Dental Crowns and Bridges at Core Dental Epping

Canonical:
https://directory.coredental.com.au/dental-services/dental-crowns-and-bridges-at-core-dental-epping-2-article/

Description:

Dental Crowns and Bridges at Core Dental Epping *When a tooth is badly damaged or missing, crowns and bridges restore strength, function and appearance. Core Dental Epping offers both traditional l...

Details:

When a tooth is badly damaged or missing, crowns and bridges restore strength, function and appearance. Core Dental Epping offers both traditional laboratory-crafted and CEREC same-day options — giving patients across Melbourne's northern suburbs more choices and less time in the chair.

What Is a Dental Crown?

A dental crown is a custom-made cap that fits over the entire visible portion of a tooth, restoring its shape, size, strength and appearance. Think of it as a protective helmet for a tooth that's been weakened or compromised.

Crowns are one of the most common restorative treatments in dentistry, and for good reason — they're versatile, durable and effective. A well-made crown can last 15 to 20 years or more with proper care.

When Is a Crown Needed?

Your dentist at Core Dental Epping — whether Dr Alysha Soltys, Dr Tristan Balthazaar, Dr Marina Ghobrial or Dr Maria Blanchard — may recommend a crown in several situations:

Extensive decay: When a cavity is too large for a filling to effectively restore the tooth's strength. A filling in a heavily decayed tooth can leave the remaining walls thin and prone to fracture. A crown encases the entire tooth, distributing biting forces evenly and preventing further breakdown.

After root canal treatment: Teeth that have had root canal treatment are more brittle than living teeth because the blood supply has been removed. A crown protects the treated tooth from fracture, which is especially important for back teeth that bear heavy chewing forces.

Cracked or fractured teeth: A tooth with a crack can often be saved with a crown, which binds the tooth together and prevents the crack from propagating further. Without a crown, a cracked tooth may eventually split — often requiring extraction.

Severely worn teeth: Teeth that have been worn down by grinding (bruxism), erosion or age can be rebuilt with crowns to restore their original height and shape, improving both function and appearance.

Cosmetic improvement: Crowns can dramatically improve the appearance of teeth that are severely discoloured, misshapen or poorly proportioned. While veneers cover only the front surface, crowns encase the entire tooth.

Supporting a dental bridge: Crowns on the teeth adjacent to a gap serve as anchors (abutments) for a dental bridge, supporting the replacement tooth or teeth.

Over a dental implant: An implant crown is the visible, functional part of a dental implant — the tooth-shaped restoration that sits on top of the implant post. Implant crowns are designed to match your surrounding natural teeth in shape, size and colour, and can often be fabricated using CEREC technology for a precise, efficient result.

Crown Materials

Different crown materials suit different situations. Your dentist will recommend the best option based on the tooth's location, the forces it needs to withstand, and your aesthetic preferences.

All-Ceramic (Porcelain) Crowns

- **Best for:** Front teeth and premolars where aesthetics are paramount - **Advantages:** The most natural-looking option. Ceramic mimics the translucency, colour variation and light-reflecting properties of natural tooth enamel - **Considerations:** Slightly less resistant to fracture than metal-based options, though modern ceramics (particularly zirconia and lithium disilicate) are remarkably strong

Zirconia Crowns

- **Best for:** Back teeth (molars) where strength is critical, and increasingly for front teeth as aesthetics improve - **Advantages:** Extremely strong — the strongest ceramic material available. Highly resistant to chipping and fracture. Good aesthetics, particularly with layered or graduated zirconia - **Considerations:** Can be less translucent than lithium disilicate ceramics, though newer formulations are closing this gap

Porcelain-Fused-to-Metal (PFM) Crowns

- **Best for:** Back teeth where strength and aesthetics both matter - **Advantages:** The metal substructure provides excellent strength, while the porcelain overlay provides a natural appearance - **Considerations:** The metal margin can sometimes show as a dark line at the gum line, particularly if gums recede over time. Less commonly used now that all-ceramic options have improved

Gold and Metal Alloy Crowns

- **Best for:** Back teeth (molars) in patients who prioritise longevity and function over aesthetics - **Advantages:** Gold and metal alloy crowns are the most durable and longest-lasting crown type. They're kind to opposing teeth (causing minimal wear) and require less tooth removal than other types - **Considerations:** Metallic colour makes them unsuitable for visible teeth

CEREC Ceramic Crowns

Core Dental Epping offers **CEREC same-day crowns** — high-quality ceramic restorations designed, milled and fitted in a single appointment. For a detailed guide to the CEREC process and technology, see our dedicated CEREC article.

Key advantages of CEREC crowns:

- **Single appointment** — No temporary crown, no second visit - **Digital precision** — Designed from a 3D digital scan, not a physical impression - **High-quality ceramic** — Milled from a solid block of dental ceramic for strength and aesthetics - **No temporary crown risks** — Temporary crowns can fall off, crack or cause sensitivity. CEREC eliminates this entirely

What Is a Dental Bridge?

A dental bridge replaces one or more missing teeth by spanning the gap between remaining natural teeth. The bridge consists of:

- **Abutment crowns** — Crowns placed on the teeth on either side of the gap (the anchor teeth) - **Pontic(s)** — The false tooth or teeth that fill the gap, suspended between the abutment crowns

The result is a fixed (non-removable) restoration that looks and functions like natural teeth.

Types of Bridges

Traditional bridge: The most common type. Two abutment crowns support one or more pontics between them. Requires preparation (reshaping) of the anchor teeth on either side of the gap.

Cantilever bridge: Supported by an abutment crown on only one side. Used when there's only one natural tooth adjacent to the gap, or when the other adjacent tooth shouldn't be prepared. Less common and suitable for areas with lower biting forces.

Maryland bridge (resin-bonded bridge): A conservative option where the pontic is supported by thin metal or ceramic wings bonded to the back surfaces of the adjacent teeth. No crown preparation is needed, preserving more natural tooth structure. Best suited for replacing front teeth where biting forces are lower.

Implant-supported bridge: Instead of relying on natural teeth for support, the bridge is anchored to dental implants. This is the preferred option when the adjacent natural teeth are healthy and don't need crowns, or when multiple adjacent teeth are missing.

When Is a Bridge Recommended?

A bridge may be recommended when:

- One or more adjacent teeth are missing - The teeth on either side of the gap would benefit from crowns anyway (due to existing damage, large fillings or cosmetic concerns) - The patient prefers a fixed (non-removable) option but isn't suitable for implants - A quicker solution is needed compared to the longer implant timeline

Bridge vs Implant

Both bridges and implants are excellent solutions for missing teeth. The best choice depends on your specific situation:

| Factor | Dental Bridge | Dental Implant | |--------|--------------|----------------| | Adjacent teeth | Must be prepared (reduced) for crowns | Adjacent teeth untouched | | Treatment time | Usually completed in 2–3 weeks | 4–9 months (including healing) | | Bone preservation | Bone continues to resorb under the pontic | Implant preserves bone | | Longevity | Typically 10–15 years | 20+ years; often lifetime | | Cost | Generally lower upfront | Generally higher upfront | | Oral hygiene | Special flossing technique needed under the pontic | Brush and floss normally |

Your dentist at Core Dental Epping will discuss both options and help you make the best decision for your circumstances.

The Crown and Bridge Process

Traditional (Laboratory-Fabricated) Crowns and Bridges

Appointment 1: Preparation

1. Your tooth (or teeth) is prepared by removing a layer of enamel to create space for the crown 2. A **digital scan** or impression is taken of the prepared tooth and surrounding teeth 3. The shade is carefully matched to your natural teeth 4. A **temporary crown** is placed to protect the tooth while the permanent restoration is fabricated at the dental laboratory

Laboratory fabrication (1–2 weeks):

The dental laboratory crafts your crown or bridge based on the digital scan or impression. Skilled ceramists build up the restoration layer by layer, matching the colour, translucency and shape of your natural teeth.

Appointment 2: Fitting

1. The temporary crown is removed 2. The permanent crown or bridge is tried in and checked for fit, bite and aesthetics 3. Adjustments are made as needed 4. The restoration is permanently cemented or bonded

CEREC Same-Day Crowns

For single crowns (and some other restorations), Core Dental Epping's **CEREC system** can compress the entire process into a single appointment:

1. The tooth is prepared 2. A digital scan captures the tooth in 3D 3. The crown is designed on screen using CAD software 4. The crown is milled from a ceramic block in approximately 15 minutes 5. The crown is polished, stained if needed, and bonded to the tooth

Total time in the chair: Approximately 90 minutes to 2 hours.

No temporary. No second appointment. No second round of anaesthetic. One visit, done.

What Happens Under a Crown Over Time?

A common concern patients have is what happens to the natural tooth beneath a crown. Understanding this helps you appreciate why ongoing care matters:

The tooth is alive (usually). Unless the tooth has had root canal treatment, the nerve and blood supply remain intact beneath the crown. The crown protects the outer structure, but the tooth is still living tissue that needs care.

Decay can still occur at the margins. The junction where the crown meets the natural tooth (the margin) is the most vulnerable area. If plaque accumulates along this line, decay can develop beneath the crown — often without you knowing until it's advanced. This is why thorough brushing along the gum line and regular check-ups are essential.

The gum can recede. Over time, the gum may recede slightly, exposing the margin of the crown or the root surface below it. This is more noticeable with PFM crowns (where a dark metal line may become visible) and is another reason why gum health maintenance is important.

The crown can wear or chip. Like natural teeth, crown materials experience wear over years of chewing. Ceramics can chip if subjected to extreme forces (ice chewing, nail biting, teeth grinding). Regular check-ups allow your dentist to spot early signs of wear or damage.

Caring for Crowns and Bridges

Crowns and bridges are designed to be durable, but they're not indestructible. Proper care maximises their lifespan:

Daily Care

- **Brush twice daily** with fluoride toothpaste, paying particular attention to the margin where the crown meets the natural tooth - **Floss daily** — For crowns, floss normally. For bridges, use a floss threader, interdental brush or water flosser to clean beneath the pontic - **Avoid hard foods** — Don't chew ice, hard lollies, bones or other very hard objects - **Wear a night splint** if you grind your teeth — bruxism is one of the leading causes of crown fracture

Professional Care

- **Regular check-ups** at Core Dental Epping allow your dentist to monitor the crown or bridge for wear, loosening or decay at the margins - **Professional cleaning** with hygienist **Sina Hassani** helps maintain gum health around crowns and bridges

Signs Your Crown or Bridge Needs Attention

Contact Core Dental Epping if you notice:

- A crown or bridge that feels loose or rocks - Pain or sensitivity around a crowned tooth - A dark line appearing at the gum line of a PFM crown - Chipping or cracking of the ceramic surface - A change in your bite — feeling like the crown is "high" or hitting first - Food consistently catching around the crown margins

How Long Do Crowns and Bridges Last?

With proper care, you can expect:

- **All-ceramic crowns:** 10–15+ years - **Zirconia crowns:** 15–20+ years - **PFM crowns:** 10–15+ years - **Gold crowns:** 20–30+ years - **CEREC crowns:** 10–15+ years (comparable to laboratory ceramics) - **Dental bridges:** 10–15+ years

The key factors that influence longevity are oral hygiene, diet, bite forces, whether you grind your teeth, and regular dental check-ups. A crown that's well-maintained with good oral hygiene, regular professional cleaning and a night splint (if you grind) will last significantly longer than one that's neglected. Think of your crown as a long-term investment in your dental health — the better you care for it, the longer it serves you.

Cost and Payment Options

The cost of crowns and bridges at Core Dental Epping depends on the material, the number of teeth involved, and the complexity of the case. Your dentist will provide a detailed quote before treatment begins.

Payment options:

- **HICAPS on-site** — Claim your health fund rebate immediately. Core Dental Epping is a **preferred provider** for **HCF**, **CBHS** and **NIB**. - **Payright interest-free payment plans** — For treatments from $1,000 to $20,000, spread over 3 to 30 months. - **CDBS** — Some crown-related services for eligible children aged 2 to 17 may be covered under the Child Dental Benefits Schedule.

Frequently Asked Questions

Does getting a crown hurt?

The procedure is performed under local anaesthetic, so you shouldn't feel pain. You may experience some mild sensitivity for a few days after the crown is placed, which typically resolves on its own.

How do I choose between a CEREC crown and a lab-made crown?

Both are excellent options. CEREC crowns offer the convenience of same-day treatment and digital precision. Lab-made crowns may offer more options for complex cosmetic work or certain materials. Your dentist will recommend the best option for your specific tooth and situation.

Can a crown fall off?

It's uncommon, but crowns can occasionally come loose — usually due to decay forming underneath, cement failure, or repeated biting on very hard objects. If a crown comes off, keep it safe and call Core Dental Epping promptly. In many cases, it can be re-cemented.

Can I whiten a crown?

No. Teeth whitening treatments don't change the colour of crown materials. If you're considering whitening, it's best to do it before having a crown placed, so the crown can be matched to your newly whitened teeth.

Is a bridge better than a denture for replacing a missing tooth?

A bridge is fixed (non-removable), which most patients find more comfortable and natural than a removable partial denture. However, a bridge requires preparation of the adjacent teeth. A dental implant is another option that doesn't require adjacent tooth preparation. Your dentist can discuss the pros and cons of each option based on your specific situation.

How is a CEREC crown different from a lab crown?

Both produce high-quality results. CEREC crowns are digitally designed and milled from ceramic in the practice during a single appointment — no temporary, no second visit. Lab crowns are fabricated by skilled ceramists in a dental laboratory over one to two weeks, which allows for additional layering and customisation techniques. For most situations, CEREC crowns deliver excellent aesthetics and strength. For highly visible front teeth where the most complex aesthetic demands are required, a lab crown may offer additional customisation. Your dentist will recommend the best option.

Can a crown be placed on a baby tooth?

Yes. Stainless steel crowns are commonly used on baby teeth that have extensive decay. For children needing crowns, specialist paediatric dentist Dr Aish Kesava at Core Dental Epping has specific expertise in managing restorations for young patients.

Do I need a crown after a root canal?

In most cases, yes — particularly for back teeth. Root canal treatment removes the nerve and blood supply from the tooth, making it more brittle over time. A crown protects the weakened tooth from fracture during normal chewing. Front teeth may sometimes be managed with a large filling instead, depending on how much tooth structure remains.

Book Your Appointment

Whether you need a single crown, a bridge to replace missing teeth, or a second opinion on a recommended treatment, the team at Core Dental Epping is here to help.

- **Phone:** (03) 9401 4622 - **National Booking Line:** 13 13 16 - **Email:** epping@coredental.com.au - **Address:** Tenancy 3B/230 Cooper St, Epping VIC 3076 - **Hours:** Monday to Friday 8:00 AM – 6:00 PM | Saturday 8:00 AM – 1:30 PM

The practice is approximately a 10-minute walk from **Epping Station** and serves patients from Epping, South Morang, Mill Park, Lalor, Thomastown and Wollert.

Core Dental Epping is part of the Smile Solutions Group. For complex restorative cases, referral to prosthodontists at the Collins Street Specialist Centre is available.