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“Power Retail” & the Modern Dental Practice

In their book, “Power Retail”, Lawrence Stevenson, Joseph Shlesinger, and Michael Pearce sought out to answer the question of why some retailers do so well while others fail, why there is a polarity between those doing so well and those barely getting by. They found that the most successful leaders **and** their followers are actually playing in the same market, yet the distance or gap between the followers and the leaders continues to widen.

Can such a book help us involved in dentistry? Yes! The authors have found four characteristics that successful retailers embody: They deliver customer-driven, superior Retail Value Proposition; They lead geographic markets, categories and channels; They execute better than competitors in the areas of people, technology, and costs; and they lead change by continually re-inventing themselves.

Let’s examine each one of these areas with respect to dentistry. The retail value proposition relates to “what you stand for.” It’s what “makes you up”, things like your **services offered** (are you offering a broad range of services in-house or are you very focussed and specialized). The **patient experience**: are you offering a comfortable experience for your patients

when they arrive? Do they wait too long after their appointed time? Are visits painful? Is patient checkout handled professionally? **Fees**: are you giving a good value for what you charge? If your fees are above average, do you offer above average service? And finally, **convenience**. Are you easy to find, easy to get to and easy to see? Or are you making it hard to do business with your office?

The authors found in their exhaustive studies that the leading companies choose one of the four elements underlined above and excel in that category, all the while offering acceptable levels of performance in the other three. In dentistry, for example, you might choose to offer a broad range of services like in-house lab offering quick turnaround time on dentures or crowns, specialists available so patients don’t travel far, extended hours, bleaching services for cosmetically-oriented patients, etc. You therefore excel in the **selection** category, while still offering attractive fees, convenience, and patient experience. But that’s just an example. Examine your office and what you have to offer. Can you succeed the way you are or must you remodel yourself to create the “Power Practice?” ■

Dr. Kal Khaled

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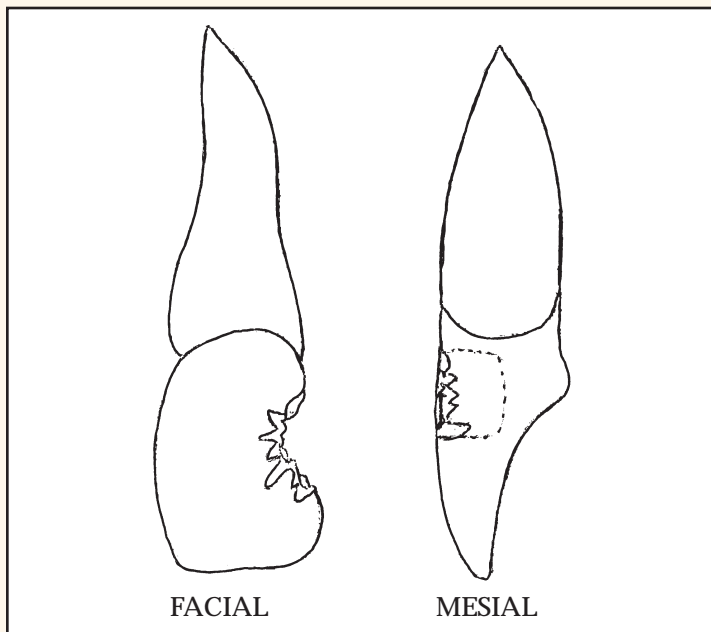
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Optimizing anterior aesthetics with composite resin

by Michael Pollak, D.D.S.

The placement of direct composite resins in the anterior aesthetic zones of the mouth continues to pose a challenge to many of us. It is common to see anterior class III and class IV resin restorations with margins that stand out like half moons. This is often due to poor shade selection, incorrect finishing procedures, or as is commonly the case, the very regular continuous curve of the tooth preparation's external lines angle. Many dentists continue to prepare teeth according to guidelines established for the placement of amalgam or gold foil. What follows are some guidelines to help create aesthetic restorations with invisible margins:

- A) When selecting the shade of resin you will be using, do so prior to rubber dam application, while you are waiting for anesthesia. Rubber dam placement can desiccate the tooth and temporarily raise the value (brighten)
- B) Select shade initially according to value. This tends to be the most important determinant in matching shades. The eye is less bothered by shade variations in hue or chroma than by value differences.
- C) Once caries removal is completed, the outline form of the preparation is made highly irregular to vary the depths and external line angle curves. This results in what Michael Davis calls 'dazzle camouflage' (Dentistry Today March 1999 pg. 54-56) In addition to enhancing aesthetics, this technique also increases the restoration's retention by increasing the bonding surface area (Figure 1).



Preparation design of "dazzle camouflage" for class III resin of a maxillary central incisor. The camouflage effect, maximized with irregular internal and external outline forms, visually blends resin with tooth (subsurface and surface). Layering of dentin and enamel colored resins is essential (after Michael Davis Dentistry Today March 1999).

- D) The composite resin should be built up in layers in a similar fashion to the way ceramists build up porcelain. A hybrid composite should be selected for the lingual surface to provide strength, and to match the dentin shade. This will help block the light transmission (grayish translucency) often seen when only one shade (usually a microfill) is selected.
- E) Subsurface tints, maverick colors (such as white opaque, orange or violet) are applied over the previously light cured lingual dentin layer using brushes or an endodontic file. These colorations help impart a three dimensional quality to the restoration.
- F) A microfill resin is selected and applied. A plastic instrument is used to place some grooves in the surface and light cured.
- G) A clear or translucent microfill composite is layered over the microfill and pressed into the grooves created by the plastic instrument and overbuilt to extend past the irregular margins of the external line angle on the facial surface, and light cured.
- H) Finishing is completed using burs for gross finishing, and polishing disks and strips for fine finishing. Carefully examine the adjacent teeth and attempt to match their texture and glaze characteristics and line angles. Many times even if the shade is slightly off, the restoration will be perceived as correct if the texture and glaze are correct.

Cosmetic dentists can achieve optimum aesthetics with direct resins. This requires spending additional time sandwiching dentin and enamel shades, applying special characterizations, and properly curing and finishing the restorations. By creating an irregular outline form on the facial, we can optimize the camouflage effect by optically blending the composite resin with the tooth. The adhesion of the restoration will also benefit. ■



Adult Ortho-Aesthetics for the new Millennium

Antonio Mancuso D.D.S., FAGD

Aesthetic dentistry is commanding more attention with the breakthrough of better and more aesthetic materials such as IPS Empress, non-metallic post systems with a modulus of elasticity similar to that of dentin, non-metallic anterior fixed bridges such as Targis-Vectris and Empress 2 and other materials. Similarly, the demand for adult orthodontic treatment has also increased. Often, simultaneous treatment planning of the orthodontic treatment with the aesthetic treatment needs to be orchestrated to achieve an ideal result for today's demanding dental consumer. The following case report illustrates the combination of both orthodontic and aesthetic treatments to achieve the desired goals.

CASE REPORT

A 72-year-old retired politician, after many years of being unhappy with his smile, sought aesthetic treatment. He had a Class II Division 2 malocclusion with 1mm overjet and 90% overbite. His lower lip often got caught under his retruded maxillary incisors. The constant irritation caused visible changes in his lip. A medical consultation revealed evidence of cellular dysplasia. This provided the impetus for seeking treatment for his malocclusion.

The treatment plan that was finalized included fixed orthodontic mechanotherapy, followed by porcelain restorations.

Straight wire mechanics was used after bracketing all the maxillary teeth using a Roth prescription metal bracket setup. Wire progression started with an .0175 coaxial, then .014, .016, .018 and .020 nickel titanium wires. Orthodontic treatment time was approximately 8 months. At the end of tooth alignment the maxillary central incisors displayed clinically short crown lengths due to the tremendous wear that had occurred over the years of malocclusion. The teeth were lengthened with composite to a more ideal width to length ratio. A bonded lingual retainer using Ribbond was used to retain the case. (Fig. 1)

The patient did not return to the practice thereafter and no follow-up was possible. Three years later the patient returned with a chief complaint that his teeth were staining. (Figs. 2-5). He was prepared to finish the definitive treatment plan that was originally accepted. Treatment consisted of preparing teeth Nos. 15 to 23 for IPS Empress restorations. The preparations included opened interproximals and well defined lingual chamfers for positive seating of the restorations. The laboratory check list included pre-operative study models, impression of the intraoral mock-up for incisal edge communication, stick bite registration, stump shade photo with the tabs next to the preparations, final full arch impression, photo of the provisionals and a comprehensive laboratory prescription. This prescription included detailed colour mapping, mould selection from the LVI smile catalogue, surface texture, incisal edge anatomy, incisal translucency and halo communication, the final length of the central incisor restorations and the material to be used, in this case IPS Empress.

The patient was extremely pleased with the final result. This was achieved by paying special attention to the scientific principles of smile design. Principally, central incisor dominance was restored, proper width to length ratio of the central incisors was re-established to 80%, progression of incisal embrasures and golden proportion were also addressed. (Figs. 6-9)

Often the use of different disciplines is required to lead to the highest level of patient satisfaction. When needed, treatment planning using both orthodontic and aesthetic phases will lead to the most ideal aesthetic result for today's more demanding consumer. ■

Dr. Antonio Mancuso graduated from the University of Toronto in 1985. He is a graduate of both the Level I and the Advanced Anterior Esthetic programmes at the Las Vegas Institute. He has participated as a clinical instructor at the University of Toronto PostGraduate Aesthetic programme through the department of continuing education. He is a member of the American Academy of Cosmetic Dentistry and numerous National, Provincial and local dental societies. He is a Fellow in the Academy of General Dentistry, and is course director for Millennium Aesthetics - a LIVE hands-on program, which he conceived and developed in the Niagara region. Dr. Mancuso maintains a private practice in aesthetic/restorative dentistry in Welland, Ontario.





COURSE REVIEW:

“Millennium Aesthetics”

In September and October of this year, over 2 sessions (5 full days and 2 half days) I completed Tony Mancuso’s “Millennium Aesthetics” Program. Tony, a 1985 graduate of the University of Toronto, has been building an Aesthetic/Restorative practice in Welland, west of Toronto. With the aid of Dr. Ed Philips and Dr. Carol Waldman, and a staff of other experienced dentists and assistants, he put together what was the most advanced course of this type in Canada. Patterned after similar programs in the USA (like those offered in Las Vegas or San Francisco or New York) this program featured numerous hours of technically-oriented lectures, handled by Tony and Carol, as well as “Smile Design” and Office Philosophy/Management lectures by the experienced Ed Philips. Several guest speakers assisted this capable group including Erla Kay and Harold Meredith.

The real strength of the course, though, was the patient treatment portion. Each participant brought a patient whom they treated at the Niagara College Dental clinic under the supervision of one of these instructors. With a “teacher-student ratio” of 1 to 3, it was an excellent way to get hands-on tips from some of Canada’s finest clinicians. The patients were prepped the first weekend and cases inserted the second weekend. Lab cases were handled by Rotsaert or Aurum labs who had their representatives at chairside. All-in-all the clinic portion was a tremendous experience that showed the teamwork needed (dentist-patient-lab-staff) that goes into any successful restorative case.

At \$5500 the course may seem expensive. But several dentists who had attended American programs at twice the cost remarked that we received more info (including a complete course manual over 200 pages in length) at a lower price. As I noted earlier, this program has no parallel in Canada and is a must for any dentist serious about learning the Art and Science of dentistry for the next millenium. 5 Stars for “Millennium Aesthetics”. For more info call Dr. Mancuso at 905-734-9901. ■

by Dr. Khaled

Upcoming Events

NOVEMBER 12, 1999

“Esthetics: The Art of Anterior and Posterior Restorations for the Twenty-First Century”

Dr. Jimmy B. Eubank, D.D.S., F.A.C.C., F.A.G.D.

LeParc Conference Centre

Hwy #7 & Leslie Street

FEBRUARY 11, 2000

“Comfortable Influence – How to Enjoyably Influence Patients to say “Yes!”

Dr. Nate Booth, D.D.S., M.S.

Montecassino Place

3710 Chesswood Drive

APRIL 28, 2000

“Anterior Aesthetics Do Sweat the Small Stuff...”

Communications between the Doctor and Lab Technician”

Dr. Tom Trinkner, D.D.S.

“Dental-Facial Esthetics”

Dr. Nicholas Davis

“Dramatic Smile Makeovers Using Direct Resin”

Dr. Corky Willhite, D.D.S., F.A.G.D., F.A.A.C.D.

“Posterior Adhesive Dentistry – Predictable Results Simplified”

Dr. Michael Koczarski, D. D. S.

Montecassino Place

3710 Chesswood Drive

For further information,

contact Lisa Panos (905) 271-9744

