Botox and dermal fillers for every dental practice

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

By Louis Malcmacher, DDS, MAGD

Esthetic dentistry has been an absolute boom over the last 50 years, especially when it comes to such innovative techniques as teeth whitening and minimally-invasive veneers like Cristal Veneers by Aurum Ceramics.

Now that the teeth look good, what about the perioral and maxillofacial areas around the mouth and on the face? If the teeth look good but we ignore the rest of the face, 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 with than any other health-care practitioner. As dentists, we can do a magnificent job of making the dental practice into the center of battering occurs to the head and face. This means the dental office is in an extremely influential position to intervene and help stop the violence.

In addition to the GRAS program, the AACDCF offers the Domestic Violence Intervention & Prevention (DVIP) program. This program offers a free video to dental professionals interested in learning from an expert how to approach difficult situations in the dental practice when domestic violence is suspected.

Domestic violence survivors who have suffered dental injuries from abuse by a former intimate partner or spouse can contact GRAS toll-free at (800) 773-4227, visit www.givebackasmile.com, or e-mail givebackasmile@aacd.com.

Survivors must make an appointment with a counselor, domestic violence advocate, social worker or therapist to complete the advocate section of the GRAS application.

GBAS conducts the initial review of the application; however, the dentist has the final say as to the eligibility of the applicant. If eligible, the Aacd connects the survivor with a local GRAS volunteer who provides treatment at no charge to the recipient.

For dental professionals who are interested in participating in the program, more information is available from the Aacd online www.aacd.com or via phone (800) 543-9220.

(Source: Aacd Foundation)
the corners of the eyes (crow’s feet) (Figs. 1, 2) and around the lips.

Botox has important clinical uses as an adjunct in TMJ and bruxism cases, and for patients with chronic TMJ and facial pain.

Botox is also used to complement esthetic dentistry cases; as a minimally-invasive alternative to surgically treating high lip line cases; for denture patients who have trouble adjusting to new dentures; for lip augmentation; and has uses in orthodontic and periodontic conditions where facial muscle retraining is necessary.

No other health-care provider has the capability to help patients in so many ways as do dentists with Botox and dermal fillers.

What about dermal fillers?

Dermal fillers, such as hyaluronic acid (Juvederm Ultra and Restylane) are commonly used to add volume to the face in the nasolabial folds, oral commissures, lips and marionette lines (Figs. 3, 4).

As we age, collagen is lost in these facial areas and these lines start to deepen. These dermal fillers are injected right under the skin to plump up these areas so that these lines are much less noticeable.

Dermal fillers are also used for lip augmentation and are used by dentists for high lip line cases, uneven lips and to make the perioral area more esthetic. The face looks more youthful and is the perfect complement to any esthetic dentistry case that you do.

What’s a dentist got to do with it?

We as dentists give injections all the time; this is just learning how to give another kind of injection that is outside the mouth, but is in the same area of the face that we inject all the time.

Dentists also have a distinct advantage over dermatologists, plastic surgeons, medical estheticians and nurses who commonly provide these procedures in that we can deliver profound anesthesia in these areas before accomplishing these filler procedures.

Patients who undergo such treatment by other health practitioners can be quite uncomfortable during the procedure, and indeed this is one of the biggest patient complaints about dermal fillers.

Many dentists are surprised to find that more than half of the United States allow dentists to provide Botox and dermal fillers to patients. Why wouldn’t you provide these services if you already offer whitening and esthetic dentistry to your patients?

I would make the strong argument that dentists are the true specialists of the face, much more so than most other health-care professionals, including dermatologists and plastic surgeons.

It is time to stand up for what we know and what we can accomplish.

Do patients want this?

Is there a market for these services? In 2008, close to $5 billion was spent on botulinum toxin and dermal filler therapy in the U.S.

Think about this: that was money spent on non-surgical, elective, esthetic procedures that could have been spent on esthetic dentistry, but the patient made a distinct choice.

Interestingly, these procedures become more popular in an uncertain economy because patients want to do something to look better that is more affordable than surgical esthetic options.

How do you get there?

Like anything else you do, offering this type of service requires training. The learning curve is short because you already know how to give comfortable injections. I often give training sessions in Botox and dermal fillers and dentists are amazed how easy these procedures are to learn and accomplish compared to everything else we do.

Finding practice models is easy; start asking family and friends who will fight to have you practice on them.

If you want even more proof, ask women in your practice if they have had or would like Botox or dermal filler therapy.

You will be overwhelmed at the positive response and shocked at the number of people you know already receiving these treatments.

Conclusion

What’s the next big thing in dentistry? It may come as we start expanding outside of the teeth and gums into the peri-oral and maxillofacial tissues, which is within every dentist’s skill set.

All you need is knowledge and practice. Then, you will be able to deliver these new services to your patients and truly complement the rest of your dental practice.

**About the author**

Dr. Louis Malcmacher is a practicing general dentist in Bay Village, Ohio, and an internationally recognized lecturer, author and dental consultant known for his comprehensive and entertaining style.

An evaluator for Clinicians Reports (formerly Clinical Research Associates), Malcmacher has served as a spokesperson for the ADA and is president of the American Academy of Facial Esthetics.

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