Beyond Conventional RPD Design

The Scandinavian Approach

Hygienic, Functional and Long-Lasting





Finlay Sutton

Removable Partial Denture = RPD



RESOURCES

Full access PDF to my lectures and publish al techniques:

Finlay's presentation at the British Society of Prosthodontics BSSPD Cardiff April 2024 - My 13 years experience using the game changing Scandinavian approach for partial dentures

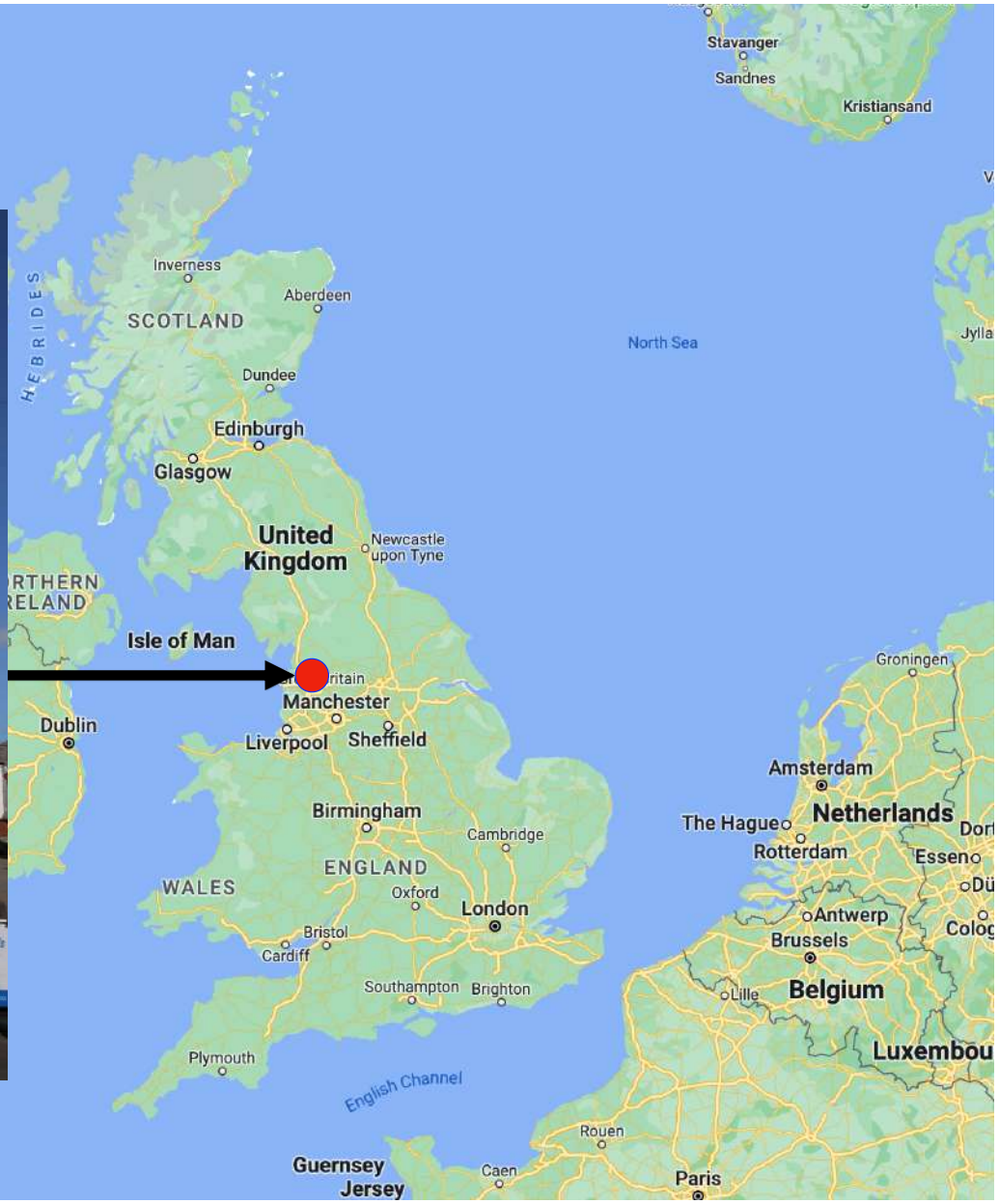
Finlay's presentation 'Partial dentures, have happy patients using the Scandinavian Hygienic approach' World Dental Congress, Sydney, Australia, September 2023

Finlay's Lunch and Learn 'LIFE AFTER IMPLANT FAILURE - a removable prosthodontic approach' World Dental Congress, Sydney, Australia,


Lancaster, England

Garstang


Garstang Dental
Referral Practice


Stavanger
Sandnes
Kristiansand
Inverness
Aberdeen
SCOTLAND
HEBRIDES
North Sea
Dundee
Edinburgh
Glasgow
United Kingdom
Newcastle upon Tyne
Isle of Man
Manchester
Dublin
Liverpool
Sheffield
Groningen
Amsterdam
Netherlands
The Hague
Rotterdam
Birmingham
Cambridge
ENGLAND
WALES
Oxford
London
Antwerp
Brussels
Belgium
Bristol
Cardiff
Southampton
Brighton
Lille
Plymouth
English Channel
Rouen
Guernsey
Jersey
Caen
Paris


Dentures Only
Fire Exit

Dental Laboratory



I used to hate

dentures



Prof Fraser McCord

MSc Pros

1999



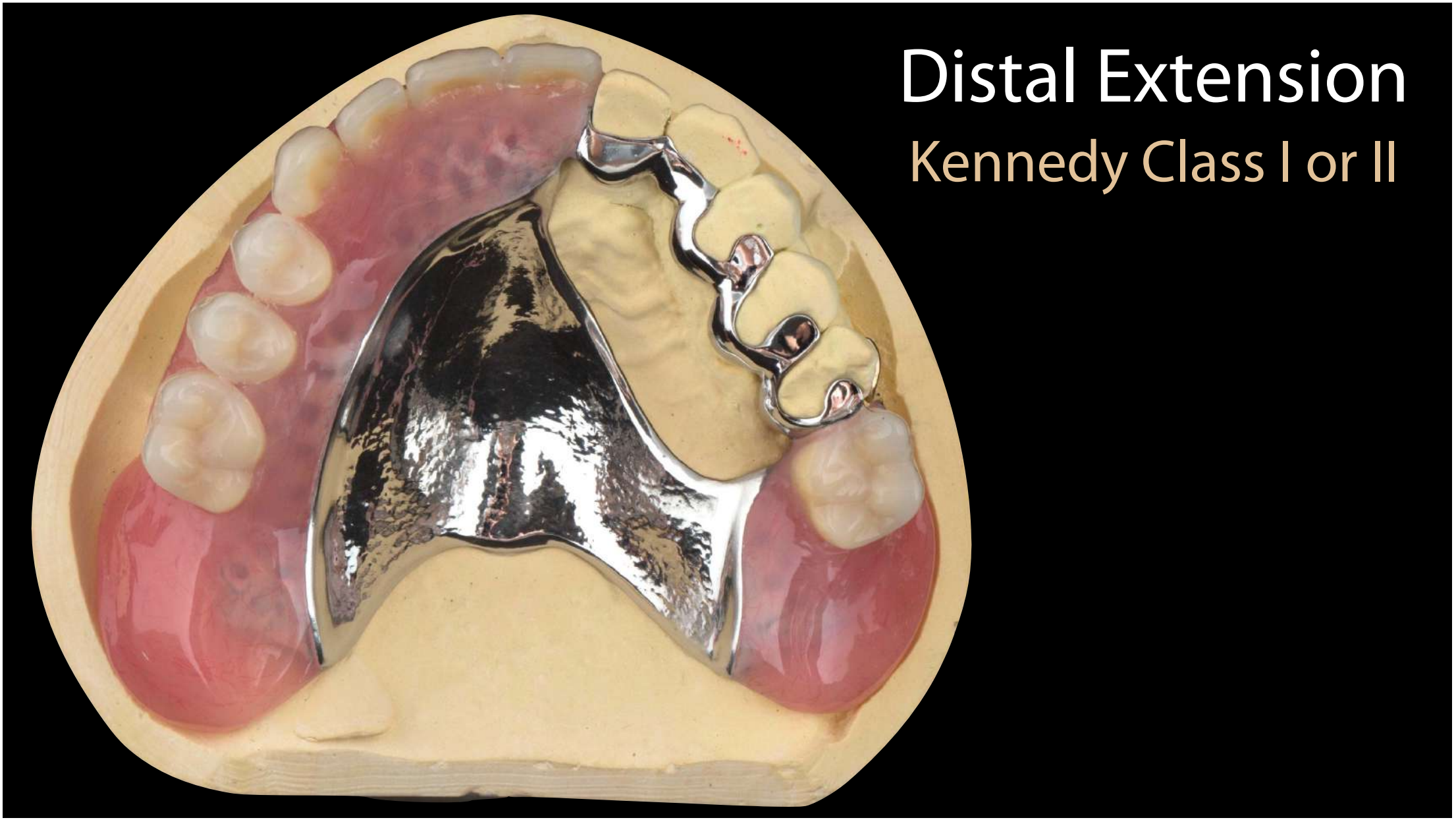


Prof Fraser McCord

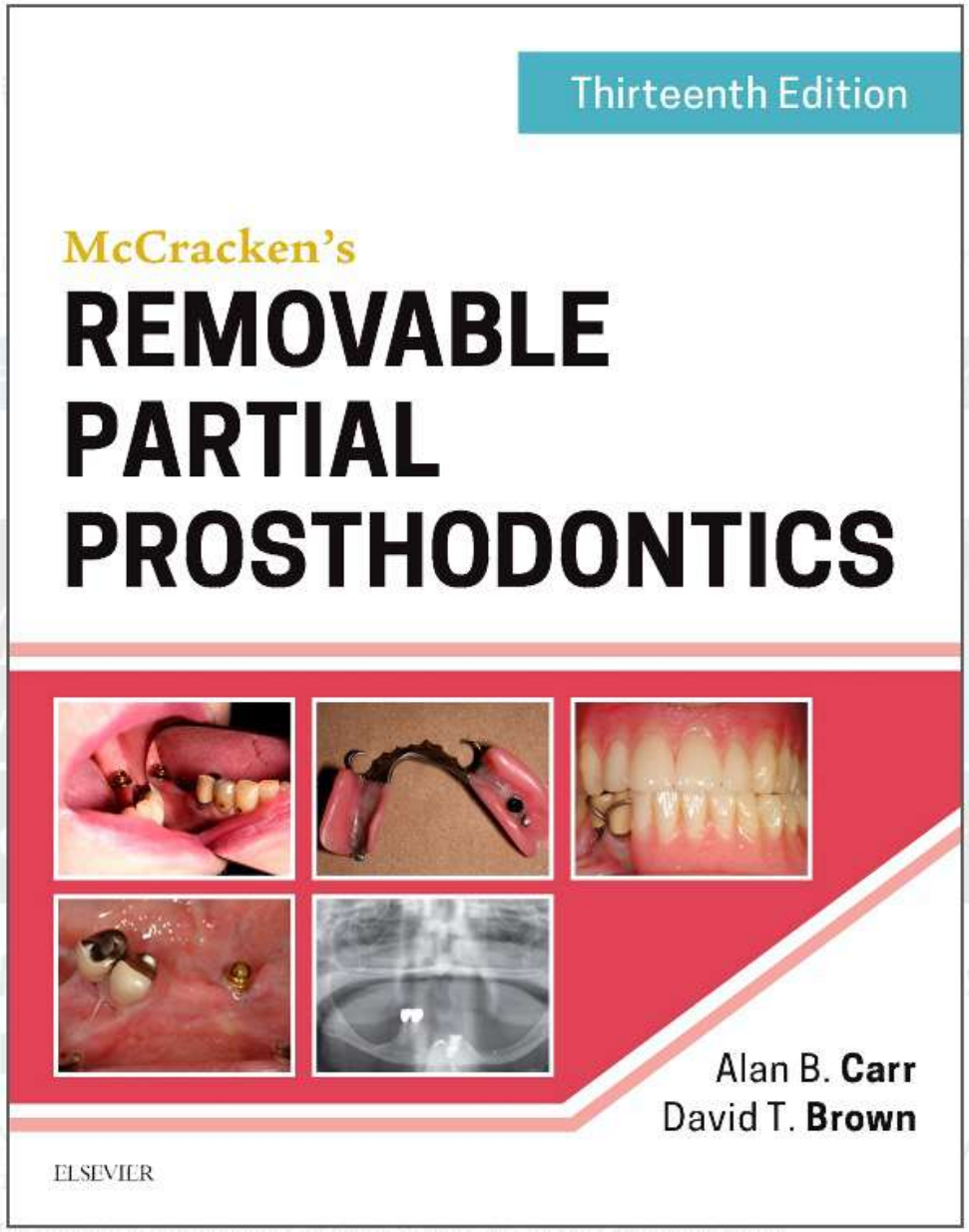
MSc Pros

"Finlay, you need more training and practice"


Distal Extension
Kennedy Class I or II


Distal Extension
Kennedy Class I or II

Core Textbook



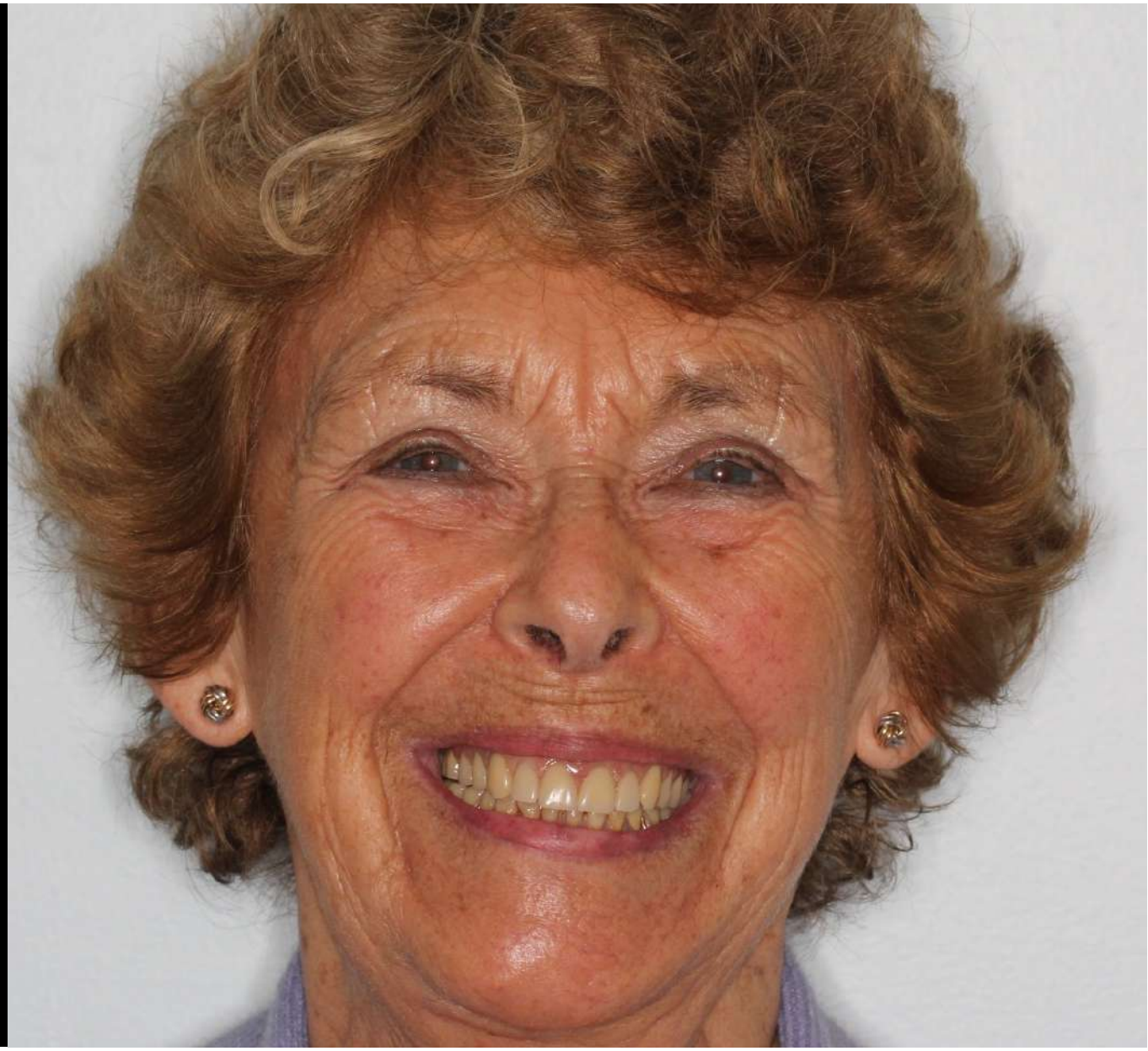

2007 - 2010


2007 - 2010
74
RPDs


2007 - 2010
74
RPDs
5
Adjustments

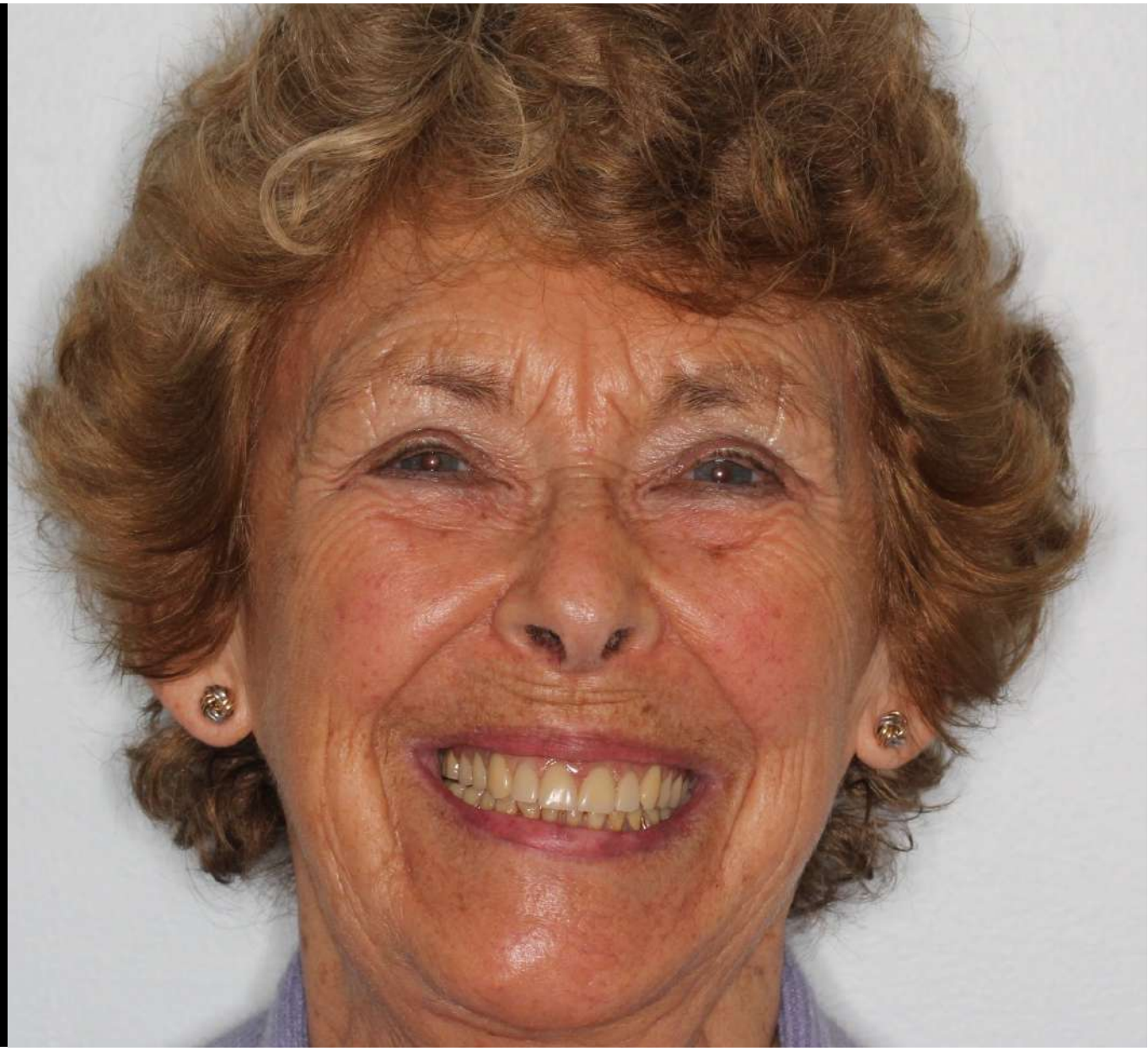
Unpredictable

Pat



Pat

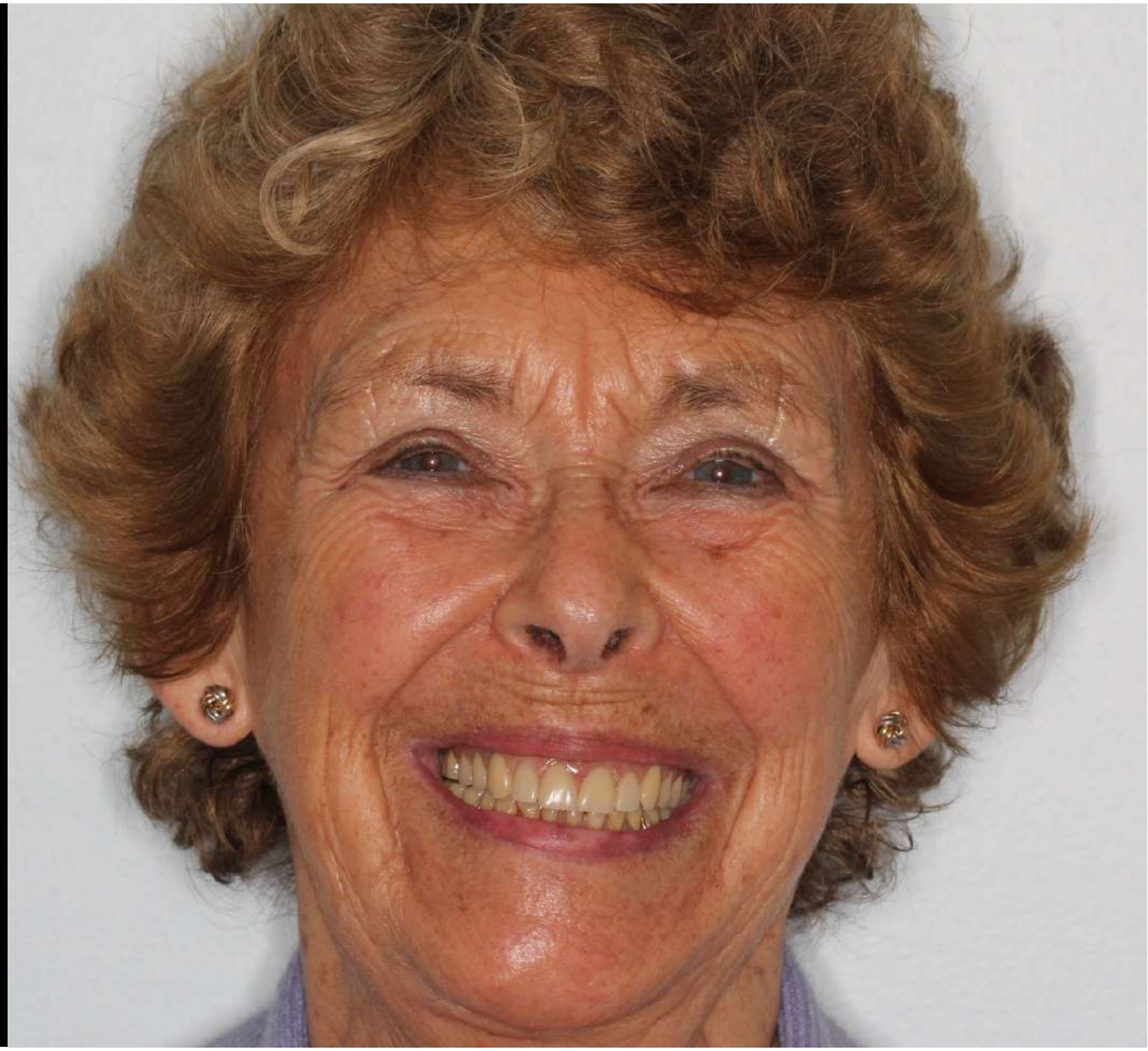
Upper: Implant-supported complete denture

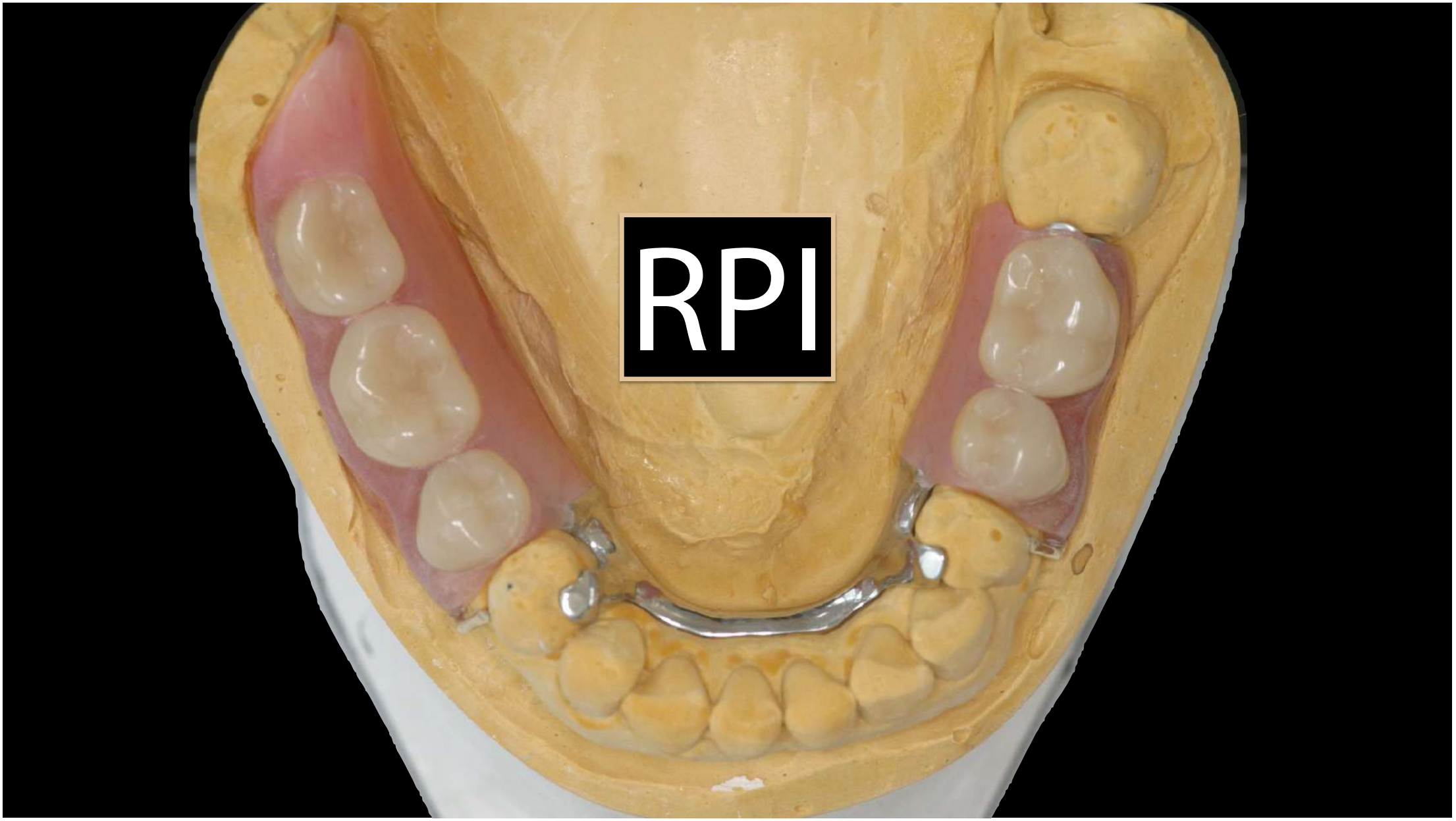


Pat

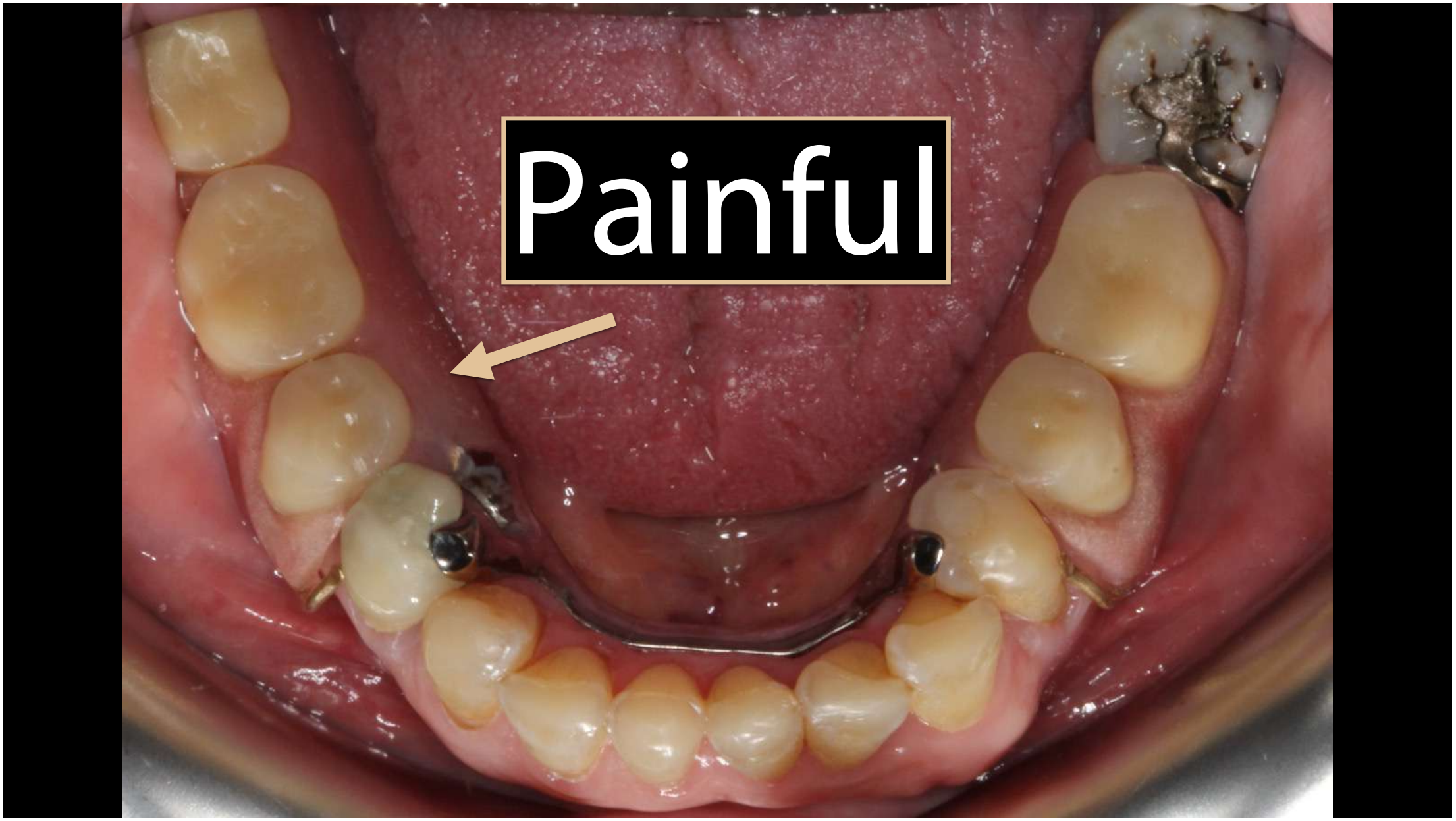
Upper: Implant-supported complete denture

Lower: Cobalt-Chromium RPD




RPI




Painful


15
Adjustments


$7,000



Charlotte Stilwell

2011

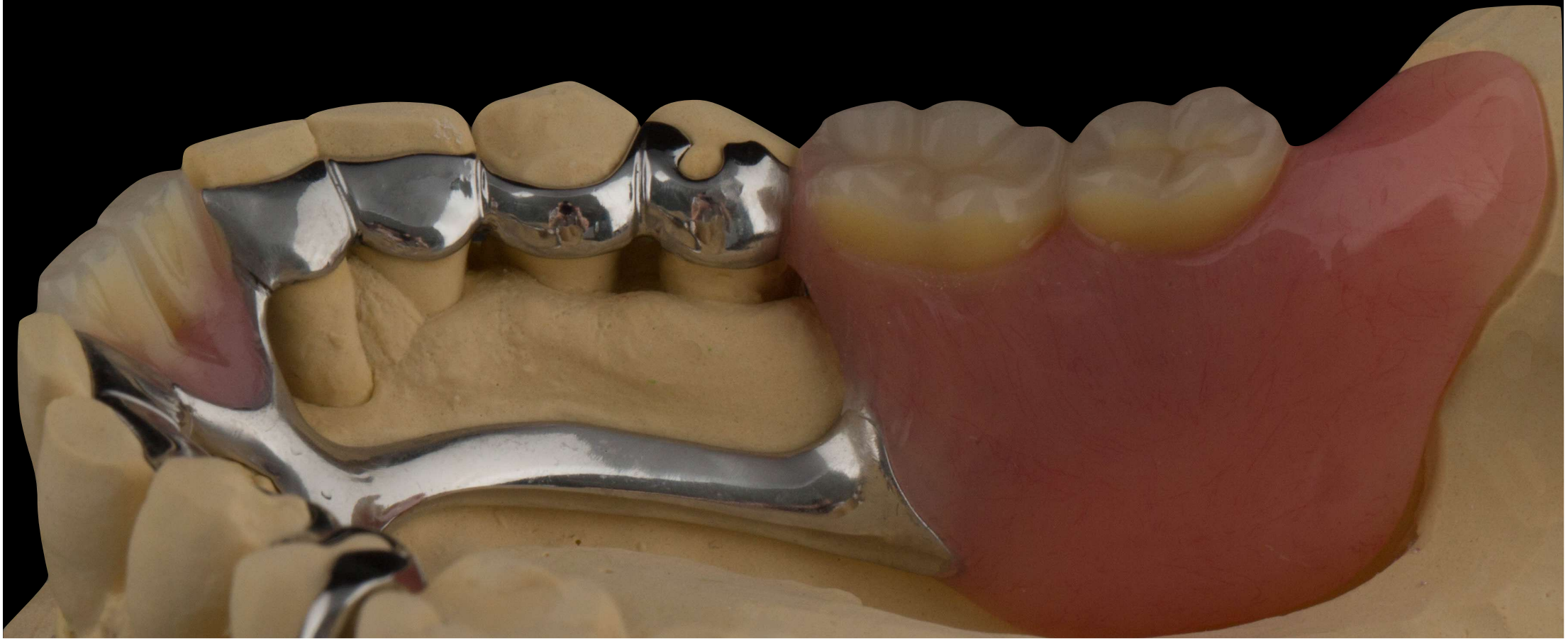


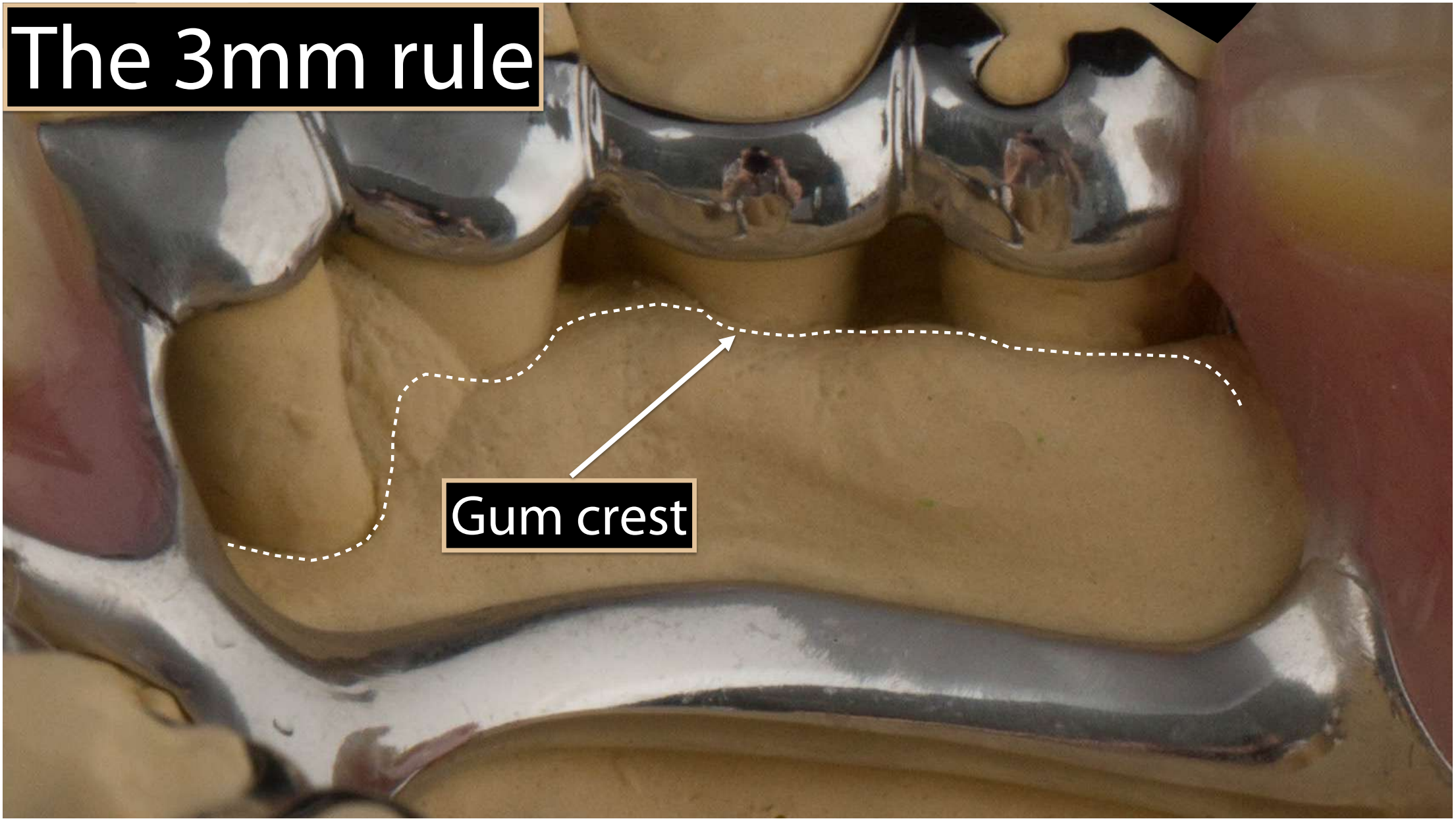
Scandinavian
hygienic design

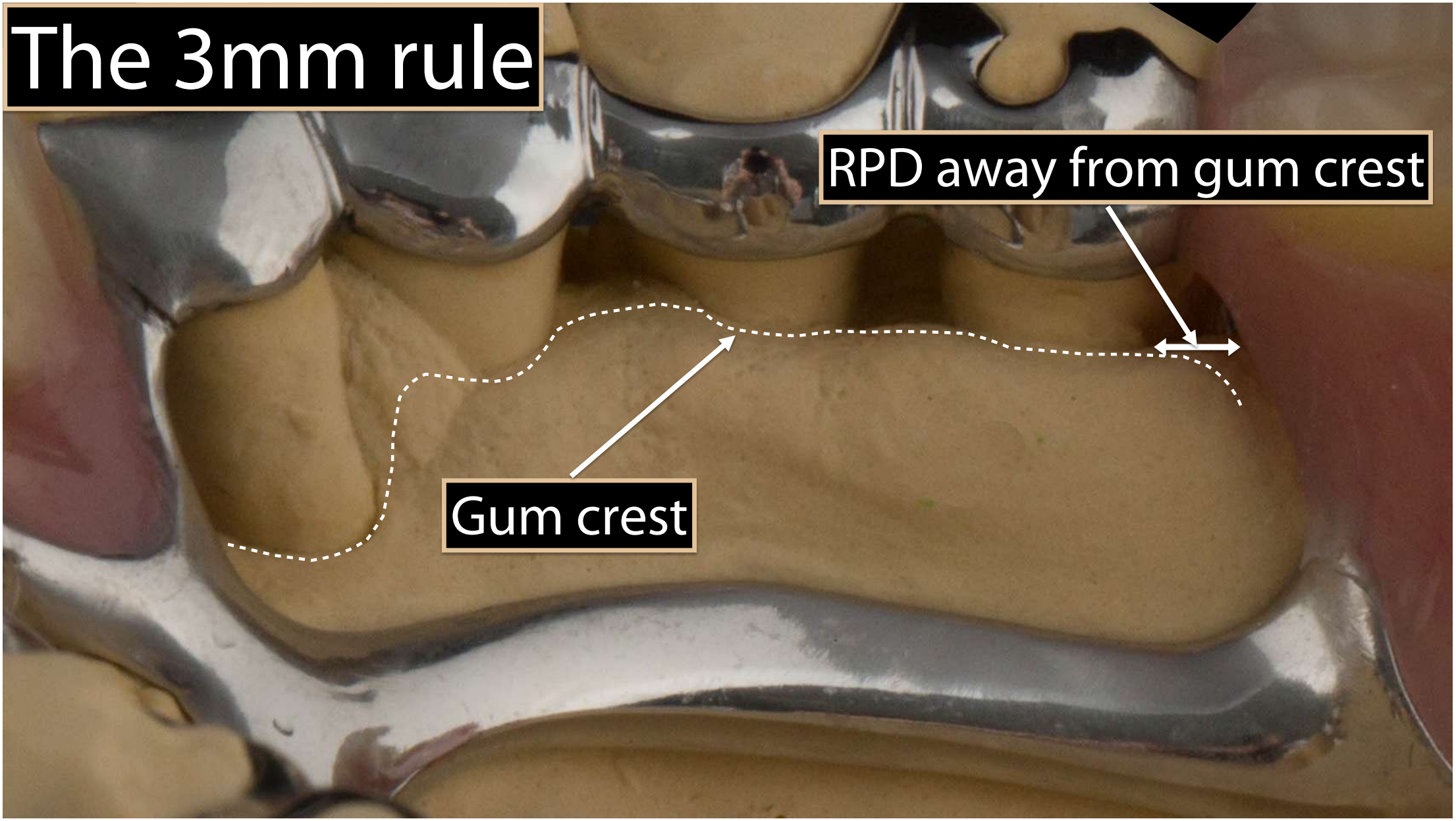
Changed My Life

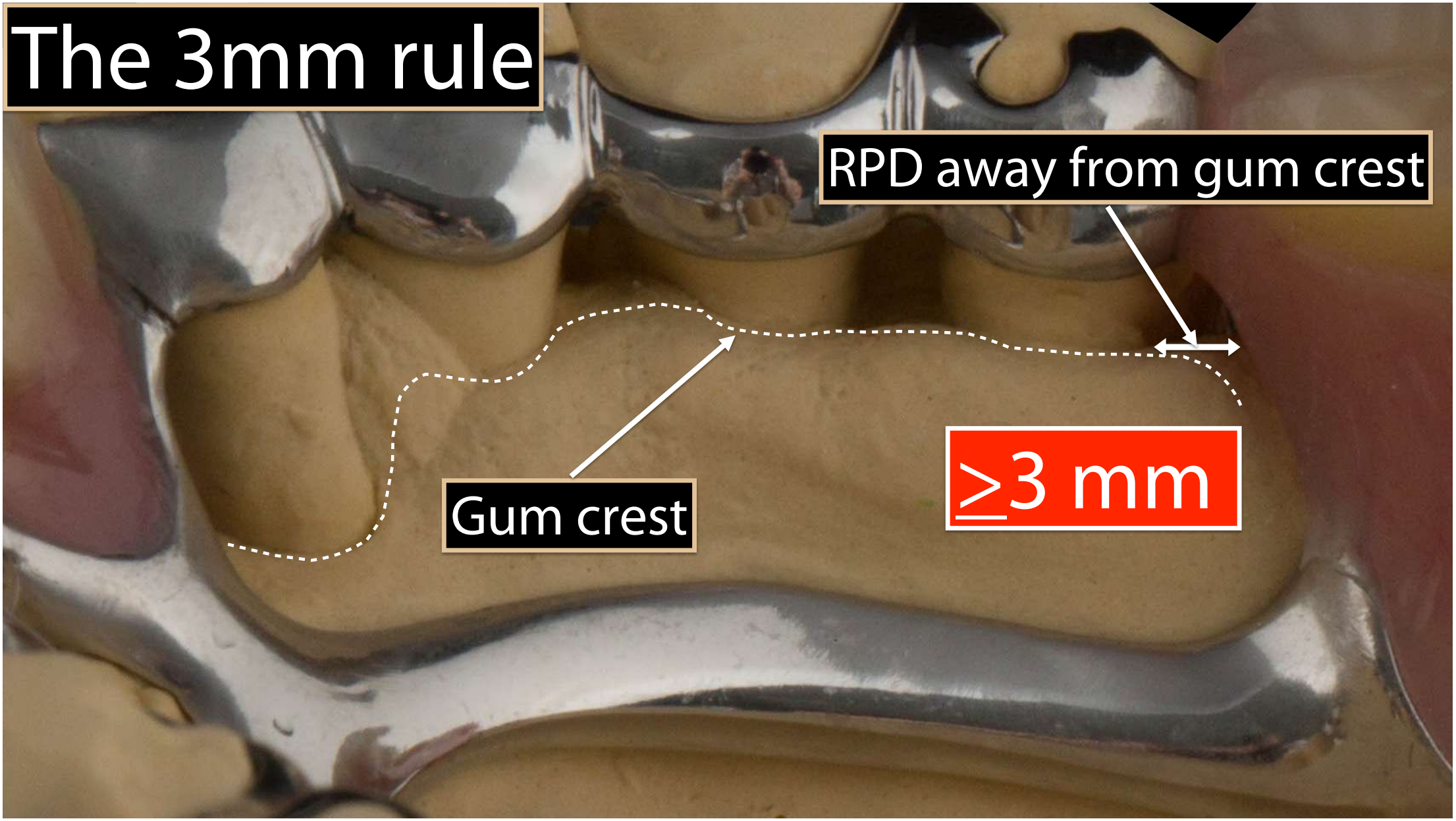
RPD design: a need to focus on Hygienic Principles.

Öwall B et al Int J Pros 2002




The 3mm rule
Gum crest


The 3mm rule
RPD away from gum crest
Gum crest


The 3mm rule
RPD away from gum crest
Gum crest
≥3 mm

RPI

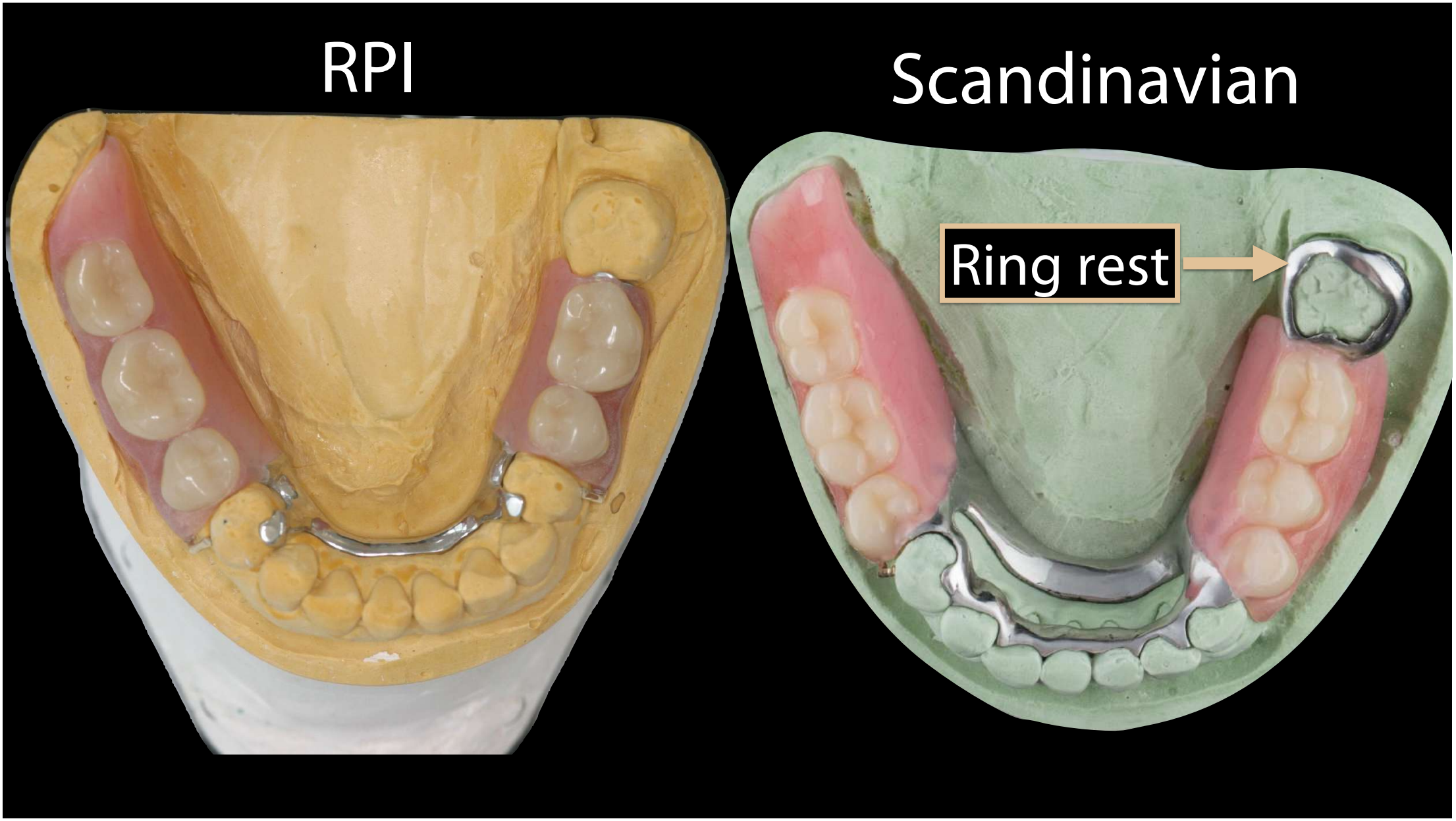


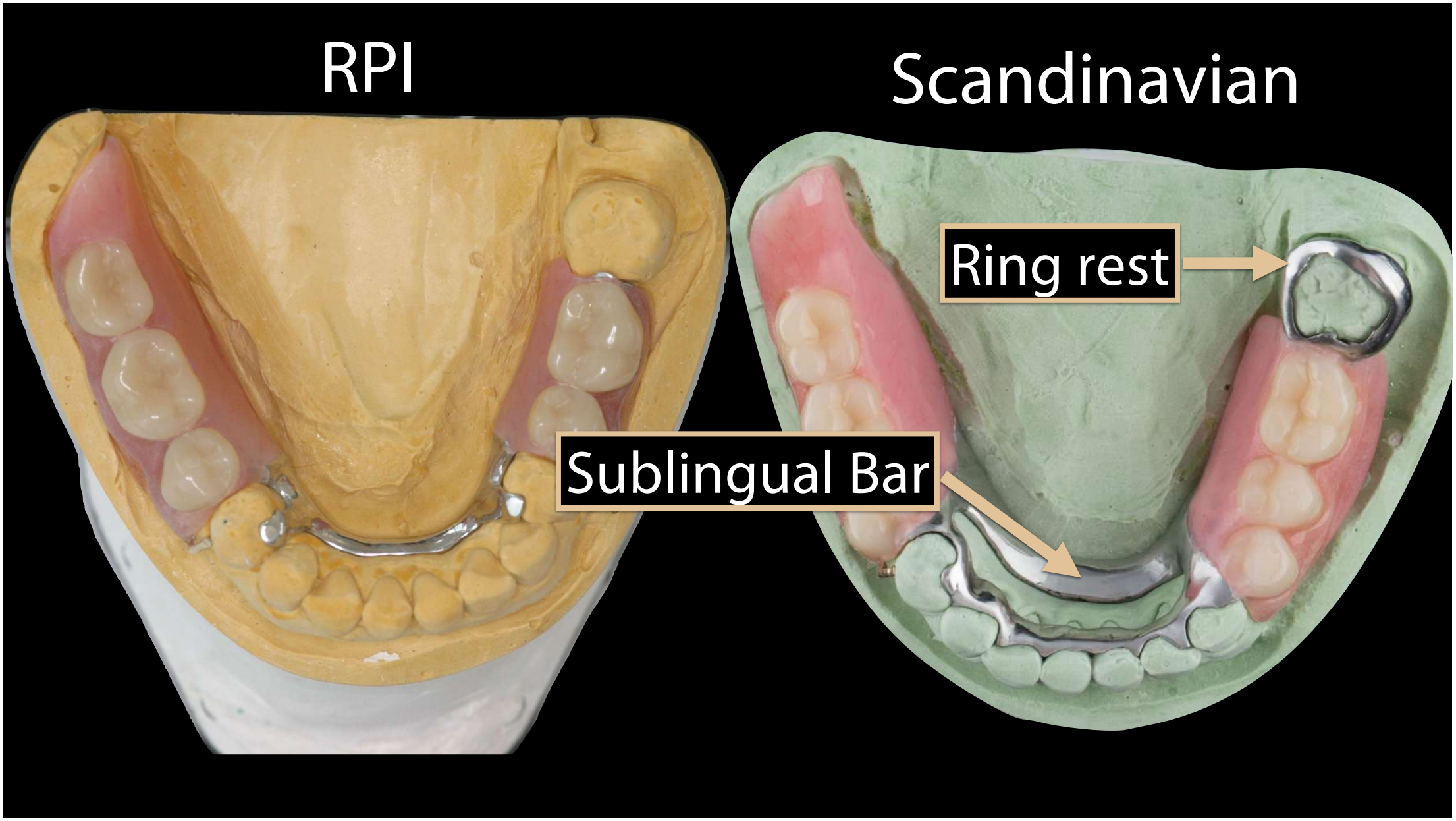
RPI

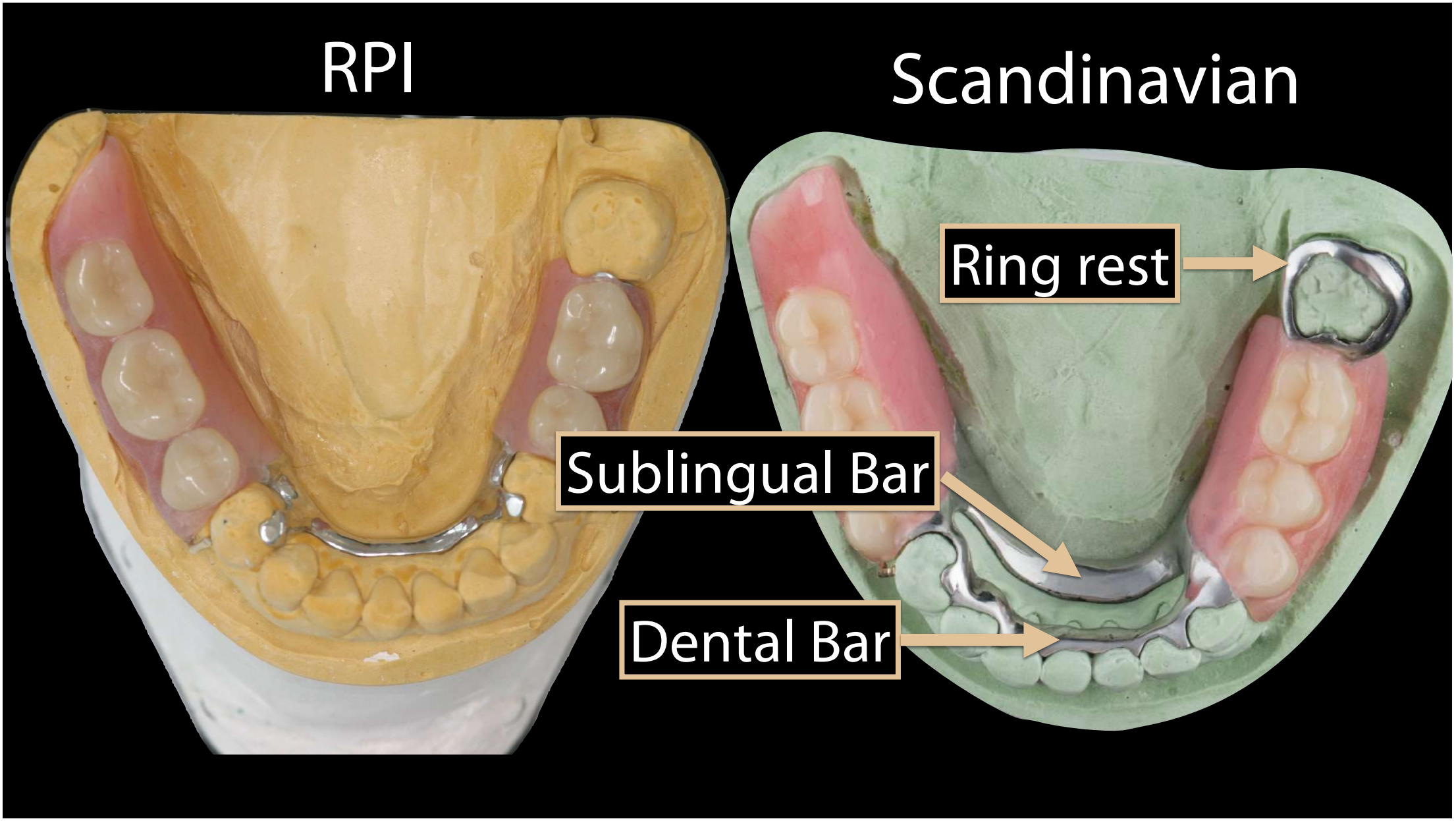


Scandinavian




RPI
Scandinavian
Ring rest


RPI
Scandinavian
Ring rest
Sublingual Bar


RPI
Scandinavian
Ring rest
Sublingual Bar
Dental Bar

Two clasps
per denture

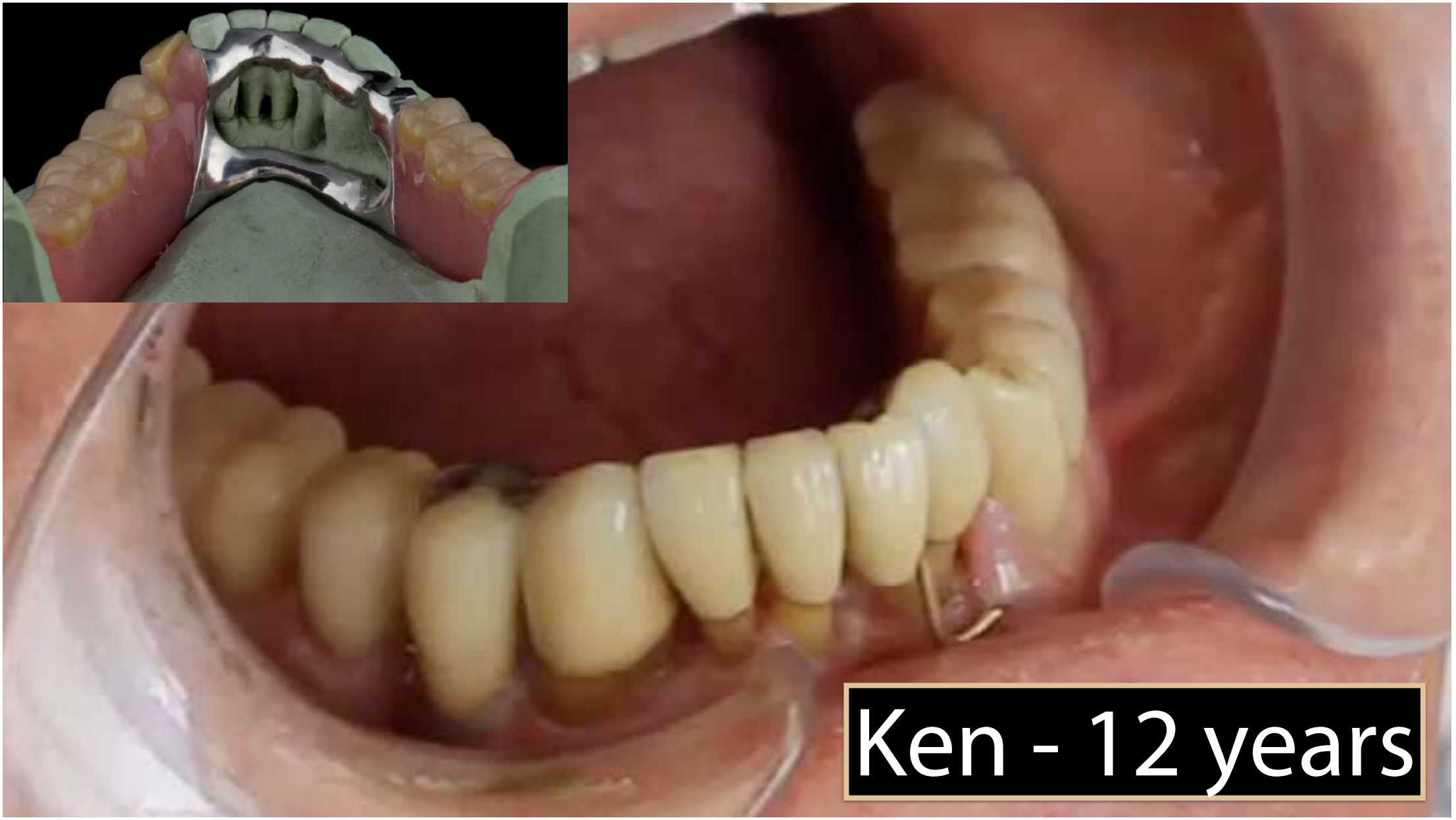


Pat



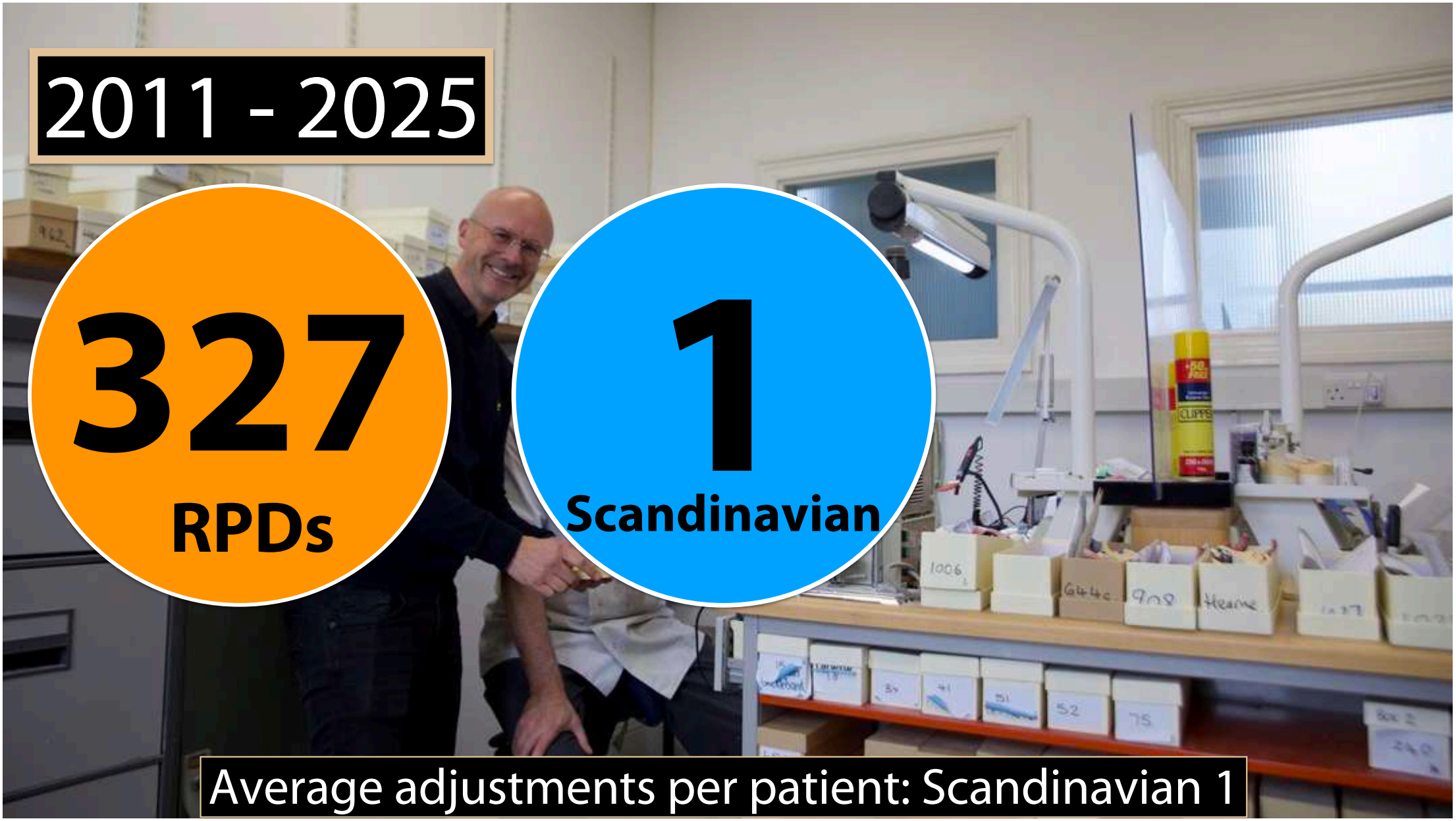

Loved it

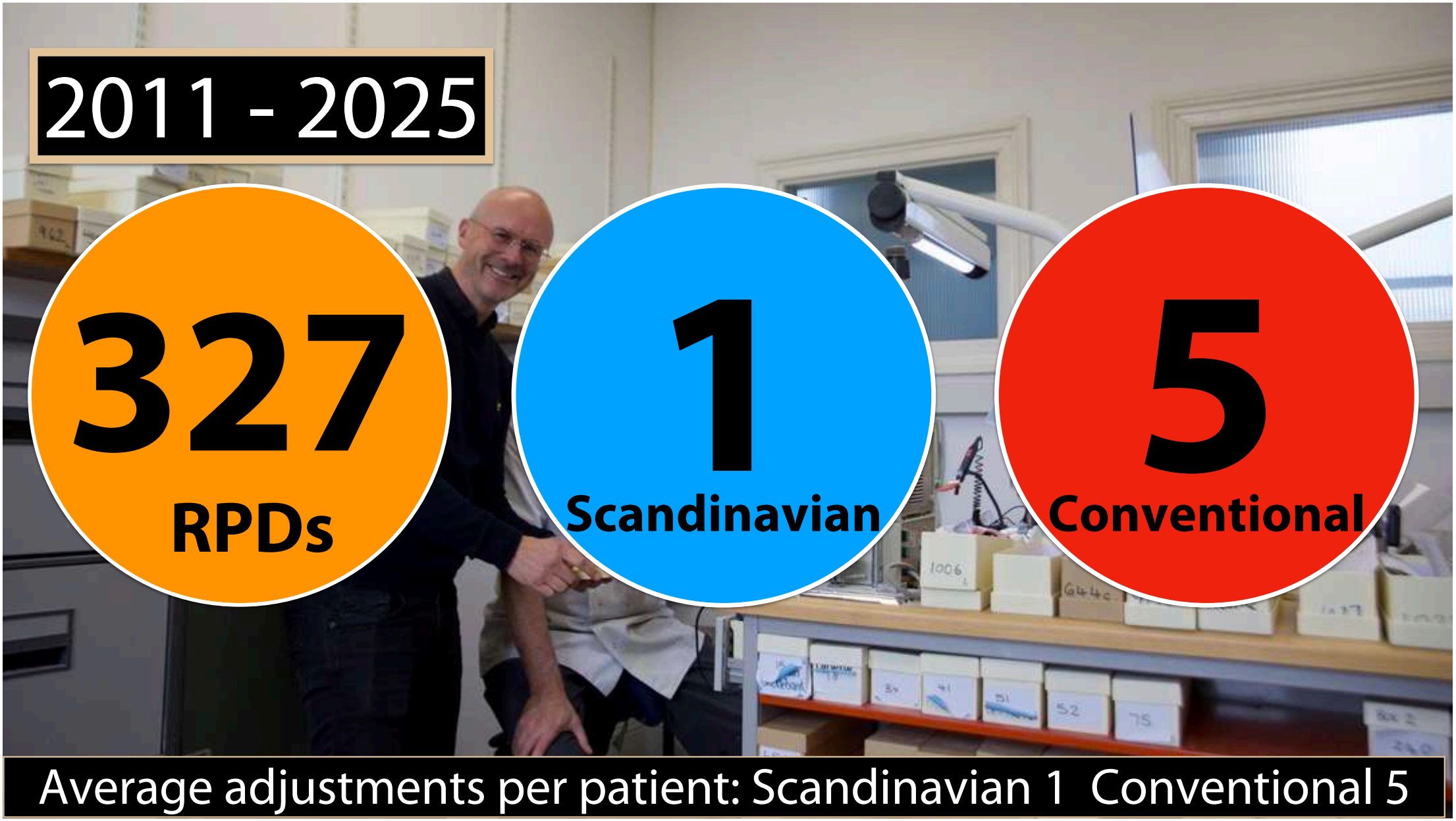

10 years


Ken - 12 years


2011 - 2025


2011 - 2025
327
RPDs


2011 - 2025
327
RPDs
1
Scandinavian
Average adjustments per patient: Scandinavian 1

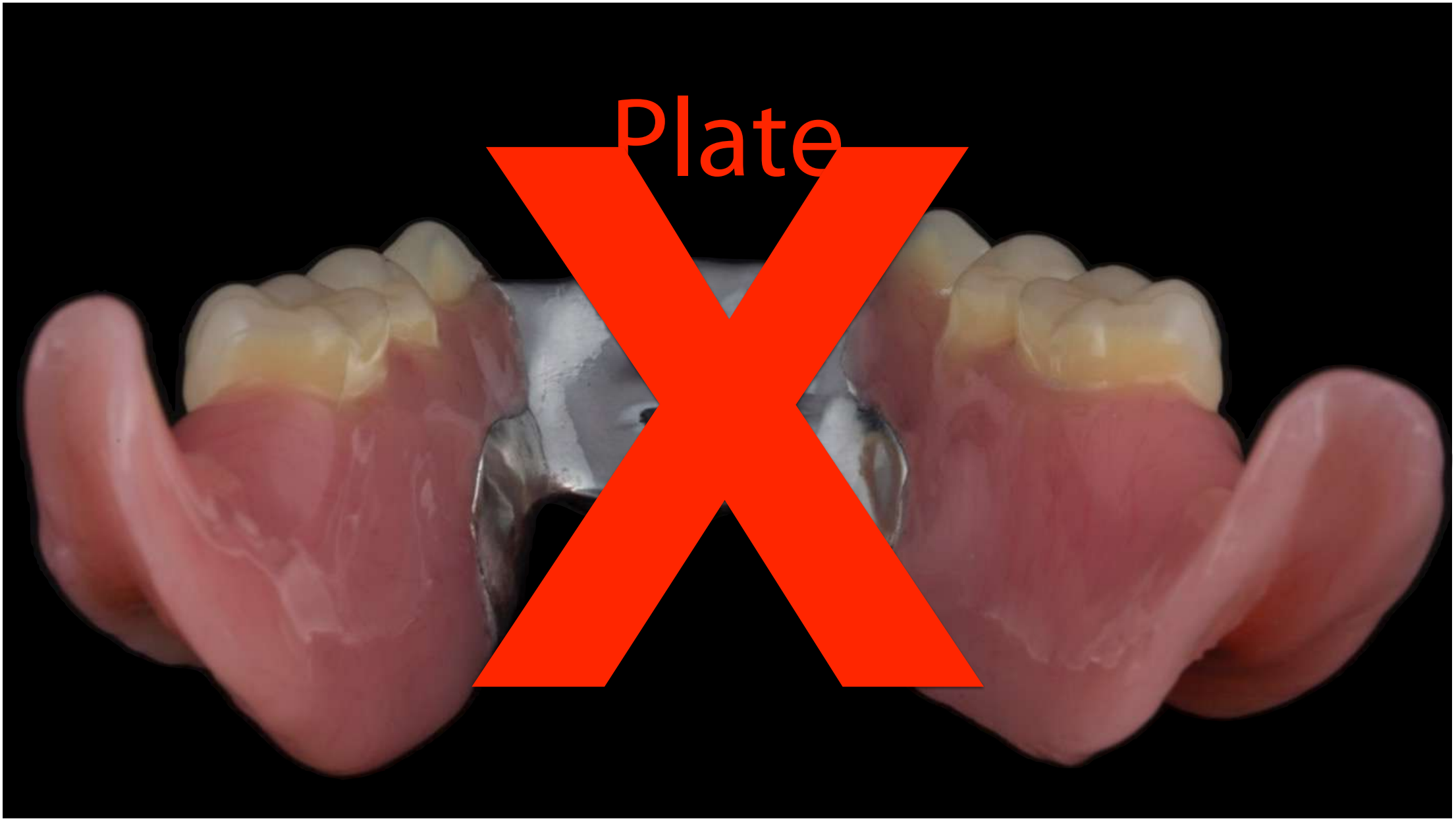

2011 - 2025
327
RPDs
1
Scandinavian
5
Conventional
Average adjustments per patient: Scandinavian 1 Conventional 5


302
Hours saved


43
Days saved

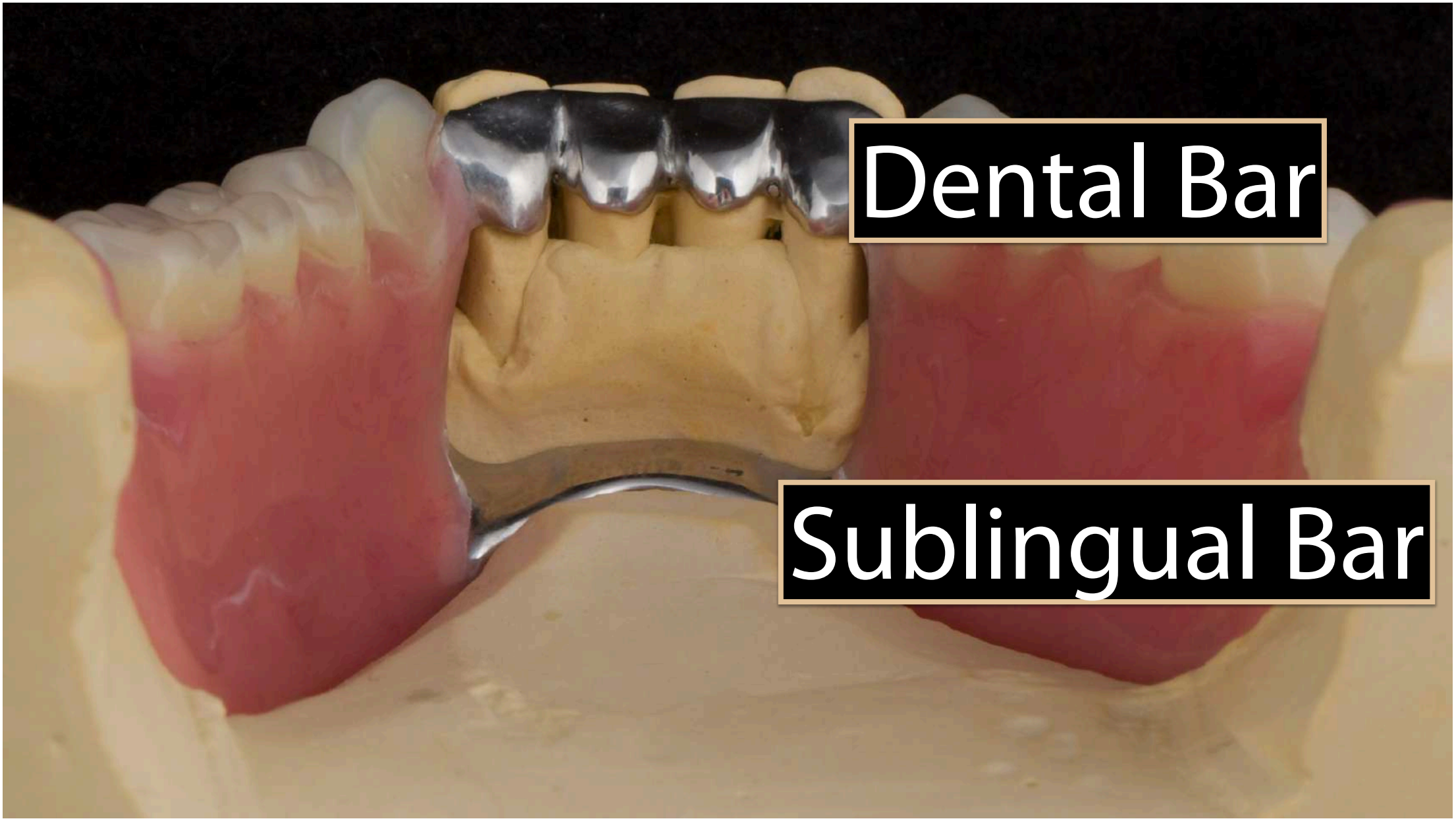

$250,000

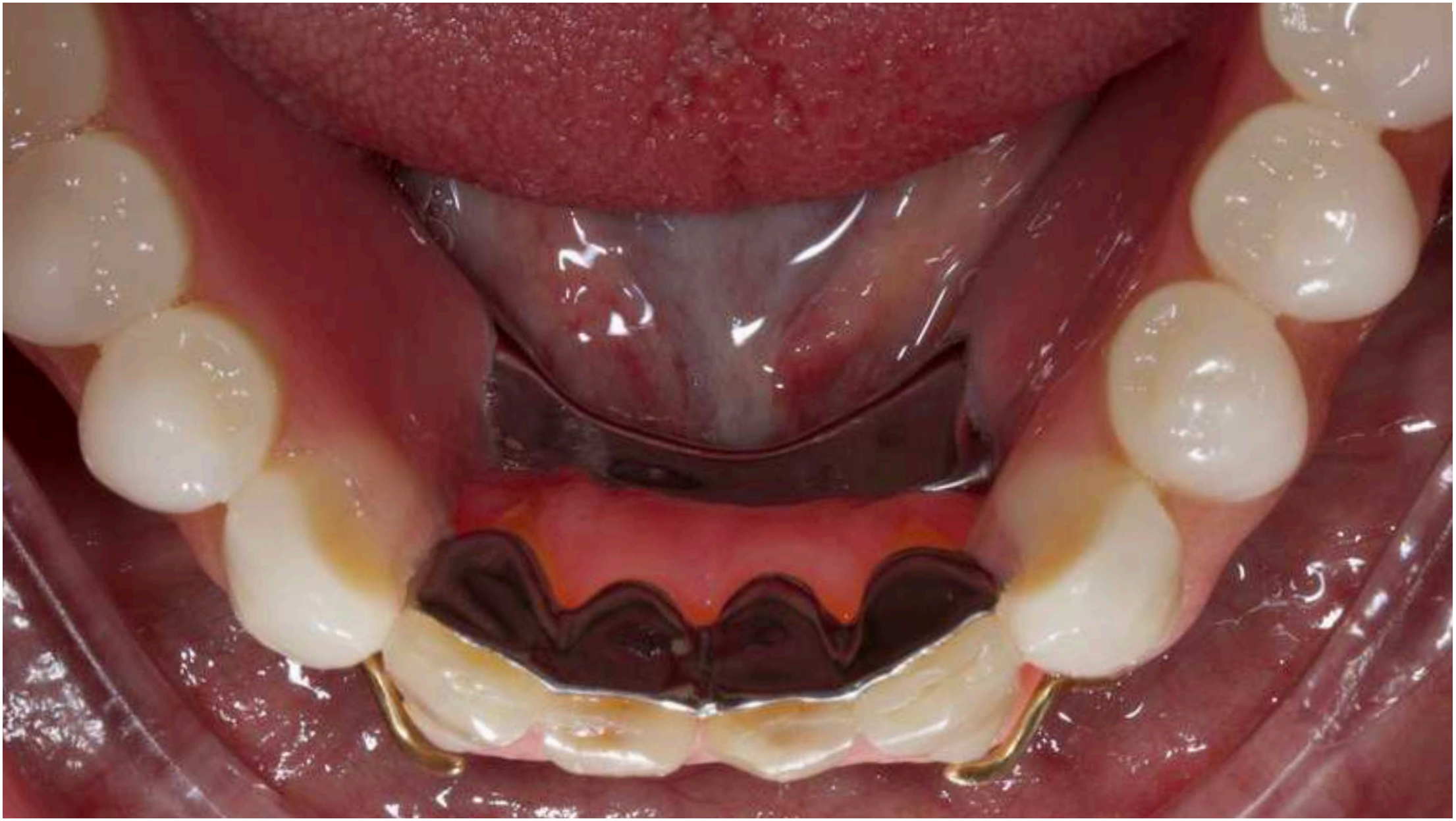

Plate


Plate

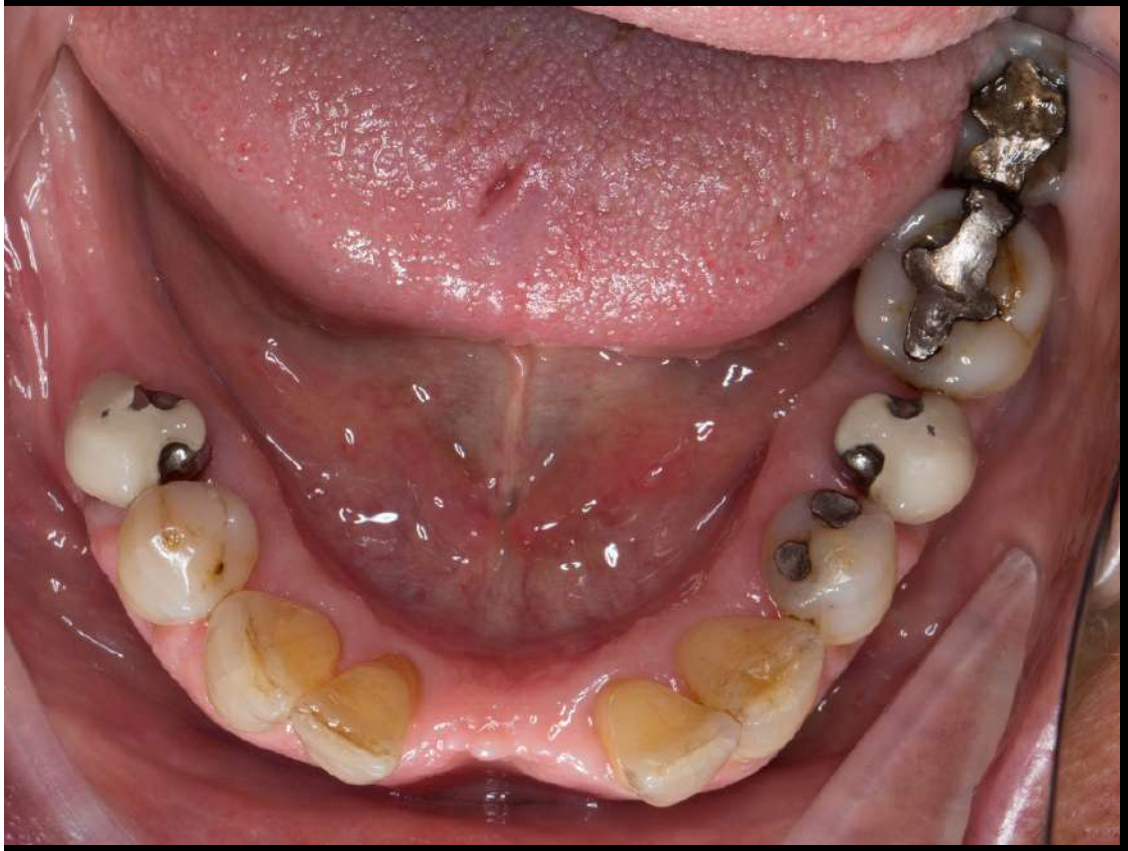



Dental Bar

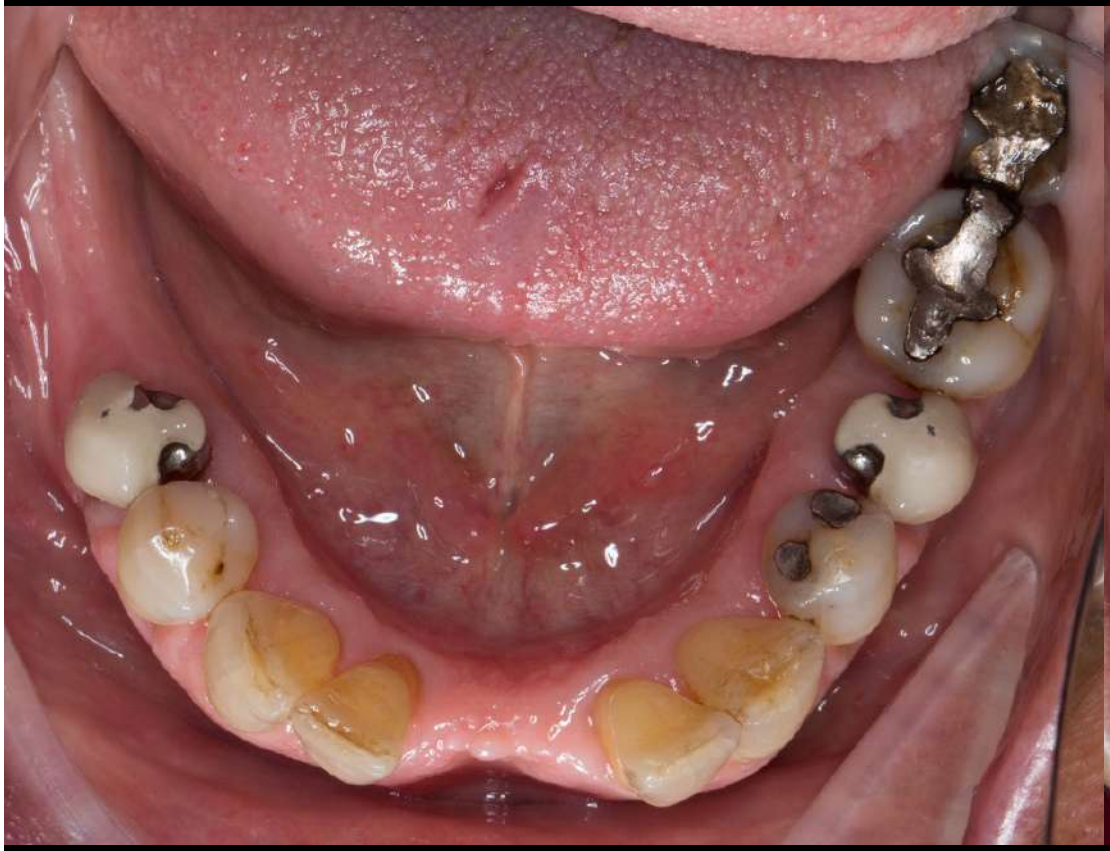

Dental Bar
Sublingual Bar



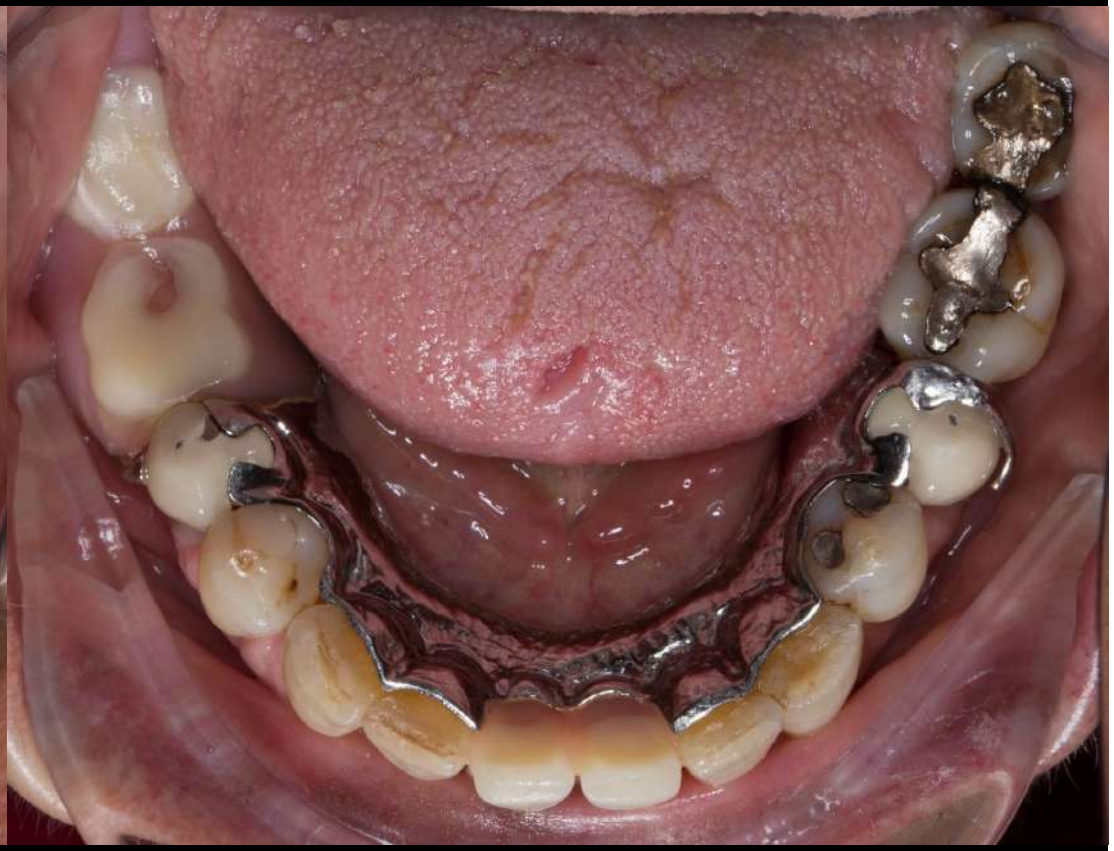
2010



2010



Plate




Gingival
margins
covered


2018

2018

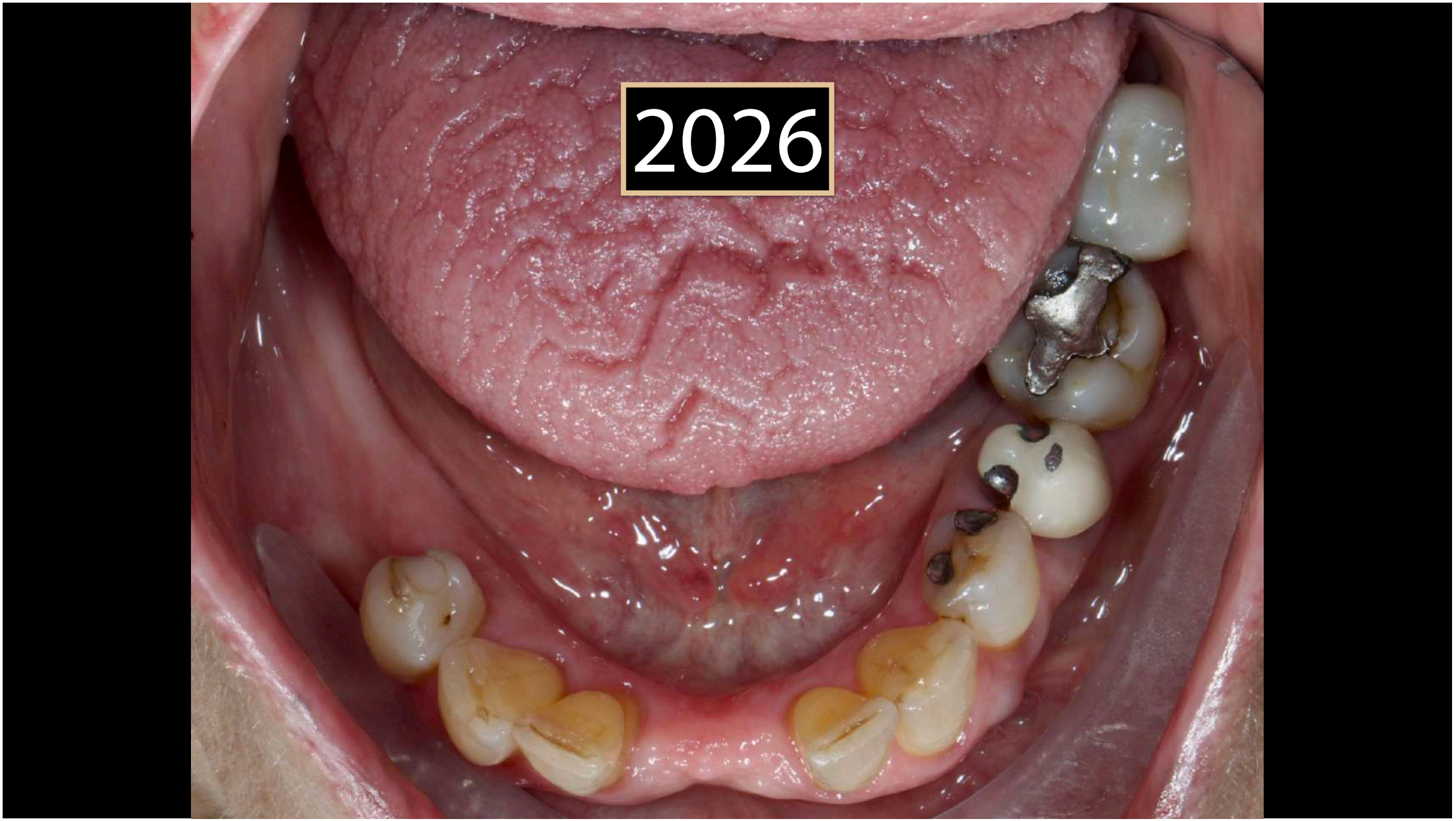


2018

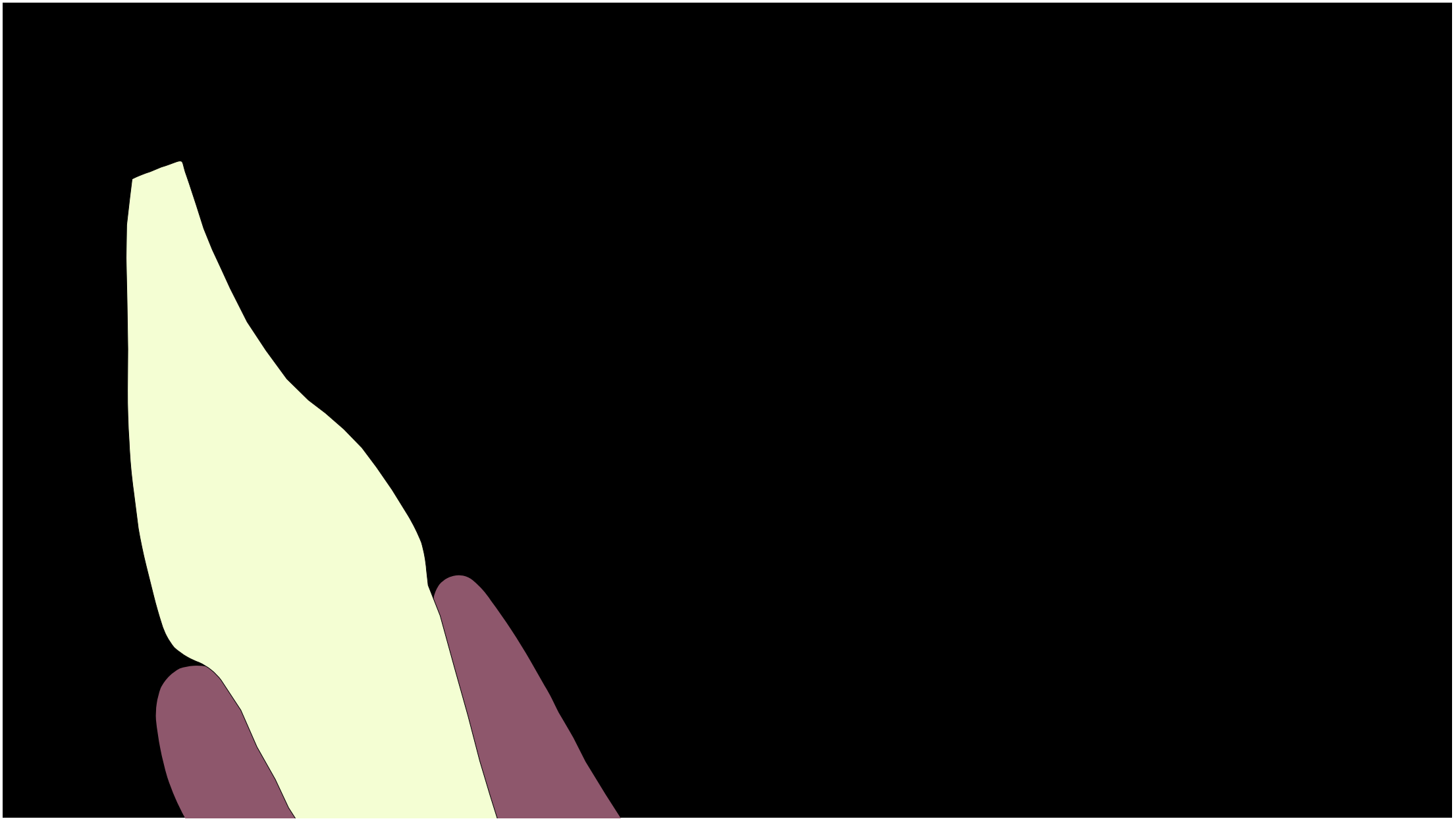


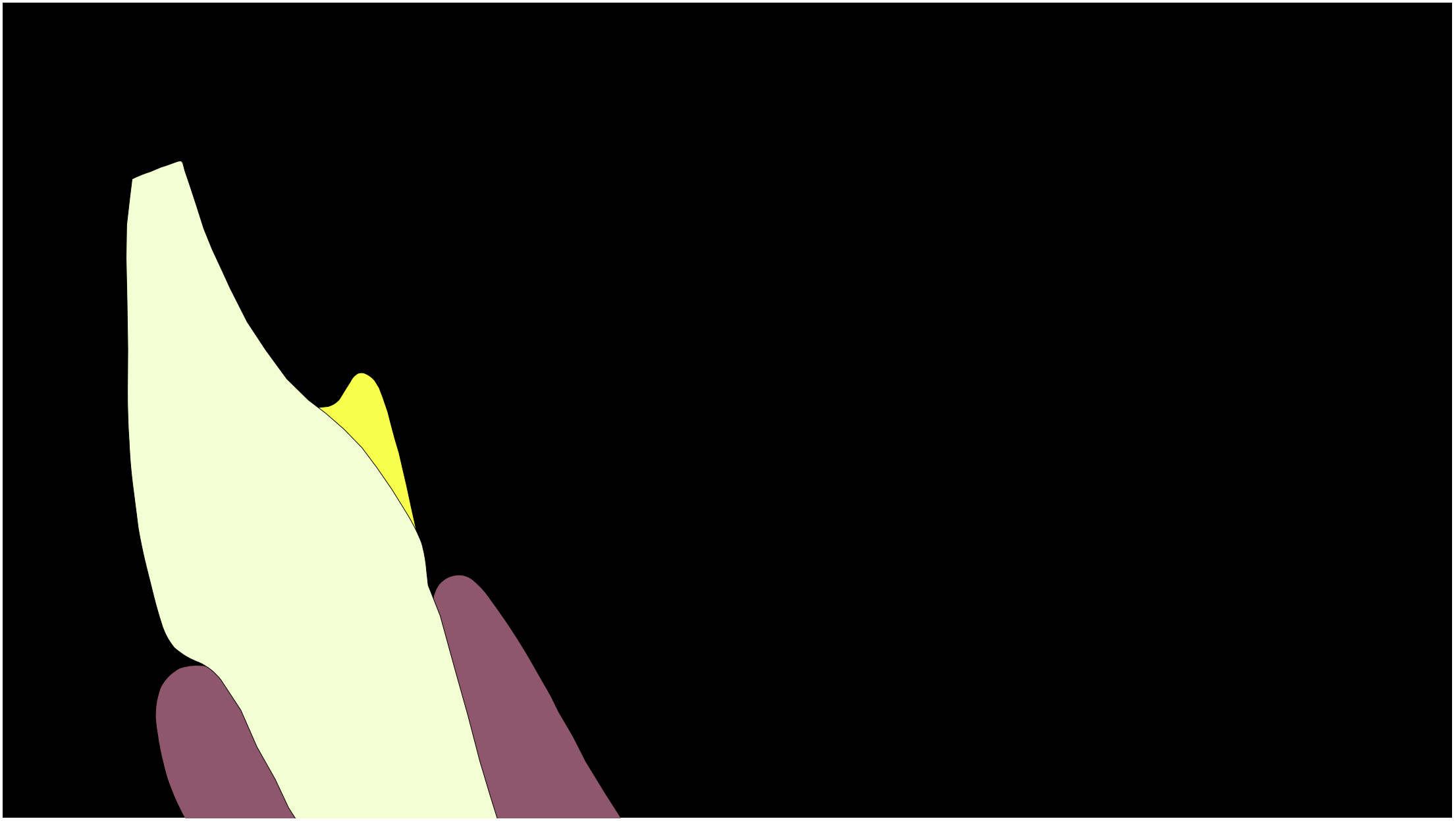
2026

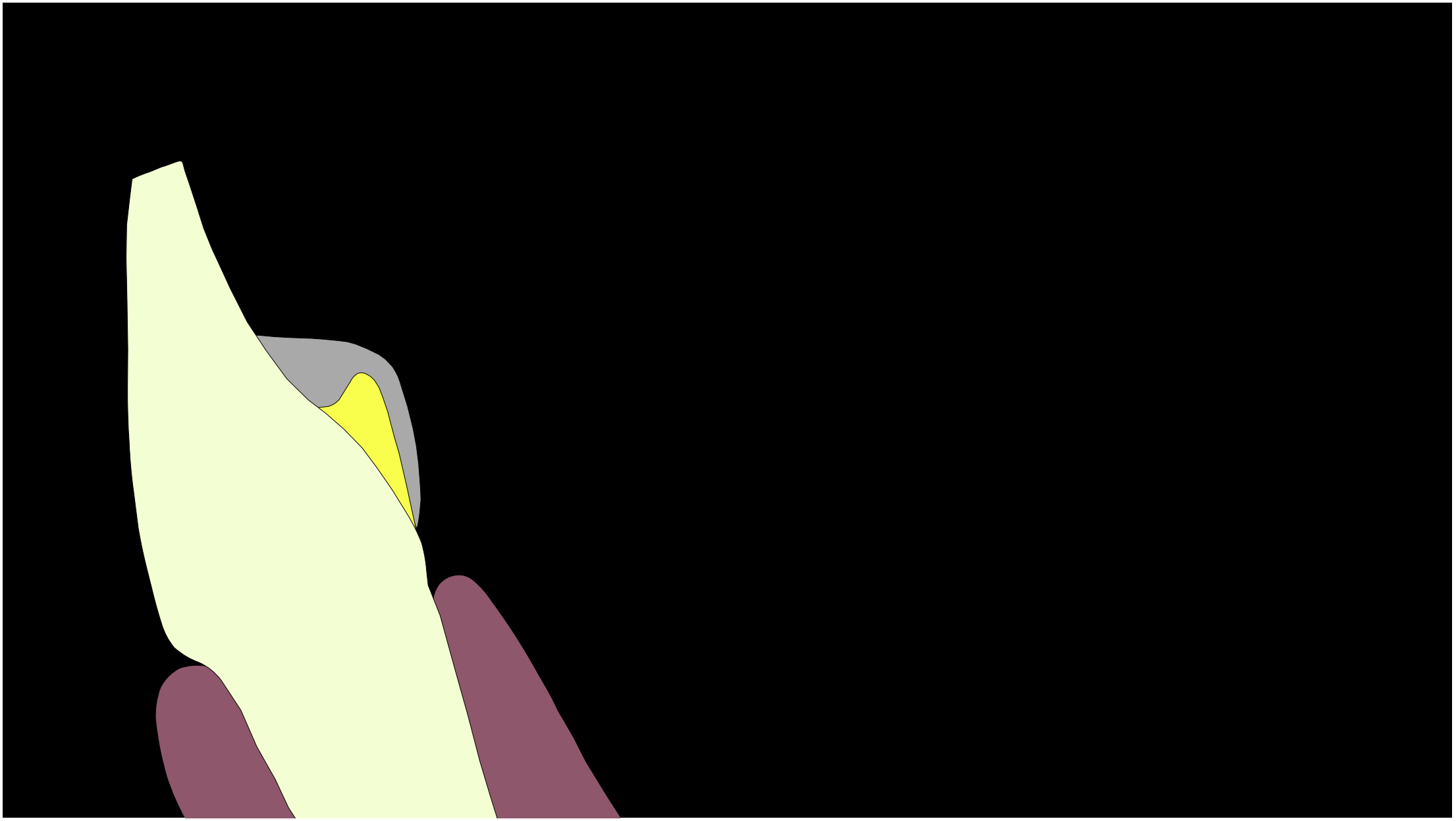



2026

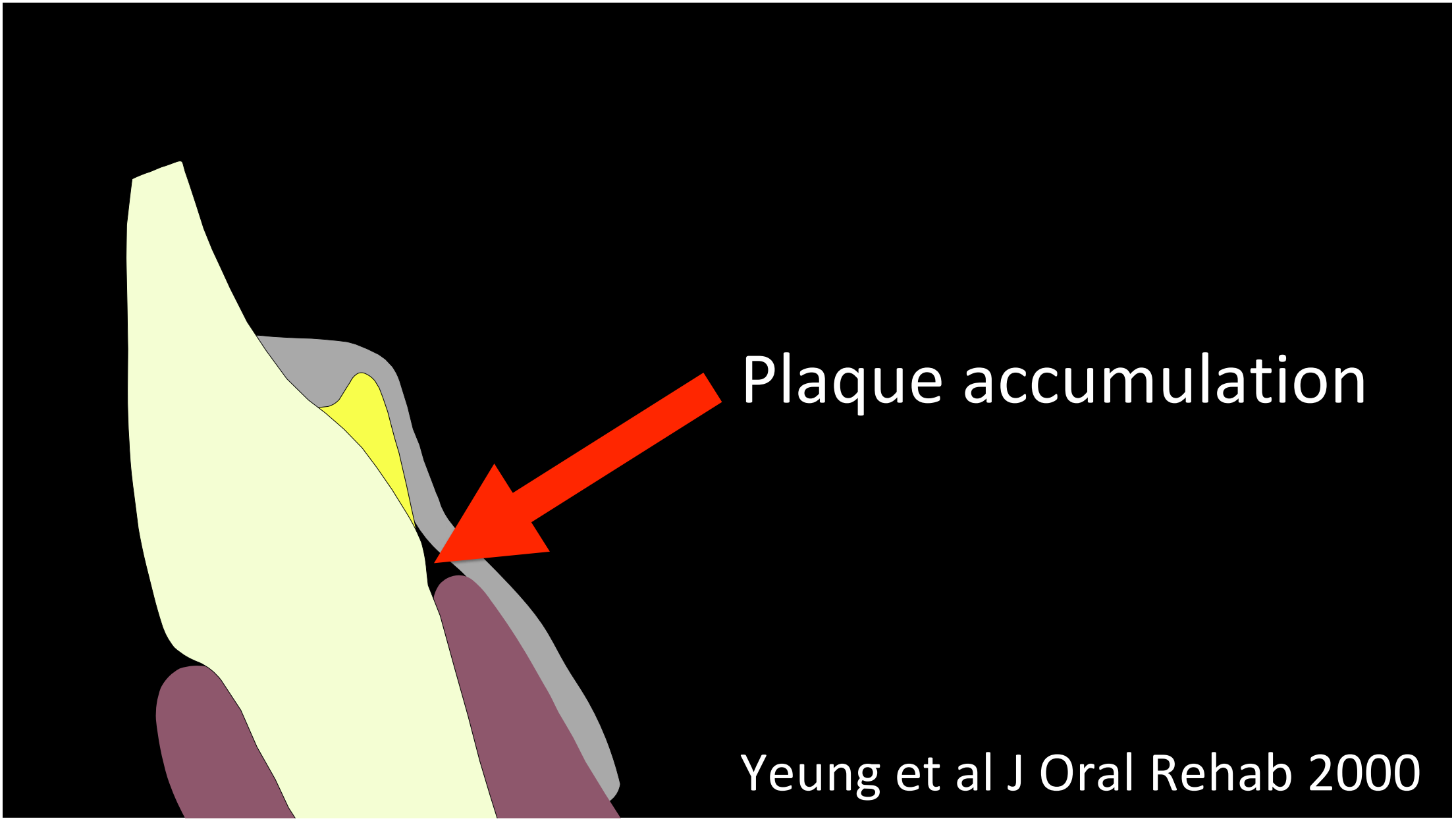

8 years - Still Going Strong










Plaque accumulation
Yeung et al J Oral Rehab 2000






Caries





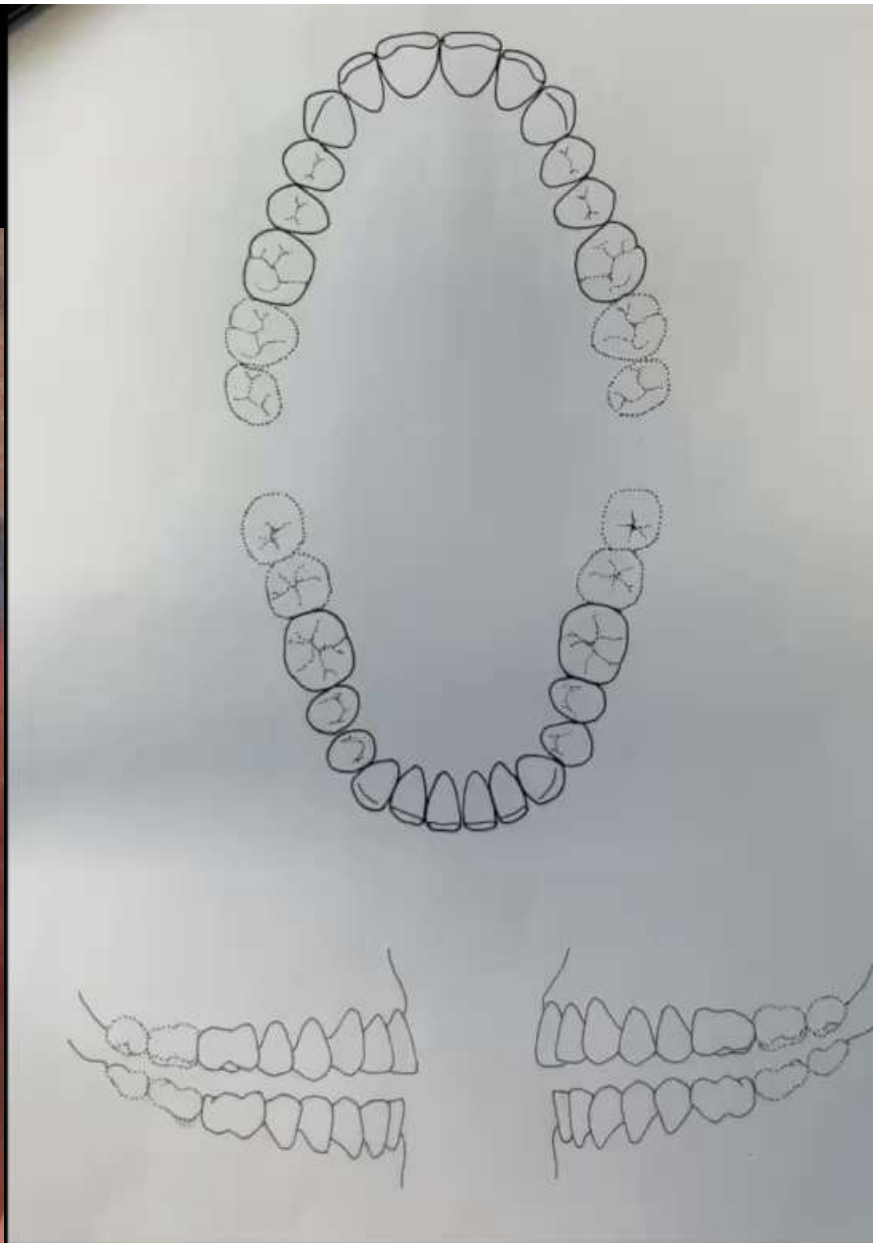


RPD + Splint



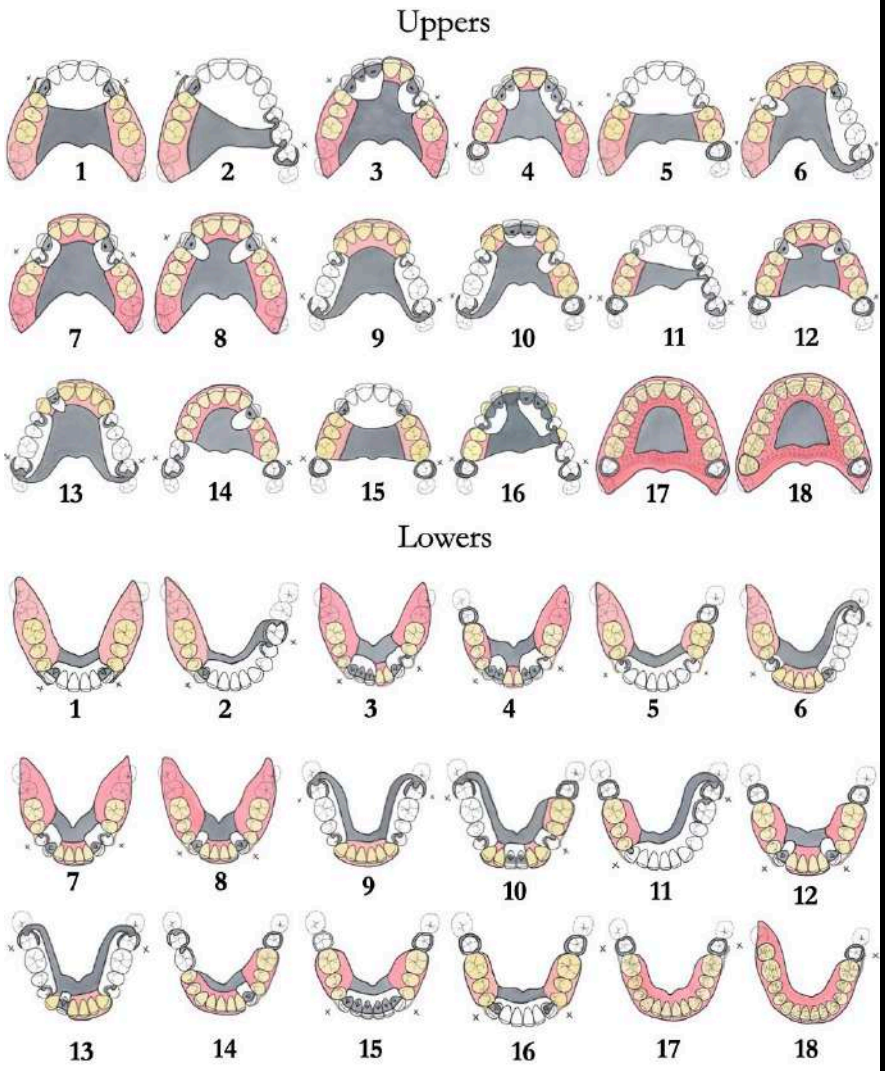
Mandy





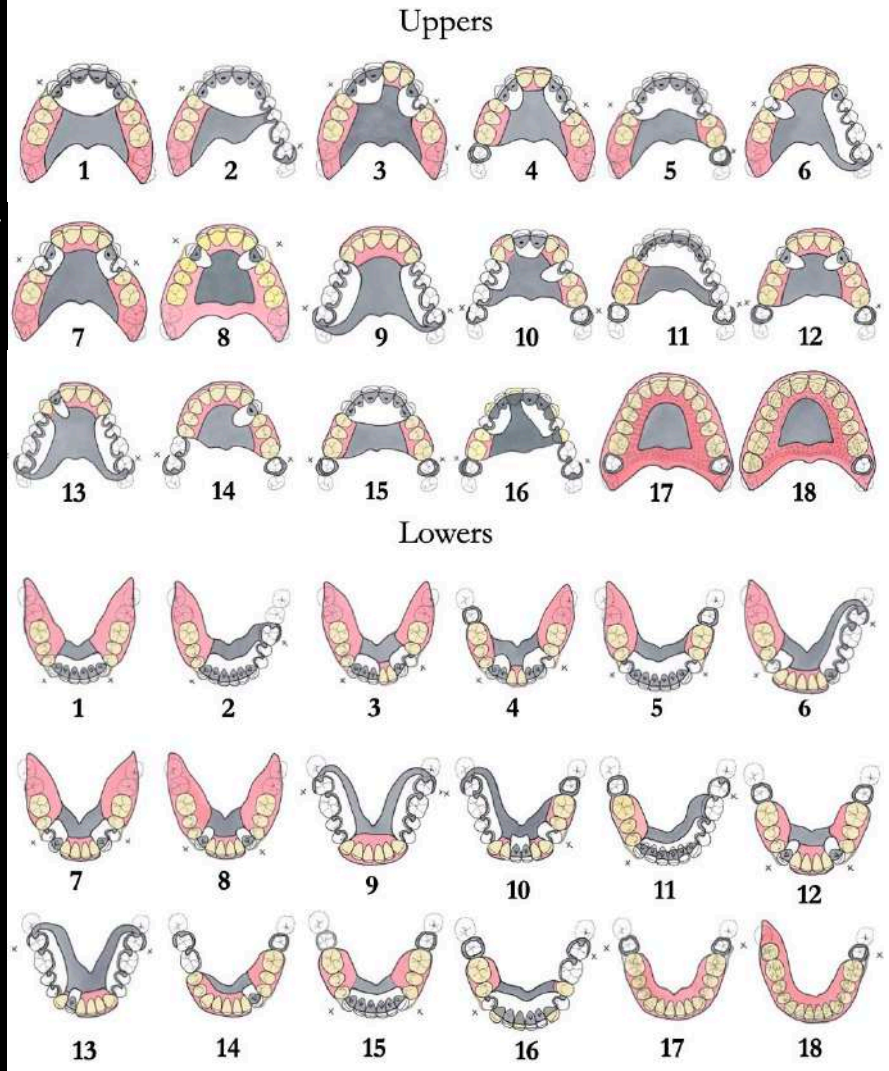


Good prognosis

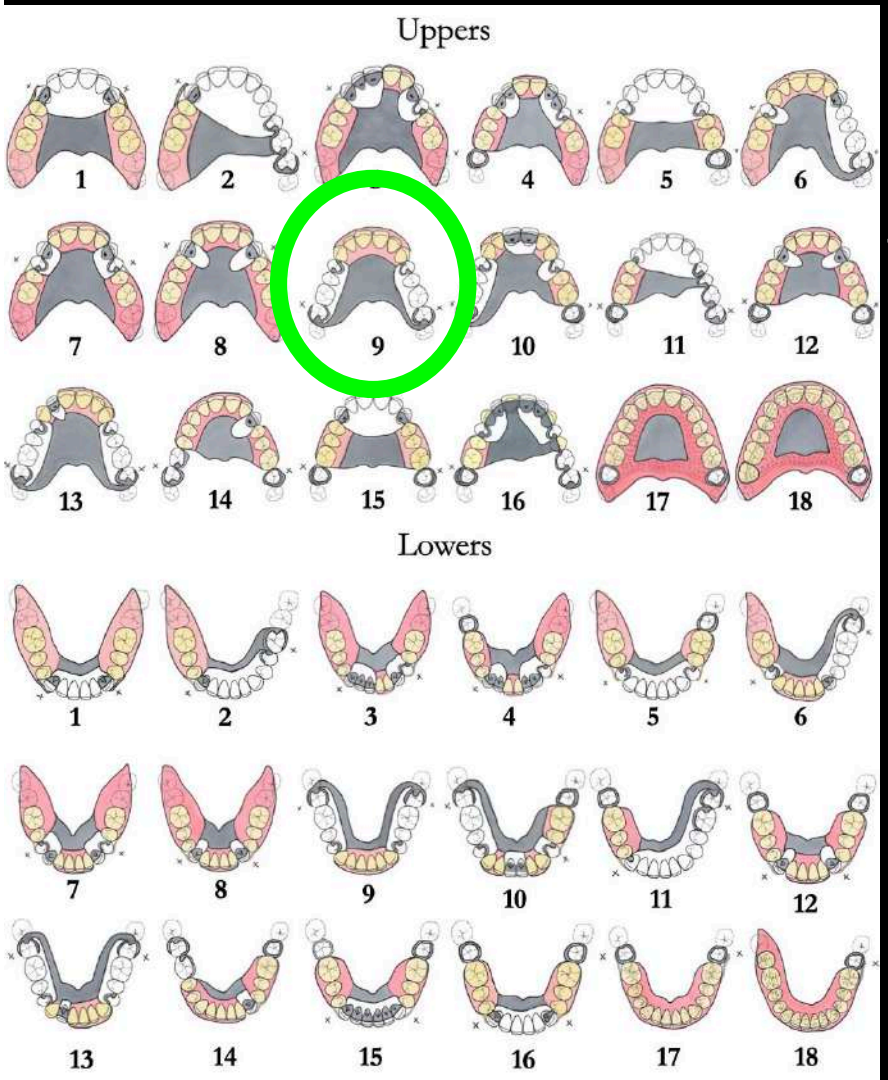


finlaysutton.co.uk/resources

Questionable prognosis

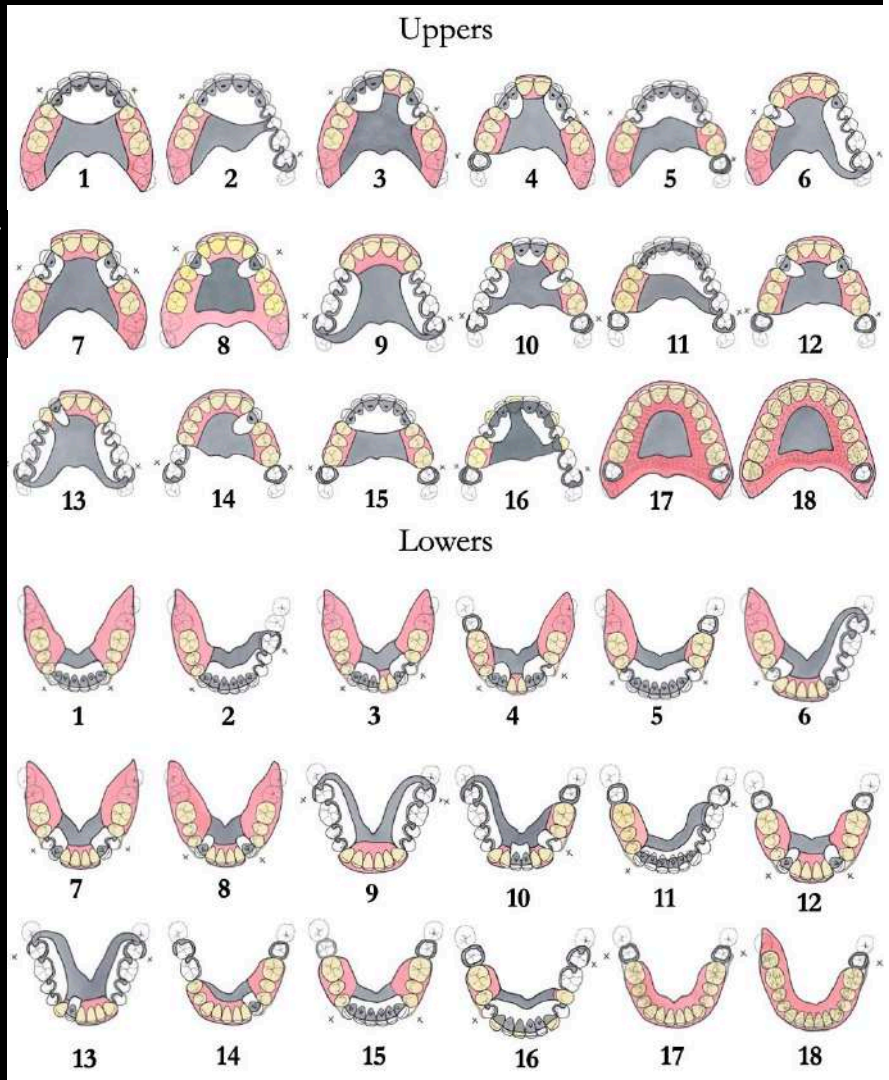


Good prognosis

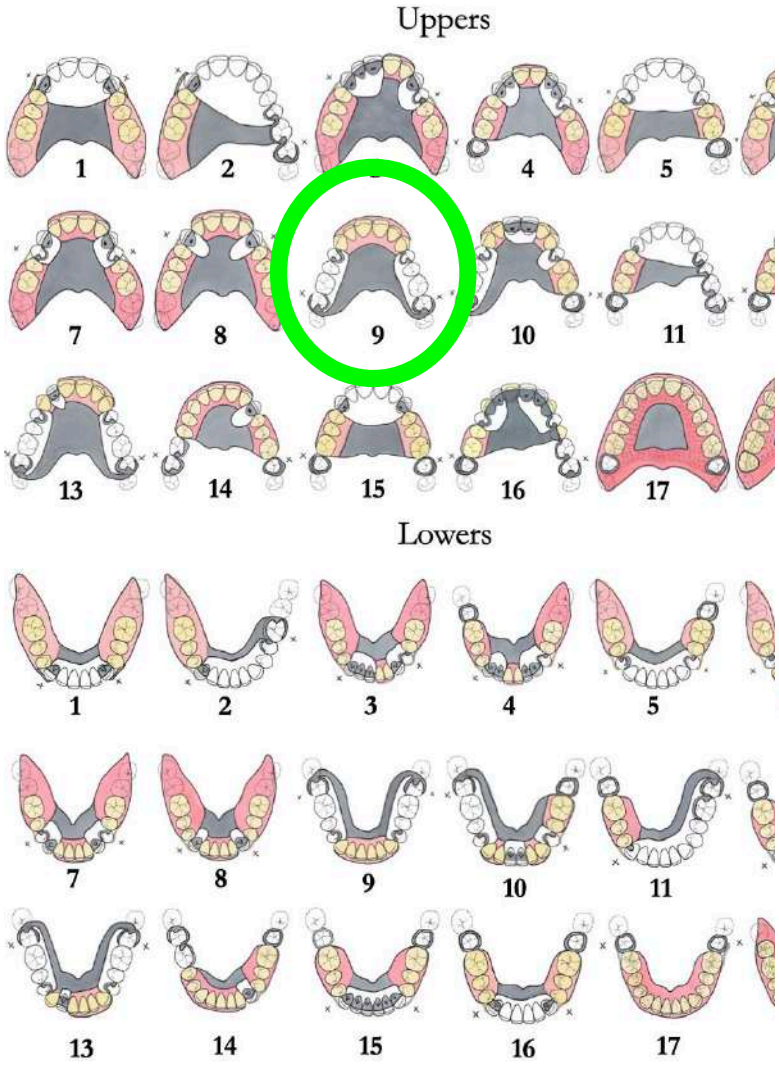


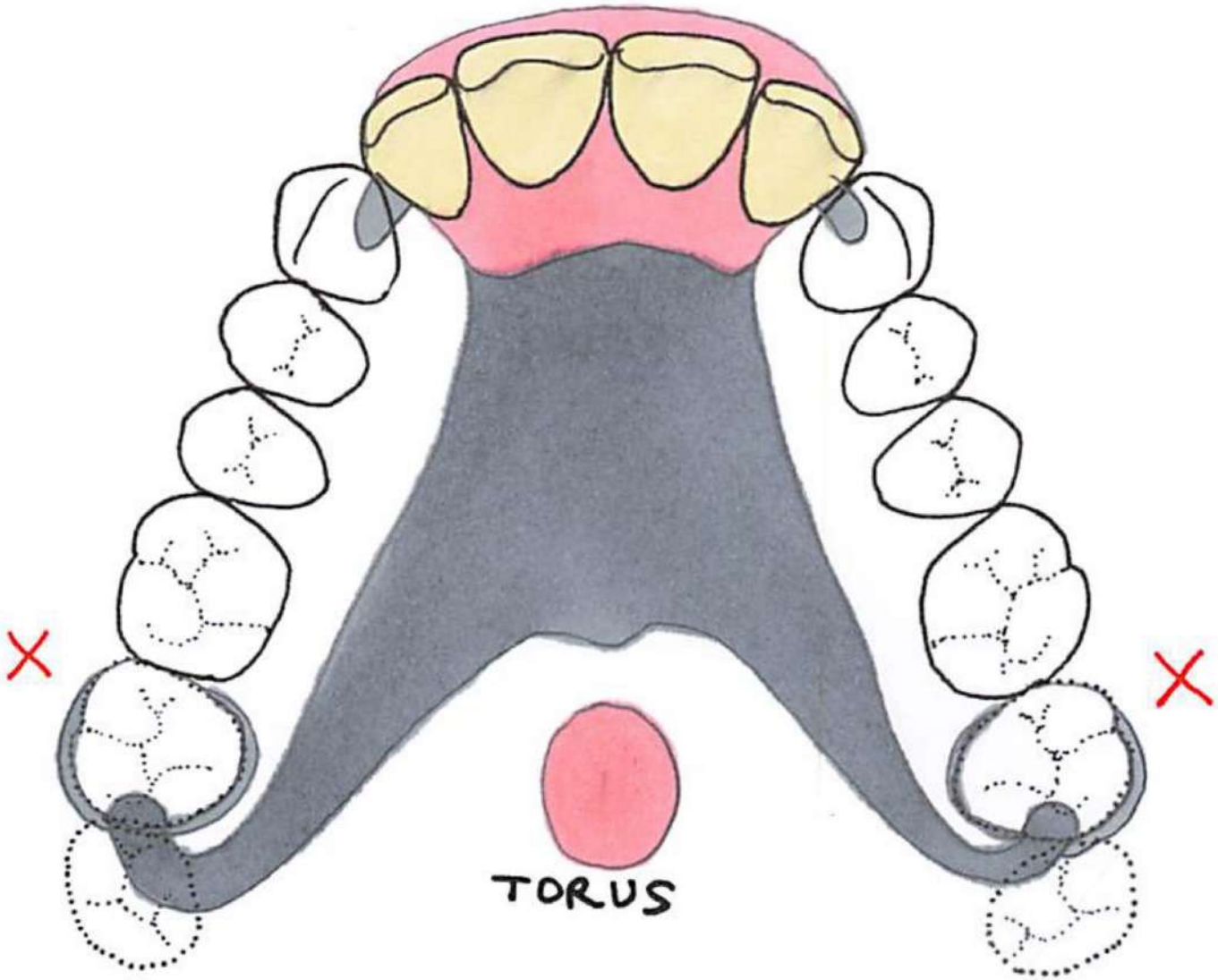
finlaysutton.co.uk/resources

Questionable prognosis

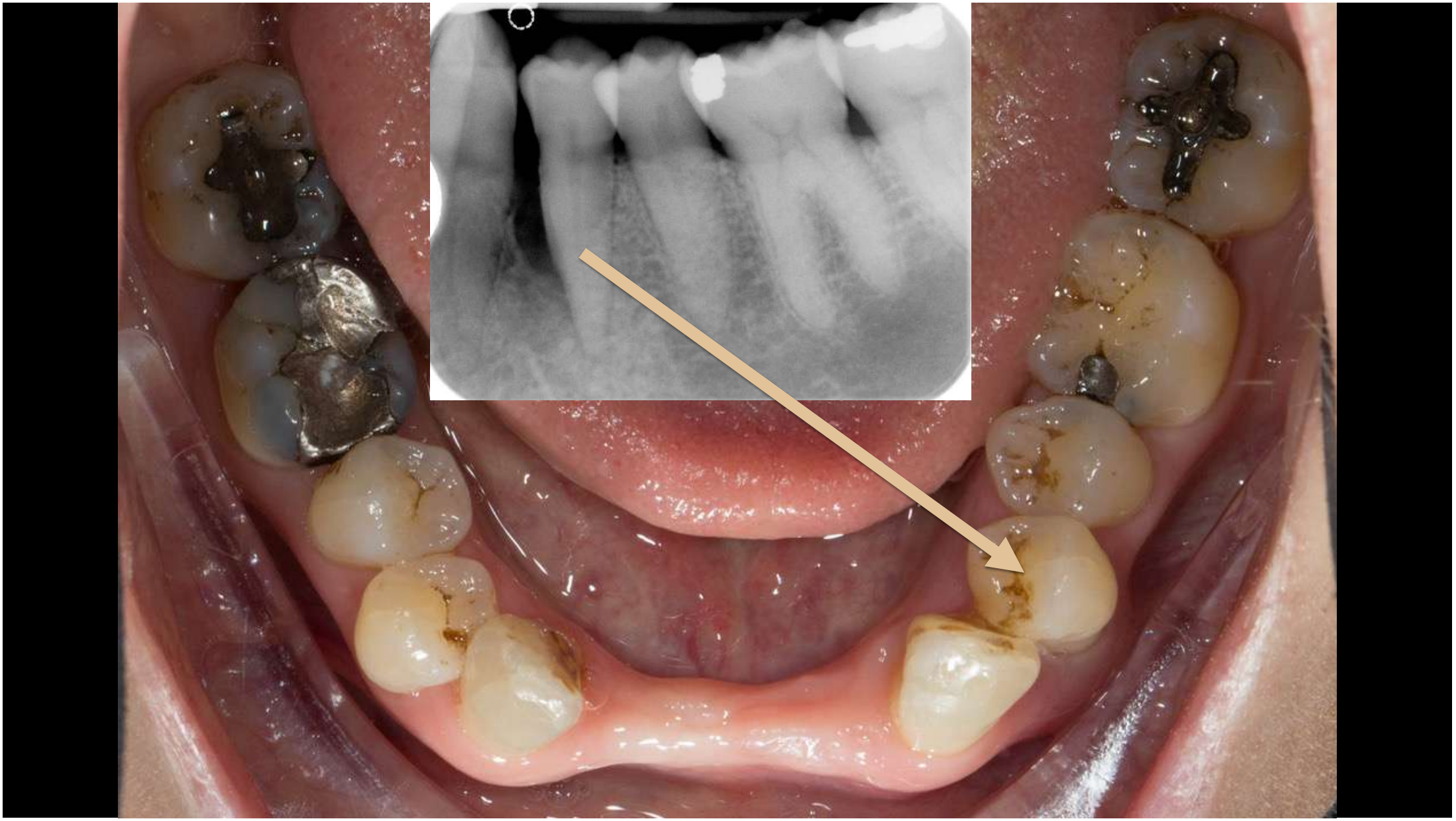


Good prognosis

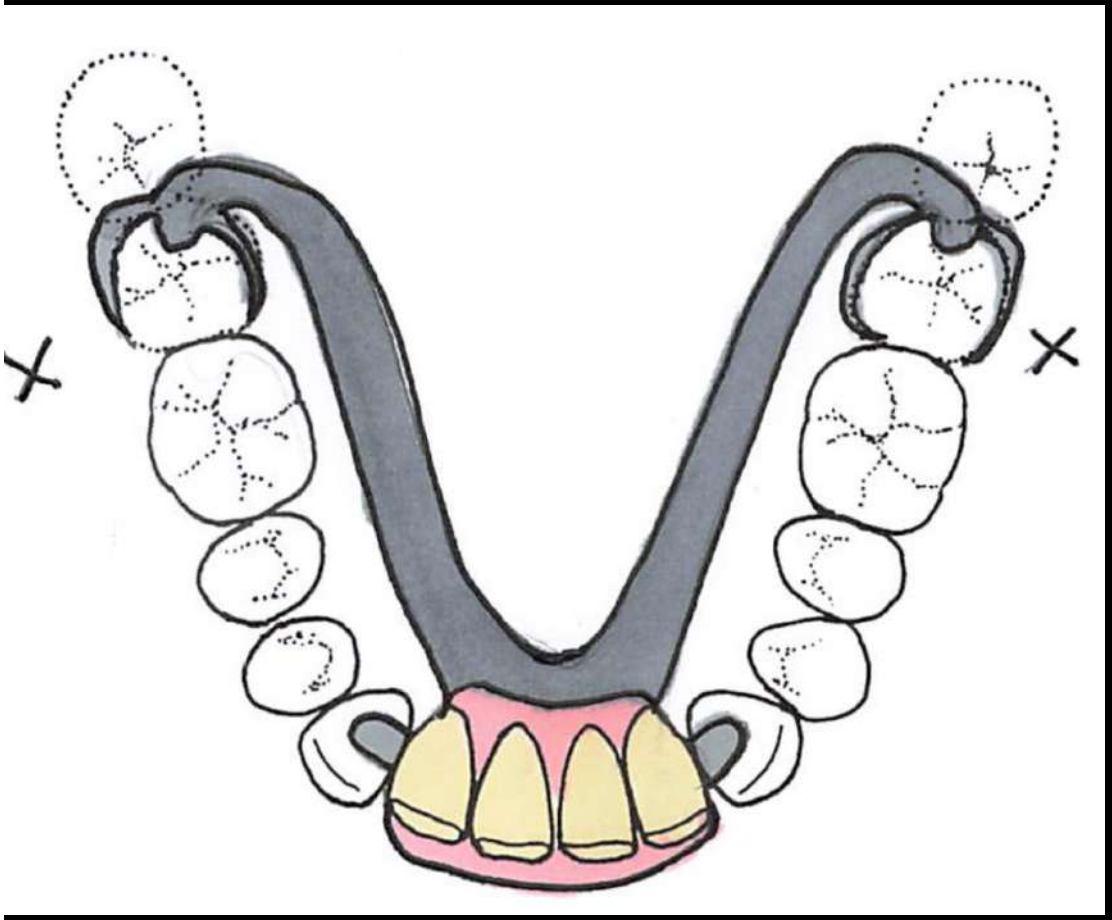




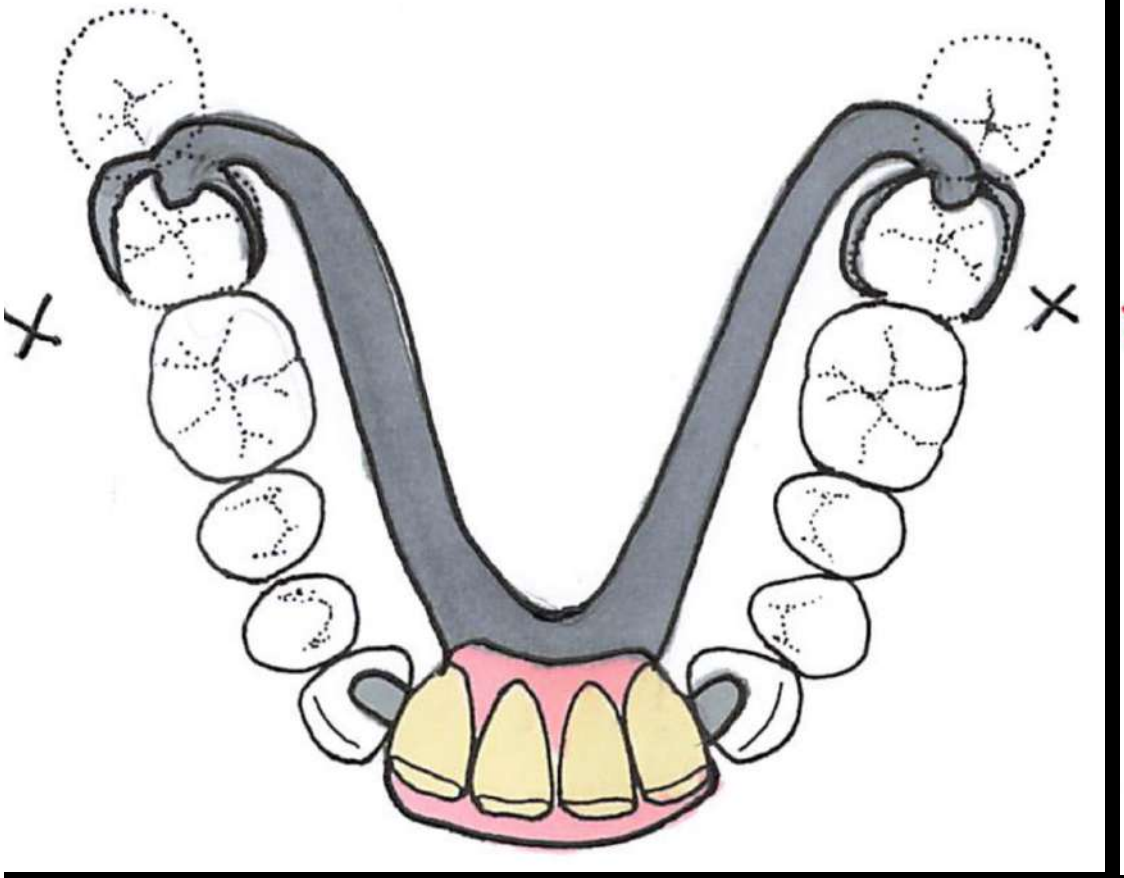




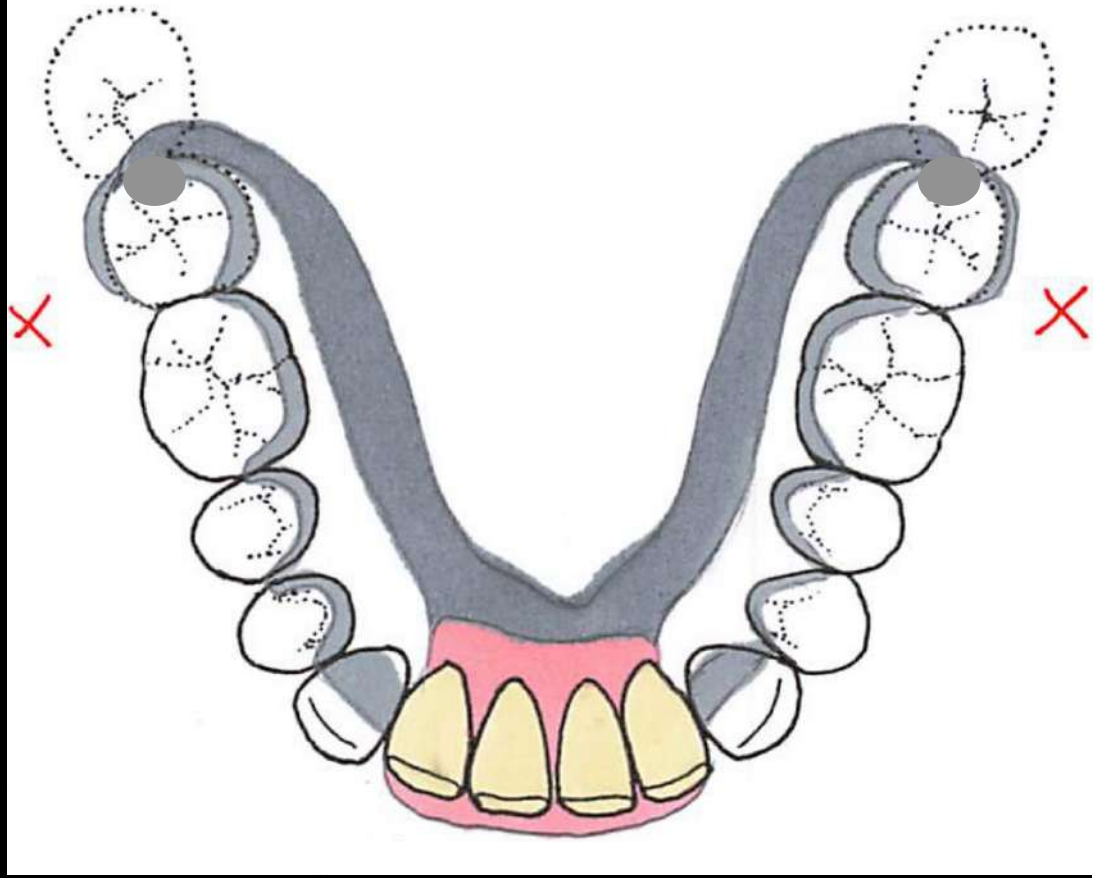
Good prognosis



Good prognosis



Questionable prognosis



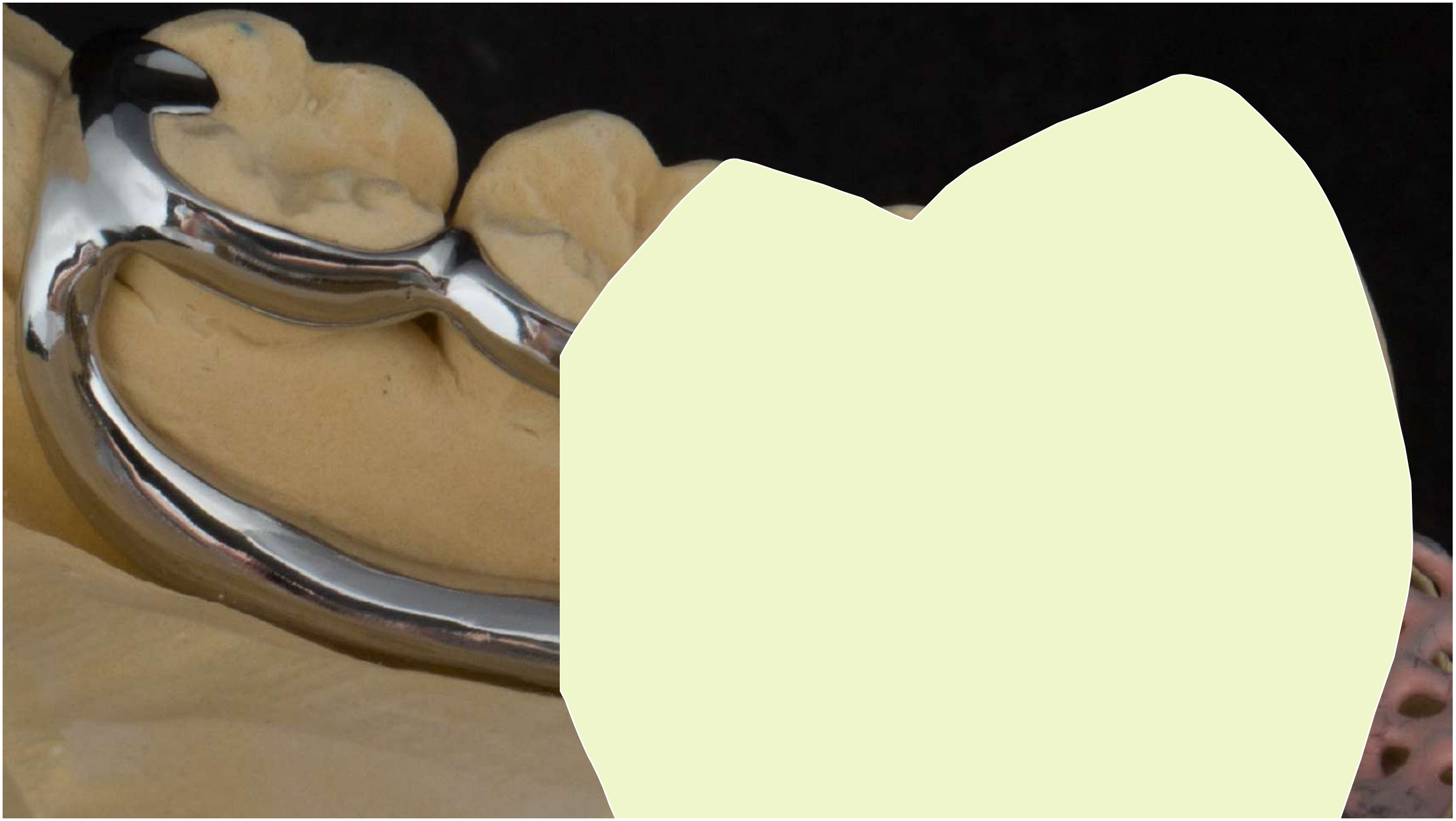



Guide surfaces

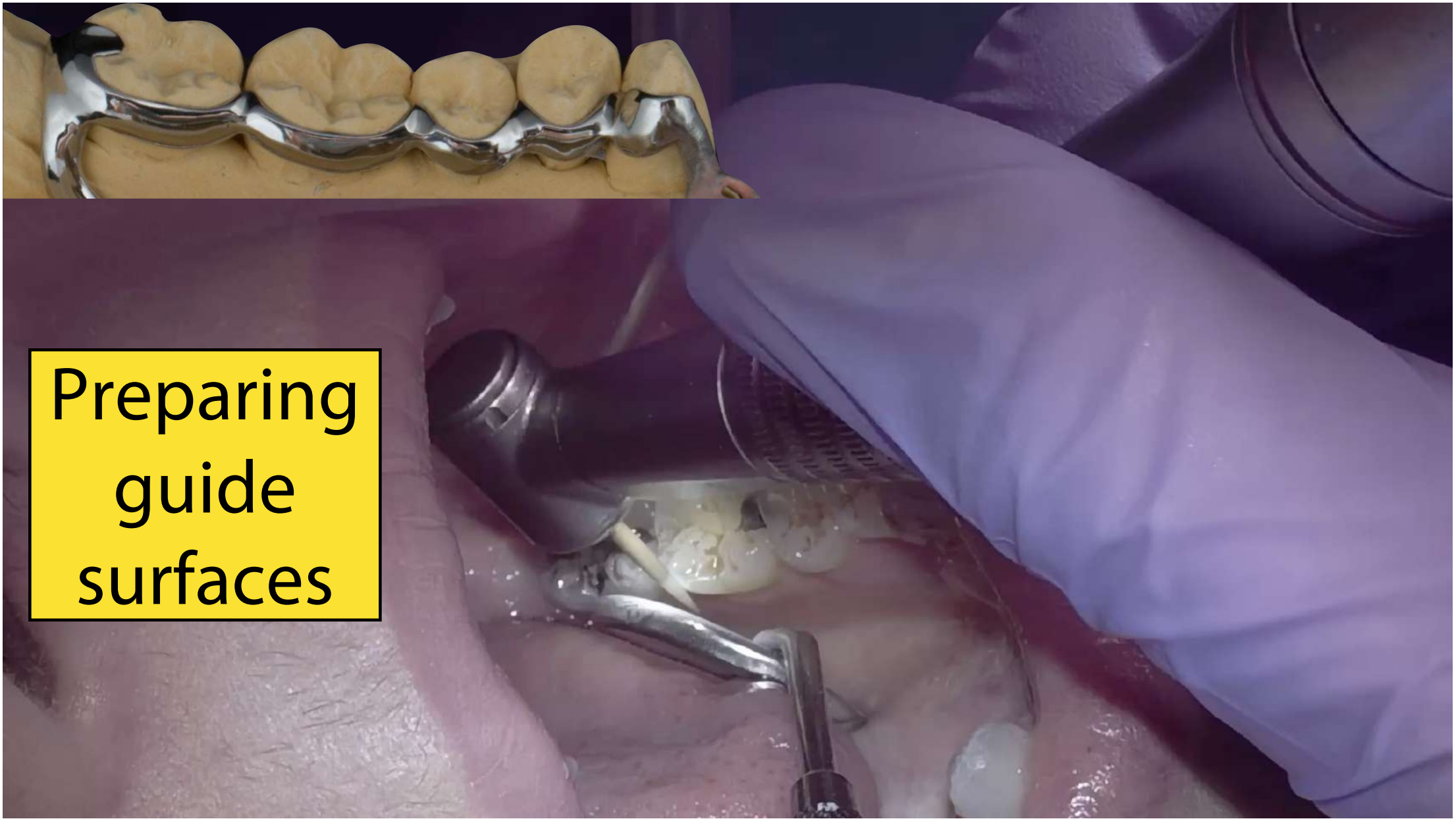




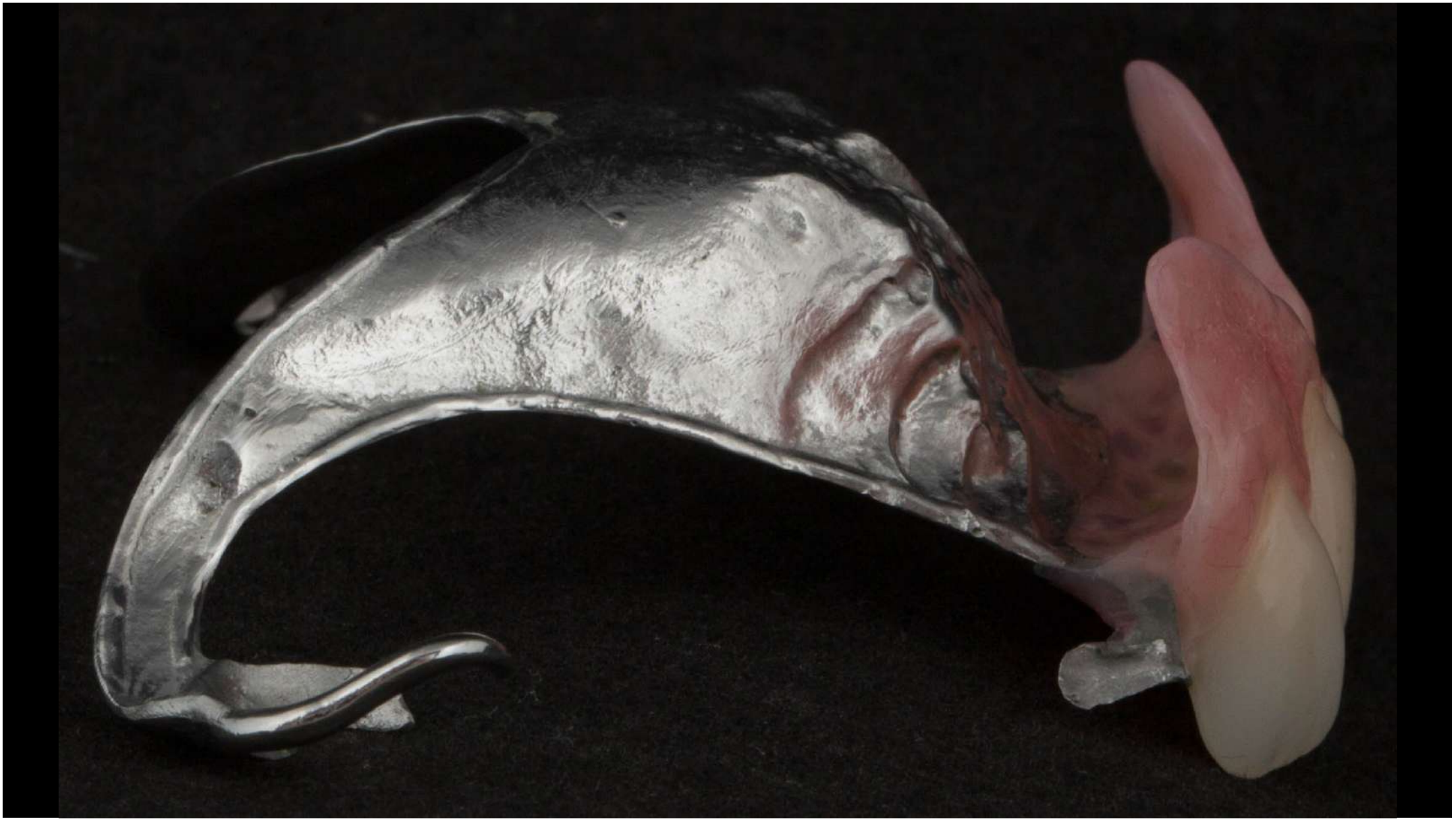




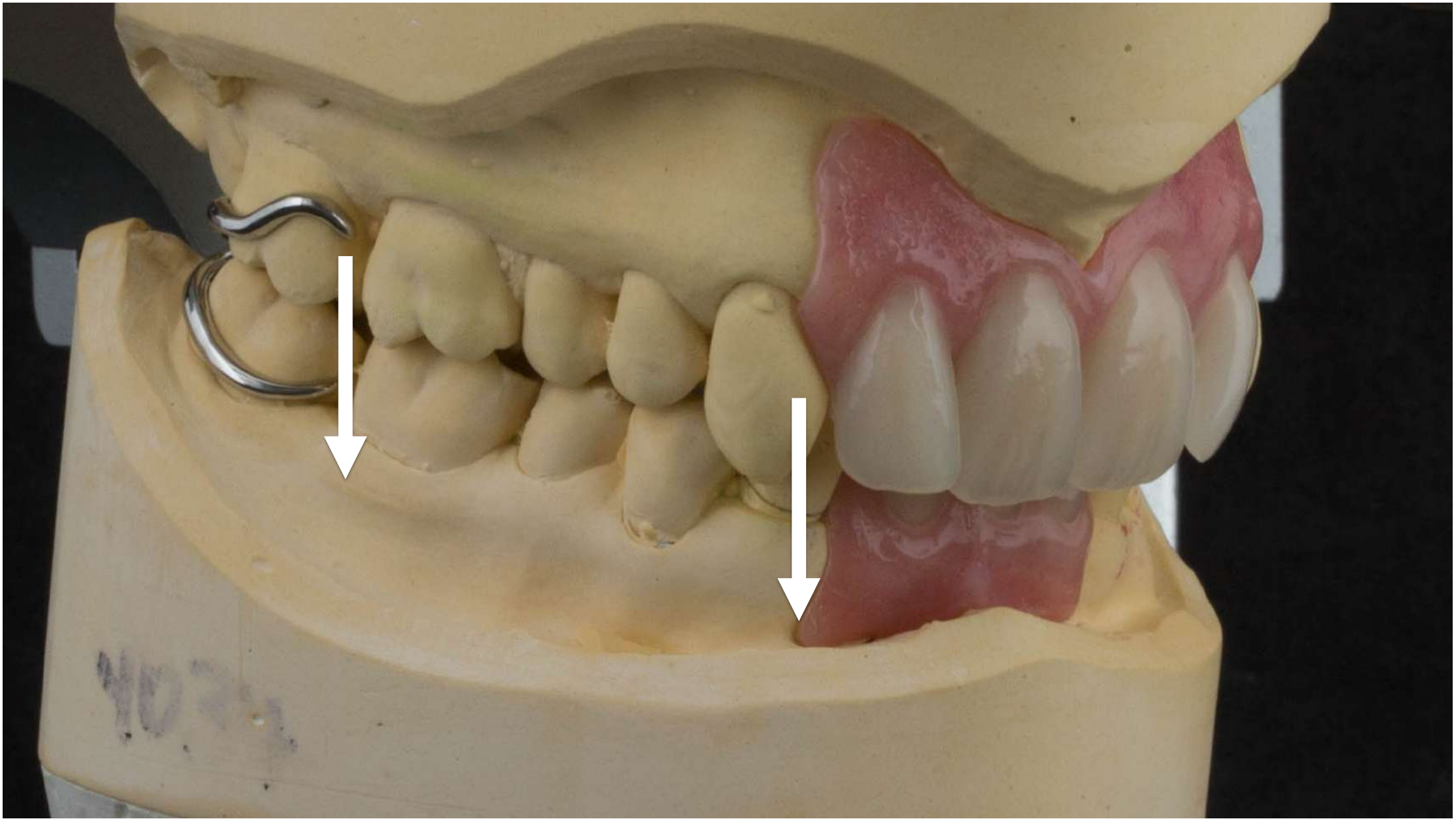



Preparing
guide
surfaces









Before



Before

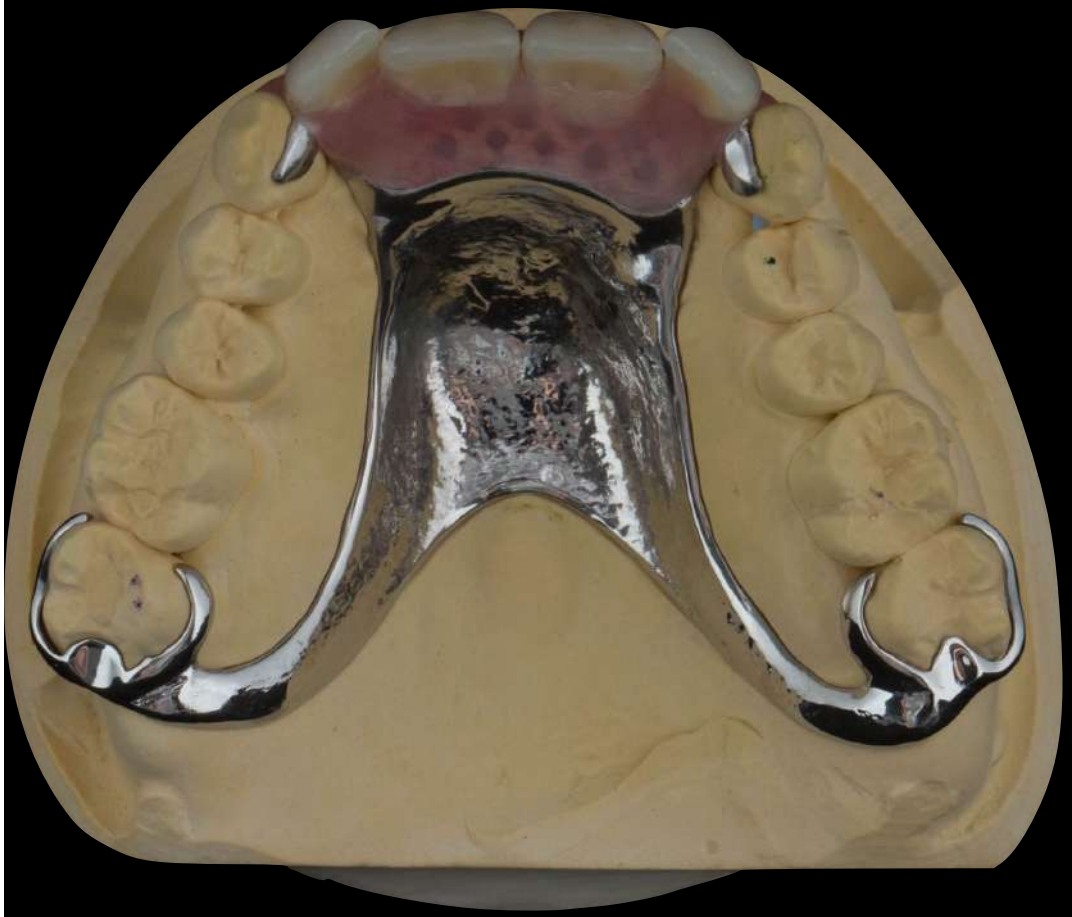


After



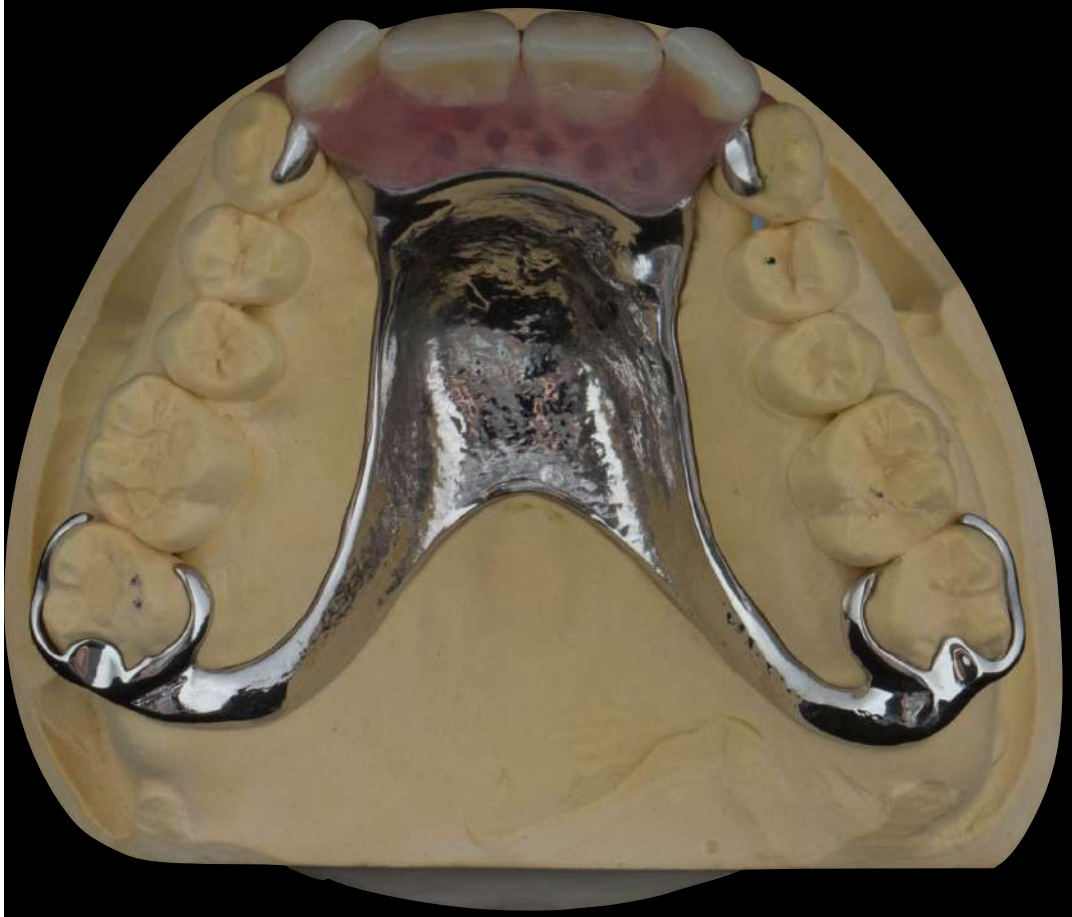
Mandy

Good prognosis



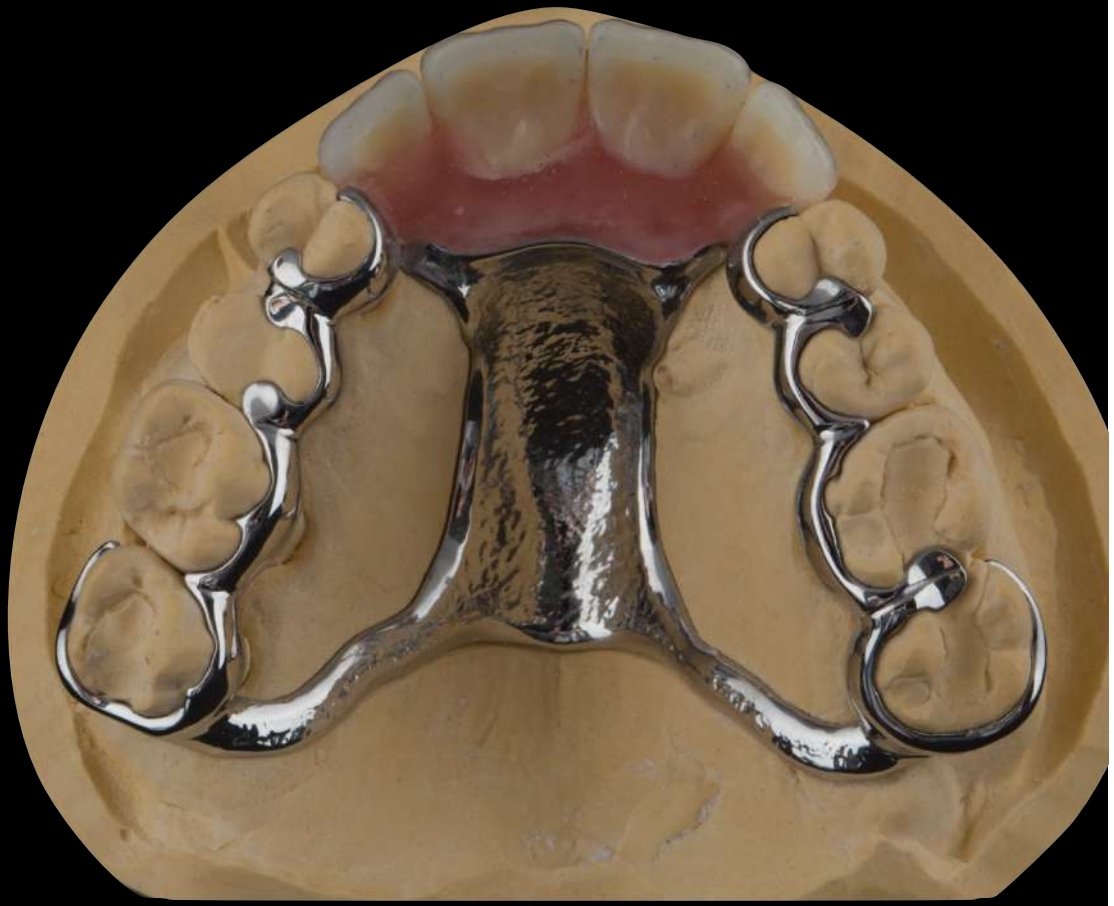
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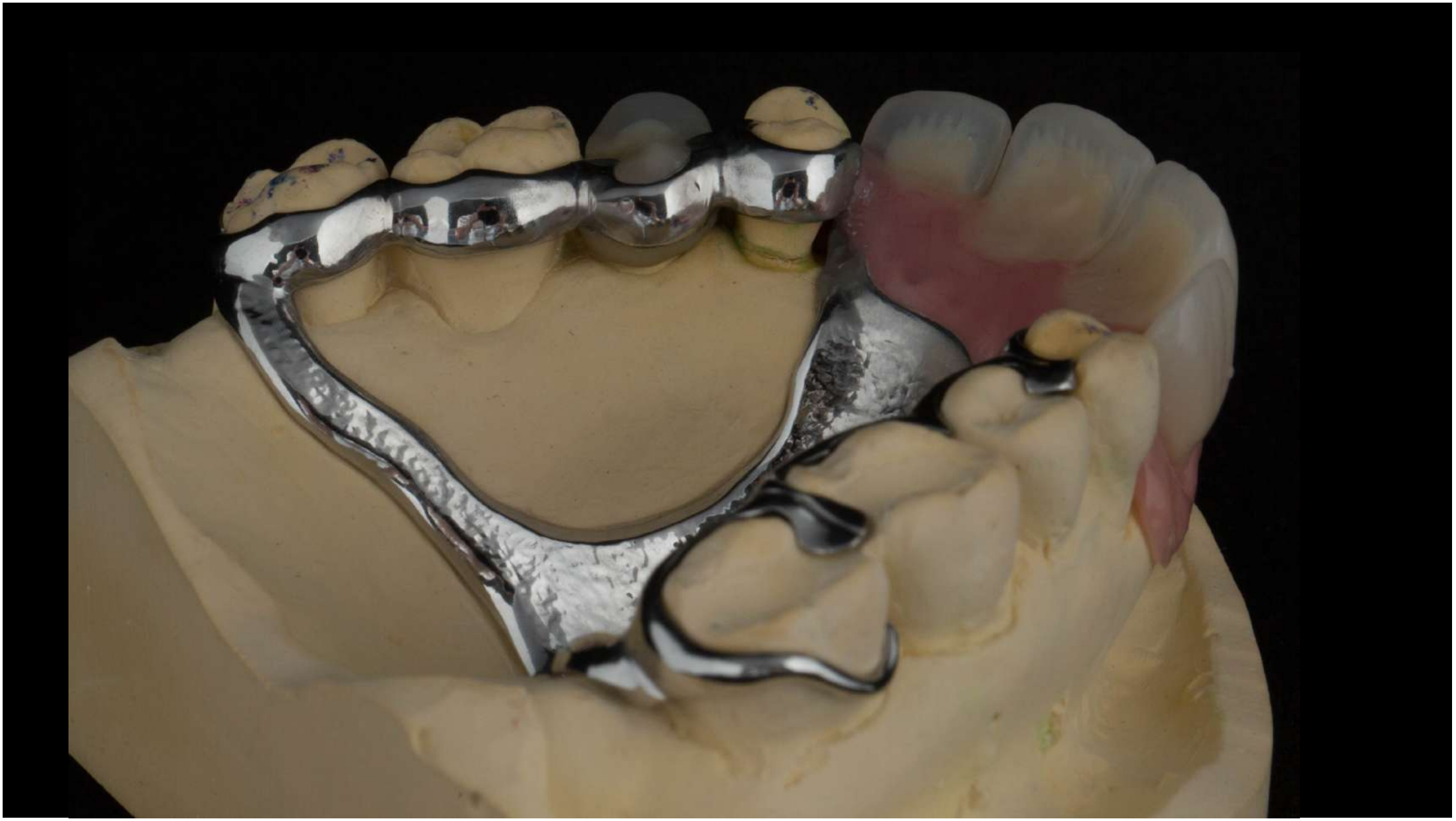
Good prognosis

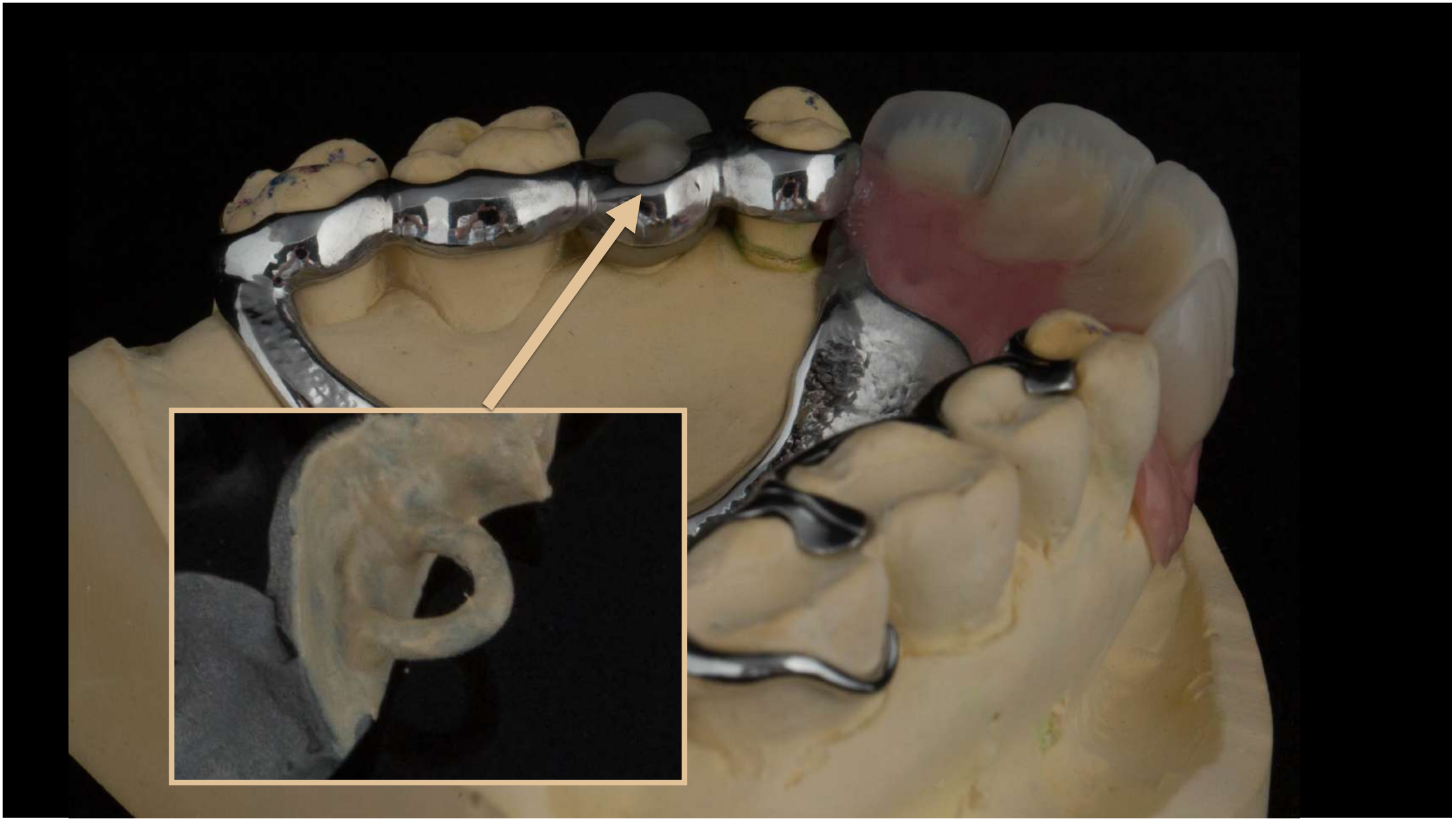


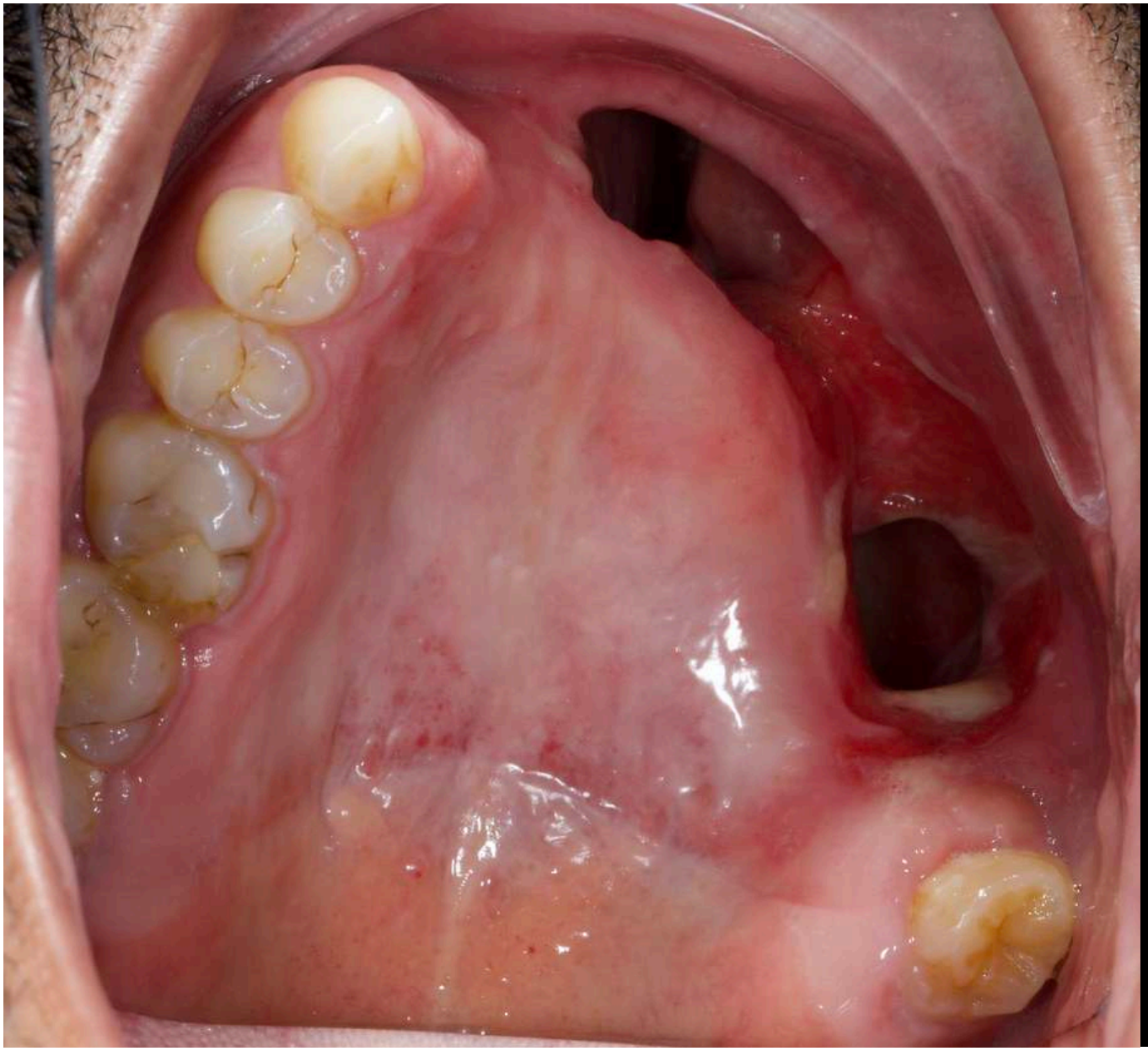
Diane

Questionable prognosis

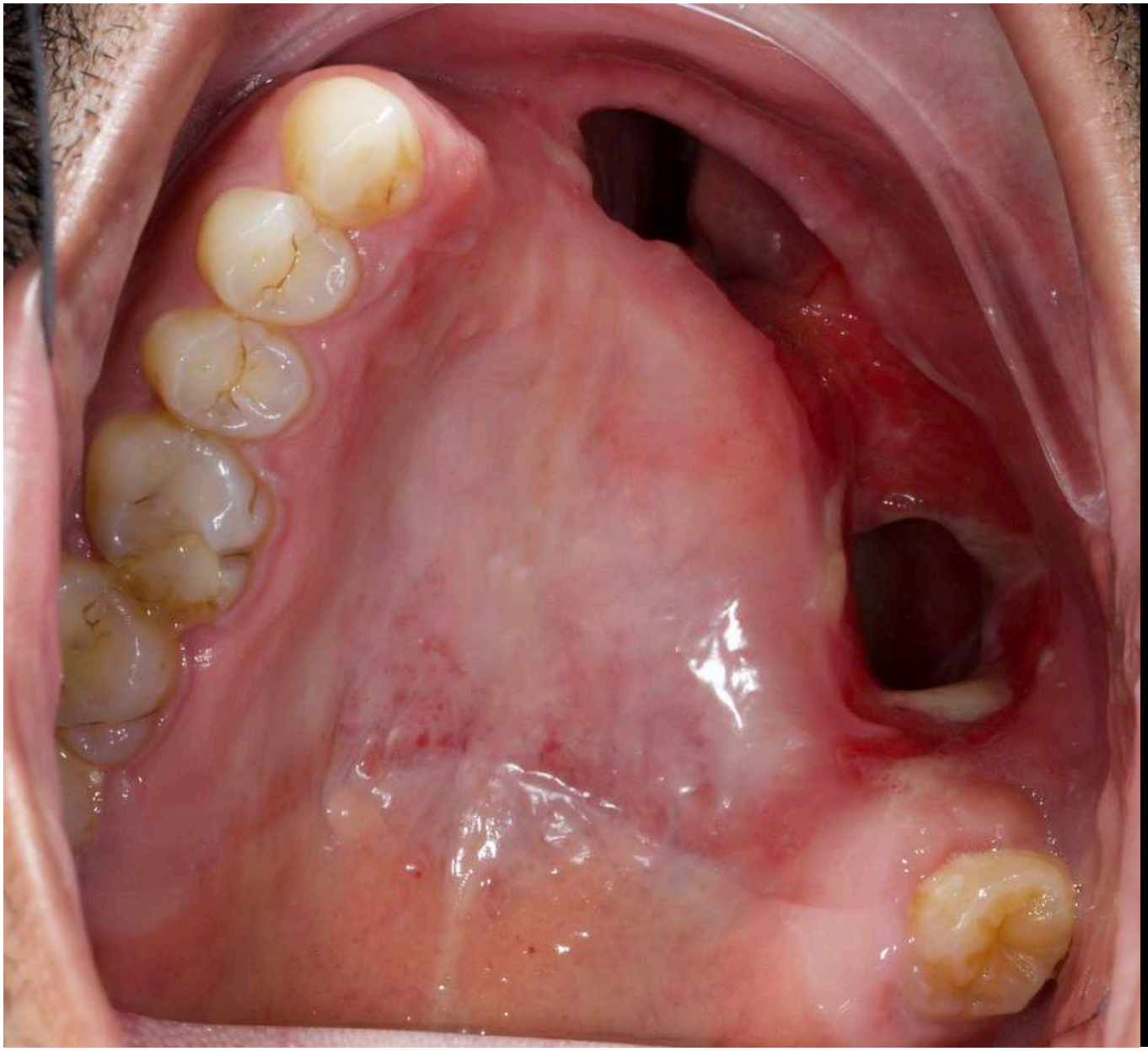






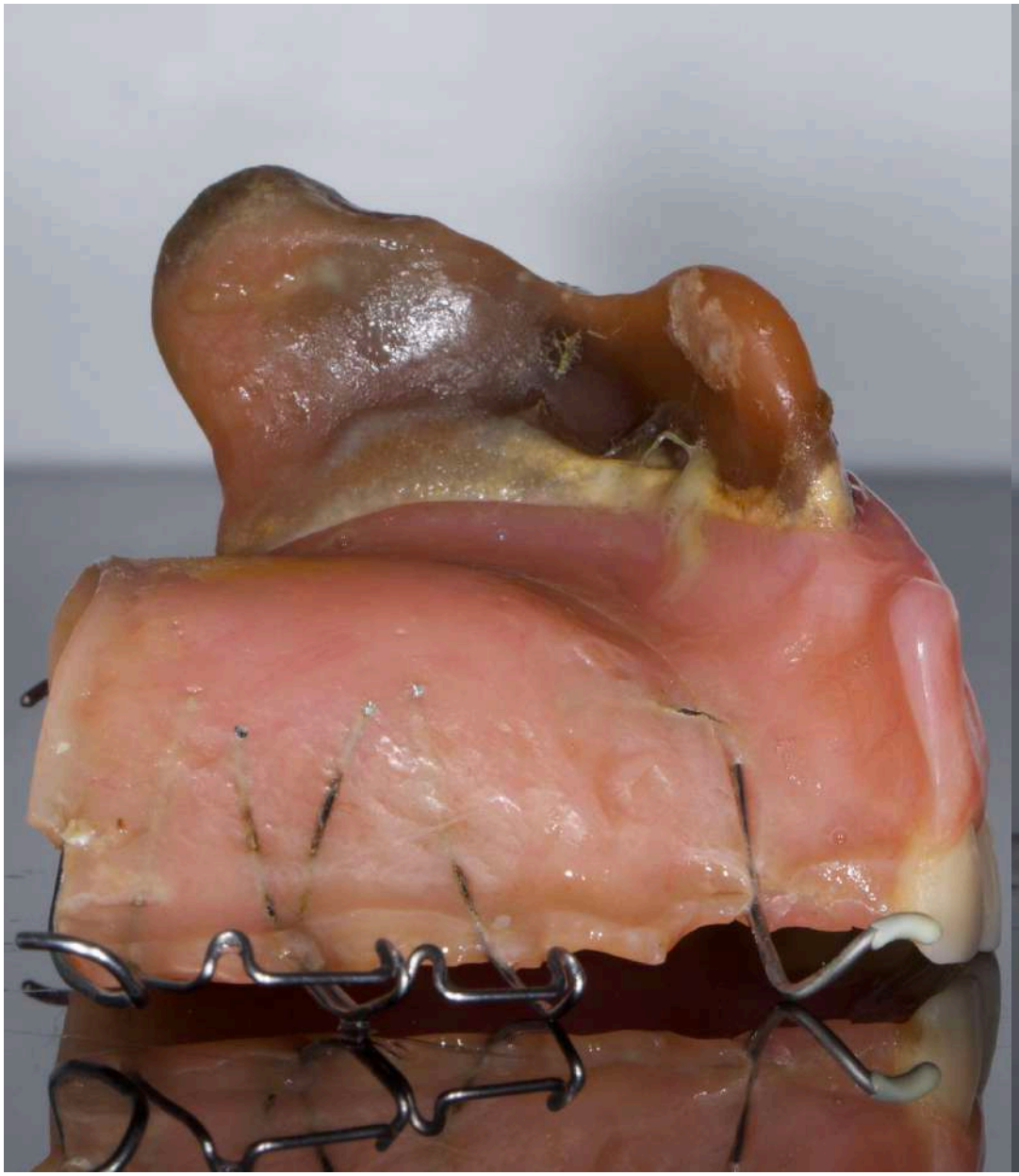


James



James

Odontogenic myxoma











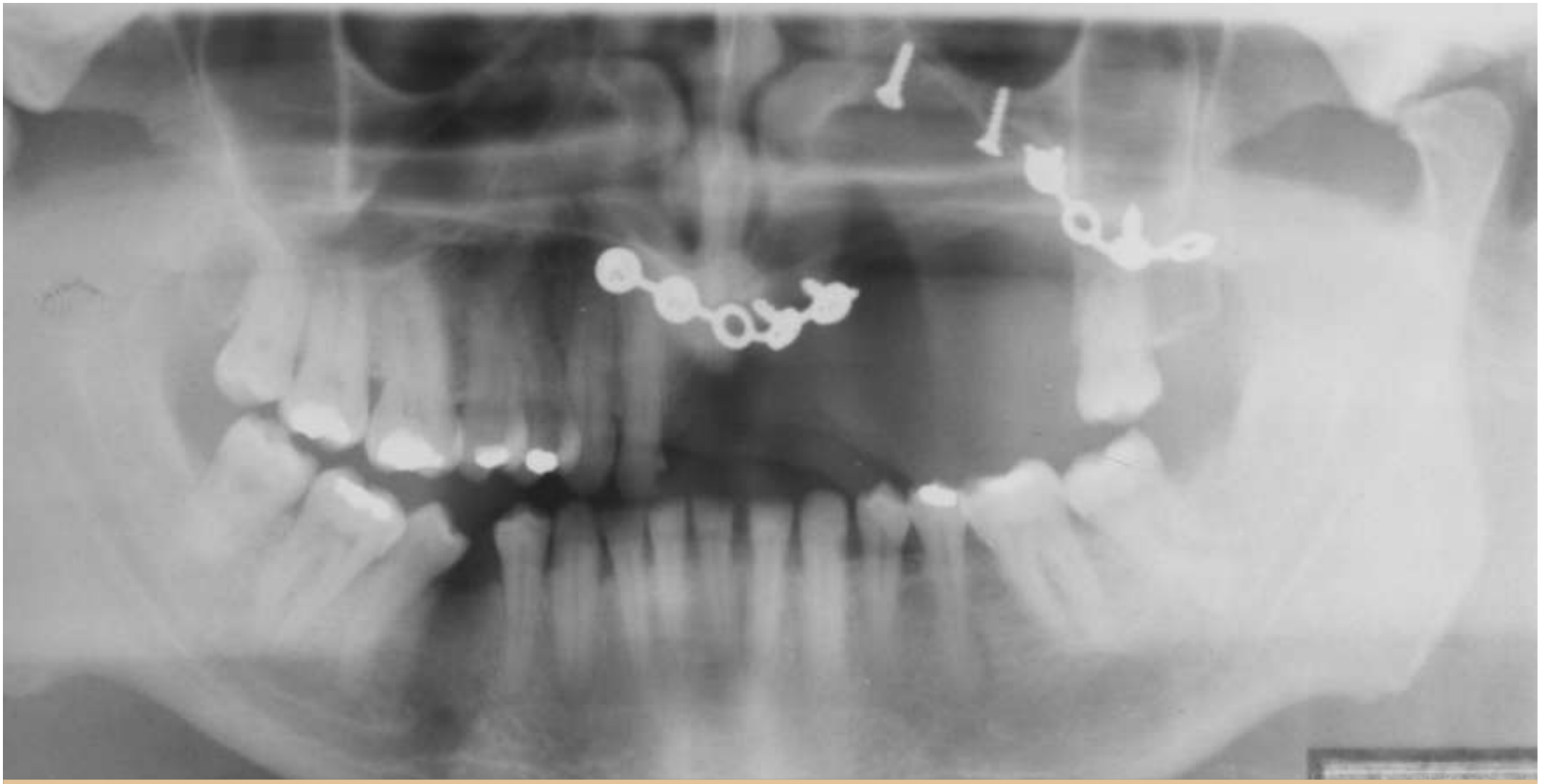






Stephen 2003

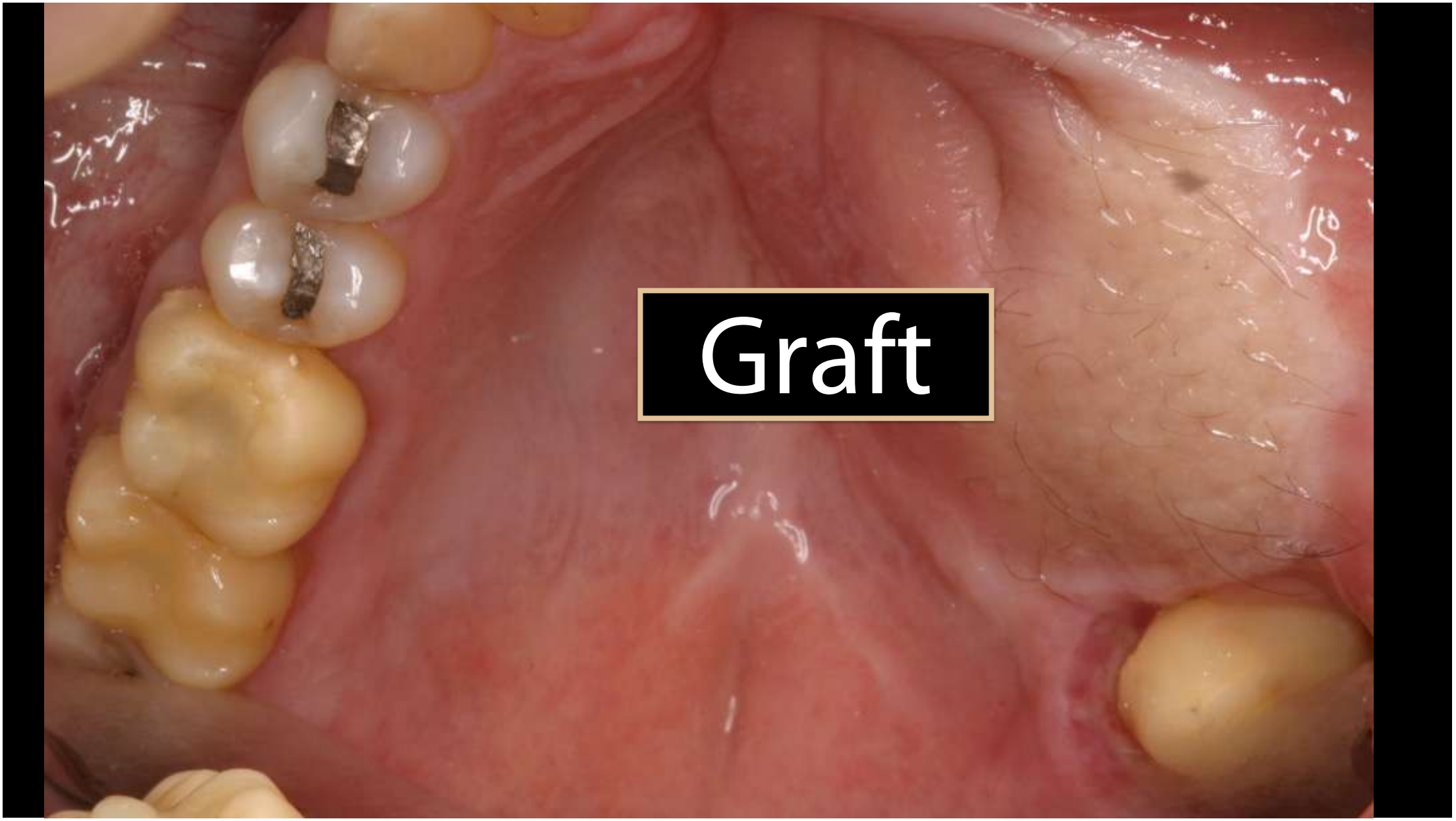
Liverpool Dental Hospital, UK



Calcifying epithelial odontogenic tumour (Pindborg)



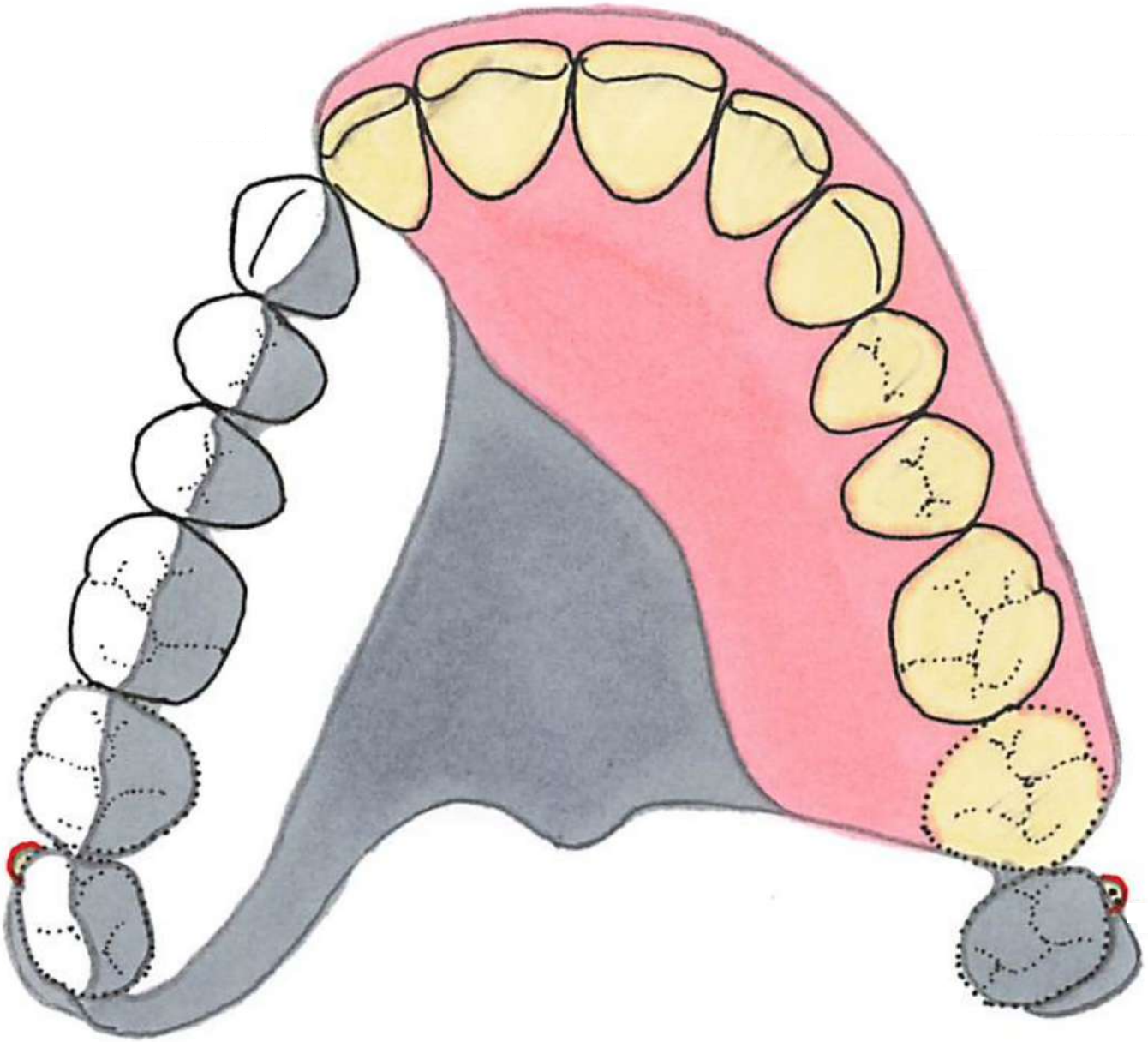



Graft

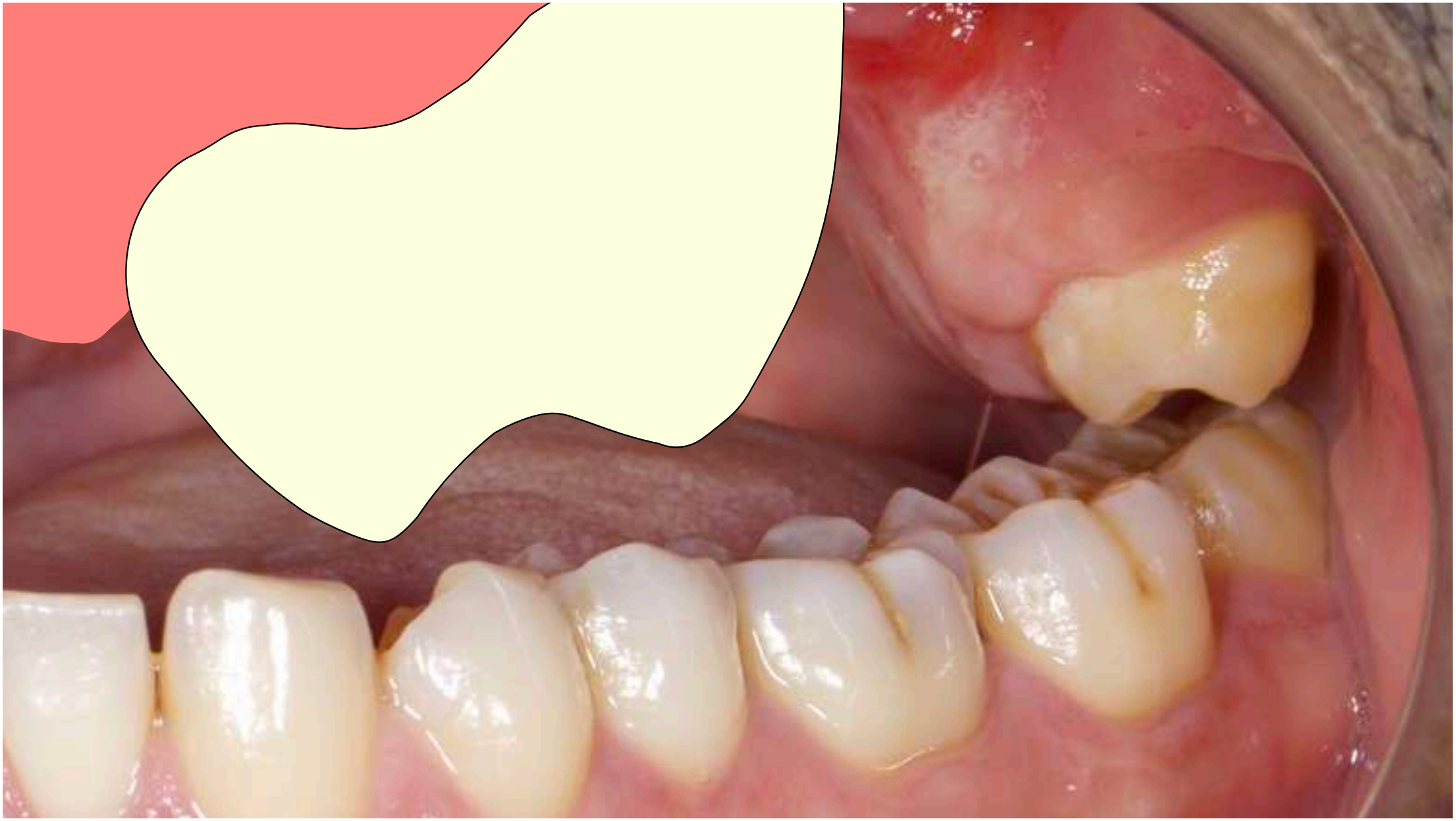

LIVERPOOL D
STEPHEN

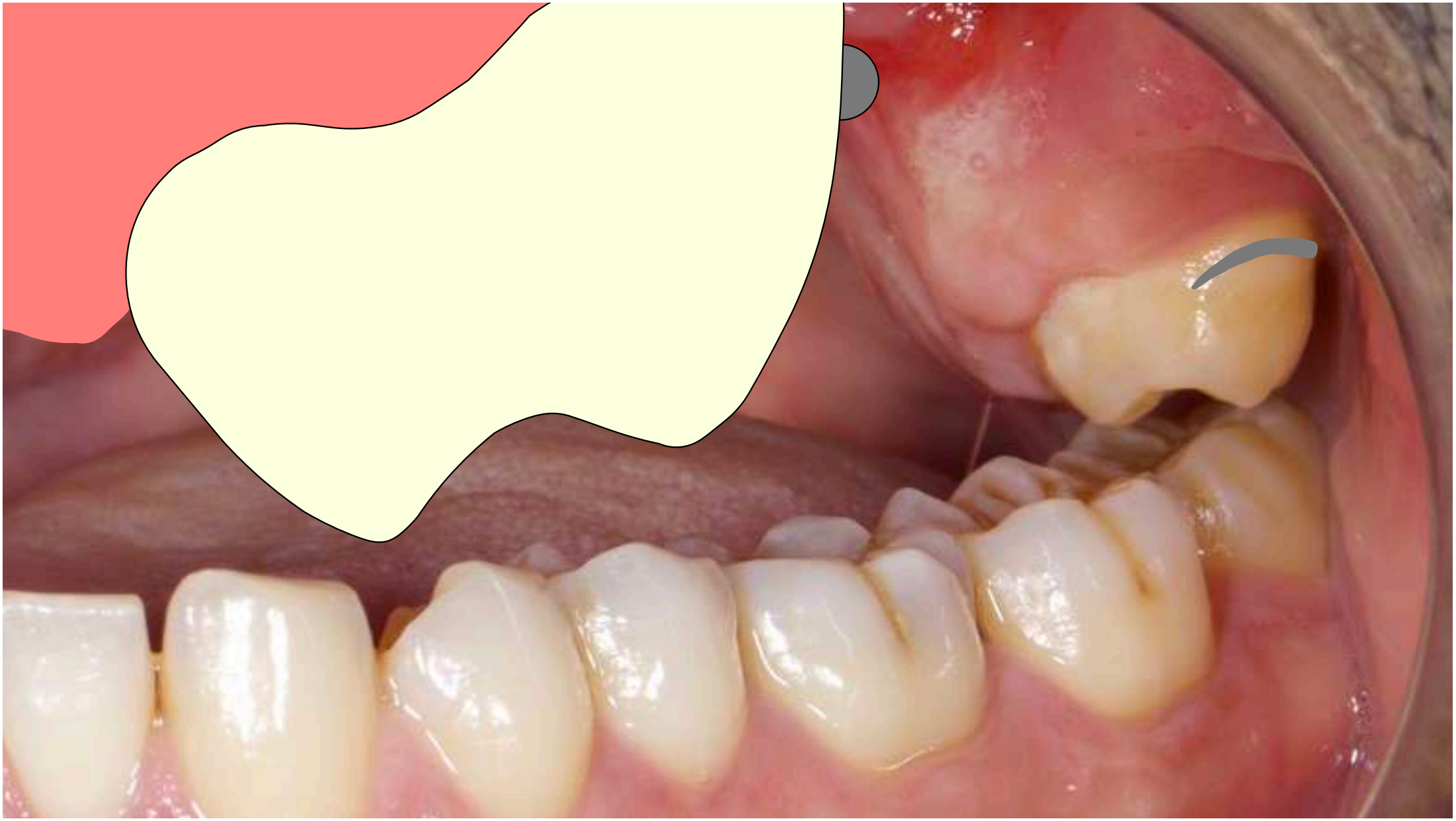


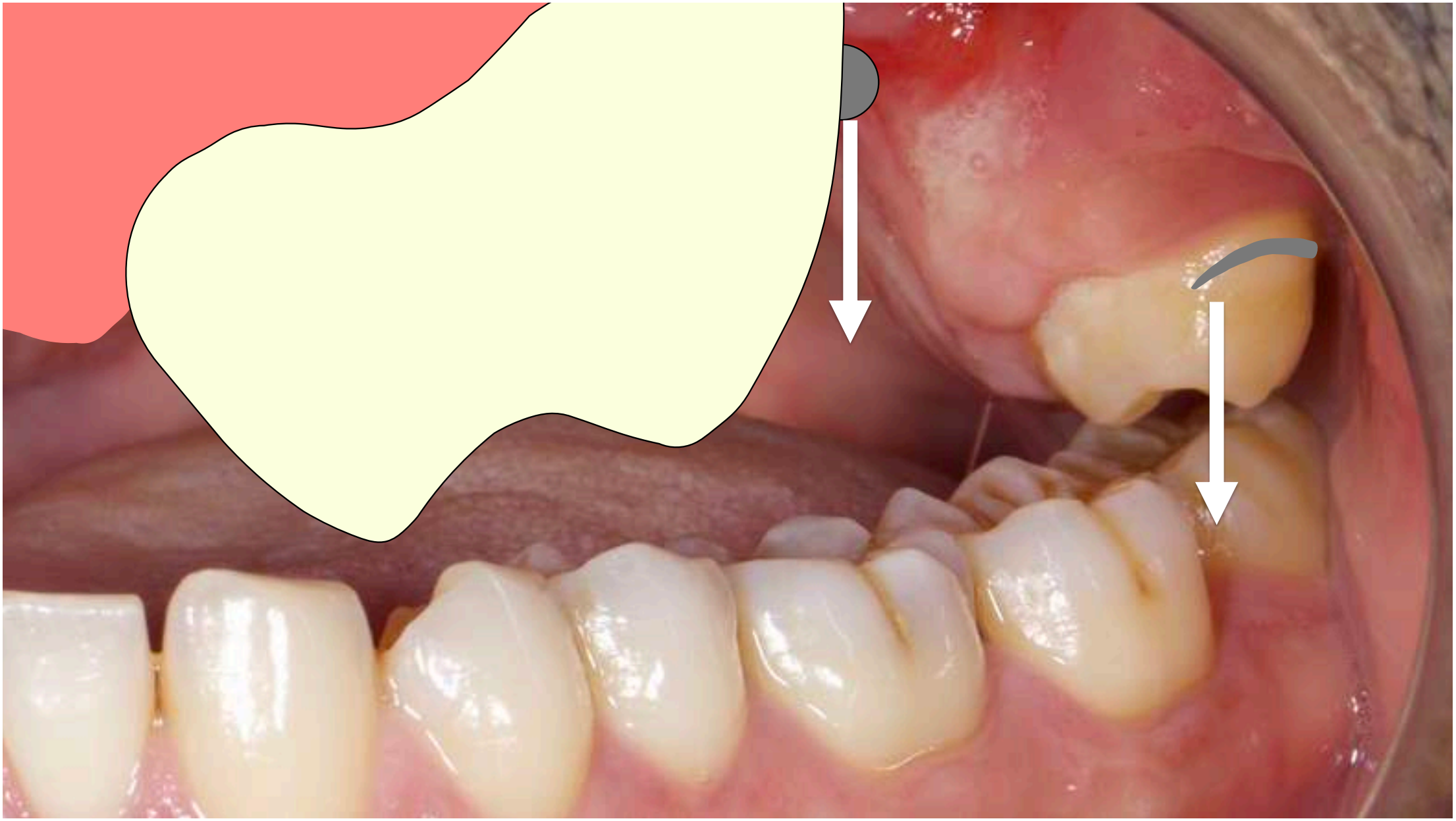


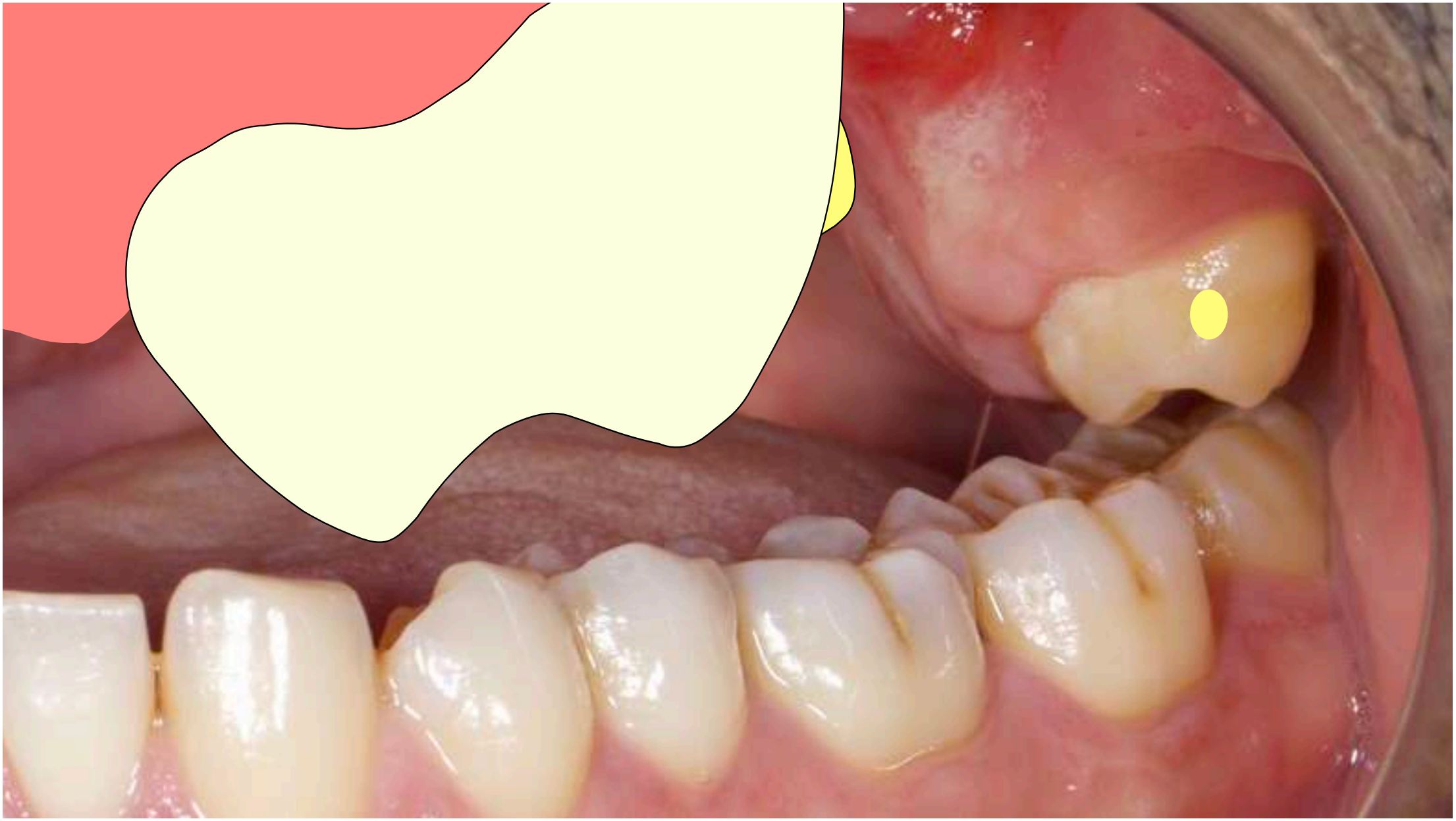


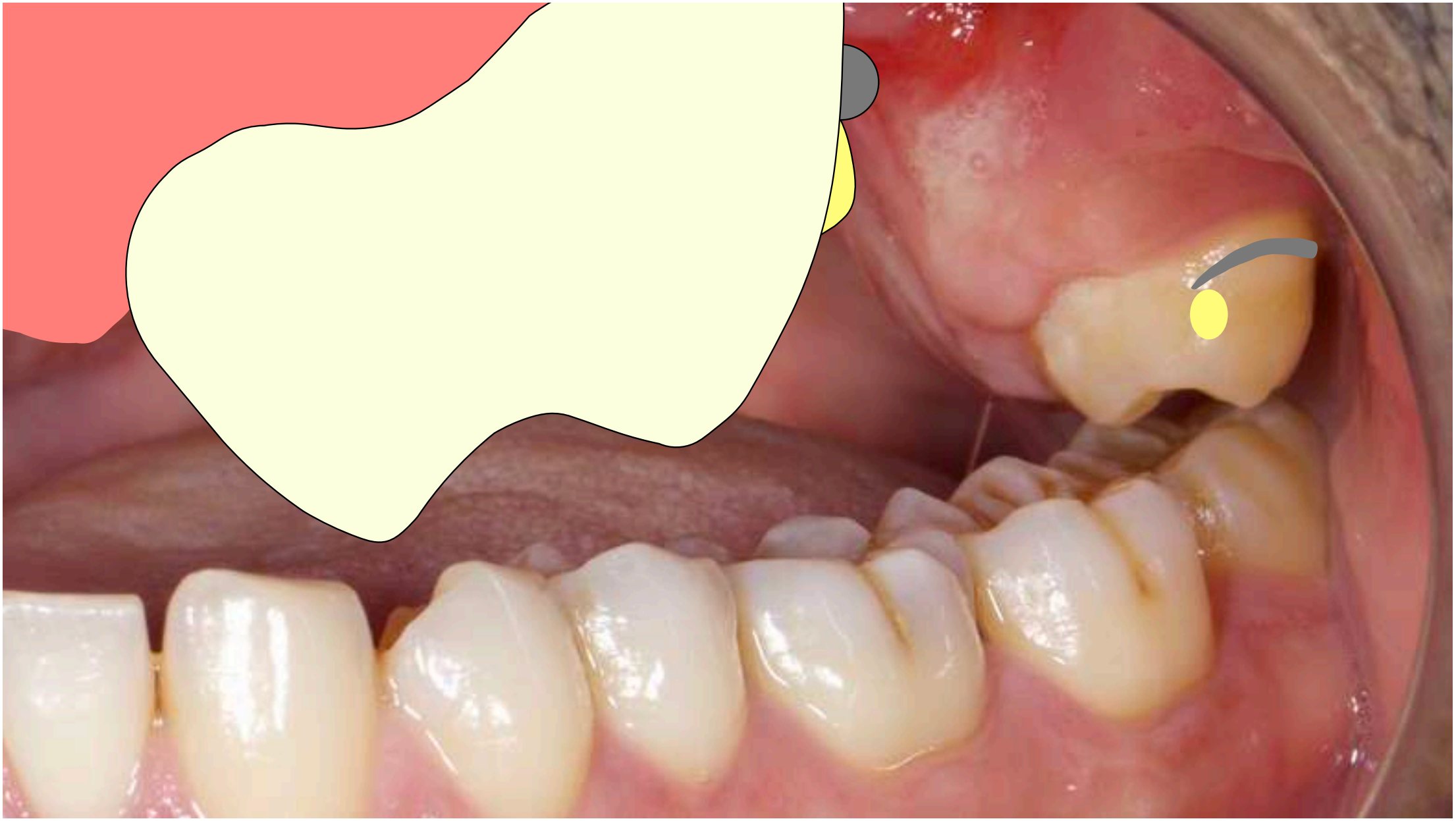


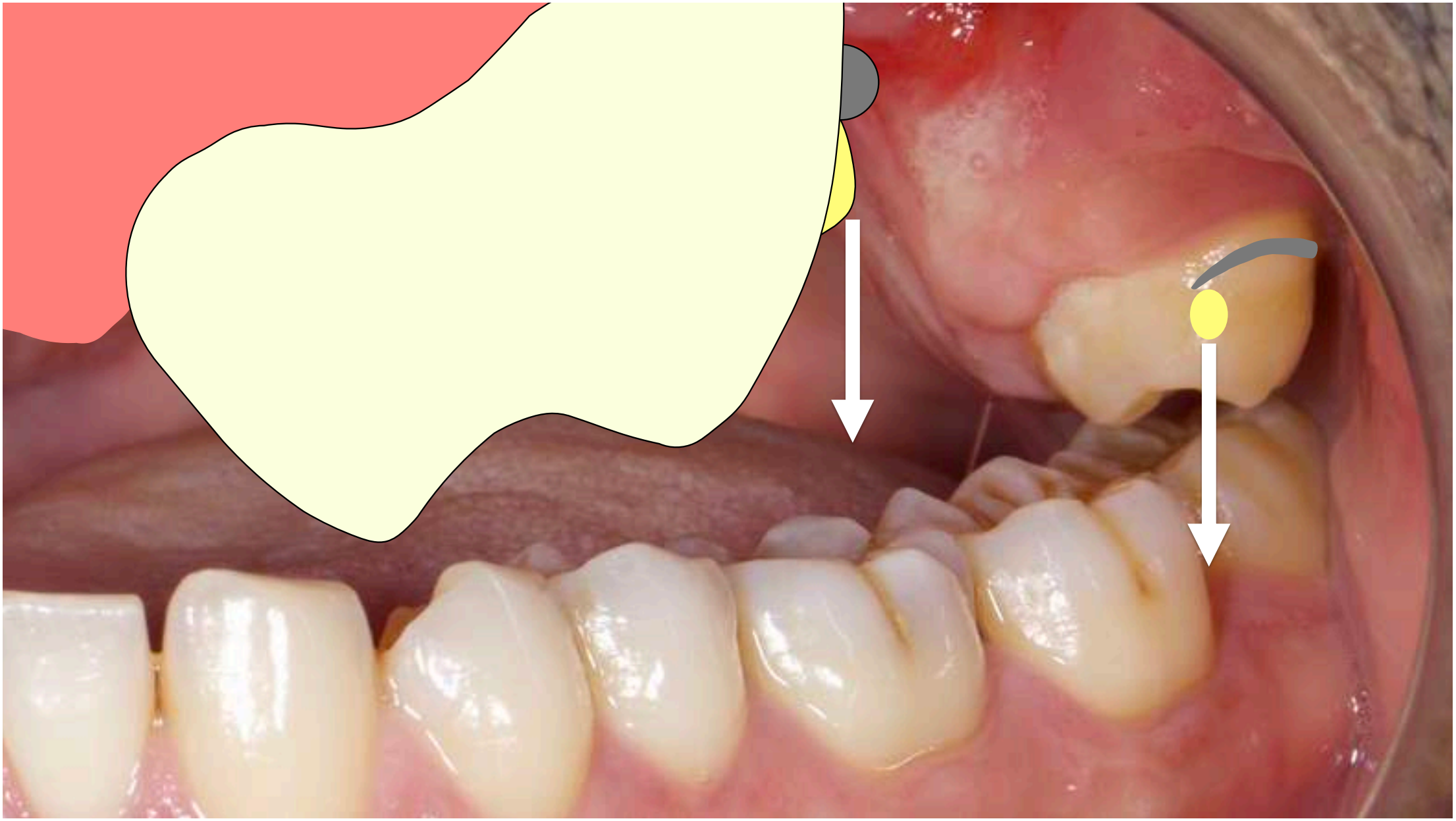






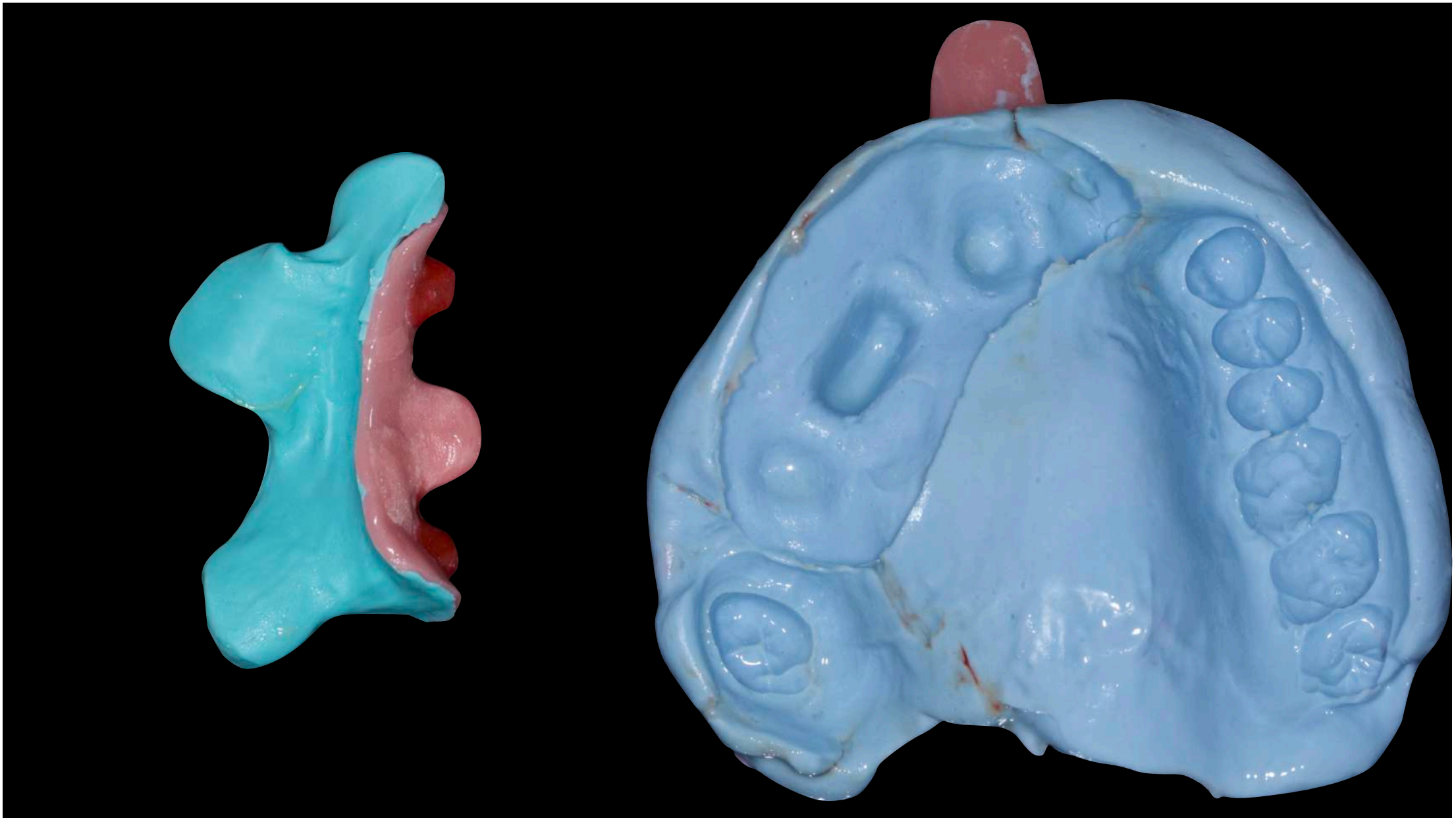


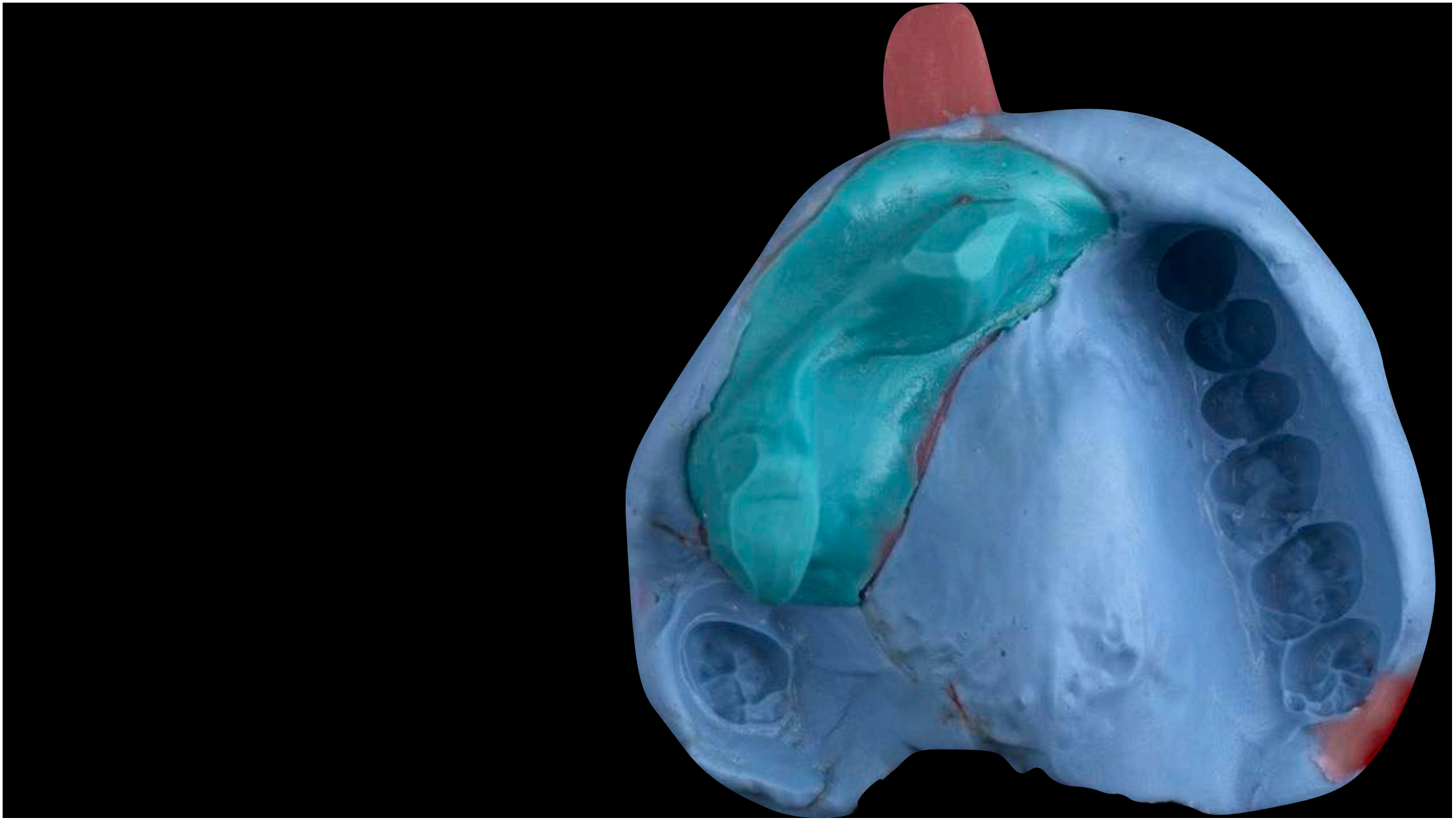




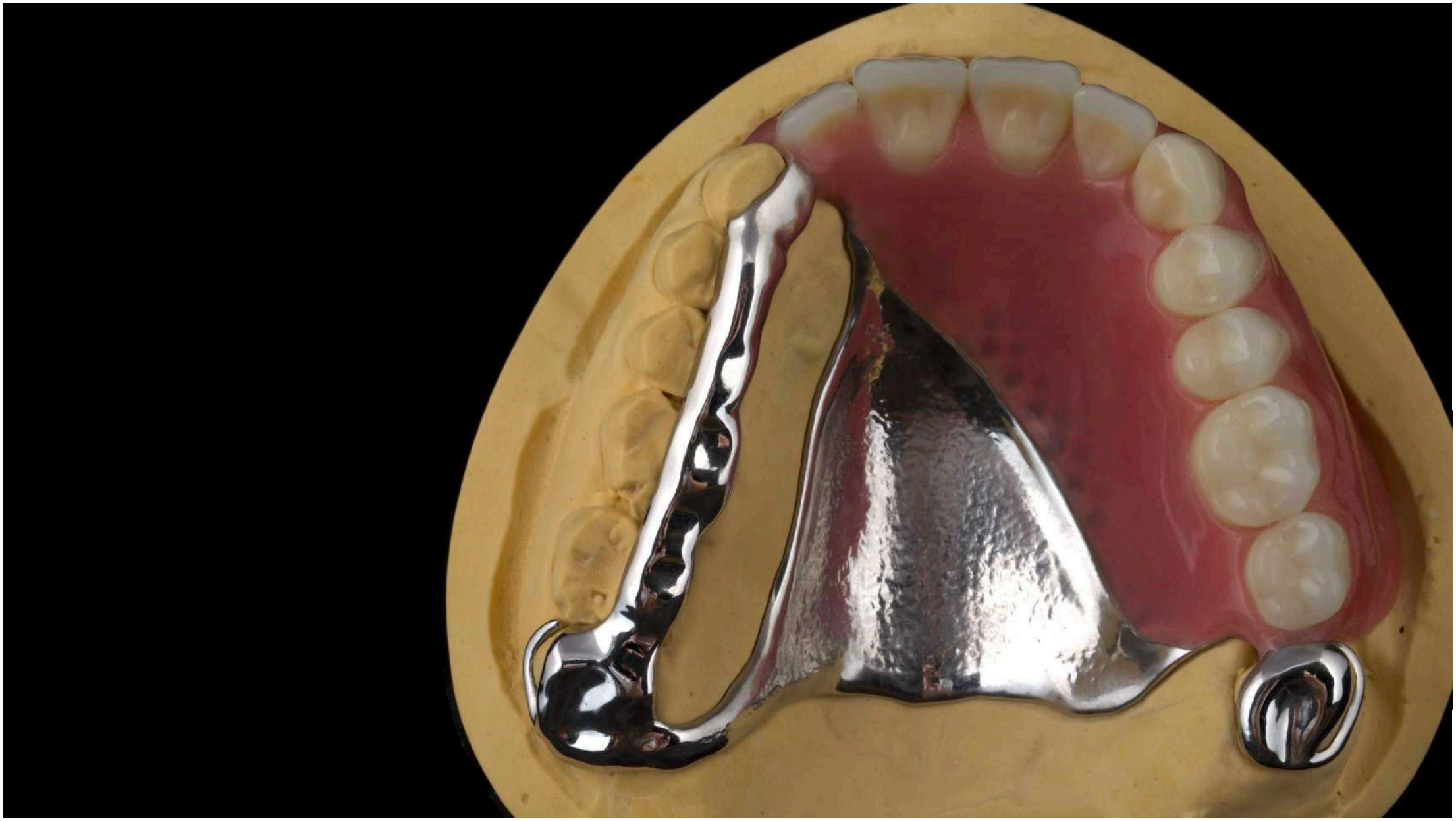


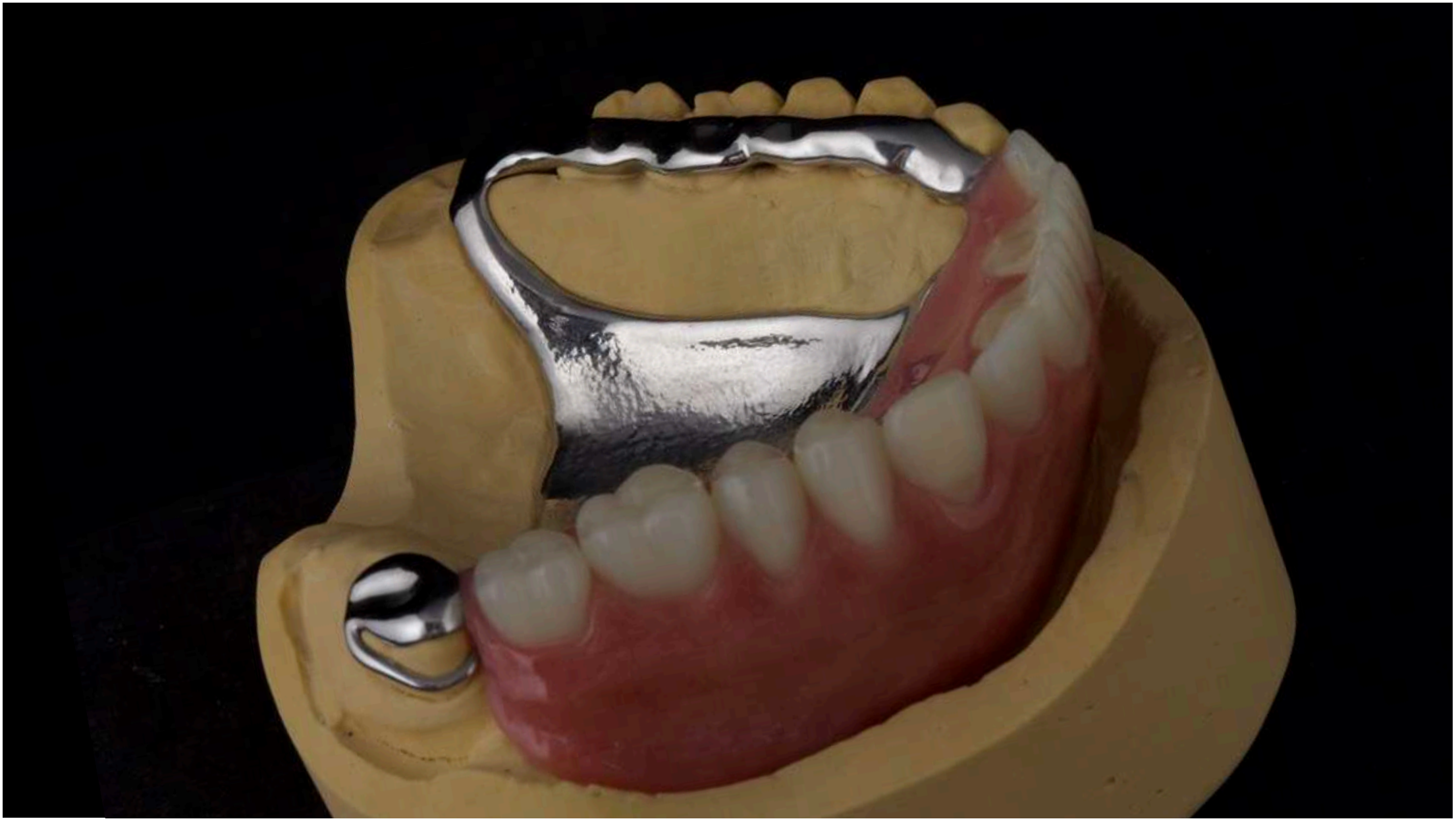


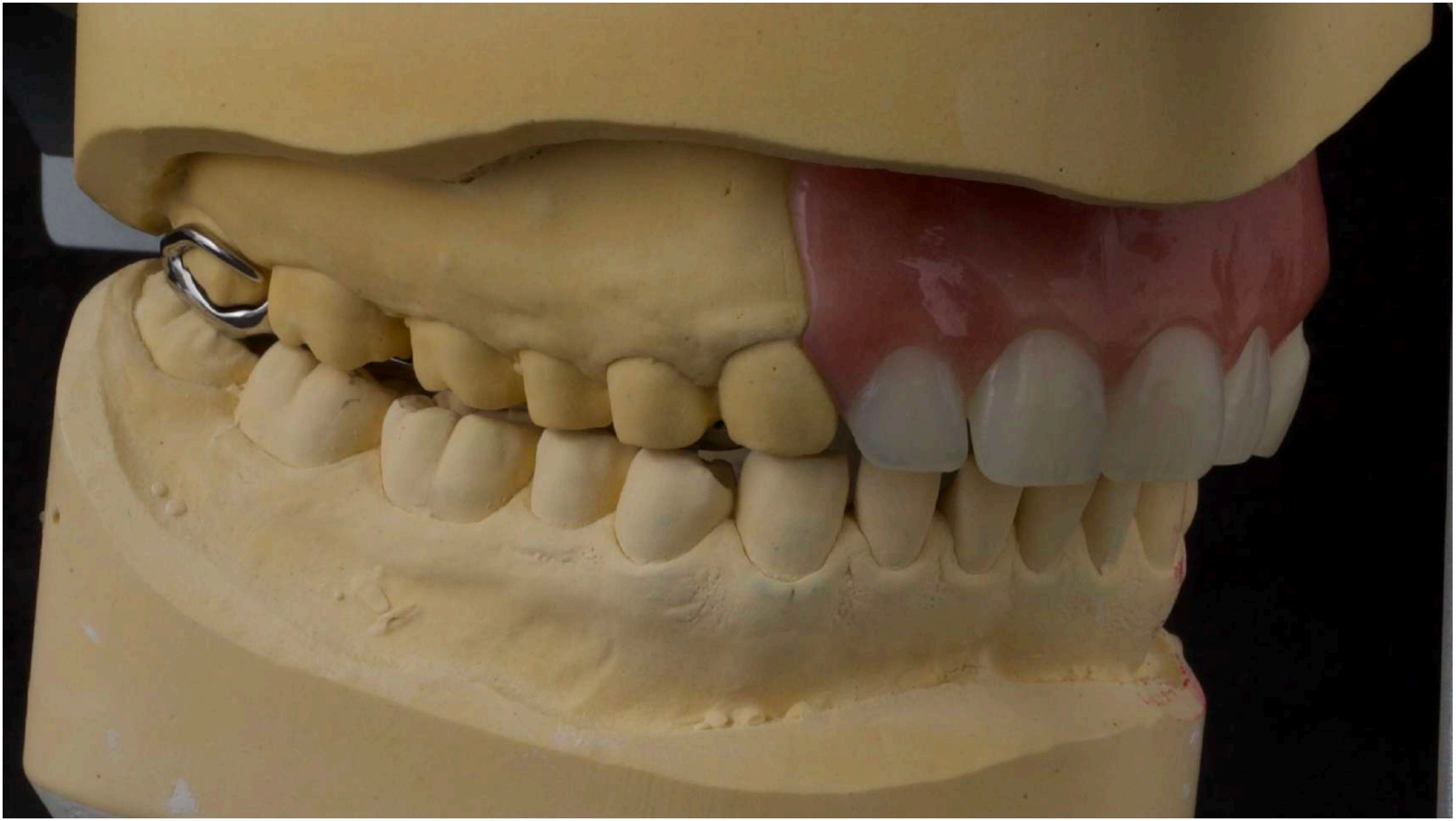


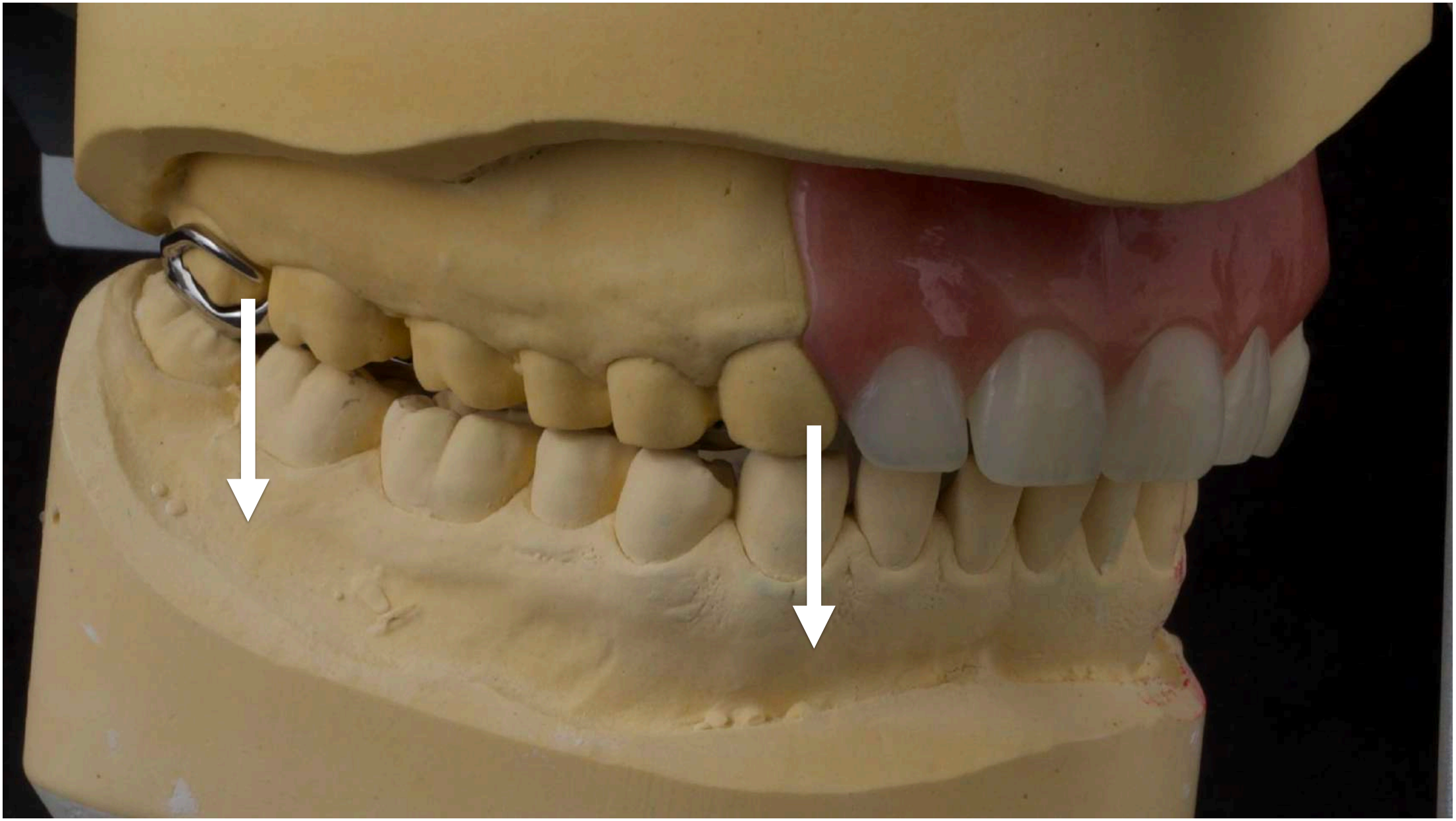


















RPD + Splint

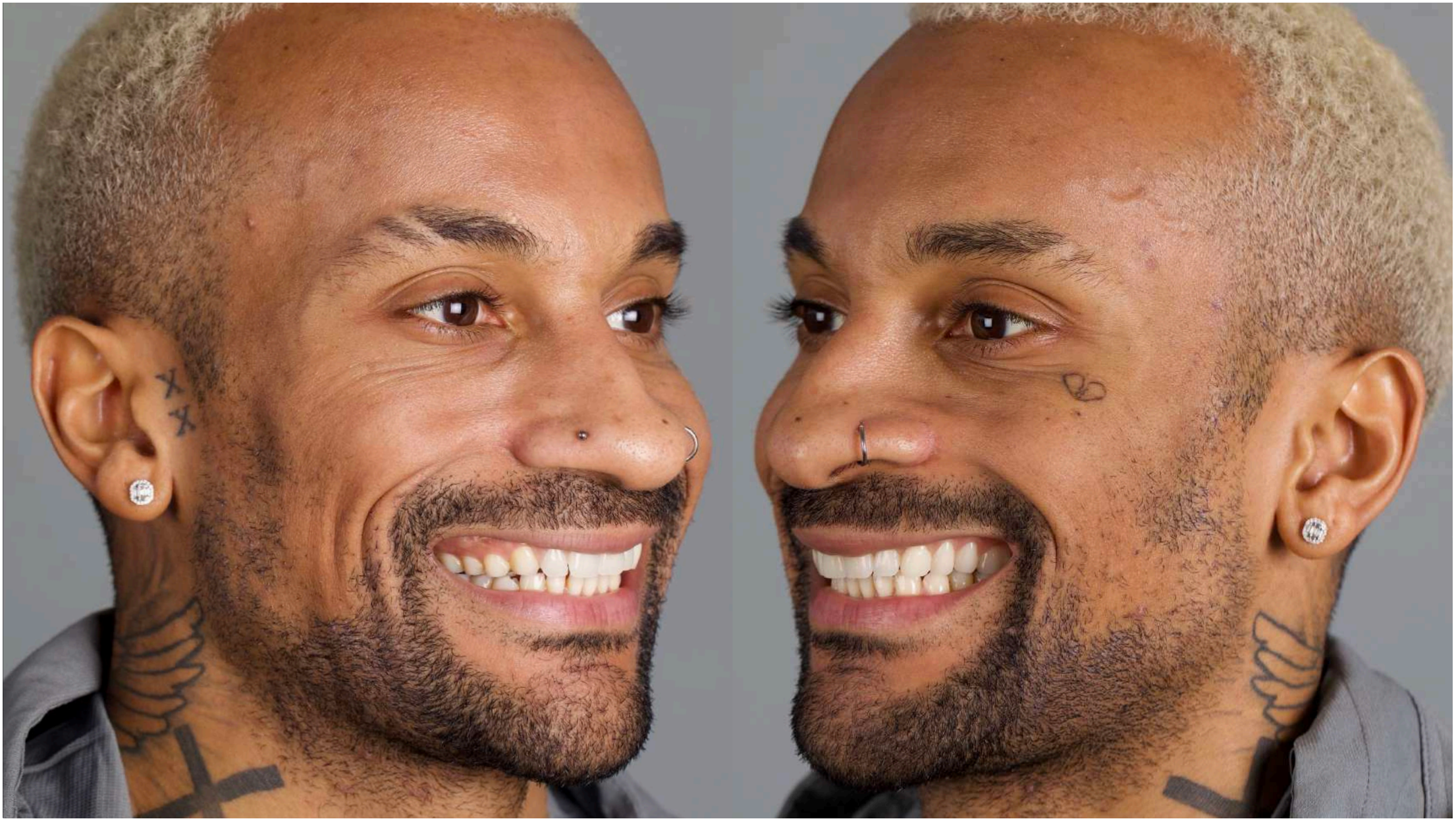


RPD + Splint

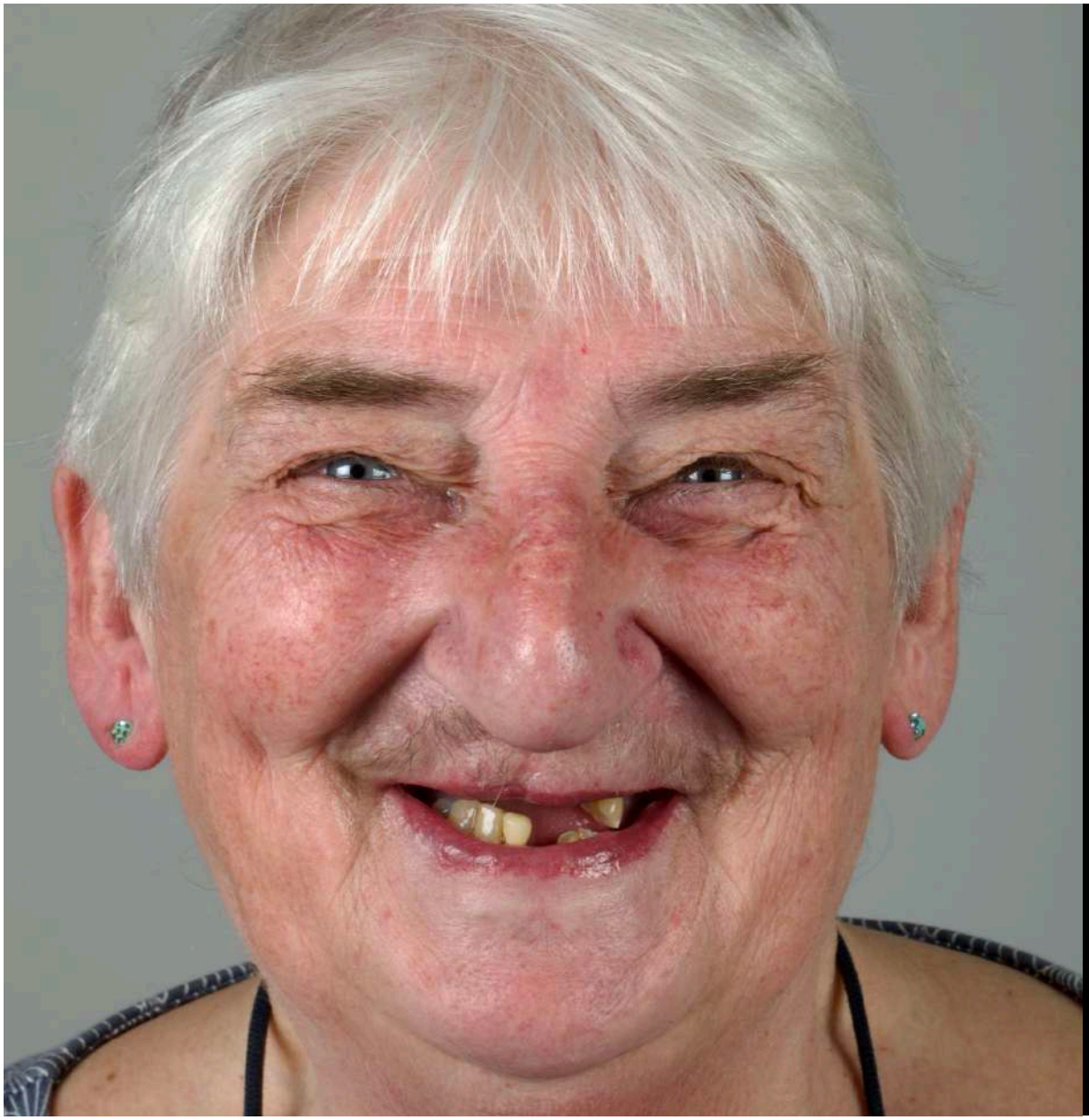
Tooth wear
opposing CoCr

Alarcon et al
J Prosthodont 2009

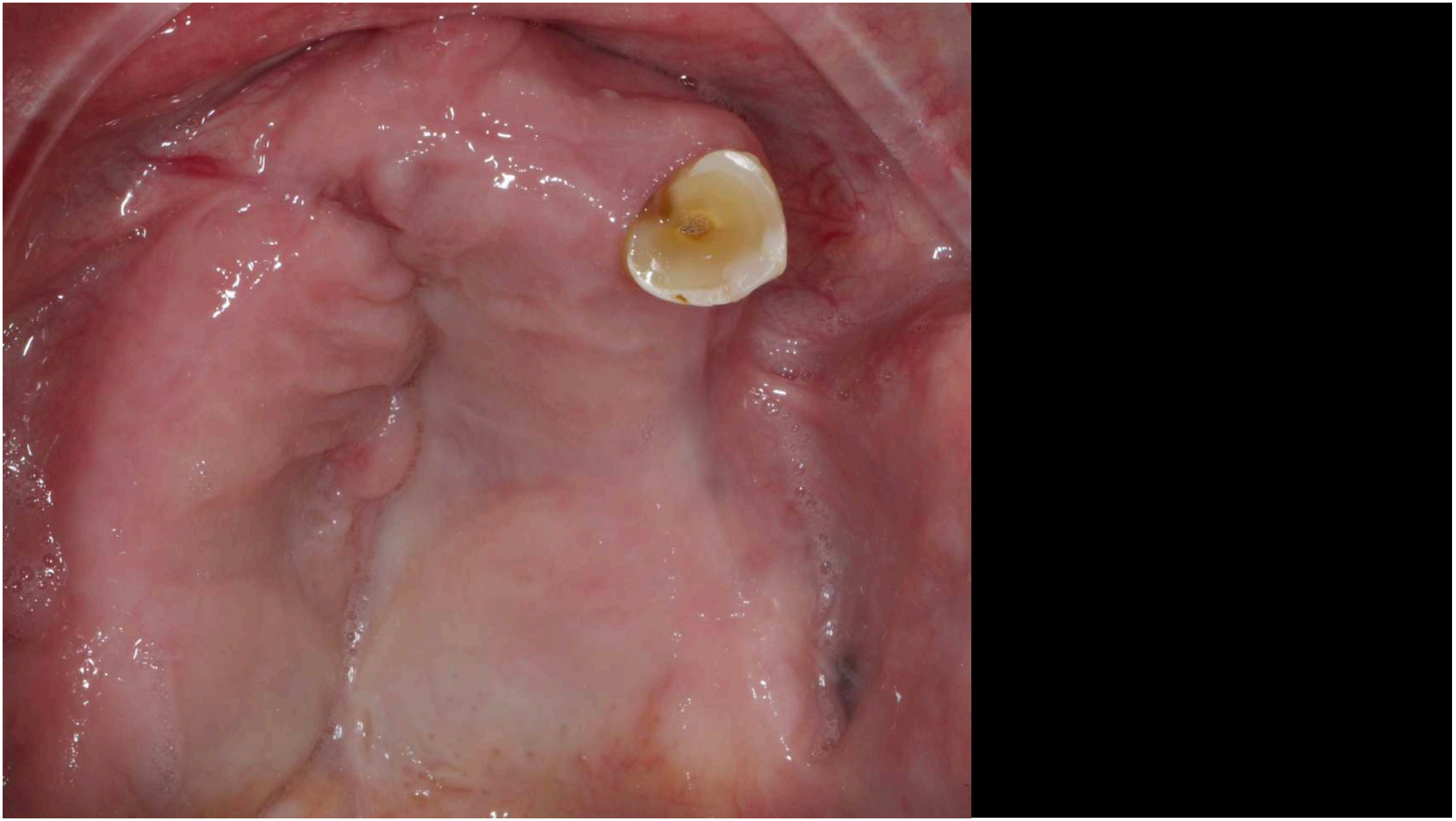








Zephyrine

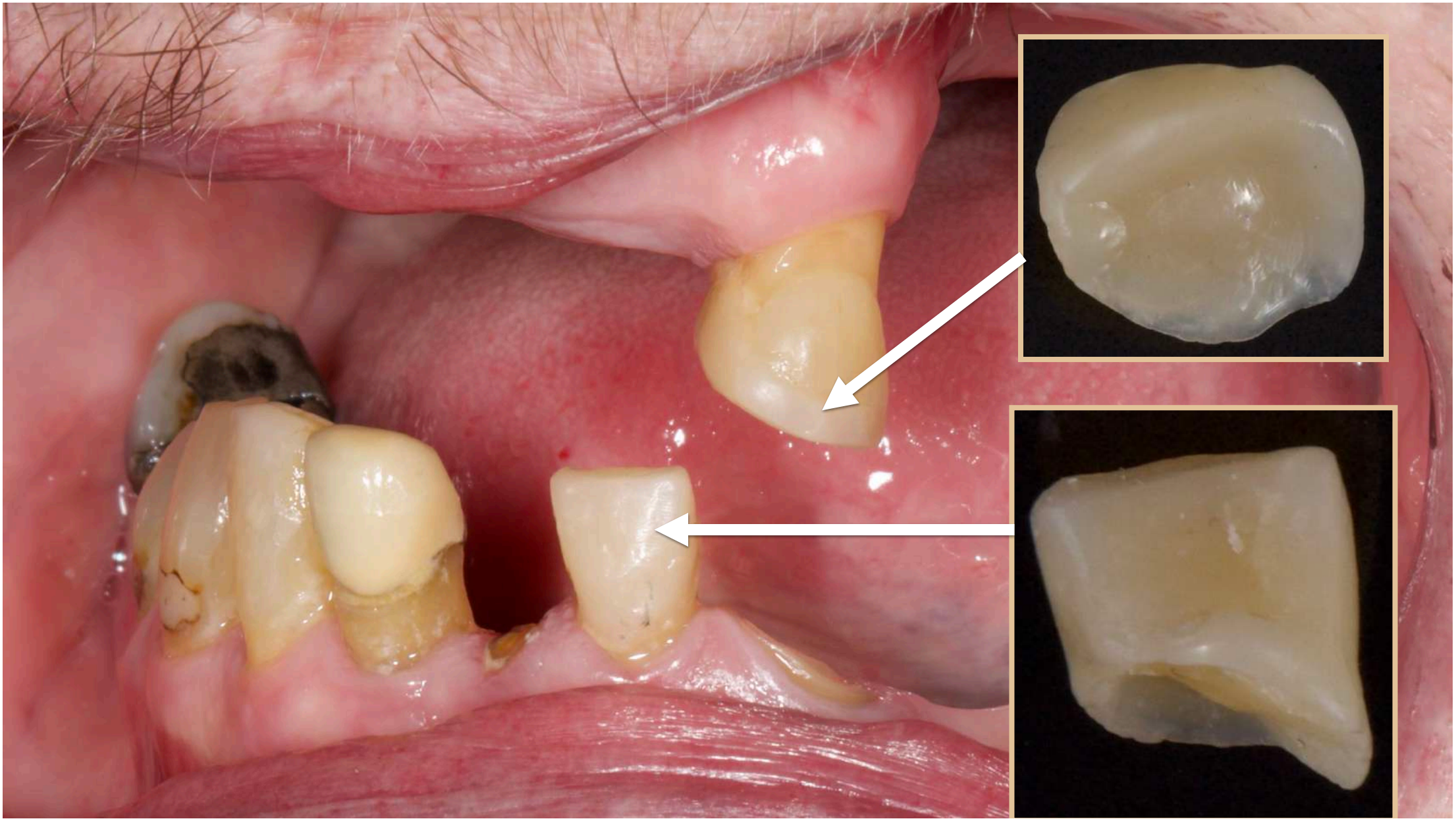


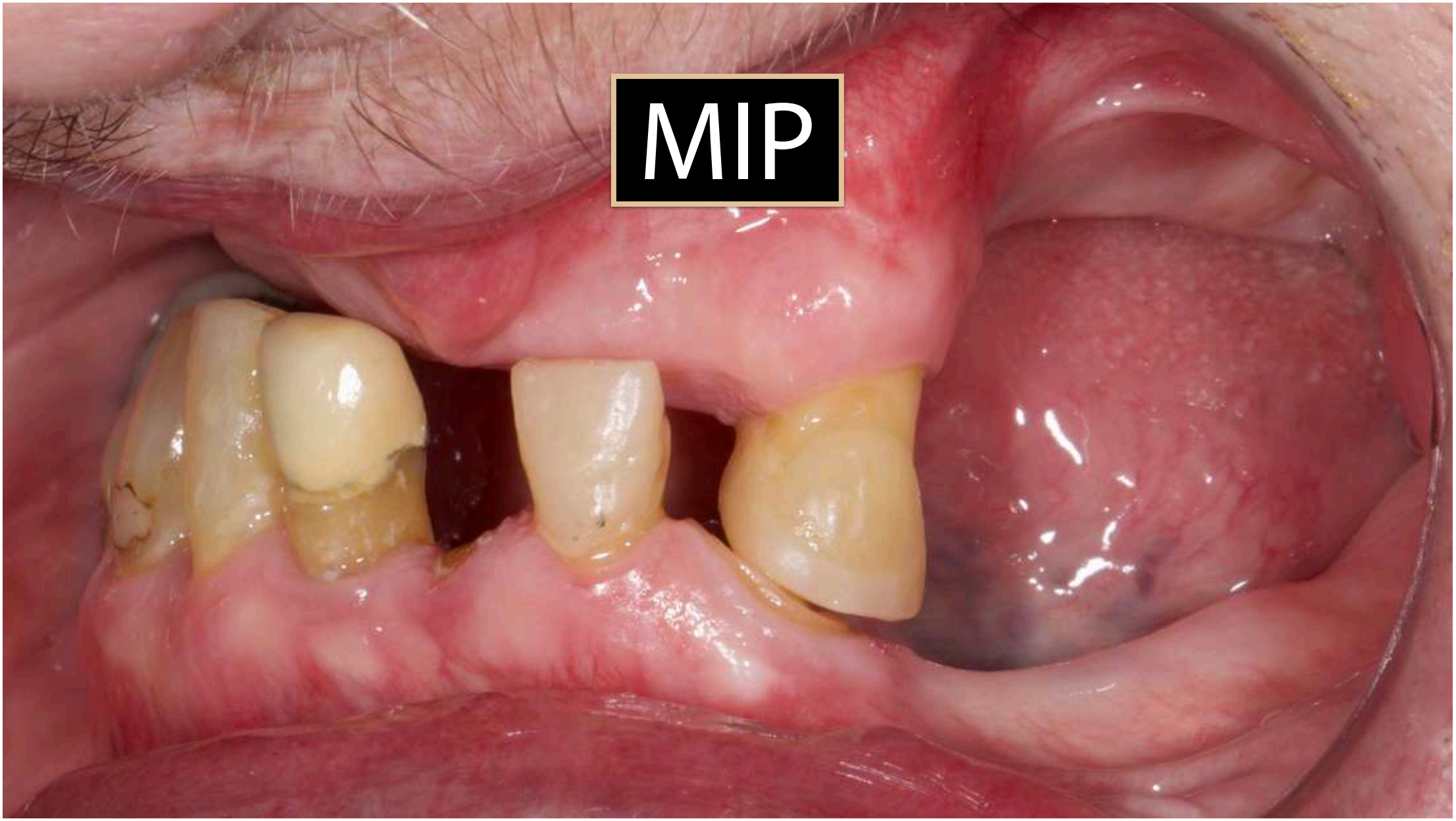




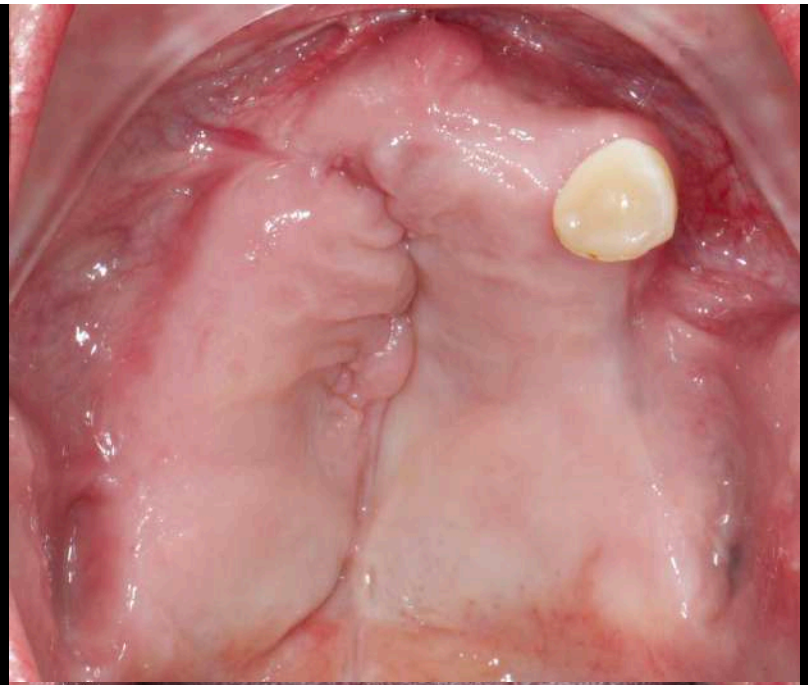




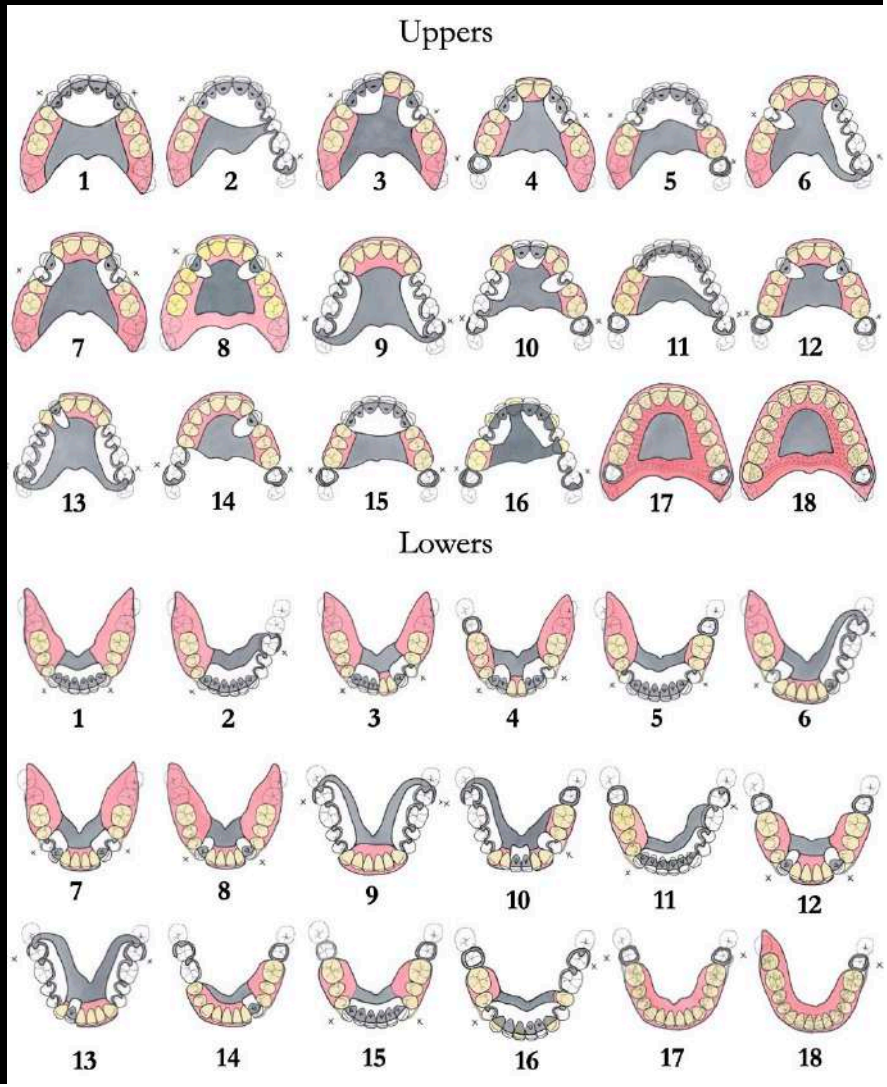



MIP

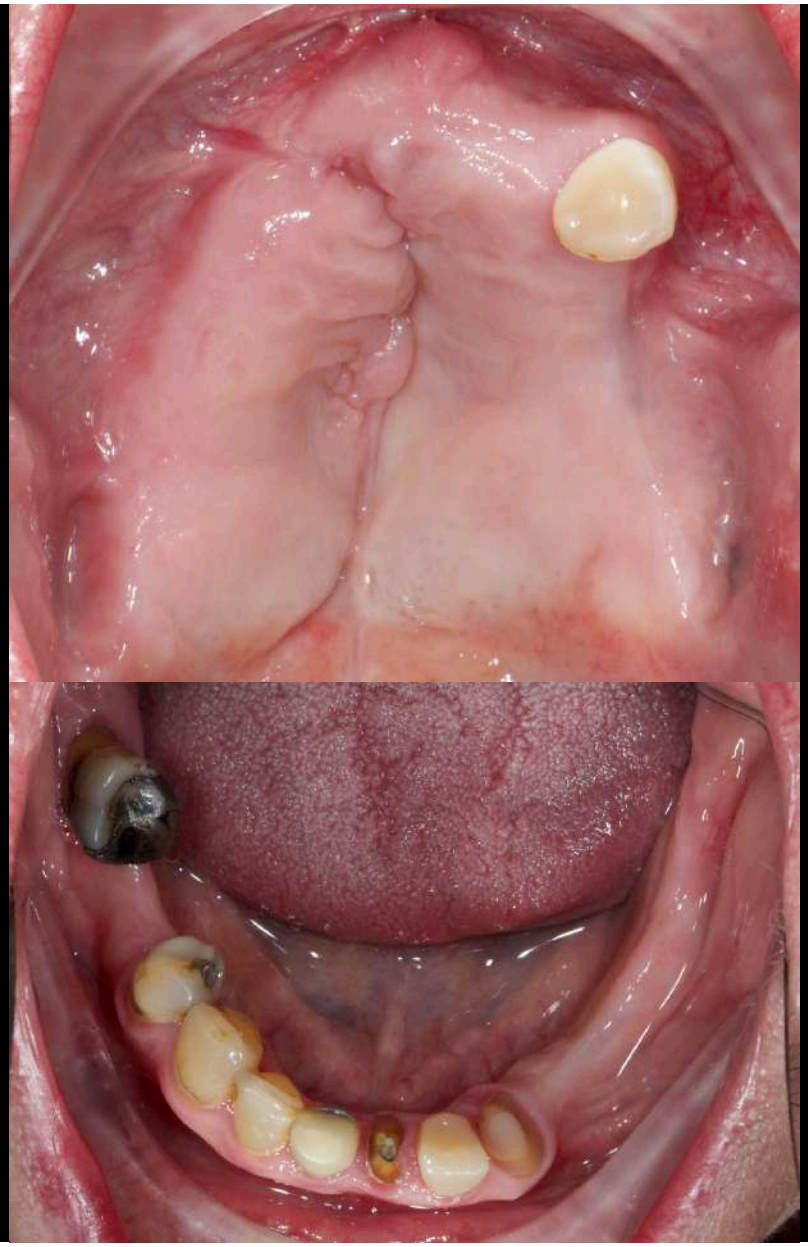
Questionable prognosis

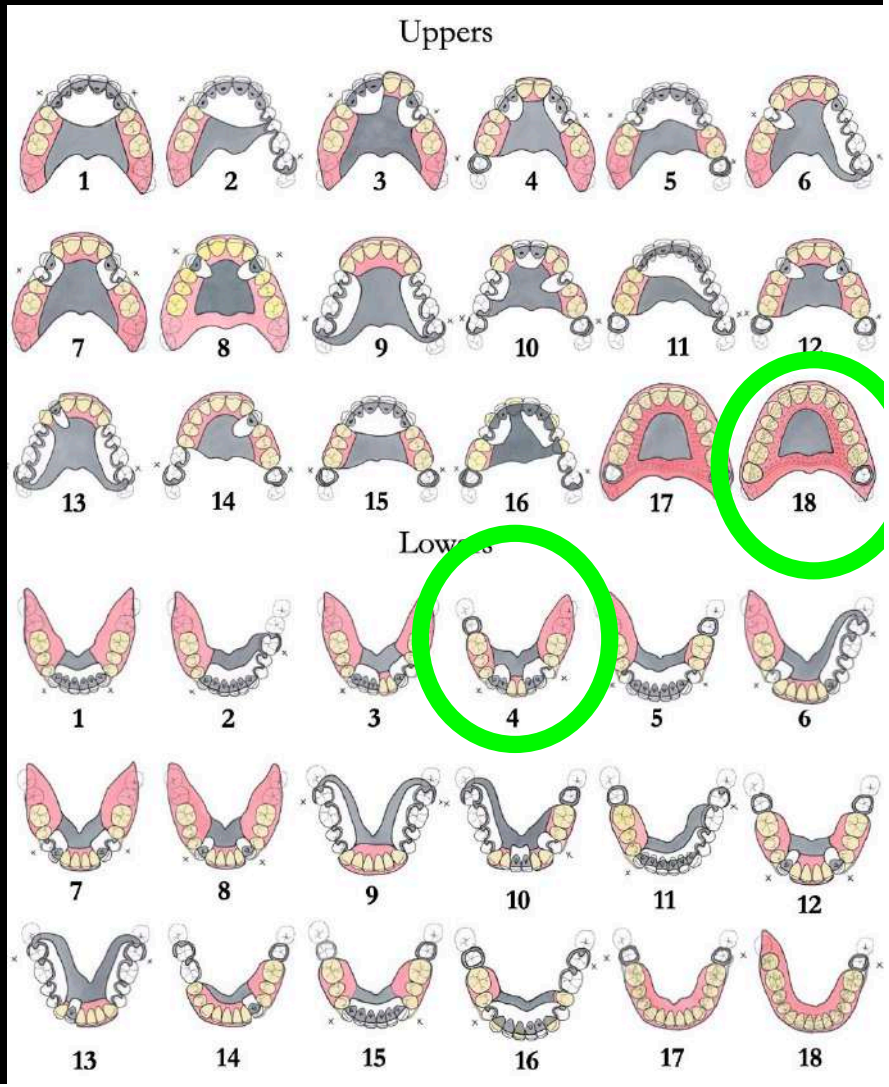


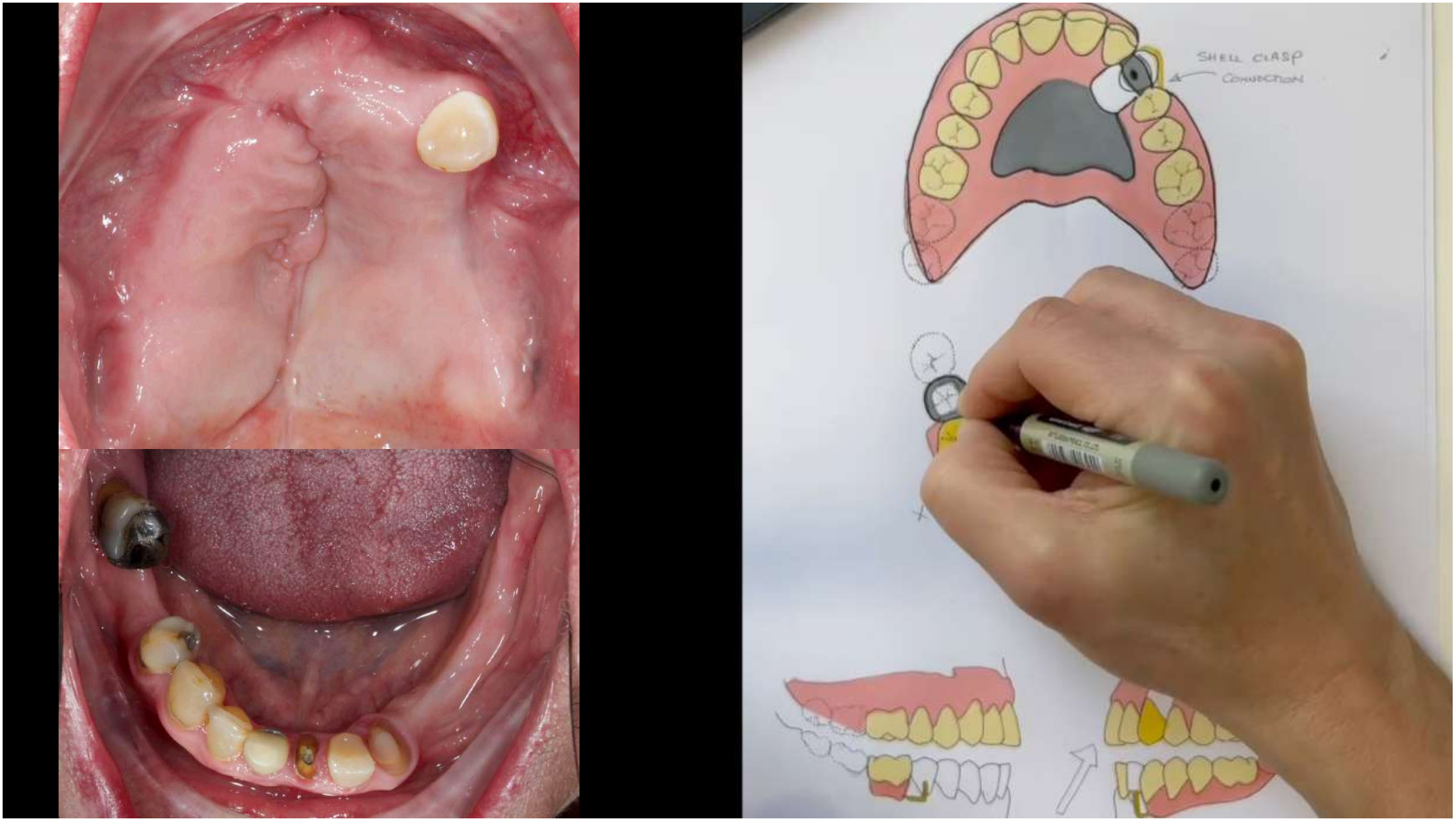




Questionable prognosis

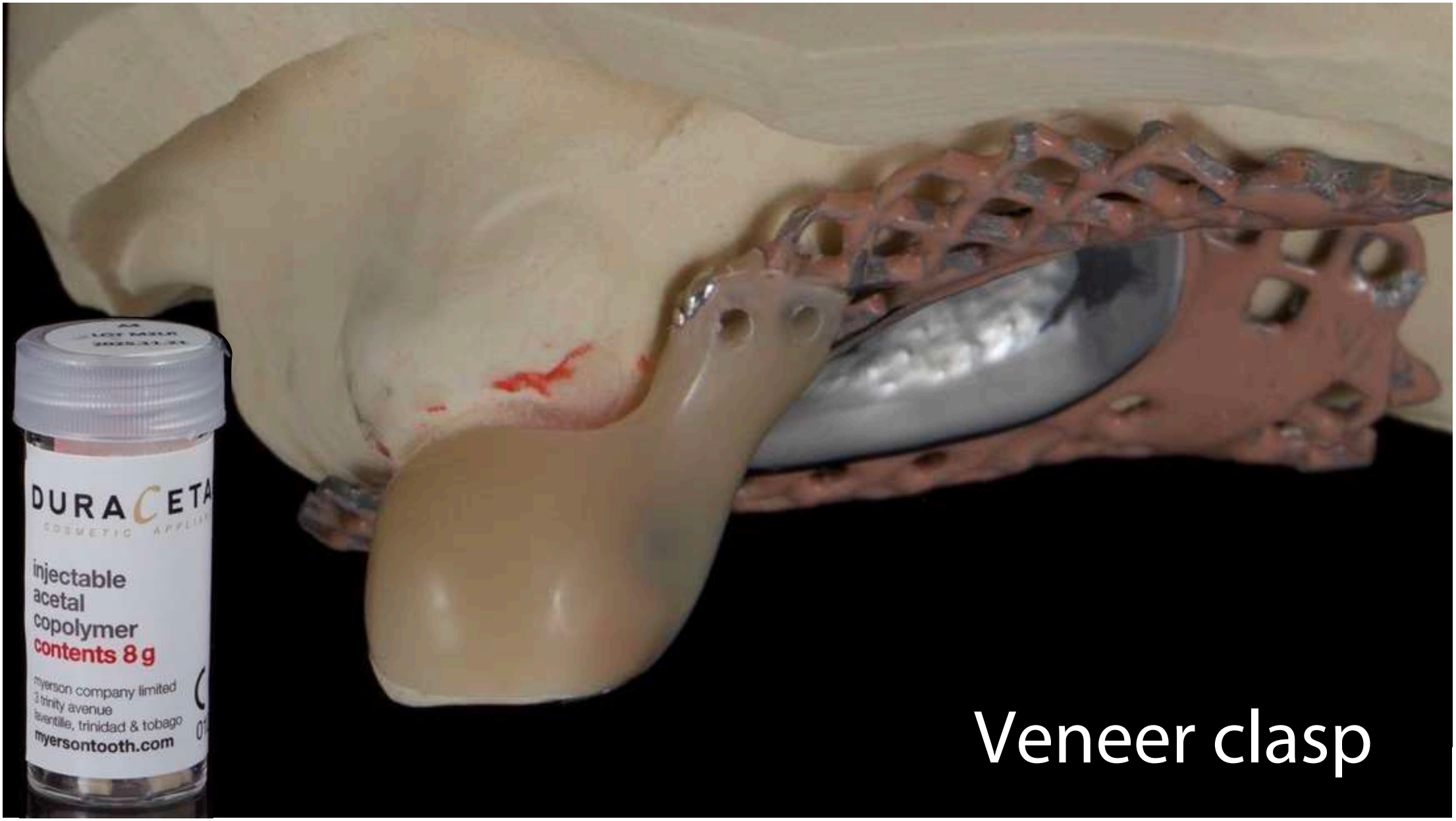





SHELL CLASP
CONNECTION

Veneer clasp




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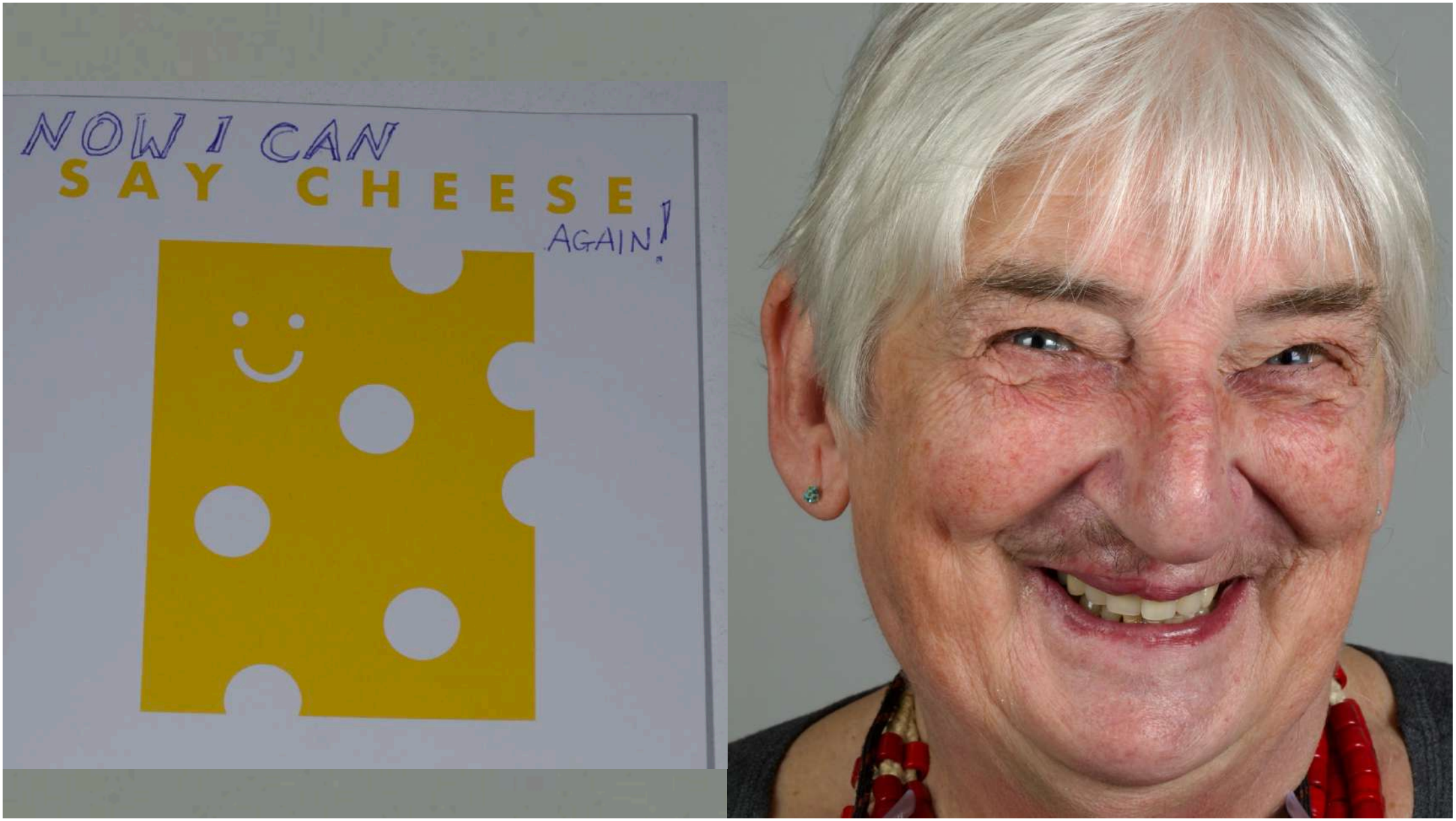












NOW I CAN
SAY CHEESE
AGAIN!

Life changing



THREE CALLS TO ACTION

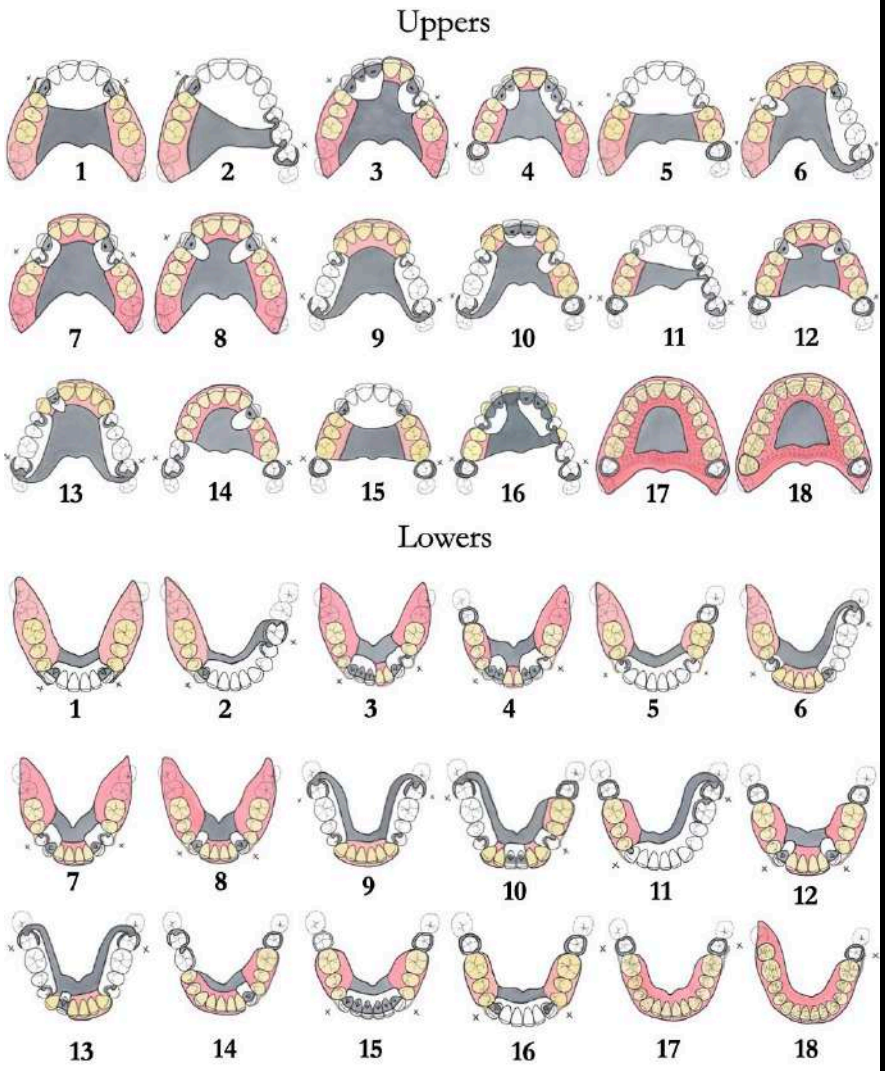


THREE CALLS TO ACTION

1. Try it

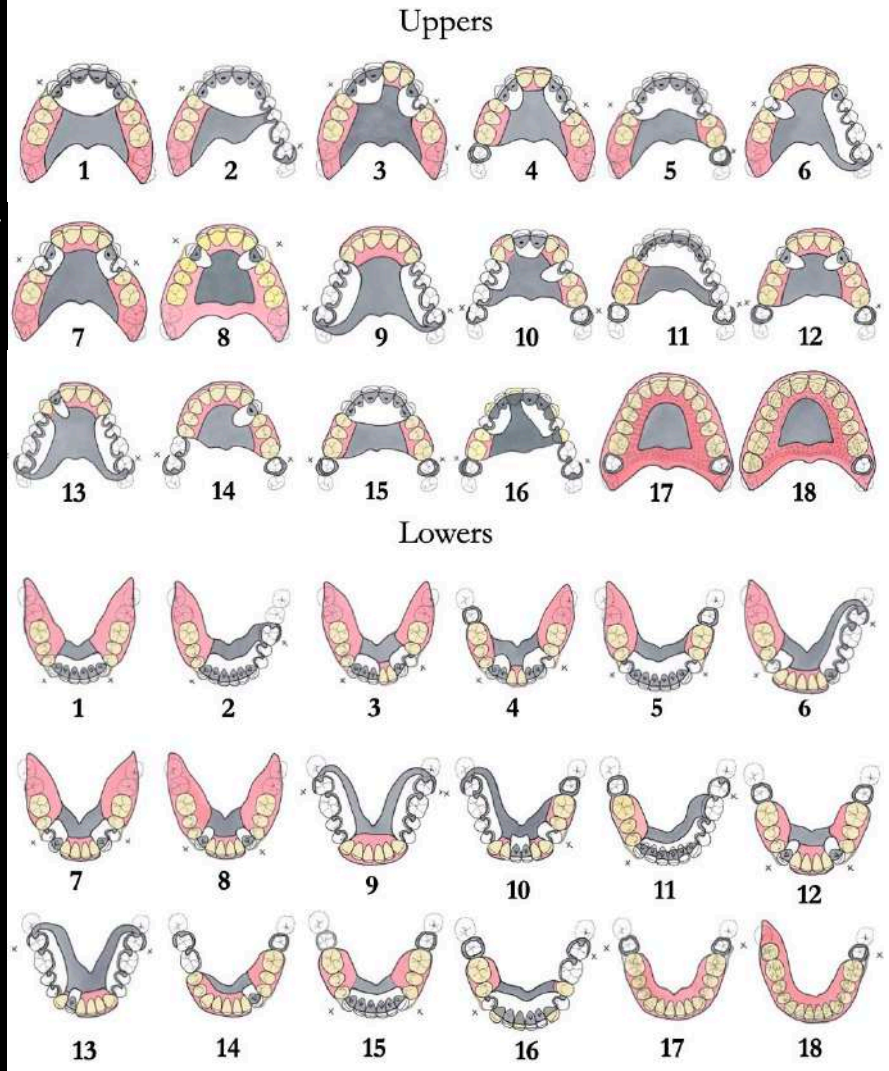


Good prognosis



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Questionable prognosis



THREE CALLS TO ACTION

1. Try it

2. Test it scientifically



RESEARCH REPORTS
Clinical

A.F. Sutton[1]*, H.V. Worthington[1], and J.F. McCord[2]

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J Dent Res 86(7):651-655, 2007

RCT Comparing Posterior Occlusal Forms for Complete Dentures

ABSTRACT

Complete dentures can be produced with different types of occlusal forms. There is some evidence to suggest that it may be advantageous to provide complete dentures with cusped posterior teeth. The aim of this research was to compare the levels of subject satisfaction with 3 types of posterior occlusal forms for complete dentures, in a randomized cross-over trial design. Forty-five participants were randomly assigned 3 sets of complete dentures with different posterior occlusal forms (zero-degree, anatomic, and lingualized

when compared with zero-degree posterior occlusal surfaces.

KEY WORDS: randomized controlled trial, complete dentures, occlusal forms, patient satisfaction.

Received January 26, 2006; Last revision January 23, 2007; Accepted March 6, 2007

INTRODUCTION

The stability and retention of complete dentures can be compromised by displacing forces, which are created during mastication, swallowing, and parafunctional habits. Throughout these functions, the maxillary and mandibular teeth come into contact, and unfavorable displacing forces can overwhelm the retention and stability of the dentures, creating discomfort from trauma to the underlying mucosa.

If the fitting and polished surfaces are ideal, it is assumed that the form of the occlusal surfaces and the nature of their contacts become critical for successful denture function. The search for the most appropriate occlusal form and tooth arrangement for complete denture occlusion has been ongoing for almost two centuries (Lang, 2004).

participants preferred prosthetic teeth with cusps as opposed to cuspless ones (zero degree), because of their improved chewing performance. However, this study was judged to be at high risk of bias, owing to the provision of insufficient information regarding the method of randomization and allocation concealment. In addition, the method for assessing participant satisfaction was unclear. This paper was published in 1983, when validated indices were in their infancy. With the advent of implant-stabilized prostheses and an emphasis on demonstrating value for money in medical and dental health care, there are now numerous indices available (Feine *et al.*, 2002).

The purpose of this research was to conduct a randomized cross-over trial to test the null hypothesis that there is no variation in the level of people's satisfaction for 3 different types of posterior occlusal forms for complete dentures.

MATERIALS & METHODS

A medical statistician (HVW) was consulted regarding protocol design prior to the study. A randomized cross-over design was chosen, since this method of assessment has been used successfully in evaluating individual preferences for different types of prostheses in previous high-quality trials (de Grandmont *et al.*, 1994; Feine *et al.*, 1994; Tang *et al.*, 1997; Awad and Feine, 1998; de Albuquerque Junior *et al.*, 2000; Awad *et al.*, 2003).

This study used 50 edentulous individuals taken from the waiting list of the University Dental Hospital of Manchester, UK, and requiring the provision of replacement complete dentures. The protocol of the study was approved by the City of Manchester local research ethics committee (study number 01/454).

Randomised Crossover Trial

Locally taught RPD designs

vs

Scandinavian hygienic RPD designs

THREE CALLS TO ACTION

1. Try it

2. Test it scientifically

3. Teach it



Q and A

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