

Immediate Denture Protocol:

1. Try to book immediate denture surgeries for **Thursday afternoons only**. Appointments must be **booked at least 2 weeks prior to surgery** through Patient Services Staff and **must be identified as a Immediate Denture case at the time of booking**. Only 2 immediate denture bookings will be accepted per day. Students must **see their patient the next day**, generally Friday morning and for a 3rd-day check (generally Monday) so to ensure the patient is not experiencing difficulty. Students may cross-block in, or DDS3 students may assist the 4th year students on rotation. All immediate dentures insertions will be supervised by Dr. Knechtel.
2. At least **one week prior** students must **review their patient medical history and any clinical surgical details with the oral surgeon or resident** who will be supervising the surgery.
3. At the very beginning of the surgical appointment, **tell both the attending Oral Surgeon and Dr. Knechtel** that you are inserting an immediate denture, so that your patient can move to the top of the rotation, so that insertion of the immediate denture is as early in the clinic period as possible.
4. Students inserting immediate dentures **will stay in the Oral Surgery cubicle for the insertion**, so they must have everything they need for insertion, checking occlusion, adjusting flanges, etc.
5. Students must be available to perform the **24 hour check**, as close to 24 hours after tooth removal as possible. Students must be available to perform the **3rd-day check**, as close to 3 days after tooth removal as possible.
6. Students should not book a patient for immediate denture insertion when they are not available for these checks, so if Friday is a holiday, Thursday is not an acceptable date for immediate denture insertion.
7. If the student will be out of clinic for a scheduled rotation during the 24 hour check or 3 day check, this is **NOT** an acceptable time for immediate denture insertion
8. If the student places an immediate denture, it is **NOT** acceptable to have another student perform the 24 hour check or 3-day check.
9. Attempt to have immediate denture surgery completed by 3PM to allow time for prosthodontic adjustment while patient still has adequate anesthesia.
10. Evaluate surgerized cast and clear stent to ensure no areas of severe undercuts. These areas may require extra socket compression or bony recontouring to allow the denture to seat properly.

11. Never flex the surgical stent – check with minimal pressure and note areas of blanching, adjust bone, soft tissue profile. If possible, ask attending removable instructor to confirm fit, prior to suturing.
12. The denture should never snap into place, or be difficult to seat – this indicates severe undercuts that will cause pain and ulcerations when anesthesia subsides.
13. Ensure interproximal bone and any other sharp bony edges are rounded to minimize need for secondary surgery for recontouring.
14. Check posterior border of denture with a mirror to ensure the palatal portion is contacting tissue. If not, bony or soft tissue excess over the ridge areas may be preventing full seating of the denture. Re-evaluate with clear surgical stent, looking for areas of blanching over ridge, and ultimately full palatal contact.
15. Make a gross check of occlusion to ensure simultaneous bilateral contacts. Occlusal problems can be caused by denture not seating, mandibular repositioning after surgery or poor centric record made prior to surgery. Re-evaluate seating of the denture using the clear surgical stent, prior to having student proceed to performing occlusal adjustment.
16. Don't place soft liners at the surgical appointment. If required, these can be placed at the 24 hour appointment check.
17. Review Post Op Care Instructions. Provide patient with '**Immediate Denture**' pamphlet.