

VIEW FROM THE PRACTICE

CONSIDERATIONS FOR SMILE DESIGN

Patient expectations go beyond just the teeth when receiving a smile makeover, so considering the whole face is an absolute must, argues Rahul Doshi

Creating and designing stunning smiles is not always an easy task. As premium dentists we strive for perfection. One area for this perfection lies in how the surrounding structures like the lips and gingival either enhances or reduces the overall effect of the resulting new smile. This then forms a serious consideration when doing smile designs.

The end goal of a smile design treatment is a beautiful stunning smile. However, for this to occur several aspects need to be correct:

- The teeth need to be well proportioned, correctly contoured and have the correct shade
- The muscles of facial expression need to work in harmony with the smile
- The lips and gingival need to frame the teeth correctly
- The facial form needs to work with the new smile.

WORKING WITH 'GUMMY' SMILES

Therefore as part of our assessments when treatment planning for new smiles there are a few things to bear in mind when the patient presents with a high amount of gingival display - the 'gummy' smile.

- 1. Lip length.** What is an ideal length? This invariably is dependent upon the individual but there are some guidelines as to the approximate length in females and males, being 20-22mm and 22-24mm respectively.
- 2. Lip mobility.** How mobile are the patient's lips? We need to look at this carefully on different occasions to be certain. The average lip mobility is usually 6-8mm. But what is this lip mobility doing to the

proportion, contours and size of teeth that are seen? How is this smile perceived as a result of the mobility? Treatments options available for a short upper lip or increased lip mobility includes Botox treatment, behaviour modification and surgical sulcus reduction.

- 3. Gingival line.** If you were to draw an imaginary line from the gingival zeniths of upper canine to canine, usually a pleasing result would be where the gingival zeniths of the centrals were to fall on that same imaginary line.

Depending on circumstances and the specific situations, treatments such as orthodontic intrusion, simple soft tissue laser surgery or crown lengthening procedures or increasing vertical dimension of the mouth can be considered.

- 4. Length of the maxillary incisor.** The length has many aspects which may have caused it to reduce and look unsightly. An ideal length is about 10-11mm. However, this figure can be lower due to tooth wear, occlusal interferences, altered passive eruption or microdontia.

Treatment options can include simple soft tissue laser surgery. If the CEJ cannot be felt, then the diagnosis could be altered passive eruption in which case crown lengthening procedure may be required.

- 5. Face height.** The facial height measured in repose from the glabella to the base of the nose should equal the measurement from the base of the nose to the inferior border of the chin. This produces an ideal stage for the smile design.

When the lower third of the face is

longer relating to vertical maxillary excess, orthognathic surgery can be considered.

PATIENT EXPECTATIONS

These considerations become very important when managing patient expectations with regards to the end result as perceived by that patient. I would recommend a detailed conversation to raise the above points as and where they are applicable when planning new smiles. Smiles cannot be designed and created without prior thought given to how the smile will eventually sit in its facial frame. Achieving perfection is not easy but not impossible!

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