



"I smile in all
my pictures now."

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Get a Great Smile

Wish your teeth were whiter? Want to fix a crooked tooth? New dental techniques are giving patients more reasons to smile. Here's what to know about whitening, veneers, and other cosmetic options.

BY GIGI ANDERS

A stale Jujufruit changed Carlos Carro Duplá's love life.

The DC computer scientist was at the theater five years ago when he bit into the hard candy and cracked a tooth. The tooth, which had an aged silver filling, had been weak.

On a colleague's recommendation, Duplá, 42, headed to Dr. Brian Gray's office in DC's Tenleytown neighborhood.

"Dr. Gray said, 'We're fixing that broken tooth with a porcelain onlay,'" Duplá says. "I thought that would be the end of it."

It was only the beginning. After the onlay was placed atop the tooth—onlays go on like old-fashioned fillings but are more durable than silver and undetectable—Gray suggested a smile makeover. Duplá's numerous silver fillings had turned black, his bite was off, and his teeth were unevenly shaped and—due to his weakness for coffee and

Coca-Cola—were stained.

Gray, whose specialty is cosmetic work, suggested restoring the teeth with a combination of bonding (composite resin directly applied to the tooth); more porcelain onlays as well as porcelain crowns (also called caps, they cover the entire tooth); veneers (fine, translucent porcelain shells that wrap around the front surface of a tooth and won't stain); bleaching; and Invisalign (invisible, plastic, removable retainers that progressively move teeth into correct alignment).

According to the American Academy of Cosmetic Dentistry (AACD), the numbers of these procedures are growing: There was a 13-percent increase from 2005 to 2006—the most recent figures available—and a projected increase of more than 10 percent in 2007.

The most requested procedure is whitening, which has increased more than 300 percent since 1996.

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How White Is Too White?

What looks natural now is a much whiter white and straighter straight than a decade ago. Celebrities and such TV shows as *Extreme Makeover* have had something to do with that. Dentists must balance what patients think they want—blinding Hollywood white—with what would look good.

Women tend to be more ultrawhite-obsessed than men, Gray says: “They’ll show me pictures of Angelina Jolie or Jennifer Aniston and say, ‘I want to look like that,’” Gray says. “My response is, ‘I can’t make your teeth look like that. I can make them as nice as possible but not artificial.’”

Some patients turn to drugstore whitening products, which, while safe and moderately effective for touchups, can lead to short- or long-term sensitivity, temporary dehydration, and gum irritation if abused. You should consult with your dentist prior to any bleaching.

Still, whitening doesn’t harm tooth structure. “The research has shown that bleaching continuously does not damage the tooth other than causing occasional sensitivity,” says Mickey Bernstein. The

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Tennessee-based cosmetic and reconstructive dentist, who has practiced for 33 years, is president of the American Academy of Cosmetic Dentistry.

A More Natural Smile

Bernstein says that the current trend is away from “shocking bling-bling” white and toward a more natural look. All teeth are not created equal: Natural teeth are translucent or light-reflecting, vary in color—getting darker toward the gum line, for example, and have subtle flaws such as rotations, wear marks, waves, and occlusions.

Cosmetic dentistry should enhance what a patient has, says Rena Vakay, not be “a hostile takeover.” The Alexandria restorative and cosmetic dentist says that only a small percentage of her patients

insists on a “Chiclets” look. “Most Washingtonians—and I see as many men as women—are savvy and informed,” she says. “They just want a believable, beautiful smile.”

Getting there often starts with bleaching. Aging and heredity as well as certain drinks (coffee, cola, red wine, grape juice), foods (berries, cherries, beets), substances (soy sauce, tobacco), and drugs your mother took when she was pregnant with you stain and darken teeth, which are porous and absorbent. The AACD study shows that baby boomers’ interest in a youthful, attractive appearance is the main factor driving the demand for cosmetic dentistry.

A fast way to whiten teeth is with Zoom!, a high-intensity, metal-halide light that activates a bleaching solution spread across the teeth. Dr. Yelena Obholz offers Zoom! in her Northwest DC office. “It’s very predictable, it doesn’t hurt, and it lasts,” she says.

“Bleached teeth don’t make me a better person, but they’re an investment,” says 22-year-old Katie Knieriem, who graduated from American University in May and went to see Obholz, whose office is walking distance from the school. “‘Attractive people go farther’—that’s what my dad always says.”

Patients with sensitive teeth, such as Knieriem, are given a desensitizing gel before and after Zoom! to keep them comfortable. Using a desensitizing toothpaste for two weeks twice a day before the procedure also helps. “Katie has beautiful teeth,” Obholz says. “She just needed to get them whiter. It’s much easier with a younger patient who’s had only 15 years of staining.”

“I’m very satisfied with my teeth, and my friends and family thought I looked great,” Knieriem says. As for the cost, “you can spend a thousand bucks on Starbucks a year, or you can spend half that on bleaching, which’ll last much longer.”

“I Smile in Pictures Now”

Obholz says patients shouldn’t fear more-extensive cosmetic work such as veneers. “Most procedures aren’t painful, complicated, or require you to be numb,” she says.

Filling in a gap between two teeth with bonding material, for example, can take one appointment. But if you’re

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extremely fussy, cosmetic work can take a whole lot longer.

Obholz says most of her patients are easy because they’re happy to be fixing their smiles—even in complicated, expensive cases like Russell Gaudreau’s.

“I’m not one who likes to go to the dentist,” says the employee-benefit lawyer, 65, who splits his time between Boston and Washington, “which is why my teeth were in such bad shape.”

By the time Gaudreau went to see Obholz two years ago, years of clenching and grinding had worn his teeth to chipped nubs and collapsed his bite. Decades of wine and coffee had heavily stained what remained. Two other specialists had told Gaudreau that it would be impossible to keep his teeth and that he’d need implants. But Obholz disagreed.

“Russell wanted a quick fix when he first came in,” she says. “He works in Boston a lot, so he couldn’t come in 20 times for 20 teeth. We restored his teeth to their natural bite using veneers and crowns to build their verticality back up. We prepped all his bottom teeth in one appointment—he was here for hours—and the top teeth in another.”

Gaudreau first got temporary crowns and veneers and wore a retainerlike orthotic appliance on his bottom teeth to help reposition and relax his jaw. Once the months-long prep work was done, he got permanent crowns and veneers.

“The expense was a lot—in the low five figures—and fortunately I could afford it,” Gaudreau says. “I smile in all my pictures now, and I didn’t use to do that.”

Gaudreau was recently vacationing in Florida with his wife when he noticed a woman staring at him. She followed him. He stopped, turned, and asked if he could help her.

“She said, ‘I’m sorry, I didn’t mean to freak you out,’” Gaudreau says, “‘but I had to ask how you got such great-looking teeth.’”

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