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, and allowing patients to choose what fits their socioeconomic situation and needs. I have found this approach to be non-threatening in a way that shares the responsibility with the patients so that they own the outcome.

Although I consider lab processed restorations done meticulously 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 pre-treatment 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 points, abrasive discs and polishing brushes were used to properly shape and create a highly polished finish.

Mentors lead the way for a satisfying career in dentistry

An interview with Dr. LeBlanc about his career success and fulfillment

By Robin Goodman, Group Editor

What motivates you to practice dentistry?

I have practiced for 51 years. I intended to quit dentistry when I graduated from dental school because I could not stomach the idea of roller skating around the office seeing 60 patients a day, which I thought was necessary to make a profit. That did not match my value system. When I ran into the right mentors that showed me that I could practice in a way according to my values and likes, then that all changed. I love what I do and am ready to go 51 more years.

The turning point in my practice came in the earliest days when I decided I would set my schedule to enjoy each day rather than focusing on how much money I made. I identified what it was about each day that made me happy. I understood that, for me, the way I could practice had to be an expression of my value system. I wanted to have enough time to focus my best efforts on doing my best work for each person. It is not a satisfaction issue.
Dear Cosmetic Dentist,

We’re well into a new year and certainly change is still in the air. With this in mind, many of us are thinking what we can do to make to make this year, in spite of the current economic difficulties, better than the year before.

The best changes come from within. Let’s begin with our most important asset, our health. Let’s try to drop those bad habits and eat better and exercise more. If we can accomplish these worthwhile goals, we will be better able to make improvements in our personal and professional lives as well.

Next, let’s try to listen more to the people who need us and trust us — our patients, our team and, most of all, our families. Finally, let’s try on a daily basis to get just a little better at what we strive to do, delivering excellent cosmetic dentistry.

In the months ahead, our featured articles in Cosmetic Tribune will be committed to help you achieve your daily goal of getting a little better in delivering excellent cosmetic dentistry. Things will be just fine in ’09.

Sincerely,

Dr. Lorin Berland
Editor in Chief
Accredited and a Fellow of the AACD

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pipe dream. It is simply a matter of choice. I then set my fees to reimburse me fairly for the care I gave.

You mentioned that you had the right mentors. Can you tell us a little more about them?

I graduated from LSU School of Dentistry in 1977. I was very fortunate that Dr. F. Harold Wirth, a very close friend of L.D. Pankey, had retired and was mentoring students at the school when I was there. Although I did not appreciate his message as a student at the time, I thank him in my early years of practice.

Dr. Wirth was the first president of the L.D. Pankey Institute and traveled the world with Dr. Pankey spreading the message of developing trust in the dentist/patient relationship. They both lectured for days at a time on balancing work, play, love and worship as key components of creating a life in dentistry that becomes fulfilling as we treat patients who trust us.

Key to Dr. Pankey and Dr. Wirth was the axiom that giving the best Care + Skill + Judgment creates trust in patients. As Dr. Wirth used to say: “When a patient fully trusts you, boy, can you communicate.” They both felt that this trust that we earn becomes a responsibility to care for the patients, meeting their needs rather than selling to them to meet our needs.

What is it you think patients are looking for when they visit a dentist?

I am not sure if they realize that they are looking for this, but I think they respond with appreciation to an office where the dentist and staff are connected, concerned and focused on caring for them. Focused listening creates trust in the relationship. Trust dissolves fear and anxiety not only for the patient, but the dentist as well. Dr. Pankey and Dr. Wirth would begin their first contact with a patient in consultation with the question, “Are you having a problem?” So many times the floodgates will open as patients realize they can share their concerns.

How do you view yourself as you relate to your patients?

First, I am part of healing a patient. That is a divine calling in my opinion and, as such, a privilege. People usually recover in some way from a condition because of our care. In surgery, I fix things. I work to provide a solution to the first question we ask, which is if they are having a problem. As we listen to people and trust us, magic begins to happen. There is a true love that often develops between us. This is a spiritual reward for the care that is added to the financial compensation we receive. It is wonderful and should make us feel significant in the work that we do.

Are there any final thoughts you would like to share with colleagues that may see practicing dentistry more as a struggle than a joy?

Yes. No one was more miserable and less likely to practice dentistry for an extended period of time than I was. Success and fulfillment are different for each person. I think if it matters to us, we must identify what our values are and what makes us happy. Rate each day from one to 10 on a happiness/fulfillment barometer, and if it is less than 10, identify why and make the changes necessary. Find someone further up the road that has achieved in life what you desire and sit on his or her doorstep and learn. That is what I did with Dr. Wirth and Dr. Pankey.

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surface. The unique aspect of completing a case like this in one visit is the reaction of the patient to have such a traumatic situation resolved so quickly.

To walk into our office disabled as she was and leave restored is an amazing accomplishment to any of us. As such, a privilege. Patients we take at one year post treatment (Fig. 3) 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. 4). 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 nanofilled composite to be layered for color balance and reinforcement.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Cosmetic Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!

Editor in Chief

Cosmetic Tribune

Publisher
Torsten Oermus
t.oermus@dtamerica.com

President
Peter Wintzczek
p.wintzczek@dtamerica.com

Chief Operating Officer
Eric Seid
e.seid@dtamerica.com

Group Editor
Robin Goodman
r.goodman@dtamerica.com

Editor in Chief Cosmetic Tribune
Lorin Berland
l.berland@dtamerica.com

Managing Editor Endo Tribune
Fred Michmershuizen
f.michmershuizen@dtamerica.com

Managing Editor Implant Tribune
Sierra Rendu
s.rendon@dtamerica.com

Managing Editor Ortho Tribune
Kristine Colker
k.colker@dtamerica.com

Product & Account Manager
Mark Eisen
m.eisen@dtamerica.com

Marketing Manager
Anna Wlodarczyk
a.wlodarczyk@dtamerica.com

Sales & Marketing Assistant
Lorrie Young
l.young@dtamerica.com

C.E. Manager
Julia E. Wehkamp
j.wehkamp@dtamerica.com

Art Director
Yodit Tesfaye Walker
y.tesfaye@dtamerica.com

Dental Tribune America, LLC
213 W 35th Street, Suite 801
New York, NY 10001
Tel.: (212) 244-7181
Fax: (212) 244-7185

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A recall photo at 6 months (Fig. 7) shows a very durable esthetic 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 open the possibility of an implant and crown at a future date. The tooth was extracted (Fig. 9) and a direct bonded pontic was fabricated of nano-hybrid resin and bonded to the adjacent teeth (Fig. 10). The completed case satisfied the desires and needs of the patient within her existing financial limitations.

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.

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**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 a product consultant to dental manufacturers and has published 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 the president of the F. Harold Wirth Foundation established at LSU School of Dentistry to enhance the dentist/patient relationship and the enjoyment of practicing dentistry. LeBlanc may be reached via e-mail at bjleb@cox.net.