

Crowns, Bridges, Build-ups and Temporaries

Crowns and Bridges: Your tooth/teeth have been prepared for a crown or bridge for one or more of the following reasons:

- Poor color, fit, contour or decay around an existing crown or bridge.
- Advanced decay (leaving inadequate tooth structure to support a filling or resist fracture).
- Cracks, fracture lines, advanced wear.
- Pain from incomplete/ internal fractures.
- Large damaged or failing fillings that cover over 65% of the biting surface (predisposing the tooth to fracture).
- Root canal therapy (all back teeth and some front teeth that have had root canal therapy will require a crown or onlay to prevent fracture).
- Missing teeth
- Cosmetic reasons

Build-ups: Often after all the decay and old filling material has been removed there is inadequate tooth remaining to support and retain the crown. If this is the case we build a core using filling material and support the remaining tooth and new crown. Unfortunately, we can't always predict which teeth need build-ups until after the decay and filling/crown are removed.

Temporaries: You will go home with a temporary crown or bridge while your permanent crown or bridge is being made. This temporary is made out of plastic and is therefore not very strong. It is also being kept on your tooth with cement that is designed to only last a few weeks. The purpose of the temporary is to keep the teeth and gums from shifting. IF the temporary becomes dislodged it is important to have it re-cemented SOON. The permanent restoration may not fit and a new crown may need to be remade if the temporary has been out for too long; this is obviously a costly and time intensive problem.

Here are a few instructions to prevent the dislodging or breaking of your temporary:

1. **Do NOT eat sticky or Hard/Chewy foods** on the side of your temporary. (i.e. French bread, caramel, toffee, gum, jolly ranchers, ice, granola, nuts, etc.). If it is a front tooth, then avoid biting into anything. You may cut up the food and eat it using the back teeth. But avoid biting into anything using the front teeth.
2. **Flossing** is ENCOURAGED! However, **slide the floss out the side** and do not snap it out.
3. **Brushing** is ENCOURAGED! However, do not have an electric toothbrush on the temporary; vibrations can weaken the cement.

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- 4. Night Guards:** Please **do not** wear it while there is a temporary in your mouth. But, be sure to bring it when we cement your permanent crown or bridge so we can adjust it to fit the new crown.
- 5. If your temporary comes out or breaks** please call us as soon as possible to arrange a time to re-cement it. If unable to get to the office or are out of town, try to replace the crown using fingers first then tap gently. If still loose, a small amount of Fixodent may be used until you get back to the office. We will make all efforts to accommodate you. Shifting of teeth can happen quickly (within an hour) so it is recommended you come in as soon as possible. If shifting occurs, we may have to take new impressions and fabricate a new crown. This is both costly and timely on your part.

Numbness: After the procedure you will be numb 1 to 3 hours, avoid eating when you are numb so as not to injure your LIP, CHEEK, or TONGUE.

Once the anesthesia has worn off, if you feel as though any of the teeth we worked on are hitting first, please give the office a call. We will need to adjust the temporary. It can cause your tooth to be sore if this is not adjusted.

It is common to experience some sensitivity to hot or cold. Your gum may also be tender. As long as the sensitivity does not worsen, this is normal.

Typically, warm saltwater rinses and over the counter pain reliever can be used.

We look forward to seeing you in approximately two weeks for your new restoration. Keep in mind the final restoration must fit and meet our expectations for us to seat (cement) it permanently!