



Dentures

From the Office of Dr. Michael J. Guy 511A Lakeshore Drive, North Bay ON, P1A 2E3

We have recommended a

- Complete upper denture (CUD)
- Complete lower denture (CLD)
- Partial upper denture (PUD)
- Partial lower denture (PLD)
- Overdenture
- Immediate Denture
- Other _____

WHY YOU NEED A DENTURE

Whether you are missing all or some of your teeth it is important to replace these teeth for quality of life and health reasons. A denture fills in the space created by missing teeth and fills out your smile. A denture helps you to properly chew food, a difficult task when you are missing space. In addition, a denture may improve speech and prevent a sagging face by providing support for lips and cheeks.

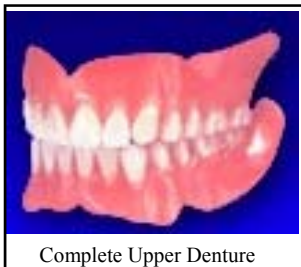
When you are partially edentulous it is especially important to replace the missing teeth. When teeth are missing, the remaining ones can change position, drifting into the surrounding space. Teeth that are out of position can damage tissues in the mouth. In addition, it may be difficult to clean thoroughly between crooked teeth. As a result, you run the risk of tooth decay and periodontal (gum) disease, which can lead to the loss of additional teeth.

TYPES OF DENTURES

Complete or Full Dentures

Complete or Full Dentures are made when all of your natural teeth are missing. You can have a full denture on your upper or lower jaw, or both.

A complete denture is considered an option of last resort so if you still have remaining teeth we will always recommend, if possible, you KEEP at least some or all of these teeth. This is especially the case with your lower jaw. Com-

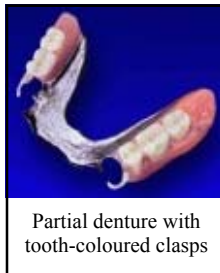


Complete Upper Denture

plete lower denture wear is very difficult because there is nothing to hold a lower denture down while you chew. One of the significant disadvantages of dentures is resorption of the underlying bone. The bone is normally maintained by the stresses of chewing. When the teeth have been removed, the bone is no longer subject to the same stress, and therefore begins to shrink. A successful complete denture can be made but it is always a compromise. As with other types of dentistry, if proper time, care, skill and judgment are exercised, a denture that functions well and looks natural, can be constructed.

Partial Dentures

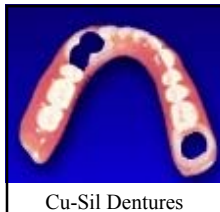
Partial Dentures are made when you still have some remaining natural teeth. You can have a partial denture on your upper or lower jaw, or



Partial denture with tooth-coloured clasps



Flexite Denture



Cu-Sil Dentures

both. Sometimes it is in combination with a complete denture.

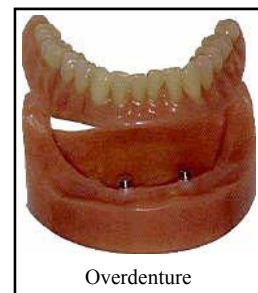
Removable partial dentures usually consist of replacement teeth attached to pink or gum-coloured plastic bases, which are connected by metal framework. Removable partial dentures attach to your natural teeth with metal clasps or devices called precision attachments. Precision attachments are generally more aesthetic than metal clasps and they are nearly invisible. Crowns on your natural teeth may improve the fit of a removable partial denture and they are usually required with attachments. Dentures with precision attachments generally cost more than those with metal clasps.

Immediate Denture

If you still have remaining teeth that will be removed to make a complete or partial denture, so you are not without teeth at any time we can utilize the Immediate Denture technique. An impression is made before your teeth are removed, and the denture is created and inserted immediately after the extraction. If your remaining teeth are so loose they would not be able to withstand the impression process, you cannot receive an immediate denture. The advantage to an immediate denture is that you are not left without teeth. However, we will not be able to try-in the denture before it is inserted to check for esthetic, phonetic and functional problems. Upon insertion if there are problems they will have to be corrected later. Usually there are no significant problems and your esthetic result will be more than satisfactory. Once healing from the extraction has occurred, after approximately three (3) months, the bones and gums will have shrunk. You will either need to have the denture relined or have an entirely new denture fabricated. At this time we are then able to make any esthetic, phonetic and functional changes that may be necessary.

Overdenture

An Overdenture is a denture that uses precision dental attachments to hold the denture down. The overdenture attachment can be placed in tooth roots that have been saved (Conventional Overdenture), or placed into dental implants which have been placed to receive them (Implant Overdenture). Because lower complete denture wear is very difficult for some, overdentures are most often utilized on the lower jaw to better secure a loose, floppy denture. Patients who have overdentures, particularly implants overdentures, are thrilled by the improvement in their quality of life.



Overdenture

Denture Appointments

Conventional Overdenture

To have a conventional overdenture you must still have some healthy remaining teeth (usually canines or premolars are selected for their root length and position in the jaw). These teeth will be shaped to fit the denture and since the shaping may expose the tooth's living pulp, the teeth usually need root-canal treatment. The teeth are covered with thin metal castings called copings, which fit into openings in the denture. Attachments also can be put on the copings so the denture is better retained in the mouth.

Maintaining some natural teeth has several advantages:

- Your natural teeth help preserve bone.
- Your remaining natural teeth bear some of the chewing pressure, which reduces pressure on other areas of the jaw.
- Your remaining teeth improve the stability of the denture and make it less likely to shift in your mouth.
- Your sense of where your jaw is in space and the pressure you are placing on the denture is better than the sense you have after losing all of your teeth.
- Keeping some teeth can help you psychologically accept your denture.

Implant Overdentures

Dental implants are essentially "artificial roots" cylindrical in shape and made of pure titanium. They are surgically placed and integrate with your bone. The denture will either fit directly onto the implants, or to a metal bar that links the implants together, providing support for the denture.

While a minimum of two dental implants may be inserted for an acceptable outcome, a person can receive three or more. Basically the more dental implants the better the support and retention to the implant denture. With two implants the denture will stay in place during chewing and speaking. However with four implants there is even more of a dramatic improvement in denture function. While two attachments hold the denture in place biting pressure is still on the soft tissues of the gums. Four to six implants allow placement of a sturdy metal bar that both holds the denture in place and supports it during chewing. The result is excellent function and comfort that rivals the natural teeth that have been lost.



Implant-retained den-

The following is the typical appointments sequences and times for the dentures we do most common. Sometimes complications arise that will prolong the process. In addition if you are receiving a partial in combination with a complete denture— the number and length of appointments may be different.

Before any type of denture is constructed whether it be complete dentures, immediate dentures or partial dentures it is important that a proper exam be performed so we can properly diagnose your needs. If you are new to the office or have never had a complete exam this will be your first appointment.

From this examination, if we find any pathology or active disease, we will try to resolve this first before the construct of new dentures. For example, if you have an existing denture and your denture ridges are unhealthy we may relin your existing denture with a soft liner and ask you to follow the "tissue conditioning" instructions below. In addition, if other dental work such as gum therapy, TMD therapy, fillings or crowns are required they should be completed before any denture

TISSUE CONDITIONING

For best results when making a denture, the denture-bearing tissues or gums must be healthy and free of inflammation. If the present condition of these tissues are poor they need to be brought back to health before proceeding with the new set.

To return your gum tissues back to health, a soft tissue conditioning liner will be placed in your existing denture. We also ask that you follow these instructions:

- 1) Keeping the dentures out of the mouth as much as possible before we take the final impression for the upper (it is absolutely necessary to take the dentures out at night),
- 2) Gently massage the gum tissues with a toothbrush, twice a day for about 5 minutes at a time, to re-establish blood flow,
- 3) Rinse with a warm salt-water mixture twice daily during the treatment period.

If you adhered this routine, in about two to three weeks, your denture bearing tissues should return to health. At this point, we will be able to proceed with the final impression. Because the inflammation or swelling of your gums has been reduced or eliminated your present dentures may not fit. I can have you come in so I can check the tissue.

appointments are scheduled

COMPLETE DENTURE

If all your teeth are already gone, a complete denture will take about six appointments over about a one month period. The following are the typical appointments.

Appointment 2 (1 hour)

Accurate Impressions (or moulds) of your upper and lower mouth are taken using special trays. These impressions are then sent to a dental laboratory which then makes models of your jaws and wax bases or blocks for measurements at the next appointment.

Appointment 3 (1 hour)

Measurements are taken of how your jaws relate to one another and how much space is between them (bite relationship). Dr. Guy will modify the wax bases to capture the jaw relationship. Next the teeth will then be selected for your denture. The size, shape and color of the teeth will depend on many factors, including reference points in your mouth, remaining natural teeth, your skin tone and the shape of your skull, photographs, etc. The modified wax bases and the mould and shade information are given to the dental laboratory so the teeth can be placed into the wax bases for the next appointment a week later.

Appointment 4-Wax try-in (20 min.)

The teeth are held in the base with wax while you have a trial fitting. You can see how the denture looks and feels in your mouth, and Dr. Guy can make sure it fits and functions correctly and harmonizes with the rest of your face. If the denture is satisfactory we will send it to laboratory for processing and you will receive the denture (s) at the next visit booked three or four working days later. If it is not satisfactory will have additional try-ins until you are happy.

Appointment 5- denture insertion

We will fit the processed denture into your mouth and make whatever minor adjustments are necessary for comfortable fit. At this time, we will also go over the instructions for eating, speaking, denture care and oral hygiene. In some cases if the bite is off we will send it back to the laboratory for a bite adjustment.

Follow-up visits

Over the first few weeks or month with your new denture you may require minor adjustments appointments for better fit and

Denture Appointments Cont.

comfort. When you call we try to get you in as soon as we can for what we expect will be a short 5 to 10 minute appointment.

PARTIAL DENTURE

The fabrication of a partial denture is very similar to a complete denture with the exception of a few appointments

Appointment 1 (1 hour)

Same as with the "Complete Denture".

Appointment 2 (40 to 60 min.)

For optimum fit, shallow preparations are made on the teeth that support the denture. No anesthesia is necessary because they are shallow there is little sensitivity. Then accurate impressions (or moulds) of your upper and lower mouth are taken. These impressions are then sent to a dental laboratory which will fabricate cast metal frameworks. Wax bases will also be added to this framework.

Appointment 3 (1 hour)

After the framework is tried in and checked for fit the appointment is very similar to appointment 3 for "Complete Dentures". In some situations we may have to adjust the bite so the teeth meet better with the frameworks in place. As with the Complete Dentures, the partials are sent to the dental laboratory so the teeth can be placed into the wax bases for the next appointment about a week later.

Appointment 4-Wax try-in (20 min.)

Same as appointment 4 of the Complete dentures

Appointment 5- denture insertion

Same as appointment 5 of the Complete dentures.

Follow-up visits

Same as "Complete Dentures"

IMMEDIATE DENTURE

Appointment 1 (1 hour)

Same as with the "Complete Denture".

Dental Extraction Appointments

All back teeth (or teeth that don't show as much when you smile or talk) will be removed before any of the denture fabrication appointments. The number of appointments will vary from 1 to 4 depending on the number of teeth that are to be removed.

Appointment 2 (40 to 60 min.)

This appointment is for moulds of your upper and lower jaws and is normally a few days

after the last extraction appointment. Generally, it is similar to appointment 2 of "Complete Denture" except that you will still have your remaining front teeth in place.

Appointment 3 (1 hour)

Same as with the "Complete Denture".

Appointment 4-Wax try-in (20 min.)

This appointment is similar to appointment 4 of the Complete dentures except it is only a partial try-in. Because you still have your front teeth you will only see what they look like on the model and not in your mouth. The back teeth of the denture can be removed and tried in to check the bite. This is a major limitation of immediate dentures because we are unable to check if there are any esthetic, phonetic and functional problems with the denture before processing. If there are any problems they will have to be corrected later.

Appointment 5- denture insertion

At this appointment your remaining front teeth are removed and the denture is then inserted. Depending on the fit of the denture it may be relined with a soft liner. We will also review post-operative instructions. It is very important that you follow them very carefully. Typically, after the extraction of teeth, there may be some swelling. By placing your denture in immediately, this swelling can be kept to a minimum. If you did not place the denture immediately, the swelling that occurs might not allow you to wear your denture until the swelling subsided. You must wear your new immediate denture for three (3) days, after the surgery, without removing it. This will help to control the swelling.

Follow-up appointments

We will ask you to come back within 48 hours of the insertion visit to check healing and make any additional adjustments to the dentures.

Once healing from the extractions has occurred, after approximately three (3) months, the bones and gums will have shrunk. You will either need to have the denture relined or have an entirely new denture fabricated. At this time we are then able to make any esthetic, phonetic and functional changes that may be necessary. At this time you will be responsible for any laboratory charges due to change made to the denture

IMPLANT-RETAINED DENTURE

There are two phases to this process. The first is a surgical phase consisting of two

stages, and the second is a prosthetic phase (making the implant denture).

The Surgical Phase

Surgical Insertion Stage

- Dental implants are completely inserted into precise preparations in the jawbone. After dental implants are inserted into the jawbone, gum tissue over the dental implant is closed with sutures.

Healing and Surgical Exposure Stage

- During healing, an existing or temporary denture may continue to be worn after adjustments have been made to adapt it to the surgical site. If the existing denture cannot be altered sufficiently, a provisional prosthesis should be fabricated.
- Implants are left undisturbed beneath gum tissue for at least several months as determined by the surgeon. During this time, bone reorganizes and grows around the dental implant surface, anchoring it securely into the jaw (this is called *osseointegration*).
- At the end of the healing stage, the top of the dental implant is exposed by removing gum tissue directly over it. An extension that is then screwed into the exposed dental implant projects slightly above the gum tissue.
- After adjustments, an existing denture can be worn over an dental implant extension while the gum heals. However, the denture must be reshaped to conform to surgical site contours in order to avoid unnecessary pressure areas on the newly inserted extensions and the surgical area.

The Prosthetic Phase (Making the Implant Denture)

- A precision superstructure is fabricated and is screwed into the dental implant extensions. This superstructure may have various interface configurations, ranging from interconnecting metal bars to specially shaped singular extensions.
- The denture is fabricated with special provisions on the inside surface to receive various types of attachments (interlocks). Depending on the attachment, they interact in various ways with the superstructure. For example, a metal or plastic attachment may clip onto metal superstructure bars, a nylon receptacle may receive a specially configured dental implant extension, etc.

The attachment/superstructure configuration helps to securely maintain a denture while eating and speaking, and still allows a person to comfortably and easily remove the prosthesis for cleaning purposes.



Instructions, Tips and Care For Your Dentures

From the Office of Dr. Michael J. Guy 511A Lakeshore Drive, North Bay ON, P1A 2E3

ADJUSTING TO YOUR DENTURES

For the first few weeks, your new dentures may feel awkward or bulky. Your speech may be altered and eating with your new dentures a problem. This is especially the case if this is your first set of dentures or if it is an immediate denture. Please be patient as you will eventually become accustomed to wearing them. If you have any soreness please call the office. Your new denture, may require some adjustments. Soreness occurs when the denture is placing too much pressure on a particular area. So we can identify those denture parts that may need adjustment, we ask that you initially wear your denture(s) full-time.

Inserting and removing your dentures, especially partials and implant-retained dentures, will require some practice. Generally dentures will seat in only one direction. Take your time. Once you line the denture up properly it will seat into place with relative ease. Never force a denture into position by biting down. This can cause damage to your teeth, tissues or the denture. Particularly vulnerable to breakage are the metal clasps of partials.

Eating- Eating with dentures is entirely different than eating with teeth. It will take some time to learn how to eat with your dentures. At first, new denture-wearers need to:

- select foods that require little chewing,
- Avoid foods that are extremely sticky or hard.
- avoid chewing gum
- Chew on both sides of the mouth to keep even pressure on the denture.
- Cut foods into small pieces, chew slowly, and don't be embarrassed if you take a little longer to finish a meal.

When biting into something place the food at the corners of your mouth and not in the centre of your front teeth, since this produces added stress and may cause your denture to tip. Please be careful you don't burn yourself when consuming hot foods plastic is a good insulator

Speech- If you have trouble pronouncing words properly, read to yourself in a loud voice. When a word doesn't sound right, go back and say it over several times until you have mastered the sound.

Coughing and sneezing tend to unseat complete dentures. A good precaution in this case is to cover your mouth with your hand or handkerchief.

Nausea- If you experience motion sickness, nausea or vomiting, remove your dentures at once and keep them in a safe place until you recover.

The tongue- If you have a full lower denture develop the habit of resting your tongue in the floor of your mouth so that the tip just touches the lower front teeth. This will keep the denture in place, particularly when you open your mouth widely. If you practice this position with your new dentures, correct placement of the tongue will become automatic in a short time.

DENTURE CARE

- Handle your denture with care. When cleaning your denture stand over a folded towel or a sink of water just in case you accidentally drop the denture.
- Brush the denture each day to remove food deposits and plaque. Brushing your denture helps prevent the appliance from becoming permanently stained. It's best to use a brush that is designed for cleaning dentures. A denture brush has bristles that are arranged to fit the shape of the denture. A regular, soft-bristled toothbrush is also acceptable. Avoid using a brush with hard bristles, which can damage the denture. Moisten the brush and apply the denture cleaner. Brush all denture surfaces gently to avoid damaging the plastic or bending clasp or other attachments.
- If you would like to use a denture cleanser, look for those with the Canadian Dental Association (CDA) Seal of Acceptance. Products with the CDA Seal have been evaluated for safety and effectiveness. Some people use hand soap or mild dishwashing liquid to clean their dentures, which are both acceptable. Don't use alcohol, abrasive cleaners, bleaches, whiteners or boiling water to clean or soak your dentures.
- Rinse loose food particles off your denture thoroughly after every meal.
- When you are not wearing your denture stored in normal tap water or in denture cleaning solution. Dentures can dry out and distort if they are left outside a moist environment.
- Get in the habit of keeping the denture in the same safe and handy place to reduce the likelihood of misplacement.
- Never attempt to adjust the denture yourself and do not use commercial relining or repair products on your dentures. You may ruin the dentures and cause damage to your

gums and the bone of your jaw.

- If your denture no longer fits properly, if it breaks, cracks or chips, or if one of the teeth becomes loose, see us immediately so we can make the necessary adjustments or repairs

MAINTAINING YOUR DENTAL HEALTH

Remove your dentures for about six to eight hours every day. It is recommended you sleep without your dentures in place. If you cannot sleep without them we recommend you have them out for at least six to eight hours a some point during the day. The following health benefits are expected from removing the dentures:

- a. blood and lymph flow is improved,
- b. cheek and tongue action will massage the gums,
- c. It is more hygienic and therefore there will be less chance of gum inflammation, infection and decay.
- d. The stress from grinding and clenching will not damage your denture supporting gums.

Practice good oral hygiene- Brushing twice a day and cleaning between your teeth daily helps prevent tooth decay and gum disease that can lead to tooth loss. Pay special attention to cleaning teeth that fit under the denture's metal clasps. Plaque that becomes trapped under the clasps will increase the risk of tooth decay. We can demonstrate how to properly brush and clean between teeth. Selecting a balanced diet for proper nutrition is also important.

See the dentist regularly. It is important to continue with regular dental checkups. The frequency of visits will depend on several factors. For instances, if you have no remaining teeth (complete dentures) yearly checkups are adequate. We will examine your mouth for signs of disease or cancer and monitor the fit of your dentures. Because your mouth will continue to change as the bone under your denture shrinks or recedes, it may be necessary to adjust or relin your denture or possibly make you a new denture.

If you still have remaining teeth we recommend visits anywhere from 3 to 9 months depending on the health of these remaining teeth. For example, if you have periodontal problems we will recommend a 3 to 4 month recall interval.