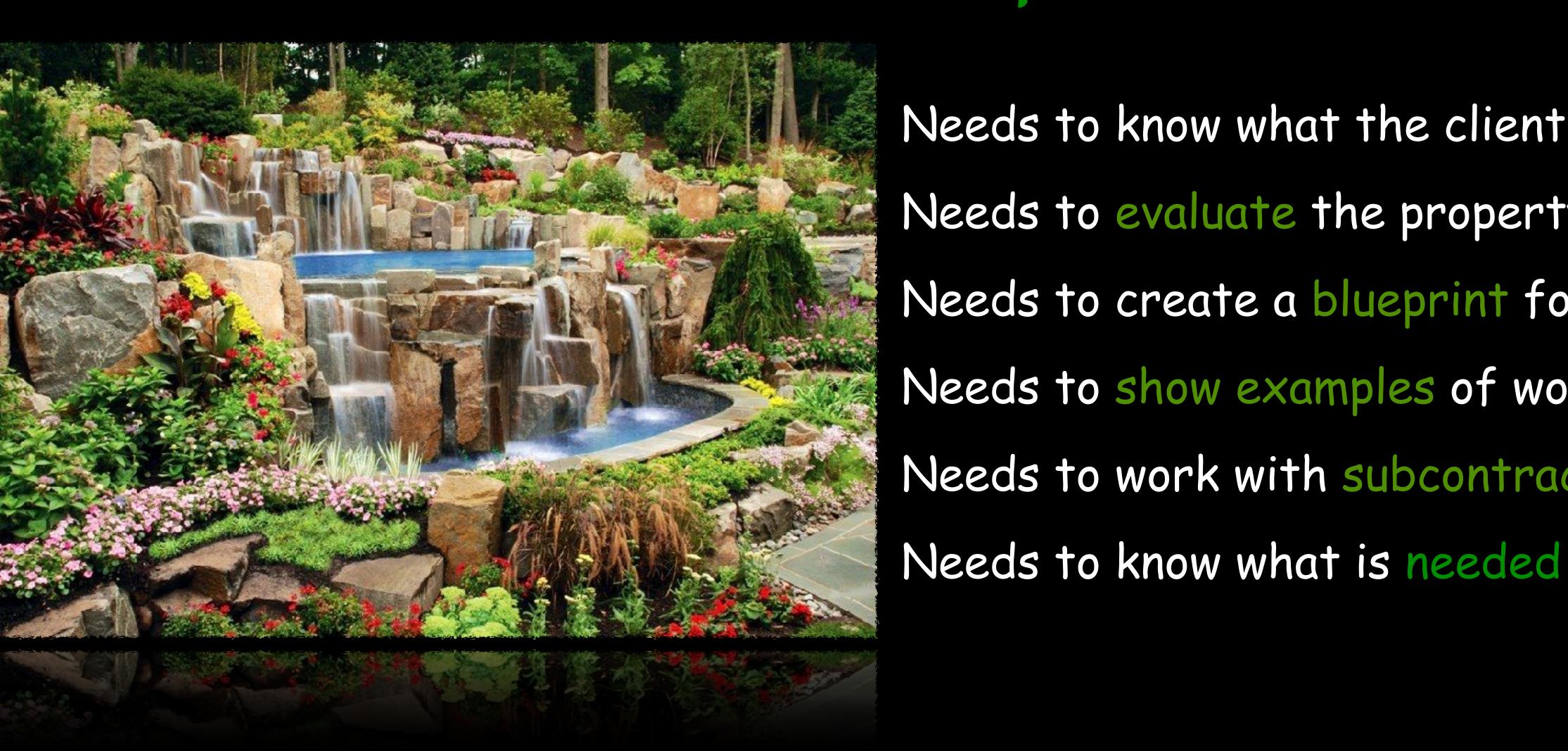


Esthetic design

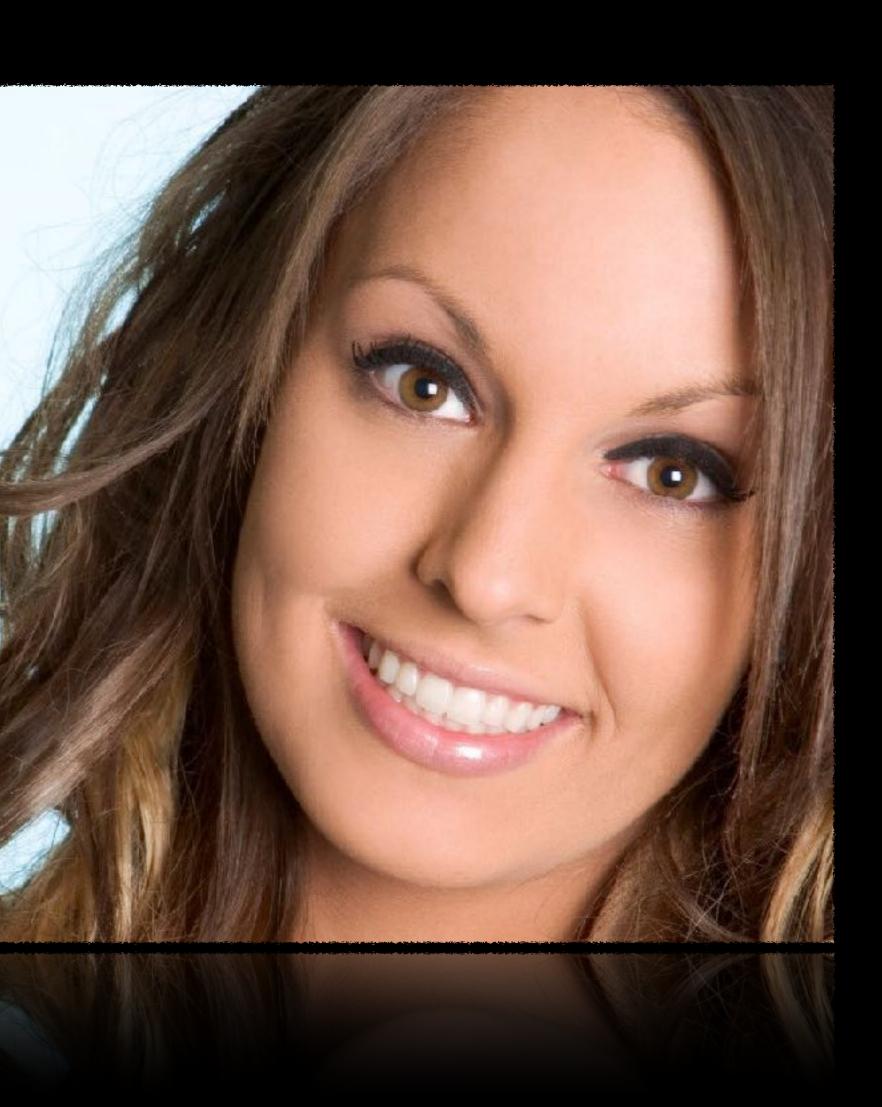


Landscaper



Needs to know what the client wants Needs to evaluate the property Needs to create a blueprint for approval Needs to show examples of work Needs to work with subcontractors

Dentist



Needs to know what the pt. needs and wants

Needs to do a complete examination

Needs to create an approved design/blueprint

Needs to show examples of work

Needs to work with specialists

Needs to know what is needed, e.g. materials



Esthetic design





What you need

Versus



What you want!



Lower expectations
Less detail oriented
Basic training
Volume/insurance driven?
Questionable team relationship
Generic design

Versus

Higher expectations
More attention to detail
More artistic
Advanced training, e.g. AAACD
Close team relationship
Custom design



Restorative options

Direct restorations, e.g. composites, glass ionomers

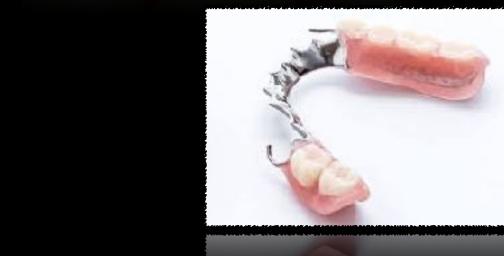
Indirect, e.g. inlays, onlays, veneers, crowns

Removable, e.g. PRD's, FRD's

Orthodontics, e.g. Invisalign

Periodontics, e.g. crown lengthening









Tooth replacement, e.g. FPD's, Maryland bridges, implant supported

Tooth color modification options

Tooth pastes, e.g. Colgate Whitening

Micro-abrasion, e.g. pumice and hydrochloric acid

Restorative treatment options, e.g. veneers

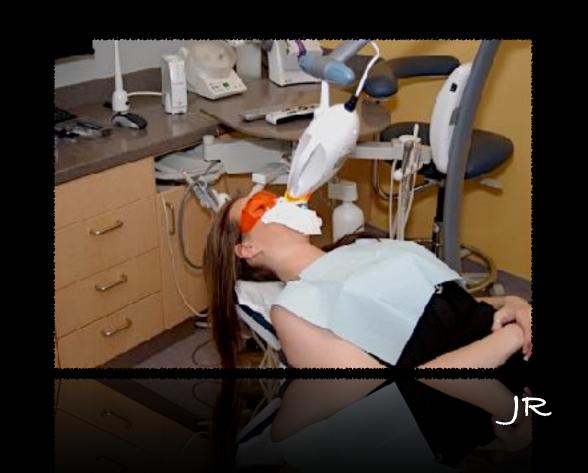
Bleaching, e.g. ZOOM, trays, emulsions











"Whitening" vs. "Bleaching"

Surface vs. intrinsic stains?

What does the patient expect?

What are they prepared to do?

History & mechanism of office vital tooth bleaching

- Early as 19th century using hydrochloric acid treating primarily surface stains
- Early 1900's used stabilized peroxide in water (30% superoxol)
- In 1970 30% superoxol and rheostatically controlled heat
- In 1987 used 35% H2O2, 37% phosphoric acid and heat to facilliate absorption
- In 1988 used 35% hydrogen peroxide and silica gel w/o heat
- In 2001 35% carbamide peroxide and UV light, ZOOM!

History & mechanism of home vital tooth bleaching

- In late 1960's accidental discovery using carbamide peroxide
- In 1989 first article published about nightguard bleaching
- 10% carbamide peroxide yields 3% H2O2 which yields oxygen, water and urea
- Max effectiveness in 1-2 hour increments
- Desensitizing agents added, e.g. potassium fluoride
- Techniques developed combining office with home
- Ultimate goal is to get O2 absorbed deep into the tooth
 - In 2021 emulsion therapy, Crest

Delivery options for vital tooth bleaching

OTC - "over the counter": White Strips - Crest

HTB - "home tray bleaching": Day Nite - Philips
Opalesence - Ultradent

OTB - "office tooth bleaching": Zoom - Philips

Home - Whitening emulsions: Crest

Phasing theratout phasing therapy

Spread out payments Full payment received sooner

More expensive to the dessiex pensive ties the dentist and patient

Patient will be in protoff persapongompleted much sooner

Less work per appointmappointments significantly longer

Both approaches require comprehensive planning!

Treatment planning techniques and technology summary



Communication considerations

Photography

Computer simulations

Template designs

Treatment options!

Mock-ups

Prototype restorations

Pearl #4 to remember!



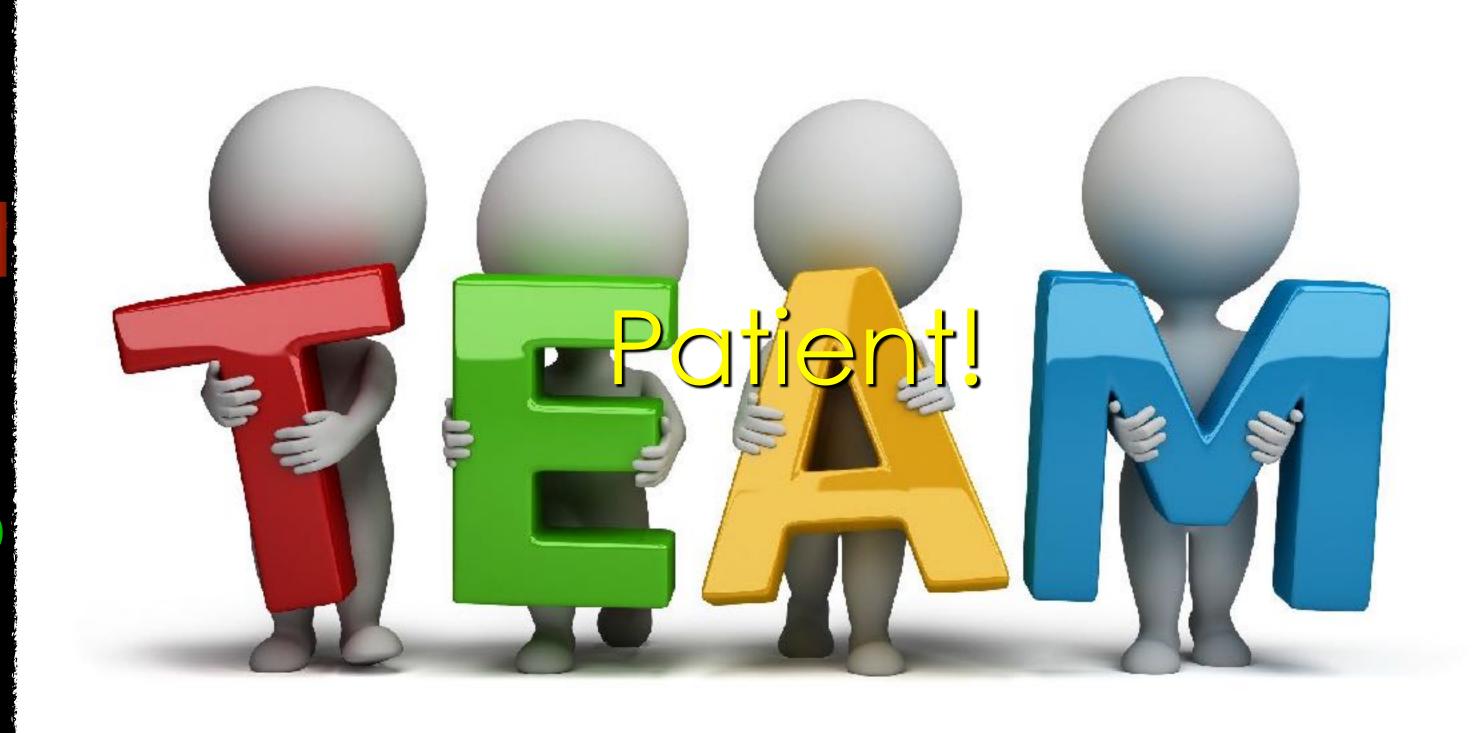
Success for ALL comprehensive restorative cases are based on ESTHETICS!



Interdisciplinary communication

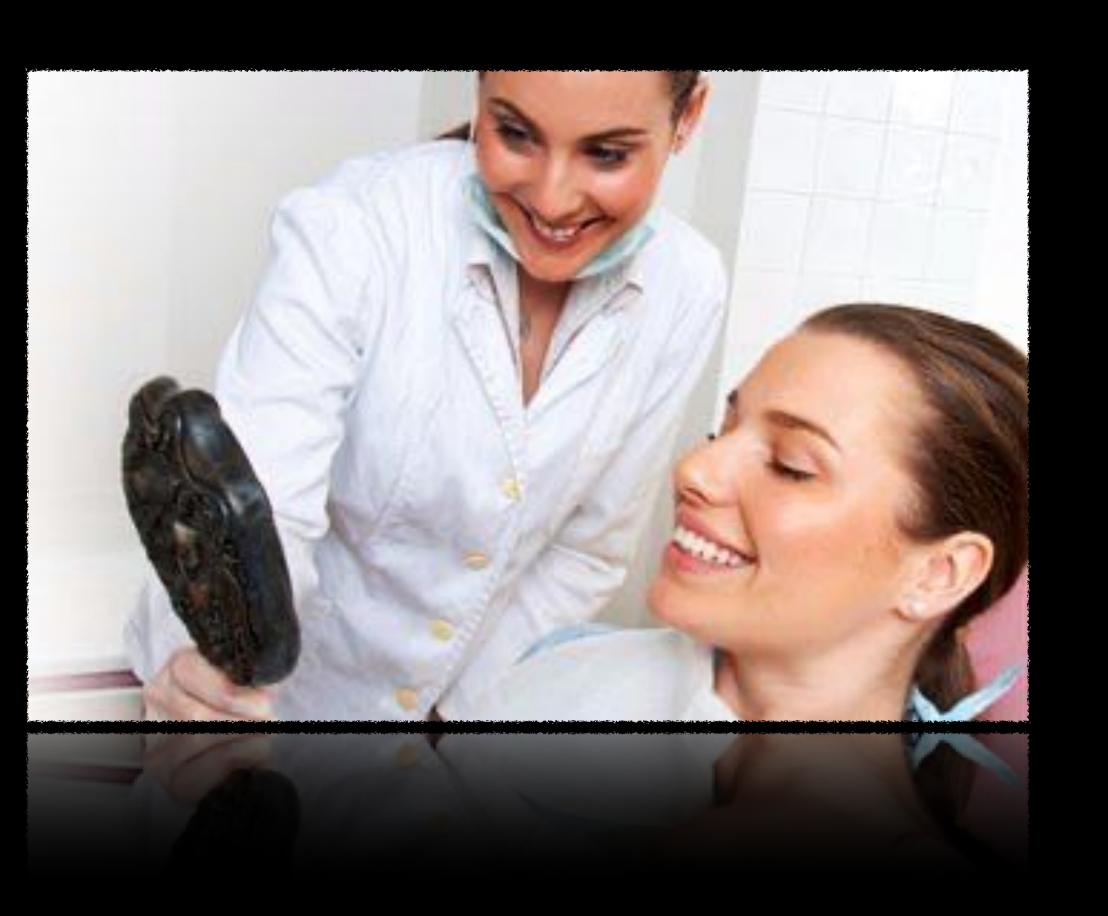
Dentist

Labo

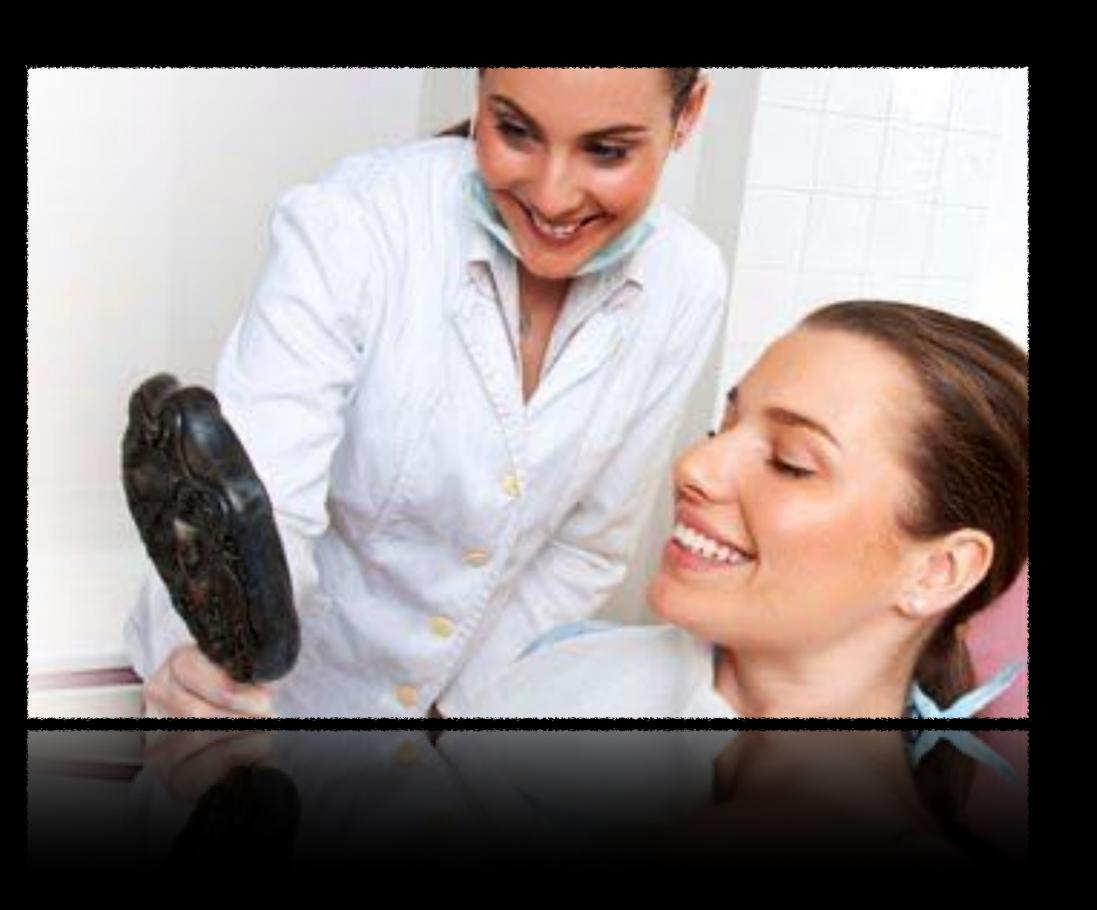


ialist

facturer



Success in comprehensive cases rely on an efficient and thorough relationship with the other disciplines, i.e. lab, surgeon, etc.



Keeping up with latest trends and technology lends itself to more predictable outcomes, plus setting your practice ahead of most!

The inter-disciplinary dental team ultimately utilizes their skill and experience, along with the patient's desires, in order to create a successful functioning and esthetically pleasing outcome

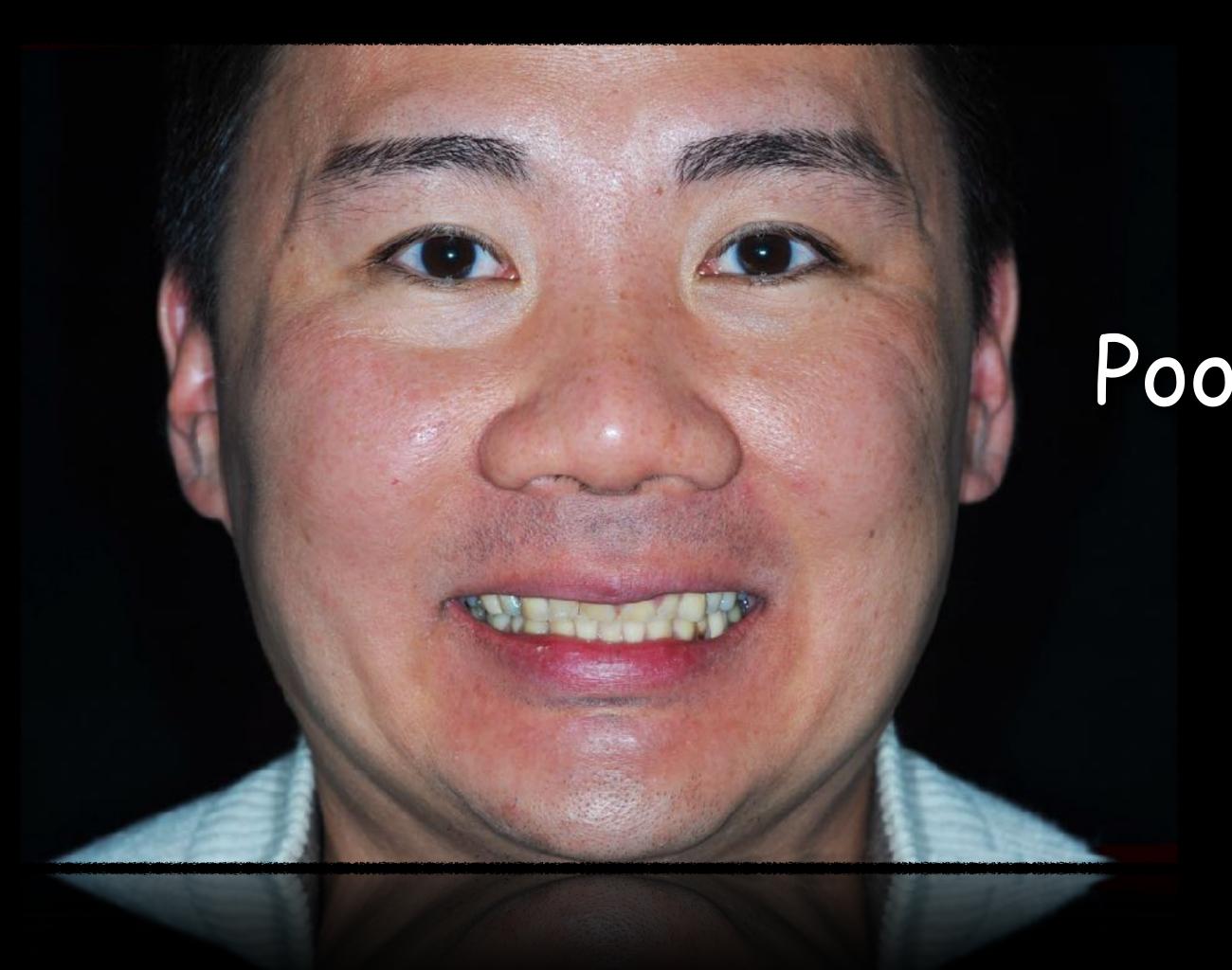


Chiche, GJ and Pinault AE. Fundamental of esthetics of anterior fixed prosthodontics. Quintessence Pub Co.Inc., 1994; **3**: 59.

Rufenacht CR. Fundamental of esthetics Quintessence Publishing Co. Inc., Chicago, II, 1990; 4: 114



No single esthetic element can be attributed with successfully attaining the final shape, size and position of the maxillary teeth



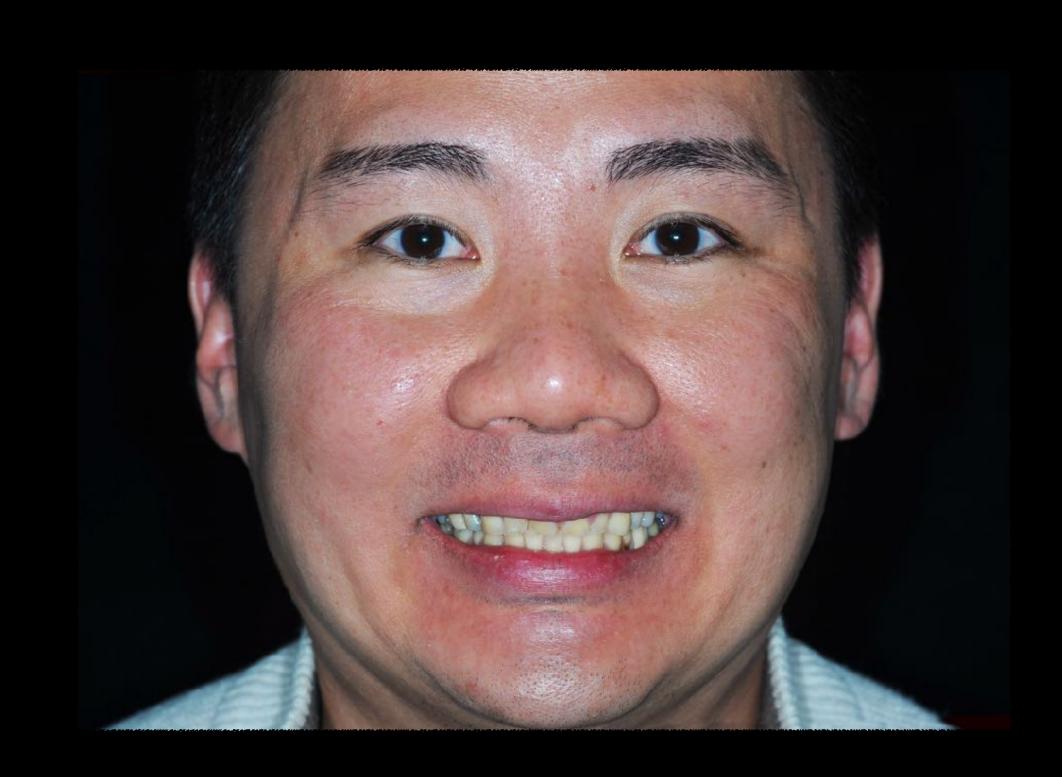
Poor esthetics due to short and discolored teeth



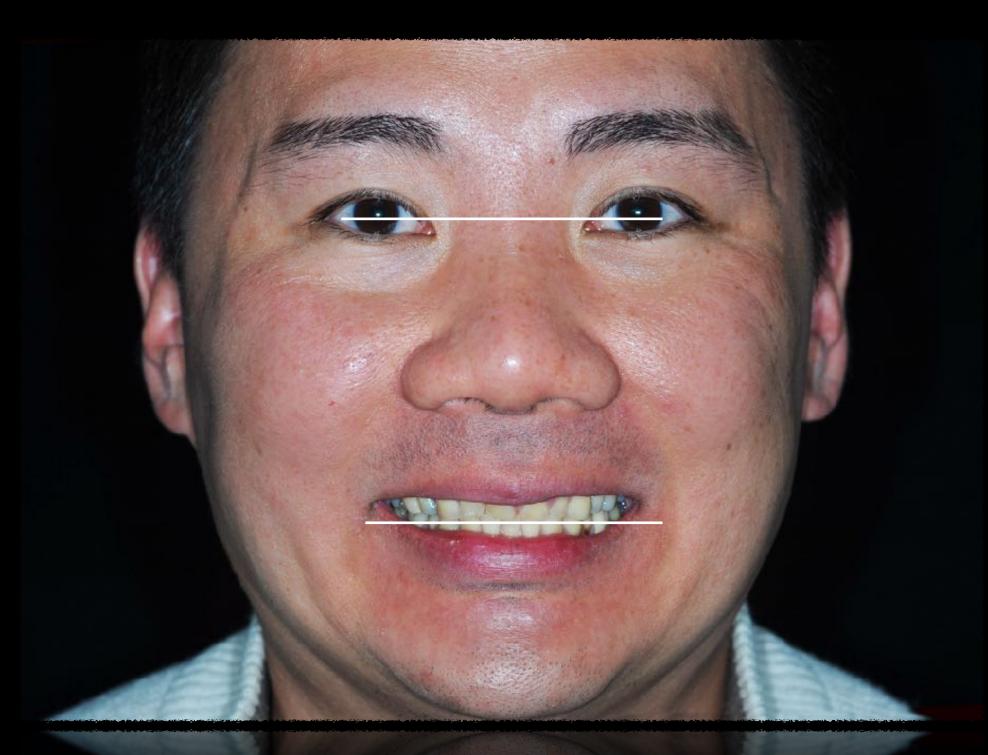
Team employed

Periodontist
Orthodontist
Laboratory technician
Manufacturer
Patient
Staff





Wear and super eruption



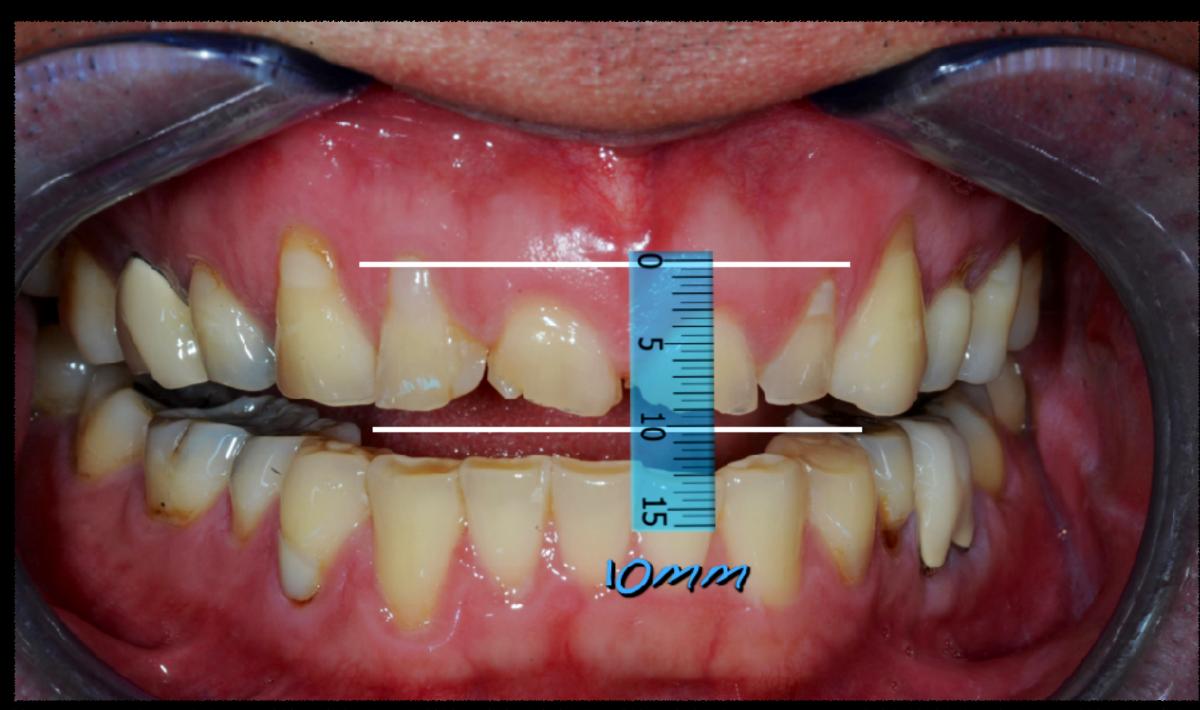
Horizontal plane and desired incisal edge position



Pre-op measurements of centrals

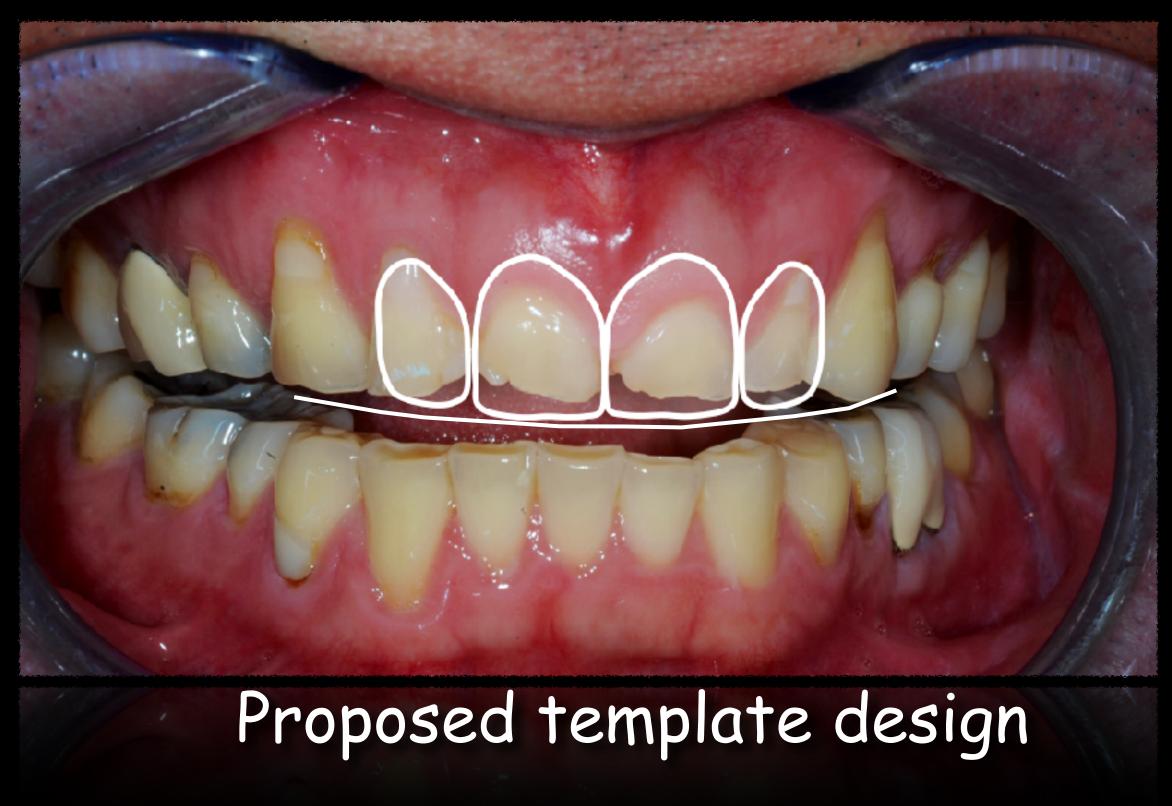


Proposed incisal plane



Proposed length of centrals





Proposed incisal plane

Proposed template design/incisal length

Utilizing a soft tissue diode laser

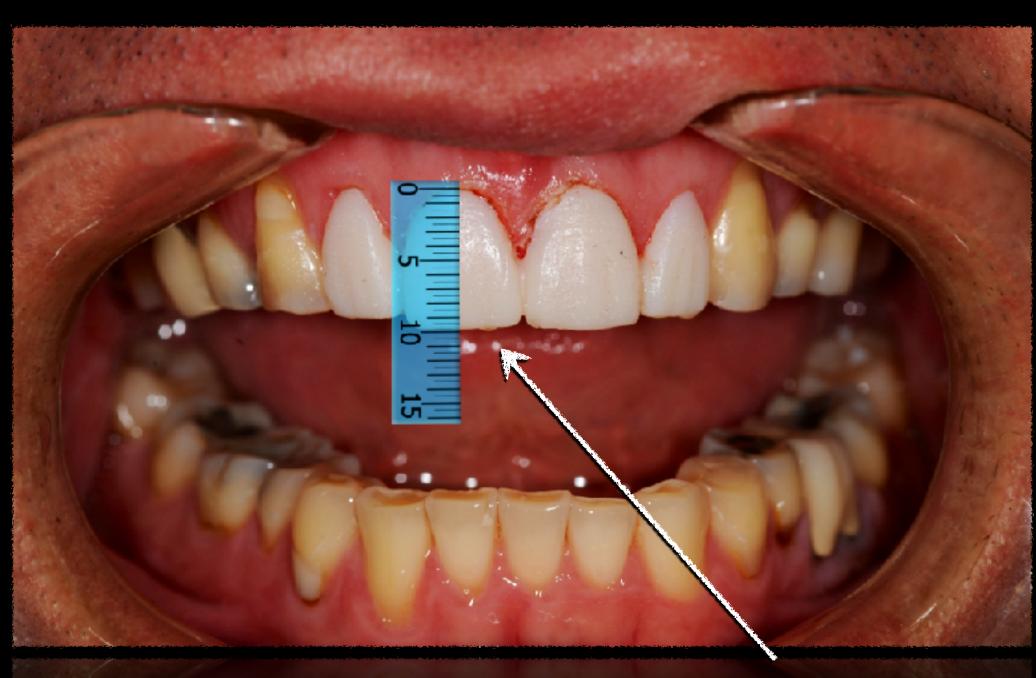




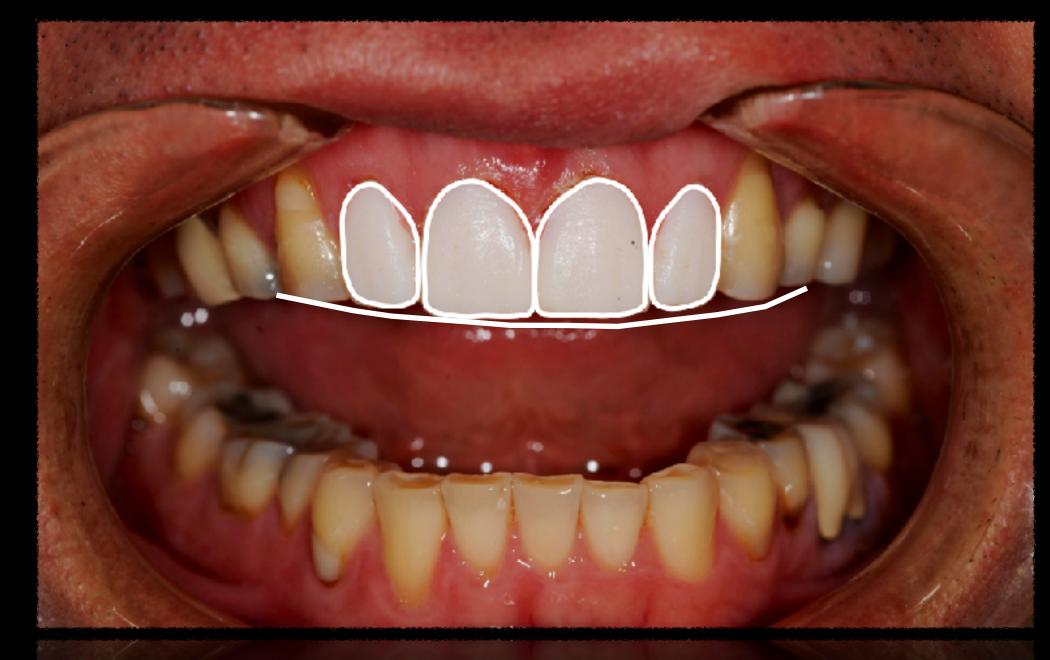
Testing tissue levels







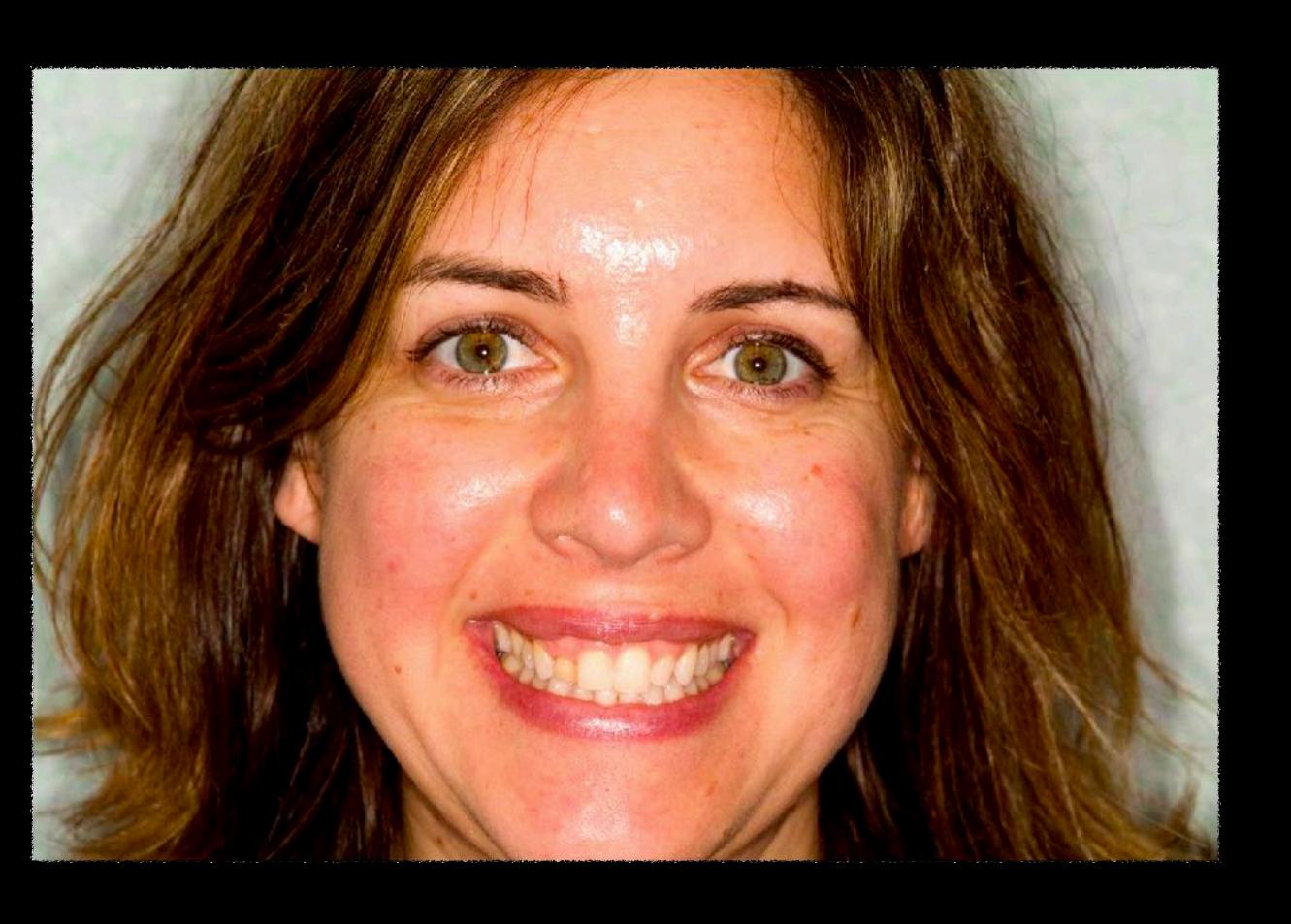
Confirm length at 10mm



Confirm with template design



Poor esthetics due to retained deciduous tooth, peg lateral, asymmetrical gingiva and discolored teeth

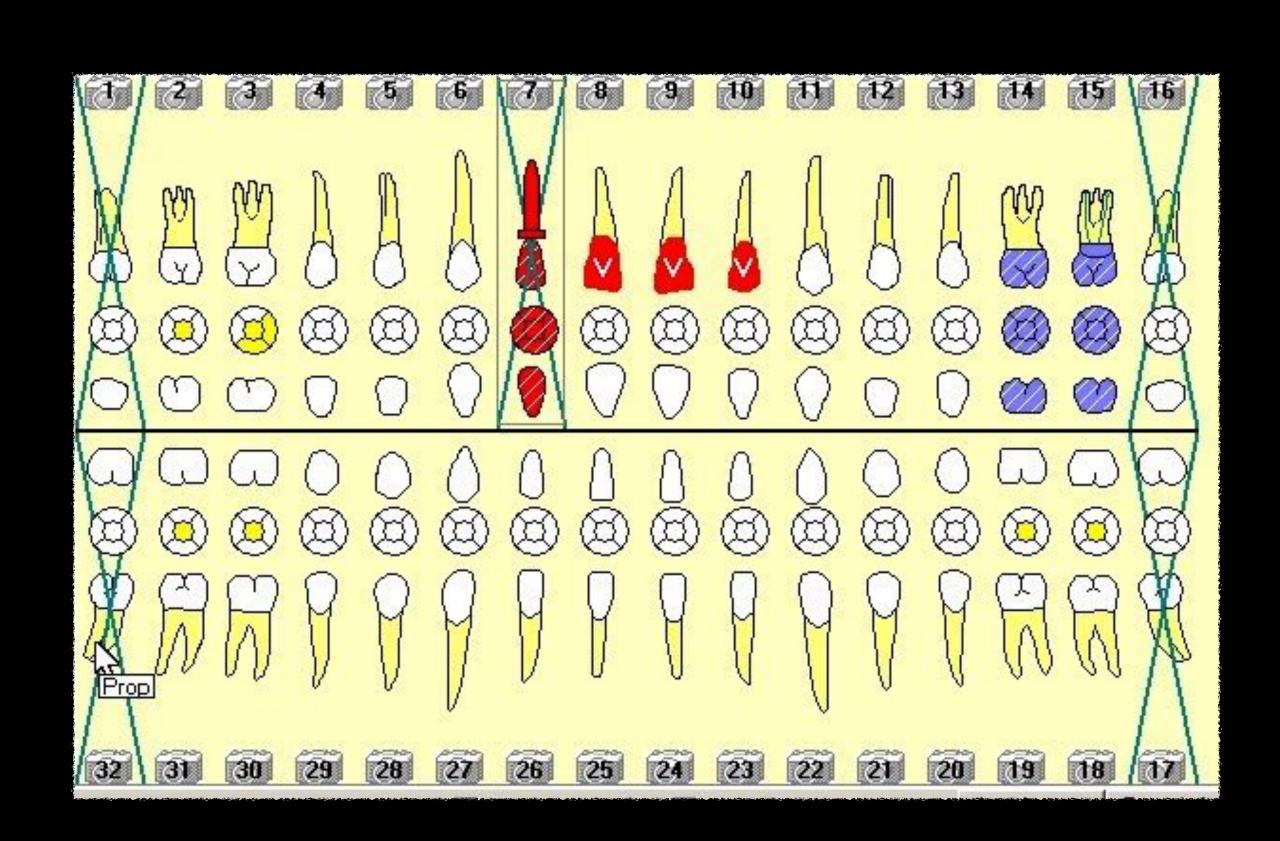


Team employed

Periodontist
Orthodontist
Laboratory technician
Manufacturer
Patient
Staff



Need the interdisciplinary services of the periodontist, orthodontist and laboratory



Accepted treatment plan

Examination with 2 & 3 dimensional design

Orthodontics to align teeth and gingiva

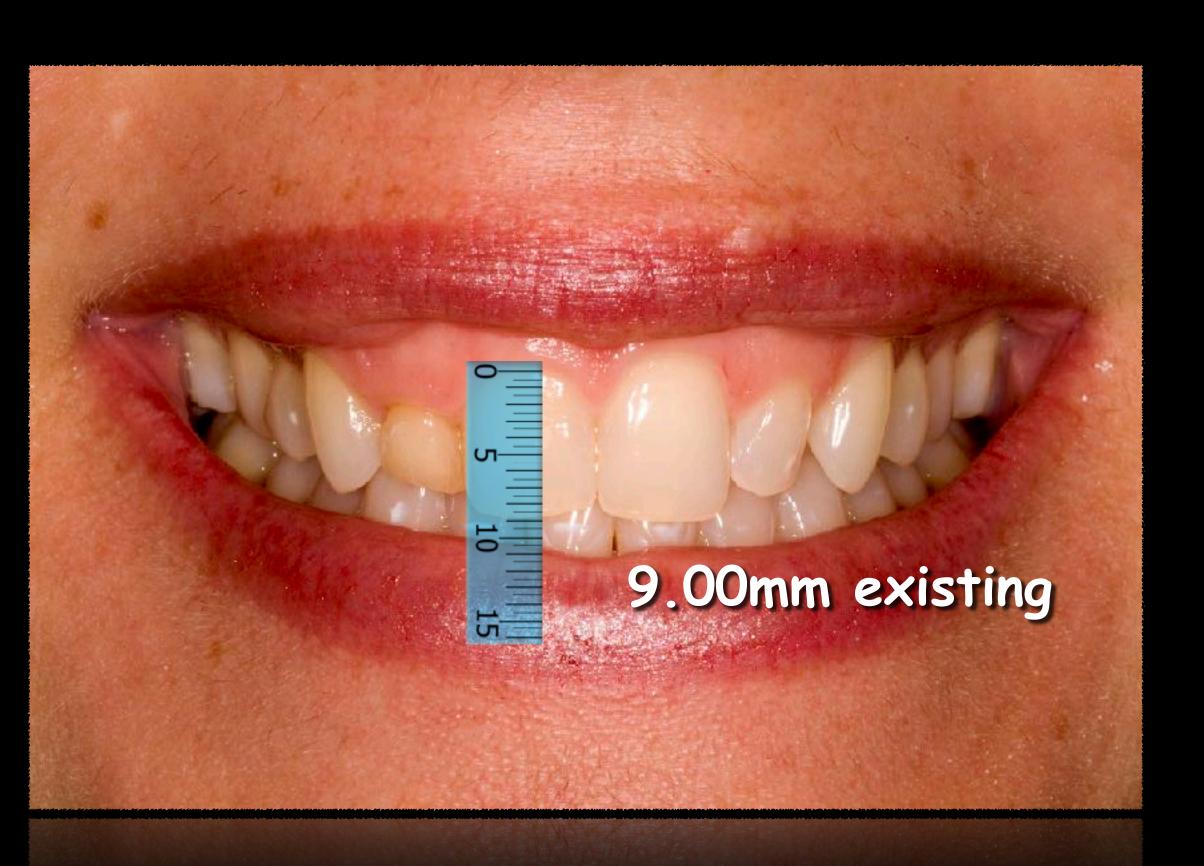
Remove #C, bone graft and implant placemen

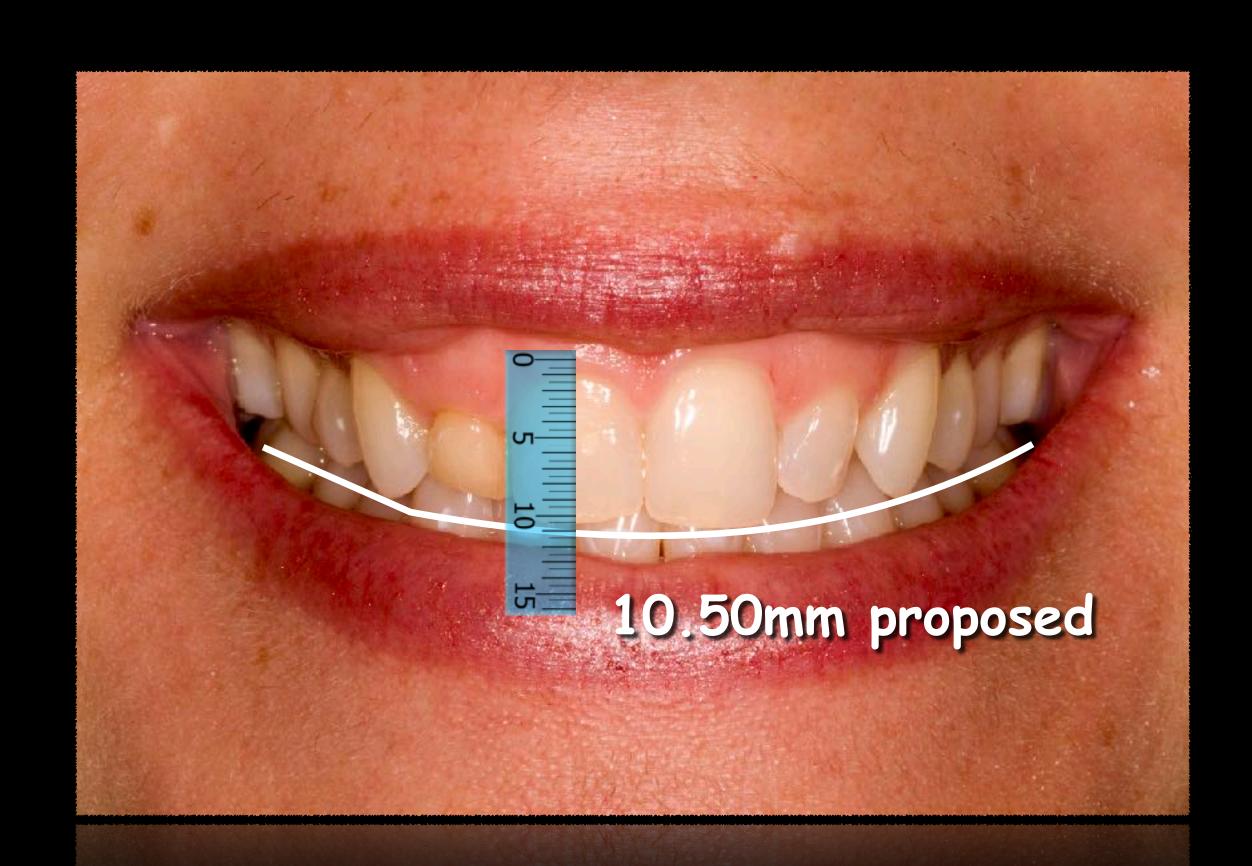
Bleach all the dentition

Custom ceramic abutment/crown #7

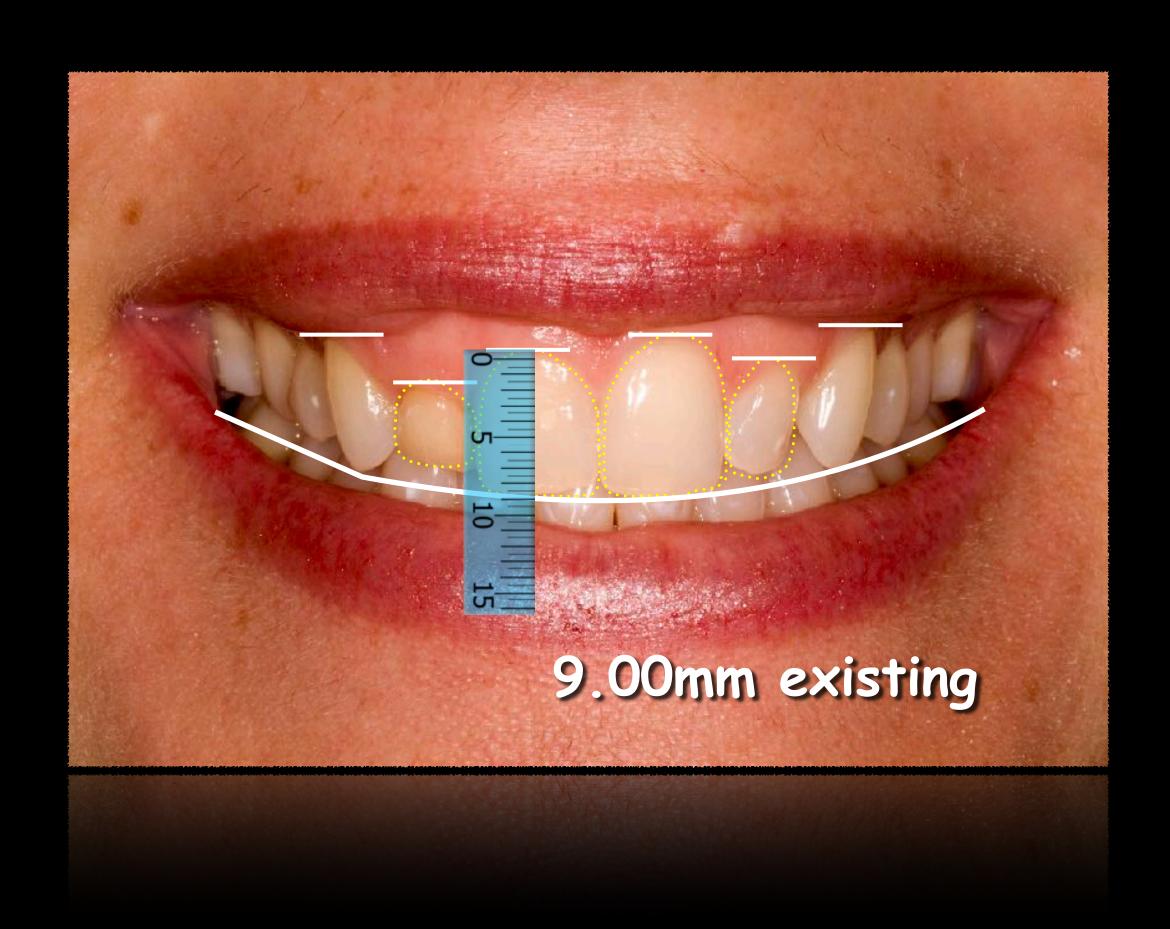
Conservative ceramic crown #10

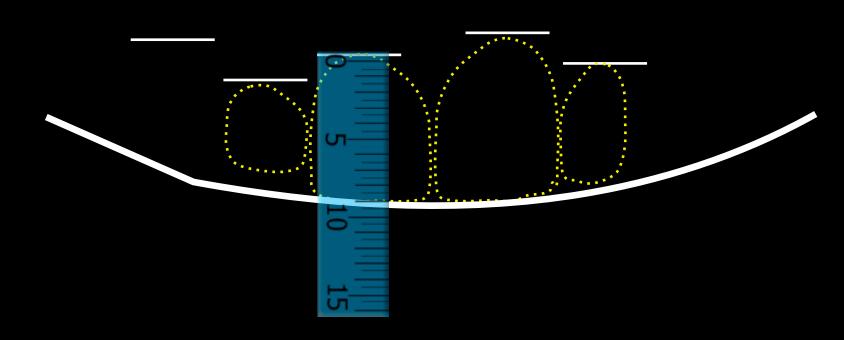
Conservative ceramic laminates #8 & #9





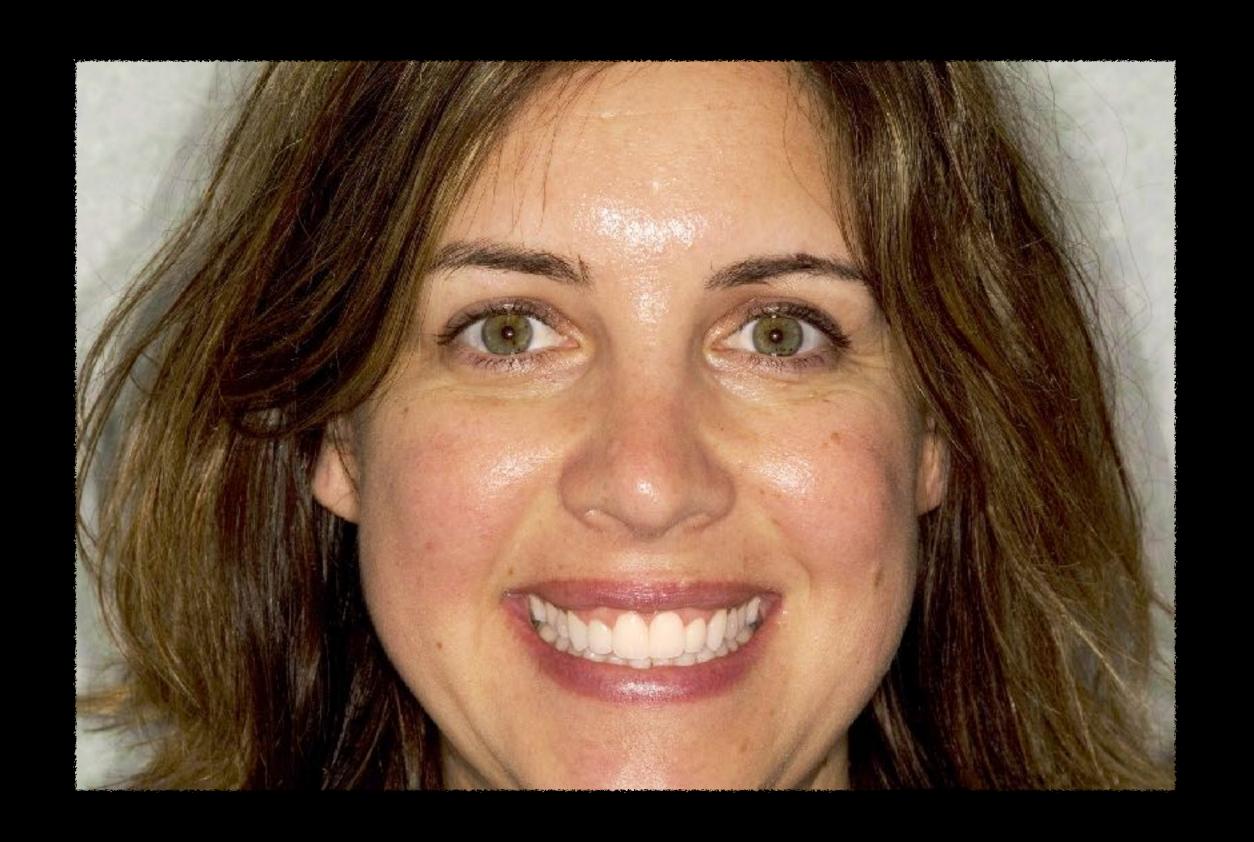
Template design



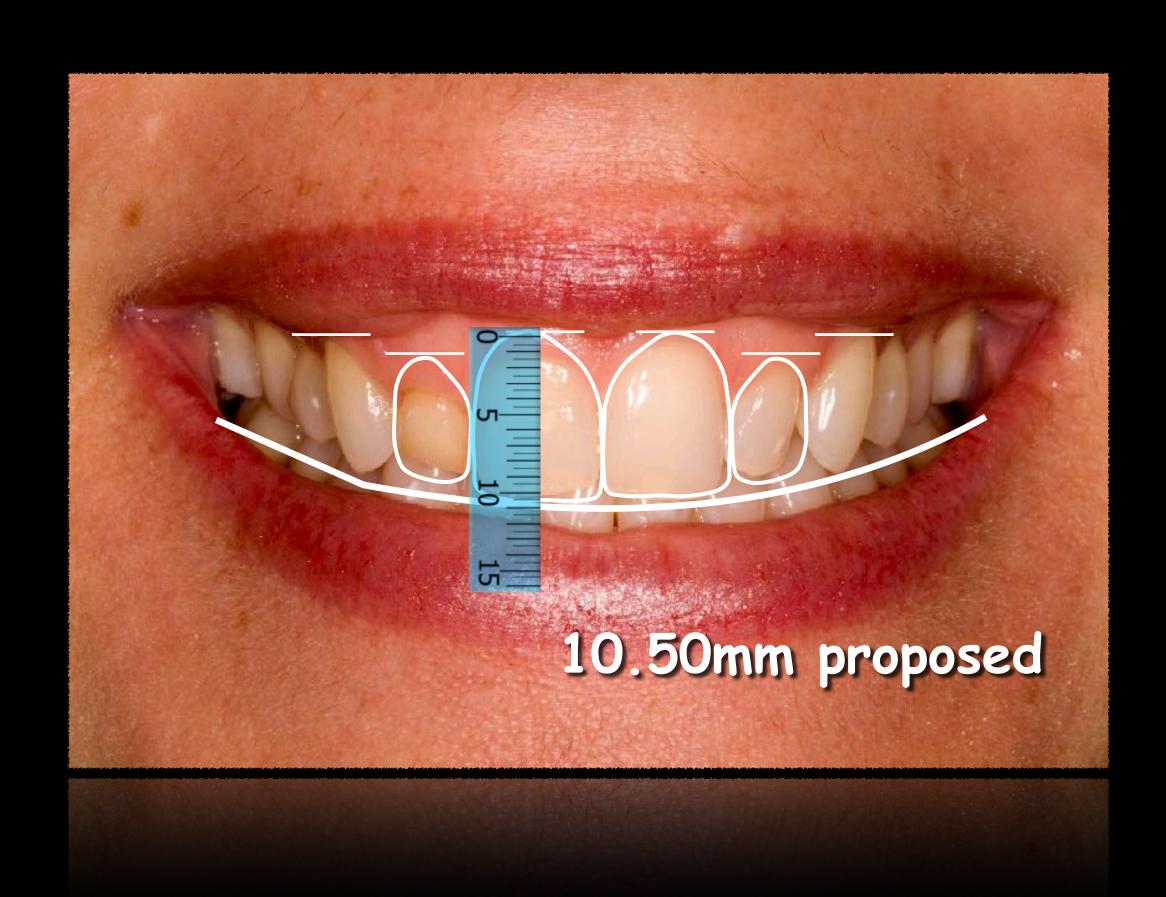


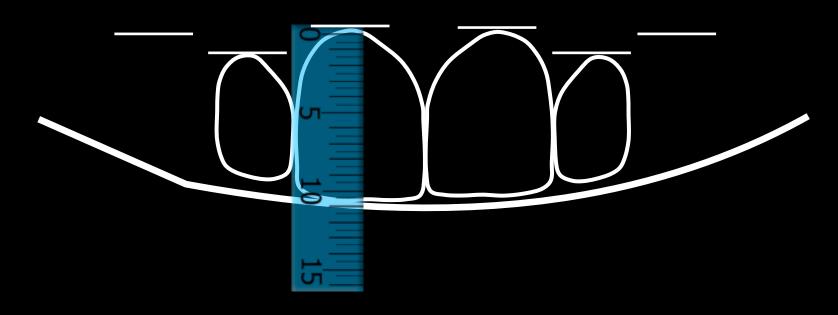
9.00mm existing

Existing



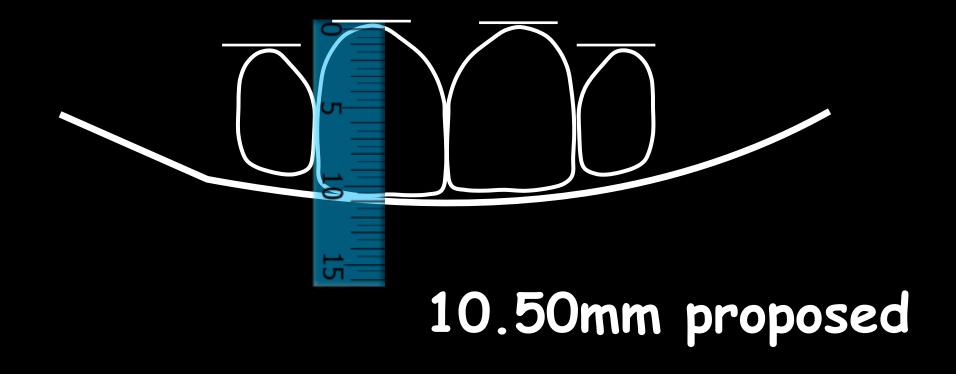
Computer simulation





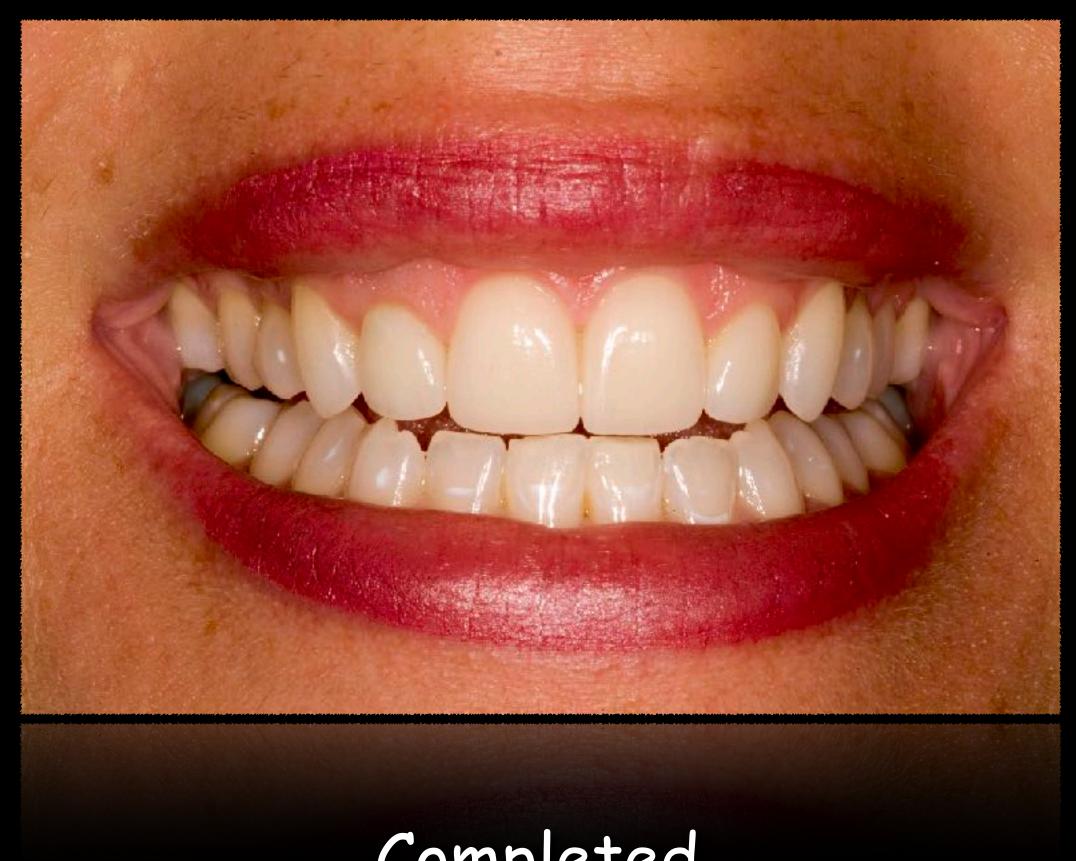
10.50mm proposed

Proposed





Wax up should Wax highe template





Completed

Completed up should match the template





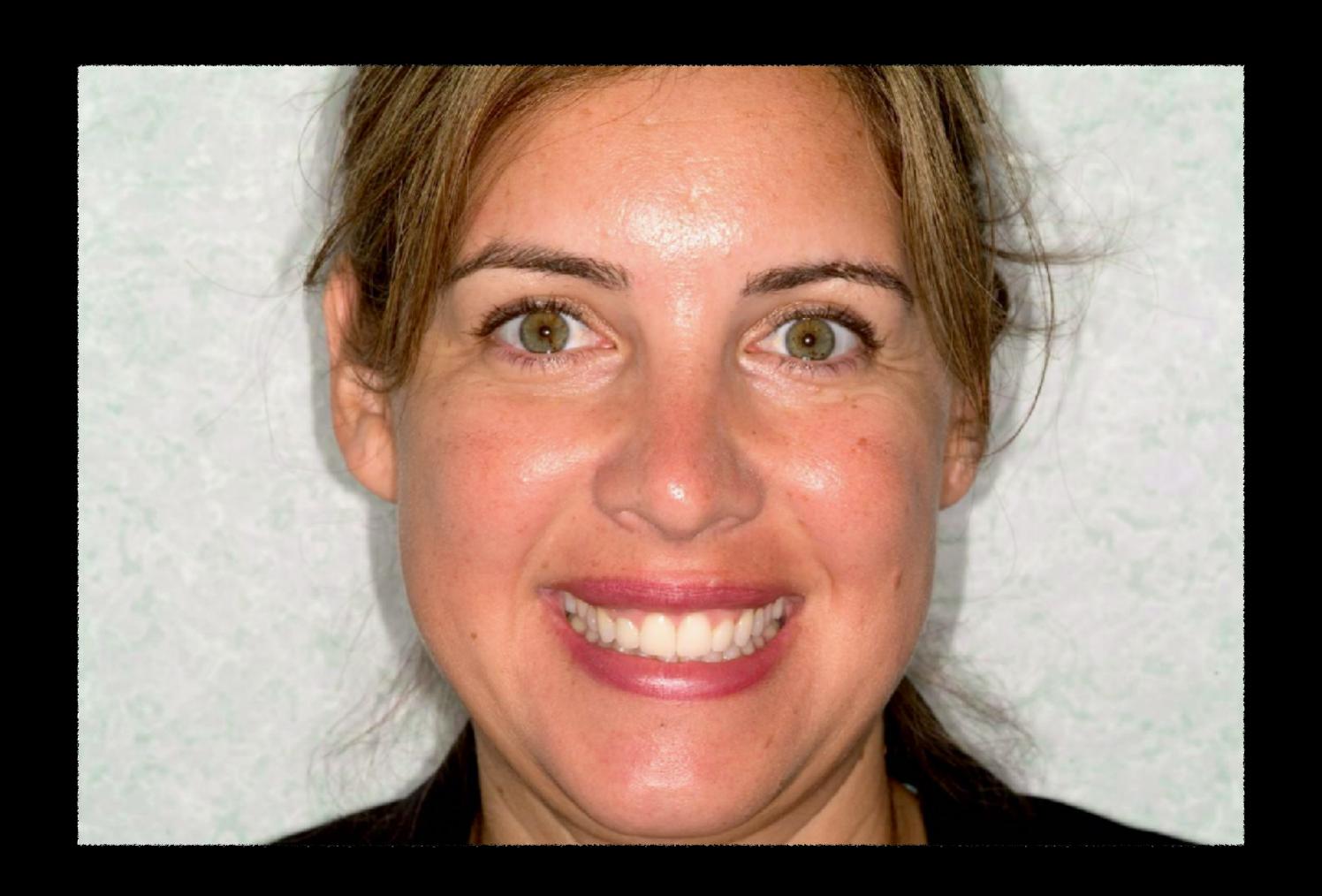














Failing anterior bridge with fractured roots and significant periodontal disease with bone loss