

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 1mm since this is more visible to the naked eye) and an apical extension beyond the finish line of $> 0.5\text{mm}$ (ideal is 1mm 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.