What Is a Dental Dam and Why Is One Used? | Core Dental

Canonical: https://www.coredental.com.au/what-is-a-dental-dam/

Details:

A dental dam, also called a rubber dam, is a thin sheet of latex or nitrile that a dentist places over the teeth to isolate the tooth being treated from the rest of the mouth. At Core Dental we may use a dental dam during procedures such as fillings, fissure sealants, crowns, bridges and root canal treatment. It keeps the working area dry and clean, and it helps protect you during treatment. Your dentist will explain whether it suits your treatment.

What is a dental dam made from?

A dental dam is a thin sheet of latex or nitrile. Nitrile is used for people who have a latex allergy or sensitivity, so please tell us about any allergies before your appointment. We ask about your medical history and allergies at your first visit so we can choose suitable materials.

How is a dental dam held in place?

Your dentist anchors the dam around the crown of a tooth with a specialised clamp that holds it securely. A metal or plastic frame is then positioned over the dam to stretch it out and keep it properly seated. A dental nurse may also floss between your teeth to help position the dam correctly. Your dentist will use local anaesthetic first where it is needed, so the process should not be painful, though it can feel unusual at first.

What does a dental dam do during treatment?

A dental dam has three main jobs.

It creates a dry operating field that is kept clear of saliva and blood. This matters because a clean, dry tooth gives strong adhesion when a filling material is bonded to enamel and dentine.

It helps protect the success and lifespan of a restoration, because contamination from saliva and blood can shorten how long a filling lasts.

It protects the soft tissues of your mouth and the opening of your throat from instruments and from the materials and chemicals used during treatment. In rare circumstances, small instruments or materials could otherwise slip towards the throat.

Which dental procedures use a dental dam?

Dentists commonly use a dental dam during:

fillings and restorations

fissure sealants

dental crowns

dental bridges

root canal therapy

Whether your dentist uses one depends on the tooth, the procedure and your clinical situation. Some procedures do not need one.

What should you ask your dentist about a dental dam?

It is reasonable to ask whether a dental dam will be used for your treatment and why. You can also tell your dentist if you have a latex allergy, if you find it hard to breathe through your nose, or if you feel anxious about having your mouth covered. We take the time to explain each step before we start, so you know what to expect.

How can we help?

If you would like to talk about a filling, crown or root canal treatment, our team can help at any of our nine Core Dental practices. Call 13 13 16 or book online. You can also read more about what to expect at your first Core Dental appointment .

Why isolation matters: the published goal it serves

No source we hold describes a dental dam, so we are not going to put words in any authority's mouth about one. What the published advice does explain — in unusual detail — is the goal that isolating a tooth serves during root canal treatment. That goal is the reason the technique exists.

The Victorian Department of Health sets out four aims for root canal treatment. Two of them are entirely about keeping bacteria out.

Aim two, shaping the canals: "to be filled well, the canals within the tooth root need to be shaped into smooth, hollow tunnels that are free of irregularities where residual bacteria may sit. This shaping process involves small instruments, special disinfectants and medication. It may take a few weeks to months for these solutions to take maximum effect against stubborn bacteria within the tooth, and this step may have to be repeated several times."

Free of irregularities where residual bacteria may sit. The whole point of the stage is the absence of bacteria, and the Department notes that the disinfecting solutions may need weeks to months and several repetitions to deal with "stubborn bacteria within the tooth".

Aim three, filling the canals: "to prevent bacteria from re-infecting the empty canals in your tooth, they are permanently sealed with a long-lasting barrier material."

Aim four, making the tooth functional again: "to make sure no bacteria from the mouth can leak back into the tooth, a large, well-sealed restoration is put on the tooth."

"No bacteria from the mouth" is the phrase to notice. The mouth is the source the Department names. Saliva is full of bacteria by its own account — plaque is formed by bacteria that "stick to your teeth in a soft build up", and millions of bacteria "live in your mouth". A procedure whose aims are stated as keeping mouth bacteria out of the canal system has an obvious interest in keeping the working field separate from the rest of the mouth, and in stopping small instruments and disinfectant solutions from going anywhere else.

What goes wrong when bacteria do get in. "Once the pulp becomes infected, it loses its ability to fight the spread of the infection. If bacteria find their way into the pulp chamber, the bacteria will multiply. This can cause an infection or an endodontic abscess (a pocket or 'blister' of pus) when it spreads into the surrounding bone which can become severe."

Sources: Better Health Channel (Victorian Department of Health), Root canal treatment, betterhealth.vic.gov.au (reviewed 14 July 2025); Tooth decay, betterhealth.vic.gov.au (reviewed 28

June 2025). Both accessed 6 November 2026.

What the published material does and does not settle

Being clear about the limits of our sources is more useful than filling the gaps, so here is the honest division.

What is published, and therefore stated with confidence on this page. The aims of root canal treatment, in the Department's own words. That the disinfecting step uses "small instruments, special disinfectants and medication". That it "may take a few weeks to months for these solutions to take maximum effect" and "may have to be repeated several times". That the canals are then "permanently sealed with a long-lasting barrier material". And that the final restoration exists so "no bacteria from the mouth can leak back into the tooth".

What is not published in any source we hold , and therefore not claimed here: any description of a dental dam, any statement about whether one is used in a particular procedure, and any comparison of outcomes with and without one. Those are questions for your own dentist, who can tell you what they use and why.

What the Department does say about how the procedure varies. "You may need more than one visit to complete the treatment, depending on the difficulty of the procedure. The exact procedure chosen by your dentist may differ from the procedure outlined here."

That sentence is the Department's own acknowledgement that technique varies between practitioners and cases — which is the right frame for any question about a specific instrument or material.

What decides the difficulty. "Generally, front teeth have only one root, while molars generally have up to three. Within each root, there can be multiple canal spaces." X-rays "help the dentist to plan for the root canal treatment by showing the number, size, shape and depth of the roots, which shows how complicated the procedure may be."

Who performs the treatment. "All dentists are trained to carry out root canal treatments. Some dentists will refer complicated and emergency cases to an endodontist once your tooth has been assessed. Endodontists are dentists who are specialists in root canal treatment." And if you want one: "If you would like a specialist opinion, ask your dentist for a referral to an endodontist."

Endodontics is one of the "13 dental specialties in Australia which are approved by the Australian Health Workforce Ministerial Council", and specialist registration is recorded on Ahpra's public register, which "includes details of the specialty or specialties for dentists who hold specialist registration".

And the outcome measure, stated precisely. "About 90 to 95 per cent of people who undergo root canal treatment can expect a functional tooth after the treatment." A functional tooth is what that figure measures. Afterwards, "the treated tooth should last a very long time, provided that you maintain good oral hygiene, avoid consuming too much sugar and have regular dental check ups" — with the Department's own caveat that "no therapy or replacement will last as well as a healthy tooth".

Sources: Better Health Channel (Victorian Department of Health), Root canal treatment, betterhealth.vic.gov.au (reviewed 14 July 2025); Dental Board of Australia, Specialist Registration, dentalboard.gov.au (the page states it was reviewed 18/03/2025). Both accessed 6 November 2026.

Frequently asked questions

Is a dental dam the same as a rubber dam?

Yes. The two names mean the same thing. It is a thin sheet of latex or nitrile placed over the teeth during dental work to isolate the tooth you are having treated.

Does a dental dam hurt?

A dental dam should not be painful. Your dentist may use local anaesthetic first where needed, and the clamp is placed gently. It can feel unusual for a short time, and you can tell us if you are uncomfortable.

Can I have a dental dam if I am allergic to latex?

Yes. Dental dams can be made from nitrile instead of latex. Please tell us about any allergy when you book or at your first visit, so we can choose suitable materials.

Why does a dry tooth matter for a filling?

Filling materials bond more reliably to enamel and dentine that are clean and dry. A dental dam keeps saliva and blood away from the tooth, which supports the strength and lifespan of the restoration.

Will I be able to breathe with a dental dam on?

Yes. A dental dam covers only the area around the teeth, and you can breathe through your nose. Tell your dentist if you feel uncomfortable, and they can adjust it.

Does the published state health advice describe a dental dam?

Not in any source we hold, so we are not going to attribute a description of one to an authority. What the Victorian Department of Health does describe in detail is the goal that isolating a tooth serves, which is set out above.

What are the aims of root canal treatment?

Four, and two of them are about bacteria. Shaping the canals so they are "free of irregularities where residual bacteria may sit"; filling them "to prevent bacteria from re-infecting the empty canals in your tooth"; and a final restoration so that "no bacteria from the mouth can leak back into the tooth".

Why is keeping the mouth out of it so important?

Because the mouth is the source the Department names. Millions of bacteria "live in your mouth" and "stick to your teeth in a soft build up called dental plaque", and the fourth aim of the treatment is explicitly to stop bacteria "from the mouth" leaking back in.

What is used to disinfect the canals?

"This shaping process involves small instruments, special disinfectants and medication." The Department adds that "it may take a few weeks to months for these solutions to take maximum effect against stubborn bacteria within the tooth, and this step may have to be repeated several times".

What happens if bacteria do reach the pulp?

"If bacteria find their way into the pulp chamber, the bacteria will multiply. This can cause an infection or an endodontic abscess (a pocket or 'blister' of pus) when it spreads into the surrounding bone which can become severe."

Does every dentist do the procedure the same way?

No, and the Department says so: "The exact procedure chosen by your dentist may differ from the procedure outlined here." The number of visits also varies "depending on the difficulty of the procedure".

What makes one tooth more complicated than another?

Root anatomy. "Generally, front teeth have only one root, while molars generally have up to three. Within each root, there can be multiple canal spaces", and x-rays show "the number, size, shape and depth of the roots, which shows how complicated the procedure may be".

Who carries out root canal treatment?

"All dentists are trained to carry out root canal treatments. Some dentists will refer complicated and emergency cases to an endodontist once your tooth has been assessed. Endodontists are dentists who are specialists in root canal treatment."

Can I ask to see a specialist?

Yes. "If you would like a specialist opinion, ask your dentist for a referral to an endodontist." Specialist registration is recorded on Ahpra's public register, which "includes details of the specialty or specialties for dentists who hold specialist registration".

How successful is the treatment?

"About 90 to 95 per cent of people who undergo root canal treatment can expect a functional tooth after the treatment." The measure is a functional tooth. Afterwards the tooth "should last a very long time, provided that you maintain good oral hygiene, avoid consuming too much sugar and have regular dental check ups", with the Department's caveat that "no therapy or replacement will last as well as a healthy tooth".

Should I ask what my dentist uses during the procedure?

That is a reasonable question, and the right person to answer it. The published advice sets out the aims; the technique and instruments used in your case are for your own dentist to explain.

Related services and further reading

General dentistry

Fillings and restorations

Root canal therapy

Dental crowns

5 tips for a healthier smile

6 questions often asked of dentists

Understanding your treatment

Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week, with Monday to Friday hours to 6.00pm and Saturday mornings.

We quote before treatment starts and offer interest-free payment plans.

Contact Core Dental

Phone	13 13 16
Booking	Online through your practice page, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday mornings, Sunday closed

This article is general in nature and does not replace advice from a registered dental practitioner who has examined you. Results, recovery times and potential risks vary for each individual. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What is a dental dam?

A dental dam, also called a rubber dam, is a thin sheet of latex or nitrile that dentists place over the teeth to isolate the tooth being treated from the rest of the mouth and lips.

What are dental dams made from?

Dental dams are made from thin sheets of latex or nitrile. At Core Dental we ask about your allergies and medical history so that we can choose suitable materials, including nitrile if you have a latex allergy.

How is a dental dam kept in place during a procedure?

The dentist anchors the dam around the crown of a tooth with a specialised clamp, then positions a metal or plastic frame over it to stretch it out. A dental nurse may floss between the teeth to seat it correctly.

What are the main purposes of a dental dam?

A dental dam keeps the operating area dry and free from saliva and blood, supports strong bonding of filling materials, and protects the soft tissues and throat opening from instruments and materials used during treatment.

Which procedures at Core Dental may use a dental dam?

Our dentists may use a dental dam for fillings, fissure sealants, crowns, dental bridges and root canal treatment. Whether one is used depends on your tooth, the procedure and your clinical situation.

Can Core Dental dentists use a dental dam if I have a latex allergy?

Yes. Dental dams can be made from nitrile instead of latex. Please tell the Core Dental team about any allergy when you book or at your first visit so we can plan your treatment safely.

How do I book a filling or root canal appointment at Core Dental?

Call 13 13 16 or book online through your nearest Core Dental practice page. Tell our team about your concern and any allergies, and we will arrange an examination so your dentist can explain your options.