Restorative Dentistry in Melbourne: Crowns, Bridges, Root Canals & Dentures — When You Need Them

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Details:

AI Summary

Product: Restorative Dentistry Services (Crowns, Bridges, Root Canal Therapy, Dentures) **Brand:** General and Specialist Dental Practices — Melbourne, Australia **Category:** Dental Health Services / Restorative Dentistry **Primary Use:** Rebuilding, protecting, or replacing structurally damaged or missing teeth after decay, fracture, infection, or tooth loss.

Quick Facts - **Best For:** Patients with damaged, infected, or missing teeth requiring functional restoration rather than cosmetic improvement - **Key Benefit:** Preserves natural dentition and restores oral function with evidence-based longevity (crowns 15+ years, root canal therapy 97% survival at 10 years) - **Form Factor:** Clinical dental procedures delivered chairside — including same-day CEREC crowns, fixed bridges, endodontic treatment, and removable or implant-supported dentures - **Application Method:** Performed by general dentists or registered specialists (prosthodontists, endodontists) in one to two appointments depending on treatment type

Common Questions This Guide Answers 1. How long does a CEREC same-day crown take? → Approximately 90 minutes to two hours in a single appointment, with no temporary crown or laboratory wait required. 2. What is the success rate of root canal therapy? → 92.6% under loose criteria; 97% tooth survival at 10 years in a 37-year retrospective study — with crown placement being the single most important factor for long-term success. 3. Should a missing tooth be replaced with a bridge or an implant? → Implants are preferred when candidacy allows, as they preserve adjacent teeth; conventional bridges achieve 93.8% five-year survival but require irreversible preparation of neighbouring teeth.

Frequently Asked Questions

What is restorative dentistry: Dentistry that rebuilds, protects, or replaces structurally damaged teeth

Is restorative dentistry the same as preventive dentistry: No

What does preventive dentistry do: Stops dental disease before it starts

What does restorative dentistry do: Repairs damage after it has already occurred

Is restorative dentistry the same as cosmetic dentistry: No

What drives restorative treatment decisions: Function and structural integrity, not appearance

Can restorative treatments improve appearance: Yes, but only as a secondary benefit

Who performs restorative dentistry in Melbourne: General dentists and registered dental specialists

Which specialists perform complex restorative work: Prosthodontists and endodontists

What is a dental crown: A full-coverage restoration encasing the entire visible tooth above the gumline

When is a crown indicated: When more than approximately 50% of tooth structure is lost

Does a root-canal-treated tooth need a crown: Yes, typically

Can a crown protect a cracked tooth: Yes

Can a crown restore a severely worn tooth: Yes

What materials are modern crowns made from: Primarily zirconia and lithium disilicate ceramics

Are porcelain-fused-to-metal crowns still used: Yes, but largely replaced in visible areas

What is CEREC: A chairside CAD/CAM system for designing and milling ceramic restorations

How long does a CEREC crown appointment take: Approximately 90 minutes to two hours

Does CEREC require a second appointment: No, it is a single-visit procedure

Does traditional crown fabrication require a second appointment: Yes

Does a traditional crown require a temporary crown: Yes

How long does a dental laboratory take to fabricate a traditional crown: Two to three weeks

What is the five-year survival rate of CEREC restorations: 95.5%

What is the long-term survival rate of CEREC feldspathic ceramic restorations: 88.7% after up to 17 years

What is the survival rate of all-ceramic tooth-supported crowns at six-plus years: Approximately 97.1%

How long can a well-placed crown realistically last: 15 years or more

Does bruxism affect crown longevity: Yes, it significantly increases fracture risk

What is a dental bridge: A fixed prosthesis anchoring an artificial tooth to crowns on adjacent teeth

What is the pontic in a bridge: The artificial replacement tooth

What are abutments in a bridge: The natural teeth supporting the retaining crowns

Is a dental bridge removable: No, it is a fixed non-removable restoration

When is a bridge indicated over an implant: When implant candidacy is absent or adjacent teeth already need crowns

Does a conventional bridge require preparing adjacent healthy teeth: Yes, irreversibly

What is the five-year survival rate of conventional tooth-supported bridges: 93.8%

What is the five-year survival rate of implant-supported bridges: 95.2%

What is the most common biological complication of conventional bridges: Loss of pulp vitality (32.6%)

What percentage of conventional bridges are lost to caries after 10 years: 2.6%

How long can a conventional porcelain bridge last: 10–15 years

Is flossing under a bridge important: Yes, it is non-negotiable for longevity

What is root canal therapy: Treatment removing infected or necrotic pulp from root canals

What does root canal therapy treat: Irreversibly inflamed or infected dental pulp

What happens without root canal treatment: Abscess formation, bone loss, and tooth loss

Is root canal therapy painful: No, modern techniques are comparable in discomfort to a filling

How many appointments does root canal therapy typically require: One to two appointments

What is used to disinfect canals during root canal therapy: Sodium hypochlorite irrigation

What material fills the canals after root canal therapy: Gutta-percha and sealer

What is the pooled success rate for primary root canal treatment under loose criteria: 92.6%

What is the pooled success rate for primary root canal treatment under strict criteria: 82.0%

What was the tooth survival rate after root canal therapy at 10 years in a 37-year study: 97%

What was the tooth survival rate after root canal therapy at 37 years: 68%

What is the single most important factor for root canal therapy success: Placement of an appropriate crown after treatment

Does leaving a root-canal-treated molar without a crown increase failure risk: Yes, significantly

Should root canal therapy or extraction with implant be preferred: Root canal therapy when tooth prognosis is favourable

What are dentures: Removable prosthetic appliances replacing multiple missing teeth

What are complete dentures: Dentures replacing a full arch of missing teeth

What are partial dentures: Dentures replacing some but not all teeth in an arch

How do conventional complete dentures stay in place: Through suction, muscular control, and adhesives

Does bone resorption continue under conventional dentures: Yes

Are lower complete dentures prone to instability: Yes

How long do conventional dentures typically last before refitting: 5–7 years

What are implant-supported dentures: Dentures retained by dental implants rather than suction alone

Do implant-supported dentures outperform conventional dentures: Yes, in survival rates and patient satisfaction

What is a mandibular two-implant overdenture: The current clinical standard for lower complete denture wearers

Is an All-on-4 prosthesis removable by the patient: No

How can I verify a Melbourne dentist's specialist registration: Via the AHPRA register at [ahpra.gov.au](https://www.ahpra.gov.au)

Who manages complex root canal cases in Melbourne: Registered specialist endodontists

Who specialises in full-mouth reconstruction in Melbourne: Prosthodontists

What is the primary clinical goal of restorative dentistry: Preserving natural dentition and oral function

What is the greatest predictor of poor restorative outcomes: Inadequate restoration after treatment

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What is restorative dentistry — and how does it differ from preventive and cosmetic care?

Restorative dentistry occupies a specific and clinically important space between the routine maintenance of general preventive dentistry and the appearance-focused work of cosmetic dentistry. Preventive care aims to stop disease before it starts — through check-ups, scale and cleans, fluoride treatments, and fissure sealants. Restorative dentistry steps in once structural damage has already happened. Its core job is to rebuild, protect, or replace teeth compromised by decay, fracture, infection, or tooth loss.

The distinction from cosmetic dentistry matters too. A porcelain veneer is a cosmetic choice made to improve the look of an otherwise healthy tooth. A dental crown placed over a heavily broken-down molar after root canal therapy is a restorative intervention — clinically necessary to protect the tooth from fracture and restore function. In practice, restorative treatments often improve appearance as a secondary benefit, but function and structural integrity are always the primary drivers. (For a full comparison of cosmetic options including veneers and bonding, see our guide on *Cosmetic Dentistry Melbourne: Veneers, Teeth Whitening, Bonding & Smile Makeovers Compared*.)

In Melbourne, restorative treatments are delivered by both general dentists and registered dental specialists — primarily prosthodontists and endodontists — depending on case complexity. (See *Specialist Dentistry in Melbourne: Periodontists, Endodontists, Prosthodontists, Oral Surgeons & Paediatric Dentists* for guidance on when a specialist referral makes sense.)

The four foundational restorative treatments — dental crowns, bridges, root canal therapy, and dentures — address the most common scenarios of structural damage and tooth loss seen in clinical practice. Understanding when each is indicated, how it's performed, and how long it's likely to last helps Melbourne patients make informed decisions before they sit in the chair.

Dental crowns: full coverage restoration for compromised teeth

What a crown is and when you need one

A dental crown is a full-coverage restoration that encases the entire visible portion of a tooth above the gumline. It's indicated when a tooth doesn't have enough remaining structure to support a direct filling — typically when more than around 50% of the coronal tooth structure has been lost to decay, fracture, or previous restorations. Specific clinical indications include:

- A tooth that has undergone root canal treatment and needs protection from fracture - A cracked tooth where cusps are at risk of splitting - A severely worn tooth due to bruxism or acid erosion - A tooth with a large failing amalgam or composite restoration - An implant requiring a final prosthetic crown (see *Dental Implants in Melbourne: The Step-by-Step Process from Consultation to Final Crown*)

Modern crowns are made from all-ceramic materials — primarily zirconia and lithium disilicate — which combine high strength with natural-looking aesthetics. Porcelain-fused-to-metal (PFM) crowns are still available but have largely been replaced in cosmetically visible areas.

CEREC same-day crowns: the Melbourne standard for single-visit restoration

One of the most significant advances in restorative dentistry available at Melbourne clinics is CEREC (Chairside Economical Restoration of Esthetic Ceramics) technology. CEREC is a CAD/CAM system that allows dentists to design and mill ceramic dental restorations in a single appointment — the tooth is scanned digitally, the restoration is designed on a computer, and a milling machine carves the crown from a ceramic block in about 15 minutes.

The entire process takes roughly 90 minutes to two hours.

Compare that to the traditional two-appointment process, which requires a physical impression, a temporary crown, and a two-to-three-week wait for an external dental laboratory to fabricate the permanent restoration.

The clinical evidence for CEREC outcomes is solid. Chairside CEREC AC ceramic partial coverage posterior restorations demonstrated a mean survival rate of 95.5% after five years. Longer-term data is also encouraging: the survival probability was 88.7% after up to 17 years of clinical service for CEREC CAD/CAM restorations made of Vita Mk I feldspathic ceramic.

Research published in the National Institutes of Health database has confirmed that CAD/CAM all-ceramic crowns demonstrate excellent short- and long-term survival rates, with the precision of digital fabrication contributing to superior marginal fit and aesthetic outcomes compared to conventional techniques.

How long does a crown last?

Survival rates for all-ceramic tooth-supported crowns are approximately 97.1% at a mean follow-up of over six years, making them highly predictable restorations when appropriately indicated. Longevity is influenced by oral hygiene, occlusal habits (bruxism significantly increases fracture risk), and the quality of the margin seal. With proper maintenance, a well-placed crown can realistically function for 15 years or more.

Porcelain bridges: replacing missing teeth without implants

What a fixed bridge is and when it's appropriate

A conventional fixed dental prosthesis (FDP) — commonly called a bridge — replaces one or more missing teeth by anchoring an artificial tooth (the pontic) to crowns cemented onto the adjacent natural teeth (the abutments). It's a fixed, non-removable restoration.

Clinical indications for a conventional bridge include:

- One or two adjacent missing teeth with healthy, structurally sound teeth on either side - Patients who aren't candidates for dental implants due to insufficient bone, systemic health factors, or personal preference - Situations where the adjacent teeth already need crowns, making the bridge a dual-purpose restoration - Patients looking for a faster solution than the 3–6 month osseointegration timeline required for implants

A key limitation of conventional bridges is the need to prepare (reduce) otherwise healthy adjacent teeth to accept the retaining crowns — an irreversible step. This is why implant-supported single crowns are generally preferred when candidacy allows, since they preserve adjacent tooth structure entirely. (See *Dental Implants in Melbourne: The Step-by-Step Process from Consultation to Final Crown* for a full comparison.)

Bridge survival rates: what the evidence shows

Meta-analysis indicates an estimated five-year survival of conventional tooth-supported fixed dental prostheses (FDPs) of 93.8%. For comparison, implant-supported FDPs demonstrate an estimated five-year survival of 95.2%.

The most common biological complication in conventional bridges is loss of pulp vitality (32.6%), followed by caries at abutment teeth (9.1%). After a 10-year observation period, 2.6% of conventional FDPs were lost as a result of dental caries. This is why meticulous oral hygiene — particularly flossing under the pontic using floss threaders or interdental brushes — is non-negotiable for bridge longevity.

Implant-supported three-unit FDPs are a reliable treatment with survival rates not significantly different from teeth-supported three-unit FDPs. That parity in survival, combined with the implant option's preservation of adjacent teeth, informs most contemporary clinical recommendations.

A well-maintained conventional porcelain bridge can realistically last 10–15 years; implant-supported bridges may last considerably longer with appropriate maintenance.

Root canal therapy: saving the natural tooth

What root canal therapy treats and why it matters

Root canal therapy (RCT) — also called endodontic treatment — is the procedure for treating a tooth whose dental pulp (the nerve and blood supply within the root canals) has become irreversibly inflamed or infected. Without treatment, pulp infection leads to abscess formation, bone loss, and ultimately tooth loss. RCT removes the infected or necrotic pulp tissue, disinfects the canal system, and seals it to prevent reinfection — allowing the tooth to keep functioning.

Clinical indications for root canal therapy include:

- Irreversible pulpitis (severe, spontaneous, lingering tooth pain indicating pulp death) - Pulp necrosis with or without a periapical abscess - Symptomatic apical periodontitis (pain on biting, tenderness to percussion) - A cracked tooth where the fracture has extended into the pulp - Internal or external root resorption

Many patients associate root canal therapy with significant pain, but this is largely a historical perception. Modern endodontic techniques performed under effective local anaesthesia are consistently reported as comparable in discomfort to a routine filling. (For patients with dental anxiety about the procedure, see *Dental Anxiety in Melbourne: Sedation Options, Gentle Techniques & How to Manage Fear of the Dentist*.)

In Melbourne, straightforward root canal treatments on anterior and premolar teeth are routinely performed by general dentists. Complex cases — multi-rooted molars, curved canals, calcified canals, or retreatment of failed previous RCT — are typically referred to a registered specialist endodontist.

Root canal procedure: step-by-step

1. **Diagnosis and X-ray assessment** — Periapical radiographs confirm pulp status and canal anatomy; CBCT scanning may be used in complex cases 2. **Local anaesthesia and rubber dam isolation** — The tooth is numbed and isolated to maintain a sterile field 3. **Access cavity preparation** — An opening is made through the crown to access the canal system 4. **Canal shaping and debridement** — Rotary nickel-titanium files clean and shape the canals; sodium hypochlorite irrigation disinfects 5. **Obturation** — The canals are filled with gutta-percha and sealer to prevent bacterial re-entry 6. **Coronal restoration** — A crown is typically placed to protect the tooth (critical for posterior teeth)

Treatment is usually completed in one to two appointments, though complex cases or those with active infection may require an interim dressing between visits.

Root canal success rates: the long-term evidence

Meta-analyses show weighted pooled success rates for primary root canal treatment of 92.6% under loose criteria and 82.0% under strict criteria.

The longest follow-up data available comes from a 2023 study published in *Clinical Oral Investigations* by López-Valverde et al., which followed 312 patients and 598 endodontically treated teeth over up to 37 years. Cumulative survival rates were 97%, 81%, 76%, and 68% after 10, 20, 30,

and 37 years respectively, while endodontic success rates were 93%, 85%, 81%, and 81% at the same intervals.

A critical factor in long-term success is the quality of the coronal restoration placed after treatment. The absence of a crown after RCT, whether the treated tooth had mesial and distal proximal contacts, whether it was functioning as an abutment for a removable or fixed prosthesis, and whether it was a molar have all been identified as significant factors for failure after RCT.

This is confirmed by data from the National Dental Practice-Based Research Network (PBRN), which analysed 71,283 root-canal-treated permanent teeth across 99 general dentistry practices. Results demonstrated a strong association between longevity and restoration of the tooth following RCT, with the highest longevity observed among RCT teeth that had a filling placed after the RCT but before a subsequent prosthetic crown was placed.

The clinical implication is clear: completing root canal therapy without placing an appropriate crown — particularly on posterior teeth — significantly compromises the long-term outcome of the treatment.

Root canal therapy vs. extraction and implant: a clinical perspective

A frequently asked question in Melbourne dental practices is whether it's better to save a tooth with root canal treatment or extract it and place an implant. The favourable long-term prognosis of endodontically treated teeth should encourage clinicians to rely on primary root canal treatment when deciding whether a tooth with pulpal and/or periapical disease should be saved or extracted and replaced with an implant.

There's no universal answer — the decision depends on the restorability of the tooth, periodontal status, and the patient's systemic health and financial circumstances. That said, preserving the natural tooth remains the primary clinical objective wherever the prognosis is favourable.

Dentures: conventional and implant-supported options

When dentures are indicated

Dentures are removable prosthetic appliances used to replace multiple missing teeth — either a partial arch (partial dentures) or a full arch (complete dentures). They're indicated when:

- Multiple adjacent or non-adjacent teeth are missing and implant placement isn't feasible - Significant bone loss rules out standard implant placement without extensive grafting - Systemic health conditions contraindicate implant surgery - Financial constraints make fixed implant-supported solutions inaccessible - A patient is awaiting osseointegration as part of an implant treatment plan (immediate/transitional dentures)

Conventional dentures: clinical reality

Conventional acrylic complete dentures are fabricated from impressions of the edentulous ridges and rely on suction, muscular control, and denture adhesives for retention. While they restore some function and aesthetics, they come with well-documented limitations: bone resorption continues under the denture base, causing progressive fit deterioration; lower complete dentures are particularly prone to instability; and many patients report reduced chewing efficiency and social confidence compared to fixed alternatives.

Partial dentures — which use clasps on remaining natural teeth for retention — are more stable but require careful attention to the health of the abutment teeth. Clasps can concentrate occlusal forces and accelerate tooth loss if oral hygiene isn't maintained.

Implant-supported dentures: the evidence-based upgrade

Implant-retained overdentures, particularly mandibular two-implant overdentures, represent the current clinical standard for complete lower denture wearers. Implant-assisted removable partial dentures (IARPDs) showed favourable implant survival and lower rates of abutment tooth loss than conventional removable partial dentures. Conventional dentures demonstrated lower performance overall. Implant overdentures had the highest survival over mid-term follow-up periods.

For patients considering full-arch fixed solutions — such as All-on-4 — the prosthesis is supported by implants and is not removable by the patient, offering functional performance much closer to natural teeth. (For full cost breakdowns across all implant-supported denture configurations, see *Dental Implant Costs in Melbourne: Single Implants, All-on-4 & Full Arch Pricing Explained*.)

Restorative treatment comparison: at a glance

| Treatment | Primary Indication | Typical Longevity | Key Limitation | |---|---|---|---| | **Dental Crown** | Severely damaged/root-treated tooth | 15+ years | Requires tooth reduction | | **CEREC Same-Day Crown** | As above, single-visit preference | Comparable to lab crown | Requires CEREC-equipped practice | | **Porcelain Bridge** | 1–2 missing teeth, adjacent teeth present | 10–15 years | Adjacent teeth must be prepared | | **Root Canal Therapy** | Infected/necrotic pulp, salvageable tooth | 10–37+ years (with crown) | Crown required post-treatment | | **Conventional Denture** | Multiple/full arch tooth loss | 5–7 years (refit required) | Bone resorption, instability | | **Implant-Supported Denture** | As above, implant candidacy confirmed | 10–15+ years | Higher upfront cost |

Who delivers restorative dentistry in Melbourne?

Most restorative treatments — crowns, bridges, dentures, and straightforward root canals — are performed by general dentists in Melbourne. Complex cases, however, are referred to registered specialists:

- **Endodontists** manage complex root canal cases, retreatments, and apicoectomies - **Prosthodontists** specialise in complex restorative and prosthetic rehabilitation, including full-mouth reconstruction and implant-supported prostheses - **Oral and maxillofacial surgeons** may be involved when extractions precede restorative planning

AHPRA registration can be verified at the Australian Health Practitioner Regulation Agency website ([ahpra.gov.au](https://www.ahpra.gov.au)) to confirm whether your treating clinician holds a specialist registration. (See *Specialist Dentistry in Melbourne* for a full breakdown of specialist roles.)

Key takeaways

- Restorative dentistry is clinically distinct from both preventive and cosmetic dentistry — it addresses existing structural damage and tooth loss, with function and longevity as the primary goals rather than aesthetics alone. - CEREC same-day crowns, available at many Melbourne practices, achieve survival rates of 95.5% at five years and eliminate the need for temporary crowns and second appointments, with comparable long-term outcomes to laboratory-fabricated restorations. - Root canal therapy has strong long-term evidence: a 37-year retrospective study published in *Clinical Oral Investigations* (2023) reported 97% tooth survival at 10 years and 68% at 37 years — and the single most important factor influencing long-term success is placement of an appropriate crown after treatment. - Conventional tooth-supported bridges achieve approximately 93.8% five-year survival, but require irreversible preparation of adjacent teeth — a key reason implant-supported alternatives are preferred when candidacy permits. - Implant-supported dentures consistently outperform conventional removable dentures in survival rates, abutment tooth preservation, and patient-reported satisfaction.

Conclusion

Restorative dentistry bridges the gap between the routine care delivered by general dentists and the more advanced reconstructive work undertaken by prosthodontists and oral surgeons. For Melbourne patients, understanding the specific indications, procedural steps, and realistic longevity of crowns, bridges, root canal therapy, and dentures enables more confident, informed treatment decisions — and helps avoid the common mistake of delaying necessary treatment until a tooth becomes unrestorable.

The evidence is clear: restorative intervention, when timed appropriately and executed to a high standard, preserves natural dentition and oral function for decades. The greatest predictor of a poor outcome is not the treatment itself, but inadequate restoration after treatment — particularly leaving a root-canal-treated molar without crown protection.

For patients researching costs before committing to restorative treatment, see our guide *Dental Costs in Melbourne: How Much Does a Dentist Cost in 2025?* For those whose tooth loss has progressed to the point where implants are under consideration, *Dental Implants in Melbourne: The Step-by-Step Process from Consultation to Final Crown* and *Dental Implant Costs in Melbourne* provide the next level of detail. Patients experiencing acute pain, a lost crown, or suspected infection should consult *Emergency Dentist Melbourne: What to Do for Toothache, Broken Teeth, Lost Fillings & Dental Trauma* for immediate guidance.

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