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Dental Glossary: From Bonding to Whitening

By Gigi Anders

A guide to veneers, braces, and other options: What each procedure is best for, what to expect, and what it all costs.

A pretty smile can cost a pretty penny. Then again, you don't want to penny-pinch when it comes to your teeth.

Here's the average price range you can expect as well as the pros and cons of various cosmetic procedures.

Bonding

Cost: \$150 to \$1,000 a tooth.

People can get confused about bonding because it's both a noun and a verb. To bond simply means to stick something onto something else. When you get veneers, they're bonded to your natural teeth. But when you get bonding, that means the dentist hand-shapes resin in his or her office to fix small problems—fill in a chip, close a space, or reshape a tooth.

Dentists would not use bonding when a tooth needs a full crown because, says Dr. Bradley Olson of Waldorf, “the strength and look would not be as good, and it would take hours. We'd use it as a temporary repair, not a final restoration.” Dentists use composite resin as a temporary veneer after a tooth is prepped for a final, lab-made porcelain veneer.

Because it's less expensive than veneers, bonding is a great option for back teeth that don't show as much when you smile. It's typically done in one appointment, depending on how many teeth are being treated; it doesn't harm the tooth; it generally requires no prep such as drilling; and because it can be molded, it's versatile.

The downside is that bonding can stain and isn't as strong and long-lasting as veneers; it can crack, chip, or fall off. Veneers are also more translucent and can look more beautiful.

There are cases where bonding makes more sense than veneers—for teenagers whose growth and development affect the appearance of the teeth, for example.

Porcelain Veneers, Crowns, Onlays, and Inlays

Cost of a veneer: \$1,400 to \$2,000 a tooth; **crown:** \$1,200 to \$2,400; **onlay/inlay:** \$1,250 to \$1,550.

Porcelain veneers are a good choice for someone who wants to change a tooth's shape or color significantly. Porcelain is a more permanent choice than composite bonding because it's more durable

and it doesn't stain as easily.

"The porcelains now are very, very good," says Dr. Peter Rinaldi of Northwest DC. "They mimic natural tooth structure. They're strong, reflect light, and are color-stable. And these new restorative materials allow us to be very conservative in our approach to rebuilding the tooth."

Some veneers are sold under brand names, such as Lumineers, which are marketed as no-pain, affordable veneers and go on like press-on nails. But some dentists say that Lumineers don't look as natural as other ceramics because they aren't as translucent and work in only select cases. Dentists use a variety of porcelains and choose the most effective for each case.

"I love the premise of minimally invasive dentistry," says Dr. Rena Vakay of Alexandria, "whereby you do not grind the teeth to create veneers." She sometimes chooses Durathin veneers, which are similar to Lumineers but "have beauty without the bulk so they look natural."

Says DC's Dr. Brian Gray: "Many labs make super-thin veneers and just don't have a product name such as Lumineer or Durathin attached to it."

Crowns, which cap the entire tooth, are used not only for cosmetic reasons but also when there's been decay or damage, such as a broken tooth.

Onlays are partial coverings, usually placed on back teeth used for chewing. Inlays are fillings that go inside a back tooth, usually to replace old fillings.

Teenagers—whose teeth are still maturing—and people who have severe gum disease, large amounts of decay, or uncorrected bite problems aren't good candidates for veneers. Those problems need to be addressed first. Your dentist may take an x-ray to make sure there's nothing going on below the gum line before you invest in veneers.

Getting a veneer usually requires three trips to the dentist: a consultation and evaluation, then prep work—for a temporary veneer that may involve some minimal tooth shaving—then placement of the final veneer. A few dentists have CAD/CAM machines that fabricate the veneer while a patient waits—making for a slightly longer second visit but fewer trips to the dentist.

"We did six front teeth in about four hours the other day," says DC dentist Stuart Ross. "We were not in the person's mouth the whole time. But it meant no temporaries. And less pain—there's not a second visit to peel the temporaries off."

Very few dentists use cad/cam, and some dentists say that veneers made in labs by master ceramists look more natural. Veneers are expensive because a master ceramist in a lab customizes them.

A machine-made veneer or crown is milled out of a solid block of porcelain, says Vakay. "Teeth are polychromatic, and if you make a veneer or crown out of a block of porcelain that is monochromatic, it will lack depth," she says. "There is no machine at this point that replaces the artistry by a dental technician who will layer different colors."

There isn't much pain during or after the procedure. Drilling may or may not be necessary; minimal preparation is the norm with healthy teeth. (If you have big, bulky teeth, they must be trimmed back.) All of this is determined before you start treatment.

If you're super-sensitive and need to be numbed even for a routine cleaning, ask about oral sedatives and anesthetics. Dr. Stuart Ross of Northwest DC says about 80 percent of his patients opt for a local

anesthetic. None is required for very thin veneers that require less tooth preparation.

In-Office Whitening

Cost: \$300 to \$800, whether patients opt for custom-fitted trays to use at home; in-office whitening such as Zoom! or BriteSmile (these brands, the biggest, are owned by the same company); or power or extreme bleaching, more-involved laser procedures to whiten thicker, darker teeth, which may combine both an in-office laser whitening session and trays.

Dentists love custom-fitted trays because they can tailor the bleaching solution for each patient. Patients like them because they can wear them to sleep, when saliva's not washing out the bleach. If you can't stand sleeping with trays in your mouth, you can pick a time during the day when they can stay in place. How long depends on what your dentist advises—many say at least two to three hours, although Vakay disagrees.

“The efficacy of the bleach ends after the first 30 to 40 minutes,” she says. “I believe leaving trays in longer may contribute to the tooth sensitivity some patients experience.”

Sensitivity is a common side effect of bleaching, but that usually subsides in a day or two. The results with trays are excellent and faster than with an over-the-counter product but slower—seven to ten days—than with in-office laser bleaching.

In-office whitening, such as Zoom! and power bleaching, uses bleaching material that's light-activated. Both take about 1½ to two hours, and you see a change immediately. As with the trays, sensitivity may result, because bleaching temporarily dehydrates teeth. Most dentists give patients a desensitizing toothpaste to use for two weeks before and after the procedure to keep sensitivity to a minimum.

Vakay says that there is a rebound effect with any bleaching treatment; it usually occurs during the first two weeks. “That's why it's important to understand that you may have to follow up with at-home bleaching trays either way,” she says.

Invisalign Braces

Cost: \$3,000 to \$8,000.

For patients with misaligned or crooked teeth who don't want or need a full set of traditional braces, these removable plastic trays may be an option.

“Some of the advantages to using Invisalign instead of veneers is that we don't have to cut down healthy tooth structure and treatment is straightforward,” Brian Gray says. “Patients can look at their expected results on a computer model. Sometimes when we're done, as with traditional ortho, we still may use veneers to give someone a perfect smile. But because the teeth are in a better position, we can do it with a lot less drilling.”

But Invisalign requires complete compliance; unless you wear it all day every day—except to eat and drink—your teeth won't move into correct position.

Invisalign is used only on adults and teens, and complex cases with very crowded, twisted, or turned teeth may require conventional braces.

First, impressions are taken; about a month later, your custom-made aligners are delivered. You

change to a new set of aligners every two weeks. The average case takes ten months and costs slightly less than conventional braces, whose prices range from \$6,000 to \$10,000. Some insurance plans cover a portion of Invisalign and braces.

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