

## PERFECTIM: "Seeing is Believing"

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Impression materials have certainly come a long way since the days of foul smelling mercaptan rubber base materials. Most practitioners and patients alike are uncomfortable with the placement of retraction cord and the trays that often impinge on the retromolar pad or posterior tuberosity. In fact, this impingement often causes a less than accurate impression. Setting time too, intra-orally, continues to decrease with the advance of newer materials. While speed is not, and should not be the most important concern in a crown and bridge procedure, let us just focus on the impression phase.

Suppose for the moment that you could eliminate costly and time consuming steps such as coating a tray with adhesive and placing retraction cord, without sacrificing reproduction of detail, or patient comfort. At first, I did not think it possible. After trying it, however, as the expression goes, "seeing is believing!"

The technique is based on the principle of using a hydrophobic vinyl polysiloxane (vps) material with hydraulics, referred to as the "H & H" technique. This technique also requires the use of a lip and cheek retractor, preferably, the Free Access II Cheek and Lip Retractor. Practitioners have the option of a 30 or 90 second material called Blue Velvet to be used in conjunction with a 30 or 90 second Flexi-Velvet and/or SnoWhite viscosity (SnoWhite being used for inlay/onlay impressions.)

After the preparation of the tooth or teeth, the retractor is placed to allow for full field visualization and maximum intercuspation by the patient. Copious amounts of the Blue Velvet material are syringed all along the quadrant or full arch, and the patient is told to close. You assist them in maintaining proper closure by placing your thumb on their chin. After about one minute the patient is asked to open while you hold the impression against the opposing arch so you can inspect the prepared sites in the blue material.

Next, you air dry the impression and syringe in some of the yellow Flexi-Velvet material and again ask the patient to close, and again, hold them in maximum intercuspation. After another minute, have the patient open and inspect the impression. You will undoubtedly be surprised at the accuracy and ease of this technique. An extra benefit is that if the Flexi-Velvet wash material was "shy," you can simply add more material and have the patient close once again. One final note, the laboratory technician must use a die spacer of at least 25 microns to ensure a proper fit of the final restoration.



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