Easy and Accurate Provisional Restorations

Steven Miller provides practical tips to ensure success with provisional restorations.

Dr Steven Miller, Associate Faculty of the Dawson Academy and Past President of The American Academy of Cosmetic Dentistry, provides reliable techniques on how to provide Easy and Accurate Provisional Restorations. Whether the treatment plan is a few single restorations or a full mouth rehabilitation, the first step is always a Comprehensive Examination! Provisional restorations play a far more important role than just a transitional role while the laboratory fabrication of the definitive restorations commences. Of course, function should be protected to ensure that the dentin and pulpal tissue is protected from thermal, chemical, mechanical and bacterial damage, but there is much more.

They are adjusted for ideal aesthetics, phonetics and function. Provisional restorations provide the dentist, patient and dental laboratory with “in vivo” information, as the patient tests drives the restorative team. Especially when changing aesthetics and function, feedback is obtained regarding contour, shape, incisal edge position, overall aesthetics and function. When dealing with periodontal procedures, such as grafting, crown lengthening and implants, they serve as a great healing evaluation tool. Accurate records including photographs and models of patient approved temporary restorations provide the laboratory with a functional prescription for the definitive restorations.

Whether the treatment plan is a few single restorations or a full mouth rehabilitation, the first step is always a comprehensive examination. Once we have confirmed stable dental health, the treatment planning process can proceed.

There are two patient scenarios that I will describe.

Patient one: Stable function, no aesthetic wants and minor restorative needs, such as a quadrant or less

My dental assistant takes a PVS quadrant impression in a triple tray, which is evaluated for voids in hard and soft tissue. After the preparation(s) and first retromolar cord, the triple tray is filled with a Bis-acryl material, such as Structur or Pro-temp. The material sets in 90 seconds and is then placed in room temperature water for a minute. The temporary can be trimmed with the Dawson provisional kit, while the final impression is being taken. This technique provides an accurate temporary with well-fitting margins and biological contours.

Patient two: Aesthetic and functional issues and has many more challenges

The examination process now includes mounted models with a central bite and the Dawson photographic series. The accuracy of these records incorporating all teeth, gingival and vestibular areas is of paramount importance. The age old adage of garbage in, garbage out applies, so make sure to do a thorough examination and take accurate records.

The next step is quiet thinking time and utilizing the functional-aesthetic analysis checklist. This checklist creates a problem list that includes the biological, structural, functional, and aesthetic components of a smile. It helps create a vision with the end in mind. This vision is then translated into the 3D architectural plan, the wax-up. The wax-up that incorporates the findings from the FE checklist is one of the most important steps for consistent predictable success.

Prior to the appointment, my dental assistants fabricate from the wax-up the Siltec Putty matrix that has been refined with a light bodied PVS and place it on the articulator to register the opposing arch to guide the matrix accurately. We also make a Mini-Star vacuum formed clear matrix on a solid model of the wax-up. This clear matrix acts as a guide to visualise clearance and also can be used as a provisional matrix.

After the preparations are completed, we utilise either the Bis-acryl lock-on or the Bis-acryl remove and contour technique to fabricate the provisional. After the margins and gingival embrasures have been developed, the Bis-acryl provisional adjustment guide developed by Dr. Dawson is utilised in the mouth. Phonetics, incisal length, centric stops, anterior guidance and long centric are all developed.

The patient is re-appointed with-in a week for refinement, verification and after approval, records. These records include mounted models of the approved provisional and the Dawson photographic series. Matrices and a custom incisal guide table are fabricated by the lab to communicate all the information. The definitive restorations are then created without guesswork.

This technique provides reliable, predictable and accurate provisional that allow restorative dentistry to be less stressful and very fun. Provisional restorations play a far more important role.

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Ian Buckle will be speaking at the UK’s largest and most prestigious dental events. The British Dental Conference & Exhibition, Thursday April 25-27, The Clinical Innovations Conference 17 & 18 May and Dentistry Live June 7th 2015.

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Full Mouth Rehabilitation: Over the Shoulder Live!

Who: Dr Ian Buckle
When: 21st-22nd June 2013
Where: Dawson Academy UK, Wirral
Time: Fri 9am-5.30pm, Sat 9am-4.00pm
CPD: 14hrs
Cost: £795 + VAT

Course Description

Live patient over the shoulder and hands on treatment planning Topics covered:
- The records required for full mouth rehabilitation
- The treatment planning process
- Preparation Design
- Exquisite provisional restorations
- Placing and finishing the case

On day one Dr Buckle will place the lower anterior restorations. Delegates will be able to treatment plan the case according to Dawson principles before Dr Buckle unfolds his approach. On day two you will watch live as he prepares the upper arch, takes all the necessary records and temporises the case showing you how to check the function and aesthetics. He will also demonstrate how to best communicate with the lab to provide predictable definitive restorations.

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