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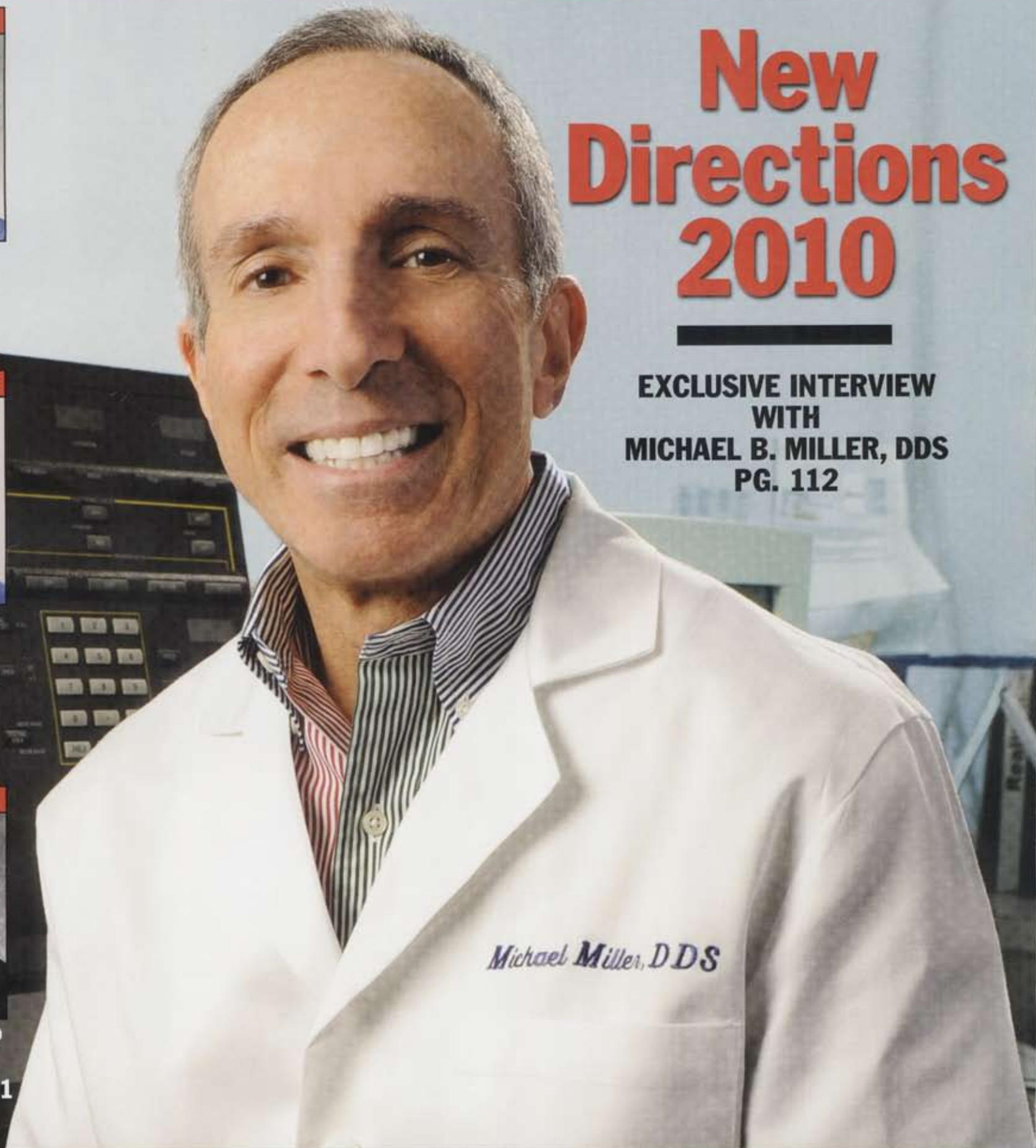
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Incorporating Facial Rejuvenation Into the Dental Practice



Janet Roberts,
BSc, DMD



Warren
Roberts, DMD

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" treat-



Figure 1. Full-face frontal relaxed, pre-BOTOX, first appointment.



Figure 2. Forty-five degrees right relaxed, pre-BOTOX, first appointment.



Figure 3. Forty-five degrees left relaxed, pre-BOTOX, first appointment.



Figure 4. Full-face frontal high smile with gingival display, pre-BOTOX, first appointment.



Figure 5. Forty-five degrees right high smile with gingival display, pre-BOTOX, first appointment.



Figure 6. Forty-five degrees left high smile with gingival display, pre-BOTOX, first appointment.



Figure 7. Full-face frontal relaxed, 5 months post-treatment with 2 units BOTOX Cosmetic with normal relaxed contour.



Figure 8. Forty-five degrees right relaxed, 5 months post-treatment with 2 units of BOTOX Cosmetic with normal relaxed contour.



Figure 9. Forty-five degrees left relaxed, 5 months post-treatment with 2 units of BOTOX Cosmetic with normal relaxed contour.



Figure 10. Frontal high smile, 5 months post-treatment with 2 units of BOTOX Cosmetic. Demonstrating normal gingival display.



Figure 11. Forty-five degrees right high smile, 5 months post-treatment with 2 units of BOTOX Cosmetic. Demonstrating normal gingival display.



Figure 12. Forty-five degrees left, 5 months post-treatment with 2 units of BOTOX Cosmetic. Demonstrating normal gingival display.

ment 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-



You can see Dr. Warren Roberts and an excerpt of his program at dentistrytoday.com.

gery. Facial rejuvenation comprises a number of treatment modalities. Two of the most common minimally invasive (MI) and reversible methods of treatment include 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 2 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 not 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.

IMPORTANCE 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,

photographs are a vital part of the process.

In the area of facial rejuvenation, patients often have difficulty understanding and com-

municating what they want to improve. A series of photographs that allows them to view themselves from all angles is required.

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Figure 13. Full-face frontal relaxed, pre-BOTOX treatment, first appointment.



Figure 14. Full-face frontal, 2 weeks BOTOX Cosmetic with treatment to the upper face only.



Figure 15. Lower face relaxed, pre-BOTOX treatment, first appointment.



Figure 16. Lower face relaxed, 2 weeks BOTOX Cosmetic with treatment to the upper face only. Note the increased tooth display.



Figure 17. Lower face smile pre-BOTOX treatment, first appointment.



Figure 18. Lower face smile 2 week BOTOX Cosmetic with treatment to the upper face only. Note the increased smile.

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 unaccustomed 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 mouths? 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 Leforte 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, \$50 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

Patients who are interested in enhancing the appearance and function of their teeth also frequently want to improve their overall facial appearance.

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 medically 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.

The importance and effect of facial rejuvenation upon smile design cannot be overestimated and should be included into the diagnosis and treatment plan. For example, in April 2009, a research article was published linking the use of BOTOX with decreased anxiety and depression.¹ In the June 2009 issue of the *Journal of the Canadian Dental Association*, another article addressed the current concepts in oral-systemic health² discussing how anxiety and depression play a role in periodontal disease. Recognizing the connection between BOTOX and anxiety and depression, should we be researching a possible role for BOTOX in the treatment of certain periodontal conditions? As BOTOX therapy becomes more accepted in dentistry, we may find other uses for a cosmetic treatment often dismissed as unrelated to the practice of dentistry.

CONCLUSION

It is the authors' opinion that the time has come for dentists to take a serious look at the topic of facial rejuvenation. Our patients deserve our attention to all relevant aesthetic details and to properly receive these ubiquitous treatments. ♦

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2. Iacopino AM. Relationship between stress, depression and periodontal disease. *J Can Dent Assoc*. 2009;75:329-330.

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 1998. 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) 681-0066.

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

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) 681-0066, via e-mail at warrenroberts@dccnet.com, or at PTIFA.com.

Disclosure: Drs. 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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AND DR. JAN ROBERTS
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CAROLYN BERKEL,
CDA & TREATMENT COORDINATOR
KELLEY MCELROY CDA &
PATIENT COORDINATOR
MARIOLE LEOBRERA
CLINICAL ASSISTANT

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 2008, 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 Rhode 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 101

Dr. Warren Roberts and Dr. Janet Roberts

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 world-wide 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 neuro-transmitter 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. JW

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KRISTINE SALZMANN
REPORTER

Do you have the confidence to flash a winning smile?

Many women don't, particularly if their teeth have been damaged by domestic violence.

For more than 10 years Dr. Jan Roberts, owner of The Fine Art of Dentistry, has been involved in Give Back a Smile, a program organized by the American Academy of Cosmetic Dentistry that provides dentistry services to women who have been in an abusive relationship.

"It restores the smiles of women who have lost their smiles through domestic violence," says Roberts. "Some of these women have been severely injured, and have lost their self esteem and self confidence."

Currently, the program, which she will talk about at the *Leader's* upcoming Project Bloom event, is solely an American one, and Roberts has been working to bring it to B.C.

"It allows them to feel better about themselves... Everybody wants to look their best. We say we shouldn't judge people by how you look but it does have a

big influence on how people perceive you," she says. "If your smile doesn't look good then people can think you're not educated, or you're older than you are."

Roberts has operated a private dental practice in Tsawwassen with her husband since they both graduated from the dentistry program at UBC 30 years ago. Since then she has remained up to date on the latest developments in dentistry as well as expanded her horizons when it comes to facial esthetics.

"The type of dentistry I do is a lot of enhancement of people's smiles," says Roberts of her cosmetic dentistry practice which now offers Botox.

"It was a natural step to learn to address some of the facial issues associated with aging and what not. You give them great smiles, and then they ask, now what can you do about these lines?"

Armed with these new skills,



COMMUNITY WORK—Dr. Jan Roberts runs a cosmetic dentistry practice, helps survivors of domestic abuse get back confident smiles, and offers up her knowledge to fellow dentists. *Contributed photo*

Roberts and her husband also run a program teaching other dentists how to incorporate Botox into their practices.

"We're at that part of our careers where we've assimilated a lot of experience, and it's a pleasure to share it with dentists who are eager to learn," she said.

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How often do we hear "MY DREAM is to live on the water..." or "That is the home of my DREAMS..."? A home is normally the largest and most significant investment a person will ever make. Unlike other investments, a home or property is also described in terms of a person's dreams. I love the idea that I am able to help people realize their dreams!

As a former banker and chartered secretary in Bermuda, and now as a REALTOR® in B.C., I have been listening to clients, assessing their needs and tailoring my services to meet those needs, for 26 years.

I believe that the qualities people look for in a REALTOR® are similar to the qualities one would expect from a banker, namely honesty, integrity, confidentiality, sound decision-making, a strong sense of fiduciary duty, a meticulous eye for detail and an ability to manage a project from beginning to end in a professional manner. My clients can expect not only these qualities but also a PASSION and COMMITMENT to discover their needs and to work tirelessly to meet those needs, whether they are selling or buying a home.

Originally from Montreal, I spent 27 years in the islands of Bermuda. Love and marriage brought me to beautiful B.C. in 1999 where I continued to work for several years as an offshore banking consultant before making the career switch to real estate sales, and I have never looked back.

Both of my parents were REALTORS® so it is definitely "in my blood!" What I love most about my career is meeting and getting to know so many interesting people. I understand the psychology of buyers and sellers in real estate—their fears, their pitfalls, as well as their dreams. I firmly believe the old adage "People don't care how much you know until they know how much you care". And I care!



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