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Solving esthetic dilemmas
Dr. Bruce LeBlanc notes that direct composites have a longevity that qualifies them as a great value in terms of solving esthetic dilemmas. In addition, with conservative tooth preparations, the solution can often be realized in one visit.
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Batman and braces?
Shirley Gutkowski, RDH, BSDH, FACE, reveals how hygienists can intervene to cure the melted enamel under and around orthodontic brackets and bands. This may even mean suggesting the braces be removed in the most extreme cases of uncooperative patients.
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Shading technique in direct aesthetic restorations

By Sushil Koirala, Nepal

Natural teeth are complex in structure and difficult to imitate because many colours are distributed through the enamel and dentin.[1] The structural components of teeth — enamel, dentin and pulp — have different characteristics that greatly influence their optical properties.[2] It is well accepted that the colour of a tooth is basically determined by its dentin component.[3]

Dentin represents the opaque and complex core — rich in hue, chroma and fluorescence — and is covered by an enamel shell, which is translucent and opalescent. This diversity and the alteration between enamel and dentin explain the unique and individual nature of the appearance of a natural tooth. The result achieved by applying clear and translucent material (similar to enamel) over a saturated and opaque material (similar to dentin) has been described as "double-effect layer."[3]

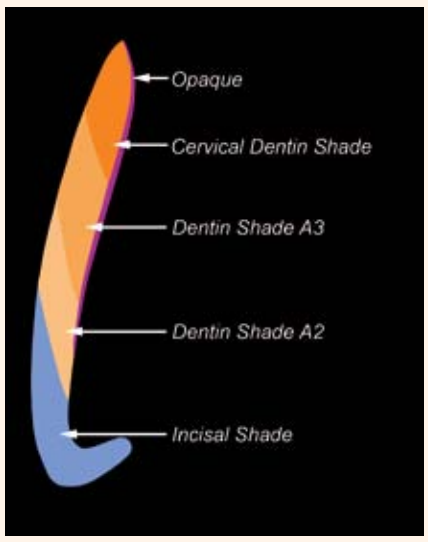

Fig. 1_Blended shading technique.

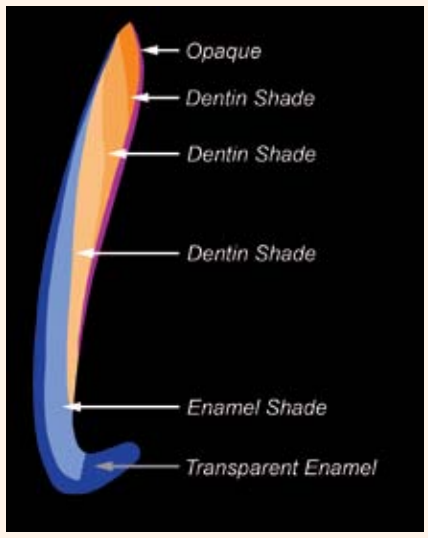

Fig. 2_Layered shading technique.

Clinically, it is important to have a detailed examination of colour, opacity, translucency, texture, surface gloss and presence of any special characterisation such as hypocalcification, stain crack, etc., of the tooth in need of restoration. The detailed study of these components and colour mapping are quite helpful in choosing the appropriate restorative materials and shading technique.

There are two shading techniques commonly used in direct aesthetic restorations: the blended shading technique and the layered shading technique.

Blended shading technique

In this shading technique, also known as traditional shading meth-

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Four tenets for tough times

By Sally McKenzie, CMC

Today's retailers certainly will confirm that when the economy takes a turn for the worse, consumer focus shifts from luxury to necessity. Moreover, many dentists would concur that they find similar behaviors in their practices. The focus of care moves from elective to need-based. It's tougher to sell those high dollar cosmetic cases. In addition, patients are less inclined to stay with your practice if you are not on their company's insurance plan.

You are likely feeling the pain of more no-shows and cancellations. Everyone is walking on financial eggshells, causing many to pause before they dare ask, "So how's business these days?"

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Welcome to Hawaii

AACD's 25th Scientific Session shows off the excellence in cosmetic dentistry

Say the word "Hawaii" and most people conjure up images of sandy beaches, blue waters, palm trees and pineapples. But from April 27 to May 1, the image of Hawaii will also include veneers, lumineers, tooth whitening and more as the AACD's 25th Scientific Session gets under way.

With the theme of "Excellence in Cosmetic Dentistry 2009," the AACD Scientific Session promises to provide a program of cutting-edge continuing education and networking events, along with an exhibit hall full of vendors offering up the latest technology in the industry.

In addition to educational content covering such topics as dental photography, implants, practice administration and interdisciplinary dentistry, the AACD is offering some general sessions, free with tuition, that are geared to motivating attendees to maximize their performance beyond the world of dentistry.

On Tuesday, National Geographic photographer Dewitt Jones will share his stories and images from his time in the Pacific Isles.

On Wednesday, one man will share his story of moving forward even in times of tragedy. As a result of an automobile accident, Colt Munchoff suffered a serious head injury and permanent paralysis to the left side of his body. Once owner of The Beach House, a restaurant in California, Manchoff struggled with the most simplistic kitchen tasks. In a moment of frustration after the accident, he asked himself, "What do other people do? How do they cope?" The answers to these questions created the focus for his next venture in culinary arts.

Finally, on Thursday, the Brothers Cazimero, a Grammy-nominated duo who was inducted into the Hawaiian Music Hall of Fame in 2006, will provide a musical celebration as they play the acoustic bass and a 12-string guitar. Their music has been celebrated around the world and was most recently featured in the movie "Forgetting Sarah Marshall."

Two other events not to be missed during the week are the AACD Welcome Reception and the Celebration of Excellence Gala. Both events will show off the true spirit of Hawaii as well as give you ample time to celebrate with your friends and colleagues in cosmetic dentistry. DT

AACD: What to know

Where: Hawaii Convention Center, 1801 Kalakaua Ave., Honolulu

When: Monday, April 27–Friday, May 1

Registration: Registration takes place in the AACD Lounge from 7 a.m.–6 p.m. Monday–Thursday and 8 a.m.–1 p.m. Friday.

Shuttle service: Daily shuttle services will transport attendees staying at the Hilton Hawaiian Village Beach Resort & Spa to the Hawaii Convention Center where most scientific session activities will be held. Shuttle service will be offered from 6:30 a.m.–8:30 p.m. Monday, 6 a.m.–6:30 p.m. Tuesday–Thursday and 7:30 a.m.–1:30 p.m. Friday.

Exhibit Hall continental breakfast: 7–8:30 a.m. Tuesday–Thursday and 8:30–9:30 a.m. Friday

Exhibit Hall hours: 7 a.m.–2:30 p.m. Tuesday–Thursday

Exhibit Hall lunch: Noon–2 p.m. Tuesday–Thursday

Welcome Reception: 6–9 p.m. Tuesday. Kick off the 25th AACD Scientific Session by heading to the grassy knoll for some true Hawaiian culture and cuisine. Tickets are included with tuition. Additional tickets are $90 for adults and $45 for children ages 6 to 15.

Celebration of Excellence Gala: 6 p.m –midnight Friday. The night starts with a cocktail reception, followed by the recognition of the newly accredited members and accredited fellows. Next, enjoy five-star dining, the AACD awards ceremony and the inauguration of the new AACD president, ending with live music and dancing. $95.

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Although it seems that negative economic news is virtually everywhere, this is not the time to wallow in despair. While you may not be able to avoid the impact of this current economy entirely, you can definitely minimize the blow if you follow what I call the Four Tenets for Tough Times.

Tenet No. 1: Be flexible

This isn't the time for hard-liners. Tough times require a willingness to be flexible and openness to doing things a little differently, at least temporarily. For example, you may be philosophically opposed to participating in insurance plans, but patients are paying much closer attention to who is on their plans and who isn't.

I know some of you may bristle at the suggestion, but if you're losing patients or fewer new patients are scheduling, it's time to reconsider your hard-line approach. Research the major employers in your area and find out what type of insurance they offer. Which companies do the patients you've lost work for? Did they leave because you're not on their plan?

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BPA WORLDWIDE

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If you do begin to accept assignment of benefits, send a letter to all your patients — including those that have left your practice. You'll likely find that the defectors never really wanted to abandon your office in the first place and would be glad to return.

Look at your schedule and adjust for down times. If the office is a tomb from 2–4 p.m., this is a drain on the dollars. Consider condensing your schedule, working a longer morning shift and a shorter afternoon shift, such as from 8 a.m.–1:30 p.m. and 3:30–5 p.m. This will make it easier for working patients to see you during their lunch hours, and staff won't be sitting around. Or, if you can keep three days full but the fourth is riddled with holes, cut back to three days.

Tenet No. 2: Get real and get paid

Look at your fees. Are yours higher than your competition? You may feel your practice is worth the extra money, but unless patients are buying into your high dollar philosophy, you'll have a tough time maintaining patient flow. It's simply the realities of the current marketplace.

Consider foregoing an increase in fees this year. Send a letter to your patients thanking them for their loyalty to your practice. Take the opportunity to tell them that you are sensitive to the fact that many patients are experiencing difficulties as a result of the current economy. Note that, in an effort to be responsive to the needs of your patients, your office is going to hold the line on fees this year, even though costs have increased for everyone, including your practice.

Next, make it easy for patients to pursue treatment. You may not be providing as much elective dentistry, but patients still have dental needs. Continue to diagnose based on what the patient needs to ensure the greatest level of oral health. Don't fall

into the trap of diagnosing just what you believe the patient can afford. The recession will be temporary, but dental needs and wants will remain. The patient may not pursue an entire treatment plan at this point, but as the economy improves, so too will the opportunities to provide both necessary and elective care.

That said, you do have an obligation to make it as easy as possible for patients to pursue treatment immediately. Provide treatment financing options, such as CareCredit, that will help the patient afford recommended care. A cash-based practice is a worthy goal to pursue when the economy is thriving, but there are times, such as now, when you simply have to get real in order to get paid.

Tenet No. 3: Marketing is a must

The No. 1 mistake dentists make during difficult financial times is they shut down their marketing efforts. Don't. You may change your strategy somewhat, but you still need to get your name out there. The key is smart, cost-effective marketing. Keep the Web site running and up to date. This is just as important as your telephone.

Continue to regularly reach out to patients with a periodic practice newsletter — preferably sent via e-mail to avoid postage costs — that highlights a new or existing service, piece of equipment, staff member profiles, etc. Perhaps you want to reconsider that great billboard deal or the expensive radio campaign, but this is definitely not the time to disappear from the landscape. It is the opportunity, however, to make the most of internal marketing in every interaction.

Remember, everyone on staff is responsible for marketing. If your front line on the phones is Debbie, and she's cold, rude or simply indifferent when she's talking to patients, you're dancing with disaster. Many patients don't want to spend the money on dental care at this point anyway, and going to the dentist isn't something they're clamoring to do even in the best of times. You don't need staff giving them any excuses to take a pass on your practice.

Debbie needs to be a rock star. It needs to come across clearly that she enjoys people, from chatting it up with the grandmas to expertly handling the demanding executives. Don't fool yourself into thinking patients see past a not-so-friendly front line. They don't.

Your practice must scream superior service. It is the most cost-effective marketing strategy you can implement at any time, and especially during tough times. Involve the entire team in developing service-minded strategies.

Examine the total patient experience from the first phone call to the doctor's after-treatment follow-up call. And if you're not making those after-care calls, there's no better time to start than now. The waiting room should be clean, uncluttered and comfortable. The bathrooms must be spotless. The patient should feel he/she is the only person in your practice today; after all, tomorrow she/he might be.

Reach out to your community. If the schedule no longer has you running from dawn till dusk, use the opportunity to become involved in a local school oral health education program, join the rotary, offer to be the team dentist for a couple of local soccer or baseball teams. Encourage your staff to be involved as well and get the name of your practice out there on a regular basis.

Tenet No. 4: Make the most of your team

During thriving economic times, dentists argue they are too busy to train staff. Take advantage of slower periods to invest in team education. It will pay dividends down the road. Send a couple of employees to area dental meetings and ask them to present what they've learned to the rest of the team during staff meetings. Ask each employee to give a mini-workshop to the group on their specific responsibilities. Educate the business team about dental procedures performed so they can better answer patient questions.

Build on excellence. Take extra care in your hiring decisions. With a slower economy and layoffs, you'll likely have higher quality applicants to choose from. Carefully evaluate what you want in your next employee. And make the most of applicant testing tools available through McKenzie Management and other companies to ensure that your next team member will be a perfect fit for your practice long after this current economic situation is a vague and distant memory.

Finally, along with your team, use this slower period to examine practice systems and carefully look at what could be improved. Now's the perfect time to implement necessary changes and shore up strategies on everything from patient recall to treatment presentations, scheduling, collections, pursuing unscheduled treatment plans, telephone communication and so forth.

Invest in those management experts that have a proven track record of success to guide you through the improvements in practice systems so that you are prepared for rapid growth when the downturn is over. DT

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About the author

Certified Management Consultant Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its Web site, *www.mckenziemgmt.com*. In addition, the company offers a vast array of practice enrichment programs and team training. McKenzie is the editor of the e-Management newsletter and The Dentist's Network newsletter, sent complimentary to practices nationwide. To subscribe, visit *www.mckenziemgmt.com* and *www.thedentistsnetwork.net*. McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziemgmt.com.

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Fig. 3a_White spots on teeth #11 and 21.

Fig. 3b_Mono-layered shading technique.

Fig. 3c_Selective grinding of white spot.

Fig. 3d_Application of enamel shade.

Fig. 3e_After finishing and polishing.

Fig. 4a_Cervical abrasion on teeth #23, 24 and 25.

Fig. 4b_Bi-layered shading technique.

Fig. 4c_Application of dentin shade.

Fig. 4d_Application of enamel shade.

Fig. 4e_After finishing and polishing.

od, two or more shaded restorative materials might be used to match the real shade of a tooth in different regions (Fig. 1). Restorative materials with different chroma are used and blended together with overlapping surfaces to create the desired effect. The "double-effect layer" concept is not applied in this technique.[4]

Layered shading technique

This technique, also known as natural shading technique, is based upon the anatomic and optical characteristic of the natural teeth and emphasises the importance of using materials specifically designed to emulate the dentin and enamel layer of the natural teeth. This technique involves the correct selection of a dentin and enamel group of materials with their layer-by-layer arrangement (Fig. 2).[1] An opaque and effect group of materials are also used during the layering procedure to achieve the desired tooth characterisation.

Various concepts of layered shading techniques, e.g. basic, classic, modern and trendy, are used in direct aesthetic restorations. Each of these concepts is based on the specific arrangement of the two or three layers of the restorative materials usually needed for large Class III and Class IV restorations or incisal build-ups.

None of the above concepts mention single- or mono-layering techniques, which are frequently used in aesthetic dentistry. These concepts are hard to understand, not comprehensive and also do not explain the clinical use of a special opaque group of materials. Hence, the layering techniques may be better classified as follows.[4]

Mono-layered shading technique

This is a very common and simple layering technique using only one group of materials, either dentin or enamel shade, to restore the defective natural tooth (Figs. 3a-e).

Bi-layered shading technique

This technique demands a higher level of clinical skill than in mono-layering, as it uses both the dentin and enamel group of the materials during restoration (Figs. 4a-e).

Tri-layered shading technique

This is the advanced level of layering technique where dentin, enamel and opaque materials are used in combination to mask the dark tooth discolouration or to block light transmission. As opaque materials are used, proper shade selection and thickness of the dentin and enamel layers are critical to achieve an aesthetically successful result (Figs. 5a-e).

Complex-layered shading technique

Any layered shading technique that requires special effect materials (tint, stain) during the restorative process, is classified under

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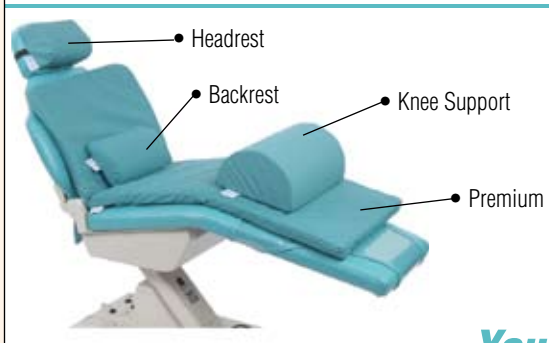

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Fig. 5a_Non-vital and discoloured teeth #11, 21 and 22.

Fig. 5b_Tri-layered shading technique.

Fig. 5c_Application of opaque (flowable) shade to mask discolouration.

Fig. 5d_Application of final enamel shade.

Fig. 5e_After finishing and polishing.

Fig. 6a_Fractured teeth #11 and 21.

Fig. 6b_Complex bi-layered shading technique.

Fig. 6c_Creating a flowable frame using translucent enamel.

Fig. 6d_Flowable frame after curing.

Fig. 6e_Application of white tint after dentin shade.

Fig. 6f_Application of final enamel shade.

Fig. 6g_After finishing and polishing.

the complex category of that particular layered shading technique. In this category, the effect group of the materials is normally used in between dentin and enamel layers of the natural or restorative layers of the restoration (Figs. 6a-g).

Conclusion

We hardly use the blended shading technique in modern aesthetic dentistry as the layered shading techniques are more predictable in achieving successful aesthetic restorations. The new concept of classification of layered shading techniques is simple to understand and easy to remember as the name itself suggests the required number of the layers and various groups of restorative materials necessary to restore the tooth defects. This classification also helps clinicians to imagine and understand the aesthetic complexity of restorations.

Editorial note: A complete list of references is available from the publisher. DT

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Review

Align Technology, Greater New York Dental Meeting create the first Invisalign Educational Expo

Invisalign® courses have always been very well attended at the Greater New York Dental Meeting, which offers more Invisalign programs than any other dental meeting in the world.

When Align Technology decided to hold its first national Invisalign Educational Expo during a dental meeting, it naturally decided to do so during the Greater New York Dental Meeting. The first Invisalign Greater New York Educational Expo, held Nov. 30 to Dec. 3, 2008, was popular with attendees and clinicians alike.

Kathy Farley, Align's vice president of education, says, "The Greater New York Dental Meeting is always one of the most exciting dental meetings of the year, and we were very pleased with the overwhelming response to this year's decision to host the Invisalign Expo. We presented nine courses during the expo, which yielded more than 1,300 attendees. This certainly speaks to a greater-than-ever demand for Invisalign content."

Invisalign is a series of clear, removable teeth aligners that both orthodontists and dentists use as an alternative to traditional metal dental braces. The Invisalign treatment program consists of a series of aligners that are switched out about every two weeks. Each aligner is individually manufactured to exact calculations in order to gradually shift teeth into place. Invisalign is a great way to transform a smile without interfering with a patient's day-to-day life.

With the popularity of Invisalign growing, the 2008 meeting featured four full days of Invisalign programming, including: Invisalign Clear Essentials I and II; Invisalign Technique and Technology; Integrating Invisalign into the Hygiene Practice; Maximizing the Dental Assistant's Role in Invisalign; and An Afternoon with the Invisalign Experts. All courses were taught by Invisalign experts and took place in the Invisalign Pavilion on the exhibit floor of the Jacob K. Javits Center in New York City.

Many attendees commented that either becoming an Invisalign provider or augmenting their current Invisalign knowledge was important to them, so they found it extremely convenient to have all the programming in one place. The diverse array of educational programs offered educational opportunities for the entire dental team.

Farley adds: "In addition to the expo, we also offered at the Invisalign booth on the tradeshow floor numerous live presentations, which were also hugely successful. Although the meeting is over for now, the learning continues, and interested individuals can view presentations from the show at *www.AligntechInstitute.com/gny2008*."

The Greater New York Dental Meeting was proud to be an integral part of Invisalign's first national educational expo and expects to host many more years of successful Invisalign conferences. "We have always had a very positive response to Invisalign courses at the Greater New York Dental Meeting, so we knew this would be very well-received. We are delighted with the results of this first national conference," says Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab.

With the enormous success of the Invisalign Expo at the 2008 meeting, plans are already well under way to make next year's Invisalign Expo bigger and better. Be sure to watch the Web site, *www.gnydm.com*, for information and updates on this year's Invisalign courses and all the other new programs offered at the 2009 meeting.

Remember, there is never a pre-registration fee. Mark your calendar for Nov. 27 to Dec. 2 and come be a part of the excitement of the 2009 Greater New York Dental Meeting and experience all that New York has to offer. For additional information, please contact the Greater New York Dental Meeting at 570 Seventh York Dental Meeting at 570 Seventh Ave., Suite 800, New York, N.Y., 10018-1806; Tel. (212) 398-6922; Fax (212) 398-6934; or e-mail to info@gnydm.com. DT

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New I.V. Sedation Course for Dentistry by DOCS

There are less than 100 continuing education slots per year available for dentists to acquire licensure that allows them to perform I.V. sedation in the United States. Now, thanks to DOCS Education, that number has increased by another 50 due to its new course, I.V. Sedation for Dentistry. Specifically planned to minimize time away from the office, the didactic portion of the course takes place during two weekends (Friday to Sunday) in Pittsburg. The 2009 inaugural course will occur on the following weekends: May 29–31 and June 12–14. The fall 2009 program will be in October and November.

In comparison to the I.V. sedation courses already available, DOCS Education has created a program that surpasses them all. The reasoning behind this approach was that DOCS Education wanted to ensure that every student in the I.V. sedation course would be extremely confident in performing the procedures upon graduation. Knowing that DOCS Education has been around since 1999, whom else would you trust for an I.V. course that not only meets but also exceeds the American Dental Association's minimum requirements for such courses?

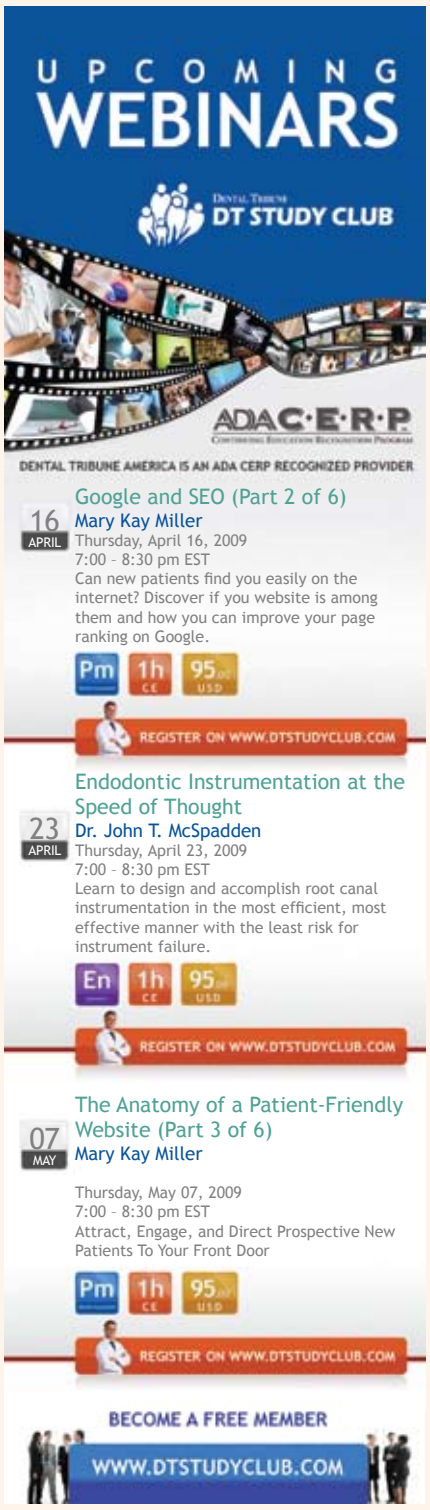
The didactic portion is taught at Duquesne University by university faculty and DOCS Education faculty members, and comprises a total of 60 hours. The clinical rotations include 45 to 60 cases in a one-on-one student/teacher ratio. Thus, there is no sharing of patients as found in other I.V. programs, and the ADA's requirement of a three-to-one student/teacher ratio, along with its 20 total cases, are exceeded as well.

The DOCS I.V. sedation program tallies to 84 hours of education, and this translates into only two days away from the practice during the didactic portion if a clinician schedules office hours from Monday to Thursday.

DOCS Education faculty member Michael E. Mermigas, DDS, who is also a pharmacologist, is the course director. In addition, DOCS faculty member Eugene Pester, DDS, FADSA, a dental anesthesiologist, rounds out the DOCS presence on the Duquesne University campus.

Because of Mermigas' involvement, the program is deeply rooted in the pharmacology of dental sedation while Pester brings a highly attuned knowledge of sedation techniques and patient assessment.

The ability to offer patients I.V. sedation means less chair time for them due to the faster induction phase, but it is also a benefit to those patients who have challenges brought on by medications or physiological conditions.

For more information about the I.V. Sedation for Dentistry course, visit www.DOCSeducation.com *or call (877) 325-3627.* DT

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