

Understanding Your Dentures

Dentures are a surprisingly complex subject. There are a lot of choices and questions that you have about the subject. To help you, we've put together this feature full of information and frequently asked questions. Feel free to print it out if you wish to pass the information on to friends or family.

Many people wrongly believe that their ability to eat foods such as apples, corn on the cob etc will not be affected when their natural teeth are replaced with dentures. Unfortunately fulfilling such high expectations is extremely difficult and in some cases impossible depending on the conditions in each individual mouth.

To avoid disappointment it is necessary to understand some of the more common difficulties encountered during the denture wearing process.

Gum Shrinkage

When natural teeth are lost, all that is left are bony ridges, which used to hold teeth. Dentures have to rest on these ridges. The shrinking of these ridges is known as resorption or atrophy (wasting of the bone). It is an inevitable process that begins with tooth loss and continues throughout life. This is a highly variable process and is the main reason to why people have difficulty wearing dentures.

Lower Ridge Shapes

Changes through bone loss cause the ridges to change shape, size and in how they align together.

Ridges can be square or rounded in shape (when looked at in cross section), with a smooth surface and these are generally suitable for denture wearing. The less favourable mouth tends to have either flat or small V-shaped ridges, offering little or no support to the denture. Other shape extremes like bony gums (which cause soreness), or very fleshy mouths (which allow a denture to move) are also difficult to fit with trouble free lower denture.

Palate Shapes

The shape of the palate also influences the fit and suction needed to wear an upper denture. Again the square or rounded shapes are more suitable than the small flat, or V-shaped. Shape extremes like bony gums (which cause soreness), or very fleshy mouths (which allow a denture to move) are again also difficult to fit with a trouble free upper denture.

Problems with Lower Dentures

Complaints received about dentures are usually received about lower appliances. Lower dentures have to operate in a very mobile environment, where the lips, cheeks and tongue have tendency to try and dislodge the denture (when speaking or eating etc.)

Another factor is that a lower ridge is much smaller than the upper, as it is prone to excessive shrinking (up to 4 times as much as the upper) and there is no large surface on which to create suction, or balance





like you have in the upper jaw from the palate. These factors often cause a lower denture to move about or trap food underneath as the ridge shrinks.

A successful denture wearer will in time learn to control their face muscles, which is essential when wearing new dentures. REMEMBER THAT if you push your lower denture around with your tongue, or try to put your tongue underneath the appliance, you will find that the denture will lift easily and will not stay in place. You must not get into the habit of doing this.

How Long Should a Denture Last?

Contrary to many denture wearers' beliefs, a denture should be reviewed by your Clinical Dental Technician or dentist every year to check for wear, its fit or any adjustments that may be needed.

A denture is worn down by eating and cleaning, but the base will not adjust to the ridges in your gums which are changing constantly. Even if your denture feels fine you must have your mouth checked annually to ensure against any permanent damage and to check for any mouth infections or other conditions.

Dentures should always be replaced or relined if they become loose.

Elderly Patients

Due to metabolic changes the mouth can often become irritable, sore, or easily damaged. The gums frequently react unfavourably to the pressure of dentures and healing is often slower than in our younger patients. Elderly patients also take longer to adapt to a new denture so a little extra patience and perseverance is needed.

Drugs, Medical Conditions and Dentures

Drugs can cause changes in the shape of the mouth causing fitting problems, steroids generally causing the most problems. A dry mouth can often be a result from taking drugs, which does not allow a denture to hold in place due to loss of suction and can cause excessive soreness due to lack of lubrication.

Medical conditions can cause fluctuation in body weight and bone structure, which will have an effect on the shape of the mouth. Your gums change shape as your body weight varies.

Problems with Poorly Fitting Dentures

If your gums shrink and you do not have your dentures relined or remade, your lower jaw may become out of line with the upper leading to the face muscles virtually collapsing which gives the appearance of premature aging by causing old and wrinkled features.

Badly fitting dentures can also cause:

- A dull pain in or about the ears
- A clicking or snapping noise when chewing
- Headaches
- Cracked or continually sore corners of the mouth





You are the only person responsible for making sure that you do not suffer with any denture-related problems. Remember we are always available for help or advice.

Do I Need To Use A Denture Fixative?

Many denture wearers believe that fixatives are only for loose fitting dentures. This is not always the case. Remember that your dentures have been made to fit comfortably in your mouth but denture fixatives can give you extra security and confidence by providing a more comfortable fit. It stops you worrying about any loosening or slipping and helping to stop irritating bits of food from getting under the denture plate.

Partial Dentures (Some of Your Natural Teeth Remaining)

There are two types of partial dentures.

Plastic Partial Dentures

These dentures sit on the gums and in certain cases stainless steel wire clasps are required to hold the denture firmly in place. Some movement is experienced whilst eating as the denture sits on the gums and moves with the softness of the gums. Because of this movement sometimes the stainless steel clasps can rub on the natural teeth causing wear and in severe cases the loss of the tooth, naturally we avoid clasps on this type of denture whenever possible.

Metal Chrome Cobalt Dentures

These are cast metal dentures generally considered to be the more permanent partial denture unlike plastic partial dentures are clipped to the natural teeth with clasps and most importantly incorporate rests on the teeth. The clasps hold the denture firm and the rests stop any damaging up and down movement. Chrome Cobalt partial dentures are far superior to plastic partial dentures because they are thinner and the gums stay healthier because the biting force is shared between the gums and the remaining teeth. In certain designs we are able to have an open palate allowing taste and hot and cold detection to be improved.

Clasps and Partial Dentures

As mentioned previously certain cases require to be held in with clasps but there is an alternative to metal clasps. We are able to cast a tooth coloured acetyl resin to act as a clasp. This has the advantage of not wearing the tooth that it has clasped as the resin is forgiving to the tooth because it is not only springy but also soft. Another advantage of this type of clasp is that when used towards the front of the mouth because the clasp is coloured to match your own tooth colour it becomes less obvious to detect unlike the metal clasps, which quite often can be seen.

Maintenance of Partial Dentures

A partial denture can often need more attention than a full denture to maintain the health of your remaining teeth.





Partial dentures can trap food, which will cause decay in your natural teeth, both the denture and your teeth should be brushed after every meal. A badly fitting partial denture can severely damage your gums that are supporting your natural teeth leading to bone loss, mobility and finally the loss of the tooth. If you notice soreness, swelling or bleeding of your gums you must seek help as soon as possible.

When inserting or removing your partial denture never try to force it, always place it in a position with your hands and never bite it into position as you may damage your denture, your teeth or your gums.

Soft Linings for Lower Dentures

On flat or small V-shaped ridges occasionally we need to process a soft lining on the base of the denture. This is a spongy type of rubberised plastic that is bonded to the denture during manufacture. On these types of ridges the skin covering can be very sensitive to pressure exerted from a hard plastic base and consequently the spongy material acts as a false gum and cushions the bite load placed on the gums and reduces discomfort. Soft linings may need to be replaced every 12 to 18 months.

Immediate Dentures

Immediate dentures are made to be used immediately after your teeth have been extracted. They must be adjusted or replaced after the majority of initial gum shrinkage has taken place, usually around 3 months after extraction. It cannot be stressed strongly enough that irreparable damage can be caused if you ignore advice and do not return for further treatment.

What Are Dentures Made From?

Being focused in one dedicated area of dentistry, we are able to offer many types of dentures that will be best suited to the patients individual requirements. We provide the choice of plastic, resin or porcelain teeth, which are then carefully selected for their size, shape and colour to suit you. These are fixed in a plastic base or metal and plastic base (chrome cobalt), which had been carefully crafted to fit your gums. The higher the quality of the teeth, the more natural looking they become and being harder wearing they last much longer.

