

# ORCHID DENTAL GROUP YEN LIEU D.MD

## COMPREHENSIVE RESTORATIVE and ESTHETIC DENTISTRY

### FACTS YOU NEED TO KNOW

*“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction, and skillful execution: it represents the wise choice of many alternatives.”*

**ESTHETIC CONSIDERATIONS:** 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 desires, and our best efforts will be applied toward incorporating your wishes in harmony with the functional and physiological requirement of the restorations. After your approval, the restorations will be finalized. Please note that only very MINOR changes to color can be made after finalization.

Some changes in appearance may be beyond the capabilities of restorative and prosthetic dentistry. A consultation with other dental or medical specialists may be suggested.

**POTENTIAL PROBLEMS WITH FIXED PROSTHODONTICS:** Crowns and fixed bridges are used to treat problems of decay, severely worn or fractured teeth, malocclusions, 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. Questions about your specific case are encouraged.

**PROVISIONAL (Temporary) RESTORATIONS:** Provisional crowns and fixed bridges are used to protect 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. Delay in finalization of your treatment can cause dental problems including decay, gum disease and need for repeat 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.

**STAIN 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. Overtime, however, this may change and bleaching or other appropriate treatment may be suggested.

**BLEACHING:** Bleaching provides a conservative method of 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 individual are more prone to tooth decay than others. 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 would often be filled without remaking the crown or fixed bridge. Long delay in treatment, a loose provisional or permanent crowns and bridges 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 LOOSE 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 fixed bridge.

**EXCESSIVE WEAR:** Sometimes crowns are fixed bridges are used to restore badly worn teeth. If 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 may necessitate an acrylic resin mouth guard (also called a protective occlusal splint or night guard.)

**DENTURES:** Partial and complete dentures are removable replacements for natural teeth. They are not the same as teeth. At delivery, most people feel a sense of fullness/foreignness with new dentures that decreases with time. Speech is usually temporarily affected and takes adaptation. Most people find with dentures they are not able to eat all the foods they could with their natural teeth. Gum soreness usually can occur later if biting pressure exceeds tissue tolerance. Dentures move during use, the overall tightness and stability of appliances varies from patient to patient depending on their anatomy and the skill they develop to control the appliances. Overall satisfaction with comfort, function and esthetics cannot be predicted in advance.

**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 the loss of the implant from the bone, or infection.

**ADDITIONAL INFORMATION:** Sometimes when teeth are prepared for crowns, due to the extended 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 the root canal treatment. It does not normally require changes in your treatment plan.

Whenever teeth are treated with fillings, crowns, or veneers there is a risk of complications which include pain, numbness, nerve injury, sensitivity, infection, gum recession, cuts, or injuries to the soft tissues, fracture of teeth, allergic reactions to materials used in the treatment process and final restoration.

**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.