

Positioning Your Practice for



SMILE MAKEOVERS

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Are you prepared for the new paradigm shift in dentistry? Have you in place the systems to position your practice to deliver this type of dentistry? What am I talking about?

Well, it seems that today more than ever before, aesthetic makeovers are in high demand. This is mainly due to the very popular television shows “Extreme Makeover” and “The Swan”. Along with the tremendous influence the dental manufacturers have on dental practices and dental laboratories when it comes to using their “new” products for this aesthetic arena. Along with these you have the greatest demographic cohort in history — the baby boomers, which are seeing the ravages of the aging process. They don’t like what they see and are ready and willing to do something about it. These popular shows mentioned above also have a trickle down effect on the other demographic cohorts. I see a trend in my practice where the older cohort is also interested in smile makeovers. These older individuals have previously been neglected by the dental community with only patch-up type dentistry. They were rarely offered complete dentistry.

So how does one position their practice for this? I believe the keys lie in addressing the following:

- Your practice’s physical look — what do your patients think about your physical plant?
- Your dental team members — are they competent, courteous, effective and efficient?
- Your skills — have you taken the proper continuing education courses to make you not only competent in delivering this type of dentistry but more importantly confident. Do your patients see you as a confident practitioner?
- Your dental partner — the dental laboratory — are they on the same page as you and do they have highly gifted ceramists that will determine the success or failure of your case?
- Patient education — how do you communicate with the patient so that they understand what you can do for them?

The ultimate goal is to create “Raving Fans” out of our patients, who will refer their friends and family for more smile makeovers.

The old cliché that “Image is everything” is very appropriate in the aesthetic arena. Your office must be a reflection of the aesthetic dentistry you do. Does it reflect a more upscale, high-tech look with visual art portraying your work? Is it clean, streamlined and efficient looking? Do the equipment, cabinetry, and furnishings create an image that does your work justice?

Your reputation is greatly influenced by your team. They can make or break you. You need to invest in proper training. Take them with you when you make an investment in your more

advanced hands-on continuing education. The dental team needs to have the proper education and systems in place to process the patient interested in smile makeovers. The patient needs to be treated with a “make me feel important” attitude. Another point I would like to make with respect to the dental team is their appearance. Are their uniforms clean and wrinkle free? Do they portray a professional image? What about their smiles? Do the dentist and team have beautiful smiles? How can you discuss smile makeovers with a patient if you have “Austin Power’s”-like teeth? How successful will you be?

If you wish to excel in endodontics or orthodontics in your practice, you would take hands-on endodontic or orthodontic courses. Similarly, if you wish to excel and do more smile makers you need to take the proper courses that will make you more competent and more importantly confident in doing this type of dentistry. The best education is the live hands-on aesthetic programs. The more you learn about a subject matter the more confident you become in discussing this subject with your patient and team.

Your dental partner in the aesthetic arena is your dental laboratory. They will either make you look fabulous or incompetent in the patient’s eyes. You become a reflection of their ceramic artistry. You need to meet and discuss these cases. Create a game plan on communicating via digital photography through e-mail, what porcelain systems and techniques are to be utilized for the various cases, and what are your concepts of what is aesthetic and what is not?

When it comes to educating our patients on dental treatment there are many avenues at hand. There are patient education animation systems such as Orasphere®, Casey®, ConsultPro®, etc. There are education models with the various restorations on them.

In my experience the most effective means of communication is before and after photographs of cases similar to the one the patient presents with. To develop this library of images it becomes important to take photographs of the cases you treat. Today digital is the way to go and there are many good digital cameras and image cataloguing software systems available.

In order to successfully raise the bar of this niche of dentistry you need to be motivated, enthusiastic, and surrounded by a team who is also motivated and enthusiastic. It may require the help of a dental consultant to put the proper administrative systems in place, education mentors that will help put your clinical systems in place and help teach the proper verbal skills that will enable the entire team to succeed.

The following two cases represent the cultivation of everything we have discussed.

Smile Makeovers: Case #1

The first case is a patient who was referred by a “raving fan”, her daughter. We successfully treated her daughter and consequently she wanted her aesthetic concerns addressed. Various treatment alternatives were discussed, including traditional orthodontics. The patient wanted an instant gratification treatment modality, which is often the case with the baby boomer generation. Her treatment consisted of 8 Empress Restorations (Ivoclar-Vivadent, Amherst, NY). At the end of treatment the patient wrote a very touching testimonial about her positive experience with her new smile makeover. This is our goal for every patient.



Fig. 1-1



Fig. 1-2



Fig. 1-3



Fig. 1-4

Figures 1-1, 1-2, 1-3, 1-4 and 1-5
Pre-op condition
lacking many of the
scientific principles of
smile design.



Fig. 1-5



Fig. 1-6

Figures 1-6 and 1-7
Diagnostic wax-up and
putty matrix used in
the preparation
appointment.



Fig. 1-7



Fig. 1-8

Figure 1-8
Temporized case with
altered tissue heights
using a diode soft
tissue laser.



Fig. 1-9

Continued on page 8



Fig. 1-10



Fig. 1-12

Figures 1-9, 1-10, 1-11, 1-12 and 1-13
Post-op of smile makeover. Patient very pleased with result.



Fig. 1-11



Fig. 1-13

Smile Makeovers: Case #2

The second case is what I frequently see in our office — a patient of the older cohort who wants a smile makeover. She often thought about having this treatment but postponed it for many years. Consequently, the smile makeover cascaded into a full hair and makeup makeover.



Fig. 2-1



Fig. 2-3

Figures 2-1, 2-2, 2-3, 2-4 and 2-5
Pre-op dentition with various aesthetic pitfalls.



Fig. 2-2



Fig. 2-4

Continued on page 10



Fig. 2-5



Fig. 2-7



Fig. 2-9



Fig. 2-6



Fig. 2-8



Fig. 2-10

Figures 2-6, 2-7, 2-8, 2-9 and 2-10
Post-op result achieved with 8 porcelain restorations.

In summary, the most gratifying aspect of general dentistry for me is delivering smile makeovers. Positioning yourself for this type of niche dentistry doesn't happen overnight, nor without a well drawn out plan complete with goals and timeline. If this is what you crave for, are you prepared to do what it takes — no debate!

I have no financial interest in any products or companies named in this article.

I would like to express my heartfelt thanks to the ceramic artists responsible for these cases. Case 1 Trevor Langchild RDT of Burlington Dental Studio and for Case 2 Andy Sommer RDT of Classic-Aurum Dental Laboratory.

About the author

Dr. Mancuso graduated from the University of Toronto in 1985 and has maintained a general dental practice in Welland, Ontario ever since.

He is a fellow of the Academy of General Dentistry, a fellow of the Academy of Dentistry International, a fellow of the Pierre Fauchard Academy, and a fellow of the International Academy for Dental Facial Esthetics.

Dr. Mancuso has appeared on Canada AM and local cable network. He has published articles for dental journals and has lectured to various dental organizations in Canada, the United States and internationally.

He is the Immediate Past President of the Ontario AGD and current Mastertrack Director. He has served on the Membership Council at AGD National. He is on the editorial board of Spectrum.

Dr. Mancuso conceived and developed "Millennium Aesthetics in Niagara" — a live hands-on program that teaches dentists and staff anterior aesthetic diagnosis and treatment.