

The Perspective

Mastering Cosmetic Veneers, Part Two



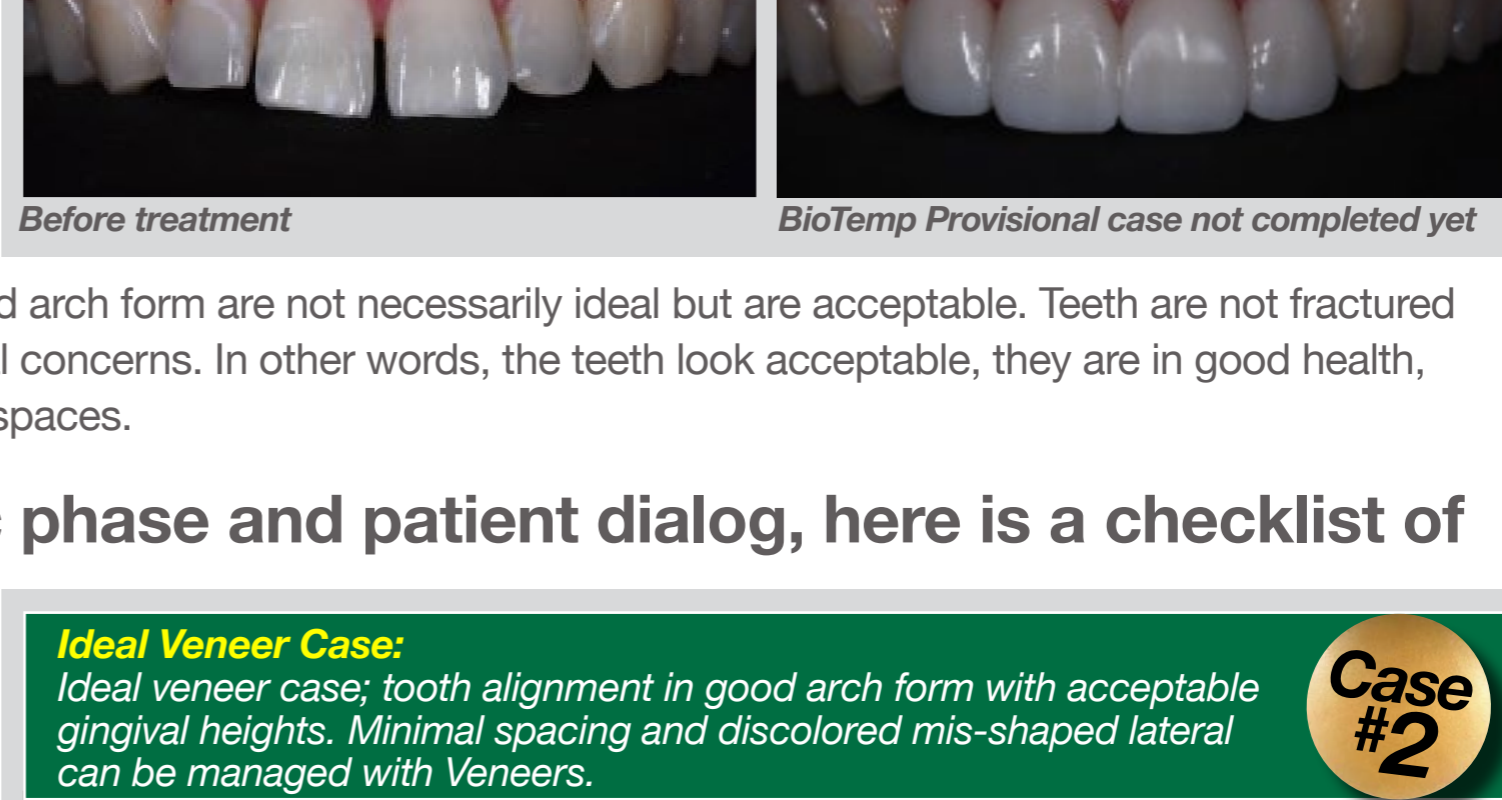
By Dr. Steve Barrett

Last month I outlined three techniques for temporizing veneer cases. The casual reader might have interpreted that the three choices (direct composite, putty matrix or BioTemps) would work in any case. The point of the article was to outline which technique worked best in various clinical situations. I encourage all of you to copy that article into a file for safe keeping. It is a crucial step to simplifying veneer treatment. As we close out 2018 and look with fresh eyes on how to build our practices in the New Year, we continue with our focus on veneers. I am often asked, "what cases should I look for to start treatment planning veneers?" If we start with one of the most common esthetic problems concerning our patients it would make sense to incorporate that solution into our restorative repertoire.

Certainly, there are many factors to take in to consideration as each case is unique. But, for the purpose of this article I will just be highlighting one of the common situations you may encounter and what factors I use to determine my course of treatment:

Unesthetic Spaces Between Teeth.

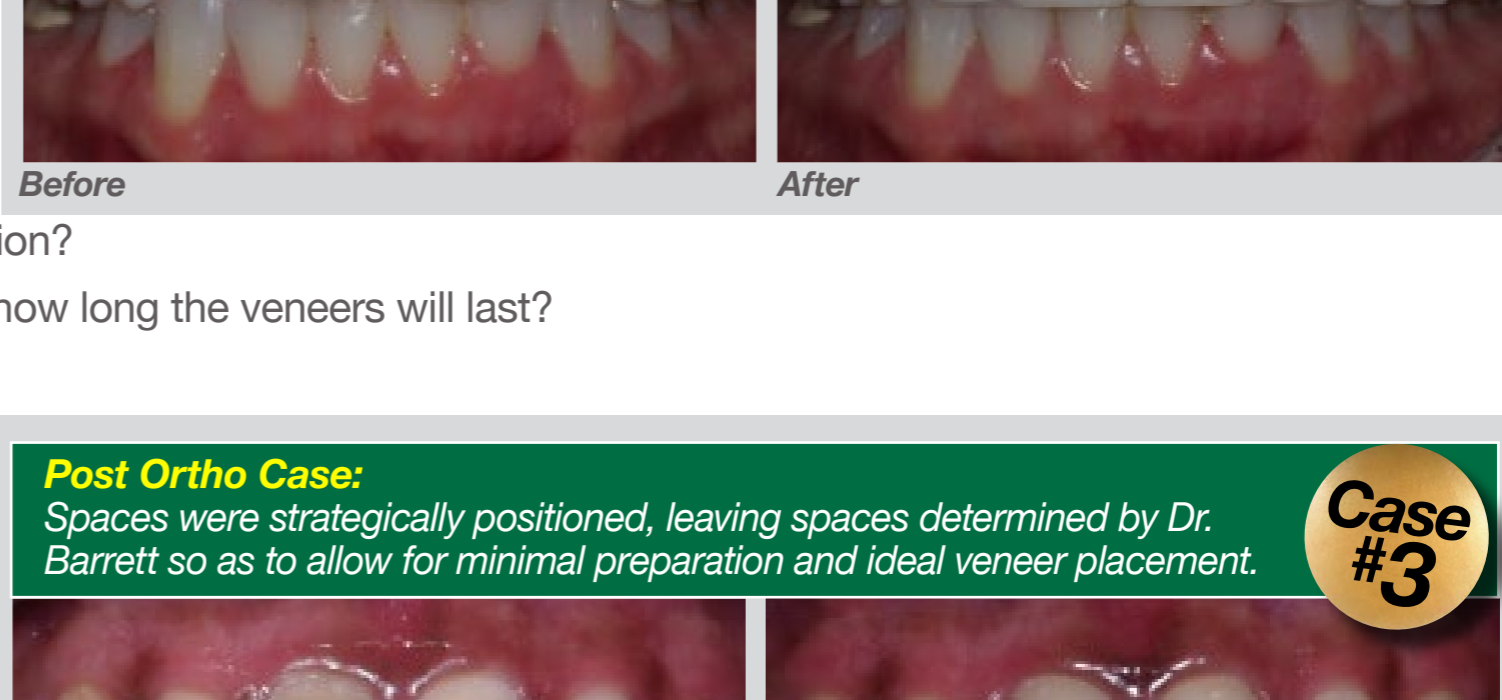
Other factors: Color, shape of teeth, and arch form are not necessarily ideal but are acceptable. Teeth are not fractured or chipped and there are no periodontal concerns. In other words, the teeth look acceptable, they are in good health, but patient is mainly unhappy with the spaces.



Patients' chief complaint is spaces between teeth

During the initial diagnostic phase and patient dialog, here is a checklist of items to consider:

- How large are the spaces?
- What teeth are visible when the patient smiles (exaggerated smile)?
- How many teeth will need to be considered in the treatment to achieve ideal proportions?
- Age of the patient?
- Cost of the treatment?
- Patient's budget for treatment?
- Patient expectation for treatment duration?
- What are the patient's expectations of how long the veneers will last?



My Thoughts:

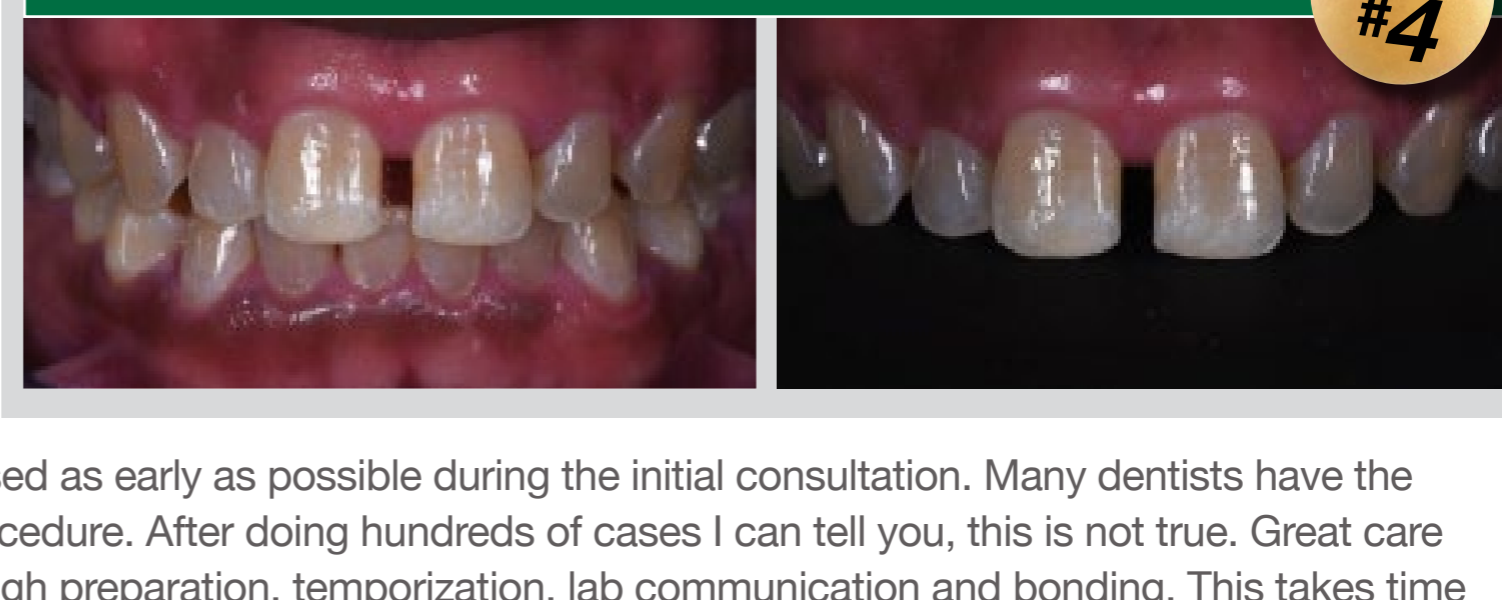
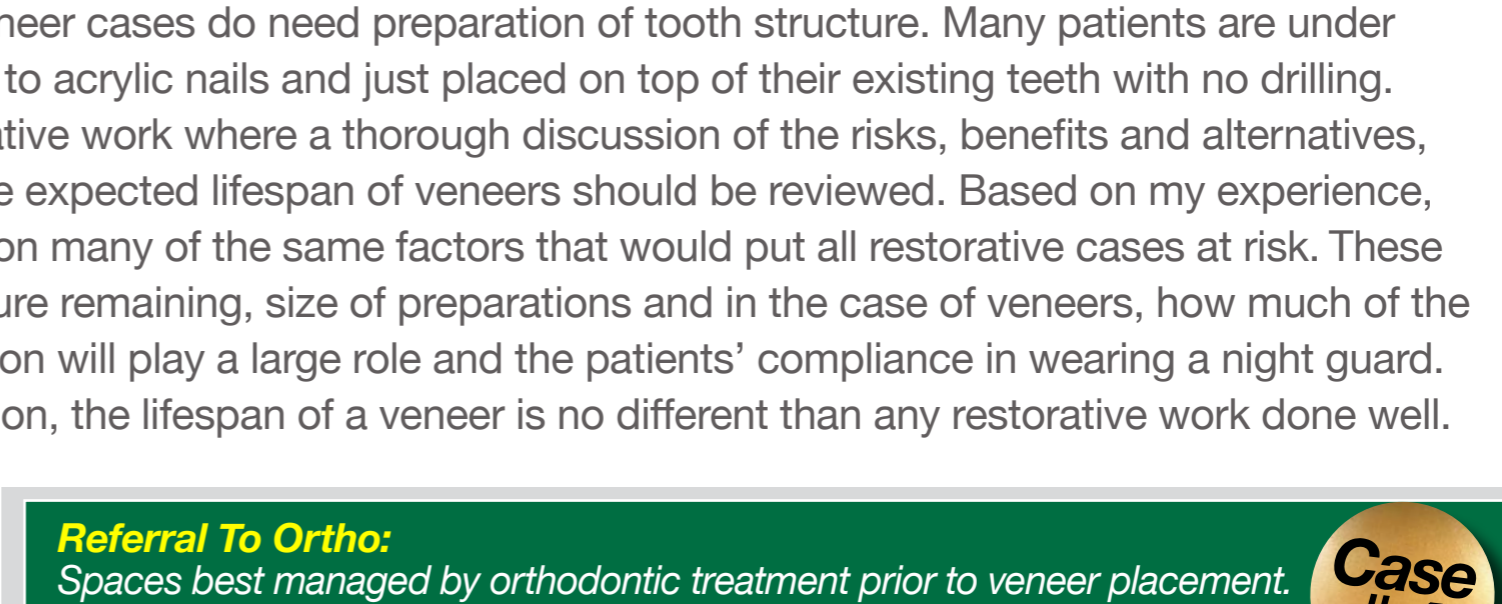
Where spacing is the main concern, my first default would always be Orthodontic treatment. Repositioning the teeth is a far better option than preparing virgin teeth. Based on the patient's age, perhaps Orthodontic treatment is better course of treatment rather than committing the patient to a life time of restorative maintenance. Often in conjunction with limited orthodontic treatment we can limit the number of veneers necessary and set up the case to receive the most conservative preparations. With guidance from you, the general dentist, you can help the orthodontist position the teeth for minimal preparation and an ideal outcome.

However, many patients do not want orthodontic treatment. My advice is to always make sure the patient understands veneer cases do need preparation of tooth structure. Many patients are under the impression that dental veneers are similar to acrylic nails and just placed on top of their existing teeth with no drilling. Veneer cases are no different than any restorative work where a thorough discussion of the risks, benefits and alternatives, needs to be covered. A clear discussion of the expected lifespan of veneers should be reviewed. Based on my experience, the lifespan of a veneers is highly dependent on many of the same factors that would put all restorative cases at risk. These factors would include, amount of tooth structure remaining, size of preparations and in the case of veneers, how much of the preparation remains in enamel. Stable occlusion will play a large role and the patients' compliance in wearing a night guard. With all of these factors taken into consideration, the lifespan of a veneer is no different than any restorative work done well.

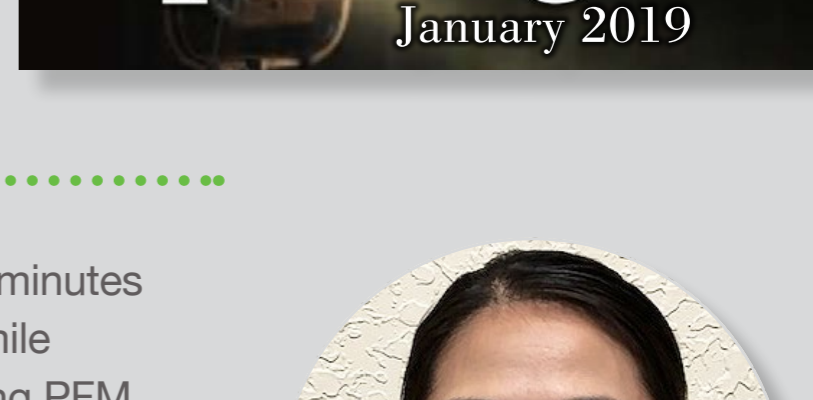
Using pre-op pictures including lateral, and full smile views (as seen in case three), you can help the patient decide how many teeth need to be restored. In addition, I would always do a chairside mock up on spacing cases. This will let the patient preview the case, and further ensure the patient will accept your vision of the esthetic arrangement.

Remember, cost is always a factor and in all fairness to your patients, should be discussed as early as possible during the initial consultation. Many dentists have the belief that veneer preparations are a quick procedure. After doing hundreds of cases I can tell you, this is not true. Great care must be taken from the diagnostic steps through preparation, temporization, lab communication and bonding. This takes time and effort.

If you are not doing veneers at this point in your career, I strongly suggest you find a mentor to show you how to incorporate this into your treatment planning. You will find that these veneer cases will be some of the most rewarding cases for you and your patients. As we write down our goals for 2019, veneer treatment to solve the common dilemma of unaesthetic spaces between teeth might be the perfect place to start.

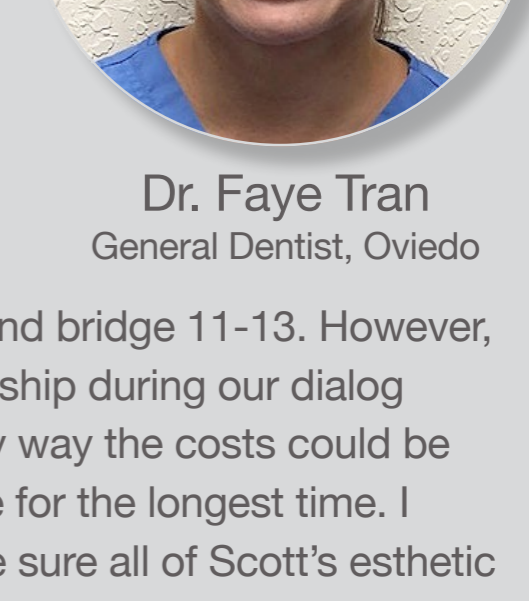


Fitting Treatment Plans Within The Patient's Budget Leads To Great Results



By Dr. Faye Tran

Scott came to us for his regular periodic checkup in September 2018. After a few minutes of talking, it became apparent he did not like the way his teeth looked and his smile was very protective and unexpressive. He was highly self-conscious about his existing PFM crowns/bridges with metal showing, chipping of the front teeth and discolored restorations. I asked if he wanted to look into esthetic solutions for his teeth and pointed to the poster of a cosmetic case we have on the operatory wall. We then toured our Greenberg Dental Smile Gallery and some other cases I have completed and keep on my phone. Scott's desire was to have a whiter, brighter smile with more symmetry. Scott became more and more interested and confident that we could achieve a cosmetic result for him after viewing our previous work. As with most patients, one of the most important questions was cost of treatment. Right there and then, I provided Scott a proposal of treatment and estimate of cost. The treatment plan outlined, a bridge 2-4, crowns 5, 6 (#7 was missing and #6 was moved into that space), 8, 9, 10, and bridge 11-13. However, the estimate for the treatment did not fit into Scott's budget. Fortunately, we built a trustful relationship during our 11 dialog and Scott shared how much he really wanted to get the treatment done. He asked if there was any way the costs could be lowered to fit within his budget and expressed again that he had been wanting to change his smile for the longest time. I decided it was best to schedule Scott to come in and consult with Dr. Barrett, as I wanted to make sure all of Scott's esthetic expectations could be met within confines of his budget. Together with Dr. Barrett, we worked out the most predictable approach and case sequencing to this comprehensive situation, and most importantly set a fee that was acceptable to Scott. Scott was incredibly appreciative of us making his case affordable and approved starting the impressions that day for his BioTemps (Custom Provisionals).



Dr. Faye Tran
General Dentist, Oviedo

Treatment Objectives:

- A whiter and healthier looking smile
- More symmetry to the smile
- Lateralizing #6
- Correcting the length of the upper left bridge
- To have esthetic margins with all restoration
- To protect the final restorations
- The gingival heights of the teeth were not visible and therefore correction of the gingival height was not a treatment objective

Below are the appointments we outlined to maintain the bite of this full arch case and predictably achieve the desired results.

First Appointment:

Prepared bridge 2-4 and seated BioTemps. Once the occlusion was duplicated in this segment, the temporary was polished and cemented with IRM. We then prepped crowns 5, 6, 8, 9, 10, and bridge 11-13. BioTemps 5-13 were then seated with IRM to the occlusion that was stabilized by the BioTemp bridge 2-4. Scott left thrilled after the first appointment with great looking BioTemps 2-4 and 5-13.

Second Appointment:

Final impression bridge 2-4

Third Appointment:

Seated bridge 2-4. After cementation of bridge 2-4, we took off the BioTemp 5-13 for final impression of that segment.

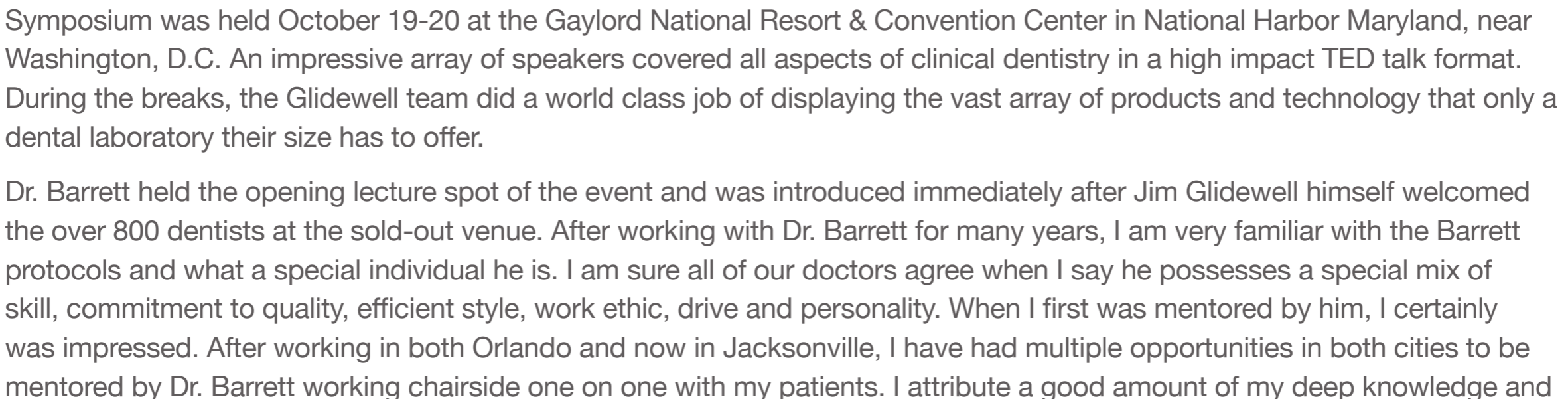
Fourth Appointment:

Seated crowns 5, 6, 8, 9, 10, bridge 11-13.

At each appointment, photographs were taken to document the case and to give the lab information related to the bite, desired shape of the restorations, stump and final shades. In addition, study models were taken of our BioTemp Provisional at each step to provide the lab with a guide to the final restorations. We made sure at each step we were meeting Scott's expectations before moving forward.

This case preceded without any challenges until the day of the seat appointment. That morning the entire block lost power due to a blown transformer. Knowing Scott had been looking forward to this day and wanted to have his case completed before the holidays, we had to find a solution. One of the advantages of being part of the Greenberg Dental Group was that I could easily have Scott meet me at another Greenberg Dental Office in the area. We decided to meet over at our office in Altamonte Springs to seat the final case. Scott was very thankful and happy for the effort we put forth to deliver the case as expected prior to the holidays.

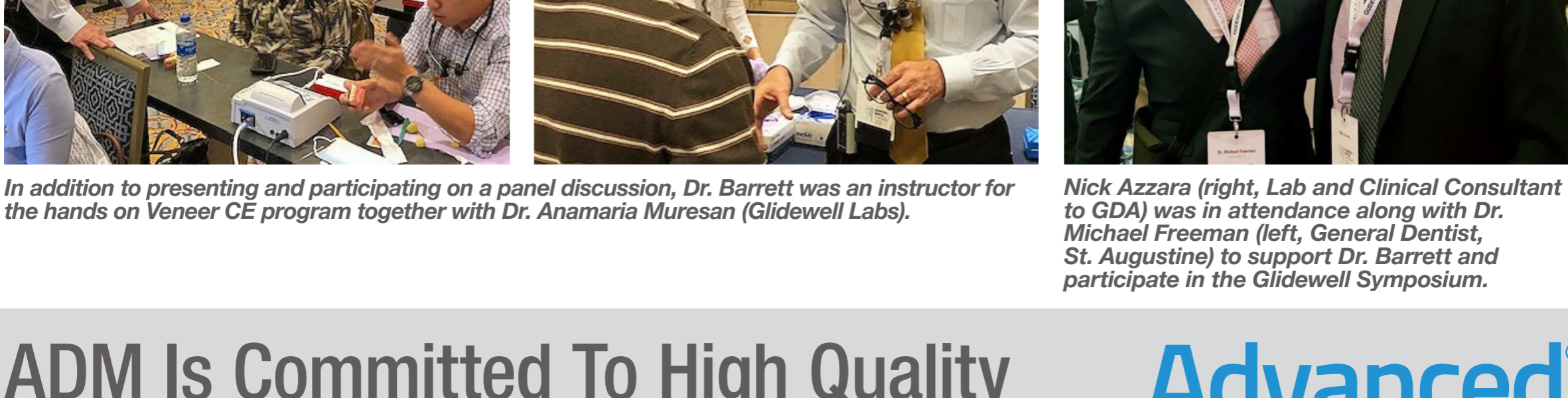
The outcome of the case was predictable and achieved all of the treatment objectives that were discussed during the consultation with Scott, myself and Dr. Barrett. Most importantly, we were able to exceed Scott's expectations.



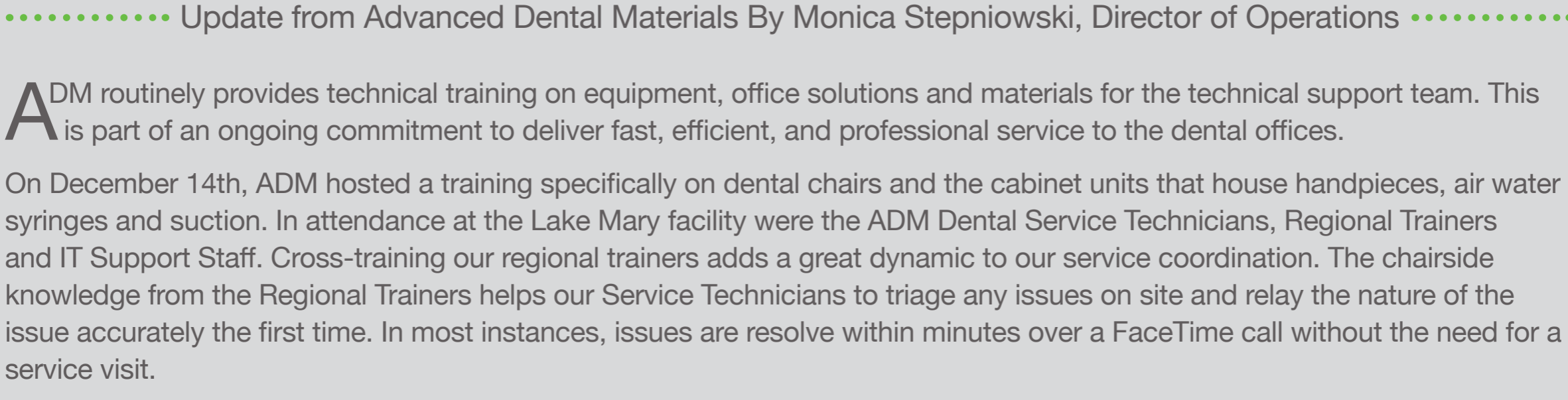
A side-by-side video showing the patient speak pretreatment versus post treatment to experience the full impact cosmetic dentistry makes on a patient's ability to smile and become expressive to their fullest extent. Click [this link](#) to play video. (No audio).



Dr. Steven Barrett, onstage for the opening presentation at the 2018 Glidewell Symposium, National Harbor, MD. Over 800 dentist were in attendance. Lectures were held in a large format similar to a TED talk presentation.



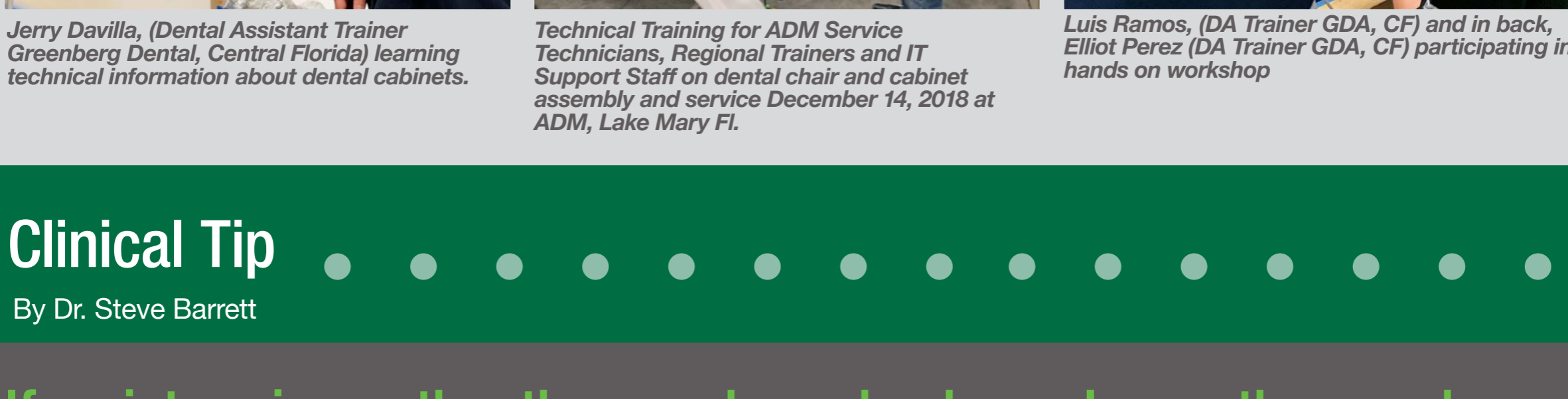
In addition to presenting and participating on a panel discussion, Dr. Barrett was an instructor for the hands on veneer CE program together with Dr. Anamaria Duresan (Glidewell Labs).



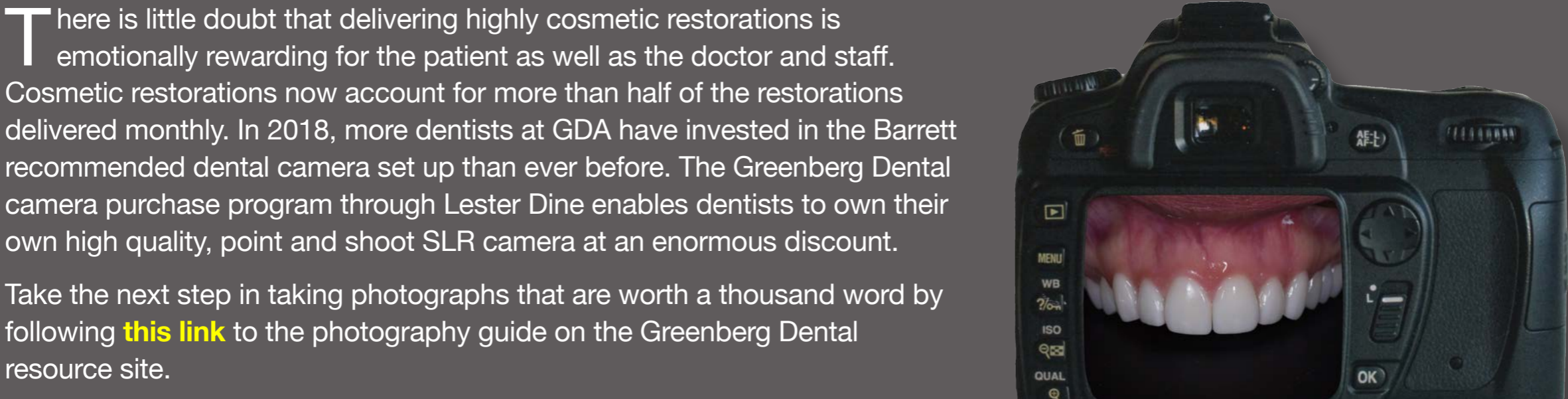
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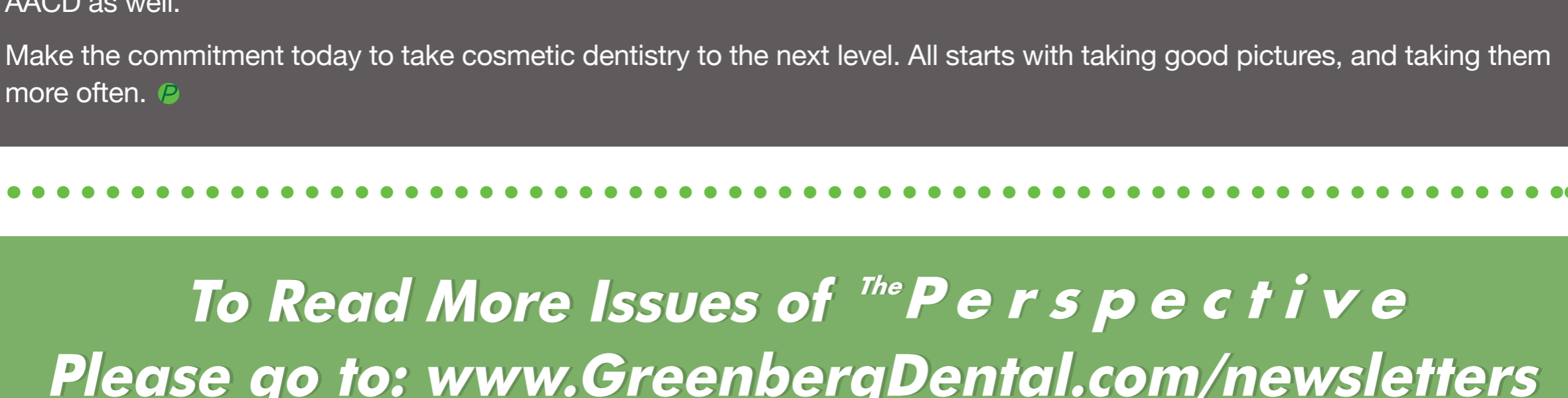
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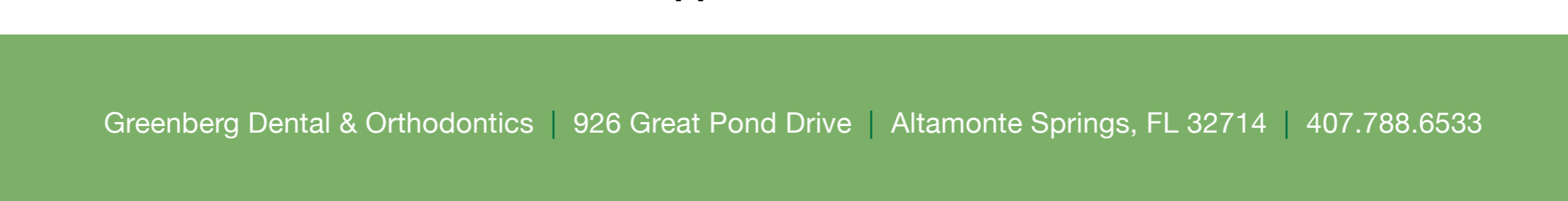
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