Solving esthetic dilemmas with direct composite bonding

By Bruce J. LeBlanc, DDS

As an old saying goes, “we often miss the forest for the trees.” In our practice, it is easy to get lost in the concept that we do veneers, crowns or whatever and lose our focus on the call to help patients solve problems that affect their comfort, esthetics or function. These problems can range in the effect they have on a patient’s daily life, from minor irritations to what I call dental disabilities. When a patient fractures a front tooth, the effect includes an emotional component that can be disabling. Solutions we are able to offer may be truly life changing.

We approach these patients with the concept of “How can we help you?” using visual tools, including digital photography and radiographs, to discover problems and communicate solutions, allowing patients to choose what fits their socio-economic situation and needs. I have found this approach to be nonthreatening in a way that shares the responsibility with the patients so that they own the outcome.

Although I consider lab processed restorations done merrily to generally have the highest potential for longevity of service, direct composites offer a tremendous service with sufficient longevity to be of great value. Additionally, because solutions can generally be accomplished in one visit with the most conservative tooth preparations, patients consider it an excellent choice.

For example, a college student had recently fallen and broken several upper incisors. She was a very pretty girl who identified strongly with the appearance of her smile. If you will notice in her pretreatment smile picture (Fig. 1), there was a real strain in her face that indicated the problem had become as much emotional as it was physical (Fig. 2 is a pretreatment close-up). With the clinical photographs, we were able to discuss solution options in consultation by showing the present condition and the outcomes of similar cases from other patients. The solution chosen was direct composite restorations as well as a root canal for tooth 9.

My technique utilized a fourth generation multi-bottle bonding agent that has provided me exceptional predictability and longevity over many years, and without sensitivity issues. Micro- and nano-hybrid composites offer the strength of hybrids while retaining a high gloss polished finish. Silicone polishing composite to be layered for color balance & reinforcement.

Although there is an obvious financial reward to providing treatment this way, the spiritual rewards we receive from providing such a service are of significant value to how we view ourselves in the work that we do. Notice in the picture that we took at one year post treatment (Fig. 5) the relaxed smile of the patient that indicates the emotional component of the disability has been resolved. We have not only restored her teeth, but her psyche as well. Very few professions have the ability to impact their clients this way.

The second case involved an emergency patient with a fractured upper central incisor (Fig. 6). The incisal half of the tooth had broken clean in one piece and fit like a puzzle perfectly back in place (Fig. 5). Definitive treatment included root canal treatment with a fiber post and core with the broken half of the tooth cemented into place as though it was veneer (Fig. 6). Minimal preparation of the facial allowed a direct veneer of nano-filled composite to be layered for color balance & reinforcement.

A recall photo at 6 months (Fig. 7) shows a very durable and long lasting result achieving proper color matching of the centrals. An emotionally disabled patient was now restored and excited about her smile.

The final case was a seventeen year old patient with a retained deciduous tooth in place of #10 (Fig. 8) that had minimal root remaining and was about to exfoliate. The patient preferred not to do an implant and crown, so with the abutment teeth being non carious, a fixed bridge was unacceptable. The decision was made to replace the primary exfoliated tooth with a direct bonded pontic in place of #10 splinted to teeth 9 and 11. When the occlusion scheme is favorable and sufficient area of bonding can be gained on the virgin abutment teeth, this solution can easily last for 10 years or longer. For this patient, that was an exciting option that left the occlusal scheme is favorable and crown at a future date. The tooth was extracted (Fig. 9) and a direct bonded pontic was fabricated using ety of solutions to the dental problems patients encounter. For many patients experiencing financial challenges in the present national economy, direct composite dentistry can provide an affordable solution that can satisfy their needs and desires.

Conservative minimally invasive options using bleaching techniques to remove tooth discoloration combined with creative composite bonding techniques can create a variety of solutions to the dental problems patients encounter. For many patients experiencing financial challenges in the present national economy, direct composite dentistry can provide an affordable solution that can satisfy their needs and desires.

It has been my experience that a non-threatening consultation approach builds tremendous trust with our patients as we communicate appropriately to them that we want to help them make choices that serve them best in solving their problem. As patient trust and satisfaction increases, so do the financial and spiritual rewards that we receive in return, which allows us to build a practice climate that is a joy to return to each day.

About the author

Dr. Bruce J. LeBlanc provides seminars nationally on adhesive dental techniques. His practice offers adhesive and cosmetic solutions that minimize tooth removal. He is an implant consultant to dental laboratories and manufacturers and has presented internationally on his adhesive technique. He is course director and presenter for “Mastering Posterior Esthetics” at LSU School of Dentistry as well as a presenter for the LSU Cosmetic Continuum. He is also assistant professor for the LSU Dental Hygiene program. He is the founder of LeBlanc Cosmetic Dentistry. LeBlanc may be reached via e-mail at bjleb@cox.net.

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