IMMEDIATE DENTURE

An immediate denture is “a complete denture or removable partial denture fabricated for placement immediately after the removal of natural teeth.

there are two types of immediate denture:-

1- interim IM.

2- conventional IM.

interim (transitional)immediate denture :-

“a dental prosthesis to be used for a short interval of time for reasons of aesthetics, mastication, occlusal support, or convenience or to condition the patient to the acceptance of an artificial substitute for missing natural teeth until more definitive prosthetic therapy can be provided. “

These are immediate dentures used temporarily, during the healing period of the patient to preserve ridge contour, until the permanent denture can be fabricated. They are mainly indicated in patients with periodontal disease going in for total extraction. They help to preserve the contour of the ridge until a permanent denture can be fabricated.

Conventional immediate denture :

“it is an immediate denture, which can be later modified to serve as the permanent prosthesis. It is usually done for patients undergoing total extraction. The treatment outline while preparing a conventional immediate denture consists of the extraction of the posterior teeth followed by the extraction of the anterior teeth. The ridge in the posterior region are allowed to heal before the extraction of the
anterior teeth. The denture is inserted on the appointment of extraction of the anterior teeth.

The denture will relined after 6-9months for long service treatment

**ADVANTAGES of Immediate denture:-**

- Maintenance of a patient's appearance
- Circum oral support, muscle tone, vertical dimension of occlusion, jaw relationship, and face height can be maintained. The tongue will not spread out as a result of tooth loss
- Less postoperative pain is likely to be encountered because the extraction sites are protected
- Easier to duplicate (if desired) the natural tooth shape and position
- Adaptation easier. Speech and mastication are rarely compromised, and nutrition can be maintained

**DISADVANTAGES of Immediate denture:-**

- Immediate dentures are a more challenging
- The anterior ridge undercut that is caused by the presence of the remaining teeth may interfere with the impression procedures
- The presence of different numbers of remaining teeth in various locations frequently leads to recording incorrectly the centric relation position
- No denture tooth try-in in precludes knowing what the denture will actually look like on the day of insertion
- More chair time, additional appointments, and therefore increased costs.

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CONTRA INDICATIONS:-
- 1- poor general health
- 2- uncooperative patient

EXPLANATION TO PATIENT CONCERNING IMMEDIATE DENTURE

- Do not fit as well as normal complete dentures.
- The pain of the extractions, in addition to the sore spots caused by the immediate denture, will make the first week or two after insertion difficult.
- It will be difficult to eat and speak initially
- The esthetics may be unpredictable because an anterior try-in is not possible.

CLINICAL PROCEDURE

The procedure for fabrication of immediate denture are similar to those for making partial and complete dentures, with some modifications.

1. Impression are made in irreversible hydrocolloid (alginate) in stock tray and poured to reproduce study cast. These casts are not enough for fabricating the immediate denture on.

2-Custom tray and final impression:-
There are two ways to fabricate the final impression tray, depending on the location of the remaining teeth and operator preference. Both are successful as long as they are done properly.

Type A: SINGLE FULL ARCH CUSTOM IMPRESSION TRAY.
This method more closely resembles a routine custom tray for partial and complete denture. it can be used both when only anterior teeth remaining and when anterior and posterior teeth are remaining.

a. The tooth area are blocked out with two sheet wax and edentulous areas are blocked out and treated like a complete denture impression tray.
b. a stop effect is established
c. the tray out lined to be 2-3mm short of the vestibular area.
d. Auto-polymerizing acrylic resin or light cured resin is adapted over the cast.
the tray is polished. we can use with any preferred impression material either elastomeric or irreversible hydrocolloid.

Type B: two-tray or sectional custom impression tray:
This method is used only when the posterior teeth have been removed. It involves fabricating two trays on the same cast- one in the posterior, which is made like an edentulous tray, and one in the anterior.

a. outline the borders of the tray again to be 2-3mm short of the vestibule but covering the posterior limit and the retromolar pad
b. one layer of sheet wax is put on edentulous area.
c. adapt auto-polymerizing acrylic or light cured acrylic to the posterior edentulous areas. This tray should cover the lingual surfaces of the teeth( only) and extend up beyond the incisal edge of the teeth to include a handle

d. for the anterior section, some operators prefer variations: one is to adapt a custom; another is to use a stock tray. Then with the 1st part we making impression with (zinc oxide euogenol is preferred). Then the impression is
removed and inspected, excess material is removed then it is replaced in the mouth, the anterior section of the impression is made.

(a) fig- a-two tray before seated on the cast/b- after impression making

3-jaw relation is recorded.

4-try in the denture in the patient mouth.

5- the teeth we want to be extracted is cut in the laboratory before flasing.

6- request surgical stent(guide), used to guide for surgically shaping the alveolar process, made from clear cold cure acrylic.
The surgical guide is made on a duplicate model of trimmed model prior to packing acrylic.
The S. G. can be constructed by:
1- vacuum forming / pressure forming technique.
2- cold cure
3- heat cure

7- Extract teeth
8- Use surgical guide to contour ridge

To aid in the correct positioning and seating of an immediate denture, most dentists and oral surgeons will prescribe for a surgical guide to be constructed by a dental technician. Most dentists and oral surgeons use a SURGICAL GUIDE after removing teeth prior to the insertion of immediate dentures.

9- Seat the denture, the denture should fully seated
- try not to use of Pressure indicating paste
- check for over extensions.

**instruction given to patient after extraction and insertion of immediate denture**

- Do not remove until tomorrow's appointment
- If it comes loose/out put it back in place immediately
- liquid diet, soft diet for 24 hours
- Take analgesic
- Expect red saliva

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Refrain from smoking, drinking alcohol, using a straw vigorous rinsing or doing vigorous activity during the 1st hours. These activities could interfere with clot formation and slow healing

**After 24 hour (appointment)**

Remove and clean denture, relieve sore spots and do not use pressure indicating paste

**AFTER 1 WEEK**

- Relieve sore spots
- Use pressure indicating paste
- Refine occlusion

**FOLLOW-UP**

- Use tissue conditioner to refit as needed
- Remove any socket convexities to avoid healing defects
- Reline or remake in 6 to 9 months