

About the Author

Dr William Bruce

I decided to do Dentistry because I spent a lot of time in my father's dental laboratory underneath the house and at his office in town (Brisbane) when I was a small boy from 8-13 years of age. On my school holidays I used to deliver dentures, inlays and wax ups to various dentists by electric trams which were a feature of Brisbane in the 1960's. While I was waiting for the next job to deliver or pick up, (to keep me out of mischief) my father would set me tasks waxing up teeth which turned to figurines and gargoyles if I became bored. I forgot about dentistry and dental laboratories after 1968 (when my father died) until University.

A Bachelor of Dental Science at the University of Queensland (Brisbane) was achieved from 1972-1977. During those years for sporting recreation I played Ruby Union and cricket for the University of Queensland. I was able to witness dental trauma first hand in both sports.

In 1980 I returned from the United Kingdom on a working holiday to commence a Masters in Dental Science which would allow registration as a dental specialist in Prosthodontics.

I have registered as a Prosthodontist in 1985 and commenced in specialist practice (referral based) at that time at Suite 2, level 7, 141 Queen Street, Brisbane 4000, and have been boring patients to death since that time. Professionally, I'm the Lt. Colonel (Consultant Prosthodontist) for the army and am called a visiting Professor for the Implant Clinic at the University of Queensland. That sounds more exciting than it is.

I don't play cricket or football any more but I am fortunate to have a lovely wife called Lisa who owns her own Lingerie shop (bellaintimo@powerup.com.au) who has produced 3 small sons for me William, Jack and Henry (ages 9, 7 and 6). They play football, cricket and tennis.

Lisa and I are involved in Masters swimming and our next goal apart from finishing this CD for Dentil is to compete in the World Masters Games in Melbourne October 2002. I am lining up for the 45-50 year-old 50m and my PB is 29.2 seconds. I am always looking for tips on technique about how to lower that time. All swimming tips will be gratefully received at bill@williambruce.com. My specialist practice is based on case planning and involvement in management as seen fit by the patient and referring dentist. I regard myself as a wet finger clinician rather than an academic. This CD basically describes my approach to treatment planning. The technique described in this CD has dramatically increased my patients' patient acceptances of proposed directions for treatment and is a benefit for the referring dentist, the patient and my practice. I hope that this useful planning and communication tool could be adopted in the reader's practice. The fun part and the diagnostic phase is seeing an instant result in the patient's mouth and watching the expression on their face. The hard part is all that work you have to do to then get the result. Hope you enjoy adopting this technique into your practice. Enjoy your dentistry!

Outline of the Cases covered:

Dr William Bruce's Cases cover the following:

Case 1: This 16 year-old female patient wished aesthetic restorative work after orthodontic treatment to her dentition which had multiple missing teeth. Resin restorations with a partial denture solution as an interim for future more permanent restorations was used.

Case 2: This 21 year-old female University student nearing the completion of her studies wished aesthetic enhancement of her front teeth in order to improve her employment prospects. She had problems of tooth wear because of erosion. Case 2 was more complicated than Case 1 in terms of the complexity of restoration although resin restorations were able to be used, as an interim measure.

Case 3: This 19 year-old male with a history of orthodontic treatment and trauma to his upper anterior region presented wishing restoration and aesthetic enhancement of his upper anterior teeth. In light of his missing upper right central he wished a change of shape and positioning of the teeth to return a better proportion, shape and colour to his smile. In light of full crown and $\frac{3}{4}$ coverage required for the central teeth it was decided that porcelain restorations would be the treatment of choice.

Case 4: This 29 year-old female casting agent presented for aesthetic enhancement of her teeth as she was dealing with placement of budding celebrities. She had a history of bulimia and orthodontic treatment with closure of spaces with missing upper lateral incisor teeth. In light of the general lack of enamel both on palatal and buccal aspects, it was decided that full coverage restorations would be their restorative medium of choice. Her upper anteriors would be stage 1 in her restorative management. Bleaching and future treatment for her deciduous lower incisors could ensue subsequently.

Case 5: This 25 year-old male presented with his fiancée for restoration and improvement of his dental aesthetics prior to his impending wedlock. This case was difficult with an increase and occluso-vertical dimension required to accommodate proposed aesthetic changes with respect to his teeth. The upper anterior teeth were restored with porcelain fused to gold crowns and the posterior teeth were restored with filling material.

Each extensive Case contains a large range of images.

A comprehensive and practical tutorial treats the concepts in the 5 Cases.

Sample section of the tutorial

Technique

The technique that will be demonstrated involves:

Making study models of the patient's teeth.



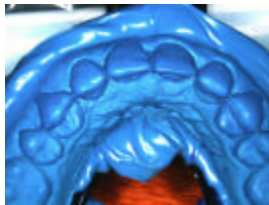
[Click to see larger view.](#)

Performing a diagnostic wax up of the areas in question.



[Click to see larger view.](#)

Take an impression of the wax up (template).



[Click to see larger view.](#)

Transfer the proposed shape changes to the teeth via the template with temporary crown and bridge material for patient and dentist assessment.



[Click to see larger view.](#)

Patient assessment.

The patient can wear the 'mock up' of proposed changes of shape to the teeth home for spousal or other approval. The 'mock up' should be pulled off the teeth before retiring for bed.

Dentist assessment.

The dentist/Prosthodontist can more readily access the aesthetics (and phonetics) with the work transferred to the teeth with respect to the incisal ledge positioning, smile and lip lines. The need for enhancement of retention and resistant form by periodontal crown lengthening is facilitated. The need for complex or simple orthodontics is also facilitated with this technique as is implant placement and assessment of subsequent prosthesis profile. By showing the patient the shape of end product on his/her teeth, it becomes a persuasive argument that the dentist has a firm control of the proposed aesthetic outcome of the case.