

A MODIFIED ONE-STEP PUTTY-WASH IMPRESSION TECHNIQUE

Aaron Yu-Jen Wu, DDS, MS, and Terry E. Donovan, DDSb

Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Chiayi, Taiwan; School of Dentistry, University of North Carolina, Chapel Hill, NC

Although the literature demonstrates that optimum accuracy can be achieved with custom trays and stock trays,1-4 the putty-wash impression technique using an elastomeric impression material is a popular method. Two variations of the putty-wash impression technique are commonly used, the 2-step and 1-step.5 With the 2-step technique, a preliminary preoperative putty impression is made and, subsequently, "washed" with low viscosity material after tooth preparation. In terms of the 2-step puttywash impression technique, several methods are described for control of the bulk of the wash material,6-8 which is essential for fabricating accurate stone dies. With the 1-step procedure, low viscosity impression material is injected around the prepared tooth or teeth, and then the putty impression material is immediately placed intraorally and the materials polymerize simultaneously.

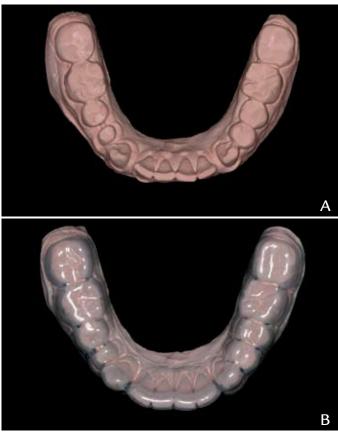
Accuracy of impressions resulting from the 1-step putty-wash technique is controversial. Some authors found that there was no difference in accuracy between techniques, 5,9-11 while others criticized several potential disadvantages with this approach. These disadvantages include lack of control of the bulk of wash material and the high risk of capturing portions of the prepared margin in putty material rather than lower viscosity material. Most putty viscosity materials

have inadequate fine detail reproduction for this purpose. This article describes a modified 1-step putty-wash technique using vacuum-formed resin sheets as spacers to control the wash bulk and minimize the chance of unfavorable impression results. Using this technique, the limitations of using 1-step putty-wash impression can be

eliminated.

PROCEDURE

1. Use the original diagnostic cast or cast recovered from an impression of the diagnostic provisional restorations to fabricate the vacuum-formed spacer (Fig. 1, A).



1 A, Cast recovered from impression for provisional restoration on mandibular right first premolar. B, Vacuum-formed spacer fabricated on cast recovered from impression for provisional restoration.

^aClinical Instructor, Chang Gung Memorial Hospital, Chang Gung University College of Medicine.

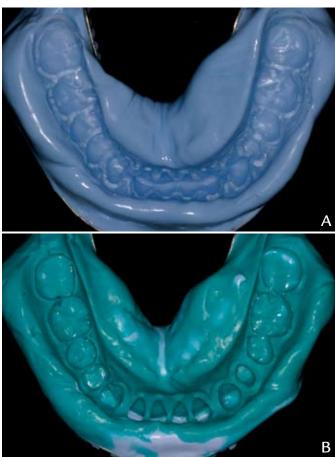
^bProfessor, School of Dentistry, University of North Carolina.

⁽J Prosthet Dent 2007;98:245-246)

- 2. Place the cast and a 5 x 5-inch sheet of 0.08-inch-thick soft clear ethyl vinyl acetate (Pro-Form; Dental Resources Inc, Delano, Minn) on a single-chambered vacuum-forming machine (Stay-Vac; Buffalo Dental, Syosset, NY). Heat until a 0.5-inch droop develops, and then vacuum form the spacer on the cast.
- 3. Do not prepare occlusal stops because they interfere with the removal of the spacer from the putty. Trim the spacer with scissors and a hot knife to cover approximately 2 to 3 mm of marginal gingiva on the buccal and lingual surfaces of the teeth (Fig. 1, B).
- 4. Complete essential gingival displacement procedures on prepared

teeth.

- 5. Place the vacuum-formed spacer intraorally and verify stability.
- 6. Make a transfer impression of the spacer with high-viscosity putty impression material (Aquasil; Dentsply DeTrey, Konstanz, Germany) in a stock tray (Fig. 2, A).
- 7. Before the putty impression material is polymerized, remove the entire impression from the mouth and gently remove the spacer from the putty material.
- 8. Simultaneously wash the putty tray with light-bodied vinyl polysiloxane impression material (Aquasil; Dentsply DeTrey) to make the definitive impression (Fig. 2, B).



2 A, Vacuum-formed spacer on internal surface of putty pick-up impression. B, Internal surface of washed putty impression.

REFERENCES

- Brosky ME, Pesun IJ, Lowder PD, Delong R, Hodges JS. Laser digitization of casts to determine the effect of tray selection and cast formation technique on accuracy. J Prosthet Dent 2002;87:204-9.
- Thongthammachat S, Moore BK, Barco MT 2nd, Hovijitra S, Brown DT, Andres CJ. Dimensional accuracy of dental casts: influence of tray material, impression material, and time. J Prosthodont 2002;11:98-108.
- Rueda LJ, Sy-Munoz JT, Naylor WP, Goodacre CJ, Swartz ML. The effect of using custom or stock trays on the accuracy of gypsum casts. Int J Prosthodont 1996;9:367-73.
- Valderhaug J, Floystrand F. Dimensional stability of elastomeric impression materials in custom-made and stock trays. J Prosthet Dent 1984;52:514-7.
- Idris B, Houston F, Claffey N. Comparison of the dimensional accuracy of one- and two-step techniques with the use of putty/ wash addition silicone impression materials. J Prosthet Dent 1995;74:535-41.
- Wu AY, Donovan TE. The use of vacuum-formed resin sheets as spacers for putty-wash impressions. J Prosthet Dent 2007;97:54-5.
- Monzavi A, Siadat H. Use of wax spacers for putty-wash impression of implant snapon impression copings. J Prosthet Dent 2005;93:494.
- 8. Marshak B, Assif D, Pilo R. A controlled putty-wash impression technique. J Prosthet Dent 1990;64:635-6.
- Richards MW, Zeiaei S, Bagby MD, Okubo S, Soltani J. Working times and dimensional accuracy of the one-step putty/wash impression technique. J Prosthodont 1998;7:250-5.
- 10. Abuasi HA, Wassell RW. Comparison of a range of addition silicone putty-wash impression materials used in the one-stage technique. Eur J Prosthodont Restor Dent 1994;2:117-22.
- 11.Hung SH, Purk JH, Tira DE, Eick JD. Accuracy of one-step versus two-step putty wash addition silicone impression technique. J Prosthet Dent 1992;67:583-9.
- 12. Donovan TE, Chee WW. A review of contemporary impression materials and techniques. Dent Clin North Am 2004;48:445-70

Corresponding author:

Dr Terry E. Donovan School of Dentistry, University of North Carolina

437 Brauer Hall Campus / Box 7450 Chapel Hill, NC 27599-7450

Fax: 919-966-5660

E-mail: Terry_Donovan@dentistry.unc.edu

Copyright © 2007 by the Editorial Council of The Journal of Prosthetic Dentistry.