

Figure 4. Voids created in the denture base allow Cap Attachment Housings to fit passively inside. Small lingual vents are also created through the denture base.

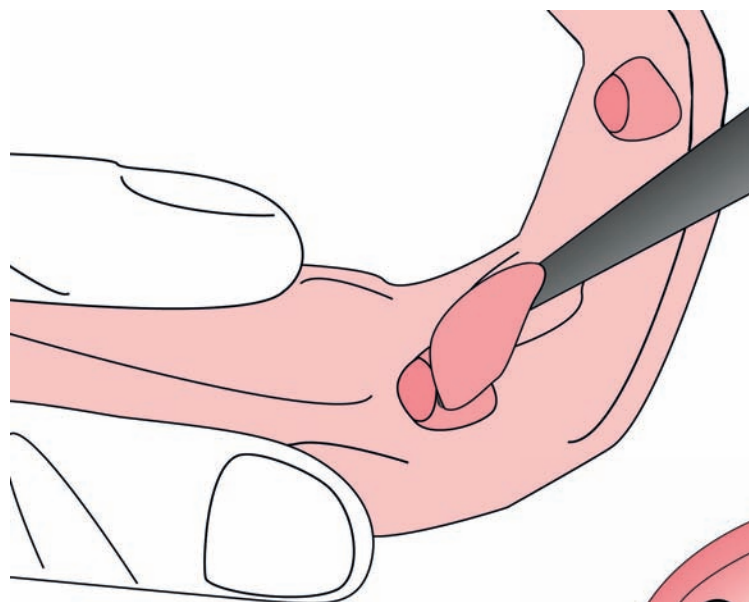
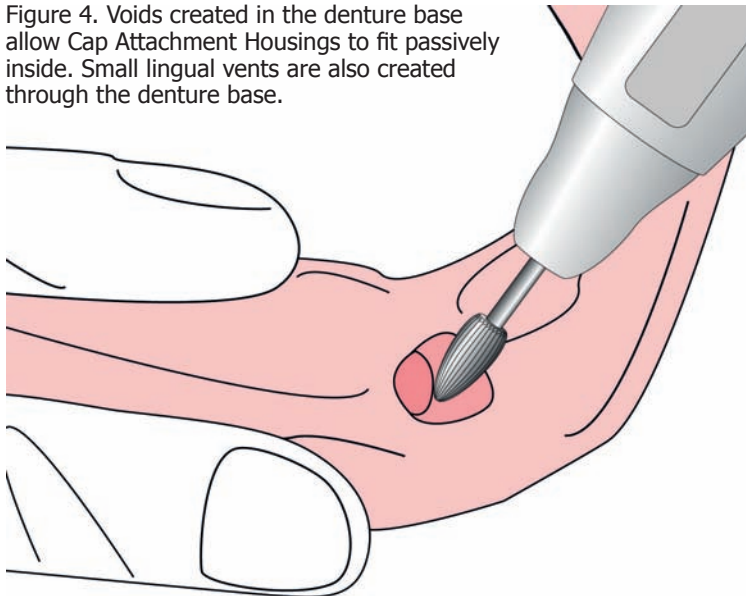


Figure 5. Autopolymerising acrylic placed in each void adheres to the Housings when the denture is placed into the patient's mouth. Excess acrylic will express through the lingual vent.

recommended to facilitate the release of excess autopolymerising acrylic during this step. After the material sets, voids around the housings are filled in with additional autopolymerising acrylic, and then the tissue-contacting surfaces of the denture are smoothed and polished.

The remaining block-out material and Cap Attachment Transfers are removed from the Ball Abutments in the patient's mouth. One retentive nylon liner is pressed into one of the incorporated Cap Attachment Housings in the denture base [Fig. 7] and its retention is evaluated on the Ball Abutment in the patient's mouth. If necessary, retention can be decreased with the coring tool provided in the set of Cap Attachment Instruments. The same procedures are performed with the second Cap Attachment to complete the restoration [Fig. 8].

DISCUSSION

The ball-and-socket attachment allows a full range of prosthesis motion and maximum contact between the overdenture and the mucosa during mastication. Placing the retentive sockets in the overdenture base reduces hydraulic resistance to coupling and lowers functional stresses on the implants. For the dentist, the ability to decrease retention to meet specific patient needs, utilise the attachments on implants that are only relatively parallel, and replace retentive Cap Attachment Nylon Liners without the need to relin the

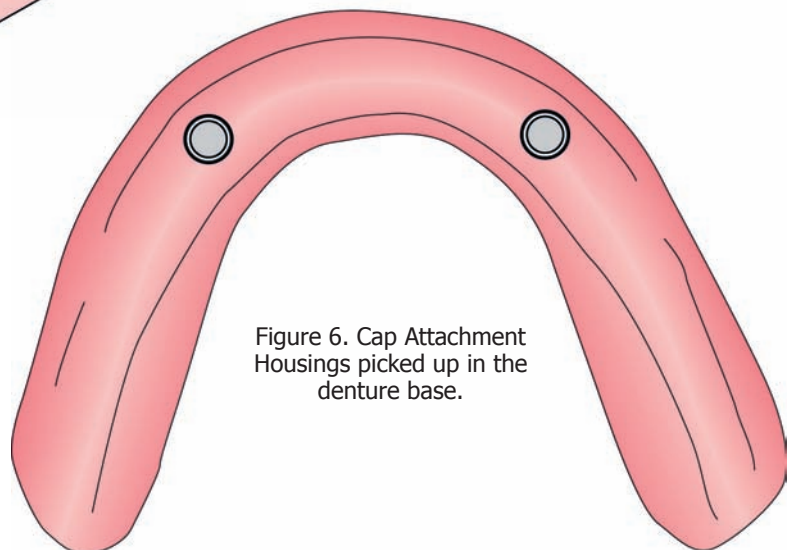


Figure 6. Cap Attachment Housings picked up in the denture base.