

Veneers

A Guide for patients

Veneers are thin porcelain, ceramic or composite shells which fit over the front surface of a tooth and are retained by bonding.

They may be used to cover discoloured or unsightly teeth and may be a conservative option for treating these teeth as an alternative to a crown, especially if the tooth structure is strong.

Undesirable changes to the appearance of front teeth may be caused by gaps, misaligned teeth, staining from diet and/or smoking, broken down restorations, permanent discolouration by the use of some antibiotics in childhood, e.g. tetracycline and chips and cracks from trauma.



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INDIRECT PORCELAIN OR EMAX VENEERS

Indirect veneers are prepared by your dentist and fabricated by a dental ceramist in a laboratory. They require at least two visits, with usually an additional visit to discuss a “wax-up”-this means the ceramist makes a wax model to simulate the outcome of the shape of your veneers prior to preparation, to allow for your input into the design before preparation.

A thin layer of enamel is removed from the front surface of the tooth or teeth to be treated, using local anaesthesia, to allow space for the veneer to be built up. An impression is taken, and you will be provided with temporary veneers. The veneers are cemented at the next appointment after checking colour and fit, using a cement and bonding agents. They are then polished. This visit may take several hours.

Preparation and cementation of indirect veneers is relatively painless, and they may be a more conservative option than crowns. Due to the the use of the laboratory in fabrication, they are more expensive than direct veneers. If damaged they cannot be repaired and will need to be replaced.

Although they are longer lasting generally and more resistant to staining and breakage than direct veneers, it is important to be aware that anything that can damage a natural tooth can also damage any veneer. This ranges from excessive biting of hard foods like ice or hard lollies, to habits like nail biting and chewing pens. It is strongly advised a custom sports

DIRECT VENEERS

Direct veneers may be used as a cost effective and more conservative option than porcelain or emax veneers. They are built up directly in the mouth by your dentist.

The tooth or teeth are etched, treated with an adhesive coating and the veneers are built up using tooth coloured composite. They are then contoured and highly polished. If only a small amount of tooth is covered this may be known as direct bonding through to coverage of the whole of the front surface of the tooth, which may be known as a direct composite veneer.

Direct bonding may be a satisfactory and conservative treatment for small chips and blemishes, whilst direct composite veneers are a conservative and cost effective method of improving the appearance of more extensive blemishing and improving gaps and misalignments.

Direct veneers can be completed in one visit although an initial additional visit may be needed to produce a template in more extensive cases.

However they are not as strong as indirect veneers, and therefore may not be as long lasting. They may require maintenance and repair and may be more susceptible to staining due to age, diet and smoking than indirect veneers