Primosplint: for faster, easier splints

**PRIMOSPLINT IS A LIGHT-CURING COMPOSITE MATERIAL, DESIGNED TO MAKE THE FABRICATION OF SPLINTS AND SURGICAL GUIDE FASTER AND EASIER.**

**FIT, STRENGTH, AND STABILITY**

Primosplint offers good dimensional stability, giving a precise, stable, passive fit after light-curing and reducing the time needed for occlusal adjustments, as there is virtually no shrinkage, meaning the paths of disclusion and all required contact points can be constructed exactly and are conserved after light curing. Model duplication is also unnecessary, on the condition that undercuts are correctly blocked-out, offering considerable savings on time.

“The material offers extended working time.”

**Presentation**

The material is sold as rods with a sufficient diameter for all kinds of splints. It has a Play-Doh consistency, and is initially slightly hard; a supple consistency is obtained when the material is flexed, making it easily malleable. Once softened, the material also offers a comfortable working time. After light curing, a smooth, matt pre-finish can be obtained by eliminating the oxygen inhibition layer. The use of adapted bonding, separator, cleaning, and glazing agents is strongly recommended.
“The time needed for occlusal adjustments is reduced, as there is virtually no clinical or relevant shrinkage.”

**Indications**

Essentially developed for TMJ splints, Primosplint minimises occlusal abrasion. It has a high-tensile strength and the required modulus of elasticity (E-Modulus) associated to its accurate fitting.

It is indicated for a wide range of custom appliances, and is notably suitable for the fabrication of scanning stents and implant drill guides (see box).

“Suitable for the fabrication of scanning stents and implant drill guides.”

**Biocompatible**

The material contains no peroxide or methyl methacrylate for optimal biocompatibility. It does not leave a bad taste in the patient’s mouth.

**Fabricating a custom splint using Primosplint composite material**

After blocking-out any undercuts, apply a recommended separator fluid to the upper and lower models and leave to dry (fig. 1). Applying a small amount of separator to the hands stops the material from sticking (fig. 2). Flex a Primosplint rod to render it malleable (fig. 3). Pre-form into a dental arch shape, then lightly press this...
arch onto the model, coat with a thin layer of separator and model it in a gingival direction, both labially and lingually (figs. 4 to 6). NB: Ensure that a sufficient amount of the Primosplint material remains occlusally, depending on the desired thickness of the splint.

Slowly close the articulator by gently tapping until the pin touches the incisal plate (fig. 7). Simulate disclusion movements; the occlusal relief recorded on the splint will remain, meaning less adjustments later.

Light cure for 10 minutes in a light-curing unit equipped with 350-to-400-nm UV-A bulbs - I use a Metalight curing unit (fig. 8).

After light-curing, remove the oxygen inhibition layer on the surface with tissue and suitable cleaning agent (fig. 9).

Remove the splint from the model using a stiff, blunt instrument (fig. 10).

NB: Depending on the thickness of the splint and the light-curing unit used, the underside of the splint may need to be light-cured for a further 5 minutes, especially if the plaster is dark (fig. 11).

Carry out any necessary grinding on the splint (fig. 12). Check the centric and ex-centric relation and, if needed, remove any undesired contact with a small round carbide bur (figs. 13 & 14).

To polish, use a pumice followed by a high shine (figs. 15 & 16), or apply a thin layer of the light-curable lacquer glaze with a brush and light-cure for a further 5 minutes (figs. 17 & 18).

The completed splint on the model (fig. 19).
OTHER APPLICATIONS

SURGICAL GUIDES AND SCANNING STENTS

Due to its high stability and precise fitting, Primosplint is particularly suitable for use in implant planning, such as surgical drill guides or scanning stents where a precise fit is an important condition for detecting the dimension of the soft tissue above the bone.

POSITION KEY FOR TRY-INS

Providing they are well-preserved, scraps of the material can be used to fabricate a position key, which records the exact position of crowns on the model before sending to the dentist for a try-in. Using this key the dentist can easily determine if the position of the crowns are identical on the model and in the mouth.
Andreas Hoffmann was born in 1956 and obtained his German Master Dental Technician degree in 1985. In 2000 he started his laboratory 1. DSZ. At the same time he was appointed director of the "Akademie Umfassende Zahntechnik", a highly respected post graduate education program by one of the major German laboratory associations (VUZ) where he is also member of the board of directors. He received the Straumann prize in 1998 and is known in Germany and Europe for his outstanding publications, lectures and courses on Metacon (light curing wax), phaser and laser welding techniques, Cercon, Versyo.com, Cerec, Procera, and Galvano. Andreas is married, has two children and lives in Bilshausen, Germany.