CROWNSEATER

Hydrostatic pressure of the unset luting cement tends to push a crown away from the preparation and into high occlusion, unless there is a seating force to counter the extrusive movement. This seating force needs to be continuous and adequate in intensity to prevent the elastic recoil.

Such force can be achieved in one of the following five ways:

1. With the patient biting on a non-rigid material (like cotton roll): This is very commonly performed for years and incorrectly so. Such an act has a very high tendency of tipping the prosthesis off its final seated position, significantly compromising the end result. This can often be the reason for patients complaining of a high crown immediately after cementation, when they seemed to fit fine without the cement.

2. With the patient biting down into MIP (with no intermediate material): Such an act too carries the risk of prosthesis tipping off the desired margin in a scenario that prematurities exist on the occlusal surface.

3. With the clinician holding the prosthesis under firm finger pressure: Such an act is uncalled for as it can be extremely strenuous. Besides, finger pressure cannot be maintained constant, nor can it match-up to the bite force generated by the masticatory muscles.

4. With the patient biting down onto a wooden stick: Such an act too carries the risk of prosthesis lifting, as a flat blade contacts cusp tips only, with a possibility of tipping the prosthesis off its preparation margin.

5. With the patient biting onto a CrownSeater (MIK Dental): Such an act would help achieve the most predictable outcome. The raised edge of the Crown Seater functions as an antagonist cusp tip and is to be positioned onto the occlusal surface of the tooth being cemented. Such a design is physiologic, as only a single point of contact under the patient's own masticatory force predictably seats the prosthesis onto the preparation margin with no risk of lifting or tipping. As the oral cavity is partially propped open, clinician can evaluate the margins, remove excess cement flash and also light cure the resin cement when indicated.

CrownSeater is available as a set of two where the white one works best for the 1st and 3rd quadrant while the dark blue one is designed for the 2nd and 4th quadrant (designed to accommodate the cheek). Crown Seater is ideally suited for use during cementation of premolar and molar crowns. They can also be used for bonding partial restorations like inlay, onlay, crownlay, endocrown. They are autoclavable and thus can be used repeatedly.