

Your dentist has recommended that one or more of your teeth would benefit from restoration using a dental crown.

A dental crown is a tooth-shaped cap which is placed over part or all of a tooth to restore its structure and function.

A crown may be used in a number of circumstances such as:

- To restore a decayed tooth where much of the tooth substance has been lost to disease.
- To restore a broken tooth or one which has been damaged by wear, acid or abrasion
- To restore the appearance of a diseased, discoloured or misshapen tooth.
- To provide support as part of a dental bridge or to cover an implant.

Crowns may be made of a variety of materials including metal (stainless steel, gold and other metals), porcelain, porcelain-fused-to-metal or resin. Metal crowns are commonly used on back teeth which are not visible. Porcelain and resin crowns are used for front teeth where cosmetics are important.

If a crown is the selected restoration, it normally requires two or three visits to the dentist. At the first visit the tooth will be assessed and X-rays taken to ensure that the root is sufficient to support the crown and the tooth itself is suitable. The tooth is then prepared for the crown. Normally it will be anaesthetised using local anaesthetic and some of the tooth will be shaved away using a drill in order to make room for the crown to cover it. After the preparation is complete the dentist will make an impression of the tooth and other adjacent teeth using a rubbery material which sets after 2-3 minutes. Sometimes, these days, the tooth may be scanned to produce a digital impression. If to be made of a tooth coloured material, the dentist and the patient agree a shade from which the crown is made. The impressions are sent to a laboratory where the crown is manufactured.

The prepared tooth is normally protected by a temporary plastic crown made in the surgery. The completed crown is normally returned within 10-14

days. The dentist will remove the temporary crown and try on the permanent crown to check its fit (and, if appropriate, its colour). If the crown is appropriate, it will be fitted and affixed to the tooth using a cement.

Problems and disadvantages with crowns.

- It might not fit and require to be remade. This is always a risk when impressions are made because they may sometimes become distorted. It is usually unavoidable and new impressions are taken from which the crown is remade.
- Discomfort, sensitivity and pain. The tooth may be sensitive to hot and cold following the preparation. Sensitivity usually settles but desensitising toothpaste may be necessary. If the tooth causes pain with biting down, it usually means that the crown is too 'high' striking the opposing tooth prematurely. It can normally be resolved by adjusting the crown.
- Loosening or loss of the crown. Sometimes the crown becomes loose and may need to be recemented. If this is a recurrent problem, the crown may need to be remade.
- Fracture of the crown. More common with porcelain or composite crowns, the crown may fracture or chip. In such circumstances it is sometimes possible to repair the crown but this is usually temporary and normally the crown needs to be replaced.
- If the nerve in the tooth dies, it may become infected. The tooth may then develop an abscess. In such circumstances it may be necessary to remove the crown to treat the tooth, often with a root canal treatment. It may then be necessary to replace the crown if the existing one cannot be reused. Sometimes the tooth is not restorable and needs to be removed.
- Dark line round the gum line. This may occur with porcelain-fused-to-metal crowns and may be the metal showing through the porcelain. If unacceptable an all-porcelain crown may be required.

Sometimes, a tooth is in such poor condition that a crown is a last resort which may not be successful. In such a case, extraction and a denture, bridge or implant may be the best treatment. The best thing is to discuss this with your dentist.

Crowns may last between 5 and 15 years. Their success depends on the wear and tear to which they are exposed and your standard of oral hygiene. The better the cleaning of the crown, particularly where it meets the gum, the longer it will last. Thorough tooth brushing is essential together with the use of Interdental (Tepe) brushes to ensure that the whole crown margin where it joins the tooth is kept as clean as possible.

PATIENT CONSENT

I hereby consent to the provision of crown(s).

The technique and procedure has been explained to me by:

(name of dentist)

The dentist has explained about the nature of crowns, together with any significant risks and problems, disadvantages and alternatives and the likely outcomes if complications occur. The dentist has also explained the consequences of not having the procedure. I have been given the opportunity to ask any questions and understand that, should any changes in the treatment be required, they will be explained to me and my specific consent obtained.

I confirm that I have given correct information about my general health and up-to-date medical history including any medications that I may be taking at the time of the procedure.

I have informed the practice of any medication and allergies of which I am aware.

Name of Patient _____

Signature _____

Date _____

Name of Dentist _____

Signature _____

Date _____



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