

DENTAL URGENT CARE DENTURE EXPECTATIONS INFORMATION

Patients who wear full dentures should realize that: they should only expect 20% of the function from a denture compared to natural teeth, they will not be able to chew on front incisors with a denture (food is cut on the table-plate and these pieces are chewed only on posterior teeth), they will lose a great deal of taste because many taste buds are located on the palate of the mouth, and they will need to have their denture rebased or remade every 3 to 5 years due to bone loss. Full denture patients require adjustments after insertion; these cost ~\$25.00 after the first 3. An option for full denture patients (pts) is a permanent soft liner which increases the fee by \$150.00 per plate. The positioning of teeth is based upon the smile line of the lips and the ability of the patient to accommodate speaking in those positions. It takes several weeks and sometimes months for patients to accommodate to the prosthesis. Patients are advised to remove the denture each night to let the tissue rest and refill with tissue fluid. The dentures should always be placed in a basin of water when outside the mouth. Dentures are cleaned with over-the-counter products such as Fixodent cleaner (available at discount stores) as directed from the manufacturer. Tooth positions are not typically like the natural dentition due to problems such as super-eruption, instability when biting on front teeth, & jaw malalignment; years of tooth loss in the mutilated dentition result in mal-positioned teeth and this must be compensated for in the prosthesis. If you have NO teeth: Appt 1) treatment plan & impressions of jaw (return in 1-2 hours for bite record to align teeth); shade selection Appt 2) wax try-in of dentures (must repeat bite, approve shade, "bite", tooth positions, esthetics, phonetics. Appt 3) insert dentures (selective grinding of acrylic & teeth for comfort) return ~1-3 appts for adjustment. At the time of insertion, the teeth may be selectively ground in order to equilibrate the "bite" (balancing occlusion). Anterior teeth are typically ground out of occlusion. The doctor expects the pt to return for 1-3 adjustments because: as the denture settles into the tissue, areas of soreness will be revealed. PLAN ON RETURNING FOR THESE ADJUSTMENTS (sore spots are identified with ink & the occlusion/ bite is equilibrated with carbon paper). Some patients have dry mouths and dentures require fluid for surface tension adhesion. It may be necessary to purchase Biotene mouth lubricating spray from a discount store over the counter. Denture powders may be mixed with saliva, water or Biotene lubricating spray in order to obtain better adhesion. Some pts experience excess salivation with dentures for the first few weeks; but all pts require neuromuscular self-programming for at least a few weeks after denture insertion (your nerves & muscles will acclimate to the prosthesis over weeks to months. Cushion Grip is a therma-plastic gel that may be used to retain lower dentures not secured with implants. Alternatives to dentures alone are flexipartials (2-4 years service) or to have implants placed so the prosthesis can be fixed into place. Patients desiring implant-retained dentures will still need to have dentures fabricated prior to implant retained prostheses fabrication. Many pts have implants placed in the lower jaw for stability & affordability purposes; these pts are advised to financially plan for placement of implants in the upper jaw as soon as possible due to upper jaw bone loss rates 4 times the rate when the lower jaw has no implants.

If you have teeth & want a denture:

YOU NEVER GO WITHOUT TEETH – UNIL RELINE (1-2 DAYS)

Immediate denture: Usually, dentures are fabricated because the dentition has been mutilated due to "gum disease" or severe cavities. An impression is made of the jaws and an immediate denture is fabricated (1-2 week lab fabrication time is required). The patient (pt) returns in a week or two having eaten a light meal and consumed fruit juice 2-4 hours prior to surgery. Teeth are extracted, bone

contouring is performed (alveoplasty) and the denture is inserted. Do not remove denture until you return in four days for adjustment/soft-liner. It is not uncommon for bone contouring to be necessary again a few weeks after extraction surgery to resolve residual sharp edges that may lead to discomfort. The bone will change drastically after teeth are extracted. Temporary soft-liners (free for 1st 4 months) are applied every 2-4 weeks until final re-basing 4-6 months after extraction (\$400). Failure to have your denture relined within 4-6 months risks denture fracture because immediate dentures are thinner than those made years after tooth extraction. We only offer lab relines because "cheap imitations" will result in a bacteria/fungus laden non-hygienic denture (foul smell & stained black/brown). Sometimes, the tooth positions of an immediate denture are not desirable & a complete denture must be re-fabricated. In any case, the pt will not be without the denture for more than 1-2 days while the denture is re-based at the lab.

Lower denture pts may also opt for a "cu-sil" type design: some remaining teeth are retained for denture stability & silicone-lined hole is made in the denture so the denture slides over them & is stabilized by friction. Teeth are added to the denture as natural teeth are lost. Implants may be placed at any time.

At the time of insertion, the teeth may be selectively ground in in order to equilibrate the "bite" (balancing occlusion). Anterior teeth are ground out of occlusion. The doctor expects the pt to return for 3-5 adjustments because: as the denture settles into the tissue. Areas of soreness will be revealed.

PLAN ON RETURNING FOR THESE ADJUSTMENTS (sore spots are identified with ink & the occlusion/bite is equilibrated with carbon paper.)

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WEIGHT LOSS/GAIN MAY CHANGE THE 'FIT" OF AN UPPER DENTURE REQUIRING RELINE/ADJUSTMENT.
It is best to use POWDER for upper denture retention. Lower denture patients often must use PASTE/Cushion grip. Lower dentures are much less functional/comfortable.

ANESTHESIA OPTIONS:

- 1) LOCAL ANESTHETIC
- 2) NITROUS OXIDE \$60
- 3) LORAZEPAM ORAL SEDATION (RX will need to be provided before appointment)
- 4) IF YOU WISH TO BE 'ASLEEP"; YOU NEED TO BRING TO MEET WITH THE OS and alternate Monistat & triple antibiotic creams 2-3 times daily for angular cheilitis.