

IMMEDIATE DENTURE PATIENT INSTRUCTIONS

You are receiving immediate full or partial dentures. That means that the same day that your teeth are being extracted we will be inserting the denture to replace the extracted/missing teeth. The dentures will be fabricated according to the size your mouth is now. Facing tooth extractions can be emotionally taxing and fortunately Immediate Dentures can be made to ease this transition. No denture will ever function as well as your natural teeth. Learning to wear a new denture takes a lot of effort and patience, but with time you can learn to use them well. You are not alone. Over 40 million Americans wear dentures. The first few weeks will be a period of adjustment, especially due to the drastic changes and bony remodeling of your jawbone after multiple extractions. Your immediate dentures will need to be adjusted and you will need to adjust to your new dentures. Your immediate denture not only replaces your missing teeth, but it is acting to protect the surgical site, control swelling, and control bleeding. The denture needs to be in place to be effective. The following suggestions will help to answer some questions that you may have during your adjustment period. These suggestions cover many common questions that arise. I have told you about some of these things that specifically relate to your dentures. There may also be other suggestions that I relate to you that are not covered here. If you have any additional questions, please write them down at the time you think of them, and I will discuss them with you at your adjustment appointment.

Pre-Operative

Please give us your **pharmacy** telephone number so that we can have you pick up your prescriptions prior to your extraction appointment. Make sure that you pick up some **Chloraseptic** Throat Spray. You will need this to spray on your gum tissue. The Chloraseptic Throat Spray is found in the "Cold and Flu" section of the grocery or drug store. Run your errands prior to your extraction appointment so that you can head straight home after your appointment. Eat a healthy, hearty meal prior to your appointment. We consider a meal to consist of one serving of protein and at least two servings of vegetables (preferably green leafy). One of the vegetables can be a baked sweet or red or purple potato. Drink plenty of water with lemon juice squeezed into it so that your body is hydrated. Take any medications that your medical physician has prescribed. If you are on blood thinners please let us know. If sutures (stitches) are placed at the time of surgery you will have to return to our office one week later to have them removed.

The First 48 Hours:

You will wear your dentures constantly for the first 48 hours, only removing them every 4-6 hours to clean. This is important for two reasons. First, they need to be cleaned to prevent the dried blood from permanently staining them. Second, if your dentures are removed too long, your jaw may swell and prevent proper seating – it may be difficult to get the denture back into your mouth. Every time you take your dentures out spray Chloraseptic on you gum. Your denture will act like a "band-aid" to help the bleeding and swelling. Seeping and minimal bleeding is normal for a few days. Please call our office immediately if profuse bleeding persists. It is normal for some bleeding to occur during the first 2-3 days. When bleeding occurs, close your teeth together tightly for 10 minutes and the pressure from the denture will slow down the bleeding. Do not rapidly clench and release as this only "pumps" the site and can increase the bleeding. Do not smoke or use tobacco for 48 hours. This will decrease the rate of healing and will increase the likelihood of developing "dry sockets". Limit your caffeine intake because this will dehydrate your mouth. Dry mouth can cause major irritation. It is beneficial to place ice packs on the sides of your face. Apply for 20 minutes and then leave them off for 20 minutes. This can be repeated for the first 24 hours, as it is during this period when any swelling will reach its peak. DO NOT

USE ICE AFTER 24 HOURS. Discomfort may follow as anesthesia wears off. Take pain medication (and antibiotics if given) as prescribed before anesthesia wears off. Before taking the pain pills prescribed for you, try to take a few sips of something to coat your stomach such as almond milk, milkshake, Pepto-Bismol, Milk of Magnesia etc., when taking the pill to make it easier on your stomach. It is easier to keep your mouth from hurting than to make it stop, so take your pain medicine for the first 2 days as prescribed. Also, do not use any alcoholic beverages, operate a motor vehicle, or perform tasks that require you to be fully alert. Reduce strenuous activity for 24 hours or longer. You must not do any rinsing, forceful spitting, drinking through a straw, or drink carbonated drinks for the first 24 hours following the surgery in order to help maintain the blood clot within the tooth sockets.

Gently rinse with warm saltwater the day after surgery then spray Chloraseptic on the extraction site & do it after every time you eat for two to three days (½ teaspoon salt to 8 oz glass of warm water then spray with Chloraseptic). Place some of the warm saltwater mix in your mouth, and with your lips tightly closed, begin to force the water under the denture to loosen it. Gently spit the water out. The lower denture is usually easy to remove by lifting straight up. Often, the upper denture comes out best in a downward and forward direction. The upper may be harder to remove, especially the first time. If it is stubborn, take your index finger and place it between your denture and cheek moving up and back until you feel the back upper corner of the denture. Move your finger onto the top of the denture border in this area and pull down gently, increasing the force until the denture is dislodged. The exact way your denture most easily comes out is dependent on your mouth's unique shape. After a couple of times, you will know just what to do. There may be very dark blood inside your denture. This is normal. You may also develop some dark spots inside your mouth or on your face over the area of the surgery. This condition, called ecchymosis, is not of any lasting importance; it goes away in a couple of days. Brush your denture inside and out with dishwashing liquid and rinse well with warm water. Put some of the warm salt water you made in your mouth. Use your tongue to gently scrub the gums that were covered by the denture. Do not spit; let the salt-water drool out of your mouth into the sink. Spray Chloraseptic on your gum. Put your denture back in place and press it on to your gums for 10 seconds. Close together, swallow, and hold together an additional 10 seconds to correctly seat the denture. If there is pain from the denture pressing too hard on your gum please call us for an immediate denture adjustment appointment. Sore spots can occur even in a denture with a "perfect fit." This is due to the fact that the tissue the denture rests upon varies from place to place. Some areas are very thick and tough; others are thin and easily injured. You should contact our office as soon as a sore develops so an adjustment can be made; trying to "tough it out" can lead to a larger sore that is harder to treat. You can buy ointments (Orabase with Benzocaine) to numb the area until you can get to the dentist, but these can mask the problem area and lead to larger sores if used too long. Never attempt to adjust the denture yourself.

Even if there is no pain, we would like to adjust the dentures once the initial swelling has subsided in about 1 week.

Eating during the first week

It is very important to maintain good nutrition during the healing process. It is especially important to drink plenty of fluids. Add fresh lemon juice to your water. During the first 24-36 hours you need to eat food that does not require a lot of chewing. Some suggestions are:

Bread/cereal group: Grits, Barley + Rye, thin Oatmeal or Cream of Wheat

Vegetable group: juices, thin soups, creamed spinach, sweet potatoes, mashed potatoes

Fruit group: juices, blended drinks and shakes, soft bananas, apple sauce, smoothies

Milk group: Almond milk, Milk, cheese soup, yogurt, Boost, Glucerna, Carnation Instant Breakfast, Ensure, Sustacal (these last two products are nutritionally complete lactose free drinks)

Protein group: Pasteurized egg-nogs, scrambled or boiled eggs, meat broths or soups, pureed meats, almond butter, cashew butter, hummus, bean burgers, mash up some cooked beans (adzuki, black, black-eyed, chickpeas, kidney, lentils, navy, pinto, split, white) and brown or wild rice. Make sure you soak your beans before you cook them.

Use your Vitamix, Ninja or NutriBullet and check their recipe book.

Take your vitamin supplements and they should include Vit A, Vit B complex, Vit C with Bioflavinoids, Vit D3, Vit E, Potassium, Magnesium, Silica

After the first or second day you can slowly increase the consistency of the food. In addition to the foods above, consider soft foods like small pastas, well-cooked carrots and green beans, mashed potatoes, creamed vegetables, cooked squash, soups, cooked fruits (no seeds), fresh ripe bananas, pears or canned fruits, scrambled or soft-boiled eggs, and chopped meats.

For healthy advice/suggestions contact www.TheFourCups.com , (202)669-0254, info@thefourcups.com.

Cut your food into small pieces and eat slowly. Eating with a denture is very different from eating with natural teeth. You may find it helpful to put food on both sides of your back teeth and chew straight up and down. Biting food off is generally better done at the corners of the mouth instead of the very front as is common with natural teeth. However, it is hard to predict exactly what biting and chewing movements will be best for you because they vary widely from person to person. You will soon learn what works best for you. Be patient with yourself.

Get accustomed to your denture

Having a denture in your mouth can be overwhelming at first. This initial reaction is to be expected. Our mouths are designed to detect even very small foreign objects. Therefore, something as large a denture can be quite a “shock.” You will probably notice additional saliva in your mouth. This is because objects in the mouth are usually food so saliva is increased to aid the eating process. You may notice that you spit a little when you speak. Practice talking when you are alone to help to reduce these incidents. It may take a couple of weeks for your mouth to realize the denture is now “part of you.” In most cases, a lower denture will cause more problems than an upper denture. Even with a “perfect fit,” the shape of the lower gums usually prevents suction, so a lower denture feels looser than an upper denture. A denture adhesive may be of help in this case. There are many types of adhesives available, and we can offer advice on which one best fits your needs. Visit www.dentureliving.com. Be very careful not to use too much adhesive because the excess will ooze out and cause your lip, cheek and tongue to stick to the denture. If you continue to have problems with the lower denture, ask us if implants might be right for you. Patients have fewer problems with the upper denture. In some cases, a feeling of fullness in the roof of the mouth may cause some gagging at first. This declines as the mouth realizes the denture is not a foreign object but is now “part of you.”

FIT & SHRINKAGE

The purpose of Immediate Dentures is to prevent you from going months without teeth. It is a transitional denture. The alveolar ridge (jawbone) exists only to hold teeth. Once the teeth are extracted they will begin to resorb (shrink). The majority of the shrinkage will occur in the first 2-6 months but will gradually continue throughout the rest of your life. Therefore, traditional dentures made 3-6 months after extractions will fit much better than an immediate. It is very common for patients to accept this shrinkage and instability of fit as a part of immediate dentures. YOU CANNOT EXPECT IMMEDIATE DENTURES TO FIT WELL. They are designed to be of temporary nature and must be relined and adjusted

occasionally as your bone changes. We design it based upon research which suggests the way your bone will change but it may vary from person to person. Included in the fee are multiple adjustments and a soft in-office reline (preferably done after 2 months).

If you have a dry mouth, you can expect more problems wearing dentures. Saliva helps hold dentures in place and helps to reduce sore spots by providing lubrication under the denture. We can suggest products made for this condition that can make denture wearing more comfortable. Lemon water works very well. There are many denture adhesives on the market. You will have to experiment to decide which brand is best for your mouth. Denture adhesives come in the form of powder, paste and pads. We recommend Wrigley's Freedent gum because other brands tend to stick to the denture.

Most patients experience loose dentures and forget that they need to return to our office for adjustments and relines. I cannot emphasize enough the importance of calling our office for these adjustments and relines.

SORENESS

Soreness will probably develop in your mouth during your period of adjustment. This soreness is expected and in most instances I depend on the type and location of sore spots to guide me in adjustment of your dentures. Wear your dentures constantly for the next 48 hours (including overnight until your adjustment) and return in 2 days so that I may adjust your denture for you. NEVER TRY TO ADJUST YOUR DENTURES . The cause for your soreness may require one of many types of adjustments. Only a doctor can decide what adjustment is needed.

COMFORT

Do not expect your dentures to feel natural or comfortable at first. If this is your first set of dentures, you should readily realize that you have some adapting to do. If you have previously worn dentures, you must realize that your new dentures are different, and you will have to alter some old habits and learn some new ones. A feeling of fullness is perfectly natural. Your dentures will be imposing on the former positions of your face muscles. The muscles in your lips, cheeks and tongue will adjust. Your muscles will at first tend to displace your dentures, but you will learn new muscle habits. Do not form habits of loosening your dentures with your tongue or lips. Do not bite in unnatural positions. This habit will only loosen your dentures and draw the attention of others.

CRITICISM

It is very natural to want to show your new dentures to close friends. However, it is best that you do not invite criticism from your friends. If comments do arise, do not let them discourage you. I have attempted to duplicate your natural appearance and gain proper muscle support for your face and lips. If you have worn a previous denture, this may entail a considerable change. You and your friends will adjust to this change quickly. Try not to feel self-conscious. Try to forget that you are wearing dentures, and you will not draw attention to them. Although well meaning, friends and relatives may give you advice that can be damaging to your new dentures and your mouth. Each individual is very different, and what might work for some may create problems for others. Never adjust your denture yourself; a minor alteration might be very expensive to correct. Your dental staff is trained to give you the best advice based on your unique needs. Ask questions – we want to help!

EATING

Learning to chew well with dentures normally requires at least 6 to 8 weeks. You should begin by chewing relatively soft food that is cut into small pieces. Do not try to test your new dentures on difficult foods. Many people have made this mistake. Such foods as steak, peanuts, fresh vegetables and fresh bread should be avoided until after your period of adjustment, and even then they can be quite challenging. It has been shown that dentures, at best, are only 25% as efficient for eating as natural teeth. You will eventually learn to use your dentures quite well, but always remember there is a limit.

SPEECH

At first you may have some trouble speaking properly with you new dentures. Certain sounds may be hard to pronounce when you first get your denture. Some people find it helpful to read out loud to themselves for the first few days to train their speech. Over time your speech will improve.

Some of this trouble is caused by dentures and some of it by your psychological awareness of new dentures. Your tongue is a fantastically adaptable muscle and research has shown that it will adapt to almost any change in a week's time. You can gain confidence by practicing your speech reading aloud in front of a mirror.

CLEANING

Never place your dentures in extremely hot water. Brush your dentures thoroughly at least twice a day with a specially designed denture brush (a toothbrush will suffice if you forget your denture brush). To clean the denture, partially fill the sink with water to cushion the impact if the denture is dropped. A liquid dishwashing detergent is used with a denture brush to clean the inside and outside of the denture. Toothpastes made for natural teeth are too abrasive for denture materials and should be avoided. However, after healing has occurred, a soft toothbrush with toothpaste is helpful for cleaning the gums where the denture rests. Your tongue should be cleansed as well as it harbors many of the germs that cause bad breath. .. Also, you will want to soak your dentures periodically in one of the commercial soak solutions using them as directed. You may also soak your dentures for 1/2 hour once each week in a solution of 3 ounces water, 1 teaspoon Calgon, and 2 teaspoons Clorox. The Calgon will remove mineral deposits that have formed from the salts in your saliva. The Clorox removes stains and is a disinfectant. While maintaining cleanliness is necessary for any prosthesis, it is very important that you should **NOT** soak a removable metal partial denture in Clorox solutions or any other cleaners containing a hypochlorite compound. This can cause tarnish of the metal component.

After the first 5 days, it is best to leave the denture out at night and let it soak in a denture cleanser. This allows the gums to relax and maintain optimal health. Under certain circumstances it may be necessary to keep your denture in all night. If this is the case for you, you are at an increased risk for some problems such as oral yeast infections. Discuss this with your dentist for additional ways to keep your oral tissues healthy based on your individual situation

TISSUE HEALTH

Do not wear your dentures at night (except the initial 48 hours). Dental research has shown that constant day and night pressure on the soft tissues and bone beneath your dentures contributes significantly to the amount and degree of changes and shrinkage of these tissues. When your dentures are left out, they should be kept in water. Never allow your dentures to dry out. The plastic portion can distort if allowed to dry.

FUTURE

Your Immediate Transitional Dentures are meant to be temporary. They will carry you from the condition of having teeth, oral surgery extractions, jawbone and gum remodeling, some bone shrinkage, until completely healed jaw shape and size. The time for all of this to occur can vary from patient to patient but is usually around 6-16 months after tooth removal. At this time we generally make the permanent set of Complete Dentures at an additional cost. We also still recommend yearly fit check-ups, denture ultrasonic cleanings, and oral cancer screenings. We have found that most people have to replace their denture every 5-10 years. You may think that since you no longer have your natural teeth, you only need to see your dentist if you notice a problem. That is a dangerous myth. The supporting tissues under your dentures continue to change throughout the rest of your life. The amount of change varies from person to person. As the gums shrink, the denture and the gums become mismatched. This change is especially great during the first 6 months to a year following the removal of natural teeth. If this change is expected to be very large, your dentist may call this immediate denture a temporary denture because it is only meant to function until healing has occurred after which a new denture will be made to match the new shape of your gums. At other times only a reline may be needed. A reline is a procedure in which additional denture material is added to the part of the denture that contacts the gums so that the denture once again closely conforms to the shape of the mouth. In some cases, your dentist may place a tissue conditioner (temporary soft liner) in your denture during this healing stage. The liner can be changed from time to time as the gums shrink to help keep you comfortable during the healing stage. As mentioned above, your gums continue to change throughout life. These changes happen little by little and are usually not noticed by the denture wearer until significant damage may have been done to the tissues, sometimes requiring surgery. Your dentist is trained to detect these changes and correct them early when the treatment is less expensive and less troublesome for you. Your dentist will also closely observe your tissues for signs of oral cancer. Nearly half of the oral cancers diagnosed in North America occur in people that have dentures.

I, _____, acknowledge that I have received a copy of, read and understand this document. I have been given the chance to ask questions and understand the procedure I am about to consent to.

Patient's Signature _____ Date _____

Witness _____ Date _____



Thank you for taking the time to absorb this document. We invite your comments, suggestions and additions that you may feel would enhance this experience for future patients.ⁱ

ⁱ Dr Randy F Huffines and Dr Lane Eddleman are sources for this document