

Dental Laboratory Newsletter November 2018

"We respect Dentistry, Dental Technology and Science which makes us stand out from our competition" Kash Qureshi, Managing Director

IMPORTANT NOTICE

Bremadent will be closing for Christmas on Friday 21st December 2018. Our full service will resume on Thursday 3rd January 2019.

In the "I'm getting old" department.., a kid saw this and said, "oh, you 3D-printed the 'Save' Icon."



Restoring Dental Implants In Your Practice

Our managing Director Kash Qureshi attended a hands on workshop on restoring implant cases presented by Dr. K Saeed in association with ETK a Lyra Company and Abbey / Inspire Dental practices. This course was designed for GDP'S who are entering the implant world, Dr. K Saeed places the implants for the GDP and then refers back to the GDP for the final restoration.

Our managing Director says "I have worked with Dr. K Saeed and his brother Dr. A Saeed for many years with their implants cases, Dr. Saeed has placed over 600 implants and we have done many implant crown cases, all on 4, all on 6 milled bar cases and locator cases.. A patient for Dr. K Saeed came to the lab once, I think he was vetting him out about placing his implants. Cut a long story short, he said, would you recommend Dr. Saeed, would you let him place implants on your own mother, I said that's a funny story actually, he has placed one dental implant on my mother already and is in the process of the second one"

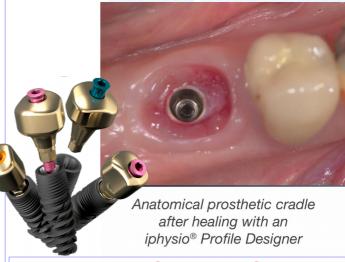
For further information on the ETK System contact Kay Hammond www.etk.dental for more information on Dr. K Saeed placing implants contact Bremadent on 0208 520 8528.



3 IN 1 SOLUTION - healing, impression, temporary.

- 1. Healing: Its anatomic form fully meets with the morphology of the teeth to be replaced.
- 2. Taking of impressions: using digital or conventional technology, the taking of the impression directly on the Profile Designer avoids positioning errors linked to the placement of the impression coping. The implant position is restored in a very accurate manner.
- 3.The temporary prosthesis: resting on the Profile Designer, it takes the same shape as the prosthetic cradle up until the placement of the final prosthesis.

For further information on the ETK System contact Kay Hammond www.etk.dental



UDA Demands? Mouth Guards? PBC? RPD?

Speak with Kash on how Bremadent can help you and your practice reach their UDA targets!











Why use a custom tray (special tray)?

IMPRESSION MATERIALS:

There are three main types, mucostatic, mucocompressive and selective pressure.

Mucostatic – Impression are taken with oral tissues in a normal, relaxed state.

Mucocompressive – Impression are taken with the oral tissues in a functional and displaced form. **Selective pressure** – Use of a special tray with extensions over the the denture bearing areas without interference of the limiting structures at function and rest.

STOCK TRAYS:

Stock trays are ready made and comes in specific sizes for primary impressions. There are two types - dentulous and edentulous, both of which generally come in sizes - small, medium and large. Stock trays are made in metal (reusable and autoclavable) or plastic (disposable, usually made of nylon or polystyrene).

SPECIAL TRAYS:

Special trays are made from light cure acrylic. They are constructed on the primary cast which helps with adaptation of the impression material and reduces the amount required. The resulting master cast is well detailed and allows accurate construction of the denture. Due to special trays having a better fit than a stock tray, the accuracy is improved and less impression material is needed and improves the overall prostheses result.

A "closed" special tray (i.e. no space between the cast and special tray) is required for: Zinc oxide eugenol Impression wax

A "spaced" special tray is needed for:

Alginate (space of 2mm)

Elastomeric impression materials (space of 3mm)

impression plasters (space of 1.5mm)

ADHESIVES AND PERFORATIONS:

It is essential that impression materials adhere firmly to the impression trays. This can be achieved by either perforations or by the use of adhesives. Adhesive solutions and perorations are needed for alginates. Non perforated trays are required to create a mucocompressive impression.

TISSUE STOPS IN SPECIAL TRAYS:

The function of tissue stops allows the clinician to orient the tray with the handle centred, simple path of insertion and controls creates a uniform thickness of impression material without impinging on soft tissues, this can also help with border moulding. Traditionally there are 2 – 3 tissue stops placed on the fitting surface of a S/T/

PERIPHERY EXTENSION OF A SPECIAL TRAY:

Usually designed 2-3 mm away from the peripheral roll, this allows impression material to flow into and capture the 3D detailed spaced of the point of reflection between the soft tissues and cheek muscles for border moulding without the interference of a special tray material. The S/T is designed 2-3 mm away from the periphery to support the captured area, if the extension is more than 2-3 mm it will not have adequate support and may cause the area to be false.

STOCK TRAY VS SPECIAL TRAY:

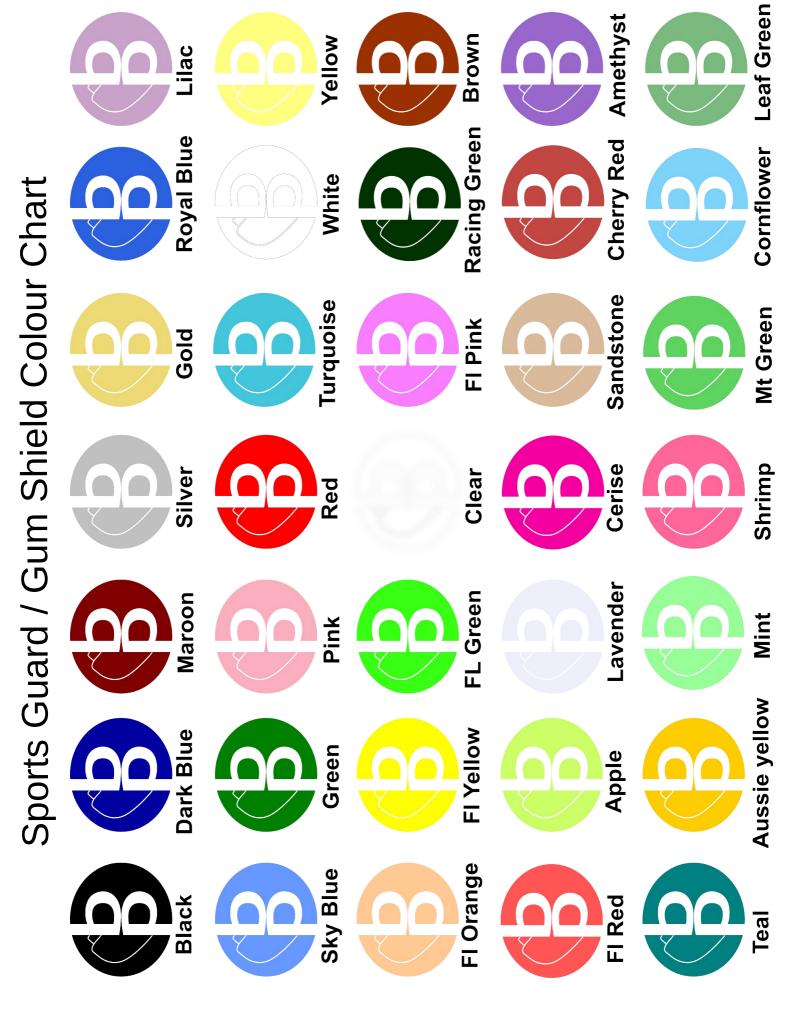
Stock trays are prefabricated in sizes and the impression material has to be supported by the tray, as every mouth is different in size. Inadequate support from the tray can falsify the shape of the arch, teeth and soft tissues and create variables as it is dimensionally unstable due to a lack of support. Special trays are custom made exact to the patients mouth thus increasing the accuracy, stability and support of the impression material and creates less variables as the support is rigid and maintains the impression material dimensional stability. With the use of a well designed S/T with tissue stops and adequate peripheral extensions it can reproduce an accurate representation of the mouth whilst maintaining the impressions materials dimensions.











Yellow

Lilac

Brown



What is IPS e.max?

IPS e.max® is a Lithium Disillicate glass all-ceramic that delivers optimum aesthetics, translucency, durability and strength. With up to 10 years of clinical evidence, over 80 million restorations and a 97.6% survival rate, it is a proven system that provides highly durable and highly aesthetic restorations which makes it an affordable alternative to porcelain bonded crowns and zirconia based restorations.

Technical Features:

IPS e.max can either be pressed or milled via our in-house Sirona inLab CAD/CAM milling machine and provides a flexural strength between 360 – 500 Mpa. It is recommend for single unit anterior crowns or posterior crowns, 3 unit anterior bridges, partial and full anatomical crowns, minimal veneers (from 0.3mm), inlays & onlays and screw retained implant crowns.

Clinical Features:

IPS e.max is a bio-compatible material and is used for highly aesthetic solutions due to its true to nature shade behaviour. IPS e.max promotes durable restoration due to the high flexural strength and is suitable with minimal invasive preparations. There is no condensation shrinkage thus providing a precise fit and reduce adjustment time. IPS emax restorations offer flexible cementation. *Contact Kash on 0208 520 8528 for further information.*



Before





After









