I need help changing over to a different impression material and technique. Cost is a factor. I use express putty and light body now. I really don’t like it. I was thinking to switch Impregum with the automix machines but I want to make sure it is the right choice. I do a lot of single unit crown well subgingival and have a problem with bleeding when the cord is removed. I wet the cord before removing, using Hemodent. I never used to have this many problems but I am getting irritated. I don’t know if it is my technique, material or what? I now use a plastic tray (not a triple tray or metal) and I think sometimes this distorts my impression. I am more conscious now about not moving the tray when I seat the impression. Can someone detail what he/she does differently and something that may work for me? Wondering if someone out there takes an impression at the beginning of the appt., uses that impression for the temporary, and then relines the same impression for the final? Good or Bad? Used with triple tray? Material? Do you pack cord and when don’t you?

Have you ever used the double cord technique? Pack a real thin cord #0, #00 or even #000 when you do your rough prep. Place your margin. Leave in the first cord. Pack a second cord over the first, #1 or #2. Second cord should be visible all the way around the tooth. Let the cord sit for a few minutes. Remove the second cord but leave the first cord in place. This will help control bleeding. Take your impression.

I am with Socalsam as usual, but I do it slightly differently. Since I started using Captek, my margins do not have to be as deep subgingival. As far as my sequence, here goes:
1. Prep tooth to completion, well defined chamfer finish line 1/2 to 1mm subgingival or more depending on retention form and buildup or fractures.
2. Without altering technique and with every patient (unless a hx of cardiovascular disease) 1:50,000 epi in the Ligmaject. About 1/4 “click” in each papillae around the tooth (four points MB, DB, ML, DL) Eliminates all heme and I mean even in the most subgingival preps. No bleeding should be noted.
3. Soaked in 0 or 1 cord in Hemodent. If prep is above cord then no need for 2nd cord. If gingiva is touching cord then pack second cord.
4. Inspect prep, remove second cord if present. If any heme then rub a little ViscoStat. There should be no heme whatsoever. Dry prep take imp. Now jump for joy.
I use the Clinician’s Choice metal double bite for single units. Metal full arch for multi-units or bridges.

I have not packed cord for almost two years now. We use Honigum by Zenith. This material is fantastic. The light body has the thinnest film thickness of any impression material. It is a “crystalline clay” and it will not run. We can squirt it out of the syringe and build a pyramid that does not slump. You may want to contact a Zenith rep to have a demo.
Want to know more? This is just a sample of the information available on the message boards at www.dentaltown.com in the Equipment General Discussion–Search words (typed exactly): Impression techniques.