Whiter than white
Dr David Bloom and Dr Jay Padayachy of Senova Dental Studios offer tips to carrying out successful whitening treatments

1. Ensure hands-on training for you and your team. Hygienists and therapists can legally whiten after adequate training and upon a prescription from a dentist.

2. In-surgery products can be as strong a concentration of peroxide as you feel fit (typically up to 30 per cent), but take-home should be limited to six per cent hydrogen peroxide as most trading standards are usually happy to accept this level of concentration to be dispensed to patients.

3. Manage patient expectation via a pre-whitening screening exam to assess suitability and advise the patient of all options.

4. Pre-whitening photographs are essential as a medico-legal record with and without a shade tab. Ideally, this should be done with an instant developing camera such as a Polaroid as this cannot be digitally altered. If taking a digital shot in a RAW format, take it in a JPEG as well, as a RAW is essentially a digital negative. See figs 5-6.

5. Use patient-consent forms for informed consent. Follow protocols via adequate isolation (see fig 7), but take care when suctioning off the whitening gel because if it touches the soft tissue (lips), a soft tissue ‘burn’ will occur. Pre-operatively warn patients about temporary sensitivity during the procedure and while using home trays.

6. Do not use chlorine dioxide as it will irreversibly damage the enamel.

See figs 1-4. This patient attended for whitening as she was unhappy with the colour of her teeth. From the photographs, it was possible to explain why whitening was not an appropriate option due to the heavily filled nature of her dentition and due to the posterior wear resulting in a collapse of her vertical occlusal dimension.

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7. Follow in-surgery whitening with home trays for maximum results and top-ups. While power whitening is not essential, it does aid patient compliance by kick-starting the process.

8. Tetracycline-stained teeth (from yellow to grey with no banding – degree 1, yellow-brown to dark grey staining – degree 2, up to blue-grey or black with significant banding – degree 3) can be treated with prolonged hometray use and may take anything from three to 12 months depending on the severity.

9. The whitening of a single discoloured non-vital tooth can be achieved rapidly using an in/out technique. It is essential to seal the root face with glass ionomer to minimise the risks of root resorption. If a single anterior tooth is discoloured but vital, it may well be amenable to tray whitening with a reservoir on this tooth only and only using whitening gel on this tooth.

10. To maximise practice efficiency, try not to use your main chair for whitening; it can easily be carried out in a massage chair with portable suction.

About the author

Dr David Bloom

a graduate of the Newcastle-upon-Tyne Dental School, has been a principal at Senova Dental Studios since 1990 focusing on comprehensive restorative and cosmetic dentistry. A past president of the British Academy of Cosmetic Dentistry (2007–2009), David is also an accredited member of the BACD. He is a member of The British Society of Occlusal Studies, The British Society of Restorative Dentistry, The British Dental Association and is a sustaining member of The American Academy of Cosmetic Dentistry (AACD). He is also a fellow of the International Academy of Dental Facial Aesthetics. David is on the editorial board of the journal of Cosmetic Dentistry – the official journal of the American Academy of Cosmetic Dentistry, and clinical director of CO-OP.R8 seminars and instructs and lectures on all aspects of cosmetic dentistry in the UK and the US. (www.coop-r8.com).

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Dr Jay Padayachay,
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