

HELP STAMP OUT CERAC:

Some things every Parent, Patient, and Dental Care Giver needs to know about
“CERAC Crowns”

Or my opinions after three decades of experience, practice, research, and teaching
A Brief History of a Scientific Odyssey Through Life
Part Two of a series on Late Intervention
A Position Paper on Large Restorations:
“One definition of insanity is to keep on doing the same thing expecting different
results.”

More information: When I started practice, "Denturists" were still in practice, dentists who did nothing but extract teeth and replace with artificial "Partial" or "Complete" dentures. As many of the owners of these appliances will tell you, there is no substitute for your natural teeth. We have seen many trends over the years, from the forced retirement of the "Preceptorship" Denturists, to dentists claiming to be "Gnathologists", "Reconstructionists", "Cosmetic Dentists", and the current buzzword is "Esthetic Dentistry". Just look at all of the ads in the Yellow pages. Buyer Beware, because there is still no substitute for what God gave you, your very own natural teeth.

There are several checkpoints that will I suggest in this website concerning dentistry and the patient trying to determine the ability of a dentist. "Esthetic Dentistry" implies that the dentist can make your smile appearance better. If all the dentist can show you is a photo album full of artificial crowns, it may be time to pack up and RUN. If the only thing you have in your tool box is a hammer, then everything looks like a nail.

Everyone has differing abilities. In my hands, one of the fastest, simplest, most lucrative, and least challenging things to do is to cut the tooth down into a nub, take an impression, have the lab construct a crown, and then cement that crown. Or, if I could afford it, I would use a CERAC machine to construct the crown in my office, but considering that I can "double bond" most of the teeth that dentists are placing a \$1000 CERAC crown on, I can't afford the \$100,000 investment for the two or three teeth a week that would qualify for a true CERAC crown. (Do the math). Amazingly, if the only thing the dentist has in his tool box is a CERAC machine, then everything looks like a CERAC restoration.

I attended the very first CERAC class more than two decades ago. I made the decision then that the best thing for my patients would be a variety of procedures that included a full range of restorative procedures, including 3/4 crowns, lingual retained 3/4 crown esthetic bridges, and double bonds. This radically restricted the number of teeth that would qualify in my practice for CERAC restorations, and makes my investment into a CERAC machine financially unfeasible.

Bottom Line, for the last 25 or so years, we have bonded THOUSANDS of teeth that may qualify for "CROWNS" in other practices, a savings of untold MILLIONS of dollars in unnecessary procedures for our patients. The best sales method for "selling" a patient on dentistry is to take a high resolution camera and show the patient how bad teeth look like

after several years into an "amalgam" restoration". I use this magnification as an educational tool, but the procedure I recommend is based on what I think is best for the patient, rather than what is based on my pocket book. If the tooth shows a visible, leaking, fracture line. The odds in our practice in that tooth ending up "restored" with a crown is approximately one-in-five. The majority of the time I prefer to wait until I can look into the tooth and see what the inside of the tooth looks like. Before making the decision to destroy massive amounts of healthy tooth structure to put a crown over the tooth. Most often, we can "double bond" the tooth for a reliable, long lasting restoration.

Another thought: If "Silver-Amalgam-Fillings" generate 70% of all future dentistry, what is the dentist who is recommending that you have crowns on those teeth with "Silver-Amalgam-Fillings" recommending for your children? The American Dental Association still defends this method of "restoration" ("mutilation"?) for decayed teeth. There are other, more reliable methods of restoring teeth than gutting a tooth of massive amounts of healthy tooth structure and stuffing it full of metal. What warranty is your children's dentist willing to put on those teeth that may comprise 70% of future dentistry?

The following three photographs accurately depict what is happening to otherwise healthy teeth when the dentist prescribes "all porcelain crowns". We copied these photos from an advertisement in a trade journal.

We have been doing this type of crown, where necessary, since 1986, if there is more than 50% of the tooth missing when we start. Otherwise, we have done thousands of "Double Bonds", replacing single surface amalgams like the one depicted here, with the vast majority of those much simpler and less expensive restorations holding up after two decades. What is not known is how well teeth will hold up if you routinely amputate more than half of the crown.

Why destroy so much tooth when other procedures are available?

Although this is a different tooth, this is what an “acceptable preparation” for an all porcelain crown looks like. A massive amount of healthy tooth structure has been amputated to accommodate the idiosyncrasies of the porcelain.



This is a tooth that is scheduled for a “Cerac” type of all porcelain crown. We have stopped the destruction caused by amalgam in thousands of teeth like these over the years by “double bonds”, leaving as much healthy tooth as possible.



This is the final crown. Over 70% of the healthy tooth has been destroyed to accommodate placement of the porcelain.

What happens if and when the crown fails?

