



Veneers

INFORMATION SHEET

Veneers

A veneer is a restoration to cover a tooth; it may be made of composite or porcelain. Veneers are an option for patients who want whiter, perfectly aligned teeth with no defects in colour, shape or position.

Why get a porcelain veneer?

Some dental conditions do not lend themselves to direct composite restorations and should be treated with porcelain veneers instead. If a tooth is too discoloured, composite may not totally cover up the defects. A porcelain veneer can restore esthetics and function in terms of colour and shape. This is also a more conservative treatment.

Any elective treatment must include a treatment plan customized to each patient.

Indications

- Multiple stained teeth (tetracyclines)
- Generalized enamel defects (decalcifications)
- To close gaps between teeth (diastemas) (Fig. 1)
- Misaligned and rotated teeth
- Wear and tear on incisor tips of teeth
- Failure with composites

Contraindications

- Lack of enamel or dental structure
- Extreme wear and tear of teeth
- Extreme dental overlapping
- Oral habits (e.g. teeth grinding)
- Patient wants a reversible treatment



Advantages

- Highly esthetic result
- Strength of cemented porcelain
- Stain-resistance
- Resistance to wear and tear
- Maintained gum health

Disadvantages

- High cost
- Length of time (requires two appointments)
- Tooth preparation
- Fragility of non-cemented porcelain
- Possibility of wear and tear on opposing teeth

Surgical procedure

At the first appointment (tooth preparation, impression and temporary restorations)

Before preparing the teeth, it may be necessary to clean or replace previous restorations. The dentist also needs to pick the colour of the future veneer, if possible, taking the colour of the natural tooth and patient preferences into account. Generally, removing a thin layer of tooth substance is sufficient. Then tooth impressions are taken. After that, the dentist performs temporary restorations on the modified teeth. These temporary restorations protect the tooth and gums, and help the dentist and patient confirm the expected result.

At the second appointment

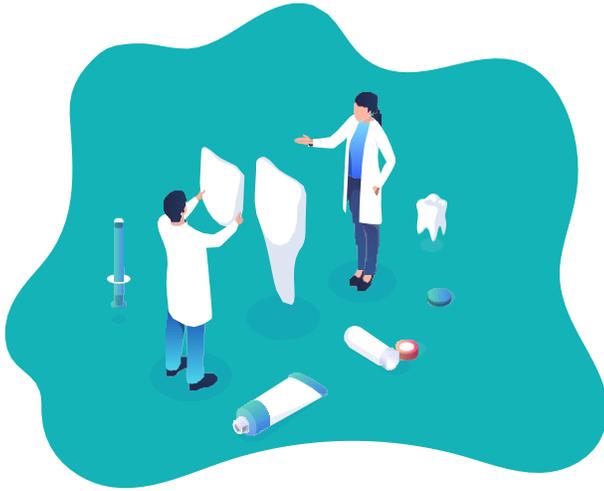
The dentist does the final trial of the porcelain veneers to check fit and colour. If no changes are required, the veneers are cemented into place.

Short-term considerations (30 days after placement)

It is important to be particularly cautious for the first 72 hours after veneer cementing since the resin binding the porcelain to the tooth is still setting during that time. The patient should follow a soft diet, avoiding extreme temperature variations in their mouth and not eat or drink anything which may cause staining of teeth (wine, coffee, etc.).

After the three-day period, the patient can go back to their usual diet. However, they should avoid chewing hard candy, crusty bread and meat that is eaten off a bone. They should also follow standard hygiene care (brushing and flossing).

Two to four weeks after placement of the veneers, a follow-up appointment is required to check the condition of the restorations and ask the patient about how it feels. Minor adjustments can be made, if needed.



Long-term considerations

Optimal oral hygiene is required to prevent the build-up of plaque where the veneer meets the tooth. Ideally, subsequent dental appointments should be scheduled every three to six months to ensure the longevity and appearance of the veneers. Veneers last five to ten years and, like any dental restoration, there is the potential for treatment failure. The main causes are:

Fracture

Fissures may form in the porcelain before or during cementation. The fissures may become more pronounced and look like cracks once the veneer has been installed. A clean break in the porcelain may occur during cementation.

Cementing failure

It is rare for a veneer to completely de-bond. If that happens, the dentist must re-cement it. If this happens more than once, it is suggested that the veneer be replaced with a ceramic crown.

Marginal infiltration

Fluid may infiltrate from the oral cavity around the veneer at the porcelain/tooth junction, causing problems, such as unsightly colour, staining or repeated cementing failure.

Colour

Generally, veneer colour remains stable for the first three years after the procedure. Over time, the colour may deteriorate. Infiltration of fluid at the edge of the veneer may cause staining and the colour of the resin cement between the porcelain and the tooth may change, affecting the appearance of the veneer.

I gave this information sheet to patient (name): _____

Date: _____

Dentists signature: _____