Case 5 (Figures 18-20)

This patient presented with what she described as a "wonky smile". She had previously looked into the possibility of having porcelain veneers placed so understood some of the aims of smile design. However, on studying her teeth, it became clear that there was potential to pre-align first. Her upper right central was mesially rotated by approximately 5° and her laterals were slightly in-standing and mesially inclined. Furthermore, she had fairly stained teeth, with the canines two shades darker than the centrals.

On examining the occlusal view, the patient became aware of the extent of aggressive tooth preparation that would be required to place a veneer. She understood that her teeth needed to be aligned before further decisions were made on the next step in design.

An Inman Aligner was used over the period of eleven weeks to de-rotate the front tooth and to tip out the laterals. At week eight, bleaching was begun using 55- to 45-minute a day H2O2 gels. Simultaneous whitening is a very attractive alternative of aligner treatment, as it helps with patient motivation. After alignment, the case was re-examined. Once her teeth had been straightened, it became evident to the patient that her problem concerned edge shape, which had actually worsened with align-ment owing to dif-ferential wear. In fact, the left central had 2.3 mm shorter root. The very clear was to the patient that only these inci-sal edges needed building in order to achieve the smile she desired.

For placement of the incisal edges at week twelve, no local anaesthetic was adminis-tered. Other than slight roughening of the worn incis-al edges of the upper left 1 and 2, no other preparations were needed. A tetric hy-bride composite (Tetric Flow, Ivoclar Vivadent) was built up free-hand on the incisal edge and palatal surface to match the outline of the other central. A small amount of white opaque wax was dotted to match the facial surface and was simply filled with a nano-hybrid composite (Ve-nus Diamond, Heraeus) for high polish. The compos-ite was placed vertically using rubber sticks (PoGo, DENTSPLY DeTrey) to try to blend in with surface anatomy to mask the join. The process was repeated on the lateral.

The patient was held in re-tention using her aligner and an impression was taken for a wire retainer to be fit-ten two weeks later. It was especially nice to retain the natural aesthetic charac-terisation of this patient. Ce-ramic work, as beautiful as it can be, would certainly have changed her appearance more – some may say for the better, but that was not what the patient actually wanted. She wanted her own teeth to have correct length and look straighter and whiter.

Shared responsibility of treatment

The ABB concept can truly be described as minimally invasive. At the same time, it actively involves the pa-tient in the treatment, giving him/her a feeling of being in control and taking responsi-bility for his/her treatment. This has been proven to be of great significance when measuring patient satisfac-tion of treatment results.

There are many anecdotal stories about patients who had technically beautiful veneers placed but found that these simply did not meet their desires. The problem is that even with no-prepara-tion veneers, an irreversible procedure has been under-taken and this has been done mainly based upon the treat-ing dentist’s opinion, with the patient having very little input.

In my experience, every pa-tient that I have treated ac-cording to the ABB concept has accepted the result hap-pily, even though technically it might not be perfect from a smile design point of view. Nowadays, with rising levels of litigation, one would have to question the wisdom of selecting a treatment path that could result in conflict over one in which the patient participates in key decisions and sees his/her own teeth improve.

I believe this approach firmly sits alongside minimally invasive cosmetic dentistry core principles, which recom-mend a more minimally invasive and patient-led ap-proach.

Conclusion

I understand the controversy in challenging the tradition-al approach to smile design, but the new mantra of pro-gressive smile design is vital when we are looking to give our patients what they actu-ally want. Previously, whiten-ing was always a way of aligning and bonding a patient to an alter-native view of their teeth. Now, and more significantly with alignment techniques, patients can make their own decisions and massively re-duce the risks by breaking down the process of a smile makeover into stages and re-assessing at each point.

With ABB, it is possible to align, whiten and bond a case in less than twelve weeks, which previously might have required eight to ten veneers, four times the cost and significant tooth preparation. Thus, a dramatic contrast in pathways has been created. If a patient is happy after alignment, whit-ening and minimal bonding, then this has to be viewed as a success. This UK tech-nique is now a significant new treatment discipline in itself and cosmetic dentistry will be better for it. After all, what would you choose to have?

Philips Sonicare FlexCare Platinum

By Philips

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The InterCare brush head is available in standard and com-pact sizes. The InterCare brush head is ideal for sensitive teeth. Extra soft – an extra-gentle intensity for an even softer brushing experience

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The new Philips Sonicare Fl-exCare Platinum also features an automatic pressure sensor which provides real time feed-back to ensure an optimal clean every time.

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