Indirect Post Impression and Temporisation Stage

If the gingivae appear inflamed, oedematous or traumatised from the preparation, consider Before starting, assess the gingival condition postponing the preparation impression until a later appointment, giving the patient OHI for improvement. Tray selection - a rigid tray is preferred A laboratory custom tray can also be used. Apply the appropriate adhesive to the tray - based on the impression material, The adhesive must be left for 10 minutes follow the manufacturer's instructions Pre-soak the retraction cord in haemostatic Place gingival retraction cord. Use agent. For porcelain, use aluminium chloride an angulated cord packer to 'walk' rather than ferric sulphate to avoid staining. the cord into the crevice. Leave it Single cord technique: size 0 or 1 cord. for a minimum of two minutes Double cord technique: size 00 and overlaying size 0, remove the top cord prior to taking the impression. After cord placement, review the preparation margins and consider refinement. Insert the impression post and blunt the coronal end with a heated plugger. Ensure 2mm interocclusal space is present Alternatively, it can be serrated with a high speed handpiece. The impression post must be retentive so that it comes out with the final impression. A peri-apical radiograph can be taken (using an endodontic film holder) to confirm the post preparation position Gently remove the retraction cord in accordance with the technique used If gingival retraction proves ineffective, consider Assess the gingivae to ensure adequate retraction has been achieved electrosurgery, laser or gingival surgery.

Carefully wash and dry the preparation

This ensures there is no haemostatic agent

or blood remaining on the preparation.