



Posts, Core-Crown Build-ups, Crown Lengthening & Temporaries

Temporary or Provisional Crowns

When a crown is being fabricated for you, the tooth or teeth treated will have an acrylic provisional (temporary) restoration that is retained by temporary cement. This is part of the treatment and does not warrant an additional fee. However, there are several instances when provisional crowns need to be made as a separate and intermediate procedure. Because of extra time and work involved, beyond that needed for a crown or bridge, there is a separate fee for the procedure. When multiple teeth need this treatment, it is customary to place the provisional crowns on each at the same time. If each tooth is taken to completion individually before beginning the next tooth, there is too much opportunity for the remaining damaged teeth to deteriorate further, thereby complicating treatment and adding to the total cost. Provisional crowns may be in place for several months before further treatment is started on the tooth, after which time the tooth will need to have further preparation and a new provisional crown made.

When the nerve in the damaged tooth has a chance of dying, it is easier to save the tooth with root canal therapy if the final crown has not been placed. It often takes months for the health of the nerve to be determined. And, in fact, despite using a long-term provisional crown, the nerve may die years after the final crown is placed. When that happens, the access for the endodontic treatment is made through the crown. With respect to the periodontal tissues, if they are infected or in poor health, they must be healed before final impressions are made. Periodontal treatment coupled with a well-fitted provisional crown will promote proper healing. After the periodontal tissue is healthy, its position with respect to the crown margins will change, and the tooth will be re-prepared and a second provisional restoration will be made.

Another reason for long-term provisional crowns to be placed is to stabilize loose teeth and determine the necessary support for the final cast crowns. When a tooth involved in support for a bridge or splint has a questionable prognosis, it is a good idea to make a provisional bridge first and let the tooth (or teeth) function together for some time to see how well they respond. If the tooth turns out to be hopeless, it can be removed. If teeth are restored in quadrants at a time (three, four, five, or more), it may be necessary to do the opposing arch in long-term provisional crowns in order to establish the ideal occlusal (biting) relationships between the arches.

There are many and varied reasons why long-term provisional bridges might be needed. They might stay in place from months to years, especially in very complicated cases such as many teeth that are broken down and moderate to severe gum disease needing correction before the crowns are finally placed. In larger cases, financial limitations may dictate that treatment be phased over a longer time frame. Rather than let the teeth get worse during this time, long-term provisional crowns are made to hold things in place until the treatment can continue.

It is important that you understand why provisional crowns might be necessary for your dental health.



Temporary Crowns, Posts & Crown Lengthening

Patient Information and Post-Operative Consequences

Posts

After a tooth has had its nerve tissue removed by endodontics (root canal treatment), very often there is little remaining undamaged tooth structure. Before a restoration is placed, whether it is a crown (cap) or a silver or bonded filling, a post is placed into the tooth to help give support and retention to the remaining tooth and subsequent restoration. The post can be a cast custom-fitted post or a prefabricated post. The prefabricated post is made in various diameters, materials, and lengths. It may be metal or tooth coloured. A special drill is used to remove part of the root canal filling material (gutta percha) and prepare and shape the canal for the post. Once the post has been fitted, it is either cemented into place with a glass ionomer material or bonded with resin cement. Choice of cementing medium is affected by the length of the post, location of the tooth that the post is to be in, and past history of dental decay. If the existing root canal has been filled with silver points, they must be removed before the crown can be constructed. The cement that holds the silver points in the canals has been shown to dissolve quickly. The new crown must be placed over a sound root canal filling in order to avoid future endodontic problems that might require removal of the new crown.

The post will help the tooth resist some of the stresses that it undergoes when you chew hard or sticky foods. It will reduce the possibility that the tooth will shear off at the gumline. It will also serve to retain any filling, crown, or core build-up material that has been used in the tooth. It is still possible for the tooth to fracture, even with a post in place. It is also possible that the post may become dislodged if you eat especially hard or sticky foods and bite the wrong way. The more original tooth you have left, the less likely this is to happen.

Core-Crown Build-ups

A core build-up or crown build-up is placed when there is insufficient tooth structure remaining to retain the future crown. It can be made out of silver amalgam, bonded resin, or glass ionomer. The choice of the material used relates to how much tooth is missing and how long the tooth must be in place without the final crown being cemented. Usually, if a post is placed, a build-up is also required. The more real or artificially reconstructed (core build-up) tooth structure there is available, the better the final crown will stay in place.

Crown Lengthening

Crown lengthening by electrosurgery or conventional surgery is a procedure that is performed to correct one of the following conditions:

Insufficient tooth clinically remaining to allow proper retention of a crown, sound tooth structure that is beneath the gingival (gum) tissue or gingival tissue that is in poor position or contour

Electrosurgery permits the repositioning, modification, or removal of soft tissue by employing a calibrated electric current. Conventional surgery is done with a scalpel and involves suturing. There is very little postoperative pain associated with the electrosurgery procedure. Most patients say that it feels like a burn from hot cheese on a pizza. A non-prescription pain reliever is usually adequate. Occasionally, the crown lengthening cannot be adequately completed with electrosurgery. Surgical crown lengthening will require sutures and delay in the final impression for the crown while the tissue heals. Four to eight weeks' healing time is usual. When either type of crown lengthening is not done, the chance of clinical success of the crown is seriously reduced.

All posts, core-crown build-ups, and crown lengthening are grouped together on this page because it is very common that these procedures need to be done together. If a tooth needs a root canal treatment, it is usually fairly well broken down and difficult to restore. Each procedure may be called for on its own, or with one or both of the other procedures. If any of these procedures need to be done, there will be a fee charged separate from the crown fee.