

THE NATIONAL DENTURIST USA

COMMUNICATING THE IMPORTANCE OF DENTURISTS

*Clinical and Technical
Steps to Create*

SUCTION-EFFECTIVE DENTURES

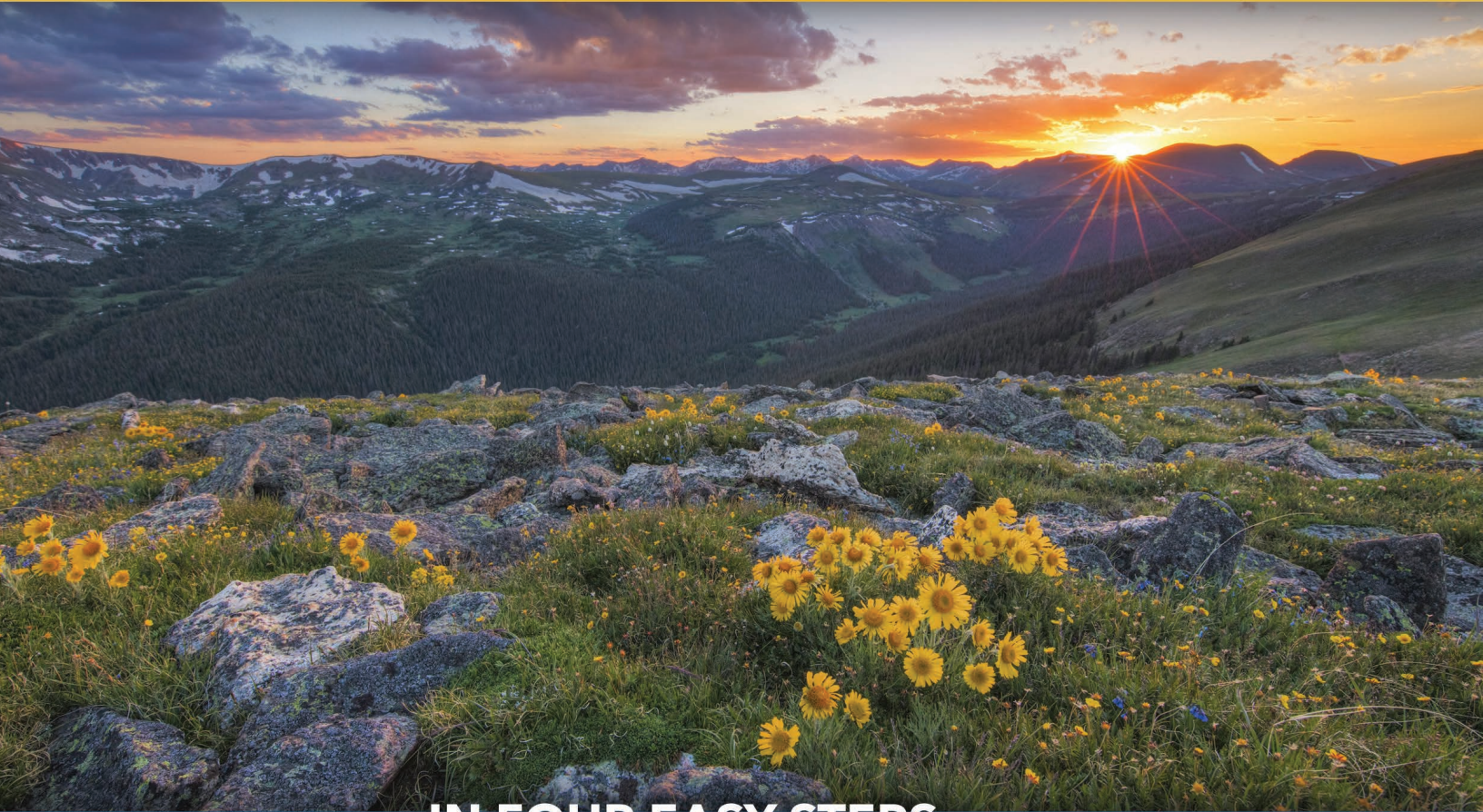
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President's Letter

The Future of Denturism



As we continue to grow and evolve as a profession, I am filled with optimism and excitement for the future of denturism. This year marks an exciting chapter in our journey, one that promises new opportunities for innovation, collaboration, and professional development. As we look ahead, we stand at the threshold of meaningful change and progress in the way we treat patients with removable prosthetics, and I am thrilled to share these moments with you.

Our 2025 Annual Conference, to be held October 1-3, 2025, at the magnificent Peppermill Casino & Spa Resort in Reno, Nevada, will be a truly transformative experience. This prestigious venue offers a blend of luxury, convenience, and world-class amenities that will set the stage for three days of inspiration, education, and networking. The Peppermill is known for its outstanding service and cutting-edge facilities, and it promises to provide the perfect environment for us to come together as a community and explore the future of denturism. This year is especially commemorative due to the fact that this is the National Denturist Association's **50th anniversary** of incorporation.

Over the course of the conference, we will dive deep into the advancements and innovations shaping our field, exploring new techniques, technologies, and practices in the treatment of removable prosthetics. As the demand for high-quality, personalized care continues to grow, denturists are increasingly seen as key players in the oral healthcare landscape. This event will offer invaluable opportunities for learning and growth, where you can connect with industry experts, exchange ideas with colleagues, and discover new ways to enhance patient outcomes.

The Peppermill Casino & Spa Resort, known for its luxurious accommodations and world-class service, will be the perfect backdrop for our gathering. Beyond

the engaging educational sessions, the resort offers a range of amenities that will help you unwind and relax. After a day of learning and collaboration, you'll have the opportunity to enjoy top-tier dining, exciting entertainment, and perhaps try your luck at the casino.

Looking beyond the conference, we are entering a period of tremendous opportunity for denturism. The field is evolving, with expanding recognition of our role in oral healthcare and a growing emphasis on the importance of removable prosthetics. The future is bright, and together, we will continue to advocate for our profession, advance the standards of care, and strengthen the bonds within our community.

The upcoming conference is not just an event; it's a chance to shape the future of denturism, to grow alongside one another, and to build a stronger, more vibrant profession. The comradery and collective energy we share will propel us into a new era of innovation and excellence. I encourage each of you to join us in Reno—mark your calendars and prepare for an event that promises to inspire, educate, and connect us all in ways that will shape the future of our field.

Thank you for your continued commitment to the National Denturist Association. Here's to the bright future of our profession! ■



Megan Charron L.D., President
National Denturist Association, U.S.A.



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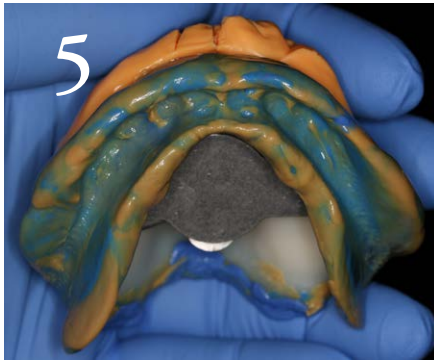
“The upcoming conference is not just an event; it's a chance to shape the future of denturism.”

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Clinical and Technical Steps to Create Suction-Effective Dentures According to Dr. Jiro Abe

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Clinical and Technical Steps to Create Suction-Effective Dentures

According to Dr. Jiro Abe

I hope readers enjoyed my previous article, which described the various anatomical, biological, and physiological factors affecting suction denture success. I want to review the suction adhesion mechanism in greater detail before exploring the clinical and technical procedures to create suction-effective dentures.

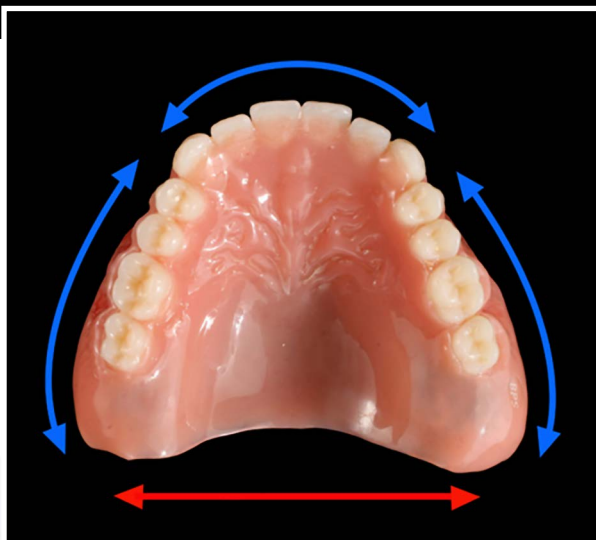


Figure 1: (Above)
Internal/external closure and close contact closure (JA)



Figure 2: (Left)
Maxillary final impression with functional postdam impression

The Suction Effect in a Maxillary Denture

Suction can be defined as “the production of a partial vacuum by reason of reduced air pressure in order to procure adhesion” (Oxford Languages Dictionary).

Dr. Jiro Abe has analyzed the suction effect in a maxillary denture and identified two types of closures that create an effective suction seal.

1. The **internal/external double closure** is created as the denture border is sandwiched between the labio-buccal and residual ridge mucosa, and the denture’s internal surface contacts the residual ridge mucosa, see blue arrows (**Fig. 1**). This double action creates a strong suction seal.
2. The posterior denture border contacting the palate, referred to as the **close-contact closure**, tends to create a weak seal, see the red arrow (**Fig. 1**). If a dislodging force greater than the saliva’s surface tension is applied to the denture, air leaks between the denture and palate, and the seal easily breaks. The close-contact closure seal can be reinforced by taking a functional impression of the posterior palatal border area, seeing (**Fig. 2**), or carving a post dam on the cast.

Figure 3: (Below)
Finished maxillary denture



Figure 4: (Below)
The sealing mechanism of the mandibular denture is more complex (JA)

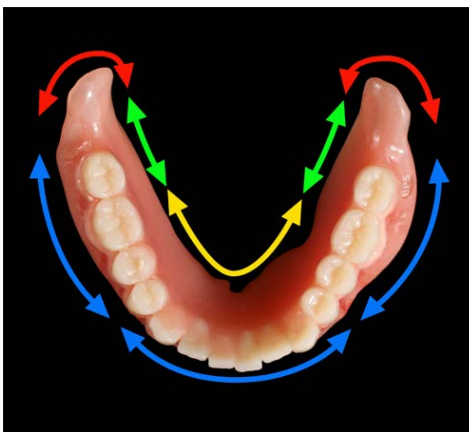
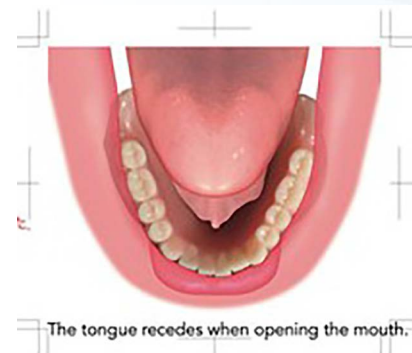


Figure 5: (Below)
When the mouth opens, the lower denture dislodges easily as the tongue retracts and the peripheral denture border seal is released (JA)



In summary, to create a suction effect, a complete maxillary denture utilizes saliva, internal tissue compression and the peripheral denture borders that engage the external border mucosa to create adhesion and an effective seal (**Fig. 3**).

Mandibular Denture Suction Effect

Dr. Jiro Abe describes lower denture suction as a “negative pressure/suction effect generated when the patient occludes from the mandibular rest position. Saliva under the denture base is discharged at that biting moment generating negative pressure by sealing the entire denture border with oral lining mucosa.”

He has further analyzed the suction effect of a mandibular denture and identifies four types of closures that create an effective suction seal (**Fig. 4**).

1. Blue arrows represent the internal/external double closure.
2. Yellow arrow shows the internal/external double closure when spongy tissue is present in the sublingual fold region.
3. Green arrows indicate the compensatory closure in the retromylohyoid fossa region.
4. Red arrows identify the close-contact closure of the denture base's interior side and retromolar pad tissue (internal closure) and exterior closure over the denture base with the tongue sidewall contacting the buccal mucosa (external closure).

Sustaining a mandibular suction seal is much more challenging as we need to maintain these four denture border contacts. Let us review some suction-inhibiting factors.

Tongue movements

When the mouth opens, the tongue recedes, and spaces appear. The denture suction seal easily breaks in the sublingual fold region and around the retromolar pads as the tongue loses contact. Additional space tends to develop between the denture borders and tongue during tongue movement, which leads to air leakage that results in the loss of suction and lifting of the denture (**Fig. 5**).

Retromolar Pads (RMP)

The retromolar pad is considered the most challenging part of establishing a good border seal due to its shape during the mouth's opening and closing motion. A favourable pear-shaped retromolar pad with fibrous tissue increases the posterior border seal area and produces stable suction. A thin and string-like retromolar pad consists of flabby tissue and lacks firm fibrous tissue. Such a thin pad limits a posterior border seal because its shape changes significantly when the mouth opens and closes and doesn't serve as a denture-supporting area. When the patient occludes, the denture slides forward, which causes an air leak around the retromolar pad and breaks the suction seal.

Saliva

Xerostomia, a lack of sufficient saliva, severely limits denture adhesion. Excess saliva can also be challenging, affecting the suction seal and making the impression process more difficult.

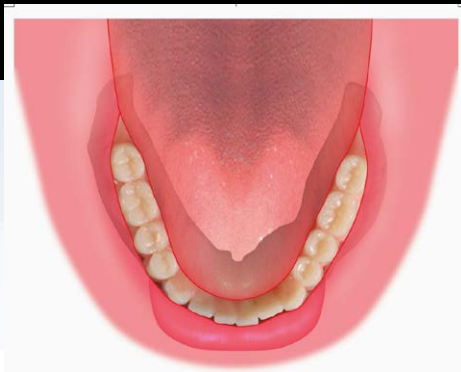


Figure 6: (Above)
Suction in a lower denture is created by sealing the entire border with oral lining mucosa (JA)



Figure 7: (Above)
Open mouth preliminary impression



Figure 7-1: (Above)
The retromolar pads and oral tissues are activated and distorted (JA)

Preliminary Impressions and Jaw registration

To achieve suction in lower dentures, we must change our traditional approach of taking preliminary and final impressions. Dr. Jiro Abe describes the lower suction denture effect when the patient occludes from the mandibular rest position. Saliva under the denture base is discharged, the occlusal load generates negative pressure, and the oral lining mucosa creates a suction seal around the entire denture border (**Fig. 6**).

Open mouth preliminary and final impressions cause the mandible to depress, the tongue to retract, the retromolar pads to elongate, and the labial, buccal, and sublingual lining tissues to be activated (**Fig. 7**). Depending on the impression materials' viscosity, further mucosal distortion may also occur.

Why is this a concern? Please remember that, according to Dr. Abe, the lower suction denture effect occurs when the patient occludes from the mandibular rest position. The mandibular rest position can only be recorded with a closed mouth impression that copies the oral tissues, such as the retromolar pads (RMPs) and oral submucosa, in a relaxed and resting position (**Fig. 8**). If the edentulous mandibular

environment has been recorded with an open mouth impression. The lower denture will fit best at that opened position. Yet, most of the time, our mouth is closed, the mandible is in a retruded rest position, the tongue is relaxed, and the lips seal the oral cavity.

It is essential to understand that a SEMCD suction seal is not permanent when the denture is in situ. The tongue can still displace the lower denture, but the denture seal is activated when the patient swallows and occludes. During the SEMCD final impression process, we record five patient-derived functional movements for a custom denture fit that increases denture stability during masticatory function and reduces food particles pooling below the lower denture. Most of these five movements cannot be accomplished with an open-mouth final impression.

Maxillary Preliminary Impression

Dr. Abe has developed the SEMCD technique in combination with the Biofunctional Prosthetic System (BPS), Ivoclar Vivadent, to achieve consistent results. The maxillary preliminary impression is taken with a stock tray as well as Accudent XD two-stage impression material or similar two-step alginates such as Zhermack Neocolloid and Tropicalgin (**Fig. 9**).



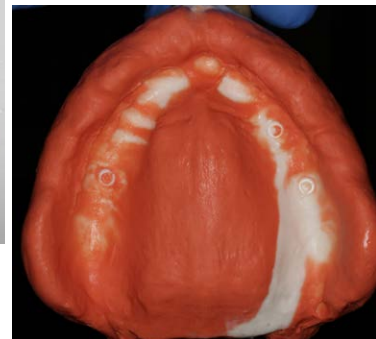
Figure 8: (Above)
Closed mouth preliminary impression



Figure 8-1:
(Left)
The retromolar pad and oral mucosa are captured in a relaxed and resting position(JA)



Figure 9:
(Above & Right)
Maxillary preliminary impressions



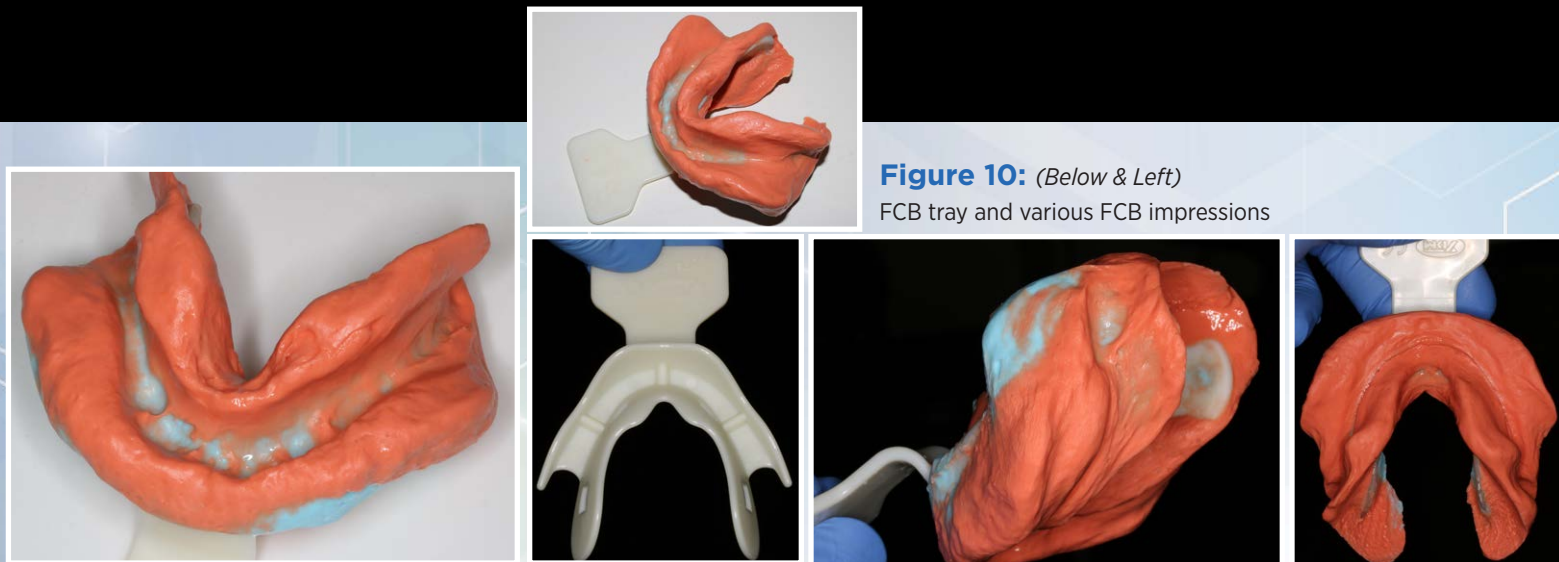


Figure 10: (Below & Left)
FCB tray and various FCB impressions

Mandibular Preliminary Impression

The lower impression is taken with an **FCB** (Frame Cut Back) tray to record the retromolar pads (RMPs) and oral submucosa in a relaxed and resting position. Inject Accudent XD syringe alginate in the lingual and buccal regions, then add the FCB tray with tray material, and the patient closes their mouth. This closed-mouth impression looks very different but provides the correct oral anatomy, which aids in designing the Gnathometer impression trays (**Fig.10**).

Once the preliminary impressions are completed, an **Ivolar Centric Tray** records the inter-maxillary jaw relationships and vertical dimension of occlusion (**Fig. 11**). This centric jaw recording is very beneficial as it articulates the preliminary models for custom tray fabrication. Alginate or silicone impression materials may be used.

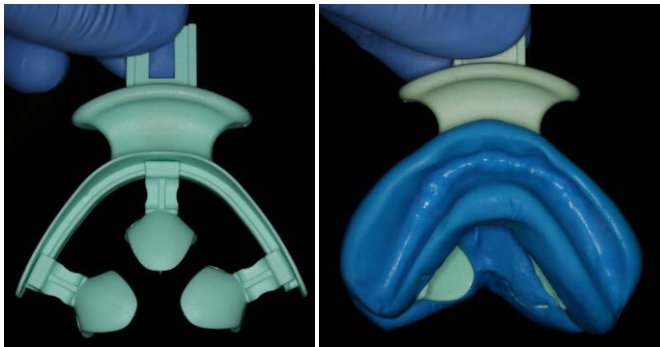
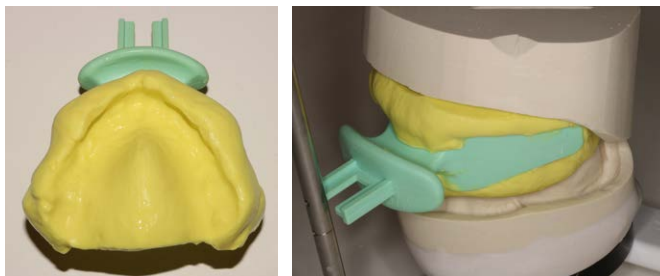


Figure 11: (Above & Below)
Centric tray with silicone putty and alginate impressions



Final SEMCD Impressions

A poor-fitting maxillary denture is the biggest concern of edentulous patients, followed by a loose lower denture that lifts and floats. The first priority is to create effective suction in the upper impression before proceeding with the lower one. Once the preliminary impressions are poured and articulated, upper and lower custom trays are fabricated with the Gnathometer M or Gnathometer CAD intraoral impression registration devices. The custom trays are carefully designed and shaped to engage the oral submucosa, such as thickened peripheral borders to engage the sublingual spongy tissues and buccal mucosa (**Figs. 12-13**).



Figure 12: (Above)
Articulated analog and digital Gnathometer custom trays

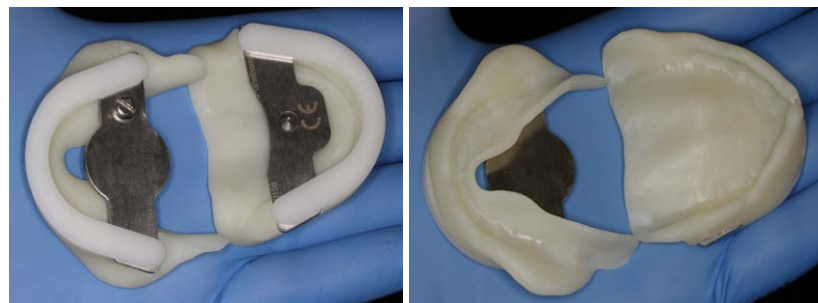


Figure 13: (Above)
Gnathometer CAD impression trays with a gothic arch tracing device

Maxillary Final Impression

The maxillary secondary impression is border moulded using heavy body Virtual VPS while the patient is producing several mouth movements, such as repeating the sounds “woo” and “wee,” then depressing the lower jaw and moving lateral and protrusive (Figs. 14, 16, 17). Tissue impression is taken with light body Virtual, and the functional postdam with Virtual Monophase (Fig. 15). The lower impression tray is also seated while the upper impression steps are completed.

Mandibular Final Impression

Once the upper impression is completed and seated in the mouth, the lower impression tray is placed intra-orally, and the patient performs five mouth movements in a specific order. This patient demonstrates a lower reline impression sequence, the same as with Gnathometer impression trays.

1. The patient occludes and moves the lips to create a “woo” sound, which shapes the labial denture border (Fig. 16).
2. The patient continues to occlude and makes a “wee” sound. This step shapes the labial and buccal denture border (Fig. 17).

The patient repeats the first two steps several times!

3. The patient opens the mouth, protrudes the tongue and moves it left and right. These movements shape the lingual frenum, sublingual and glossal attachments (Fig. 18). The operator secures the lower denture or impression tray so it doesn't dislodge.
4. The patient occludes again and pushes the tongue against the upper palate, activating the floor of the mouth (Fig. 19). The operator ensures the dentures or impression trays are in occlusion and stay in the mouth.
5. The patient swallows two to three times (Fig. 20). Dr. Abe states this is the **most essential mandibular**

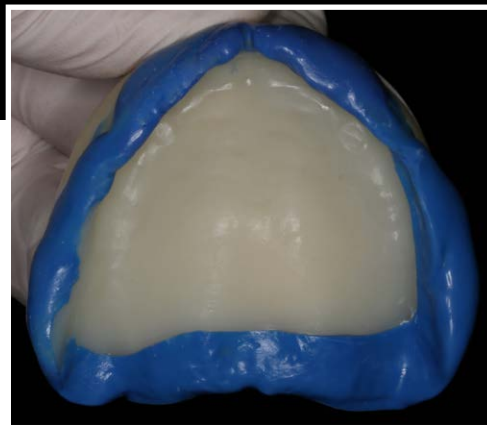


Figure 14: (Above)
Maxillary border moulded impression tray

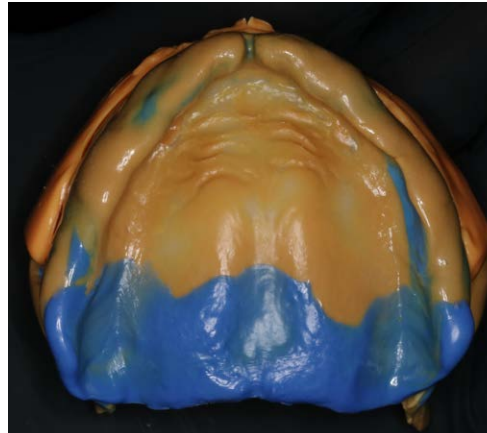


Figure 15: (Above)
Completed maxillary impression, including a functional postdam impression

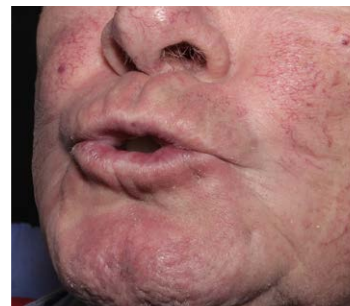


Figure 16: (Above)
The Patient makes a “woo” sound.



Figure 17: (Above)
Patient makes a “wee” sound



Figure 18: (Above)
Patient moves the tongue forward, then side to side



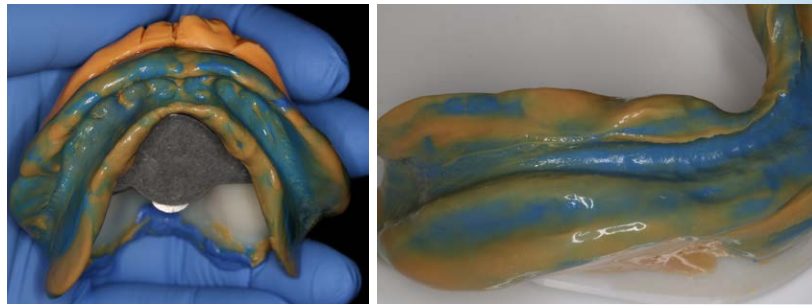
Figure 19: (Above)
Occludes and pushes the tongue against the palate



Figure 20: (Above)
Patient swallows two to three times



Figure 21: (Left & Below) Various mandibular SEMCD impressions



impression step. It records the labial, buccal, and sublingual spongy and glossal tissues, creating a suction seal around the lower denture impression. **This movement is impossible to achieve with an open-mouth impression.** Have you noticed that mandibular relined dentures usually fit much better? Why? Because we perform a reline impression when the mouth is closed. Please apply these five movements next time you complete a lower reline impression; you may be pleasantly surprised to achieve some lower suction effect.

mandibular custom tray, or the impression seal may be incomplete. If all goes as planned, the mandibular final impression should have a suction effect. Remove the impression tray, rinse and inspect it, trim excess material from its top, and insert it again. Have the patient swallow; voila, we should have a suction seal. Achieving a suction impression is gratifying for the dental operator and edentulous patient.

These five impression steps are performed when proceeding with border moulding and tissue impressions. Ivoclar Virtual Monophase VPS records the retromolar pads to reduce tissue distortion and Virtual heavy body for the remaining border mould periphery. Repeat this process with the Virtual light body VPS for the final impression (**Fig. 21**). **Please use regular setting materials, as the five-step impression sequence must be repeated at least twice.** You should achieve some suction effect once the border moulding is finished. If not, there may be design issues with the

Gothic Arch Tracing and Jaw Registration

Once the impressions are completed, the Gnathometer impression trays are converted to perform a gothic arch tracing. This is the best time to perform this process, as the final impressions provide the most stable registration bases. Also, by this time in the impression process, the patient is usually quite tired, and the mandible is in a relaxed position to record the centric jaw relationship (**Fig. 22**). Once captured, the jaw relationship is secured with bite registration material (**Fig. 23**).

Technical Steps to Create SEMCD Dentures

- The final impressions are blocked out using Play-dough and boxed with a reusable magnetic strip (**Fig. 24**).

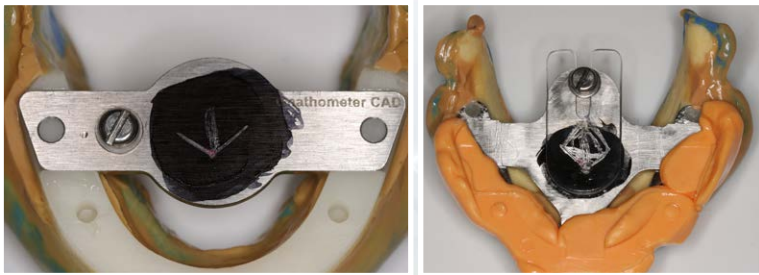


Figure 22: (Above) Completed Gothic arch pin tracing

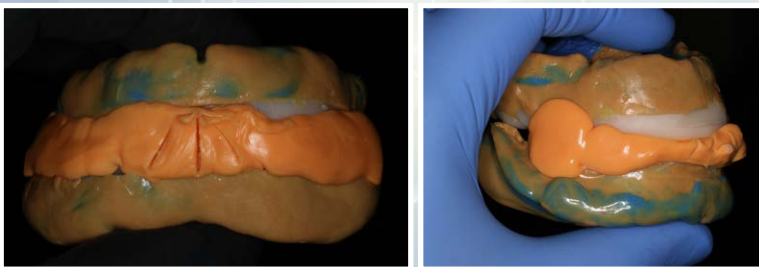


Figure 23: (Above) Secured jaw relationship with impressions trays

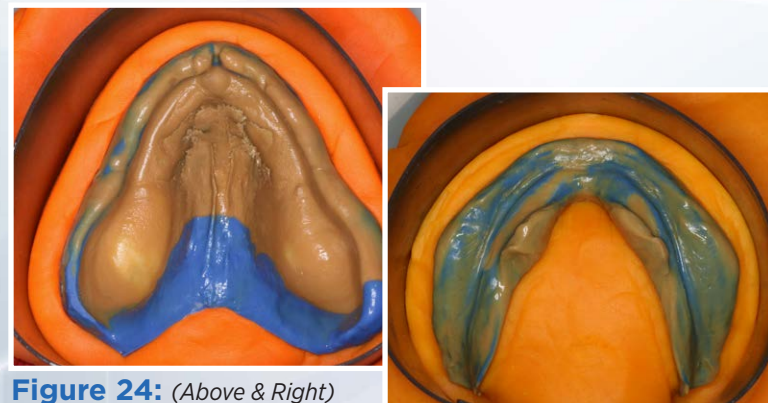


Figure 24: (Above & Right)



Figure 25: (Above & Right)



Figure 26: (Above)

- The models are then articulated on a Stratos 300 using a UTS Transferbow recording (**Fig. 25**)
- The final models are analyzed; then stabilized baseplates and set-up dentures are created (**Fig. 26**)

Once the patient approves, the SEMCD dentures are processed, finished, and inserted. It is crucial to record 3-5mm of the impression borders and copy that impression periphery into the completed dentures; otherwise, you may reduce too much denture border and lose suction effectiveness (**Fig. 27**).

Conclusion

It has been an absolute pleasure to share some of the knowledge and skills I have gained over the past ten years of learning the SEMCD technique. Please carefully review the section that explains the benefits of this closed-mouth impression technique. Next time you perform a mandibular relining impression, utilize the five mouth movements and observe how the oral lining mucosa shapes the impression. I extend my deepest gratitude to Dr. Jiro Abe for sharing his knowledge and materials with me for this article, including his photos that can be identified with a (JA). The remaining images were taken at Fischer Denture Clinic. ■

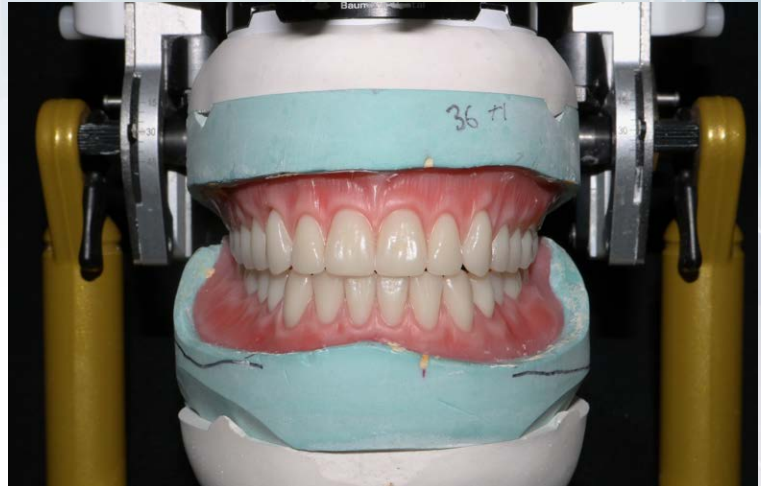


Figure 27: Various SEMCD dentures. Please note the cheek lining mucosa engaging the denture borders.

Author:

Markus Fischer was born and raised in Germany, immigrated to Canada in 1986 and became a dental technician in 1993. He expanded his skills by becoming a licensed dentist in 2006 and was the first Canadian to train with Dr. Jiro Abe in Japan to learn the SEMCD/ Lower Suction Denture technique in 2015. Since then, he has become a clinical and technical SEMCD and BPS instructor, offering training courses at Fischer Denture Clinic in Mission, B.C., Canada.



Help Your Employees Make the Profitability Connection



It's important for employees to make the connection between their duties and your company's big financial picture.

Here are a couple of ways to help ensure that your staff members make that critical connection:

Ask each employee to write his or her own job description to explain how that employee makes money for the firm. Supervisors can help staff members fine-tune these descriptions. In time, managers and their staffs will be able to discuss each work assignment in terms of how it relates to company profits.

Urge every employee to write a brief description of what your company makes or sells. Ask them to cast their descriptions in terms of various company goals, such as quality, customer retention and increased customer referrals.

Make your employees aware that these exercises aren't just busywork, but that you value their ideas and notions about how they contribute to the firm's financial success.

For that matter, you can turn the project into a contest. Consider giving an award for the top three entries, perhaps a lunch out or a night on the town. It's a great way to motivate employees to earn more money for the company — and ultimately for themselves. While you're at it, make an effort to make personal connections with your staff.

Create New Profit Centers

Don't be satisfied with the money you're earning from your core business activities. Make a list of ways that you can squeeze extra profit from every facet of your operations. Here are just a couple:

- 1. Encourage sales and front-counter staff to jot down the questions that customers ask most often.** Then, train your staff to answer those questions uniformly. You'll get more repeat business, as well as vital information you can use to add value to your products.
- 2. Train line managers to measure the time it takes to perform various tasks.** Based on that information, calculate a reasonable average time per job — allowing, of course, for emergencies and breakdowns — and urge employees to perform within those deadlines.

Top managers know they should stay in touch with their employees to avoid isolation and gain valuable insight into what's happening around the company. And it doesn't have to take a lot of effort.

Here are five effective ways to connect with your staff:

1. Give feedback. Set up a box or e-mail address where employees can vent their concerns and get answers to their questions. The CEO or president can reply to pertinent questions that have the broadest, company-wide implications. The queries can be answered through a company-wide e-mail, newsletter or on department bulletin boards.

2. Get together. At least once a year, senior management should hold a Q&A session with staff members to answer questions and discuss issues face to face. Nothing can replace the effectiveness of personal encounters.

3. Be social. An annual picnic, luncheon, dinner or fun outing (such as a sporting event) builds a bond outside the workplace that goes far toward making your staff more responsive to each other and to management.

4. Take a tour. Managers of all levels should occasionally tour all departments and facilities under their supervision. Sit in on meetings and ask questions. Employees will be inspired when they see you taking an active interest in their corner of the company.

5. Learn a job. Set aside a day to try a job within your department. Shadow an employee as he or she does the work and ask questions, but don't get in the way. You'll likely understand and appreciate what your staff does, and you'll gain their respect as employees see your efforts to really get what they do. Just be careful not to give workers the impression you're checking up on them or your efforts could backfire.

By helping employees see the connection between their jobs and stronger profitability, and by taking a few steps to connect with your staff, your company will become a tighter team working together toward a mutual goal of business success. ■

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