Whiter than white

Dr David Bloom and Dr Jay Padayachy of Senova Dental Studios offer tips to carrying out successful whitening treatments

1. Ensure hands-on training for you and your team. Hygienists and therapists can legally whiten after adequate training and upon a prescription from a dentist.

2. In-surgery products can be as strong a concentration of peroxide as you feel fit (typically up to 30 percent), but take-home should be limited to six percent hydrogen peroxide as most trading standards are usually happy to accept this level of concentration to be dispensed to patients.

3. Manage patient expectation via a pre-whitening screening exam to assess suitability and advise the patient of all options.

4. Pre-whitening photographs are essential as a medico-legal record with and without a shade tab. Ideally, this should be done with an instant developing camera such as a Polaroid as this cannot be digitally altered. If taking a digital shot in a RAW format, take it in a JPEG as well, as a RAW is essentially a digital negative.

5. Use patient-consent forms for informed consent. Follow protocols via adequate isolation (see fig 7), but take care when suctioning off the whitening gel because if it touches the soft tissue (lips), a soft tissue ‘burn’ will occur. Pre-operatively warn patients about temporary sensitivity during the procedure and while using home trays.

6. Do not use chlorine dioxide as it will irreversibly damage the enamel.

See figs 1-4. This patient attended for whitening as she was unhappy with the colour of her teeth. From the photographs, it was possible to explain why whitening was not an appropriate option due to the heavily filled nature of her dentition and due to the posterior wear resulting in a collapse of her vertical occlusal dimension.

Course Synopsis

- Simple and easy way to master digital photography
- How to take the perfect centric relation bite and why
- How to use photography to treatment plan
- How to apply the principles of occlusion for longevity of your restorations
- How to take the perfect Centric Relation bite
- Why and how to take a face bow
- How to predict and easily verify a proper joint position
- How to diagnose a healthy joint from a problem joint
- How to verify mountings of all model work
- Pearls that will make every case 100% more predictable

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“What MUST I have to treatment plan aesthetic cases?”

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This course will give you the blueprints to any complex case in a simple and understandable way. You will learn not only the aesthetic requirements but also the functional necessities to the perfect case. Not required, but would be a real bonus if your dental assistant could attend with you.

This is a must take course for any dentist wanting to do more complex aesthetic and/or functional cases.

14 hours of CPD

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7. Follow in-surgery whitening with home trays for maximum results and top ups. While power whitening is not essential, it does aid patient compliance by kick-starting the process.

8. Tetracycline-stained teeth (from yellow to grey with no banding – degree 1, yellow brown to dark grey staining – degree 2, up to blue-grey or black with significant banding – degree 3) can be treated with prolonged home-tray use and may take anything from three to 12 months depending on the severity.

9. The whitening of a single discoloured non-vital tooth can be achieved rapidly using an in/out technique. It is essential to seal the root face with glass ionomer to minimise the risks of root resorption. If a single anterior tooth is discoloured but vital, it may well be amenable to tray whitening with a reservoir on this tooth only and only using whitening gel on this tooth.

10. To maximise practice efficiency, try not to use your main chair for whitening; it can easily be carried out in a massage chair with portable suction.

About the author
Dr David Bloom

Dr Jay Padayachy,