**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 and her speech. She was an ex-popstar who now had a high profile job on daytime TV.

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 do you dislike?

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

What do you rate your smile?

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.

Then you need to discuss the treatment to be followed:

- Orthodontics
- Periodontics
- Restorative

What would you like it to be?

In this case, the patient was concerned that the lingual braces would affect how she spoke and that this would affect her performance on TV. She was instructed to wear 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.

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

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.

*’The patient also needs to understand their responsibilities and whether willing to accept them or not’*
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. Therefore by tipping the teeth into a proper alignment you can negate the need for additional soft tissue surgery, but if necessary you can do a crown lengthening procedure.

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 angulations. Then remove the APT and finalise 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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