Botox and dermal fillers for every dental practice

The next big thing in dentistry may be expanding into the peri-oral and maxillofacial tissues

Esthetic dentistry has been an absolute boom over the last 30 years, especially when it comes to such innovative techniques as teeth whitening and minimally-invasive veneers like Cristal Ve-neers by Aurum Ceramics.

Now that the teeth look good, what about the peri-oral and maxillofacial areas around the mouth and on the face? If the teeth look good but we ignore the rest of the face, then we have severely limited what we have done in esthetic dentistry.

It is time to give serious consideration to extending the oral-systemic connection to the esthetic realms and facial pain areas of the face, which dentists are more familiar than any other health-care practitioner. As den-tists, we can all do a magnificent job of making teeth look great and also give people a healthy and beautiful smile.

How does Botox work?

Botox is a trade name for botuli-num toxin, which comes in the form of a purified protein. The mechanism of action for Botox is really quite simple.

Botox is injected into the facial muscles, but really doesn’t affect the muscle at all. Botu-linum toxin affects and blocks the transmitters between the motor nerves that innervate the muscle.

There is no loss of sensory feeling in the muscles.

Once the motor nerve endings are interrupted, the muscle cannot contract. When that muscle does not contract, the dy-namic motion that causes wrinkles in the skin will stop.

The skin then starts to smooth out, and in approximately three to 10 days after treatment, the skin above those muscles becomes nice and smooth.

The effects of Botox last for approximately three to four months, at which time the patient needs retreatment.