Advances in the technology of bonding porcelain to enamel created the possibility of porcelain veneers as an alternative to the use of full crowns for the treatment of many clinical conditions, such as treatment of diastemas, malaligned teeth, worn dentition, chipped teeth, and excessively discolored teeth. Veneers were considered to be a more conservative treatment approach than full crowns because preparation of the teeth for veneers was thought to involve less tooth reduction than full crown preparations. Although this may be technically true, in actuality, the trend in conventional veneer procedures is to use very aggressive tooth reduction similar to that of three quarter crown preparations. This conventional approach requires local anesthesia, considerable treatment time and all of the rigors of tooth preparation for both the patient and the dentist. Also, in many cases, temporaries need to be fabricated and applied. The result for the conventional approach to porcelain veneers is very little meaningful clinical benefit.

Fortunately, a truly conservative approach to veneers with many substantial advantages has been developed. This approach, frequently referred to as the “no prep technique,” is characterized by little or no preparation of the teeth. In many cases, there is literally no preparation of the teeth, and in some cases, there is minor adjustment of the enamel at selected locations. Either way, this approach to veneers is highly simplified and preserves natural tooth structure.

The no prep technique was made possible by advances in custom-designed bonding systems and in porcelain technology that allow exceptionally thin veneers because of new exceptionally high strength porcelain. The veneers can be made with thicknesses in the range of 0.3 mm to 0.5 mm. In this thickness range, there is no need to cut down the facial surfaces of the teeth to accommodate the thickness of the veneers. Rather, the veneers can be simply bonded to the surfaces of the teeth with an excellent cosmetic result and with no problem of awareness of thickness by the patient. Furthermore, there is no problem with the
emergence profile. Finishing and contouring in the gingival region can be easily accomplished when the bonding system is integrated to the porcelain. It is also noteworthy that the porcelain and bonding system for the no prep technique are completely suited for use in any situation in which more extensive tooth preparation is needed. Accordingly, there is complete flexibility of use with different porcelain veneer techniques.

Numerous very meaningful advantages automatically follow from the no prep technique. With no need to prepare the teeth, there is no need for local anesthetic injections and no need for temporary restorations. This greatly simplifies and expedites the clinical procedure for the treating dentist and accomplishes the generally desirable goal of preserving natural tooth structure. From the patients perspective, the absence of “shots and drilling” makes the procedure much more pleasant, and removes a large barrier for individuals with phobias for dental treatment. Furthermore, it is a tremendous advantage to avoid the great psychological reluctance to having one’s teeth substantially cut down. It is very comforting for the patient to know that their natural teeth remain in-tact. Although not likely, patients could go back to their original dentition because the no prep technique is reversible. Alternatively, after a tooth is prepared, it is irreversible. Another benefit is the reduction in the incidence of pulpal sensitivity in conjunction with the procedure, as well as a likely reduction in the possibility of causing pulpal necrosis as a sequela of the procedure. A special feature of the no prep technique is the ability to bond porcelain veneers over existing fixed prosthodontics that have become esthetically unattractive. Frequently, existing crowns and bridges are functionally and biologically sound, but have become cosmetically compromised. It is a great benefit for the patient to be able to have the cosmetic appearance of fixed prosthodontics restored without the need for replacement. Overall, the important point is that the no prep technique provides a meaningful
The success of the no prep technique is well substantiated by numerous formal clinical studies and many case reports. Strassler reported on results with no prep veneers for periods ranging from 7 to 20 years. Measurements were made for color stability, marginal integrity, marginal discoloration, and secondary caries. Strassler and Weiner reported on results with no prep veneers for periods ranging from 7 to 20 years. Measurements were made for color stability, marginal integrity, and marginal discoloration. Griswald et al. evaluated 46 patients with 127 no prep veneers after one to two years. Evaluations were made for porcelain fracture, periodontal health, and color stability. Yu et al. compared two parallel groups of veneer patients with 30 no prep veneer cases and 30 conventional prep cases. Periodontal outcomes were evaluated by measurements of gingival index, plaque index, and bleeding index. The Dental Advisor conducted evaluations of one year outcomes for 25 patients with 32 no prep veneers and 40 conventional prep veneers. Evaluations were made for fracture and chipping, shade match, marginal discoloration, and wear. Strassler and Nathanson reported on 60 patients with 291 veneers for periods ranging from 18 to 42 months. Forty percent were no prep veneers and the others were conventional prep veneers. In all of the cited studies, the outcomes were very favorable for no prep veneers and there were no study outcomes favoring conventional prep veneers over no prep veneers. Also, there are abundant published case reports with completely favorable outcomes for no prep veneers.

In summary, the no prep technique is a very advantageous treatment alternative for a large number of clinical conditions. The technique provides excellent results, with many benefits for the patient and the treating dentist. Highly favorable results, including long-term outcomes, are substantiated by many clinical studies and case reports.


