

Porcelain Veneers

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Porcelain Veneers

What Are Porcelain Veneers?

A porcelain veneer is a thin shell of dental ceramic — typically 0.3 to 1.0 mm in thickness — that is permanently bonded to the outer surface of a front tooth. Veneers can change a tooth's colour, shape, length, and surface texture, producing aesthetic improvements that range from subtle refinement to dramatic transformation.

The critical distinction when considering veneers is who places them and how they are planned. At Collins Street Specialist Centre, veneers are placed by specialist prosthodontists — clinicians whose entire additional postgraduate training centres on the science and craft of restoring teeth. This is not cosmetic dentistry in the consumer marketing sense; it is restorative dentistry performed at a specialist level, where the aesthetic outcome is inseparable from function, occlusal stability, and long-term durability.

Materials and Fabrication

Feldspathic porcelain remains the most lifelike ceramic material available for veneers. Its layered structure and light-handling properties most closely mimic natural enamel. Feldspathic veneers require a highly skilled dental technician to fabricate by hand; the quality of the result is directly dependent on the laboratory partnership.

Lithium disilicate (e-max) offers greater strength than feldspathic porcelain while still delivering excellent aesthetics. It is a pressed ceramic, making it more predictably uniform in fracture resistance — an advantage for patients with parafunction (grinding or clenching habits).

CEREC same-day veneers are milled from a solid ceramic block using the in-house CEREC Primscan and Primemill system. For suitable candidates, this pathway eliminates the need for a temporary restoration and produces a permanent result in a single extended appointment. The prosthodontist scans the prepared teeth and designs the veneers digitally before milling begins.

Regardless of the fabrication method, all laboratory work for veneers at Collins Street Specialist Centre is produced in the in-house dental laboratory — a facility that serves exclusively the centre's own patients and works in close technical dialogue with the prosthodontists.

When Might You Need Veneers?

Veneers are indicated for patients seeking to improve the appearance of their front teeth where the underlying tooth structure is otherwise healthy. Common presentations include:

- **Intrinsic discolouration** — staining from tetracycline antibiotics, fluorosis, or trauma that does not respond to whitening - **Minor misalignment** — slight rotations, small gaps (diastema), or irregular spacing where orthodontics is not desired or necessary - **Chips and small fractures** — restoration of broken edges that affect both aesthetics and function - **Worn teeth** — enamel erosion from acid exposure or mild bruxism (where the bite allows) - **Size and shape correction** — teeth that are naturally short, narrow, peg-shaped, or aesthetically disproportionate - **Surface defects** — developmental anomalies, white spot lesions, or rough enamel texture

Veneers are not a substitute for orthodontic treatment when significant bite or alignment issues are present. Part of the specialist prosthodontist's assessment is identifying whether veneers alone will achieve a stable, functional result — or whether a multidisciplinary approach (for example, combining orthodontics and veneers) will produce a superior and more durable outcome.

When Veneers Are Not Appropriate

Veneers require that a meaningful amount of enamel remains for reliable bonding. When a tooth has been heavily restored, is substantially decayed, or has insufficient enamel coverage, a crown provides better structural support and protection. Your prosthodontist will advise which option is appropriate for each individual tooth.

Patients with severe bruxism may need bite stabilisation (occlusal splinting) before veneers are placed, and in some cases a more robust material or full crown coverage is the more prudent clinical choice.

What to Expect: Step-by-Step

Consultation and Treatment Planning

The process begins with a detailed clinical assessment, including photographic records, digital intraoral scans using the 3Shape TRIOS 3 scanner, and a review of the bite and jaw function. Where the full dental arch is being considered, a diagnostic wax-up may be created — a three-dimensional model of the planned outcome — allowing the patient to preview the result before any tooth preparation occurs.

Discussion at this stage covers: how many teeth will be treated, the shade and shape goals, the degree of preparation required, material selection, and whether any adjunctive treatment (such as gum recontouring by the specialist periodontist at Collins Street Specialist Centre) is needed first.

Preparation

For conventional veneers, a small, controlled amount of enamel is removed from the facial surface of each tooth — typically 0.3 to 0.7 mm. This is irreversible, which is why specialist-level planning is important before proceeding. For minimal-preparation or no-preparation veneers, enamel removal may be minimal or absent, though not all cases are appropriate for these techniques.

A digital impression is taken. Temporary veneers are placed to protect the prepared teeth and allow the patient to preview the planned shape and size.

Trial Smile and Approval

Many prosthodontists at Collins Street Specialist Centre offer a trial period with the temporary restorations, allowing the patient to assess the aesthetics and function in everyday use before the final

restorations are manufactured. Feedback from this stage informs any final adjustments before the permanent veneers are fabricated.

Fit and Bonding

The permanent veneers are assessed individually and as a set for shape, colour, and translucency before bonding. When all criteria are confirmed, the tooth surfaces are etched and treated with a bonding agent; the veneers are cemented with a light-cured resin cement under careful moisture control. Once cured, the bite is refined and polished.

Recovery and Aftercare

Veneers themselves do not require a recovery period in the conventional sense. The tooth preparation is conservative and anaesthetic is used throughout.

****Immediately following placement:**** - Some sensitivity to temperature is normal in the first week, particularly when preparations were made - The bite may feel slightly different as the brain acclimatises to the new tooth surfaces — this usually settles within a few days - Avoid pressure on the new restorations for the first 24–48 hours while cements fully cure

****Ongoing care:**** - Brush and floss normally — veneers are maintained like natural teeth - Avoid using veneered teeth to open packaging or bite on hard objects such as ice, pen lids, or fingernails - If grinding at night is a concern, a thin custom occlusal splint is recommended to protect the veneers during sleep - Ceramic does not stain, but the bonding resin at the margins may show some discolouration over many years

With appropriate care, porcelain veneers typically last 15–20 years.

Why See a Specialist Prosthodontist?

Porcelain veneers are widely offered — by cosmetic dentists, general practitioners, and in increasingly casual commercial settings. The procedure appears simple, but the decisions made during its execution are not.

The specialist prosthodontist's additional three years of postgraduate training addresses the science and technique behind these decisions: how much enamel to remove and from precisely where; which ceramic material will handle the forces at that position in the bite; how the shade is selected and communicated to the technician; and how all of this interacts with the patient's jaw movements, gum architecture, and lip position at rest and in function.

The consequences of veneers planned without this depth of assessment can include early fracture, debonding, gum inflammation from overcontoured margins, or an aesthetic result that does not age gracefully because the proportions were set without reference to facial structure.

At Collins Street Specialist Centre, veneers are placed as part of a restorative plan — not as an aesthetic transaction. The result is a restoration that looks natural precisely because it has been designed to function naturally.

Our Specialists

****Dr Fotios Angelis**** BDS (Hons)(Melb), DClinDent (Melb) Specialist Prosthodontist with expertise in complex reconstructive care including porcelain veneers, crowns, and full aesthetic rehabilitation.

****Prof Vasileios Chronopoulos**** DDS, MS, PhD (Pros) Specialist Prosthodontist with over 30 years of experience in aesthetic full-mouth reconstruction, minimally invasive restorations, and veneer-based smile design.

****Dr Jamie Foong**** BDS (Melb), DClinDent (Melb) Specialist Prosthodontist with a special interest in porcelain veneers and occlusal rehabilitation, and clinical supervisor at the University of Melbourne.

****Dr Simon Hinckfuss**** BDS (Melb), DCD (Pros), Cert.Perio MS (Minn) Dual-registered Specialist Prosthodontist and Specialist Periodontist — the only such clinician registered in this dual capacity in Australia. Valuable in veneer cases where gum contouring and restorative design must be planned together.

All specialists hold current registration with the Dental Board of Australia. AHPRA specialist registration can be independently verified online.

Related Treatments

- ****[Dental Crowns]**(/prosthodontics/dental-crowns/)** — When insufficient tooth structure remains for a veneer, or when full circumferential coverage is clinically required - ****[Full Mouth Rehabilitation]**(/prosthodontics/full-mouth-rehabilitation/)** — Veneers are frequently one component of a comprehensive aesthetic and functional reconstruction - ****[Gum Lift / Crown Lengthening]**(/periodontics/gum-lift/)** — Recontouring the gum line by the specialist periodontist is often combined with veneers to achieve ideal tooth proportions - ****[Dental Bridges]**(/prosthodontics/dental-bridges/)** — Where a gap adjacent to a veneer zone needs filling as part of a unified aesthetic plan - ****[Orthodontics]**(/orthodontics/)** — In cases where tooth positions benefit from alignment prior to veneer placement