**Proposed Treatment: *Standard Removable Partial Denture (RPD)***

The objective of this treatment is to restore stomatognathic function and improve aesthetics.

**Assessment**

**Subjective Info:** Patient’s Chief Concern(s):

The patient reports that their current partial denture has become loose and exhibits significant wear, leading to difficulties in maintaining a secure fit during normal activities such as speaking and eating. This has resulted in compromised chewing efficiency, discomfort during meals, and a decline in overall functionality. Common reasons for replacing a partial denture from the patient’s perspective include:

* **Loss of Fit**: Changes in the underlying bone and soft tissues over time can lead to loosening of the denture, reducing its stability and retention.
* **Wear and Tear**: Prolonged use can result in worn occlusal surfaces, affecting the patient’s ability to effectively break down food and maintain proper jaw alignment.
* **Aesthetic Concerns**: Aging dentures may no longer provide the desired appearance, which can impact the patient’s confidence.
* **Functional Decline**: Difficulty chewing and reduced comfort while eating are common indicators that the denture is no longer meeting the patient’s functional needs.
* **Hygiene and Maintenance**: Accumulated wear and material degradation may contribute to hygiene challenges and an increased risk of oral irritation or infection.

**Referral info: \*\*\* Patient's dentist, (Dr. x if known), confirmed no outstanding dental treatment required including controlled caries and of periodontal and periapical disease for all teeth.**

**All abutment teeth have no need for restoration of major structural defects**.

**Objective Info:**

**Examination Concern(s):**

The patient presents with loose-fitting partial dentures that no longer provide adequate retention or stability. There is visible wear on occlusal surfaces, and the patient reports discomfort during mastication.

**Soft-Tissue Considerations:**

Soft tissues in the edentulous areas show signs of mild irritation, likely from poor denture fit. The patient has generalized healthy gingiva with no significant hyperplasia, though pressure spots from the ill-fitting prosthesis are evident.

**Hard Tissue Considerations:**

Alveolar ridge resorption is noted in both arches, particularly in the posterior regions, reducing support for the partial denture. Remaining natural teeth exhibit mild wear but are stable, with no signs of decay or mobility.

**Existing Prosthetic Considerations – Upper Arch:**

The current partial denture in the maxilla shows significant wear on the acrylic base and teeth. The design does not provide adequate support or retention, and the aesthetics have declined due to discoloration of the acrylic.

**Existing Prosthetic Considerations – Lower Arch:**

The mandibular partial denture lacks sufficient retention due to changes in the ridge contour and deterioration of the acrylic framework. The teeth show wear consistent with long-term use, and the fit does not align with the current jaw relationship.

**Existing OVD (Occlusal Vertical Dimension):**

The existing occlusal vertical dimension appears diminished due to wear of the denture teeth, contributing to compromised facial aesthetics and functionality.

**Proposed OVD:**

The proposed occlusal vertical dimension will be restored to the appropriate level to improve function, aesthetics, and jaw alignment, ensuring a balanced and stable occlusion.

**Preprosthetic Treatment/Adjunctive Therapy:**

Tissue conditioning is recommended to alleviate irritation and prepare the soft tissues for optimal denture fit. Referral to a dentist is suggested for scaling and polishing of the remaining natural teeth to ensure a healthy oral environment. Additionally, minor adjustments to the clasping teeth may be necessary to enhance the retention of the new partial dentures.

Consultation and **general oral exam** completed by denturist: XX

All findings for patient are within normal limits for the fabrication of: XXX

This treatment is not the result of an accident.

**missing teeth:** *list each tooth #s & day\month\year*

**recently extracted:** none

**planned extractions proposed for:** *list each tooth #s & day\month\year*

**Congenitally missing teeth:** none

**Treatment Options:**

1. **Implant-Retained Tissue-Supported Denture**

Pros:

* Provides the highest level of retention, stability, and support compared to other options.
* Improves chewing efficiency and patient confidence due to secure fit.
* Reduces the rate of bone resorption in areas where implants are placed.
* Enhanced aesthetics and function with minimal movement during use.

Cons:

* Higher cost due to surgical procedures and materials.
* Requires adequate bone density for implant placement, which may necessitate bone grafting.
* Biological/osseointegration success is not guaranteed, and failure can occur in rare cases.
* Longer treatment time due to healing and integration periods.

1. **No Treatment**

**Pros:**

* No immediate financial cost.
* Avoids the need for multiple appointments or surgical procedures.
* No risk of complications associated with prosthetic devices.

Cons:

* Ongoing difficulties with chewing and speaking.
* Progression of bone loss in edentulous areas.
* Potential for adjacent teeth to shift or tilt, leading to bite issues.
* Negative impact on facial aesthetics and patient confidence.

1. **Standard Partial Denture**

Pros:

* More affordable compared to implant-supported options.
* Improves chewing ability and restores basic function.
* Can be fabricated and delivered within a relatively short timeframe.
* Non-invasive, avoiding the need for surgical procedures.

Cons:

* Limited retention and stability compared to implant-supported dentures.
* Requires relines every 2–3 years and replacement every 5–6 years due to wear and changes in oral structures..
* May require adjustments to ensure comfort and fit over time.

**Treatment Specifics:**

**Patient has chosen treatment option 3 of a standard removable partial denture (RPD)**

**The process of creating standard RPDs usually involves five appointments:**

1. Initial consultation, which includes a general examination, taking digital photographs, preliminary impressions, bite registration, and using tissue conditioners (temporary relines).
2. Preparing the teeth at the dentist’s office.
3. Taking the final alginate impressions for casting.
4. Trying in the framework for evaluation and adjustments.
5. Delivery of the completed RPDs.
6. Typically, 2–3 follow-up appointments are necessary to fine-tune the fit of the new dentures. These adjustments are provided at no additional cost.

The entire process generally takes 4–5 weeks from the initial visit to final delivery, depending on the patient’s availability.

**Expected Outcomes:**

Standard removable partial dentures (RPDs) will enhance the fit, chewing efficiency, aesthetics, and speech clarity. Additionally, it will help reestablish balance between Centric Occlusion (the way the patients teeth come together) and Centric Relation (the alignment of your jaw). Restoring harmony between CO and CR will produce a more balanced bite and proper jaw function. However, bone loss will remain an ongoing process with aging.

It is recommended that RPDs be relined every 2–3 years to ensure they maintain a proper fit as the underlying bone and tissues change over time. On average, RPDs should be replaced every 5–6 years to address wear and maintain functionality. While RPDs do not prevent bone loss in the areas without teeth, regular relining and proper care can help adapt to these changes, allowing you to maintain comfortable and effective function over the long term.

**Maintenance Procedures and Re-care:**

**Maintenance Procedures and Re-Care for Standard Removable Partial Dentures**

**Daily Cleaning**

* Use a soft-bristled denture brush and a non-abrasive denture cleanser to prevent scratching the acrylic surface.
* Brush remaining natural teeth twice daily with fluoride toothpaste.
* Clean gums, tongue, and soft tissues with a soft brush or washcloth to maintain oral health.
* Floss around natural teeth and dental work to prevent decay and gum disease.

**Routine Adjustments and Relines**

* Visit the denturist or dentist for regular check-ups (every 6–12 months) to assess fit and function.
* Relining the denture every 2–3 years is recommended to adjust for changes in the oral tissues and ensure a secure fit.

**Monitoring Bone and Tissue Health**

* Routine monitoring for bone resorption and soft tissue changes is essential to identify any issues early.
* Tissue conditioners may be used temporarily if irritation or pressure spots develop.

**Repair and Replacement**

* Repairs should be carried out promptly if the denture becomes cracked or damaged.
* Replacement of the denture every 5–6 years is typical to maintain functionality and aesthetics as materials wear over time.

**Dietary Advice**

* Start with soft foods and cut food into smaller pieces as you adapt to wearing the denture.
* Avoid sticky or hard foods that can dislodge or damage the denture.

**Speech and Comfort Adaptation**

* Practice speaking with the denture in place to adjust to any changes in phonetics.
* Report any persistent discomfort or sore spots to the practitioner for adjustment.

**Emergency Care**

* Contact your denturist or dentist immediately if you experience severe discomfort, damage to the denture, or issues with your natural teeth.

This comprehensive maintenance plan will help prolong the life of the denture, ensure optimal performance, and maintain oral health.