



# **VENEERS WITHOUT GUESSWORK:**

CHOOSING RIGHT, PREPARING SMART

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**GOCE DELCEV**  
**UNIVERSITY**

Faculty of medical sciences  
Dental medicine

Department of prosthodontics

Digital workflow



Magnification



Documentation



When we increase precision - we reduce variability  
And when we reduce variability- we reduce failures





DELICATE BEAUTY



# Literature review

## Survival rate and longevity

5 years (94.4%)

10 years (93.5%)

20 years (82.93%)

*Beire et all. 2012*

> [Int J Prosthodont. 2012 Jan-Feb;25\(1\):79-85.](#)

## Clinical performance of porcelain laminate veneers for up to 20 years

Ulrike Stephanie Beier <sup>1</sup>, Ines Kapferer, Doris Burtscher, Herbert Dumfahrt

Affiliations + expand

PMID: 22259802

### Abstract

**Purpose:** The aim of this clinical retrospective study was to evaluate the clinical quality, success rate, and estimated survival rate of anterior veneers made of silicate glass-ceramic in a long-term analysis of up to 20 years.

**Materials and methods:** Anterior teeth in the maxillae and mandibles of 84 patients (38 men, 46 women) were restored with 318 porcelain veneer restorations between 1987 and 2009 at the Medical University Innsbruck, Innsbruck, Austria. Clinical examination was performed during patients' regularly scheduled maintenance appointments. Esthetic match, porcelain surface, marginal discoloration, and integrity were evaluated following modified California Dental Association/Ryge criteria. Veneer failures and reasons for failure were recorded. The study population included 42 (50.0%) patients diagnosed with bruxism and 23 (27.38%) smokers. The success rate was determined using Kaplan-Meier survival analysis.

**Results:** The mean observation time was  $118 \pm 63$  months. Twenty-nine failures (absolute: 82.76%, relative: 17.24%) were recorded. The main reason for failure was fracture of the ceramic (44.83%). The estimated survival rate was 94.4% after 5 years, 93.5% at 10 years, and 82.93% at 20 years. Nonvital teeth showed a significantly higher failure risk ( $P = .0012$ ). There was a 7.7-times greater risk of failure associated with existing parafunction (bruxism,  $P = .0004$ ). Marginal discoloration was significantly greater in smokers ( $P \leq .01$ ).

**Conclusion:** Porcelain laminate veneers offer a predictable and successful restoration with an estimated survival probability of 93.5% over 10 years. Significantly increased failure rates were associated with bruxism and nonvital teeth, and marginal discoloration was worse in patients who smoked.

# Literature Review

Survival rate and longevity

>90% 10 years

*Alghazzawi TF. 2024*

► J Funct Biomater. 2024 May 16;15(5):131. doi: [10.3390/jfb15050131](https://doi.org/10.3390/jfb15050131) 

## Clinical Survival Rate and Laboratory Failure of Dental Veneers: A Narrative Literature Review

[Tariq F Alghazzawi](#) <sup>1,2</sup>

Editor: Joseph Nissan

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PMCID: PMC11122289 PMID: [38786642](https://pubmed.ncbi.nlm.nih.gov/38786642/)

### Abstract

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There is a vast amount of published literature concerning dental veneers; however, the effects of tooth preparation, aging, veneer type, and resin cement type on the failure of dental veneers in laboratory versus clinical scenarios are not clear. The purpose of the present narrative review was to determine the principal factors associated with failures of dental veneers in laboratory tests and to understand how these factors translate into clinical successes/failures. Articles were identified and screened by the lead author in January 2024 using the keywords “dental veneer”, “complication”, “survival rate”, “failure”, and “success rate” using PubMed/Medline, Scopus, Google Scholar, and Science Direct. The inclusion criteria included articles published between January 1999 and January 2024 on the topics of preparation of a tooth, aging processes of the resin cement and veneer, translucency, thickness, fabrication technique of the veneer; shade, and thickness of the resin cement. The exclusion criteria included articles that discussed marginal and internal fit, microhardness, water sorption, solubility, polishability, occlusal veneers, retention, surface treatments, and wear. The results of the present review indicated that dental veneers generally have a high survival rate (>90% for more than 10 years). The amount of preserved enamel layer plays a paramount role in the survival and success rates of veneers, and glass-ceramic veneers with minimal/no preparation showed the highest survival rates. Fracture was the primary failure mechanism associated with decreased survival rate, followed by debonding and color change. Fractures increased in the presence of parafunctional activities. Fewer endodontic complications were associated with veneer restorations. No difference was observed between the maxillary and mandibular teeth.







# **WHY VENEERS STILL FAIL?**

# **POOR CASE SELECTION AND ASSESSMENT**

THE CASE IS ALREADY DOOMED—BEFORE WE EVEN START

# **INADEQUATE PLANNING**

WITHOUT A CLEAR DIRECTION, UNEXPECTED FACTORS ARISE—  
AND COMPROMISE BECOMES INEVITABLE

# **VIOLATION OF PREPARATION PRINCIPLES**

IRREVERSIBLE LOSS OF TISSUE AND PREDICTABILITY

# **IMPROPER MATERIAL SELECTION**

ESTHETIC COMPROMISE AND STRUCTURAL PROBLEMS