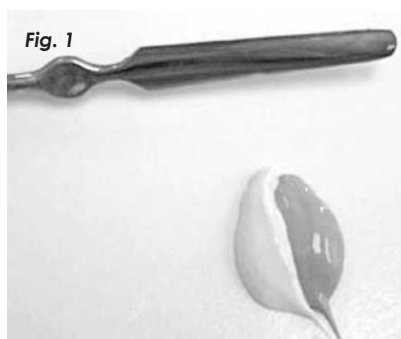
Since I don't use the primary impression to drive the wash, I don't have to worry that the hydraulic force will distort my working impression and affect the final

crown fit. And there's another benefit. When I examine the Cinch-90, I get a sneak-preview of what my final impression will look like. If I discover something wrong, I can go back and refine the preparation before I take the working impression.

If the "retraction-impression" looks good, I simply proceed to the working impression. I use either the Laminar Flow or the H&H technique, but you can take whatever type of impression you're comfortable with.

Because the retraction-impression applied pressure to any subtle hemorrhages and pushed the tissue away from the tooth, my subsequent working impression is crystal clear. No bleeding. Easy-to-read margins and no retraction cord!

I've been using this technique for more than 2 years now with tremendous success. My patients appreciate my going cordless (Not to mention the doctor!) I would never go back.



(Fig. 1) After prepping the tooth and making the provisional crown, I mix some fast-setting Cinch-90 on a pad. (Of course you can use a mixing tip if you prefer.) (Fig. 2) I fill the crown, seat it, and ask the patient to bite-down. (Fig. 3) When I remove the crown 2-3 minutes later the tooth is dry, blood-free and the tissue is nicely retracted. (Fig. 4) When I examine the crown I get a preview of what the final impression will look like. (Fig. 5) Final impression. Not bad marginal detail – and NO CORD!

*Aluminum chloride may not be the best cleaning agent in the world, but it's good enough. Furthermore it eliminates all bleeding.