PATIENT SATISFACTION WITH COMPLETE DENTURE PROSTHESES MADE BY CLINICAL YEAR STUDENTS AT THE UNIVERSITY OF NAIROBI DENTAL HOSPITAL.

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STUDY DURATION:
April to October, 2010

SUPERVISORS APPROVAL

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Signature........................................Date....................1/9/2010

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Signature........................................Date....................8/9/2010
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SUMMARY

Background: Complete dentures are prosthetic devices that are worn by edentulous individuals in order to simulate the functions of natural teeth in terms of functionality, aesthetics and phonetics.

Study design: A descriptive cross-sectional study will be carried out from the month of April 2010 to the month of October 2010.

Objective: To determine patient satisfaction with complete denture prostheses fabricated by clinical year students at the University of Nairobi dental hospital.

Study area: The study will be conducted at the School of Dental Sciences of the University of Nairobi.

Methodology: The study population will comprise 100 patients who had complete denture prostheses fabricated by clinical year students at the university of Nairobi dental hospital. Convenient sampling method was used to select the sample. Interviewer administered questionnaires were used to collect data.

Perceived benefit: This research will provide an avenue for patients to air their views about their satisfaction or dissatisfaction with the complete dentures fabricated by clinical year students at the university of Nairobi dental school and the information obtained can be used to improve or maintain the standards of denture fabrication to the patients satisfaction.
CHAPTER 1

1.0 INTRODUCTION

Dentures are prosthetic devices constructed to replace missing teeth, and which are supported by surrounding soft and hard tissues of the oral cavity.

A recent national survey of a united states population estimated that the mean loss in subjects aged 30-34 and 60-64 years was 2.6 and 13.2 teeth respectively. A national survey of a United Kingdom population found 6.6 and 9.5 teeth missing among 35-44 and 45-54 years old, respectively. Comparisons with other studies show that tooth loss is higher than that reported for the populations of Brazil, China and Kenya.

The problems associated with edentulousness is that it is a common condition which affects 20-25% of the entire adult population, with increasing figures in elderly groups. For example, roughly 1.5-2 million people lack natural teeth in one or both jaws in Sweden. It has also been estimated that 5-10% i.e about 100,000 adults, of those with edentulism have great difficulties in tolerating dentures for one reason or another. Corresponding figures for the Unites States of America indicate that there are more than 20 million edentulous people, with 1-2 million subjects that have adaptation problems to removable dentures.

In Kenya no studies have been done to estimate the number of individuals who are edentulous or those using complete denture prostheses. That said, the number is thought to be on the increase due to changing lifestyles. Some studies have reported that the incidence of edentulism correlates with educational level and income status, with those in lower levels exhibiting higher risks of becoming totally edentulous. This therefore, makes it pertinent that the levels of patient satisfaction be high so that an increasing number of the edentulous individuals will have complete denture prostheses fabricated for them.

Implant technology can vastly improve the patient's denture-wearing experience by increasing stability and saving his or her bone from wearing away. Implant can also help with the retention factor. Instead of merely placing the implants to serve as blocking
mechanism against the denture pushing on the alveolar bone, small retentive appliances can be attached to the implants that can then snap into a modified denture base to allow for tremendously increased retention. Options available include a metal hader bar or precision balls attachments, among other things.

Kenya being a developing country with majority of the population unable to afford implant dentistry, conventional complete denture therapy is likely to be the mainstay of treatment of edentulous individuals and therefore it demands that the satisfaction of the patients with the prosthetic devices is maintained or improved.

The denture construction process requires one to be meticulous and quipped with adequate knowledge of the process. It requires both the full cooperation of the dentist and the patient to fabricate a denture that is to the satisfaction of both.

Among the things that cause dissatisfaction to the patient include: Uncomfortable dentures that cause injury to the tissue when worn. They cause soreness in the mouth making the patient unwilling to wear them; Ill fitting dentures which come off easily when the patient is talking, eating or laughing are also a source of dissatisfaction; Incorrect choice of teeth in selection either in shade or size that is not close to how the patients real teeth looked like may also make the patient not to be satisfied with the denture.

The aim of the study is to determine whether the dentures made by clinical year students in the university of Nairobi dental hospital are to the patients' satisfaction as regards the aesthetics, chewing ability and comfort of the dentures in the mouth. . This information will then be used to improve the aspect of denture construction that are not to the patients liking while maintaining those that the patients do like in terms of general functionality, aesthetics and comfort/fit.
1.2 LITERATURE REVIEW

The first known reference to replacement of missing teeth was around the year 700BC, Etruscans in northern Italy made dentures out of human or other animal teeth. These deteriorated quickly but, being easy to produce, were popular until the mid 19th century.\(^8\)

The oldest useful complete denture appeared in Japan, and has been traced to the Ganjyoji temple in Kii Province, Japan. It was a wooden denture made of Buxus microphylla, and used by Nakaoka Tei (−20 April 1538). This wooden denture had almost same shape as modern dentures retained by suction. It was also shaped to cover each condition of teeth loss. Wooden dentures were used in Japan up until the Meiji period.\(^9\)-\(^10\)

Complete dentures or full dentures are worn by patients who are missing all teeth in a single arch i.e the maxillary (upper) and mandibular (lower) arch.

The edentulous patients are assessed radiographically using orthopantomograms to check whether they have any remaining roots or pathologies that might pose difficulties or complications to the denture construction process.\(^11\)

Complete dentures are composed of 3 surfaces: Polished surfaces which comprises of the facial surfaces of the teeth and the part that looks like the gingiva in normal teeth. Occlusal surfaces which comprises of the incisal edges of anterior teeth and the occlusal surfaces of posterior teeth and the fitting surface that is responsible for the denture retention and stability. It is the part that rest on the residual alveolar ridge of the lower arch and the upper arch including the hard palate.

Dentures can help patients in a number of ways: Mastication or chewing ability is improved by replacing edentulous areas with denture teeth; Improving the aesthetics of the individual as the presence of teeth provide a natural facial appearance. Wearing a denture to replace missing teeth provides support for the lips and cheeks and corrects the collapsed appearance that occurs after losing teeth further improving the
aesthetics\textsuperscript{12-13}. Phonetics is also improved by replacing missing teeth, especially the anteriors, patients are better able to speak by improving pronunciation of those words containing sibilants or fricatives\textsuperscript{14}. These functions improves the patients' self esteem as they feel better about themselves.

Patients can become entirely edentulous (without teeth) due to many reasons, the most prevalent being loss of teeth due to old age, followed by removal because of dental disease typically relating to oral flora control, i.e. periodontal disease and tooth decay. Other reasons include tooth developmental defects caused by severe malnutrition, genetic defects such as Dentinogenesis imperfecta, trauma, or drug use.

**Prosthodontic principles of denture fabrication.**

Support which is a principle that describes how well the underlying mucosa (oral tissues, including gums and the vestibules) keeps the denture from moving vertically towards the arch in question, and thus being excessively depressed and moving deeper into the arch. For the mandibular arch, this function is provided by the buccal shelf (region extending laterally from the posterior ridges), whereas in the maxillary arch, the palate joins in to help support the denture. The larger the denture breaking area (part of the denture that extends into the vestibule), the better the support.

Stability of a denture is the ability to resist displacement during function. The more the denture base runs in smooth and continuous contact with the edentulous ridge upon which the teeth used to reside, but now consists of only residual alveolar bone with overlying mucosa, the better the stability. Of course, the higher and broader the ridge, the better the stability will be, but this is usually just a result of patient anatomy, barring surgical intervention (bone grafts, etc.).

Retention is the principle that describes how well the denture is prevented from moving vertically in the opposite direction of insertion. The better the topographical mimicry of the intaglio (interior) surface of the denture base to the surface of the underlying mucosa, the better the retention will be (in removable partial dentures, the clasps are a major provider of retention), as surface tension, suction and just plain old friction will aid in keeping the denture base from breaking intimate contact with the
mucosal surface. It is important to note that the most critical element in the retentive design of a full maxillary denture is a complete and total border seal (complete peripheral seal) in order to achieve 'suction'. The border seal is composed of the edges of the anterior and lateral aspects AND the posterior palatal seal. The posterior palatal seal design is accomplished by covering the entire hard palate and extending not beyond the soft palate and ending 1–2 mm from the vibrating line.

A number of complications can be experienced when fabricating a complete denture that are varying in nature. The fabrication of a set of complete dentures is a challenge for any dentist, including those who are experienced. There are many procedures and one has to make sure they do not miss any since any omission can lead to failure of the denture case. In the vast majority of cases, complete dentures should be comfortable soon after insertion, although almost always at least two adjustment visits will be necessary to remove sore spots. One of the most critical aspects of dentures is that the impression of the denture must be perfectly made and used with perfect technique to make a model of the patient's edentulous (toothless) gums. The dentist must use a process called border molding to ensure that the denture flanges are properly extended. An endless array of never-ending problems with denture may occur if the final impression of the denture is not made properly. It takes considerable patience and experience to make a denture that is satisfactory to both the patient and the dentist.

The maxillary denture (the top denture) is usually relatively straightforward to fabricate so that it is stable without slippage. Extra care should be taken when making the lower denture because it requires greater attention than the upper denture because it is much more difficult to get adequate suction on the lower denture bearing area because of the reduced surface area as compared to the upper denture bearing area. The functioning of the tongue tends to break that suction. Also without teeth the ridge tends to resorb and provides the denture less and less stability over time.
Some patients who are dissatisfied with their natural teeth for some reason may think it is in their best interests to have all their teeth extracted and full dentures placed. However, statistics show that the majority of patients who actually receive this treatment end up regretting they did so. This is because full dentures have only 10% of the chewing power of natural teeth, and it is difficult to get them fitted satisfactorily, particularly in the mandibular arch. Even if a patient retains one tooth, that will contribute to the denture's stability. However, retention of just one or two teeth in the upper jaw does not contribute much to the overall stability of a denture, since a full upper denture tends to be very stable, in contrast to a full lower denture. It is thus advised that patients keep their natural teeth as long as possible, especially their lower teeth.

Various studies have been carried out as regards the level of denture satisfaction and among the factors that have been touted to affect the satisfaction include: The state of mental health of the patient eg the study (depression as a risk factor for denture dissatisfaction which stated that patients who are depressed will be more satisfied with their dentures than individuals not in depression\textsuperscript{20}, Saliva is critical for retention of and comfort in wearing removable prostheses. In the denture-wearing population, salivary wetting mechanics are necessary to create adhesion, cohesion and surface tension that ultimately lead to increased retention of prostheses. Xerostomia influences patients’ comfort and satisfaction with their dentures.\textsuperscript{21}

The phenomenon of residual ridge reduction following loss of the natural teeth, and its impact on successful complete denture therapy, have been reviewed. Anatomic, physiologic, and mechanical factors associated with the stability and retention of complete dentures are important for achieving optimal therapeutic results.

The proper use of denture adhesive to supplement sound complete denture therapy should be carefully presented to patients prior to delivery of the prostheses. Denture adhesives can effectively augment denture stability and retention to improve overall denture performance, and patient comfort and satisfaction.\textsuperscript{22}
Level of education, self-perception of affective and economic status, and quality of life are all related to patient satisfaction. However, the quality of dentures shows the strongest correlation with patient satisfaction.23

Patients who have previously worn dentures are more satisfied with complete dentures that are well fitting and have better stability and support. Their expectations are not as high as those who have never worn any dentures and who have only heard or read about the dentures.24

1.3 PROBLEM STATEMENT

It is possible to make complete dentures that are of maximum satisfaction to both the dentist and the patient in terms of functionality, aesthetics and phonetics.

The study population will be the patients who come to dental school for their dentures to be fabricated as this is where most of the dentists working in Kenya today are trained.

The feeling of satisfaction varies from one individual to another and is not entirely determined by how the denture is fabricated. Varying expectations, different personalities and many other factors determine whether one will be satisfied with the complete denture or not.

The aim of the study is to determine whether the dentures made by clinical year students in the University of Nairobi dental hospital are to the patients' satisfaction as regards the aesthetics, chewing ability and comfort of the dentures in the mouth. This information will then be used to improve the aspects of denture construction that are not to the patients liking while maintaining those that the patient do like in terms of general functionality, aesthetics and comfort/fit.
1.4 JUSTIFICATION OF THE STUDY
Properly working quality feedback system is the hallmark of any world class institution. It is the only way to know whether all the services being offered are to the patients satisfaction. It is also the only way of knowing what aspects need to be improved in order to enhance the overall experience of the patient.

Complete denture prostheses are still the main treatment of choice for edentulous individuals in Kenya today. With the number of edentulous people on the increase, it is important to understand the satisfaction of the patients in order to fabricate prostheses that they like and will therefore enhance the general health and vastly improve the quality of life of the patient.

This research will provide an avenue for patients to air their views about their level of contentment with the complete dentures fabricated by clinical year students in the university of Nairobi dental school. The information gained will be useful as it will help make any improvements to the denture fabrication process.
1.5 OBJECTIVES

Main objective

1. To determine the patient satisfaction with the quality of complete denture prostheses fabricated by clinical year students at the University of Nairobi dental hospital.

Specific objectives.

1. To determine the level of patient satisfaction with the comfort/fit of complete denture fabricated by clinical year students in the university of Nairobi dental hospital.
2. To determine the level of patient satisfaction with the ability to chew with complete denture fabricated by clinical year students in the university of Nairobi dental hospital.
3. To determine the level of patient satisfaction with the appearance of complete dentures fabricated by clinical year students in the university of Nairobi dental hospital.
4. To determine the level of patient satisfaction with the general functionality of complete dentures fabricated by third and fourth year students in the university of Nairobi dental hospital.

1.6 HYPOTHESIS

1. more than 50% of patients are satisfied with their dentures.
2. patients are more satisfied with complete dentures made by final year students than by those made by 3rd years.
1.7 VARIABLES

Socio demographic

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Independent

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<td>Patients level of education</td>
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<tr>
<td>Economic status</td>
<td>Low, medium, high or very high.</td>
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CHAPTER 2

2.1 MATERIALS AND METHODS

2.2 Study area
This study will be conducted at the school of dental sciences in the university of Nairobi. The school of dental sciences is one of the campuses of the University of Nairobi. It is located in Nairobi City opposite the Nairobi hospital. The school has approximately 130 undergraduate students in total with 68 of these being clinical year students.

2.3 Study population
This study will include all patients who come to university of Nairobi dental school for fabrication of complete dentures by clinical year students.

2.4 Study design
This study will be a descriptive cross-sectional study.

2.5 Sample size
A prevalence rate of 93\%\textsuperscript{24} was used in this study and the sample size will be computed using the following formula.

\[ N = Z^2 \cdot \left( \frac{P (1-P)}{C^2} \right) \]

Where: \( N = \) sample size

\( Z = Z\text{-value} = 1.962 \)

\( P = \) prevalence = 93\%

\( C = \) confidence level = 0.05
2.6 Sampling method

Convenient sampling will be used to administer the questionnaires to the patients on review visits after having their complete denture prostheses made at the University of Nairobi dental hospital.

2.7 Inclusion criteria

All complete denture patients in dental school who consent to participate in the study.

2.8 Exclusion criteria

Patients who don’t consent to participate in the study.

Patients having their dentures made in the private wing of the hospital.

complete denture patients of postgraduate students.

2.9 Data collection instruments and techniques.

An interviewer administered questionnaire (Appendix II) will be used to collect data. The questionnaire will be administered by the researcher who will then fill all the relevant information.

2.10 Data analysis and presentation.

The data will be analyzed using SPSS and MS EXCEL. Cross tabulation will be used to compare different variables. Data will be presented by use of charts, table and texts.
2.11 Ethical considerations.

1. This research proposal will be submitted to the University of Nairobi/ Kenyatta National Hospital (KNH) ethical and research committee for approval.

2. Permission to conduct research will be sought from the University of Nairobi.

3. Informed consent will be sought from all the subjects prior to the study.

4. Confidentiality of all information given will be guaranteed.

4. Subjects will be free to decline from participating in the study and to withdraw participation at any given time.

2.12 Perceived benefits

1. A system of patient feedback can be put into place to find out the level of patients satisfaction and improving on areas where the patient is dissatisfied.

2. This research proposal is in partial fulfillment for the award of Bachelor of Dental sciences Degree (BDS) of the University of Nairobi.

2.13 Problems anticipated

1. Financial constrains

2. Inadequate time to do the study.
REFERENCES


8. The inventions that changed the world, Reader's Digest (1982) [Portuguese edition of 1983]


# BUDGET

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GRAND TOTAL = 3210
Appendix II

PATIENT SATISFACTION WITH COMPLETE DENTURE PROSTHESES MADE BY CLINICAL YEAR STUDENTS AT THE UNIVERSITY OF NAIROBI DENTAL HOSPITAL.

QUESTIONNAIRE

This questionnaire is for a community dentistry project, please answer the following questions.

Sex (Male/Female) .................................................................

Age .................

Q1. Did you have any previous denture?
   a. Yes
   b. No
   c. Can't remember

Q2. Are you satisfied with the amount of time taken to fabricate the denture?
   a. Yes
   b. No
   c. Don't care
Q3. Was the process what you expected to face when fabricating the denture?
   a. Yes
   b. No
   c. Not sure
   d. Other (specify)

Q4. Are you satisfied with the colour of the denture?
   a. Yes
   b. No
   c. Don't care

Q5. Are you satisfied with the size of the teeth used in fabricating the denture?
   a. Yes
   b. No
   c. Not sure
   d. Don't care

Q6. Are you satisfied with the colour of the teeth used in fabricating your denture?
   a. Yes
   b. no
Are you satisfied with the stability of the denture when performing the actions indicated below?

Q7. Chewing
   a. yes
   b. no

Q8. Resting
   a. yes
   b. no

Q9. Talking
   a. yes
   b. no

Q10. Are you happy with the general appearance and function of the denture?
    a. Yes
    b. No
Q11. Would you recommend a friend, relative or family member to have their denture made in the University of Nairobi dental school?

   a. Yes
   b. No
   c. Not sure
   d. Other (specify).................................................................

Q12. Is the denture comfortable to wear?

   a. Yes
   b. No
   c. Other (specify).................................................................

Q13. Would you like your denture to be replaced?

   a. Yes
   b. No

Please elaborate on your answer.................................................................

Q14. What improvements would you recommend?

............................................................................................................

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APPENDIX III

PATIENT SATISFACTION WITH COMPLETE DENTURE PROSTHESES FABRICATED BY CLINICAL YEAR STUDENTS AT THE UNIVERSITY OF NAIROBI DENTAL HOSPITAL.

CONSENT FORM

I am an undergraduate student at the University of Nairobi’s school of Dental Sciences. I wish to request for your participation in a study that will form part of my degree course work. The study involves filling out a questionnaire. Results will be recorded and analyzed for research purposes only. No invasive procedure will be undertaken on you. Your participation in the study will be highly appreciated.

Thank you.

WAFULA DUNCAN.

I do hereby freely consent to participate in the mentioned study.

Student.....................................................has explained the procedure to be carried out. I understand that no harm will be caused and I can withdraw at any time without any adverse consequences to me. I am informed and understand that all information I give will be treated with utmost confidence.

Signed

......................................................

Participant.
Wafula Duncan  
V28/10802/06  
School of Dental Sciences  
University of Nairobi  

Dear Duncan  

Research proposal: Clearance “Patient satisfaction with complete denture Prostheses made by clinical year students at the University of Nairobi Dental hospital”(UP315/9/2010)  

Your above proposal refers.  

This is to inform you that permission has been granted by the KNH/UON-Ethics & Research Committee to carry out research on "Patient satisfaction with complete denture prostheses made by clinical year students at the University of Nairobi Dental Hospital".  

By a copy of this letter, I am requesting the relevant persons to accord you the professional support and other materials that may be useful to your research.  

Yours faithfully  

PROF A N GUANTAI  
SECRETARY, KNH/UON-ERC  

cc. The Deputy Director CS, KNH  
The Dean, School of Dental Sciences, UON  
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