Is there a place for the use of BOTOX and dermal fillers in dentistry? Should dentists be providing facial cosmetic procedures that have been commonly performed at spas and by the medical profession? Looking at the facts surrounding the uses for BOTOX may cause a paradigm shift in your attitude as a dental professional toward these treatment modalities. The purpose of this article is to introduce how and why we decided to incorporate facial rejuvenation procedures into our practice. Later articles will deal with the actual treatment procedures and other related issues in more detail.

**OUR EXPERIENCE**
Our family background includes those who work in the commercial fishing industry. We know from their experience that the key to success involves using the latest technology and advancements to chart their course before the changes in the tide inevitably leave them behind. Their success is dependent on this concept of continually adapting to a changing world. Recognizing that the tide was also changing in dentistry, we decided to apply the same philosophy to our dental practice and began to include facial rejuvenation into our "smile design" treatment plans. Our most exciting adventure to date has been the opening of a Facial Rejuvenation/Aesthetic Dentistry clinic, appropriately named "A Smile Above." Since doing this, we are enjoying dentistry more than ever before.

**DEFINING FACIAL REJUVENATION**
Facial rejuvenation is any cosmetic, dental, or medical procedure that is used to restore a younger appearance to the human face without sur-
Facial rejuvenation comprises a number of treatment modalities. Two of the most common are minimally invasive (MI) and reversible methods of treatment. The use of BOTOX and dermal fillers. BOTOX, the natural and purified protein of the clostridium botulinum bacteria, is used to cosmetically soften lines and wrinkles of the face and neck. Approximately 3 to 4 months after the initial BOTOX treatment, the affected muscles will return to their pretreatment condition. Hyaluronic acid dermal fillers are used to restore volume that is lost through the natural aging process. Nine to 12 months after dermal filler treatment, the body naturally resorbs the material.

These treatments are a natural adjunct to aesthetic dentistry and their use can have a major impact on the aesthetic outcome of smile makeovers and comprehensive restorative treatment. This occurs as a result of their effect on tooth display and the draping of the soft tissue around the mouth. Even dentists who may be inclined to provide these treatments themselves should at least consider educating themselves in how BOTOX and dermal fillers influence the dental treatment they provide.

**IMPACT OF PHOTOGRAPHY**
As aesthetic dentistry has evolved, photography has taken on an ever-increasing role in providing optimal treatment. From cosmetic imaging that allows a patient to preview a potential course of treatment, to laboratory communication and accurate record keeping.

**COMMUNICATING WHAT THEY WANT TO IMPROVE.**
A series of photographs that allows them to view themselves from all angles is required.

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As a result, we created the Roberts Facial Rejuvenation Photography (RFRP) series of 29 digital photographs. This series of photos allows patients to view themselves with various muscles activated from angles they are uncustomed to seeing. It also helps the dentist to critically analyze the face and to demonstrate how the muscles of facial expression can affect the smile design. (A future article in Dentistry Today will be devoted entirely to the RFRP series and its uses.)

WHY SHOULD DENTISTS CONSIDER THESE TREATMENT MODALITIES?

Patients who are interested in enhancing the appearance and function of their teeth also frequently want to improve their overall facial appearance. In the past they have sought treatment for facial enhancement elsewhere. However, as dentists, we are uniquely skilled to provide these treatments for our patients. Who has better training and understanding of facial anatomy than dentists? Who is more skilled at giving injections? Who do patients trust to work in areas around their mouth? If dentists can be trained to perform delicate endodontic procedures, sinus lifts for implants, and other involved procedures, are they not capable of performing tiny injections into superficial muscles of the facial area and injecting resorbable gels into superficial areas of the skin, especially since these injections can have a direct influence on other dental treatment?

Dentists are extensively trained in the anatomy and physiology of the head and neck and most are skilled in the delivery of painless injections. In many medical offices and spas, BOTOX and dermal filler procedures are performed by nurses and assistants with less training. Our professional training, as dental students, required us to examine the entire head-neck area. Sometime after graduation, many dentists lose track of this training and begin to see only the teeth when they treat a patient.

For example, the muscles responsible for the “mid-face expression” can have a drastic aesthetic effect in some patients. Have you ever met a beautiful person only to have her smile and show an inch of gingival tissue (a “gummy smile”)? No matter how you attempt to look away, your gaze keeps returning and waiting for the gingival display to appear again. Treatment for a gummy smile is often an invasive surgical LeFort I procedure or surgical crown lengthening. Alternatively, BOTOX may significantly improve the appearance without having to resort to a surgical procedure. A 2 unit placement of BOTOX is often all that is required to improve the appearance. A 2 minute, 950 procedure repeated every 3 to 4 months can provide a MI aesthetic improvement in many cases.

OVERVIEW OF CASES INVOLVING EXCESSIVE GINGIVAL DISPLAY

In the case illustrated (Figures 1 to 12), an attractive female in her late 20s presented with self-consciousness when smiling. The case (Figures 1 to 12) utilized only BOTOX to reduce her gingival display. Utilizing the RFRP series, one can visualize the patient’s main concern of a gummy smile (post-op photos are taken to assess treatment results).

Another example of the direct influence on other treatment the dentist is providing is seen in association with the platysma muscle. This is one of the muscles of facial expression that may have a previously unrecognized effect on gingival attachment. The muscle is often treated with BOTOX to relieve so-called “necklace lines” around the neck. It arises from the fascia covering the pectoralis major and deltoid muscles, inserting into a broad area of the mandible, the skin, and subcutaneous tissue of the lower part of the face. In a patient with fragile gingival attachment, hyperactivity of this large muscle may predispose her to gingival recession and bone loss.

TRAINING AND INCORPORATING THE SKILLS LEARNED

Our initial training in BOTOX and dermal fillers was provided by a physician colleague. Once the basic skills had been learned, the major challenge we faced was how to incorporate these skills into our dental practice. After taking any new course and learning new skills, the most difficult task is training your team to incorporate the newly learned information into your existing systems. Although challenging, this task can invigorate your team and provide stimulation for those eager to improve themselves while expanding their horizons in the art and science of dentistry.

Medical doctors and other medical trained professionals usually do not fully appreciate the effect that treatment of the upper face can have on tooth display (Figures 13 to 18). Furthermore, it is important to realize that BOTOX and dermal fillers (hyaluronic acid) have transient effects and need to be replenished at 3- and 9-month intervals respectively. Unlike medical offices, dental offices typically utilize 3- and 6-month recare appointment schedules. As a result, repeated facial rejuvenation procedures can be seamlessly incorporated into an existing recare system, thus providing patients with a discrete way of maintaining their BOTOX and dermal fillers.

Today, sophisticated patients have access to unlimited information related to their medical and dental care, thus leading to increasing aesthetic demands upon dentists by their patients. The critical relation between facial soft-tissue contours, anterior dental aesthetics and function, must be addressed. And, if the aging soft tissue aspects associated with the smile are addressed prior to any definitive dental treatment, the final restorative approach may need to be significantly modified.
LIP AND PERIORAL AESTHETICS

Columbia's Faculty of Dentistry in 1977. He has taken many continuing education programs including those at the World Dental Congresses and the Las Vegas Institute for Advanced Dental Studies. He is a past president of both the British Columbia's Academy of General Dentistry and of the Fraser Valley Dental Society. He currently is member of the Vancouver and District Dental Society, the Fraser Valley Dental Society and the Canadian Academy of Cosmetic Dentistry. In addition, he established the BOTOX Study Club, the first in the world, emphasizing facial aesthetic treatment. Dr. Roberts has lectured internationally. He can be reached at (604) 681-0060, via e-mail at warrenroberts@docnet.com, or at PTIFA.com.

Disclosure: Dr. Janet and Warren Roberts co-founded the Pacific Training Institute for Facial Aesthetics (PTIFA.com), which teaches the use and implementation of cosmetic BOTOX and dermal fillers into the dental office. They have developed a 2-day intensive hands-on course for dentists and their team.

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Dr. Janet Roberts graduated from the University of British Columbia's Faculty of Dentistry and returned there to teach for 10 years. She is an alumnus of the Las Vegas Institute for Advanced Dental Studies where she studied extensively in aesthetic dentistry and neuromuscular occlusion beginning in 1993. She mentors the Foundations of Esthetic Dentistry study club, is an accreditation candidate with the American Academy of Cosmetic Dentistry, a founding member and director of the Canadian Academy of Cosmetic Dentistry, and a member of the Canadian Academy of Esthetic Dentistry. She is also the senior Canadian mentor-instructor and program director with the California Center for Advanced Dental Studies. She can be reached via phone at (604) 681-0060.

Dr. Warren Roberts practices in Vancouver, BC, Canada and graduated from the University of British
Dr. Janet Roberts

Dr. Janet Roberts is a graduate of the University of British Columbia and has been in private dental practice in South Delta and Vancouver for many years. She has studied exclusively at the Las Vegas Institute for Advanced Dental Studies in the areas of cosmetic dentistry, advanced restorative dentistry, sedation and neuromuscular occlusion. Dr. Roberts is in the process of being accredited with the American Academy of Cosmetic Dentistry. She is a certified Invisalign provider, certified to provide sedation services and in keeping with her overall interest in facial aesthetics, is certified to provide Botox Cosmetics. In 2006, she was asked to mentor other dentists in the field of aesthetic dentistry through the California Center for Advanced Dental Studies. Dr. Roberts has two practices, the Fine Art of Dentistry in Tsawwassen, B.C. and A Smile Above in Coal Harbour, Vancouver, B.C. Dr. Jan is a horse enthusiast and rides as often as she can. She also enjoys the great outdoors and walking in beautiful South Delta.

Dr. Vivian Chow

Dr. Vivian Chow has been a part of the Fine Art of Dentistry since October 2009 and her warm and friendly nature goes a long way to making our patients feel at ease. Born and raised in Ontario where she graduated with honours from the University of Western Ontario with a Doctor of Dental Surgery. Vivian is committed to the overall health and well being of her patients. She envisions herself as part of a team of health care providers who help to improve the quality of life of their patients. Her accomplishments thus far include being awarded the Gold Medal in Chemistry and Biochemistry, the Miller Thomson Foundation Scholarship, and being selected as a Rhodes Scholar finalist! She is also a board member of the British Columbia Dental Association Oral Health Month Committee, and a part time instructor at the UBC Faculty of Dentistry. Vivian firmly believes in the importance of continuing education and makes it a priority to maintain the highest level of skill and be up to date on the most current available information. Vivian is also an accomplished violinist, pianist and flutist.

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Botox® Cosmetic has recently hit the news in Dentistry. The public (particularly female members of the public) has been aware of its impact for much longer. It has had a very significant influence on facial esthetic treatment and is now the fastest growing cosmetic procedure performed worldwide due to its natural-looking results. As dentists are becoming more aware of its possibilities and are trained in its delivery, controversy has arisen amongst some members as to whether it has a place within the profession. Why should dentists be involved with something that has traditionally been in the hands of our medical colleagues? Is not our role to look after the health of our patients’ teeth and gums? What business do we have entering the arena of facial wrinkles? Are we not cheapening the profession by so doing, opening ourselves up to the accusation of just wanting to line our own pockets? What possible connection could Botox® have with Dentistry? Is it not a dangerous drug that can cause all kinds of side effects?

Many dentists are not aware of what Botox® Cosmetic is, how it works, or how it differs from other types of facial esthetic treatments such as dermal fillers. So, here is a condensed course in “Botox 101” and why dentists should at least be informed about what it is, how it works, and how it influences our major sphere of influence, the mouth.

Botox®, produced by Allergan Inc, comprises a natural, purified protein that relaxes wrinkle-causing muscles, creating a smoothed and improved appearance. It is administered via a few very small injections into the muscle and blocks the nerve impulses that cause wrinkle-causing contractions. It is a simple and quick, minimally-invasive procedure that delivers dramatic results with no downtime. It is recommended for upper facial wrinkles, to relax frown lines between the eyebrows and has been studied in relaxing horizontal forehead lines and crows feet around the eyes. It differs from (and is often used in conjunction with) another popular choice, injectable gels such as Juvederm™ or Restylane®. These gels made from hyaluronic acid, a natural sugar found in the skin, are used to treat deeper lines or folds and increase volume in various areas of the face.

Botox® is made from purified exotoxin of the Clostridium Botulinum bacteria. The protein molecule acts on the neuro-muscular junction to prevent the release of the neurotransmitter acetylcholine, inhibiting the muscle fibre from contracting. It has been used for a variety of conditions for over 20 years. For wrinkles, Botox® Cosmetic has been used for fifteen plus years. The amounts that are used for treating facial wrinkles are very small and any side effects are local. The side effects include slight bruising, short-term headache, slight tenderness at the injection site and ptosis.

The action of Botox® intersects with Dentistry in several areas. The first and most obvious area is that of esthetic dentistry. Using Botox® to treat what one might
think are “remote” areas of the face relative to the mouth can and does have an effect on the amount of tooth display and the shape of the mouth. If a dentist is planning a smile makeover, he or she should have a good understanding of the effects that Botox® may have on his treatment planning. Whether we know it or not, many of our patients (both men and women) already ARE having Botox® treatment or plan to do so. Should we not understand how this treatment may affect the amount of tooth they will show after we are finished or how the soft tissue around the mouth may drape differently if Botox® is administered at a later date? Would it not be better if the treating dentist had some control over these effects?

A second intersection between Botox® and Dentistry is in the area of periodontics. Periodontal disease is widespread and its etiology is multifactorial. Bacterial and occlusal components are implicated along with a variety of “other” factors. Recent studies have found strong links between stress, depression and periodontal disease. Other studies have found that our emotions may be driven to a large degree by our corresponding facial expressions and that decreasing our ability to frown results in a more positive mood. With Botox’s ability to decrease the ability to scowl and frown, it has been found to result in improved mood. It is not much of a stretch to postulate that Botox® may be useful in decreasing stress and depression and hence some periodontal disease. Should dentists not be part of this investigation?

Not many years ago it was considered frivolous by some in our profession to treat patients’ dental esthetic issues. No matter that improving the alignment, colour and shape of teeth results in an improved self-image with all the attendant benefits. Thankfully, many dentists now listen to their patients’ concerns and do not dismiss them out of hand. Botox® treatment should be part of the dental armamentarium. Appropriate training is essential, just as it is for any of the procedures we perform. Who better to provide Botox® facial treatment than a properly trained dentist who is skilled in giving injections, who has had extensive training in head and neck anatomy and who routinely performs a wide variety of complex procedures. We are no longer “tooth carpenters” and should not think of ourselves as such! Our patients deserve the best we can provide them and incorporating another tool that improves their treatment is our duty.
Smile with confidence

Local dentist helps women regain self-esteem

Reported by
Krisztina Salzman

Margaret Shapiro

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It's natural when you smile, your smile can do so much for you. Your smile is your best asset for making a good impression. Your smile is also a confidence booster. A smile can instantly make someone feel better, and it can help you connect with others on a deeper level. It's a powerful tool for self-expression and communication.

However, not everyone is born with a perfect smile. Some people may have experienced dental issues, accidents, or even genetics that have affected their teeth. These challenges can lead to low self-esteem and a lack of confidence in social situations.

Dr. Margaret Shapiro, a local dentist, understands the impact a smile can have on a person's life. She recently launched a new dental program aimed at helping women regain their confidence through cosmetic dentistry. The program offers a range of services, including teeth whitening, veneers, and Invisalign, to help women achieve a beautiful, confident smile.

"Teeth are one of the first things people notice when they meet you," Dr. Shapiro said. "A beautiful smile can make a lasting impression and boost your self-esteem. That's why I'm so passionate about helping women feel confident in their smiles.

The program is designed to be affordable and accessible to everyone. Dr. Shapiro and her team of experts work closely with clients to understand their needs and create personalized treatment plans that suit their individual goals.

"I'm thrilled to see how much our clients' confidence has risen since we launched this program," Dr. Shapiro said. "Seeing the joy and happiness on their faces is truly rewarding. It's been a privilege to help women feel more confident in their smiles.

Dr. Shapiro encourages anyone who may be hesitant about taking the first step towards a new smile to give her a call. She offers a complimentary consultation to discuss the options available and determine the best course of action for each client.

"Smiling is the best way to express happiness and confidence," Dr. Shapiro said. "Let your smile be your introduction. Contact us today to learn more about how we can help you achieve a beautiful, confident smile.

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