Perfect smiles with confidence

A hands-on course in smile design brought home the psychological importance of an attractive smile to MO McGOVERN and fellow delegates at the Perfect Smile Academy, as well as giving them the knowledge, skills and confidence to offer first class treatment in their own practices...

MANY factors can contribute to a lack of confidence and have a significant negative impact on our lives, not least the belief that our smile is less than perfect. I, together with my dental colleagues who attended the Perfect Smile Academy's hands-on course in the Art of Smile Design, can now truly empathise with our clients when they express such concerns.

Dr Rahul Doshi and Dr Ashish Parmar told us that this type of dentistry was probably the most rewarding and we discovered for ourselves how it felt to touch these peoples' lives. Both are excellent teachers as well as dentists and their passion and energy for their work is quite extraordinary. This passion is also epitomised in their team.

The course took place over two weekends, two weeks apart, in November 2004.

Small touches

On our first day the delegates, including dentists and their teams, were introduced to the benefits of delivering first class treatment, and the necessity of combining this with first class service from the whole team. We experienced how important even small touches are in elevating the perception of your practice to another level. Effective and comprehensive presentations and handouts were given to guide delegates through the process with close attention to detail.

Rahul and Ash shared with the delegates some of the cases they had undertaken and it was clear that smile design can have a huge impact and be a life changing experience for many clients.

We were also introduced to a view from another side – the laboratory. Rob Storrar, master ceramist from Amdecc Laboratories stressed the importance of being methodical and completely thorough when communicating with your laboratory, particularly if you want to achieve the optimum results this type of work requires.

Rahul and Ash conducted a thorough case review of each of our patients, giving us plenty of opportunities to ask questions. They stressed that developing a good preparation technique is a vital element when achieving high calibre results. Finally each dentist was given the opportunity to practice these newly learnt techniques and skills on a model, giving us an initial boost of confidence, before each embarked on their own case.

Hands on

On the second day came the hands-on aspect of preparing the teeth and designing the smile. We embarked on the initial stages of our treatments and for most of us this was our first opportunity to use soft tissue diode lasers, which are an intrinsic part of successful smile design when contouring the gingivae for optimum results.

We were given plenty of opportunities to perfect our technique with the use of lasers, under supervision. Tooth preparation was carried out according to the Smile Design principles taught during the previous day. The impression material used was Honigum (DMG) and the temporaries fabricated from Luxatemp (DMG). Other essential records included a Denar Facebow reading, a 'Stick-bite', a 'stump shade Polaroid photo', and digital photographs of the trial smile and measurements of the front teeth.

The patients presented with a variety of clinical circumstances, and we observed other dentists and their teams at work, which gave us the opportunity to learn from each case, as well as our own. We witnessed and shared in our patients' euphoria when they first glimpsed their Trial Smile.

Protocol

On our return a fortnight later we were ready to fit the final restorations. Our first day was a day of theory, breaking us in gently whilst featuring the all-important seminar on cementation of porcelain veneers. A step-by-step protocol was taught for achieving predictable end results.

As they say, when you surround yourself with positive people it tends to rub off, and any initial fears we had about our final day were fast evaporating. We felt suitably confident to undertake the task of the cementation for each of our clients.

We were delighted with the results and so were the patients. There was real excitement in the room when the final smiles were revealed, and even some tears of happiness.

On reflection, the course was well planned and not only gave us the knowledge and skill required but the much needed confidence to perform artistic and creative

● *Rahul Doshi and delegate during a clinical session*

work. We also benefited immensely from the large amount of one-to-one instruction which had been factored in.

The course was comprehensive not only in its teaching, but also in its preparation. All of the materials we needed were supplied including a suitable patient if we did not have one. When the time came to leave we knew we were equipped to undertake smile design with confidence, armed with enough information to simplify the setting up of our own practices and had forged new friendships with fellow delegates.

Minerva Dental, Velopex, Kerr Dental and West One Dental were the primary suppliers for the materials used on the course. □

Treatment of denture related pain

BONJELA is a pain relieving gel containing the anti-inflammatory agent choline salicylate and the antibacterial cetalkonium chloride. It is recommended for the treatment of a variety of mouth sores, including sores arising from ill-fitting dentures and from orthodontic appliances. Its use has also been suggested for aphthous ulcers, cold sores and pain associated with the eruption of teeth.

Bonjela is included in the Dental Practitioner Formulary DPF as choline salicylate gel and it is formulated to enable rapid uptake by the oral mucosa. It is recommended that approximately half an inch of the gel be applied topically. Application is possible every three hours if required.

Although a derivative of salicylic acid, Bonjela is a non-aspirin product, and the chemical entity of choline salicylate and aspirin (acetylsalicylic acid) are distinctly different. The warning of the Committee for Safety of Medicines on aspirin and Reye's Syndrome does not apply to non-aspirin salicylates.

The reported enthusiasm of patients for the product is supported by evidence of efficacy from clinical trials.

Placebo-controlled studies take into account both the placebo effect and the naturally occurring variations and remissions of symptoms that can occur as a result of the course of disease processes. Several reports of controlled trials of choline salicylate/cetalkonium chloride gels have been published.

Denture pain

Good evidence for the effectiveness of the value of Bonjela in relieving oral pain from inflammation and ulceration caused by dentures was provided by a placebo-controlled clinical study of 74 patients with oral ulceration (Jolley et al, 1972). Forty-nine of the patients had denture-related pain. Twenty-five patients received active choline salicylate/cetalkonium chloride gel and 24 received placebo. Twenty-two of the treatment group (88 per cent) reported good or moderate pain relief compared to nine (37 per cent) of the control group. Time of onset of pain relief was generally less than five minutes in the treatment group. The differences

between active treatment and placebo were statistically significant.

Appliances

Several studies have examined the effectiveness of Bonjela in managing pain from oral ulcers caused by orthodontic appliances. Two articles report the results of controlled studies.

A placebo-controlled study by Tandon et al (1991) compared the effectiveness of a Bonjela formulation with placebo in the relief of pain caused by orthodontic appliances in 50 patients. After two minutes, 48 per cent of the treatment group reported more than 75 per cent reduction in pain compared with eight per cent in the control group. This was statistically significant. Interestingly, at 24 hours, 60 per cent of the treatment group reported more than 75 per cent reduction in pain compared with only eight per cent in the control group. After 24 hours 60 per cent of the test group had total relief compared again to eight per cent in the placebo group. In the test group all patients with mild inflammation showed resolution at three days compared to only three patients in the placebo. Three out of seven test patients with a moderate degree of inflammation recovered by day three and all patients in both groups by day seven. Thus application of the test gel would appear to not only be effective at producing pain relief but also results in quicker healing of the ulcerated lesions.

A further report of placebo-controlled study by the same clinician (Tandon et. al, 1993) included a comparison of the effect of the oral gel with removal of the orthodontic appliance causing the pain. Similar findings were recorded in respect of the effectiveness of the oral gel in comparison to placebo. It was very interesting that the oral gel was more effective at producing early pain relief than removing the appliance and again, application of the oral gel reduced healing time.

Treatment

The treatment of the pain must be based on accurate diagnosis of the cause. Unfortunately, technical excellence cannot guarantee success. Inherent patient factors such as the presence of an atrophic oral mucous or bruxism may result in chronic or recurrent soreness and pain. As discussed in this article palliative application of Bonjela may also be of help. If pain is frequent or persistent then the sufferer must be aware that professional advice should be obtained.

In the same way, oral irritation and pain is a common accompaniment of orthodontic treatment. The component parts of fixed or removable appliances can irritate and damage the oral mucosa. Palliative application of Bonjela would be helpful for many. An orthodontist's advice should always be sought if pain persists. □