

When veneers take the edge off a smile

Michael Sultan discusses ways to avoid preparation problems

We are all well aware of the ongoing controversies around dental bleaching and whitening, but at the time of writing, it would seem that the government is pushing for clarification from the European Parliament, which

should make it easier for uniform regulation and control over who is permitted to carry out such procedures.

However, there is no denying that an increasing number of patients are undergoing

elective procedures to improve their smiles and accordingly, dentists have updated their skills to meet the demand and now offer porcelain veneers and bleaching treatments. Sadly, there has been far from a happy ending to discoloured or

irregular teeth; I have noticed a rise in the number of patients presenting with acute sensitivity and pain following these procedures.

Understandably, patients are often angered and upset

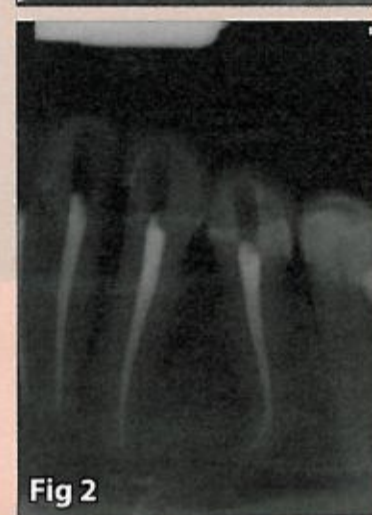


Fig 1

Fig 2

Figs 1 and 2: Unfortunate result of multiple veneer restorations, which led to pulp death of lower anterior teeth

that their once imperfect, but intact teeth are hurting and this reinforces the vital importance of informing a patient of any possible problems prior to treatment, and of course, taking steps to avoid problems during preparation.

Diagnosis and consent is the starting point and the patient should always be warned that they are undergoing

'Diagnosis and consent is the starting point and the patient should always be warned that they are undergoing an elective procedure'

an elective procedure; any procedure involving the preparation of a tooth can cause inflammation but if all goes well this will be temporary discomfort and should settle by itself. Radiographs and models should be taken to assess tooth position and preparation with regards to proximity to the pulp.

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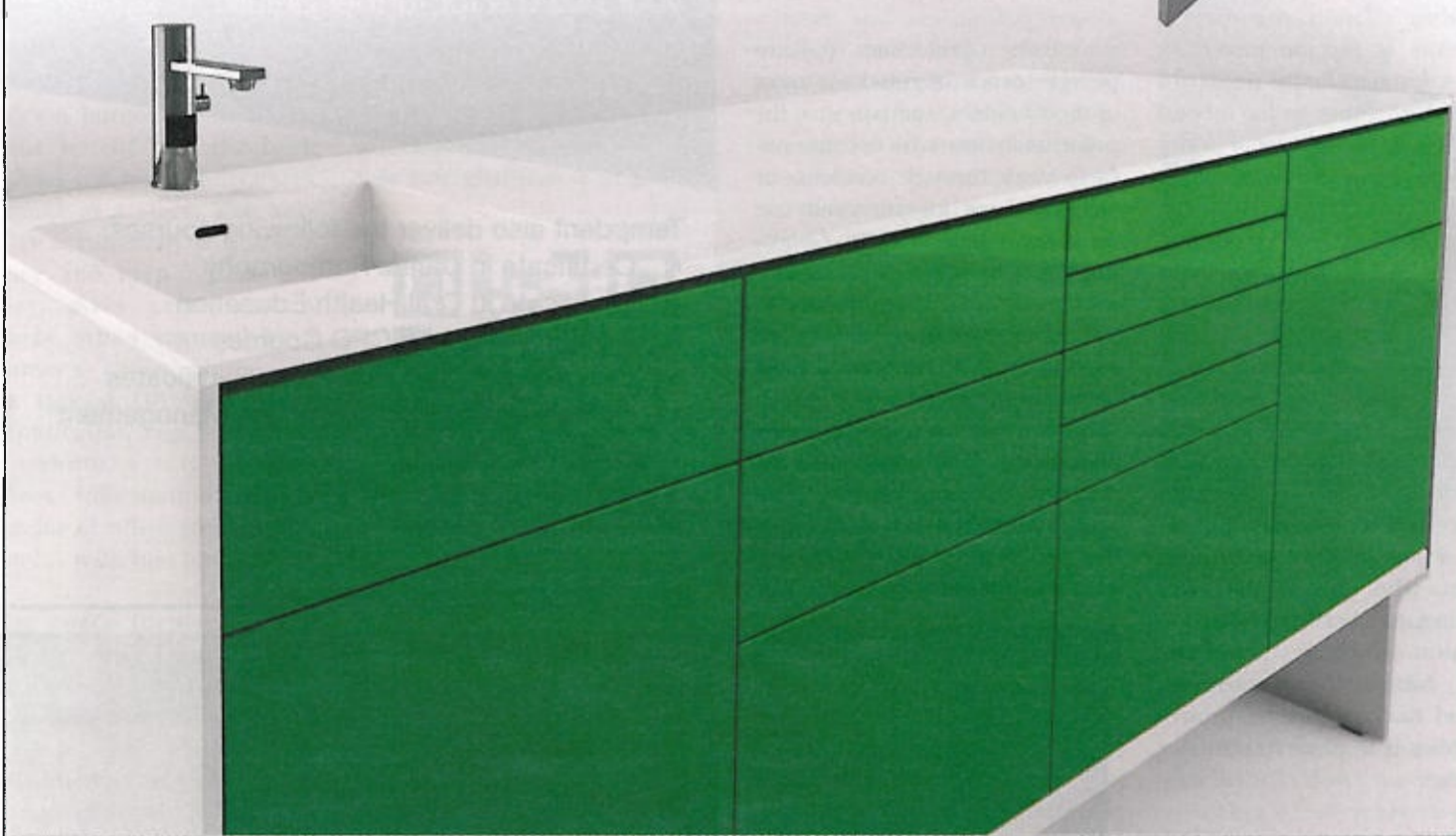
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← page 20

Ideally, if teeth are poorly aligned, then both orthodontic and endodontic options should be discussed. In fact, many leading cosmetic practices now have close relationships with orthodontists, which makes perfect sense as aligning teeth makes the veneers easier to place and gives a superior cosmetic result. However, should the patient decline orthodontics, elective endodontics may be essential so that the tooth can be further reduced and realigned without compromising aesthetics or leading to inadvertent pulpal problems.

Once a patient has agreed to veneers it is worth remembering what the worst things are that we can do to teeth:

- Take a perfect tooth, and then remove all the enamel with a high-speed bur. If the bur is blunt or there is not enough water, the tooth will heat up dramatically causing severe pulpal



Fig 3: Teeth in poor alignment, orthodontics declined



Fig 4: Elective endodontics discussed

inflammation and possible pulp death. Always use brand new burs and plenty of water which will keep all the teeth moist and cool

- If there are multiple preps being done at the same time, the first teeth can desiccate. Moist gauze can be placed over the preparations

• Avoid over preparation of teeth. The best preps are in enamel and this ensures a better bond. Trial preps on a model, following the methods used by Dr Gurel, will ensure minimal but adequate preparation

Temporaries tend to be spot welded to ensure easy removal, but may also lead to bacterial



Fig 5: Beautiful veneers placed following elective endodontic procedure
Photos courtesy of Dr James Russell

leakage which can cause real sensitivity and pain, particularly if the tooth has already been trau-

There is no doubt that veneers can give a beautiful result and enhance a patient's self-confidence

'Once a patient has agreed to veneers it is worth remembering what the worst things are that we can do to teeth'


matised by the preparation. The bacteria can penetrate the freshly opened dentinal tubules in the heavily prepared areas, especially if there is a good shoulder preparation at the neck of a tooth. Therefore, good, well-fitting, temporary veneers are essential, as is protecting the teeth before the impressions are taken. A fourth generation dentin bond like Optibond SL by Kerr, will help seal the tubules, cutting down on the potential for leakage.

and general well-being; however, they and their dentist need to be absolutely clear that this is a very complex restoration that must be done with great care so that healthy teeth do not need to be root treated later. ■

Then comes the problem of actually fitting the veneers. Taking off temporaries and etching a tooth can exacerbate an already sensitive tooth and can be excruciating, but if the tooth has been well protected beforehand this should not be a problem.

It is inevitable that teeth will be sensitive to cold stimuli following a procedure and this should be closely monitored. Often the patient guides us and when teeth do not settle, a decision has to be made to denervate a tooth.

About the author



Dr Michael Sultan BDS MSc DFO FICD is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for 5 years before commencing specialist studies at Guy's hospital, London. He completed his MSc and in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Easman CPD, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2008 he became clinical director of EndoCare a group of specialist practices.

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