



الهيئة الوطنية لتنظيم المهن والخدمات الصحية
NATIONAL HEALTH REGULATORY AUTHORITY

The Smile Enhancement Guidelines

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Smile Enhancement Guidelines

1. Introduction

When considering elective or cosmetic treatment procedures, the patient's health should always be paramount and should always trump the patient's personal desires, even at the expense of patient autonomy. As a profession we have a duty to weigh up the benefits and risks of any procedure, and if the potential harm outweighs the benefits, even patients' requests for treatment should be declined.

In 1992 Ozar and Sokol proposed a hierarchy of values for the ranking of professional values. The rule of the hierarchy being that it is unethical to take any action that puts a lower item on the list ahead of a higher item on the list:

1. Patient's life and general health
2. Patient's oral health
3. Patient's autonomy
4. Dentist's preferred choice of treatment
5. Aesthetic values
6. Efficient use of resources.

Patients inspired by culturally and commercially driven aesthetic expectations no longer limit their demands to diseased teeth. In response to these demands, many clinicians are driven toward the new trend in field of aesthetic dentistry which known as "smile makeover".

Smile makeovers if implemented properly through multidisciplinary & interdisciplinary approach by team of expert professional dentists can successfully address a broad range of aesthetic flaws. These issues include:

- Discoloration of the teeth
- Cracked or chipped teeth
- Tooth wear or disproportionately sized teeth
- Diastema between teeth
- Gummy" smiles or uneven gum line

Part of smile makeover procedure includes the placement of elective ceramic veneer restorations in young patients which need preparing teeth less or more aggressively with less regard for preserving enamel.

2. Ceramic veneer restorations Protocol & guidelines:

Successful implementation of ceramic veneers restorations requires meticulous planning, as well as a clear understanding of the patient's expectations. With routine care and good oral hygiene, ceramic veneers can be a conservative and ideal treatment option if implemented on carefully selected cases.

Ceramic veneers should be reserved for replacing lost dentine and enamel, but not used as a substitute for dentine and enamel. For example, providing ceramic veneers following tooth wear or for heavily restored teeth with defective large restorations has a high benefit/risk ratio.

However, providing ceramic veneers to alter the shade of healthy teeth from A3 to B1 has a low benefit/risk ratio, and potentially harmful.

While ceramic veneers deliver immediate gratification, the negative aspects include possible pulpal damage, infection, fractures, or even tooth loss, especially if carried out by inexperienced operators.

Planning of Dental Veneer Placement

- Preoperative assessment for dental veneer treatment requires sound dental and medical history is taken & followed. In doing so, the following should have been addressed and resolved preoperatively:
 - Active periodontal disease
 - Active carious lesions
 - Occlusal imbalances
 - Other active pathologies
- Patient's objectives and expectations should be thoroughly studied.
- Comprehensive extraoral & intraoral examination
- Radiographic assessment
- Further investigations if required
- A study of the current masticatory system requires the recording of impressions for the fabrication of study models mounted on semi- adjustable articulator.
- The advantages, disadvantages, limitations and risks of treatments should be explained to the patient and fully understood.
- Alternatives treatment options such as traditional orthodontics, bleaching, and crown treatment must be explored prior to intervention. It is not uncommon for several treatment modalities to be combined in achieving the patients' objectives.

- Aesthetic wax-up may be constructed upon articulated models in order to simulate the postoperative aesthetics and functional prognosis. This aids in evaluating treatment objectives and potential for additional needs in varying the periodontal architecture.
- Gingival architecture must be addressed as it plays a crucial role in the smile design process
- Survey of the patient's extra-oral anatomy is ideal and that includes:
 - The smile line
 - Facial Midline
 - Interpupillary distance and other pertinent anatomical landmarks are registered and considered.
- The recording and analysis of such data is best conducted through the use of digital photography

3. Informed consent

- ❖ The consent process is a critical part of the provision of any treatment and it has become one of the most important and topical ethical issues in dentistry, as well as in medicine.
- ❖ It is important to understand the special nature of the ethical and dento-legal risks that accompany the provision of any treatment which does not, strictly speaking, need to be provided at this moment in time. The solution is to inform and involve the patient in the consent process and to resist the temptation to guide a patient too forcibly or too quickly towards a specific treatment option.
- ❖ It is the duty of the clinician to explain each of the various treatment possibilities, what they involve and how they compare in terms of treatment duration, costs, etc. It is important that this comparison include the risks, limitations and disadvantages of each of the treatment alternatives, as well as their benefits and advantages.
- ❖ The option of no treatment needs to be considered within the treatment option list, as it is the dentist's responsibility to decline to carry out any treatment if it involves the unnecessary or avoidable destruction of healthy tooth structure.

4. Conclusion

In summary, there is a continuing and increasing demand for the provision of cosmetic treatment. However, patient's high expectations together with differing perceptions of appearance make smile makeovers a risky business. There has been increasing litigation from patients who are dissatisfied following aesthetic treatments. To insure providing safe and quality treatment to the patient there are several point the dentist **must** consider:

- ✓ **The dentist who want to do “smile makeover” should have sound knowledge about ceramic veneer restoration protocol through attending an up to date accredited course in aesthetic treatment and smile design.**
- ✓ **Preoperative comprehensive dental assessment is a must to ensure healthy dental and periodontal condition and stable occlusion, and to refer the patient to the concerned specialist if indicated.**
- ✓ **Elective ceramic veneer preparation for patient of age 18 and below is not recommended.**
- ✓ **The dentist should not carry out veneer preparation to a healthy sound teeth purely for change of the tooth shade.**
- ✓ **It's the responsibility of the dentist to introduce alternative treatment options to the patient.**
- ✓ **It's obligatory to obtain a clear and detailed consent from the patient for all treatment stages*.**
- ✓ **Full mouth rehabilitation should be restricted to a specialist in multidisciplinary setup.**

* Samples of the informed consent is attached