



The
TORONTO ACADEMY
 of
COSMETIC
DENTISTRY



SPRING ANNUAL NEWSLETTER 1999

President
Dr. Nathan Blitz

Vice President
Treasurer
Dr. Maurice Schachter

Vice President
Secretary
Dr. Michael Pollak

Publications
Dr. Kal Khaled

Immediate Past President
Dr. Sol Weiss

Executive Assistant
Lisa Panos

Telephone
(416) 236-6861

Facsimile
(905) 823-1739

“Operational Effectiveness” and “Strategy”

In a recent article in Fortune Magazine, we are introduced to a man named Michael Porter. He is described by many in the business world as “the most important strategist working today, and maybe of all time.” In his recent book, “On Competition”, Porter defines several important terms which should be understood by every practicing business person (or dentist).

The first is “operational effectiveness” which means simply performing better in the same activities that your competition perform. In dentistry that means doing a better job than the guy down the street. It means impressing the client with better, faster service, care calls at home, painless injections... Superior operational effectiveness can be a source of short term competitive advantage; in the long run it is not enough. Simply because of the diffusion of information and technology, offices will become more and more alike.

The second term Porter discusses is “strategy.” Obviously it is one we’ve heard before. “Where operational effectiveness means you’re running the same race faster,” explains Porter, “strategy is choosing to run a different

race because it’s the one you’ve set yourself up to win.” In dentistry that means setting your practice up with a particular model. A “high service - high quality - high fee” model is practiced by some. But there are other models to choose from. “Strategy is not accidental” says Porter, “it is a purposeful process.”

“Strategic fit” expands on his strategy definition. Porter explains strategic fit as a relationship between every part of a company’s operations. The whole package must be involved in the strategy. In our offices that means the front desk staff, the office appearance, the fees, the clinical care. Any part of that chain can be copied by another office but that doesn’t make that office as good as yours. “Fit locks out imitators by creating a chain that is as strong as it’s strongest link,” Porter says.

The TACD has several hundred members who practice effectively. It also offers continuing education through its seminars and video loan programs. These resources can be used to improve operational effectiveness as well as refine strategy. Think about your office and where you stand in relation to these two terms. ■

Dr. Kal Khaled
Publications

Contents

Operational Effectiveness and Strategy.....1	Contemporary Aesthetic Dentistry.....3
Dentistry in the 3rd Millenium.....2	Empress 1 to Empress 2.....4
“Sell” is a Four Letter Word	
“Help” is Not!2	Upcoming Events4

DENTISTRY IN THE THIRD MILLENNIUM

by Dr. Bruno Paliani

Designing smiles will be a daily routine
Educating our patients will be paramount
No more paper! (*Almost paperless!*)
Totally integrated offices that are networked with computers
Insurance independent
Seeing will be believing
Taxes will be reduced
Relying on staff to educate and motivate patients
Yawning from lack of sleep because we will be up very early and excited to go to work
Involving our staff with case presentations
New and improved 3-D computer imaging
Television will be interactive (We will have dental channels to educate)
Helping our patients with all aspects of their health care
Empowering our patients will be a habit.
300 times more fun than the last millennium
Realizing that we can't do everything!
Developing new dental innovations to improve and enhance our skills
Marketing will be essential
Imperative that you do only the dentistry you enjoy
Leaving the "stuff" you don't want to do for other dentists
Liking your job so much that retiring is unheard of
Enjoying dentistry more than ever before
No more needles! (Computerized electronic anaesthesia, if any will be used)
New and improved lasers will replace the highspeed handpiece, the scalpel, suturing and air abrasion
Internet-interactive continuing education courses
Understanding, caring and respecting your family, patients and staff will bring huge rewards
Making life enjoyable and stress-free will be easy

Sell is a four letter word... help is not!

By Greg Anderson, President
Discus Dental Canada

Websters 1838 definition of the word "Sell" is 'a deliberate deception: a hoax'. In other words, selling can be seen as manipulation, and unprofessional. Professionals provide expertise, they don't push services.

There is however, a big difference between selling and helping. The more options you offer your patients, the better you serve their needs. Take aesthetic dentistry as an example. It doesn't need to be "sold". In fact, the October 1998 issue of US News & World Report stated "3 out of 4 adults believe that an unattractive smile can actually hurt ones chance for career success! And it went on to say that 50% of American adults are unhappy with their own smiles."

You can HELP your patients by letting them know the full range of your services. This isn't "selling" it is simply providing the information and education to your patient so that they can make an informed decision. Most people are not aware of the full range of services available for aesthetic dentistry. They know they would like a more attractive smile but do not know how you can help them achieve this. One way to do this is to provide simple tools, like counter card displays or posters, to let people know what is available at your practice.

The simple answer is to ask questions, eliciting information about what is important to the patient. People appreciate knowing you genuinely care about their concerns. Environics research* on socio-cultural trends in dentistry shows that for many people today emphasize "looking good for me, not for anyone else's benefit."

If you ask a patient undergoing crown or bridge-work if they prefer darker or lighter shades, does this constitute "selling" or is it simply allowing them to discuss what it is they really want? In most cases, people will choose the lighter shade, therefore you will have to explain they will need to have their teeth whitened first. This is educating the patient, who ultimately makes the decision. In providing adequate information and discussion, you have HELPED the patient make their own decision, and you know they have got exactly what they want.

My anecdotal research suggests that a basic question like "Are you happy with the colour and shape of your teeth?" tends not to be asked. Why not? My theory is that the profession is debating whether or not aesthetic dentistry is a real health service. Many dentists are trained in a disease containment paradigm, and feel aesthetic dentistry is a cosmetic procedure, not a "real" health service. So offering it feels uncomfortably like "selling"!

In "Esthetic Dentistry – A Health Service?", Dr. Ron Goldstein shows that patients derive real health benefits from esthetic dentistry. Good looks do influence a person's quality of life – good looking men and women win more prestigious, higher paying jobs, for example. While this may appear trite, and probably is, the results aren't. Our society rewards an attractive face with enhanced life and career opportunities. This article is meticulously researched proof that esthetic dentistry is a valuable health service. You can be proud to add it to the many other services you already offer your patients. I believe Goldstein's article will assist you and your staff in understanding the impact of esthetic dentistry – helping your patients and enhancing your practice. I will gladly send you a copy.

continued on back page

Contemporary Aesthetic Dentistry

Antonio Mancuso D.D.S.

Clinical aesthetic dentistry has become a significant part of today's general practitioners daily regimen. Often we see patients that are not only well versed in newer technologies but are also very demanding on us to provide comprehensive, functional and aesthetic clinical results. A case presentation will be presented to illustrate a multi-procedural approach to achieve a successful result for the patient.

CASE REPORT

An attractive 48 year old female presented for a consultation regarding her smile. She wanted to discuss treatment options for her present condition. She presented with darkened tooth 11 overlapping tooth 21. Tooth 11 had been avulsed and re-implanted approximately 15 years earlier. She had read about new advances in aesthetic dentistry and wanted to know what could be done about her smile that she had been dissatisfied with for a very long time. Radiographic examination revealed tooth 11 had a large area of internal root resorption in the cervical third of the tooth. An endodontic consultation revealed a hopeless prognosis and a recommendation for extraction.

A second consultation took place where the following treatment options were presented: (1) dental implant for tooth 11 and porcelain veneers; (2) a 3-unit bridge and porcelain veneers; (3) a Vectris (Ivoclar) framework with six porcelain veneers. The patient opted for the placement of the six veneers with the Vectris framework for tooth 11.

Furthermore, we discussed the necessary steps required to idealize the aesthetics of the case keeping in mind the future loss of the labio-palatal width of bone upon the extraction of tooth 11. Also we discussed pontic form and gingival anatomy around this area, even though in her smile gingiva is not displayed. The patient understood these concerns and decided to address them in the overall treatment.

The treatment consisted of firstly extracting the coronal part of tooth 11 since the apical third had no signs of pathology. By leaving this non-vital root-tip bone conservation would be achieved. The remaining area of the socket was cleansed of any tooth fragments and Perio-Glass (Block Dental), a synthetic bone graft material, was inserted as a further step to preserve the pontic site. The natural tooth crown was recontoured at the cervical area to create an ovate pontic form and rebonded to the adjacent natural teeth for four weeks.

The patient returned four weeks later, the natural pontic was removed and the remaining teeth were prepared for porcelain veneers and a Vectris framework from 12 to 21. The final impression was taken with a full arch tray using a polyvinyl impression material along with a stable bite registration. Detailed laboratory communication is also critical to the final success of the case. The laboratory was instructed to fabricate the Vectris framework and the IPS Empress (Ivoclar) veneers at the same time with attention to central dominance, golden proportion and anterior silhouette. Information on shade selection, stump shades, incisal translucency, surface texture, incisal edge halo and contour were all indicated on the laboratory form. The patient selected the Enhanced mould of teeth from the LVI Smile catalog.

Under rubber dam isolation the case was delivered. The Vectris framework was inserted first. Then the veneers seating was verified prior to commencing the rapid cementation technique for veneer placement. Cementation of the veneers followed the fourth-generation total etch technique. Optibond (Kerr) was the adhesive system used in conjunction with Variolink II (Ivoclar) luting resin. Finishing and polishing ensued in the customary fashion using fine diamonds and carbide burs, rubber polishing cups and interproximal strips.

The patient was very pleased with the final result. The case was multifaceted employing bone preservation techniques, idealized pontic site development, a Vectris framework and six IPS Empress veneers.

Today, aesthetic dentistry has become easier due mainly to material technology. With this advancement, one finds a broader range of clinical situations where this technology can be incorporated in a more comprehensive and complete treatment plan. The future of aesthetic dentistry, although demanding, can be truly rewarding. This can only occur if we dedicate ourselves to the delivery of sound aesthetic restorative dentistry using the skills of artistic and scientific principles of aesthetic dentistry.

Special thanks to Aurum/Classic Dental Laboratories for the fabrication of this case. ■

Dr. A. Mancuso graduated from the University of Toronto in 1985. He is a graduate of both the Level 1 and the Advanced Arterior Aesthetic programmes at the Las Vegas Institute. He has also participated as a clinical instructor at the University of Toronto Post Graduate Aesthetic programme. He is a member of the American Academy of Cosmetic Dentistry, the American Congress of Oral Implantology, and numerous National, Provincial and local dental societies. Dr. Mancuso maintains a private practice in aesthetic/restorative dentistry in Welland, Ontario.





Empress 1 to Empress 2

Ivoclar's IPS Empress restorations are exceptional. Over 1 million have been inserted in the past 10 years. Empress has virtually defined success as a functional cosmetic restoration. The only drawback was the inability to be utilized in a bridge design. Empress 2 has been introduced to fill that void. With the same processing techniques that Empress uses, Ivoclar was able to increase the strength of the bridge material 3 1/2 times. Empress 2 is a Lithium Disilicate core instead of a Leucite core. They created a new veneering porcelain called Fluorapatite to layer the framework. Apatite crystals determine the optical properties of translucency, value and light will scatter as they do in natural teeth. The Empress 2 restoration literally mimics nature. Prepare the abutments as you would any other all-ceramic crown. Indications include three unit bridges for the anterior extending to the second premolar, with no cantilevered pontics. Pontic spans in the anterior is a maximum of 11mm, and in the premolar region is 9mm. The connectors are 3mm x 3mm minimum and allow sufficient labial lingual room in centric relation . .i.e.: lingual reduction. The size of the connections should not interfere with the esthetic zone. This material cannot be penetrated with a diamond disc and therefore its placement is crucial. ProTec CEM has been formulated to cement Empress 2 when bonding is a challenge. Uniqueness, natural esthetics and innovation, these are words that describe Empress 2. ■

David Moore, R.D.T.
C.D.A. Ceramic Coordinator
Baluke Dental Studios

Michele Marino
Account Director
Baluke Dental Studios

continued from page 3

Listen emphatically to your patients' concerns

In summary, stop selling and start helping! Start by asking questions, but don't forget you'll also need to listen emphatically to your patients' concerns. Looking good on their terms, means not necessarily on yours! As a professional, you want to inform your patients, enabling them to make their own informed choices on treatment. This is not "selling" – it is helping. When you stop selling and start helping, you and your practice will benefit, but most importantly, so will your patients. ■

Upcoming Events

May 14, 1999

"MASTERING AESTHETICS AND ADHESION"

with David Hornbrook DDS

and...

SMILE GALLERY

We are pleased to be holding our Smile Gallery next meeting on **May 14, 1999.**

Bring your photos for display.
We want to have the largest, best gallery ever.

Please call Dr. Leny Sferlazza at
(905) 568-4628 if you have any questions.

Hwy. #7				Ave.	
	Le Parc Markham		Leslie St.	Woodbine Ave.	
			John St.		
Steeles Ave.					Ave.
Hwy. #401	Yonge St.	Leslie St.	Don Mills	Hwy. #404	Warden Ave.

