ORIENTAÇÕES BASEADAS EM EVIDÊNCIAS PARA PACIENTES REABILITADOS COM PRÓTESES REMOVÍVEIS: GUIA DE HIGIENE ORAL

Evidence-Based Guidelines for Patients Rehabilitated with Removable Dentures: An Oral Hygiene Guide

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RESUMO

A reabilitação oral com próteses dentárias representa uma solução essencial para reestabelecer a função mastigatória, a estética e a qualidade de vida de pacientes edêntulos parciais e/ou totais. Entretanto, o sucesso a longo prazo desse tratamento não depende exclusivamente da qualidade técnica da prótese, mas também, de forma crucial, dos cuidados pós-instalação realizados pelo paciente. O presente trabalho teve como objetivo realizar uma revisão de literatura sobre cuidados pós-protéticos para reabilitados com prótese parcial removível e total, com ênfase nas técnicas e produtos para higienização e seus efeitos, visando a elaboração de um guia de instrução de higiene oral para os pacientes. A metodologia consistiu em uma revisão bibliográfica, com 19 artigos selecionados, por abordarem aspectos relacionados a higienização de próteses dentárias removíveis parciais e totais. Os aspectos avaliados foram a importância da higienização, métodos mecânicos, químicos e combinados de limpeza, protocolos recomendados de orientação ao paciente e produtos comerciais. Os resultados mostraram que o biofilme protético abriga microrganismos potencialmente patógenos, associados a condições como estomatite protética, candidíase oral e, em alguns casos, pneumonia aspirativa em idosos. A combinação de métodos mecânicos e químicos demonstrou ser a melhor alternativa no que diz respeito a remoção do biofilme protético. Conclui-se que a higienização adequada da prótese é fundamental para a saúde bucal e sistêmica dos pacientes e que a orientação do cirurgião dentista é de fundamental relevância para a seleção e aplicação correta dos métodos de higienização, de forma a assegurar a saúde bucal e o bem-estar dos pacientes reabilitados.

Palavras-chave: Higiene bucal; Métodos de higienização e Prótese dentária.

ABSTRACT

Oral rehabilitation with dental prostheses represents an essential solution for reestablishing masticatory function, aesthetics, and quality of life for partially and/or totally edentulous patients. However, the long-term success of this treatment depends not only on the technical quality of the prosthesis but also, crucially, on the post-installation care provided by the patient. This study aimed to conduct a literature review on post-prosthetic care for patients rehabilitated with removable partial and total dentures, with an emphasis on hygiene techniques and products and their effects, aiming to develop an oral hygiene instruction guide for patients. The methodology consisted of a literature review,

with 19 selected articles, as they addressed aspects related to the hygiene of removable partial and total dental prostheses. The evaluated aspects were the importance of hygiene, mechanical, chemical, and combined cleaning methods, recommended patient guidance protocols, and commercial products. The results showed that the prosthetic biofilm harbors potentially pathogenic microorganisms, associated with conditions such as denture stomatitis, oral candidiasis, and, in some cases, aspiration pneumonia in the elderly. The combination of mechanical and chemical methods proved to be the best alternative for removing the prosthetic biofilm. It is concluded that proper prosthesis hygiene is fundamental for the oral and systemic health of patients and that the guidance of the dental surgeon is of fundamental relevance for the selection and correct application of hygiene methods, in order to ensure the oral health and well-being of rehabilitated patients.

Keywords: Removable dental prosthesis. Hygiene. Biofilm. Oral health. Oral rehabilitation.

INTRODUCTION

Oral rehabilitation with dental prostheses represents an essential solution to restore masticatory function, esthetics, and quality of life in partially and/or completely edentulous patients (SCHMUTZLER et al., 2021; NIKOLOPOULOU et al., 2021). However, the long-term success of this treatment does not rely solely on the technical quality of the prosthesis, but also crucially on the post-installation care performed by the patient. Proper cleaning of removable prostheses is one of the fundamental pillars for maintaining the oral and systemic health of rehabilitated patients (SOUZA et al., 2009).

Old and ill fitting removable prostheses accelerate residual ridge resorption, promote hyperplasia, and cause irritation of the oral mucosa. Consequently, several pathologies associated with improper use may arise, such as denture stomatitis and the accumulation of food debris beneath the prostheses, increasing the proliferation of pathogenic microorganisms within the oral biofilm. Furthermore, these conditions may lead to masticatory dysfunction and serious nutritional deficiencies. Another concerning factor is the high risk of aspiration pneumonia especially in older adults with poor oral and denture hygiene due to excessive bacterial plaque accumulation (SOUZA et al., 2009).

Among the various oral diseases affecting the population, particularly the elderly, complete tooth loss is considered the “final marker of the burden of oral diseases.” Denture stomatitis, one of the most common complications, is directly

related to the type and shape of the prosthesis, which may facilitate the adherence of Candida biofilm, a condition further aggravated by poor oral hygiene. The global prevalence of denture stomatitis ranges from 20% to 67% among individuals rehabilitated with partial and complete removable dentures. This condition is associated both with poor denture fit and the presence of Candida albicans in the biofilm adhering to them (PERIC et al., 2024).

In this context, despite the importance of proper hygiene, there is a significant gap in knowledge and practice regarding denture care among patients. Many users do not receive adequate guidance on correct cleaning methods, appropriate products, and the frequency of maintenance procedures. This lack of information can lead to improper cleaning practices, resulting in corrosion of metal frameworks and mechanical wear of acrylic components (BARREIRO et al., 2009).

Epidemiological data show that, despite advances in preventive dentistry, edentulism still affects millions of people worldwide, with high rates in developing countries and low-income populations. In Brazil, according to the SB Brasil 2023 survey, approximately 50% of elderly individuals aged 65–74 use complete dentures in at least one arch, and 12% use removable partial dentures. These figures highlight the social relevance of the topic and the need for attention to post-installation care.

The relevance of this study lies in the need to provide evidence-based information for both professionals and patients, contributing to the implementation of effective denture cleaning protocols. It is expected that by providing a clear, scientifically grounded set of instructions, it will be possible to improve denture hygiene practices, reduce the incidence of biofilm-associated complications (CANKAYA et al., 2020), and, consequently, increase the longevity of prostheses and the quality of life of rehabilitated patients (SCHMUTZLER et al., 2021).

Consequently, the development of an instructional guide in the form of an e-book represents a practical and accessible contribution, aligned with contemporary trends in health education and the use of digital technologies for knowledge dissemination. This format allows for wide distribution, periodic updates, and adaptations to different clinical contexts, thereby enhancing the positive impact of the recommendations on patients' daily practices.

Furthermore, this study aims to conduct a literature review on post-prosthetic care for patients rehabilitated with removable partial and complete dentures, with a specific focus on cleaning techniques and products. Alongside this review, an instructional oral hygiene guide was developed for patients, gathering the best

available scientific evidence into an accessible and practical format (SOUZA et al., 2009; BERTERETCHE et al., 2012).

Although many individuals today still retain their natural dentition, a considerable portion of the population continues to rely on removable dentures. Just as maintaining a healthy oral cavity contributes to quality of life, poor oral health such as inadequate cleaning of removable dentures can increase the risk of aspiration pneumonia, exacerbate chronic obstructive pulmonary disease, and contribute to halitosis, denture stomatitis, angular cheilitis, and oral pain. In this context, maintaining oral hygiene among frail older adults is often inadequate, heightening the risk of diseases resulting from such care deficiencies (HO et al., 2024).

Daily brushing is essential for controlling microbial biofilm adhered to the surface of removable dentures. This cleaning can be performed using soft-bristle brushes and a denture brush, which has two ends with different bristle shapes to better fit the concavities of the prosthesis. The use of regular toothpaste is not recommended due to its abrasive properties. In addition, daily immersion in cleaning solutions has proven to be a valuable ally in disinfection and stain removal, always following the manufacturer's instructions. Regular visits to the dentist are also of fundamental importance for maintaining oral health, particularly of the supporting tissues (SOUZA et al., 2009).

It has been observed that bacterial biofilm shows varied distribution across the surfaces of removable dentures, regardless of type (partial or complete). Retentive areas especially interdental regions, the labial flange of the upper denture, and the lingual flange of the posterior lower denture were identified as the main niches for plaque accumulation. Prosthetic biofilm consisted of pathogenic Gram-positive aerobes (Streptococcus spp. and coagulase-negative Staphylococcus spp.), Gram-positive anaerobes (Actinomyces spp. and Klebsiella spp.), and Candida fungi. These microorganisms have high pathogenic potential and require particular attention for their control (IOSIF et al., 2024). In this regard, Lim et al. (2024) concluded in their randomized clinical trial that complete dentures can harbor microorganisms with pathogenic potential, underscoring the urgency of effective cleaning interventions. They highlight the use of ultrasonic cleaners combined with immersion in cleaning solutions as an effective approach to eliminate denture biofilm in these users.

Consequently, denture stomatitis affects approximately 20% to 67% of removable denture users, with prevalence observed in both developed and developing countries. Predisposing factors include continuous denture wear, including during sleep; poor hygiene; ill-fitting prostheses; reduced salivary flow and alterations in salivary pH; and the presence of Candida spp. biofilm on denture surfaces.

Therefore, it is essential to regularly monitor denture wearers, particularly those with compromised immunity (PERIĆ et al., 2024). Moreover, some of the microorganisms present in denture biofilm are known pneumonia pathogens. Thus, inadequate cleaning of denture surfaces favors plaque accumulation and increases the risk of infectious agents reaching the lungs via aspiration, leading to disease—especially in immunocompromised patients, as highlighted by Perić (KUSAMA et al., 2019). In addition, Pryzybylowska et al. (2015) observed in their study that 91% of patients with chronic obstructive pulmonary disease had positive cultures for potentially pathogenic microorganisms in their denture biofilm, reinforcing the need for oral hygiene education programs.

A study by Barreiro et al. (2009) investigated the cleaning and maintenance habits of removable denture users. The results showed that most patients reported cleaning their dentures with toothpaste alone, at least three times a day. However, they did not perform immersion cleaning or remove their dentures at night. The study concluded that these patients lacked the necessary information on proper cleaning of removable dentures, and that this knowledge gap could reduce the lifespan and functionality of dental prostheses.

Berteretche et al. (2012), in their clinical study, emphasized the importance of denture hygiene in older adults, particularly those with some degree of functional dependence, where oral hygiene is often neglected due to deficiencies in the dissemination of oral care guidelines to both patients and caregivers. Therefore, educational programs on denture hygiene for elderly individuals and their caregivers are necessary, with a focus on promoting good oral and systemic health.

Furthermore, factors such as socioeconomic status, smoking, nocturnal denture wear, or duration of use have less significant impact on denture cleanliness than the guidance provided to the rehabilitated patient. Thus, the long-term success of dentures may depend on the level of patient knowledge regarding prosthesis maintenance, hygiene habits, and the cooperation of both the patient and/or their caregivers.

Schmutzler et al. (2021), in their prospective clinical studies on hygiene methods for removable dentures, highlighted the importance of combining mechanical and chemical cleaning methods, which proved more effective in biofilm removal compared to isolated approaches. There is no sufficient evidence to indicate that such combinations affect the color or dimensional stability of dentures, making them a safe alternative. For effective cleaning of removable dentures, a combination of mechanical brushing with chemical agents—such as effervescent

tablets—and chemical immersion, such as storing complete dentures in a container with diluted sodium hypochlorite solution, is recommended.

Felipucci et al. (2011) evaluated the effects of different chemical cleaning agents on the surface of removable partial dentures, assessing possible changes in roughness and corrosion of metallic and acrylic resin components. In this study, seven solutions were tested, and sodium hypochlorite and citric acid caused discoloration and corrosion of metals. Conversely, solutions such as Periogard, Cepacol, Corega Tabs, and Polident were deemed safe for use in RPDs. Therefore, alkaline solutions such as sodium hypochlorite should be avoided for this type of prosthesis (TIMBÓ, OLIVEIRA, & REGIS, 2022). Catão et al. (2007) recommend immersing complete dentures in a solution of water and 2.25% sodium hypochlorite (a concentration commonly found in household bleach) for at least 10 minutes every four days.

For cleaning complete removable dentures, products such as diluted sodium hypochlorite and chlorhexidine digluconate can be used due to their antimicrobial inhibitory potential. However, their use on acrylic resin denture bases should be further evaluated in future studies (PIRES et al., 2017). Sodium hypochlorite has proven to be the most effective agent for biofilm removal; nevertheless, it must be combined with mechanical brushing for optimal results, as no chemical agent alone guarantees complete biofilm removal (CATÃO et al., 2007).

Alkaline peroxides are commonly found in effervescent cleaning tablets for dentures. Their action consists of releasing oxygen, which aids in stain removal and denture surface disinfection. Although effective for biofilm removal, they do not replace professional or home cleaning in more advanced cases of plaque accumulation (GONÇALVES et al., 2011; VIZELI & SPEDO, 2022). Enzymatic solutions are also used to break down organic components of biofilm, facilitating its removal and thus representing another cleaning option for dentures (GONÇALVES et al., 2011).

In addition, some acids can be used for cleaning complete removable dentures, contributing to biofilm and mineral deposit removal. However, their use requires caution due to the potential for corrosion and damage to the denture surface, making it essential to follow the manufacturer's instructions (GONÇALVES et al., 2011).

Moreover, mechanical methods involve the physical removal of biofilm and food debris from denture surfaces. Brushing remains the most accessible and widely used technique. Daily brushing with a soft-bristled brush—specifically designed for dentures—and neutral soap is fundamental for removing food debris and

biofilm. However, brushing alone may be insufficient for biofilm removal, requiring its combination with chemical methods (GONÇALVES et al., 2011).

Table 1 – Classification of denture cleaning methods, descriptions, indications, and studies addressing the topic.

Method	Description	Indications	References
Mechanical			
Brushing	Soft-bristle brush + neutral soap. Daily, at least twice a day.	CD and RPD	GONÇALVES et al., 2011; SOUZA et al., 2009
Microwave	Place the denture in a non-metallic container with water, fully immersed. Heat in a microwave oven for 3–5 minutes.	CD and RPD without metallic framework	GONÇALVES et al., 2011; DE SOUZA et al., 2009
Ultrasound	Use an ultrasonic device designed for dentures, following the manufacturer's instructions. Generally, the denture is immersed in a cleaning solution and subjected to ultrasonic waves for 5–10 minutes.	CD and RPD	GONÇALVES et al., 2011; LIM et al., 2024
Chemical			
Sodium hypochlorite	Immerse the denture in 2.25% sodium hypochlorite solution for 10 minutes every four days.	CD and RPD without metallic framework	SCHMUTZLER et al., 2021; CATÃO et al., 2007; PIRES et al., 2017
Alkaline peroxides	Dissolve an effervescent tablet in room-temperature water (never heat) and immerse the denture according to the manufacturer's instructions. Rinse thoroughly before use.	—	GONÇALVES et al., 2011; VIZELI & SPEDO, 2022; RAJENDRAN et al., 2022
Enzymes	Use enzymatic solutions according to the manufacturer's instructions (generally 15–30 minutes).	CD and RPD	GONÇALVES et al., 2011
Acids	Use acidic solutions according to the manufacturer's instructions. Use with caution due to corrosion potential.	CD and RPD (restricted to professional guidance)	GONÇALVES et al., 2011
Chlorhexidine gluconate	Apply the solution (0.12% or 0.2%) to the denture with a soft brush or by immersion for 1–2 minutes.	CD and RPD	GONÇALVES et al., 2011; PIRES et al., 2017; CATÃO et al., 2007

Method	Description	Indications	References
Combined			
Brushing + Chemical agent	Perform daily denture brushing and then immerse the denture in a chemical solution (such as sodium hypochlorite, effervescent tablets).	CD and RPD	GONÇALVES et al., 2011; VIZELI & SPEDO, 2022; CATÃO et al., 2007

Legend: CD = Complete denture; RPD = Removable partial denture.

OBJECTIVES

The present study aimed to conduct a literature review on techniques and products for cleaning and maintaining removable dental prostheses (partial and complete), with the purpose of developing an oral hygiene instruction guide for prosthetically rehabilitated patients.

METHODOLOGY

This study consists of a literature review on post-prosthetic care for patients rehabilitated with removable partial dentures and complete dentures, with a specific focus on cleaning techniques and products, in order to gather data and information for the development of an oral hygiene instruction guide for rehabilitated patients.

In this context, this research is a bibliographic review that enables a critical and interpretative analysis of the existing literature on the aforementioned topic, allowing the synthesis of knowledge and the identification of gaps that indicate the need for further studies.

The search for relevant articles was conducted in the PubMed database, using the descriptors “hygiene of removable partial dentures” and “hygiene of complete dentures.” Additionally, searches were carried out in other platforms such as BVS, Google Scholar, and scientific journals, with terms adapted for each database.

Following the data collection from this bibliographic review, a hygiene protocol was developed based on the scientific literature, encompassing chemical and mechanical (combined) methods for optimal care of removable prostheses in rehabilitated patients. Furthermore, an e-book was produced with detailed information on oral hygiene and prosthetic care, included in the appendices of this work.

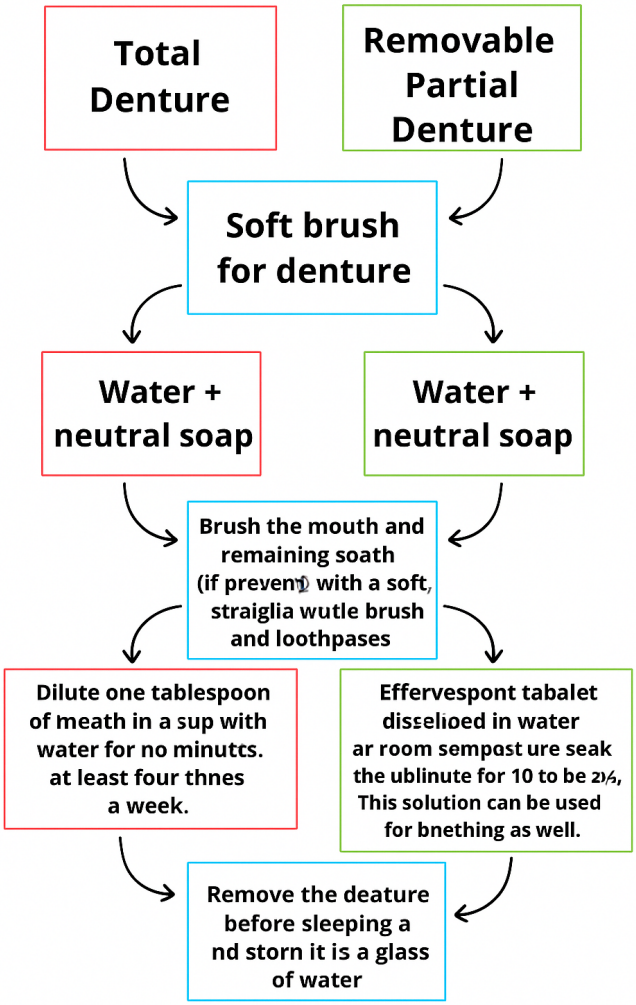


Figure 1: Diagram of the prosthetic hygiene protocol suggested after literature review. (Catão et al., 2021; Pires et al., 2017; Gonçalves et al., 2011).

DISCUSSION

The selected studies show that proper hygiene of removable dentures is an essential component of post-prosthetic care, impacting not only the lifespan of the device but also the oral and systemic health of patients.

Furthermore, the articles analyzed consistently demonstrated the relationship between biofilm accumulation on prosthetic surfaces and the development of oral pathologies, such as oral candidiasis, inflammatory hyperplasia, and prosthetic stomatitis. Of particular relevance is the evidence presented by Perić et al. (2024) regarding predisposing factors for prosthetic stomatitis, highlighting denture hygiene as one of the main etiological factors.

Consequently, studies such as those by Kusama et al. (2019) and Przybyłowska et al. (2015) have raised concerns about the intersection between poor denture hygiene and systemic conditions, especially regarding the respiratory tract. The finding that insufficient and infrequent prosthesis hygiene significantly increases the risk of pneumonia among the elderly, and that the prosthetic biofilm can act as a reservoir of pathogens for the airways, reinforces the importance of considering denture hygiene as a public health issue, especially for the most vulnerable and underserved populations, such as institutionalized older adults.

Additionally, Souza et al. (2009) highlighted the lack of randomized clinical trials comparing different denture hygiene methods, which hinders the standardization of definitive recommendations supported by high-level evidence. On the other hand, the studies were clear in demonstrating that both chemical and mechanical methods are superior to placebo in reducing prosthetic biofilm, and that the combination of both methods seems to offer the best results.

Furthermore, Berteretche et al. (2012) demonstrated the efficiency of daily and regular brushing in significantly controlling prosthetic biofilm, regardless of the type of prosthesis and materials used, while Lim et al. (2024) showed that home-use ultrasonic devices may be a viable option for patients with motor limitations. These findings suggest the relevance of personalizing hygiene recommendations based on individual patient characteristics and limitations.

Losif et al. (2024) succinctly mapped the niches with the highest likelihood of biofilm accumulation on dentures and identified the predominant microorganisms in prosthetic plaque. Despite having relatively low diversity, the prosthetic microbiome harbors colonies with high pathogenic potential, including gram-positive aerobes and fungi of the Candida genus. This has direct impacts when it comes to planning hygiene protocols targeting these specific microorganisms.

Studies such as Barreiro et al. (2009) identified difficulties in implementing appropriate hygiene protocols, including lack of specific guidance, patients' motor and cognitive limitations, lack of access to specific products, and erroneous common beliefs about cleaning methods. These barriers reinforce the need for personalized and culturally sensitive educational programs, as well as the need to consider accessible and feasible alternatives for different socioeconomic contexts.

Rajendran et al. (2022) observed that the brushing technique with a regular toothbrush and soap is less effective when compared to the technique with a denture brush and chemical solutions. In this regard, the efficacy of effervescent tablets stems from their immediate decomposition into hydrogen peroxide,

followed by the release of nascent oxygen when placed in water, which cleanses the prosthesis surface through the effervescent action. Rajendran et al. and Souza et al. (2009) advocate the use of this resource for cleaning partial dentures with metal structures.

Gonçalves et al. (2011) and Catão et al. (2007) support the use of 15 ml (approximately one tablespoon) of 2.25% sodium hypochlorite for immersing complete acrylic removable dentures in approximately 200 ml of water, which is effective for removing the vast majority of the biofilm, helping to prevent stains and calculus buildup.

Losif et al. (2024) evaluated the effectiveness of the combined mechanical and chemical cleaning method for dentures and determined that this approach provides superior results in reducing microbial load, especially in areas that are difficult to access by brushing alone.

In summary, there was consensus on the need for daily cleaning (Berteretche et al., 2012), as well as on the superiority of the combined method (mechanical and chemical) for biofilm control and removal (Felpucci et al., 2011; Gonçalves et al., 2011; Catão et al., 2007). Additionally, it is essential to remove the denture at night, keeping it in a container with water and always ensuring its hygiene (Souza et al., 2009; Perić et al., 2024).

Moreover, studies have consistently established links between inadequate hygiene and systemic conditions, especially respiratory ones (Przybyłowska et al., 2015).

CONCLUSIONS

Therefore, the hygiene of removable dental prostheses is a fundamental factor in the oral health of rehabilitated patients, requiring a comprehensive approach that encompasses both chemical and mechanical methods. The choice of each specific method should consider the individual characteristics of the patients, including their manual dexterity and physical conditions. The combination of different techniques and products, as supported by scientific evidence, ensures proper cleaning, prevents complications, and promotes the longevity of the prostheses. The guidance of the dental surgeon is of paramount importance for the correct selection and application of hygiene methods, in order to ensure the oral health and well-being of rehabilitated patients. Finally, an e-book with post-prosthetic care instructions has been developed for patients rehabilitated with complete and removable partial dentures.

REFERENCES

1. BARREIRO, DM. Evaluation of procedures employed for the maintenance of removable dentures in elderly individuals. **Oral Health & Preventive Dentistry**, [S.l.], v. 7, n. 3, p. 243–249, 2009.

2. BERTERETCHE, MV. *et al*. The needs of denture-brushing in geriatrics: clinical aspects and perspectives. **Gerodontology**, [S.l.], v. 29, n. 2, p. e768–e771, 2012

3. CANKAYA, ZT; YURKADOS, A; KALABAY, PG. The association between denture care and oral hygiene habits, oral hygiene knowledge and periodontal status of geriatric patients wearing removable partial dentures. **European Oral Research**, [S.l.], v. 54, n. 1, p. 9–15, jan. 2020.

4. CATÃO, Carmem Dolores de Sá; RAMOS, Irma Neuma Coutinho; SILVA NETO, José Moreira da; DUARTE, Sylvana Maria Onofre; BATISTA, André Ulisses Dantas; DIAS, Alexandre Henrique de Moura. Eficiência de substâncias químicas na remoção do biofilme em próteses totais. **Revista de Odontologia da UNESP**, Araraquara, v. 36, n. 1, p. 53–60, 2007.

5. FELIPUCCI, DNB; et al. *Effect of different cleansers on the surface of removable partial denture*. **Brazilian Dental Journal**, Ribeirão Preto, v. 22, n. 5, p. 392–397, 2011.

6. GONÇALVES, L. F. F. et al. Higienização de próteses totais e parciais removíveis. **Revista Brasileira de Ciências da Saúde**, João Pessoa, v. 15, n. 1, p. 87-94, 2011.

7. HO, Bach Van; *et al*. Dental prosthesis plaque index of Augsburger and Elahi: Expansion and standardisation in community-dwelling frail older people. **Journal of Oral Rehabilitation**, [S.l.], v. 51, n. 11, p. 2398–2404, nov. 2024.

8. IOSIF, L. *et al*. Qualitative assessment of the removable denture microbiome. **Germs**, Bucharest, v. 14, n. 1, p. 28–37, mar. 2024.

9. KUSAMA, T. et al. Infrequent denture cleaning increased the risk of pneumonia among community-dwelling older adults: a population-based cross-sectional study. **Scientific Reports**, [S.l.], v. 11, n. 1, p. 1–8, 2021.

10. LIM, TW; BURROW, MF; MACGRATH, C. Efficacy of ultrasonic home-care denture cleaning versus conventional denture cleaning: a randomised crossover clinical trial. **Journal of Dentistry**, Amsterdam, v. 131, p. 104444, 2023.

11. NIKOLOPOULOU, F; TASOPOULOS, T; JAGGER, R. The prevalence of xerostomia in patients with removable prostheses. **The International Journal of Prosthodontics**, [S.l.], v. 26, n. 6, p. 525–526, 2013.

12. PERIĆ, Mirjana *et al*. A systematic review of denture stomatitis: predisposing factors, clinical features, etiology, and global *Candida* spp. distribution. **Journal of Fungi**, Basel, v. 10, n. 5, p. 328, 2024.

13. PIRES, Carine W. P.; FRAGA, Sara; BECK, Aline C. O.; BRAUN, Kátia O.; PERES, Paulo E. C. Chemical Methods for Cleaning Conventional Dentures: What is the Best Antimicrobial Option? An In Vitro Study. **Oral Health and Preventive Dentistry**, v. 15, p. 73–77, 2017.

14. PRZYBYŁOWSKA, D. *et al*. Influence of denture plaque biofilm on oral mucosal membrane in patients with chronic obstructive pulmonary disease. **Springer Nature**, 2015. Advances in Experimental Medicine and Biology, v. 839, p. 25–30.

15. SCHMUTZLER, Anne; RAUCH, Angelika; NITSCHKE, Ina. Cleaning of removable dental prostheses – a systematic review. **Journal of Evidence-Based Dental Practice**, [S.l.], v. 21, n. 4, p. 101644, 2021.

16. SOUZA, RFD. *Et al*. Interventions for clening dentures in adults. Cochrane Database Syst Ver. **Cochrane Database of Systematic Reviews**, Issue 4. 2009.

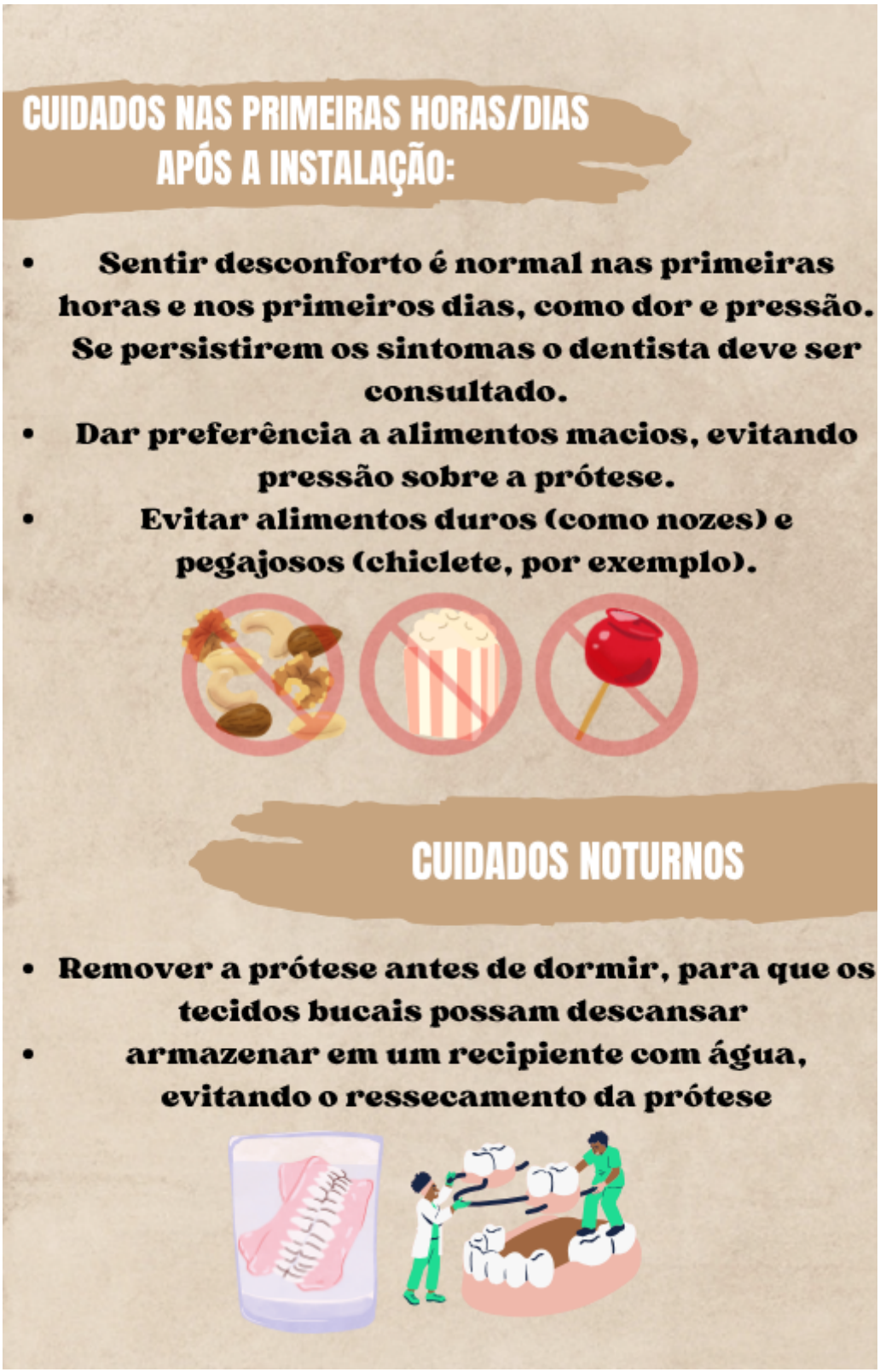
17. TIMBÓ, ICG.; OLIVEIRA, MSCS.; REGIS, RR. Effect of sanitizing solutions on cobalt chromium alloys for dental prostheses: a systematic review of in vitro studies. **The Journal of Prosthetic Dentistry**, v. 132, n. 4, p. 704–713, out. 2024.

18. VIZELI, A. C. da R.; SPEDO, C. R. Métodos de higiene e desinfecção de próteses totais: revisão de literatura. **J Multidiscipl Dent**., Piratininga, v. 12, n. 1, p. 79-84, jan./abr. 2022.

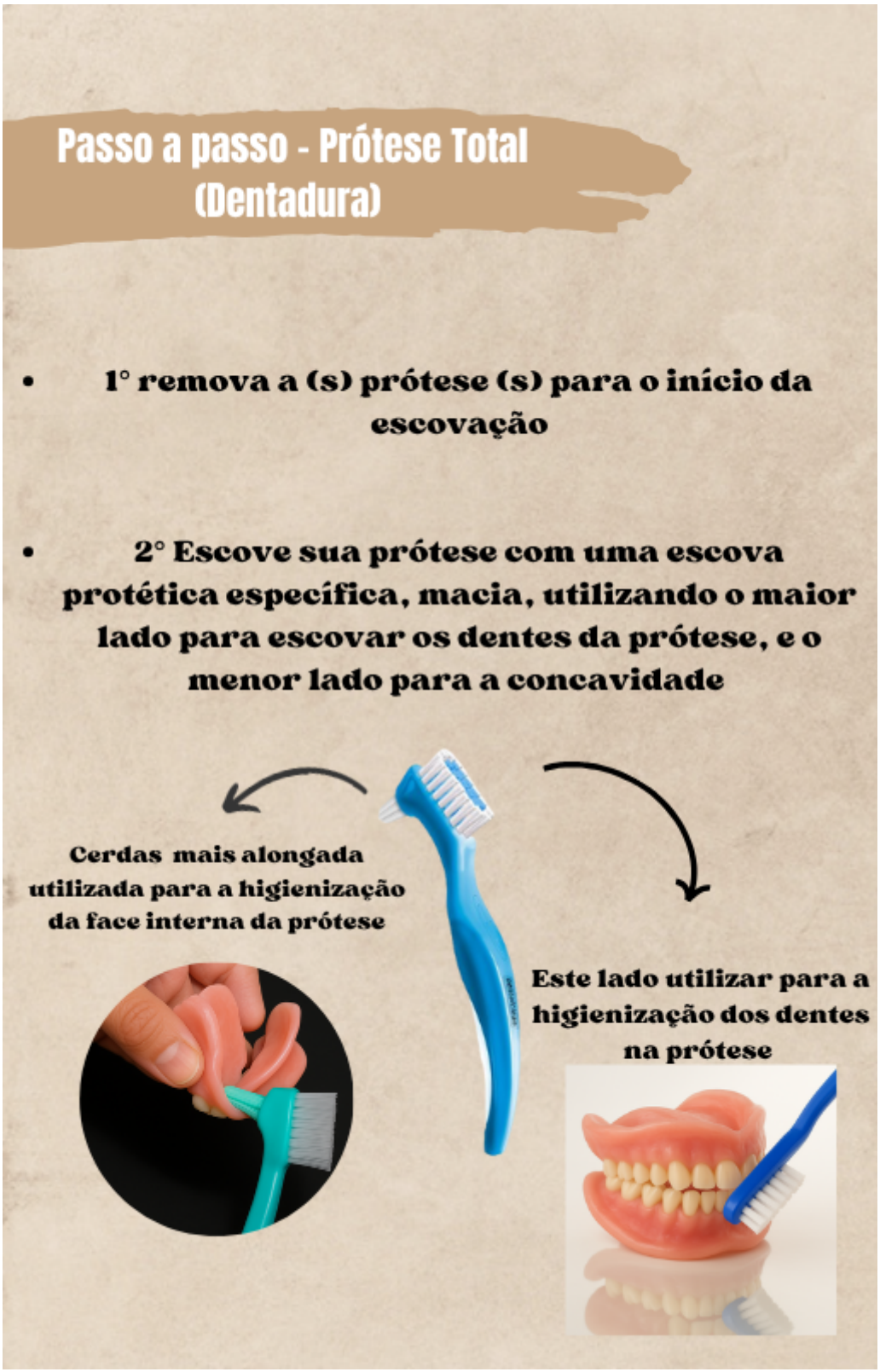
19. BRASIL. Ministério da Saúde. **SB Brasil 2023: Pesquisa Nacional de Saúde Bucal***: relatório final* [recurso eletrônico]. 1. ed. rev. Brasília: Ministério da Saúde; 2023.

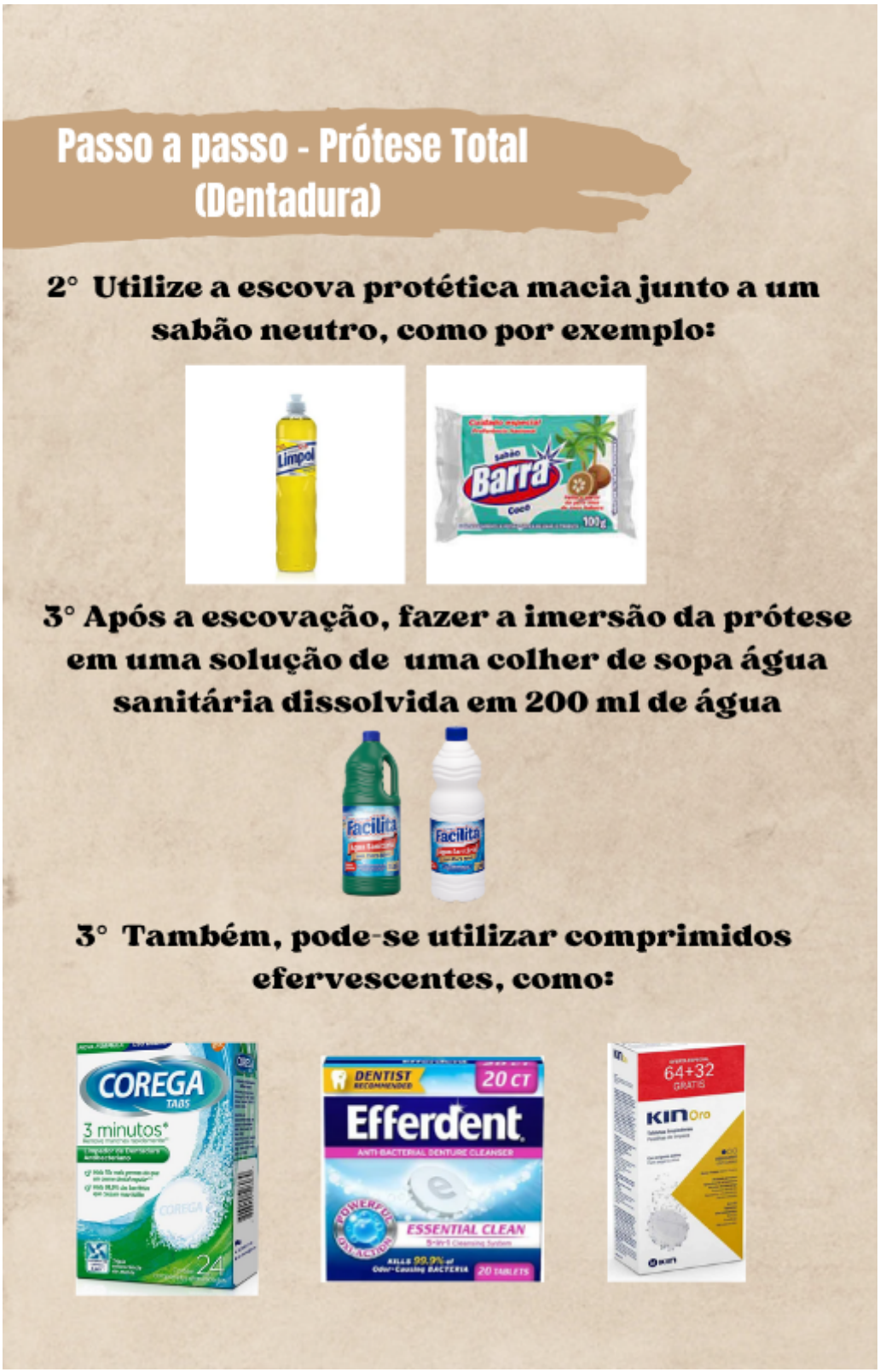
ANEXOS

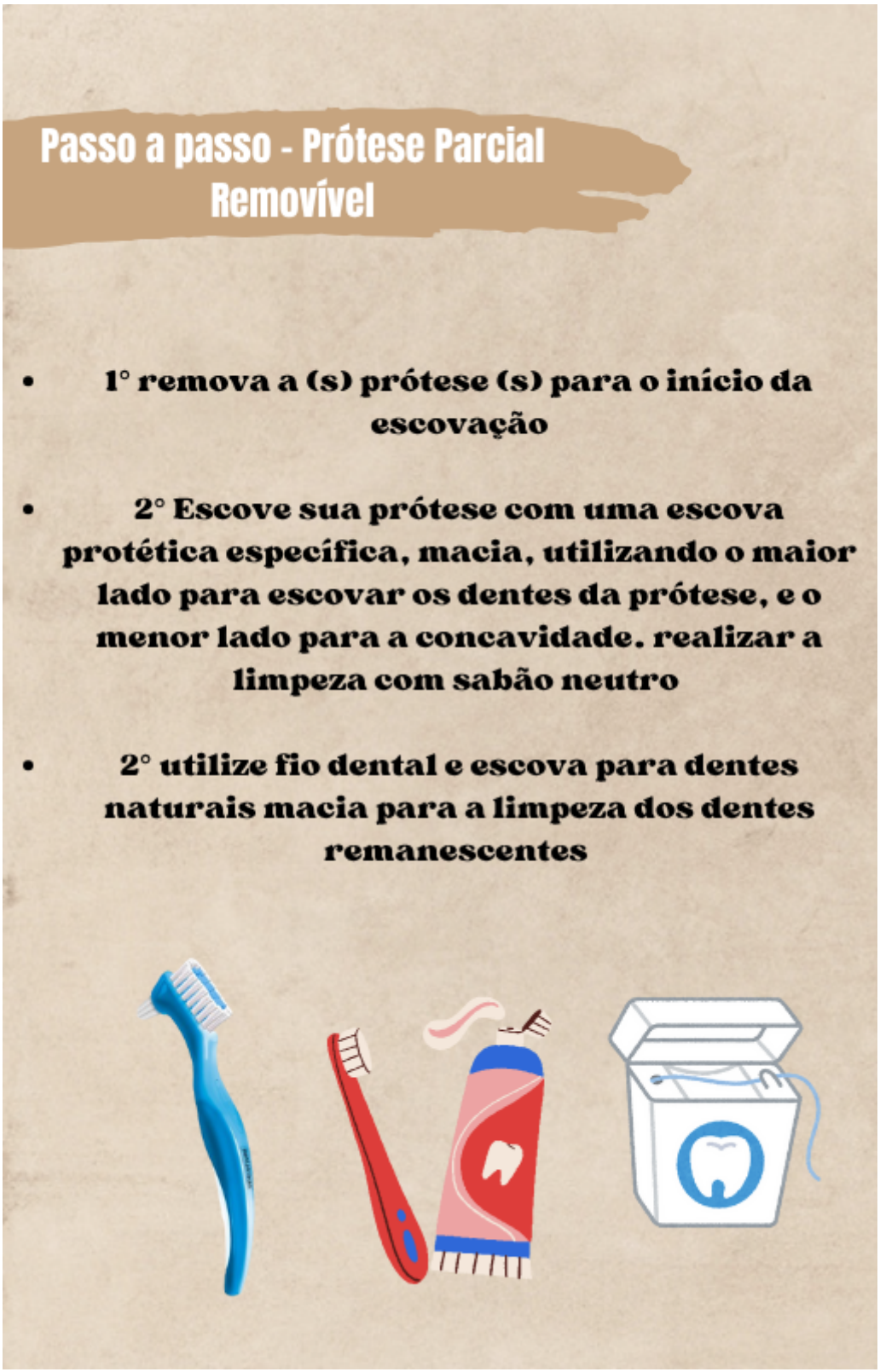

IMPORTÂNCIA DOS CUIDADOS PÓS PROTÉTICOS
Logo após a reabilitação com prótese parcial removível e/ou total é de fundamental importância se atentar aos cuidados básicos de higienização e manuseio, para que assim consigamos uma prótese longeva e funcional, atendo todas as necessidades mastigatórias, fonéticas e estéticas
OBJETIVOS DO E-BOOK
Esse e-book tem como objetivo auxiliá-lo na higienização das próteses e na manutenção da sua saúde oral. Nele teremos :
• métodos de higienização das próteses
• orientações de manutenção e conservação
• cuidados com a saúde da boca
• dicas de manuseios e produtos disponíveis no mercado


CUIDADOS NAS PRIMEIRAS HORAS/DIAS APÓS A INSTALAÇÃO:
• Sentir desconforto é normal nas primeiras horas e nos primeiros dias, como dor e pressão. Se persistirem os sintomas o dentista deve ser consultado.
• Dar preferência a alimentos macios, evitando pressão sobre a prótese.
• Evitar alimentos duros (como nozes) e pegajosos (chiclete, por exemplo).
CUIDADOS NOTURNOS
• Remover a prótese antes de dormir, para que os tecidos bucais possam descansar
• armazenar em um recipiente com água, evitando o ressecamento da prótese

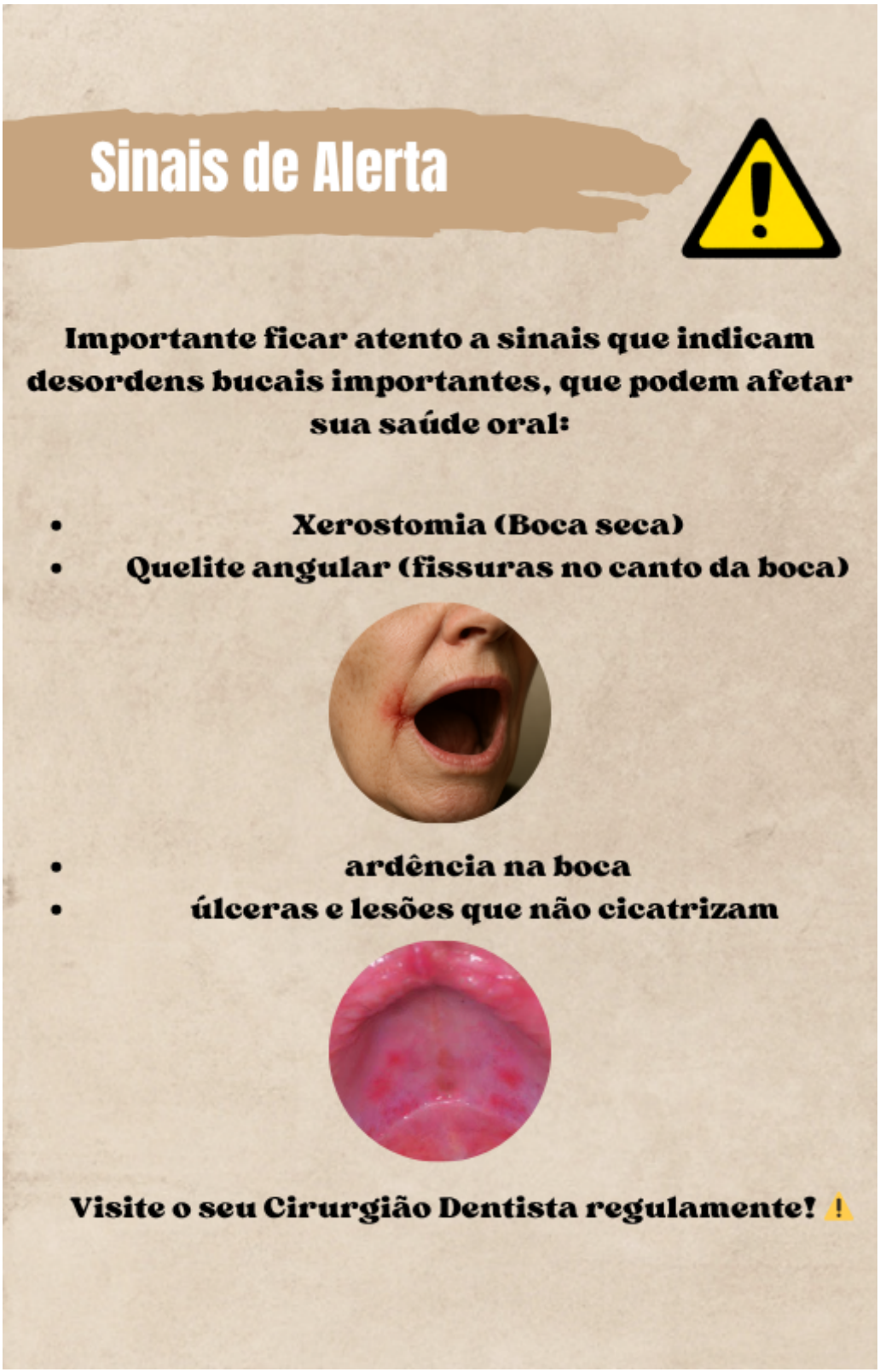

Importância da Higienização
• A boca é a porta de entrada para vários micro-organismos com Potencial de causar agravos à saúde, como por exemplo, pneumonia por aspiração
• Se não higienizada corretamente, há o risco do desenvolvimentos de doenças, como candidíase e estomatite protética
• O acúmulo de placa bacteriana e cálculo podem causar mau hálito

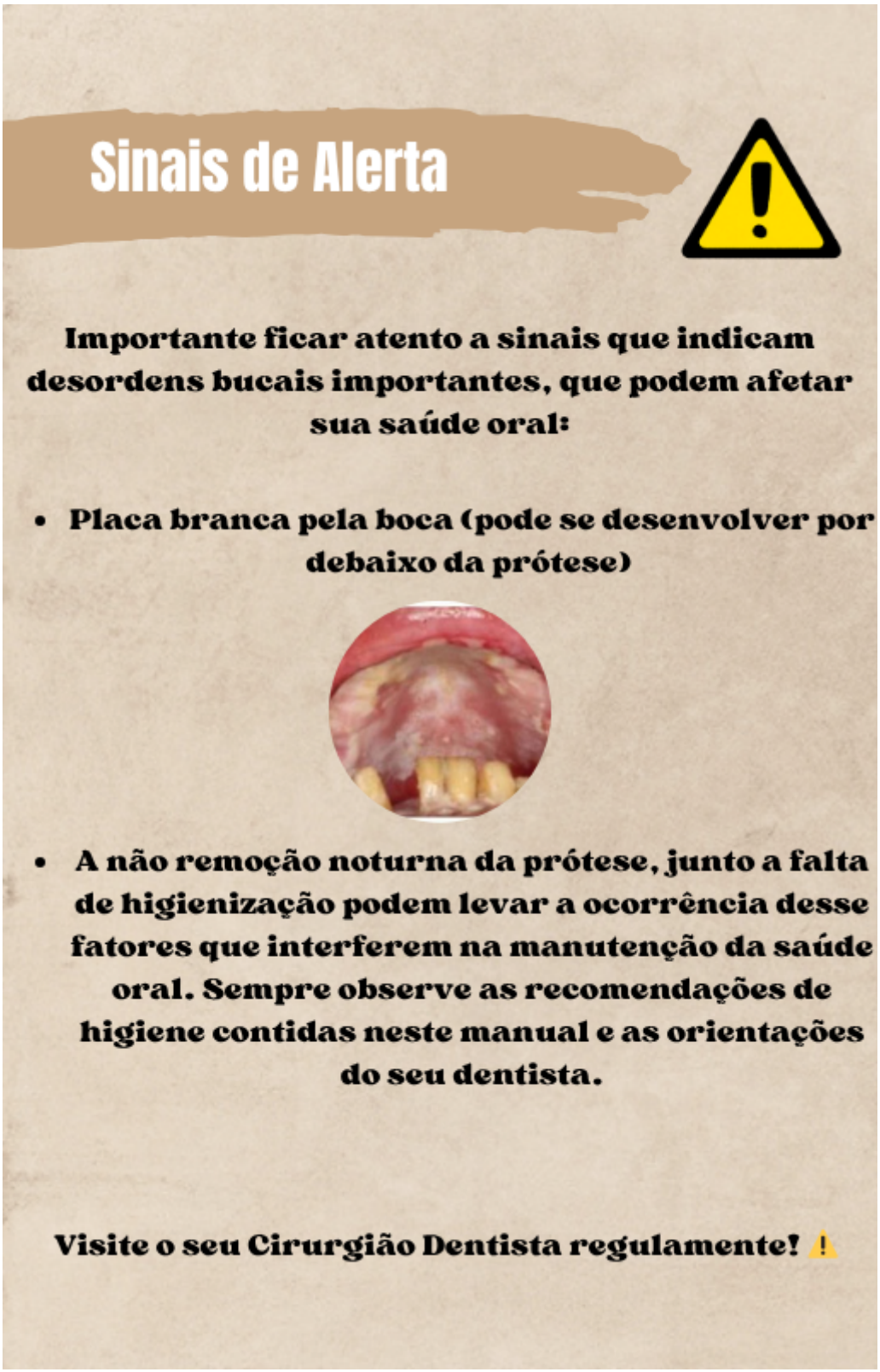

Passo a passo - Prótese Total
(Dentadura)
1° remova a (s) prótese (s) para o início da escovação
2° Escove sua prótese com uma escova protética específica, macia, utilizando o maior lado para escovar os dentes da prótese, e o menor lado para a concavidade
Cerdas mais alongada utilizada para a higienização da face interna da prótese
Este lado utilizar para a higienização dos dentes na prótese

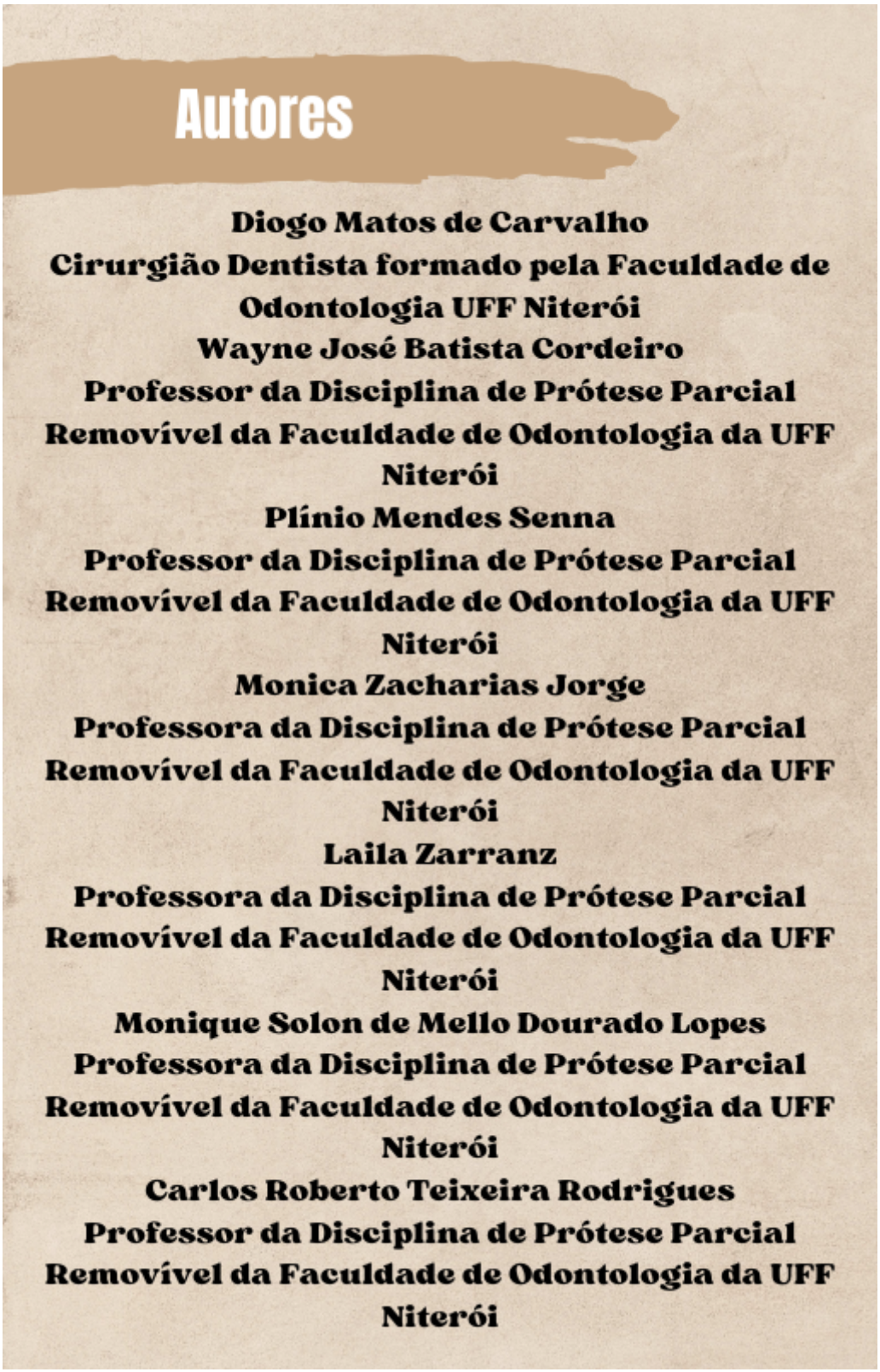

Passo a passo - Prótese Total
(Dentadura)
2° Utilize a escova protética macia junto a um sabão neutro, como por exemplo:
Limpol
Barra
3° Após a escovação, fazer a imersão da prótese em uma solução de uma colher de sopa água sanitária dissolvida em 200 ml de água
Facilita
Facilita
3° Também, pode-se utilizar comprimidos efervescentes, como:
COREGA
TABS
3 minutos
24
DENTIST RECOMMENDED
20 CT
Efferdent
ANTI-BACTERIAL DENTURE CLEANSER
ESSENTIAL CLEAN
20 TABLETS
64+32
GRÁTIS
kin Oro


Passo a passo - Prótese Parcial Removível
• 1° remova a (s) prótese (s) para o início da escovação
• 2° Escove sua prótese com uma escova protética específica, macia, utilizando o maior lado para escovar os dentes da prótese, e o menor lado para a concavidade. realizar a limpeza com sabão neutro
• 2° utilize fio dental e escova para dentes naturais macia para a limpeza dos dentes remanescentes


Passo a passo - Prótese Parcial Removível
3° Para a higienização química, realizar a imersão da prótese em um recipiente com um comprimido efervescente dissolvido em água
COREGA
TABS
3 minutos*
24
DENTIST RECOMMENDED
20 CT
Efferdent
ANTI-BACTERIAL DENTURE CLEANSER
ESSENTIAL CLEAN
20 TABLETS
64+32
GRÁTIS
KIN Oro
3° Outra alternativa é realizar a imersão da prótese em clorexidina 0,12%
Colgate
PerioGard
needs


Sinais de Alerta
Importante ficar atento a sinais que indicam desordens bucais importantes, que podem afetar sua saúde oral:
Xerostomia (Boca seca)
Quelite angular (fissuras no canto da boca)
ardência na boca
úlceras e lesões que não cicatrizam
Visite o seu Cirurgião Dentista regulamente!


Sinais de Alerta
Importante ficar atento a sinais que indicam desordens bucais importantes, que podem afetar sua saúde oral:
• Placa branca pela boca (pode se desenvolver por debaixo da prótese)
• A não remoção noturna da prótese, junto a falta de higienização podem levar a ocorrência desse fatores que interferem na manutenção da saúde oral. Sempre observe as recomendações de higiene contidas neste manual e as orientações do seu dentista.
Visite o seu Cirurgião Dentista regulamente!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