

Lesson Plan

Course: Clinical Dental Hygiene DHYG 1110

Topic: Edentulous Patient

Instructional Objectives:

1. Identify characteristics of an edentulous mouth and oral changes associated with an ill-fitting oral prosthesis.
2. Compare and contrast types of fixed and removeable denture prostheses and the challenges associated with replacing missing teeth.
3. Describe the different methods of cleaning fixed and removeable appliances at home and in the office.
4. Develop a tailored oral hygiene plan for the edentulous and partially edentulous patient.
5. Demonstrate a commitment to your role as a dental hygienist in educating and providing treatment to the edentulous patient.

Materials: Computer, PowerPoint, Projector, Handouts, Oral hygiene aids: single-tuft brush, sulcular brush, Superfloss, threaders, proxy brushes, denture brush.

References:

- Baba, Y., Sato, Y., Owada, G., & Minakuchi, S. (2018). Effectiveness of a combination denture-cleaning method versus a mechanical method: comparison of denture cleanliness, patient satisfaction, and oral health-related quality of life. *Journal of prosthodontic research*, 62(3), 353-358.
- Darby, M. L., Walsh, M. M., Bowen, D. M., & Pieren, J. A. (2020). *Dental hygiene: Theory and practice*. Elsevier/Saunders.
- Lee, D. J., & Saponaro, P. C. (2019). Management of edentulous patients. *Dental Clinics*, 63(2), 249-261.
- Ramage, G., O'Donnell, L., Sherry, L., Culshaw, S., Bagg, J., Czesnikiewicz-Guzik, M., ... & Robertson, D. (2019). Impact of frequency of denture cleaning on microbial and clinical parameters—a bench to chairside approach. *Journal of oral microbiology*, 11(1), 1538437.
- Wilkins, E. M., Wyche, C. J., & Boyd, L. D. (2017). *Clinical practice of the dental hygienist*. Wolters Kluwer.

Personnel: N/A

Time: 80 minutes

INSTRUCTIONAL SET

2 minutes

A. Introduction

Patients lose teeth for various reasons such as decay, trauma, extensive infections that cause bone loss, and periodontal disease are all contributing factors for tooth extractions. As dental hygienists, we try to prevent tooth loss through cleaning teeth and guiding the patient with proper oral hygiene care. However, we need to understand how tooth loss can impact patients and have the knowledge to educate patients on how to adapt and clean their new prostheses.

Slide #1:

Edentulous Patient title

2 minutes

B. Established Mood

By attending today's lecture, you will have a better understanding of the edentulous patient and how to educate the patient on proper methods to clean fixed and removable dentures.

C. Gain Attention/Motivate

"10% of the US population 18 years and older are edentulous." "26% of the US population between 65 and 74 years are edentulous."

Slide #2: Graphic with statistics**D. Established Rationale**

By understanding the reasons why teeth are extracted and how to replace missing teeth with prostheses is important to your role as a dental hygienist because we must be able to educate the patients how to clean the remaining natural teeth and prosthesis to prevent tooth decay and periodontal disease.

Slide #3: Graphic with dental hygienist "An ounce of prevention is worth a pound of cure."

1 minute

E. Established Knowledge Base

Has anybody had a tooth extracted? Do you have a family member that has full mouth extractions and wears upper and lower dentures? What are their complaints? Is food difficult for them to chew? What do they say about changes in taste?

Q/A: Do you have a friend or family member that wears

1 minute

Are they embarrassed or shy about sharing that they have dentures?

F. Instructional Objectives

After today's lecture you should be able to:

1. Identify characteristics of an edentulous mouth and oral changes associated with an ill-fitting oral prosthesis.
2. Compare and contrast types of fixed and removeable denture prostheses and the challenges associated with replacing missing teeth.
3. Describe the different methods of cleaning fixed and removeable appliances at home and in the office.
4. Develop a tailored oral hygiene plan for the edentulous and partially edentulous patient.
5. Demonstrate a commitment to your role as a dental hygienist in educating and providing treatment to the edentulous patient.

a denture? Do they have a lot of health issues? What kind of diet do they have?

Slide #4: Objectives

4 minutes

II. THE BODY/CONTENT

I. Terminology

- A. Edentulous
- B. Partially Edentulous
- C. Fixed Denture
- D. Removeable Denture
- E. Overdenture

Slide#5:

II. Risk Factors for Tooth Loss

- A. Dental caries
- B. Periodontal disease
- C. Low Socioeconomic status
- D. Inadequate access to professional dental care
- E. Low frequency of professional dental care
- F. Poor daily oral hygiene

Slide #6 :

Note: Explain practicing in different areas (WV vs. HHI)

Slide:

Q/A: How do you think a person with severe depression is taking care of their teeth?

III. Other Factors Associated with Tooth Loss

- A. Psychologic Factors
- B. Physiologic Factors

IV. Missing Teeth

- A. Fully edentulous
 - a. Congenital
 - b. Trauma

A: Patient is most likely not motivated to brush and floss their teeth.

4 minutes

- c. Lack of knowledge about OH
- B. Partially Edentulous
 - a. Complete Max denture
 - b. And/or mixed prostheses
- V. The Edentulous Mouth**
 - A. Bone
 - a. Residual Ridges
 - b. Tori and Exostoses
 - 1. Define
 - 2. Must be addressed before partial/ denture is fabricated
 - aa. Toris palatinus*
 - bb. Toris mandibularis*
 - cc. Exostosis*
 - C. Mucous Membrane
 - a. Composition
 - 1. Oral mucosa
 - 2. Masticatory mucosa
 - 3. Lining mucosa
 - 4. Specialized mucosa
 - b. Submucosa
 - 1. Composition
 - 2. Support/ Cushioning Effect of denture

Slide #7

Note: #7 and #10 are commonly congenitally missing.

Slide # :

Q/A: Why would a flipper prosthesis be appropriate over an implant for a 16-year-old female?

A: The bone has not fully developed yet. Typically, implants are placed 19 years and older.

Slide #8: Bone

Note: Explain why one would need to have tori removed and explain procedure

Slide #9:

6 minutes

- VI. Purpose of Wearing a Fixed or Removeable Prosthesis**
 - A. Benefits
 - a. Esthetics
 - b. Restore facial contour
 - c. Provide function
 - d. Enhance ability to eat healthy foods (meat/veggies)
 - e. Assists proper speech
 - B. Replacement Options
 - a. Fixed prosthesis
 - b. Removeable
 - c. Dental Implants
 - C. Role of the Dental Hygienist
 - a. Explain each choice
 - b. Answer questions from the patient
 - c. Prepare notes to assist the dentist
 - D. Consequences of Not Replacing Missing Teeth
 - a. Migration of adjacent teeth
 - b. Migration of opposing teeth
 - c. Remaining teeth: extra stress/ fractures

Slide # 10:

Q: Do you know someone who has a full set of dentures? How did they do when they initially got them?

A: Answers will vary

Slide #11:

Slide #12:

5 minutes

- d. Loss of occlusal vertical dimension
 - 1. Angular cheilitis

VII. Fixed Partial Denture Prosthesis

- A. Fixed partial dentures/ Bridges
 - a. Affixed to the teeth/ implant with cement/glue
Non-removeable
 - b. Composed of:
 - 1. Abutments
 - 2. Connectors
 - 3. Pontics
 - c. Bridges can be made of:
 - 1. Metal- Gold
 - 2. Ceramics- Zirconia
 - 3. Both—PFM
- B. Types of Fixed Partial Dentures
 - a. Natural tooth supported
 - 1. Traditional/ Bi-lateral
 - 2. Cantilever
 - 3. Resin-retained/ Maryland Bridge
 - b. Implant supported
 - 1. Endosteal implants as abutments for bridge/
overdenture
- C. Criteria for Fixed Partial Denture
 - a. Biologically and esthetically a good fit with
other teeth
 - b. All parts can be cleaned by the patient and
dental professional
 - c. Does not interfere with cleaning the other teeth
 - d. Does not traumatize oral tissues
 - e. Restores function of missing tooth/teeth

Note: Angular Cheilitis will be discussed later in detail.

Slide #13:

Q: Where would you insert the threader to floss under a bridge?

A: The connector

Slide #14:

Slide #15:

4 minutes

Removeable Partial Denture Prosthesis

- A. RPD Description
- B. Types of RPD
 - a. Framework engages abutment teeth/ implant
with a variety of clasps/ precision attachments
 - b. Base—plastic acrylic resin
 - c. Teeth—porcelain, plastic resin, metal
- C. List other types of oral appliances

Slide #16:

Complete Denture Prosthesis

Description; challenging for patient; several adjustments needed; education is important

- A. Types of complete dentures
 - a. Tissue-supported complete denture

Slide #17:

6 minutes

- b. Implant denture
 - c. Overdenture
 - d. Interim denture
 - e. Immediate denture
 - f. Denture for Primary teeth
 - B. Components of a complete denture
 - a. Denture base
 - b. Impression surface
 - c. Polished surface
 - d. Occlusal surface
 - e. Teeth
- Complete Overdenture Prostheses**
- A. Description
 - B. Root-supported Overdenture
 - a. Description
 - b. Advantages
 - 1. Less alveolar bone loss
 - 2. Better stability/retention mandibular prostheses
 - 3. Improved chewing
 - 4. Retain tactile senses due to PDL
 - 5. Increased psychological acceptance
 - 6. Invasive surgery not needed
 - c. Mandibular/ Maxillary canines most common abutments
 - d. Regular/ Preventative care still needed
 - 1. Teeth can still fail due to:
 - aa. Periodontal disease
 - bb. Caries
 - C. Implant-supported Overdenture
 - a. Description
 - b. Mandibular OD
 - 1. Supported by two canine implants—cost effective/ great success rate
 - c. Maxillary OD
 - 1. Supported by four or more implants
 - 2. Not cost-effective
 - d. Advantages
 - 1. No risk for dental caries in abutment teeth
 - 2. Less alveolar bone
 - 3. Improved stability/ retention
 - D. Obturator
 - a. Description
 - b. Purpose/ Use
 - c. Clinical Applications

Note: Ectodermal dysplasia—primary teeth denture needed

Q: Why would an immediate denture not be ideal?

A: The has not healed. The patient will need several adjustments/ relines.

Slide # 18:

Slide #19:

Q: Why is it important to x-ray the remaining “stubs?”

A: They can still get decay and develop infection.

Slide # 20:

Slide #21:

TIME

LESSON CONTENT

NOTES/MEDIA/Q&A

	<ol style="list-style-type: none"> 1. Intra/ Extraoral Exam— Stays in place? 2. Remove for X-rays 3. Remove for cleaning 4. Same Cleaning method as RPD 5. Might sleep with appliance in <ol style="list-style-type: none"> aa. Increase dental caries bb. Increase incidence denture stomatitis 6. Remove during the day— Allow tissue to rest <p>d. Professional Continuing Care</p> <ol style="list-style-type: none"> 1. Minimum 3 hygiene visits per year 2. Palatal defect changes over time 	<p>Slide #22:</p>
<p>1 minute</p>	<p>DENTURE MARKING FOR IDENTIFICATION</p> <p>A. Purposes</p> <p>B. Types</p>	
<p>2 minutes</p>	<p>Professional Care Procedures for Fixed Prosthesis</p> <p>A. Step-by-step how to Assess a hygiene patient with natural teeth and fixed prostheses.</p>	<p>Slide #23:</p> <p>Note: Indicate why long-term care facility residents need to have denture ID.</p>
<p>6 minutes</p>	<p>Patient Self-Care Procedures for Fixed Prosthesis</p> <p>A. Debris/ Biofilm removal</p> <ol style="list-style-type: none"> a. Proximal surface of abutment tooth; gingiva adjacent to the pontic** b. Oral irrigate c. Waterpik d. Toothbrushing-sulcular e. Toothpaste <ol style="list-style-type: none"> 1. Non-abrasive 2. Fluoridated f. Interdental/ Interproximal care <ol style="list-style-type: none"> 1. Depends manual dexterity of patient /type of prostheses <p>B. Preventative Agents</p> <ol style="list-style-type: none"> a. At-Risk for Periodontal disease--Prevident b. Short-term Chlorahexadine <p>C. Care of the Fixed Prosthesis</p> <ol style="list-style-type: none"> a. Pontics and beneath connectors ** b. Toothbrushing <ol style="list-style-type: none"> 1. Charter’s method 2. Filaments under pontic c. Dental floss/ threader <ol style="list-style-type: none"> 1. Threader— 12-15” floss 2. Superfloss 	<p>Slide #24:</p> <p>Q: Do any of you use a Waterpik? How difficult is it to use?</p> <p>A: Answers will vary</p> <p>**Pass around oral hygiene aids--</p> <p>Slide #25:</p>

TIME

LESSON CONTENT

NOTES/MEDIA/Q&A

2 minutes

- 3. Apply threader between the pontic and abutment gingiva
- 4. Make C-shape around abutment, swoop under pontic, Make C-shape around other abutment
- d. Other interdental devices
 - 1. Single-tuft brush
 - 2. Small interdental brushes

Professional Care For Removeable Partial/ Denture Prosthesis

- A. Step-by-step how to assess a patient with removable partials/dentures
- B. Prevent Cross-Contamination
- C. Clean removeable prosthesis
 - 1. Place in a plastic bag
 - 2. Fill with approved cleaner
 - 3. Place in Ultrasonic
 - 4. Use denture brush
 - 5. Rinse and Place in wet paper towel

Slide #26:

Slide #27:

Note: Demonstrate the process.

8 minutes

Patient Self-Care for Removeable Partial/ Denture Prostheses

- A. Biofilm Removal for Abutment Teeth and Implants
 - 1. Instruct Patient to remove RPD
 - 2. OH Aids- tailored to patient
 - 3. Importance of OHI
 - aa. Impact of losing more teeth
 - 4. Dental caries/ Periodontal disease prevention
 - aa. Abutment teeth increased risk
 - bb. Daily OH routines, topical F12, Prescription F12 toothpaste, diet
- B. Patient Education on Proper Use of Removeable Prosthesis
 - 1. Should be removed at night (6-8 hrs)
 - 2. Clean prosthesis 2x per day
 - 3. Stored in cleaning solution overnight
 - 4. Recall appointments necessary
 - aa. check for replacement/ issues
- C. Cleaning Prosthesis
 - 1. Rinsing
 - aa. remove food debris
 - bb. does not remove biofilm
 - 2. Mechanical Denture Cleaning
 - aa. Recommend brushing RPD 2 x per day
 - bb. Primarily for biofilm removal
 - cc. Partially fill sink/ washcloth
 - dd. Denture Brush

Slide #28:

Slide #29:

Slide #30:

Q: Why is it necessary to remove dentures at night?

A: The tissues need to breathe and the denture needs to be

4 minutes

Professional Care for Complete Dentures

- ee. Clasp Brush
- ff. Brushing RPD with creams/toothpastes
 - i. Extraoral use only
 - ii. Do not use Traditional Toothpastes
 - Too abrasive
 - iii. Choose a toothpaste specific for RPD
 - Dishwashing liquid-
 - Better to soak
- 3. Chemical Denture Cleansers
 - aa. Cleaning Denture by Immersion
 - bb. Types of denture cleaners
 - Powder/Tablet
 - Hypochlorites, peroxides, enzymes*
 - Hyporchlorites—soak no longer than 10 mins
 - cc. Always rinse after cleaning
 - dd. Immerse in water to avoid warping
- A. Recall appointments
 - 1. Always check prosthesis
 - 2. Recommended 1 year recall
- B. Ultrasonic Cleaning
 - 1. Approved cleaners: Ultra-Kleen; Biosonic Enzymatic
 - 2. Demonstrate process
 - 3. Try to avoid hand-scaling if possible
- C. Types of Denture Deposits
 - 1. Mucin and food debris

cleaned to remove bacteria.

Slide #31:

Slide #32:

Q: Why is it important to not soak the denture in hypochlorite solution more than 10 minutes?

A: It can warp and damage the denture

Note:

***Does not kill**

Candida

**must have no metal

**can have metal

Step-by-step graphic

*Hypochlorites most effective at killing Candida and Staph aureus.

Slide #33:

4 minutes	<ul style="list-style-type: none"> 2. Denture pellicle/ biofilm 3. Denture calculus 4. Stains D. Removal of Denture <ul style="list-style-type: none"> 1. Allow the patient to remove it 2. Instructions for DH to remove E. Care of Denture during Intraoral Procedure <ul style="list-style-type: none"> 1. Have patient place denture in Ziploc bag (Double baggie) 2. Fill bag with approved cleaner 3. Close/ lock both bags 4. Place in Ultrasonic 5. Remove from baggie 6. Rinse under water 7. Use denture brush 8. Repeat steps again if denture is still dirty 9. When clean wrap in wet paper towel 10. Rinse before returning to patient 	<p>Slide #34:</p> <p>Note: Method same as RDP</p> <p>Slide #35:</p> <p>Slide #36:</p>
4 minutes	<p>Patient Self-Care for the Complete Denture</p> <ul style="list-style-type: none"> A. Education for the new Denture Wearer <ul style="list-style-type: none"> 1. Each patient is different 2. Patients have to adapt to new appearance 3. Chewing can be challenging (6-8 weeks) 4. Cover mouth when coughing 5. Maxillary denture can affect taste/ swallowing 6. Choose high protein diet B. Denture cleaning <ul style="list-style-type: none"> 1. Purpose 2. Review Cleaning methods— same as RPD <ul style="list-style-type: none"> aa. Sodium hypochlorite/ Water bb. Alkaline peroxide 3. Denture adhesives <ul style="list-style-type: none"> aa. Benefits bb. How to use 4. Reline/ Rebase Denture <ul style="list-style-type: none"> aa. Define bb. Made by dental lab 	<p>Slide #37:</p>
4 minutes	<p>Denture Induced Oral Mucosal Lesions</p> <ul style="list-style-type: none"> A. Causes of OMLs <ul style="list-style-type: none"> 1. Ill-fitting dentures 2. Improper storage of denture 3. Inadequate/ improper OH 4. Continuous wearing of dentures 5. Not thoroughly rinsing (chemotoxic) 6. Allergy to denture 	<p>Slide #38:</p> <p>Slide #39:</p> <p>Note: Do not use heavy duty cleaners</p>

TIME

LESSON CONTENT

NOTES/MEDIA/Q&A

- 7. OTC self reliners
- 8. Xerostomia
- B. Types of Denture-Induced OMLs
 - 1. Denture stomatitis
 - 2. Angular cheilitis
 - 3. Tissue hyperplasia

for a temporary soft reline.

Slide #40:

Slide #41

Q: What recommendations can you make for a patient with xerostomia?

A: drink a lot of water; they could also try Biotene products.

Slide #42:

Note: soaking denture in water increased risk of OMLs 8 times; Leaving denture dry increased risk 6 times

Note: Nocturnal wearing of denture more than doubles OMLs

2 minutes

Nutritional Considerations for the Edentulous and Partially Edentulous Patient

- A. Patients typically have high diet in sugar
- B. Recommend high protein diet

2 minutes

Documentation

- A. Review health history
- B. Chief complaint
- C. Prostheses description
- D. Intraoral findings
- E. Tailored oral hygiene regimen

4 minutes

CLOSURE

A. Summary of Major Points

I hope that you now have a better understanding of the edentulous patient, the different types of fixed and removeable partials and the challenges associated with

Note: At risk for malnutrition

Slide #43:

Q: Why is documentation important?

replacing missing teeth, the different methods of cleaning a fixed or removable denture in office and at home, making oral hygiene aid recommendations tailored to the patient's needs. I also hope that you feel committed to your role as a dental hygienist in educating the edentulous patient in the clinical setting.

B. Provide Sense of Accomplishment

Now that you've completed this lesson plan, you should feel comfortable on how to clean fixed and removable dentures and educate the patient on how to clean the prosthesis and the frequency of recall appointments. You should also be able to create an oral hygiene regimen for the edentulous patient.

1 minute

C. Assignment

For a better understanding our topic today, you should view the following sources:

1. To understand how a bridge is prepped and the process of a patient can expect when getting a bridge, check out the following website:
<https://www.youtube.com/watch?v=bwfAaJRjF5Q>
2. To review how a proxy brush is used, check out this website:
<https://www.youtube.com/watch?v=nQQlMEay35w>
3. To assist you in educating the patient with a new denture, check out Gum Brand's website:
<https://www.gumbrand.com/solutionfinder/dentures-or-removable-partial-dentures>

A: Answers will vary

Slide #44:
Objectives slide

Slide #45:

Media: YouTube videos

Slide #46:

Q: Did you learn something today that you did not know before class?

A: Answers will vary

5 minutes

CRITICAL THINKING ACTIVITY

Pair with a partner, review this case study and answer the following questions:

Wanda Smith has been a long-term patient at your dental office. She has been inconsistent with her cleaning appointments, and she was last seen at your office in 2015. At that appointment, the dental hygienist noted 7-8mm pockets and discussed with the patient the progression of periodontal disease and recommended a referral to the periodontist. Wanda never went to the periodontist and never came back to your office. Now, Wanda is having generalized discomfort and pain, so she calls your office to get scheduled. It has been over 5 years, so the front desk gets Wanda in on your schedule for an FMX and Comp Exam. The x-rays reveal severe periodontal disease, and your periodontal readings agree with this. You consult your findings with the dentist. The dentist comes in and explains to the patient that her teeth cannot be saved. The treatment plan includes full mouth extractions with a full upper and full lower denture. Wanda is devastated with this news. She knew her teeth were in bad shape, but never thought she would need to have them all removed. Wanda comes back in two weeks for the extractions and immediate denture. The dentist asks that you come in and provide instruction to the patient for her new denture care.

1. What instructions will you provide to her at denture delivery appointment?
2. What recommendations will you make for recall appointments?
3. What can Wanda expect with the new denture prosthesis?

#1 A: Recommend brushing dentures with a denture toothpaste two times per day with a denture brush. Recommend soaking dentures overnight in a cleaning solution and tell her to rinse it well. It might take a visits with the dentist to adjust the denture until we get an exact fit that works well for her.

#2 A: Most denture patients are on a 1-year recall.

#3 A: Explain how it might take some time to adjust to the new teeth. The appearance, chewing, and talking might take time to get feel “normal.” Her taste may be off with having a full upper denture.

Test Questions

Objective #1: Identify characteristics of an edentulous mouth and oral changes associated with an ill-fitting oral prosthesis.

Test Item:

1. Which of the following ***BEST*** describes inflammatory hyperplasia due to an ill-fitting denture?
 - A. Located on the palate, pebble-shaped edematous projections,
 - B. Appears as a growth on the alveolar ridges, tissue is chronically inflamed
 - C. Mobile soft tissue on the facial aspect of alveolar ridge, fibrous tissue

Objective #2: Compare and contrast types of fixed and removeable denture prostheses and the challenges associated with replacing missing teeth.

Test Item:

2. Which term describes a fixed-bridge with one abutment and one pontic:
 - A. Bi-lateral
 - B. Maryland
 - C. Traditional
 - D. Cantilever

Objective #3: Describe the different methods of cleaning fixed and removeable appliances at home and in the office.

Test Item:

3. List the steps of cleaning a full upper denture (FUD) in office.

Objective #4: Develop a tailored oral hygiene plan for the edentulous and partially edentulous patient.

Test Item:

4. A patient presents for a dental prophylaxis after recently getting a new bridge in the area #13-15. Create a tailored oral hygiene plan for the patient with several aids to use to clean at home. Please provide instructions for each method.

Objective #5: Demonstrate a commitment to your role as a dental hygienist in educating and providing treatment to the edentulous patient.

Test Item: In 3-4 sentences explain why it is important for dental hygienists to know how care for the edentulous patient.

Answers:

1. A
2. D
3. Have the patient drop the denture into a Ziploc bag. Add an approved denture cleaning solution to cover the entire denture. Place the bag in ultrasonic and allow this to clean while you are with the patient. Remove the denture from the baggie, thoroughly rinse with water and use denture brush to clean. Wrap in a wet paper towel and take it back to the operatory for the patient.

4. The dental hygienist could recommend a Waterpik, floss and threader, soft pick or proxy brush, and superfloss. The hygienist should instruct the patient using superfloss and/or threaders to start under the connector of the abutment teeth and swoop the floss under the pontic making a C-shape on each side of the abutment. The dental hygienist should instruct the patient to insert the soft-pick or proxy brush under the connector at the abutment of the tooth and gently massage the gum tissue to remove any food debris or plaque. The dental hygienist should instruct the patient to set the dial to 7 or 8 to effectively remove plaque. The plastic tip or implant insert could be used to adapt at the gumline while the water is spraying. Instruct the patient to follow the curve of the gingiva and rotate the tip interproximal to remove plaque and food debris.
5. It is important for the dental hygienist to understand what contributing factors cause patients to lose their teeth whether it is due to the lack of knowledge of oral hygiene care, trauma, limited professional cleanings, or physiologic and psychologic issues. Having this knowledge, the hygienist is better equipped to educate the patient on the proper care of the denture. It is important for the dental hygienist to be aware of the proper techniques and methods to clean fixed bridges and removeable dentures.