Impression Stage

If the gingivae appear inflamed, oedematous Assess the gingival condition or traumatised from the preparation, consider postponing the preparation impression until a later appointment, giving the patient OHI for improvement. If an inadequate temporary restoration has led to gingivitis, reconstruct this with improved margins to make it more cleansable for the patient. Tray selection - a rigid tray is preferred A laboratory custom tray can also be used. Apply the appropriate adhesive – based on the impression material - follow The adhesive must be left for 10 minutes the manufacturer's instructions · Pre-soak the retraction cord in haemostatic agent. For porcelain, use aluminium chloride Place gingival retraction cord. Use rather than ferric sulphate to avoid staining. an angulated cord packer to 'walk' Single cord technique: size 0 or 1 cord. the cord into the crevice and leave • Double cord technique: size 00 and overlaying size for a minimum of two minutes 0, remove top cord prior to taking the impression. · After cord placement, review the preparation margins and consider refinement. Gently remove the retraction cord in A double cord technique is preferred accordance with the technique used for thick gingival biotypes. A single cord technique is preferred for thin gingival biotypes (high recession risk). Assess the gingivae to ensure adequate If gingival retraction proves ineffective, consider electrosurgery, laser or gingival surgery. retraction has been achieved This ensures there is no haemostatic agent Carefully wash and dry the preparation or blood remaining on the preparation.