A perfect match
An examination for dentures needs to be extensive to make sure the patient receives the perfect set for them. Justin Stewart offers some tips

It could be argued that dentists generally undercharge for dentures. Take complete dentures for example; constructing complete dentures can really be considered full-mouth rehabilitation.

Some dentists charge the same amount for a complete denture as for one crown, therefore, in essence, they charge as much for restoring one tooth, as they do for a denture, which restores the whole arch.

If a dentist is going to charge properly for a complete denture, a thorough examination needs to be carried out not only for clinical reasons, and to assess what improvements can be made to a previous set, but also to show a patient the care and concern that will be taken in new denture construction.

Countless new patients come to my practice and tell me their dentist spent just a few minutes having a brief look at their dentures, to give them a price of a new set.

I find however, that once I have carried out a thorough clinical examination, patients have a much better understanding of the complexities of their particular situation, and are more than willing to pay a premium to receive an excellent set of dentures.

Some important points
There are too many factors in a thorough examination to describe in detail here, but I would like to highlight a few that are important yet often not discussed (but should be) prior to patient treatment.

Lip pulls: Very often when patients smile, their smiles are not symmetrical, and the upper lip on one side will tend to be higher than the other. With complete dentures this can be compensated for, but it is important to mention this to the patient before treatment commences.

Saliva: It can be wet, ropey, dry or average. A significant proportion of denture wearers have dry mouths. We can point denture wearers towards some good products on the market that will help with this; however it is important to be up front to let patients know that a dry mouth significantly reduces retention of the dentures.

Pain index: There are patients whose ridges are sensitive to even light touch. This is rare, but needs to be checked before treatment begins.

Throat form: This can be classified into Class 1, 2, or 3. In throats where the uvula is hanging low, it is harder to get a good seal at the back of the hard palate. Patients should be told about this up front.

Many patients tell me their previous dentist had a brief look at their dentures to price up a new set

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Upper ridge to upper lip and lower ridge to lower lip (resting/smiling): This is one of the most important measurements to take, as immediately it gives the dentist an idea of how easy it will be to achieve an attractive smile with dentures.

Height of muscle attachments: Clearly the higher the muscular attachments to the ridge, the more difficult it is to get a highly retentive denture.

Palate (deep/average/shallow/v-shaped): It is obviously more difficult to get a highly retentive denture with a shallow palate.

Tissue consistency: Pay particular attention to where the ridge is loose and flabby; it may require a different impression technique to the firmer areas of the ridge.

TMJ status: Make a note of any symptoms and sounds. In my experience it is very difficult to recapture the disk when providing new dentures.

Tongue (large/average/small/retracted): There are a proportion of patients who are in the habit of retracting their tongue on a regular basis, and they are much harder to restore because the floor of the mouth moves up as the tongue retracts.

Bone levels: Complete denture discussions today should include implant treatments. For older patients with very resorbed ridges, volume and quality of bone may make these options difficult.

Expectations (high/medium/low/unsure): As we all know, it is much easier to satisfy patients with low expectations. For patients with high expectations, it is important for the dentist to under promise, or at least be very realistic about what can be achieved in order for the resulting denture to be acceptable to the patient.

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About the author

Justin Stewart
was the first qualified Biofunctional Prosthetic System (BPS) dentist in the U.K. He is a member of the American Prosthodontic Society and the British Society for the Study of Prosthetic Dentistry. Dr Stewart has recently been appointed to Dr Joe Massad’s International Advisory Board. An experienced lecturer, Dr Stewart is dedicated to resolving denture related problems through teaching and training. For further information please email Justin Stewart at enquiries@thedentureclinic.co.uk

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