

Porcelain Veneers — From Diagnosis to Execution

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The technique of porcelain veneers was first introduced in the early 1980s. This procedure became very popular because it offered clinicians a superior treatment alternative to porcelain fused to metal crowns and direct resin bonding as a means to altering the shape and color of teeth for cosmetic reasons. The advantages of utilizing porcelain veneers are many. Significantly, less tooth reduction is involved, finish lines may be supra-gingival, teeth may be restored with a beautiful tooth-like surface and corrections to minor mal-alignments in tooth position are possible. But have porcelain veneers been overused? Have they been utilized where orthodontics, bleaching and minor tooth reshaping may have accomplished the desired esthetic objectives? Examples of “rotary orthodontics” are frequent among mailings received at the dental office. Just because we have a hammer does not mean we must use it. Bonding still has a place in conservative esthetic dentistry. I echo the philosophy expressed in the November 2002 issue on Oral Facial Esthetics: Use the most conservative treatment that will accomplish the patient’s esthetic goals and leave the patient in a healthier state than when you began.

Previously, patients having cosmetic dental procedures had their teeth bonded or crowned and accepted or even sought out the “bonded look” or the white, “Chicklet” look of Frank Sinatra’s smile. Today, esthetic dentistry has matured. It commonly begins with a dental facial evaluation and may involve a multidisciplinary treatment plan. Patients desire restorations that appear more natural and



which enhance the appearance of their smile. Aside from alterations to the shape and color of the teeth, the treatment plan may involve lengthening the teeth and altering the patient’s occlusal plane, smile line, vertical dimension or gingival architecture. Consequently tooth preparation considerations must evaluate whether finish lines will be placed on enamel or what was previously root surface (dentin), the amount of facial reduction necessary, what is the desired finished length of the tooth, whether incisal reduction is necessary, and how much unsupported porcelain there may be.

The authors who have contributed to this issue are well-respected clinicians who focus on multidisciplinary esthetic dentistry. This issue of the *Journal* will address the treatment planning considerations for incorporating porcelain veneers into a treatment plan as an alternative or in addition to orthodontics or surgery. It will address the criteria for designing an esthetic smile, principles of preparation design and provide a technique for provisionalizing prepared teeth so that the esthetic design may be communicated to the patient and laboratory technician.

■ Frank M. Spear, DDS, MSD, provides a series of decision-making criteria for determining whether porcelain veneers, orthodontics or both, should

be utilized in the esthetic treatment plan and discusses what the limitations of treatment will be if orthodontics is not performed.

■ Stephen J. Chu, DMD, MSD, Susan Karabin, DDS, and Saiesha Mistry, DDS, illustrate clinical conditions associated with short teeth. Their paper provides a flow chart to determine the appropriate multidisciplinary treatment plan which may involve porcelain veneers, orthodontics, periodontics or orthognathic surgery.

■ Tal Morr, DDS, MSD, outlines the criteria to evaluate when designing an esthetic smile.

■ John C. Kois, DMD, MSD, discusses the diagnostic criteria to consider when determining the preparation design for anterior teeth.

■ Jacopo Castelnuovo, DDS, MSD, compares the fracture resistance of four different incisal edge finish line designs and makes recommendations regarding the length of unsupported incisal edge porcelain.

■ Careen W. Young, DDS, MSD, describes a new quick and simple technique for fabricating provisional veneers which may be utilized to verify the esthetic possibilities with the patient. The provisional restorations may provide the technician with a blueprint for the definitive restorations.

I hope you will enjoy this issue of the *Journal* and find it a beneficial reference when your esthetic treatment plans involve porcelain veneers. **CDA**



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