

Dental Layaway

The need for a full mouth restoration may seem overwhelming. However, with a comprehensive treatment plan, some patients' goals can be accomplished in phases, as long as the objectives are set.



STEPHEN G. BLANK, DDS

Before she knew it, Cindy Wildes was on the brink of losing all of her teeth.

"It was about ten years ago," remembers the 63-year-old. "It came on ever so fast. I developed indigestion, which was later diagnosed as acid reflux, but I didn't really pay much attention to it. Then, in an incredibly short period of time, it had eroded all the enamel from my teeth."

She confides that she is forever thankful that her dentist is Stephen G. Blank, DDS, who practices cosmetic and functional dentistry in Port St. Lucie.

"It was actually his hygienist who first recognized my condition," reveals Cindy. "I had no idea there was even a problem."

Dr. Blank recalls Cindy's 2001 examination: "When we checked her teeth, all her enamel on the tongue side was almost gone. Instead of a white layer, we were only seeing a white halo at the edges. Other than that, we were looking at the dentin." Dentine is the creamy, yellow-brown substance that lies under the enamel and protects the innermost part of the tooth. "Once the dentin is exposed, the wear continues faster and faster. Dentine wears down between five and eight times more rapidly than enamel. This meant that Cindy's teeth were destined to wear down to an even greater extent."

Cindy says that when her hygienist saw the damage, she immediately brought it to Dr. Blank's attention.

"Even the biting surfaces of Cindy's back teeth had worn off," observes Dr. Blank. "The cuspid tips were worn down, and her bite had changed. Her bite was what patients often refer to as *slippery*, she was able to chew sideways or *more like a cow!* Rather than her cuspids guiding Cindy's jaw into place and guaranteeing a proper fit, her jaw was sliding in big circles, mowing everything flat. That causes more and more wear of the same pattern."

Dr. Blank's diagnosis was that Cindy needed all of her teeth rebuilt.

"Without dental insurance, it seemed overwhelming," she admits, "but Dr. Blank worked with me. He was able to



FHCN PHOTO BY AMANDA SMITH

Cindy appreciates beautiful things, including the orchids she grows and the lovely smile they bring to her face.

BEFORE



PHOTOS COURTESY OF DR. BLANK

repair my teeth in phases so that I was able to accomplish my goal in a reasonable amount of time."

Treatment plan

Dr. Blank laid out his treatment plan for Cindy: "We used bonded tooth-colored composite resin on Cindy's teeth as an interim measure while we rebuilt her teeth in phases with permanent materials. For instance, when we did the first corner of her back teeth with crowns, which made those teeth higher, durable, and strong again, we coated the other sections with resin, shaping them like teeth and polishing them. Had we not built up those other areas with the composite, only the crowned teeth would have touched when she closed her mouth."

Dr. Blank explains that when he uses resin to fill a cavity in the groove of a tooth, there is a strong tooth surrounding it, so it can be considered a permanent treatment. However, when he coats the entire tooth with the resin, it is taking the entire load of pressure when the patient bites down. "While the composite resin was perfect to use as a durable, protective material for a long-term interim period to take her from where she was to where she was going, it does not have the strength of a porcelain crown."

Dr. Blank also coated the back of Cindy's front teeth with resin to protect them until Cindy was ready for new crowns on the front teeth..

New Crowns

Dr. Blank designs the size, shape, color and position of the tooth restorations. Study models and photographs of his patient's mouth are taken and sent to the laboratory for a wax-up.

A wax-up, or a wax model of how the enhanced or repaired teeth will look, is

completed by the laboratory, following Dr. Blank's prescription. It simulates the new teeth and is used to make any necessary changes before the lab proceeds to make the patient's new porcelain crowns.

"During the next step, the teeth are prepared for the new restorations, and any old, obstructing dentistry is removed," says Dr. Blank. "Impressions are made for the laboratory, and temporaries that match the wax-up are created."

Copies of the temporaries are sent to the laboratory technician for better results.

Following this visit, patients leave Dr. Blank's office with resin temporaries.

"The temporaries look just like the new teeth are going to look," adds Dr. Blank.

The final step is to bond the porcelain crowns to his patient's teeth.

Success

To resolve her acid reflux, Cindy says she went to a gastrologist, began taking over-

the-counter antacids, and changed her diet, all of which control her condition.

"I did have naturally beautiful teeth," reflects Cindy, "and I have to admit that I didn't recognize there was any problem."

"Without a closer examination, most people would have had no idea about Cindy's dental problem," supports Dr. Blank. "Most patients don't realize the extent of the damage their teeth may be suffering. It is just very difficult to examine one's own teeth carefully."

Cindy acknowledges that before she first went to Dr. Blank, she had been afraid of going to the dentist. However, despite her earlier apprehension about dental care, she says that after working with him, she's not scared anymore: "I would let him do practically anything to my mouth," she says with a laugh. "I couldn't be happier with my new smile."

"In fact, he and his staff are so easy to work with that I talked my husband, Mac, into going to see him about his TMJ [see sidebar]." **FHCN**—Kris Kline

Treat Your TMJ

Many patients suffer with dysfunction of the TMJ (temporomandibular joint, the small joint in front of the ear). TMJ refers to a complex set of conditions that can cause headaches, difficulty opening the mouth fully, and pain in the area of the jaw joint and associated muscles.

Along with his years of experience, Dr. Blank credits all the specialized equipment he uses to assist him in diagnosing TMJ and in measuring the level of difficulty his patients are experiencing. One

such tool is JVA, or Joint Vibrational Analysis, a computerized listening device that measures the TM joint sounds.

For the first phase of treatment, Dr. Blank typically creates a bite guard appliance designed to wear. It is very thin, clear, and aesthetically unobtrusive. The goal of the appliance is to break the muscle spasms, reduce muscle tension, and allow the jaw to return to its normal position. Once the muscles have healed, there are several different modalities that can be used to adjust a patient's bite.

"Of course, we use the most conservative means possible," assures Dr. Blank.

Dr. Blank invites you to visit his website at www.PSLDENTIST.com

Gold Medal Winner

Dr. Blank was awarded four gold medals at the 2007 Florida

Academy of Cosmetic Dentistry (FACD) Annual Scientific Session competition, which was designed to reward excellence in clinical cosmetic dentistry. The FACD is an organization devoted to seeking improvements in the science and art of cosmetic dentistry.



Stephen G. Blank, DDS, is a 1982 graduate of Northwestern University Dental School in Chicago. He has since completed intensive continuing education studies. Dr. Blank has studied TMJ under Mark Piper, MD, DMD, at the Piper Education and Research Center. He has completed the course continuum at the Dawson Center for Advanced Dental Studies. Dr. Blank was a clinical instructor with the Hornbrook Group, teaching dentists from all parts of the country in live hands-on courses on the various aspects of smile design, occlusion, full mouth reconstruction, and complete patient care. He is a facilitator/mentor with the Dental Boot Kamp program. Dr. Blank enjoys teaching dental teams around the country.

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For that healthy smile

Dr. Blank and his staff look forward to meeting the readers of *Florida Health Care News*. For more information or to schedule an appointment, please call (772) 878-7348. His office is located at 184 NW Central Park Plaza in Port St. Lucie.