satisfied with the results of the establishment step alone and may modify his or her idea of further aesthetic enhancement. In MICD TP it is considered unethical should the practitioner not collect self-smile re-evaluation information from the patient. The enhancement step of MICD is focused on the fulfillment of the patient’s aesthetic desires, which can be grouped into two categories based on the patient’s needs and wants.

Even though it is sometimes difficult to draw a clear line between the two and their related treatment, in MICD they are categorized as follows:

- WANTS — subjective desires of the patient, which may not be in harmony with the SRA factors and due emphasis on health and function of oral tissues (naturo-mimetic smile enhancement)

- Needs — objective restorative needs of the patient in harmony with the SRA factors and due emphasis on health and function of oral tissues (cosmetic smile enhancement)

During any want-based aesthetic treatment, where healthy oral tissue is treated with no direct benefit to health or function, the treatment modalities should be within the scope of non-invasive (NI) or MI procedures.19

The patient’s cosmetic desires alone should not be the rational for the treatment.20 “Do no harm” should always be the credo pertinent to all dental treatment procedures.

Phase III: keep in touch

Regular maintenance, compliance and timely repair play a crucial role in the long-term success of aesthetic enhancement procedures. Hence, MICD emphasises the keep-in-touch concept and encourages patients to go for regular follow-up visits. Responsibility for maintenance is grouped into two categories:

- Self-care — Patients are advised to continue their normal oral hygiene procedures. If necessary, special care and precautionary methods are given, as well as protective devices. Self-care should focus on regular tooth brushing, flossing, the use of prescribed protective devices and other pertinent professional advice for maintaining general health.

- Professional care — The oral habits, health of the oral tissues, and the functional and aesthetic status of the work preformed are well documented during each follow-up visit, and necessary maintenance repair jobs are carried out.

Evaluation is the final step of MICD TP. Any “completed” treatment without a proper evaluation is considered incomplete in MICD protocol. The following components need to be evaluated:

- Global patient satisfaction: After receiving aesthetic dental treatment, the patient is requested to complete the MICD exit form, in which the patient evaluates his or her new smile, gives a second perceived smile aesthetic score (b-score), and indicates his or her global satisfaction score.

The b-score is compared with the previous a-score. This process helps determine the patient’s actual satisfaction status. In MICD, this is the main parameter for evaluating a patient’s aesthetic satisfaction.

- Clinical success: Clinical success is a multifactorial issue. Selection of proper cases (the patient), restorative materials, TPs and their correct and skillful application are the key factors for clinical success. Therefore, MICD TP suggests self-evaluation of the following four factors (4Ps) using the MICD clinical evaluation form:

  - Patient factors — regular maintenance status, compliance issues and attitude of the patient towards aesthetic treatment;

  - Product factors — bio-compatibility, mechanical and aesthetic quality of the products used for the treatment;

  - Protocol factors — TP used in terms of its simplicity, predictability and its evidence-based nature;

  - Professional factors — existing knowledge and skills, and attitude toward developing these.

Detailed clinical documentation of the case during maintenance and evaluation can provide various clues to the practitioner in the evaluation of his or her clinical success in terms of case planning, material and protocol selection, as well as his or her existing restorative skills.

I believe that thorough evaluation can support a practitioner in initiating practice-based research and keeping up-to-date with the recent trend of evidence-based dentistry (Figs. 4a–5b).

MICD treatment modalities

Various types of treatment modalities are available in MICD. Their effective use depends on the level of smile defects, type of smile design, proposed treatment type and the treatment complexity grade.

There is only one principle in selecting treatment modalities in MICD: always select the least invasive procedure as the choice of treatment.

The two categories of MICD treatment are NI and MI treatment (Table 1). However, conventional invasive treatment modalities may also be required, depending on the complexity of the case.

Conclusion

MI dentistry was developed more than a decade ago by restorative experts and founded on sound evidence-based principles.5–8 In dentistry, it has focused mainly on prevention, re-mineralisation and minimal dental intervention in carries management and not given sufficient attention to other oral health problems.

I believe that the MI philosophy should be the mantra adopted comprehensively in every field of dentistry.

For this reason, I have explained the MICD concept and its TP, which integrates the evidence-based MI philosophy into aesthetic dentistry, in the hope that it will help practitioners achieve optimum results in terms of health, function and aesthetics with minimum treatment intervention and optimum patient satisfaction.

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In formulating the MICD TP, I discussed the concept with several national and international colleagues in order to ensure that it is simple, practical and comprehensive.

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Table 1: MICD treatment options

<table>
<thead>
<tr>
<th>NI treatment options</th>
<th>MI treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smile training</td>
<td>Micro- and macro-abrasion</td>
</tr>
<tr>
<td>Tooth whitening</td>
<td>Selective contouring (gums/teeth)</td>
</tr>
<tr>
<td>Re-mineralisation of white spots</td>
<td>Direct restorations with minimal tooth preparation</td>
</tr>
<tr>
<td>Short orthodontics</td>
<td>Adhesive bridges</td>
</tr>
<tr>
<td>Non-preparation veneers</td>
<td>Veneers, inlays and onlays</td>
</tr>
<tr>
<td>Enamel augmentation</td>
<td>MI implants</td>
</tr>
<tr>
<td>Adhesive pontic (long-term temporary restoration)</td>
<td>Oral appliance</td>
</tr>
</tbody>
</table>

About the author

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