



GIVEN UP ON DENTURE IMPRESSIONS? NEW TECHNIQUE COULD GET YOU BACK IN THE GAME.



MAKING DENTURE IMPRESSIONS HAS TAKEN A RADICAL TURN DUE TO A BREAKTHROUGH BY DR. JOSEPH MASSAD. HERE WE EXAMINE HIS TECHNIQUE AND THE MATERIALS USED FOR ACHIEVING OUTSTANDING IMPRESSIONS.

THE TREND IS CONTINUING: our patient population is getting older. And while many of our patients are keeping their teeth longer, there is still a significant number of patients that are, or will become, edentulous. Our patients want to maintain a higher quality of life. That includes not being embarrassed because of

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their smile, even if it is all plastic. Over the past decade, I've asked practitioners: "Are you still making dentures?" Their answers have been a resounding "yes." However, younger practitioners feel they weren't adequately trained, don't like the materials and techniques used, and are dissatisfied with the quality of the dentures they deliver. In many cases, this relates to the "old style" of denture impressing they learned in school.

This past year, making denture impressions has taken a radical turn into the 21st century. If you graduated dental school in 2005, 1995, 1980, or even 1955, denture impressions have been pretty much the same, with some modifications in the impression or tray materials depending on when and where you were taught the fundamentals. Basically, after your clini-

cal examination, you would make a preliminary impression with a stock, metal tray and make an irreversible hydrocolloid (alginate) impression. Twenty five years ago – and still today – the preliminary impression could also be made using impression compound, with some border molding, to create a cast that could make a custom tray. The final master impression would then be border molded using that custom tray by heating and tempering compound. These techniques work well, have served the profession well, and will continue to serve our patients well. There just happens to be a new kid on the block that is worth looking at.

So what's new in making denture impressions? This past year, the Compendium of Continuing Dental Education ran a three-part series of articles, with Dr. Joseph Massad as the primary author on a revolutionary edentulous impression technique. Dr. Massad is the

Director of Removable Prosthodontics at Gordon Christensen's Scottsdale Center for Dentistry in Scottsdale, Ariz. The basis of the technique is a combination of the tray system and a proven hydrophilic vinyl polysiloxane (VPS) impression material, Aquasil Ultra (Dentsply-Caulk). It's a smart, wetting, impression material.

The Massad edentulous tray and technique makes a custom tray and final impression in a single visit. It eliminates the need to pour a preliminary impression and then have the laboratory fabricate a custom tray. Practitioners who have tried other techniques for a final impression in a single visit have been disappointed in the final

denture's fit, stability, and extensions for patient function and comfort. It is not uncommon with these other techniques to have multiple adjustment appointments. Those appointments are not only costly because of the chair time needed, but also may lead to questioning by your staff about your ability to provide patients with acceptable dentures.

This article focuses on the impression technique and materials to provide for a predictable, excellent impression with the Massad tray and technique. The impression must allow for the fabrication of a denture that is stable, retentive, have tissue support, provide for optimal esthetics, and allow for maintenance of oral health and the soft tissues supporting the denture. When making the impres-

sion, the clinician should have it extend to include all the anatomic oral features for denture stability and retention. The borders of the impression must be consistent with the anatomic limits of the denture. The tray for making the impression must allow space for the impression material. There also should be a positioner to allow for correct positioning of the tray when making the impression. The Massad technique takes all these features into account.

The key to the technique is the tray itself. The Massad Edentulous Impression Trays (Dentsply-Caulk) are anatomically designed with a maxillary tray design that allows for precise capturing of all three different throat forms. The mandibular tray has been designed to facilitate a precise

How do you use the Massad technique? Actually, one can break down the impression technique for a final master impression into four easy steps. To fully understand the technique, its kit includes an instructional DVD, a measuring caliper for tray sizing, and a complete selection of trays.

This technique can be used with complete dentures tissue-supported, complete dentures implant-supported, and for removable partial dentures. I would highly recommend taking one of Dr. Massad's courses at the Scottsdale Center.

If you have discarded making dentures in your practice because you felt the only way to make impressions was to use a horse-and-buggy technique, you can now get back into the swing of things with



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duplication of the mylohyoid space. When using the Aquasil Ultra impression material, the tray is designed with retentive slots that minimize tissue displacement and make the use of tray adhesive optional. Also designed into the trays are ergonomic finger supports for all hand sizes and an enhanced handle that allows for lip placement. These disposable trays are also unique because they are heat moldable and can easily be trimmed with a bur.

the Massad edentulous impression technique. Dr. Massad has put together a well-thought-through system that simplifies all types of denture impressions using materials you have been familiar and successful with. Not only will you be pleased, your patients and staff will appreciate what the technique will do for them.

For more information on the Scottsdale Center for Dentistry, visit <http://www.scottsdalecenter.com/>

4 EASY STEPS TO THE MASSAD TECHNIQUE

STEP 1: Size the impression tray with the caliper. After trying the tray in, if needed, trim and/or heat the tray to reshape it for a better fit.

STEP 2: Using Aquasil Ultra Heavy/Rigid viscosity impression material, create tissue stops in the tray. Tissue stops should be placed in the anterior region (maxillary incisors), right and left premolar region, and the midpalate. With the impression material in the tray in these regions, position the tray centered on the ridges allowing for 2-3 mm of space until the impression material sets. Dry the impression and tray.

STEP 3: Apply Aquasil Ultra Heavy/Rigid/Monophase viscosity impression material on the tray borders, seat tray, and perform border-molding procedures until the material sets. The border-molding procedures should include pulling the lips and having the patient protrude and bulge their cheeks, drop their jaw and occlude the nose, and cough. For a lower impression, have the patient move their tongue. Remove the impression material and evaluate. If necessary, trim the impression material. Dry the impression material and tray.

STEP 4: Apply Aquasil Ultra Monophase/Light/Extra Light viscosity impression material to the tissue side of the tray. Set and repeat border-molding procedure until the impression material sets. Remove and evaluate the impression.