



The Urgent Crown Prep: Segue to Patient Risk Factors

Moving Patients through Emergency Treatment to More Comprehensive Care

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As a general and restorative practitioner and educator, I teach form and function as well as anterior aesthetics. I want to share some tips and techniques while utilizing a great product by DMG called LuxaCrown. Dentists can use this material to help move patients through emergency treatment into more comprehensive care dentistry.

LuxaCrown helps slow patients down and, in turn, provides practitioners with more time for comprehensive evaluation and optimal treatment plans. Much like Luxatemp, LuxaCrown is easy to use, aesthetic and it polishes beautifully. But what I love about LuxaCrown is that it has more durability, and it has been proven to last in the mouth for up to 5 years.

Risk Factors Conversation

When I was in dental school, two big concerns were shade matching and figuring out how much reduction was needed for the material being used. Today, there is so much more involved when prepping a tooth for a crown.

Too often, our practice receives urgent phone calls from patients stating that they “just need a crown.” Once the patient is seated in the chair, these seemingly simple urgent crown situations are the perfect opportunity to start a conversation about all possible underlying risks. I often begin by simply asking, “OK, so what happened? What’s going on?” before even thinking about what I’m going to do as well as what materials I’m going to utilize. I really want to know my patient so that I can provide optimal care while helping the patient completely understand his or her entire dental situation.



Case #1

A patient called the practice and said, “I just need a new crown. “ This patient was an existing patient in our practice, but had not been in for some time. He had gone to another dentist over the weekend, the crown had come off and they resubmitted it, but he wanted me to do the treatment.

Prior to simply providing the service requested by the patient, I wanted to thoroughly understand what was going on with this tooth. What happened? Was this random or unexpected, or were there other issues leading up to the demise of this crown over time? Is there recurrent decay, or perhaps a periodontal situation? Is this a re-do crown or a brand-new initial crown? What is going on functionally? There were many questions about risk factors that needed to be addressed with the patient through examination and conversation.

The first thing that can be done to learn more about the tooth is to simply look at the tooth and its surroundings. What can I observe, and what do I see opposing this tooth?

This is tooth #14, above tooth #19, which is the tooth the patient initially called about (Fig. 1b). There was worn porcelain, buccal tip wear on the pre-molars, recession, and recurrent decay. I considered how long the restoration has been there. Was it placed 5 years ago or 15+ years ago?

When removing the previous tooth structure and prepping the tooth, I take a close look at functionality and how that is affecting the current and future crown. It’s important to know the type of guidance the patient has (i.e. anterior guidance and/or group function) and if the patient guides right, left, forward and/or back (Fig. 2a and Fig. 2b).

With all these underlying issues and risks factors, I helped the patient understand that there was much more to the situation. These types of conversations helped me transition the patient from just single tooth urgency to more comprehensive care dentistry.

Case #2

This patient feared losing this unaesthetic bridge more than she feared replacing it. Not knowing what was beneath it, she was afraid she was going to be toothless (Fig. 3). With LuxaCrown, I gained her confidence to remove the previous bridge, and I was able to prep the remaining tooth structure (Fig. 4). I remove tooth #8 because it was a non-restorable root canal.

Putting her into a stable long-term provisional allowed me to evaluate and treat her entire oral situation. We were able to address her caries and periodontal issues, and even implement Invisalign treatment to organize her occlusion for better guidance and longevity of the future restoration. In the meantime, LuxaCrown made her look and feel as though she had a permanent, reliable and beautiful restoration.



Conclusion

LuxaCrown affords me the time to identify risks, make diagnoses and then create treatment plans for long-term care. I find that if I don't discuss all underlying issues that I see on a patient who thinks they just have one problem, they become resentments later on. I want to help patients understand that, yes, the mouth is made up of individual teeth, but it functions as a machine with joints, muscles, and teeth that all work together.

LuxaCrown gives us the gifts of time and discovery. It provides practitioners with the time needed to evaluate and test the theories that we think are true, and helps patients understand how to manage those risks long term. We are not perfect people, and we do not have perfect patients. Just like a well-oiled machine, we have to be maintained.

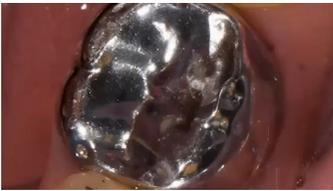


Figure 1a



Figure 1b



Figure 2a



Figure 2b



Figure 3



Figure 4