

Tooth Whitening

£300.00.

We then have a review visit about 3 weeks after the second appointment. Patients often “top up” the whitening Dentists can ‘bleach’ or ‘whiten’ teeth either externally (on the visible surface of the tooth) or internally.

Teeth are bleached externally by applying a carbamide peroxide gel. Using the ‘night-guard’ system we make a tray from an impression taken of the patient’s teeth, so that the bleaching gel can be applied very precisely on the teeth needing treatment, without touching the gums. These bleaching products are used at home, under our direction. The duration of treatment is usually 2-3 weeks at night while the patient sleeps.

There is good research evidence on the effectiveness of vital bleaching using custom-made trays. The effectiveness of carbamide peroxide bleaching depends on the length of time that the bleach is in contact with the tooth as well as concentration. Generally, the patient wears the splints with the gel at night. You need about 3-4 hours of contact with the tooth surface per night. You will notice an improvement within a week or so but usually need about 3 weeks for best effect. The cost is annually after their check up and cleaning appointment. They generally need 2-3 tubes of whitening gel, which current cost £10.00 per tube.

Porcelain Veneers and Crowns

A dental crown or cap is an artificial replacement of part or whole of the anatomical crown of a tooth. It restores anatomy, function and usually aesthetics of the tooth, and is cemented or bonded to the remaining tooth substance.

Crowns with porcelain are either made from porcelain bonded to an underlying metal, known as a porcelain bonded crown. The new metal free crowns have either a Lithium Disilicate or a Zirconium tooth coloured base covered with porcelain. These are bonded in place by various means. The tooth has to be prepared which means that the tooth has to be cut into a smaller shape to accommodate the porcelain and /or metal.

Porcelain veneers are thinner covers which are placed on the fronts of the teeth often after the tooth has again been prepared. Veneers rarely make adequate changes to tooth colour as they are so thin. They can also over bulk the teeth and affect gum health. Resorting to crowns and veneers should be the last port of call after bleaching and white fillings have been tried.

Skilled orthodontics, as done by a specialist orthodontist, is likely to produce the best results if a change to tooth position is required.

Too often dentists have recommended having the teeth drilled and prepared for veneers and/or crowns instead of exploring the other more conservative options first.

Martin Kelleher, Consultant in Restorative Dentistry at Kings put this very succinctly in his article in the Royal College of Surgeons publication Faculty Dental Journal this summer:

"All clinicians should place the long-term health of their patients first. Porcelain veneers have their place in responsible restorative dentistry when provided by suitably trained and qualified individuals but I believe that other safe and proven cosmetic treatments, like bleaching and bonding, should be considered before the destructive ones. Patients must understand that extensive porcelain veneer or crown treatment is not a risk free shortcut to a perfect smile."

Full article can be found on:

http://www.rcseng.ac.uk/news/docs/Kelleher_Veneers_5_July_2011.pdf