Aesthetic dentistry has become so important in the last several decades that a book which condenses all of the techniques for the business side of aesthetic dentistry is certainly needed. Written by two of the leading authorities on this important aspect of dentistry, both Drs Linda Greenwall and Cathy Jameson have accumulated a tremendous amount of knowledge to condense the important information into easy to read chapters. I have worked with both authors and admire and respect their contributions to dentistry. Perhaps the real reason this book will resonate with the dental reader is that it combines the skills of an excellent dentist with the equal skills of one of dentistry’s best practice administrators and coaches.

The book begins where it should, focusing on the individual dentist defining his or her goals for the dental practice. Without vision at the outset it is virtually impossible to make the most out of the next steps in the process of creating the ideal environment for maximum success. Next, it logically proceeds to building the team and here the authors get quite specific, especially in the interview process. This is an area that most dentists are hardly skilled to master, but after reading this chapter they certainly will be. Frankly, this chapter alone is well worth the price of the book.

I found it quite interesting that the next area of discussion is marketing … after all, you need to attract the type of patients you are building your practice for, and so internal and external marketing are covered very well. Both treatment planning and case presentation are well thought out. Most every dentist will take away tips in these areas regardless of how well the processes are handled now. Certainly one of the most important chapters deals with communication skills for the entire dental team. No matter how well your practice communicates now, you will be able to see improvement in your daily contacts with patients and the public.

The concept of using a treatment coordinator was first established by Dr Carl Reider. I published how important I thought it was in the second edition of Esthetics in Dentistry, and I am so pleased the authors devote an entire chapter to the role of this person. This leads to the next chapter which deals with the financial aspect of aesthetic dentistry, followed up by what every practice needs to improve on: scheduling. I am delighted to see that a chapter is devoted to the hygienist’s role in promoting aesthetic dentistry since this is certainly a prime area that too many dental practices take for granted.
The last chapters are also well placed and deal with the use of technology in building the aesthetic dental practice. Over 25 years ago, Dr Jack Preston and I staged the very first comprehensive show devoted to new technology and how it could enhance our dental practices. Today it is a necessity if dentists want to practice state of the art aesthetics. The ability to have our patients’ restorations last as long as possible is directly related to the technical equipment and abilities wrapped up in both diagnosis and treatment. No doubt the future will be even more dependent on sophisticated technology as a major part of every dental practice.

One of the best ideas the authors use throughout the book are action steps at the end of each chapter. These summary tips make it easier to apply the information rather than just reading and forgetting, and to take action where action is needed.

The sum total of the benefit of understanding and using the principles expounded in Success Strategies in Aesthetic Dentistry is that if you want to expand the cosmetic side of your dental practice, then this book is essential reading.
Many dentists focus primarily on doing the best clinical dentistry that they can. They concentrate on all the clinical skills that they have been taught at dental school, which leads to a dedication to clinical excellence. This pathway can be frustrating when they do not get to do the dentistry they love as they do not have enough patients saying yes to treatment, or the cases to perform the beautiful aesthetic dentistry that they know they can provide for their patients. Getting patients to say yes takes time. There are certain techniques and systems that should be in place in order to make this happen, including excellent practice management systems and an excellent dental team. Dentists do not like to manage the administrative and management side of the dental practice as they would rather be doing the dentistry at the chairside. They often leave the management aspect of the dental practice to happen haphazardly. This leads to frustration and stress, which is already very high within a dental practice.

As a newly qualified Prosthodontist and Specialist in Restorative Dentistry in 1993, I opened my new dental practice in London the day after completing the specialist examinations. I had very few patients at the beginning, as I started the dental practice from scratch. The end of that same week I had my second child. I took off 8 days from work and returned with the baby in a basket. I thought the dental practice would develop at a slow pace as the baby grew and developed. About 6 months after starting the dental practice, a local journalist came to interview me to coincide with the official launch of the new practice. The article appeared in the local newspaper. The day the article was published, the telephone started ringing off the hook. We must have had 500 new patients call to schedule an appointment in one day. It was very exciting! However, the excitement soon died down when I realized that these new patients all needed to be seen, assessed, and treatment planned, and we needed to schedule them for treatment. I had no practice systems and thought that we would make it up as we went along, as other dentists do. These great new patients who lived in the local vicinity were used to the best service in restaurants and hotels, and I was not sure that we could live up to their expectations.

I came across a book written by Dr Cathy Jameson called Great Communication Equals Great Production (PennWell Books, 1995). It immediately grabbed my attention as it reflected my attitude as to how I would like to look after my patients and manage my dental practice. After delivering my first baby I felt frustrated that I was not part of the decision making process and wanted to be
involved in the decisions about my treatment and the way the baby was to be
delivered. I felt that if I was the patient, I would like the care giver to discuss
the treatment options first and to discuss the process and treatment prior to
commencing clinical treatment. Cathy’s book reflected what I wanted to put
into practice but I did not know how to do it. I contacted Cathy about her book
and she offered to travel to London to teach me the systems to run my practice
and so develop an excellent dental practice focusing on aesthetic dentistry. My
team and I continue to train with Cathy every year since then.

We wanted to write this book together as there are many beautiful clinical
textbooks devoted to doing the best clinical dentistry but very few textbooks that focus
on the practice management side, which needs to be in place for the clinical side to
be excellent. There are few books on how to develop the best dental practice that
is patient focused, taking into consideration their hopes and aspirations in order
to provide the dental aesthetics that the patients want. The book is meant to be a
practical guide to help dentists develop systems in their dental practice that work
well and that help the practice to grow and elevate to the next level each year.

As dentists are very busy wearing many different hats or fulfilling different
roles in the practice, systems that follow checklists have been developed to
assist the dentist and their team to organize themselves practically. Checklists
help to reduce stress and to be better prepared for each stage along the patient’s
journey. Checklists help the dental team to prepare organizationally and clinically and reduce errors and problems. Dr Atul Gawande (2009) wrote a book
called The Checklist Manifesto and demonstrated that those professionals who
use checklists have fewer errors and complications in all that they do. Checklists
for aesthetic dentistry and management aspects have been specially compiled
in this book in each chapter. At the end of each chapter there are action points,
checklists, and further reading with references. Using these will help focus the
dental practice to become well organized in a step-by-step manner.

This book does not deal with the complex compliance issues that are legal
requirements in the dental practice within particular states or countries. It
deals with the essential aspects that are relevant for all dental practices to
develop, regardless of state or country. Many dental practices focus on providing aesthetic dentistry either solely or exclusively, and this book has been formulated especially for those practices. However, all dentists provide aesthetic dentistry whether it is on one tooth, a posterior quadrant, or the whole mouth. Many dentists would like to do more aesthetic dentistry but do not
know how to attract those patients who want this treatment. There are also
patients within the dental practice who request aesthetic dentistry, whether it is for a major milestone in their lives, to feel better about themselves in general, or to improve their self confidence and their smiles. This book will help dentists to create the organizational structure to make these aesthetic cases happen. A well-organized dental practice reduces stress levels, which helps keep the dentist and their team happy. This happiness reflects on the whole practice and the whole team. Patients notice this and realize that this is a happy dental practice to visit, becoming loyal patients and raving fans.

We hope that you find the book useful and look forward to hearing from
you.

References

Further resources are available at www.jamesonmanagement.com and www.lindagreenwall.co.uk.
Writing, compiling, and collating this book has taken dedicated time, late nights, and time stolen from many other things. I thank my husband Dr Henry Cohen for his love and encouragement, and sons Andrew, Joseph, Edward, and Rayno for their love, support, and understanding of my absence from them while writing this book.

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Gratitude to God for his blessings, insight and wisdom.

Do not say I will study when I have the time, for you may never have the time.  
  Pirkei Avot 2:4

The more study, the more wisdom.  
  Pirkei Avot 2:8

Linda Greenwall
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Cathy Jameson
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Fig 8-2  Treatment sequence for managing bleaching sensitivity.

- crack lines
- white spots
- internal tooth shading, characterizations
- shading of the teeth, anterior and posterior maxillary and mandibular
- tooth wear
- existing composite restorations
Shade assessment

- non-vital teeth
- single yellow vital teeth
- deeper stains or markings
- amalgam staining
- type of discoloration, eg, tetracycline or fluorosis stain
- white markings
- chronological age when damage occurred
- presence of caries or abscesses.

Assess the patient’s baseline shade. Record the shade of the six anterior maxillary teeth as these can all be different. Record the shade of the mandibular teeth. Often there can be a discrepancy between the shade of the maxillary and mandibular teeth. The basic assessment uses the porcelain shade guides (Figs 8-3 and 8-4). Show patients on the shade guide what they may hope to achieve from a realistic point of view. Do not promise something that cannot be achieved in terms of whiteness. Many patients want the whitest shade available and this may not always be possible: further aesthetic dentistry may be necessary. Some patients have all anterior teeth a different shade and this should be individually recorded (Fig 8-5).
Procedure: Power bleaching (Fig 8-16)

Time: 2 hours

- Greet and seat patient, check medical history.
- Check the consent form is signed.
- Explain the procedure to the patient.
- Take a shade.
- Take preoperative photos (with a blue background).
- Apply face cream, Vaseline to the lips.
- Place retractors in patient’s mouth, long cotton wool rolls, and napkin.
- Apply liquid dam, tack to cotton wool.
- Apply gauze to protect soft tissues including cheeks.
- Apply bleaching gel to the teeth.
- Position the Zoom 2 light, make sure it is correctly lined up.
- Light is on for 15-min intervals.
- Remove gel and rehydrate teeth with water and cotton wool rolls.
- Repeat procedure two more times.
- Following third cycle, remove liquid dam and cotton wool rolls.
- Ask patient to rinse (plain water).
- Apply fluoride gel to teeth.
- Take postoperative photos.
- Postoperative instructions, trays, and material supplied to patient if continuing with home bleach.
- Complete documentation.
- Ask patient if they have any questions, run through what treatment has been carried out today, and what to expect at their next visit.
- Schedule next appointment.
- Decontaminate surgery and set up for next patient.
To set up, and instruments for power bleaching procedure (Fig 8-17)

- Patients notes, current radiographs (ensure the radiographs are up on computer monitor).
- Patient bib, glasses.
- Gloves, mask, and shield.
- Mouthwash (colorless), salivary ejector, wide bore suction and surgical suction tip.
- Basic examination tray (mirror, probe, and tweezer).
- Camera, shade guide, retractors.
- Cotton wool rolls (long and short), gauze, napkin, retractor, Q-tips.
- Face cream, Vaseline, dappens dishes, cotton rolls.
- Suction tips, applicator brushes.
- Liquid dam.
- Power bleaching material and light.
- Soothers (fluoride gel, potassium nitrate, and amorphous calcium phosphate).
goals. I’d like to invite you back to the office in about a week so that we can sit down together uninterrupted to discuss my recommendations. Would that be acceptable to you?”

Once a person says yes to the consultation, ask them one more very important question:

Dentist: “Rachel, other than yourself, who will be deciding how you proceed with your treatment?”

Find out if there are other decision makers involved. There is no reason to call for a decision if the decision maker is not there. Determine the decision makers and make effort to schedule your consultation at a time when both
parties can be in your office. Dental decisions are not made sitting around the dining table, they need to be made at your dental practice where you have the visual aids and the professional information. However, if you cannot get all decision makers at the consultation and if you have used our protocol for Digital Case Presentation© (see Appendixes 10-1 and 10-2), the resulting CD can provide visual and written support of your treatment plan if decision makers are not present.

Don’t think that people will not come back for a consultation. They will be happy to return. You are going to change their smile. They are going to make a significant investment, and so need to be informed. They will come back. Give yourself and your patients the time and attention needed to make this major decision. A quick discussion at the chair is not the avenue to gaining high levels of case acceptance.

Schedule the consultation appointment within one to a maximum of two weeks following the initial evaluation (Fig 10-13). The patient’s interest will be at its highest level. Letting too much time pass before the consultation could lead to waning interest.

**Treatment planning**

Once you have completed the comprehensive evaluation, schedule time to design a treatment plan that is optimal for the patient. Plan your cases while the information is fresh in your mind and before the patient comes back for their consultation appointment. Careful planning and documentation will support your care of the patient throughout their time with you. Your team can only perform well in all of their roles if a carefully designed treatment plan is a part of the patient record. Team members cannot make excellent financial arrangements nor can they schedule appointments properly if they don’t have a carefully documented treatment plan. Failing to plan will reduce your rate of case acceptance.

Refer to the chapter on the treatment coordinator (Chapter 11). The development of this role in your dental practice can lead to higher levels of case
The Use of Technology in Building the Aesthetic Aspect of a Dental Practice

Fig 15-4a  Using the intraoral digital scanner will reduce the need for impression taking using trays and impression material. Once the dentist has been trained in using the scanner to record the prepared teeth, this will improve accuracy and speed. The scanner transfers the information via the internet directly to the dental laboratory in order to save time. The picture shows the Cadent iTero scanner (Cadent, Carlstadt, NJ).

Fig 15-4b  The scanner head in close up view. The black part of the head needs to be positioned directly over the tooth and recorded in three dimensions.

Fig 15-4c  The scanner being used clinically. As with all technology, it is essential that further training is undertaken to ensure the best use and full capabilities of the technology.

Fig 15-4d  Careful positioning of the intraoral scanner is essential.

Fig 15-4e  The scanner head being placed in the patient’s mouth, ready to commence the scanning process.
Dr Larry Rifkin using the microscope for aesthetic clinical procedures. He has an attachment for the digital camera that fits onto the microscope in order to record clinical procedures. The microscope also has the ability to record videos. This is useful for teaching and for showing to patients.

Using the operating microscope for aesthetic dentistry procedures improves the quality of the restoration as better visualization is possible. This helps especially when finishing off margins of veneer preparations and the polishing of anterior direct resin composite bondings.

The use of dental loupes for magnification is an essential tool for all aesthetic dentists who want to improve their clinical procedures and diagnosis of problems intraorally.
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