

REVIEW ARTICLE



## Denture camp: An experience beyond imagination

D. R. Prithviraj<sup>1</sup>, P. Harshamayi<sup>1</sup>, Vibhor Madan<sup>1</sup>, Gyan Kumar<sup>1</sup>, D. P. Shruthi<sup>2</sup>

<sup>1</sup>Department of Prosthodontics, Government Dental College and Research Institute, Bengaluru, Karnataka, India, <sup>2</sup>Private Practitioner, Basavangudi, Bengaluru, India

### Correspondence

D. R. Prithviraj, Department of Prosthodontics, Government Dental College and Research Institute, Victoria Hospital Campus, Fort, Bengaluru - 560 002, India.  
Phone: +91-9602024727.  
E-mail: hpotli@gmail.com

Received 03.10.2014;

Accepted 17.10.2014

doi: 10.15713/ins.ijcdmr.2

### How to cite the article:

DR Prithviraj, P Harshamayi, Vibhor Madan, Gyan Kumar, DP Shruthi, "Denture camp: An experience beyond imagination," Int J Contemp Dent Med Rev, vol. 2014, Article ID 021014, 2014. doi: 10.15713/ins.ijcdmr.2

### Abstract

Main aim of dental camp is awareness, education, and motivation of the common man regarding his/her dental health. This report presents the efficient way of conducting a denture camp and tackling the shortcomings faced during the course. When treating a vast population in camps, it calls for more number of instruments, equipments, and lot of manpower in terms of doctors, dental mechanics, and supporting staff. A total of 110 patients was selected for the denture camp. They were informed to come early morning at 8 a.m on the scheduled date and make necessary arrangements for their stay for one night during the camp as the most of the patients were from surrounding villages. Dentures are no more a luxury; it has become a necessity for the edentulous patients for the basic health maintenance. Many problems were encountered during this camp. Though there were so many hurdles, doctors became successful in treating the patients. The team had taken a brave step with all the problems and they ended successfully. In spite of all the problems faced, the dedicated teamwork proved fruitful in rehabilitating 132 patients in short spans 24 h. The efforts of the team were highly appreciated by the people.

**Keywords:** Dental camp, dentures, public health

### Introduction

Health Policy's major concern in developing countries, like India is to improve the level of oral health and ensure adequate access to oral health care services.<sup>[1]</sup> Seventy-five percent of the Indian population resides in villages.<sup>[1]</sup> Oral health is neglected by the rural population, simply, due to lack of awareness.<sup>[2]</sup> The community-based camp approach is an effective method of active learning as it involves integration of social sciences with a medical domain, task-oriented assignments, and active community involvement.<sup>[3]</sup> The main objective of dental camp is to create awareness, education, and motivation of the common man regarding his/her dental health by providing preventive and curative services.<sup>[4]</sup> 1-day denture camp is a unique community program to deliver oral and dental care for the mass at their doorsteps, free of cost, for the rural and semi-urban population.<sup>[5]</sup> This is the first of its kind in India.<sup>[5]</sup> Fabricating a denture for the patients requires a lot of equipments, instruments, and time. When treating a vast population in camps, it calls for more number of instruments, equipments, and lot of manpower in terms of doctors, dental mechanics, and supporting staff.

Public health work exhibits a certain number of characteristics that are different from individual practice in the same field. The most important is the fact that the public health work must

be done in areas where the group responsibility is recognized. Another characteristic of public health method is its reliance upon the team work.<sup>[2]</sup> This is due to the necessity of efficient handling of a large group of people at a time.

This report presents the efficient way of conducting a denture camp and tackling the short-comings faced during the course.

### Materials and Methods

A denture camp was conducted by the Department of Prosthodontics, Government Dental College and Research Institute Bangalore, at Gundlupete, Chamarajanagar district on 9 and 10<sup>th</sup> of February, 2013.

Gundlupete is a small town with a population of 28157 situated 200 km from Bangalore. The villagers are hailing mostly from poor families, with a very limited knowledge and accessibility to their basic health maintenance needs, especially dental health. For this reason, this particular village was chosen by the Department of Prosthodontics, Government Dental College and Research Institute, Bangalore to render denture services to the poor and needy patients. Indian Medical Association Gundlupete took the responsibility to provide the services, such as accommodation and food for the team.

An announcement of the denture camp was made in the village by a local body 1 month prior to the scheduled date of the camp. Enlightening the people about the dental health is a necessity in a town like Gundlupete where dental health is neglected. Audio aids like public addressing systems/microphones and visual aids like pamphlets were used for the public awareness regarding the camp. People were instructed through these aids to attend the preliminary screening which was held on 9<sup>th</sup> January, 2013. A team of doctors with required diagnostic aids was deputed from the college for preliminary screening. It is an achievement in the history of Government Dental College and Research Institute for having screened 300 patients. Of 300 patients, 110 patients were selected for the denture camp. They were informed to come early morning at 8 a.m on the scheduled date and make necessary arrangements for their stay for one night during the camp as the most of the patients were from surrounding villages. The doctors were keen to render the services for selected 110 patients, who had come from different parts of the village.

A list of all the necessary equipments, materials, and instruments with their quantity was made for the fabrications for 125 dentures. Required materials and equipments were collected from the college stores. Chair-side instruments, diagnostic instruments, lab equipments were collected from the staff and students of the Government dental college and research institute. A total of 100 clamps and flasks and 115 articulators were procured. 10 micro-motors were collected, of which 5 were from the department and the rest were borrowed from the other departments. Local organization was so kind enough to take the responsibility of providing two gas cylinders for the lab-work. 4 "T" attachments containing 10 burner gas connection points, each, were taken from the department. The collected materials were sorted out in an orderly manner and were packed in the cartons. There were 20 cartons containing equipments and materials. These cartons were numbered and a list containing all materials in a particular carton was made and pasted on each of them. A copy of the same was made and kept with a particular volunteer for easy access and to avoid confusion.

3 minibuses containing a team of 55 dentists, 55 dental mechanics, and five supporting staff left to Gundlupete in the morning. The dentist's team consisted of staff including the Dean cum Director, Post Graduate students of the department and the house surgeons from various other departments who volunteered to be a part of this denture camp. The dental mechanics team consisted of dental mechanics from our institution and also from various other dental colleges.

After reaching the camp venue (primary school in Gundlupete) rooms were selected for the clinical work, one for the lab work and plaster work was carried out in the open ground in front of the classrooms. Plastic chairs for seating the patients, tables for the dental technicians, gas assembly, huge containers for dewaxing and acrylization were arranged on the same evening. On the ninth morning, the camp started at around 8 a.m. All the patients were registered and were given a token

to come in queue (Q) to avoid confusion. On the token, the patients' register number and all the clinical steps involved in the denture fabrication with the assigned doctor's and technician's name were mentioned. Along with each mentioned clinical step, space was provided to indicate the step which has been completed for the patient. Dentist and technicians were divided into 11 groups comprising 5 dentists and 5 technicians in each group.

Primary impressions for all the patients were made with high fusing impression compound and subsequent wash impression with irreversible hydrocolloid were made. For the patients with poor alveolar ridges, special tray were fabricated, border molding was done using putty and subsequently secondary impressions were made with zinc oxide eugenol. All the primary impressions were numbered according to the number given to the patient. The same numbers were transferred on the casts. Record bases were fabricated using shellac base plates. Occlusal rims were fabricated on the record bases using modeling wax. Lost occlusal vertical dimension and centric relation were recorded using a static method, and shade selection was done. Teeth arrangements were done by the technicians. The try-in was done, and the trial dentures were returned to the technicians for the acrylization. Then the patients were asked to come next day morning for denture insertion.

Once the patients were dispersed, the dentists also joined the technicians for the lab work like sealing of the trial dentures, flasking, dewaxing, acrylization, finishing, and polishing procedures. The register numbers were incorporated in the dentures during the trial closure. The whole team worked till all the dentures were processed which went on day and night without taking rest, the team of doctors did not sleep at all, on such herculean line worked till rising of the sun. Deflasking, trimming, finishing, and polishing of the dentures were done the following day. All the required chair side trimming was done, and denture insertion was carried out. Post insertion instructions were given to the patients in groups, and the written format was distributed to each of them.

Most of the dentures had satisfactory retention and stability. Patients were comfortable and satisfied. One or two patients who had compromised retention in their dentures due to poor alveolar ridge were instructed to use the denture adhesives.

The patients were advised to come after a week for a follow-up for which a team of three dentists was deputed from the college. Some of the patients had developed soreness which was relieved, and some minor occlusal corrections were carried out.

## Discussion

In developing countries like India, majority of the population lives in villages where providing basic health facilities is a Herculean task.<sup>[1]</sup> The worldwide prevalence of dental disease is a constant reminder of the almost universal need for effective dental health

programs. These programs should be routinely conducted for the betterment of the patients. Conducting a successful camp, especially denture camps include assembling the manpower, finance, materials, equipments, instruments, coordination, and generous mind of the team.<sup>[2]</sup>

Denture camps unlike the routine camps, require a lot of time, effort, equipments, and co-ordination.<sup>[5]</sup> Treating the edentulous poor patients in camps provides them with dentures which they cannot afford due to financial constraint. Through these camps, it is possible to rehabilitate more number of poor patients in a short span of time. Rehabilitating the poor edentulous patients improves their appearance, confidence, health, and overall well-being. Further, the quality of treatment provided may not be of high standards as all the clinical steps cannot be done due to time constraint, but the treatment given was the stepping stone to make them know the importance of teeth, hygiene and to avoid further complications.

Active participation of the local organization is very important for the success of the camp.<sup>[2]</sup> They play a key role in informing and throwing light on their souls how important the camp was to save them from further decay in life. Arranging the venue for the camp, accommodation and food for the team, should also be taken care by the local bodies for a camp to be successful. Success of the camp depends upon the support and co-ordination of the local bodies.

Problems were faced as we had only 100 clamp and flasks, the denture processing steps had to be repeated. The number of patients exceeded our estimate, because of which we informed the unregistered patients to undergo the treatment next time.

## Conclusion

Dentures are no more a luxury; it has become a necessity for the edentulous patients for the basic health maintenance. Denture fabrication in a camp requires a lot of efforts, manpower, equipments, coordination, and support of the local body. Many problems were encountered during this camp. Though there were many hurdles but the doctors became successful in treating the patients. The mountains may look high, but when we begin to climb and reach the top we say it is not so high. The team had taken a brave step with all the problems and they ended with a happy note. In spite of all the problems faced, the dedicated teamwork proved fruitful in rehabilitating 132 patients in short spans 24 h. The efforts of the team were highly appreciated by the people.

## References

1. Shrestha A, Doshi D, Rao A, Sequeira P. Patient satisfaction at rural outreach dental camps - a one year report. *Rural Remote Health* 2008;8:891.
2. Auluck A. Oral health of poor people in rural areas of developing countries. *J Can Dent Assoc* 2005;71:753-5.
3. Vardhan VV, Raghavai M, Rajni S. A study of students perception of a community based camp approach method in preventive and social medicine subject. *Int J Curr Res Rev* 2012;4:64-7.
4. Sandesh N, Nagarajappa R, Hussain SA, Ramesh G, Singla A, Prabhusankar K. Utilization of mobile dental vans at post graduate dental institutions in India. *Oral Health Dent Manag* 2014;13:20-6.
5. Krishna P, Anupama P, Archana SA. One day denture camps - The jewel in the crown. *Guident* 2013;2:11-5.