Poor dental habits increase swine flu risk

Bad dental hygiene could possibly increase the risk of swine flu as today’s National Dental Survey reveals the UK’s failure to heed infection control advice.

Dreadful dental habits are helping spread germs – as 40 per cent of the UK population admit to picking their teeth with fingernails.

Picking teeth with everyday items such as earrings, credit cards, paperclips, paper and even screwdrivers are some of the disturbing habits flying in the face of infection-busting advice.

The survey was conducted by the British Dental Health Foundation as part of National Smile Month (May 17th – June 16th).

Picking teeth with fingernails risks spreading germs from surfaces touched and dirty hands straight to the mouth and onwards to the rest of the body.

Foundation chief executive Dr Nigel Carter said: “Hygiene warnings have been made clear ever since the swine flu outbreak, and it is worrying that these habits have been revealed as the numbers affected by flu steadily rises. Personal hygiene should be a top priority for all.”

Results highlighted the UK’s lack of awareness of the importance of oral health, with research linking gum disease to heart disease, diabetes, strokes, premature births, low birthweight babies and, in recent early studies, infertility.

Foundation chief executive Dr Nigel Carter said: “Hygiene warnings have been made clear ever since the swine flu outbreak, and it is worrying that these habits have been revealed as the numbers affected by flu steadily rises. Personal hygiene should be a top priority for all.”

Enamel weakened by teeth whitening

US study has found that bleaching teeth at home has side effects

From news reports

New research has shown that human teeth can lose some enamel hardness following the application of teeth whitening products used in the home. According to lead author Shereen Azer, Assistant Professor of Restorative and Prosthetic Dentistry at Ohio State University in the US, the average loss of enamel ranged from 1.2 to 2 nanometres on the treated teeth. Tooth bleaching products contain solutions of varying strengths of either hydrogen peroxide or carbamide peroxide, which produce free radicals that attack pigment.

Enamel is the hardest structure in the human body. Tooth whitening products may weaken this natural barrier. (DTI/Photo bg_knight)
According to World Health Organization, Diabetes is the second highest prevalence in the world. UAE stands fifth in this category as 25% of the UAE population that is one in four is affected by either diabetes type 1 or diabetes type 2 for which UAE government are spending annually Dh724m on diabetic treatment according to Gulf news report.

Dental students, Rand Tariq Alyouzbaki, Hadeel Abu G hazzi, Yasm een El jarred, Abdullah Ja mal, of University of Sharjah under the supervision of Dr. Kauser Fakhruddin and Dr. Sausan AlKaw as, did a sm all survey to assess the awareness level of 236 young educated adolescents and adults enrolled in different programs (Engineering, Media, Law and Sharia) at University of Sharjah, studying in year 1 through year 5. Interestingly, 2.6% of this study population reported that the have either diabetes type 1 or 2 and over 60% of the study participants reported that either their parents or their siblings or both have diagnosed diabetes.

One of the risk factors for type 2 diabetes is having a close relative (parent or sibling) who has type either type1 or 2 diabetes.

It is pity to note that, among those with a family history of diabetes, over 50% reported that they don’t think routine screening for diabetes is important and shows their lack of information related to diabetic symptoms like (increase in thirst, frequent urination especially at night, loss of appetite, high blood glucose level) and its associated systemic affects on the heart, nerve, vision, limbs and kidneys.

According to Dr. Kausar, this survey DEMONSTRATES THAT 85% OF PARTICIPANTS WHO ARE AT RISK BECAUSE OF THEIR FAMILY HISTORY OF DIABETES ARE MOSTLY IGNORANT ABOUT THE DIABETES AND ITS ASSOCIATED ORAL HEALTH AFFECTS.

Diabetes can harm eyes, nerves, kidneys, heart and other important systems in the body. Did you know it can also cause problems in your mouth?

Diabetics are more susceptible to contracting infections. People with diabetes especially uncontrolled type 1 or type 2 diabetes and undiagnosed diabetes are at a higher risk for gum disease and other dental problems.

When a body is suffering from diabetes, the structure of the blood vessels is altered. This may affect the efficiency the blood flow, and in turn may weaken the bone and the gums, leaving them more prone to infections.

Furthermore, if diabetes is not strictly managed, there may be higher than usual levels of glucose in the mouth fluids. This will encourage the growth of gum disease-causing bacteria.

“Periodontal or gum disease is the main cause of tooth loss in diabetic patients!

Diabetes may weaken body’s germ-fighting abilities and high blood glucose levels can make gum disease worse. In its early stages, gum disease is called gingivitis in which gums may be red, swollen tender and bled a little while brushing or flossing, but if not treated, over period of time the gum infection can lead to the breakdown not only of your gum but also bone and other tissues that are holding your teeth in place.

The severe form of gum disease is known as periodontitis. Periodontal diseases are actually infections of the gum and bone that hold the teeth in place. In advanced stages, they lead to painful chewing problems and even tooth loss.
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WHY???

Severe gum and/or periodontal disease can increase blood sugar level, because the infected area around tooth or teeth is a heaven for bacterial growth and this in turn releases toxins and immune products harmful for the body, also infection could lead to insulin resistance that contributes to increased periods of time when the body functions with a high blood sugar. This puts diabetics at increased risk for diabetic complications.

While gum disease is the most common problem, having diabetes also makes you prone to other mouth problems such as oral infections, thrush through high glucose levels in the mouth, poor healing and dry mouth and all of the related problems that occur with it may also affect patients with diabetes. Remember, good dental care can result in a healthy mouth and a smile that will last a lifetime.

What can the patient do?
Healthy gums and teeth are important for overall health, well-being, and appearance. Sometimes there are no signs of any serious gum disease. Often one may not know until they have pain, abscesses, difficulty in eating, bad breath or some serious damage like loosening of tooth. Children and teenagers who have diabetes are at greater risk for gum disease than those who are not diabetic.

Regular dental visits are the best defense.

What do the authorities say?
Authorities now recommend that instruments cannot effectively be sterilised unless they have first been cleaned in a mechanical washer. Across Europe guidelines are under review to reflect this advice.

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Periodontitis in diabetic patients

Tooth loosening

Tooth loss

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Kauser Fakhruddin has BDS, MS in Dentistry from University of Toronto. Currently, she is a faculty in the Department of Oral and Craniofacial Health Sciences at University of Sharjah. Dr. kauser email: Kfakhruddin@sharjah.ac.ae
Dr. Sausan Al Kawas has worked in three dental schools in different regions of UAE; Abu Dhabi, Ajman and Sharjah. In rewarding to her passionate with dental education, she won 2009 University of Sharjah Annual Faculty Incentive Award.

Dr. Kawas graduated in 1990 from Damascus University. She migrated with her husband to Canada and both enrolled in post graduate program. She was the first PhD students to enroll and graduate in 1997 from the Faculty of Dentistry, McGill University, Montreal, Canada.

During her PhD program, she had succeeded to publish scientific research papers and won the Biennial Research Award from the Canadian Dental Association.

Immediately after graduation, she started her post-doctoral fellowship at the Royal Victoria Hospital in Montreal, Canada and participated in many research projects and won the Young Investigator Award from the American Society of Bone and Mineral Research.

In 1998 Dr. Al Kawas carried on her academic carrier as Assistant Professor - Faculty of Dentistry in Ajman University- Abu Dhabi Campus. Then, became Deputy Dean of Dentistry in Abu Dhabi Campus.

She had helped in establishing the new and modern dental labs and clinics in down town Abu Dhabi campus. In 2005 after graduating the 2nd patch of dental students, she moved to the main campus to become head of the department of basic and medical sciences then the vice dean of dentistry.

Also participated in teaching Post-graduate enrolled in MFDS program, Royal College of Surgeons. Dr. Al Kawas played an important role in the accreditation process of the Faculty of Dentistry by the ministry of higher education.

In 2005, moved to participate in the foundation of the new College of Dentistry at University of Sharjah. Dr. Al Kawas, currently Head of Oral and Craniofacial Health Sciences, attended several international conferences and organized the 2nd International Dental conference.

She is a member of the Emirates Medical Association-Dental section and in rewarding to her contribution for dental education, been awarded the highest honorary certificate as a Fellow of the International College of Dentists (FICD) in 2007.

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¹ Results using bonded disc method. Source: 3M ESPE internal data

² Compared to methacrylate composites. Source: University of Amsterdam (ACTA)

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Mum’s shock at twins with different dads

A mother of twins has had a shock after doctors revealed that her 11-month-old boys do not have the same father.

Mia Washington decided to get some expert advice when she and her partner noticed that twins Justin and Jordan had different facial features. Paternity tests then revealed what had happened: two eggs had been fertilised by two different sperm and there was a 99.99% chance the twins had different dads.

Doctors at the DNA lab in Dalлас, Texas have never seen such a result. Mia later admitted she had had an affair and got pregnant by two different men at the same time.

According to Die Welt daily, “Out of all people in America and of all people in the world, it had to happen to me. I’m very shocked.”

Gone with the wind: falling cash closes motorway

A German motorway was closed in both directions after an envelope containing 25,000 euros (11,000 dollars) flew out of an open-top car, causing a rainstorm of cash, police said on Thursday.

When he realised his costly error, he called the police, who closed down the motorway during the hunt for the notes. A search for the cash recovered 40 out of the 46 high denomination notes, meaning the test-driver still cost him a pricey 5,000 euros.

Blonde and the cheating boyfriend

A blonde suspects her boyfriend of cheating on her, so she goes to his apartment unexpectedly and when she opens the door, she finds him in the arms of a redhead. Well, the blonde is really angry. She gets to his apartment unexpectedly and when she opens the door, she finds him in the arms of a redhead. Well, the blonde is really angry. She opens her purse to take out the gun, and as she does so, she is overcome with grief.

“Sperm can survive up to five days inside a woman’s body, so a woman could sleep with different men several days apart, and get pregnant not once, but twice.” And while it sounds rare, recent research indicates that one in 12 non-identical twins are so-called bi-paternal, with a risk in fertility treatment and changing sexual behaviour being blamed.

A search for the cash recovered 40 out of the 46 high denomination notes, meaning the test-driver still cost him a pricey 5,000 euros.

Getting Started in Implantology

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Saturday, July 25, 2009, 10:00 a.m.–5:30 p.m. EST

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Nary Kay Milser

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Innovative iso-active™ technology to help younger patients treat their dentine hypersensitivity

While 1 in 3 people aged between 20 and 40 suffer from dentine hypersensitivity, 50% of these patients remain untreated for this problem. These findings highlight the important role that dental professionals play in actively diagnosing dentine hypersensitivity. A recent consumer study on sensitive teeth revealed that younger patients may not be treating their dentine hypersensitivity because they prefer to use one toothpaste that provides all-round benefits.  

Introducing innovative iso-active™ technology to meet the needs of your younger patients

Sensodyne iso-active™ is clinically proven to reduce the pain of dentine hypersensitivity while also providing the all-round protection benefits that younger sufferers want.  

Sensodyne iso-active™ generates more than twice the foam volume during brushing compared with a standard toothpaste and a standard gel for rapid dispersion in the mouth. This allows the foam to penetrate hard-to-reach areas, while also deep cleaning the mouth and effectively removing the causes of bad breath.  

Sensodyne iso-active™ – all-round protection your younger sufferers want with the sensitivity relief they need

- Provides all the sensitivity relief, caries protection and enamel strengthening benefits of Sensodyne
- Low abrasion to minimise damage to exposed dentine
- Generates more than twice the foam volume during brushing for rapid dispersion in the mouth
- Deep cleans the mouth and effectively removes the causes of bad breath

![Graph showing reduction of evaporative sensitivity with Sensodyne iso-active™](image)

Values plotted are raw means (± SE)

- **Patients who brushed with Sensodyne iso-active™ for 2 minutes, twice daily for 8 weeks (n=71)**
- **Between weeks 8 and 12, KNO, treatment was removed and substituted with fluoride-only (placebo hypersensitivity) toothpaste**

- Sensodyne iso-active™ is proven to relieve sensitivity
- Sensodyne iso-active™ provides ongoing pain relief with continued use

Adapted from Leight RS et al.  
Randomised, stratified, controlled, examiner-blind, parallel-group study conducted in the US. All patients had pre-existing, self-reported, clinically diagnosed tooth sensitivity. Efficacy (pain reduction) was measured on an 11-point visual analogue scale (VAS).

“It gives you all round protection, simple as that”

Shafa Saba  
Dental Expert, UK

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yet awareness of these impor-
tant overall health links is low.
Two-thirds remain unaware of
four in five knew nothing of the
possible links to heart disease, 
two interviews please contact pr@dental-
health.org
94% of respondents had no clue
of potential risks posed to preg-
ant women.

“We could be put at
risk by poor dental hygiene habits yet awareness of these
risks is very low”, added execu-
tive Dr Carter.

“Gum disease in particular has been linked to serious health issues. It affects most people at
some point in their lives, so there is no excuse for ignoring good
dental hygiene.

“People should take care of
their gums by brushing teeth
twice a day with fluoride tooth-
paste, cleaning between teeth
with floss or an interdental
brush, cutting down on how often
they take sugary snacks and
drinks and visiting the dentist
regularly.”

The Foundation’s National
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motes good oral healthcare un-
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molecules in the organic parts of
enamel, to provide the whiten-
ing effect.

Several studies have sought
to determine the effect of tooth
whitening on tooth enamel hardness but results have been inconclusive, Azer said. He
added that previous studies measured the loss of enamel hardness in microns, or mil-
limeters of a metre, while he used a nanometer scale in his study. In his research, he used whiten-
ing strips and trays filled with whitening gel on extracted mol-
ars, as well as an atomic force microscope to observe the tiny nanometer-scale effects on the
teeth. The reduction in hardness and elastic modulus amongst the different products was largely similar. However, there
was a significant difference between one strip treatment method and one tray method, with the tray method reducing enamel hardness more signifi-
cantly than the strip treatment.

Although the study did not address methods of restoring
hardness to bleached teeth, Azer noted that extensive research has indicated that fluoride treat-
ments, including the use of fluoride toothpaste, can pro-
mote enamel remineralisation.
He suggested that, based on
the study, future generations of teeth whitening products be re-
formulated in an effort to reduce
these side effects.
Photo competition asks what makes dentists smile

Dentists can enter a photographic competition and win a free trip to a FDI World Dental Congress.

Enter the FDI World Dental Federation and Wrigley Oral Healthcare Programmes' (WOHP) photographic competition for your chance to win a trip to the FDI World Dental Congress in Singapore this year or to the one in Brazil in 2010.

Submit photos that capture ‘what makes you smile’ and for each entry received the WOHP will donate $25 US, up to $25,000 US in total, to the FDI’s World Dental Development Fund, which supports oral health education and projects worldwide.

This year’s contest, open until 8 July 2009, will recognise six regional winners, one each from Europe, Africa, Asia Pacific & Oceania, Latin America, the Middle East and North America. Each winner will receive a gift voucher for $1,000 US (or equivalent in pound sterling or euros) to spend on the latest photographic equipment, plus a year’s subscription to the International Dental Journal and a year’s supply of Wrigley’s sugarfree gum®.

From the six regional winners, a grand prize winner will be awarded a VIP all-expenses paid trip to their choice of either the 2009 FDI Annual World Dental Congress in Singapore (2-5 September 2009) or the 2010 FDI Annual World Dental Congress in Brazil (2-5 September 2010).

The trip includes round trip airfare for one person to Singapore or Brazil, four nights in a four-star hotel, complimentary Congress registration and $500 US spending money. In addition, the winner will have the choice to upgrade their ticket to business class or to bring a companion to the Congress.

Members of the dental profession and students who are registered at dental and/or hygiene schools and who are over the age of 18 are invited to enter and upload up to five digital photographs that make them smile at www.PhotoAward.org.

The photos do not need to be images from their dental practice but can include funny family or reflective photos that bring a smile to their face. 

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Virtual dental school a world’s first

A US dental school is opening the doors of the first-ever 3D virtual dental education facility.

The University of Maryland Dental School has introduced the virtual school which is based on the 3D modelling software, ‘second life’.

Students will be able to ‘experience’ aspects of dentistry, ranging from lessons in dental hygiene practices to infection control and anatomy.

They can control a second life figure of themselves – an ‘avatar’ – via a mouse and keyboard or through voice-controlled headsets. The virtual dental school option will be available to first-year students in the autumn.

Carroll-Ann Trotman, associate dean for Academic Affairs, says: ‘What we are doing is developing a 3D virtual world that we can use to engage in global outreach, teaching and perhaps collaboration. So far, it has been reasonably well received by both students and faculty. This is another tool – one of several instructional tools that faculty can have to work with. Each faculty member will approach this with their own ideas.’ 

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Games technology to help in future dental training

Ray McHugh
UK

GLASGOW, UK: Dentists of the future could be using games technology to hone their clinical skills. Three final-year dental students at the University of Glasgow Dental School have developed the concept of using Wii technology to help dental students practise their operative skills.

The students were announced the winners of The Dental Innovation Technology Ideas Award last week. The competition challenged final-year students to develop an idea for a new piece of technology or innovation in the dental field.

The winning idea suggests the use of the Nintendo Wii console and special software to simulate operative techniques. The wireless controllers would be used by dental students to control the handling of instruments on a virtual patient on the screen. The controllers would also be used to provide sensory feedback to the user.

“Simulation of clinical procedures is normally carried out in the operative techniques lab. However, dental students sometimes have limited opportunity to practise their techniques outside of the lab,” said Dr David Watson of the University of Glasgow Dental School.

“The use of Wii technology could be a really innovative and cost-effective solution which students could use to improve their manual dexterity.”

There is considerable research to back up the concept of using video games to improve dentists’ coordination, and the Wii-based application would complement the simulation technology already used in dental schools worldwide,” Dr Watson added.

The students—Pearse Han- nigan, David Lagan and Adam Gray—were presented with a cheque for £300 and a glass obelisk by Craig Leaver, CEO of Dental Innovation, the competition sponsor.

Leaver said: “We received over 40 entries for the competition, all of which were of an extremely high standard. The judging panel were impressed by the depth of research and hard work which had gone into the submissions, which made it very difficult to choose an outright winner. However, we were struck by the inventiveness of adapting an existing piece of technology in a very novel way.”

“We are absolutely delighted that Glasgow Dental School has given us the opportunity to host this annual award,” he added. “As more dental practices become reliant on digital systems, it is vital that students are up to speed with the latest technologies. We hope the award will inspire them to think about how technology can be applied in practice for greater efficiency and better patient care.”

(Edited by Daniel Zimmermann)

NEW iso-active FOAMING GEL
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- Fast desensitisation and fluoride release (5 % NaF △ 22,600 ppm)
Adhesive dentistry

Over the past few years, patient demand for better aesthetics has been met with an amazing spectrum of new materials and techniques.

Common problems with composite

Postoperative sensitivity

Amalgam is generally a well-tolerated material and is less prone to cause postoperative sensitivity than directly placed composite fillings. Sensitivity can be caused by a variety of factors and a study of the literature will show a number of techniques that attempt to overcome the problem.

Debonding

To a patient, a filling is often considered to be a permanent solution. Where there is little tooth substance, heavy occlusal forces, or parafunctional activity/habits, a patient should be advised that their composites might fail. Incisal edges and corners of anterior teeth are often restored in composite and these can sometimes be problematic when the dentist is adopting a minimally invasive technique and relying on maximal retention from the adhesive bond and etch technique. The risk should be explained to the patient before placing the restoration because an informed patient is more likely to understand and accept an adverse outcome.

Discoloration

Unlike porcelain, most composites absorb stains and this can very quickly compromise the aesthetics of an otherwise successful result. Patients should be warned of the potential for tobacco, red wine, coffee or tea to stain their new composite fillings. Other food substances (e.g. turmeric in Asian foods) can also stain the restorations, as can mouth washes containing chlorhexidine. When planning anterior composite restorations, it is important that these factors are considered and the patient warned accordingly so that they can make informed choices about their dental care.

Dental Tribune Middle East & Africa

The article has been accredited by Health Authority - Abu Dhabi as having educational content and is acceptable for up to 2 (Category 1) credit hours.

The article has been accredited by Health Authority - Abu Dhabi as having educational content and is acceptable for up to 2 (Category 1) credit hours.
the placement of these bridges and often the most successful. Posterior bridges have a poorer long-term success.

Occlusion
When planning for the bridges ensure that there is a favourable occlusion both in static and dynamic relationships. This is best examined with the help of articulated study models.

To prepare or not prepare?
The decision to prepare teeth with a guide plane, rest seats or pins or to leave it unprepared is a clinical one and will reflect the clinician’s experience and training. It is essential to discuss the relative merits of both approaches with the patient. If the tooth is prepared in any way, it no longer becomes a ‘reversible’ option even if it is minimally prepared. It is important to establish this with the patient because if the bridge fails, the patient is automatically committed to remedial treatment of the prepared tooth or teeth. The patient should be aware of this before giving their consent to the procedure.

One wing or two?
When replacing a single anterior tooth research now seems to indicate that a single wing is the treatment of choice and a cantilever design should be planned. Sometimes there is differential movement of the teeth in occlusion so when two wings are used there is a distinct risk of one of them debonding. If this goes unnoticed, caries could develop behind the loosened wing. Clearly this is something that needs to be discussed with the patient and whichever design is chosen, the patient should be aware of the implications for its maintenance and the need for regular attendance to check it.

Common problems with veneers and dentine bonded crowns
These adhesive restorations have transformed millions of smiles around the globe and continue to do so successfully. However they need careful planning and to be aesthetically successful, some tooth substance usually needs to be removed. Again they cannot be viewed as being a ‘reversible’ option since their failure will always necessitate further treatment even if only to replace the porcelain veneers with composite facing.

There is a danger that veneers will be promoted to patients as an ideal alternative to crowns, and a quicker and cheaper route to a film star smile. It is easy to see how patients might view veneers as a win/win option, so it is vital that any dentist contemplating providing veneers or dentine bonded
crowns for a patient should discuss their particular needs very carefully. Pre-operative photographs and study models are helpful in communicating with the patient, but they also form a vital part of the patient record. In addition a meticulous note of all the relevant conversations held with the patient should be entered in the record.

Case study
A young male patient in his early twenties requested a dentist to close his midline diastema. He was getting married the following month and wanted this done before the wedding day. It was quite a large gap of some 4mm between the upper central incisors but the dentist confidently assured the young man that he could close the gap and produce a ‘perfect smile’ ready for the wedding photos.

At the next visit the patient returned, asking the dentist to prepare the two lateral incisors as well as the centrals. This was duly done and an impression was taken before the patient rebooked to return in two weeks time.

At the fit appointment the two central veneers were tried in and the patient agreed they looked fine. However the dentist had not shown him all four veneers in place and had not tried them in using the try-in paste that came with the bonding kit.

The dentist went ahead anyway and cemented them in. When he looked in the mirror, the patient was surprised at the result and not at all happy with the size of the central incisors. He also felt the veneers were quite bulky under his lip. The dentist reassured him and asked him to return in a couple of weeks. The patient phoned the next day having shown the veneers to his fiancée. Both were very upset with the result as they felt the front teeth were far too prominent and dominated his smile too much. With the wedding taking place in less than a fortnight the dentist agreed to replace them at his own cost. The patient had lost confidence in the dentist by now and instead went to another dentist who replaced the veneers for a considerably higher fee.

Conclusion
The size of the diastema was quite large and to mimic the final effect of the veneers, composite applied to the teeth without etching would have given the patient and the dentist a quick and reversible guide as to the final result.

Diagnostic wax-ups in advance of treatment might also have allowed both patient and dentist to anticipate the likely size and shape of the finished veneers.

The patient should have been warned that the veneers would feel slightly bulky under their lip and that the sensation would soon pass.

The patient should have been warned about the possible changes in speech and the potential to lisp in the early days after the veneers were placed.

Many veneer kits come with a try-in paste and where appropriate this could be used to establish how the final result would look, before finally cementing them.

The entire problem could have been prevented by more careful planning and better communication with the patient before the treatment started, about what to expect.

Contact Info
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