



Dental Restorations

At The Practice we pride ourselves on ensuring our patients are well informed on their dental health and treatment options. This information sheet is aimed to give you general information and risks involved with procedures. Your dentist will be able to identify your specific risks and benefits. As always our providers will endeavour to manage any undesired outcomes for you and perform procedures with the highest level of safety and care for you.

WHAT IS A FILLING?

Dental fillings are used to repair worn, damaged or decayed teeth. It is important to remember that cleaning your teeth regularly and enjoying a wide variety of nutritious foods can help to prevent tooth decay and avoid the need for fillings. Dental check-ups can help to make sure that any problems can be found and treated early before it can result in nerve damage or the structural weakening of the tooth in question. It is recommended that you maintain twice yearly dental check-ups with your dentist.

A filling can last a long time depending on how large it is and how well it has been looked after. If you have had a large filling, you may consider placing a long-term restoration such as a crown or inlay/onlay. These restorations will help to prevent further unrestorable fractures and/or loss structure. Should extensive decay occur, the treatment required is often root canal therapy or extraction.

WHAT HAPPENS DURING A FILLING?

The tooth and the area around it may be numbed to ensure there is limited discomfort during the procedure, often depending on how much damage there is to the tooth. Any tooth decay or weak tooth structure which is present is then removed, leaving healthy tooth structure. The remaining tooth and the cavity are cleaned, washed and dried.

The filling material is then placed into the cavity, restoring the tooth. You will be asked to bite together when the filling is set to ensure that the bite is comfortable when you chew. You may not be able to feel this clearly while anaesthetised but can always return to the clinic for an adjustment the following days once you have sensation back to the area. You will also be given advice on how to look after your new filling to ensure that it lasts as long as possible.

WHAT ARE THE RISK ASSOCIATED WITH A FILLING?

As with all dental treatments, there are risks involved with dental fillings. These include, but are not limited to:

- Teeth sensitivity – you may experience this for a week or two after you receive your dental filling.



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- While it's very rare, some people can have a reaction or sensitivity to the dental filling materials, usually resulting in a localized rash or swelling in the area.
- Nerve inflammation could occur if fillings are large and in close proximity to the pulp. This may result in the need for root canal treatment.
- Local anesthetics are commonly used during the procedure, there are risks associated with the anaesthetic itself, although they are rare. It can cause bruising, nerve damage, infection, trauma post-operatively to lips, cheek or tongue or an allergy to anesthetics.

PATIENT DECLARATION

I have read the above information and declare that:

- The methods and procedures involved in dental fillings have been explained to me.
- Alternative treatment options, possible risks and complications involved with dental fillings and anaesthesia have also been explained to me.
- I understand that the procedure involved with dental filling/s is irreversible as my existing tooth will be resurfaced and shaped, after which the filling(s) are bonded to my existing tooth/teeth.
- I understand that my tooth may become more sensitive to hot and cold sensations, and this may be permanent or temporary.
- I consent to undertaking the dental filling procedure:

Agreement

I, _____ have read the above information on dental filling treatment, had the opportunity to ask the dentist any questions and have received satisfactory explanations regarding the procedure and risks involved.

I agree to give my consent to have dental fillings treatment as per my dentist's recommendations.

Date: _____ Patient/Legal Guardian Signature: _____