The new Luxatemp Star offers outstanding results for break resistance and flexural strength! The newest generation of DMG’s top material Luxatemp scores even better: excellent stability, maximum fit and reliable long-term color stability. No wonder experts recommend it. Find out more at www.dmg-dental.com

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Stunningly beautiful temporaries with proven durability:

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ne of the best ways of becoming a better dentist is to learn from and be mentored by top dentists. I have been fortunate to be mentored by world-class dental educators.

I recently did a webinar for Smile On. This second part of my article is a follow up on this well attended webinar; I will finish discussing some tips and advice to allow you to offer a higher standard of dental care in your practice. I will be talking about a range of clinical techniques and dental materials.

DISCLAIMER: I am not paid for promoting or mentioning any dental materials. I will simply explain the preferred products that I use in daily practice, as well as on my training Courses.

TIP 13: Laser Gingival Contouring (Figs 1, 2, 3, 4)

I use a soft tissue diode laser to carry out artistic, minimal gingival contouring changes. By placing the zenith positions of the upper teeth in the correct positions allows more natural and attractive looking smiles. The theory and techniques to do this can easily be learnt, and the prices of lasers has come down a lot over the years.

I also use a “hard tissue laser” to correct gummy smiles by doing gingival contouring followed by the removal of bone subgingivally by up to 2mm to recreate the biologic width. This allows faster healing times, no need for incisions (ie a non-surgical osseous recontouring technique) and minimal or no post-operative discomfort. The key point is that laser energy has a sterilising effect and promotes faster and better healing.

25 Clinical tips for general practice part II
Dr Ashish B Parmar discusses tips 15-25 his ways to improve your clinical dentistry for the benefits of patients
Fibre-Reinforced Composite Dentistry (Figs 5, 6, 7)
I strongly advocate dentists to learn about fibres in dentistry. I use the everStick range of fibres for numerous minimally invasive procedures including:

- Periodontal splinting
- Fixed retainers after orthodontic treatment
- Replacing a missing incisor, premolar or molar tooth (studies show success rates of over 10 years)
- Extraction of a tooth, resecting the apical portion of the root and splinting it to the adjacent teeth in the mouth
- Making a custom fitting fibre post, which is then used to make a bonded composite core, before crown preparation
- Reinforcement of large composite direct restorations

Have a look at my practice website at www.smiledesignbyash.co.uk/general-dentistry/fibreglass_dentistry and also the website www.sticktech.com.

Customised Composite Shade Tab (Fig 8)
It is a good idea to purchase a blank shade tab that GC make, which can then be used to make a customised shade tab with the different colours of composites you have in your composite kit. This will allow accurate shade matching ability when doing more demanding anterior composite build-ups using the layering technique. My preferred composite products I use in practice are G-aenial for the anterior teeth and Kalore for the posterior teeth. Have a look at www.gceurope.com to find out more about these composite products, as well the very good App that GC have developed to help dentists in complex anterior build ups using the layering technique.

Use of Luxacore (DMG), Luxabond (DMG) and EverStick Posts (Sticktech) to do a bonded Post/Core build up (Figs 9, 10)
I use everStick Posts (0.9mm and 1.2mm fibres) to anatomically adapt the flexible fibres in the prepared root canal after the root filling. Root canals are never circular in cross section, which is why this technique is superior than using pre-fabricated fibre posts, which are circular in cross section. I use Luxabond as the bonding system, and Luxacore to cement the post and build up the core simultaneously. The tooth can then be prepared minutes later. The whole clinical technique can be viewed on a video (part of a series) on my Academy website at http://www.theacademybyash.co.uk/Clinical-Cases-Videos/porcelain-veneers-prep-videos.html.

Composite Veneers (Figs 11, 12, 13, 14, 15, 16)
I have done a lot of porcelain veneers over the years. However, increasingly I am using composite as a material of choice in a number of cases. Following simple orthodontic treatment using the Inman Aligner or 6 Month Smiles, teeth can be straightened quite well. Composite can then be used to make minor improvements (typically after teeth whitening has been done). This particular case shows the before and after of a patient that required five anterior composite veneers. The patient was a bruxist and I was not keen on providing porcelain restorations in this case. The teeth were roughened slightly on the labial surfaces without any local anaesthetic needed. The veneer build-ups were done under rubber dam using a putty index made from diagnostic wax ups (to give an accurate reference to the palatal aspects of the teeth so that a thin enamel palatal “wall” could first be built to help with the rest of the layering technique). The patient was delighted with the result, which only required one long appointment.

TIP 18: The “Spade” Instrument (Figs 17, 18)

The instrument shown here (which I call the “spade”) is a great instrument to help with easy and quick shaping of labial surfaces of teeth that require composite veneers, as well as during addition of flowable composite material when making trial smiles using Luxatemp (DMG). It is a Hu-Friedy instrument and the reference code is TNCCIB.

TIP 19: Learn to do the Inman Aligner and 6 Month Smiles (Figs 19, 20, 21, 22, 23, 24, 25, 26, 27)

I have found the UK courses to learn about the Inman Aligner and the 6 Month Smiles braces to be excellent. I now use both these braces in clinical practice for the benefit of my adult patients. Visit www.inmanaligner.com and www.6monthsmiles.com to find out more.

TIP 20: Luxatemp (DMG) and Luxaglaze (DMG) for Temporaries (Figs 28, 29, 30)

Luxatemp is a 5-star Reality rated product and rightly so! It is the number one choice for making trial smiles by the leading cosmetic dentists in USA and UK. I have been using it for many years, and B1 is my favourite colour. You can get Luxatemp Fluorescence or Luxatemp Star (stronger - if you require more durable transitional restorations to last longer in the mouth). The use of Luxaglaze light cured varnish will significantly improve the appearance and stain resistance of the temporaries.

TIP 21: Use of a Speed Increasing (Red Ring) Handpiece to perfect Preparations (Fig 31)

I highly recommend the use of a speed increasing handpiece in an electric motor. Friction grip burs under water spray can be used to get smooth, precisely prepared and finished tooth preparations. I have been using NSK handpieces for many years in my practices and recommend the Ti-Max X95L handpiece. You can contact Alex Breitenbach at NSK on 07900 245516 for more advice on NSK handpieces.

TIP 22: Natural Die Material Shade Guide (Ivoclar) (Fig 32)
This is an essential shade guide to have for doing Smile Makeovers properly. The prepared teeth can be matched carefully with reference to this shade guide. The ceramist technician can then ultimately produce model dies of the matched colour. This will help with precise colour matching as the porcelain build-ups are done. You need to write down the “Stump Shade” colour eg ND37.

TIP 25: Using a Top Dental Laboratory (Figs 33, 34)
My private practice is in Chigwell, Essex. I use Rob Storrar from Am-decc Dental laboratory (www.am-decc.com) based in Basildon for Smile Makeovers for my patients.

For my Academy I have a close working relationship with Castle Ceramics (www.castle-ceramics.com). It is a real pleasure to have technicians who are passionate, knowledgeable, skilled, artistic and who have a good understanding about occlusion.

TIP 24: Cementation with Vitique (DMG) (Fig 35)
Vitique is my number one choice for cementation of multiple porcelain restorations when doing a Smile Makeover. I use the base and catalyst together (even if I am cementing porcelain veneers). My favourite colours are Transparent and B1 shades of the base, and I use the “low viscosity” catalyst. There is adequate working time with this cement to work in a stress free manner. I also use Vitique to cement in porcelain inlays, onlays and all porcelain crowns.

TIP 23: Using a Top Dental Laboratory (Figs 33, 34)
My private practice is in Chigwell, Essex. I use Rob Storrar from Am-decc Dental laboratory (www.am-decc.com) based in Basildon for Smile Makeovers for my patients.

Summary
I have mentioned DMG a number of times as I genuinely believe they make world-class dental materials. You can visit their U.K. website if you want more information ie uk.dmg-dental.com/start.uk. You can also contact Paul Willmer from DMG on 07550 450598.

I hope you found these 25 Clinical Tips useful. However, clinical skills are only one of the important jigsaw pieces needed to create a successful and profitable dental practice. You can visit my informative teaching website www.theacademybyash.co.uk for a lot of useful articles, videos and other material free of charge. Also have a look at the practice website for patients www.smiledesignyash.co.uk.

If you would like to chat to me to find out more about the unique and inspiring 8-day Hands-On Smile Design & Occlusion Course I offer, then you can email me at training@theacademybyash.co.uk or phone me on 07971 291180. You can also have a chat with my Manager Cheryl on 020 85000544, in case I am not available.

This popular Course occurs only twice a year, and I limit the training to six dentists per Course.