Conventional Bridge Preparation

Re-confirm consent, costs and MH

Warn the patient of the risk of devitalisation (1 in 5 teeth) and average longevity ~10 years.

Re-confirm the shade

Re-check occlusion, guidances and reference points

Administer local anaesthesia

Take a sectional silicone impression

2 indices- one for temporary crown construction and another one as a reduction stent (sectional).

Prepare the abutment, begin with occlusal reduction, followed by axial and interproximal (use depth cutting burs to prevent over preparation)

- Outer axial walls 6-15° taper.
- Aim for parallel guideplanes.
- Non-functional cusp reduction: 1.5-2mm.
- Functional cusp reduction: 2mm.
- Axial reduction: Ceramic: 1-1.5mm. PFM: buccal 1.5mm and palatal: 0.5-1mm.

If there is an existing amalgam or carious restoration – replace with composite

Decide the temporary crown construction method:
Lab made – guidances and occlusion can be more accurately assessed. Used when long term temporisation is required e.g., post crown lengthening and full rehab cases
Chairside – take a sectional silicone impression. Ideal for short term temporisation

Construct temporary crown

Take a bite registration. Use a silicone bite registration paste and ensure that the patient is occluding in ICP