"From a patient to a fan"
An interview with W&H Marketing Director Anita Thallinger about the company’s new image campaign

One could describe them as everyday heroes: the dentists and dental professionals who, through their dedication, professional skill and simply a friendly smile, manage to transform dental appointments into positive experiences for their patients. They do this simply because they care and want to ensure their patients feel comfortable. This is precisely the focus of W&H’s new image campaign, “From a patient to a fan”, which aims to put the spotlight on dentists and their dedication, professional skill or simply a friendly smile, manage to transform dental appointments into positive experiences for their patients. They do this simply because they care and want to ensure their patients feel comfortable. This is evident in the current campaign from the names given to the dentists pictured in the advertisement.

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In February, the new W&H image campaign was launched in dental markets worldwide. What objectives were set for the new campaign?

Anita Thallinger: One of the objectives of the new campaign, of course, is to draw the attention of the world of dentistry to W&H and to distinguish the company from the competition. Moreover, we want to show dentists and their practice teams that W&H is there for them as a solutions provider and does its utmost to support them in overcoming their day-to-day challenges.

W&H’s new image campaign does not focus on the company itself, but on dentists and their teams. Why did you choose this approach?

We want our customers to know that W&H values their work, dedication and skills. As a manufacturer of innovative dental solutions, it is our aim to provide users with products that offer added value. As practice teams need to give patients their undivided attention throughout the entire treatment process, W&H sees its primary task as being to optimise and facilitate the workflow. Our innovative products are not only high in quality, but also intuitive, reliable and above all precise in their functioning. Our goal is to support dentists and their teams and offer them products that meet these requirements.

The new campaign features smiling dentists and patients. What makes your current campaign different from that of your competitors?

At first glance, the new image campaign seems to take a very traditional approach compared with our previous campaign. However, W&H is known for its slightly tongue-in-cheek advertisements. This is evident in the current campaign from the names given to the dentists in the ads.

If someone is exceptionally good at something, or becomes synonymous with something, he or she becomes the epitome of it, thereby gaining fans. W&H has applied this approach in the new campaign. In the eyes of patients, the dentists pictured in the advertisements become Dr Phil Good, Dr X. Pert, Dr I. Novativ, Dr S. Mile, Dr I. Trust or Dr Sue Perstar, and thus become the living embodiment of trust, well-being, expertise, happiness and innovative spirit.

Instead of using models, you put W&H employees at centre stage for the campaign. Why did you opt for this approach, and how did your colleagues feel about the photo shoot?

At W&H, the concept of togetherness plays an important role. Our employees are in contact with at least one area of dentistry every day. They enjoyed the change of perspective and putting themselves in our customers’ shoes. For the photo shoot itself, we were able to find three dentists in Salzburg in Austria who offered their modern facilities as sets. The dentists and their assistants were also on hand to offer advice during production, that is why the images look authentic. I think the fun that all the participants had in the process is evident from the emotion in the photos.

W&H Marketing Director Anita Thallinger (right) talking to W&H Corporate Communication Manager Susanne Kreuzhuber about the background, objectives and challenges of the new image campaign.

Have you already received some initial feedback on the image campaign from your customers and partners? What has the response been?

We carried out a survey involving around 100 dentists during the development phase. The concept in itself, the idea with the names and many other aspects were put to the test and received excellent feedback across the board. So, we are looking forward to an exciting year.

Thank you very much for taking the time to answer our questions.
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The smile dwells only on the lips, but laughter has its place and its grace among the teeth. The French scholar Joseph Joubert in the nineteenth century. Tooth morphology, surface texture, the interplay of colour and light, as well as tooth position, all have a decisive effect on laughter. However, for rehabilitation of the aesthetic zone, the smile line and the gingival margin must be taken into consideration in the treatment plan in order to make the patient’s smile complete. Often, a matter of millimetres determines whether something is perceived as aesthetic or not.2

As a result, meticulous planning and consistent and active involvement of the patient are even more important in developing the final treatment result.3 This is the only way for the final restoration to be harmoniously integrated into the overall appearance and invisibly attractive to the observer. In the following case, this could only be achieved by an interdisciplinary, orthodontic, microsurgical and restorative procedure.4

Case description
A 28-year-old female patient presented to the dental practice stating that she was dissatisfied with the aesthetics of her maxillary anterior. At the age of 8, she had had a bicycle accident that led to a crown fracture without pulp involvement of teeth #11 and 21. Up to this point, the accident had significantly affected the patient’s appearance. Up to her 20th birthday, dentists had tried to stabilise the situation with composite. In the end, teeth #11 and 21 were restored with porcelain-fused-to-metal (PFM) crowns (Fig. 1). At first glance, the crowns seemed dull, without any interplay of light, and showed exposed metallic crown margins. Furthermore, the restorations were oversized in the incisal area and did not match the remaining teeth or the face of the young woman. In general, the young woman had already visited numerous dental practices and several dentists had even warned her that little could be done. Her expectations and psychological strain were correspondingly high.

Orthodontics and wax-up
After eight months of orthodontic treatment using a multi-bond appliance, teeth #11 and 21 were harmoniously integrated into the dental arch. During the course of the therapy, it was possible to re-establish the diastema and level the asymmetrical tooth position for the subsequent restoration. A model of the maxilla was created using an anatomical impression and could be idealised with a wax-up on the maxillary incisors (Fig. 2). The course of the gingival margin was sub schematically restored through labial trimming. A key was made of this target state with kneading silicone. The PFM crowns were slit and removed at the next session. The stumps were prepared again, and the incisors were then restored with a splinted temporary to fix the orthodontic made of pre-coloured VITA YZ TCo- lor LL1/light (VITA Zahnfabrik). The high-strength material ensures a high stability, and its opacity reliably covers discolorated dentine areas. The framework was veneered with the fine-structure feldspathic ceramic VITA VM 9 (VITA Zahnfabrik) to ensure a natural and youthful interplay of colour and light of the restoration. Similar to this and in the same operation, extremely thin veneers were to be layered on teeth #12 and 22, also with VITA VM 9, to guarantee the structural harmony of the four adjacent layers.6

Plastic microsurgery
Even after the orthodontic treatment and the idealising temporal restoration, gingival flaws could still be seen at tooth #11. Together with the patient, the decision was made for a microsurgical correction of this vestibular recession. In the course of the gingival management, a free mucosal graft was harvested from the palate. After the minimally invasive surgical preparation of a mucosal pocket at tooth #11 vestibularly, the autologous connective tissue was plasticly positioned (envi- sioned, tooth shade determination and preparation followed.

Highly aesthetic material selection
The decision was made for a splinted restoration of teeth #11 and 22 to relieve the tooth functionally and to ensure a long-term fixation of the orthodontic result at the same time. To provide highly aesthetic work, the dentist and dental technician decided on a zirconium dioxide framework.

Highly aesthetic inter disciplinary treatment
How fine-structure feldspathic ceramic can bestow a natural smile
By Dr Babak Varzideh & Ludger Schlütter, Germany

The impression was taken with Aquasil #1 with a 1:2 mix ratio (Fig. 3). After polymerisation of the impression, the silicon key and it was positioned in the patient’s mouth. This produced a long-term temporary that was similar to the wax-up. The patient was now able to obtain a first impression of the appearance of the final restoration.

Fig. 3: Initial situation with PFM crowns and diastema.

Three-dimensional colour space
In order to prevent the teeth from drying out and thereby to avoid determining a basic tooth shade that was too light, the tooth shade was determined with the VITA Toothguide 3D-MASTER (VITA Zahnfabrik) before the preparation (Fig. 4). This method allows an absolutely precise tooth shade determination in three quick and systematic steps, since the complete 3D tooth shade space can be reproduced here. In the first step, the basic value is determined. Then, the correct chroma is selected and the hue is marked. Thisshade-taking procedure with a larger shade spectrum has especially proven its worth in the highly aesthetic area. In this case, the tooth shade determination was oriented to the opposing dentition and the remaining teeth #12 and 22. A mixture of SM 60 % and SM 20 % was determined for the veneering on teeth #12 and 22 (Fig. 5). For teeth #11 and 21, the decision was made for a larger pro- portion of SM in the mixing ratio in order to achieve a fresher effect and to compensate for the opaque zirconium dioxide framework.

Preparation in enamel
Owing to the initial caries, a classic veneer preparation was carried out on teeth #12 and 22. In-
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usal Ultra (Dentsply Sirona). This was used as the basis for creating a master model with heat-resistant stumps at teeth #12 and 22 (Fig. 6). The silicone key based on the wax-up was now used to create a splinted temporary also with structure directly in the patient’s mouth. The temporary was cemented in the crown area with Temp-Bond (Kerr), and the veneers were temporarily fixed with spot etching.

**Natural-looking layering**

The heat-resistant stumps were fabricated with the metal-free investment material Cosmotech VEST (GC). This investment material has a coefficient of thermal expansion (CTE) of 13 for metal-ceramic restorations, which prevents tension and cracks during the firing processes in the furnace. The CTE of the stump surface was adjusted to a CTE of 9 through a double-connector firing with VITA AKZENT Plus GLAZE (VITA Zahnfabrik). This way, a uniform and harmonious layering of the maxillary anterior could be carried out with VITA VM 9. A palatal silicone key was used to transfer the morphology of the wax-up to the layering and ensure a position-stable layering (Fig. 7).

In the course of the first and second dentine firing, the dentine core was created using a mixture of BASE DENTINE 1M2 and 1M1 and the mamelon structures using strongly fluorescent and beige MAMELON 1 (MM1). This determined the length of the veneer, and an alternating layering in the incisal area could be carried out on this basis. The edges were created using blue EFFECT ENAMEL 10 (EE10). The remaining vestibular proportion was layered in the incisal edge using a mixture of EE2 (pastel), EE3 (pink-translucent), EE9 (bluish-translucent) and a minimum proportion of EE7 (orange-translucent). After the enamel firing, subtractive changes in shape were made with a conical diamond tip. A correction firing subsequently allowed additive compensation for morphological and colour flaws.

The surfaces were now able to be finished with a fine-grain, diamond-coated flame-shaped bur. The edges were given fine details at the same time. The restoration was adjusted to a CTE of 9 through a double-connector firing with VITA AKZENT Plus GLAZE (VITA Zahnfabrik). This way, a uniform and harmonious layering of the maxillary anterior could be carried out with VITA VM 9. A palatal silicone key was used to transfer the morphology of the wax-up to the layering and ensure a position-stable layering (Fig. 7).

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Fig. 6: Master model with heat-resistant stumps and zirconium dioxide framework.

Fig. 7: Natural-looking layering of VITA VM 9 with silicone key.

Fig. 8: The finished restorations on the control model.

Figs. 9 & 10: The highly aesthetic and natural smile from the lateral directions.

Figs. 11 & 12: Inserted restorations in colour and in black and white.

Fig. 13: The happy patient with her new smile.

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surfaces were then rubber-coated. A worn diamond flame-shaped bur served to create perikymata in the surface texture. The sunshine yellow VITA AKZENT Plus EFFECT STAINS (ES04) were only used to make slight characterisations interdentally in the cervical area before the final glaze firing. No glazing or finishing agent was used, in order to maintain the detailed surface texture. VITA VM 9 already allowed a homogenous surface without microporosity during the layering. For this reason, only minimal final polishing was done with pumice and a goat hair brush after the glazing firing (Fig. 8).

**Fully adhesive seating**

The temporary was removed for the final seating. The preparation areas were cleaned with a powder jet and reworked with a one-gloss polisher (SHOFU). The feldspathic ceramic veneers for teeth #12 and 22 were conditioned with 5% hydrofluoric acid and silane after a careful try-in of all restorations. The lumen of the veneered zirconium dioxide framework at teeth #11 and 21 was sandblasted with aluminium oxide. Teeth #11 and 21 were seated first. The excess of the self-adhesive cement RelyX Unicem (3M ESPE) was hardened with the polymerisation light and then exfoliated. The subsequent polymerisation occurred chemically with the catalyst that was mixed in. The veneers were seated with Variolink (Ivoclar Vivadent).

The preparation areas on teeth #12 and 22 were adhesively pre-treated with the acid-etch technique. Composite cement was selected in the shade neutral for seating. After the cement application, the extremely thin veneers were placed without pressure. The excess was removed analogously to the splinted crowns. Remaining cement residue was selectively removed from all restorations with a sharp scalpel. No rotating instruments were used at all, in order not to damage the surface texture of the restorations. Habitual intercuspal contact and protrusion were checked with articulating paper to ensure functional integration of the restorations. After minimum selective grinding with a fine, diamond-coated instrument without any pressure, the polishing was done with ceramic polishers (NTI) to seal the surface again and prevent microcracks. Finally, impressions were taken for the fabrication of a splint for long-term functional relief of the periodontium and restorations and to support lasting treatment success.

**Haute couture for the mouth**

The initial situation could only be optimally treated with an interdisciplinary treatment concept and the active involvement of the patient. The treatment result shows a highly aesthetic rehabilitation harmoniously integrated into the patient’s overall appearance. A confident smile appears on the patient’s lips, emphasising her personality (Figs. 9 & 10). The interaction of red and white aesthetics appears natural and original (Figs. 11 & 12). Feldspathic ceramic, a natural product with a balanced interplay of colours and light, ensures a natural appearance. The patient’s graceful smile found a new home in the ceramic layering (Fig. 13).

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