G 
alip Gurel believes that proper treatment planning is essential to avoid unnecessary and repeated failure.

To help his audience at the 10th Annual BACD Conference appreciate this fully, GG instigated an interactive treatment planning session where the audience took the role of the dentist and GG was the patient.

The interactive treatment planning session was based upon a real-life case GG had been involved with. This was an ex-popstar who now had a high profile job on daytime TV. She was very concerned about the crooked appearance of her teeth and was unwilling to wear labial braces even if it is done to deliberately show how awful the final result might be.

The first stage was to ask about the patient’s expectations regarding the aesthetics, but wanted to know if the treatment was acceptable to the patient and so the treatment was commenced.

In this case, the patient was unwilling to wear labial braces, even aesthetic ones, or Invisalign etc. Therefore, GG decided to do a mock-up of lingual braces so that the patient could assess whether she could accept them or not.

Patients cannot reliably assess the effect on their phonetics themselves, this is only something a third party can assess. What is more, it is better if the third party does not know beforehand otherwise their opinion can be influenced by preconceptions.

In the study case, the patient was concerned that the lingual bars would affect how she spoke and that this would affect her performance on TV. She was instructed to wear the lingual braces to work, but not tell any of her colleagues she was wearing them and to see if they made any unsolicited comments.

When she reported back she said she’d found them very uncomfortable to wear initially, but had soon got used to them and that none of her work colleagues had been in the least bit aware of them or conscious of any effect upon her speech.

The decision was made that lingual braces would be acceptable to the patient and so the treatment was commenced.

After the lingual orthodontics had been completed, GG reached the critical part. The orthodontist was happy with the aesthetics, but wanted to know if the treatment was enough or more was needed. Therefore they sent the patient back to GG.

At one stage during the orthodontics some “unacceptable” black triangles had appeared and it had been necessary to add some composite “adjustments” to hide them. It had also been necessary to trim some overly prominent teeth to make a more aesthetic result.

This was a good time to reassess with the patient to see what more needs to be done using photos, new study models etc. Most important of all was to do another mock-up with all the parties involved – dentist, orthodontist and patient.

This was also the time to take an impression to cre-
ate a silicone template, so that the orthodontist can see exactly where they are in relation to what still needs to be done. Which tooth is in place, what still needs to be moved etc.

N.B. It is important that the orthodontist places the teeth a short distance back from the ideal finishing line in order to create the space for the final veneer. This will minimise the amount of tooth preparation required and help ensure the preparations remain within enamel, the optimum solution.

Posteriorly the orthodontist ideally needed to expand the lower arch to balance the occlusion, but this would have potentially extended the clinical time by up to 12 months. Therefore GG needed to discuss this with the patient and orthodontist to get everyone’s agreement. The patient was not willing to accept this extension so it was decided not to do this.

If teeth become properly aligned you frequently get an automatic improvement in the gum profile too. Therefore by tipping the teeth into a proper alignment you can negate the need for additional soft tissue surgery, but if necessary you can do a crown lengthening procedure.

Once everyone was happy that the teeth were in the correct position, the Lab created a new wax-up and associated silicone template. Then GG created a Luxatemp APT. GG said that he had been using Luxatemp for over five years because it is simply the best, so why would he change.

After the patient had approved the APT, the next stage was to prepare the teeth through the APT. To determine the size thickness of the step-cutter diamond bur depends on the degree of colour you want to achieve. If you use the tree-type step-cutter it needs to be angled in three different planes to get the perfect reduction – apical, middle and incisal angle.

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Look out for the final part in the next issue of DTUK