

Dalhousie Faculty of Dentistry Immediate Denture Protocol

- A. EXTRACTIONS AT THE FACULTY:** Do NOT send referrals for extractions until you have completed the wax try-in appointment. Book immediate denture surgeries for **Monday or Thursday afternoons only**. Appointments must be **booked at least 2 weeks prior to surgery** through the Patient Services Receptionist for Grad Clinics and **must be identified as an Immediate Denture case at the time of booking. Request 'DentAdj' tray be added to the appointment in Axiom. Request that the GPR residents are to be advised of the appointment.** Only 2 cases for immediate denture or full clearance extraction bookings will be accepted per day. All immediate denture insertions will be supervised by a **Prosthodontist** in conjunction with **OMFS supervising surgeons.**

B. EXTRACTIONS AT THE VG (for medical reasons or complex cases): Do NOT send referrals for extractions until you have completed the wax try-in appointment. Appointments must be **booked at least 2 weeks prior to surgery** through VG and **must be identified as an Immediate Denture case at the time of booking.** Students should expect to be present with their patient for the appointment. Ensure the appointment is NOT booked on a Friday or immediately preceding a holiday.
- At least **one week prior**, students must **review their patient medical history and any clinical surgical details with the oral surgeon and resident** who will be supervising surgery.
- At the very beginning of the surgical appointment, **tell both the attending Oral Surgeon and Prosthodontist** that you are inserting an immediate denture, so that your patient can move to the top of the rotation to ensure that the insertion of the immediate denture occurs as early in the clinic period as possible. Attempt to have immediate denture surgery completed by 3PM to allow time for prosthodontic adjustment while patient still has adequate anesthesia.
- 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.
- 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.
- Never flex the surgical stent – check with minimal pressure and note areas of blanching and adjust bone and/or soft tissue profile accordingly. If possible, ask attending **Prosthodontist** to confirm fit, prior to suturing.
- 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.
- Ensure interproximal bone and any other sharp bony edges are rounded to minimize need for secondary surgery for recontouring.
- Check the 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. Ultimately full palatal contact should be achieved.
- Make a gross check of the 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. If there is a gross discrepancy in occlusion, re-evaluate to ensure complete seating of the denture, prior to performing occlusal adjustments. Re-evaluate with the clear surgical stent again if necessary.

11. Don't place soft liners at the surgical appointment. If required, these can be placed at a 24-hour appointment check.
12. Review Post Op Care Instructions. Provide patient with '**Immediate Denture**' pamphlet.
13. Students must **see their patient the next day** to ensure the patient is not experiencing difficulty. Students must be available as close to 24 hours after tooth removal as possible and also available to perform a **3rd-day check**, as close to 3 days after tooth removal as possible.
14. If the student places an immediate denture, it is **NOT** acceptable to have another student perform the 24-hour check.
15. Students should **NOT** book a patient for immediate denture insertion when they are not available for these checks.
16. If the student will be out of clinic for a scheduled rotation during the 24-hour check or 3rd-day check, this is **NOT** an acceptable time for immediate denture insertion.
17. The student should book a follow up appointment 3 weeks post-operatively to reevaluate the bony contours of the edentulous ridge with a prosthodontist and determine the possible need for additional surgery at 6 weeks post-extraction.

Treatment Planning Guidelines

1. **Maximum # of Teeth for Extraction at Delivery.** Normally, IF anterior teeth are in acceptable position and with acceptable occlusal vertical dimension, all posterior teeth should be removed at a preliminary surgery, leaving only the anterior teeth and one pair of occluding posterior teeth on each side for extraction at the insertion appointment.
2. **Fees.** Immediate denture fees include:
 - a. Immediate denture(s)
 - b. ONE resilient denture liner (possibly required prior to processed relines)

NOT INCLUDED: ***Hard processed relines are not included in the immediate denture fee. When using your immediate denture macro in Axiom, the code for a processed reline will be added automatically.*** Sometimes it is possible that there is a need to remake the immediate dentures due to change in jaw relationship, severe resorption, esthetic/occlusal change that cannot be achieved with the immediate denture. ***If a remake is required, the patient is responsible for all fees associated with the remake of the denture. You should discuss the need for a reline and the possibility of the need for a remake with your patient prior to beginning immediate dentures***

3. **Too Difficult.** Immediate dentures should not be planned in the undergraduate clinics of the Faculty of Dentistry if one of the following conditions are met:
 - a. No opposing maxillary/mandibular occlusal contacts
 - b. Severely collapsed occlusal vertical dimension
 - c. Repeatable jaw relationship records cannot be obtained (check at treatment planning appointment).