



Patient Instructions for Immediate Dentures

Great River Dentistry

The first 24 hours

Do not remove your immediate denture during the first 24 hours. Let it act as a bandage during the initial healing of the surgical area. If the denture is removed during this period, the gums may swell and make it hard to get the denture back in place. Take your pain medication as directed. It is helpful to take the first dose as soon as possible so it is in your system before the anesthetic ("numbness") wears off. Research has shown that it is much better to take pain medication regularly as directed instead of trying to wait until you "really need it". It can also be helpful to apply an ice pack over the area during the first few hours: on for 20 minutes, off for 20 minutes. If you follow these directions, often after the first 36 hours mild pain medications alone will be strong enough to relieve any discomfort.

Your pain medication is:

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. If you have excessive bleeding, contact your dentist immediately. Do not take any additional medications or herbal products during this time unless prescribed by your dentist or physician. Many seemingly harmless products can cause increased bleeding. Of course, if you are on any prescription medications for medical conditions, continue to take these as directed. If you forgot to tell your dentist about any medications you are taking, tell them at once. Clean the rest of your mouth and any remaining natural teeth as usual. Keeping a clean mouth can aid the healing process. Do not spit forcefully during this time or the denture could become dislodged. If you need to remove liquid from your mouth, let it drool out

gently over a sink. Avoid mouthwashes during the first 24 hours unless prescribed by your dentist.

At the end of 24 hours remove the denture

Mix $\frac{1}{2}$ teaspoon of salt with a cup of warm water. Place some 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. 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.

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. During the first 24-36 hours you need to eat food that does not require chewing. Some suggestions are:

Bread/cereal group: thin oatmeal or Cream of Wheat

Vegetable group: juices, thin soups

Fruit group: juices, blended drinks and shakes

Milk group: Milk, cheese soup, yogurt, Carnation Instant Breakfast, Ensure Sustacal (these last two products are nutritionally complete,

lactose free drinks)

Meat group: Pasteurized eggnogs, meat broths or soups, pureed meats

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, soups, well-cooked fruits (no seeds), canned fruits, scrambled or soft-boiled eggs, and chopped meats.

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.

Speech

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.

Becoming 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 as 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. 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 your dentist can offer advice on which one best fits your needs. If you continue to have problems with the lower denture, ask your dentist 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.”

Sore spots

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 your dentist 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 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.

Dry mouth (xerostomia)

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. Your dentist can suggest products made for this condition that can make denture wearing more comfortable.

Caring for your denture after the first day

Starting from the day you remove your denture for the first time, remove your denture and rinse it out after every meal or snack, and then place it back in your mouth. For the first 5 days, keep your denture in at all times except to clean. Avoid mouthwashes the first 5 days unless prescribed by your dentist; some mouthwashes may slow the healing process. You can use salt water rinses as described above during this time. 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. 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.

Regular dental care is still important

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.

Myths about dentures abound

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 – they want to help!