



Oakridge Co-op Mall Professional Wing
Suite 49, 2580 Southland Drive SW
Calgary, AB T2V 4J8
403-251-1522
OakridgeDentureCentre@gmail.com
www.OakridgeDentureCentre.com

Charles Gulley, DD, F.C.A.D.
Denturist

Initial Dentures

Your first dentures are a life-changing event. You may be getting dentures due to injury or natural tooth loss, but regardless, dentures are a change which requires time to adjust to.

Dentures are a prosthetic device for missing natural teeth, gums and bone, which are used to restore appearance, function and speech. They are an artificial device, which with time will provide some level of restoration back to norm. However, it needs to be understood that they are a substitute for natural structures – not a direct replacement!

If you have had teeth extracted first and allowed for some healing to occur prior to having dentures made, then you will have ongoing changes to address in the first year. If you have been missing teeth for a long period of time and have now chosen to have dentures, your structures are more stable so typically there is less matters to consider and address in the first year.

The following provides general information on initial dentures, what to do, what to expect, and future treatments that may be necessary. It is not an exhaustive list of potential issues and solutions, but more general findings and recommendations. As each patient is different, your experiences may differ from that of others you may know with dentures, and from the typical occurrences. If you require additional information, please either contact our office to arrange a consultation where we can discuss matters with you and answer your questions, or check our website for links and other information.

Wearing the Denture(s): Your denture(s) can be worn day and night. Some people remove their denture(s) at night, and some don't (more on this later in this information sheet). We may recommend you remove the denture(s) depending on your specific case, but you will be advised at the day of insertion of the denture(s), if that is our recommendation. It is essential though, that you properly clean your denture(s) daily as well as your mouth structures. Cleaning instructions are provided later in this information sheet.

Swelling: This may occur at the start, due to changes in forces on the tissues and structures in your mouth. If there is a persistent sore area, we need to check it; please call for an appointment in that case.

Denture Adhesive: Minimize the use of denture adhesives; preferably do not use any unless instructed otherwise. If you do decide to use adhesives, the powdered adhesive is the better solution as it provides an even layer and decreases the potential for sores caused by altering the fit of the new denture(s).

Denture Adjustments: The need for denture adjustments is dependent on the individual and is affected by the structures remaining in your mouth. During the first few days and ensuing weeks, the need for adjustments will vary with each individual, but do not leave any sore spots in your mouth! Make an appointment for us to check and adjust the denture(s) if necessary.

Partial Dentures: Partial dentures have clasps which “hook” onto some of the remaining natural teeth, which provides retention of the denture(s). These clasps flex every time that you put your denture(s) in or take them out. With time, the clasps loosen due to the flexing, and the denture(s) will no longer feel as stable.

When you feel that the denture clasps are loose, please call for an appointment for us to tighten them. This is a normal process with partial dentures! Also, if clasps feel too tight, we need to loosen them. Again, please call for an appointment for us to adjust the clasps.

Normal Findings/Issues:

Appearance: Your initial denture(s) have been made for your remaining structures, in consultation with you, and as approved by you at the wax try-in stage. There is normally some settling of the denture(s) after initial placement and the muscles in your face and mouth will become accustomed to changes in support and the tooth positioning. As such, the amount of tooth shown may change after a few weeks when the muscles relax and adapt to changes in support.

Chewing & Diet: It is best to be on a soft food diet for the first week or two. It is logical that any pressure applied against tissues that have never had a denture pressing on them, can be somewhat uncomfortable and even painful. Further, you now have artificial teeth on moveable bases, so your chewing will be different. Placing food on both sides and chewing straight up and down will be a stabilizing force. Once you are accustomed to the denture(s), your chewing ability should improve and you will typically find that one side tends to be a favorite for chewing. Avoid foods that are hard, tough, sticky, or require considerable chewing. Vegetables should be cooked until they are at least softened somewhat.

Complete dentures typically provide **20% or less** of the normal chewing force of natural teeth. As such, your ability to chew foods will be different than when you had your natural teeth. Partial dentures and implant retained dentures are different than complete dentures, and they have greater chewing forces which can be near or the same as natural teeth.

Saliva: It is common with initial denture(s) to find that you are producing a lot of saliva. This is due to the fact that your brain thinks the denture is food and it then stimulates the saliva glands to produce more saliva; this being part of the digestive process. This increased saliva flow typically decreases with time, but to help at the beginning, you can try sucking on hard candies which will provide your brain with the flavor sensation and once the candy is gone, the brain “forgets” about the denture for a while. You may also notice some drooling due to the increased saliva production, which should also subside with time.

Speech: Your speech may be affected by an initial denture due to tooth positioning and the denture base coverage of areas in your mouth. With time, speech should return to normal. Reading out loud to yourself can expedite this process as you will hear how you are pronouncing your words and change tongue patterns to alter the sound.

Tongue and/or Cheek Biting: There is a potential for you to experience biting of your tongue and/or cheeks. This typically occurs due to the new tooth position with the denture(s) and if an individual has been missing one or more back teeth for a period of time.

Our tongue is a muscle which will “grow” and take over the space of missing teeth. Once denture(s) are in place, the tongue is restricted somewhat, and during chewing, it may “get in the way”. The same applies to the cheeks where the muscles in the cheeks may be affected by the new denture tooth positioning. As both the muscles of the tongue and cheeks have trained patterns, with time they will “deprogram” from before denture patterns, to a new pattern with the denture(s). It is not uncommon however, to occasionally bite your tongue or cheek, just as most people with natural teeth occasionally do.

Changes in Your Mouth: Depending on whether or not you have recently had teeth extracted, there may be changes occur to the supporting structures in your mouth. If you have recently had one or more teeth extracted, for the 8-12 months following the extraction(s) there will be changes in the denture supporting structures. As the mouth heals, the supporting ridges where your teeth were decrease in size and the denture(s) will become looser. During this transition time, temporary relines may be necessary and are done via use of what are called tissue conditioners. These are a temporary soft lining material that will refit the denture(s) and provide comforting cushioning on the gums.

- Temporary liners have a fee that **is not** included in the fees for your denture(s). If you have dental insurance coverage, it may provide some coverage for the fees for these liners.
- Normally dentures placed after extractions will require a permanent reline done once your bone and gums have finished initial healing. This occurs approximately eight to twelve (8-12) months after the extraction(s) were done. The fees for the reline(s) **are not** included in your denture fees. If you have dental insurance coverage, it may provide coverage in whole or in part for the fees for the permanent reline(s).

Regardless of how long your natural teeth have been missing, the structures in your mouth continue to change forever. These changes are in both the supporting bone and the tissues to which your denture(s) fit onto. Therefore, ongoing treatment will be necessary (see below). Dentures are not a one-time event; they require maintenance and replacement.

Future Changes and Needed Services: Although every patient is different, on average most people will need relining done to their denture(s) before they need to replace them. The following is general information regarding timelines for ongoing services, relines, and replacement of the dentures.

- ✦ **Annual check-ups (recall examination):** These are recommended to ensure that your denture(s) remain fitting properly and that the remaining supporting structures in your mouth are healthy. As the structures in your mouth are continually changing, the fit of the denture(s) is continually changing. Often people adapt to the changes as they occur, and don't think about it unless their mouth gets sore. Maintaining the fit of a denture is done via periodic relines. There is a nominal fee for an annual check-up. If you have dental insurance coverage, it may provide coverage in whole or in part for the check-up fee.
- ✦ **Relines:** Relines are a refitting of a denture which is done by taking an impression to gain the changes in bone and tissue support, and then a new layer of acrylic is bonded to the fitting surface of the denture. Typically upper dentures require a reline every 2-3 years, and lower dentures every 1½ to 3 years. If you have dental insurance coverage, it may provide coverage in whole or in part for the fees for relines.
- ✦ **Replacement:** Dentures typically are replaced every 5 years. Depending on the quality of the denture teeth and the patient's specific use, dentures can last longer. As well, regular relines to maintain fit and stability of the bite, can extend the life of dentures. If you have dental insurance coverage, it may provide coverage in whole or in part for replacement dentures.

Cleaning

You should clean your denture(s) after each meal or at least daily!

For daily cleaning, we recommend using a denture brush and liquid hand soap or baking soda. Hold your dentures with two fingers over a sink full of water; if the denture falls it will hopefully splash in the water rather than hit the sink which could cause the denture or denture teeth to break. **Do not** hold the denture in the palm of your hand because if it slips, natural instinct will be to squeeze your hand which could break the denture. For partial dentures, squeezing them can bend the framework and it will then no longer fit.

Weekly cleaning should be done which is a deep cleaning. Depending on your specific findings, you may need to do a deep cleaning more than once a week, to remove any build-up of calculus or staining on the dentures that daily cleaning doesn't remove. For deep cleaning, we recommend **Nu-Dent™** denture cleaner or **Nitradine™**, which are powerful denture cleaners available at our office.

For the deep cleaning, soak your denture(s) in 1/2 cup of warm water with 1/3 capful of **Nu-Dent™** or 1 **Nitradine™** tablet, for 20 minutes or longer if necessary. Rinse your denture(s) thoroughly after soaking as these cleaners are very strong and may irritate your gums and tongue if you don't rinse the denture(s) off well.

Do not soak your denture(s) in denture cleaners or bleach solution overnight, as this can damage your denture(s) and most likely lead to irritation in your mouth when wearing your denture(s).

Do not use regular tooth paste on your denture(s), as it is abrasive and will scratch your denture(s), leading to more food sticking and staining your denture(s). If you wish to use a paste instead of soap, use either just baking soda or paste made just for dentures.

If you have a partial denture which has a Titanium framework rather than a Chrome-Cobalt framework, please be advised that some commercially available cleaners will react with the Titanium.

Below is a list of typical denture cleaners and whether they are safe or not to use with your Titanium partial. In general, it is not recommended to use effervescent products with Titanium frameworks.

| Cleaner Name | No Reaction | Reaction |
|--------------------------------|-------------|-----------------------------|
| Nu-Dent™ | ✓ | |
| Nitradine™ Denture Tabs | ✓ | |
| Renew™ | ✓ | |
| Dentu Creme™ | ✓ | |
| Protech™ | ✓ | |
| Equate™ | ✓ | |
| Stain-Away Plus™ | ✓ | |
| Dent-Appeal™ | ✓ | |
| Nova-Dent™ | ✓ | |
| Polident Fresh Cleanse™ | ✓ | |
| Equate Double Action™ | | ✗ <i>Yellow Tarnish</i> |
| Efferdent™ | | ✗ <i>Yellow Tarnish</i> |
| Kleenite™ | | ✗ <i>Dark Blue Reaction</i> |

Dentures In or Out at Night?

There are two schools of thought on this; one says to take them out at night, and one says to keep them in. Do what is more comfortable for you, however, the following provides you information for your consideration.

Out at Night: allows your gums to “self-cleanse” and relax from the continuous pressure from wearing dentures. Also, if you have natural teeth and a partial denture, it removes the forces on the teeth and gums around the teeth and decreases the potential buildup/growth of bacteria that forms between the partial denture framework and the natural teeth. However, you can close further than you should, which could lead to jaw joint damage and associated issues with that.

In at Night: may help to prevent jaw joint damage. However, the tissues in your mouth covered by the denture, do not self-cleanse or relax. If you wear your dentures all the time, then once a day, take them out and gently brush your gums with a soft tooth brush that has been warmed in water; this will stimulate the tissues and clean them off.