

ADG Treatment Guide: Consent to Pre-prosthetic Surgery

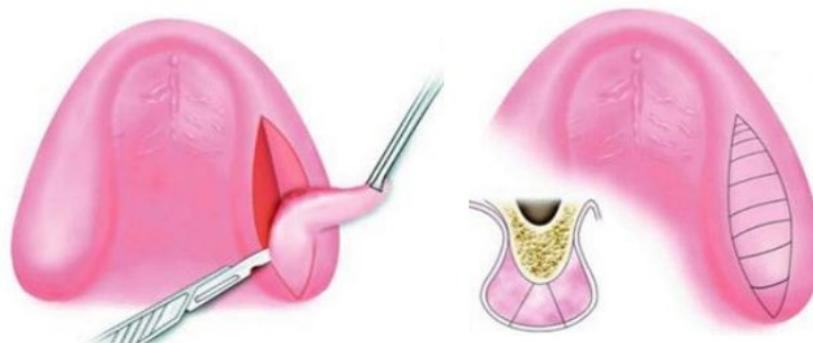
What is pre-prosthetic surgery and why is it necessary?

This involves surgical procedures that are intended to improve the shape of the upper and/or lower jaw to improve the potential fit of new dentures. There are several types of 'pre-prosthetic' surgical procedure which are summarised below:

- **Gingivoplasty** – adjustment of the gum to facilitate a smoother contour
- **Fraenectomy** – excision of a band of tissue that stretches across the front of the gum and results in a notch and weakening of the new denture. This thick fibrous band can also become traumatised by the continual reseating of a denture over the surface of the tissue



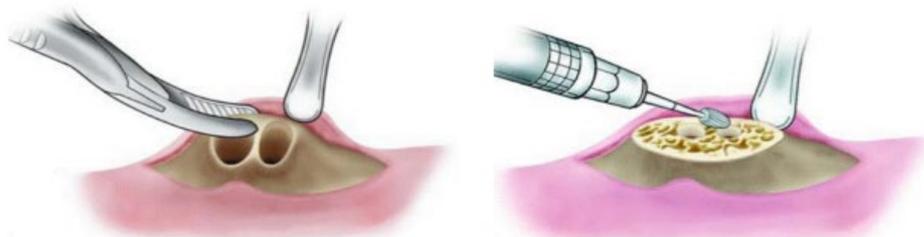
- **Vestibuloplasty** – deepening the furrow of the gum between the lip and the bone to enable deeper coverage of the prosthesis to enable better retention or stability of the prosthesis.
- **Wedge resection** – excision of a wedge of tissue usually at the back of the mouth to reduce the mobility of fibrous tissue



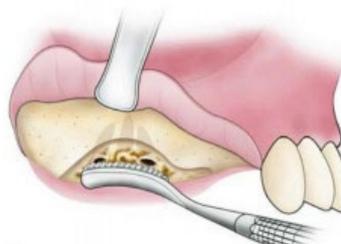
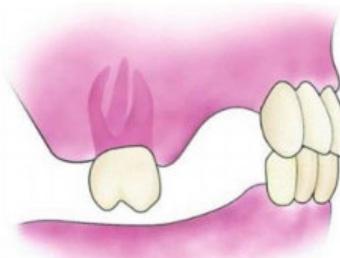
- **Papillary palatal hyperplasia**-if you have worn an old denture for a long time, your denture may have a small void in the roof of your palate and in this region the gum may be inflamed and overgrown with little nodules. It is always desirable to remove such small nodules to create a smooth surface for new denture construction

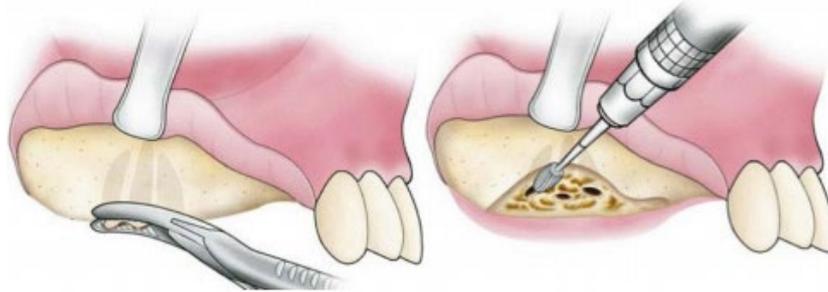


- **Osseousplasty** – adjustment of bone to remove a tissue undercut or protuberance which the new denture is likely to rub against

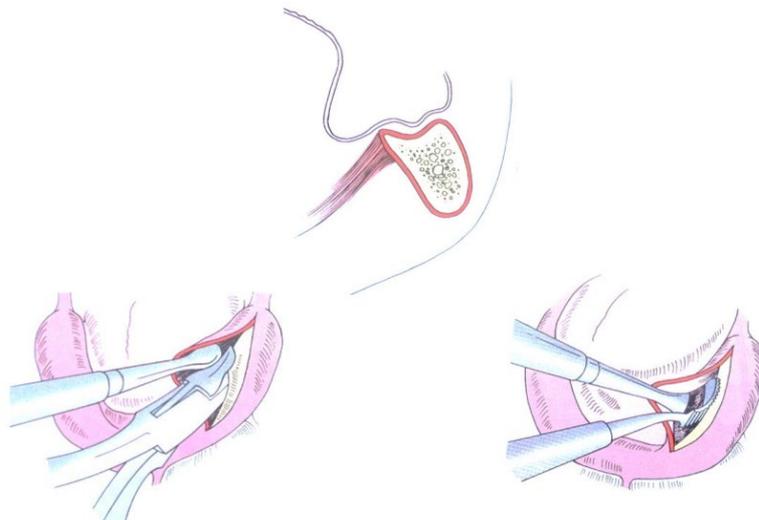


- **Alveoloplasty** – this is a gross adjustment of the bony shape of the jaw to correct a bone overgrowth that will otherwise result in the denture thinning or in ulcerated gum that is trapped between the bony exostosis and the denture base.

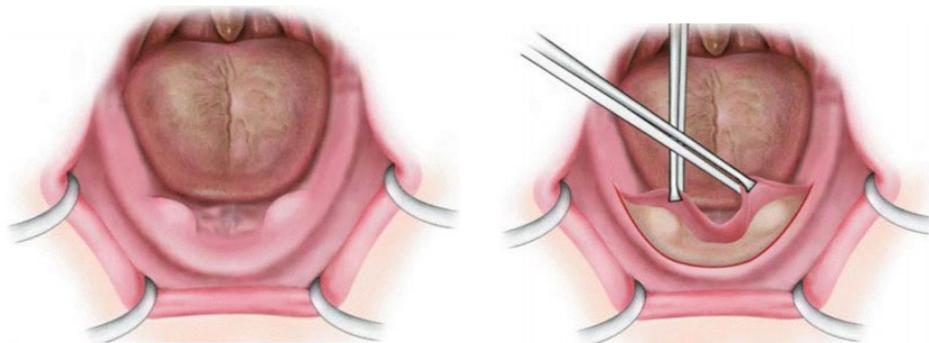


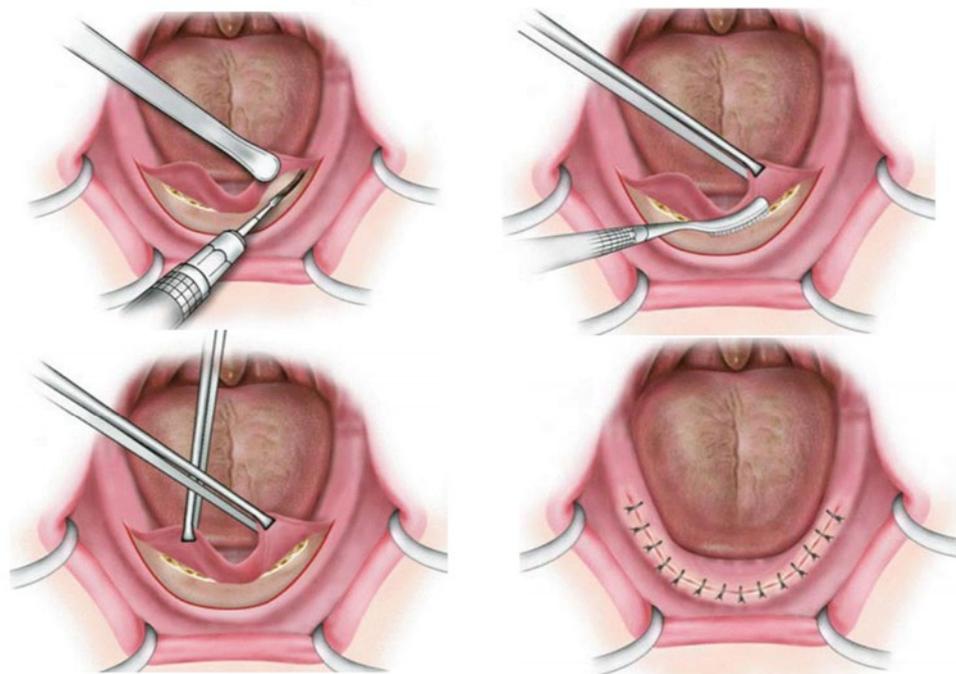


- **Genioplasty** – this is a very specific type of osseousplasty in the lower jaw. When the lower jaw this, bony projections, known as ‘genial tubercles’ sitting on the tongue side of the jaw start to become prominent and this may result in ulcerated tissue between the tubercles and the denture
- **Mylohyoid Ridge reduction** – when the lower jaw denture bearing area thins, a sharp prominence of bone may exist on the tongue side of your jaw. This is an attachment for a muscle. The flange of a denture will rub against the sharp prominence which is next to the tongue and so this bony protuberance should be surgically removed.



- **Tori excision/adjustment** – some patients will have lumpy projections on the inside and/or outside of the jaw. Such a bony overgrowth will result in chaffing and ulceration of the gum between the bony exotosis and the hard denture bearing surface. For this reason, it is better to perform a torus excision procedure.





Precautions

Prior to considering a pre-prosthetic surgical procedure your surgeon will assess your fitness to undergo such a procedure. Most procedures are relatively straight-forward and result in some minor bleeding, swelling and discomfort. Some procedures are undertaken with a scalpel, a drill or even a laser. Your surgeon will inform you about the exact nature of surgery. He/she will need to ensure that you are not taking blood thinning drugs or anticoagulants such as Warfarin or NOACs. For procedures which involve bone adjustment, you should ideally not be taking bisphosphonate drugs. For patients who take oral bisphosphonates, gentle surgery is possible without complications. Some patients may be prone to MRONJ (medicine related osteonecrosis of the jaws). This is an unpredictable condition where small layers of the jawbone continue to die and shed resulting in a local defect. Such a condition will need hospital review and supervision and is a complication of any form of surgery to the jaws in a patient who takes bisphosphonate drugs.

The procedures described above are performed under local anaesthesia, and the local anaesthetic agents can result in toxic drug interactions although these are extremely rare.

What is involved in pre-prosthetic surgery?

After your surgeon has numbed the site, he may use a scalpel or laser to remove aberrant, and excessive soft tissue. If your treatment involves removing a bony prominence, then your surgeon will carefully lift a flap of soft tissue to reveal the bony excess. He/she will then use a sharp wedge-shaped instrument, or a surgical plier known as a 'rongeur' or a chisel to clip off excessive bony prominences. Some-times the surgeon will use a drill with a special burr for cutting bone or a laser to trim the bony prominence.

Benefits and limitations of pre-prosthetic surgery

The benefit of undertaking pre-prosthetic surgery may mean the difference between you getting on with your prosthesis or not. It is vitally important to have good denture bearing tissues with a full rounded and smoothed contour, where tissue is not excessively mobile, does not contain fibrous nodules and where there is not a sharp bony protuberance that is likely to cause chaffing between the bone and the denture. Improving the shape of the jaws does not ensure psychological acceptance of the denture. Every new prosthesis needs time to settle and for the recipient to get used to speech, and function and learn some element of control with the tongue and the emotional impact of the change in appearance.

I confirm that I have read and understood the information contained within this guide, and I have had the opportunity to ask questions. I feel that I understand the risks, benefits and limitations of the procedures described, and I understand that no promises or guarantees of the proposed outcome can be made. By signing this form, I am providing my explicit consent to render necessary treatment to assist my dental condition.

Name of Patient _____

Date of Birth _____

Patient signature _____ Dated _____

Parent/Guardian/
Legal Representative _____ Dated _____