

Complication of Crowns and Bridges

1. Ingestion of the detached crown or bridge: (frequency of occurrence is very uncommon)

Some patients, if you are one of them, will be informed, that have a tendency of temporary or permanent crowns coming out again and again may have this problem, that happens when your underlying teeth are very small in size and there is no way to increase that size any further. You are informed about this and you will need to keep visiting the dentist again and again in your lifetime.

2. Pain, sensitivity, discomfort (chances minimal mostly manageable) : Recementation of the crown and evaluation of proper proximal contacts, margins, occlusion, esthetics.

3. Chipped porcelain restorations (chances minimal mostly manageable) : Refabrication of the prosthesis.

4. Gingival recession and gum disease (chances minimal mostly manageable) : proper margins, and regular follow up.

5. Secondary caries (chances minimal mostly manageable) :

The 100% seal of the restored surface cannot be guaranteed forever. The marginal gap around the restorations cannot be detected with the naked eye at the initial stage.

6. Tooth fracture (chances minimal mostly manageable)

In case of a detached crown or bridge, patient is advised to inform the doctor immediately or take appointment, otherwise it will not fit and become useless.

Please note: The cost of management of complications (if any) is not covered in the treatment charges.

Accidental Swallowing of foreign bodies : Grossman determined that if swallowed accidentally, 87% of foreign bodies entered the alimentary tract, whereas 13% aspirated into the respiratory tract. The literature also showed that although 90 % of ingested foreign objects could pass through the gastrointestinal tract uneventfully, there are roughly 10% that require endoscopic removal, while still 1% will ever require operation.

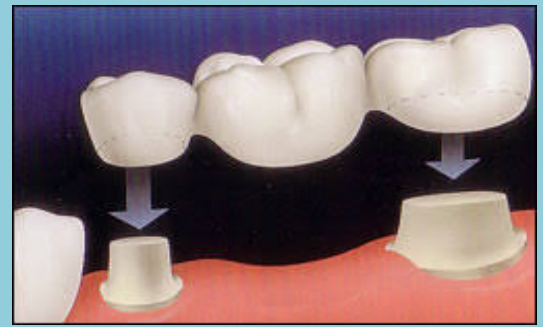
MANAGEMENT:

Clinical Retrieval: The oral cavity and oropharynx should next be examined under good illumination and if the object is visible, it should be retrieved with forceps or high-volume suction.

Observation and radiographic assessment:

Non-invasive emergency measures: Back blows, abdominal thrusts, Heimlick maneuver, CPR (Cardio Pulmonary Resuscitation)

Surgical intervention



HEIMLICK MANEUVER

