

531 • 532 • 533 • 534 Fillings and Crowns for Primary Molars

Risk of non-treatment/ delay treatment:

Holes (tooth decay) become deeper and bigger, decay may develop or bacteria may progress into the nerve. Tooth decay could develop beyond repair, dental pain, dental abscess, facial infection needing emergency attention may result.

Important information about white fillings for back molar teeth

- Baby teeth are small and usually cannot retain (hold) large fillings.
- Some teeth with defective enamel or tooth structure also do not retain white fillings.
- Most fillings or teeth may break resulting in more decay.
- Most fillings wear and tear over time (at different rates in different individuals).
- Within two years of placement, a filling will likely require replacement.
- Most fillings are unlikely to last until the baby teeth fall out.
- The child's bite will be altered after the fillings are placed but will usually adjust itself.
- Very rarely, some children may be allergic to the ingredients of the filling materials

- If the holes in the teeth are deep initially, sometimes those teeth may develop dental infection (including abscess, pain or even facial infection), and if these happen, the infected teeth need to be promptly extracted and your child may need to take oral antibiotics.
- Your child may need another general anaesthetic visit or more visits in the clinic to have the infected teeth extracted.



586 • Stainless Steel Crowns for Decayed Molars

Risk of non-treatment/ delay treatment:

Holes (tooth decay) become deeper and bigger, decay may develop or bacteria may progress into the nerve. Tooth decay could develop beyond repair, dental pain, dental abscess, facial infection needing emergency attention may result.

You have been shown a sample of the stainless steel crowns (if not, please inform us), please also refer to our website for further clinical photographs.



Important information about Stainless Steel Crowns:

- Silver-coloured caps, mercury-free.
- May contain nickel-chromium in which some individuals are allergic to.
- Cover the whole tooth; they are visible when your child laughs or smiles.
- Sticky foods or lollies must be avoided as they can pull the crowns off.
- Your child may have allergic reaction to the ingredients of the materials.
- SSC are not tailor made so the size that fits on your child's tooth may appear bigger than the actual tooth.

586 • Stainless Steel Crowns for Decayed Molars

- The bite of your child will be raised and can create a significant open bite between the top and the bottom front teeth (if you don't understand, please clarify with our dentists).
- A lisp may result as the top and bottom front teeth do not meet.
- SSC can wear over time due to normal oral function but usually do not cause any major problems.
- Due to your child's jaw development, the crown margin may be exposed over time.
- Very rarely, SSC can come off, please inform your child so it is not swallowed. Keep the crown in a zip bag or a container with lid and it is recommended that we reinsert it within 1-2 weeks of its dislodgement.
- If the extent of the decay in the teeth were initially very deep prior to the placement of crown, sometimes even after crowning, those teeth can still develop dental infection (including abscess, pain or even facial infection). If this happens, the teeth need to be promptly extracted and antibiotics prescribed.
- Your child may need another general anaesthetic visit or more visits to have the tooth removed and may require taking oral antibiotics.
- Very rarely, usually due a child's underlying dental crowding, an erupting molar, may become impacted ("caught") against the crown – in most cases, the erupting tooth may resolve by itself and may continue to erupt in normal alignment. However if it does not resolve, the SSC may need to be removed to allow eruption of the new tooth and be placed back in at a later time. In certain scenarios, orthodontic treatment may be the way to resolve such situation. Every case could present and be managed differently.

Gum Management Around the tooth prior to crown placement, if the tooth to be treated is only partially erupted.

- When the tooth is only partially erupted and still covered by gum, it is not possible to insert the crown in an ideal position.
- In some circumstances, the gum covering the tooth might need to be removed, a laser or a diathermy can be used to remove (cut) the area of gum covering the tooth.
- After the gum is cut, it would result in some pain or swelling of the gum and in very rare occasions, gum infection (requiring antibiotics to be taken).

Future Treatment of the treated (Crowned) Permanent Molar Teeth

- All treated (crowned) teeth will eventually have high treatment needs in the future years. Your child may require another general anaesthetic appointment in the future to perform a second phase of treatment (for example timed extractions of the affected teeth).
- It is therefore important to focus on prevention of dental decay by having good oral hygiene habits, fluoride exposure and a healthy diet. Please ask us if you have questions about tooth-friendly food and drinks.
- If the teeth can be maintained until adulthood, full coverage crowns (Gold, Porcelain) will usually be required and Root Canal Treatment may eventually be required or ultimately the treated teeth may need to be extracted and have replacement dentures, bridges or implants.

