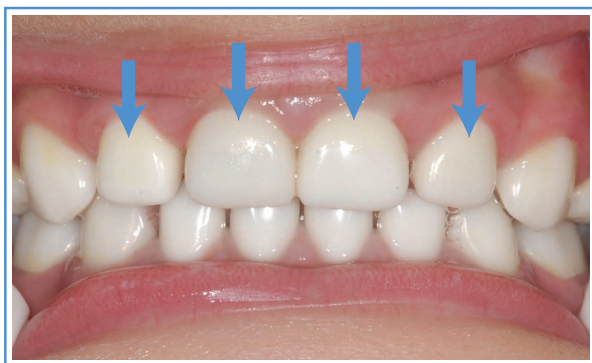


588 • Zirconia (white) Crowns for Decayed Baby Teeth

Risk of delayed/non-treatment of decaying teeth.

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

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

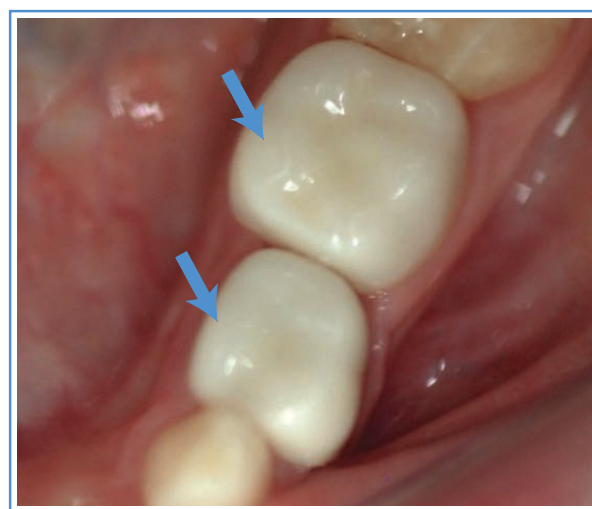


Important information about zirconia crowns (ZC):

- Baby teeth are small and usually cannot retain large fillings. In this case, a full coverage crown is the best option
- Zirconia crowns are made from an advanced bioceramic material and contain no metals
- They cover the entire crown (the part you can see) of a tooth and are tooth coloured, therefore significantly less noticeable compared to stainless steel crowns.
- Zirconia crowns are a relatively new option and have been used since the early 2000's compared to stainless steel crowns which have been used for over 70 years.



- ZC's are more likely to dislodge than stainless steel crowns. If the crown does dislodge, a new ZC will need to be issued within 1-2 weeks. ZC's have a 3 month warranty from the day of insert. After the 3 month warranty period, there will be a charge for the replacement crown. We acknowledge that this is not ideal, however if you do choose the ZC option it is known that they have a higher debond rate than stainless steel crowns, this is why we typically recommend stainless steel crowns in most cases.
- It is extremely rare to be allergic to Zirconia or the cement used. Clinically, we have not experienced any allergic reactions so far in the patients that we have treated. However, it is possible that some children may be allergic to certain dental materials.



- Zirconia crowns are not tailor made, and can not be adjusted, so the size that fits on your child's tooth may appear bigger than the actual tooth. In some cases, there may be no suitable ZC size for a particular tooth, therefore ZC cannot be used (eg. if a tooth has atypical shape) - the dentist will have no other choice but to use a stainless steel crown (treatment decision is made by dentist in these instances)
- The bite of your child will be raised and may take a while to adjust.

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- As the bite will be raised/alterd, it can create a slight open bite between the top and bottom front teeth (if you don't understand this, please ask our dentists). If this occurs, there is a risk (in some children) of developing a lisp (change in speech) when the top and bottom teeth do not meet. Usually the open bite will settle within a few weeks. If a lisp does occur, it is usually only temporary.
- Zirconia crowns are less likely to wear down, however may cause tooth wear on the enamel of opposing teeth.
- Due to your child's jaw development, the margins of the ZC can become exposed over time.



- Zirconia crowns require more tooth preparation than stainless steel crowns. This means that during the preparation more tooth surface is taken away. This increases the risk of exposing the nerve of the tooth and needing nerve treatment (pulpotomy). If nerve treatment is required, it will result in an additional cost.
- Due to the tooth needing more preparation, the child may experience pain in the soft tissues after the procedure
- The time of your child's dental procedure may be extended due to the additional time it takes to prepare the tooth for ZC. If your child is being treated under general anaesthesia, this will result in a longer hospital time and longer time under general anaesthesia (around 10-15 mins per tooth). This will also require a longer treatment time if being treated in the chair (around 10-15 mins per tooth).



- If the extent of decay in the teeth was initially very deep prior to placement of the crown, there is an increased risk of developing a dental infection (including pain, abscess or even facial swelling). If this occurs, the teeth need to be promptly extracted and antibiotics prescribed. This may result in an additional general anaesthetic depending on the needs of the child.
- Very rarely, usually due to a child's underlying dental crowding, an erupting molar may become impacted (get caught) against the crown. In most cases, the erupting tooth may resolve itself and continue to erupt in normal alignment. However, if this does not resolve, the ZC may need to be removed to allow the eruption of the new tooth and be placed back at a later time. In certain scenarios, orthodontic treatment may be the best management option.

