Protocol 13

Stainless Steel Crown for Primary Teeth 24.27.28

• Indications:

- 1. Extensive carious lesion.
- 2. Hypoplastic Teeth.
- 3. Teeth with developmental anomalies (Dentinogenesis or Amelogenesis imperfecta).
- 4. Restoration after pulp therapy.
- 5. For crown and loop space maintainer.
- 6. For habit-breaking appliances.
- 7. Restoration for fractured teeth.
- 8. In high-risk patients, who have multiple carious lesions and/or tooth demineralization and who exhibit poor oral hygiene and compliance with daily oral hygiene, and where maintenance is considered unlikely.
- 9. Severe tooth loss due to bruxisim/erosion.

• Procedure:

- 1. Anesthetize and isolate with rubber dam.
- 2. Prepare the tooth:
 - Occlusal reduction by 1-1.5 mm
 - Approximal reduction (approximately 200 from vertical direction) without producing a ledge at the gingival margins.
 - Round off all sharp lines or angles.
- 3. Apply dressings as necessary.
- 4. Select the crown and check for height and extension into the gingival sulcus, trim and crimp as required.
- 5. Remove rubber dam and check occlusion.
- 6. Adjust the position of the patient from the supine to the upright position and place a piece of gauze to avoid accidental swallowing/ inhalation of the crown.
- 7. Remove the crown.
- 8. Fill 2/3 of the crown with a creamy mix of luting cement and set it onto the tooth.
- 9. Ask the patient to gently bite on a bite block or cotton roll.

- 10. Allow the cement to completely set in a dry field; gently remove the excess cement and use knotted floss to clear cement from the contact areas.
- 11. Check occlusion and extension.
- 12. Provide the parents with the printed instructions.

Note:

- Whenever possible, the rubber dam clamp should be placed on the tooth distal to the one being restored.
- Check occlusion before applying rubber dam.
- Over extended crown may be detected by persistent blanching of the gingiva. This condition should be always monitored and corrected by proper trimming and crimping.
- SSC is not indicated for patients with known nickel allergy.