



CBR Prosthodontics

specialist dental aesthetics and function

Restoration of Complex Dental Damage

What causes these problems?

Severe damage to teeth can arise by a number of means. Some of the more common causes of severe dental damage are tooth decay and its consequences, dissolution and softening of the surfaces of your teeth (erosion) by acids in your diet or regurgitated from your stomach, and wear (attrition) on teeth as a consequence of clenching/grinding your teeth.



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Why do people seek treatment for these problems?

Most people who present for treatment do so because their problem is causing them pain, or they are unhappy with the appearance of their teeth. These problems will often cause badly shortened teeth, teeth or fillings that fracture frequently, missing teeth and sensitive teeth.

Cracked teeth

Teeth with wide, deep fillings are at an increased risk of fracture. You may suffer from teeth that are sensitive to biting or temperature change. These teeth need to be protected by restorations (fillings, crowns, etc.) that prevent fracture and stop the sensitivity.

Aesthetic needs

Beauty is very much in the eye of the beholder, but many people feel uncomfortable about having an unsightly (to them) smile. Upper teeth as far back as the first molar are visible when most people smile, and you may wish to consider fixing these teeth if they are visibly damaged. People with larger smiles can show even more teeth. Aesthetic reasons for tooth restoration are very much an individual choice.

Our goals for dental rehabilitation

If you decide to fix your teeth, you will have a number of treatment options available to you. For each path that you may choose, we will have a number of goals that we wish to achieve. In general terms, our goals are:

- **To restore/enhance function.** Teeth have important functions. Any tooth reconstruction/ replacement needs to be able to perform those functions. We also wish to avoid doing damage (or increase the potential for damage) to other oral structures.
- **Longevity.** No man-made prosthesis will last forever. However, some treatment types will be more long-lasting than others, and within each treatment type there will be things that we can do to increase the longevity of the prosthesis. Our goal is to maximize the longevity of your treatment.
- **Aesthetics.** We aim to make our reconstructions indistinguishable from the real thing, or as close to this as possible. Ideally, the highest compliment that anyone can pay our work is that they do not know it is there.
- **Affordability.** We aim to provide the highest quality treatment that we can for each patient, and to do so in the most cost-effective manner. While many of these treatments are not inexpensive, we will work with you to achieve the treatment that you wish, in the most economical way.

A phased approach to dental rehabilitation

We use a structured approach to manage these complex problems. The advantages of this method are mainly related to the increased likelihood of success, but also the ability to achieve end points (either temporary or definitive) at each stage along the way.

Phase 1: Getting healthy

Any reconstruction is only as strong as its foundations. Consequently, we must ensure that your teeth, gums, and other oral structures are healthy before we embark on complex reconstructive treatment plans. We also need to stop or control the processes that have caused the damage in the first place. This phase may involve the assistance of other dental and medical specialists, as well as your general dentist and other professionals like dental hygienists. If we do not get this part right, we run the risk of severely compromising the final outcome of your treatment.

Phase 2: Planning

This phase is often undertaken at the same time as Phase 1. Here we need to collect data about your problem and work on options that you may choose to follow. This data will likely include x-rays of your teeth and jaws, study casts (plaster models of your teeth) which can be mounted on the articulator (a device that reproduces jaw movements) to investigate your occlusion (bite), and a diagnostic wax-up of your mouth.

A diagnostic wax-up is a planning process that uses models of your teeth that are mounted on an articulator, which reproduces the movement of your jaws. The teeth on the model can be modified (usually by building them up with wax) to develop a guide to what we could achieve. This process also gives an indication of how much the teeth must be modified, and thus what forms of restoration we might need to consider for these teeth. The diagnostic wax-up is, therefore, one of the most important steps in the planning process.

Phase 3: Testing the plan

Having developed a plan of what we wish to achieve, we need to assess how well you will adapt to the changes we plan to make. We may do this using provisional (temporary) restorations that can be removed or cut back if you cannot cope with the change to your bite. Small changes are usually, but not always, well tolerated. Larger changes may pose difficulties to some people. Initially, provisional restorations will be placed utilizing different filling materials such as amalgam and composite resin. These restorations are usually robust enough to last 3 to 5 years, and can provide a stable basis by which we can space the placement of stronger, laboratory made, restorations. These provisional restorations can also be retained as the final restoration, if it is part of the overall plan.

As we are normally making significant changes to your bite, these provisional restorations need to be placed in one session. This may take between 3 and 6 hours (don't worry - we do give you rest breaks). We will then assess your response to changes that we have made over the coming weeks and months.

Phase 4: Long-term restorations

With our provisional restorations in place, we have a number of years to space the completion of final restorations. These can include stronger and more aesthetic laboratory-made inlays, crowns, bridges, implants and dentures. The treatment modes used are very much up to you, with your desires and expectations dictating which treatment options we choose. We will spend some time discussing your options with you, and will provide detailed estimates of costs. Normally, this phase is spaced over a number of years to spread the cost out to manageable levels. Even if you wish to proceed with treatment without delay, this phase can take up to six months to complete.

Phase 5: Maintenance

Like any complex system, routine review and maintenance is mandatory for long term success. We will review you on a yearly basis after treatment has been completed, and provide any further treatment that is necessary to maintain our final result. You should also endeavor to maximize the longevity of your restorations by practicing good home care (brushing and flossing etc.) and being mindful of your diet. If tooth grinding is a significant part of your problem, we may fabricate an occlusal splint to wear at night to protect your teeth and restorations.

Treatment end-points

A major advantage of this phased approach is that you can pause, or stop, your treatment at the end of any of the phases. There are some compromises that need to be understood when stopping short of the final restoration however, and these may be within what you are willing to accept. At the very least, you should complete Phase 1 and control any processes that are damaging your teeth. Preventing things from getting worse may be enough to satisfy your requirements. If you choose to end treatment at the provisional restoration stage, you should note that these restorations are not always as strong and robust as would be necessary for long-term service. Consequently, they may require extra maintenance, with the added cost that may follow.

If you have any further questions, please don't hesitate to contact us

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