



**Thomas Pham DDS**

## **INFORMED CONSENT FOR COMPLETE DENTURE PROSTHETICS AND/OR REMOVABLE PARTIAL DENTURE PROSTHETICS**

*The purpose of this document is to inform you of what to expect during removable prosthodontic treatment along with the benefits and potential risks or problems that may be encountered before, during or after treatment. Please read this document carefully and make note of any questions you may wish to discuss with us. You will be asked to sign a copy of this document before treatment begins.*

1. The purpose of a removable prosthesis is to replace missing teeth with dentures that can be removed from the mouth. The 3 major categories of removable prosthetics are:
  - a.) Removable complete dentures (supported by gum and bone tissue).
  - b.) Removable partial dentures (supported by gum and bone tissue as well as teeth).
  - c.) Overdentures (supported by gum and bone tissue as well as tooth roots or implants).
2. Removable prosthetics are generally chosen as a tooth replacement option over implants over non-removable prosthetics for financial or anatomical limitations. In other words, removable prosthetics are generally as a less than ideal option.
3. Removable- This is self explanatory, but it is important to know that your teeth are removable and should be removed for cleaning and at night unless otherwise recommended. This allows the gum and bone tissue to “breathe” and takes pressure off of the bone, especially during sleep when most people put extraordinary force on their teeth.
4. Chewing efficiency- It is well documented that with increasing tooth loss, there is a corresponding decrease in chewing efficiency. This means that with your new dentures, you may not be able to eat the foods you have been able to eat in the past. With time, most people accommodate and are able to eat most foods, however, corn-on-the-cob, lettuce and steak are examples of foods that may be difficult to eat. As specialists, we are able to provide you with techniques and materials that can maximize denture chewing efficiency. Chewing efficiency can also be enhanced by utilizing dental implants.
5. Future bone loss- Long term studies show that when teeth are lost, the bone that once supported those teeth will be lost. This bone loss will continue over time, with a majority of the initial bone loss occurring within the first year of tooth loss and a gradual continuation of bone loss throughout life. This is especially true in the lower jaw where bone loss occurs 4 times as rapidly as the upper jaw. This bone loss makes wearing dentures a problem that can get worse as years pass. As specialists, we utilize impression making techniques that place denture pressure in the areas of the mouth that are best suited to bear the stress load of a denture and minimize bone loss. Placing dental implants will also minimize if not eliminate this bone loss. Dental implants require an adequate quantity and quality of bone for long term success and it is advantageous to place implants sooner than later to avoid the need for bone grafting.

6. Thermal discrimination- Because the acrylic base portion of a removable prosthesis may cover gum tissue that was not covered before, it is important to know that you may not be able to feel hot and cold as you once could. Some patients are disappointed that coffee, soup, ice cream and other items has lost its appeal because they can no longer feel the temperature of these items.

7. Stereognosis- This refers to the ability to feel the shape of food and objects in the mouth. Items such as ice cubes, hard candy, etc... have a recognizable size and shape. Because dentures cover much of the gum tissue and their associated mechano-receptors, the ability to recognize the shapes of objects in the mouth will be diminished.

8. Proprioception- This refers to your ability to know where your teeth and jaws are in 3 dimensional space. When teeth or implants are present, the neuromuscular system is able to know when the teeth are about to hit each other. This is why when you are about to bite into something overly hard or potentially damaging, your brain tells your jaw to be careful and slow down or stop. When the teeth are lost, so is the ligament that regulates this safety feature. Therefore, sometimes while wearing dentures, the first sense you are about to bite into something hard or hit your teeth is when you actually have already made contact. Placing implants will regenerate a significant amount of the lost proprioceptive mechanism.

9. Taste- Taste buds are located on the tongue which is not covered by removable dentures. Contrary to popular belief, there are no taste buds on the palate. However, acrylic resin and metal denture bases, can affect the taste of food, especially if they are not properly cleaned.

10. Retention and Stability- Stability is the ability of a denture to remain stable during function. Retention is the ability of a denture to resist dislodgement. The stability and retention of a denture is dependant upon many factors including: quantity and distribution of gum and bone tissue, the quantity and quality of saliva, muscular coordination of the patient, the fit of the tissue surface of the denture as well as the fit of the polished or outer surface of the denture. Many times, teeth placed in violation of the lip or tongue will be dislodged because of the action of the muscles. Training in muscle control and speaking may be necessary to reach the full retentive and stability potential of your dentures. In addition, bone loss will influence the fit of the denture. As discussed in #5 above, the continuation of bone loss will make retention and stability more difficult with time and relines may be necessary. Dental implants substantially increase retention and stability not only primarily due to the physical retention of the denture, but secondarily because of the benefit of minimal bone loss.

11. Speech- The tongue, palate and teeth are generally responsible for the pronunciation of words. Removable dentures cover areas of the jaws and palate that are not normally covered. At first, your tongue will not be used to the additional bulk of acrylic or metal required for a strong prosthesis. Most patients will adapt to the new prosthesis within 2 weeks. Some may require additional time as well as working with a speech pathologist. Usually, simply reading or singing out loud for several days is enough training to allow the mouth to accommodate to the new teeth.

12. Appearance- Properly fitting dentures should look extremely natural. Tooth position can be determined by a number of different phonetic (because tooth position is responsible for 'f' and 'v' sounds) and aesthetic guidelines. Your input as the patient will be extremely important in the selection of color, shape, size and position of the denture teeth. Contouring of the pink base portion of the denture can also assist in creating natural lip and facial support. However, it is important to know that when teeth and facial skeletal bone are lost, so is some of the facial muscle tone. This may result in

the “loosing my lip” syndrome. This means that despite all of our best efforts, it may appear that your lip has turned under.

13. Maintenance and follow-up- If you do not have any teeth and have complete dentures, we would like to see you 1 time per year for an office visit. This will allow a thorough evaluation of your hard and soft tissues as well as a complete oral cancer screening. It allows for an evaluation of fit of your dentures and the possibility of the need for a re-line. Your bite can also be evaluated and the degree of wear on the denture teeth can be assessed.

14. Relines, Repairs, New teeth and New dentures- In time, you will lose bone under your denture as discussed in #5 above. This will cause your denture to feel loose. A reline is a procedure that can re-fit your existing denture by re-surfacing the inside to fill in where bone has been lost. Relines are usually recommended every 5 years and sooner if teeth were recently extracted.

From time to time, a denture tooth may chip or crack. If this happens, please call our office and bring your denture in so that tooth in question may be repaired or replaced. This may require an outside laboratory and therefore, you may be without the denture for the day. When cleaning your denture over a sink, please place a towel in the sink or fill the sink bowl with water, as it is not uncommon to drop a denture in the sink and fracture the teeth or the denture. Dogs and other pets enjoy all types of dental appliances, so please keep them away from your dentures.

Denture teeth will wear flat after a number of years and it may be necessary to replace these teeth with new teeth. If your denture fits well, it may be as simple as replacing the teeth with new denture teeth. This may require you to be without the teeth for several days.

As no dental appliance will last forever, it may be necessary to make a new set of dentures. It has been my experience that every 10-12 years is normal and a good time to consider replacing dentures with new ones. Dentures that are made properly can have a wonderful outcome. However, it is important to realize that they are a prosthetic replacement of your own teeth. Much like someone with a hip replacement or artificial leg, you will likely never be the same as you were when you had your own teeth. For that reason, as a marathon runner would not begin running right after a hip replacement, you should not expect to function at peak level with your new dentures immediately. With time, you will adjust to your new dentures and function adequately. However, implants are considered the best way to function and feel as though you had your own teeth again.

**I have been given the opportunity to read this document and ask questions. I give my consent to allow Dr. Pham to start the process of my denture.**

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_