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DENTAL AESTHETICS IN AN ERA WHERE THE CUSTOMER IS KING

Aesthetics is a very important concept in Dentistry, that greatly affects the quality of life of an individual. In fact, most people who end up at a Dental clinic in Ghana are motivated by either pain or aesthetics. It is however a very subjective concept being influenced by the individuals' perceptions, beliefs, preferences, culture and sociodemographic factors. In contemporary dentistry therefore, the aesthetic needs of patients need to be considered for dental treatment to be considered successful.

Dentist's will need to ascertain and plan treatment to meet the expectations of their patients since studies have shown that the aesthetic values of the patient may differ from those of his/ her dentist. Thus, though it may not always be easy to satisfy all of our patient's aesthetic requests, we ultimately need to prioritize their satisfaction and their best interests.

The appearance of the face has an important social and psychological effect on the human personality and the features most commonly associated with facial attraction are the eyes and the mouth. There is ample and strong scientific evidence that the appearance of a person's face and teeth has a profound impact on the perception and judgment by others. An aesthetically pleasing dental appearance is associated with kindness, popularity, intelligence, and high social status¹. Arguably even more important is the fact that the level of satisfaction with one's own smile attractiveness and orofacial aesthetics is directly correlated with self-perception and certain psychological traits and ultimately affects the overall well-being and health of the individual².

Aesthetic dentistry spans all the different disciplines in dentistry and represents one of the important goals of all dental treatment interventions. From the fabrication of crowns and bridges, veneers, implants, orthodontics, periodontics, oral surgery interventions etc aesthetics is a key consideration in treatment planning.

The quest to improve the aesthetics of the teeth and face dates back to the 16th century, however it was not until the 18th century, when with the pioneering work of Pierre Fauchard (1678–1761), that dentistry developed as a separate medical discipline, facilitating specialized treatment of functional and aesthetic dental deficiencies. It saw the advent of different dental materials developed for restorations and prosthesis. In the 20th century however, the most significant breakthroughs in aesthetic dentistry occurred. With adhesive tooth-coloured restorations, improved tooth whitening techniques, dental implants, dental ceramics which has also led to CAD/CAM technology and the advent of monolithic high-translucent zirconia resulting in ultra-aesthetic restorations. Soft tissue and bony deformities resulting in defects are also being reconstructed with soft tissue / bone grafts respectively, guided tissue regeneration etc. Also, though toothbrushing remains the main oral hygiene method used by many for maintaining oral health and the dental treatments carried out, several other oral hygiene methods exist which can be tailored to the individual needs of the patient.

Unfortunately, the need for aesthetic dental treatment has seen a lot of controversy due to ethical concerns and the fact that sometimes improper, unnecessary, excessive and overly invasive treatments have been carried out with detrimental consequences. A new dental specialty, cosmetic dentistry has evolved over time and came to prominence with the advent of the 'Hollywood smile'. A little different from aesthetic dentistry, it uses more advanced and invasive methods to make the teeth and face look a little better than what is considered perfect. The idea being to provide bright, white, straight teeth that are picture perfect and this has sometimes pushed the boundaries of what may be considered ethical.

Though aesthetics is very important, the dental fraternity will need to put the health of the patient first; and this should be highlighted to the patient as treatment options are discussed. The importance of diagnosis and treatment planning prior to any procedure therefore cannot be over-emphasized, bearing in mind that oral health and function are integral pillars to successful aesthetic dental treatment.

Additionally, effective communication within the dental team, and, in particular, with the patient is of paramount importance to ensure that the goals of aesthetic dentistry are achieved, the patient is satisfied and as much as possible unmet needs and unrealistic, expectations are avoided. Motivation and post-operative maintenance instructions will also need to be prioritised if these aesthetic procedures are to be maintained.

As dentists, as we seek to communicate oral health education and advice to our patients, it is even more important especially concerning aesthetics in dentistry to ensure that our patients communicate their desires, opinions and preference with us. We can then manage their concerns and expectations and discuss treatment options and maintenance options in a personalized way, choosing the procedures and oral hygiene measures that best adapt to their circumstance. We as a fraternity will also need to weigh the aesthetic benefits of our procedures as against the risks involved and have these in mind as we proffer advice on treatment options.

Kelleher (2012)³ sums it beautifully thus “Among its many objectives, dentistry has always been about eliminating or minimising dental disease and improving or maintaining function, but also, where appropriate, to make things look both nicer and healthier.”

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