The Inman Aligner...fact or fiction?

Dr Dominique Kanaan, certified Inman Aligner dentist, shares her experience of the Inman Aligner and gives some handy hints to facilitate success.

How many patients have you had step into your clinic and say that they would like to improve their smile as they are going for a new job or are getting married soon... probably quite a few. It’s also likely that you’ve had just as many who want to improve their smile for no specific reason at all, other than they’ve always wanted to. Nothing wrong with that you might say... but at what cost?

10 years ago, I worked full time at Dentics’ flagship Cosmetic Dental Clinic (formerly Ora) at the world famous Selfridges department store in London. Although it was thought that all we did was tooth whitening, we actually carried out many smile makeovers as well as general dentistry. At the time, we were inundated with requests for various forms of smile enhancements. Is it any surprise when the public are faced with celebrities on the big screen, small screen and in various glossy (and not so glossy) magazines with perfectly white teeth and that infamous ‘Hollywood Smile’? In those days, there was no recession and smile makeovers were the order of the day... every day! Of course I didn’t carry this out on everyone that asked for it, but the WANT was there and the requests flooded in.

Although I believe that tooth whitening can be considered as a scalpel-free face-lift, porcelain veneers are definitely not - and that includes the thin or prepless variety.

Back then, adult orthodontics was not what it is today. Lingual braces were in their infancy and in the realm of the very few specialist orthodontists that had the skill and the will to carry out this innovative but tricky treatment.

There were various reasons why porcelain veneers were requested, but one of the most common in my experience was crowding in the anterior segment. Frequently this involved people who had worn fixed orthodontics as teenagers, but relapse had set in and a quick fix was requested and, a lot of the time, guess what was carried out... yes, veneers. Even in a recession, there still remains the substantial demand for cosmetic dentistry.

Having heard a lot about the ‘three-month wonder brace’ Inman Aligner, I thought to myself, could this really be as simple as it sounds and could this also be the answer to what I had always wanted in my Dentics days... a fairly quick fix to the same old problem of...
Our specialist knowledge of the dental market enables us to provide a high quality and bespoke service to our clients.

We can advise on all aspects of the legislative framework which regulates dentistry, as well as being able to advise on contractual documents and variations.

We can offer you specialist expertise and experience in a comprehensive range of areas including:

- Commercial contracting
- Dispute Resolution
- Employment
- Goodwill
- Healthcare Law
- Incorporation & LLP formation
- Partnership Agreements
- Professional Regulation & Registration
- Sales & Purchase
- Surgery Ownership & Development

For further information on our services visit: www.lockharts.co.uk or call 0207 383 7111.
It may be tempting to carry out IPR in the region of most crowding, in this case LL1. However, if IPR had been carried out mesial and distal to the LL1, this would have created ledges, poor contact areas, a far from ideal contour and final result. It is important to remember the ‘Domino Effect’ with these cases. IPR in this case is done remote to the site of most imbrications or crowding, namely distal of the LL2 and LR2 and can even be done distal to the LL3 and LR3 (and in certain situations distal to the first premolars). Further down the line once the crowded incisors begin to ‘unravel’, IPR can be carried out in the LL1 region.

The patient was reviewed every two-three weeks, depending on progress, and 15 weeks later he was delighted with the result. The patient was given the option of bonding to level the incisal edges off but he was happy to accept the final result as it was. The composite attachments were polished off and a wire retainer fitted. A 0.5mm Essex style clear retainer was made to fit over the wire retainer. This acts as a good back up in case the wire comes away, however the patient is instructed to wear this every night for the initial three months, reducing this to every other night and then once a week after the first year.

There has been much debate about whether ‘simple’ orthodontics can or should be carried out by GDPs. In my view, the key word here is ‘simple’. We are not reorganising the occlusal scheme, we are not moving molars and we are not extracting teeth. In fact, I see no downside to providing this treatment. Whether the Inman Aligner is used as a standalone treatment, before whitening, bonding or even veneers, one thing is for sure, it simplifies treatment and allows minimal preparation or no preparation at all. Not offering tooth alignment, in my opinion, verges on negligence. It is not a question of ‘should we be providing this treatment option?’ We must provide it.

So is the Inman Aligner the Real Deal? It sure is.™

About the author

Dr Dominique Kanaan, BDS, LFPs, LHom is renowned whitening course to specifically train dentists, hygienists and therapists in the latest tooth-whitening techniques.

Dental Tribune, United Kingdom Edition - April 23-29, 2012

LonDEC 7 Day Summer Masterclass

44 hours of verifiable CPD Book before 16th July 2012 & pay £2250
Innovative and up to date programme combining three courses: Course Price £2550
Course 1 - 3 Day Modern Endodontics Masterclass
Course 2 - 3 Day Aesthetic & Restorative Masterclass
Course 3 - Core CPD Update in Dental Radiography & Decontamination
Each of these 3 Courses are available to book individually.

LonDEC provides all required course materials and each delegate will receive a certificate and verifiable CPD hours. Lunch and refreshments will also be provided to all those attending a LonDEC course.

For more information and to book go to www.londec.co.uk/courses
To contact LonDEC please email info@londec.co.uk or call +44 (0) 207 848 4570

www.londec.co.uk

‘There has been much debate whether “simple” orthodontics can or should be carried out by GDPs’