

Way of Fixation of Tooth Prosthesis

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The important action at the treatment with removable tooth prostheses is ability correctly to fix them. There is a set of special agents of fixation of removable tooth prostheses which considerably facilitate accustoming to prostheses and their wearing, protect gums from damages and allow fully eating and talking.

Creams have the big popularity. They are superimposing on the bottom of tooth prosthesis, next it is densely pressed to a jaw. Use of creams allows fixing reliably prosthesis in a mouth, and this reliability remains within 12-24 hours. Stomatologists recommend using creams to patients with plentiful salivation. The structure of modern creams for tooth prostheses includes fixing substances (paraffinic oil, silica gel, etc.).

One of the most popular versions of creams for removable prostheses is LACALUT Dent (<http://www.lacalut.ru/products/denture/view/51-lacalut-dent-krem/>) providing reliable fixation. Other widespread agent of fixation of tooth prostheses in a mouth is powders. The powder provides long fixation of prosthesis immediately and very strongly seizing.

Fixing strias are employed at a wrong structure of a jaw. They can be useful at the delayed accustoming to prosthesis. They provide long reliable fixation of a prosthesis.

Use of removable tooth prostheses considerably worsens a hygienic condition of an oral cavity. The intent care is necessary of removable prostheses. It is recommended to take out prostheses after each food intake and to carry out procedure of their cleaning.

Existing ways of fixation of a tooth prosthesis use rigid (motionless) fixation that leads to painful consequences: to squeezing and tissue degradation, to decreasing of the comfort at food intake and at conversation. Essentially new way of fixation of the bottom prosthesis providing sparing operation is offered.

The painless sparing way of fixation of tooth prosthesis consists in the following. An agent of fixation of a prosthesis is the replaceable soft frictional liner which is possessing in high factor of friction in relation to a wet tissue of stomatic area (Figure 1). This factor of friction provides reliable linkage of the liner with the prosthesis.

Figure 1

The liner is executed in the form of a soft porous synthetic material by thickness 1 - 2 mm. The liner form repeats a support part of the prosthesis. The porous material well absorbs frictional substance which is absorbed by a liner and frames its high frictional properties. The frictional substance represents a liquid with experimentally collected frictional components. The frictional liner is capable to fix tooth prosthesis at conservation of the minimum mobility concerning a mouth. It allows eliminating the painful phenomena and degradation of a contacting living tissue which take place at constant rigid fixation of prosthesis by means of creams, powders and other agents.

The frictional liner is established without rigid connection with the prosthesis and with a mouth and is quick-removable. It provides simplicity of its use and care of a mouth. After food intake it is easy to take out a liner together with the prosthesis and to wash out there by water. Absence of rigid connection allows moving a liner by tongue to correct its position in need. The soft liner easily adapts for the prosthesis and to an oral cavity that provides comfortable conditions of its locating in a mouth. At use of frictional liner, a possibility of mouth erosion which accompanies tooth prosthesis bonding to a mouth is eliminated. The liner is longevous - service life 1.5 - 2 months.

The offered way of fixation has been tested practically within several years. This way does not bring any painful sensations and consequences (such as attritions, a boring of a skin, a tumour and so forth).

The patient with a frictional prosthesis feels comfortably at reception any, even very rigid nutrition thanks to high adaptive properties of a soft liner.

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