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The Journey to “Smile”: More Than Porcelain and Composite

INTRODUCTION

February 20th, 2003—I knew the appointment with my next patient could change her life, but I had no idea how it would affect me. At our first meeting, “Sara” (not her real name) displayed signs of nervousness and apprehension. She came to me through the Give Back a Smile™ (GBAS) Program and knew what she wanted. As I listened to Sara’s story, I became concerned about more than just her dental health, but I had committed to helping her. We both eagerly, but hesitantly, moved forward.

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PRECLINICAL INTERVIEW

In Sara’s preclinical interview she stated that her front teeth had been knocked out two years earlier. Her goal was to be able to smile again. Her teeth were rough to her lips and tongue and she reported having cold sensitivity. She had recently had five back teeth removed due to decay and subsequently noticed a change to her bite. She was now chewing with her front teeth and said they were wearing away. She said her Medicaid dentist had recommended complete dentures. As we spoke, her anxiety turned to excitement at the possibility of getting her smile back. She stated that she had never had a dentist listen to her concerns or talk *with* her before.

CLINICAL EVALUATION

Her clinical examination revealed generalized gingivitis. Her Dental Fitness scores indicated that 56% of the tooth surfaces had plaque and 34% of



Figure 1: Preoperative smile; 1:2 view demonstrates caries and damage due to trauma.



Figure 2: Retracted frontal; 1:2 view demonstrates gingival inflammation, lingual position of #25, missing teeth, severe deep bite, and uneven plane of occlusion.

the probed areas exhibited bleeding points. No pockets were greater than 3 mm. Missing teeth included ##3–5, 12–14, 17, 18, and 30–32. Teeth #8, #9, and #15 had gross caries and severe fractures. Tooth #25 was in severe lingual version. Occlusion was a Class I with a severely collapsed bite (Figs 1 & 2). Skeletally she was a Class II. At the end of this appointment, I counseled Sara on controlling her periodontal disease by working with our hygienist in the Dental Fitness Program; I also encouraged her to stop smoking.

TREATMENT PLAN

The overall goal of the treatment was to increase vertical dimension, to harmonize facial height, and to allow room to restore the anterior segment. The treatment plan included extraction of the nonrestorable teeth by oral surgeon Dr. Kris Stegmann (Traverse City, MI). Teeth #2, #8, and #9 were to be removed, along with #7 and #10. Tooth #25 would be veneered to return it to the normal position. Teeth #3, #6,

and #11 would be crowned as abutments for a maxillary precision removable partial denture (RPD), and #18 and #28 would be crowned. Crown lengthening was planned on #6 and #11 to improve contours and to provide cuspid guidance. Several composites would also be placed. (Increasing the length of the centrals and the left lateral could have improved the esthetic results; however, this was not possible due to travel and time restrictions.)

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CONSULTATION

At the end of the initial appointment I asked two things of Sara. If she would commit to showing up for her appointments and work toward eliminating her gum infection, then I would help her get her smile back. She agreed.

At her review of findings I described the difficulties in restoring her mouth. However, I offered to fully restore her mouth using crowns and partials if she would keep her commitment to improving her oral hygiene. Again, she said she would keep her promise.

PROGRESS

Two months and a cancelled appointment later, I saw Sara for site work. Her oral hygiene was reviewed using the Dental Fitness protocol. She had made little progress. Even though her commitment was wavering, I went ahead and took an impression for a treatment partial and referred her to Dr. Stegmann for extractions.

We didn't hear from Sara for three months, but then she rescheduled her appointments. Sara came from the oral surgeon's office to receive her treatment partial. She was still smoking and her teeth were still covered in plaque. Despite this, I was committed to at least fixing Sara's front teeth. After I delivered



Figure 3: Retracted view of completed restoration; 1:2 view demonstrates matching fixed porcelain restorations with RPD. The areas of severe bone loss in the posterior were restored with the use of acrylic saddles.



Figure 4: Postoperative smile; 1:2 view demonstrates shade coordination, lip support from the prosthesis, opening of the vertical, and filling in the buccal vestibule.

the treatment partial things looked good, but I feared I would not see her again. How wrong I was!

Nine months into treatment Sara returned for a postoperative check. Her eyes were bright, her breath clean, and her gums healthy. She had quit smoking. The instructions and caring of my hygienist, Michele, during Sara's Dental Fitness appointments, along with the first glimpse of how she would look with her restored teeth, effected amazing behavioral changes. Sara was thrilled with her progress! She had made the difference in her own health and she knew it. During the rest of her treatment she kept her appointments and maintained excellent dental and general health (Figs 3 & 4).

The day we completed treatment there were tears and hugs all around. It had been 13 months since our journey began. Sara looked beautiful. With great pride, she told us of her new job and that she had been reunited with her two young children; she would soon regain custody.

SARA'S WORDS

Sara told us, "You don't usually realize what a difference it can make in your life to lose your smile. That is, unless someone or something destroys it. Then you realize how differently people look at you, and you become self-conscious, which eats at you, destroying confidence, pride, and self-image."

"When I found out about Give Back A Smile I wasn't sure if they could still help me. But I was blessed with a wonderful dentist who volunteered his time to help me. Dr. Arnold was one of the dentists who wanted to help restore a smile and a person. I am so lucky to have been able to get his help. My confidence has been restored, and I feel like me again. I am not afraid of what people are thinking when they look at me anymore!"

"Thank you, and I hope more dentists will want to help people like me. This has been a wonderful, life-changing experience!"

REFLECTIONS

Not only was I able to give to Sara, but she gave me an important gift as well. She taught me to be accepting of other people, no matter where they are on their journey. She taught me to never sell anyone short. I learned a valuable lesson: Once people experience, maybe for the first time, that they have control over their dental health, they discover they have control over much more. Enhancing people's lives and broken smiles has become an important part of my journey—it doesn't get much better than that.

In our dental practices it is easy to get separated from "real" life—to lose track of what is really important in our relationships with our patients, with our teams, and even our families. Life is so much more than just porcelain and composite. If you find yourself bored and maybe feeling empty and unfulfilled, take a look at the Give Back a Smile Program. It may give back to you something more important than you ever

imagined. When it does, it will truly put a smile on your face.

Acknowledgments

The author thanks D.H. Baker Laboratory and Schumacher Dental Laboratory (Traverse City, MI) for their assistance with this case. He extends appreciation to his laboratories, which, although they are not participants in the GBAS program, were generous with their support. He is also grateful to his dedicated team—Michele, Julie, Dawn, and Tammy—whose compassion and support helped make this miracle possible for Sara.

The author also thanks Dr. Mike Schuster and the team at The Schuster Center for Professional Development for teaching him a model and philosophy of dental practice that allows him to spend enough time with people to get the relationship and the treatment right.

AUTHOR'S NOTE

This past summer I learned that Sara had been struck by a car and killed. It pained me to learn this; we had become so invested in her and in bettering her life. I realize that, in practical terms, the time and dollars invested in Sara's dentistry meant little in the end. What I hope had eternal value was how we invested ourselves in loving her as a person, and how that had returned joy to Sara's face and life. *AG*



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