

# Dental photography – why bother?

**Philip Wander** BDS MGDS RCS DFHom begins a new series



**M**ORE and more dentists are now introducing dental photography into their practices – not just for practical documentation and patient records (helping to put a face to a name!) but also as a means of involving the *whole* practice team, in both the patient's treatment planning and in helping to increase case acceptance.

With the advent of digital cameras and equipment, the taking and presentation of photos has been simplified, and all team members should now be able to achieve excellent results with their own technical efforts.

When they are directly involved in taking photographs themselves, the practice team often produce better results than those of the dentists, as they can provide a different level of rapport and communication with the patient.

For further information, "hands-on courses", etc., please contact info@ dentalphotos.co.uk or consult the website at www.dentalphotos.co.uk.

This first in a series of articles focuses on the applications of photography in dental practice, in the form of an illustrated list of key bullet-points.

## Why bother? Fifty reasons

**1** Documentation and records – "befores and afters". Create baseline records of patients' presenting condition.

**2** Increase the uptake of treatment plans by visually demonstrating the need for action – "show and tell" when explaining treatment, with photos of laboratory procedures and technical work. Patients become more aware of the need for treatment when they can readily see dental defects, discolouration, mottling, staining, calculus, deposits, rotation, imbrication, recession, irregularities, soft tissue defects, inflammation and bleeding.



Identify the problems

**3** Involve and educate patients – "inform before you perform".

**4** Impress your patients – they will often discuss their treatment plans with relatives and friends, resulting in referrals and subsequent "subliminal marketing" for the practice.

**5** Improve your vision of the finest detail – check, evaluate and audit your tooth preparations and final restorations.



Tooth preparations...



...now for the lowers

**6** Enhance your diagnostic ability with magnified images.



Save me – fractured upper first molar



Cracked lower second premolar

**7** Make it easier to achieve the highest quality of work by taking close-up photographs of crowns, bridges and veneers at each stage, and with long-term monitoring of progress.

**8** Follow-up photography – patients can be encouraged to maintain the healthy condition of their mouth through being reminded of its original state through previous photographs, particularly if regression has occurred.

**9** Motivation – improve patients' oral care techniques by visual tuition and demonstration; show the patient the benefit and consequences of oral care techniques through photographs (including flossing and interproximal brushes).



Interproximal brushing

**10** Create your own album of before and after examples of crowns, veneers and inlays which can be used to boost treatment proposals. Patients respond more positively to photographs of other patients within the practice remit, rather than "brochure images" of anonymous clients in glossy productions. They are more reassured by real work carried out by a real person – their own practitioner.

**11** Reduce patient stress – they can actually see and discuss the problems rather than imagine them and trying to view them in a mirror.

**12** Improve communication with visual explanations and co-diagnosis – "a problem shared is a problem halved".

**13** Assist laboratory technicians with the aid of colour photographs – show them what to achieve. Highlight concerns about soft tissue and gingival margins and display embrasure form.

**14** Make it easier to modify or copy prostheses as the dentist and the technician can work from the same illustration.

**15** Increase your job satisfaction as more people see and appreciate your work – use your photographs in lectures, presentations with PowerPoint and publications. Take photos of products and materials you use.

**16** Increase patient understanding with pictures – not jargon and clinical terminology: "one picture is

worth a thousand words".

**17** Improve your practice team's understanding of the patient's treatment, with pictures of what you are aiming to achieve, and with ongoing staff training by illustrating your practice manual. Handy reference photography can assist new nurses to quickly learn practice tray layouts, for example.

**18** Show parents their child's dental problems – for instance, areas being missed by the toothbrush, consequences of thumb-sucking and orthodontic suggestions. Using visual images helps the parent to explain to the child the treatment plan – give them photographs to take away with them. Keep complete photographic records of children's growth – baseline photographs record progress and developments.

**19** "Photomagic" – encourage children to attend. They love to have their photograph taken and to see themselves on screen!

**20** Performing check-ups without going into the mouth can help very nervous patients – take an initial photograph to perform an external check-up without the use of dental instruments.



Motivation through consequences of fear and neglect!



Extra-oral photography showing pericoronitis in lower left 8

**21** Facial aesthetics – for those who practise "facial aesthetics", such as dermal fillers, Botox and so forth, it is essential to have a "before" and "after" for comparison purposes.

**22** Keep photographic records as a vital medico-legal safeguard, especially where complex restorative work is carried out. Where tooth-whitening (bleaching) is carried out, the dental indemnity societies recommend “before” photographs as an essential adjunct for any patient litigation against the practice.

**23** Enhance your practice image and impress your patients by being progressive and using the latest technology. Use photographs to illustrate your practice leaflet and website. Make your practice a special one! Set it apart from the average. Have an illustrated “Welcome to our Practice” album.

**24** Copy and import x-rays directly onto screen or computer, and store pictorial records on computer.

**25** Help new associates to develop confidence by including and encouraging them to evaluate their own treatment plans through photography and increased communication skills.

**26** Improve referral correspondence – send or e-mail photographs to hospital specialists for preliminary diagnosis without alarming patients, and to garner rapid second opinions.

**27** Oral cancer screening. A camera can be attached to a cancer-screening device such as the Velscope. Keep photographic records of ulcers and suspicious lesions, e-mail or send photographs for a specialist/consultant to examine and give opinions regarding biopsy or referral.



*Tongue ulcer*

**28** Photographs make it easier to see the lip line when considering the position and depth of crowns and veneers.

**29** Toothwear – abrasion and erosion can be photographed to illustrate and monitor many of the lesions which are not revealed on an x-ray.

**30** Improve the atmosphere in the practice – patients are less stressed when they can easily see and understand the problem.

**31** Improve staff morale and involvement – let nurses and hygienists use the camera.

**32** Self-critique – make it easier to maintain your work standard by being photographed at work; check



*High magnification showing cracked amalgam posture and working position through “self-audit”.*

**33** Save valuable time – visual explanation is faster than verbal description.

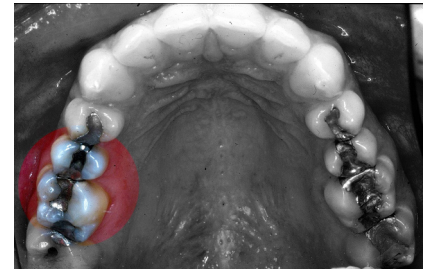
**34** Use photographs to show patients toothwear, abrasion and soft tissue lesions – clearly and easily.

**35** Clearly show aesthetic problems like discoloured restorations.

**36** Clearly show leaking or deteriorating fillings and crown margins – even if they are not causing the patient any pain!

**37** Show inter-proximal decay not visible on x-ray.

**38** Increase your percentage of private practice, practice promotion and personal injury reports by the capability of illustration.



*Diagnosis of caries in mesial upper right first molar*

**39** Become non-adversarial – the camera shows the problem, not the dentist.

Continued on page 10

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pages 8 and 9

## Dental photography – why bother?

Continued from page 9



Mugged



The pulp almost exposed

**40** Re-think treatment or discuss options with colleagues without the patient being present, through illustrated study-groups.

**41** Use the camera as a low-key marketing tool – “Are you comfortable with your smile?”

**42** Show patients magnified images of specific problems, such as food-packing areas, contact areas, cracks, wear, facet, fracture lines – treatment proposals are more readily accepted when problems are presented visually.

**43** Unusual cases – always have your camera ready for whatever scenario presents itself.



Golden proportion



Do-it-yourself splinting!

**44** Undertake visual surveys of your practice to identify and highlight problems such as deteriorating decoration, stained

uniforms, untidiness, tired signs and so forth – these are the things patients notice!

**45** Use photographs in the waiting area – rolling presentations of your own work on large screens is a good distraction and advertisement, as well as patient education. The practice can also be enhanced using one's own photographs for decoration – travel pictures, scenic views and nature photographs are all popular, as are extreme close-ups of flowers and insects (using your dental, clinical photographic equipment!)

**46** Insurance – photograph equipment and valuables, not just in the surgery but also at home. The police and insurers often find it helpful to have photographs to help retrieve your stolen goods.

**47** Crimewatch – forensic photographs may be a speciality, but they are often a vital aid in the documentation of perishable evidence. Adding a photographic record to

written post-mortem dental charts promotes accuracy and reproducibility of detail.

**48** Take portraits for cosmetic imaging, using computer visualisation to show a patient how they will look after treatment.

**49** Photographs for accreditation examinations, such as the British Academy of Cosmetic Dentistry, MSc qualifications, restorative and implant diploma examinations.

**50** Above all, have fun with the camera and take photographs for enjoyment as well as increasing job satisfaction.



This is the way we clean our teeth...

Dr Philip Wander has over 40 years' experience in both NHS and private practices in Manchester. He co-authored with Dr Peter Gordon the *BDJ* textbook *Dental Photography*, and has written numerous articles and lectured extensively on the topic. He is currently giving a series of hands-on courses on “Shoot your patients to build your practice”. For further information, contact Philip at [info@dentalphotos.co.uk](mailto:info@dentalphotos.co.uk).



## Dental film prepares students for real life tooth extractions

A TEN-minute film to help prepare dental hygiene and dental therapy students for the procedure of tooth extractions in young children has been short-listed for a Learning on Screen Award, organised by the British Universities Film and Video Council.

The film, which was produced by the University of Portsmouth eLearning team in partnership with Hampshire Primary Care Trust, was made because students were often anxious before placements in paediatric day surgery.

It shows in detail the whole procedure of children being anaesthetised and having teeth extracted and features interviews with a dentist, an anaesthetist and nurses who talk about minimising the impact of surgery.

Richard Hackett, head of Media Production at the University of Portsmouth and the film's director, said: “Many students have no prior knowledge or experience of the dental care environment, and this video provides a way of visually introducing the work of a dental care unit, the paediatric patient, the range of skills they will gain there and the staff who will support their learning.”

By the age of five, 43 per cent of Portsmouth children have experienced some form of dental disease and a number of children have between 10 and 20 teeth extracted. At Queen Alexandra Hospital's Poswillow Dental Care Unit, which features in the film, out of 992 patients having teeth extracted in 2008, 846 of these were children.

The aim of the film, *Dental Anaesthetics in Portsmouth: A Preventable Experience*, is to prepare students for their placements, but the underlying message explains how surgery can be prevented if children and parents are better educated about dental care.