

CASE STUDY

A Fine Façade

Veneers polish woman's smile to perfection **BY MARJORY GARRISON**

KARIN ANDERSON DIDN'T want braces. But like many adults who never had orthodontics as a teenager, the crowding in her mouth had worsened with age. One of her front teeth had been pushed back and nearly swallowed by its neighbors. Still, she was approaching 40 and had just been diagnosed with cancer.

"My oncologist told me that in my case there was a high rate of reoccurrence, so I really thought braces would be a waste of time and money," she says. She instead put her energies into raising her young daughter.

Ten years later and a decade of being cancer-free, she reconsidered. "It occurred to me, 'Hey, I guess I'm not going to die from this after all.' I thought about how I wanted to spend the rest of my life, what changes I would like to make, and improving my smile was one of them. I really didn't want braces."

She consulted a Newport Beach, Calif.-based cosmetic dentist. Her case, he said, called for orthodontics. Although Anderson objected, her dentist was hesitant to explore other options.

However, a suggestion was made: Anderson might also

consider veneers. The porcelain laminates—adhered permanently to the teeth with bonded resin—serve different purposes in different smiles, according to her dentist. While veneers are most commonly used to create a whiter, more polished look, they can also lengthen or round an individual tooth, or give the appearance of a straighter smile.

In Anderson's case, the veneers would make her smile wider, as opposed to whiter. But they would be a cosmetic fix only: The placement of her teeth and bite wouldn't change. Her dentist explained that "the veneers are a façade. The smile looks straight, but it's not."

For Anderson, the façade would do. "I opted for immediate gratification with veneers. I had one tooth that was really pushed back. [The dentist] said he'd never done a tooth that thick. I said, 'Come on, I know you can do this,'" she says.



Before

He agreed, and set out to “build back what was never there.” For two weeks, Anderson wore temporaries on her six upper front teeth, which gave her a chance to look at them, get accustomed to the new length and even try out some different colors.

During this time, she avoided eating foods that might stain the temporaries—red wine, mustard, cranberry juice: anything that might stain a white shirt. She also eliminated hard foods from her diet, since temporaries can chip and break.

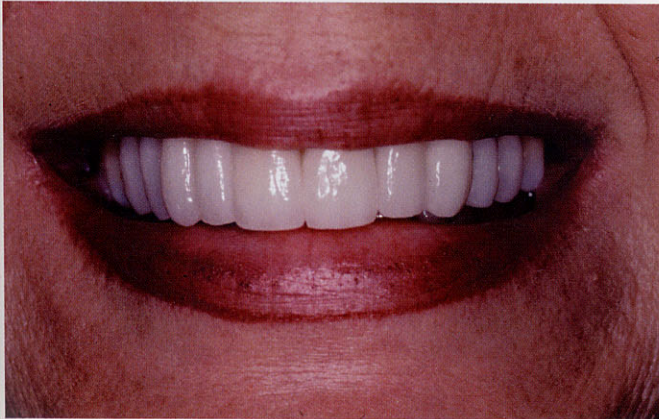
“The hardest part was not drinking coffee,” she says.

When she came in for her next visit, Anderson’s teeth were conditioned and sealed and the veneers were adhered to the tooth enamel with a bonding resin. The porcelain shells are permanent, and should last 10 to 20 years. But the procedure wasn’t finished.

Veneers can be altered once they are placed, according to her dentist. They can be rounded and made smaller, the color can be changed a bit, but they can’t be made larger. So some dentists apply veneers that are slightly longer or larger than necessary, then make alterations after they see the smile and can evaluate what is really going to look best. Her dentist did just that, perfecting the veneers to fit her new smile.

Unlike the temporaries, the permanent veneers won’t chip or stain. Cold sensitivity is common at first, and there may be subtle differences in speech patterns in some cases, but for Anderson it was an easy adjustment.

Easy, and expensive. Veneers range from \$1,000 to \$2,500 per tooth, depending on the dentist’s fees and the complexity of the case. “It’s expensive,” says Anderson, “but it’s worth every penny.”



After

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