COMMENTARY

PATIENT–DENTIST–TECHNICIAN COMMUNICATION WITHIN THE DENTAL TEAM

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Mr. Kahng is to be congratulated for his timely article describing an innovative technique for using a diagnostic wax-up to improve communication between the dental team and the patient. He correctly establishes that the dental technician is an invaluable member of the restorative dental team and that the technician needs to be involved very early in the diagnosis and treatment planning phase of complex, multidisciplinary esthetic restorative treatment.[1–3]

The technique described in the article varies slightly from the traditional prosthodontic approach in that an additional step of using the full-contour colored wax-up for an intraoral try-in is utilized. The traditional approach uses a diagnostic wax-up that is completed prior to tooth preparation and is used to construct matrices that are used to fabricate diagnostic acrylic resin provisional restorations. These acrylic resin provisional restorations can be readily adjusted intraorally until a satisfactory esthetic result is obtained, and then they can be evaluated over time to assess function. When both esthetics and function have been verified, impressions and additional matrices and photographs are made and the laboratory technician is asked to replicate the provisional restorations with definitive materials. In other words, the provisional restorations are the "blueprint" for the definitive restorations.[4]

The described technique fabricates provisional restorations from the diagnostic wax-up and then the technician completes a tooth-colored full-contour wax-up of the definitive restorations. This wax-up is then used intraorally to verify the esthetic result. The author claims that the wax-up is an excellent tool for patient communication and also is useful to the technician in fabricating the definitive restorations.

While it is difficult to disagree with these assertions, it seems reasonable to question the necessity of this additional procedure. If both esthetics and function have been verified with the provisional restorations, and the information is provided to the technician that permits predictable, accurate duplication of the provisional restorations, the benefits of the additional wax try-in appointment are questionable.

The choice of provisional material may dictate the necessity for the wax try-in appointment. The author and treating dentist used bis-acryl resin as the provisional material. These materials are brittle and only appropriate for relatively short-term use. It is also very difficult to add to such materials, should incisal edges require lengthening and other such additive modifications be deemed desirable.[5] Thus, the provisional restorations fabricated under these conditions may not completely satisfy the esthetic expectations of the patient and the wax try-in appointment may well be warranted.

The material of choice for diagnostic provisional restorations is clearly poly-methylmethacrylate (PMM). An indirect technique for fabrication of PMM provisional restorations is indicated to prevent exposure of the prepared teeth to the exothermic reaction inherent with this material.[6] Provisional restorations fabricated with PMM can be readily adjusted and added when necessary and also have the physical properties to provide relatively long-term service in order to evaluate occlusal function. When esthetic and functional success has been achieved with the provisional restoration, there is no need for additional verification. Thus, the wax try-in appointment would be superfluous.

Thus, while the tooth-colored wax try-in can indeed enhance communication between the dental team and the patient, it should only be used when necessary and when it can provide additional benefit.

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