



The Mysteries of Denture Care

Recently we have been asked by several patients how they should care for their dentures and it seemed a suitable subject for a short article in our website media centre. We hope this is helpful to many of our readers.

The mouth in balance.....

First it is important to understand that the soft tissues in the mouth were not designed to be permanently covered with a denture. As we all know, there are many millions of bacteria and fungus that live in the mouth in balance with us. As long as the balance is not disturbed and the relative numbers of the naturally occurring bacteria and fungus are not changed by using wide spectrum antibiotics or by a sudden weakening of your immune system we live in a healthy co-existence with these organisms.

Changing the oral environment....

However, leaving dentures in the mouth every night means we are producing a micro-environment beneath the dentures with the organisms protected from the tongue movements and limited salivary flushing of the area. Such changes in the oral environment results in an increase in the amount of plaque that accumulates. It also results in an increase in the quantity of fungus that lives in the mouth.

Denture sore mouth....

Such an increase in plaque and fungus can result in the development of a sore mouth that may be referred to as Denture Stomatitis or a denture sore mouth! This condition arises with both an increase in the total numbers of organisms living in the mouth and a change in the relative numbers of many different species of bacteria and fungus living there. A denture sore mouth can also result when an elderly patient or a patient with a compromised immune system is given antibiotics.

Prevention better than cure....

As always I look at prevention first rather than cure. Prevention is achieved by maintaining a clean mouth and a clean denture. Cure on the other hand may require the denture patient to stop wearing the denture, use antibacterial mouthwashes, special cleaning of the denture or even attendance at a dentist or a dental prosthetist to have the denture "relined" with new clean and uninfected denture base material called acrylic.

Keeping the mouth clean....

Denture wearers may have some teeth or no teeth but in both cases, the mouth needs to be cleaned. The largest reservoir for organisms in the mouth is the tongue surface. It is rough and can provide a protected home for many millions of bacteria and fungi. Simply brushing the tongue surface regularly will help to keep the numbers of these organisms to a minimum. Remember the toothbrush cleans by mechanical disruption of bacterial plaque. Toothpaste does not clean; it is merely a vehicle to provide fluoride in the mouth to help fight against decay in teeth! Toothpaste must not be used to clean the polished or fitting surfaces of the denture as it will scratch the surface and allow bacteria and fungi to colonise the surfaces leading to infection and denture stomatitis (denture sore mouth).

Use of a mouthwash, with proven anti-bacterial activity, on the brush will help but be careful in your choice. For example using Savacol regularly will result in a brown discolouration of the tongue surface and brown staining of any remaining teeth. Using Listerine may help and Curasept may also be beneficial. Neither should result in staining. It is best to limit the use of chemicals however to just a few times each week and use water alone brushing the tongue at other times.



Cleaning teeth is covered elsewhere in our information in this media centre and patient handout PH 01. Remember, toothpaste doesn't clean teeth but the mechanical disruption of the plaque on the teeth by the toothbrush filaments is the mechanism of cleaning. It's how you brush and for how long you brush that is of the greatest importance when cleaning your remaining natural teeth.

DENTURE RULE ONE

Having discussed the role of bacteria and fungus lets state RULE 1 of denture care:

- LEAVE THE DENTURE OUT AT NIGHT.

Care for the denture at night....

Always clean the denture at the end of the day when you remove it to go to bed. Whenever the denture is not in your mouth it should be kept in a denture box in water.

Denture cleaning

Cleaning your denture is the next consideration. Remember not to use toothpaste to clean the denture. Toothpaste is abrasive and the abrasive particles will result in micro-scratches on the denture base material. These fine scratches provide the ideal protected environment for the retention and growth of bacteria and fungus on the denture surface.

Instead, clean your denture with a toothbrush and a liquid cream soap. This is gentle to the denture and will not result in damage. You can also use effervescent denture cleaning tablets (*for example Sterident*) that dissolve in water and the gentle bubbling action of the cleaner will help remove any microscopic film that can develop on the denture surface. They should not be used every night or the pink pigment in the dental base material will fade and the teeth will become whiter so they no longer match the remaining natural teeth. Bleached teeth look unnatural and therefore milder cleaning solutions are best.

Disinfect your denture....

Once or twice a week it is recommended that you disinfect your denture. The most effective way of doing this is by using a proprietary baby bottle cleaning fluid or tablets (Milton Baby Bottle Cleaner).

If the denture is a complete denture with no remaining natural teeth you do not want the teeth to become too white or they will look like false teeth and not provide a natural appearance.

Wash out after food

During the day you may not have the opportunity to remove your dentures and brush them however, it is strongly advised that you try to at least remove the denture from the mouth and wash out your mouth well to remove any retained food particles from beneath the denture. Be careful eating such foods as nuts or fruit with seeds. These small particles may find their way beneath the denture and if you then bite on firm food, you may experience pain as the particle digs into the underlying soft tissues.

Damaged dentures....

If your denture fractures or the denture material chips, do not try to smooth or repair it yourself. The use of superglue is ill-advised as it is toxic. Take the denture either to your dentist or a dental prosthetist who will repair it professionally and ensure you enjoy long-term success with the denture.

Denture life....



Dentures are not for life! Many older patients attend and report the dentures are 30 years old. While this may suggest they are very successful, it means that the patient will have lost bone over the time, and gradually their chin gets closer to the nose when they bite together. This is what we call a reduced face height. Dentures should last 5-7 years and then should be replaced. This allows the dentist or prosthetist to compensate for the lost bone due to wear and aging, and increase the denture height preserving the face height and maintaining the correct facial contours. Failure to do so will result in a sunken face appearance with the appearance of premature aging.

Delayed or immediate dentures?

When a patient has their last teeth removed, they have the choice of going without any teeth for 8-12 weeks and then having dentures constructed on the healed jaws and soft tissues. Such dentures will fit well for a long time.

Alternatively, and far more popular these days, is the use of immediate dentures. These are exactly what they are called. They are dentures made in advance of the removal of the teeth on models prepared by the prosthetist allowing for the tooth loss. Immediate dentures are inserted the same day the teeth are removed. This can be most successful but must be performed by an experienced prosthetist or dental surgeon who can accurately estimate the changes in mouth contour to achieve a well-fitting denture. To understand how this is done you can read more at the section concerning alveolectomy in NQ Surgical Dentistry website media centre. Once the dentures have been fitted, the patient must attend either the dental surgeon or the dental prosthetist within 24-48 hours to have the soft tissues checked for any signs of denture rubbing. Such sites of rubbing are indicated by red rub marks on the soft tissues. The dentures can then be adjusted early before these sore spots progress to become large painful ulcers. Once the denture has been adjusted, the denture can be worn in comfort.

Immediate dentures usually require relining after a couple of months when the denture is lined with more denture material to make it fit accurately after the healing has taken place with resulting soft tissue shrinkage.

Denture reline....

Immediate dentures fit reasonably well initially but as healing takes place the soft tissues shrink resulting in the denture becoming loose. This is normal and can be corrected easily by having the denture relined with additional denture base material, called acrylic. This results in the re-establishment of a stable, well-fitting and comfortable denture.