

Inlays and onlays: What are they?

Dental inlays and onlays, like fillings, are used to repair and restore broken down teeth to their natural shape. Dental inlays and onlays are strong restorations made outside of your mouth on a model of your tooth. They are later fitted and cemented to your tooth. An **inlay** fits inside a cavity in a tooth, an **onlay** extends to replace a cusp/covers part of the biting surface of the tooth. Crowns (caps) are onlays which completely cover all surfaces of a tooth.

When does a tooth need restoring (filling)?

Your dentist may advise you to have a filling because of:

- Decay (dental caries) - tooth decay causes the tooth to soften and breakdown causing a hole, it can cause tooth ache if left untreated.
- Tooth wear - acid erosion and tooth grinding can cause loss of tooth structure which may make the tooth sensitive and can precipitate injury to the tooth nerve.
- Broken filling - a broken filling may be difficult to clean and puts the tooth at risk of tooth decay.
- Protecting the tooth - a heavily filled tooth is at risk of fracture as is it very much weaker than a healthy tooth but we continue to eat on the tooth putting

high forces onto the tooth cusps which may crack and even split.

How is an Inlay/Onlay different from a “normal filling”?

A normal filling is placed by your dentist straight away after cleaning out your tooth, an inlay/onlay is made by a dental technician (at the dental lab) and is fitted at a second appointment. Different solid materials are used in the lab which cannot be placed directly by your dentist. Inlays/onlays are made from gold, porcelain, or resin composite.

- Gold is the strongest material we use and gold restorations can be very long lasting (beyond 25years). Using gold is kind to the tooth because it can be used in thin sections and does not cause wear to the opposing tooth.
- Porcelain and resin composite are tooth coloured materials. Porcelain has a glass like finish which is very resistant to staining and looks very natural, but over time can cause the opposite biting tooth surface to wear down (more so in someone who grinds their teeth).
- The resin composite is similar to the material placed directly by dentists for a normal white filling, but in theory because it is set outside of the mouth in a controlled environment the material has less voids (air spaces) and is stronger. It does not cause

wear to the opposing tooth but is the weaker of these materials

What is the procedure like?

Firstly the tooth will be numbed, your dentist will do this as gently as possible. The tooth will be cleaned and shaped, a number of impressions/records will be taken and then a temporary filling will be placed. At your subsequent visit (usually a couple of weeks later) the temporary filling will be removed, the precise fit of the onlay will be checked and then it will be cemented/bonded to your tooth. Often during this 2nd procedure the tooth does not need to be numbed.

How do I look after my temporary filling?

- Brush as normal but do not floss, (coursodyl mouthwash can help keep the gums healthy whilst you can't floss).
- Avoid eating hard or sticky foods and avoid biting directly on the temporary filling as far as possible.
- If the temporary filling breaks or comes out please ring the practice as soon as possible for advice.

What are the benefits of having an inlay/onlay?

Primarily inlays/onlays are very used to treat tooth decay as well as sensitive, cracked and broken down teeth. Other benefits of dental inlays/onlays include:

- Stronger and longer lasting than normal fillings, epidemiological evidence has shown this.
- Well suited for large cavities.
- Strengthen the tooth: By covering the biting surface of the tooth the onlay protects the tooth from the heavy forces from eating/grinding the teeth and prevents the tooth from breaking.
- Precise fit: The contour and fit of the onlay is accurately controlled by the technician resulting in good contact between the teeth and providing a smooth join between the restoration and the tooth which can easily be cleaned by floss – sometimes when a tooth is badly broken down this is difficult with a normal filling
- Adhesive protects and seals the tooth: White fillings and tooth coloured inlays/onlays are held in the tooth with adhesive (tooth glue), technological advances in this area of dentistry mean we can add to teeth with minimal tooth reduction (drilling). The adhesive also seals the tooth and protects the nerve of the tooth from bacteria.
- Tooth coloured restorations will blend in with a natural smile.

- Porcelain restorations will not stain, however the adhesive cement may.
- More of your tooth is maintained than with a traditional crown.

What are the disadvantages/risks of having an inlay/onlay?

Tooth-coloured:

- Tooth-coloured onlays are not as strong as gold onlays/crowns or porcelain-fused-to-metal crowns, so they are more susceptible to breaking. Since these restorations have not been used as long as metallic restorations for back teeth, knowledge about long-term service is not complete.

All restorations:

- More costly than a “normal” filling
- Takes two appointments
- Any dental procedure can injure a tooth in the same way that tooth decay and wear do. This may result in sensitivity, short or long-term, and occasionally root canal treatment may be needed.
- All dental restorations will fail in time for various reasons. Eating hard foods such as toffee and crackling or grinding teeth during sleep may fracture the restoration. Looking after the restoration by brushing and flossing and limiting sugary foods will help. It is also important that the dentist is visited regularly to make sure that the inlays and onlays are intact.

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