

Cosmetic dentistry

Dental
Protection



As more dentists become increasingly involved in cosmetic procedures, there is a greater potential for patient dissatisfaction, complaints and litigation arising from them. In order to minimise the risk it is necessary to understand how and why the problems arise

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Definitions

Strictly speaking, the term cosmetic dentistry should be used to describe dental procedures which are carried out, even in the absence of pathology, for the primary purpose of improving the patient's appearance. Dental aesthetics, on the other hand, refers to those skills and techniques used to improve the art, form and symmetry of the teeth and face in order to improve both the appearance and function of the teeth, mouth and face. For the purpose of this module, the above distinction will be put to

one side, and the definition of cosmetic dentistry will be broadened to include various procedures where aesthetics / appearance is a major consideration, in order to consider the risks associated with their provision.

In order to minimise the risks of cosmetic dentistry, it is necessary to be in control of four extremely variable components

- The operator
- The patient
- The problem
- The technique

To develop that control it is necessary to develop a

degree of understanding of the variables involved.

Understand yourself

The attraction of cosmetic dentistry for many dentists is easy enough to understand. Patient demand is high, which allows fees to be charged which may be more profitable than for other procedures. It can be very satisfying, at a professional level, and can result in appreciative, satisfied patients who will speak to their friends and recommend them to the practice.

But many dentists who get involved in cosmetic dentistry overlook the fact that many of the techniques involved are much more complex than they might appear at first sight. Dentists who can easily understand that implants, or complex prosthodontics, or molar endodontics, or dentoalveolar surgery, need to be approached with caution, sometimes fail to appreciate the need for training, knowledge and experience when undertaking cosmetic procedures.

Amongst the questions that need to be asked are:

- Do you have a special interest in cosmetic dentistry? If so, what is your motive for this?
- Is your practice being actively promoted as one which has a special interest in cosmetic dentistry? If so, is this being done in such a way as to suggest that you have a special expertise in cosmetic dentistry?
- Have you undertaken specific training or study in this field?
- Do you have the necessary skills and experience?
- Do you really understand dental aesthetics?
- Are you an outstanding communicator?
- Are you an outstanding listener?

Patients who are contemplating any kind of cosmetic procedure, need to have confidence in the clinician they choose to carry it out, and it is extremely unwise to proceed unless and until this level of confidence has been established. If there are any lingering doubts in the patient's mind at the outset, then it will be much more difficult to achieve complete patient satisfaction with the outcome. More significantly perhaps, from a dento-legal



A thorough assessment of all cosmetic requests is essential before agreeing to provide treatment. When this patient says her front teeth are 'uneven' what is the real problem?

perspective, these doubts will tend to exaggerate the patient's perception of the outcome, and of any problems that might be encountered along the way in achieving it.

The ability to communicate with a patient in a way which generates this confidence, to listen very carefully to what they say and how they respond, and to read and interpret the patient's 'body language' (non-verbal communication signals), will help to avoid misunderstandings over what can and cannot be achieved, thereby avoiding disappointment and conflict.

On the other hand, the ability to generate confidence and expectations that cannot be matched by the quality of care and treatment provided, is an extremely dangerous combination.

Understand the patient

Many of the problems in cosmetic dentistry arise from a failure to understand the patient, and their wants, needs, hopes, expectations, concerns and assumptions.

Always begin by spending enough time with the patient to establish:

- A comprehensive dental, medical and social history.

Sometimes, there are clues in the patient's

medical history or medication, that might suggest the need for more detailed and careful investigation, before committing yourself to treatment with a major cosmetic component.

The patient may have underlying problems for which cosmetic dentistry is unlikely to provide a solution.

- What is the patient's occupation? Are the patient's aesthetic concerns related to this, or to their personal/social life?
- Why does the patient want cosmetic dentistry at all?
- Why does the patient want cosmetic dentistry now?

The answer to this question often lies at the heart of everything that follows. It can explain the patient's primary motivation in considering cosmetic dentistry, and it can alert you to potential problems and complications of which you might otherwise have remained unaware.

- Have any previous dentists attempted to carry out cosmetic procedures for this patient? If so, have they been successful? If not, why not?
- Invest effort and time - as much and as long as it takes - to understand the patient's perspective and expectations, and to gain a detailed appreciation of the specific things that the patient is happy with, and is not happy with,



It is important to understand that successful cosmetic dentistry is more complex than it seems. The effective management of proportion and relationships, of materials and technique, of perspective and of space, are just a few of many key considerations

about the appearance of their mouth, teeth, face and smile.

- Try to establish whether it is the patient, or a third party, who is the main impetus behind the patient's interest in cosmetic dentistry.

In your discussions with the patient, avoid making promises and creating expectations that cannot be matched by the treatment you are proposing to provide. If there are any signs that the patient's expectations are unrealistic, or starting to drift towards levels that are unachievable, it is important to discuss this with the patient, and preferably confirm this in writing, for the avoidance of any misunderstanding.

A copy of any such correspondence should be kept in the records.

Understand the problem

One of the easiest traps to fall into when carrying out cosmetic procedures is that of imposing the clinician's perception of aesthetics, upon those of the patient. What looks natural, and optimal to a dentist may look entirely wrong to a patient. Aesthetics is highly subjective and a dissatisfied patient who feels that their personal wishes have been ignored, will not be reassured by a clinician's insistence that the patient's own perspective is wrong, or ill-judged.

Aesthetics has many different components, and failures can arise from a variety of sources either in isolation, or in combination. During the pre-operative assessment phase, avoid misunderstandings by considering each of the following aspects in turn:

- colour (hue, chroma, value : confirm the patient's views on visible metal)
- shape (size, length, width, anatomy, bulk)
- surface (texture, reflective profile)
- translucency (opacity, subsurface blemishes)
- position (alignment, angulation, proclination)
- relationships (crowding, spacing, midline, lip line)
- cervical (crown margins, black triangle disease, non vital root surfaces)

If the patient's responses are in general terms (e.g. 'my teeth are too big'), encourage them to make this specific or you run the risk of making incorrect assumptions and as a result, misunderstanding what the patient's real concerns are. For example, does 'too big' mean too long? Too wide? Too bulky? Too far forwards? Too far back? Does it mean too big in comparison to the adjacent teeth, or perhaps to the contra-lateral tooth or too big relative to the opposing tooth (i.e. 'high' occlusally)? Does it mean that it feels too big against the lip, tongue or cheek, or that its size makes an adjacent space/diastema seem too small? Is this a comment on the

degree of proclination or retroclination – especially if this has been altered? Does it really mean that the shade is too light or the 'value' too high? Might it simply be the patient's way of describing a lack of incisal translucency?

Understand the technique

Cosmetic dentistry embraces a wide range of different procedures, each of which need to be understood in detail if problems are to be avoided. Each technique has advantages and disadvantages, and will work better in some situations than in others. Unfortunately, a clinician will sometimes be unable to use a technique of choice because of decisions taken by the patient.

The prudent clinician will:

- Understand the materials science
- Work closely with the technician (if applicable)
- Recognise the limitations as well as the benefits of each technique
- Underpromise and over-deliver
- Beware constraints imposed by the patient
- Keep up to date with techniques and materials
- Continually learn from experience

Remember that the wrong technique is still wrong, even in the best hands. If you have a preferred technique, don't look for excuses to justify using it in every clinical



situation. Keep an open mind and try to use the right technique, for the right patient, on the right occasion. Occasionally, the best treatment plan is to offer no treatment at all.

Keep meticulous records

When providing cosmetic dentistry, the subjective nature of so many of the decisions involved, makes it all the more important to keep full and detailed records of each stage of the procedure including:

- Baseline charting and examination details
- Radiographs, vitality tests, periodontal assessments
- Oral hygiene and dietary considerations
- Study models and

diagnostic wax-ups

- Colour photographs or digital intra oral camera images

It is particularly important to record the key details of conversations that take place between the dentist and patient, together with copies of any written treatment plans, correspondence and records of phone conversations.

The records should clearly demonstrate:

- Whose idea it was
- Each stage of case assessment and treatment planning: a detailed questionnaire which establishes the patient's perception of what they want doing, why and how, is an ideal starting point.

- Treatment options, patient information and consent
- Discussions, warnings and explanations,

Take extra care when providing elective treatment.

Practical tips

- Take time over the pre-operative assessment. Time spent at this stage will save a lot of time, effort and expense at a later stage
- Agree specific treatment objectives
- Measure outcomes against these objectives
- Under promise and over-deliver: the key to success lies in the effective management of the patient's expectations
- Charge enough to avoid having to cut corners - in the field of cosmetic dentistry, compromise invites problems

Summary

Cosmetic dentistry can be an exciting and rewarding field, but it is dangerous to assume that it is simply an extension of other tried and tested procedures. Dental aesthetics is a topic which is deceptively complex, technically demanding and requiring a range of skills that may not be immediately apparent.

The often-quoted adage 'you don't know what you don't know' is particularly relevant and worthy of considered reflection before embarking upon work in this field. There can be few experienced

clinicians who would not confess to having been caught out unexpectedly at least once during their career, by a patient with unrealistic aesthetic/cosmetic expectations.

The message of this module is firstly, not to underestimate the skills needed to be successful in the field of cosmetic dentistry. Once you suggest or promote yourself as having these skills, you will attract patients whose demands and expectations are a long way from the norm, and also invite complaints from patients who will be dissatisfied with the outcome, however good you might feel it to be.

A wealth of background knowledge, coupled with clinical skills, technical skills, communication skills, and patient management skills will all be required in abundance by those who wish to carry out cosmetic dentistry to any great extent, but who do not wish to spend too much of their time dealing with the complaints and claims that so frequently arise from it.



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