

Dental Bridge - Malvern East | Toorak - Victorian Dental Group

Canonical: <https://www.victoriandentalgroup.com.au/dental-bridge/>

Details:

A dental bridge replaces one or more missing teeth with a fixed prosthesis, anchored to the teeth on either side of the gap. Unlike a denture it is cemented in place and is not removed for cleaning — it stays put, and you eat and speak with it as you would your own teeth.

Why replace a missing tooth at all?

A gap is not only a cosmetic matter. Over time:

Neighbouring teeth drift into the space, tilting and opening new gaps that trap food

The opposing tooth over-erupts — it grows down or up into the space, because nothing meets it

Chewing load redistributes onto the remaining teeth, which take more force than they were designed for

The bite can change , sometimes contributing to jaw discomfort

These changes happen slowly and are much easier to prevent than to correct. If a gap has been there for years, your practitioner will check whether there is still room for a replacement tooth before planning one.

There is a reasonable counter-argument for a single missing back tooth, particularly the last molar: if the bite is stable and nothing is drifting, leaving the gap can be a legitimate choice. We will say so when it applies rather than selling you a bridge.

The types

Conventional bridge. The most common design. The teeth on both sides of the gap are prepared — reduced in size — and crowns are made for them, joined to a false tooth that spans the gap. The whole unit is cemented as one piece.

Maryland (resin-bonded) bridge. The false tooth is held by thin wings bonded to the back of the adjacent teeth. Its great advantage is that it requires little or no drilling of the neighbouring teeth . It suits replacing a single front tooth where the bite allows, and is often the right choice for a young patient who may want an implant later. It is more prone to debonding than a conventional bridge, and re-bonding is usually straightforward.

Cantilever bridge. Supported from one side only. Used less often, in specific situations where there is a suitable anchor tooth on one side.

Implant-retained bridge. Two or more implants placed in the jaw carry the bridge, so no natural teeth are involved. This suits several missing teeth in a row and avoids preparing healthy neighbours, at greater cost and with a surgical stage and healing period.

The trade-off you should understand

A conventional bridge is a good, long-serving restoration — but it requires cutting down two healthy teeth to carry it. If those teeth already have large fillings or crowns, little is lost. If they are pristine, that is a real cost , and one worth weighing against an implant , which leaves them untouched.

There is a second consideration. If a bridge later fails because of decay in one abutment tooth, you can lose two teeth instead of replacing one. That risk is managed by cleaning, and it is the reason the cleaning section below is the most important part of this page.

Your practitioner will set out both options honestly, including the cost difference and the time involved. We recommend seeking a second opinion from another appropriately qualified practitioner if that would help you decide.

What is involved

First appointment. The anchor teeth are prepared under local anaesthetic. Impressions or a digital scan are taken, along with a shade match, and a temporary bridge is fitted so you leave with the gap covered. Allow around ninety minutes.

Laboratory stage. Your bridge is constructed by a dental laboratory. We work with local Australian labs, which keeps turnaround shorter than overseas fabrication and holds materials to Australian Standards.

Fitting appointment. The temporary is removed, the bridge tried in and checked for fit, bite and appearance, then cemented. Adjustments are made before it is cemented, not after — speak up at the try-in if anything looks or feels wrong.

Most cases are completed in two visits over two to three weeks.

While the temporary is in

The temporary bridge is held with soft cement so it can be removed easily at the next visit. Avoid sticky and very hard food on that side, and clean around it gently, pulling floss out sideways rather than snapping it upward.

If it comes off, keep it and call us. It is not an emergency, but leaving prepared teeth uncovered for long allows them to move, and the finished bridge may then not seat properly.

Materials

Bridges are commonly porcelain fused to a metal substructure, which combines strength with a natural appearance, or all-ceramic materials such as zirconia where aesthetics are paramount. Your practitioner will recommend based on where the bridge sits, how much force it takes, and how visible it is.

Cleaning under a bridge — the part that determines how long it lasts

This matters more than anything else on this page. You cannot floss a bridge in the usual way, because the units are joined. Plaque accumulates underneath the false tooth and around the margins of the anchor crowns, and decay at those margins is the most common reason a bridge eventually fails.

You will need to clean underneath it daily, using superfloss, a floss threader or an interdental brush. We will show you how at the fitting appointment and check your technique at your recall visits. Ten seconds a day is the difference between a bridge lasting a decade and lasting considerably longer.

A water flosser is a useful addition for some people, but it does not replace physically passing something under the span.

How long do they last?

Well-made bridges commonly last many years, and often more than a decade. Longevity depends on how well the margins are kept clean, how heavily you bite, whether you grind, and the condition of the anchor teeth. If you grind, an occlusal splint is worth discussing.

Bridges do not decay, but the natural teeth holding them can.

What can go wrong

Decay at a margin , the most common cause of eventual failure

An abutment tooth needing root canal treatment. Preparation stresses the nerve, and a bridge can often be accessed through and repaired rather than replaced

Debonding , particularly with Maryland designs. Keep the bridge and call us

Ceramic chipping , more likely in grinders

Gum recession exposing a margin at the front, which is a cosmetic and hygiene problem

Loss of an abutment tooth , which usually means remaking the restoration as a larger bridge, an implant or a denture

Bridge, implant or denture?

Bridge Implant Denture	--- --- --- ---	Fixed in place Yes Yes No	Involves neighbouring teeth Yes, except Maryland No Minimal	Surgery required No Yes No	Typical timeframe 2–3 weeks Several months Weeks	Preserves jawbone at the gap No Yes No	Upfront cost Middle Highest Lowest
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There is no universally correct answer — it depends on the health of the neighbouring teeth, the bone available, your medical history, timeframe and budget.

In short: if the neighbouring teeth are already heavily restored, a bridge makes good sense. If they are untouched and the bone is adequate, an implant usually does. If cost or medical factors rule out surgery, a denture is a legitimate answer.

Cost and claiming

Fees depend on the number of units and the materials chosen, and include the laboratory work. A three-unit bridge is effectively three crowns, which is why it costs what it does. You will receive a written treatment plan with all costs before anything begins.

We claim on the spot through HICAPS — bring your card and pay only the gap. Major dental benefits usually apply, subject to your annual limits and any waiting periods. Afterpay and Zip are available, and larger plans can sometimes be staged across two health fund benefit years — ask us about timing. See payment options .

Book a consultation

Victorian Dental Group — 291 Wattletree Road, Malvern East VIC 3145

Phone (03) 9088 5808 · Monday to Friday, 8:00am–5:00pm · closed weekends and public holidays

Book online at any hour.

This page is general information and does not replace advice from a registered dental practitioner about your own circumstances. Any surgical or invasive procedure carries risks. Please see our Disclaimer .

What is a dental bridge?

A fixed prosthesis that spans the gap left by one or more missing teeth. The replacement tooth or teeth are suspended from crowns cemented onto the teeth at either end of the gap.

What does having a bridge involve for the neighbouring teeth?

This is the part worth understanding before agreeing. The teeth either side are prepared in the same way as for a crown, which removes enamel that does not grow back — including from teeth that may be perfectly healthy. Those teeth are then committed to being restored for the rest of your life. It is the main trade-off of a conventional bridge.

What types of bridge are there?

Conventional (crowns on the teeth either side), Maryland or resin-bonded (wings bonded to the back of the adjacent teeth, with little or no preparation), cantilever (supported on one side only), and implant-retained (supported by implants rather than by natural teeth).

Which type removes the least tooth structure?

A Maryland or resin-bonded bridge, which needs little or no preparation and is sometimes an option for a missing front tooth. It is more prone to debonding than a conventional bridge. An implant-retained bridge removes nothing from the neighbouring teeth at all, because it is not supported by them.

What are the alternatives to a bridge?

A dental implant, which replaces the tooth without altering its neighbours; a removable partial denture, which is cheaper and takes nothing from other teeth; or in some cases leaving the gap, where it is not visible and the bite is stable. Each has trade-offs and the right answer depends on the gap, the bone and the condition of the adjacent teeth.

How long does a bridge last?

No bridge is permanent. Lifespan varies with oral hygiene, bite forces, grinding, and the condition of the supporting teeth. The most common reason a bridge fails is decay or a problem developing in one of the teeth carrying it — which then affects the whole span, not just that tooth.

How do I clean under a bridge?

You cannot floss between the units as you would between natural teeth, so cleaning under the span with a floss threader, superfloss or an interdental brush is essential. A bridge that is not cleaned underneath is the usual route to it failing.

What materials are used?

Commonly porcelain fused to metal, or all-ceramic, depending on where the bridge sits and what the case requires. The choice is discussed with you as part of the written treatment plan.

What does it cost?

A bridge is quoted in writing, itemised, after an examination, because the cost depends on the number of units and the condition of the supporting teeth. Most extras policies contribute under major dental, with annual limits and waiting periods — ask us for the item numbers and check with your fund first.

Who provides this, and where?

Victorian Dental Group, 291 Wattletree Road, Malvern East VIC 3145. Phone (03) 9088 5808, Monday to Friday 8:00am to 5:00pm. We are a general dental practice and hold no specialist registration; complex cases are referred to a registered specialist.

Is it cheaper than an implant?

Usually on the day. Over twenty years the comparison narrows, and it depends on whether the anchor teeth stay healthy.

Can a bridge be whitened?

No. Whiten before it is made so the shade can be matched.

What if one anchor tooth is weak?

Then a bridge may not be the right plan. A weak abutment risks the whole restoration.

Does it affect speech?

Rarely, and briefly if so.

Can I feel the gap underneath?

You will be aware of the false tooth sitting on the gum at first. Most people stop noticing within a couple of weeks.

Will it look natural?

Shade and shape are matched, and the result is usually convincing. The hardest case is a single front tooth beside a natural one.