

Prosthodontics of Central Indiana

317-574-0866

Prosthodontic Information for Patients Receiving Maxillary (upper jaw) Surgery

We feel privileged to be able to assist in the treatment of your medical condition. Our role is to make an acrylic surgical obturator (“cover plate”), so that on the day of surgery, a device can be placed over the surgical wound or defect resulting from the surgery. It acts as a support for the surgical dressing and allows eating and drinking without fluids having a chance to penetrate the nasal and sinus areas. It is designed so that in the healing period which follows the first 2 or 3 weeks, (generally 3-6 months), it can be retained by the remaining upper teeth, using wire clasps. For initial retention during the first 2 or 3 weeks, the surgeon will position a special screw in the palate to hold the appliance in place. Later, a definitive obturator will be constructed. This may require 1 or more crowns, or occasionally dental implants, to be made to adequately retain the prosthesis. The obturator will be thinner, stronger and less bulky in the mouth than the surgical appliance.

Initial Phone Call from Us

Our front office team will wish to obtain personal and insurance information from you. Please also have available the name of your general dentist (if you have one), and any other dental specialists (typically oral surgeons) who may have been seen on your path to your surgeon. We aim to obtain up to date radiographic images of your teeth from these providers to avoid repetition. If your jaw surgery has been scheduled, please provide the date, and any medical/pathology reports that you may have copies of. Fees for the first visit will be given over the phone.

First Visit

This consists of a history, a thorough dental examination, and necessary dental radiographs (X-ray images). It will also involve impressions of the upper and lower jaws, and clinical photographs. We will ask you to come to our office to pick up the surgical cover plate that we will make for you the day before your surgery, so that you can take it to the surgery.

After your surgery, your surgeon will prescribe chlorhexidine oral rinse, which helps with control of dental plaque, for the first period when the mouth may be too tender to brush the upper teeth. Do try to maintain good brushing and flossing of the lower teeth and brush the outer surfaces of the upper teeth as soon as it is comfortable to do so.

Second Visit

Your surgeon’s office will coordinate with us so that on the day the screw retention is released from the palate, you can bring the surgical obturator to our office for adjustments and addition of material to make it a more self-retentive device. From this point on, it will work like a removable partial denture. There will be some minor movement when you speak and eat, but with a bit of practice, you should be able to return to a healthy and varied diet. From this point on, you will eat on the non-surgical side. The body generally adapts to this pattern automatically.

We will teach you to remove and replace the obturator in your mouth. You may want to do this with the aid of a mirror the first few times you do it at home, but you will quickly become very familiar with how to do this “blind”.

At this point, try to resume good brushing and flossing of the upper teeth. This should be done with the appliance out.

You will need to remove and rinse and brush the appliance after every meal. The upper side of the appliance with the extension piece on it should be brushed only gently or rubbed with a finger or cotton bud to remove debris. Liquid hand soap or a gel type toothpaste are ideal, but if soap is used, be sure to rinse the appliance well after use. It is best to leave the appliance out at night to allow the tissue to heal and “breathe”.

Subsequent Visits

During the healing period, if you experience any discomfort or annoyance from the appliance please call and come into our office for an adjustment. The fee you pay for the appliance includes adjustments as needed. As the tissue tries to heal, it will shrink and the appliance may then cause a sore spot or abrasion. Soreness or bleeding on removal/insertion are signs that the appliance should be adjusted.

During one of your visits, a new upper impression and clinical photographs will be made so that we have details of your new upper jaw anatomy. Additional dental radiographs may be needed of teeth near the residual defect. A “Treatment Plan Presentation” appointment will then be made to discuss options for the definitive obturator appliance.

Your surgeon will advise on timing to begin the definitive obturator. If radiotherapy is needed, construction of the definitive obturator is delayed until this has been completed, as additional contour changes in the tissue may result. An interim obturator will sometimes be requested. The construction of the definitive obturator will take a minimum (if no crowns or other procedures are needed) of 8 weeks and 6 visits to complete. This includes one postoperative adjustment appointment but additional adjustments may be needed.

Financial Considerations

Our goal is always to assist you to obtain coverage from your medical insurance policy for these procedures. However, we are not a Medicare provider, and have had difficulty obtaining Medicare benefits for our patients routinely. Please come to your first visit with all of your medical and dental insurance policy details. We do ask you to pay us at your initial visit and surgical obturator (details will be provided over the phone), and then we will file for the reimbursement for you. In cases of financial hardship, we will assist you with a monthly payment plan.

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