

Achieving Emotional and Technical Success with Denture Patients

Written by Andrew Moffitt, DDS, MS

The emotional aspects of receiving dentures can be a major factor in many patients' experiences of the process. A patient who is not mentally prepared for the transition to dentures, or who has unrealistic expectations about what life will be like after receiving them, may end up unsatisfied with his or her dentures—regardless of how well crafted they may be. Because of this, dentists must play the role of counselor when helping patients make this transition.

Prosthodontics is a specialty that requires the ability to meet patients' needs when creating well-fitting and aesthetic dentures and partials. Whether making 5 dentures in the course of a month, or many times that number, it is important to ensure these creations are technically superb so that patients can have the best-functioning and most attractive, natural smile. In the emphasis of delivering a technically ideal denture, it is important not to overlook the fact that it takes more than technical success to give a patient a successful denture experience overall.

In spite of a patient's previous dental care, their physiological makeup may lead to gradual loss of teeth, possibly from caries, trauma or periodontal disease. For an edentulous patient who is in need of complete dental prostheses, the ultimate goal is that the patient resumes his or her life with a renewed sense of confidence, a healthy smile and the ability to communicate with others without embarrassment. This should be the collaborative goal of both the patient and the team of dental professionals—the dentist, hygienist and lab technician. All parties should be prepared to communicate clearly with the patient every step of the way to ensure the easiest transition to a life with dentures.



Figure 1.

Using a tooth shade guide will help ensure a more natural and accurate

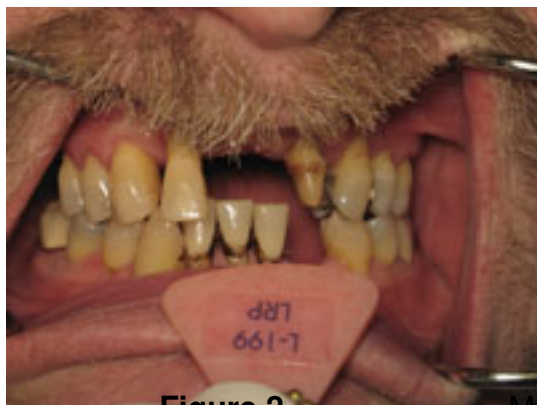


Figure 2 Matching the gingival shade of the denture to the patient's natural color



Table Presentation of Common Denture Issues

- Isolated sore spots are often caused by overextensions/denture instability.
- Food under denture or lack of peripheral seal is some times due to underextensions or denture instability.
- If dentures “don’t feel right,” it can indicate occlusal problems. Other signs of this may be instability.
- General soreness of ridge, lips appearing long and thin, deep labiomenal folds-“frowning,” and mouth breathing.
- Clicking of teeth, teeth hitting all the time, no interocclusal space, and TMD symptoms can often be

Diagnostic Wax-Up

Next, the diagnostic wax-up helps demonstrate what the final prostheses will look like. At this time, we must evaluate fit and stability, aesthetics, phonetics and the occlusal relationship of the denture teeth from static to excursive movements. This is the time for both the dentist and the patient to evaluate, and discuss the fit, function and appearance of the denture. Often a diagnostic wax-up is beneficial to show the patient what the final prosthesis will look like, and changes can be made prior to processing the denture. Photos can be taken of the shade of the teeth and of the gingival in order to connect with both the dental laboratory and the patient.

Delivery of the Prosthesis

Once the case has been delivered in the patient's mouth and verified for overall comfort, it should be checked for correct pressure points, well-balanced lingualized occlusion and any sore spots created by post-op corrections (Figure 3).

Post-Delivery Concerns

After a patient has begun life with dentures, it is important to keep an eye out for common issues associated with new prostheses such as sore spots, occlusal issues, and vertical dimension. For information on how these issues may be presented to you by the patient, see Table. Properly fitted dentures should last from 5 to 7 years. Within that time frame, one or 2 relines to adjust the tissue fitting surface may be necessary.

Patient Education and Instruction

For many edentulous patients, the aesthetic benefits of new dentures are equally as important as functionality. With continuous and open communication, as well as proper denture care following surgery, patient quality of life can be significantly improved. It is important to review your patient instructions throughout treatment, and not only at the placement appointment. Instructions should be both written and oral, and should include specific information about the first 24 hours, care of the oral tissues and dentures, and changes in the residual ridge.

The first 24 hours: Instruct patients not to remove their dentures during the first 24 hours, and to eat a soft but nutritious diet.

Care of the oral tissues: The oral cavity should be kept meticulously clean until healing is complete. Instruct patients to rinse their mouths thoroughly, but not vigorously, with a warm saline solution 4 or 5 times per day. (Mouthwashes containing alcohol should be avoided during the first 10 to 14 days or until the extraction areas are epithelized.) Denture foundation areas other than the most recent extraction sites should be brushed with a soft toothbrush or wiped with a wet washcloth wrapped around the fingers, and the tongue should be brushed

thoroughly.

Changes in the residual ridge: Instructions should also review what patients can expect as their mouths change. A relining of the denture is frequently necessary 2 to 6 months after placement, and a new denture may be needed in one to 2 years. Reinforce that resorption will continue for the rest of the patient's life, which is why annual recall visits continue to be important.

Care of the dentures: Studies have shown that most denture wearers fail to keep their dentures clean.⁵ Educating patients about the importance of a daily cleaning and soaking regimen, as well as regular professional cleanings, can help ensure long-term patient satisfaction. It is also critical for you to simplify this information and provide recommendations for excellent home care products. Patients should be advised to clean dentures with a denture brush and a nonabrasive effervescent cleanser such as Polident Fresh Cleanse (GlaxoSmithKline) to eliminate harmful plaque and odor-causing bacteria. Unlike many toothpastes, Polident Fresh Cleanse does not contain abrasives that can scratch denture surfaces, and daily use will help maintain the gloss and shine on dentures and partials.⁶

Instruct patients on use of a nonabrasive tablet cleanser, such as Polident (GlaxoSmithKline Consumer Healthcare) or Efferdent (McNeil PPC) to remove stains effectively and eliminate bacteria that causes denture odor, while preventing unnecessary abrasion to the denture. Recommending a waterproof case, to soak dentures when not worn, that includes a scrubbing brush with an oversized handle is also ideal.

Precautions to avoid breakage and distortion of the denture should be reviewed. Even with well-fitting, well-made dentures, use of an adhesive, such as Super PoliGrip (GlaxoSmithKline Consumer Healthcare) or Sea-Bond (Combe) can help patients feel more comfortable, increase bite force and chewing efficiency, and reduce food particle buildup under the denture.⁷ Studies have also shown that tissue irritation can be decreased with the use of an adhesive.⁸

All-Around Success with Patients

As we know, there is much more to a successful denture treatment than creating a well-fitting denture. However, with good communication and proper maintenance, patients can realize all of the benefits that dentures offer, including the chance to experience activities they may have been avoiding for some time. The key to ensuring a successful transition to dentures, both technically and emotionally, is to encourage open communication between the patient and the

Achieving Emotional and Technical Success with Denture Patients

Written by Andrew Moffitt, DDS, MS

dental team, from the very beginning of the process. By managing patients' expectations and being a good listener from the early stages, you can establish yourself as a trusted advisor to denture patients, and help ensure success for their entire denture experience.

References

1. Bergendal B. The relative importance of tooth loss and denture wearing in Swedish adults. *Community Dent Health*. 1989 Jun;6(2):103-11.
 2. Fiske J, Davis DM, Frances C, Gelbier S. The emotional effects of tooth loss in edentulous people. *British Dental Journal* 1998; Volume 184, No. 2, pages 90-93.
 3. Fiske J, Davis DM, Horrocks P. A self-help group for complete denture wearers. *British Dental Journal* 1995; Volume 178, No. 1, pages 18-22.
 4. Data on file, GlaxoSmithKline.
 5. Morgan TD, et al. *J App Microbiol* 2001; 91:47-53.
 6. Lamfon H, et al. *Eur J Oral Sci* 2003; 111:465-71.
 7. Aggour S. Food Occlusion Study. GlaxoSmithKline NPD study 062_07.
 8. Stern et al, *Int Dent J* 2003; 53: 347–8.9. GSK Data on file.
-

Dr. Moffitt is a graduate of the University of Washington and Creighton University Dental School. Before he received his certificate in prosthodontics and Master's in Oral Biology at the Baylor College of Dentistry, he practiced general dentistry for 3 years. Dr. Moffitt has lectured to dentists and prosthodontists in the US. He also taught dental students and residents at the Baylor College of Dentistry in Dallas. In dental school, he spent a summer setting up medical and dental clinics in the rural parts of the Dominican Republic. He can be reached at drmoffitt@moffitrestoratedentistry.com

Disclosure: Dr. Andrew Moffitt is a consultant for Church and Dwight Co, Inc.