

**MANAGEMENT OF GAGGING
REFLEX DURING IMPRESSION
MAKING AND AFTER COMPLETE
DENTURE INSERTION**



It is a protective reflex found in all individuals! And varied from one to another

- **Occurrence:**

- A) During impression making.

- B) Or after complete denture delivery.



Mechanism of retching:

The reflex is triggered by a stimulus in the region of:

- Soft palate
- Dorsum of the tongue when the afferent impulses are transmitted from the trigeminal and glossopharyngeal nerves to the medulla. then gagging take place and may followed by real vomiting as followings :
 - Patient may have the fear of swallowing or choked on the materials introduced into his/her mouth.
 - By that time the glottis start closing and the patient stop breathing, then saliva flow increased and finally the pharyngeal muscles contract eventually retching start .

CAUSES:

1. Psychological factor due to fear " that may the patient choked with the impression material " .
2. overextension of the upper denture too far to the soft palate .
3. Overextension of the lower denture in the lingual pouch.
4. Narrow tongue space "cramped tongue ".
5. Thick, rough posterior border of the maxillary denture, which may cause mechanical irritation to the dorsum of the tongue.

CAUSES:

- 6) Lack of retention (esp. no post-dam).
- 7) Imbalance occlusion ; which may cause looseness of the denture due to incorrect RCP and increase the vertical dimension ; the dragging effect of the denture may cause the saliva to milked out from the minor salivary glands back to the soft palate and the throat " gagging"
- 8) Retching after long time of using the complete denture (loose, D), due to
 - Ridge resorption.
 - Occlusal wear.



Types of retching patients :

1. Very severe: patient seldom seeks dental treatment.
2. Severe patients: tend to retch at the beginning of examination .
3. Difficult patients “apprehensive “retching may take place even in the most careful clinical technique –simple extraction.
4. Problem patients : unable to wear the denture for minute or hours and this may due to psychological factor or faults in the denture .

Management:-

i. During impression making

- 1) The dentist should have the confidence to overcome this problem.
- 2) Assure the patient that this is a natural response varying from one individual to another.
- 3) Seat the patient in upright position with his/her head slightly forwards and instruct them to breathe through their nose not mouth.
- 4) Some clinicians tend to swab or spray local anesthesia or ethylchlorid at the sensitive areas
- 5) Others tried to mix the impression materials with local anesthesia.

- 6) Try to take the lower impression before the upper one.
- 7) Try to use slow flow impression material as impression compound, heavy body silicone.
- 8) Behavioral therapy “hypnosis”.
- 9) Try to occupy the patient mind throughout the impression procedure i.e. counting , to raise his /her hand
- 10) Drugs therapy
 - Barbiturates to depress the central nervous system.
 - Anti-histamine to reduce the feeling of sickness.
 - Atropine to reduce the saliva flow.

II. After denture delivery or before

- 1) ***brush technique*** :patient should be encouraged to touch their palate with the toothbrush as back as possible without causing gagging .
- 2) ***Base-plate acrylic technique***: By constructing a retentive base without teeth and to be used for at least two weeks.
- 3) ***Palatless denture*** :in order not to cover the crucial area ,food post –dam around the periphery or micro-value can be used .
- 4) For the new denture wearer with the tendency of retching the patient should be given the first appointment the next morning and the last appointment in the evening between the two intervals he/she should NEVER take it out (the peak).
- 5) Advise should be given to the patient to listen to music when ever feel the attacks.

