



My top 10 practice products, Part 2

In the August column, I described two of the products without which I would hate to practice dentistry. The first product was Profound topical anesthetic from Steven's Pharmacy [(800) 352-3784]. The second was the Reverse Preparation Kit LS -7551 from Axis Dental [(888) 654-2947] and other dental dealers.

The next product I can't practice without is Ultrapak knitted retraction cord from Ultradent Products Inc. [(800) 552-5512]. After using this knitted retraction cord for years, I would not consider returning to a solid cord. Twisted and braided cords can't offer ease of packability and tissue displacement comparable to Ultrapak. It's made of 100 percent cotton that's knitted to form an interlocking chain of thousands of tiny loops. This makes it easy to pack below the gingival margin.

The unique knitted design exerts a gentle continuous outward force following placement as knitted loops seek to open. Ultrapak cord is designed to enhance the ViscoStat/Astringent and Dento-Infusor Tissue Management Technique; however, conventional techniques using alum, aluminum chloride, etc., also are enhanced with Ultrapak plain knitted cords. This is because they carry significantly greater quantities of hemostatic solution than conventional cords.

I use these cords in a two-cord impression technique. As soon as I break the contacts, I place a 00 cord around the entire preparation, being sure to keep the ends flush and the entire cord subgingival. The first cord retracts the gingiva approximately .5-.75 mm. I place my gingival margins at this new gingival level so that when this cord is removed the margins of my crown will be just slightly subgingival.

At the end of the preparation, I place a 2E cord on top of the 00 cord. This cord retracts the gingiva so that when it is removed there will be sufficient room for the syringe impression material. Since we leave the bottom 00 cord in place, there is never any bleeding when we remove the 2E cord. This is one of the significant advantages of the two-cord technique. The 2E cord is impregnated with epinephrine. So if you prefer to use no medicaments on a cord, you simply substitute a 2 cord for a 2E cord. For more information and a presentation on how to perform the two-cord technique, you can view any of the clinical streaming videos at www.glidewellce.com.

Another product I can't practice without is the serrated strip from Axis Dental. These metal strips are serrated on one edge, allowing you to saw through interproximal contacts that you have inadvertently bonded shut. I like

that there is no grit on either side of the strip, so that I do not inadvertently open a contact while breaking the contact. It also is available with several different grits on the strip if you would like to shape contacts while breaking them.

There are certain clinical situations where these strips are a real lifesaver. For example, when placing porcelain veneers, it is relatively common to get resin cement cured between the teeth. If you try to remove this excess cement with a bur, you will most likely mess up the porcelain. If you try to open these contacts with dental floss, you will — more than likely — break piece after piece. However, if you take an Axis serrated strip and very slowly work it back and forth, you can eventually break through any contact.

These strips also work extremely well when bonding ceramic or composite inlays into place in the posterior teeth. Because the strips can be held at any angle, it makes it easy to manipulate them to the proper angle for breaking through posterior contacts.

Another product I love to use is Comprecaps from Coltene/Whaledent. After the top cord is placed in the two-cord technique, the Comprecap is placed on top of the preparation. The Comprecap achieves two important goals: it keeps pressure on the gingiva and the cord, and it helps keep them dry. It is important to leave the Comprecaps in place for eight to 10 minutes to see the full effect. I am always amazed when I am forced to impress a preparation where the gingiva is not as healthy as it should be. But after 10 minutes with a Comprecap bit in place, a patient's mouth looks entirely different. Comprecaps now are available in anatomical shapes that allow the cap to put adequate pressure on the interproximal areas of the prep as well as the buccal and lingual margins. Through the years, the simple little compression caps have saved so many impressions for dentists. In my opinion, they are certainly a worthy product to try.

DE

Dr. Michael DiTolla is the Director of Clinical Research and Education at Glidewell Laboratories in Newport Beach, Calif. He lectures nationwide on both restorative and cosmetic dentistry. He also teaches hands-on courses on digital photography and digital image-editing for the entire team. Dr. DiTolla has several clinical programs available on DVD through Glidewell. For more information on this article, or for more information on receiving a free copy of one of Dr. DiTolla's clinical DVDs, e-mail him at mcditolla@mac.com, or call (888) 535-1289.