I see quite a few referrals from general dentists for patients who have a mild-to-severe gagging reflex. I will briefly review a number of techniques that can be used to help the patient when having an impression taken. Yet perhaps the most important aspect is often overlooked, that is simply putting the patient at ease, being supportive and encouraging. If I ever try to rush treatment on a patient who gags, I am in trouble. But if I am able to go at the patient’s pace, the whole procedure is much simpler.

Easing the discomfort
Here are recognised ways of reducing the gagging reflex:
1) Placing salt on the tip of the patient’s tongue
2) Using topical anaesthetic in the mouth, for example, you can get anaesthetics in the form of lollipops that a patient can suck prior to impression taking
3) Asking patients to hold a cold pack which acts as a thermal distraction
4) Physical distractions; have patients lift both feet up off the dental chair, and also rub thumb and index finger together
5) Use a light dose of a sedative
6) Utilise hypnotic techniques
7) Use acupuncture to reduce the gagging reflex

8) Using a technique described by Berkal Technique practitioners: ask the patient to hold either thumb with the opposite hand; this also appears to help

As a dentist running a referral denture clinic, I sometimes have to think a little bit outside the box. I saw a patient – we’ll call her Mrs Smith, as she wishes to remain anonymous. She presented with a very severe gagging reflex. Her general dentist had referred her to me. She would gag when she was brushing her teeth and was very worried about having impressions taken.

Like many patients with a gag reflex, Mrs Smith felt that she was the only person to have this problem to this extent. Prior to treatment, we discussed going for a denture design that would keep the framework of the denture as minimal as possible. Luckily, she still had three upper teeth that could be used for retention, but we still decided on a reduced arch length.

By using a much-reduced upper special tray, we were able to get a reasonable upper impression. However, I simply couldn’t get an impression tray in at the bottom for an opposing arch impression. As I have the dental technician on-site for try-ins, we probably could have worked around this, but I wanted to see if there was another way. In the end we used some putty, which I was able to get on the buccal surfaces of the lower teeth and slowly advance this over the occlusal surfaces and even down onto the lingual aspects of the teeth. We managed to get a good lower impression using this technique, and it is worth keeping this concept up your sleeve if you are faced with a similar situation.

A happy customer
I am happy to report that Mrs Smith is delighted with her new dentures, and is not only wearing her dentures during the day, but is even talking about sleeping in them.

In conclusion, it is useful to have a list of options as presented above when trying to treat patients with a gag reflex. As I said at the start of this column, I would argue that the most important factor is not to make a patient feel rushed and to spend time gaining their total confidence.