

Resin retained bridges

A resin retained bridge is also known as a 'sticky bridge' because the replacement tooth is supported by metal wings on either one or both sides and these wings are stuck to teeth next to it (adjacent), which keeps the bridge in place.

What does the treatment involve?

In order to make a sticky bridge, a planning phase is necessary. We may need to reshape the teeth which will support the wings of the bridge but this reshaping is not extensive and sticky bridges are generally considered a very conservative (less destructive) type of treatment. We will then take moulds of your teeth and when the bridge has been made in the laboratory, we will then give you another appointment so the bridge can be stuck in place. Most of the bridges provided here are cemented in 'high'. This means that you will only be biting on the bridge and not on your remaining teeth. This will correct itself in three-six months and your bite will then seem 'normal'. We feel that this is preferable to trimming the teeth opposite the bridge.

What are the risks?

As with all procedures there are certain risks involved with provision of a sticky bridge. You may find that when your teeth have been reshaped they are sensitive until the final bridge is stuck in place. As this is only short term most patients do not find this too much of a problem. When your bridge has been stuck to the back of your adjacent teeth it will be possible to see metal on the back of these teeth. We try to mask this metal as much as possible but sometimes metal is visible. If you have very thin teeth the metal framework can show through your teeth and produce greying of your own teeth. We try and avoid this by using a special cement but, however, this is sometimes unavoidable.

Once your bridge is in place, it is essential that you clean it on a daily basis. If your cleaning is not optimal your gums may become inflamed, bleed and may develop gum disease. Unfortunately poor cleaning can also result in decay occurring around the bridge. As explained previously the wings of the bridge are stuck to your

adjacent teeth. If a wing becomes unstuck from these teeth, it is still possible for the bridge to stay in place if the bridge is stuck to another tooth. If the bridge remains in place but is unstuck on one tooth, it is possible for decay to occur between the bridge and the back of this tooth. It is therefore very important that you are aware that this can occur and report any changes as soon as possible to your dentist. Finally if the bridge becomes unstuck on all the teeth to which it was previously fixed to, the bridge itself will fall out. In the majority of cases it can be re-fixed as long as the bridge is brought to your dentist as soon as this occurs. Failure to do so, particularly if you have had orthodontics, can result in your teeth moving, which will prevent the bridge from being re-bonded/re-cemented on.

What do I have to do to look after my bridge?

It is important that you clean your bridge daily and essential that your routine dental care is continued with your own dentist, during the time when you are awaiting allocation for treatment here, and also following cementation/sticking on of your bridge. We may also request that you return for a recall visit at the hospital, so that we can review your sticky bridge.

How long do sticky bridges last?

Most sticky bridges last about seven to eight years before they become unstuck. Many of these can be stuck back in again when they de-bond and it is important that you return to your dentist as soon as possible.

What are the alternatives to sticky bridgework?

The alternatives to sticky bridgework include:

- 1 To do nothing and leave your space as it is at present.
- 2 A removable denture that is taken out at night and reinserted/put back into your mouth each morning.
- 3 A conventional bridge. This involves drilling of your teeth next to the gap where the missing tooth/teeth are and place a bridge which fits over the stumps of these teeth.

- 4 An implant may be possible, but this will depend on various factors including; bone quality and quantity, the space available for your implant, your bite, your medical history including smoking and possibly finance. Not all implants can be funded by the NHS.

If you have any further queries please do not hesitate to ask your dentist or the Consultant in Restorative Dentistry Ms Sela Hussain, here at Royal Alexandra Hospital.

Secretaries number is **01273 696955 Ext. 2452**

References:

Djemaal S, Setchell D, King P, Wickens J. J Oral Rehabil. 1999 Apr;26(4):302-20.
Long-term survival characteristics of 832 resin-retained bridges and splints provided in a post-graduate teaching hospital between 1978 and 1993.

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمی‌فهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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