Bridge Cementation

- Disinfect the received bridge
- Check margins and fit on the working model
  - If not seating fully or the marginal fit is poor, discuss with the lab and inform the patient new impressions may be required.
- Consider administrating LA
- Re-check reference contact points intra-orally on the left and right side using 8 micron shimstock foil. It should just pull through
- Re-check all excursions and guidances using 8-20 micron articulating paper
- Pumice the abutment teeth
- Try in the bridge and adjust as necessary
  - Check the margins, occlusion (shimstock should hold) and guidances.
    Issues or poor fit may be due to operator or lab error.
    Marginal fit could be due to damage to the dye or an impression error.
    Occlusion and guidance issues could be related to insufficient occlusal preparation reduction, inaccurate opposing cast and/or a poor bite registration.
- Ensure the patient is also happy with the function and aesthetics
  - For anterior bridges, inform the patient their speech may be altered, but will return back to normal
- Place rubber dam
  - Split dam technique.
- Sandblast or pumice the fit surface of the bridge
- Load cement onto the adhesive bridge retainer wing(s) or the conventional bridge retainer(s) and seat fully
  - For ceramic retainers, the fit surface must be hydrofluoric acid treated and silanated prior to cementing.
    See cement table for choice of cement, ideally a resin luting cement e.g. PANAVIA TM Opaque (for anterior teeth to block metal show-through).
- Hold until set then remove excess cement and locating peg (adhesive only)
  - If using a resin-based cement, perform an initial 10 second light cure, and remove excess cement using a probe and floss for the interproximal areas. Then, light cure each surface according to the manufacturer's instruction.
- Re-check occlusion with 8-20 micron articulating paper. Adjust as necessary
- Review as necessary
  - Advise the patient to avoid hard foods and reinforce oral hygiene to prevent bridge failure.