



Crowns

You have been given this sheet because you have a tooth/teeth which may be a suitable candidate for a crown(s).

The information in this sheet will help you to be able to give informed consent to the procedure should you decide to proceed. The information in this sheet is of a general nature and your dentist will discuss any likely variations in your personal situation. It is expected you will ask questions about anything you don't understand or are concerned about.

Crowns can be placed on teeth for numerous reasons but the reasons can be broadly broken down into two main categories; functional (usually back teeth) and aesthetic (usually front teeth).

Crowns can be made from a variety of materials including gold alloy; porcelain fused to metal and several varieties of all ceramic material (such as LAVA, Empress etc).

Selecting the appropriate material, according to the position of the crown in the mouth and the job it is expected to do, are very important and will have a very big influence as to whether the crown is successful long-term.

The process of having a crown usually involves two appointments after the tooth has been assessed to be suitable for a crown. The first appointment involves removing (drilling) 1-2mm of tooth structure (or existing filling) from all aspects of the tooth and taking various impressions and shadings. A temporary crown is placed over the tooth at the end of the appointment.

All this information and impressions are then sent to the dental technicians at the laboratory for them to construct the appropriate crown. In highly aesthetic cases we may ask you to personally go to the laboratory at some point to enable the technicians to perfectly match your crown to your natural teeth.

About 3 weeks later you return to the clinic and we remove the temporary crown and try in the definitive crown. Provided we are happy with the technical fit and you are happy with the appearance we cement the crown in. In the unusual situation where there is a problem we may need another appointment.

StKilda**dentist**

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How long will it last?

Whilst it is impossible to predict in individual cases exactly how long a crown will last the scientific literature reports 10 year survival rates for crowns at around 90%.

An approximate complication rate of 1% per year per crown is also suggested in the literature. That means, for example, there is a 10% chance of having a problem in 10 years; a 15% chance in 15 years; a 20% chance in 20 years and so on.

Note, a complication doesn't necessarily mean the tooth or crown is lost but might, for example, mean the nerve in the tooth dies and the tooth needs a root canal. If, for example, the nerve dies and the tooth needs root canal therapy this can usually be performed through the crown though further costs will be incurred.

The initial conditions in which the crown is placed (such as the amount of remaining tooth structure; the occlusal forces in your mouth etc) can affect the long-term survivability of a crown. Your dentist will discuss these issues with you for your particular situation.

Another potential issue in aesthetic cases is gum recession. Over time our gums do often recede slightly as we get older. This can be exacerbated by periodontal disease.

When crowns are initially placed the aim is to place the margins right at, or very slightly below, the gum margin in order to give a natural appearance. In time however, if gum recession occurs, the margin may become visible. Depending on a range of factors such as tooth position; the anatomy of your smile; the difference in shade between your crown and the underlying tooth the margin may become obvious.

In that scenario, even though the crown is technically and functionally fine, you may elect to replace it for better aesthetics. The good news is gum recession in healthy mouths is usually very slow.

