

TREATMENT INFORMATION & FACTS

FACTS YOU NEED TO KNOW

The following information is provided to help you better understand the treatment process that you may undergo. You will be asked to sign an Informed Consent acknowledging that you have received and understood this information, so read it carefully and ask questions if needed. It is our intent to use our technical and artistic capabilities to achieve your esthetic expectations and to incorporate these factors into your final dental restorations. You are asked to communicate your preferred results to Dr. Winter. Questions about your specific case are encouraged so that you have a clear picture of the potential outcome. Some changes in appearance may be beyond the capabilities of restorative and prosthetic dentistry. In that case, a consultation with other dental or medical specialists may be suggested.

Our best efforts will be applied toward incorporating your wishes in harmony with the functional and physiological requirements of the restorations. After your approval, the restorations will be finalized. Please note that only very MINOR changes to the shape of the restorations can be made after finalization. NO changes to color can be made after finalization.

PORCELAIN CROWNS, VENEERS, INLAYS AND ONLAYS

Porcelain crowns, veneers, inlays and onlays are highly esthetic and natural restorations bonded over or within teeth, to repair problems or make an esthetic improvement. The type of restoration that is right for you will be dependent on multiple factors and conditions related to your individual dental health.

ELECTIVE OR COSMETIC DENTISTRY

The goal of elective dentistry may be to improve the esthetics or looks of your smile, but the health and function of your teeth is of paramount importance. After years of training, the dentist and ceramist work as a team to develop a nearly undetectable and natural looking restoration. Emulating nature is an artistic challenge, especially when done to the high standards we maintain. Improvement and not perfection is the reality of any procedure you undergo. Just as with plastic surgery, based on personal tastes and the limits of technology and materials, beauty or perfection is in the eye of the beholder and may not be predictable.

POTENTIAL PROBLEMS WITH FIXED PROSTHODONTICS

Crowns and fixed bridges are used to treat problems of decay, severely worn or fractured teeth, malocclusion, and to protect teeth that have had root canal treatment. However, because dental restorations are replacements for natural teeth, potential problems do exist. The following pages briefly describe the most commonly encountered problems.

IMPLANTS

Longevity depends on many factors – the patient's health, the use of tobacco, alcohol, drugs, sugar, oral hygiene, the amount of quality bone, surgical compromises, the degree of biting force, etc. As with any restorative procedure, the potential exists for the fracture of an implant component, implant crown, or loss of the implant from the bone.

PROVISIONAL (TEMPORARY) RESTORATIONS

Provisional crowns and fixed bridges are used to protect the teeth and to provide a satisfactory appearance while the new permanent crown(s) and fixed bridge(s) are being fabricated. A provisional restoration is usually made of acrylic resin, which is not as strong as the final porcelain/metal restoration. A provisional is attached to the teeth with temporary cement; therefore, it is important to minimize the chewing pressure on a provisional restoration since it can fracture and/or become dislodged. If this does occur, call our office as soon as possible for repair or re-cementation. Waiting more than a few days can create unnecessary problems, and may delay your treatment.



PORCELAIN FRACTURES

Porcelain is the most suitable material for the esthetic replacement of tooth enamel. Because porcelain is a “glass-like” substance, it can break. However, the strength of dental porcelain is similar to dental enamel, and the force necessary to fracture dental porcelain would usually fracture natural tooth enamel. Small porcelain fractures can be repaired; larger fractures often require a new crown or fixed bridge.

STAINS AND COLOR CHANGES

All dental restorative materials can stain. The amount of stain generally depends on oral hygiene as well as the consumption of coffee, tea, tobacco, and some types of foods or medicines. Dental porcelain usually stains less than natural tooth enamel and the stain can be removed at dental hygiene cleaning appointments. Natural teeth tend to darken with time more so than porcelain crowns. At the time a new dental porcelain crown or fixed bridge is placed, it may be an excellent color match with the adjacent natural teeth. Over time, however, this may change and bleaching or other appropriate treatment may be suggested.

BLEACHING

Bleaching may be done in the office or at home, and provides a conservative treatment option for lightening teeth. There is no way to predict to what extent a tooth will lighten. In a few instances, teeth may be resistant to the bleaching process, and other treatment alternatives may be advised. Infrequently, side effects such as tooth hypersensitivity and gum tissue irritation may be experienced. If these symptoms occur, technique modifications or products can usually alleviate the problem(s).

TOOTH DECAY

Some individuals are more prone to tooth decay than others are. With a highly refined carbohydrate diet or inadequate home care, tooth decay may occur on areas of the tooth or root not covered by a dental crown. If the decay is discovered at an early stage, it can often be filled without remaking the crown or fixed bridge. Long delays before seeking treatment for a loose provisional, crown, or bridge, can result in additional decay, the “death” of a tooth nerve, which would require a root canal, or even the loss of a tooth and/or teeth.

LOOSE CROWN OR FIXED BRIDGE

A dental crown or fixed bridge may separate from the tooth if the cement is lost or if the tooth fractures beneath it. Most loose crowns and fixed bridges can be re-cemented, but teeth that have extensive recurrent decay or fractures will usually require a new crown or new fixed bridge.

EXCESSIVE WEAR

Sometimes crowns and fixed bridges are used to restore badly worn teeth. If the natural teeth were worn from clenching and grinding the teeth (bruxism), the new crowns and fixed bridges may be subjected to the same wear. In general, dental porcelain and metal alloys wear at a slower rate than tooth enamel. However, excessive wear of the crowns or fixed bridges may necessitate an acrylic resin mouth guard (also called a protective occlusal splint or night guard.)

MAINTENANCE

Even the most beautiful restorations can be compromised by gum problems, recurring cavities, and poor oral hygiene habits. Part of our commitment to you is to provide you with the proper information to keep your gums and teeth (natural or restored) in good health. Professional cleaning by a dental hygienist at recommended intervals keeps your mouth healthy and can intercept potential problems early enough to avoid additional restorative work or unnecessary discomfort.

ADDITIONAL INFORMATION

Sometimes when teeth are prepared for crowns, due to the extent of wear, deep decay, large fillings or old crowns, the additional “trauma” to an already compromised tooth can possibly cause the nerve of the tooth to die. This usually requires a referral to an Endodontist, a specialist who does root canal treatment. Problems with the tissue surrounding the tooth may also require treatment in order to produce the most esthetically acceptable results. This usually requires a referral to a Periodontist. Referrals to either of these specialists do not normally require changes in your treatment plan.