

## **KERR Materials Testimonial: ALGINOT**

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Why do we need to have an alginate “substitute”? Alginate has been the tried and tested impression material for study models and opposing arches in restorative and prosthetic dentistry for many years. It can be inexpensive, quick to use and easily released from undercuts.

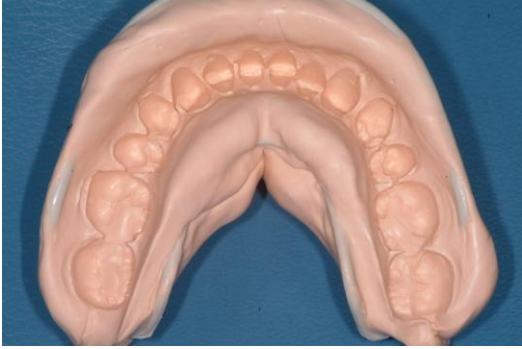
However, how accurate is alginate? It needs adhesive to prevent it from pulling away from impression tray walls. It often exhibits an unpleasant “slimy” feeling for the patients. It must be poured very soon after mixing for tolerable accuracy. It has to be mixed by hand, which leads to inconsistency from mix to mix, and needs to be cleaned up afterwards. So, with all of these negatives, why DO we continue to use it??

There are a number of advantages in switching to “AlgiNot™” a Vinyl Poly-Siloxane, or addition cured silicone. Firstly, my patients love the fact that it “Isn’t cold and clammy” like “The old stuff”. It doesn’t have the same tendency to flow down the patient’s throat.

Ideal for indirect prosthetic techniques, it feels “Softer” than most VPS materials, making it very easy to remove from the mouth and undercuts especially from “Long” periodontally involved teeth. Importantly, it’s much less expensive than VPS.

However, for myself and the protocols that we use in Windsor, it’s perfect for taking impressions for templates and provisional crowns and bridges. There’s no doubt that it is more accurate and stable than any alginate. More importantly, we can keep the impressions throughout the treatment sequencing of our patients, and for complex oral rehabilitation cases, that could mean 3-18 months.

When a patient loses or breaks a provisional, it’s easy to obtain the original impression from storage and quickly fabricate a new provisional. Its viscosity is appropriate for most cases, and my patients tell me that the taste is fairly pleasant. AND, the name is FANTASTIC!



Study model impressions



Preliminary post-op impression for upper 1<sup>st</sup> molar provisional



Expasyl™ applied after preparation



Expasyl™ under pressure from cotton roll



Gingival retraction and haemostasis with Expasyl™



Fill-In™ placed within the preliminary impression



After removal from the mouth (2 minutes)



Initial fit of the provisional crown, prior to re-margination



Re-marginated with Point4™ flow. Point4™ flow taken as a wash over the buccal surface to achieve high gloss