KLASS DENTAL | CARE BEYOND YOUR SMILE

INFORMATION ABOUT CROWNS/ONLAYS

WHY DO I NEED A CROWN/ONLAY?

An indirect/laboratory made restoration like crown or onlay, sometimes known as a 'cap' is a protective cover fitted over the existing structure of a broken or damaged tooth to restore its function and appearance.

Crowns/onlays are prescribed as a part of treatment to restore teeth that have severe tooth surface loss in order to protect them from breaking, to protect teeth that had undergone root canal treatment from breakage or to rectify poor aesthetic appearance of some teeth.

WHAT IS THE DIFFERENCE BETWEEN CROWN AND ONLAY?

Crown is a ‘cap’ covering the whole surface of the tooth up to ‘gum margin’ and protecting severely damaged tooth. The longevity (period of service) of the restoration is very good, provided that good oral hygiene and diet habits are maintained by the patient. Preparation for the crown requires removal of sound tooth structure to make space for white crown which comes with risk of pulp/nerve injury and subsequent need for further treatment like root canal treatment or extraction.

Onlay is a ‘small hat’ covering the top part of the tooth and protecting it from fracture. Onlays require less sound tooth structure removal and come with less risk of pulp/nerve injury and need for further treatment. The longevity (period of service) is good. Partial coverage onlays make it easier to detect and treat earlier secondary decay increasing longevity of the tooth itself.

In the event that onlays require replacement, the fact that these restorations conserve more tooth structure and are less invasive of the suggests that the tooth itself will likely remain healthy for a longer period of time.

Longevity There are many variables that determine “how long” crowns or onlays can be expected to last. General health, good oral hygiene, regular dental check-ups, diet, etc. can affect longevity. Because of this, no guarantees can be made or assumed to be made.

De-bonding While adhesive dentistry has revolutionized tooth preparation which means we do not have to drill so much tooth structure to place crown/onlay or bridge. This results with preservation of tooth structure with tooth lasting for longer and root canal treatment being less likely as sequalae. It also means crown/onlay might de-bond. If that happens it can be bonded back on provided that the tooth underneath is not damaged. Please note charge might apply for this.

Expected complications post procedure

- Numbness lasting a few hours.
- Soreness of the gums lasting a few days.

Common risks and complications

- Trauma to other parts of the mouth including adjacent teeth, gums, cheeks, tongue etc.
- Some teeth will still be sensitive for some time after the procedure.
- Darkening of the root/tooth if previously root treated

Complications that are unlikely but might occur

- Removing tooth material to make space for the crown can irritate the nerve inside the tooth sometimes leading to the nerve dying and causing toothache.
- Allergic reaction to something used during the procedure.

Crowns are not successful 100% of the time even if all parts of the procedure go as planned. The tooth may not have enough strength left prior to this procedure for a long-term result. Decay and previous work may have already irritated the nerve which could result in toothache in the future. Therefore, some teeth that have undergone this procedure will require a root canal treatment or might require extraction.

Alternative options

1. Treating the tooth in a different way such as direct restoration – “filling”. In case of severely damaged teeth where cuspal (biting surface) coverage is advised, direct restoration my come with risk of premature failure of the restoration or the tooth and subsequent tooth loss.
2. Refusing treatment but this will result in a high risk of fracture or pain and infection from this tooth.