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**Relining & rebasing**

**Relining:** Is the procedure used to resurface the tissue side of a denture with new base material , thus producing an accurate adaptation to the denture foundation area .

**Rebasing:** Is a process of replacing all the base material of a denture. Only the original teeth and their arrangement remain.

**The objective of relining or rebasing:**

* Re-establish the correct relation of the denture to basal tissue.
* Restore stability and retention.
* Restore lost occlusal and maxillo-mandibular relationship.

Minimal to moderate changes relining

Moderate to maximal changes rebasing

**Indication for relining:**

1-immediate denture after 3-6 months where maximum residual ridge resorption has occurred.

2-loss of retention & stability (when residual alveolar ridge have restored and adaptation of the denture base to ridge is poor).

3-economical reason.

4-geriatric or chronically ill patient who cannot withstand physical & mental stress of construction of new denture.

**Indication for rebasing:**

1**-** Porous denture base.

**2.** In case of deficient acrylic during fabrication.

**Contraindication**:

1. Excessive resorption of the alveolar ridge
2. Abused soft tissues. (the tissue should have treated firstly)
3. If the denture is poor esthetically.
4. When patient complain from TMJ problems. (the joints should have treated firstly
5. Unsatisfactory jaw relationship with the denture.

6-incorrect occlusal arrangement.

**General considerations:**

1. The occlusal vertical dimensions should be satisfactory
2. The centric occlusion should coincide with centric relation
3. Patients appearance should be acceptable to the patient and dentist
4. Oral tissue should be in optimum health
5. The posterior limit of the maxillary denture is correct
6. The denture base extensions should be adequate
7. The denture base extension ensures distribution of masticatory force over a large area possible
8. The inter occlusal distance is correct
9. Speech is satisfactory
10. There are no existing hard or soft tissue condition interfere with the procedure such as redundant tissue or sever osseous undercuts.

**Materials used for relining:**

Heat cure acrylic

Cold cure acrylic

Visible light cure acrylic

**Impression technique (Clinical procedure):**

1-static method: (**a-**open mouth **b-**close mouth).

2-functional method.

3-chair side relining

Static method:

1. the denture is kept out of the mouth for 24 hours to allow for recovery of tissues and reduce irritation caused by ill-fitted denture.
2. The denture flanges and the tissue surface are reduced by 1-2 mm with stops at the canine and the molar regions.
3. A hole is made in the palatal surface to allow escape of excess impression material.
4. Border molding is done using low fusing stick compound followed by zinc oxide eugenol or rubber base impression in occlusion.
5. The cast is poured and denture is flasked and packed in the usual manner.
6. New acrylic resin material is packed, and the denture is cured
7. Finishing and polishing is done in the usual manner.

**Functional method:**

1. the denture flanges and the tissue surface are reduced by 1-2 mm with stops at the canine and the molar regions.
2. Border molding is done with low fusing impression compound.
3. Tissue conditioning material is used for recording the impression.
4. Patient is instructed to close in occlusion with light pressure and patient is allowed to wear the denture for 24 hours.
5. The denture with the tissue conditioning material is used to pour a cast followed by flasking and packing as in conventional complete dentures.

**Tissue conditioners material:**

Are one of the most widely favorable group of liners, they are soft elastomers used to treat an irritated mucosa supporting a denture. They generally employ polymethyl methacrylate or poly ethyl methacrylate as principle structural components (chemically activated plasticized acrylic resin).

**Chair side technique:**

Several attempts have been made to produce an acrylic or other plastic material that can be added to the denture & allowed to set in the mouth to produce an instant chair side reline.

**Disadvantage:**

1-chemical burn

2-porosity lead to color instability & bad odor.

3-material not easy to remove.

**Material used for chair side reline:**

1. cold cure acrylic

**2-**Light cure acrylic

**3**-Soft liner

**Rebasing:**

1. The borders of the denture and the tissue surface is reduced by 1-2 mm.
2. Border molding and final impression is made with zinc oxide eugenol or rubber base impression material as for the relining procedure
3. The impression is poured in dental stone.
4. The cast with the denture is mounted on the articulator.
5. Plaster index is made on the opposing member of the articulator.
6. The denture is separated from the cast. The base is trimmed away from teeth and the string of teeth is maintained intact.
7. The intact string of teeth is placed back in the index and the articulator is closed.
8. Wax up is done on the mounted cast to incorporate the string of teeth placed in the opposing index.
9. The cast with the wax up is flasked, dewaxed and acrylic is cured in place of wax.