

Inlays and onlays



What is an inlay/onlay?

Inlay and onlay restorations are similar to fillings but are constructed outside of the mouth (in a dental laboratory) and then cemented onto the tooth. Inlays are used to fill cavities within the tooth. Onlays are often larger than inlays and are used to cover the biting surface of the tooth.



White composite onlays on molar teeth

Why do I need an inlay/onlay?

An inlay/onlay is required when a tooth has been damaged, a previous filling no longer serves its purpose or requires more protection than a normal filling can provide. The damaged tooth material and/or old filling material is removed by a dentist, and the inlay/onlay will restore the missing tooth structure to maintain function of the tooth.

What happens during treatment?

Typically, providing an inlay/onlay restoration will take 2 appointments.

Appointment 1:

The tooth is anaesthetised with local anaesthetic to keep you comfortable.

- If necessary the damaged part of the tooth and/or old filling is removed using dental instruments.
- A mould of the tooth is taken using a putty-like material. This helps the dental laboratory to make the inlay/onlay on the prepared tooth.
- A temporary filling is often placed to protect the tooth until your next appointment.

Appointment 2:

- The tooth is anaesthetised with local anaesthetic to keep you comfortable
- The temporary filling is removed.
- The inlay/onlay is tried on the tooth to check the fit.
- The inlay/onlay is cemented onto the tooth using a strong cement.
- The bite is checked and the inlay/onlay is polished ensuring that it feels comfortable.

What are the advantages of an inlay/onlay?

- **Longevity:** Inlays and onlays are made from robust, durable materials such as porcelain and metal. If looked after well, they can last 15-20 years.
- **Fit:** The inlay/onlay will more accurately recreate the bite than a normal filling.
- **Protection:** Onlays can help to strengthen and protect the natural tooth.
- **Minimally invasive:** Less natural tooth is removed during the preparation for an inlay/onlay compared to dental crowns.
- **Appearance:** Tooth coloured inlays/onlays can be a good match with the natural tooth.

What are the risks of an inlay/onlay?

- **Sensitivity:** After an inlay/onlay is placed, some patients may experience sensitivity. Most patients find this will likely subside after a couple of days.
- **Decay:** if there is too much sugar in the diet, or the inlay/onlay is not cleaned properly, it is possible to get decay underneath the inlay/onlay.
- **Unusual bite:** Your bite may feel different after an inlay/onlay is fitted but this settles in most cases.

- **Nerve death:** If the tooth supporting the inlay/onlay has a healthy nerve, there is a risk that the nerve in the tooth may become inflamed and over time die. If this occurs, a root canal treatment or tooth extraction would be required.
- **Appearance:** Metal inlays and onlays will not match the colour of the tooth

What are the alternatives to an inlay/onlay?

We will always discuss the options available to you in depth before any decisions are made. Such options may include:

- **Routine filling:** Routine fillings such as composite or amalgam can be used and are preferred if there is enough remaining tooth tissue.
- **Crown:** If too much tooth is missing, a dental crown may be necessary instead. Crowns are like caps that sit on top of broken-down teeth, providing increased strength and protection to the tooth underneath.

What happens after treatment is finished?

When all of your dental treatment is complete, you will be discharged from the dental school. We advise that you find a dentist outside the dental school to continue to look after your teeth and restorations.

Types of questions you may want to ask...

- Which material will be used for my inlay/onlay (eg. Gold/porcelain)?
- What should I do if I lose a temporary filling?
- When should I make an appointment if pain or discomfort persists?

And finally...

Maintaining good oral hygiene is crucial for healthy teeth and gums, and will help reduce the risk of decay and gum disease. Brush your teeth twice daily for 2 minutes with fluoride toothpaste and clean between your teeth with floss or interdental brushes.

Smoking and alcohol increase the risk of oral disease. If you want to quit smoking or reduce your alcohol intake, please talk to the clinician you see for further advice.

It is important to attend dental check-ups regularly, as this will help your dentist to identify any dental disease early.

Please ask at reception
if you require this
information in a different
language or format.

Contact us:

Monday to Friday,
8:30 am - 4:30pm
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Emergency out of hours
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