End Notes

A Conversation with David Sarver

In each issue of Contact, *we will include a "question and answer" interview with an alumnus or alumna of the School of Dentistry at UAB. In this issue, we meet David Sarver, D.M.D., M.S., a pioneer in the technique of video imaging, who currently practices in Birmingham.*

Sarver received his D.M.D. degree from the University of Alabama School of Dentistry in 1977, going on to earn his certificate and M.S. degree in orthodontics from the University of North Carolina in 1979. For more information on Sarver and his practice—including a list of his scheduled lectures—please visit his Web site at [www.sarverortho.com].

CONTACT—Your recent book, *Esthetic Orthodontics and Orthognathic Surgery,* seems very accessible—even for non-dentists. How did you go about that?

SARVER—Well, I dictated the book instead of writing it, so it's very conversational. When the reviewers from Mosby received my manuscript, they kept trying to dress it up, and I finally called my publisher and said, "That isn't the way I want it to read." So she ended up deciding, "The doctor wants it this way, so that's the way it'll be."

CONTACT—So from the beginning you wanted it to be a more personal take on the subject?

SARVER—More readable. I didn't want people to look at the pictures and put it up on the shelf and just say they had it, I wanted them to read it. There are a lot of case illustrations weaved throughout the book. We also included little mini-summaries at the end of each section, like a table of what's just been discussed. I thought that was an interesting approach.

CONTACT—You're an acknowledged expert on the use of video imaging in orthognathic surgery. Could you talk about the history of the technique and the role you've played in its development.

SARVER—In the mid-eighties, as jaw surgery became more accepted, I was a member of the orthodontic faculty at UAB. We found it difficult to explain to people how they would appear after the procedure just by waving our hands around and drawing pictures. So I tried to communicate by taking a patient's picture with a Polaroid camera against a black background and then cutting the photos up with scissors to try to simulate what they would look like.

CONTACT—Sounds time consuming.

SARVER—It was, but it got me started thinking about new ways to achieve the same thing. My wife was a systems engineer with IBM, so she had kept me pretty up to date on the latest technology. In 1984, I bought a computer and a graphics card, put it all together, and then started doing very crude kinds of imaging. Well, my technique progressed over the years, and I published my first article on the subject in 1988. Maybe there were other people working on the same thing, but it was the first publication on the subject.

CONTACT—In your book you also mention how important it is to be aware of the psychological aspects of such a procedure.

SARVER—Yes, that's a very important consideration. One thing imaging helps us avoid is something called "post-purchase dissonance"—which is the same thing as buying a shirt without trying it on and then realizing it really doesn't look good on you once you get it home. Video imaging lets patients "try on" treatment plans before they commit, which can be enormously comforting.

CONTACT—Has that approach had a big impact on your patients' comfort level?

SARVER—Absolutely. We've pulled together figures showing patient satisfaction six months after the operation, and 90 percent of our patients reported that they were happy with the aesthetic outcome. That's compared to a University of Washington in Seattle study of people who were counseled without graphic imaging, using models of their teeth and things like that, and only 45 percent were satisfied. From a psychological standpoint, people are just going to be happier with the outcome if they're involved in the planning process.

CONTACT—What about the ethical implications?

SARVER—The integrity of the doctor is absolutely paramount to the whole process because you could use this technology dishonestly to try to sell patients on treatments. It's an incredibly powerful tool, and that's why I devote a portion of my book to the ethics of informed consent.

CONTACT—So where are we headed with all of this?

SARVER—Everything with computers is accelerating at such a rapid pace that it's really having an effect on every aspect of dentistry. As for the penetration of technology into orthodontics, probably 40 to 50 percent of orthodontic practices have this sort of technology in their offices, whereas five years ago it was below 10 percent. What'll happen in the next five years is that every resident who finishes a training program will use this technology. In the near future, we will also see 3-D imaging that will be provided through Web-based service companies. For instance, instead of me having to buy some huge, powerful computer, I'll be using what's called "application service provider" technology. This will allow us to use a workstation here in the office to send X-rays and pictures to a company that will integrate the images and produce the models. Then, when we're ready to do the treatment plan, we'll log on and be able to look at everything in 3-D, rotate it around, do whatever we want to do.

CONTACT—In what other ways will this technology improve your relationship with patients?

SARVER—We've just started developing a system that will allow patients to visit our Web site and, using a PIN number, they'll be able to check on their accounts, their next appointments, when they were last in, anything they want to know. This technology will really improve the interaction between dentists and their patients.

CONTACT—You've lectured on this topic in the past, but could you talk about why you decided to become an orthodontist?

SARVER—Believe it or not, I decided in the 10th grade that I wanted to be an orthodontist. The one that I had as a kid made a big impact on me, and all I knew is that I wanted to do what he obviously enjoyed doing so much. Really, though, it's as simple as this: An orthodontist is someone who takes a 10-year-old kid who needs help with their teeth, and when he's finished, the child is a pretty little girl or a good-looking guy. That's the bottom line. I mean, obviously there are matters of economics and respect and all of those things, but what brings you to work every morning is the chance to take off those braces and watch that kid head out the door.

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