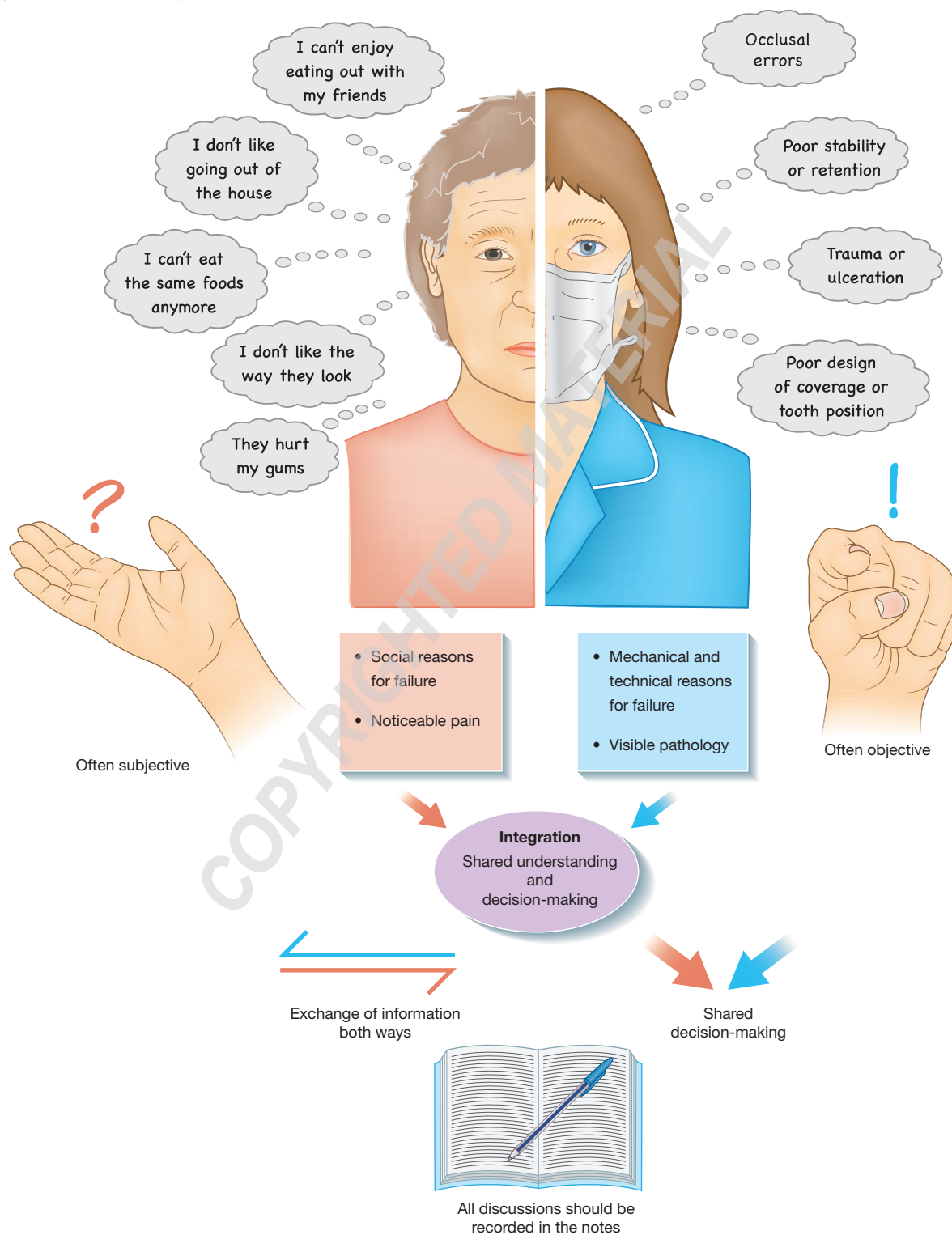


1

Introduction

Figure 1.1 Assessment processes



Removable prosthodontics is often described as a ‘black art’ – the Marmite of dentistry; practitioners tend to either love it or hate it. Fortunately, we love it – and with some simple guidance, hopefully you will too. Like most operative interventions, success depends on:

- The skill of the dentist
- The technical difficulty of the case
- The patient’s perceptions, ideas and expectations

Providing prostheses that are satisfactory to the patient is a challenge – and there are many reasons why patients can be dissatisfied with the finished result. Many relate to social aspects of patients’ lives – how they are able to interact with others, particularly when eating and speaking. Common reasons include:

- Unacceptable aesthetics
- Inability to chew food properly
- Inability to enjoy the same foods as before
- Problems with speech
- Discomfort or persistent pain
- Disagreements over time and cost

Despite the diversity of complaints, there is often a common thread running through them all – lack of information exchange and an inappropriate level of patient expectation. We would therefore argue that the most important skill when making satisfactory removable prostheses is that of *communication*.

Communication and expectations

Effective communication takes *time*. As clinicians we often start looking for mechanical reasons to explain why patients might be having difficulties with their existing prostheses – excessive movement, trauma or ulceration, poor retention, or design of coverage. On that basis, we often agree to make a new prosthesis. In reality, patient tolerance relates to very much more than just mechanics and physical function. It is crucial that the treatment you provide is driven by *patient-perceived need*. This means that patients need to understand and buy into the clinical rationale, including risks and benefits, of the proposed treatment. Similarly, we need to understand the patient’s rationale for wanting a prosthesis. Given enough time, it is highly likely that these requirements can be met.

Often, the process of making removable prostheses begins with a primary impression. Try and break that habit, and implement these simple steps first:

- 1 Set aside at least 5 minutes to talk to your patient
- 2 Sit in front of your patient – do not stand in front of your patient with a stock tray in your hand!
- 3 *Invite* your patient to explain why they would like you to make a denture – what are they hoping it will provide?

Crucially, your patient needs to feel that they can talk freely and comfortably about their tooth loss. This will not happen if they feel rushed, or feel that you are not actively *listening* to them.

This incredibly important part of the process is *investigative*. It should determine the choice of treatment that will follow. If the patient has an existing prosthesis, ensure that you ask what they think might change with a new one? What would they *like* to change?

It is at this early stage that you can begin to modify your patient’s expectations if you feel that they are unrealistic. It is always better to begin this way, than back-tracking later and trying to reduce high expectations at the try-in or the fitting stages.

It is also a good opportunity to provide your honest thoughts on the likely outcome. We would caution against promising patients that their new prosthesis will be any better than the one that is being replaced, even if you can identify significant technical flaws. Instead, it is beneficial to ensure that you:

- Reiterate why you think the patient would like a new prosthesis
- Describe any technical features that you believe you can improve upon
- Estimate how many visits, including retries and review appointments, you expect may be needed
- Explain the fact that when the new prosthesis is fitted, even if it is technically better, it will still take a period of acclimatisation (up to 6 months, and longer in some cases) before the patient is able to function optimally
- Generate an understanding that during this time, the patient will need to adapt *slowly* to their new prosthesis, even if it appears to function comfortably – and this is particularly important in relation to complete denture patients

The clinical process

Communication aside, the process of making removable prostheses is more manageable than it may seem at first. There are often simple approaches that can yield excellent results, without expensive materials or equipment. In the main, technical success is about attention to detail and knowing which materials work best in your hands.

The aim of this at-a-glance guide is to provide advice on how to achieve optimal outcomes at each clinical stage of the process. Our opinions are based on decades of combined experience teaching at undergraduate and postgraduate level, and routinely treating a wide range of cases. We have provided recommended reading for each chapter in case you wish to read more about the technical stages, or to understand better the theory and evidence base that underpins the fabrication of removable prostheses.

Educationally, we use the term ‘bricolage’ (tinkering) when we are teaching our students about new materials in the clinics. If it has been a while since you have used some of the materials in this book, then get hold of some of them, and have a play!