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WHAT TO EXPECT AND HOW TO CARE FOR YOUR NEW REMOVABLE PARTIAL DENTURES

YOU ARE AN INDIVIDUAL

You have a new removable partial denture (RPD) which will fit and feel different than your natural teeth or the removable partial denture that you have had before. As you are adjusting to your new RPD, remember that no two people are the same. Therefore, do not compare your progress in adjusting to the new RPD with another person. What is annoying and painful to some will not be true for others. Some people have an easier time adjusting because they have larger, stronger bone to support their RPD. Disregard comments of others who may say "I never had a bit of trouble when I had my new partial made." Many people tend to forget the problems they had adjusting.

SORE AREAS WITH A NEW RPD

An appointment will be made for you 24 to 48 hours after insertion of your new RPD. Sore areas *will* develop within this time period and it is important to find and adjust the cause of the sores. Do not attempt to adjust the partial yourself because it can very easily be made worthless by a do-it-yourself adjustment. As you use the partial, it will settle on the soft tissues. This will necessitate additional adjustment appointments as the occurrence of new sores is almost always inevitable. If you find it necessary to remove your partial because of excessive soreness, reinsert the RPD 24 hours preceding your appointment for the adjustment. This will make it possible to see the pressure areas on the tissues and pinpoint accurately where to adjust the partial.

SPEAKING WITH A NEW RPD

Learning to talk with your new RPD in place is easier than with a complete denture, but may still require practice and perseverance. Reading aloud is a very helpful method of learning to pronounce words distinctly. Practice those words or sounds that seem to give you the most difficulty. It takes time for the tongue to learn the different positions necessary to make good speech sounds with a new partial.

CHEWING WITH A NEW RPD

The lower RPD rarely has as good retention as an upper RPD. Since the muscles of the cheeks, lips and tongue will tend to displace your partial, do not develop the habit of displacing it with these muscles. Rather, train these muscles to assist in keeping your partial in place. It is not uncommon for a lower partial to rise somewhat on the opposite side of chewing. If possible, learn to chew on both sides of your partial at the same time. If it rises too much, this may mean an adjustment is required and you should contact our office.

INCREASED SALIVA WITH A NEW RPD

Do not be alarmed at the greater amounts of saliva in your mouth during the first few weeks of wearing your RPD. This condition will correct itself as you become accustomed to wearing them.

ORAL HYGIENE WITH AN RPD

Your RPD should be left out of your mouth at least eight of every twenty-four hours to allow the tissues to rest from the pressures placed on them by the dentures. Typically the best time is overnight. Failure to allow the tissues to rest can result in chronic irritation to the tissues, the development of certain fungal infections and more rapid loss of bone. (Remember that this bone is desperately needed to provide support for the RPD in future years and must, therefore, be conserved).

It is important to clean your partial and rinse your mouth after every meal. The tissues of the mouth and tongue should be brushed daily with a soft bristle tooth brush. This provides stimulation for increased circulation and removes debris that could cause irritation and offensive odors. Clean your partial by rinsing it thoroughly with soap and water. Do not use a toothbrush as this may scratch the surface of the RPD and dull it.

LONGEVITY OF AN RPD

The assumption that an RPD will last a lifetime is incorrect. Take into consideration that both the RPD and tissues will change over a period of time. It is suggested that your mouth be examined and the fit of your RPD be evaluated by a dentist on a yearly basis.

Among the changes that may occur is breakage of the clasps, keyways or other retentive devices incorporated in your RPD. In particular, Bredent precision attachment sleeves wear out and will have to be replaced on an as needed basis, usually once a year.

Shrinkage or resorption of your ridges is a normal occurrence, particularly if this is an immediate RPD replacing newly extracted teeth. Following the extraction of teeth, the final remolding and shrinkage of your ridges will be complete anywhere from six to twelve months after the loss of teeth. In patients replacing an old RPD, shrinkage may be noticed anytime between a few weeks to a year or more. During this period your partial will be lined with soft tissue re-line material to provide you with comfort. This procedure may be repeated several times.

It is important to understand that changes in your ridges are beyond the control of the dentist. Since the pattern of resorption is difficult to predict at the time of initial fabrication, it is standard to have a lab-processed hard rebasing of the partial to optimize the proper fit to your ridges. For those with an immediate partial, a lab-processed hard rebase is typically done after one year. For those with a replacement RPD, a hard rebase may be done anywhere from one or more years later when needed. A lab-processed hard rebase procedure requires you to leave the partial with us for one to two days, depending on the lab schedule.

RISKS AND LIMITATION OF DENTURES

Do not expect your RPD to function as your natural teeth once did. Partials only function about 50% as efficiently as natural teeth. Learn to know the limitations of your RPD and adjust your living habits accordingly. Since your RPD relies on a connection or attachment to your remaining teeth, there is a chance that over time the anchor teeth may be weakened or compromised sooner than if they had not been so employed.

POST-DELIVERY PERIOD

Any follow up appointments, adjustments, soft relines, and Bredent precision attachment sleeves replacements to your new RPD will be done at no charge to you for **two months** from the date of delivery. After this period, soft-relines, adjustments, and/or precision attachment sleeve replacements will be charged at the regular fee. Other procedures that are not included in the charge for your original partial include a lab-processed hard rebase of your partial. This is a procedure separate from the fabrication of the original partial and will be charged at the regular fee.

I have read this RPD handout, understand the information presented, my questions have been answered satisfactorily, and I agree with the terms presented.

Patient

Date

Doctor

Date

Witness

Date

