

# Clinical Considerations for Restorative Procedures and Soft Tissue Management cont.

## 3. Gingival Displacement Methods

- Mechanical-Chemical gingival displacement
- Electrosurgery
- Rotary Instruments
- Soft tissue LASER

Current digital scanners do not have the ability to scan through gingival tissue. Still require gingival displacement for accurate impression of equigingival or subgingival margins.

## 4. Gingival Displacement with Retraction Cords

- Types of cords: Twisted, Braided and Knitted.
- Single cord or double cord technique can be used for gingival displacement. The objective is to move the tissue laterally from the teeth, not apically.
- Choose the largest diameter cord that will conveniently fit into the sulcus.
- Knitted Cord may take up to 20 mins to soak the hemostatic medicament!

## 5. Critical Sulcular Width

- The critical sulcular width that enables consistent accuracy of finish line impression is 0.22mm.
- Minimum effective time for gingival displacement is 4 mins. 4, 6 and 8 minutes of displacement provides a crevicular width of ~0.22mm (critical sulcular width).
- 20 and 40 seconds after removal of the cord/s the sulcular width achieved through displacement starts to close. To capture the finish line with accuracy, the impression of the sulcular area will have to be captured within 20-40 seconds after cord removal.

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#### 1. Evaluate Periodontal Health Prior to Restorative Procedures

- The decision to restore a tooth depends on factors such as crown tooth ratio, position of the tooth in the arch, predictability of the treatment, esthetics, periodontal status and the ability to maintain a healthy periodontium.
- Location of restorative margin placement is critical to the success of the restoration.
- Know the total DGJ measurement and evaluate the location of a margin of a restoration circumferentially around the tooth to avoid the violation of the BW mainly in the interproximal area.



## 2. Achieving Periodontal Health

Preconditioning gingival tissues with CHX mouthrinse reduces gingival inflammation prior to restorative therapy. Clinical protocol is as follows:

- Scaling and Root Planing
- Initial preparation
- Supra gingival/ Equigingival margins
- Make excellent provisional restoration
- CHX 2x per day for 6 weeks
- Impression
- Definitive restorations