

Case Study 1

This patient was concerned about the appearance of her anterior teeth. She had lost tooth structure because of wear and was embarrassed to smile. We discussed various options including porcelain, composite and the advantages and disadvantages of each but decided a more conservative approach would be appropriate.



A wax up was fabricated from mounted models to manage the occlusal issues followed by a two-visit build up technique using direct composite.



Diagnostic wax up



Composite build up

Patient presented with healthy tissues and periodontium with minor supragingival deposits. Her dentition was intact with missing first molar teeth and some minor posterior restorations.

There was tooth surface loss, evident in the upper anterior teeth: 11, 12, 11, 21, 22, 23 and to a lesser degree in the lower anterior teeth: 32, 31, 41, 42. There was a large diastema between the two central incisors.

Courses attended in last 5 years

World Aesthetic Conference - London UK	2006
Occlusion in Everyday Dentistry - UK	2006
Composite Resins - Lorenzo Vannini - Lake Como Italy	2006
Composite layering techniques - Newton Fahl - UK	2008
British Academy of Cosmetic Dentistry Conferences - UK	2007 / 2008
Certificate in Restorative Dentistry - Eastman Dental Institute - UK	2007
American Academy of Cosmetic Dentistry Annual Conferences - USA	2005 / 2007
International Endodontic Conference - Istanbul Turkey	2007
Pascal Magne Bonded Porcelain Restorations - San Francisco USA	2009
Diploma in Restorative Dental Practice - Eastman Dental Institute UK	2010

Courses pending

MSc in Restorative Dentistry UCL - London	2011
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Referrals

- Treatment of the Worn Dentition
- Full Reconstructions
- Diastema Closure (non orthodontic cases)
- Lengthening or Widening of Clinical Crown
- Bonded Porcelain Restorations (Laminates, Onlays, Inlays)
- Direct Composites Anterior and Posterior

Our skills and *experience* at your disposal





An unparalleled, reconstructive dentistry service - we are passionate, enthusiastic and work within an environment of empathy, care and trust.

Background

Gary Rowland BDS DRDP, the Practice Principal, has been developing techniques in aesthetic dentistry for the last 15 years. He has travelled extensively around the world to access education from world renowned specialists. Gary regularly visits the prestigious Eastman Dental Institute in London where he has recently been awarded a Diploma in Restorative Dentistry in the summer of 2010. A further 10 months of study will elevate this postgraduate qualification to a Master's degree in Restorative Dentistry.

"My special interest is within reconstructive dentistry in particular, wear cases, whereby the ultimate goal is to provide patients with an exceptional aesthetic and functional outcome. In addition, aesthetic restorations need to be conservative, meaning that their design is driven in most cases by a diagnostic wax up so preparation is controlled and kept to a minimum. Referrals for aesthetic treatment, wear cases or reconstructions are welcomed. Whether you require a second opinion or treatment, we will always return the patient back to you for continuing care.



"Excellence is not a skill. It is an attitude"

Ralph Marstone

Case Study 2

This gentleman was unhappy about the appearance of his anterior teeth. He presented with severe erosion and attrition which had caused a considerable loss of tooth structure. Ultimately we decided conservative treatment would be the chosen path using direct and indirect composites with an increased OVD.



The dentition was restored as there was damage to the surface of the teeth because of the patients poor diet. This had led to the enamel being stripped from the labial aspect of both the upper and lower incisors.

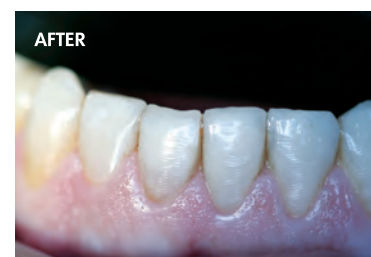
Options were discussed including full crowns or porcelain laminates, but because of the lack of tooth structure, preparation would have left even less tooth available for bonding so a more conservative approach was favoured.



From a diagnostic wax up the anterior teeth were restored at an increased OVD and backings were made in the laboratory to facilitate this. Direct composite was then built up on the labial surface of upper and lower anterior teeth.



Lower incisor area demonstrating erosion



Completed lower incisor region

Case Study 3

This lady was unhappy with the appearance of her upper anterior teeth, she had a retained deciduous tooth, a missing lateral and tetracycline staining with hypoplasia. We restored her with porcelain and direct composite.



The patient had a sound periodontal condition and the upper labial segment demonstrated poor aesthetics. Tooth 53 had been retained and, 11 and 21 were hypoplastic, mishaped and mottling was evident. Tetracycline banding was also visible and there was spacing in the upper incisor area.

The upper right lateral incisor was missing and the upper left lateral incisor had a porcelain fabricated to metal crown. Spacing was also evident in the upper right at 15 and 16 and in the lower arch at 35, 36 and 44.



Diagnostic wax up



Putty matrix



Various treatment options were discussed including direct and indirect treatment strategies. We decided on a combination of indirect and direct techniques from a wax up and the patient was given porcelain and composite laminates.