Composite Bonding Information

What is composite bonding?
Composite is a tooth coloured filling material used by dentists to carry out fillings following the removal of decay and can also be used for patients seeking an aesthetic improvement in their smile. Teeth that are discoloured, chipped, rotated or spaced can be transformed by bonding on composite.

If you are looking for a change in your smile, composite can be an excellent material to use on its own, or in combination with other treatments such as orthodontics (braces) or as an alternative to porcelain veneers.

Cosmetic consultation
It is important to have a cosmetic consultation to determine exactly what your desires are, and for your dentist to highlight any other aspects which you may not be aware of. Once we know what you would like to achieve, we can provide a bespoke treatment plan for your dentition.

At the consultation we may decide to take impressions and can wax up desired shapes on a model to help us with treatment planning, but also to show you the potential outcome. We will almost always take some photographs. By agreeing to a cosmetic consultation, we would understand you consent to these photos being taken and being used as part of your treatment planning.

What are the alternatives?
You can always do nothing and we can help by monitoring your dentition. Other options can be porcelain veneers which are thin layers of porcelain which are shaped by an expert ceramic lab technician to the desired shape and size and these are bonded on to your teeth. Veneers are an excellent option if you are looking for a complete smile redesign, however they do require some removal of tooth structure (into the enamel). Your dentist may recommend veneers in combination with composite bonding as part of your treatment plan.

Before you start your treatment
It is important to have a healthy mouth before embarking on any cosmetic treatment. This includes an excellent oral hygiene regime, healthy gums and a disease-free mouth. We may ask you to see the hygienist as part of your pre-treatment work up, but also to help maintain your mouth following your treatment.
It is also important to be happy with the shade of your teeth before starting; if you want your teeth whiter it is best to have this done before any other treatment is carried out so that we can ensure all your work matches.

How long will it take?
Depending on your treatment plan it can take 2-3 visits. At your first appointment much of the treatment will be carried out; this is often a lengthy appointment. At your 2nd
appointment your dentist will carry out some further polishing and make any minor adjustments necessary. We like to have a last appointment as a review to ensure you are happy with the results and we can take some further photographs.
Often, if we are not removing old fillings to replace them, the treatment can be done without any local anaesthetic.

Potential Risks and Complications:

1. **In preparing the teeth for treatment** it may be necessary to reduce or roughen the surface of the tooth to which the composite can be bonded. This preparation will be done as conservatively as possible, but once this is done, the patient is committed to the treatment. If the filling/covering breaks or comes off, the uncovered tooth may become susceptible to decay if the composite is not replaced in a timely manner.

2. **Sensitivity of teeth:** Through the process of modifying teeth, there is the possibility of the development of tooth sensitivity which may last for days or months following tooth preparation. In most cases, this sensitivity will alleviate over time but in rare instances is permanent.

3. **Chipping, breaking or loosening of the composite** may occur any time following placement. Many factors may contribute to this happening such as: chewing of excessively hard materials; changes in occlusal (biting) forces; traumatic blows to the mouth; failure of the bond between the composite and tooth; and other such conditions over which the dentist has no control.

4. **Alteration in speech:** Since the composite may be wider and/or longer than the natural teeth they are covering, a difference in speech may be evident. Most times the patient will adapt to the change and speech returns to normal very shortly after placement. The composite may need to be adjusted in order to alleviate problems with speech.

5. **Sensitive or allergic** reactions to anaesthetics or materials used in the procedure.

6. **Aesthetics/Appearance:** Every attempt possible will be made to match and coordinate both the form and shade of the composite, which will be placed to be cosmetically pleasing to the patient. However, there are some differences, which may exist between that which is natural and that which is artificial making it impossible to have the shade and/or form to perfectly match your natural dentition. Once veneers are bonded to the teeth, should the patient desire any changes later a fee may be assessed to cover any extensive adjustments or remakes.

7. **Longevity**: It is impossible to place any specific time criteria on the length of time that composites should last. Once the tooth structure is prepared the patient is committed to having the composite for life. Should the composite become damaged, leaky, or stained, they will need to be replaced. A rough estimate for composites is around 5-7 years.

8. **Composites are susceptible to staining just like natural teeth.** Composite resin tends to stain more readily than porcelain. The composite may need to be polished regularly. If there is excessive staining, marginal leakage, or chipping occurs the composite may need to be changed. Every attempt to avoid stain inducing foods and drinks should be avoided.

9. **An acrylic lab fabricated night guard** may be indicated to help protect your composites from damage due to night time clenching and grinding. This is often the case when restoring teeth due to toothwear.

10. **Rare risk** - any time treatment is carried out on a tooth whether it be a filling, crown, onlay or veneer there is a small risk to the nerve. This could result in pain from the tooth requiring root canal treatment or in worst case scenario loss of the tooth if it cannot be saved. Whilst composite bonding is very conservative to the natural remaining tooth structure, it has been reported that there can be a very small risk associated with this type of treatment

Alternative treatment

NO TREATMENT - accept your teeth as they are and no treatment to be provided to improve the appearance.

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