

Smile, as toothless folk bite back

False teeth – nothing but the tooth

What nice teeth you have, granny... thanks to dentures, bridges and implants

Joyce Teo

Apart from dentures and implants, bridges or fixed dentures are other options for replacing teeth. Though none of them is as ideal as natural teeth, each has its pros and cons.

Patients should discuss the options with their dental practitioner before committing to any of them, said Dr Tay Chong Meng, an associate consultant at the University Dental Cluster, National University Hospital.

DENTAL IMPLANTS

These are replacement tooth roots that are usually made of titanium. They are placed in the jaw to support a crown (a replacement tooth made to match your natural teeth) or bridge. They can also be used to support a full set of dentures for those with no teeth.

Implants are long-term solutions for missing teeth. The replacement teeth are not removable, and look and function like normal teeth, said Dr Ho Kok Sen, who specialises in oral and maxillofacial surgery at Specialist Dental Group.

However, they are not suitable for all, he said. Heavy smokers or people with poorly controlled diabetes may have a higher chance of failure because their bone may not fuse properly to the titanium screw.

Dr Tay said those who have tried dentures before getting im-

plants done successfully would agree that implants offer better comfort. However, dental implants require sound bone structure in the mouth for stability surgery is needed, he said.

Cost: From \$3,000 to \$8,000 for a single tooth, or between \$25,000 and \$40,000 per jaw.

ALL-ON-FOUR

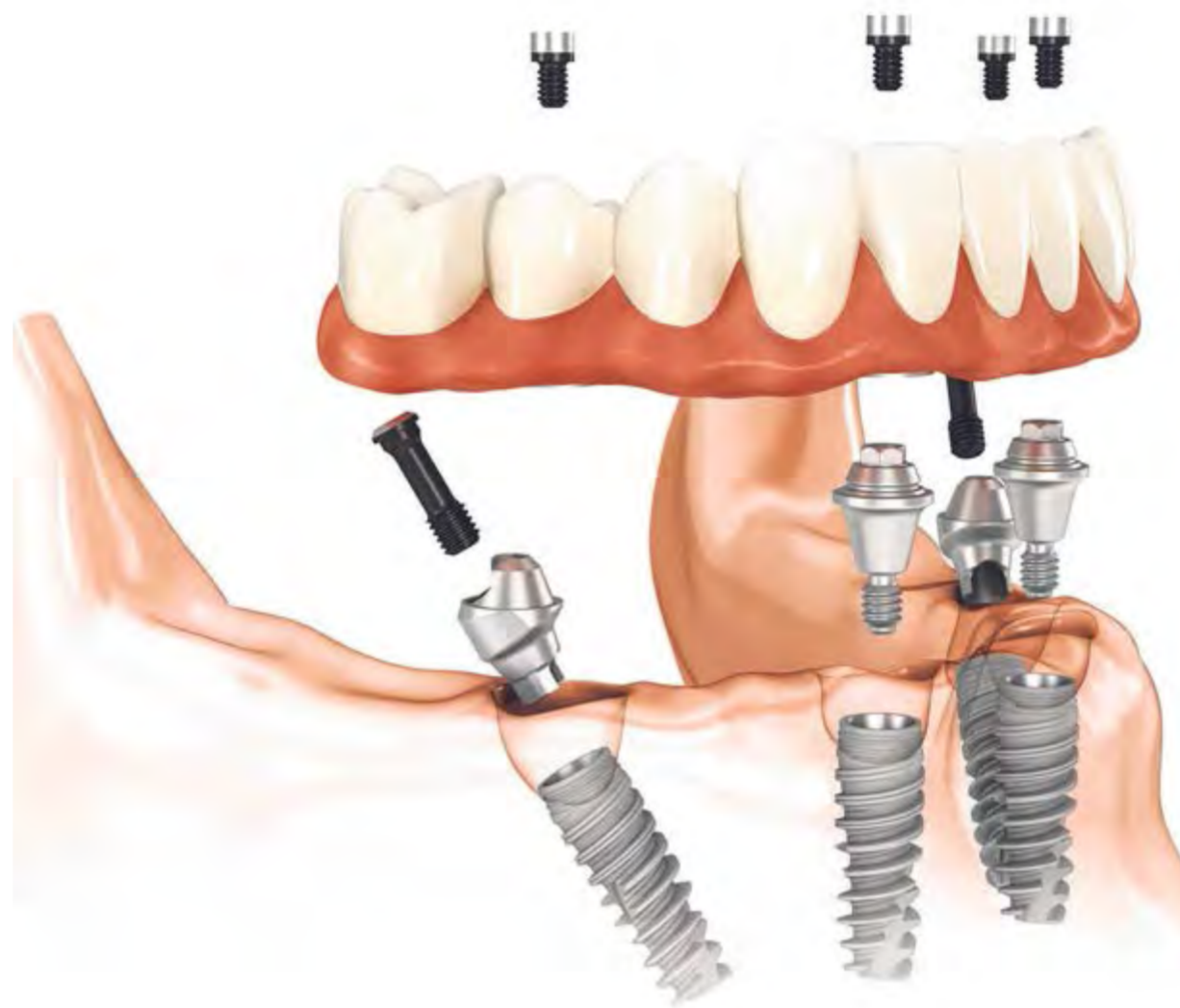
This is a newer dental implant method for those who need full dentures. As few as four implants can be used to support a full set of non-removable replacement teeth on the upper or lower jaw. Fewer implants mean cost savings.

It is a simpler procedure as bone grafting – a procedure needed in other dental implants when there are not enough bones – is not required, said Dr Ho.

“However, it is more difficult to execute. Dental specialists need to be trained to angle the implant correctly.”

Dr Tay said: “All-On-Four treatment is a complex dental rehabilitative procedure best handled by a team of prosthodontists, oral and maxillofacial surgeons and periodontists.”

Dr Jerry Lim of Orchard Scotts Dental said he does not offer this treatment to younger patients, such as those in their 40s, as the method requires the removal of all teeth on the upper or lower jaw, in order to have four implants to



The All-On-Four dental implant procedure (above) tilts two of the implants to ensure a secure base for the full denture. A set of complete dentures (below) will replace all your missing teeth. PHOTOS: NOBEL BIO-CARE, SPECIALIST DENTAL GROUP

support a full set of dentures. **Cost:** \$20,000 to \$30,000 per jaw.

BRIDGES

These false teeth bridge the gap left by one or more missing teeth.

“As the false tooth (or teeth) is fixed to the anchoring teeth, patients typically feel more comfortable with it, compared to using a denture,” said Dr Tay.

An older person who has been using bridges to replace his missing teeth would prefer it over dentures, unless he does not have enough remaining teeth to support a bridge, he said.

Dr Lim said he is seeing less demand for bridges. “Every time you do a bridge, you need to file down the two neighbouring teeth to accommodate it,” he said. “It’s such a waste.”

Cost: From about \$2,000 to \$7,000 per bridge.



DENTURES

Full dentures (above) will replace all your missing teeth. Partial dentures will replace some teeth and are retained in the mouth by metal clasps attached to natural teeth.

As dentures can be removed for cleaning, they may be a better option for an older person who has lost the manual dexterity of cleaning his teeth due to medical conditions such as a stroke, said Dr Tay.

Moreover, in terms of work required in the clinic, dentures are the least invasive among the three options and may be the least traumatic for the patient. However, dentures may result in speech alteration or diminished taste sensation and oral comfort, said Dr Valerie Tey Hwee Shinn, a registrar at the prosthodontic unit of the National Dental Centre Singapore’s restorative dentistry department.

Dentures need to be replaced every five to 10 years. “At some point in time, it will become loose as the jaw bone undergoes biological changes as one ages,” said Dr Ho.

“The dentures can move in the mouth so you may get ulcers, pain or discomfort.”

Cost: From \$400 for subsidised patients at NDCS to as much as \$5,000 at private clinics.

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HealthDiary

TODAY

DIABETES HEALTH FAIR

Learn how to better manage your diabetes at this health fair Diabetes – Living Well, Coping Well, Loving Life!, which will end tomorrow. Find out more about weight management (today) and the benefits of exercise for diabetes patients (tomorrow). **Khoo Teck Puat Hospital, main lobby, 11am to 3pm. Free.**

FRIDAY, NOV 11

PREVENTING DIABETES

Find out the risk factors associated with diabetes and the ways to prevent the disease. This talk is by Ms Nursyafiqah Yazid, a diabetes care nurse at the National University Hospital (NUH). **Health Education Hub at NUH, Main Building 1, 1pm to 2pm. Free. To register, call 6772-2184.**

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Ask The Experts

Air-eating or air-swallowing can cause recurrent belching

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Weight loss or weight gain is like a bank account – if you eat (put in) more and use (expend) less, you will get a surplus and the body will store this excess energy as fat. And if you eat less or use more energy, you will lose weight.

Q I am a 55-year-old man. I have been losing weight over the past year even though I have been eating a lot, as usual. I have two to three bowls of rice every night. I also eat a lot of fatty meat. I do not like vegetables but I eat oranges every night. I also exercise every day. After dinner, I tend to burp a lot. I feel quite uncomfortable until I have burped for about half an hour. Is there anything I should be worried about?

A There are a few areas that need to be addressed. First, weight loss or weight gain is dependent on energy consumption and expenditure. It is like a bank account – if you eat (put in) more and use (expend) less, you will get a surplus and the body will store this excess energy as fat. And if you eat less or use more energy, you will lose weight. If you are losing weight even though your food intake is the same, we will need to know if there has been an increase in your energy expenditure. For instance, is your exercise regimen new and too strenuous? We will also ask if there is an imbalance in the body’s metabolic system, due to a condition such as diabetes or an overactive thyroid gland. Your family doctor can diagnose these conditions through simple blood tests. Upper abdominal discomfort, or dyspepsia, should be evaluated to ensure that there are no structural problems in the upper digestive tract. A gastroscopy, which uses a thin tube with a camera at the tip (called an endoscope), will allow doctors to view the insides of the swallowing tube, stomach and duodenum (first part of the small intestines). It will also allow us to take biopsies of the abdomen. Tests to measure the

movement and function of the digestive tract may be necessary. Recurrent burping or belching is a surprisingly common but poorly understood problem. Belching occurs when there is a build-up of gas in the stomach, which is pushed up the swallowing tube and expelled through the mouth. This occurs episodically in people and is perfectly normal. However, if it is excessive, we will need to see if you have gastric or supra-gastric belches. Gastric belches are sometimes due to an excessive and often imperceptible swallowing of air, a condition known as aerophagia or “air-eating”. Supra-gastric belches are due to “air-swallowing”, where air is sucked into the swallowing tube and then expelled. Supra-gastric belching is important for two reasons. Firstly, it can be distressing and embarrassing, and secondly, it is a known trigger of reflux. It is often due to anxiety and, in many cases, once the patient is aware of it, he can stop belching. In more severe cases, diaphragmatic breathing exercises or psychotherapy will help. Gastric and supra-gastric belches can be differentiated by performing an esophageal impedance study. A small wire is floated into the swallowing tube to measure the type and frequency of belches, and also to look for any reflux.

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Dr Reuben Wong

Dr Wong is a gastroenterologist at gutCARE, a subspecialty digestive medicine group practice. He is also president of the Irritable Bowel Syndrome Support Group and an Adjunct Associate Professor of Medicine.