I.M. Oksman proposes a two-stage method for manufacturing a lower resection prosthesis. The prosthetic technique after resection of half of the lower jaw according to I.M. Oksman is as follows in sessions. The first session is the preparation of the supporting teeth of the healthy side of the jaw and taking an impression to make soldered crowns. The second session is fitting the crowns and taking an impression along with the crowns. Crowns are soldered on the lingual side. The third session is taking an impression of the healthy side of the jaw along with the crowns and making a plate with clasps, which will be the fixing part of the resection prosthesis. An inclined plane is installed in place of the missing second lower premolar (if it is present, it needs to be removed). The fourth session is fitting the fixing jaw with an inclined plane, taking impressions from the lower and upper jaws along with the fixing plate, and determining the central occlusion. The line of the intended osteotomy is drawn on the impression of the lower jaw. The models are plastered into the articulator and the resection part of the prosthesis is welded to the fixing jaw. Prosthetic technique after complete removal of the lower jaw. The first session - an impression is taken from the upper and lower jaws, the models are fixed in central occlusion in the articulator. On the resulting model of the lower jaw, all the teeth are cut off, wax bases are made, the teeth are placed along the alveolar process and the base is modeled. The lower surface is modeled in such a way that it has a rounded shape, and lingual wings are formed in the area of the lingual surface; the tongue should be located above the wings and fix the prosthesis. In the area of the canines and premolars, hooking loops are strengthened for intermaxillary fixation after surgery. Second session - after resection of the jaw and suturing of soft tissues, aluminum splints with hooking loops are fixed on the teeth of the upper jaw, then a resection\* prosthesis is inserted into the mouth and held in place by intermaxillary traction for 2 weeks using rubber rings. Within 2 weeks, a prosthetic bed is formed around the prosthesis and the prosthesis is held in place by scars. When creating an upper resection prosthesis according to I.M. Oksman, the author proposes a three-stage method for its manufacture. In the first stage, the fixing part of the base is made, covering the teeth and the mucous membrane of the healthy part of the jaw. This part of the prosthesis, together with the clasps, is carefully fitted in the mouth before surgery. The second stage is that the replacement part is welded to the fixing part of the prosthesis. In this form, the prosthesis is only a temporary resection prosthesis. The third stage is the production of the obturating part of the prosthesis and the transformation of the temporary prosthesis into a permanent one. Facial prostheses - ectoprostheses. Facial prostheses are rarely made these days. The technique of surgical intervention on the face and jaws has reached such perfection that there is no need to compensate for facial defects with prostheses. However, in cases where patients are weakened and are not able to undergo numerous surgical interventions, it is necessary to resort to facial prosthetics, which is undoubtedly a surrogate. Prosthetics have to replace the nose, ears, eyes, lips and other parts of the face. Dentures were previously made from celluloid, gelatin, porcelain, and rubber. Currently, facial prostheses are made from plastic. To make facial prosthetics, you need to have a full face mask. For this purpose, the patient is placed in a horizontal position, rubber tubes are inserted into the nasal openings for breathing while the face is covered with plaster, the scalp is lubricated with Vaseline and the head and neck are covered with a towel. Then a 5 cm thick layer of liquid plaster is poured onto the face in the following sequence: forehead, eyes, nose, cheeks, lower part of the face. When the plaster has hardened, take the impression from the face, immerse it in water for 15 minutes and cast the face mask. On the resulting mask, the missing parts are modeled with wax or plasticine. After modeling, a plaster mold is removed from the plasticine reproduction, the inner surface of which is covered with molten wax. A wax mold is used to make a prosthesis. This mold is glued to the face mask, adjusted so that it is in harmony with the overall appearance of the face, then taken away, plastered, the wax replaced with plastic and polymerized in the usual way. To color plastic, dyes are added to the polymer according to the following recipe (I. I. Revzin): For 100 g of polymer powder, 0.1 g of ultramarine » 40 » » 0.1 » crown lead » 30 » » 0.1 » cadmium sulphide red » 20 » » 2 » ocher The nose is fixed as follows. A spectacle frame is taken, to which the prosthesis is attached using metal clips. You can also strengthen the prosthesis using a spring inside the nasal openings. If a patient who needs a nasal prosthesis has a cleft palate, the prosthesis is strengthened using a spectacle frame and connecting the prosthesis to an obturator. The prosthetic nose is connected to the obturator by two round couplings; three rods of stainless steel wire 0.7–0.8 mm thick, soldered at one end, freely fit into each coupling. Such a fix ation of the facial prosthesis also determines some of its mobility (I.M. Oksman, V.A. Entelis). The auricle is made as follows. The mask of the entire face is removed with a special clear display of the area of the missing or deformed ear. Using this mask, an auricle is modeled from wax, corresponding in shape and size to the auricle of the opposite side. At the same time, a piece of softened wax is pressed onto the external auditory meatus to display its relief. Then a wax reproduction of the auricle is glued to a reproduction of the external auditory canal and, after careful finishing, a collapsible model is cast from marble or other high-quality plaster. The wax reproduction is then removed from the plaster mold and stored for control and reuse in case of failure. Melted wax is again poured into the plaster mold, the resulting new wax reproduction is plastered into a ditch and the wax is replaced with elastic plastic. The auricle prosthesis is strengthened as follows. The appendage of the prosthesis is inserted into the natural opening of the ear to fix the lower part of the prosthesis, and its upper part is fixed by means of a spring, the lower end of which is fixed on the prosthesis. The spring is thrown up over the head and ends on the opposite side of the head. As for prosthetics of other parts of the face, the described method with some modification is used for their manufacture.