

Profiting from Cosmetic Dentistry in Tough Economic Times: A 3 Part Series Vital Tooth Bleaching: The Bedrock of an Esthetic Practice

Expanding the Tools in the Toolbox

There is a common saying that “when all you have is a hammer, everything looks like a nail.” This is certainly the case in many esthetically –oriented offices when the only skills the practitioner has to offer to patients seeking a smile makeover are porcelain crowns and veneers. Easily recognized as the most expensive option for creating a dazzling smile, fees for this service can range from 700 – 2000\$ per tooth. Regardless of whether you live in New York City, or Rock Hill, South Carolina, presenting this service as the only means to achieving a bright, white new smile quickly separates the wheat from the chaff. In strong markets where economic stability and confidence is high, many offices can expect a decent volume of patients seeking these monster treatment plans that have the liquid cash and are willing to part with it. But when unemployment is high, investment returns are down, and consumer confidence is low, even those patients who aren’ t dead-broke are naturally reluctant to open the purse string for these self-pampering cosmetic procedures.

In my practice, I have identified **3 key cosmetic services** that every cosmetic dental practice must have in their *toolbox*. I have identified these services as essential because they can not only make create drastic, dazzling cosmetic changes to those patients with not-so-perfect smiles, they can be performed at low fees at a high profit margin. These 3 absolute win:win cosmetic crowd-pleasers are **Vital Tooth Bleaching, Direct Posterior Composites, and Direct Anterior Composite Veneers.**

I intend to take a close look at each of these three services over a series of 3 articles. Today we begin with what I consider to be the bedrock of the cosmetic practice: Vital Tooth Bleaching.

Bleaching: The Big Ball of Confusion

One of the best benefits of traveling around the country and being with thousands of dentists on a routine basis is that you learn very quickly that we are, thankfully, all very different! I find it amazing that services that are considered routine in some offices can be completely ignored and not offered at all in others. And while I rarely encounter practitioners who are “against” vital tooth bleaching, the degree to which it is offered varies tremendously from office to office. Some offices consider this a cornerstone moniker service and offer a full range of bleaching techniques and products to every patient that comes in the door, while others do little or nothing to make patients aware that this service exists and the benefits it can offer.

Trying to pinpoint the reasons for such dramatic differences is difficult. Though my impression gathered from talking to hundreds of doctors is far from scientific, I suggest that most of the differences are grounded in office philosophy or attitude, rather than faith in particular products or modes of delivery. I can say this boldly because I personally have found that to be true so many times in my own office. I think that as dentists, we have a tendency to consciously or unconsciously form quick, sometimes

inaccurate impressions of certain services or treatment modalities. And unfortunately, these judgments sometimes prove to be our biggest obstacles to success and growth. Maybe more than any other service, vital tooth bleaching and the role it plays in our office, falls into this category.

So before we can discuss how we can fully integrate this service into our offices and profit from it, we need to begin from a common paradigm concerning the role of vital tooth bleaching in our practices.

Learn to “get out of your own way!”

It's taken me 15 years to achieve this “aha” experience, but I have learned that when it comes to my own success, I need to learn how to “get out of my own way!” Like many dentists, I can humbly say that I sometimes analyze things a bit more than I need to. Being academically oriented is certainly foundational to being in the medical profession. Being a perfectionist definitely translates to quality in much of what we do. But being **stubborn** is not helpful to us, our practice, or our patients! Looking back at changes I've made in my treatment philosophy over the years, I realize that had I learned to recognize the true difference between being appropriately cautious and ridiculously stubborn earlier, my practice could be 10 times what it is today. So many times I refused to even consider certain treatment modalities, techniques, products, equipment, marketing techniques, or management styles for reasons that today, I can't begin to comprehend. When I analyze this problem (pun intended), I have grown to realize that more times than not, when I stubbornly refuse to embrace a new dental concept, it is usually because I have failed to be exposed to a paradigm that fits with my internal value set.

Often as dentists, we become exposed to fragments of ideas, and these small fragments are not sufficient enough by themselves to be assimilated into a practical philosophy that we can adopt. An example of this would be that we see new devices or techniques in trade publications or seminars, and though on the surface it looks attractive, we can't seem to complete the cerebral calisthenics required to make it fit into our own personal practices. This goes beyond the decision of whether we can afford the product or use it correctly, and lies in fully addressing issues like how the new technique should be presented to patients, how our staff will embrace and support the new technology, our own expectations of its performance, our patient's expectation of its performance, and other issues such as pricing of the service, convenience of delivery, and practical applications in everyday practice. This is a paradigm problem, and unfortunately is an issue that must be addressed when positioning a key service like vital tooth bleaching.

A Bleaching Philosophy Everyone Can Embrace

If any office is going to fully integrate elective, cosmetic, vital tooth bleaching, a well-developed office philosophy must be formed and adopted **by the entire dental team**. A team divided will not stand, and those offices planning to increase the volume of vital tooth bleaching treatments must be in agreement as to how these services fit in the practice. Modern bleaching philosophies must take into consideration the most popular nightguard bleaching protocols, but the myriad of treatment options available today which range from non-dentist supervised drug-store kits, to state-of-the-art light-assisted

bleaching centers. To deny any of these categories exist, or that none are popular, is not grounded in reality. Through media marketing, consumer awareness is at an all-time high, and possibly like no other esthetic dental service available, patients know for a fact that they have options and are looking to you for advice. So form a definitive opinion as a team, create a treatment philosophy, and stick to it.

Here are ten basic facts supported in the literature to help you in creating your own bleaching philosophy:*

(* literature references available upon request to jblank@comporium.net)

10 Basic Facts Essential for Creating a Bleaching Philosophy

- 1. Vital tooth bleaching is safe.** This service has been performed for over 20 years with vital nightguard bleaching proving to be safe and effective since the late 80's.
- 2. Side effects are minimal.** Reports of tooth or tissue injury in the literature have been few, and are mostly limited to pulpal inflammation due to excess heat from older wands and heat lamps, to reversible and transient tissue burns with higher concentration in-office products. Modern lights are fabricated to keep pulp temperature rise at a minimum, and properly placed gingival barriers reduce transient tissue burns. Tooth sensitivity is common, transient, and discussed later.
- 3. Bleaching is NOT a surface phenomenon.** Bleaching teeth occurs through free radical production from the dissociation of unstable hydrogen peroxide molecule through contact with moisture and heat. It is NOT a surface "acid" that "eats off stains," but rather a radical releasing substance that goes immediately between enamel prisms and into deep dentin and the pulp within seconds of contact. These radicals seek stabilization by attacking long chain stain/pigments, breaking them up into less dense, less organized stain molecules. The longer the contact with the stain molecule, and the more radicals available to continue breaking it down, the lighter the tooth becomes. **This is a time and concentration phenomenon.** Regardless of bleaching modality used.
- 4. Bleaching can last for years.** Studies show that because bleaching changes the internal and external color of the teeth, results can be stable for up to 2 years or longer. Of course this depends on patients habits such as consumption of chromagenic substances such as tobacco, colas, tea, coffee, red berries etc...
- 5. Not all stains are created equal!** Extrinsic stains break down first, deeper intrinsic stains take longer. Yellow/orange stains break down faster, while gray/brown stains take longer. Nearly all teeth will lighten over time... but diligence and compliance is required. Remember, differing stains can exist in the same mouth, and variability does exist in terms of efficacy. Inform your patient of this, and let them know that if they are unwilling to assume the risk of unresponsive teeth, they must chose more invasive, definitive treatment alternatives such as veneers or crowns.
- 6. Bleaching is NOT dangerous to enamel.** Bleaching does not significantly alter enamel. Minor alterations to surface smoothness do occur, but through natural remineralization, these changes are corrected quickly. Professional applications of fluoride may speed this remineralization process.
- 6. Is bleaching safe for immature teeth?** To my knowledge, there have been no reports to indicate that bleaching harms developing or newly developing teeth in the literature.

However, since this has not been studied well, caution must be exercised when bleaching immature teeth.

7. Bleaching causes transient sensitivity. Folks, this is a fact of life. Temporary tooth sensitivity is thought to be caused by several factors, including the transient increase of dissociated oxygen in the pulp of the tooth, and possibly the transient permeability of enamel and root structure, and the desiccation that occurs by placing an anhydrous formulation on the teeth for long periods of time. Different techniques and different formulations of product can limit sensitivity. This is why it is important to offer more than one regimen of bleaching, and that doctors supervise/monitor bleaching progress. 8

8. “Sick” or preoperatively hypersensitive teeth are not good candidates for bleaching. This is just common sense. If the patient complains of hypersensitive teeth, it stands to reason that bleaching may not be their favorite pastime. Explore and treat the hypersensitivity first, then consider bleaching. If the cause is idiopathic, possibly consider in-office protocols that minimize bleaching times.

9. Never promise a certain shade result to a patient. Bleaching results are highly subjective. Studies have proven that accurate determination of bleaching success is highly variable. Establish reasonable expectations with every patient. What seems “white enough” to you or a staff member may not meet your patient’s goals.

10. Periodic “Touching-Up” may be required. The concept of recurring maintenance exists in nearly every other aspect of dental care, so why isn’t it embraced with bleaching?

Key Pointers for Developing Your Bleaching Philosophy:

Over the years I have found several key concepts that have been helpful to me in developing a functional bleaching philosophy. First, begin “at home,” meaning that if you, the doctor, and your staff could benefit from a whiter smile yourselves... then start there! It’s pretty hard to promote elective tooth bleaching as a clinical team if you all haven’t optimized the color of your own teeth first. The fact is, the best way to promote vital tooth bleaching is by having an office full of employees with dazzling white smiles to serve as examples to your patients.

The next step is to assume that all your patients would benefit and desire a whiter, cleaner smile. You can check for interest with written questionnaires, but I find it far more effective to just ask the patients if they’ve given any consideration to bleaching. These days, nearly everyone who walks in the door has at least heard of bleaching their teeth through television, radio, or print ads, and many have done research on the internet for ways they can do it on their own. The goal is to open the door to a discussion, and not to offend or accuse people of having “yellow teeth.” So word your questions carefully.

Very often patients present with existing dental restorations that are either faulty, or of undesirable color, shape or contour. Old opaque porcelain fused to metal crowns with dark margins, faded or stained composite restorations are just two examples of situations routinely encountered. Often patients are seeking replacement of these restorations because of their poor appearance, or one or more of them are found faulty and in need of replacement for functional reasons during the exam. I suggest that this is a mandatory time to discuss bleaching, BEFORE replacement begins. The rationale here is

that when these restorations are updated, they will need to match the surrounding dentition to be serviceable. My question to the patient is that if they have ever considered “optimizing the natural shade of their smile,” now would be the appropriate time to do so. What you want to avoid is placing a new crown or a handful of class III composites at their existing shade of A4, only to have them ask you about bleaching AFTER immediately after you are finished. So ALWAYS bring up bleaching first when considering dental restorations in the esthetic zone, and give the patient the option to optimize their overall color first and matching their new restorations to the more desirable shade.

Determining the proper bleaching method for your patients

When bleaching has been found to be something the patients want, your next task is to determine the best way for that particular patient to bleach. While some doctors are not comfortable with providing patients with a list of acceptable options, I have found that by doing so, patients trust us more and value our opinions. Frankly, I think it is best to tell patients the truth when it comes to their bleaching treatment options. I tell patients there are 3 basic ways to get whiter teeth, and each vary in cost, efficiency, and convenience. But all 3 ways will whiten their teeth.

The first and least expensive option is to purchase an over-the-counter bleaching product from a drug store. To ignore that these products exist is senseless, as most patients have seen advertisements in the media and are well aware that this is an option whether we mention it or not. The issues at stake are your personal opinion concerning the role of non-supervised dental treatments, and your comfort level with the efficacy of these products. While some products have found support in the literature for safety and efficacy, others have not. While some delivery methods have been studied and proven effective, others have not. Regardless of the product the patient chooses, without proper supervision and monitoring, the possibility for error and wasted time is highest in this category. But since this modality is typically the least expensive, it will continue to be popular with some patients.

The second and middle-priced option is dentist supervised vital nightguard bleaching. This treatment modality is the most studied and proven method of vital tooth bleaching. With proper tray construction and the use of a modern professional bleaching material, this service can yield positive results in nearly every clinical scenario. What is important to note is that though many manufacturers sell bleaching kits, the amount of bleach and the time required to bleach different clinical situations is highly variable. I think it is extremely important to tell patients that they are getting a standard kit that is designed to handle the majority of clinical scenarios. Some patients will require only part of the kit, others will need to use all the bleach prescribed, while others will need to continue to bleach after the initial standard regimen is finished. Patients with stubborn, dark gray or brown intrinsic stains may need to purchase additional “refill” kits, and this will be determined based on your clinical judgment. Weekly to biweekly exams are appropriate during the treatment regimen to check for leaking trays, trays impinging on tissue, and proper dosing per treatment. Even with the best verbal and written instructions, I am amazed as to how common it is for patients to put too much, or simply not enough bleach in the trays per treatment. Monitoring for sensitivity is required, and it

is common for dentists to recommend altering the treatment times and nights, or even the formulation to keep patients comfortable. Since this method has the best track record for success, it remains the most popular with dentists. However, patient compliance is a key issue and the success of vital nightguard bleaching very often depends on wearing trays every night for day, weeks or even months. Patients may complain that wearing trays, particularly upper and lowers at the same time, is uncomfortable. Finicky sleepers may have difficulty sleeping with the trays, and others find the gels messy or don't like their taste. Suffice it to say that just because we make trays for our patients and they purchase bleaching kits, not everyone complies with the recommended duration of treatment.

The third and most expensive treatment regimens are the in-office treatment modalities. The primary appeal to this option is convenience and speed. In a fast-food world, many Americans will pay a premium to accelerate the bleaching process. Many have special occasions approaching and want a bright smile for a wedding or reunion, while others simply don't want the hassle of wearing trays for days or weeks. Many patients who seek in-office treatments are actually nightguard "drop-outs" who for whatever reason, hated wearing trays.

For the longest time, I failed to offer "laser" bleaching largely because of my own stubbornness. I was convinced that vital nightguard bleaching was the most dependable service and read numerous reports questioning the role of lasers and lamps in light-activated systems. I offered many different types of "waiting room" techniques that involved higher concentrations of hydrogen peroxide. And though these products were extremely effective, I continued to have specific inquiries as to when I was going to begin offering "laser bleaching." Through media attention and the emerging presence of franchised bleaching centers, it became apparent that I was failing to offer a service that my patients wanted.

While heavily debated in and outside the dental literature, the actual role of the laser or light with certain in office products remains controversial. Regardless, the fact remains that high concentration peroxides placed over short periods of time has been proven efficacious, and is a treatment that has been used by offices for over 20 years. Even though some manufacturers today are gaining clinical support for their high tech lights, this has proven to be somewhat secondary to my choice to offer in-office bleaching. Like it or not, for what ever reason, patients are attracted to the concept of "laser" bleaching. Packaged under any other title, high concentration chairside bleaching is less attractive, and for lack of a better term, boring. The analytical side of me dominated for years, and I rationalized that I could use non-laser activated chairside products and get the same results. But frankly, I had a hard time getting patients excited about the concept. When I began offering a high-tech light assisted bleaching process, patients not only showed interest, they were willing to pay a premium for the service.

So, I have left the debate over the role of the light to key opinion leaders who insist on arguing the point. For me and my office, "laser" bleaching is an attractive package for many of my patients that otherwise may not have sought any bleaching at all because they refuse to wear trays or strips, find them too messy or obtrusive, or want results faster.

It is important to make this important note. Just as the standard vital nightguard bleaching kit may not be enough to handle all patients needs, 1 in-office "laser" treatment may not be enough either. Patients need to be aware that though the concentrations are

higher, the time is shorter, and additional treatments may be required to achieve the desired result. Most light-assisted systems today require some post treatment tray wearing, those usually brief in duration. My recommendation is to advise patients that the in-office treatment is at worst a “jump-start” to treatment for some patients, significantly shortening the time in which a patient will need to wear trays. However, most patients find the single treatment to meet their bleaching expectations and tray wearing is minimal. Fees for this service must reflect the time involved in the service. In my office, we calculate the required production for that operative chair per hour, and charge that fee prorated to the time involved in the procedure.

And now a word about fees...

In closing, I would like to offer this final tip. One of the biggest mistakes a practice can make is to overprice and elective, price-sensitive commodity like vital tooth bleaching. Like it or not, inexpensive over-the-counter brands have negatively impacted the value of dentist supervised services, and patients are often shopping for value. My personal thought is that we need to seriously evaluate the cost of delivering these services and keep access to the masses high. Practices that do a lot of bleaching notoriously do a lot of other elective cosmetic work. As patients begin lining up at your door to begin journey for a whiter, healthier, more attractive smile through bleaching, this esthetic awareness naturally parlays into other treatments. It stands to reason that patient’s who are interested in bleaching, may be interested in other cosmetic services such as crowns and veneers.

In the next article of this series, we will discuss the some basic guidelines for not only integrating direct posterior composites into the general dental practice, but offer tips on delivering this valuable service fast, efficiently, and profitably so that patient acceptance high, and post-operative complaints are low!.

Tables and Picture Legends:

Pictures:

Picture1: Author' s picture

Picture2: In-Office Bleaching is a popular service with patients, and appeals to patients who do not want to wear trays or want results faster.

Picture3: Before Vital Nightguard Bleaching

Picture4: After Vital Nightguard Bleaching – This bleaching service has the longest track record for safety and efficacy

Table 1:

Ten Basic Facts for Creating a Bleaching Philosophy:

1. Vital tooth bleaching is safe
2. Side effects are minimal
3. Bleaching is NOT a surface phenomenon
4. Bleaching can last for years
5. Bleaching is not dangerous to enamel
6. Use caution when bleaching immature teeth
7. Bleaching causes transient hypersensitivity
8. Previously hypersensitive teeth may not be good candidates for bleaching
9. Bleaching results are variable. Do not promise a certain result.
10. Periodic touch-ups may be required, and desired by the patient.

Table 2:

Summary of Tips:

1. Bleach everyones teeth on the dental team – and SMILE! It sells!
2. Base your views of bleaching on facts, be honest, and form a philosophy
3. Make sure the whole team is comfortable with and adopts the philosophy
4. Offer every patient in the practice the option to have a “whiter, cleaner looking smile!”
5. Discuss bleaching before placing any restorations in the esthetic zone!
 - a. Use the topic of bleaching as an opportunity to discuss replacing old restorations that may not match the new shade.
6. Expand your toolbox! Offer a variety of acceptable treatment to meet your patients needs... not yours!
7. Keep fees affordable!

For information Purposes only- to show you where future articles in the series are going....

Increasing Esthetic Case Acceptance in Tough Economic Times

I. Increase volume of bleaching cases in your office:

1. Price vital tooth bleaching at a level **everyone** in your practice can afford
2. Offer more than one “level” of tooth bleaching
 - a. Vital nightguard bleaching
 - b. Waiting room bleaching – Dentist supervised
 - c. Chairside laser or lamp assisted bleaching
3. Set goals for bleaching cases closed per day
4. Use bleaching consults as opportunities to discuss other esthetic needs, and plan to address these after the new, whiter shade is established
 - a. Identify old, stained or defective anterior composites
 - b. Identify old PFM’ s or poorly colored crowns
 - c. Identify teeth with poor prognosis for quick bleaching success and suggest alternatives such as direct composite veneers, internal non-vital bleaching, or ceramics
 - d. Identify worn edges, gaps, rotations and ask the patient if they would like these problems addressed

II. Introduce or increase simple spring retainer orthodontics

1. Get basic training in types of appliances and indications for use
2. Target all ages – most patients would prefer simple, conservative corrections to mild rotations and edge positions
3. Don’ t OVER PROMISE! Keep expectations reasonable
4. Keep costs low – base fees on lab expense and minimal chair time
5. Discuss professionally assisted bleaching as the “finish” to EVERY case
6. Discuss smile enhancements such as replacing old composites, ugly crowns etc... before, during and after each case

III. Increase Posterior Composite Use

1. Increase proficiency and speed
 - a. Take courses that offer techniques for delivering dependable restorations with few post operative problems
 - b. Learn to develop consistent Class II contacts consistently
2. Be up front with fees and insurance limitations with all patients
 - a. Only do them when the patient is willing to pay for them
 - b. Charge appropriately – demand cash due to erratic reimbursement policies
 - c. Keep photo's on hand to show patients the “cleaner, healthier” appearance of “white fillings.”
3. Limit use to “high probability of success” cases to cut down on expensive remakes and post operative complications
 - a. Conservative, virgin lesions or small amalgam replacements
 - b. Margins in enamel
 - c. Low caries rate patients
 - d. Only use in areas where adequate isolation and proper bonding technique can be implemented
4. Show the patient your completed work with intraoral camera or mirror when completed... then...
 - a. Always ask if they would like other teeth to look like “that one.”
 - a. Consider quadrant dentistry when lesions are small to cut down on expense of delivering the service
 - b. Use indirect inlays, onlays and crowns when appropriate
 1. Remember: Controlling contacts and embrasures when multiple Class II's are done in the same quadrant is difficult and TIME CONSUMING
 2. Break up into smaller sections- 1-2 teeth at a time
5. Set criteria for the role of sealants in your practice –
 - a. Not just for kids anymore
 - b. Target deep grooves that routinely present with organic debris at recalls – document
 - c. Place properly with adequate debridement of grooves and use primer/adhesives for best results
 - a. Best done with and assistant to assure proper isolation and moisture control
 - d. Charge reasonable fees and require adults or non-insured to pay cash
 - e. Set guidelines for fees to replace or repair
 - f. Monitor, Monitor, Monitor!

IV. Increase the use of direct composite veneers in your practice

1. Immediately begin increasing proficiency and speed
 - a. Take courses offering simplified layering techniques and materials
 - b. Learn simple 1-3 layer techniques that can be delivered quickly and affordably with predictable results
 - c. Begin with single teeth
 - d. Practice on typodont teeth in spare time

2. Charge for time based on hourly overhead of office, plus 10-20%
 - a. Increase fees as skill level improves
 - b. Target 20 minutes per tooth
 - c. Don't be afraid to make corrections at second appointment
3. Clearly define the expectations of this service
 - a. Less durable than porcelain – but more affordable
 - i. Patient is buying a Chevy Lumina, not a Lexus
 - ii. Expectations of service must match purchase
 - b. Chips and fractures are likely
 - i. Warn against hard candies, parafunctional habits
 - ii. Watch occlusion carefully – carefully select cases based on occlusion
 - iii. Must pay for repairs – Easy to do in minutes in most cases