Top tips for aesthetic brilliance part 2

Lloyd Pope BDS continues his description of Galip Gurel’s concepts on treatment planning, one of the cornerstones of Galip Gurel’s presentation at the 10th Annual BACD Conference

Galip Gurel believes that proper treatment planning is essential to avoid unnecessary and repeated failure.

To help his audience at the 10th Annual BACD Conference appreciate this fully, GG instigated an interactive treatment planning session where the audience took the role of the dentist and GG was the patient.

The interactive treatment planning session was based upon a real-life case GG had been involved with. This was an ex-popstar who now had a high profile job on daytime TV. She was very concerned about the crooked appearance of her teeth, shade and the profile of the buccal channel.

The first stage was to ask about the patient’s expectations including their perception of the current problem. This information needs to be combined with the clinician’s perceptions of the problem.

You need to look at the big picture and not just focus too much on the small things.

Typical questions are:

- What are you concerned about? What do you like? What do you dislike?
- Then you need to look at possible options e.g. Orthodontics - yes or no? Immediately or later?
- How might this dentistry affect your life, short-term or long-term, regarding the work you do etc?
- What do you think about the colour of your teeth? Bleaching, veneers etc?
- What smiles do you like in other people? Is this a realistic option for the patient?
- On a scale of 1 to 10 how do you rate your smile?
- What would you like it to be?
- Then, without explaining all the procedures involved initially, you must be able to show the patient what could be done using a suitable mock-up, even if it is done to deliberately show how awful the final result might be if the wrong treatment was performed.
- This helps to demonstrate the treatment required.

Now even complicated cases become very easy.

Identify the sequence of treatment to be followed:
- Orthodontics
- Periodontics
- Restorative

Then you need to discuss with the patient the different types of orthodontics available:
- Braces
- Invisalign
- Lingual braces etc

You need to discuss the positive and negative aspects of each option.

The patient also needs to understand their responsibilities and whether willing to accept them or not.

In this case, the patient was unwilling to wear labial braces, even aesthetic ones, or Invisalign etc. Therefore, GG decided to do a mock-up of lingual braces so that the patient could assess whether she could accept them or not.

Patients cannot reliably assess the effect on their phonetics themselves, this is only something a third party can assess. What is more, it is better if the third party does not know beforehand otherwise their opinion can be influenced by preconceptions.

In the study case, the patient was concerned that the lingual bars would affect how she spoke and that this would affect her performance on TV. She was instructed to wear the lingual braces to work, but not tell any of her colleagues she was wearing them and to see if they made any unsolicited comments.

When she reported back she said she’d found them very uncomfortable to wear initially, but had soon got used to them and that none of her work colleagues had been in the least bit aware of them or conscious of any effect upon her speech.

The decision was made that lingual braces would be acceptable to the patient and so the treatment was commenced.

After the lingual orthodontics had been completed, GG reached the critical part. The orthodontist was happy with the aesthetics, but wanted to know if the treatment was enough or more was needed. Therefore they sent the patient back to GG.

At one stage during the orthodontics some “unacceptable” black triangles had appeared and it had been necessary to add some composite “adjustments” to hide them. It had also been necessary to trim some overly prominent teeth to make a more aesthetic result.

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This was a good time to reassess with the patient to see what more needs to be done using photos, new study models etc. Most important of all was to do another mock-up with all the parties involved - dentist, orthodontist and patient.

This was also the time to take an impression to cre-
ate a silicone template, so that the orthodontist can see exactly where they are in relation to what still needs to be done. Which tooth is in place, what still needs to be moved etc.

N.B. It is important that the orthodontist places the teeth a short distance back from the ideal finishing line in order to create the space for the final veneer. This will minimise the amount of tooth preparation required and help ensure the preparations remain within enamel, the optimum solution.

Posteriorly the orthodontist ideally needed to expand the lower arch to balance the occlusion, but this would have potentially extended the clinical time by up to 12 months. Therefore GG needed to discuss this with the patient and orthodontist to get everyone’s agreement. The patient was not willing to accept this extension so it was decided not to do this.

If teeth become properly aligned you frequently get an automatic improvement in the gum profile too.

Once everyone was happy that the teeth were in the correct position, the Lab created a new wax-up and associated silicone template. Then GG created a Luxatemp APT. GG said that he had been using Luxatemp for over five years because it is simply the best, so why would he change.

After the patient had approved the APT, the next stage was to prepare the teeth through the APT. To determine the size thickness of the step-cutter diamond bur depends on the degree of colour you want to achieve. If you use the tree-type step-cutter it needs to be angled in three different planes to get the perfect reduction - apical, middle and incisal angles. Then remove the margins etc using a fine diamond bur, preferably under a microscope which enables margin preparation to perfection. All of this results in minimal preparations, with the main reduction interproximally to allow for a proper wrap-around of the veneer. Finish final preparations with a hard polishing disc so that you can make adjustments chairside if necessary.

Look out for the final part in the next issue of DTUK

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