PLAZA HEALTH DENTISTRY

Dentistry Defined

by Wm. J. Schlotz, D.D.S.

State-of-the-Art …."Technology and techniques for the day in which we live".

Informed Consent…."Decision based on information prior to treatment." "Now, class, please use each of the above in a sentence relating to dentistry" (echoes of my 4th grade grammar teacher). "Here goes 'teach'."

Ethics dictate that *informed consent* be given to the patient for consideration of options. Dentists are obliged to offer up *state-of-the-art* treatment options so that an informed decision might be made.

Informing patients of their treatment options probably occurs in many, if not most, dental offices. The problem lies within the definition of *state-of-the-art* in the mind of the dental practitioner. Dr. A's "advanced treatment" is considered "unproven" by Doc B. Or, flipping it, Doc B still uses 100 year old "viable treatment" as Dr. A considers this same treatment "historical reference".

Joe-the-patient can help illustrate the above. Joe has a weak molar, with fractured enamel surrounding an old silver filling. Doc B offers a crown or a "patch" to the filling as options. Dr. A dittos those two available choices, while also offering an onlay as the preferred option. Dr. A explains to Joe that the onlay protects the tooth without the enamel loss and trauma associated with a crown.

So why wouldn't both doctors offer an onlay as a treatment option? The answer can be distilled down to values and continuing education (C.E. in dentists' jargon). An onlay, with its intricate prep design and bonding protocol, is a much more technically demanding procedure. It's just more difficult to do.

An onlay performed improperly leads to instant failure and colossal frustration. A crown, on the other hand, is relatively easy to cut and cement into place. To be sure, a crown needs to be a careful and precise procedure. Quality defects in crowns, however, might go unnoticed for many months or longer. Interestingly, down the road, failure blame and rationale are directed anywhere but where they ought belong.

Joe also has a cavity in a neighboring tooth (plumbing detracts from his brush/floss regimen). Dr. A thinks the tooth should be prepared minimally invasively with a hard-tissue laser and restored with bonded resin. Doc B suggests drilling the tooth and filling it with tried and true silver-mercury. Time warping ahead more than a few years, by the way, the silver filling likely will yield Doc B yet another opportunity to offer Joe treatment for a cracked tooth. By then, maybe, he will more value tooth preservation (and have taken enough C.E.) to offer an onlay.

Keep Smiling…Soon, Dentistry Defined will include *Minimally Invasive.*

Dr. William J. Schlotz, DDS
Plaza Health Dentistry 314.843.0500
9420 Watson Road, Crestwood.
TheConservativeDentist.com