

J Prosthet Dent. 1985 Jan;53(1):56-61.

**Clinical long-term study of  
complete denture wearers.**

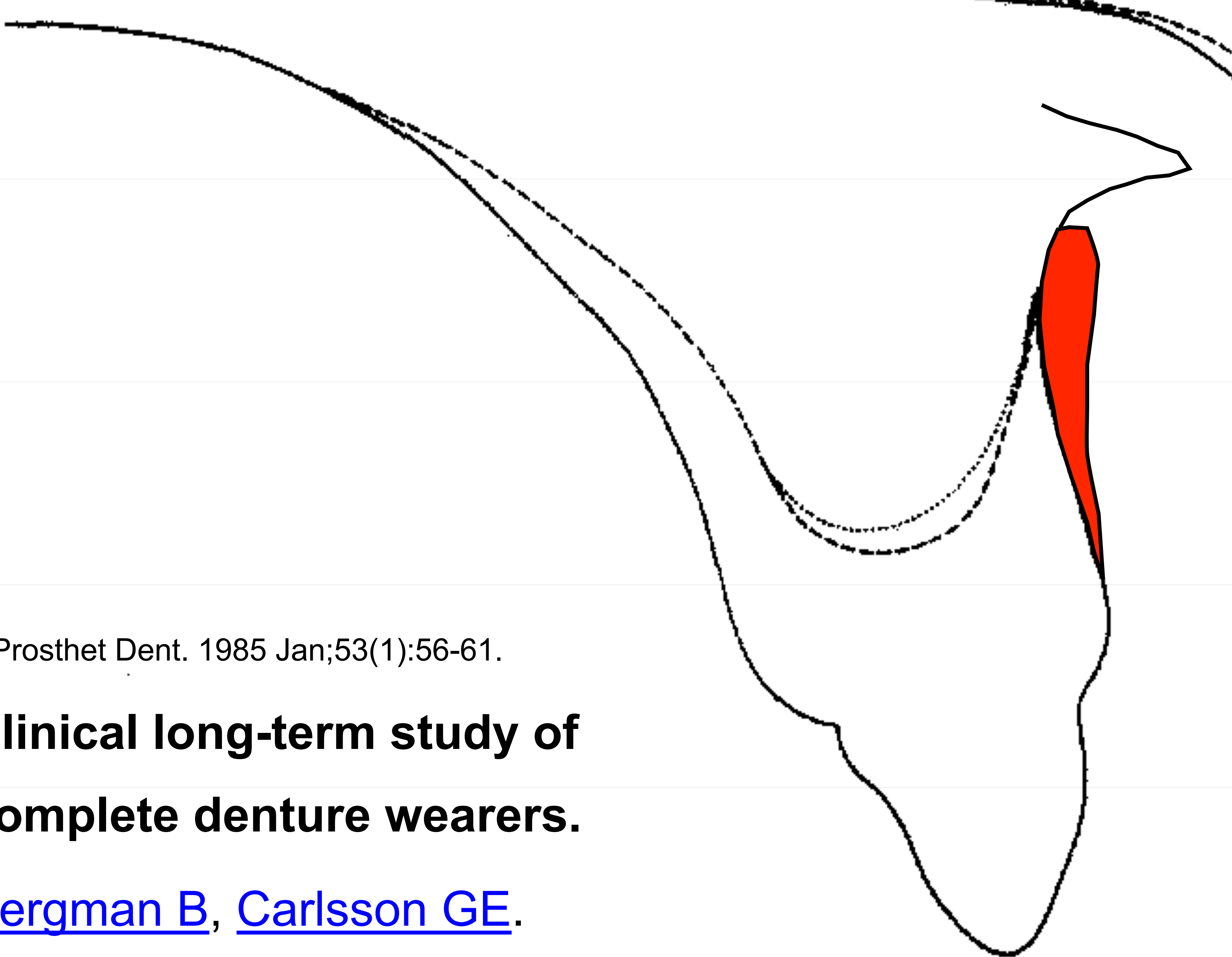
[Bergman B](#), [Carlsson GE](#).



J Prosthet Dent. 1985 Jan;53(1):56-61.

## **Clinical long-term study of complete denture wearers.**

[Bergman B](#), [Carlsson GE](#).



















Wedding photo

Jen

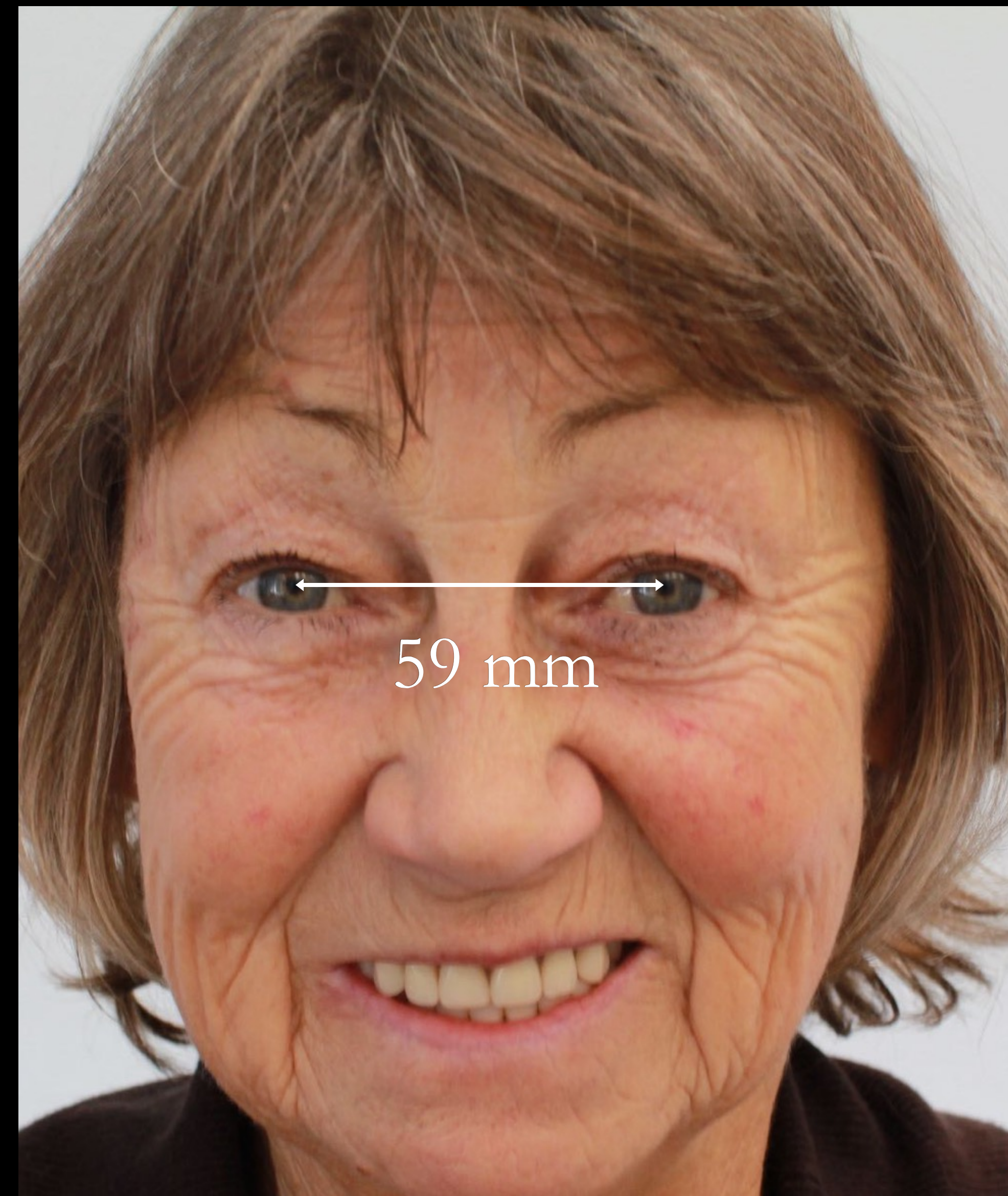


Jen in the clinic





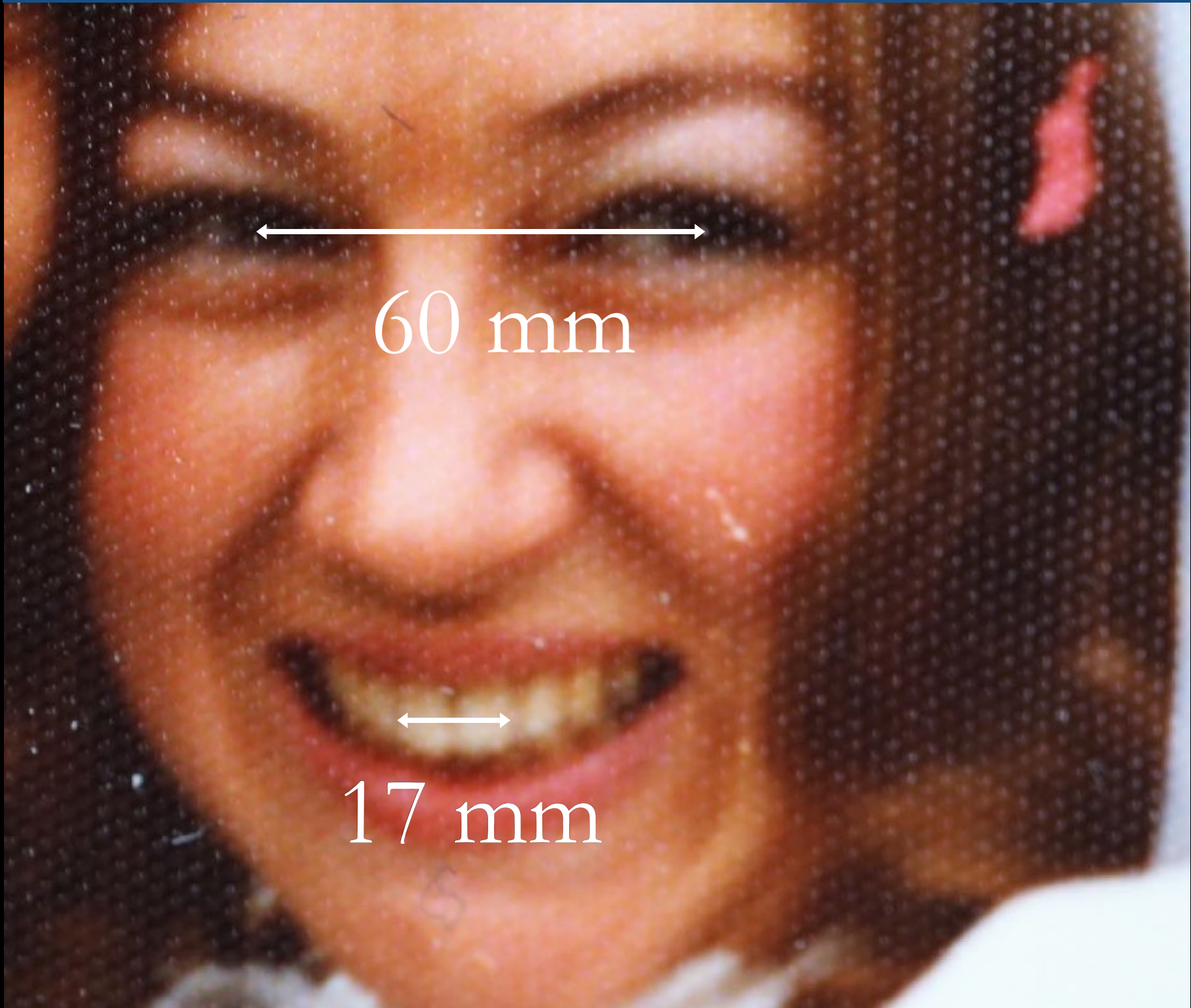
(measured on a TV screen)



(measured in the clinic)




$$\frac{\text{Photo width (UR1 + UL1)} \times \text{True PD}}{\text{Photo PD}} = \text{True width UR1 + UL1}$$



60 mm

17 mm

(measured on a TV screen)



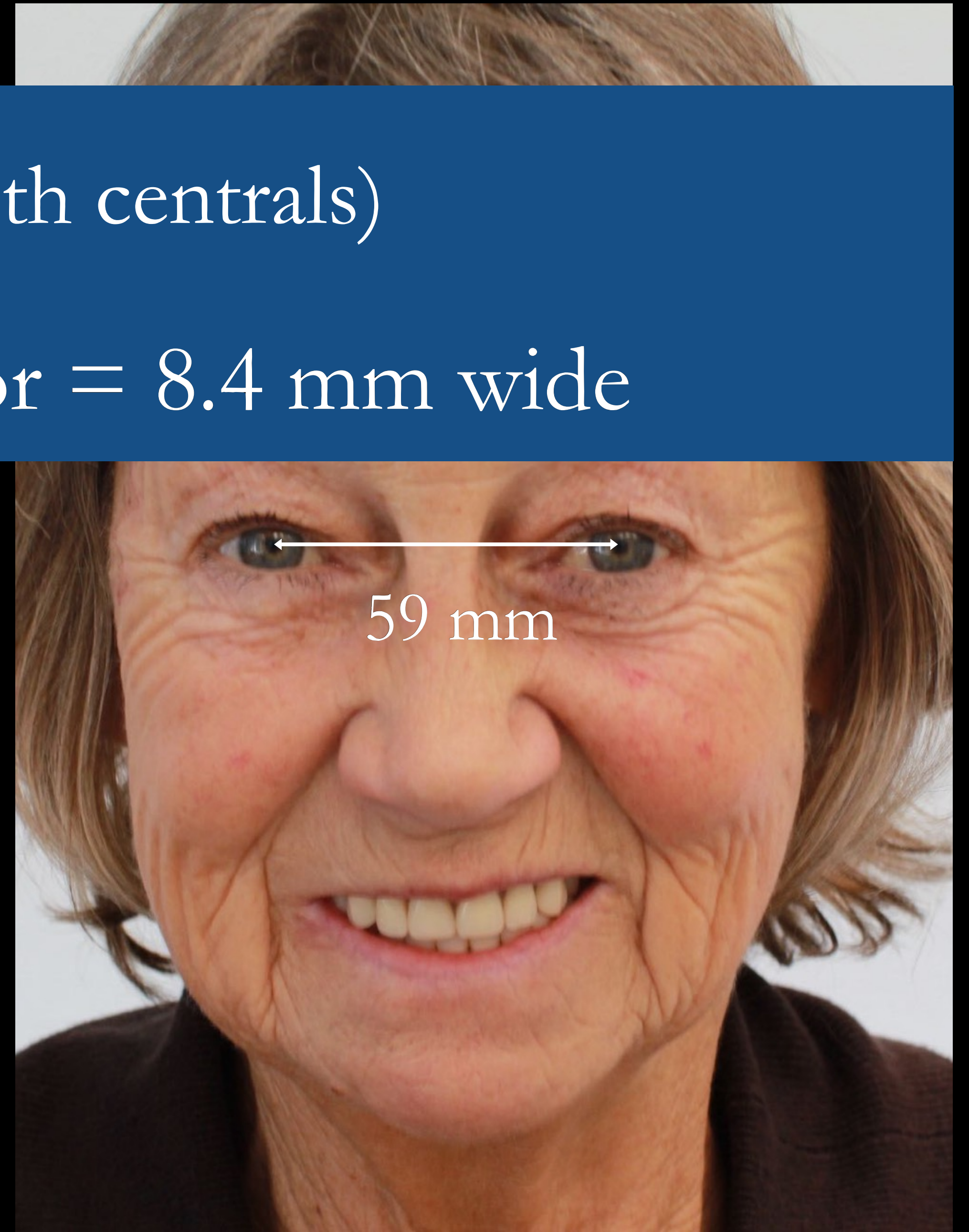
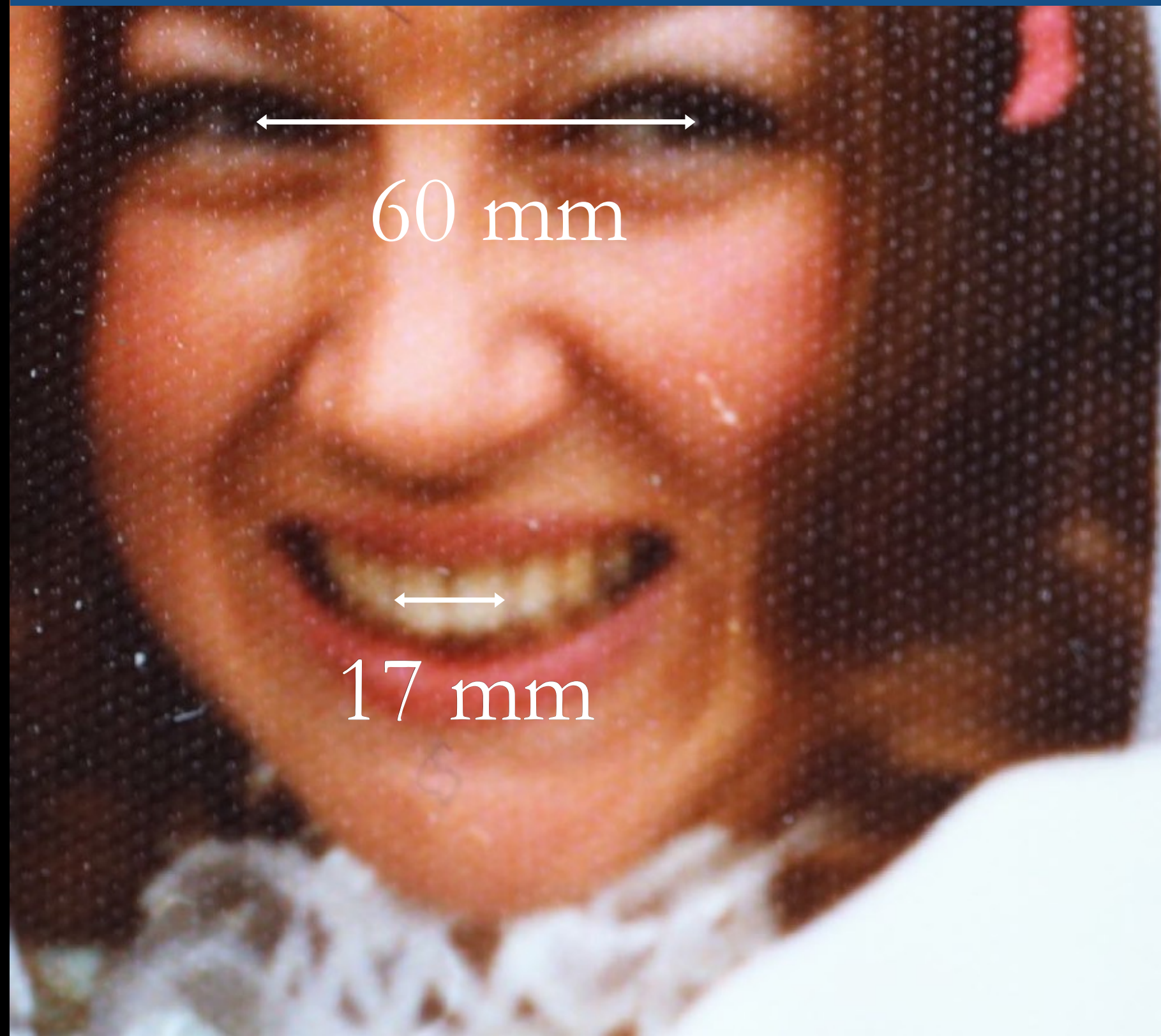
59 mm

(measured in the clinic)




$$\frac{17 \times 59}{60} = 16.7 \text{ (both centrals)}$$

∴ Upper central incisor = 8.4 mm wide











8.4 mm  
wide







8.4 mm  
wide





Before



After

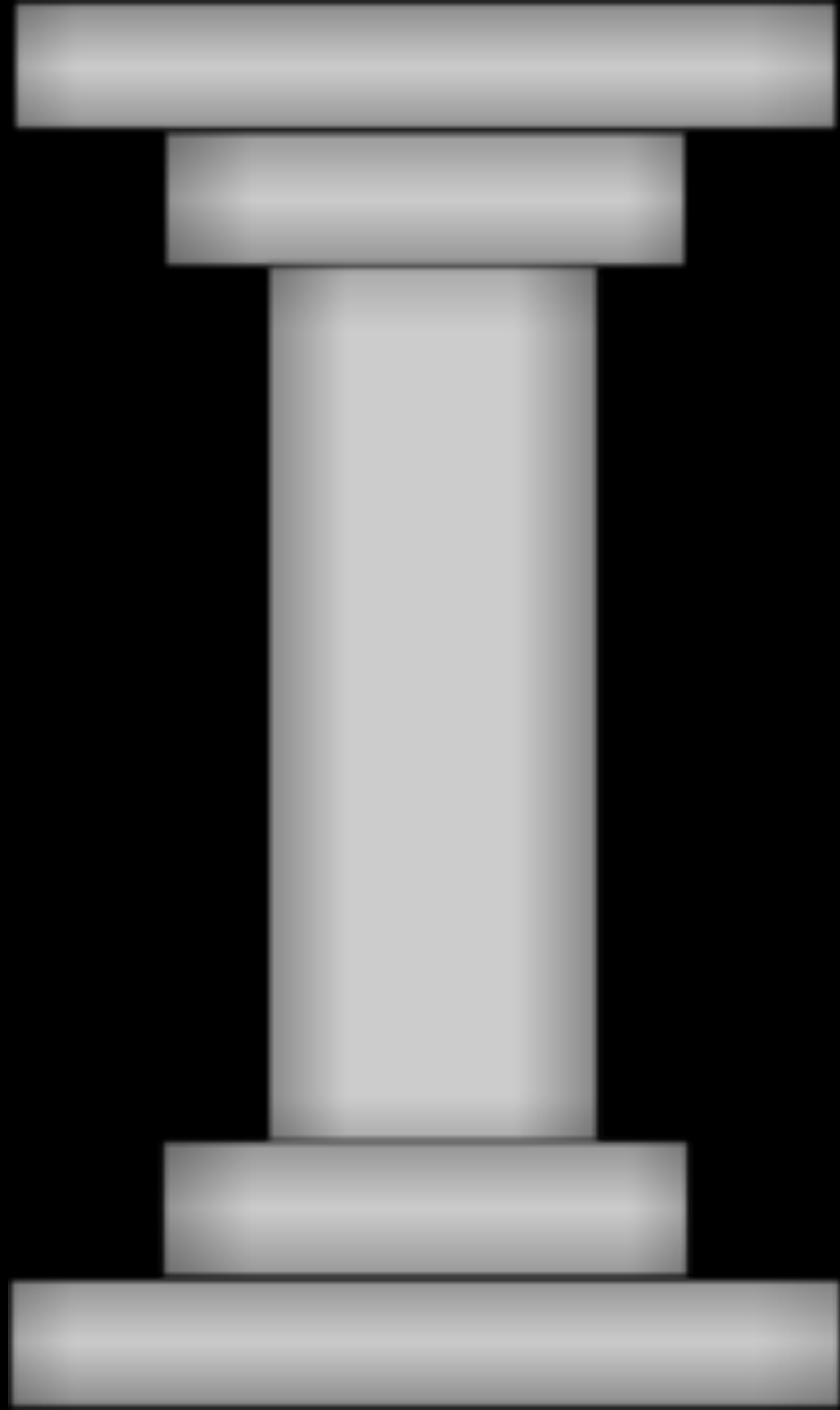












Try-in videos





Diane

















































Lynne











# Wish list

1. To fit correctly so I can eat
2. To look very natural



















C/-  
and  
-/C soft lining  
6 visits and 4 reviews  
£6,200





# Wish list

1. To fit correctly so I can eat
2. To look very natural



# Wish list

1. To fit correctly so I can eat - 95% sure
2. To look very natural



# Wish list

1. To fit correctly so I can eat - 95% sure
2. To look very natural - Yes



Dear Lynne

It was a pleasure seeing you for dental consultation today along with Nicola, your daughter. You have been recommended to me for specialist prosthodontics by Dr Khalid Mawer.

**Current dental problems:**  
"My dentures do not fit and are not functional."

**Dental wish list:**

1. "To fit correctly."
2. "To be functional"
3. "To look very natural."

**Diagnosis/observations/findings**

- The lower ridge is very flat and the gums is friable (becomes raw easily when rubbed) and there are other features which make it more difficult to provide you with a stable and comfortable lower denture. This is why I believe a soft lining is advisable in the lower, and will help with the comfort of the new denture.
- The two sets of dentures, particularly the lower ones have many features which need to be redesigned and improved on. This means that they do not fit properly and inhibit your function. There are many features, which I would incorporate into new dentures which I propose to make.
- Both sets of upper and lower dentures have poor appearance and do not look natural.
- The soft tissues of your mouth were visually screened for oral cancer. The soft tissues appeared healthy. This is a routine assessment I carry out for all of my patients.

**Treatment options we discussed:**

We discussed different treatment options for replacing the missing teeth, including conventional dentures, removable dentures secured to dental implants (bridges – fixed teeth secured to dental implants are not possible owing to a lack of bone). We considered the pros (benefits) and cons (risks) of all of these treatments using models, and videos and photographs. On balance you and I believe that the best option is replacement full upper and lower dentures made to the highest technical standards with a soft lining on the lower. As such this letter describes this option.

I consider the treatment plan set out below will give you teeth, which function better for biting and chewing and will improve in your quality of life.

It would be very helpful if we could have a look at some photographs of you with your natural teeth, from the front smiling and from the side. For example when you were at school, as a teenager, early adult and wedding pictures – SMILING, NOT SMILING FROM THE FRONT AND SIDE. These are very important in being able to provide the most stable secure dentures – as they can help us position the denture teeth as close as possible to your natural teeth.

Yours sincerely, Mrs Lynne Nuttall ..... Date ..... 1

Figure 1 Portrait



Figure 2 angled view



Figure 3 year on



Yours sincerely, Mrs Lynne Nuttall ..... Date ..... 2

Figure 4 shallow ridges – difficult denture problem



**Treatment plan for complete upper and lower dentures:**

In summary upper and lower complete dentures will be fabricated. The lower will have a soft lining on the fitting surface.

Treatment visit by visit:

Visit	Treatment and result	Time required (hours)
1.	Primary impressions	1½
2.	Definitive impressions	1½
3.	Registration	1
4.	Try in 1	1
5.	Try in 2	1
6.	Fitting of the dentures	1½
7.	Review (up to 4 reviews)	1
<b>Total</b>		

As you know, I have designed my practice around having my own in-house Dental Technicians. This means that I have complete control over the production of the laboratory work that we fabricate for our patients and is a **very special part of the practice**. Rowan, formerly Chief Dental Technologist at the University Dental Hospital of Manchester, will fabricate the denture. The photographs below show two of my patients (both similar mouth condition to you) who had the same treatment outcome as I am proposing for you. Please note we can make the teeth as life and age appropriate as you wish. Our aim is to make the teeth look just like natural teeth, so that no one knows they are dentures (apart from you).

Before



Now



Yours sincerely, Mrs Lynne Nuttall ..... Date ..... 3

Before



Now



Old



New



Yours sincerely, Mrs Lynne Nuttall ..... Date ..... 4

Replacing missing teeth (Prosthodontics) is challenging due to the two demands of function (chewing and eating) and aesthetics. The following list contains items that I feel you should be aware of before you decide to have treatment. It covers aspects of this type of treatment, which I feel are important and has been developed over the past 24 years following treating patients with similar requirements to you. I am confident that you will rapidly become aware of the care, attention and professionalism that we can provide for you.

**I would like you to be aware of the following regarding the treatment proposal:**

**Dentures**

- Dentures are removable mechanical substitutes for missing living tissues and as such will exhibit movement when chewing food, talking and when the tongue and muscles of the mouth move. This improves with time as you get used to the denture. The new dentures will be much more stable than your existing ones.
- The new dentures will feel raw quite soon after fitting. This is normal for new denture, even when they are made to the best technical standards. This is why review appointments are necessary to adjust them. For you, I estimate 4 reviews will be necessary, owing to the flat lower ridge.
- The dentures will extend further back in the mouth compared to your current denture. The extra extension is important in order to produce good suction (peripheral seal). I am confident that you will accommodate to this but you should be aware of the change prior to commencement of treatment.
- Some patients experience speech changes following the fitting of new dentures. In most cases with the passage of time they are able to accommodate to this.
- Learning to chew satisfactorily with new dentures usually requires at least 6-8 weeks, and sometimes longer, particularly in complex dental situations such as you, particularly in view of the flat lower ridge. New sensory patterns (neuromuscular control) must be established in order for the muscles of the tongue, cheeks and lips to keep the dentures in position.
- Initially the dentures may cause you to produce more saliva than normal. This reduces over time.
- Occasionally some of our patients require denture fixative in order to keep the dentures more secure. This is quite uncommon occurrence for my patients, but is sometimes needed.
- Careful handling and cleaning of the dentures is required, because they can break if dropped on to a hard surface.
- It is important that the new lower denture we provide will fit and feel much better than the one you currently have. We will make it to the best possible standard using all of our skills and knowledge, giving you the best possible chance of being able to wear it comfortably. We are, however, reliant on your adaptation to the denture and it will require considerable practice and effort on your behalf to make it work. A similar analogy is learning how to use chopsticks instead of a knife and fork. In the unlikely event that the new lower denture is unsatisfactory for you, we may need to consider a more complex option to support the denture – i.e. dental implants. If after the above treatment you feel that you need an even more stable lower denture, we can consider placement of 2 dental implants, which will stabilise the denture. This is dependent upon enough bone being present for placing the implants. A CT scan would be required to assess this. The additional fees for the two dental implants securing the lower denture would be approximately £8,500.

Yours sincerely, Mrs Lynne Nuttall ..... Date ..... 5

**General**

- Patients regularly ask how long their fillings, porcelain crowns, onlays, bridges and dentures will survive. Unfortunately, it is impossible to predict this accurately. As dentistry is not an exact science it is not possible to guarantee how long dental work will last. It is very important that you understand that Rowan and I plan and fabricate our work to the best possible standard we possibly can, using the highest quality materials along with our many years of training, experience and expertise. However, as with all things involving moving parts, things wear out, break, snap, crack etc. and will fail eventually. In addition, the mouth is a unique, dynamic environment in constant use. Due to variations in human biology, some people are heavier on their teeth than others which can lead to aspects of their dental work wearing, chipping or coming loose sooner than for those who are less heavy on their teeth. I give a warranty on the work I provide for 1 year once active treatment has finished, where problems occurring will be rectified free of charge.
- I calculate the time and appointments required as precisely as possible. However, owing to the nature of this type of dentistry additional visits may be required as necessary. If this is the case you will **not** be charged for the extra visits.
- Once the work has been provided, the work is covered under a warranty for one year. After this year further treatment for items such as repairs, refurbishment and replacement are charged at my hourly rate of £400 per hour (plus laboratory fees).
- The lower denture may require a new soft lining every 18 months to two years. The fee for doing so is currently £1,200 and requires 2 visits and then a review, leaving the lower denture here in the dental laboratory for 3 days.
- Once you are comfortable with the dentures, I would like to see you on a 12 monthly basis. I recommend that you see myself on an annual basis to check the dentures and the lining of the mouth. The fee for me to provide an annual review is currently £250 and will involve cleaning the dentures in a machine, designed to clean dentures – Symplo.
- I recommend that the dentures are replaced on a 5 yearly basis.

**Professional Fees – complete dentures:**

The investment for the above treatment is £6,200. In order for us to provide the highest quality specialist service, we ask for fee settlement in one of two ways as follows:

1. Payment in full at visit 1 of £6,200 (this is our preference)
- or
2. Spread payments of £6,200

First payment of £3,720 at visit 1  
Second Payment of £1,240 at visit 3  
Third payment of £1,240 at visit 5

I would ask you to kindly sign the bottom of each page acknowledging that you have read, understood and agree to the terms of this letter. We will discuss the contents of this letter and any questions you may have at visit 1.

I understand that the level of investment for this treatment is high. However, in order to do this treatment properly and give you a superb functional/aesthetic result requires considerable clinical expertise, laboratory expertise, clinical time and laboratory workshop time using expensive materials.

Yours sincerely, Mrs Lynne Nuttall ..... Date ..... 6

Please contact the practice if you would like us to provide this treatment. Rowan, the team and I will be delighted to help you achieve your wishes.

Yours sincerely

Dr Finlay Sutton  
BDS, GDCP (UK), MSc, MEds RCS Ed, MRD RCS Ed, PhD, FDS (Rest Dent) RCS Ed  
Registered Specialist in Restorative Dentistry, Prosthodontics, Endodontics and Periodontics  
General Dental Council Number: 69652

Cc: Dr Khalid Mawer

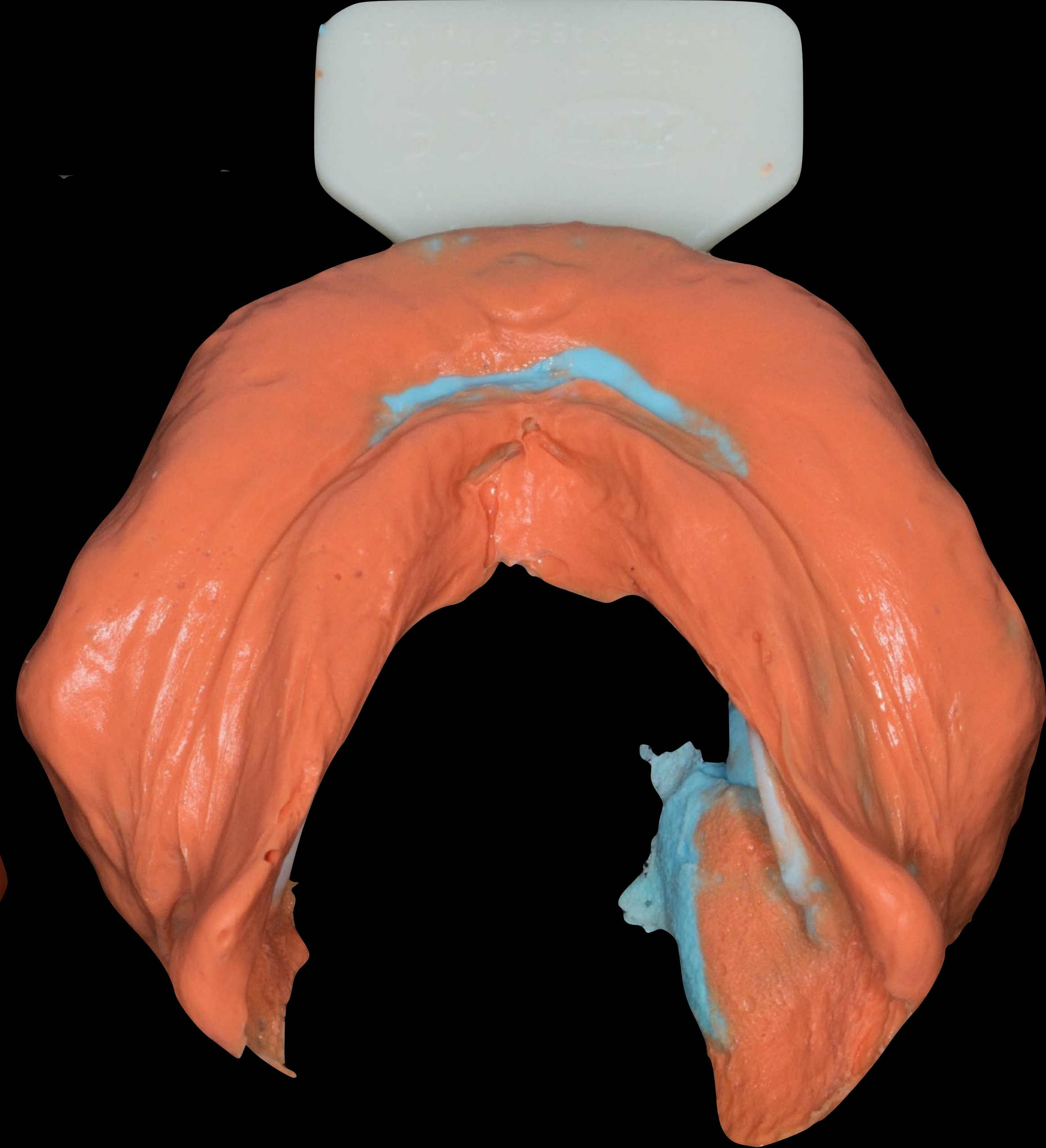
If you would like to go ahead with the proposed treatment, I will ask you to sign a copy of this report as prior to visit 1. By signing a copy of this report, you are confirming the following:

- That you have read the report
- That you have had the opportunity to ask and have had answered any questions about the contents of this report
- That you understand the contents of this report and agree to its terms
- That you understand and agree that the specified, agreed treatments will incur costs as discussed during the consent to treatment process
- That you agree to pay the treatment fees outlined in the report and at the timescales detailed in the report
- That if you do not keep an appointment without giving 24 hours advance notice, you must pay for the time reserved at the rate of £250 per hour
- That the practice reserves the right to charge for unused surgery time if more than 2 appointments are rescheduled with less than 48 hours notice within a course of treatment
- That the practice reserves the right to suspend treatment if you fail to pay for the treatment you have had provided. If you are in default of your payment plan, the practice may use a collection agency or take legal action to secure payments, as authorised by law, and the collection action will become part of your credit record. Patients will be notified in writing before the practice takes action to collect.
- Fee quotations provided in this report are valid for 6 months.

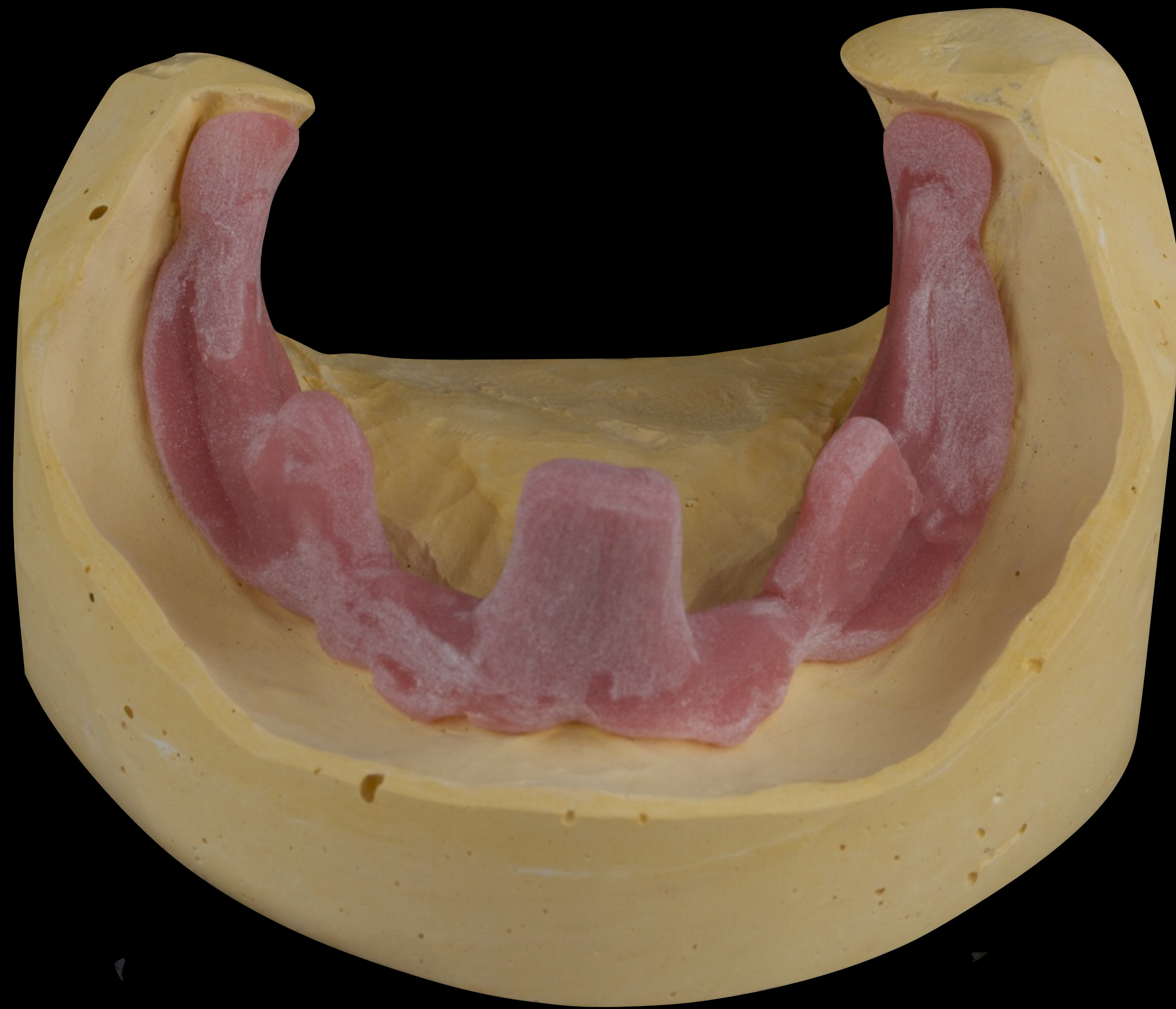
Yours sincerely, Mrs Lynne Nuttall ..... Date ..... 7



Visit 1

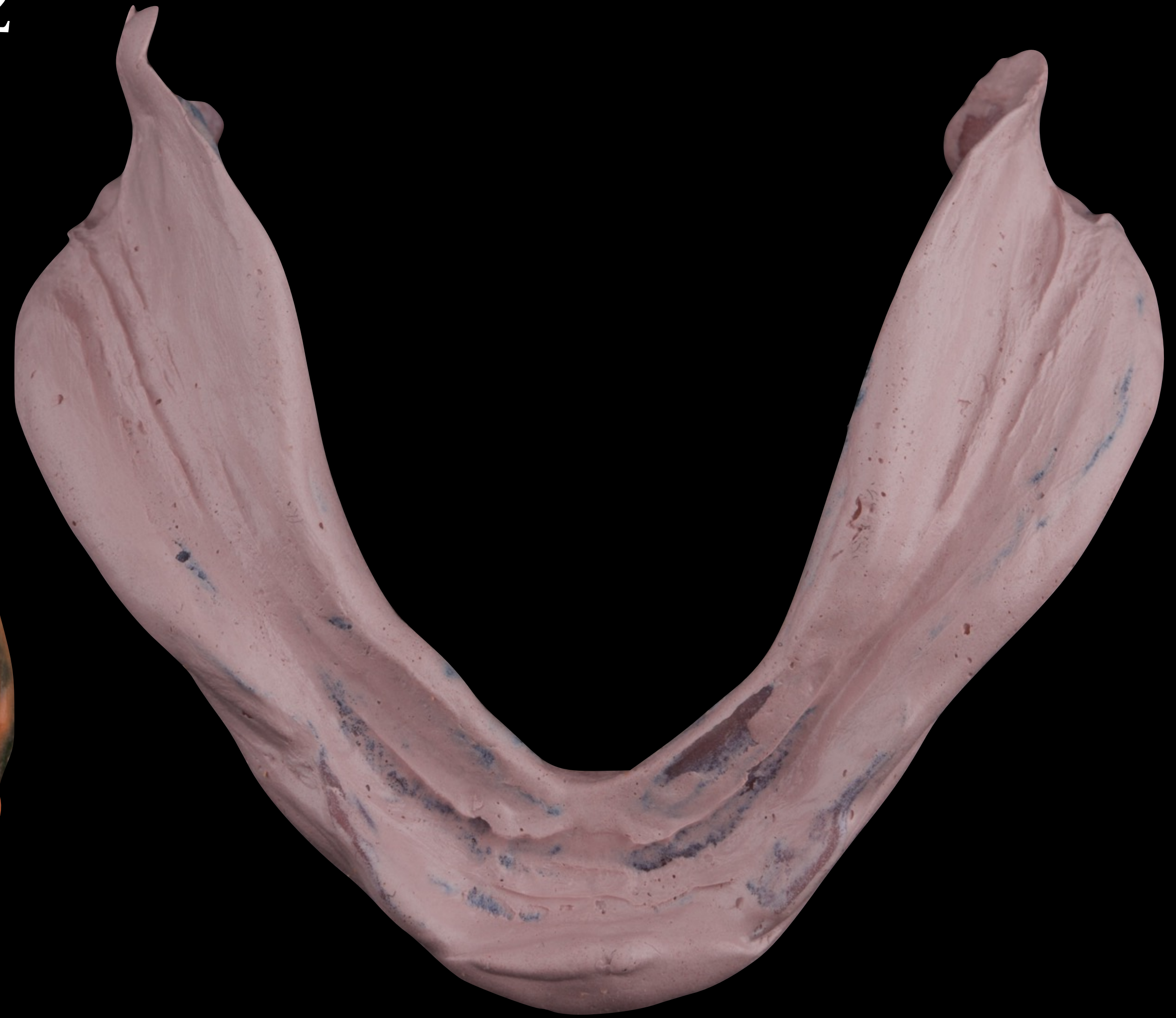
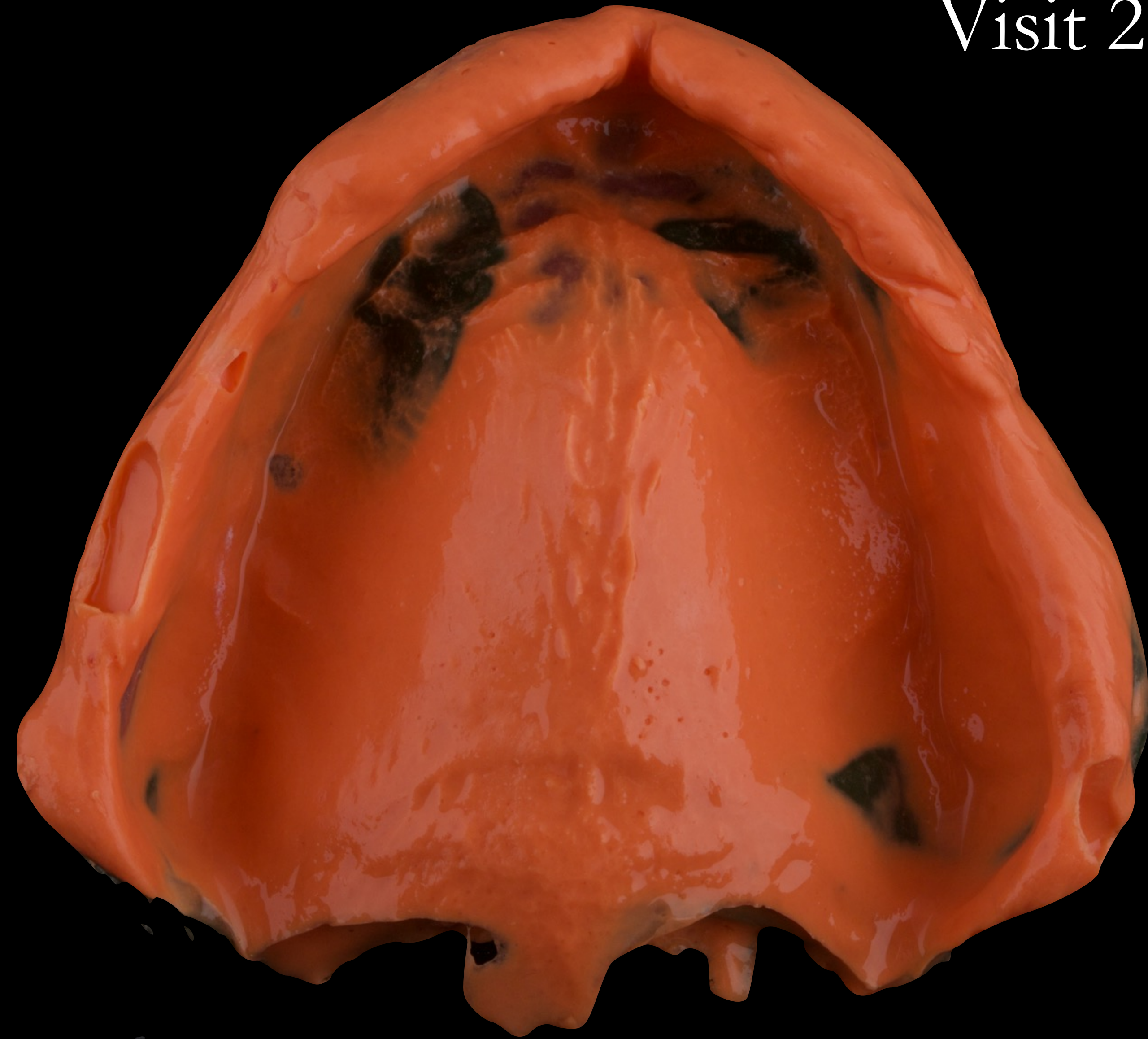




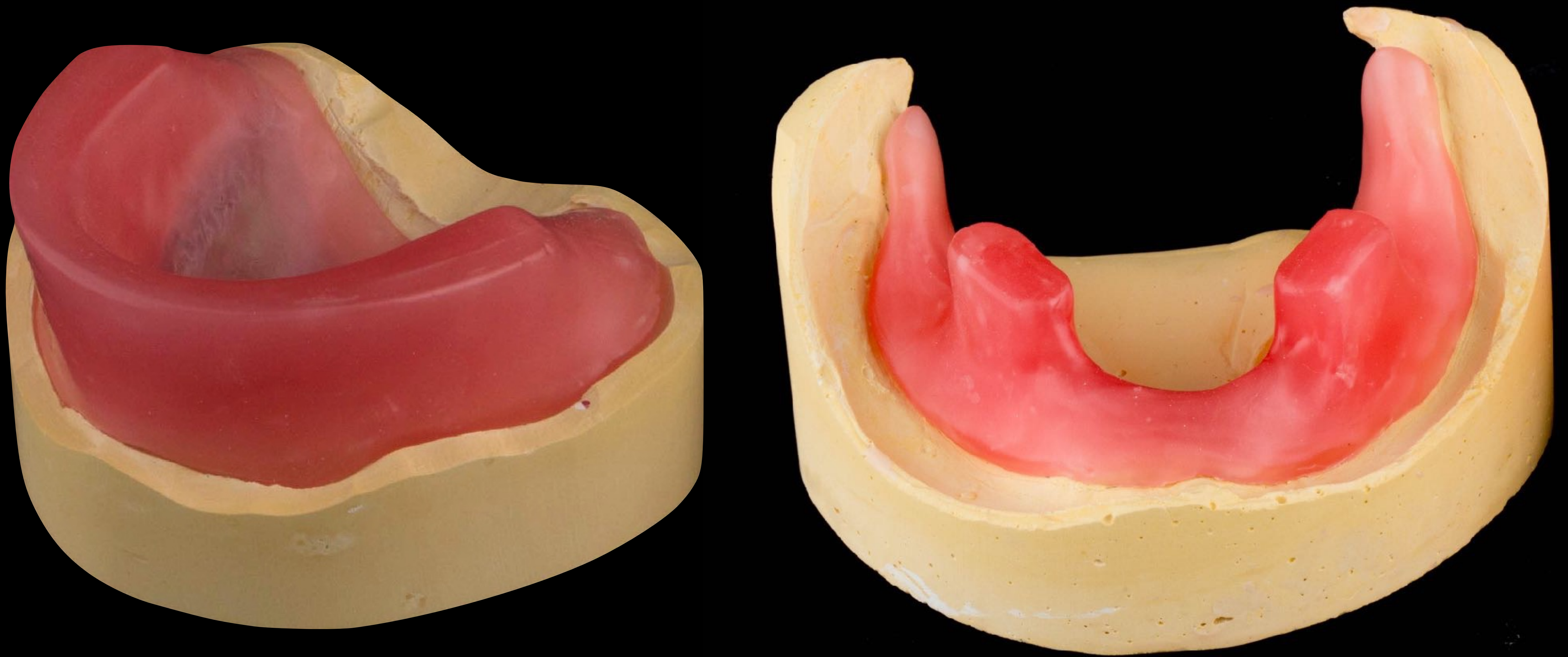




Visit 2







Visit 2  
Primary Jaw registration  
at definitive impression visit





Visit 2  
Primary Jaw registration  
at definitive impression visit

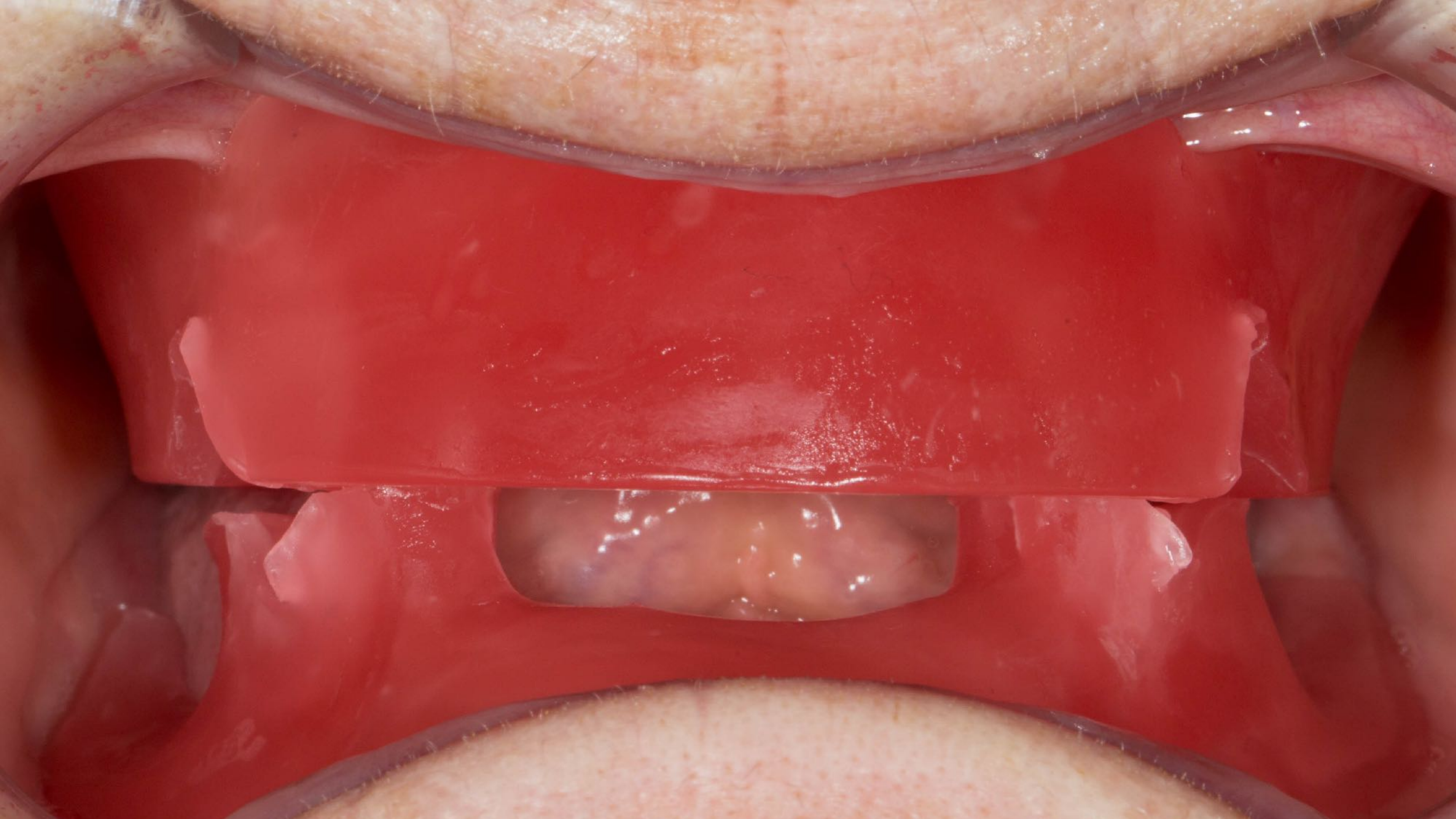
This clinical photograph shows a patient's mouth during a dental procedure. A red, translucent wax bite registration strip is positioned between the upper and lower dental arches. The strip is used to capture the relationship between the two jaws. The text overlay indicates this is 'Visit 2' and the purpose is 'Primary Jaw registration at definitive impression visit'. The background shows the patient's teeth and the surrounding oral tissue.



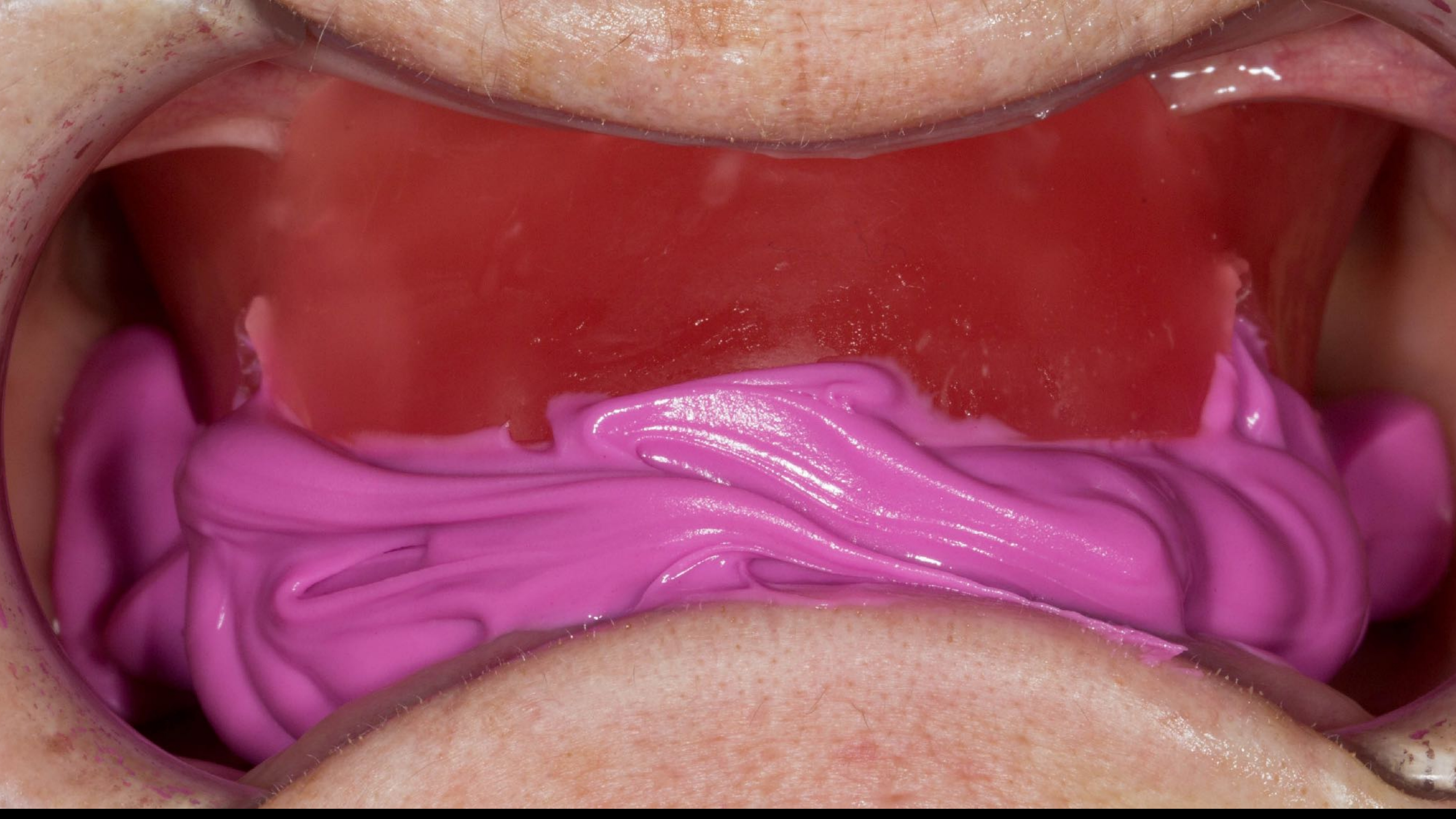
OVD



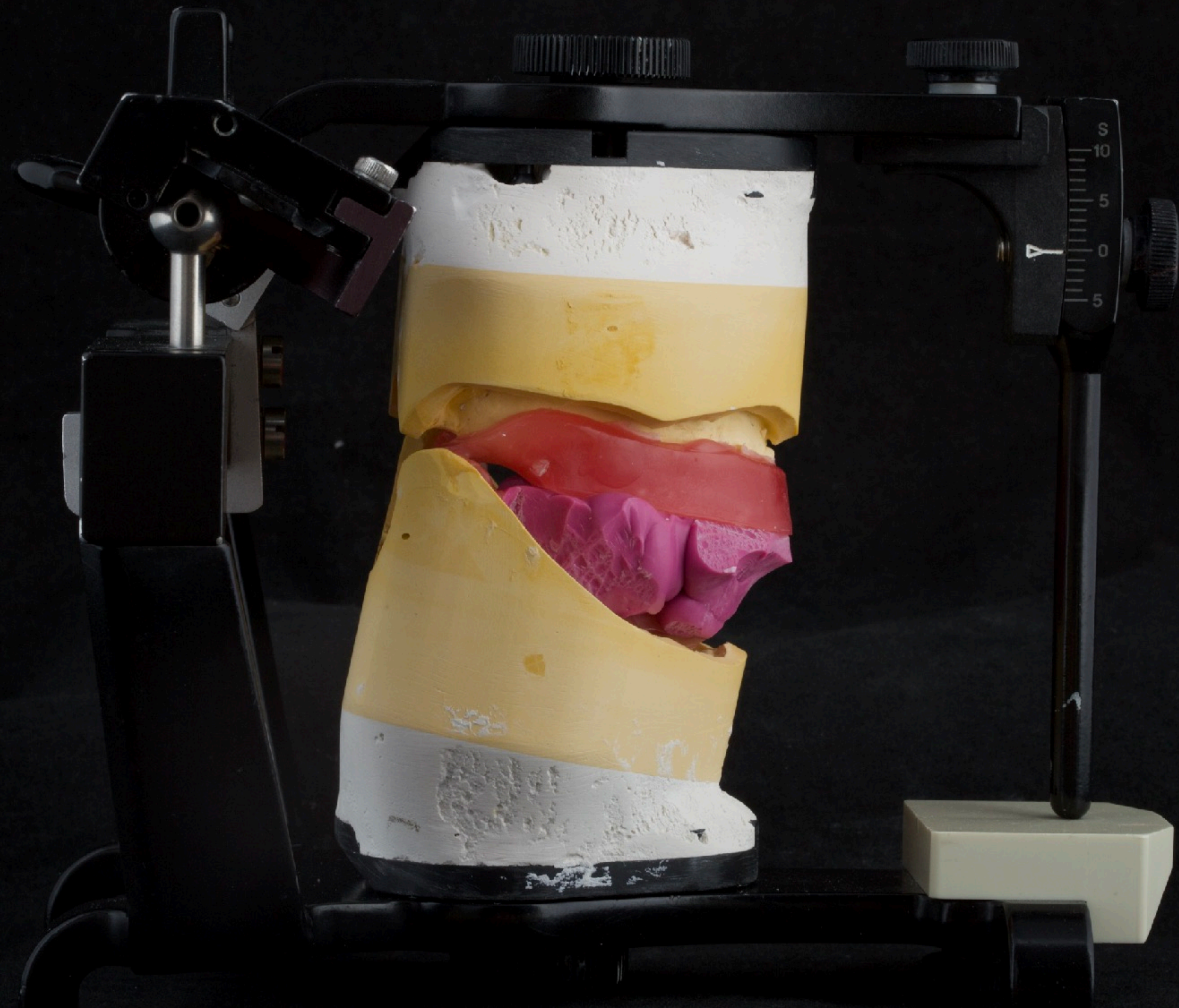














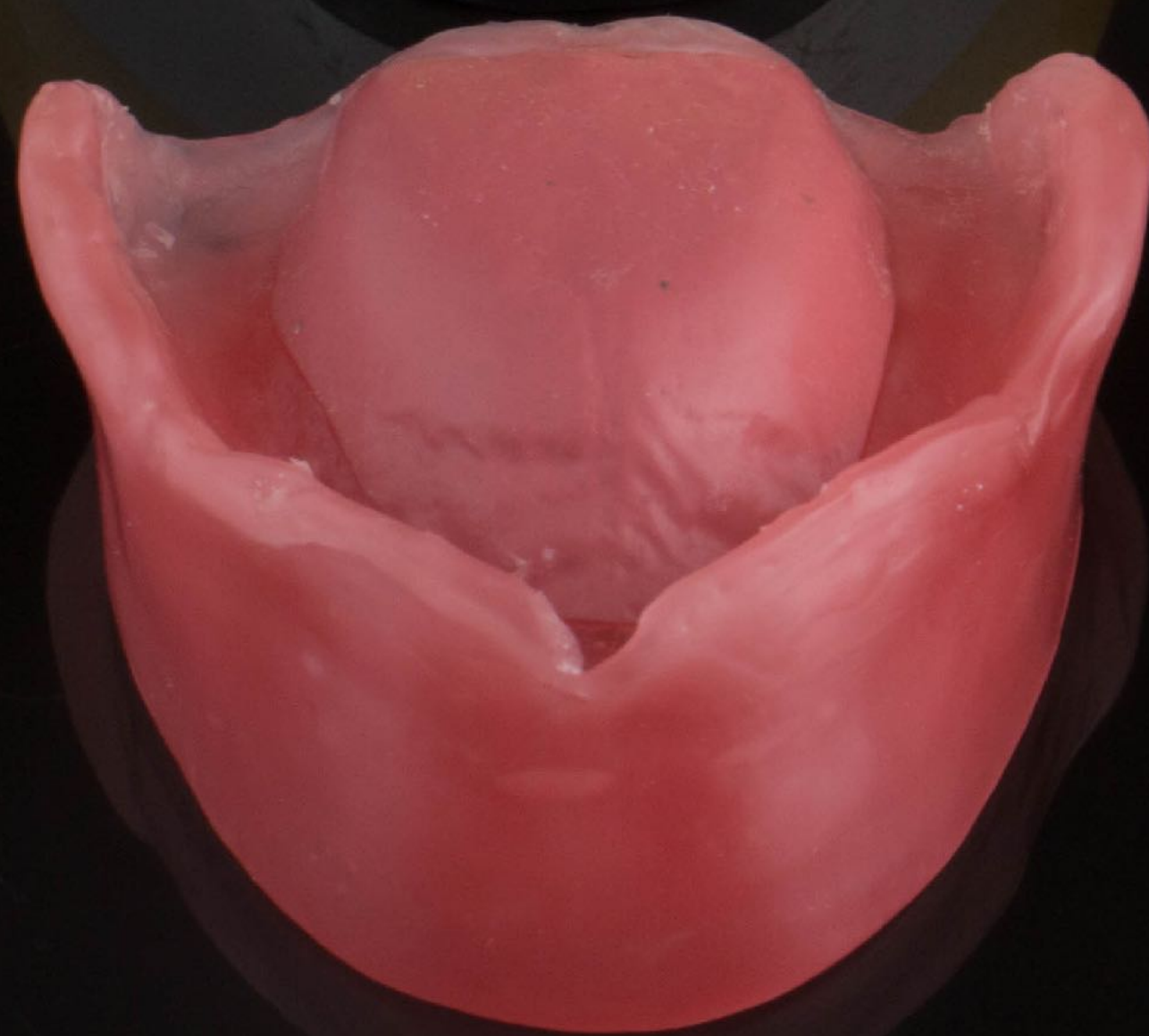
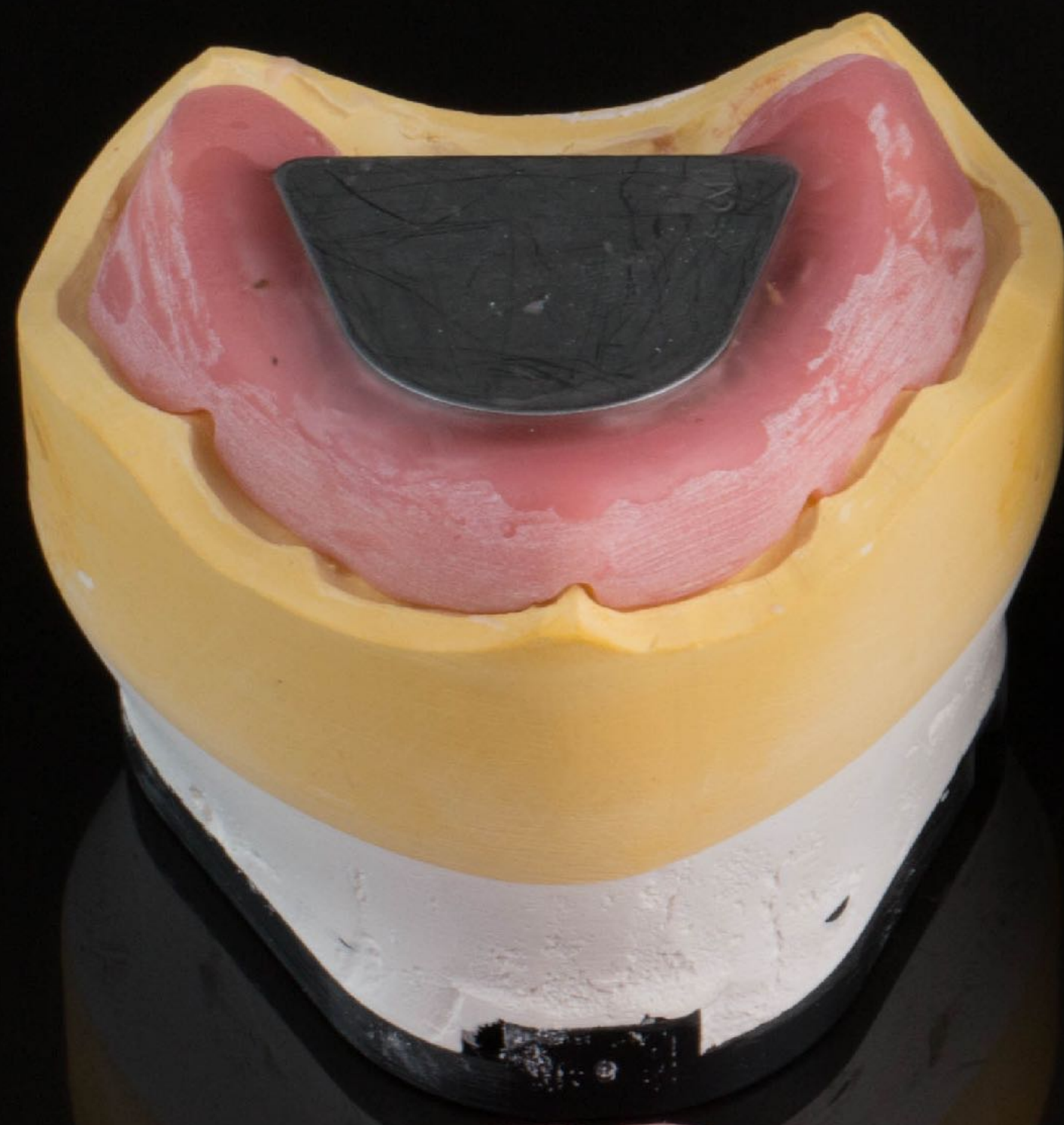


Gothic arch  
tracing

Central  
bearing  
apparatus



Visit 3  
Jaw registration





Visit 3  
Jaw registration









Visit 3  
Jaw registration

Centric  
relation



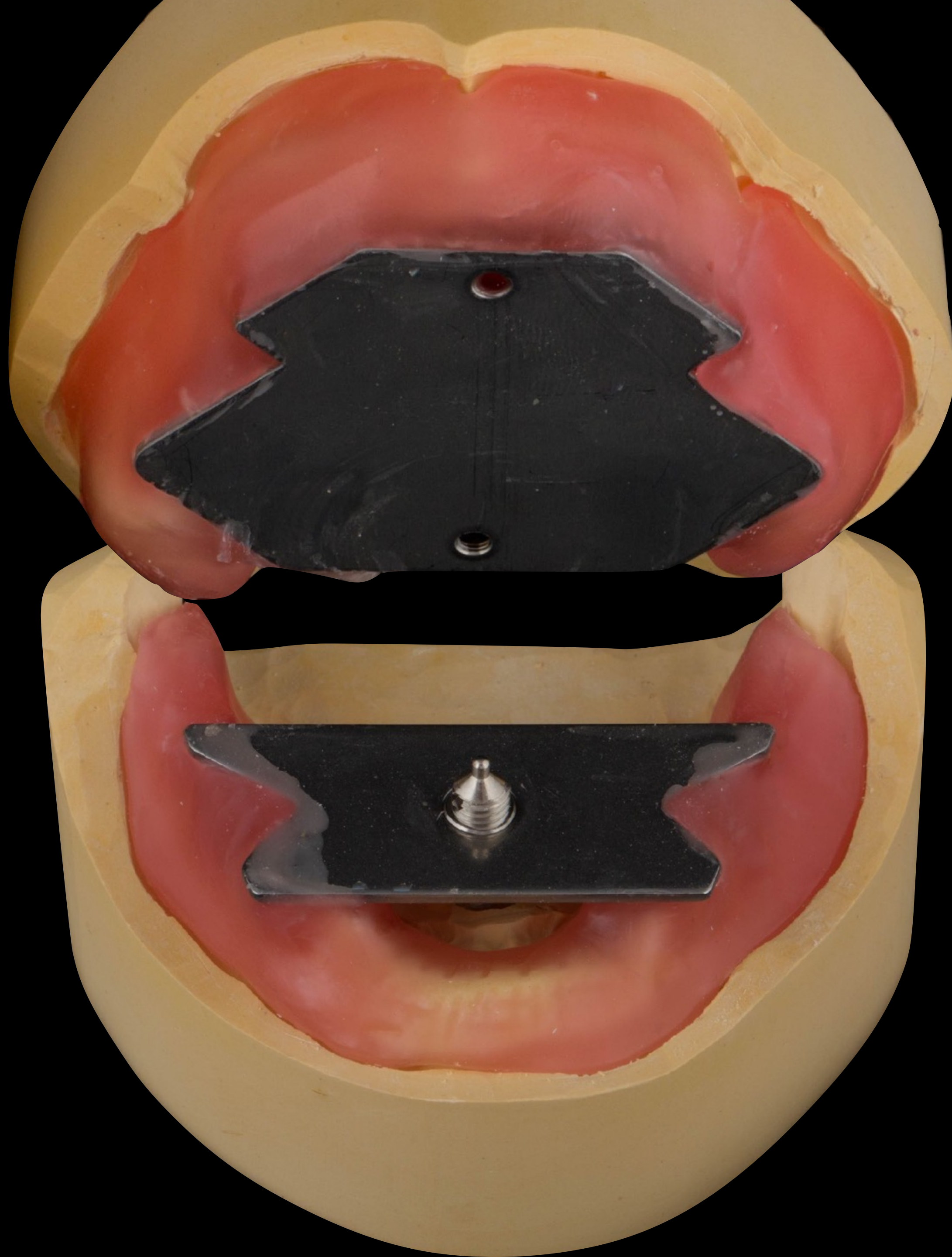


Visit 3  
Jaw registration

# Central Bearing Apparatus

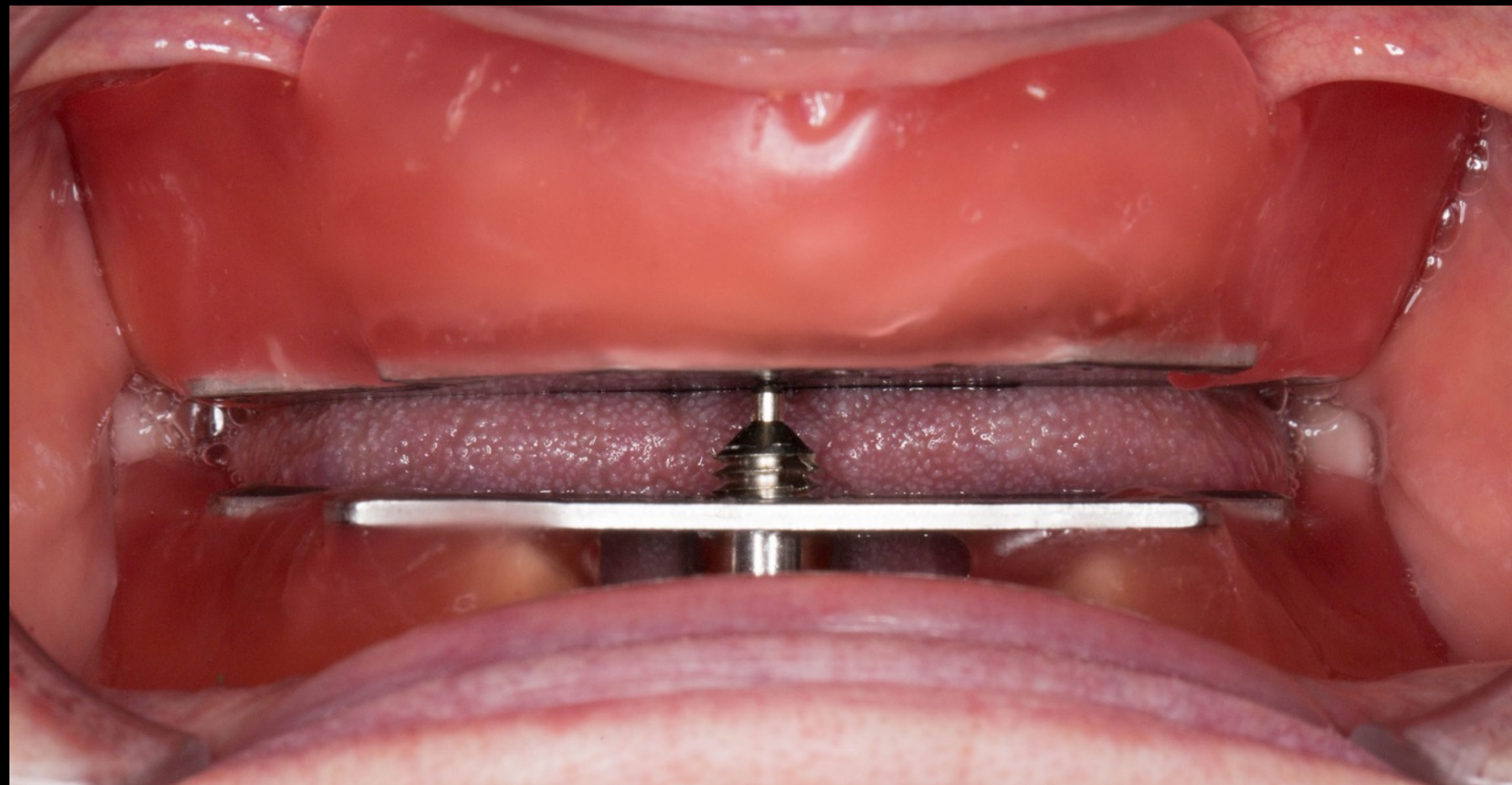
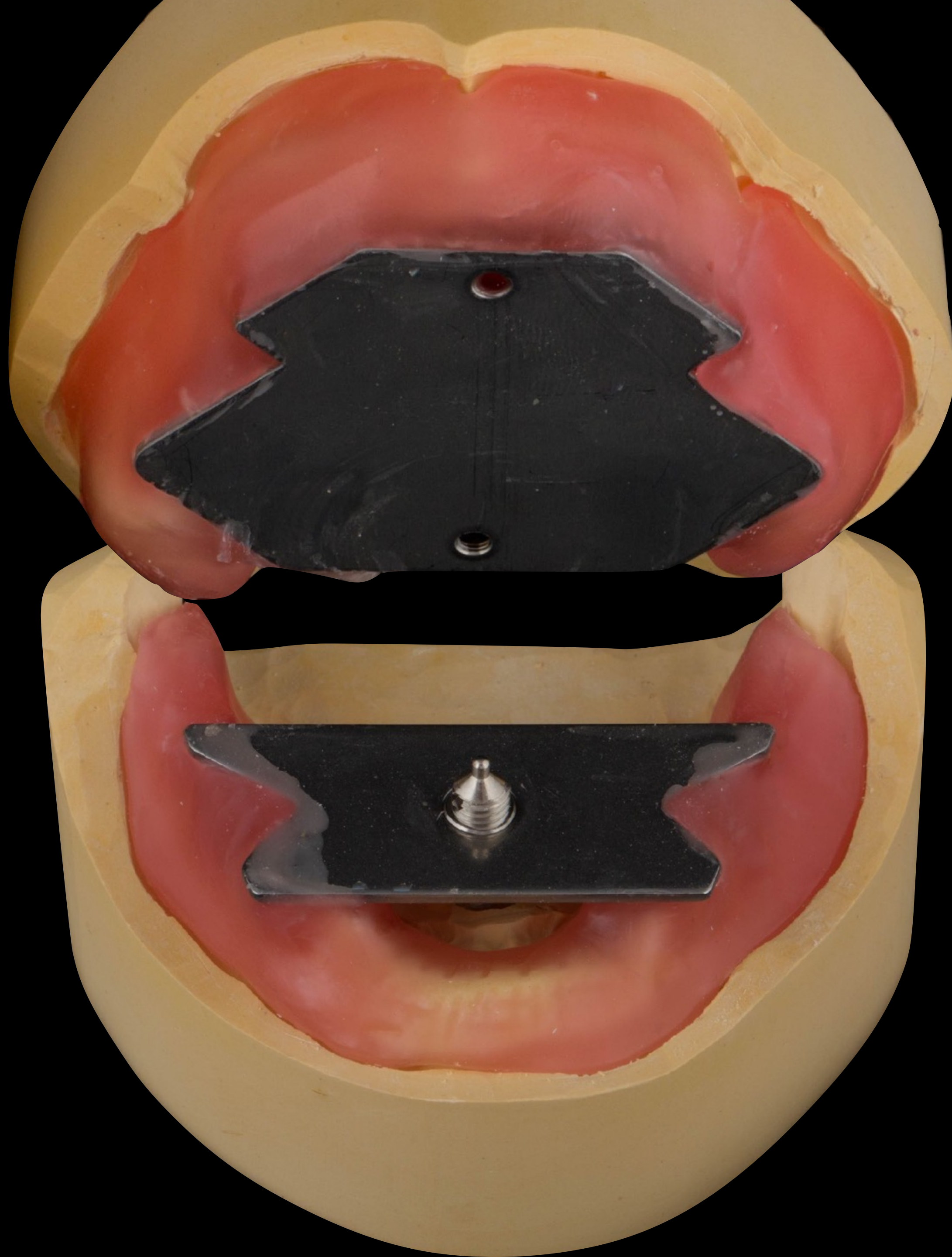




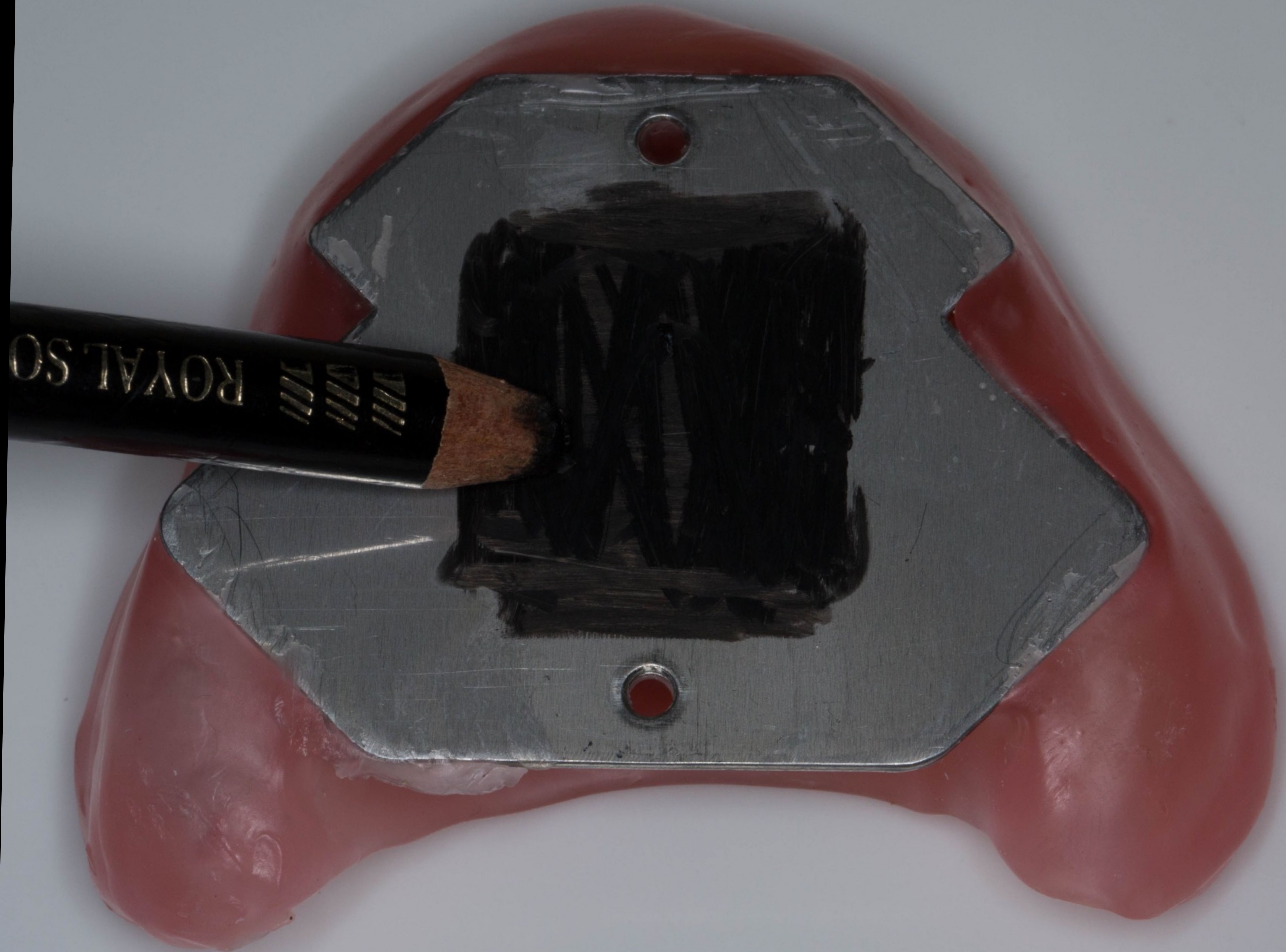


Gerber  
Condylator

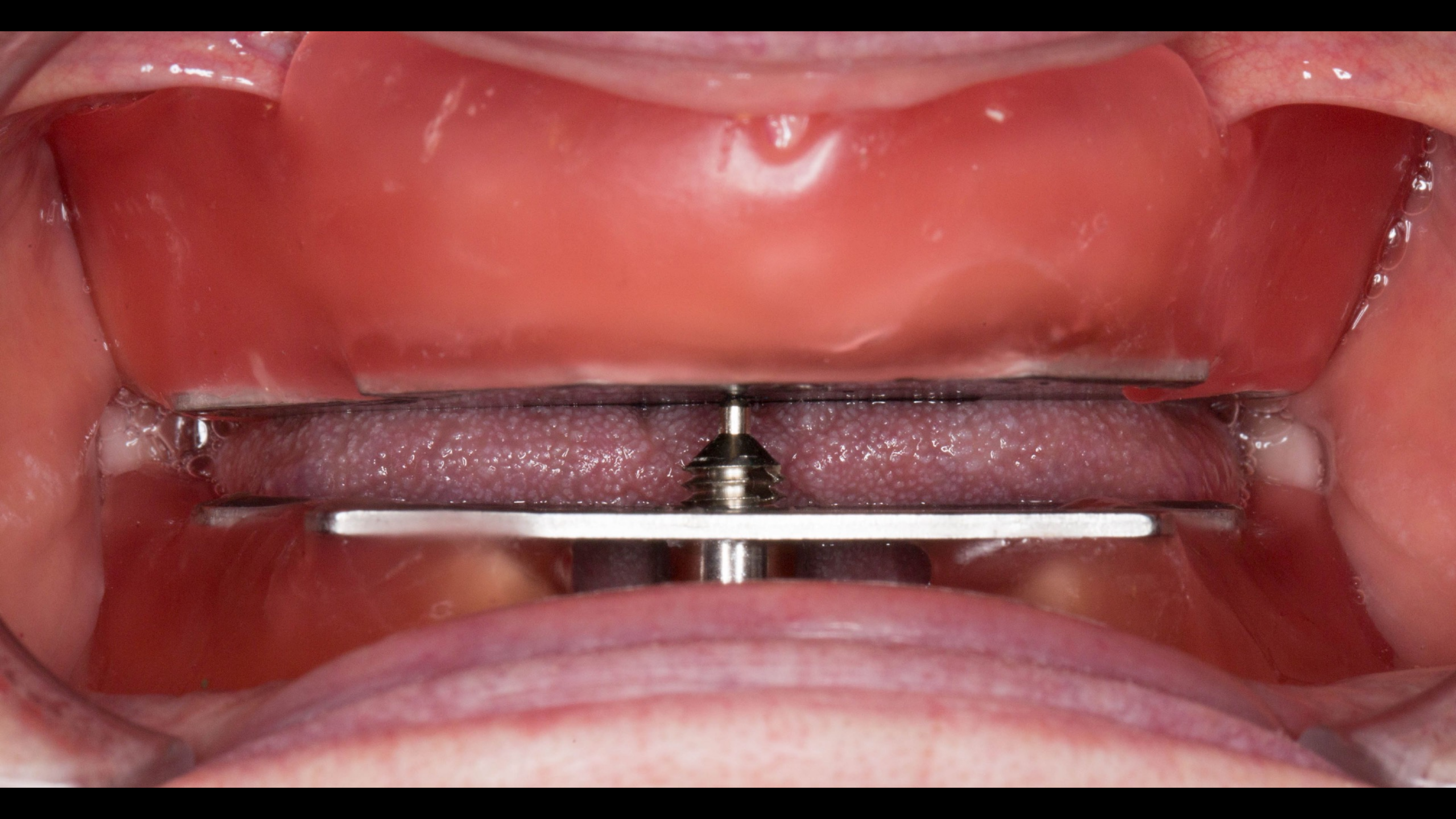




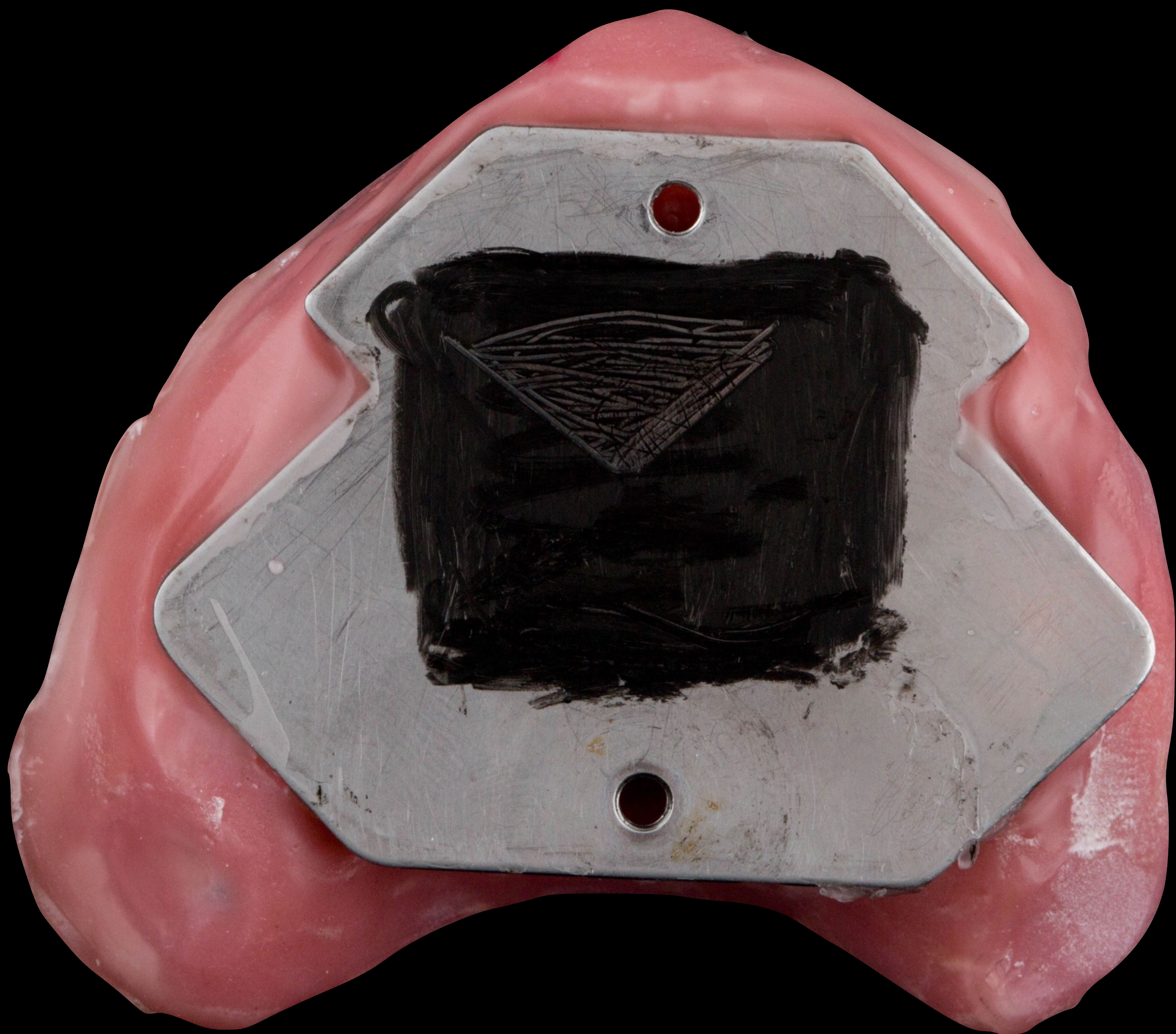








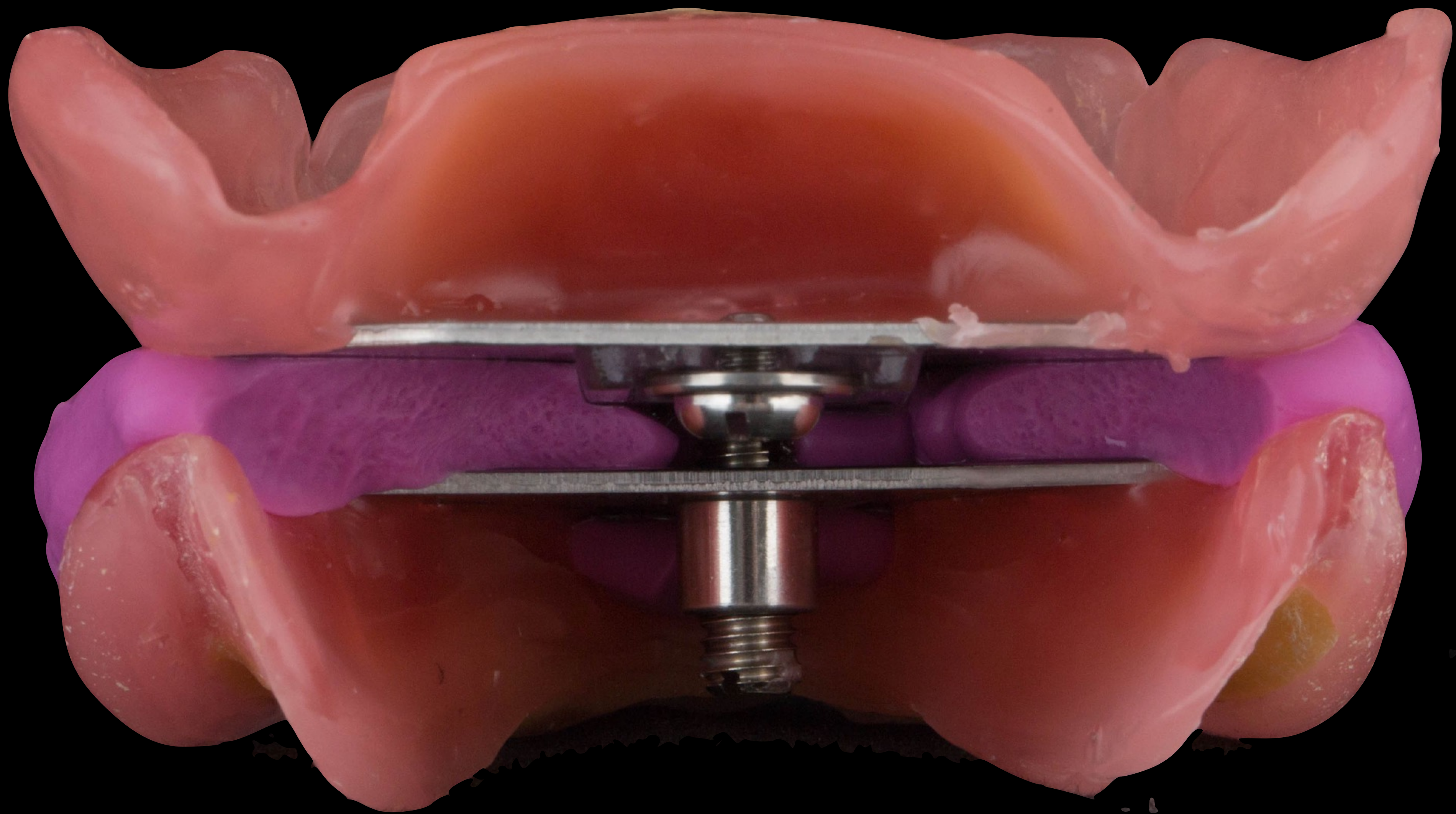




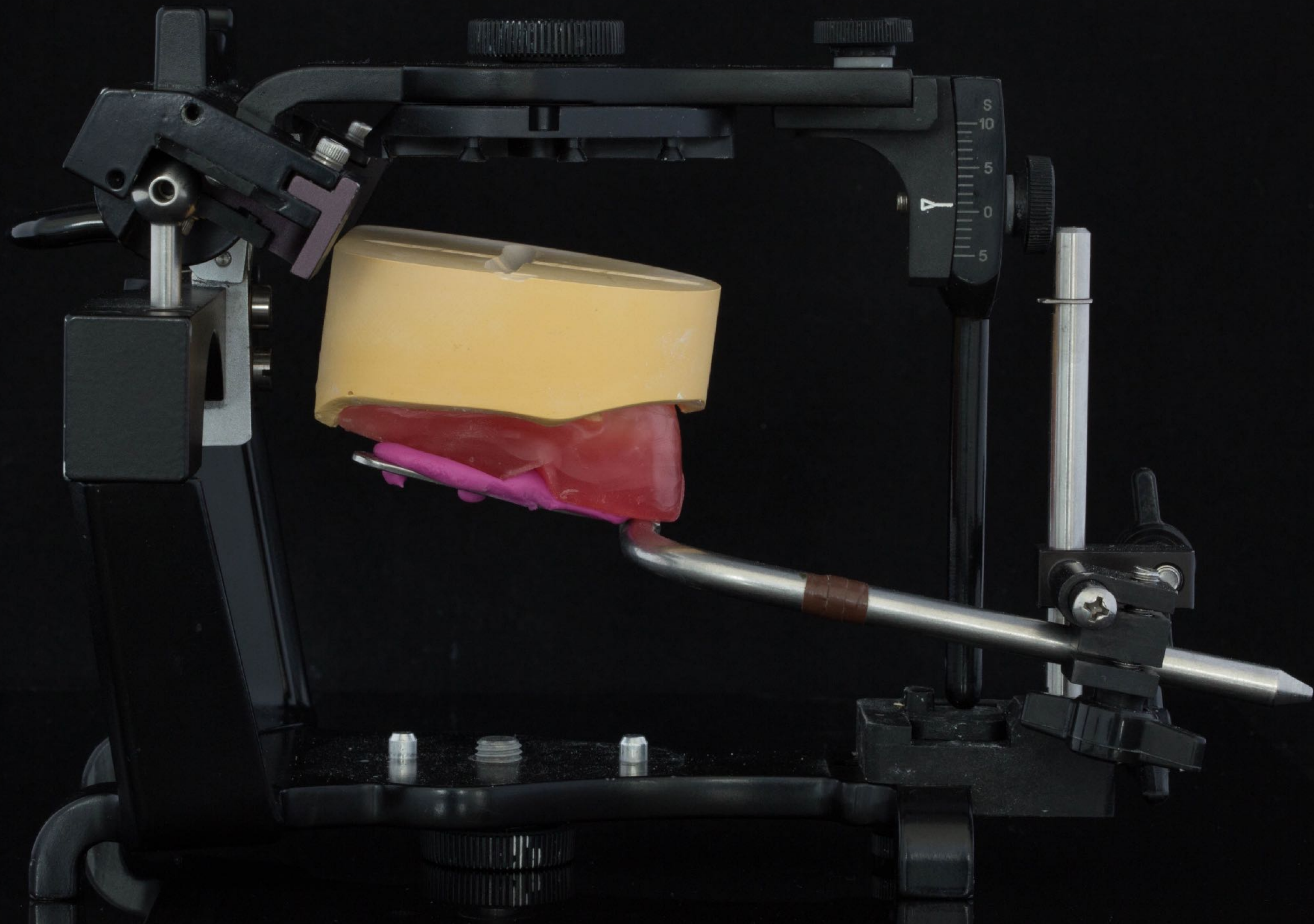




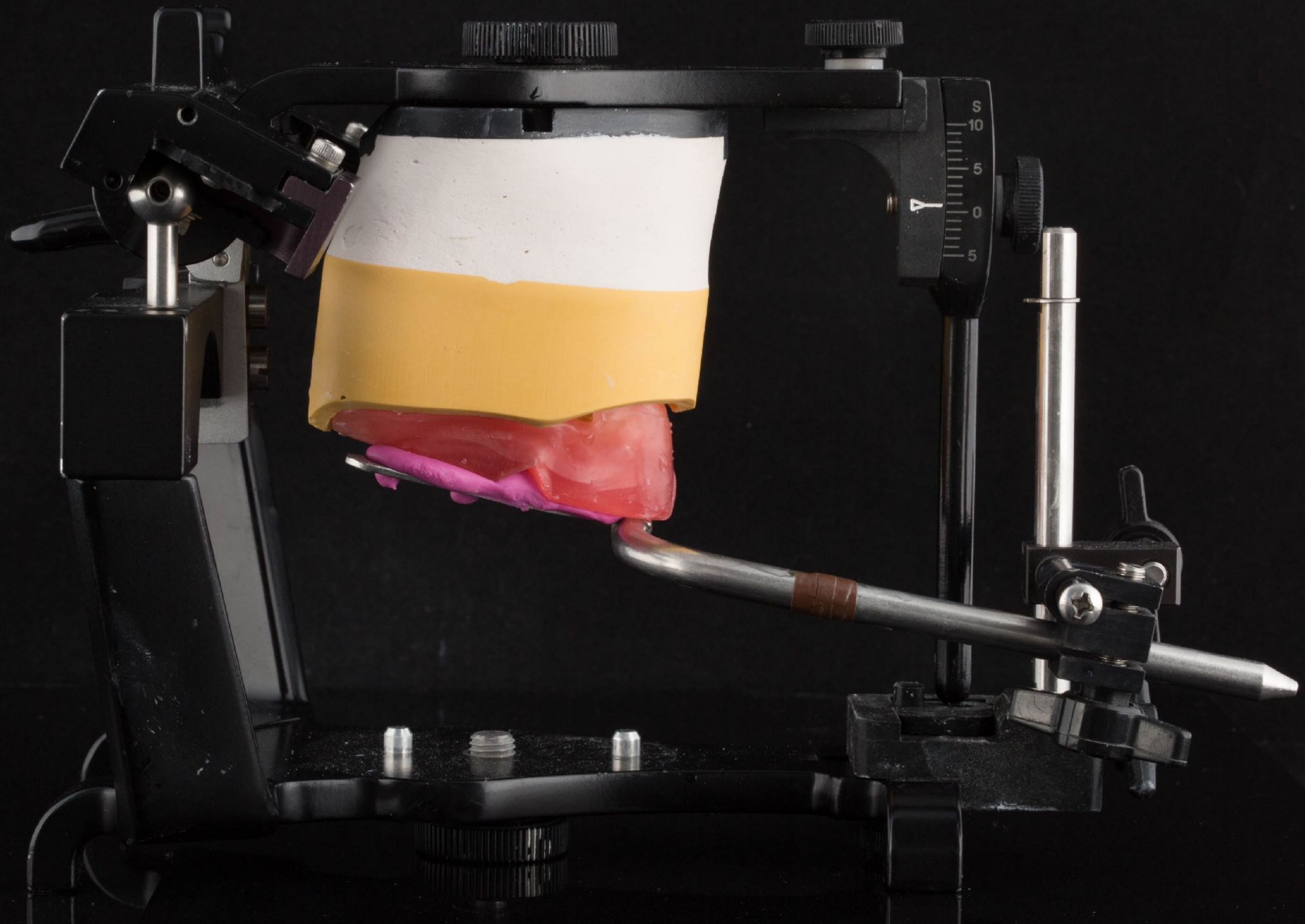




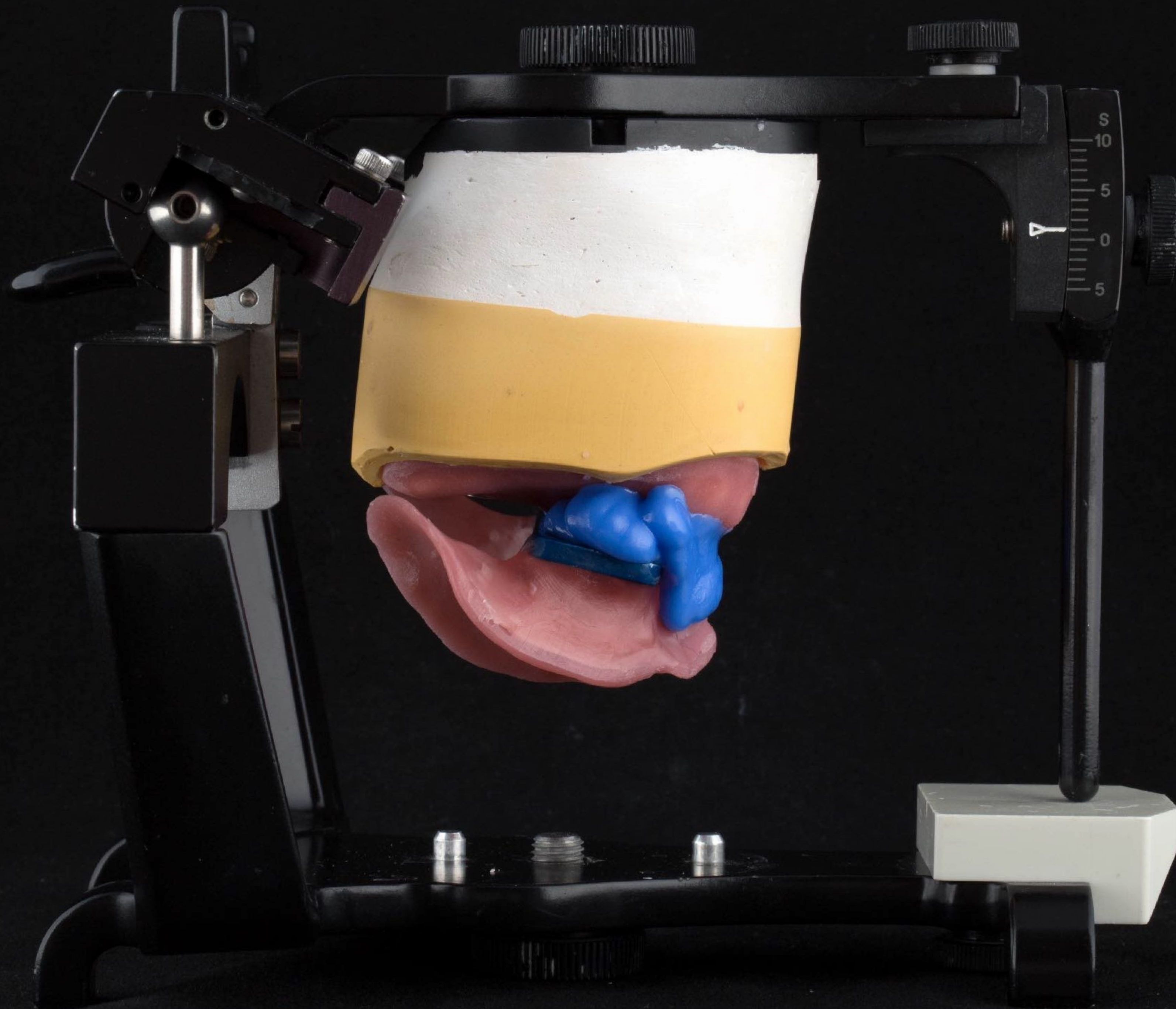




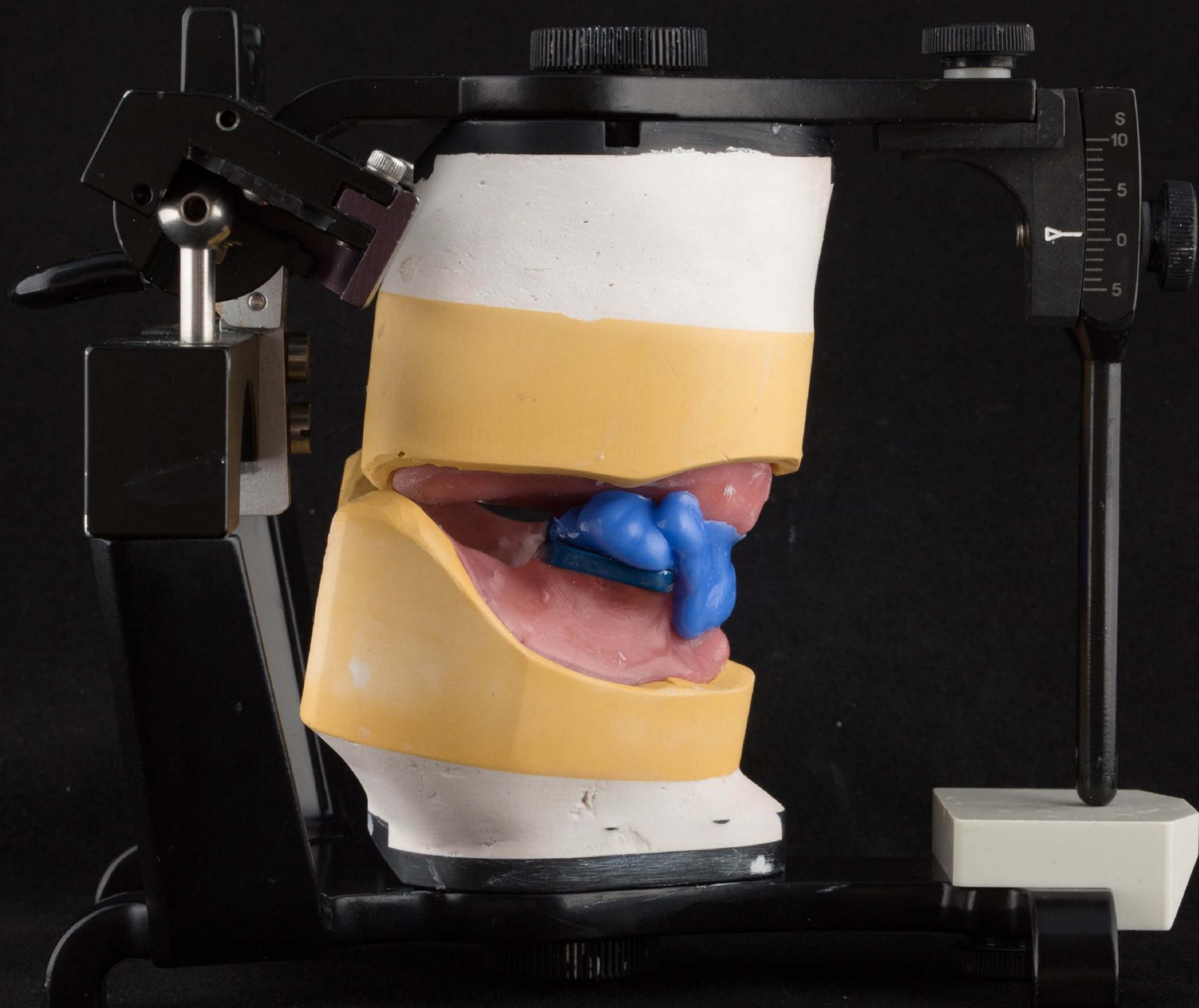


















Try in





Try in 2







Try in 3





Good to go





























Mk 1



Mk 2



Mk 2









Bottoms = To Big + Bully  
everywhere.

Top.

can't understand why I  
cannot keep them in for long  
left side fine

Right side

Tried Top + Bottoms together  
they just don't work.





Old



New





Old



New





Mk 1



Copy of old



Mk 2

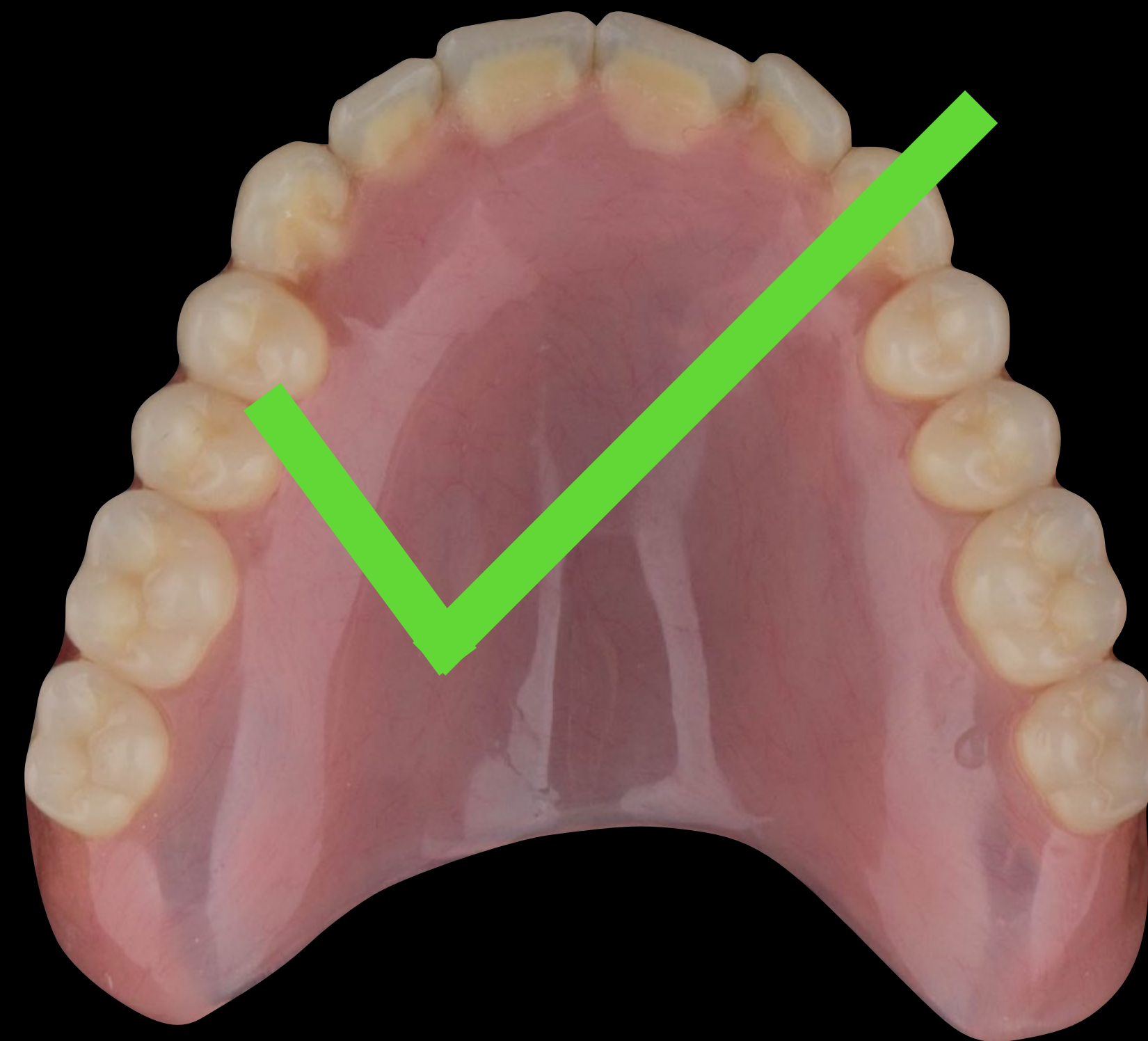




Mk 1



Copy of old

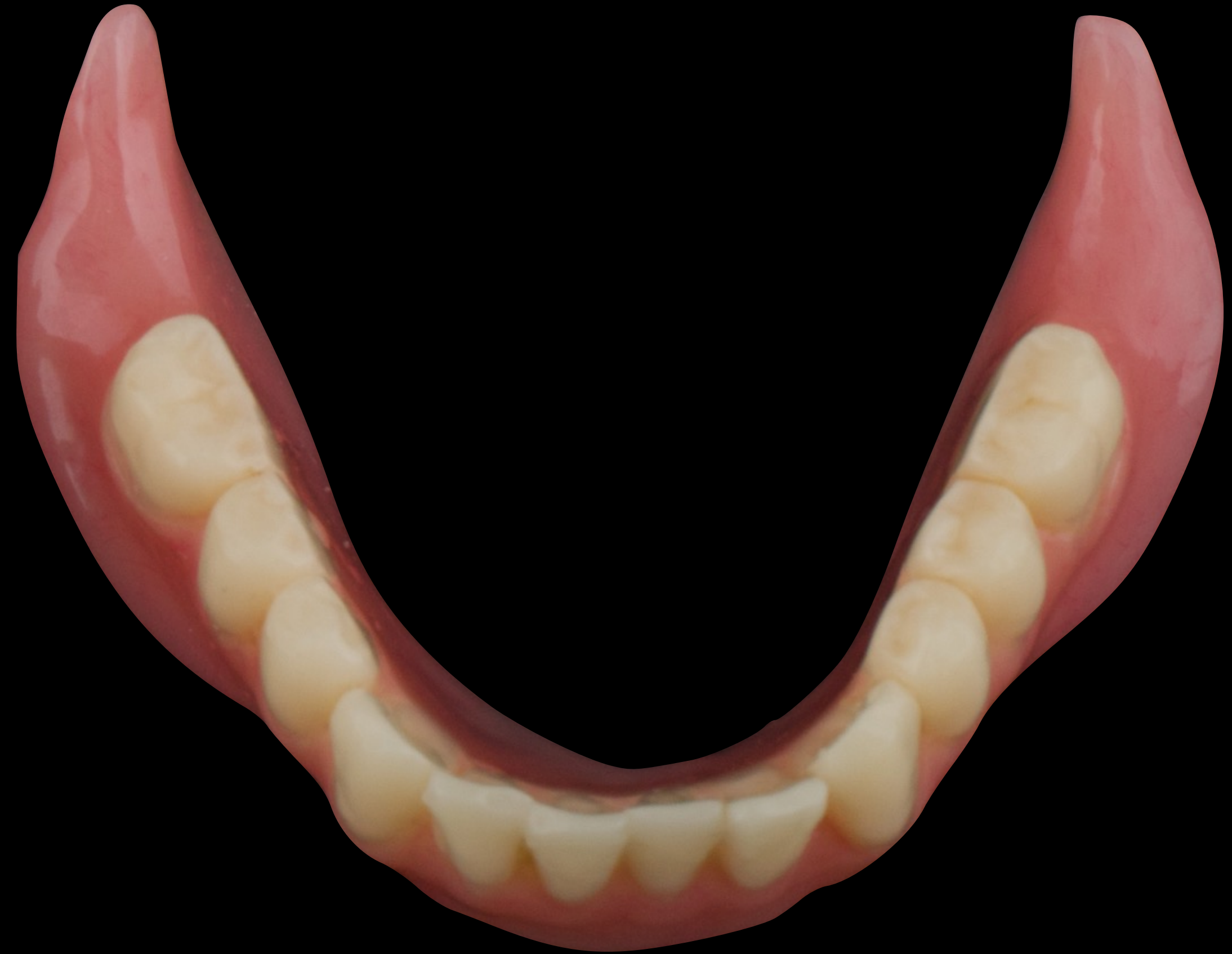


Mk 2





Mk 1



Mk 2





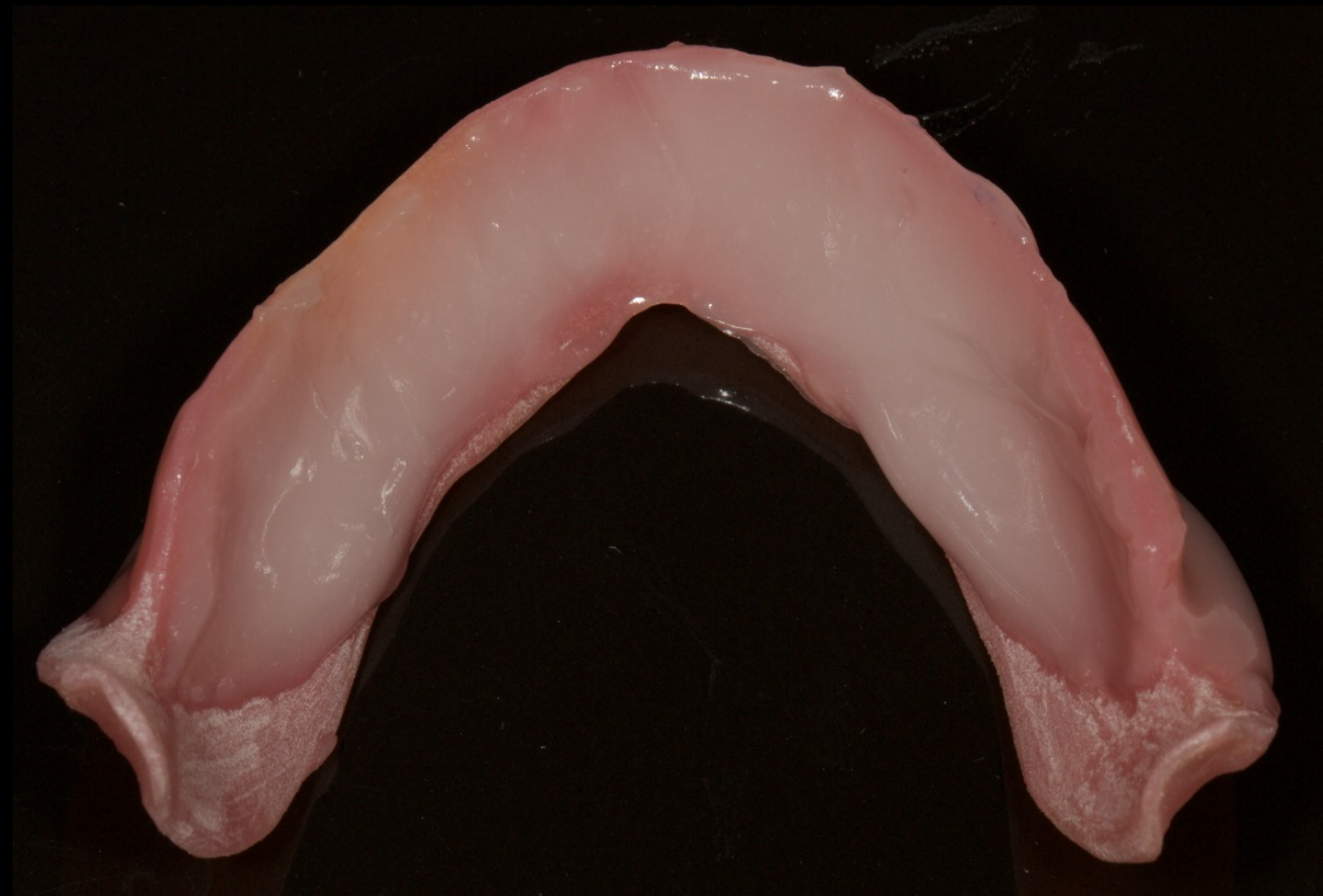
Mk 1



Mk 2



# Mk 3 - neutral zone impression

















Mk 3

