

POST-TREATMENT CARE GUIDE

Removable Dentures

Congratulations on regaining the ability to enjoy your food and communication once again!

Your new dental prostheses are important medical devices, and your body will need some time to adapt to them.

Much like breaking in a new pair of shoes, adaptation can require patience and a few adjustments by your dentist—this is completely normal. Your muscles and gums are learning to work in a new way. Please be patient with yourself, and this care guide will help you navigate this journey more quickly and smoothly. We are here to help you feel comfortable, so do not hesitate to contact us if you feel any pressure points or discomfort.

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Post-Procedure Instructions

- **Anesthesia:** if local anesthesia was used during the procedure, your lip, tongue, or cheek may remain numb for another 2–4 hours.
- **Important:** do not eat anything until the numbness completely wears off to avoid accidentally biting your cheeks or tongue.
- **Cementation:** although modern dental cements set rapidly, it is recommended to avoid eating or drinking for the first hour and to chew with extra caution for the first 24 hours.

What to avoid after the procedure

Do not chew on hard objects: ceramic (porcelain) is a highly durable but brittle material. It is strictly forbidden to crack nuts, bite seeds, open bottles, or chew on ice, pens, and pencils with your teeth. This can cause the ceramic to chip.

Sticky food: avoid very sticky candies (toffees, gummy sweets) during the first 24 hours, as they could affect the cement before it reaches its final strength.

Diet and Beverages

During the first 24 hours: choose softer foods and chew on both sides to distribute the biting load evenly.

Long-term diet: there are no specific dietary restrictions; however, keep in mind that extremely hard foods (bones, hard croutons) always pose a risk to the longevity of your prosthesis.

Smoking

Smoking impairs blood circulation in the gums, which can cause gum recession (exposing the margin of the crown, creating a visible "black line" or exposing the tooth root).

Tobacco smoke can stain and pigment the cement at the margins of the prosthesis, compromising its aesthetic appearance

Home Oral Hygiene (The Most Critical Part)

An artificial tooth cannot decay, but the natural tooth structure underneath it still can. The critical area is the margin where the crown meets the tooth (right at the gumline).

- **Toothbrush:** brush your teeth 2 times a day (morning and night). Be exceptionally thorough (yet gentle) when cleaning along the gumline, where the prosthesis transitions to the natural tooth.
- **Interdental cleaning (for crowns):** use dental floss or interdental brushes. The floss should glide smoothly without catching or tearing.
- **Interdental cleaning (for bridges):** regular dental floss will not work under a bridge. It is essential to use a specialized floss (e.g., Superfloss), where the stiffened end is threaded under the bridge, and the spongy part is used to clean the pontic (the suspended artificial tooth).
- **Interdental brushes:** these are ideal for cleaning the spaces underneath dental bridges.
- **Water flosser (Oral irrigator):** this is a highly recommended tool if you have bridges or implants. The water jet flushes out food debris from beneath the prostheses where a regular toothbrush cannot reach.

Why Is It Essential to Ensure the Seal of the Prosthesis?

During your check-ups, your dentist will always inspect the marginal integrity (seal) of your prosthesis. Why is this vital?

- **Secondary caries (recurrent decay):** If the margin of the prosthesis loses its seal (due to cement washing out), saliva containing bacteria penetrates the gap between the tooth and the crown.
- **Invisible damage:** The tooth begins to decay from the inside out, underneath the crown. The worst part is that patients usually do not feel any pain until the tooth is irreparably damaged.
- **Odor:** A foul or unpleasant odor coming from a specific tooth that cannot be cleaned away often indicates a leaking seal and underlying decay

Professional Oral Hygiene and Prevention

This is not just a recommendation—it is a mandatory condition for your warranty coverage and the longevity of your prosthesis.

- **How often to visit?** You are required to visit an oral hygienist every 6 months.
- **Why is it necessary?** Even with flawless home care, it is impossible to remove all plaque, especially below the gumline at the crown margin. The hygienist uses specialized instruments (which do not scratch ceramics) to thoroughly clean these hard-to-reach areas.
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What problems does this prevent?

- **Prevention of gum disease (gingivitis/periodontitis):** If plaque accumulates at the crown margin, the gums will begin to bleed, swell, and recede.
- **Preserving aesthetics:** Healthy gums beautifully frame the crown. Gums affected by inflammation recede, exposing the tooth root or the metal margin of the crown.

Normal Sensations

- **Foreign body sensation:** for the first few days, the new tooth may feel large, foreign, or feel like it is "in the way" of your tongue. This is completely normal; your brain needs time (up to 2 weeks) to adjust to the new shape.
- **Sensitivity:** if the tooth under the crown is still vital (alive), it may be temporarily sensitive to hot or cold temperatures for a few days or weeks.
- **Tightness:** you may feel a sensation of tightness or pressure between your teeth during the first few days.

When to Contact Your Doctor

- **Pain when chewing:** if you feel that the new crown makes contact first when you bite down (is "too high") after the anesthesia wears off. An adjustment is mandatory, otherwise the tooth will suffer trauma.
- **Mobility:** if you feel that the crown or bridge is loose or shifting.
- **Persistent pain:** if the tooth under the prosthesis begins to ache severely, especially at night or when exposed to hot food.
- **Food impaction:** if food constantly gets trapped between your teeth and cannot be removed.