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Taking "yes" for an answer

Louis Malcmacher, DDS, MAGD

You've heard the saying before, "Don't take 'no' for an answer." Sometimes you just have to believe so strongly that something is right that you won't take "no" for an answer. In my observations, the bigger problem is that dentists often don't know how to take "yes" for an answer.

When I first started dentistry in the early '80s, root form implants were quickly becoming the rage. But general dentists were told that these are technically difficult, we don't have the hands for it, and it's best to leave it to the oral surgeons. I believed that until a couple of the oral surgeons that I used to refer to would send me back implants at impossible angles to restore.

Of course, patients would blame me when their upper left central incisor tooth was at a 50-degree buccal angle compared to their right central incisor tooth. I figured out that our office could better learn how to do some implant procedures ourselves, and then refer out the more complicated cases. It's time for you to say "yes" as an answer to learning implants both surgically and restoratively.

Orthodontics from the get-go in my career was left to the orthodontic specialists, but they certainly couldn't provide much of the adult orthodontics because adults didn't want to be in braces for three to four years. Even today, most general dentists hesitate to do any type of orthodontics because of all the wire-bending laboratory work that we remember from dental school, which most of us hated.

Then along came something called cosmetic orthodontics, and the introduction of Invisalign. Then entered other educational organizations, such as 6 Month Smiles, which offered turnkey systems for bonding brackets quickly in place with custom made trays, no wire bending, great cosmetic orthodontic results in about six months, and at a greatly reduced cost compared to aligners. It's time for you to take "yes" as an answer and do cosmetic orthodontics for your adult patients.

Botox and dermal fillers are now the mainstream in dentistry, with monthly articles in many dental journals showing a vast array of uses for dental esthetics and dental therapeutic purposes. From California to New York and Washington State to Florida, dentists are allowed to use Botox and dermal fillers for dental esthetic and dental therapeutic uses in the oral and maxillofacial areas, which are the areas that we treat on a daily basis and are well within the scope of dental practice.

It is important to understand that Botox and dermal fillers are not actual procedures; they are pharmaceuticals. If you can use and prescribe penicillin and inject local anesthetic for your patients, then you are certainly allowed to use Botox and dermal fillers in the oral and maxillofacial areas. As president of the American Academy of Facial Esthetics (AAFE), the AAFE has given live patient two-day training at major dental meetings, including the Chicago Midwinter Meeting, the AGD Annual Session, the Valley Forge Dental Meeting, and many others. The American Academy of Facial Esthetics is now a 2,000-member organization, and it's having its annual meeting at the Greater New York Dental Meeting this year. It is certainly time to take "yes" for an answer and learn how to use Botox and dermal fillers for dental esthetics and dental therapeutics.

Dentists approach me after lectures all the time to tell me they're not busy enough. Once I question them for a couple of minutes, I see that they are victims of not knowing how to take "yes" for an answer. Do you offer anterior endodontics? Do you perform simple implant procedures? How about cosmetic orthodontics for adults in six months or less? How about Botox and dermal fillers, which are the No. 1 and No. 2 most common dental and facial esthetic procedures in the world?

Those dentists who come up to me are right — they're not busy enough if they are just doing restorative, crown and bridge, and removable prosthodontics in their practice. There is so much more that our patients want and that we as general dentists can offer them if we'll just start taking "yes" for an answer.

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