Partial Dentures - Fit

Inspect the processed dentures sent back from the laboratory on the working models

Insert each denture individually and check that they seat fully. Do not use excessive force if they are not seating. Ask the patient how it feels and check for areas of blanching

Remove any sharp acrylic edges

Assess the stability and retention

Insert both dentures and assess

Vertical dimensions

Occlusal planes

Aesthetics of teeth and acrylic gingivae

Speech

Occlusion with articulating paper

Show the patient

Give denture advice

Check:

- 1. Adaption.
- 2. Flange extensions.
- 3. The denture bearing areas of the casts are free from laboratory-induced defects.
- 4. Balanced occlusion present (for multiple missing units).
- 5. The position of the denture teeth buccolingually compared to the natural teeth.

The denture may not seat if the undercuts were inadequately blocked out during acrylic processing. Pressure indicating paste can be used to identify areas of discomfort

Use an acrylic trimmer for overextensions.

- · The OVD is unchanged (conformative approach).
- Incisal plane is parallel to the inter-pupillary line.
- Posterior occlusal planes are parallel to the alar-tragal line.
- Plane of the mandibular teeth (tongue should rest on the lingual aspects of the lower teeth).

Check the papillae, incisal show, tooth position, shade, gingival position and contouring.

Phonetics test determine the position of the upper central incisors e.g., pronounce 'F' or 'V', 'Mississippi'.

Consider adjustment of denture teeth with an acrylic trimmer to achieve the desired occlusion.

- Take denture out at night-time, leave it in a bowl of water.
- Clean the denture after every meal with warm water soap and a soft brush, consider denture cleaning agents but read the manufacturer's instructions carefully.
- The retention and general feel will improve with time as the neuromuscular system adapts.
- · Begin with a soft diet.
- If the denture causes irritation, return to the previous set however wear the new dentures 24
 hours prior to the review appointment so that the clinician can see the traumatised area.