Used Products

IMPLANT - Abutment made of zirconium oxide - Crown - Metal - Non-retentive abutment shape - Multilink Speed

☐ **Multilink Speed**

The self-adhesive, self-curing composite resin cement can be optionally light-cured

☐ **OptraStick**

Application instrument that features a flexible adhesive tip

☐ **Telio CS Inlay**

Temporary light-curing filling material for deep inlay preparations with parallel walls and sealing of implant screw access holes

☐ **OptraGate**

Allows lips and cheeks to be retracted completely and ensures relative isolation

☐ **Ivoclean**

The universal cleaning paste Ivoclean effectively cleans the bonding surfaces of prosthetic restorations after intraoral try-in

☐ **Liquid Strip**

Glycerine gel to prevent the oxygen-inhibited layer of composites with composite or ceramic restorations

☐ **OptraPol**

OptraPol is excellently suitable for finishing and polishing all popular composite materials in a single step

☐ **Cervitec Plus**

The protective varnish containing chlorhexidine and thymol protects exposed root surfaces and controls bacteria

Flowchart Multilink Speed

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1 Preoperative situation

The abutment is screwed in place.

2 The restoration is tried in

The permanent restoration is tried in. At this stage, the shade, accuracy of fit and occlusion of the restoration are checked.

3 The screw access opening is cleaned and sealed.

The screw access opening is thoroughly rinsed with water spray and dried with oil-free air. Subsequently, the screw access opening is sealed with cotton wool or a foam pellet and **Telio CS Inlay**. For all further treatment steps, relative isolation of the operating field, e.g. with **OptraGate,** is indispensible. A retraction cord may optionally be placed.

4 The restoration is pretreated

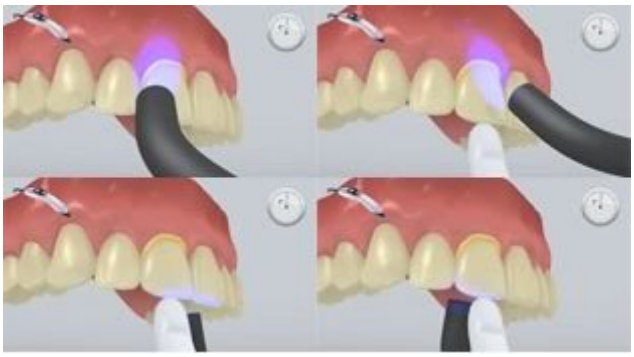
The inner surfaces of the restoration are sandblasted (e.g. **IPS InLine**, 2 bar, Al_2O_3 100 µm or as directed by the manufacturer of the restorative materials).

5 Multilink Speed is applied

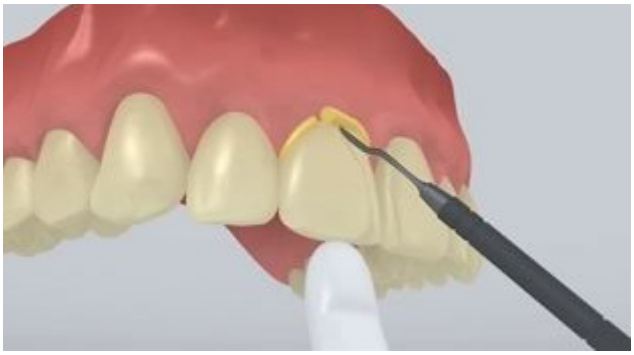
Multillink Speed is dispensed from the automix syringe and the desired amount is directly applied to the bonding surface of the restoration.

6 The restoration is seated and excess cement is removed

The restoration is seated and held in place using light constant pressure.

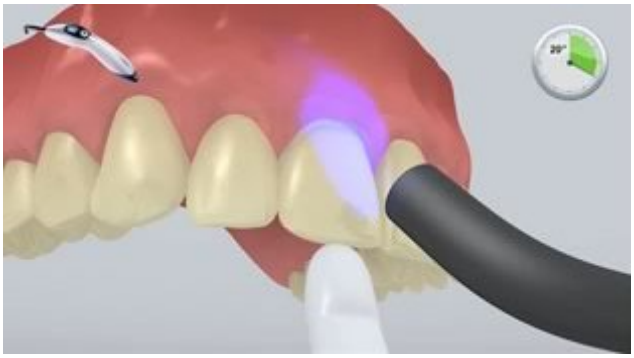


Excess cement is light-cured with a polymerization unit (e.g. **Bluephase N**, 650 mW/cm^2, LOW mode) for 1 second per quarter surface (mesio-oral, disto-oral, mesio-buccal, disto-buccal) at a distance of approx 0-10 mm.



The gel-like excess material can be easily removed with an implant scaler.

Like all composites, **Multillink Speed** is subject to oxygen inhibition. In order to avoid this problem, it is advisable to cover the restoration margins with glycerine gel/air block (e.g Liquid Strip) immediately after the removal of excess cement.



Subsequently all the cement margins are light cured for another 20 seconds (e.g. **Bluephase N** in the HIGH mode, approx. 1,200 mW/cm^2). Materials that are opaque, in other words, impervious to light, should be allowed to self-cure.

Liquid Strip is rinsed off and where required OptraGate or the absorbent pads and retraction cords are removed.

7 The completed restoration is finished

Proximal areas are adjusted with finishers and polishers. The occlusion and functional movements are checked and adjusted if necessary. The restoration margins are polished with polishers (**OptraPol**) or discs.

8 Follow-up care

A thin layer of **Cervitec Plus** is applied where it is needed with the help of a Vivadent applicator or a brush. The varnish sets by itself or with the application of a stream of air.