

smile aesthetics

Sydney cosmetic dentist **Dr Sarkis Nalbandian** discusses aesthetic dentistry – ‘the art of dentistry in its purest form’. Sally Robertson reports.

Research has shown that people of all races value and appreciate an attractive smile. But what do we perceive to be attractive? And how do we measure this attractiveness? Sydney cosmetic dentist Dr Sarkis Nalbandian has spent much time pondering these questions. At present, he’s waiting for his final results and acknowledgement for his Masters in Clinical Dentistry (Prosthodontics) from King’s College, London, where he specialised in restorative dentistry. His thesis recognises the philosophy and contemporary thought on aesthetics, and explains what makes a smile attractive.

‘The smile needs to be assessed as part of the overall facial appearance – that is, in how the smile harmonises within the face and lip frame, as well as the dental components. The oral region is the dynamic part of the face, since it moves. Researchers say that within the face the moving parts – the eyes and mouth – are the most significant features. Some people find the eyes more attractive, and others the mouth. The dynamics of tooth and gingival display during functional lip movements creates an expression of aesthetics that is unique to each individual,’ says Dr Nalbandian.

So how do we measure this attractiveness? According to Dr Nalbandian, the human eye is prone to assessing what is pleasant. ‘The recognition of an attractive smile is analogous to the recognition of an attractive painting or sculpture. People either like what they see or they don’t, and these feelings form the basis for what is called ‘aesthetic or visual appeal’. As the saying goes, ‘beauty is in the eye of the beholder’, which is why people differ in what they perceive to be attractive. There is no gold

standard index to measure aesthetics. The layman sees factors in the smile that are the most visible such as total teeth revealed during the normal smile, symmetry and the soft tissue profile relationship. Having a youthful smile is what my patients desire the most at my clinic,’ Dr Nalbandian says.

There are many options available for those who want to improve their smile. Dr Nalbandian’s advice is to choose the treatment modality that is the least invasive and has long-term, predictable results. He says there are also several important factors for the restorative dentist to consider such as age and the amount of tooth structure present.

Dr Nalbandian advocates a conservative approach that is minimally invasive to the tooth structure.

He explains that the preservation of tooth enamel underlies current aesthetic dentistry because reduced tooth enamel affects both the bonding to the tooth as well as the longevity of any restorations.

‘If minimal enamel and tooth structure are present, full crowning to protect the teeth is the best option. However, where we have healthy teeth, other options such as orthodontics, tooth whitening and thin veneering procedures are excellent long-term conservative options,’ he explains.

Other options such as tooth repositioning, and shape, form and colour correction, as well as dental implants are also available to refresh a worn smile.

Dental implants are a permanent replacement of the dental roots, and Dr Nalbandian explains how they work, ‘A titanium fixture is placed in the bone of the jaw, which is allowed to heal – just as two fractured bone segments heal and unite. The bone unites with the implant based on a

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phenomenon called osseointegration. Implants can be used as a long-term solution to replace a single missing tooth, several teeth or all teeth.’

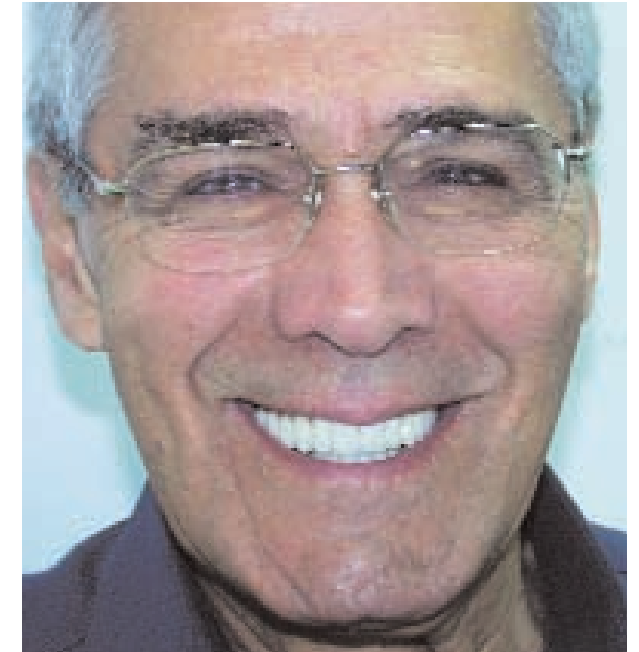
According to Dr Nalbandian, the advantages of implants lie in the fact that quality implants will allow patients to eat their favourite food comfortably and confidently, provided there is adequate bone quality for the implants to work properly. Implants can also be used to save healthy adjacent teeth that would otherwise have to be prepared or cut down for conventional bridgework, and they can preserve the bone from shrinkage after tooth loss. (The shrinkage of the bone also contributes to the aged, sunken face seen on people who have no dentures.)

Before the implant procedure, special diagnostic tools, such as study models, x-rays, photographs, 3-D imaging and CT scans, are used to assess bone volume in relation to the proposed tooth replacement. As with any form of dental treatment, the dentist will have to assess the risk/benefit ratio. Implants cannot be guaranteed and depend on many factors such as the patient’s general health, the quality and quantity of the bone, surgical technique and care of the implant site. There may be some degree of discomfort with implant surgery, which will last for about a week after surgery.

In conclusion, Dr Nalbandian says the concept of attractiveness is complex and elusive in nature, but that the appearance of the dental work is an important indicator in assessing overall facial attractiveness. ‘Aesthetic dentistry is the art of dentistry in its purest form, with

dynamic interplay between aesthetics and functionality, and between function and form,’ he explains.

It can certainly be said that a great smile makes a lasting impression on those we meet and, as we get older, maintaining a youthful smile becomes more of a challenge. Cosmetic dentistry is a viable way to tackle the ageing process and to maintain an attractive and beautiful smile. **acsm**



AFTER implant surgery and reconstruction by Dr Nalbandian



BEFORE



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