

# Hints and tips on looking after your Obturator

Information for patients

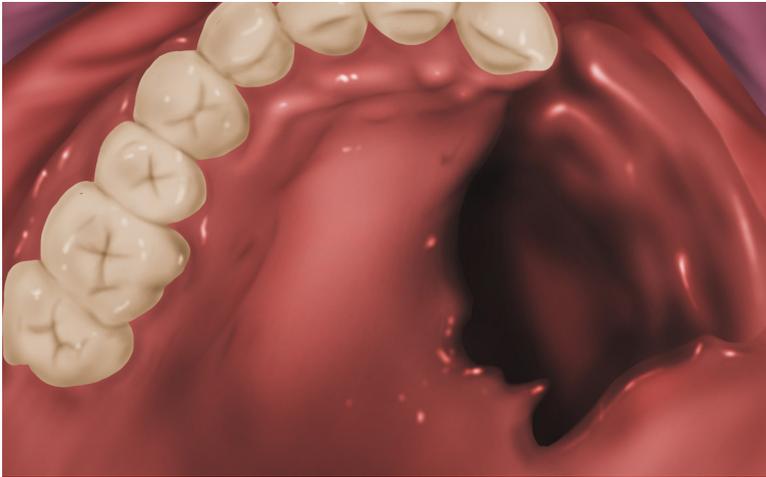


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## Why do I need an obturator?

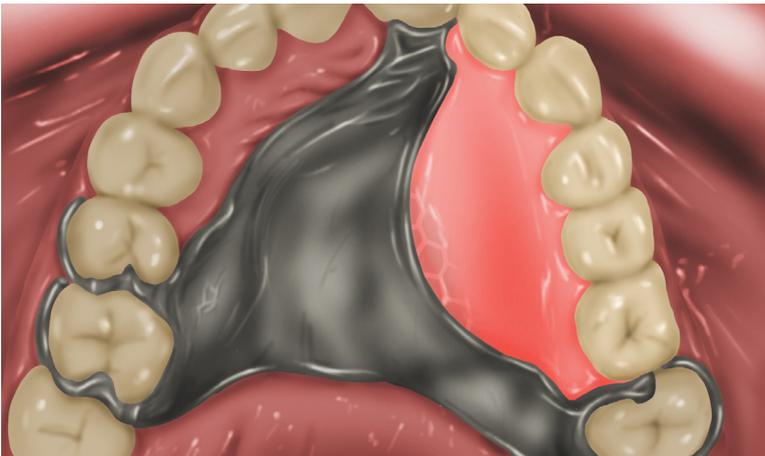
Patients who have had treatment for cancers of the upper jaw, soft palate or nasal region may require surgery as part of their treatment. This surgery will alter the shape of the mouth and may result in some of your teeth being removed or leave an opening in the roof of the mouth (see Figure 1). This opening may create a passage between the mouth and the nasal cavity or the sinuses. It is important to seal any such gap to improve speech, and to make it easier to chew and swallow food.



*Figure 1 Upper jaw with an opening to the sinus cavity following cancer surgery*

## What is an Obturator?

An obturator denture is a removable prosthesis that is used to seal any gaps in the roof of your mouth following surgery to the upper jaw (maxilla) and roof of your mouth. The prosthesis is mainly used to seal the opening from the mouth to the nasal cavity / sinuses but it may also have some teeth on it to improve your smile and help you chew food (see Figure 2). The prosthesis will be custom made for you.



**Figure 2 – Obturator in place to seal the opening and replace the missing teeth and gum**

## When will I first need my obturator

When you are having surgery to remove the cancer, any resulting opening between the mouth and the nose may be closed with a **surgical obturator**. This is secured in place and adapted to fit the opening. When you wake up after your operation you will feel the surgical obturator in your mouth. This is likely to be your first experience of the obturator. During your stay in hospital the surgical obturator will be kept in place. It will be changed in the clinic a few weeks later. To make the surgical obturator a Restorative Dentist will see you before your operation to take some moulds and other records of your teeth.

In the dental clinic, a few weeks after surgery, the surgical obturator will be removed and an **interim obturator** will be made to wear whilst the surgical wound is healing and changing. You may need a number of visits for minor changes while the wound heals. You will likely have to wear it for at least six months. Once the wound has healed to a stable shape a new '**definitive**' obturator can be made.

## How to clean my obturator?

Obtulators need to be cleaned just like your natural teeth to remove food and plaque bacteria. Ideally, you should clean all surfaces of your obturator after meals by rinsing it under water to remove any food attached to it. At least twice per day you should use a soft toothbrush and gentle cleaner such as washing up liquid or hand soap and then give it a good rinse (see Figure 3 on the next page). Toothpaste and normal toothbrushes can be too hard on the obturator and can rub away the surface.



When cleaning your obturator, it is a good idea to do it over a sink with some water in it to protect it in case you drop it.

*Figure 3 – Cleaning your prosthesis with a soft brush and water to remove debris*

Denture cleaning aids such as Steradent and Active Plus should be used following manufacturer's instructions which is normally two or three times per week. They can also help remove stubborn stains. **These solutions should not be used for overnight soak.** If you have metal clasps on your obturator, avoid chlorine based disinfectants as this will damage the metal surface.

Take your obturator out when going to bed and put it in a container with some cold water in it. This will give your mouth a chance to rest. Don't leave your obturator to dry out, as this can damage them.

**Do not remove the obturator at night if you are receiving radiotherapy treatment**

## What if I can't take my obturator out to clean it?

At certain times during your cancer treatment it may not be possible to remove your obturator for cleaning such as after surgery or during radiotherapy treatment. It is still important to try to clean the obturator when it is in the mouth by rinsing with lukewarm water mixed with a teaspoon of salt. You should also clean your natural teeth as normal.

**If you are wearing an obturator during radiotherapy treatment** it is important that you do not take your obturator out of your mouth, it may be too sore to put it back in and this may affect whether the radiotherapy mask fits properly. If you have removed the obturator and are unable to re-insert it during radiotherapy you should **contact the Restorative Dental team as soon as possible.**

## How to clean a maxillary defect?

A maxillary defect is the opening between the upper jaw and the nasal or sinus cavity. Like your obturator, any defect left after surgery will require cleaning for your own comfort and also to prevent irritation to the soft tissues. The defect can be cleaned with long cotton buds or long stem soft

sponges (Figure 4) dipped in chlorhexidine mouthwash or warm salt water.



*Figure 4 – Long stem soft brushes to clean the maxillary defect with warm salt water or chlorhexidine mouthwash*

Chlorhexidine mouthwash or warm salt water could also be used as a mouth wash.

How often you need to clean the defect will be down to you but this may be at least three times a day.

Additionally, you can perform **nasal wash out** few times per week to clean the nostrils and to prevent dry crusts from forming by washing them. Below are the instructions on how to do a nasal wash out:

### **To make the saline solution**

Place 1 flat teaspoon of salt and 1 flat teaspoon of Bicarbonate of Soda into a bowl and add approximately 1 pint of cooled boiled water. Stir until the salts have all dissolved.

### ***To use the solution:***

- Pour the cooled solution into the 'cup' of your hand or into a shallow dish (e.g. a saucer).
- Close one nostril using your other hand.
- Sniff the solution up your nose and let it run out.
- Repeat this sniffing action at least three times up each nostril or until your nose feels more comfortable and there is no more debris coming out. If there is any remaining solution you can gargle with it and spit it out. This will clean the post nasal space (the cavity at the back of the nose).

**Do not** swallow the salty solution otherwise you may feel sick.

There are products available from your pharmacist which will do the same job if you prefer. Speak to your pharmacist for more information.

## What to expect during radiotherapy treatment?

If you are having radiotherapy as part of your treatment this can affect the tissues in your mouth in a number of ways. Your mouth may become dry, sensitive, you may get ulcers or sores, or even lose your sense of taste. The muscles of your jaw may become stiff and tighter from the treatment, this may make it difficult to open your mouth as much as you normally do.

Saliva glands can be sensitive to radiation and often produce less saliva as a result. This can make your mouth feel dry and can affect the comfort of your obturator / denture.

*There are a number of things you can do to make yourself more comfortable.*

- Sipping on water if you are able to take fluids orally
- Sucking on ice chips
- Using an oral lubricant such as Gelclair® or Biotene® Oral Gel
- Using a pain-relieving mouthwash such as Difflam™ Oral Rinse or Caphosol®

You should continue to try and brush your teeth if possible, although this may be hard at the start. It is likely that we will give you a high-fluoride toothpaste to help protect your teeth. A teaspoon of salt in some warm tap water can be used as a mouthwash to help to keep your mouth clean. You should avoid mouthwashes that contain alcohol.

If your mouth continues to be sore during this time, let your dentist know as there are pain relieving mouthwashes and saliva substitutes that can be used to help relieve symptoms.

**Do not remove the obturator at night if you are undergoing radiotherapy treatment**

## Can implants improve my obturator?

Dental implants are titanium anchors placed into the jaw bone which can be used to improve the experience of an obturator. Zygomatic Implants are longer implants placed into the cheek bones and can also help support an obturator.

When you see the Restorative Dentist, who will be preparing the surgical obturator, you may wish to ask if implants are an option for you. In order to plan implants a further scan of the jaws will be required to see if there is enough jaw bone present to safely place implants.

## Meet the dental team

You will meet an number of people at the Dental Hospital who will each have a role in helping you on your journey.

### Consultant in Restorative Dentistry

The Consultant is a highly experienced specialist who leads the dental team. They makes decisions at the multi-disciplinary team meeting on the dental aspect of your cancer treatment. The Consultant discusses and agrees on the best treatment plan with you regarding your teeth and organises for your treatment to be carried out by the appropriate staff. The Consultant also treats the most complex patients.

### Training Grade Dentists

Other dentists in the hospital work alongside consultants and have expert knowledge in the diagnosis and treatment of dental complications in cancer patients. They can provide everything from very complex dentures, crowns and bridges through to routine dentistry.

## Dental Therapist / Dental Hygienist

The Dental Therapist provides simpler dental procedures like scaling and fillings. The therapist works to a treatment plan written by a dentist. They repair fractured teeth, provide fillings and treatment relating to gum disease. The therapist also provides oral health education, diet advice and support people to stop smoking.

## Oral Health Educator

Oral Health Educators are dental nurses who have completed additional training. They provide advice and support on caring for your mouth at home.

### *Contact details:*

#### Restorative Department

Leeds Dental Institute, The Worsley Building, Clarendon Way, Leeds, West Yorkshire, LS2 9LU.

**Tel:** Restorative Reception: **0113 343 6262**

**Tel:** Restorative Triage: **0113 343 1729**, calls taken between 9:00am-9.30am & 1.30pm-2:00pm for Restorative Triage

**Opening hours:** Monday-Friday 9:00-17:00 Leeds Dental Institute switchboard **(0113) 244 0111**

*If you have any questions at all, please do not hesitate to ask, we are all here to help you.*



## What did you think of your care?

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*Your views matter*



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