Rediscovering operative dentistry

By Aws Alani, UK

The first to come to mind among the majority of the public when dentistry is mentioned is the delivery of fillings or the need for crowns, the management of the bite or the improvement of colour or shape of teeth. This is our core business and is the basis upon which the public is likely to measure the skill of the clinician. Indeed, many a dentist may cower behind the X-ray machine if he or she overhears a patient complaining in the waiting room that “The filling fell out an hour later”. Nothing humbles us more than this sort of dissatisfaction.

Operative dentistry appears to be a lost art among a contract that does not reward and more lucrative cosmetic sidelines outside of dentistry. Indeed, fillings or crowns or methods of achieving maximal benefit from minimal intervention are not marketed as “sexy” in the same way as Botox or aligners are. Despite what the dental spin-doctors want one to believe, restoring teeth optimally and properly will forever remain our utmost and required skill set. Conserving tooth tissue and protecting the pulp or preserving remaining tooth tissue after root canal treatment is invaluable where implants are less successful than we thought and veneers are more invasive than we would ideally like to provide.

Selling health as opposed to selling a product is the successful business model shared across all professions. Indeed, the value of health is priceless for a patient. The minimally invasive movement is rife in more acute and life-threatening situations than dentistry ever was and could be in the future. How many of us would truly prefer open-heart surgery through the femoral vein with a ribcage, like a cooking conundrum, but treatment options are uniform and straight, the recipe as always is unpredictable techniques we can provide for our patients. Whitening and bonding may not always have the same gloss finish as veneers (sorry!), but in the majority of cases, patients are entirely satisfied with a well-planned and executed case. Where residual spacing is closed, the colour is improved and the incisal edges are uniform and straight, the flaws are difficult to find.

The kudos attached to operative dentistry will slowly experience a rebirth as the undoubted need for these skills rises among our patients. One would hope the powers that be have the foresight to realise that an optimally restored and cared for tooth actually prevents the future need and cost for a crown, molar root canal treatment, molar root canal re-treatment, apicectomy, a complication surgical extraction or a prosthesis.

When teeth are lost despite our best efforts, tooth replacement can seem a straight choice between an implant and a denture, as any conventional bridge-work will needlessly destroy the abutment. I still feel conventional bridge-work has its place in operative dentistry, but it has been eclipsed by the emergence of resin-bonded bridges. These restorations have had a mixed reception historically, but I can now say that they are the most predictable method of replacing single teeth. Good longevity without any tooth preparation whatsoever is money for old rope and any solicitor snuffling is tempered by the lack of any harm to teeth or the patient. The recipe as always is being aware of the indications and sticking to the rules.

As we become progressively engrossed in the digital age, patients are increasingly requesting aesthetic improvements. That said, bad work (starts with a ‘v’) can still be advocated, but there are easier, kinder and more predictable techniques we can provide for our patients. Whitening and bonding may not always have the same gloss finish as veneers (sorry!), but in the majority of cases, patients are entirely satisfied with a well-planned and executed case. Where residual spacing is closed, the colour is improved and the incisal edges are uniform and straight, the flaws are difficult to find.

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