

Restoration (filling) of teeth

A restoration (filling) is to restore or repair (fix) a tooth.

This is required if the tooth:

- has been damaged with dental decay
- has physical damage to the tooth
- has tooth surface loss because of abrasion, attrition, erosion
- is discoloured or misshapen

Abrasion: tooth loss due to wear from additional compound –toothbrushing

Attrition: tooth loss due to grinding of the teeth.

Erosion: tooth loss due to acidic foods

We repair (fix) or restore teeth:

To allow eating and chewing

To restore or improve the appearance

To prevent more decay in the tooth

To help keep the other teeth and gums healthy –

correctly shaped teeth help to stop food packing and stagnation areas

Stagnation areas – are spaces where plaque and food can collect and it is difficult to clean

We can restore, repair (fix) teeth either using:

a filling material

an inlay / onlay

crown / veneer

FILLING MATERIALS

Temporary filling materials are used until a final restoration can be made.

They are soft materials that do not last very long.

Zinc oxide powder and Eugenol (sometimes called oil of cloves) are mixed into a thick paste. It goes hard in 4-5 minutes. It does not adhere (join to) the tooth so there must be a cavity to place the temporary filling in to.

AMALGAM :

Amalgam is the most commonly used filling material especially for back teeth. It can last a lifetime if used well. Amalgam is a mixture of Mercury and Alloy. The alloy contains silver, tin, copper and zinc.

Capsules are usually used and the capsules come as 1,2,3 or 5 measures

Mercury the main component of amalgam is a **POISON** and must be handled with the greatest of care. Mercury at room temperature will vaporise and that mercury in the air can then be inhaled. Mercury can also be absorbed by the skin. The mercury the body absorbs is not easily disposed of and the longer the body is exposed to mercury the greater the danger. Gloves must be worn at all times when handling amalgam.

The dental nurse will normally place the newly mixed amalgam into the prepared cavity using an amalgam carrier, remember to use the most appropriate carrier (straight or curved) for access. The amalgam is placed in the deepest point of the cavity first and pressed firmly into position so in upper teeth it does not become dislodged before the dentist packs it into position. The more firmly the dentist packs the amalgam into the cavity the better the filling will be.

Initially the dentist will tell you how many measures of amalgam are required and when to start the mixer.

The cavity is always overfilled with amalgam and then trimmed back by the dentist to the shape required. Always say "that is the second last amalgam", if the dentist requires more you will be told how many more to mix.

Any amalgam left over or amalgam from old fillings is stored in the special waste amalgam pots- either pots with mercury absorbent foam or under water or used fixer solution. The capsules are closed and placed in special containers with mercury absorbent foam.