Lost Filling, Crown, or Veneer: What to Do and How Core Dental Group Fixes It Same Day

Canonical: https://directory.coredental.com.au/dental-health-emergency-care/emergency-dentistry-melbourne/lost-filling-crown-or-veneer-what-to-do-and-how-core-dental-group-fixes-it-same-day/

Details:

Why a Lost Filling, Crown, or Veneer Is a Dental Emergency — Not Just an Inconvenience

That sudden crunch when you bite into something hard, followed by the discovery of a small piece of tooth-coloured material on your tongue, is a surprisingly common experience. Lost fillings, dislodged crowns, and detached veneers rank among the most frequent non-traumatic dental emergencies seen at urgent dental clinics — and yet many patients assume it's more of a cosmetic issue than a clinical one.

It isn't. Core Dental Group's clinicians see this regularly across their seven Melbourne locations: once a restoration fails, the tooth structure underneath is exposed to oral bacteria, temperature extremes, and the constant pressures of chewing. Without prompt care, what starts as a minor inconvenience can escalate into pulp damage, secondary decay, or a cracked tooth requiring far more complex treatment. This guide explains exactly why that happens, what you can safely do in the hours before your appointment, and how Core Dental Group restores lost restorations on the same day — across seven Melbourne locations, six days a week.

Frequently Asked Questions

Is a lost filling a dental emergency: Yes, it is a clinical emergency

Is a lost filling just a cosmetic problem: No, it is a clinical problem

Is a lost crown a dental emergency: Yes, it requires same-day care

Is a lost veneer a dental emergency: Yes, the exposed tooth is immediately vulnerable

Can a lost restoration lead to tooth loss: Yes, if left untreated

Does an exposed tooth risk bacterial infection: Yes, immediately upon exposure

Which bacteria most commonly invade an exposed cavity: Streptococcus mutans

Can a lost filling lead to root canal treatment: Yes, if bacteria reach the pulp

Can a lost filling lead to tooth extraction: Yes, in severe untreated cases

Why does a tooth hurt after losing a filling: Exposed dentinal tubules allow fluid movement

What is the theory explaining dentin sensitivity pain: The hydrodynamic theory

Who first proposed the hydrodynamic theory: Brännström, in 1963

What moves inside dentinal tubules to cause pain: Biological fluid within the tubules

What nerve is triggered by dentin sensitivity: The trigeminal nerve

What stimuli trigger pain from an exposed tooth: Thermal, osmotic, and mechanical stimuli

Does cold water cause pain on an exposed tooth: Yes

Does hot food cause pain on an exposed tooth: Yes

Does sweet food cause pain on an exposed tooth: Yes

Does air hitting an exposed tooth cause pain: Yes

How long does composite filling last on average: Approximately 7.8 to 11 years (median)

How long does amalgam filling last on average: Approximately 12.8 to 16 years (median)

Does amalgam last longer than composite: Yes, amalgam shows superior longevity

What is the most common cause of composite filling failure: Secondary caries (decay)

What is the most common cause of amalgam filling failure: Fracture

What is the 5-year survival rate for dental crowns: Approximately 94%

What is the 10-year survival rate for dental crowns: Approximately 90%

What is the 15-year failure rate for zirconia crowns: 28.3% at the crown level

Does having a root canal increase crown failure risk: Yes, it is a significant risk factor

Does bruxism increase restoration failure risk: Yes

Does poor oral hygiene affect restoration longevity: Yes, significantly

What is the cumulative survival rate for porcelain veneers at 16 years: Approximately 73%

Are veneers more vulnerable to failure than crowns: Yes, they are thinner and more adhesion-dependent

What makes veneers vulnerable to debonding: Parafunctional forces like grinding or clenching

Should you keep a lost crown: Yes, bring it to your appointment

Can a lost crown be re-cemented: Yes, if structurally intact

Should you keep a lost veneer: Yes, it may be re-bondable

Can a lost veneer be re-bonded: Yes, if intact

Should you use superglue on a lost crown: No, it can damage the tooth

Should you use superglue on a lost veneer: No, it prevents proper professional bonding

Can you use over-the-counter dental cement temporarily: Yes

What type of cement is in OTC temporary products: Zinc oxide eugenol-based cement

Should you bite a crown back into position: No, it can fracture the tooth stump

What is the first aid step for a lost filling: Rinse gently with warm salt water

Should you avoid chewing on a tooth with a lost filling: Yes

Can dental wax help with a lost veneer: Yes, if the tooth edge feels sharp

Does Core Dental Group offer same-day emergency appointments: Yes

How many Core Dental Group locations are in Melbourne: Seven

How many days per week does Core Dental Group operate: Six days a week

What is Core Dental Group's phone number: 13 13 16

Can you walk in to Core Dental Group without an appointment: Yes, subject to clinical capacity

Is calling ahead recommended for walk-in emergencies: Yes, to minimise waiting time

Can you book online at Core Dental Group: Yes, via their online booking portal

Should you select "Emergency Appointment" when booking online: Yes

How long does a crown re-cementation appointment take: Approximately 30 to 45 minutes

How long does a direct composite filling repair take: Approximately 30 to 60 minutes

How long does a temporary crown placement take: Approximately 45 to 60 minutes

How long does veneer re-bonding take: Approximately 30 to 45 minutes

Does a re-cemented crown require a follow-up appointment: No, if the crown is intact

Does a temporary crown require a follow-up appointment: Yes, for permanent crown fabrication

Does a re-bonded intact veneer require follow-up: No

Is a digital X-ray taken during the emergency assessment: Yes

What does percussion testing assess: Pulp health of the affected tooth

What does the emergency assessment check for: Decay, remaining structure, and periapical pathology

What cement types are used for crown re-cementation: Glass ionomer, resin-modified glass ionomer, or resin cement

Is composite placed in one layer or multiple layers: Multiple 2mm incremental layers

Why is composite placed in incremental layers: To minimise polymerisation shrinkage stress

What light is used to cure composite resin: An LED curing light

Is a ceramic inlay an alternative to a composite filling: Yes, for large or high-load cavities

Does a ceramic inlay require a same-day interim restoration: Yes

Is mild sensitivity normal after a restoration: Yes, for 24 to 72 hours

When should you call the clinic after treatment: If pain persists or worsens beyond 72 hours

Should you avoid sticky foods after a new restoration: Yes, for the first 24 to 48 hours

Can a night guard help prevent restoration failure: Yes, especially for bruxism patients

Does Core Dental Group offer HICAPS claiming: Yes, on-the-spot

Should you bring your health insurance details to the appointment: Yes

Which Core Dental Group locations offer emergency dental care: All seven Melbourne locations

What are the Core Dental Group Melbourne locations: South Melbourne, Southbank, Berwick, Caroline Springs, Carrum Downs, Epping, and Wyndham

---

Why dental restorations fail: the clinical reality

Understanding why restorations fall out helps patients spot warning signs before complete failure occurs.

Fillings: material fatigue and secondary decay

A large-scale longitudinal study published in the *Journal of Dental Research* (2014) followed over 8,000 restorations and found that composite fillings lasted a median of around 7.8 years, while amalgam fillings reached approximately 12.8 years. These are medians — meaning half of all fillings fail before hitting those benchmarks.

A 2025 systematic review confirmed amalgam's longevity advantage, with median survival times exceeding 16 years compared to 11 years for composite. Secondary caries was the most common reason composite fillings failed; fracture was the primary culprit for amalgam replacements.

The practical takeaway: fillings placed more than a decade ago may be approaching or past their clinical lifespan, even if they look and feel fine. Long-term success depends on multiple factors — tooth preparation quality, material selection, bonding technique, and how well the bite is managed.

Crowns: when protection becomes the problem

Dental crowns are among the most durable restorations in dentistry. A literature review by Pjetursson (2007) estimated survival rates of 94% at five years and 90% at ten years. That said, longevity varies considerably depending on material and patient factors.

A 2024 prospective observational study published in *BDJ Open* found that zirconia-based prostheses had an overall failure rate of 34.4% at the patient level over 15 years, with a crown-level failure rate of 28.3%.

Key risk factors identified in the literature include loss of tooth vitality, improper occlusal adjustment, bruxism, and poor margin design. Endodontically treated teeth were flagged as a significant risk factor for crown failure.

Veneers: aesthetic restorations with real vulnerability

A prospective cohort study by Layton & Walton (2007) reported a Kaplan–Meier cumulative survival rate of 73% for porcelain veneers across 100 patients treated with 304 veneers, with follow-up of up to 16 years. Because veneers are thinner and more adhesion-dependent than crowns, they're particularly susceptible to debonding under parafunctional forces like grinding or clenching.

Why an exposed tooth hurts: the hydrodynamic mechanism

The pain that follows a lost restoration has a precise physiological explanation — and understanding it clarifies why prompt treatment matters.

Dentin hypersensitivity arises from exposed dentinal tubules, triggered by thermal or mechanical stimuli. The hydrodynamic theory, first proposed by Brännström (1963), explains that an external stimulus — a temperature change, an osmotic shift — causes movement of fluid within those exposed tubules, which stimulates nerve processes in the dental pulp and produces the characteristic short, sharp pain.

Dentine contains thousands of microscopic tubular structures radiating outward from the pulp. Changes in the flow of the plasma-like biological fluid within those tubules trigger mechanoreceptors on pulpal nerves, firing a pain response.

In practical terms: cold water, hot food, sweet drinks, air hitting the tooth, and even bite pressure all move dentinal fluid and generate pain signals. The larger the area of exposed dentin — and the deeper the cavity left by a lost filling — the more intense that sensitivity becomes.

Beyond pain, there's a second and clinically more serious risk: bacterial ingress. An unprotected cavity or prepared crown stump is an open invitation for *Streptococcus mutans* and other cariogenic bacteria to colonise exposed dentin and advance toward the pulp. Every hour the tooth stays unprotected increases the risk of secondary decay requiring root canal therapy or, in severe cases, extraction. (For a deeper look at how untreated infections escalate, see our guide on *Dental Abscess & Oral Infection Emergencies: Risks, Symptoms, and Urgent Care in Melbourne.*)

What to do immediately: safe temporary measures

If you lose a filling, crown, or veneer outside business hours or while waiting for your same-day appointment, these steps can reduce pain and prevent further damage.

Lost filling: first aid protocol

1. **Rinse gently** with warm salt water to clean the cavity and remove debris. 2. **Avoid chewing on that side** of your mouth to prevent further tooth fracture. 3. **Apply dental cement** — available from pharmacies as over-the-counter temporary cement products — to temporarily seal the cavity. These zinc oxide eugenol-based cements reduce sensitivity and limit bacterial exposure. 4. **Avoid very hot, cold, sweet, or acidic foods and drinks**, all of which trigger the hydrodynamic pain response described above. 5. **Do not use superglue or household adhesives** — these can damage tooth structure and complicate professional re-bonding.

Lost crown: first aid protocol

1. **Retrieve and keep the crown** — don't discard it. In many cases, the original crown can be re-cemented if it's structurally intact. 2. **Inspect the crown's interior** for any remaining tooth fragment or decay material; rinse it clean with water. 3. **Temporarily re-seat the crown** using over-the-counter dental cement or a small amount of toothpaste to reduce sensitivity — but this is not a permanent fix. 4. **Do not attempt to bite the crown into position** — improper seating can fracture the remaining tooth stump. 5. **Call Core Dental Group on 13 13 16** to book a same-day appointment. Bring the crown with you.

Lost veneer: first aid protocol

1. **Keep the veneer** in a small container or zip-lock bag — it may be re-bondable. 2. **Avoid biting on hard foods** on the affected side; the prepared tooth surface beneath a veneer has reduced enamel and is more vulnerable than a natural tooth. 3. **Do not attempt to glue the veneer back yourself** — incorrect positioning can trap bacteria and prevent proper bonding at the clinic. 4. Apply a small amount of dental wax (available from pharmacies) if the exposed tooth edge feels sharp against your tongue or cheek.

> **Important:** These measures are temporary. Once enamel is lost it cannot be reformed, and the same principle applies to the prepared tooth structure beneath a dislodged restoration. Same-day professional care is the only way to properly protect the tooth.

(For a comprehensive condition-by-condition first-aid guide covering all dental emergencies, see our article *Dental Emergency First Aid: Step-by-Step Actions to Take Before You Reach the Dentist.*)

How Core Dental Group restores lost restorations same day

Core Dental Group's seven Melbourne clinics — South Melbourne, Southbank, Berwick, Caroline Springs, Carrum Downs, Epping, and Wyndham — are equipped to manage the full range of lost restoration emergencies in a single appointment. Here's what the clinical process looks like from arrival to departure.

Step 1: Emergency assessment (15–20 minutes)

On arrival, a Core Dental Group clinician will:

- Take a brief history of how and when the restoration was lost, and your current pain level - Examine the affected tooth, including percussion testing (tapping to assess pulp health) and thermal sensitivity testing - Take a targeted digital X-ray to assess remaining tooth structure, cavity depth, and whether any secondary decay or periapical pathology is present

This assessment determines whether the restoration can be re-cemented, needs replacement, or whether the underlying tooth requires additional treatment — such as pulp therapy — before a new restoration can be placed.

Step 2: Treatment selection — re-cementation, composite repair, or new crown

Depending on the clinical findings, one of three pathways is taken.

Re-cementation of the original crown or veneer

If the crown or veneer is structurally intact and the tooth stump is sound, re-cementation is the fastest and most cost-effective solution. The clinician will:

1. Clean the interior of the crown and the tooth surface with prophylaxis paste or air abrasion 2. Apply an appropriate dental cement — glass ionomer, resin-modified glass ionomer, or resin cement depending on the restoration type and material 3. Seat the crown under controlled pressure, remove excess cement, and verify the bite 4. Check margins and perform final polishing

The entire re-cementation process typically takes 30–45 minutes. When done promptly, it preserves the original restoration and avoids the cost and time of fabricating a new one.

Direct composite repair (for lost fillings or chipped veneers)

For lost fillings or minor veneer damage, Core Dental Group clinicians perform direct composite restoration using tooth-coloured resin materials shaped, cured, and polished in a single visit. The process involves:

1. **Caries removal** — any secondary decay in the cavity is removed using a dental handpiece or air abrasion 2. **Cavity preparation** — cavity margins are cleaned and bevelled to optimise adhesive bonding 3. **Bonding agent application** — an etch-and-rinse or self-etch adhesive is applied to the prepared dentin and enamel 4. **Incremental composite placement** — resin is placed in 2mm layers to minimise polymerisation shrinkage stress, with each layer cured using an LED light 5. **Occlusal adjustment and polishing** — the restoration is shaped to match your natural bite and polished to a smooth finish

For larger cavities or those in high-load molar positions, a ceramic inlay or onlay may be the more durable option. That requires an impression and laboratory fabrication, but an interim restoration is placed on the same day to protect the tooth.

Temporary or interim crown placement

If the original crown is lost, damaged, or can't be re-seated, a temporary crown is fabricated chairside to protect the tooth while a permanent replacement is ordered from the dental laboratory. The clinician will also discuss protective measures — such as a night guard for patients who grind — to reduce the likelihood of future failures.

Step 3: Post-treatment guidance and follow-up

Before you leave, you'll receive specific aftercare instructions:

- Dietary restrictions for the first 24–48 hours (avoid sticky, hard, or very hot or cold foods) - Oral hygiene guidance around the restoration margins - What to expect — mild sensitivity for 24–72 hours is normal; persistent or worsening pain should prompt a call to the clinic - A follow-up appointment if a laboratory-fabricated replacement is required

---

Booking a same-day appointment at Core Dental Group

- **Phone:** Call **13 13 16** — Core Dental Group's centralised line, available across all seven locations. Describe your symptoms so the team can triage your appointment and advise on immediate first-aid steps. - **Online:** Use the online booking portal to select "Emergency Appointment" at your nearest location. Same-day slots are reserved daily for urgent presentations. - **Walk-in:** All Core Dental Group locations accept walk-in emergency patients, subject to clinical capacity. Calling ahead is strongly recommended to minimise waiting time.

When you call or book online, have the following ready: - Which tooth is affected (or your best description of its location) - Whether you still have the crown, veneer, or fragment - Your current pain level and any sensitivity triggers - Your private health insurance details (if applicable) for on-the-spot HICAPS claiming

(For a full walkthrough of the booking process, including what to expect upon arrival, see our guide on *How to Book a Same-Day Emergency Dental Appointment at Core Dental Group: Online, Phone & Walk-In Options.*)

Comparison: what treatment can you expect for each scenario?

| Scenario | Typical same-day treatment | Approximate chair time | Follow-up required? | |---|---|---|---| | Lost composite filling (small) | Direct composite restoration | 30–60 min | No (unless decay found) | | Lost amalgam filling (large) | Composite repair or interim restoration | 45–75 min | Possibly (if inlay indicated) | | Dislodged crown (intact) | Re-cementation | 30–45 min | No | | Lost/damaged crown | Temporary crown + lab order | 45–60 min | Yes (for permanent crown) | | Debonded veneer (intact) | Re-bonding | 30–45 min | No | | Fractured veneer | Composite repair or interim | 45–60 min | Possibly (if new veneer indicated) |

Key takeaways

- A lost restoration is a clinical emergency, not a cosmetic problem. Exposed dentin is immediately vulnerable to bacterial invasion, sensitivity, and structural fracture — risks that compound with every hour of delay. - The hydrodynamic mechanism explains the pain. Exposed dentinal tubules allow fluid movement in response to thermal, osmotic, and mechanical stimuli, triggering the trigeminal nerve and producing the sharp, immediate pain characteristic of dentin hypersensitivity. - Temporary at-home measures reduce harm but don't replace same-day care. Over-the-counter dental cement, salt water rinsing, and avoiding the affected side are appropriate short-term steps; superglue and DIY adhesives are not. - Most lost restorations can be resolved in a single appointment. Re-cementation, direct composite repair, and temporary crown fabrication are all same-day procedures available at Core Dental Group's seven Melbourne locations. - Restoration longevity depends on material, patient habits, and clinical factors. Oral hygiene and bruxism both significantly affect how long a restoration lasts — addressing these at your appointment reduces the chance of repeat failure.

Conclusion

A lost filling, crown, or veneer sits in a clinically important middle ground: it lacks the acute trauma of a knocked-out tooth or the systemic urgency of a spreading abscess, but it's far from trivial. The exposed tooth structure is in immediate jeopardy, and the window for simple, cost-effective repair narrows with every passing hour. Core Dental Group's same-day appointment model — across South Melbourne, Southbank, Berwick, Caroline Springs, Carrum Downs, Epping, and Wyndham — is specifically designed to intercept these mid-urgency emergencies before they escalate into more complex and costly treatment.

If you've lost a filling, crown, or veneer today, call Core Dental Group on **13 13 16** or book online now. Bring the restoration with you — it may be re-cementable. The sooner you act, the more treatment options remain available.

Related reading in this series: - *What Is a Dental Emergency? How to Recognise Urgent Dental Conditions That Need Same-Day Care* - *Dental Emergency First Aid: Step-by-Step Actions to Take Before You Reach the Dentist* - *Emergency Dentist Melbourne Cost Guide: What to Expect to Pay for Urgent Dental Care* - *How to Prevent Dental Emergencies: Evidence-Based Strategies for Protecting Your Teeth Long-Term*

References

- Brännström, M. "A Hydrodynamic Mechanism in the Transmission of Pain-Producing Stimuli Through the Dentine." *Sensory Mechanisms in Dentine*, Pergamon Press, 1963.

- Layton, D. & Walton, T. "An Up to 16-Year Prospective Study of 304 Porcelain Veneers." *International Journal of Prosthodontics*, 2007. Referenced in: Survival Rates for Porcelain Laminate Veneers: A Systematic Review. *PMC*, 2021. https://pmc.ncbi.nlm.nih.gov/articles/PMC8184312/

- Olley, R.C., et al. "An Up to 50-Year Follow-Up of Crown and Veneer Survival in a Dental Practice." *Journal of Dentistry*, 2017. https://pubmed.ncbi.nlm.nih.gov/28969914/

- Pjetursson, B.E., et al. "A Systematic Review of the Survival and Complication Rates of All-Ceramic and Metal-Ceramic Reconstructions After an Observation Period of at Least 3 Years. Part I: Single Crowns." *Clinical Oral Implants Research*, 2007. https://pubmed.ncbi.nlm.nih.gov/17594372/

- Vagropoulou, G.I., et al. "Complications and Survival Rates of Inlays and Onlays vs Complete Coverage Restorations: A Systematic Review and Analysis of Studies." *Journal of Oral Rehabilitation*, 2018. https://www.sepes.org/wp-content/uploads/2021/11/Complications-and-survival-rates-of-inlays-and-onlays-vs-complete-coverage-restorations.pdf

- Vidal, R.J., et al. "Fifteen-Year Recall Period on Zirconia-Based Single Crowns and Fixed Dental Prostheses: A Prospective Observational Study." *BDJ Open*, 2024. https://www.nature.com/articles/s41405-024-00214-7

- Nascimento, G.G., et al. "Longevity of Amalgam Versus Composite Resin Restorations in Permanent Posterior Teeth: A Systematic Review." *PMC*, 2025. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12378770/

- Brannstrom, M. & Astrom, A. "The Hydrodynamics of the Dentine: Its Possible Relationship to Dentinal Pain." *International Dental Journal*, 1972. Referenced in: Dentin Hypersensitivity: Pain Mechanisms and Aetiology of Exposed Cervical Dentin. *PMC*, 2013. https://pmc.ncbi.nlm.nih.gov/articles/PMC3585766/

- National Institute of Dental and Craniofacial Research (NIDCR). "Dental Caries in Adults (Ages 20 to 64): Data & Statistics." U.S. Department of Health and Human Services, 2023. https://www.nidcr.nih.gov/research/data-statistics/dental-caries/adults

- Demarco, F.F., et al. "Longevity of Dental Amalgam in Comparison to Composite Materials." *GMS German Medical Science*, 2011. https://pubmed.ncbi.nlm.nih.gov/21289917/