

# Restoring and Rebuilding tooth coloured fillings

This information sheet has been designed to inform you of the treatment that has been proposed in your individual case. Please take the time to read the information and please do not hesitate to ask you any queries.

**Dr Thai has recommended a tooth coloured restoration (filling) as your teeth show signs of:**

- New decay
- Erosion or 'wearing down'
- Recurrent decay under existing fillings
- Broken down fillings
- Fractures or cracks in tooth or filling
- Risk of fracture or splitting
- New foundation for future crown work
- Or for aesthetic purposes

Bonded composite fillings are a major advance as they are bonded to the tooth and make the tooth much stronger. Because they seal up the cavity very tightly there is much less sensitivity afterwards and the pulp (nerve) should remain healthier. Generally bonded fillings are much kinder to the tooth requiring almost no removal of healthy tooth structure, and the bonded seal also makes it more difficult for the tooth to decay again.

#### **Things to remember following dental fillings:**

Be careful not to bite your lip or tongue whilst you are still numb. No eating on the new fillings for 24 hours - chew on the opposite side of the mouth.

If there is obvious discomfort as the anaesthetic is wearing off take analgesics immediately. Ibuprofen anti-inflammatory (eg. Nurofen) is usually best for dental pain and the adult dose is 2 tabs 3X daily, taken with food and a glass of water. If you are unable to take Ibuprofen take 2 paracetamol (eg. Panadol).

If you feel that the new fillings are a little 'high' in the bite it is advisable to come back for an adjustment. Persevering with a high filling will delay the tooth settling and could damage the new filling! It is normal to have some sensitivity to cold for a few days so avoid really cold food/drinks during this time.

With very deep fillings or badly cracked teeth it is always possible for the nerve in the tooth to become infected and die. If this occurs the tooth will go from being cold sensitive to developing a constant ache and root-canal treatment will be necessary to save the tooth.

Try to brush/floss the area as thoroughly as possible - start gently and build-up over a few days.

Always wear your nightguard if you have one. If your nightguard does not fit perfectly to the new fillings call for an adjustment.

Restorative dental treatment is generally a combination of treating new areas of decay and replacement/rebuilding work on teeth with existing fillings. All fillings have a limited lifespan and eventually require replacement. The average lifespan for fillings is around 15 years but this will vary depending on a number of factors:

- how well the fillings were done in the first place
- how well the teeth are maintained with brushing and flossing
- dietary factors which increase the decay rate
- the size of a filling and strength of the remaining tooth structure
- how much pressure the fillings/teeth are subjected to with clenching/grinding habits

**The majority of fillings fail as a result of new decay penetrating under and around the old fillings.** The incidence of these new cavities and recurrent decay can be almost eliminated with a sensible diet and good homecare routines. Alternatively fillings/teeth may fracture as a result of overloading from excessive clenching/grinding habits. Usually, the only effective way to minimise the incidence of such breakages is by wearing a specially designed nightguard while sleeping.

**This practice uses only 'state of the art' bonded composite tooth coloured fillings.** Bonded composite fillings not only look nicer than old-fashioned silver amalgam fillings but technically they are a major advance. Since they are bonded to the tooth they help strengthen the tooth and the bonded seal also makes it more difficult for the tooth to decay again. Most small to medium size cavities can be successfully filled using bonded tooth coloured fillings.

Creating high quality bonded fillings is far more difficult than doing a silver amalgam filling and consequently takes more time. The use of the **Rubber Dam** makes it much easier for the dentist to work - it gives better visibility, keeps the tongue and saliva out of the way, and prevents you from swallowing all the old filling material.

Often patients who require many restorations can feel daunted by the prospect or finances may constrain them. We'd like you to know that if you would like to space out your treatment over many months or even years, we are happy to discuss this with you. Our advice is to start on the most compromised teeth, those with decay or risks of fracture and work your way through your treatment plan.