

Veneers

A dental veneer is a layer of tooth-coloured material which is attached to and covers the surface of a tooth. They are usually made of porcelain or composite resin. Composite resin veneers can be built up directly onto the tooth, while porcelain veneers are made in the laboratory and are later glued (bonded) on to the tooth.

To fit a veneer, the tooth will need a very small amount of enamel removed from its surface. This is usually completely pain free. A mould (impression) will be made of the tooth and the dentist will also record the colour that the new veneer will need to be in order to match the neighbouring teeth. This information will be sent to a dental laboratory who will make the veneer.

Until the veneer has been made the tooth may be more sensitive to hot and cold. A temporary veneer is not usually necessary.

At a later appointment, the veneer will be bonded to the teeth.

Veneers are used in a variety of situations:

- When there is tooth discoloration that cannot be cleaned away.
- When there is an abnormal structure or texture, including chipping, fractures, or wear [erosion] of the tooth.
- To aid closure of spaces between the front teeth.
To create the illusion of straight teeth with the desired colour and shape when the front teeth are slightly crowded.
- To camouflage front teeth that have multiple, shallow and unsightly fillings

There are no strong reasons against veneering a tooth. However, certain factors increase **their risk of failure**, such as grinding of teeth, excessively worn teeth, very large fillings, unfavourable bite (occlusion), vomiting associated with bulimia and chronic alcoholism and acid regurgitation as in hiatus hernia. They may also be unsuitable if the teeth are very discoloured.

Veneers are best avoided in situations where the basic rules of dental hygiene are not observed.

Compared with a crown (cap), less of the tooth needs to be drilled away. Veneers are relatively quick and simple, although they require as much planning and attention to detail as any other treatment.

Potential problems

Sometimes the edge can become discoloured with time. Veneers can occasionally become unstuck, and if they are stuck back on again the re-bonding will not be as durable as the

initial bond. It may also be difficult to match the shade of the veneer to the adjacent teeth if only one front tooth is being veneered.

During the first three days after fitting, while the glue is setting, it is advisable to keep to a soft diet and to avoid extremes of temperature. It is also wise to avoid alcohol and medicated mouthwashes during this initial stage.

Habit patterns such as nail biting or pencil chewing should be avoided, as well as biting into hard food, to prevent fracture of the veneer. Use of a soft mouth-guard at night and when involved in any form of contact sport is recommended.

Routine oral hygiene procedures such as the use of a soft toothbrush and floss are a must. Electric toothbrushes may be used on veneers. If plaque removal from between the teeth is a problem, an interdental brush may be used. Use of a less abrasive toothpaste is recommended. The use of acidulated fluoride mouth-rinses should be avoided as they might damage the surface finish of the veneers. Routine follow-up visits should be maintained with a dentist.

Although fractured veneers can be repaired, they are at best only a patchwork approach. Hence, the cosmetic outcome will be poor. If the fractured piece is preserved it could be stuck back or some composite resin material can be used to build up the defect. Although the best answer to the problem is to remake the veneer, the quality of the bond to the tooth achieved the second time around may not be as good as the first time.