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## **TIPS FROM OUR READERS**

# Immediate occlusal loading of implants: A rapid chairside procedure for making an interim fixed prosthesis

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This technique provides the patient with an interim fixed prosthesis at the time of implant placement.<sup>1-4</sup> In the described treatment, the procedure lasted 5 hours from

the start of surgery until the patient left the office. Six implants were placed in the maxilla by using the immediate complete denture as a surgical guide.



Fig. 1. A, Modification of removable denture. B, Clinical appearance. C, Protection of titanium cylinders and insertion of rubber dam. D, Hole made in canine region.

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#### PROCEDURE

- 1. Modify the existing complete denture to fit over titanium impression posts (temporary coping Ø 4; Anthogyr) (Fig. 1A, 1B).
- 2. Close the screw access holes with polytetrafluoroethylene (PTFE) tape, and insert a sheet of rubber

dam (medium; Nic Tone) to act as a barrier for the autopolymerizing resin (Fig. 1C).

- 3. Make 2 holes on the edge of the denture at the level of the canines (Fig. 1D).
- 4. Guide the patient to a closed position and then inject acrylic resin (Unifast Trad pink; GC Corp) with a syringe through the holes. At this stage,



Fig. 2. A, Resin injected in canine region to lock occlusion. B, Injection in posterior region.



Fig. 3. A, Immediately after prosthesis removal, rubber dam prevented resin flowing on mucosa. B, Intaglio surface of prosthesis. C, Cameo surface of prosthesis. D, Finished prosthesis after removal of palate and buccal extension.



Fig. 4. Seated interim prosthesis.

when the resin has completely polymerized, the occlusion is locked (Fig. 2A).

- 5. Carry out the same procedure at the posterior location (Fig. 2B).
- 6. After the resin has completely polymerized, remove the denture including the titanium cylinders. The rubber dam provides excellent tissue protection (Fig. 3A-C).

- 7. Remove the flanges of the denture and adjust the intaglio surface to allow access for hygiene (Fig. 3D).
- 8. Secure the interim prosthesis with prosthetic screws, and reevaluate and adjust the occlusion (Fig. 4).

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