Solving the Communication Problem

Luke S. Kahng, CDT

Introduction

Patients typically don’t converse in the language commonly spoken in the dental world. When such terms as black triangle, incisal edge, embrasure, diastema or midline, to name a few, are thrown around during patients’ appointment times, they really aren’t going to understand what any of that means. And they shouldn’t have to. There are other ways to communicate dental procedures and situations to patients.

The main problem comes up when a patient attempts to explain what it is she wants to change about her smile. This is because she will lack the expressions to make clear what is bothering her. Chances are good that she doesn’t understand, for example, that a boxy shape to her teeth can be changed; furthermore, she may not even realize it’s an issue. She only knows that something “isn’t right” and wishes it could look different.

This is where photography is helpful. The value of visualization can’t be dismissed during communication between patients and clinicians. It’s always easy to identify that which we find appealing as we look at pictures, especially, in the case of dentistry, before and after shots of a patient’s case. Patients especially enjoy the improved images and appearances when comparing their own problems with those of a documented patient case.

What about communication tools? Beyond photography, what else might prove useful to case discussion? In the two cases this article will cover, we’ll explore the topic of such tools and how the author put them to work for these patients.
Case Study #1

The patient in this case, a woman in her mid-40’s, is employed as a hygienist and of course observes people’s teeth all the time. She had two-year old veneers on teeth numbers 6-11, which from the lab’s viewpoint looked adequate. The color and shape were both nicely done and blended well with her natural tooth color. The only complaint she really registered was that she did not like the black triangles in between each of the teeth (Fig. 1). She told the author, “It’s just not right.” It was also noted during the initial exam that her teeth canted midline and horizontally.

The patient’s teeth were checked against multiple colors of shade tabs, none of which was a match (Fig. 2). But they did provide the technician with a base shade guideline when he began to fabricate her case.

She was then given an LSK Smile Selection Guide (Fig. 3) to help her see the angulation of her midline and decide on the shape she preferred for her teeth. Her inclination was toward the round/round shape which was duly noted during her appointment. For her part, the patient liked having the tool in hand to aid in her decision for shape, color and texture.

In addition, she brought in a photograph of her daughter’s teeth to share because she liked their appearance. It was pointed out to her that her daughter’s teeth numbers 8 and 9 were 2 mm longer than the others and had a slightly protruding appearance. She liked that exaggerated effect and asked that the author follow the photographic guideline. (Fig. 4) gives a full view of the LSK Smile Selection Guide possibilities, of which there are 6 in total.

Next, using the LSK Chair Side Shade Selection Guide (CS3) as a lead to get information about her color, the author checked her occlusion stain against the orange/brown hue he noticed in her teeth (Fig. 5, 6 and 7). His question to her was, if he followed those color combinations exactly, would she like it? She appreciated being involved in the discussion and asked that he please use the orange/brown color but subtly, and also to brighten up the overall tone of the final restorations.

Next, the incisal edge of her teeth was checked against the CS3 white calcification tab (Figs. 8, 9). Her teeth’s incisal edges exhibit a white chalky color which was noticeable to her for the first time during this custom shading appointment. No one had ever pointed it out to her before.

When she came to the lab for her custom shade, they were ready for her questions. She was impressed with their knowledge, but also with the possibilities they presented by using educational tools to help her visualize. The more tools...
a technician has to work with when noting a custom shade, the better the case will look at completion and the happier the patient and clinician will be.

Case Study #2

The patient in this case study had an obvious problem with her centrals. The retracted view shows the discoloration between the two, diastema and an old composite which added to her lack of confidence about her appearance (Fig. 10). In this smile line view, all of her problem areas are highlighted (Fig. 11) and enlarged when she engages a in natural smile.

The patient’s mamelon is determined to be MA-4, Beige, using the LSK Shade Guide (Fig. 12). This will play a part in matching her color with the final restorations. The clinician’s prep design leaves open space between the centrals due to an old composite between the teeth. The incisal reduction was 1.5 mm in order to create a perfect mamelon effect (Fig. 13). For the final impression taking, GC America’s EXA’lence VPES Material was used.
Fig. 10, 11: Pre-operatively, this patient is unhappy with the dark color in between her two central anteriors, shown in a retracted view and as a natural smile.

Fig. 12: The patient's mamelon is checked with the LSK shade guide, and found to be ME3, beige in color.

Fig. 13: Preparation included a large space in between the two centrals in order to clean the old composite out and leave the incisal reduction at 1.5 mm.

Fig. 14: Using GC Initial porcelain dentin color and the platinum foil technique, the author began the process of creating the porcelain veneers.

Figs. 15, 16: After firing at 890°C, the second build-up of Cervical Translucency and Enamel Effective is applied.
Figs. 17, 18: Layered over the top is the Translucency Modifier and Enamel Opal.

Fig. 19: The finished restorations are tried on the cast model.

Fig. 20: On a mirrored surface, the veneers shine.

Fig. 21: In a retracted view, the patient’s veneers are an improvement over the discoloration of her natural teeth.

Fig. 22: With the lower area of her mouth covered, the technician can concentrate on the fit, contour, shape and size of her upper anterior teeth.

The author employed the Platinum Foil technique to fabricate the veneers, using GC America’s Initial Porcelain System dentin color (Fig. 14). After firing at 890°C, the foil is still in place (Figs. 15, 16) and ready for the 2nd build-up Cervical Translucency and Enamel Effective application (Figs. 17, 18). The Translucency Modifier and the Enamel Opal are layered over the top.

The finished restorations are placed on the cast model (Fig. 19) and again on a mirrored surface (Fig. 20). The veneers were cemented and in a retracted view, are shown in the patient’s mouth (Fig. 21). To get a better view of the veneers in place, a piece of black paper was placed over the bottom teeth, leaving the anterior teeth as the only ones showing. This was done as a final check-up (Fig. 22). We next have a final smile line view, with a relaxed facial expression (Fig. 23).
Conclusion

Case acceptance is one of the biggest concerns for those of us in the dental field. Patients don’t always want to move forward with what is suggested just because we think they should. Talking is just that - talking - and it doesn’t give a concrete definition to the patient for the outline of what is to come.

Seeing is believing, the saying goes, but touching is even better. Patients who are engaged in the process of determining their smile’s final appearance are more likely to be satisfied and secure with their decisions. And they will not blame the clinician or lab for regrets because they won’t have any! Use your communication tools and involve the patient in the process. The end result will be worth it. 

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