



APPLICATION OF VISALYS® TEMP



1

Take an anatomical impression

Before the preparation, determine the initial situation using an anatomical impression (if possible). Select an appropriate impression tray and impression material.



Impression tray (we recommend torsion-resistant trays with no perforations to maintain the dynamic pressure), impression material

The use of an A silicone such as **Silginat®** is recommended (unlimited storage, can be poured out repeatedly, that is, only 1 anatomical impression has to be prepared! The high elastic recovery properties ensure exceptionally precise results.). For smaller tasks, partial trays (e.g., the Multi Trays from Kettenbach) save time and are cost effective.

2

Process the anatomical impression

Trim back the anatomical impression with a scalpel; shorten any disruptive interdental septa; check whether the impression can be repositioned without any difficulties.



Scalpel

Cut out any interdental septa in the impression; if necessary, place a central line between the incisors by marking with a notch. Cover any adjacent existing restorations made of composite with petroleum jelly, for example, to prevent adhesion.

3

Initial use and application

When activating the cartridge for the first time, it must be ensured that both components are extruded at the same time. Ensuring uniform extrusion is only necessary for the first use and subsequently material no longer needs to be discarded.



In regular use, before filling the impression ensure that a small quantity of the temporary plastic is applied to ensure the correct mixing ratio.

4

Application into the impression

Fill from the occlusal surface outwards. The end of the mixing tip should always remain in the material to prevent inclusion of air. The quantity of material should not go beyond the gingival margin.



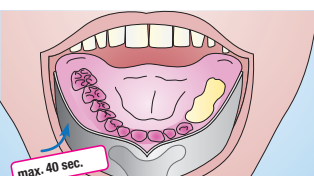
Visalys® Temp, Applyfix® 6 dispensing gun, blue-orange mixing tips

Tip: Start the stopwatch before filling the impression so that the processing time can be checked. After filling the impression, place a pea-sized quantity of material on the back of a gloved hand; this enables the level of hardness to be checked outside the patient's mouth.

5

Insert into the patient's mouth

Place into the patient's mouth, applying slight pressure, within 40 seconds of starting the mixing.



Stopwatch



6

Check the correct removal time

Check the level of hardness in the patient's mouth using excess material (**Visalys® Temp** reaches an optimal elastic phase for easy removal on average 2:00 min. after the start of mixing).



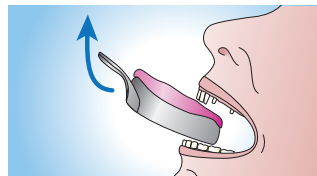
Probe; alternatively: sample on the back of the hand

If the material on the back of the hand has the desired consistency, the temporary restoration can be removed.

7

Remove from the patient's mouth

Remove the temporary restoration from the patient's mouth during the elastic phase between 1:30 and 2:30 min. after the start of mixing.



Stopwatch

Early removal (temporary restoration is still very elastic): with severe undercuts and large bridge spans. Later removal (temporary restoration is already relatively hard): for smaller tasks and those with few undercuts.

8

Repairs

Repairs (e.g., due to air bubbles or fracture sites) can be made directly with **Visalys® Temp** or a flowable composite. The oxygen inhibition layer (smear layer) should not be removed before carrying out repairs.



Visalys® Temp or flowable composite

For older temporary restorations that were inserted into the patient's mouth several days earlier, the surface must first be mechanically roughened. A self-etching (enamel/dentin) bonding agent should be used in addition to the composite.

9

Finish

4:00 min after starting mixing, **Visalys® Temp** has set completely and the temporary restoration can be finished.



Cross-cut stainless steel bur; narrow bur; disc

Before finishing the temporary restoration, the oxygen inhibition layer (smear layer) should be removed because otherwise the bur will rapidly become clogged and blunt. Swabs soaked in alcohol or disinfectant swabs are suitable for this purpose.

10

Polish

Polishing the temporary restoration creates a smoother surface with higher luster that makes the accumulation of plaque more difficult and also feels more pleasant for the patient.



Composite polishers, cotton buff, goat hair brush

Generally, the surface of **Visalys® Temp** is already sufficiently smooth that additional polishing can usually be omitted altogether.

11

Cement

The temporary fixation cement should, with a brush or spatula if necessary, be applied in a thin layer to all internal walls of the temporary restoration.



Temp. cement

Eugenol can have a negative effect on the curing of composite luting cement; if composite materials are planned for the permanent restoration, a eugenol-free temporary luting cement should be used to cement the temporary restoration.