

Broken or Chipped Tooth — What to Do

Canonical:

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Description:

Chipped or broken a tooth? Learn first aid steps, severity levels, treatment options, and when to seek emergency care at CSSC Melbourne.

Details:

Collins Street Specialist Centre: A Broken Tooth Requires Prompt Specialist Attention

It can happen in an instant — biting down on something unexpectedly hard, a sports injury, a fall, or a tooth weakened by years of stress that finally gives way. A broken or chipped tooth is startling, often painful, and always warrants timely professional assessment.

The clinical picture varies considerably: from a minor cosmetic chip affecting only the enamel surface to a tooth fractured vertically through the root. What you do in the first hour can meaningfully influence the outcome, and the right treatment depends on the extent of structural damage and whether the pulp has been compromised.

Collins Street Specialist Centre (CSSC) is a multidisciplinary specialist dental practice in Melbourne's CBD. Our team — endodontists, prosthodontists, and oral surgeons — manages broken and fractured teeth regularly, across the full spectrum of severity. This guide covers appropriate immediate first aid, how different fracture types are assessed and treated, and when a broken tooth constitutes a genuine dental emergency requiring same-day specialist care.

Immediate first aid for a broken tooth

If you have just broken or chipped a tooth, the following steps are appropriate while you arrange urgent dental assessment.

If you have located the broken fragment - Rinse it gently under cold water - Keep it moist — place it in milk, or wrap it in cling film with a small amount of saliva - Bring it to your appointment; in some clinical situations, the fragment can be successfully bonded back to the tooth

If a tooth has been completely knocked out (avulsion) This is a time-critical dental emergency. The prognosis for successful reimplantation deteriorates with every passing minute: 1. ****Handle the tooth by the crown**** (the visible white portion), never by the root — the periodontal ligament cells on the root surface are essential for reattachment 2. ****If the tooth is visibly contaminated****, rinse briefly under milk or saline — do not scrub the root surface, and avoid tap water immersion beyond a few seconds 3. ****Attempt reimplantation**** — gently reposition the tooth into its socket and bite down softly on a clean cloth to hold it in place 4. ****If reimplantation is not possible****, store the tooth in milk, saline, or inside your cheek to preserve the periodontal cells 5. ****Attend a dentist or specialist within 30 minutes**** — this is the critical window for the best chance of tooth survival

Managing pain and bleeding - Apply gentle, sustained pressure with clean gauze or a cloth if bleeding is present - An ice pack against the external cheek can help with swelling - Over-the-counter ibuprofen or paracetamol, taken as directed, is appropriate for pain - Avoid aspirin if active bleeding is

present, as it impairs clotting

Protecting the remaining tooth structure - Avoid loading that side of the mouth — do not chew on the affected tooth - If a sharp fractured edge is catching the tongue or cheek, covering it temporarily with sugar-free chewing gum or dental wax (available from most pharmacies) can provide short-term relief - Avoid temperature extremes — exposed dentine is highly sensitive to thermal and osmotic stimuli until the tooth is properly assessed and protected

Fracture severity — a clinical overview

Broken teeth are not a single clinical entity. The severity of the fracture determines both the urgency of care and the treatment approach. The following classification provides a practical framework for understanding what to expect.

Level 1: Minor chip (enamel-confined fracture)

****Clinical presentation:**** A small portion of the outer enamel has fractured away. The tooth may have a rough or sharp edge, but there is no pain at rest, no temperature sensitivity, and the inner dentine layer is not visible.

****Urgency:**** Low. This is not a dental emergency, though the tooth should be assessed within a few days to protect the enamel margin and restore contour.

****Typical treatment:**** - ****Smoothing and polishing**** — where the chip is very minor, selective recontouring of the enamel edge may be sufficient - ****Dental bonding**** — tooth-coloured composite resin is applied, sculpted, and light-cured to restore the tooth's form and surface integrity. This is typically a single-visit procedure requiring no local anaesthesia, and produces clinically sound and aesthetically pleasing results for minor enamel fractures

Level 2: Moderate fracture (dental involvement)

****Clinical presentation:**** A more substantial portion of the tooth has fractured, exposing the yellowish dentine layer beneath the enamel. The patient typically reports sensitivity to cold, air, and sweet stimuli, though there is no spontaneous or lingering pain suggesting pulpal involvement.

****Urgency:**** Moderate. Assessment within 24–48 hours is appropriate. Exposed dentine needs timely protection to prevent bacterial ingress toward the pulp.

****Typical treatment:**** - ****Dental bonding**** — appropriate for smaller dental fractures, particularly where the remaining tooth structure is sound - ****Porcelain veneer**** — indicated for anterior teeth where aesthetics are a primary consideration alongside structural restoration - ****Full-coverage crown**** — where a significant volume of tooth structure has been lost, a crown provides comprehensive protection and restores full occlusal function. Our prosthodontists at CSSC design and fit crowns matched to your natural dentition in colour, morphology, and translucency

Level 3: Severe fracture with pulp exposure

****Clinical presentation:**** A large portion of the tooth is fractured, with visible pulp tissue — typically a pink or red point — within the fracture site. The patient usually presents with significant pain, spontaneous sensitivity, and in some cases bleeding from the tooth itself.

****Urgency:**** High. Same-day specialist assessment is strongly recommended. The exposed pulp is vulnerable to bacterial contamination and subsequent infection.

****Typical treatment:**** - ****Root canal treatment (endodontic therapy)**** — an endodontist removes the compromised or infected pulp tissue, cleans and shapes the root canal system, and seals it with an inert filling material. The tooth is subsequently restored with a crown to re-establish structural integrity -

****Pulp capping**** — in carefully selected cases, particularly in younger patients where root development is incomplete (open apex), a biocompatible pulp-capping material may be placed over the exposed pulp to encourage continued root maturation without full pulp removal. Patient selection and clinical judgement are critical - A ****crown**** will be required following root canal treatment to provide long-term protection against fracture of the restored tooth

Level 4: Split tooth or vertical root fracture

****Clinical presentation:**** The tooth is fractured into two or more segments, or a crack propagates vertically down the root — often below the crestal bone level. Patients may report pain on biting, intermittent swelling, or a sense that the tooth is mobile or unstable.

****Urgency:**** High. Specialist assessment should be sought promptly, as the prognosis is often time-sensitive and the diagnosis requires careful clinical and radiographic evaluation.

****Typical treatment:**** - ****Extraction**** — a tooth with a complete vertical root fracture is, in most cases, not salvageable. Surgical removal is performed by an oral surgeon, with care taken to preserve the surrounding alveolar bone for future implant placement - ****Replacement planning**** — following extraction, prosthetic options including dental implants, fixed bridges, or removable partial dentures are assessed and planned by our prosthodontists, with consideration of the patient's overall occlusion and long-term oral health goals - ****Hemisection**** — in select molar cases where only one root is fractured, surgical removal of the affected root may preserve the remaining tooth structure. This is a specialist decision requiring thorough case assessment

Level 5: Avulsed tooth (complete displacement from socket)

****Clinical presentation:**** The entire tooth has been displaced from its alveolar socket — most commonly from sporting injuries, falls, and facial trauma.

****Urgency:**** Dental emergency. The tooth has the highest probability of successful reimplantation when returned to the socket within 30 minutes of avulsion. Beyond 60 minutes of dry storage, the prognosis for long-term retention diminishes significantly.

****Typical treatment:**** - ****Reimplantation and splinting**** — the tooth is repositioned within the socket under clinical conditions and stabilised with a flexible splint, typically retained for 2–4 weeks to allow periodontal healing - ****Root canal treatment**** — usually indicated within 7–10 days of reimplantation, as the neurovascular supply is severed at avulsion and the pulp will not revascularise in a mature tooth - ****Long-term monitoring**** — avulsed and reimplanted teeth require ongoing radiographic review to assess for external root resorption, a process by which the body gradually remodels the root structure over time - ****Implant replacement**** — where reimplantation is not possible or the tooth ultimately cannot be retained, a dental implant is generally the most functionally and aesthetically appropriate long-term replacement

Treatment options: what to expect

Dental bonding

****Most appropriate for:**** Small to moderate chips, primarily on anterior teeth.

Tooth-coloured composite resin is applied directly to the prepared tooth surface, incrementally shaped to replicate the original contour, then set using a curing light. The procedure is typically completed in a single appointment, often without local anaesthesia. Clinical lifespan is approximately 5–10 years, depending on the location of the restoration and the patient's occlusal habits. For minor fracture repairs, the cosmetic outcomes are excellent.

Porcelain veneers

****Most appropriate for:**** Anterior teeth with moderate structural damage, or where composite bonding alone would not achieve an optimal aesthetic or functional result.

A thin, custom-fabricated porcelain shell is designed to cover the front surface of the tooth. Minimal tooth preparation is required, preserving the majority of existing enamel. Porcelain closely replicates the optical properties of natural tooth enamel — including translucency and surface texture — producing highly natural results. Clinical lifespan is 10–15 years or more with appropriate care. Fabricated by a dental laboratory, treatment typically requires two clinical appointments.

Dental crowns

****Most appropriate for:**** Teeth with significant structural loss, following root canal treatment, or where the remaining tooth structure is insufficient to support a bonded restoration or veneer reliably.

A crown provides complete coronal coverage, restoring the tooth's morphology, occlusal function, and appearance. Material selection — high-strength porcelain, zirconia, or porcelain-fused-to-metal — is determined by the tooth's position in the arch, the occlusal forces it must withstand, and aesthetic requirements. Your prosthodontist will advise on the most appropriate option. Treatment involves two appointments: tooth preparation and impression at the first, crown fitting at the second. Clinical lifespan is 10–20 years or more with appropriate oral hygiene and maintenance.

At CSSC, our prosthodontists specialise in designing crowns that integrate with your natural dentition in both function and appearance.

Root canal treatment (endodontic therapy)

****Most appropriate for:**** Teeth where the fracture has exposed or compromised the pulp, or where secondary infection has developed within the root canal system.

The endodontist removes inflamed or infected pulp tissue under local anaesthesia, then cleans and shapes the root canal system with precision instruments before sealing it with a biocompatible material. The tooth is subsequently restored — typically with a crown — to provide long-term structural protection. Root canal treatment has a documented success rate of 90–95% and, where appropriate, allows the patient to keep their natural tooth.

Our endodontists at CSSC perform root canal treatment under high-powered operating microscopes, which enables the precision that complex cases demand.

Extraction and prosthetic replacement

Where tooth retention is not possible — typically with vertical root fractures, fractures extending below the alveolar bone crest, or insufficient residual tooth structure to support a restoration — extraction is the appropriate clinical decision. Oral surgical extraction is performed by our oral surgeons, and subsequent replacement options are planned by our prosthodontists:

- ****Dental implant**** — a titanium fixture is placed within the alveolar bone and subsequently restored with a custom crown. For most patients, this is the closest functional and aesthetic equivalent to a natural tooth. - ****Fixed dental bridge**** — a prosthetic tooth supported by crowns on the adjacent teeth, providing a fixed, non-removable restoration. - ****Removable partial denture**** — a removable prosthetic option, which may be particularly appropriate where multiple teeth are involved or where implant placement is not indicated.

Emergency assessment at CSSC

If you have fractured or knocked out a tooth and need urgent specialist assessment, contact Collins Street Specialist Centre as promptly as possible. Our team will:

- Conduct a thorough clinical examination and obtain appropriate imaging to diagnose the extent of the injury
- Provide immediate pain management and, where indicated, interim stabilisation of the affected tooth
- Give a clear explanation of your treatment options, including likely timelines and associated costs
- Initiate treatment or schedule follow-up appointments according to clinical priority

For knocked-out teeth, the message bears repeating: ****time is critical****. Please call ahead so that our team can be prepared for your arrival and minimise any avoidable delay.

Reducing your risk of tooth fracture

While dental trauma cannot always be prevented, several evidence-based measures can meaningfully reduce fracture risk:

- ****Wear a custom-fitted mouthguard**** during contact sport and other high-risk activities. Custom-fabricated guards, made from an accurate impression of your dentition, provide substantially superior protection compared with over-the-counter alternatives
- ****Do not use your teeth as tools**** — opening packaging, bottles, or biting non-food objects places unpredictable lateral forces on tooth structure
- ****Avoid habitual chewing of ice, hard lollies, and unpopped popcorn kernels**** — these are disproportionately common causes of posterior tooth fractures
- ****Address bruxism (tooth grinding or clenching)**** — if you grind or clench your teeth, particularly at night, a custom-fitted occlusal splint (night guard) provides a protective barrier against cumulative fracture risk
- ****Consider elective crown coverage for heavily restored teeth**** — teeth with large existing restorations are significantly more susceptible to catastrophic fracture. Your dentist may recommend a crown as a preventive measure before fracture occurs
- ****Maintain regular dental reviews**** — early identification of cracks, craze lines, and structurally compromised teeth allows for timely preventive intervention before an emergency presentation becomes necessary

Book an appointment at CSSC

If you have broken, chipped, or knocked out a tooth, our specialist team at Collins Street Specialist Centre can assess the full extent of the injury and determine the appropriate treatment pathway — whether that is a straightforward composite bonding procedure, a precision-crafted crown, endodontic therapy, or a comprehensive extraction and replacement plan.

With endodontists, prosthodontists, and oral surgeons practising together under one roof in Melbourne's CBD, patients receive integrated specialist care without the need to attend multiple practices for diagnosis and treatment.

****Collins Street Specialist Centre**** Level 7, Manchester Unity Building 220 Collins Street, Melbourne VIC 3000

[[Book an appointment](#)](/contact) or contact our team directly for urgent clinical advice. For a knocked-out tooth, please call immediately — every minute is clinically significant.

Frequently asked questions

****What is Collins Street Specialist Centre (CSSC)?**** A multidisciplinary specialist dental practice in Melbourne's CBD.

****Where is CSSC located?**** Level 7, Manchester Unity Building, 220 Collins Street, Melbourne VIC 3000.

****What specialists practice at CSSC?**** Endodontists, prosthodontists, and oral surgeons.

****Can CSSC treat a broken tooth on the same day?**** Yes, for genuine dental emergencies.

****Is a broken tooth always a dental emergency?**** No, severity determines urgency.

****Is a minor enamel chip a dental emergency?**** No, low urgency.

****Should a minor chip still be assessed?**** Yes, within a few days.

****Is a knocked-out tooth a dental emergency?**** Yes, time-critical emergency.

****What is the critical window for reimplanting a knocked-out tooth?**** Within 30 minutes of avulsion.

****Does prognosis worsen after 60 minutes of dry storage?**** Yes, significantly.

****How should a knocked-out tooth be handled?**** By the crown, never the root.

****Why avoid touching the root of a knocked-out tooth?**** Periodontal ligament cells on the root are essential for reattachment.

****Can a knocked-out tooth be reimplanted at home?**** Yes, gently reposition into the socket if possible.

****What should you store a knocked-out tooth in?**** Milk, saline, or inside the cheek.

****Can tap water be used to store a knocked-out tooth?**** No, avoid prolonged tap water immersion.

****Can a broken tooth fragment be reattached?**** Yes, in some clinical situations.

****How should a broken fragment be stored?**** Moist, in milk or cling film with saliva.

****Should you scrub a knocked-out tooth root?**** No, never scrub the root surface.

****What painkiller should be avoided if bleeding is present?**** Aspirin.

****Why avoid aspirin with a bleeding broken tooth?**** It impairs blood clotting.

****Is ibuprofen appropriate for broken tooth pain?**** Yes, taken as directed.

****Is paracetamol appropriate for broken tooth pain?**** Yes, taken as directed.

****How can a sharp fractured edge be temporarily covered?**** With sugar-free chewing gum or dental wax.

****Where can dental wax be purchased?**** Most pharmacies.

****Should you chew on a broken tooth?**** No, avoid loading the affected side.

****Why avoid temperature extremes on a broken tooth?**** Exposed dentine is highly sensitive to thermal stimuli.

****How many fracture severity levels does CSSC classify?**** Five levels.

****What is a Level 1 fracture?**** A minor chip confined to the enamel.

****Does a Level 1 fracture cause pain at rest?**** No.

****What is the typical treatment for a Level 1 fracture?**** Smoothing and polishing or dental bonding.

****What is a Level 2 fracture?**** A fracture exposing the dentine layer beneath enamel.

****Does a Level 2 fracture cause sensitivity?**** Yes, to cold, air, and sweet stimuli.

****Does a Level 2 fracture cause spontaneous pain?**** No.

****What is the urgency for a Level 2 fracture?**** Moderate, assess within 24–48 hours.

****What is a Level 3 fracture?**** A severe fracture with pulp exposure.

****What does exposed pulp look like?**** A pink or red point within the fracture site.

****Is a Level 3 fracture a dental emergency?**** Yes, same-day assessment strongly recommended.

****What is the primary treatment for a Level 3 fracture?**** Root canal treatment.

****Is pulp capping ever used for Level 3 fractures?**** Yes, in select cases with incomplete root development.

****Is a crown required after root canal treatment?**** Yes.

****What is a Level 4 fracture?**** A split tooth or vertical root fracture.

****Is a vertical root fracture usually salvageable?**** No, extraction is typically required.

****What is hemisection?**** Surgical removal of one fractured root in a molar.

****Is hemisection appropriate for all molar fractures?**** No, requires thorough specialist case assessment.

****What is a Level 5 fracture?**** Complete displacement of a tooth from its socket (avulsion).

****How long is a reimplanted tooth typically splinted?**** 2–4 weeks.

****When is root canal treatment performed after reimplantation?**** Usually within 7–10 days.

****Why is root canal needed after reimplantation?**** The neurovascular supply is severed at avulsion.

****Will a reimplanted tooth's pulp naturally revascularise in adults?**** No.

****What long-term risk affects reimplanted teeth?**** External root resorption.

****What is dental bonding most appropriate for?**** Small to moderate chips on anterior teeth.

****Does dental bonding require local anaesthesia?**** Typically no.

****How many appointments does dental bonding require?**** One.

****What is the clinical lifespan of dental bonding?**** Approximately 5–10 years.

****What is a porcelain veneer?**** A thin custom porcelain shell covering the front tooth surface.

****What is a porcelain veneer most appropriate for?**** Anterior teeth with moderate structural damage.

****How many appointments do porcelain veneers require?**** Two.

****What is the clinical lifespan of a porcelain veneer?**** 10–15 years or more.

****What is a dental crown most appropriate for?**** Teeth with significant structural loss.

****What materials can dental crowns be made from?**** High-strength porcelain, zirconia, or porcelain-fused-to-metal.

****How many appointments does a crown require?**** Two.

****What is the clinical lifespan of a dental crown?**** 10–20 years or more.

****What is the documented success rate of root canal treatment?**** 90–95%.

****Does CSSC use operating microscopes for root canal treatment?**** Yes.

****What tooth replacement option most closely replicates a natural tooth?**** Dental implant.

****What is a dental implant made of?**** Titanium.

****What is a fixed dental bridge?**** A prosthetic tooth supported by crowns on adjacent teeth.

****Is a fixed bridge removable?**** No.

****What is a removable partial denture?**** A removable prosthetic for one or more missing teeth.

****Does a custom mouthguard outperform an over-the-counter guard?**** Yes, substantially.

****What is bruxism?**** Tooth grinding or clenching.

****What protects teeth from bruxism damage?**** A custom-fitted occlusal splint (night guard).

****Are heavily restored teeth at higher fracture risk?**** Yes, significantly.

****Can elective crowns prevent tooth fractures?**** Yes, as a preventive measure.

****Should ice be chewed habitually?**** No, it is a common cause of posterior tooth fractures.

****Should teeth be used as tools to open packaging?**** No.

****Does CSSC provide imaging during emergency assessments?**** Yes.

****Does CSSC provide interim tooth stabilisation during emergencies?**** Yes, where indicated.

****Do patients need to attend multiple practices for specialist care at CSSC?**** No, all specialists are under one roof.
