

The aesthetic challenge: Direct or Indirect? Enhancing smiles with smart restorative choices

An interview with Dr Kostas Karagiannopoulos, and MDT Stefan Roozen

Introduction

In the world of restorative dentistry, achieving aesthetic excellence often requires a delicate balance between clinical precision and artistic vision. We sat down with Dr Kostas Karagiannopoulos and MDT Stefan Roozen—two passionate professionals who bring complementary perspectives to the table.

Together, they explore the nuances of treatment planning, material selection, and the collaborative approach that leads to truly transformative results. In this interview, they share insights into their working dynamic and the challenges they face.

How did the two of you end up working together? Given that you live nearly 1,000 kilometers apart (United Kingdom and Austria), it's not the most obvious setup for collaboration—what brought you together?

Karagiannopoulos: At IDS 2023, I attended a lecture of Stefan before my own session. His presentation made a strong impression on me, and over time, the idea of collaborating grew. His approach really stood out. Eventually, I suggested we work together, which marked the start of our partnership. Stefan understands me quickly, often without much explanation. That makes our collaboration very effective.

Roozen: From the beginning, I noticed we shared a similar view on aesthetics. Collaborating with dentists who set high standards is both challenging and rewarding, and I believe strong teamwork between dentist and technician is essential for excellent results.

Both working far apart, does distance ever pose a challenge to your collaboration?

Roozen: Not at all—in today's digital world, distance is no longer a barrier. In fact, we can work more closely than ever before. Thanks to digital workflows, I can virtually step into the dentist's office. For example, after a tooth is prepared, I receive the STL files instantly and we can discuss the case while the patient is still present. Digital photography and instant messaging also help us communicate quickly by sharing visuals.

It's obvious that digital tools in dentistry have become invaluable.

Karagiannopoulos: Both the patient and I want as much visual evidence and data verification as possible before starting treatment. Smile design and real-time sharing play a massive role nowadays. But I always take it one step further: I believe nothing beats a mock-up in the mouth. It's the most effective way to gain true patient consent and remains the final checkpoint.

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And now in your webinar, you talked together about direct and indirect approaches. What has brought you to this topic?

Karagiannopoulos: The motivation comes directly from daily clinical practice. Patients are increasingly well-informed and often come to consultations with specific questions about materials, techniques, and outcomes. As a result, I regularly compare direct and indirect approaches, discussing differences in invasiveness, maintenance, aesthetics, and longevity. This is relevant for both clinicians and technicians, making it a valuable subject to explore further.

Roozen: Exactly. The webinar will discuss how to navigate through the complex landscape of restorative decisions. It allows us to compare different possibilities and share both the limitations and the opportunities that come with each approach.

Our goal is to help clinicians and technicians make smart, informed choices that lead to the best possible outcomes for patients.

Are there key clinical factors that help guide your decision between a direct or indirect restorative approach?

Karagiannopoulos: The main factor is the patient's attitude toward tooth preparation. Indirect restorations usually require the removal of some sound tooth structure, which can be a concern for many. Direct restorations are typically additive and minimally invasive. Other important criteria from a patient's point of view are the costs and the amount of maintenance required.

Roozen: I do agree—the invasiveness of the approach plays a central role in treatment planning. But we also need to consider long-term aspects. Indirect restorations allow us to use more resistant materials, such as ceramics or monolithic zirconia, which offer better durability over time.

Another important factor is the patient's age. The size of the defect and the preservation of tooth vitality are also crucial. In such situations, a direct approach with composite might be more appropriate.

Whether direct or indirect—how do you approach material selection?

Karagiannopoulos: Every clinician and technician has their preferences. Personally, I lean toward highly filled flowables over composite pastes for direct restorations. When it comes to ceramics, I rely on close collaboration with the technician to choose between materials like lithium disilicate or zirconia.

Roozen: Material selection depends heavily on the location and demands of the restoration. For highly aesthetic areas, feldspathic ceramics offer unmatched beauty but limited strength. Lithium disilicate provides a good balance of aesthetics and durability, especially for anterior cases.

For posterior restorations or when strength is critical, we shift toward zirconia. It's always a compromise between aesthetics and mechanical performance. Other factors, like the patient's age, the extent of discolouration, and whether we need to mask substructures, also guide our choices. Sometimes, composite can serve as a transitional phase before moving to a more definitive indirect solution.

Karagiannopoulos: Absolutely. Before we even talk about ceramics, injection moulding is ideal for additive cases or replacing existing composite veneers. In cases where the outcome is done with composites, I only get one chance to get it right—unlike ceramics, where provisionals offer a second filter.

How do patients' expectations influence the choice of restorative approach—and how do you manage them?

Roozen: Patients often seek the most aesthetic solution, but materials like lithium disilicate—known for their translucency, opalescence and fluorescence—aren't suitable for every case. Aesthetic outcomes depend on both the technician's skill and the material's properties, which must be balanced with strength and clinical feasibility.

While it's important to understand patient preferences, it's equally crucial to guide them toward realistic options. Sometimes, what they envision doesn't match their natural dentition or long-term needs. A test phase or temporary solution can help manage expectations and lead to a personalized, viable treatment plan.

Karagiannopoulos: The patient is in the driver's seat when it comes to aesthetics. In specific cases, I can explain functional or occlusal limitations—unless the patient is open to orthodontic or orthognathic treatment. But when it comes to aesthetics, preferences are often non-negotiable.

Interestingly, in disputes over shade, it's almost never that the restoration is "too bright"—it's usually the opposite. Patients often start by saying they want a natural look, but at the try-in, they'll say it's too yellow or too creamy and ask for adjustments.

Patients' expectations are rising, and I don't blame them. It's similar to buying a kitchen—initially, they just want one, but by the end, every tiny detail matters. Our job is to listen, guide, and ultimately deliver what they envision.

Do you have a kind of "recipe" for successful collaboration between dentist and dental technician—especially when communication isn't always seamless?

Karagiannopoulos: Yes, my advice to clinicians is simple: pick up the phone and talk to your dental technician. Collaboration should be a conversation, not a set of instructions. Ask them what they feel most comfortable



working with—whether it's stained and glazed lithium disilicate or layered zirconia.

For me, direct contact is essential. I don't work with large labs where communication goes through reception or call centers. I'm happy to pay extra for that direct connection, because it's the foundation of good teamwork and successful outcomes.

Roozen: From the technician's side, it's also about defining your business model. There's a market for both high-end and budget solutions, but you need to envision the path you like and find dentists who align with that approach. If you're focused on aesthetics and quality, you'll naturally attract clinicians who value the same. Clear communication and shared values are key to avoiding misunderstandings and ensuring smooth collaboration.

What's your advice for maintaining efficiency while still achieving high-quality aesthetic results?

Roozen: Digital technologies are essential. They allow us to work more efficiently and productively, while still leaving room for human touch where it matters most. Whether it's 5% or 10%, that final artistic input really makes a difference—but the foundation is built on digital workflows. Quality is always in demand, and digital tools help us deliver it consistently.

Karagiannopoulos: I agree. Focus on doing your best work and improving every day. There's no shortcut to clinical excellence.

That said, what advice would you give to young professionals starting out in aesthetic dentistry?

Karagiannopoulos: My advice: buy a camera and document everything. Reflect on your work. Invest in good



magnification and take courses that genuinely excite you—whether locally or abroad. There are no shortcuts to becoming a skilled clinician.

Roozen: This also comes down to personal mindset. After finishing a case, ask yourself: What's missing? What could I improve? That self-reflection is crucial. You learn from your mistakes, and growth comes from constantly evaluating your work. It's a human skill, and it's what drives long-term excellence.



*Figures: Before and after smile enhancement with Initial LiSi Press veneers.
Dentist: Dr Kostas Karagiannopoulos. Technician: MDT Stefan Roozen.*

Regarding webinar, what do you hope will be one of the key takeaways for participants?

Karagiannopoulos: For me, it's about encouraging clinicians to have more open and informed conversations with their patients. I'll be sharing insights from 25 years of patient feedback—because no matter how advanced technology becomes, dentistry remains a people-focused profession. Human interaction, trust, and communication between clinician, patient, and technician are essential. That's the triangle I want to strengthen.

Roozen: From my side, I'll be highlighting the possibilities that modern materials offer—whether in aesthetics, function, or strength. We'll share practical protocols and decision-making guidelines to help clinicians choose the best solution for each individual case. It's all about finding the right balance and making informed choices that meet both clinical needs and patient expectations.

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