Top tips for aesthetic brilliance part 3

How to connect the links – the digital world

Most cases are quite complex and involve many aspects. Therefore you need digital photographs. Galip Gurel (GG) believes that if you don’t do digital photography then you can’t possibly deliver top-end Aesthetic Dentistry. Therefore you need a proper camera with suitable flash – not just a ring-flash.

You need to document the case step-by-step, otherwise you run the risk of forgetting critical bits of information. The brain can’t concentrate and store all the information it is exposed to. If you look at a smile you might recall the basics, but will fail to retain nuances regarding individual tooth positioning etc.

GG uses these pictures as part of the weekly Practice Group Discussion Meeting. This is a two-hourly meeting during which all Practice Members discuss any positive and negative things that have occurred during the week. The second part of the meeting is when they discuss the new patients who have joined the practice that week. They document the cases with pictures leading to a keynote (Apple equivalent to PowerPoint) presentation for discussion regarding potential treatment options for each case. This helps them come up with different ideas. Regarding aetiology and diagnosis there is only one of these, but regarding treatment there can be many.

Pre-operative interviews are always recorded on a camcorder so that they have a record of what was said by the patient and Dentist. However, not all patients are camera-friendly so the interview is good for medicolegal use, if necessary, and also generates hundreds of intraoral pictures which can be used for treatment planning.

Then they create the mock-up which is used for the discussion between the Dentist and patient.

Always sit the patient up and don’t let the patient see what they have done until the mock-up has been completed fully. Then let the patient see the final suggestion.

If you give a patient a mirror they will start to titivate their hair, pull ridiculous smiles etc before they even start to look at the proposed smile design. The whole effect will have been ruined. Therefore take digital pictures first and show these to the patient; document with photos including a 12 o’clock view to check the proper profile etc. Important tip: ban mirrors.

Use the mock-up for the patient discussion. This is a videoed direct mock-up analysis, during which GG gets the patient to talk generally about the set up in order to identify if there is anything wrong as far as they are concerned. This normally takes about 50 minutes from start to finish.

At this stage GG is only concerned with the labial and incisal appearance. He is not bothered about any lingual erosion etc. He wants to make sure that the patient is
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