Tif Qureshi explains why these orthodontic appliances represent a new dawn in cosmetic dentistry and orthodontics

I believe that cosmetic dentistry is about to turn a corner. For those of us lucky enough to have practiced this wonderful part of dentistry for years now, we all know that when patients present to us wanting a beautiful smile, we need to offer every alternative option. Not doing so is not only ethically wrong, but may land you in trouble.

Currently many patients are opting to have porcelain veneers placed to get that perfect smile. But why do they choose that option? In some cases where there has been structural damage, deep staining, caries and old poor restorations beautiful porcelain veneers can provide huge aesthetic and functional benefits. However, in cases where the teeth are just crowded and out of position veneers often seem attractive. This is because until recently, the orthodontic alternative has been either unattractive fixed brackets which will often take months if not years, or invisible braces which also take time and the costs can be high. Many adults just will not wait that long.

So what if there was a way of aligning their teeth in a much shorter time at less cost? How many patients would still choose to have veneers if they knew they might be able to align their teeth in as little as 4-16 weeks? And surely in cases where veneers are the optimal solution, wouldn’t patients prefer to align their teeth first before veneer preparation to avoid the very real risk of endodontics?

This is where the Inman Aligner comes in and it changes everything…

It has been working within the British Academy of Cosmetic Dentistry that my inspiration for innovative techniques and minimal preparation was nurtured. This forward thinking highly ethical organisation gave me terrific feedback and help in thinking about the possibilities of the Inman Aligner. Indeed I gave my first lecture to a BACD audience. Currently only BACD dentists are performing this technique. I have been using the Inman Aligner for over three years and have fitted well over 250 appliances.

Many of these cases would have had veneers and the other patients refused to have conventional orthodontics because of the long wait. Of course not every case is suitable and case selection is critical. The Inman Aligner is only suitable for correcting the anterior teeth. Large side shifts, intrusions and extrusions are impossible but rotations, tipping, bucco labial bodily movements and diastema closures in protrusive cases are all possible as long as case selection criteria have been met.

In this article I am going to present two cases. In both cases you will see how using an Inman Aligner was not only faster, easier and cheaper than more conventional techniques, but from the patient’s point of view was a perfect solution.

Case 1
Case 1 is a 24-year-old female who was concerned about the appearance of her lower anterior teeth. Her lower central incisors were clearly moderately crowded and were starting to wear irregularly. Her alternative treatment options were fixed brackets and Invisible braces. She had attended several orthodontists but was not happy with the amount of time quoted for treatment ranging from 12 to 18 months. Arch evaluation had to be performed because The Inman Aligner will not work in every case. The amount of crowding was calculated using a simple technique and we calculated that her case was suitable.

Impressions and bite records were taken and sent to the UK certified Inman Aligner laboratory. After a couple of weeks the patient returned. The Aligner was fitted, checked and full instructions were given. Space can be easily created with carefully measured interproximal-reduction and expansion. This is started on the first appointment.

The patient was seen every three to four weeks for reviews and a small amount of measured IPR. Within nine weeks the alignment was achieved. The patient then wore a clear essix type retainer for a period of a month and then a fixed stainless steel retainer wire is bonded to the lingual surfaces. This is now a very simple procedure as the lab will produce a jig with the pre-bent wire that simply slips onto the teeth and is bonded in place and the jig is cut free. The patient then had her teeth whitened.

Case 2
Case 2 was a 22-year-old female who was referred to me by Luke Barnett. Luke is a BACD-accredited technician based near Watford.
A dentist had referred the patient to him to assess her for veneers. Luke was rightly concerned that taking the patient's age and health of her enamel into consideration, it would have been unethical to have started veneer preps before fully exploring all orthodontic options.

The patient was not keen on fixed brackets or a long wait. She wanted her teeth straightened within a few months. Luke knew about the Inman Aligner and sent her to me. Space calculation again showed that this case was treatable with an Inman Aligner. The Aligner was constructed and fitted a week later. Carefully measured IPR was performed and the patient was seen every three to four weeks for further IPR and minimal appliance adjustment. In less than 12 weeks the teeth were fully aligned. A clear essix type retainer was made and she wore this full time for a short period. After which she wore the retainer nightly. The patient was thrilled because she had saved herself from having 8/10 veneers prepped, with the fairly high risk of endodontics associated due to the large amount of prepping required. Thinking ahead, even if the patient ever does opt to have veneers in future to rejuvenate her enamel, at least her teeth are now in a far better position to do so.
Of course many patients will still want veneers to rejuvenate their enamel, for functional reasons and they may just want that perfect smile. At my practice I have been using the Inman Aligner as a pre-veneer positioner to deradicalise tooth preps. Often this may only take a few weeks, but I have not had an exposure or had a veneered tooth need endodontics post treatment for over three years. Retention issues must be considered of course, but the advantages are huge and patients appreciate that we are trying to be as ethical as possible.

I believe the outcome of cases like those shown has huge implications for cosmetic dentistry and orthodontics. I consider it is now incorrect to tell patients that the alternative orthodontic options will take one to two years in some cases. The good news is that the Inman Aligner is actually very easy and simple to use once case selection and movement potential is fully understood. I feel that this appliance is the missing link between orthodontics and cosmetic dentistry.

Dr Tim Bradstock-Smith (Accredited BACD Member) of the London Smile Clinic, arguably the most successful cosmetic dental
practice in the UK, was one of the first dentists I showed how to use the Aligner and since then has helped to develop techniques to incorporate the Aligner into a multi-disciplinary approach to cosmetic dentistry.

‘At the London Smile Clinic our patients approach us requesting smile makeovers and speed of treatment is often a big issue. It was rare that a patient would accept a referral for orthodontic prealignment prior to smile makeovers with veneers. Inevitably this meant we would routinely have no option but to offer treatments that would require elective endodontics and heavily prepared teeth. This is a route that some patients would choose to go down. But many patients confronted with the option of long term orthodontics or heavily prepared teeth with root treatments would choose to avoid treatment altogether.

Another issue we encountered was that many patients were just seeking cosmetic treatment for upper arches but did not wish or could not afford to treat minor crowding of lower teeth leaving some disparity between upper and lower arches.

When Til introduced me to the Inman Aligner I could see the potential instantly. We have now been using it for over a year and it has changed the way we approach many cases.

Orthodontic prealignment gives much improved aesthetics of the finished result. For example, palatally placed laterals in a crowding case often result in very poor emergence profiles if restored without prealignment.

Prealignment also allows us to approach almost all cases much more conservatively. We still carry out a few elective endodontics but the vast majority of patients prefer to pre-align their teeth with the Inman Aligner in a matter of weeks before further cosmetic treatment.

We are also now able to offer a quick and affordable option for alignment of lower teeth. The result is that aesthetics and function of even single arch cosmetic cases are completed more comprehensively. The Inman aligner has not been hard to learn and introduce into the practice. Yet the benefits are huge. I believe the Inman Aligner is the greatest single innovation in cosmetic dentistry since the porcelain veneer. Speed of treatment has made Inman a much more attractive prospect to patients and case acceptance rates have increased accordingly. At last we can offer comprehensive cosmetic treatments that are conservative and hence more ethical.

This ‘real-world’ conservative philosophy is at the core of how we approach cosmetic dentistry at the London Smile Clinic today, and
we believe it has moved the goalposts in what should be considered ‘best practice’ in cosmetic dentistry. It was with this in mind that we set up Straight-Talk seminars with Dr Tif Qureshi to offer Hands-On courses on Inman Aligners and other areas of cosmetic dentistry with an innovative approach that is fully integrated with this new philosophy.”