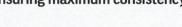
12 steps to happiness

Nishan Dixit shares his process for ensuring maximum consistency when tackling smile design







People are motivated to improve the appearance of their smiles for various reasons. We often say that smiling is contagious, and it's something we could all do more of - particularly right now.

As such, smile design is an essential part of the modern dentist's armamentarium. When implemented effectively, it offers a predictable and minimally invasive way to give patients a smile to be proud of.

Step-by-step

I typically follow 12 steps:

Assess the lip line and smile line

- Position the incisal edge of the upper central incisors - it should be just above the lower lip in a full smile or it should fit with the lip when extrapolated from the cusp tips of the posterior teeth
- Position the dental midline
- Correct the central incisor proportions the average height should be 11mm and the heightto-width proportion between 0.7mm-0.85mm
- Use golden proportions to calculate other tooth widths (central-lateral-canine should be 1.6mm-1mm-0.6mm)

- 6. Align the long axis of the teeth and assess the buccal corridor
- 7. Idealise the gingival aesthetics lateral incisors should not be higher than the line drawn between central and canine
- Check heights of any contact points they become shorter as you progress distally - and follow the 50-40-30 rule
- Plan the embrasure form the embrasures should be positioned apically and become more rounded from midline to the distal edge
- 10. Design the labial anatomy, including where to position the line angles
- 11. Decide on colour graduations and incisor translucency - consider the patient's age and desired appearance
- 12. Select overall colour of the case again, in conjunction with their age and treatment goals.

Best laid plans

The main challenge associated with smile design is applying the above to a patient's existing dentition, while being as minimally invasive as possible.

In some cases, tooth reduction is unavoidable,

though orthodontic treatment to reposition the teeth and reduce the necessary preparation should always be considered where appropriate.

My advice would be to do a wax-up first, then temporaries and then the definitive porcelain restorations.

I also like to prepare the teeth through the temporaries using the Galip Gürel technique.

By following the steps above and engaging with the patient, outstanding results can be achieved. D





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