



## Overdenture Lab Procedure On Typodonts

- Use appropriate drills to create desired prep space for attachment
- Place attachment in prepped space. Make sure it is slightly countersunk-remove attachment
- Place cement in prepped root and cement attachment
- Place male or female with spacer if necessary on attachment cemented in model
- Place Thompson stick on top of attachments and mark inside of overdenture
- Grind out inside of overdenture until it fits passively on model
- Place block out material around attachment on model
- Place quick cure acrylic inside ground out area of overdenture-half way up or completely fill in ground out area if a weep hole is used
- Seat overdenture on model and let acrylic set
- Trim away excess acrylic from underside of overdenture
- Replace processing males or females if necessary

## Overdenture Procedures on Patients

- 5 mm or more root remaining in bone or stable implants
- Stable perio
- Mount study models – evaluate space required
- Select OD attachment – obtain reference manuals
- Begin temporary overdenture fabrication
- Start root canal therapy or place implants
- Decoronate roots, extractions, insert temporary denture – reline – allow time for healing
- Fabricate permanent overdenture
- Prep tooth for attachment and cement attachment or order up attachment abutments or take impressions with impression transfers in place.
- Insert overdenture, make adjustments-allow to settle in- denture must fit passively and not on attachment-grind denture if necessary
- Pick up male attachment in denture following same procedures as on typodont model above. If a bar case, bar is fabricated along with overdenture and tried in before completion

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## How Do I Select Attachments?

1. What type of case is this? Partial, Overdenture, Segmented Fixed Bridge?
2. What rigid and non-rigid (resilient attachments) are available?
3. What is your philosophy of loading? Rigid attachments load teeth, roots and implants by redistributing occlusal forces to those areas. Resilient attachments unload teeth, roots and implants by redistributing occlusal forces to soft tissue areas as the supportive areas of the palate and the mandible.
4. What is the condition of the remaining ridge? Good, adequate bone support-use rigid attachments, Fair to poor bone levels-use rigid or resilient attachments, Highly resorbed- use rigid or resilient attachments. Attachment selection is dependent on other factors as the condition and number of remaining teeth or implants.
5. What is opposing the prosthesis?  
Complete Denture- use rigid attachments.  
Clasped Partial- use rigid or resilient attachments.  
Natural Dentition or Fixed Bridgework- use rigid or resilient attachments. Attachment selection is dependent on other factors as condition and number of remaining teeth or implants as well as condition of the remaining ridge.
- 6 What is the condition of the remaining periodontal support?  
Stable- use rigid attachments  
Class 1, 2 mobility- use rigid attachments. Multiple splinting of two or more abutments is always recommended.

Attachment selection is dependent on other factors as the condition and number of remaining teeth or implants as well as the condition of the remaining ridge.

7 How much interocclusal/interarch space is available?- need at least 3-5mm or

more depending on the thickness of the overdenture. Check attachment heights on mounted study models using a putty matrix on overdenture wax-up.

6. Where are the attachments located? Are they directly over the ridge?

Do they interfere with the buccal or lingual denture flanges causing esthetic

concerns? Consider small-angulated attachment abutments or make

modifications if possible. Always use a surgical stent.

There are many companies that manufacture or distribute rigid and non-rigid attachments and attachment abutments. This information is readily available on the Internet. Once you decide where and how the occlusal forces are to be redirected, there are many available choices and attachment sizes. Your laboratory can help you to make the decision based on your treatment planning objectives.

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