

Manufacturer: Kerr
Product: Take 1 Advanced

Improving Your First Impression: A technique to get predictably great impressions every time...the first time

As dentists, most of us would agree that we work hard to get our preps just right, battling the onslaught of saliva & blood, poor lines of sight, and the ever present patient tongue which truly seems to have a life of its own, doing everything in its power to elude containment!

Then it comes times to take the impression... perhaps the most critical and meaningful part of the restorative process. If we don't get the impression just right, all of our hard work in the previous 'battle' will be for naught. Even worse, we'll have to go through it all again in pursuit of the dreaded remake, creating increased stress for you, your team, and your patient, not to mention increased costs associated with the resulting lost chair time and materials.

Interestingly, a recent survey of dental labs across the country indicated that on average 45-50% of impressions received from the dental office, while considered "acceptable," in fact have some sort of problem with the impression taken that invariably leads to issues upon seat back in the dental office, or in a remake. Fifty percent! So the question we dentists must ask in order to avoid becoming part of this statistic is this: What are the specific problems labs are seeing in our impressions? Here are some clues for us:

Top 5 problems Dental Labs have with impressions

1. material selection
2. bubbles
3. fins/folds
4. unreadable margin
5. distortion

So let's talk about material selection as our first step. There are so many new impression materials on the market today that many dentists opt to stick with what they know rather than try to determine which of the many alternate impression materials might work better. Fast set, super fast set, tray, putty, regular set, wetting systems, the list goes on and on. It's enough to makes one's head spin, when one stops and looks at all of the impression products available today. That said, doing your homework on the front end when selecting impression materials can save you time--and money--on the back end when seating your cases.

When considering impression materials for my own crown and bridge impressions, I look for four key characteristics: strength, elasticity, dimensional stability and the ability to register detail in any environment. For this reason, I have chosen to highlight Kerr's latest impression material, Take1 Advanced.

Take1 Advanced is a material that will work well in the hands of most clinicians. With its hydrophilic properties, Take1 Advanced is very forgiving, serving to enhance your accuracy despite the moist environment of your patient's mouth. This means that even though saliva or blood may be present in the impression field, Take1 Advanced will be more likely to overcome these obstacles and capture the fine details of the tooth anatomy.

You'll also find Take1 Advanced to be a material characterized by superior dimensional stability. This means that the material has the ability to get into undercuts, yet be strong and resilient enough to overcome deformation. It is available in cartridges, volume mixers, and a cool new, all-in-one, totally unique unidosed syringe, that allows you to have more control as it gets you in closer to the prep. Available in 3 set times and multiple viscosities, Kerr's Take1 Advanced will appeal to a wide variety of dentists.

Ready, Set, Go

Now that you have a material selection that is high quality, forgiving and cost effective, let's examine the impression technique so as to mitigate problems 2-5, and make bubbles, fins, folds, unreadable margins, and distortions things of the past. A step-by-step photo technique essay follows.

Step 1. After tooth preparation is complete, evaluate your prep to make sure you can identify the margin. Use a cord, Expasyl, diode laser, or whatever your preference is for retraction and hemostasis. Remember if you can see the margin, the impression material can find the margin. I am a proponent of the diode laser for soft tissue retraction. This is one instrument that in my opinion you should not be without. **Tip:** Try using a photo mirror to get a birds-eye view of your work. Use loops, and a headlight to see what you're missing.



Pre-op



Preparation



Place tip of material into sulcus
Extrude wash material around prep



wash while keeping tip in sulcus

Step 2. Make sure your prep is dried, (not desiccated), and ensure there is no bleeding around the prep. **Tip:** I like to use [Astringedent](#) (I prefer [Ultradent's ViscoStat](#)) if I have a little bleeding remaining around the prep. **Trick:** Try using a flocked tip applicator and rub with moderate pressure in the area of bleeding--leave around the prep for about 45 seconds to 1 minute, then wash off with air/water--works like a charm every time! Place the tip of your wash material as close to the sulcus as you can, and extrude at a quick pace around the prep without lifting the tip. Go around the tooth until the entire tooth is covered. While you are syringing the wash material around the tooth, your assistant should be placing the tray material into the impression tray chosen prior to starting the prep. **Tip:** Timing the assistant's loading concurrent with your washing will allow for your assistant to have the tray ready for placement in the mouth when you finish.



Extrude quickly
material wash material vigorously into covers tooth



wash until Blow sulcus

Step 3. Blow the wash material into the sulcus, creating a thin coating of material around the tooth. **Trick:** Even if the material appears to all blow off the tooth, don't worry; this just means the tooth was too wet--you are still creating a nice environment for the next step. Just make sure you're not creating bubbles of material around the prep as you blow. **Tip:** Work quickly! You still have another coating to put on.



blow

material blown into prep



**Vigorously
wash into
sulcus**

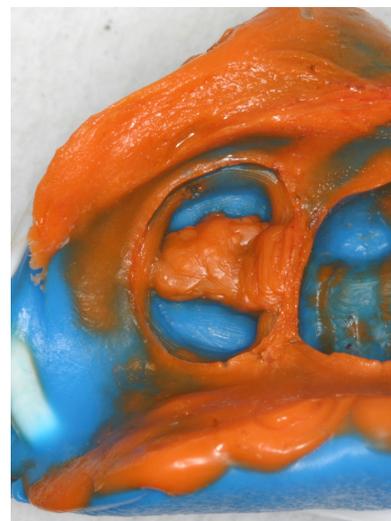
Step 4. Rewash the prep with wash material, keeping the tip of your gun as close to the sulcus as you can. You do not want to create bubbles in this step. Take the impression tray from your assistant and have the patient bite to their habitual bite. **Tip:** Watch carefully as your patient bites to CO, as sometimes impressions can be lost in this step. If necessary, coach your patient into CO.

Leave the impression in the mouth for the manufacturer's specified amount of time. **Tip:** Don't trust determining the set of the material to the touch (i.e. feeling it with your finger), as distortion can and does take place impressions are removed prior to the full set of the material. If pulled from the mouth too soon, although the impression may look fine, it will be distorted.

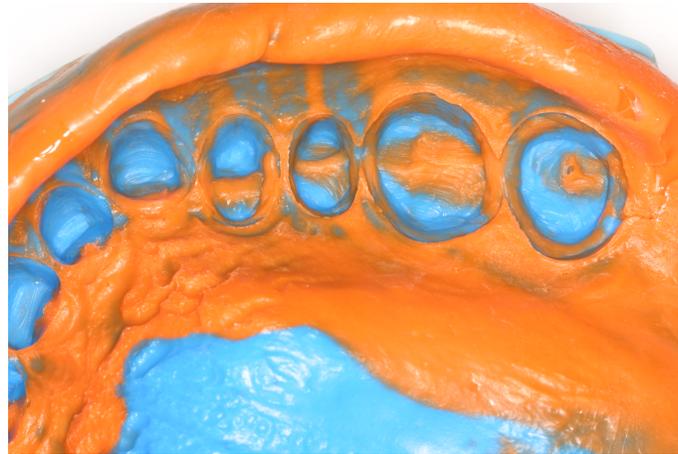
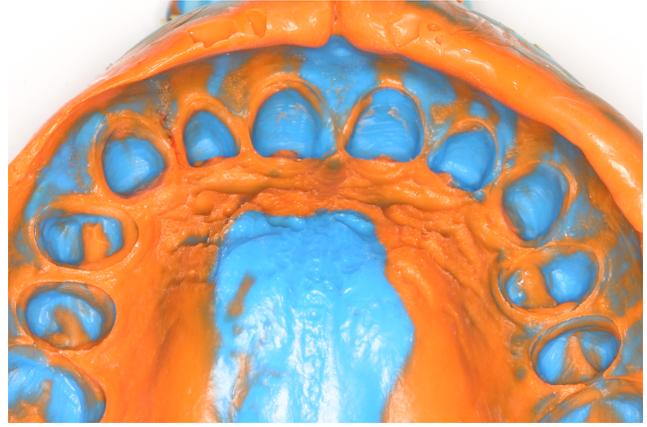
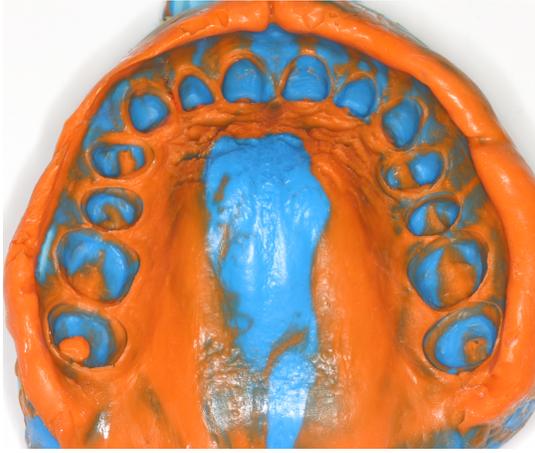
Trick: Buy some small, inexpensive timers. Place 2 or 3 in every operatory, so that you can utilize them for every impression to ensure full impression set prior to removal.



Rewash the prep



Finished impression



**Multiple-unit (14) impression:
Created with the outlined technique using Kerr's Take1 Advanced**

Conclusion

By following the impression technique as outlined above--and selecting your impression material with care--you can consistently capture the fine details of the tooth anatomy, avoiding the pitfalls so commonly associated with impression taking. You'll want to keep in mind, too, that when selecting an impression material it's important to match different characteristics of your practicing style with your impression material of choice. For instance, if you are a slow operator you will want to choose a slow setting material. If you have a preference for putty or tray material, you will want to see if the manufacturer has this available in your viscosity of choice. To ensure consistent successful outcomes within your own practice, you'll want to consider these factors in combination with the impression technique itself.

Finally, a system of impression taking needs to be established between you and your team. This system needs to be consistently preformed with no deviation. By doing so, you'll be able to minimize the problems all too often associated with impressions, and maximize both patient satisfaction and the profitability and efficiency of your practice.