

What's important now is that we plan for the absolute best learning experience for you at the course.

Patient Selection

The proper patient is key to learning in this environment and over the years we have some guidelines to help you choose the case that will give you the best return on your learning investment. Keep in mind that there is **seldom a perfect case** but we have developed some “flexible” parameters to help guide your selection. The following are examples of cases the we will cover in the course with a description of characteristics that you can look for when deciding on your case with some clinical tips to consider. When choosing remember to **let us help you**. As you narrow down your cases, present them to one or more of your clinical instructors to help guide you and then to myself and the technicians at the PAC as needed for final approval. Good photos are the key to helping us with case selection. After case selection, the lab will provide a checklist for records needed before the case is waxed up and a preparation plan is made. The cases are right in front of you.....

Case Selection Primer



Case #1: CONSERVATIVE The best cases are the ones that requiring the least amount of preparation and where patient expectations can be clearly identified and easily met. Unpleasant color, spaces, and teeth with proportion issues can make for dramatic, and uncomplicated cases. “Additive” treatment require the least amount of tooth preparation and easiest to get patients to commit to treatment... *“Dr G only prepares the minimum amount of tooth structure to insure an excellent result”*. Two major issues stop patients from accepting cosmetic treatment; cost and drilling. Reassuring the patient of our commitment to very conservative treatment solves half of this issue. Note also that many cosmetic plans involve gingival recontouring with a diode laser and should be discussed with the patient. *“we will do minor laser treatment on the gums to make the smile brighter and gums healthier”*.



Case #2: INCONSISTENCY Recession, non-matching restorations, and un-even wear can result in the most dramatic of aesthetic cases as patient expectations are often easily met. Our build-up/core materials should match the anticipated preparation shade of the teeth; dentin shade for teeth prepped into dentin and enamel shades for teeth prepped into enamel . Restorations of varying thicknesses or with different materials, like in this case #9 being a full contour zirconia restoration next to lithium disilicate veneers, add an additional treatment planning consideration.



Case #3: PERIO and ENDO STABILITY Surgical perio treatment and/or scaling and root-planing should be done in advance and healing complete allowing 6-8 weeks of healing and excellent home care before aesthetic treatment. Similarly, all endodontic therapy, as the apical surgery on #9 in this case, should be healed and stable with an excellent prognosis before cosmetic procedures. Preparation appointments, particularly with regards to impressions, are easier and more precise if health is excellent before tooth preparation. When replacing full coverage restorations on endo treated teeth or doing build-ups replacing failed restorations, try to anticipate core build up materials that may be needed to make the preparation appointment more efficient.



Case #4: TREAT SUFFICIENT #of TEETH Perhaps the single best way to encourage patients to treat a sufficient number of teeth is to show them close up photos of their smile on a large monitor. Close ups of the smile from front and both sides is powerful. Simply having them count the number of teeth that show during a full, natural smile is best. Often they know they don't like their smile but aren't sure why; our photos help make it treatment acceptance more likely. When changing color, shape, proportions, or making the smile "more youthful", we encourage planning to treat the teeth that show. Have the patient count with you the number of teeth that show. Teeth that are reclined as in this case can be the easiest to plan for and prep. Conversely, protruded teeth may need more preparation to put into proper arch position. Note that in this case, the PFM on tooth #3 shows and would best have been redone at the time of treatment of the anterior teeth.



Case #5: TEETH with UNDESIRABLE COLORS Often patients will want a lighter, brighter, more youthful smile while being "natural" and not "nuclear" white. It is best to review colors/shades with patients BEFORE the preparation appointment. Deciding final shades can be a bit overwhelming at the preparation appointment. Stress to the patient that they will have "transitional restorations" that approximate the shape, size, and color of the final restorations. It's important to stress that they will be able to evaluate and give the team feedback for about 1 week after the prep appointment. It may be easier to have patients choose color, texture, and shape from photos of cases instead of just having the look at a shade guide. It is NOT RECOMMENDED to bleach the teeth being prepared before preparation because of bleaching relapse. It is hard to nail down a preparation shade on teeth that are changing colors with time. Bleaching the opposing arch is good but should be stopped 3-7 days before the prep appointment.



Case #6: WEAR - OCCLUSION Signs of wear, bruxism, and parafunctional habits should be addressed before the prep appointment. Patients will often deny grinding or clenching but our job as professionals is to see indicators and make notes with patient education at the time of treatment planning. It is my opinion that all cases are made a bruxism splint to wear at night to “protect their smile investment”. Make it “complimentary” and the patient will see your concern for their overall health. The splint can be as simple as an “Invisalign” type of retainer or something of more substance according to the need. Note in this case, if an implant crown is being prepared make sure that you have the proper scan body, abutment, or impression coping needed.



Case #7: REALISTIC EXPECTATIONS We are not magicians. You can't fix everything and it is always better to under promise and over perform. The greatest failure in aesthetic dentistry is starting treatment without knowing what the patient really wants. Doctor arrogance or ignorance is recipe for failure. Success is when BOTH you and the patient are happy with the outcome.

3 important steps for clinical success:

1. Listen, really listen to the patient. Document what you hear. Plan around this.
2. Be honest with the patient and with yourself. *ALWAYS tell the truth, you never have to remember what you said.*
3. Thorough planning, astute observation, and precise diagnosis will make for happy patients and a rewarding practice.

Good luck to all of you and I look forward to working through cases with you.... **Jack D Griffin Jr DMD**

Maximizing Veneer Retention ---- The CHEAT Codes

The best LONG-TERM bond in the history of dentistry is to ETCHED ENAMEL! Regardless of individual studies presented by various manufacturers, early high bond strengths to other substrates like dentin, cementum, and old composites deteriorate significantly with time. Thermocycling, physical stresses, and enzyme breakdown are some of the factors that affect this bond degradation and those numbers are as follows in meta analyses.

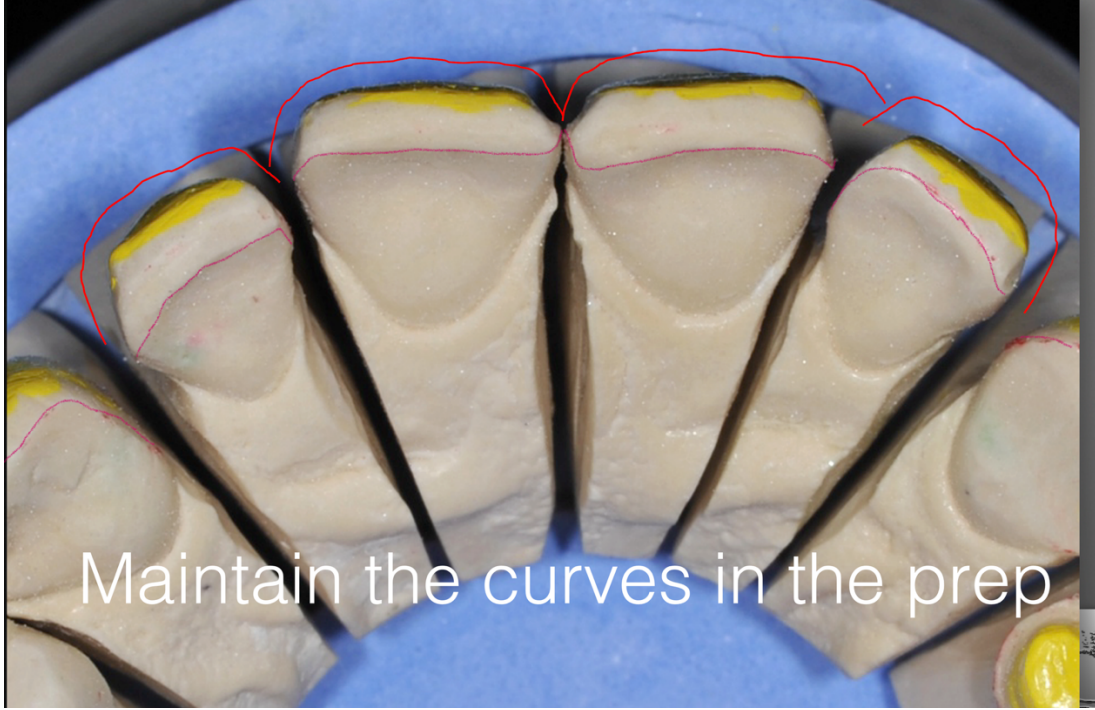
Long-term Bond Strength Comparison

Enamel	30-60 MPa	Total etch, universal dentin bonding agent
Dentin	18-30 MPa	Total or selective etch, universal dentin bonding agent
Lithium S2	30-50 MPa	20 Sec HFL, silane, universal dentin bonding agent
Zirconia	10-20 MPa	Air abrasion, MDP primer

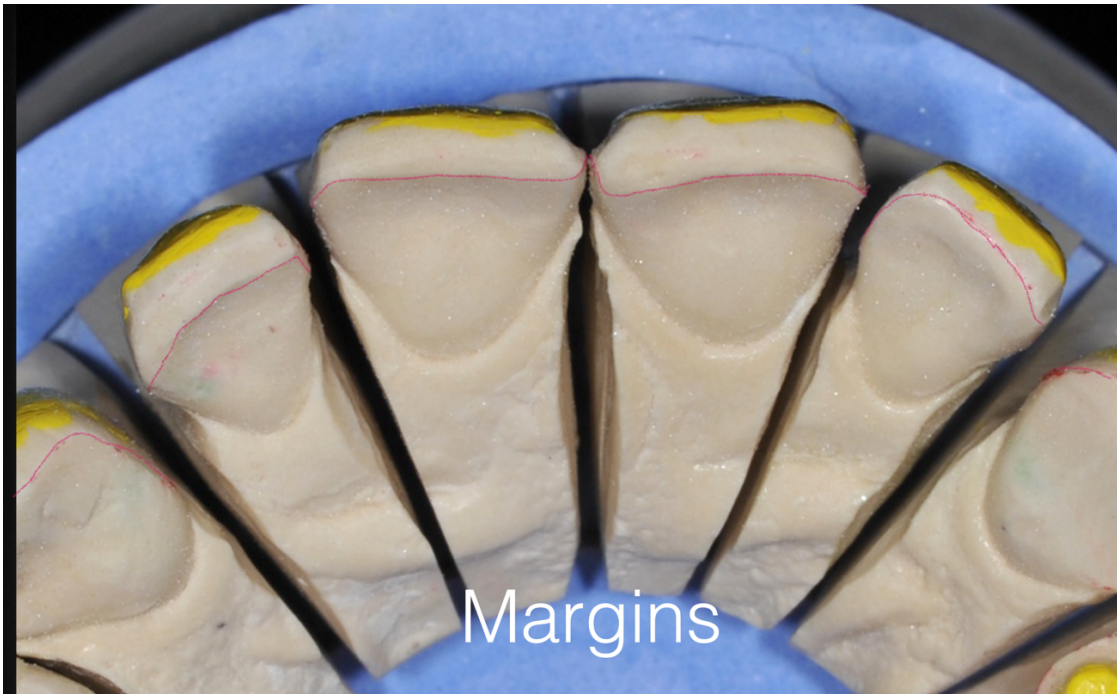
THEREFORE, conservative preps staying in enamel is always preferable. So how can we increase retention while staying primarily in enamel? ‘Slices’, ‘elbows’, incisal coverage increase durability by increasing bonding surface area, limit the path of insertion, and distribute forces better.

More aggressive preps, wrapping incisal edge or full coverage, are indicated in compromised retention cases (short crown height, no retentive preps, large build-ups, etc) or high stress cases (bruxism, wear, GERD, etc).





Maintain the curves in the prep



Margins

