Prstho sheet #1 :

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**The sheet contain extra notes only so please refer to the slides**

According to the presence of teeth people classified into 3 categories:

-completely edentulous

- partially edentulous

-fully dentate

Slide 5 :

 Obturator : maxillofacial prosthesis

Slide 7 :

Setting proper treatment plan is the most important thing

Slide11 :

Mylohyoid ridge : extend distal to lower 6 backward sometimes prominent and sometimes it form undercut and sometime we need to remove this undercut to facilitate the insertion of the denture

Buccal frenum: sometimes fair and sometimes its missing because of frenectomy or extraction

 Slide 12 :

Median raphe: only bone no submucosa

Fovea palatine: opening of minor salivary glands , in 25% of people its absent

Slide 13 :

Patient’s variables is difficulty in the treatment

Alveolar ridge classified : oral condition :

-well developed

-highly resorped especially the mandible

-knife ridge

-irregular

Patient’s dentist relationship : very important and it depend on you basically

**History taking and examining the oral cavity :**

Slide 15 :

Patient personal data : age – gender – address – phone number

Slide 16 :

Chief complain : record the patient complain by his word , young patients mainly want a good appearance while old patients want a good function

We need to know why the patient loss his teeth , due to caries or trauma ( car accident ) or periodontal disease

Slide 17 :

-Direct action like **dry mouth** after radiotherapy for a previous cancer , we need to ask the patient about it because the saliva will decrease and will effect the retention of the denture

-CVD commonly stroke , this will cause some difficulties on the bite registration

-in epileptic patient we should think about the base of the denture , we can convert it into metal because they might break the denture and swallow it if it acrylic

Slide 18:

Some males and females they feel that if they got a complete denture this mean that they are getting older so they never accept it, some of them they accept it , wearing it for a while and then they not, and some of them are denture collectors.

-The patient is highly affected by what he hears from the surrounding media especially close people like his friends, relatives or neighbors. Their denture experience whether good or bad will affect him. If his father had a good experience or was satisfied with his denture, this doesn’t mean that the patient will be happy as well because there are individual differences between people, even between identical twins. Their alveolar ridge will not be the same.

-So in this case, you should assist the patients and take their feedbacks.

Slide 20 :

-A patient with a transitional RPD came to you, you will have to explain to him that regarding the partial denture you will not expect such retention from the complete denture the same as transitional partial denture because the source of retention is different. In the RPD the source of retention was the clasp so you will have to explain this to him so that he won't blame you for this difference in retention.

-Usually as we know we have problems in the retention with lower denture then upper denture (upper has moreretention)

-Lower less retention results from bone resorptionand tonguemovement (morphology)

-There will also be changes in the color of the denture especially if the patient exaggerates in the use of sodium hypochlorite (Hypex) like using it every two to three weeks, it will change from the normal pink color to the whitish.

So it's important to explain the retention concept where it's come from for each RPD and CD, RPD from clasps and CD, don't tell them in terminologies that they wouldn't understand, like saying this cause of the less retention on the lower arch then the upper arch and so on..

-The patients have high expectations, so for this, there should be an explanation to the patient that bone resorptionand morphological changes usually increased with time and this nature of bone. So you should decrease their expectations and tell them that you may be sure of accuracy of the upper but the lower not that much,explanation is important to avoid the conflicts that may happen later.

Slide 21 :

**G-Existence of old dentures:**

Does he have an old denture? You have to examine the old denture and fill the dental sheet with all the information regarding it in the specified space. Including support, stability and retention. You have to determine whether it is satisfactory or not, also examine the oral hygiene**.**

-Most CD patients volunteerinformation about problems with their existence dentures. He might say that when he wears the upper denture, it falls down, so we have to examine the post dam area. If the lower denture is moving, it might be under extended or we might have morphological changes like we said, such as atrophy.

-While others deny but actuallythere are many problems with their existing dentures, so you will have to examine the denture and evaluate it by yourself, it's your duty and your job. This will be very helpful for you in order to realize any mistakes and avoid them in the new denture.

-**What are the benefits of the old denture?**We will gather more data and information about the denture.

-Therefore, questions must be asked to collect as much information as possible regarding:

* Length of edentulous (How long you've been wearing this denture? —to know the causes of bone resorption)
* Number of dentures they used – He might have used 3 to 4 dentures, if they were more, then he is a denture collector.But if for example we examined two of them and they were not satisfactory, then we can't say he is a denture collector, because they are badly designed dentures. So it is not his fault. The dentures might be under extended or not retentive or undercuts might be present.
* The age of existing denture.

Therefore, a thoroughly clinical examination must be carried out for the retention, stability, fitting and polished surface and the occlusal vertical dimension (OVD)

In addition:

* **Degree of wear “attrition of acrylic teeth "**if Sever OVD remark a new one".

The most important point that I should focus on is the **free way space.**

If the denture is old –more than 5, 10 to 15 years- we will have tooth wear and high levels of attrition so there was a great increase in the free way space. In the normal adult, the free way space is usually 2- 4 mm.

If we measure it and it was up to 18 mm, **can I decrease it to 4mm?**

Yes we can, we will take the methods in details in fifth year.

This huge difference that will happen when we decrease the free way space will affect the patient in two ways:

1. **Adaptation process:**

He will not accept the denture, because it was a sudden change.

**2- TMJ:**

he had an over closure so If he opened his mouth to our desired opening which is 4mm, it will affect the TMJ.

* **If the patient was comfortable with the old denture** from all aspects functionally and aesthetically any change or alteration in the denture design will affect the patient’s “adaptation process” especially for the elderly patients →Copy or Replica denture.

-If a 75 years old patient came to you and told you that he have been wearing the same denture for 25 years and he is totally comfortable with it, then this patient will fall in the category of geriatric patient. He doesn’t have any complaints regarding the denture and in fact he can eat any kind of food. As a fourth year student, you might think that this patient is a catch and it will be easy to make a new denture for him. But it's not easy; it will be hard for the patient to accept a new denture. So in this case we make a copy or a replica denture (we will take this in fifth year).

We have to make sure that all the fitting surfaces and polished surfaces are the same, because muscles of the cheeks and the lips will get used to that polished surface so the patient will refuse any change in it.

So we have another treatment strategy which is replication of the denture.

* **If the existing dentures were clinically satisfactory**, the patient may be:
* Denture collector: The patient will come to you with a perfect denture regarding stability, support and retention. They usually come every semester for new dentures, they just want a spare denture but they will not confess.
* 10-15% they never accept dentures due to psychological reasons (Clinical psychiatric). Usually because of lower denture cause of less retentive

Slide24:

**H- Patient’s age and Occupation:**

The age will give me an idea of for example the duration of the bone resorption, also old patients get used to the new dentures more slowly than the younger complete denture patients which accept their dentures faster. Generally speaking the adaptation process of the individual tends to deteriorate with increasing age. The gender might reflect the importance of aesthetics as females care more about it and also they nag more. The most important thing is the occupation; we have to know if the patient is in intimate contact with the audience, the politicians for example are more demanding than others. Actors, preachers and musicians are also demanding. Musicians that use the saxophone, we have to concentrate on their anteriors more than the posteriors to maintain the phonetics.

-Young patients they concentrate on esthetics view while elders they concentrate on function view.

**I- patient-dentist relationship and the socio-economic status:**

They should be an empathic interaction between any therapist and patient in all kind of treatment. It is the clinician responsibility to build up such as a positive relationship.

You have to maintain a good relationship with your patient; you should be nice and polite. This will affect the treatment outcome. Even if your treatment was a failure but you had an intimate relationship with him, he will excuse you. On the other hand, if your treatment was a failure and you already had a bad relationship with him, he will not accept it and will be telling everyone about it.

So always try to maintain a good relationship based on respect. It is mentioned in literature that in most cases where there is a good relationship between the dentist and the patient, we find that the treatment outcome was better.

Regarding the socioeconomic status, the Dr personally doesn’t believe in it. In other words, he doesn't believe that people from low socioeconomic levels care less about aesthetics; everyone demands an aesthetic and functional denture.

But regarding the level of education, yes it helps. Mainly if he is highly educated then he will understand you faster. But if he is a slow learner he will bother you, especially if you are using scientific or medical terms. You have to explain what you are doing to the patient using terms that he will understand.