DELIVERY OF COMPLETE DENTURES

Clinical Insertion Appointment

(1) Final psychological evaluation and education of the patient
(2) Final adjustment of the prosthesis

Psychological - Education

Many hours, much effort, and money ✓
High expectations ✓
Prepare for post-insertion problems ✓
Enough time must be devoted ✓
Pessimistic must be encouraged ✓
Overly optimistic must be counseled ✓

50% of the work has been done
Adjustment appointments are expected
Caution that a new denture is just THAT - NEW

Review and explain the clinic document for post-insertion

In detail

You are an individual
Sore areas with New Dentures
Speaking with New Dentures
Chewing with New Dentures
Increased saliva with New Dentures
Longevity of Dentures
Limitations of Dentures
How to care for Dentures
INITIAL PLACEMENT

- Be careful to follow the correct path of insertion.
- We’re looking for resistance to the path - tissue undercuts.

Tissue Surface Adjustment

- Disclose with PIP (pressure indicating paste) and MIZZY Spray (surface tension releasing agent)

Pressure Indicator Paste sequence (PIP)

1. Dry denture surface
2. Brush a thin even layer of PIP onto the surface of the denture
3. Seat the denture gently - when resistance is felt, remove and inspect.
Do this for both the maxillary and mandibular - until each will insert \textit{passively} (without resistance)

Place both dentures and position a cotton roll over both posterior segments - ask the patient to close with light force.
If this hurts -

1. Remove the denture (the one producing the discomfort)
2. Coat the tissue surface with PIP - and replace - with the cotton roles

Carefully adjust with an acrylic bur

Continue until both max and mand dentures are comfortable when biting with light force - with the cotton roles in place.

Ask your patient to hold for approx. 10 minutes.

The patient is holding in order to allow the mucosa to adapt to the inside surface of the denture.

The dentures should not have any PIP left inside while the patient is holding the bite with the cotton roles.
After the 10 minutes,
Remove one of the dentures - usually the maxillary - and coat with PIP again.

Re-insert this denture - place the cotton roles - and have the patient bite with more pressure.
The cotton roles prevent the prominent occlusal contact from influencing the pressures exerted on the tissues.

Relate any report of soreness to the pattern of pressure indicated by the PIP.

Remove small amounts of acrylic at a time.

Each time
- Clean the internal surface of denture
- Coat with a thin, even thickness of PIP

Repeat this process until the brush marks are almost gone - the paste is smooth throughout - and the patient is tolerating the bite pressure.
BORDERS

Common Areas to Adjust
- Median raphe
- Incisive papilla
- Distal buccal flange of the max denture
- Zygomatic process
- Frenum areas

To this point - the prosthetic teeth still have not occluded.

OCCLUSION
Errors in Occlusion

- Inaccurate JRRs
- Inaccurate mounting of JRRs
- Ill fitting record bases
- Incorrect arrangement not detected at try in
- Processing changes
- Warping of C/C by overheating during polishing

Why does denture resin shrink?
- High coefficient of thermal expansion
- Cooling after polymerization

Clinical Remount

Purpose of the Clinical Remount is to correct for the fact that:
- Adjusted denture bases seat more accurately than record bases
- Accommodate for errors made during the making of centric relation records

- Maxillary is remounted with the facebow preservation record

- Mandibular must be remounted with a new CR Record
Clinical Remount

- 4 little cones of Alu Wax
- Soften (temper) in a warm water bath

- Record in the CR position

- Secure mandibular to maxillary with sticky wax

- Secure cast to cast with tongue blades luted to cast with hot glue gun

Clinical Remount

- Adjust the occlusion...light even contacts across the arch...keep anatomy

- Adjust CO then eccentric positions
- Light even contacts around arch
- Remove any deflective contacts
Clinical Remount

Check Vertical Dimensions
Review esthetic concerns
Verify phonetics

Deliver of complete dentures
Adjustment

Maintain centric stops
Maintain anatomy

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Deliver of complete dentures

Patient education-oral and written instructions

- At the end of the appointment, polish borders + flanges (not inside)
- Ask patient to use the denture as much as possible (adaptation element) especially speech (read newspaper aloud).
- If significant discomfort - soreness - the denture should be removed - but try to replace at least 6hrs before the next appointment - to observe tissue response

Deliver of complete dentures

- Diet recommendation, cut food and place on back teeth - up and down motion (a new skill to be acquired)
- Caution - may feel some fullness early on and excessive salivation in the first few weeks - should resolve
- Use brush to clean denture under water after soaking it in a cleaning solution (1/2 tsp bleach + 1 tsp Calgon softner + 4 oz water)
- Cleaning to remove plaque, prevent stains, calculus, odor. Avoid wearing the denture for sleep - to maintain tissue health.

Deliver of complete dentures

Next appointment in
24 hours
(next-day post-insertion check)

24 hour follow-up

- Inquire about the patient’s problems and conduct a thorough oral examination
- Check the denture for pressure areas with PIP and adjust the denture as needed
- Check borders for overextension with disclosing wax and adjust as needed
- Evaluate occlusion, refine equilibration as necessary, and recheck finish and polish.
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24 hour follow-up

• Note the lesions associated with the anterior mandibular denture border. They correspond to the PIP pattern.

Inspect the frenum areas. This is the anterior maxillary frenum. It is the most common frenum to become irritated from denture overextension.

If you observe change repeat the clinical remount procedure.

Common Problems
Mandibular denture
• Discomfort
• Poor retention and stability
• Lack of support

Maxillary denture
• Poor retention and stability
• Esthetics
• Phonetics
• Gagging

Next
In one week -
Then two weeks -
Then according to need.
Recall
6 months, then 1 year

Last precaution -
**DO NOT adjust the dentures yourself**