

Bridges



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You have been given this sheet because you have a space which may be a suitable candidate for restoring with a bridge.

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.

Alternatives to Bridges include Implant retained crowns and partial dentures.

Bridges use the natural teeth next to a gap to support a false tooth in that gap. There are several different types of bridges and several different types of material they can be made from.

Where in the mouth the bridge is located, the condition of the surrounding teeth and what the functional and aesthetic requirements of the bridge are what will help determine the choice of bridge.

Appropriate selection of the type of bridge, and the material it is made from, is very important and will heavily influence the long term success of the bridge. Your dentist will discuss these factors in relation to your particular clinical situation.

Fixed bridges

This involves preparing both the teeth either side of the gap as if they were to have crowns placed but instead of making individual crowns a 3 unit bridge is made which replaces the missing tooth.

These bridges are usually very strong and predictable. Whilst it is not possible to accurately predict longevity in individual cases the scientific literature reports 10 year survival rates of around 90% for these types of bridges. The main disadvantage of this type of bridge is the relatively aggressive preparation needed on the adjacent supporting teeth. Consequently these types of bridge are favoured when the supporting teeth are already heavily

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filled or root-filled and they are not so indicated if the teeth either side of a space are 'virginal' teeth.

Cantilever Bridges

This is the same concept as above except only one adjacent tooth is used to support the false tooth. This reduces the amount of preparation on other teeth but also means only smaller gaps can be supported and a large, strong support tooth is necessary.

Adhesive Bridges

This type of bridge (sometimes referred to as a Maryland bridge) is for use in anterior areas only. A false porcelain tooth with an attached metal 'wing' is fabricated and the metal wing is bonded to the back of an adjacent tooth supporting the false tooth in the gap.

This has the advantage that the preparation of the adjacent tooth is very minimal as only a small amount of tooth structure has to be removed off the back of the tooth. This means the risk of any nerve issues with the support tooth are negligible.

The 10 year survival rates reported in the literature for these types of bridges are also around the 90% mark. However they are usually only considered for replacing the smaller lateral incisor. Also, sometimes the metal backing can be an aesthetic issue.

