

Technical Tips for Achieving Accuracy from Alginate Impressions

The Three Most Important Concerns

- The first area of caution is the timeliness of pouring the models for most alginate impressions. The Bureau of Standards recommends pouring alginate impressions within five minutes to maximize accuracy. Placing an alginate in the refrigerator to be poured an hour later does not prevent the dimensional shrinkage that takes place if the impression is not poured immediately.
- Examine the incisal edge of the anterior teeth in the impression. If the alginate is cracked or split, the teeth will be distorted. Retake the impression.
- Inverting the impression and placing it on a laboratory countertop can distort the impression, yielding a master cast, where the restoration will fit the cast but rarely fit the patient's mouth.

Denture Troubleshooting Tips

- *Lisping* is caused by a restricted anterior arch, usually on the lower denture. The solution: set the anterior teeth out farther, create more tongue room, and hollow the lingual of the denture.
- *Patient not able to make "s" sound, which comes out like "ssh."* Too much air is getting past the lingual of the maxillary anterior teeth. If esthetics are good, add wax to lingual of incisors. Try to set the anterior teeth back if esthetics will allow. Sometimes bringing the lower incisors forwards will help this situation.
- *Clicking* is the result of an open vertical. Have the patient say, "emma," mark off two points and close vertical 3mm. Reset the teeth accordingly.
- *Sore spots* are caused by faulty occlusion, sharp peripheries, or overextension, The dentist should have the patient mill in the denture using pressure-indicating paste, then round out and roll all adjusted areas. Pumice for best results.
- *Patient can't swallow, the lower pops up, or the upper drops when the mouth is open wide.* The dentures are overextended. To solve this problem, shorten the lingual oblique muscle area and labial extensions. Check muscle attachments. Have patient grit teeth with lips parted. Reduce impinging areas accordingly.
- *Denture drops left or right when the patient bites.* The posterior rolls are short and do not go completely into the vestibule. Border mold these areas and reprocess.

- *Denture tips in the post dam area where the patient bites.* The post dam is inadequate or in the wrong place. Have the patient say "ah," mark off the vibrating line, and transfer it to the base. Add compound to the post darn area and test with an orange stick.
- *Patient lost denture and you need to start over!* Ask Custom Dental Prosthetics to provide your office with the shade, mold, and type of teeth used when fabricating the denture or partial. Save all models or have patients take their models home for safe keeping.