When is Botox used?

The areas that Botox is commonly used for smoothing of facial wrinkles are the forehead between the eyes (glabellar region), and around the corners of the eyes (crow’s feet) (Figs. 1, 2) and around the lips. Botox has important clinical uses as an adjunct in TMJ and bruxism cases, and for patients with chronic TMJ and facial pain.

Botox is also used to complement esthetic dentistry cases; as a minimally-invasive alternative to surgically treating high lip line cases; for denture patients who have trouble adjusting to new dentures; for lip augmentation; and has uses in orthodontic and periodontic cases where facial muscle retraining is necessary.

No other health-care provider has the capability to help patients in so many areas as do dentists with Botox and dermal fillers.

What about dermal fillers?

Dermal fillers, such as hyaluronic acid (Juvederm Ultra and Restylane) are commonly used to add volume to the face in the nasolabial folds, oral commissures, lips and marionette lines (Figs. 3, 4).

As we age, collagen is lost in these facial areas and these lines start to deepen. These dermal fillers are injected right under the skin to plump up these areas so that these lines are much less noticeable.

Dermal fillers are also used for lip augmentation and are used by dentists for high lip line cases, uneven lips and to make the peri-oral area more esthetic. The face looks more youthful and is the perfect complement to any esthetic dentistry case that you do.

What's a dentist got to do with it?

We as dentists give injections all the time; this is just learning how to give another kind of injection that is outside the mouth, but in the same area of the face that we inject all the time.

Dentists also have a distinct advantage over dermatologists, plastic surgeons, medical estheticians and nurses who commonly provide these procedures in that we can deliver profound anesthesia in these areas before accomplishing these filler procedures.

Patients who undergo such treatment by other health practitioners can be quite uncomfortable during the procedure, and indeed this is one of the biggest patient complaints about dermal fillers.

Many dentists are surprised to find that more than half of the United States allow dentists to provide Botox and dermal fillers to patients. Why wouldn’t you provide these services if you already have the training? In 2008, close to $5 billion was spent on botulinum toxin and dermal filler therapy in the U.S.

Think about this: that was money spent on non-surgical, elective, esthetic procedures that could have been spent on esthetic dentistry, but the patient made a distinct choice.

Interestingly, these procedures become more popular in an uncertain economy because patients want to do something to look better that is more affordable than surgical esthetic options.

How do you get there?

Like anything else you do, offering this type of service requires training. The learning curve is short because you already know how to give comfortable injections. I often give training sessions in Botox and dermal fillers and dentists are amazed how easy these procedures are to learn and accomplish compared to everything else we do.

Finding practice models is easy; start asking family and friends who will fight to have you practice on them. If you want even more proof, ask women in your practice if they have had or would like Botox or dermal filler therapy. You will be overwhelmed at the positive response and shocked at the number of people you know already receiving these treatments.

Conclusion

What's the next big thing in dentistry? It may come as we start expanding outside of the teeth and gums into the peri-oral and maxillofacial tissues, which is within every dentist’s skill set.

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