Complete denture

*** clinical steps for complete denture construction (by clinician) ..

- First we have to take **history** and do **examination** then :

1. Primary impression
2. Secondry impression (final or master impression)
3. Jaw relationship (bite registration)
4. Try in denture (or wax try in denture)
5. Insertion (denture delivery)

- Then **post-insertion follow up**.

*** laboratory steps for complete denture construction (by technician) ..

- With each clinical step there is a laboratory step

1. Pouring
2. Primary impression
3. Master impression
4. Special tray (individual tray or custom tray) .. we construct it on the primary impression
5. Bite block (wax rim)
6. Teeth setting and festooning
7. Flasking and curing (to convert the denture into Methylmethacrylate)

- Students in 4th year are expected to do both tasks of the dental clinician and technician.

*** Principles of examining and selecting candidates for complete denture construction .. (General definitions) ..

- **Prosthesis:** is an appliance that replaces the lost and congenitally missing tissues.
- **Prosthetics:** is the art and science of designing and fitting the artificial substances to replace lost or missing tissues.
- **Dental prosthetic "prosthodontics":** fitting of appliances in the oral cavity such as artificial dentures (conventional complete denture , immediate complete denture or RPD , Overdenture retained by natural root or implant , replica CD and fixed partial dentures "bridges").
- **Extra oral prosthesis:** such as Obturator, eye, nose and ear.
- **Examination and diagnosis:** are the process of a careful investigation of the facts to determine the nature of the case or the problem . Therefore, this can be very helpful to assess the normal and the abnormal situations.
- You have to examine your patient clinically (intraorally and extraorally) and you have to listen to your patient.
- This (history and examination) cannot be accomplished in a short time.

"spending more time in examining and planning than doing, doing becomes much easier" .. Dr Thomas

- Therefore, dentists or clinicians must know the anatomy and the physiology of the oral cavity and human body in general. In addition to the psychological make-up of the patient, in order to make a clear and highly successful and predictable treatment. These mainly depend on skilled clinician, skilled dental technician (naturally-born or acquired i.e. effort, practice ,critical evaluation) and the patient's variables.

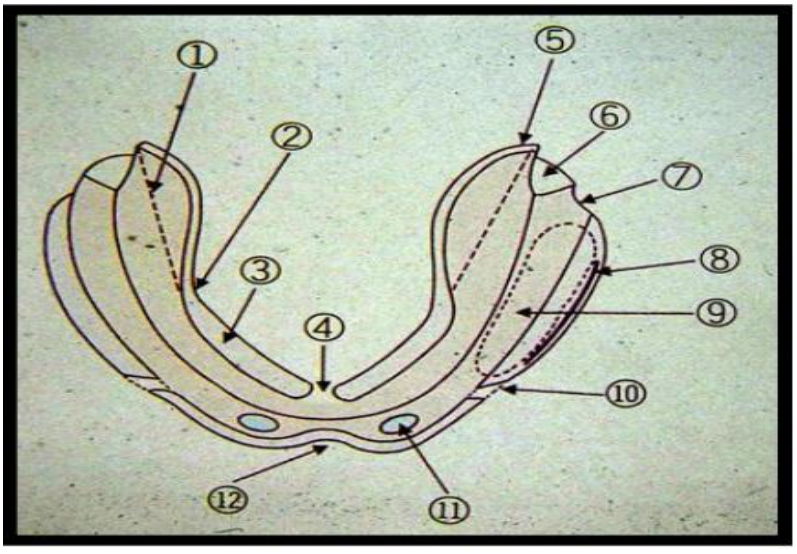
*** The basic requirements for impression making ..

- The ideal impression material the will give the ideal properties ..
  1. Non-toxic
  2. Dimensional stability
  3. Non-irritant
  4. Cheap
  5. Easy to manipulate
  6. Proper working and setting time

*** Anatomical landmarks ..

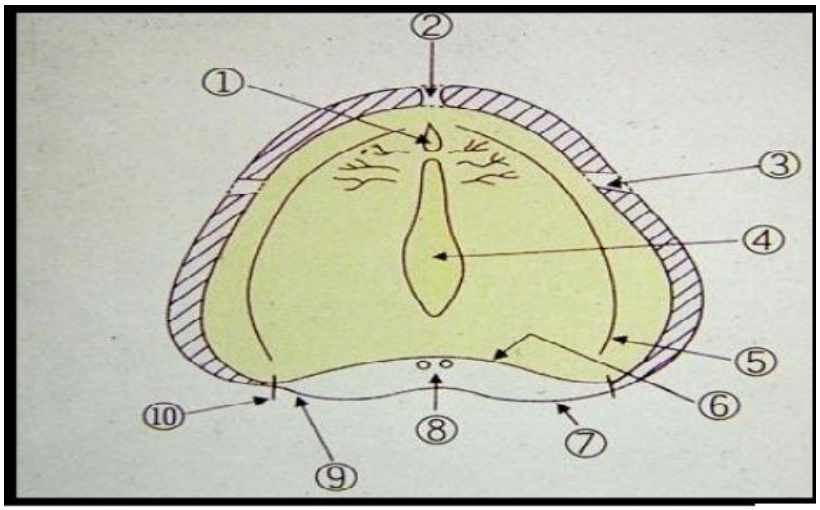
- **Lower arch ..**
  1. Mylohyoid ridge .. (from the lingual side of the mandible , distal to the first molar backward)
  2. Mylohyoid fossae .. (anterior to the ridge)
  3. Sublingual gland notch .. (appears on the impression like a notch)
  4. Lingual frenum
  5. Retero-mylohoid fossae .. (at the end of the arch more lingually)
  6. Retero-molar pad .. (triangular in shape)
  7. Masseter groove .. (made by the pressure of the masseter muscle on the impression material when performing the procedure)
  8. External oblique ridge
  9. Buccal shelf
  10. Buccal frenum
  11. Mentalis muscle
  12. Labial frenum

  * The black line is .. Crest of the ridge



- **Upper arch ..**
  1. Incisive papilla .. (elevation of connective tissue above the incisive foramen , it lies behind the central incisors and is used as a guide in the setting of upper centrals , the distance between the middle of incisive papilla and the labial surface of upper centrals should be 8-10 mm)
  2. Labial frenum .. (most of the time the upper labial frenum is present unless there is frenectomy)
  3. Buccal frenum
  4. Median raphe .. (anterior to it there is rugea area)
  5. Maxillary tuberosity .. (at the end of the arch)
  6. Anterior vibrating line
  7. Posterior vibrating line
  8. Fovea palatine .. (opening of minor salivary glands)
  9. Hamular notch .. (lies behind the maxillary tuberosity)
  10. Pterygo-mandibular raphe .. (at the end of the arch and you can't palpitate it inside the patient mouth)

  * The black line is .. Crest of the ridge



*** Patient's variables ..

1. Patient's attitude toward complete denture .. the first question you should ask the patient why are you here ? and you write it by their own language
2. Patient's oral condition .. by the intraoral examination (ridges could be highly or moderately resorbed, well developed, or irregular).
3. Patient's dentist relationship .. (it's the doctor's responsibility to build up a trustworthy positive relationship between him/her and the patient).
4. Patient's personally
5. Patient's socio-economic status .. (patients from higher classes care more about esthetics).

6. Patient’s demography factors (Age & sex) .. (30 years old patient has more esthetic and functional demands than 70 years old patient).
7. Patient’s previous denture experience

***** Can be assessed by ...**

1. History taking
2. Oral examination

***** Notes ...**

- the dr talked about instructions for the prostho lab but I didn't mention them
- (نيرة) .. means alveolar ridge or residual ridge

☺ Good Luck ☺

Done By
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