

Creating and Maintaining *Beautiful Smiles:*

THE JP INSTITUTE Veneer Care System



Aesthetic dentistry is becoming increasingly popular every day and a new smile comes with new ways to care for it. Just turn on the TV and one can find a variety of “make over” reality television programs featuring smiles that show veneers and other beautiful smile enhancements. Often porcelain veneers, like those produced by LVI doctors, are done so skillfully it may even be challenging for hygienists to detect these quality restorations when patients first arrive in our treatment rooms.

Proper recare maintenance during hygiene visits should be an important aspect of clinical time management. The dental practice can support the beauty, the durability, and the longevity of porcelain veneers with proper care given in our treatment rooms, and with proper homecare instructions given to the patient. However, the patient must perceive the value of the maintenance interval, and how critical the maintenance system is to their periodontal health, their overall health, and to the investment of their beautiful smile!

This article will review a complete Patient Veneer Care System. Please review the philosophy and patient treatment strategies as a team for continuity, and decide as a group what you feel would work best for your patient base. A great first strategy is to have all team members in agreement regarding your treatment protocols.

Written maintenance instructions, accompanied with a compassionate chair-side presentation, can be facilitated by the dental assistant when the veneers are seated. It is important to review your philosophy and protocols with the laboratory you are working with. Exceptional labs, like the ones recommended by LVI, create the art and science of a beautiful smile with you. They can give you new insights on materials, and can be a great asset to successful maintenance support with your patients.

The number one, absolutely critical objective to the supportive maintenance of porcelain veneer restorations is an individualized recare strategy for your patients. The recare interval should NEVER allow the patient to have bacterial biofilm present long enough to create an inflammatory response. We as clinicians need to take into consideration every variable of the patient's health in order to quantify the proper interval. The following is a list of variables to consider:

- 1) Current Periodontal Status –
Is the patient currently periodontally stable?
- 2) Current State of Restorations
Are there any plaque retentive defective margins? (In-complete treatment plans and/or newly defective margins)
- 3) Current Co-Therapy Compliance
Is the patient already compliant with their co-therapy or are they struggling with their daily regime?
- 4) Current Immune System Response
Is the patient's immune system stable, or challenged?
- 5) Occlusal Discrepancies
Is the occlusion a contributing factor to periodontal health?
- 6) Current Stress Factors
Are there any major stress factors that could effect the immune system response?
- 7) Current Health and Medications
Are there any medications that may be a contributing factor to the periodontal health and the inflammatory response?
- 8) Current Nutritional Status and Diet
Does the patient have a healthy nutrition/diet program?

The patient has made a significant investment in their new smile. We owe it to our patients to individualize their recare with a well thought out strategic interval to support their periodontal health and the longevity of the veneers. At each and every appointment we perform a risk assessment together with the patient to *co-determine* an appropriate interval for maintaining health.

The above questions are a list of specific variables that may impact the health of the periodontium. By utilizing a written list and checking off the appropriate variables of concern per individual patient, the patient can truly understand the necessity of the interval for their periodontal health. It is important to communicate the patient's own individual variables with:

- 1) Visual Documentation of their written variables
- 2) Visual Brochures that indicate the significance of the immune system response, medications, or any of the periodontal variables.

The visual documentation and review makes a huge impact on the value perceived by the patient. When you take the time to visually review the patient's individual periodontal variables you can significantly decrease the number of cancellations and no shows in hygiene. You also receive a lot less questions as to why insurance does not cover the additional appointments!

A scenario could occur as follows; "Mary, let's take a look together at what we feel would be the best interval for the maintenance of your beautiful new smile." The clinician and the patient would review the written list of the above variables and discuss which ones were pertinent to shorten the interval. You need to have written documentation that states, "*For most adults to stay healthy periodontally they need to be seen between every 12 to 16 weeks*"(depending on the current variables some of your patients may need to be seen as soon as 8 to 12 weeks).

The American Academy of Periodontology offers great brochures for credibility and visual demonstration. If you choose to utilize a brochure by the AAP it is important to convey to the patient the sound reliability of AAP research. It would also be valuable for the patient to know that the AAP are specialists in the field of the gum health and jaw bone support. Most patients are aware of the American Dental Association, however, they are unfamiliar with the AAP. Show the patient pictures demonstrating how recession can effect the aesthetics of the veneers. Review with the patient how inflammation will allow the gum tissue to pull away from the cervical margins.

The reward you will receive for *co-reviewing* the variables with the patient is their true perceived value of their 'Supportive Therapy' interval. The reason why the patient moves away from insurance dictation and will comply to the recommended treatment is because they helped decide the timing of recare intervals, and the importance of the intervals becomes internalized.

Since Dental Hygienists play such a critical role in the maintenance and longevity of today's enhanced smiles, we now need to address the three most common clinical concerns when providing supportive therapy around all porcelain restorations and veneers. First, is it acceptable and safe to use Power Driven Instruments or Ultrasonics near all porcelain margins? Second, how can I proceed with Ultrasonic instrumentation when the patient complains of marginal sensitivity? And third, how frequently and with what products do I polish?

The current standard of care calls for using a combination of ultrasonic instrumentation and hand instrumentation. State of the Art tunable power driven scalers are not only safe and acceptable around all porcelain restorations, as discussed in this article, they also provide the acoustic turbulence necessary to break up the Biofilm Matrix and bacterial cells. It is important to always follow the use of hand instruments with ultrasonic instrumentation.

When using Power Driven Scalers around *all* porcelain restorations there are some noteworthy precautions that *must* be followed. Always use the lowest possible stroke width, which is accomplished by turning the power knob on your unit all the way down, and always use the thinnest insert available to complete the task at hand.

There are many power driven scalers on the market, however not all of them allow the clinician to tune the unit appropriately for use around porcelain margins. You should check with the manufacturer of your unit to determine the parameters. The Dentsply Sustained Performance Scaling (SPS) Unit provides a comfort zone for the patient and allows use of the Slimline inserts at a very small elliptical stroke width while consistently delivering 30k cycles per second to the sulcus or periodontal pocket. If you prefer Piezo technology, the EMS or Satellec Units provide numerous tip selections with a small linear stroke path while still delivering the desired power to accomplish root debridement and Biofilm disruption/ removal. This lower setting keeps the patient much more comfortable and supports increased patient compliance for the use of Ultrasonics during hygiene visits. The small stroke width also decreases the chance of the instrument contacting the ‘all porcelain’ margin with enough force to cause a chip or break in the porcelain.

Caution is required however as you enter the sulcus or periodontal pocket. During our workshops and in-office consultations, The JP Institute teaches the following technique:

- 1) Disengage the instrument by lifting your foot off the rheostat
- 2) Place the instrument tip in the sulcus or periodontal pocket
- 3) Engage the instrument staying in the subgingival space
- 4) Treat the pocket to completion
- 5) Finish by disengaging the instrument before exiting the subgingival area.

Using this technique will considerably reduce the risk of ‘nicking’ the porcelain margin. Understanding how the stroke width, inserts and tooth structure interface during Ultrasonic instrumentation as well as implementing the above precautions will greatly reduce the chance of damage to the porcelain margin. A hands-on

course to refine your technique is a great contribution to your professional development and patient care.

Clinical data strongly supports using power driven scalers, however, the patients who experience sensitivity during Ultrasonic instrumentation are always a challenge. The solution to this challenge lies in technique, tip selection and power or stroke width (which we discussed above), patient communication, and the application of a desensitizing product. In order for hygienists to perceive value in the use of Ultrasonic Instrumentation they must first understand how the acoustic turbulence created by Ultrasonic Scalers, like water in a blender, can benefit their patients in combination with hand scaling. Often hygienists perceive the use of Power Driven Scalers to be a “time saver” for the clinician, however, once the hygienist understands that use of Ultrasonic technology provides their patients with superior bacterial disruption, their use of the technology increases.

Sensitivity is the number one patient complaint with power driven scalers, therefore, many hygienists avoid using them. Products like Sensodyne Toothpaste include 5% potassium nitrate that desensitizes by depolarizing the nerve fibers and inhibiting the transmission of pain-causing stimuli. The challenge with this method is the patient needs to use the toothpaste for two weeks before they will receive pain control. With Duraphat, Fluoride varnishes form precipitates within the dentinal tubules that block or occlude the open tubule. Oxalates often of potassium mono-oxalate also form precipitates within the opening of the tubule, thus blocking the tubule, such as SuperSeal. Chemical desensitizers, like AcquaSeal, work by penetrating into the dentinal tubules interacting with proteins and occluding the tubule. Surface sealers or glassionomers, which are usually light-cured, work by sealing the lumen of the tubule.

Polishing all porcelain restorations and veneers is a critical component to helping our patients maintain their beautifully enhanced smiles. To support patient periodontal health, The JP Institute suggests that polishing be done prior to Ultrasonic instrumentation. This allows the clinician an opportunity to flush the subgingival areas leaving them free of polishing paste residue. One of the nation’s leading laboratories, MicroDental, has approved the use of Proxyt RDA7 Fine Porcelain Polishing Paste by Ivoclar/Vivadent for use on all porcelain restorations. Even though almost all patients re-care intervals should be more frequent than every 6 months, polishing at least every 6 months with Proxyt to restore luster, to veneers in particular, is highly recommended. Patients who have both porcelain restorations and natural dentition should always polish porcelain surfaces first, and then follow with the clinician recommended brand of paste to remove stain from the natural tooth surface.

As dental professionals we are responsible for patient education regarding periodontal maintenance which supports the longevity of our patients' enhanced smiles. Implementing the techniques and products we have discussed will result in improved patient compliance while adding the importance of the perceived value to your hygiene procedures. To find out more about Continuing Education Courses and Products to enhance your clinical expertise, or to become a JP Certified Hygienist, visit our website at www.jpconsultants.com or call 800-946-4944. In the meantime, keep creating and maintaining those Beautiful Healthy Smiles!

The JP Institute has taught the most advanced clinical protocols, technology, and evidence based science since 1979. The JP curriculum emphasizes team support for comprehensive dentistry. JP specializes in analyzing and refining practice philosophies, strategies and business systems, hands-on implementation of clinical skills, and technology and product integration. Call The JP Institute for a complementary Practice or Career Profile to analyze your professional development, clinical protocols, technology and product integration, management systems, and profit potential.



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