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Need help with a case in your office? Please don't hesitate to contact me. I am always happy to help a colleague with treatment and/or diagnosis:

# Taking impressions of Dental Implants.

I get requests from colleagues for information. Dr. David Douglas asked me if I would clarify how impressions should be taken when fabricating fixed or removable prosthetics. My pleasure David.

In the aesthetic zone, emergence profile is paramount. Most dental implants emerge from the gingiva in a conical manner. Teeth emerge in different shapes. For example, in the upper canine region, the emergence shape is more triangular. In the upper first premolar region, the shape can be more of a figure eight, depending on how much of the root structure is supra-gingival.

I think you get the picture. Clearly, the soft tissue must be supported in a specific manner if we are going to shape the crowns to match adjacent teeth in the dentition.

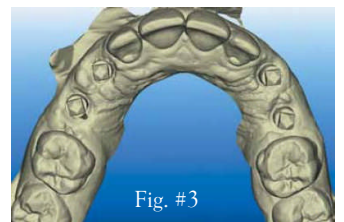
The picture below illustrates tissues that have been "trained" after removal of healing collars (over the dental implant). There are several ways to train the soft tissues. I am pleased to show you what works well in my hands.

**Can we use digital scanners to take final impressions for dental implants?** The answer is Yes and No!

Most dental implant companies have developed "scanning bodies" to be placed on top of dental implants for a digital impression. This is a very accurate impression but unfortunately, if the tissues have been "trained" as seen in Fig #1, the scanner will not accurately obtain and transfer the correct information to the master cast.



Scanbody for Straumann Narrow Cross-fit implant is shown in Fig. #2. Four scan bodies are seen in the master cast in Figure #3. Note that there is no soft tissue training visible in this master cast

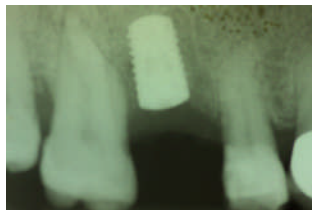


## CASE ONE:

To crest of the alveolar bone on tooth #16 is approximately 6mm below the soft tissue crest of attached gingiva in this patient. We can choose to have a cylindrical shape followed by a block of tooth above the gingival crest or we can "train" the soft tissues and create a normal emergence profile of the soft tissues on #16



Radiograph shows #16 implant and soft tissue views illustrate the shape of tissues that have been trained with a temporary crown.



A "peak" temp post is adapted for emergence profile on #16 and an acrylic temporary crown is fabricated in occlusion for #16.



## Developing Emergence Profile on #16



About my Ceramist:

Masoud Niknejad of Picasso Dental Studios is a Master Ceramist. He maintains his own laboratory in Richmond Hill, Ontario.



FUTURE BLOGS:

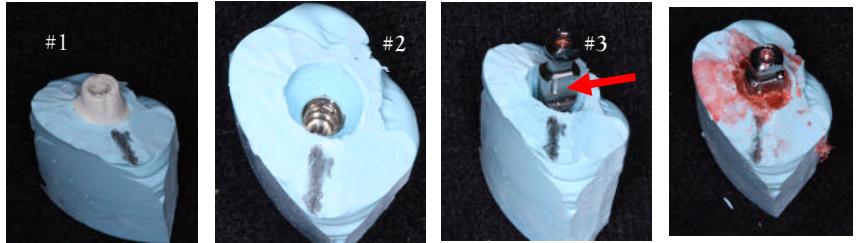
- ◆ Cowboys vs “Followers” - Surgical Considerations
- ◆ Cowboys vs “Followers” - Prosthetic Considerations
- ◆ Occlusal Considerations in Restorative Dentistry
- ◆ The “hype” on fancy “gadgets” to check occlusion.
- ◆ Bikini Dentures vs functional stability in removable Prosthodontics
- ◆ Training Tissues in Implant Dentistry (Emergence Profile
- ◆ The Perils of “Thin\Scalloped” Gingiva -a Restorative Perspective.

EDITOR'S NOTE:

Blogs are a great way to share information. We all know that there are many ways to complete treatment in dentistry.

Please do not hesitate to contact me if you have any questions with regards to concepts described in my blogs. Further, I am always happy to assist you with patient care concerns from your own office.

Customized Implant Impression Technique



Custom Post Technique:

#1 Attach the temporary post to its analog and imbed in PVS quick set impression material (Blue Mousse)

Cut back excess PVS to the margin of the gingival crest of the impression post with sharp knife. Draw a pencil line on PVS on mid buccal surface.

#2 Unscrew and remove implant post.

#3 Insert corresponding impression post for “closed tray” and screw down onto analogue. Using 701 high speed fissure bur, cut a vertical line in impression post directly in line with pencil mark (see red arrow)

#4 Fill PVS material around impression post with Duralay material or like product up to the level of the gingival crest. Smooth duralay surface.

#5 Impression post and analog separated from PVS.

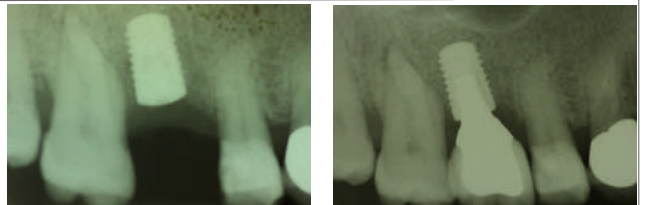
#6 Impression post placed in mouth with vertical line on post facing mid buccal

#7 Guide screw tightened and “cap” inserted



Restoration of Case One

This case has been restored two different ways for the benefit of the readers. My personal favorite is the restoration with a screw retained post. The alternative technique involves the placement of a post with a cement retained

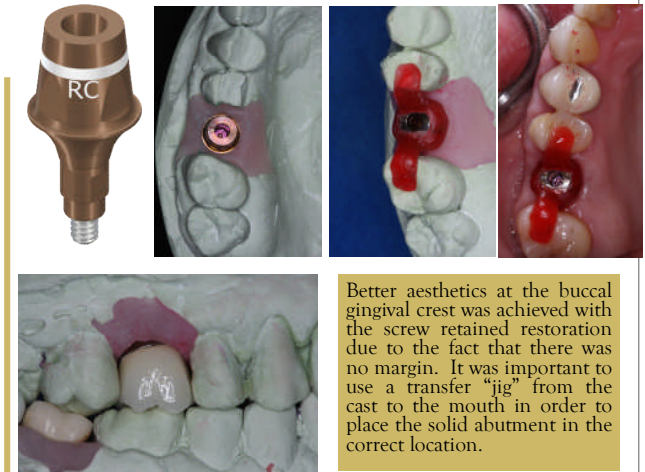


Screw retained crown using a “gold abutment”. Note how the porcelain closely follows the emergence profile established with the customized impression technique.

Screw retained crown with “Gold Abutment”



Cement retained crown with solid abutment .



Better aesthetics at the buccal gingival crest was achieved with the screw retained restoration due to the fact that there was no margin. It was important to use a transfer “jig” from the cast to the mouth in order to place the solid abutment in the correct location.