Approaching alignment

Orthodontics has always been the least favourable option to correct alignment in preparation for a smile makeover, but the Inman Aligner is helping to change this situation. Dr Tif Qureshi explains.
**CHRONIC PERIODONTAL DISEASE?**

**WHAT HAVE YOUR PATIENTS GOT TO LOSE?**

Periostat® contains 20mg doxycycline, a sub-antimicrobial dose. Periostat®, taken twice daily as support to SRP, inhibits the collagenases that attack and weaken tooth attachment structures and thus halts and can even reverse the disease process.

**Prescribing Information:**

- **Warning:** Do not use if you are allergic to the tetracycline class of drugs. The most commonly reported adverse events in Phase III clinical trials were headache and abdominal pain, and it is advisable that Periostat® and betalactam antibiotics should not be used in combination.

- **Contra-indications:** Hypersensitivity to any of the product excipients or to any of the tetracyclines; use in severe hepatic impairment; use with caution in patients with a history of or predisposition to oral candidosis, hepatic impairment or to those receiving potentially hepatotoxic drugs and tri-oval ions such as aluminium, zinc, calcium, by magnesium or iron preparations, and glucose-galactose malabsorption should not take this medicine.

- **Interactions:** Tetracyclines used concurrently with oral contraceptives have in a few cases resulted in contraceptive failure. Tetracyclines and doxycycline concentrations may result. Doxycycline used concurrently with cyclosporine and chronic alcohol abuse, may accelerate the decomposition of doxycycline due to interferes with the bacteriocidal action of penicillin and betalactam antibiotics, it is advisable that Periostat® and betalactam antibiotics should not be used in combination.

- **Special Instructions:**
  - The most commonly reported reactions in Phase III clinical trials were diarrhoea and mucus production. The most commonly reported reactions in Phase III clinical trials were diarrhoea and mucus production. Doxycycline film-coated tablets may decrease the absorption of doxycycline and should therefore be taken at least 2 hours after doxycycline. Doxycycline may potentiate the hypoglycaemic effect of sulphonylurea oral antidiabetic agents. May depress plasma tri-oval ions such as aluminium, zinc, calcium, by magnesium or iron preparations, and glucose-galactose malabsorption should not take this medicine.

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**Adverse Events Reporting:**
- **Europe:** Events should be reported to Pharmacovigilance at Alliance Pharmaceuticals, Alliance Parkway, Avonbridge House, Bath Road, Chippenham, Wiltshire, SN15 2BB UK. Alliance Pharmaceuticals Ltd., Suite 36a, Office Park, Reading, Berkshire, RG2 0ZG, on 0118 982 7171, or via email: pharmaevents@alliancemultichem.co.uk.

**Helping win the battle against gum disease**

Periostat® dentists. It works well for cosmetic dentists because ultimately adults are usually concerned about the 3-5 region and more often than not, restorative techniques are needed to create an aesthetic smile because adults very commonly suffer from differential tooth wear, erosion and poor tooth colour. It is also massively efficient resulting in treatment times that make the idea of heavy preparations on misaligned teeth seem ridiculous and outdated.

All of a sudden the concept of ‘smile design’ and what we need to do to achieve it, is being questioned by many cosmetic dentists. Is it really acceptable to grind large portions of tooth structure away, now that simple and fast orthodontic alternatives are available?

Ultimately this will always be a patient’s call, but as with any treatment, all options must be offered and fully explained.

Since I have been offering Inman Aligner treatment specifically, my veneer placement rate has dropped by nearly 70 per cent. This has had a massive effect on the type of treatment I am now doing. Far more patients choose Inman Aligners with simple bleaching and bonding techniques to correct irregular wear. Veneers are only placed on pre-aligned cases and are nearly always prepped in enamel only on patients who actually need them.
stopped her having orthodontics up to now. Several years ago, she may well have had veneers placed.

On viewing her before occlusal photo (Figure 1), it was quite clear that this would have involved massive preparation to the upper central teeth. This would have been well into dentine and may have even involved elective endodontics. Her lateral teeth would have needed little prepara-
tion, but the emergence profiles would have been poor creating unrealistic aesthetics and a possi-
ble periodontal risk later on.

Instead the aligner was completed with an Inman Aligner in 10 weeks. Her treatment se-
quence was as follows.

Consultation
All options were outlined. BACD-style digital photos were taken and the amount of crowning was calculated using an electronic crowding calculator. This can also be done by arch evaluation of her study models. We measure the ideal curve and subtract this from the total mesio-distal widths of the teeth being moved.

Results show that only 1.6mm crowding exists. This seems less than one would expect, but the rea-
son is that because the laterals are being pushed out, the arch is being expanded thus creating space.

It was clear from the photos that despite the obvious crowding, there was some not so obvi-
ous irregular tooth-wear. It was important to outline this to the patient as one’s eyes will start to focus on it once the misalign-
ment is corrected. The patient was quoted for three incisal com-
potise tips.

The patient opted for an In-
man Aligner with an incorporated expander. These expanders are a very handy way of creating extra space to either treat more com-
plex cases, or to use instead of per-
forming IPR (interproximal re-
duction).

Fitting and instructions
On the fitting date the Inman Aligner was tried in. Usage and hy-\giene instructions are given. The patient was instructed to
insert and remove the
Aligner before any IPR is per-
formed. We planned
IPR was performed. We planned

At this point the case was

Completing the aesthetic puzzle
What was very clear at this point was that the patient needed some simple bonding to improve the incisal edge lines. No anaesthetic was needed. These were done with very slight roughening of the edge and bonding of hybrid composite on the load bearing edge and a mi-
cro-fil on the facial surface. They were then polished.

Discussion
This patient was thrilled with the result we achieved using an Inman Aligner and some simple bonding. She described that when she had once considered having veneers, she had hoped for a similar result. There are still minor imperfections, but in my opinion these contribute to her natural beauty.

There is a stark contrast in the potential treatment ap-
proaches in this case. Where once a patient who refused orthodontics, would have con-
sented and received highly ag-
gressive tooth preparations to achieve correct alignment with veneers, now a removable aligner and some simple bond-
ing can achieve a similar and arguably better result in less than three months with not a micrometer of tooth reduction needed.

The future of cosmetic den-
tistry is facing a change that is here already.

Dr Tif Qureshi will be speak-
ing on Inman Aligners at the BACD annual national confer-

For more information, contact Suzy Rowsland at the BACD through info@bacd.com or visit the www.bacd.com website. Dr Tif Qureshi runs the only Inman Aligner certification course with expert hands on assistance from Dr Tim Brad-
stock-Smith and Dr. James Russell through Straight-talk Seminars. For more information on courses in London and Paris, please contact Caroline on 02072552559 or through www.straight-talks.com.

The Inman Aligner hands-on course with Dr. Tif Qureshi

“The greatest innovation in cosmetic dentistry since the porcelain veneer” Dr. Tim Bradstock-Smith

Learning Objectives:
- Diagnosis and case selection
- Arch evaluation
- Fitting and adjusting an aligner
- Interproximal reduction
- Retention technique
- Restorative pre-alignment
- Ethical considerations

Don’t miss out! This will transform the way you practice dentistry forever!

Case 1
Completed in 9 weeks

Case 2
Completed in 10 weeks

Case 3
Completed in 9 weeks

Dr. Tif Qureshi has pioneered the Inman Aligner in the UK and now shares the secrets that make ultrafast orthodontics and truly conservative cosmetic dentistry a reality.

- Treat moderate anterior crowding in only 6-16 weeks
- One removable appliance and no metal brackets
- For use as a stand alone treatment or before veneers
- Dramatic improvement to case acceptance

Venue: The British Dental Association
64 Wimpole Street, London UK

Cost: £585 + vat

Online Learning coming soon!

To Book call Caroline on +44 (0)207 255 2559
For more details, visit www.straight-talks.com