

**POLITEKNIK KESEHATAN TANJUNGPINANG
JURUSAN TEKNIK GIGI**

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Pembuatan *Surgical* Obturator Pada Kasus *Ameloblastoma* Untuk Persiapan Hemimaksilektomi *Dextra*.

Xv + 73 Halaman + 69 Gambar + 2 Tabel + 4 Lampiran

RINGKASAN

Protesa maksilofasial adalah subspecialisasi prostodonsia yang melibatkan rehabilitasi pasien dengan defek bawaan lahir dan karena penyakit atau trauma. Berdasarkan laporan kasus yang penulis dapatkan, pasien Mengalami *ameloblastoma* pada maksila *dextra*, terdapat tumor sedang pada bagian kanan palatum sehingga dibuatkan *surgical* obturator pada kasus *ameloblastoma* untuk persiapan hemimaksilektomi *dextra*.

Tujuan penulisan laporan tugas akhir ini untuk mengetahui desain, retensi, serta kendala dan solusinya dalam pembuatan *surgical* obturator pada kasus *ameloblastoma* untuk persiapan hemimaksilektomi *dextra*.

Prosedur pembuatan yang dilakukan adalah prosedur laboratorium meliputi duplikat model kerja, radir model kerja, *transfer* desain, pembuatan cengkrum, pembuatan pola malam, *wax contouring*, *flasking*, *boiling out*, *packing*, *curing*, *deflasking*, *finishing* dan *polishing*.

Hasil akhir protesa sesuai dengan desain pada SPK. Basis protesa halus dan mengkilap. Model kerja patah maka saat *fitting* menggunakan model duplikat. Retensi baik, protesa cekat, dan tidak menekan jaringan. Pada tahap pencetakan praoperatif, penulis kesulitan memperkirakan area peradiran karena cetakan diambil sebelum hemimaksilektomi. Masalah diatasi melalui diskusi dengan dokter untuk memastikan batas operasi. Saat *deflasking*, model kerja patah namun telah diantisipasi dengan menduplikat diawal. Tahap *finishing*, ditemukan porus pada sayap bukal akibat *polymerisasi* tidak sempurna saat *packing*. Area tersebut dibersihkan dan reparasi menggunakan akrilik *self-curing*. Secara keseluruhan, protesa dapat diterima dan tidak menimbulkan keluhan dari dokter. Ketelitian dan keterampilan tekniker sangat penting untuk mencegah kesalahan saat protesa telah menjadi akrilik.

Kata kunci : *Surgical* obturator, *ameloblastoma*, hemimaksilektomi
Daftar bacaan : 56 (1972-2023)

**TANJUNG KARANG HEALTH POLYTECHNIC
DEPARTEMENT OF DENTAL TECHNOLOGY**

Final Project Report, June 2025

Wulan Istiarini

Surgical Obturator Creation In Ameloblastoma Case To Prepare For Dextra
Hemimaxillectomy

Xv + 73 pages + 69 figures + 2 tables + 4 Attachments

ABSTRACT

Maxillofacial prosthetics is a subspecialty of prosthodontics that involves the rehabilitation of patients with congenital defects as well as defects caused by disease or trauma. Based on the case report obtained, the patient was diagnosed with ameloblastoma in the right maxilla, with a moderate-sized tumor located in the right palatal region. Therefore, a surgical obturator was fabricated for the ameloblastoma case in preparation for a right hemimaxillectomy.

The purpose of this final project report is to understand the design, retention, stabilization as well as the challenges and their solutions in the fabrication of a surgical obturator for ameloblastoma cases requiring right hemimaxillectomy.

The fabrication procedures performed were laboratory procedures including duplication of the working model, model trimming, design transfer, clasp fabrication, night pattern creation, wax contouring, flasking, boiling out, packing, curing, deflasking, finishing, and polishing

The final prosthesis matched the design outlined in the work order. Its base was smooth and glossy. Since the original working model had fractured, a duplicate was used during the fitting process. The prosthesis showed good retention and stability, staying in place without putting pressure on the surrounding tissue. During the preoperative impression stage, it was difficult to estimate the relief area because the impression was taken before the hemimaxillectomy. This challenge was resolved by consulting with the prosthodontist to confirm the surgical margins. Although the working model broke during deflasking, this had been anticipated, and a duplicate was already prepared. In the finishing stage, porosity was found in the buccal flange area due to incomplete polymerization during packing. The area was cleaned and repaired using self-curing acrylic. Overall, the prosthesis was well received and did not cause any concerns for the prosthodontist. The accuracy and skill of the dental technician play a crucial role in preventing errors once the prosthesis is processed into acrylic.

Keywords : Surgical obturator, ameloblastoma, hemimaxillectomy
Reading List : 56 (1972-2023)