

Treatment Options for Damaged and Missing Teeth



- Crowns
- Bridges
- Implants
- Partial Dentures

Restoring Damaged or Missing Teeth

Your smile is what lights up your face. But damaged and missing teeth may make you too self-conscious to smile. They may also make your mouth hurt, especially when you eat. Your dentist has several ways of restoring a smile and ending any pain. One of them will likely work for you. Whether the problem just came up or has bothered you for years, this booklet will show you how your dentist can fix it.



When Your Bite Isn't Right

Without treatment, a broken, cracked, or missing tooth can cause pain and lead to more problems. A bad crack can damage the inside of a tooth so much that you could lose the tooth. When you lose a tooth for any reason, the remaining upper and lower teeth may not fit together as well as they used to. Chewing becomes harder, and sometimes painful. Even your speech can be affected.

When Your Teeth Don't Look Good

Broken teeth, crooked teeth, and gaps between teeth can make you embarrassed to smile. Even when you're not smiling, the absence of teeth can change the shape of your face and lips. These changes in how you look can affect how you feel about yourself. Fixing your problem teeth can make you look and feel better.

Ways to Restore Teeth

Teeth can be restored in several ways. The treatment option that's best for you depends on your individual needs. Each of the treatments discussed in this booklet is called a **restoration**. Your treatment may be performed by one or more dental providers.

Four Main Treatments

Crown	An artificial cover that fits over a damaged tooth to restore its size and shape. It is often called a “cap.”	Page 7
Bridge	A fixed replacement for one or more missing teeth. The teeth beside the gap are reshaped to support the bridge.	Page 8
Implant	An artificial root that supports a replacement tooth. By replacing the root, it helps keep the jawbone stable.	Page 10
Partial Denture	A removable replacement for missing teeth. It requires special care and regular adjustments.	Page 12

Your Dental Provider

Depending on your treatment needs, you may see one or more of the following dental providers. This booklet uses the word “dentist” for all of them.

- **General dentists** handle overall health of the mouth. They may do all the work themselves or be part of a team.
- **Prosthodontists** specialize in fixing teeth that are damaged and replacing teeth that are missing.
- **Oral surgeons** specialize in the surgical part of some treatments, such as placing implants and building up bone.
- **Periodontists** specialize in gums and jawbones supporting the teeth. They may also place implants.



Teeth Depend On Each Other

Your teeth work together as a set. They support each other to withstand the pressure of chewing. An upper tooth and lower tooth that meet are called **opposing teeth**. They must match up well in order to do a good job of biting and chewing.

Healthy Teeth, Gums, and Bone

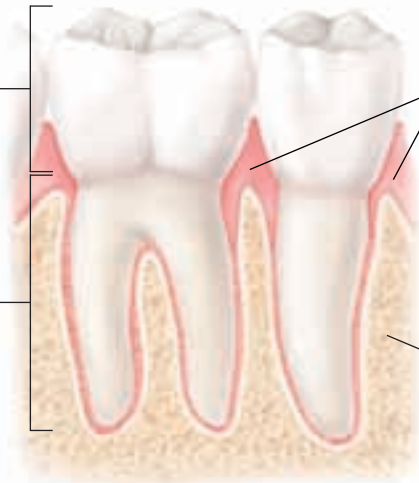
Teeth, gums, and bone are all parts of a single working system. The gums protect the bone. The bone anchors the teeth. And the presence of teeth in the jaw helps keep the bone healthy. A problem with any one part of the system tends to hurt the other parts.

The crown is the part you can see.

The root and ligaments hold each tooth in the jawbone.

The gums protect the jawbone from bacteria.

Jawbone



A healthy tooth helps keep the jawbone and nearby teeth stable.



When a tooth is missing, other teeth move out of position.

When You Lose a Tooth

If a missing tooth is not replaced, the teeth beside it lose part of their support. So they may start leaning into the gap. Even the opposing tooth may drift into it. As these teeth drift, their neighbors also may move. In time, several teeth can become loose and crooked. They get harder to clean, so **bacteria** (germs) collect on them. This can lead to gum disease, which threatens the roots of the remaining teeth. So you might wind up losing even more teeth. Over time, the bone in your jaw can shrink in the areas where each root used to be.

Evaluating Your Teeth

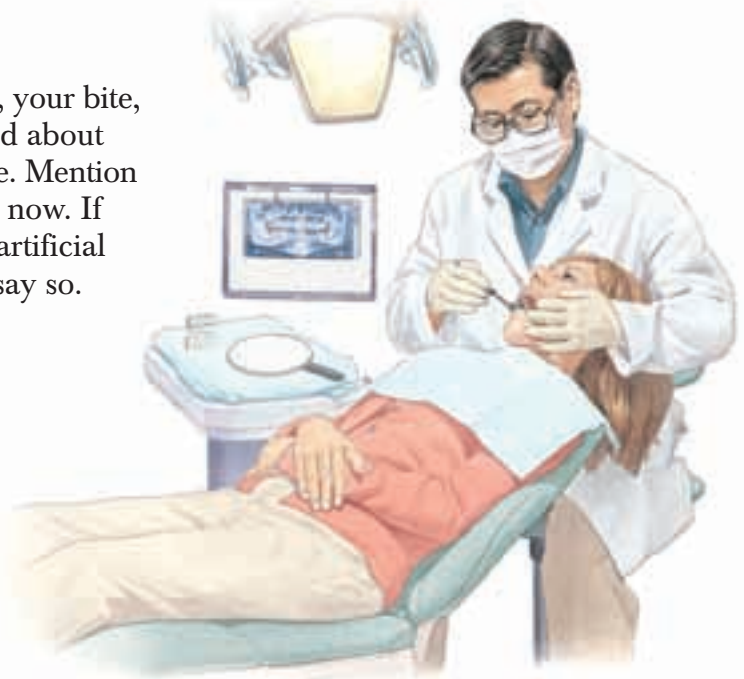
Restoring your smile starts with the dentist taking a careful look inside your mouth. This will help the dentist decide which kind of treatment is best for you and whether you need to see a specialist.

Your Exam

Your dentist will check each tooth, your bite, and your gums. You may be asked about dental problems you've had before. Mention any medical conditions you have now. If you have bleeding problems, an artificial joint, or an artificial heart valve, say so.

The dentist will also check:

- How your upper and lower teeth relate to each other.
- Whether your remaining teeth and jawbones are strong enough to support a restoration.
- Whether other problems need to be fixed first.



A Closer Look

Your dentist can tell a lot just by looking at your teeth. But further steps reveal what is not visible during a basic exam. The two most common steps are:

- **X-rays**, which show the inside of your teeth and jaws.
- **Impressions** (molds), from which a study model of your teeth is made.



X-rays can record problems such as bone loss, cracks and breaks in teeth, drifting, and the condition of roots.



A study model of your whole mouth lets your dentist view the details of your bite and the way your teeth line up.

Looking Ahead to Treatment

Your dentist will recommend the best treatment for you. If more than one treatment might be suitable, you and your dentist will discuss the options. As you think about your options, factor in the risks and the treatment time.

Durability

With proper care, any restoration will probably last many years. Ask your dentist how long yours is likely to last.

Treatment Times

Crown or bridge: Plan on 2 or 3 dental visits of at least an hour apiece.

Implant: Plan on 1 or 2 oral surgeries and 3 or more dental visits spaced over several months.

Partial denture: Plan on several dental visits a few weeks apart, then further adjustments at your regular checkups.

Impressions of Your Teeth

As part of any treatment, a paste will be pressed onto your teeth to form an impression (mold). A dental lab will make your restoration from this mold. If you had a study model made earlier, the process is about the same. This time, the impression will be more precise.

A cool paste pressed onto the problem area sets to form a mold. Your restoration is made from the mold.



Possible Risks and Complications

Most treatments have good outcomes. But problems sometimes do arise.

- **Any restoration** may come loose over time. It may irritate the gums, and gum disease may develop around it. Its appearance may change over time. Teeth under a crown or bridge can decay.
- **Implants** require oral surgery, with the risk of bleeding and infection. Injury is possible to the sinus and to nearby teeth, nerves, and muscles. The jawbone may fail to fuse to the implant.
- **Partial dentures** can irritate the lining of the mouth. They can be harder to clean, raising the risk of decay and periodontal disease. If they do not fit well, they may speed up bone loss in the jaw.

Crowns

A crown is the most common way to restore a single damaged tooth to its normal size and shape. A crown may be made of gold, other metals, porcelain, or porcelain fused to metal. If your crown will be visible when you smile, your dentist will try to match it to the color of nearby teeth.

1. Preparing Your Tooth

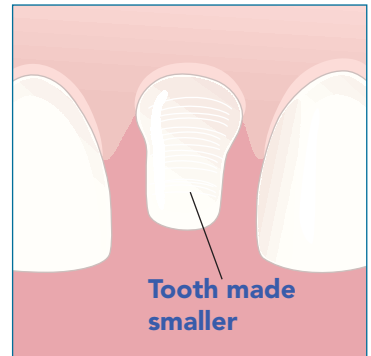
A crown needs to be the same size as the original tooth. Your dentist will make the damaged tooth smaller for the crown to fit over. Then an impression of the prepared tooth and the opposing tooth will be taken.

2. Between Visits

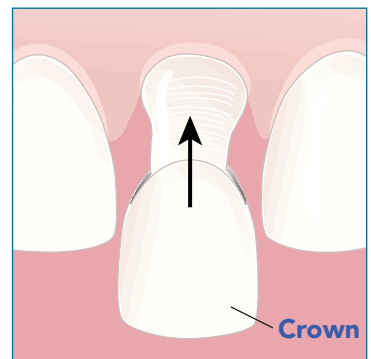
It will take 1 to 3 weeks for a lab to make your permanent crown. To protect the prepared tooth during that time, you may have a temporary crown. Keep your mouth extra clean during this time. To avoid pulling off the temporary, pull floss out sideways, not straight up or down. And avoid sticky foods. If the temporary does come off, ask your dentist whether you should secure it back in place with denture adhesive until you can visit the office.

3. Fitting Your Crown

At your follow-up visit, your dentist removes the temporary crown and puts on the permanent crown. He or she checks the fit. After making any needed adjustments, the dentist cements the crown into place. If you have any problems with the crown later, call your dentist. [See pages 14 and 15 for information about cleaning.](#)



The dentist prepares the tooth so a crown can slip over it.



The crown is adjusted for fit, then it is cemented into place.

When to Call Your Dentist

If any of these problems occur at any point, call your dentist:

- The crowned tooth hurts or feels sensitive to heat, cold, or biting pressure.
- The crown chips, comes loose, or falls out.
- The gums at the base of the crowned tooth swell, bleed easily, or get red or tender.

Bridges

A bridge replaces one or more missing teeth. Your bridge may be made of gold, other metals, porcelain, or porcelain fused to metal. Bridges are sometimes called fixed partial dentures. There are different types. Your dentist will recommend the type that's best for you.



Conventional Bridge

This bridge is made up of two crowns linked by a replacement tooth. The natural teeth on both sides of the gap are shaped so that the crowns can fit over them. They support the replacement tooth and bear the pressure of chewing.



Other Types of Bridges

Most bridges have the conventional design. But other designs are sometimes used.



Cantilever

A cantilever bridge is supported on only one side of the gap, so it has less support than a conventional bridge. A cantilever is used mostly in the front of the mouth, where the pressure of chewing isn't as strong. Sometimes it is used to replace the last tooth in the back.



Maryland

A Maryland (or resin bonded) bridge uses thin metal "wings" to hold the replacement tooth in place. The wings are cemented to the backs of both teeth next to the gap. This bridge disturbs nearby teeth less than the other kinds of bridges. But the bonding can come loose over time.

1. Preparing Your Mouth

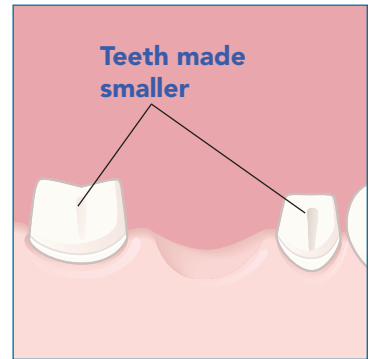
For a conventional bridge, your dentist will prepare both teeth next to the gap. This involves shaping them and reducing their size, as for a crown. During this process, you will hear the sound of drilling, as for a cavity. Then the dentist will take impressions of the prepared teeth and their opposing teeth. You and your dentist may also select a tooth shade so your new bridge will match the teeth around it.

2. Temporary Bridge

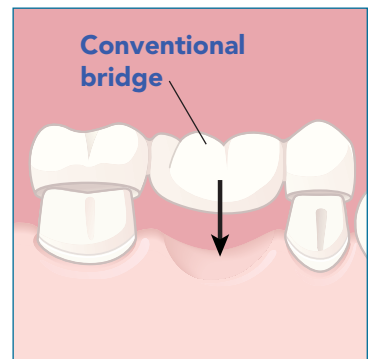
It will take 1 to 3 weeks for a lab to make your permanent bridge. Meanwhile, you will have a temporary. During this time, keep your mouth extra clean. Pull floss out from the side to avoid pulling off the temporary. Avoid sticky foods and chewing gum. If the temporary comes off, ask your dentist about holding it in place with denture adhesive until you can visit the dental office.

3. Fitting Your Bridge

Your dentist will take off your temporary. Then he or she will set the permanent bridge loosely in place to check the fit and the bite. After making any needed adjustments, your dentist will cement the bridge into place. If it feels uncomfortable later, return for an adjustment. Keep the space under it clean. [See pages 14 and 15 for information about cleaning and special cleaning aids.](#)



First, the teeth next to the gap are made smaller.



Next, the bridge fits down over the prepared teeth.

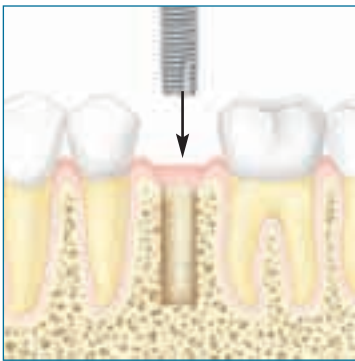
When to Call Your Dentist

If any of these problems occur at any point, call your dentist:

- Either your temporary or permanent bridge comes loose or falls out. Don't try to fix the problem yourself.
- The teeth supporting the bridge hurt or feel sensitive.
- Your gums around the bridge bleed easily or get red, swollen, or tender.

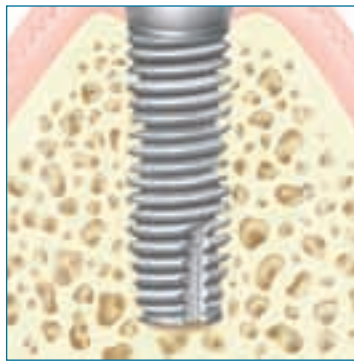
Implants

An implant is an artificial (metal) root in your jawbone. Replacement teeth supported by implants look, feel, and work just like natural teeth. But implants are not for everyone. Ask your dentist whether they could be right for you. If they are, your gums or jawbone may need treatment first. Implants tend to cost more than other treatments. And the entire implant process can take many months. So, before starting the process, be sure you're ready to see it through.



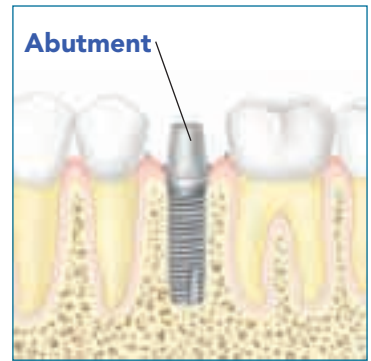
1. Placing the Implant

Surgery is used to place implants in the jawbone. The dentist makes an incision in the gum and carefully drills a hole in the bone. A metal implant is placed in the hole. If you need more than one implant, they may all be placed at the same time. Arrange to have someone drive you home after the procedure.



2. Letting Bone Grow

It will take 4 to 6 months for the bone in your jaw to grow and fuse to the implant. This fusing is called osseointegration. During this time, you may have a temporary replacement tooth. Keep it and the areas near your incision very clean. Go in for checkups as directed.

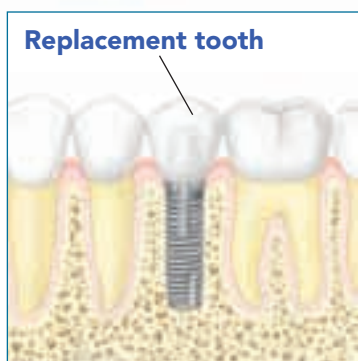


3. Placing the Abutment

An abutment is the link between the implant and the artificial tooth it supports. Your dentist may place the abutment at the same time as the implant or after the bone has grown and fused to the implant.



Implants and abutments are placed during oral surgery. You may have a local or general anesthetic to keep you pain-free.



4. Getting Your New Tooth

Once your gums have healed, your dentist will take an impression. Within several weeks your final replacement tooth will be made from this impression. Your dentist will then attach it to the abutment. **See pages 14 and 15 for care instructions.**

When to Call Your Dentist

If any of these problems occur at any point, call your dentist:

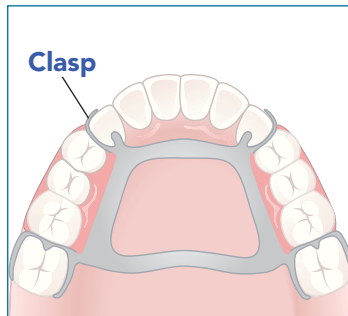
- Bleeding that won't stop
- Lots of swelling under your tongue or around your face or neck
- Pain in your mouth, jaws, or sinuses that medications won't relieve
- Fever
- Numbness that does not go away
- Bite feels wrong or implant feels loose
- Replacement tooth feels loose, chips, or breaks

Partial Dentures

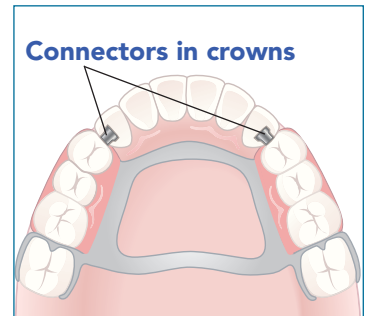
A removable partial denture is one or more replacement teeth supported by a metal or plastic frame. It does not attach as securely in your mouth as other kinds of restorations, so it will take time to get used to. You will need to have your dentist regularly adjust its fit.

Types of Attachments

Most partial dentures are held in place by metal clasps. These clip onto the teeth on each side of the gap. In some cases, though, your dentist may suggest a “precision attachment.” With this method, a connector fits into a slot prepared in the crowned supporting tooth.



Clasps are the standard way to attach a partial. They can be tooth-colored.



A precision attachment is less visible than clasps. Supporting teeth must be crowned.

1. Preparing Your Mouth

Before getting a partial, you may need some other dental work. Teeth may need to be removed or reshaped. Bone may need to be built up. Then your dentist will take an impression of your gums and remaining teeth. Your partial will be made from this impression. You may wear a temporary partial while the lab makes your final one. If so, your dentist will advise you about when and how to take it out and clean it.

2. Fitting Your Partial

Once your final partial is made, your dentist will make the first of many adjustments to it. He or she will check for pressure spots on your gums and make sure the look and bite are good. You will learn how to put it in and when to take it out. Plan to visit your dentist twice a year to have your partial checked and adjusted if needed.

Getting Used To a Partial

Your partial will feel awkward for a few weeks. It is likely to affect your speech, and your mouth may water a lot at first. Keep wearing the denture. That way you will get used to it sooner.

- Practice reading out loud until your tongue adjusts to the feel of the denture.
- Practice putting the denture in and taking it out. Never force it into position by biting down. That could bend or break the clasps.
- Eat soft foods at first. Avoid sticky or hard foods. Cut all foods into small pieces.



The fit of your partial will change over time. Have your dentist adjust it as needed.

Care Over the Years

Your mouth naturally changes shape over time. To keep up with those changes, your denture must be adjusted. If it's not, it will feel less comfortable. Worse, it may irritate your gums and speed up bone loss in your jaw. To get the best results with a partial:

- See your dentist as instructed to have the partial checked and adjusted. Never adjust or repair it yourself.
- Take it out at bedtime to let your gums rest.
- Avoid gum problems and decay by keeping the support teeth especially clean. When cleaning the partial, hold it over water or a towel so it won't get damaged if you drop it. **See page 14 for more information about care.**

Keeping Your Teeth Clean

Bacteria collects in every nook and cranny of your mouth. It can cause disease in teeth, gums, and bone. It can even decay teeth beneath crowns and bridges. Brushing cleans bacteria from surfaces that are easy to reach. But to clean where a toothbrush can't reach, you need to floss. There are a few special ways to keep restored teeth clean. But mostly it's just a matter of doing a very good job of basic daily dental care.



Bacteria (shaded areas) can collect even under the gums.

Brushing Crowns, Bridges, and Implants

Brushing removes bacteria and little pieces of food. Brush crowns, bridges, and implants as you would your natural teeth. Thoroughly clean all surfaces you can reach, especially along the gumline. For the best cleaning, an electric toothbrush may help.



Brushing the gumline helps keep your gums healthy. This is as important as brushing the teeth themselves.

Cleaning Partial Dentures

Brush your partial at least once a day. Rinse it after each meal. When you're not wearing it, soak it in denture cleanser. Rinse it well before putting it back in your mouth.



Use a special denture brush and the cleanser your dentist recommends.

Flossing Crowns, Bridges, and Implants

Flossing daily removes bacteria from between teeth and from pockets between teeth and gums. A water jet product helps.

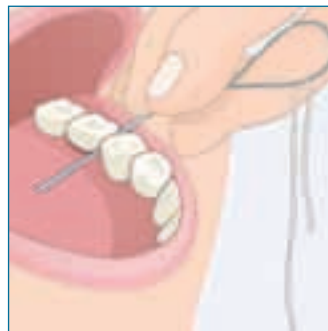
- Clean all surfaces under and around a restoration just as well as you would clean your natural teeth. The technique is also pretty much the same.
- Flossing is easiest with a floss holder or disposable floss tool. These let you floss with one hand. That way you can floss while doing other tasks, such as working at a desk.



Take about 18 inches of floss and wrap the ends around your middle fingers.



Gently slide the floss between your teeth. Scrape it against the side of each tooth several times.



A floss threader helps you get floss under a bridge.

Cleaning Aids



Denture cleansers reach denture surfaces that brushing misses.



Floss holders help you floss in hard-to-reach places.



Interdental brushes clean inside spaces, such as under a bridge.



Electric toothbrushes can help you clean teeth with less effort.

Dental Care for the Long Term

Maybe you haven't been taking care of your teeth and mouth as well as you should. If so, now is the time to start forming new habits. Your restoration, natural teeth, and gums all need to be cleaned well. Brush after every meal and floss every day to ward off tooth decay and gum disease. See your dentist twice a year—more often if recommended—to catch any problems early.



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