

Review Article

One Day Denture Camp: A Unique Community Programme beyond imagination

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ABSTRACT

The main aim of the denture camp is providing the dentures for poor and downtrodden people who cannot afford to come to the city and spend money and spare time. 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, materials and equipments, lot of manpower in terms of doctors, dental mechanics, and supporting staff. A total of 210 patients were selected for the denture camp. The patients were instructed to come early morning at 8 am on the scheduled camp date and organizers made necessary arrangements for their stay and food for one night during the camp, as most of the patients were from surrounding villages. Dentures were delivered on next day afternoon. Dentures have become a necessity for maintenance of overall health of the edentulous patients. Many difficulties were encountered during this camp. Though there were many hurdles, the team had taken a brave step with the dedication, and hard work of technicians, and doctors the camp was successful in treating the patients. In spite of all the difficulties faced, the dedicated teamwork proved fruitful in rehabilitating 186 completely edentulous patients in short span of 24 h. The efforts of the team were highly appreciated by the local people, organizers, media and others..

Introduction

Dental public health, according to ‘American board of dental public health’, is defined as “Science and art of preventing and controlling dental disease and promoting dental health through organized community efforts”. It is that branch of dentistry or that form of dental practice which serves the community as a patient rather than the individual. The term community health came into popularity and attained paramount importance in the late 1960’s and early 1970’s. Dental health constitutes an integral part of a person’s general health. Now the community dental health practice is being routinely done by the various institutions around the globe. Dental

camps are the most important ways to maintain the community dental health^[1].

Health Agencies’ major concern in developing countries like India is to improve the level of oral health and ensure adequate access to oral health care services. Seventy five percent of the Indian population resides in villages^[2]. Oral health is neglected by the rural population, simply, due to lack of awareness^[3]. The community-based camp approach is an elective method of active learning as it involves integration of social sciences with a medical domain, task-oriented assignments, and active community involvement^[4].

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Dental Camps in India are being routinely conducted. The main objective of a dental camp is to create awareness, educate, and motivate the common man in regard to his/her dental health by providing preventive and curative services^[5]. A one-day denture camp is a unique community program to deliver complete dentures for the masses at their doorsteps, free of cost, for both the rural and semi-urban population^[6]. Fabricating a denture for the patients requires a lot of equipment, instruments, materials and time. When treating large numbers in camps, the need for more number of instruments, equipment, materials and manpower in terms of doctors, dental mechanics, and supporting staff is seen. Public health work exhibits a certain number of characteristics deferent 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^[7].

Another characteristic of public health method is its reliance upon team work^[3]. This is due to the necessity of efficient handling of a large group of people at one time^[7]. This report presents the efficient way of conducting a denture camp and the means for tackling the short-comings faced during the camp.

Materials and Methods: A complete denture camp was conducted by the Department of Prosthodontics, Government Dental College and Research Institute Bangalore, at Sindhanur, Raichur district on 13 and 14th of December, 2014. Sindhanur is a town with a population of 61292 situated at a distance of 410 km from Bangalore. The surrounding villages are inhabited mostly by poor families, with a very limited knowledge and accessibility to their basic health maintenance needs, especially dental health. And leader of camp has begun

his carrier here and served for about twelve years so he knows the lacunae, for this reason, this particular town was chosen by the Department of Prosthodontics, Government Dental College and Research Institute, Bangalore to render denture services to the poor and needy patients.

Sri Badarli Basan Gouda Health care Trust and Sri Annadhaneshwari Trust took the responsibility to provide basic services, such as accommodation and food for the team. An announcement of the denture camp was made in the town and surrounding villages of the Taluka by a local body and in Anganvadi workers meeting by Taluka health officer more than one month prior to the scheduled date of the camp. Enlightening the people about the dental health is a necessity in a town like Sindhanur where dental health is neglected. Anganvadi workers, ASHA Health workers, Audio aids like public addressing systems (TV, news papers 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 9th November, 2014. Dean-cum-Director along with a team of doctors, with required diagnostic aids visited the town for preliminary screening and 210 cases were registered.

Preparation for camp started four months earlier, volunteers divided into groups for each group allotted a particular work. Sufficient number of denture clamps, flasks, articulators, micro-motors and other materials like “T” attachments for gas connections were collected from various sources. The collected materials were sorted out in an orderly manner and were packed in the cartons. 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. A list of all the necessary equipments, materials, and instruments with their quantity was made for the fabrications for 250 dentures. Required materials and equipments were collected from the college stores. Chair-side instruments, diagnostic instruments, lab equipments were collected from the students of the Government dental college and research institute.

It is an achievement in the history of Government Dental College and Research institute for having screened for 400 patients. Of 400 patients, 210 patients who were completely edentulous were selected for the denture camp. Patients were informed to come early morning at 8 a.m. on the 13th December 2014 and organisers were asked to make necessary arrangements for their stay for one night during the camp as the most of them were from surrounding villages.

Buses are arranged from various government institutions; Total of 150 members left to Sindhanur from Bangalore in the morning of 12th December 2014 by road and reached the venue in the evening of the same day. The dentist's team consisted of staff including the Dean-cum-Director, Post Graduate students of the department and the house surgeons final year and third year students from various other departments who volunteered to be a part of this denture camp.

The teams were divided after reaching the camp venue (Sri Annadaneshwari kalyana mantapa) places are selected for the clinical work, lab work and plaster work for convenient area in the kalyana mantapa. Plastic chairs for seating the patients, tables for the dental technicians, gas assembly, huge containers for dewaxing and acrylization were arranged, team numbers and team

colour coding system also informed on the same evening.

On the 13th morning, the camp started at around 8 a.m. All the patients registered were given a token and advised to come in queue (Q) to avoid confusion. On the token, the patients' register number, team number, colour coding 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 had been completed for the patient. Dentist and technicians were divided into 15 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. Only in selected cases, special trays were fabricated, border moulding was done using putty and subsequently secondary impressions were made with light body. All the impressions were numbered. 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. 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 and supported the technicians for the laboratory work. The patient's register numbers were incorporated

in the dentures during the trial closure. The entire team consists of doctors and technicians worked continuously throughout the day and following night till all the dentures were processed and finished.

Next day morning dentures were inserted and 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. The local dentists supported the camp by providing subsequent follow up corrections.

Discussion: In developing countries like India, majority of the population lives in villages, where providing basic health facility is a Herculean task [2]. 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 includes assembling the manpower, finance, materials, equipments, instruments, coordination, and a team with a generous mindset[3]. Denture camps unlike the routine camps require a lot of time, effort, equipments, and co-ordination [6]. 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 [7].

Rehabilitating the poor edentulous patients improves their appearance, confidence, health, and overall well-being. Further, the treatment given was the stepping

stone to make them know the importance of teeth hygiene and to avoid further complications [7]. Active participation of the local organization or sponsors is very important for the success of the camp[3]. They play a key role in informing all how important the camp. Arranging the venue for the camp, accommodation and food for the team and outside patients, 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 [7].

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 lot of efforts, manpower, equipments, coordination and excellent support of the local body. 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 team work proved fruitful in rehabilitating 186 completely edentulous patients in short spans of 30 hrs. The efforts of team were highly appreciated by the people, organisers and media.

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