

Crown & Bridge Patient Treatment Explanation

Lake Orion Family Dentistry

We've created this document so that our patients have a better understanding about the steps involved in restorative dental treatment. Please feel free to ask any questions concerning your proposed treatment. The better informed our patients are, the more efficient the treatment is. Communication is the key to success!

❖ Explanation

- An inlay or onlay is a restorative device to partially cover and protect a tooth that has been damaged by:
 - Decay (a bacterial infection)
 - A large filling that should not be replaced with another filling to avoid future problems
 - Fracture/breakage of part of the tooth due to trauma, previous decay, unsupported previous fillings, or biting into a very hard object
- this is a very conservative way to repair only the bad part of the tooth and not take anymore tooth structure away then we have to
- A crown is a similar restorative device to fully or partially cover and protect a tooth that has been damaged by:
 - Decay (a bacterial infection)
 - A large filling that should not be replaced with another filling to avoid future problems
 - A bigger fracture/breakage of part of the tooth due to trauma, previous decay, unsupported previous fillings, or biting into a very hard object that cannot be partially covered due to the amount of tooth structure that's missing
- A bridge is similar to a crown but is designed to replace missing teeth
 - The teeth that the bridge attaches to are called the abutments
 - ◆ It usually takes at least two abutments to support a bridge
 - ◆ The abutments are prepared just like a crown and is somewhat destructive to the tooth tissue
 - The replaced missing tooth is called a pontic
- A crown build up (or core) is a large restoration to replace the missing portion of the damaged tooth so that the crown or bridge has some structure to be supported and bonded to.
 - The crown build up materials that we use are similar to our bonded restorations so that they:
 - ◆ "Seals" up the small sensitive tubules that lead from the outside of the tooth to the nerve chamber, decreasing hot and cold sensitivity.
 - ◆ Are less hot and cold sensitive because they are not metal but reinforced plastic-type materials.
 - ◆ They physically and chemically bond to the tooth structure to strengthen the tooth and the crown or bridge to the tooth.

❖ Treatment Sequence

- It takes two appointments to restore your tooth with a crown or bridge.
 - That is because the restoration is custom crafted at a specialized dental laboratory to precisely fit your tooth only.
 - **First visit**
 - ◆ We start with a digital x-ray of the tooth to make sure that no infection is at the end of the root before with construct the crown. Sometimes abscesses are in the tooth and the patient doesn't even know it.
 - ◆ We, of course, will thoroughly "numb" you up with local anesthetic to make you comfortable
 - ◆ We then remove any restorative material, decay, chalky demineralized tooth so that we are at sound tooth structure
 - ◆ The crown build up is next and is bonded physically and chemically to the tooth
 - This material strengthens the tooth, decreases sensitivity, and releases fluoride into the area to decrease the chance of new decay under the crown
 - ◆ The tooth is then shaped so that the crown fits over the remaining tooth
 - ◆ We use medicine impregnated string to gently push the gums away from the tooth so that the lab can see where the crown will intersect with the tooth
 - ◆ A final impression of the prepared tooth is taken next and sent to the dental lab for construction of the permanent crown-all restorations are American made
 - ◆ Finally, a hard acrylic provisional (temporary) crown is fabricated and temporarily cemented for the two to three weeks that it takes the lab to custom make your crown
 - This covers and protects the tooth, keeps the teeth in proper alignment and decreases sensitivity until the new crown arrives

- *Second visit*
 - ◆ We remove the provisional crown and clean off the temporary cement
 - ◆ The crown is tried in and the bite is adjusted as needed, along with checking the contacts between the other teeth
 - ◆ We then bond in the crown with an adhesive resin cement that also releases fluoride

❖ **Options**

- The options for a crown are:
 - To do nothing (not a very good idea!). You may possibly require a root canal or extraction if the tooth decays and/or fractures further.
 - Fix the tooth with just a crown build up.
 - The tooth may still eventually break
 - There has to be enough tooth structure to hold the buildup in place and keep the tooth from breaking when you chew
 - Extract the tooth and place either a bridge or single/multiple dental implants
 - Replacing an extracted tooth is much more of an investment then restoring the tooth the correct way the first time!
 - Dental implants surgically replace the missing tooth root for an extracted tooth and allow us to place a replacement tooth without the need for a bridge. Ask us if you have more questions about the differences!

❖ **Overall risks of crown & bridge placement**

- There is about an 8-10% chance that the tooth could require a root canal
 - A "root canal" is a procedure for preserving infected teeth that would otherwise be extracted.
 - The tooth, of course, had previous damage. Otherwise we would not be restoring it with a crown
 - Sometimes the damage is so bad that the nerve/blood vessels inside the teeth become infected and that's where a root canal comes in
 - This is where the blood vessels and nerves coming from the jawbone are and the source of the intense pain and pressure that a patient may experience.
 - Once the Doctor locates the nerve chambers (root canals), we place tiny files into each of them. With filing we clean out the infected remains and prior to the root canal filling material placed, the root canals are sterilized
 - Root canal therapy is about 90-95% successful.
 - Teeth treated with root canals/crowns/bridges can still decay, but since the Doctor removed the nerve, there will probably be no pain
- There is a chance the crown/bridge or part of the crown/bridge could fracture
 - **Crowns/Bridges are very strong but just like your own teeth they can fracture and redecay too. The materials don't decay but the teeth themselves can redecay due to immune system problems/lack of home/lack of professional care.**
 - Crowns/Bridges are made out of:
 - ◆ All porcelain
 - ◆ Porcelain fused to white gold as the base
 - ◆ All yellow gold

❖ **Possible Additional Charges**

- If the tooth does require a root canal an additional fee will be charged.
- The fee for the Root Canal Treatment **does not** include the restoration of the crown portion of your tooth with a crown build up (core) and/or crown (cap).
 - If the crown is over a year old and then requires a root canal, there will be a charge for the root canal and also for the access hole filling.

The nature of restorative crown and/or bridge treatment and sequence has been explained to me and I have had a chance to have my questions answered. In light of the above information, I authorize the Dr. to proceed with restorative treatment.

I acknowledge that I have received a copy of this consent form.

TOOTH # _____

Signature _____

Doctor's Signature: _____

Crown and Bridge Post Operative Instructions

Lake Orion Family Dentistry

Crowns and bridges usually take two to three appointments to complete. On the first appointments the teeth are prepared. Provisional (temporary) crowns or bridges are placed to protect the teeth, keep the spaces and bite the same while custom restorations are being made. When local anesthetics are used, your lips, teeth and tongue may be numb for several hours after the appointment. Avoid chewing until the numbness has completely worn off.

ORAL HYGIENE:

It's important to continue to brush normally, but floss very carefully and remove the floss from the side to prevent removal of your provisional. Warm salt-water rinses can sooth the sore tissue if needed.

DIET:

To help keep your provisional in place, avoid eating sticky food (*especially gum*), *hard food*, and if possible, chew only on the opposite side of your mouth.

DISCOMFORT:

It's normal to experience some hot, cold and pressure sensitivity after the preparation appointment. Your gums may be sore for several days. Rinse three times a day with warm salt water (1/2 teaspoon of salt in an 8 oz. glass of warm water) or Listerine to help reduce any pain or swelling.

Use medications only as directed

PROVISIONAL CROWNS:

on rare occasions, your provisional crown/bridge may come off. Call us immediately if this happens and keep the provisional so we can cement it back on. It's very important for the proper fit of your final restoration that your provisional stays in place.

If your bite feels uneven, if you have persistent pain, or if you have any other questions or concerns, please call our office (248-693-6213).

Acknowledgment of Post Surgical Instructions:

TOOTH #(s)_____

Patient/Parent/Guardian Signature:_____