The Minimally Invasive Dentistry Show!
Ken Harris talks MI and the MSc in Restorative and Aesthetic Dentistry

The media and certain groups within our own profession seem intent upon exposing “the unpleasant and unacceptable face of cosmetic dentistry” to paraphrase our former premier, Ted Heath.

The media have been on this tack since the dawn of time (or at least the dawn of the TIMES) and it goes something like this. Dentist butchers perfectly healthy teeth in the name of cosmetic improvement, shock horror!!!

The profession responds with alarm and a new philosophy is hastily trotted out to pacify the indignant Daily Mail readership. Atraumatic extraction anybody? Perhaps a no-prep veneer?

Yes folks, it’s the Minimally Invasive Dentistry Show, the art of fighting without fighting. A very laudable ideal, but many of us actually practice “Realistic Dentistry” driven by real patients who demand real results and not some faddish, here today, gone tomorrow solution. Furthermore many patients (at least my patients) just want their teeth to look good, and are not too concerned about how it happens.

However, few patients can resist the oleaginous charms of the current heavyweight champion of the minimally invasive movement when correctly presented: put your hands together for tooth whitening, ladies and gentlemen!!

An excellent module has us all fully spammed-up about tooth whitening. The science has been comprehensively covered, check. We know our Carbamides from our pure peroxides, check. Even internal bleaching of single teeth has been blitzed, checkitty check!! That should hit any media objections clear out of the park, surely?

Now don’t get me wrong, tooth bleaching should be the first offering of any self-respecting dentist when the evil cosmetic dental devil comes a-callin’, but it will not straighten teeth or replace lost tooth tissue … which is where it all gets a little messy.

Let’s quickly rewind back to the heady days of spring when our anterior aesthetics module began. As well
as tooth whitening, we have also touched upon the minimally invasive miracle that is “rapid orthodontics” (another fashionable, but popular, trend?). On a more traditional note, we have been lifted to celestial heights of ecstasy watching the prodigious Dr Gregory Brambilla in action. I would suggest there are few better exponents of the art of direct resin, and we are so fortunate to have him lead the direct composite resin module.

The latest minimally invasive offering, the concept of “Pragmatic Aesthetics” was also introduced during this module by the ever likeable Professor Trevor Burke, but I do wonder just where we are allowed to draw the line with “pragmatic”. I’m equally not convinced my patients would compromise aesthetics for tooth preservation to the degree as was suggested. Furthermore, it takes real skill to convincingly rebuild teeth with composite resin, and I’m sure Trevor would agree he’s no Gregory Brambilla, I know I’m not.

Equally, boiling down aesthetic dentistry to just sticking bits of composite to teeth, admirable though it is, seems just a teensy bit reductive I feel, and a truly excellent module concerning the restoration of root filled teeth suggests a tacit agreement by our tutors that we should not put our drills away just yet.

However, for now we have been asked to demonstrate just our minimally invasive credentials by providing two simple aesthetic case reports to test our progress. As a card carrying Manchester University student, I was looking forward to the traditional long summer break, and we were duly rewarded for all our hard work with all of August off; hurrah for the holidays!! The holiday smile was soon wiped from my face however, when the case report deadline was announced as early September; hold the Ambre Solaire!

Nothing too complex said our tutor, it’s not about showing off, but more about learning your limitations, Hmmmm! My first case involved whitening and direct composite resin to restore a traumatised upper central incisor. Think I managed that one OK (thank you Dr Brambilla). The other, a case of replacing two old PFM crowns with all ceramic alternatives. Unfortunately case reports are not as simple as they sound when you have to back up your decision making with academic references from the literature. I guess that’s what being an academic is really about, and why I am doing the MSc after all.

Fast forward to an early September evening in London with the lethargic city nursing a post-Olympic hangover; it’s the eve of our second residential course. Speaking of hangovers, many of us are meeting at a local hostelry to trade MSc stories and reignite old friendships. This is what the MSc is really about, socialising with like-minded colleagues.

However, when the child of morning, rosy-fingered Dawn, appears we begin four days of intense teaching starting with the excellent Professor Burke's lecture on posterior aesthetics followed by two whole days with the awe-inspiring Prof Nasser Barghi keeping the Anterior end up. Bring it on!

I’ve just discovered there is also the little matter of another essay, and this time it’s a big one. A whopping 2,500 words is required. I'm hiding behind the settee!!