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Preci Clix Instructions for Ball Retained Overdenture Attachments

Dentist Direct Placement Technique #1293 / 1297

In one appointment, an existing removable partial denture may be converted to a Preci Clix retained overdenture.

Benefits

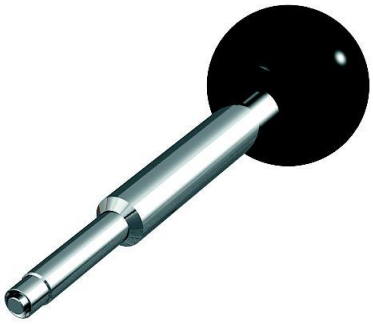
- **Economical:** Inexpensive components; no lab fees.
- **Efficient:** Simple and Easy to fabricate and service.
- **Small Size:** 2.25mm Ø sphere -- total vertical space required is 4.0mm
- **Reduced Wear**: easy insertion and removal with the ability to parallel the females with non-parallel males.

1227, 1228, 1229 burs

1293 Clix Male & Post

Large Tin Spacer

1251B Space Maintainer



1222 Insertion Tool

Female Retention Caps

Yellow=standard

White = reduced

Orange = increased

Metal Housing for female retention caps

1201D Ball Analogue

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1

2

3

Preparing the Root and Placing the Post:

Following the endodontic treatment, the canal is prepared with the **1227** predrilling bur(**Fig 1**). The **1228**

cavity bur is used next to prepare the canal for the base of the 1291 post (**Fig 2**). Finally, the **1229** precision reamer is used to calibrate the canal for the diameter of the 1291 post (**Fig 3**). When using the burs, proceed at slow speeds.

4

Sandblast the Preci Clix Post prior to cementation. Cover the post and root surface with bonding composite. Seat the post. After the composite is set, polish the root surface with a fine sandpaper disk. Topical fluoride is often used to prevent decay (**Fig4**).

Laboratory Processing of the Female Attachments

1

2

Impression:

Accurately make an impression of the ball attachment in the mouth (**1**). Take 1201D analogue, and re-index into the recess (**2**) created in the impression material. Pour up cast.

Use the **1222 Clix insertion tool** to snap the Preci **Clix female** into the **Clix housing**. Placing the metal housing upside down on a flat surface makes seating the female easier to insert (**3**). Place the **1251B black rubber space maintainer** over the large tin spacer and Ball on the analogued model. Place the complete female unit onto the Clix ball on the model (please note the 1251B space maintainer (**4**). Block out any undercuts. Process the Clix female into the denture.

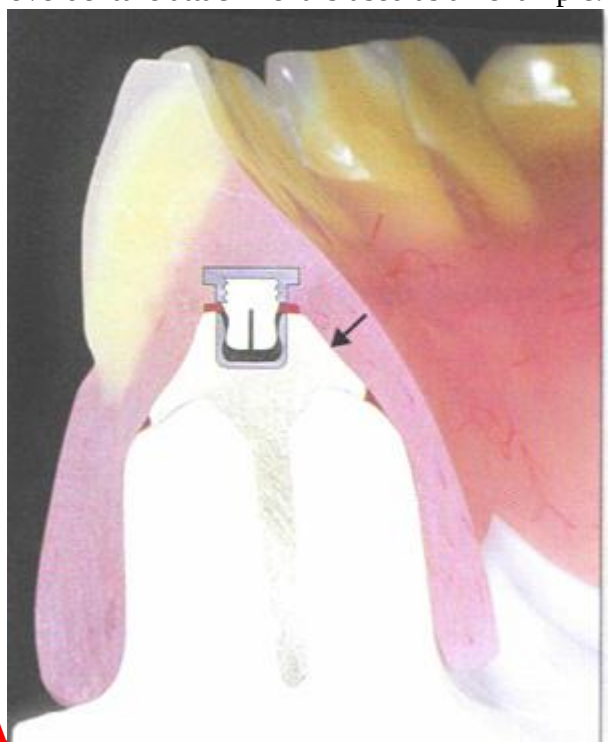
3

4

Processing the Female:

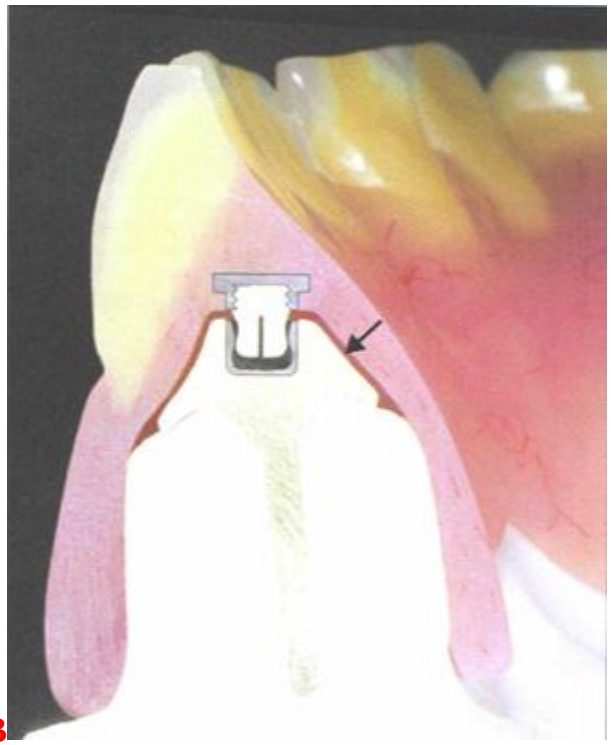
Important: Use the large tin spacer

The large tin spacer is used over the attachment during processing to block out excess acrylic from locking in the attachment. The **main reason** for using the big spacer may be understood by viewing figures **A** and **B**. A Ceka overdenture attachment is used as an example.



A

Ceka attachment used for example



B

Ceka attachment used for example

Figure A is an overdenture fabricated without the large spacer. This eliminates all movement of the prosthesis--it is a **rigid** attachment. As you can see, the denture base is in direct contact with the post and attachment (**arrow**). Forces are directed to the post and attachment.

Figure B is the same overdenture, only this time the large spacer was used. Using the large spacer allows for

movement of the prosthesis--it is now a **resilient (tissue bearing)** attachment. During processing, the large spacer creates a free space between the prosthesis and the post and attachment to allow this free movement, and direct forces to the tissue. The greater the area the forces are spread over, the less force that is generated on the abutment.

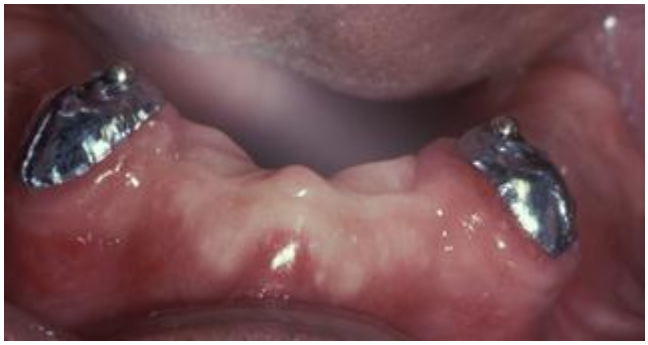
5

6

Remove both the large tin spacer and black rubber spacer.

Figure 5 shows the finished prosthesis. **Figure 6** shows the 3 different retentions of Preci Clix females: standard retention (yellow), decreased retention (white), and increased retention (orange).

Option 2: Chairside Pick-Up of the Female Attachments



Blockout

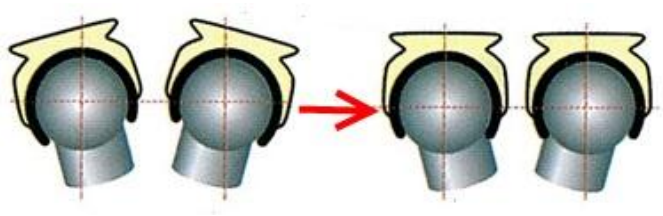
Option 1, Tin Spacer: Place a large tin spacer over the ball and contour the pliable tin spacer around the ball and gingiva. You may need to cut a slot in the tin spacer for easier adaptation.

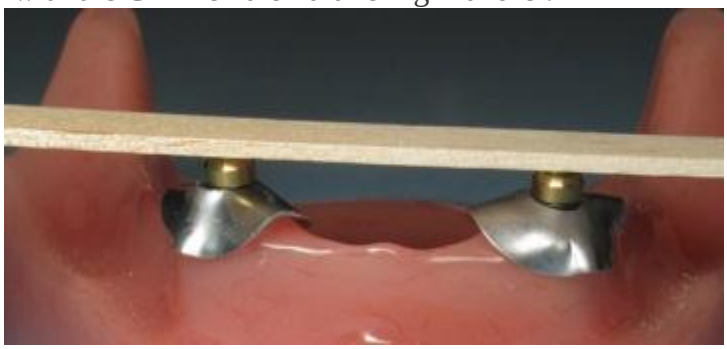
Option 2, Rubber Dam: place a piece of rubber dam over the ball and surrounding area.

Place the small black spacer over the ball, and seat the complete female (housing and plastic insert). Use the Clix insertion tool to snap the plastic insert into the housing.

Parallel

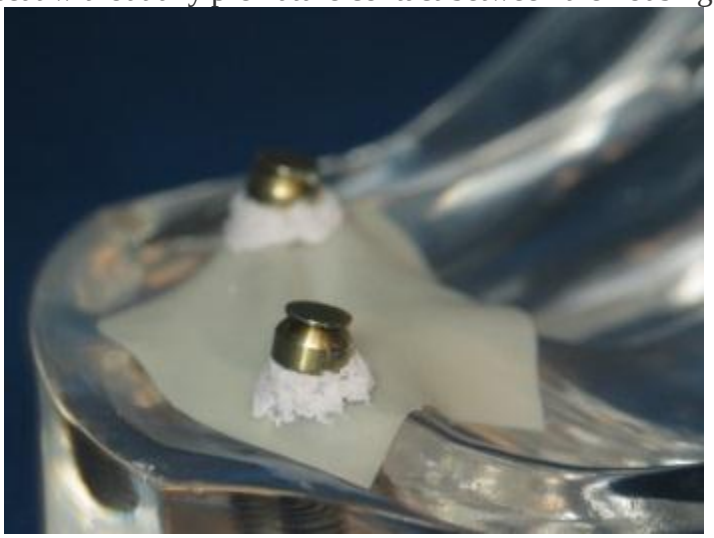
To compensate for divergent abutments, it is simple to parallel the Clix females. Rotate the housing around the sphere until the flat top of the housings have the same draw. This can be done chairside with any flat instrument, like a tongue depressor, or in the Laboratory with the Clix Female Paralleling Mandrel.

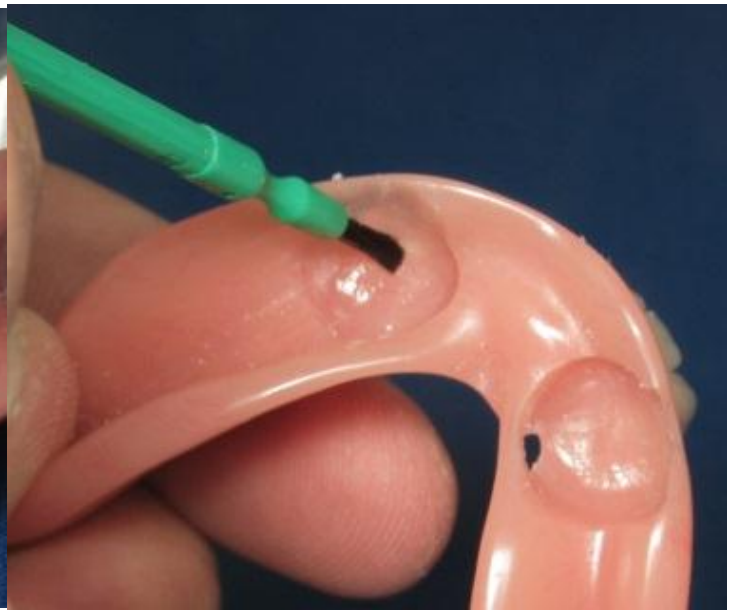




Pickup

After setting the Clix housings in a parallel position, blockout any additional undercuts with material of choice, such as Perma Block. Relieve the denture to receive the Clix housings. Make sure that the denture can fully seat without any premature contact between the housings and the denture.



Use a small round bur to cut escape vents from the relieved area out to the lingual of the denture. These lingual escape vents will eliminate the lifting or hydraulic effect of autopolymerizing acrylic resin, as well as provide an "escape" for any excess acrylic.

It is preferable that excess acrylic flows to the lingual instead of underneath the attachments! After cutting the lingual escape vents, prime the existing acrylic with monomer. I**t is recommended to pick-up all attachment females simultaneously.**


Place a low viscous mix of self curing acrylic resin into the relieved area of the denture, and seat the denture with finger pressure only on the attachment area. Do not have the patient come into full occlusion and displace soft tissue in the saddle area. This will cause the prosthesis to cant, or rotate anterior to posterior, and take the attachments out of alignment.

The prosthesis is seated in the mouth for approximately 6 minutes, or what the acrylic resin manufacturer indicates. Remove any excess resin as well as the tin spacer and black rubber spacer. Finish and polish. The female may be easily changed in the metal housing to adjust retention.

Instruct the patient in the path of insertion. Have the patient insert and remove the appliance several times.