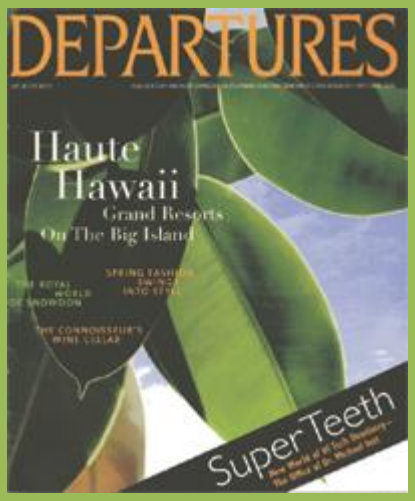

“Super Teeth”

Selected excerpts

May/June 2001

You’re relaxing in a fully automated, precision-adjustable chair. Soft music fills the room; there’s a TV and a fireplace, a comfortable sofa, curtained windows and cut flowers. The only clue that this is a dentist’s office - and it may not be much of a clue if you’re used to conventional dental techniques - is the small, flat sensor in your mouth.It’s connected by a thin wire to a computer, and as you take in the surroundings an x-ray beam is pulsing briefly through your teeth, then into the sensor, which will record the image of the teeth and transmit it to the computer monitor. In three seconds (six for a panoramic view of your teeth) the digital x-ray image will be before your eyes, 400 percent bigger than an ordinary x-ray image. In the "old" days of straight x-raying, you’d be sitting in a sweaty chair for 15 minutes waiting for film to develop. Moreover, the digital approach cuts your exposure to x-rays by as much as 90 percent, an advantage not only for the patient but for the dentist and technicians who operate the machines.

Now the dentist clicks a mouse, zooming in on a suspicious-looking tooth, rotating, sharpening, and colorizing its image. With the mouse he traces an area of decay, a cavity, clicks again, and prints out a color copy. If you still associate cavities with needles and pain, take heart - to the rescue comes The Wand, a computerized injection system that blots out the sudden prick and burning sensation of a shot (discomfort that is mostly due to the pressure created by the flow of anesthetic.) A thin needle attached to a pen-sized wand is placed near the gum, but before the needle actually makes contact, a drop of anesthetic numbs the surface tissue; as the cosmetic dentist gently glides the needle into the gum, the tissue just ahead of the needle tip is deadened by the anesthesia - and once the needle is fully inserted, the computer takes over and slowly releases a stream of pain-killer.

Worried about the drill? Put on a pair of goggles, and instead of suffering the anguish of waiting for the terror-triggering whir, all you’ll experience is the coolness of an air-abrasion system - a thin, high speed stream of air-blown

microscopic particles that gently removes decay from your tooth in a jiffy. A couple of missing front teeth? Piece of cake. They'll bond a paired, natural-looking set right in, and you'll be biting into food far more substantial than cake in hours.

On a recent visit to one highly regarded practice, New York's Thirty-Third and Third Dental Associates, we watched Manhattan Cosmetic Dentist Dr. Michael Iott, a whirling dervish of modern dentistry, go into almost single-handed makeover mode on what he called "an easy day": In three hours he bleached a set of teeth, performed laser surgery on a receding gum line and sent the patient out in time for lunch, placed two shining porcelain veneers on another, installed a difficult and unusual bridge to replace a young man's front tooth that had been missing for years because no one else could figure out how best to do the job, and did a CEREC-driven restoration. Taking a break from his instant instrument sterilizers - from spectrocams that do instant color analysis for perfect shade matching in restored teeth to intra-oral cameras, plasma arc-lamps that set the glue for veneers, and all the various mixtures essential to what is now known as adhesive dentistry - lott says, "When I got into dentistry twenty years ago I was not interested in advanced technology. Now I've got a reputation, I'm willing to try anything that is scientifically proven, and when I see patient satisfaction, time saved, and great results I say, 'How can you not do it this way?'"

"In fact," says Dr. Iott, "I find I have to talk some people out of dental work. They might decide they want a veneer, and they figure that the guys who advertise will always do it. But I wouldn't do one just to cover something up. That's a lot of dentistry to accomplish what a simple bleaching can often do."