

The artistry of aesthetic dentistry



Konrad Meyenberg, DMD
Private Practice
Zurich, Switzerland

Being a prosthodontist is a little like being the director of an orchestra. What the patient sees after extensive treatment in a complex case is what the prosthodontist does. But our work relies on what the periodontist, the implantologist, the orthodontist, the dental technician, and the patient all have contributed. We create something out of all these components; a lot of communication is involved. Even though patients in most cases think the final result depends on what we as prosthodontists have done, it is an effort that depends upon the contributions of each member of the team.

For me, part of what makes dentistry so fascinating is the aesthetic component. One needs to know a lot about sculpting, colors, and shapes so that together with the patient and the dental technician, the definitive aesthetics can be developed. That is why I say the role of the prosthodontist is like that of a director. The prosthodontist should be involved from the beginning. He or she should plan the entire case because ultimately the responsibility rests on the prosthodontist's shoulders.

I also teach, and I do that because I want to learn. I learn probably more from the people I teach than they learn from me. If one knows that multiple clinicians and laboratory technicians will be involved in a given case, one probably will have a different approach to it from the beginning. Clinicians should look at everything as if they were looking through the eye of a camera lens: always asking, "Is this good enough?" I have learned a lot by taking photographs because it forces me to pay more attention to details. Discussing the case later with colleagues also makes one aware of details that may have previously escaped attention. Dentistry is a constant learning experience, which is good because as one gets older, one might lose the ability to do some things. But it is also true that with age, one gains experience. With experience, clinicians see more and more, and they may gain the ability to perform complex procedures in shorter periods of time.

Now that I have had 25 years experience in treating complex clinical scenarios, I think the most important thing is to define from the beginning the results one expects to achieve. Expectations for clinicians, laboratory technicians, and patients must be clearly defined. My colleagues and I, who have acquired a lot of experience over the years, have learned what is possible and what is not possible. Initially we thought everything was possible. We may have treatment-planned patients with multiple surgeries without paying too much attention to what this meant for each patient.

Today, we try to plan for treatments that are much more efficient and less invasive. We think not only about what is the most predictable way to achieve an excellent final result but also about what is most supportable from the patient's point of view. For example, today we are evaluating from the beginning whether or not we can rebuild soft tissue. Very often in complex cases, we are coming to the conclusion that less treatment is more. Compensating for soft-tissue deficiencies with pink porcelain is an interesting option that was forgotten for a while. But when I look at articles in

renowned journals by international top-level dentists, more and more I see this presented as a serious alternative to extensive surgical procedures.

Today, we are working with different concepts and implant components. In the future, I expect we will see further simplification of procedures. It is not easy to analyze different treatment options and determine which are the most efficient to achieve an aesthetically pleasing result. Computer-aided design and manufacturing (CAD/CAM) technology, which in some areas is still in its infancy, will continue to evolve and have a major impact on dentistry in the future. For one thing, I hope that in the future, CAD/CAM systems will be compatible with one other. That way everyone in the office could use the same scanner to obtain digital information that can be used in development of casts, copings, abutments, and crowns. This will involve behavioral changes in clinicians and laboratory technicians. Future modifications should allow us to save time and money. Ultimately, clinicians and technicians will still be responsible for developing optimal aesthetics, even though the restorations may be made with CAD/CAM technologies.



About The Cover Art: *It was both a challenge and a pleasure to create the cover illustration for the current edition of JIRD. I knew that all the authors in this issue would be inspiring readers with their ideas and research. Both science and clinical work require a lot of creativity, and I wanted the cover to reflect this relationship. I wanted to address the biologic environment we all work in, so it had to be water. I envisioned one being at home in that environment and feeling perfectly at ease. Who better than a mermaid? To be able to play is one of the essential gifts, so I wanted to depict her playing, drawing inspiration from some of the tools on the sea bed.*