PHOTOGRAPHY BY MICHAEL JACOBSON

Q&A with Brian LeSage D.D.S., F.A.A.C.D.

~ BY SAMEER PURI, D.D.S. ~

ONE OF THE MOST RESPECTED NAMES IN DENTISTRY, DR. BRIAN LESAGE practices high-end esthetic dentistry in Beverly Hills, Calif. He has been published extensively, is an accredited fellow of the AACD and also serves as the Academy's fellowship chair. His membership in the AAED was sponsored by his longtime mentor, Frank Spear. Our goal with this interview was to bring the perspective of an extremely esthetically conscious clinician and his thoughts on CEREC, and how the CEREC technology fits into a low-volume high-end esthetic practice. » A celebrated educator and speaker throughout dentistry, Dr. LeSage will be presenting at the August CEREC 25 celebration in Las Vegas.

Q: *Can you tell the readers a bit about your history in dentistry and your dental practice?*

A: I have been in private practice for 27 years, seven of which were in Washington, D.C., and I just celebrated my 20th year in Beverly Hills, Calif., where my emphasis is on minimally invasive, esthetic, and reconstructive dentistry. I made the decision in 1987 to stop placing amalgam restorations. Even at that point, the extensive research and literature indicated the success and predictability of adhesive dentistry. I have placed adhesively bonded direct and indirect restorations in both anterior and posterior teeth since 1985, but exclusively since 1987.

My strong interest in the science and chemistry of adhesive technology, and my desire to preserve tooth structure established my practice philosophy. I was determined to save tooth structure for my patients, and with adhesive dentistry, the principles of retention and resistance form could be minimized, if not eliminated. I was determined to not place a crown, which even in those very early days I felt was mutilation dentistry. If you presented to my practice and a crown was not on your tooth, you were not going to receive a crown. Tooth structure above the gingiva was maintained at all costs, and partial-coverage restorations were always preferred and utilized. Of course, there are rare occasions when the occlusion or structural or biological requirements might indicate and necessitate the utilization of a crown.

My private practice, the Beverly Hills Institute of Dental Esthetics, includes a state-of-the-art teaching institute with lecture, hands-on, over-the-shoulder and live-patient courses. I designed the institute to teach custom, small- to medium-size programs.

Q: *What is your involvement in the American Academy of Cosmetic Dentistry (AACD)?*

A: I became a member of the AACD in 1992. I embraced the accreditation process as an intellectual, professional and artistic challenge. I was fascinated by a process in which my colleagues would evaluate and scrutinize my clinical skills through photographic interpretation and provide feedback and constructive criticisms. I passed all five case types the first time through. I was selected as an accreditation examiner in 1996 and serve the Academy annually as a room chair for the accreditation process.

I served on several small committees and then, in 2004, I was asked to serve as the co-chair with Dr. Jerry Bellen of the 2006 AACD Annual Meeting in San Diego. This meeting was the most successful and technologically advanced meeting ever.

I attempted to attain fellowship credentials in 2000, and in 2002 this was accomplished. I was asked to serve as fellowship chair in 2004 and have been honored to hold this prestigious position and be part of the American Board of Cosmetic Dentistry, the credentialing arm of the AACD, ever since.

In 2009, I was honored with an AACD "Oscar," the Excellence in Cosmetic Dental Education award, and am asked most years to speak and conduct hands-on workshops at the annual meeting.

Q: *How long have you been placing all-ceramic restorations, and what kind of materials have you favored?*

A: I discontinued the use of amalgams in 1987, so I have a 23-year history of placing all-ceramic restorations. As a result, I have experienced the evolution and revolution of most all-ceramic systems, from stacked feldspathic (even for inlays and onlays), some Dicor, IPS Empress, Vita Mark II, zirconia and now, CAD/CAM in-office milled materials.

Q: *What advice would you offer to those clinicians who do not believe in placing porcelain restorations on posterior teeth – specifically molars?*

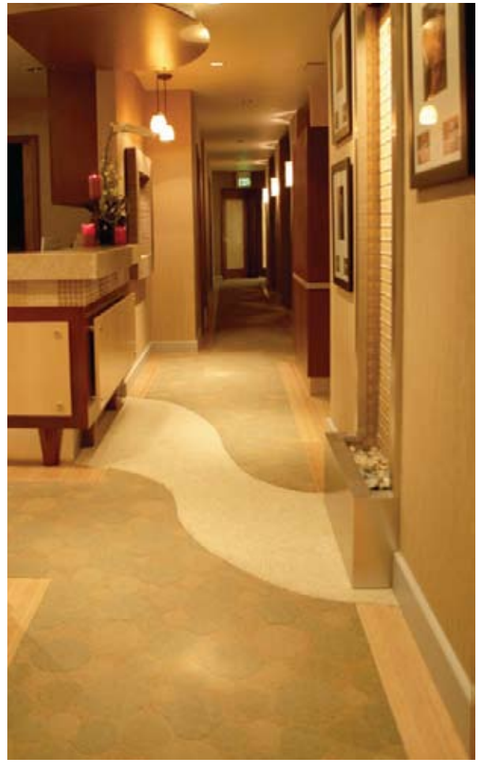
A: Do it for your patients, who will appreciate the preservation of their natural tooth structure. However, the decision to place these all-ceramic restorations must be well thought-out. There are additional skills, techniques, and knowledge that must be gained prior to providing this alternative if predictability and long-term success for your patients are your goals. A knowledge base encompassing material selection, adhesive science and technique, rubber dam placement (preferably), color and occlusion need to be well-understood.

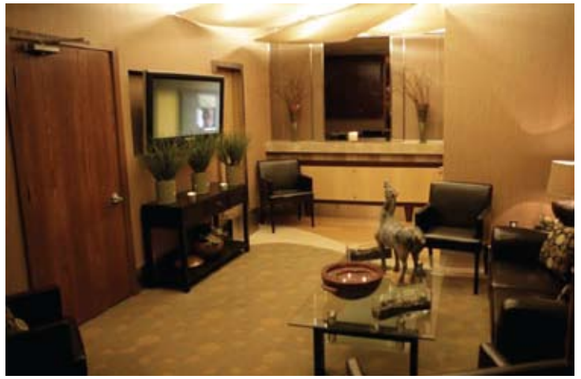
Q: *What are the advantages and disadvantages of an adhesively based restoration vs. a traditionally cemented one?*

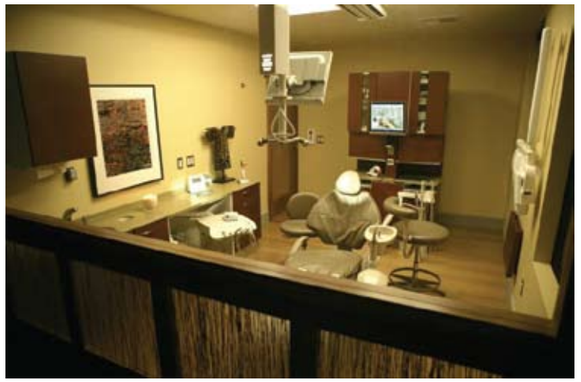
A: In two words: tooth preservation. I developed the phrase in the early 1990s – most conservative, least invasive, predictable restoration of teeth to normal form and function with tooth-colored material. In most scenarios, adhesive dentistry eliminates the need for retention and resistance form. It is these GV Black principles that are required to prevent restoration failure in the cementation world. Unfortunately, these principles remove additional healthy tooth structure, leading to failures involving pulpal tissue or the periodontal attachment. These are iatrogenic-induced failures that are easily preventable with adhesive dentistry.

"The rewards, successes, and patient satisfaction and referrals will make the journey one worth taking."

The disadvantages of an adhesively placed restoration can be a catastrophic failure/fracture or the need for complete replacement. Whereas many times a cemented PFM or zirconia crown with porcelain fractures can be smoothed, polished, and retained for additional years. Unless in the esthetic zone, most porcelain fractures in all-ceramic inlays and onlays will occur down to tooth structure; some can be "patched," but many will require complete replacement. The frequency of this type of failure in my practice is very similar to what the literature states for cemented counterparts.







PHOTOS OF BEVERLY HILLS INSTITUTE OF DENTAL ESTHETICS BY BRIAN LESAGE

Q: *How long have you been a CEREC owner, and why did you decide to incorporate the CEREC in your practice?*

A: It has been one year as of January, 2010. This technology is another tool to aid in realizing my practice philosophy of delivering comprehensive esthetic dentistry in a painless and efficient manner while preserving tooth structure for my patients. The CEREC 3-D eliminated most of the barriers that I had perceived about the CAD/CAM world.

Today, it enables efficient, one-appointment procedures, without impressions or temporaries, and the marginal fit is very good to excellent.

I presented the following scenario at the last CEREC users meeting in Scottsdale, Ariz.: A patient comes in with a broken tooth or in need of a new indirect restoration. You anesthetize the patient and prepare the tooth; scan, design, mill, and deliver the restoration. At the appropriate time during the appointment, you administer OraVerse, so the patient can return to work without being numb and perform his or her normal daily activities. Now we can efficiently customize our dental care to fit into our patients' lives, and not the reverse.

Q: *One of the critiques of CEREC has been the esthetics. As the fellowship chair of the AACD, how do you address these concerns for yourself and the clinicians you interact with?*

A: I currently only use CEREC in-office restorations for posterior teeth. The esthetics I achieve are very much comparable to what I was routinely receiving from the laboratory.

CEREC Connect is how I am presently doing anterior restorations. Soon, a DVD will be available to demonstrate how I work with my master ceramist. I see myself doing anterior restorations once I have completely mastered the software and additional laboratory ceramic techniques.

Q: *What are some of the pros of one-visit CEREC restorations? What are the cons?*

A: The best benefits: time efficiency, no gooey impressions, and no temporaries that could potentially come off. At a time when our schedules are so full and we are trying to do so much to stay afloat in these economic times, one-appointment procedures also are beneficial. Look around and you'll see that most families have two members in the work force. Losing an hour here or there is lost wages.

However, the techniques can be tricky, and challenges do occur.

"Every day, patients are amazed. They truly cannot believe that we can make a crown in one appointment without traditional impressions and partial coverage temporaries that have a tendency to come off. They are simply WOWed."

Q: *What is your favorite part of the CEREC appointment? What is your least favorite part?*

A: Having done adhesively bonded restorations for more than 23 years, routine excellence has always been my practice objective. Adhesive dentistry is a VERY technique-sensitive modality and requires exacting protocols. That said, taking the digital impression is very exciting. Patients are always surprised when we tell them the impression part is over, and without any goo in their mouth!

However, mastering the software still can be an issue, but our design shortcomings are primarily due to a lack of practice.

Q: *Compare the financial impact of incorporating CAD/CAM into your practice, vs. using a dental laboratory.*

A: We have virtually eliminated all laboratory costs for posterior restorations. This also includes some of the posterior restorations for our esthetic, full-mouth reconstruction cases.

Q: *What advice would you give to someone who wants to incorporate CAD/CAM into their office?*

A: Timing can be the issue. We have incorporated this innovative technology into our successful high-end esthetic dental practice, as so many others have. Depending on your knowledge base, you may need to learn some additional techniques and skills in order to integrate CEREC into your practice, but it is the future of dentistry. Why not start now?

Q: *What was the most difficult part of integrating CEREC into your office? What was the least difficult?*

A: The most difficult part was becoming computer savvy with the software. Also, it was necessary to modify our scheduling system, which continues to evolve, as we become more efficient and comfortable with this advanced technology.

The least difficult aspects were the preparation techniques, rubber dam usage, and adhesive material and technique science that come with this sophisticated technology.

Q: *What future features would you like to see incorporated into the CEREC technology?*

A: I would welcome the ability to move images from CEREC Connect into CEREC 3-D, as well as having parameters stored and utilized when switching from crowns to inlay/onlays.

Thinking outside the box, another useful capability would be taking a scan of the image upon try-in and after delivery, and then have the computer calibrate itself to make an even more ideal marginal fit.

> "Now we can efficiently customize our dental care to fit into our patients' lives, and not the reverse."

Q: *How have your patients reacted to the CEREC technology in your practice?*

A: Every day, patients are amazed. They truly cannot believe that we can make a crown in one appointment without traditional impressions and partial coverage temporaries that have a tendency to come off. They are simply WOWed.

We maintain a fairly sophisticated office. We utilize the TLC lighting system with wireless headsets, Brasseler's electric handpieces, Kerr's Demi curing lights, Great Lakes Orthodontics' BioStar unit, a Kavo lab bench, SAM-3 articulators, Vident's EasyShade spectrophotometer and 400T Vacuum oven, Zeiss loupes with light source and a state-of-the-art teaching facility with wireless Internet. The latter is The Beverly Hills Institute of Dental Esthetics, which we use as a patient lounge for our long appointment cases. Now we have CEREC 3-D, and it's an even more fun place to go to work every day.

Q: *What does the future hold for Dr. Brian LeSage?*

A: I have enjoyed 27 years of unbelievable private practice success and fulfillment. My patients have entrusted their dental care to me, and I hold that dear and hope that continues for another 20 years.

Over the past 15 years, I have enjoyed sharing and giving back to my profession through the outreach of continuing education throughout the world. I hope that I maintain my passion, continue sharing my expertise with my colleagues, and make a small difference in the dental health of many people over the world of communities.

And some day, joining the expert team of speakers on cerecdoctors.com … ❖

To learn more about the Beverly Hills Institute of Dental Esthetics, visit www.bhide.info.