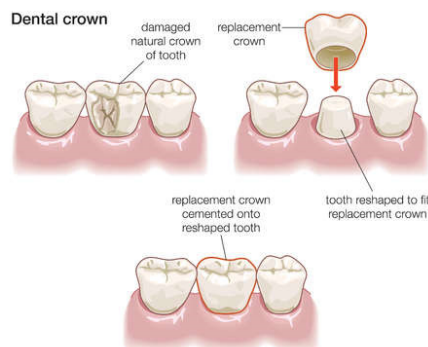


Crowns and Bridges

A Guide for patients

Crowns are used to restore and strengthen teeth which are too badly damaged or weakened to be restored with a filling. Trauma or tooth decay may cause this damage, and weaken a tooth to the extent that the remaining tooth may be at risk of breakage. Root canal treatment in heavily restored teeth may cause them to become brittle due to the loss of the pulp of the tooth (the nerves and blood vessels) It may be recommended in these cases that a crown is provided to strengthen the remaining tooth. Crowns may also be used to restore and strengthen badly worn down teeth (attrition and erosion)

Bridges are used to replace one or more missing teeth, using an anchor on either side (or sometimes on one side) of the gap. The anchoring teeth may support a crown (an abutment) to retain the false tooth (the pontic). In some suitable cases the anchoring tooth may have a wing type retainer which is bonded to the inner surface. Wing retainers are less destructive to the anchoring teeth but may be less secure than a crown retainer. An alternative to a bridge in suitable cases may be a removable type appliance such as a chrome denture, or an implant which does not involve any preparation of adjacent teeth.



Crowns and bridges may be made from various materials, for example gold, porcelain bonded to a gold alloy, or high strength ceramics. You should talk to your dentist about which is the most suitable material for you to provide the best function and aesthetics.

Reasons for replacing a missing tooth:

- 1 Improve appearance
- 2 Prevent undue stresses on other teeth
- 3 Prevent movement of other teeth including over eruption of opposing teeth
- 4 To maintain the bite and restore function

Some complex cases may require referral to a prosthodontist, who specialises in crown and bridge work.

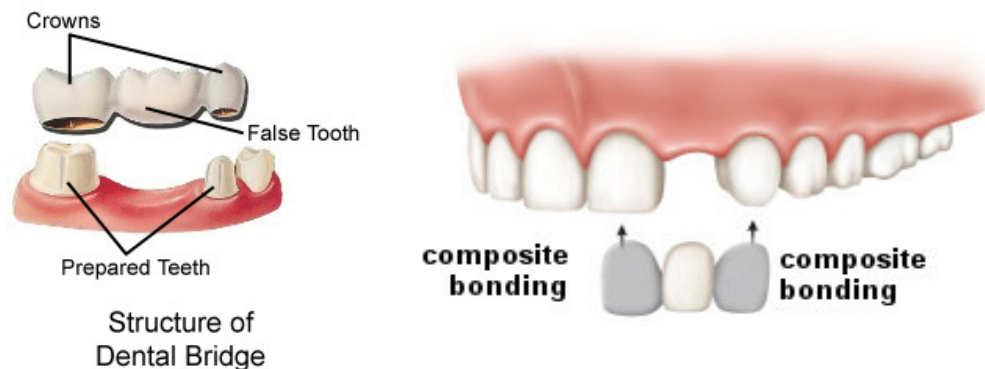
Two visits are required for treatment with a crown or bridge. Your dentist will take an x ray to check the health of the remaining tooth and root and may wish to take models of your teeth initially to closely examine your bite in some less straightforward cases.

On the first visit the tooth is prepared for the crown under local anaesthesia. Moulds of the preparation and the opposing jaw are taken to send to the laboratory with a record of your bite (occlusion). Your teeth will be matched for shade either by your dentist, or you may be asked to attend the laboratory in some cases. A temporary crown will be provided to protect the prepared tooth.

At the second visit, the temporary crown is removed, usually without the need for local anaesthesia or drilling. The new crown is tried in and checked for accurate fit and colour match, and is then cemented or bonded in place. Minor adjustments to the bite may be required to ensure a natural feeling and comfortable bite.

If a bridge is to be provided, all the anchors are prepared at the first visit and a temporary bridge provided.

Home care i.e. flossing and brushing is essential to ensure your crown or bridge lasts to its potential of many years, as plaque may build up at crown margins and increase the risk of subsequent decay or gum disease. Your dentist will show you how to clean underneath a bridge. It is advisable to have regular dental check ups.



SIDE EFFECTS

All dental or medical treatment carries risks. The more common ones are:

Infection of the tooth pulp

Whenever tooth structure is removed there is a small risk that the pulp may die and become infected. This may be immediate or at some time later. If this happens, the tooth may need Root Canal Treatment.

Infection of gums

To avoid gum disease and recession (gum shrinkage away from the neck of the tooth) special attention should be given to the margin of crowns and underneath bridges when cleaning.

Pain/discomfort

Pain associated with the preparation of the tooth should not last longer than 48 hours.

Altered bite

Even very slight alterations to the shape or size of a tooth can cause discomfort, especially when biting and chewing, but may also cause teeth to become sensitive. It is important for you to tell your dentist if you feel any altered sensation.

There may be other rare complications not mentioned above. Please talk to your dentists about any concerns you may have when deciding upon treatment.

DISCUSS YOUR TREATMENT WITH YOUR DENTIST

This information leaflet is intended to provide general information about the treatment. It is important for you to always discuss your treatment with your dentist, which will depend on many factors including age, condition and position of your teeth, as well as pre-existing conditions and the degree of the problem.

Your dentist cannot guarantee treatment will be successful and it is important that you fully discuss treatment, all costs and the likely expected outcome.

We encourage you to discuss in detail anything you are unsure of or are unhappy with about your teeth.

COST

You should be provided with an estimate of cost before you commence treatment. Should any additional work become necessary due to unforeseen circumstances your dentist will advise you of this and any additional costs at the time.