

The following pages will help you understand your future with a removable oral prosthesis.

INTRODUCTION:

The art and science of prosthetic dentistry has advanced rapidly during recent years as new techniques and materials have greatly improved our ability to replace missing tissues with functional and natural looking artificial appliances or prostheses.

However, it must be remembered from the outset that no prosthesis or artificial substitute, regardless of how painstakingly fabricated, will ever function as efficiently as the original living tissues.

Research has shown that the chewing efficiency of experienced denture patients is, **at best, less than twenty percent as efficient** as the average chewing efficiency of patients with natural teeth.

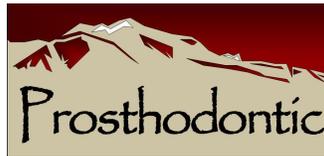
Your mental attitude and adaptability are of utmost importance in learning to use new dentures. Do not expect too much from them, especially at first. I can only provide the denture treatment and then advise you. You must have the patience and perseverance to learn to use the dentures.

Just as learning to ride a bicycle or swim can be a traumatic experience, so it is in learning to use new dentures. These are all physical skills that must be learned and no one is an expert in the beginning. The length of time required to learn to use dentures varies and depends on many factors such as age, general health, nutrition, muscle tone, tissue condition, coordination, mental attitude, and width and height of jawbone which varies greatly. Since no two patients are exactly alike, all patients cannot expect the same degree of skill or success in using dentures. However, it should be remembered that millions of other people have learned this skill and the odds are likely that you will too.

Please be aware of relatives and friends who are denture wearers. Most denture wearers consider themselves experts on the subject and are eager to give you advice based on their experiences. Such advice can **be inaccurate and harmful** to you. Please seek any further needed advice from me, who has the training to treat your specific problems.

Many denture patients would like to ignore the fact that they are, to a degree, handicapped. It is evident that a man with an artificial leg would have great difficulty becoming a professional football player. The denture patient must also learn to live with certain limitations. Since you will be wearing dentures from now on, it is no disgrace to use them in a manner that will help insure your ability to wear them in the future. Despite the limitations, your dentures will restore your appearance, your ability to chew, and in some cases your speech, when you master their use.





THE FIRST FEW DAYS:

For the first few days after receiving new dentures you should only expect to be able to keep the dentures in your mouth. Chewing should be limited to very soft foods and the dentures should be worn all night the first night only. I prefer to provide adjustments at 24 hours and after you first receive them. Movement of the denture during function usually causes red spots to develop during the first few days which will become painful denture ulcers, if not treated.

Some patients experience an initial abundance of saliva which is stimulated by the presence of the new dentures. In weeks to months, the salivary glands usually adjust to the presence of the dentures and resume their normal production. Until then, you should simply swallow more frequently.

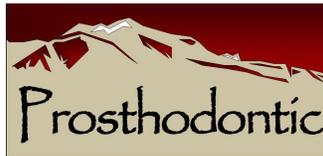
Occasionally, patients experience a gagging sensation when they first begin to wear dentures. Gagging is a reaction that will *gradually* disappear as the dentures are worn. Do not insist that the upper denture is too long. Anatomic landmarks determine the exact length of the denture and the seal or suction will be destroyed if the denture is shortened. If this problem occurs, consult me, but remember this is a problem that you must largely overcome through perseverance.

Frequently, patients have the sensation that the tongue is too confined and interferes with the stability of the lower denture. This is particularly true if the back teeth have been missing a long time or if a previous denture was not extended properly below the tongue. In these situations, the tongue muscle can lose its tone and become wider and flattened, filling the space of the missing teeth. As the new denture is worn, the tongue will regain its muscle tone and become narrower and more rounded. I may thin the tongue sides of the denture to help this problem.

Denture irritation or sore spots will invariably develop and will require adjustment by me. These irritations are caused by movement of the denture during function. Time is available each week for such appointments, so please call and reserve a time if problems develop. Never attempt to adjust or repair a denture yourself.

Difficulty with speaking is another hurdle which must be overcome with patience and practice. Speech patterns will improve only after the tissues of the mouth become accustomed to the new dentures and control of the lower denture is learned. If you watch yourself in a mirror and say the sounds that give you trouble, this sometimes helps the speech "computer" adapt to the new dentures.





CHEWING:

The greatest problem by far is relearning to eat. Eating with complete dentures is quite different from eating with natural teeth. Natural teeth are embedded in bone and have individual sensory nerves capable of sensing pain, pressure and temperature. A denture, however, functions as a single tooth, is anchored to nothing, feels nothing, and rests on soft, movable tissues covering the jaw bones.

If a denture is to remain stable during chewing, the forces of chewing must be distributed uniformly over the denture bearing surfaces. Forces applied to only one side of the denture will compress the tissue under that side, while tipping the other side away from the tissue and breaking the seal. Although some patients are proud of the fact that they can take bites out of such things as apples and corn-on-the-cob, it must be pointed out that dentures were **never intended for biting things off with the front teeth**. For most denture wearers, this causes dislodgement and frustration. The long term result of this practice is damage to the underlying bone.

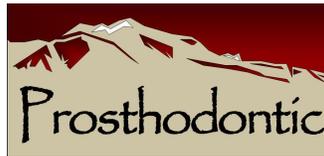
One solution to the problem with complete dentures is learning to chew simultaneously on both sides. Brittle foods such as saltine crackers may offer good practice. Place half a small cracker on one side and half on the other side. Attempt to chew slowly and thoroughly and then swallow. At first, this two-sided chewing may seem difficult because we tend to chew on one side only with natural teeth. Two-sided chewing can be learned and it will ultimately make chewing with dentures easier once you have mastered this skill.

Get in the habit early, especially in social situations, of selecting foods which can be eaten with a knife and fork. Cut the food into very small bites which can be placed on the back teeth. Methodically chew on both sides at once until it can be swallowed. Gradually, this process will become natural and rarely will anyone be aware of your denture limitations; unless you call attention to them yourself. Some patients find that the use of commercial denture adhesives are helpful during this learning period and they often become accustomed to the confidence provided by the additional adhesion. If you need or want to use adhesive, Fixodent Plus (Extra Strength) Gum Care has been useful for many.

Certain foods are impossible to chew by denture patients such as tough fibrous meats, tough breads, and hard rolls. Tiny, hard particles that cannot be softened by saliva can be extremely painful if they get under a denture, such as strawberry seeds and particles of nuts and carrots. Sticky substances such as chewing gum and caramels can stick to the dentures and should be avoided. **Biting into hard objects, like candies, will dislodge or break the teeth resulting in risk of swallowing or aspirating pieces, possibly leading to hospitalization and/or costly lab repairs out of town.**

Proper nutrition and fluid balance are important to both your general health and to your success in wearing dentures. Taking a daily multivitamin is recommended. Avoid the usual tendency to overindulge in soft carbohydrates that are high in calories and low in food value. A well balanced diet should contain some daily portion of the following types of foods: low fat milk, cheese, bread, cereals, meats (especially fish or fowl), green and yellow vegetables, fruits, and water (2 quarts a day).





Above all, wear the dentures at mealtime despite the difficulties. Do not become discouraged. Don't fall back on the "crutch" of using old dentures or doing without. This will only prolong the adjustment period. Remember, millions have learned these skills and you can too.

MOUTH AND DENTURE CARE:

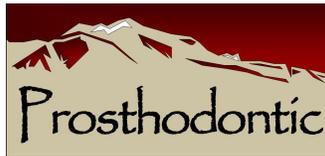
Dentures should remain out of the mouth for an eight hour period during each 24 hours. This rest period is essential for the long term health of the denture supporting tissues. Research has shown that certain pathologic conditions occur only if the dentures are worn continuously. **The gums stay healthier and the jaw bone shrinks less with a daily period of rest.** Most patients find it convenient to rest the mouth while sleeping. Thus, I recommend taking the dentures out at night.

Dentures tend to collect even more food debris than natural teeth. Dentures must be removed from the mouth before retiring at night and after eating when food is felt underneath the denture(s) . The complete denture patient should have 2 brushes, a denture brush for cleaning the dentures and a standard soft toothbrush for brushing the gums and tongue. The denture brush has a small tuft of bristles on one side which helps clean inside the denture. Use a dentifrice made especially for dentures, or simply brush them with liquid Dawn dish soap, or plain water. Since the plastic denture material is breakable, it is an excellent practice to brush the denture over a sink partially filled with water. Many dentures have been broken by dropping them into an empty sink.

Remember that tartar or calculus can form on dentures just as on natural teeth. Stains and tartar generally do not form on dentures that are thoroughly brushed daily. Remember also that "denture breath" is caused by unclean dentures in an unclean mouth.

Whenever dentures are out of the mouth they should be stored in clean water. Failure to keep dentures wet results in the material drying out and distortion can occur. Dentures should be stored overnight in a commercial denture cleaner or fresh water in a clean cup. Cleaners should not be considered a substitute for brushing.





FUTURE DENTURE SERVICE:

As a child develops, his or her jaw bones grow for the purpose of supporting the teeth. When the teeth are removed, the body knows that bone is no longer needed, and the bone that supported the teeth immediately begins to shrink away. This shrinkage is greatest during the first year after teeth are removed but continues slowly throughout life. Studies have also shown that wearing dentures accelerates this process. It is generally accepted that sufficient changes in the jaw bones and soft tissue occurs in five to ten years to require the construction of new dentures. However, there is a wide variation among patients and sometimes the internal surface of the denture needs to be updated earlier by what is called a “reline” procedure. Wearing the dentures at night is not ideal for supporting tissues and wears out the teeth significantly faster for most people.

Since we know the tissues of the mouth were never intended to support artificial dentures, and that dentures can damage these tissues, I recommend for denture patients to be examined by myself or another dentist at least once each year. Any unusual changes in the mouth should be reported to the dentist immediately. Patients who use tobacco and drink alcoholic beverages should probably be seen every six months.

There are patients who never master the use of complete dentures. Perhaps they cannot learn to keep the lower denture stable enough to chew, or perhaps they cannot get accustomed to having the whole palate covered by the denture. In the past, little could be done for these patients. Today, such problems can often be managed through the use of dental implants. Implants can markedly improve the retention and stability of a denture, especially a lower one.

Finally, with regard to denture breakage and repairs, please avoid super glue and do-it-yourself reline and repair kits. These products generally delay proper treatment and increase the risk of injury to your mouth. When such problems occur, please see me. Every effort will be made to manage any future denture problems in a timely manner, so please do not hesitate to call for an appointment. It is my privilege to provide you with your denture(s) and I hope that you will quickly master their use.

Thanks for trusting me with your care!

Sincerely,

Dr. H

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