

Many dentists have been searching for a material that could be used to fabricate anterior crowns that are more esthetically pleasing than traditional porcelain-fused-to-metal (PFM). One of the difficulties was finding a laboratory technician who could fabricate a PFM that would blend in with adjacent natural teeth. Most dentists agree that the most difficult task in dentistry is matching a single-unit PFM with surrounding dentition. Even when a lab tech could nail the shade, there was still a problem with the vitality of the crown—it would not absorb or reflect light like a natural tooth. Many patients were forced to settle for PFMs that didn't match adjacent teeth.

Many dentists were understandably excited when all-porcelain systems were designed to replace the PFM in anterior situations. One of the big advantages of an all-ceramic crown when compared to a PFM is

that by using tints and opaquers to modify the luting cement, a dentist can influence the final shade. All-ceramic crowns have much more versatility, and a much lower rate of being sent back to the laboratory for re-shading.

A BAD REPUTATION

Many of the early all-ceramic systems had a bad reputation because of the number of crowns that fractured. Many of these early fractures were caused by dentists placing the crowns with conventional cements when the crowns weren't strong enough to be cemented in this way. Another cause of early fractures was incorrect preparation. Many dentists were prepping these teeth the same as they prepped teeth for PFMs, resulting in a lack of porcelain thickness. With the realization that these all-ceramic restorations needed to be bonded into place with resin cements, most of these failures were eliminated.

However, a new source of failure appeared. Instead of fracturing, these restorations began to show micro-leakage around the facial gingival margin. It became apparent that if moisture could not be completely controlled in and around the sulcus at the cementation appointment, the resin cement bond to the tooth would fail. This especially comes into play when replacing old PFMs with pre-existing subgingival margins, or cases with moderate gingival trauma. The ability to cement all-ceramic restorations with conventional cements presents a great indication for those areas where isolation cannot predictably be achieved.

TIME MANAGEMENT

In esthetic dentistry, time management is one of the keys to success. While that certainly can be said of all procedures, one of the reasons it is especially true in esthetic dentistry is because many dentists do not perform these procedures everyday. A good example is the typical maxillary anterior eight porcelain veneer case. According to most office staffs, dentists go over their scheduled time at least an hour on the preparation and cementation appointment. Couple that with the fact that many offices still charge less for a porcelain veneer than they do for a PFM, and you end up performing a difficult case (the veneers) for less profit than an easier case (the PFMs).

Part of time management is familiarity with the procedure. The other part is familiarity with the materials. Conventional cementation allows for a much shorter cementation appointment because of the familiarity of the dentist and staff with the materials. This does not mean that we now use conventional cementation in all cases just because it's faster, especially when other all-ceramic systems have better esthetic properties but need to be bonded into place. On anterior cases where all-ceramic restorations need to be bonded into place, don't concentrate on time management. Instead, adjust the all-ceramic crown fee to 15% more than the PFM fee. This takes into account the time necessary at the luting appointment. Until more dentists raise their all-porcelain crown and veneer fees to 15% to



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20% higher than their PFM fee, many will not enjoy performing these patient-friendly procedures.

WHO IS INTERESTED?

We ask a couple of questions on our dental history form to determine who is interested in esthetic dentistry. All new patients fill out this form, as well as patients who are updating their health histories. Rather than having to remember to mention the latest advances in esthetic dentistry to all of our patients, we find it much easier to ask the questions on the dental history. The first question is: If there were a simple inexpensive way to whiten your teeth, would you be interested? While we mainly use this question to identify who is interested in whitening, it often leads us into a discussion about veneers, especially if the patient has moderate alignment problems or tetracycline stains. After patients whiten their teeth and begin to love their new smile, their teeth become a worthwhile investment.

The second question is: If you could change one thing about your smile what would it be? This direct question lets you find out who is interested in major esthetic changes.

Do you and your patients favor and add these questions to your health/dental histories. Find out how many of your existing patients have been interested in improving their smiles, but know nothing about the fantastic procedures modern dentistry has available. ■