

# Integrating Digital Technology to Optimize Implant Therapy



## Intraoral scanners

An American Dental Association Clinical Evaluators Panel survey



ADA American Dental Association

### Survey Results

Data reflect the responses of 369 American Dental Association Clinical Evaluators (ACE) Panel member dentists in the United States.

Does your practice currently use an intraoral scanner (IOS)?

**Yes 53%**

**No 47%**

Top 3 reasons **FOR** starting to use an IOS<sup>††</sup>



Improve clinical efficiency



Transition from an analog to a digital practice



Improve laboratory communication

Top reason for **NOT** using an IOS<sup>\*</sup>



**66%**

Financial investment is too high or do not see a financial benefit



Revilla-Leon, M, et al. Intraoral scanners: An American Dental Association Clinical Evaluators Panel survey, JADA 2021;152(8):669-670.

1 Patient Comfort

Accuracy & Efficiency

Team Delegation

4 Digital Transformation

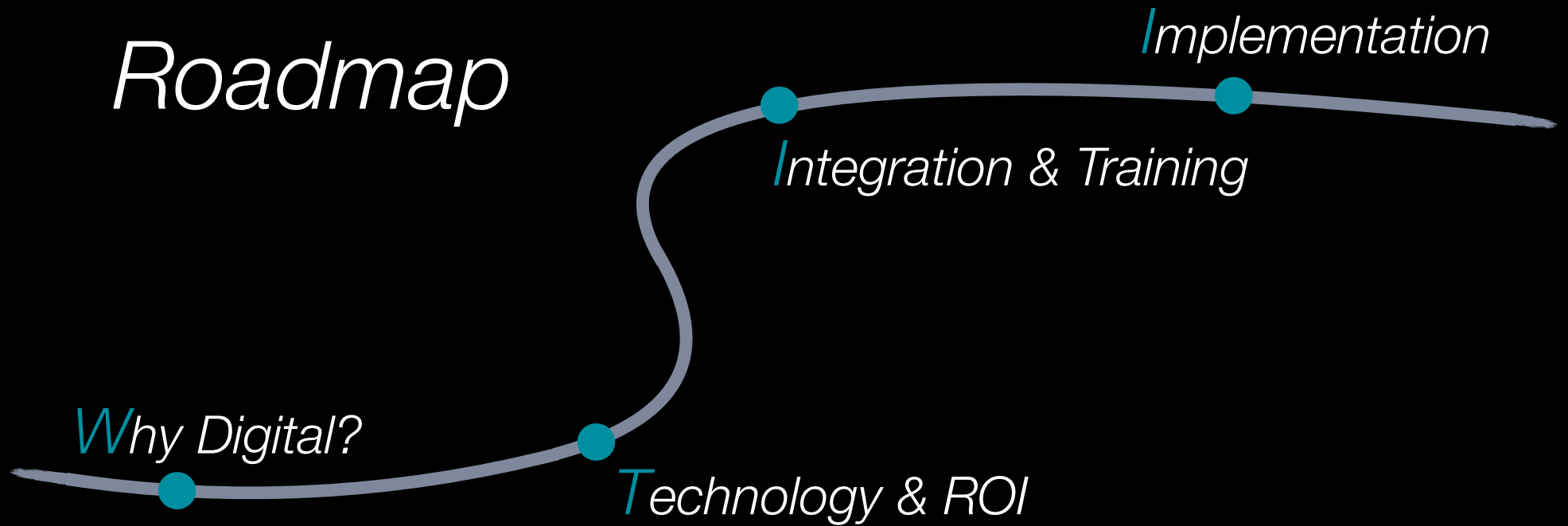
Benefits







# *Roadmap*



# *Roadmap*

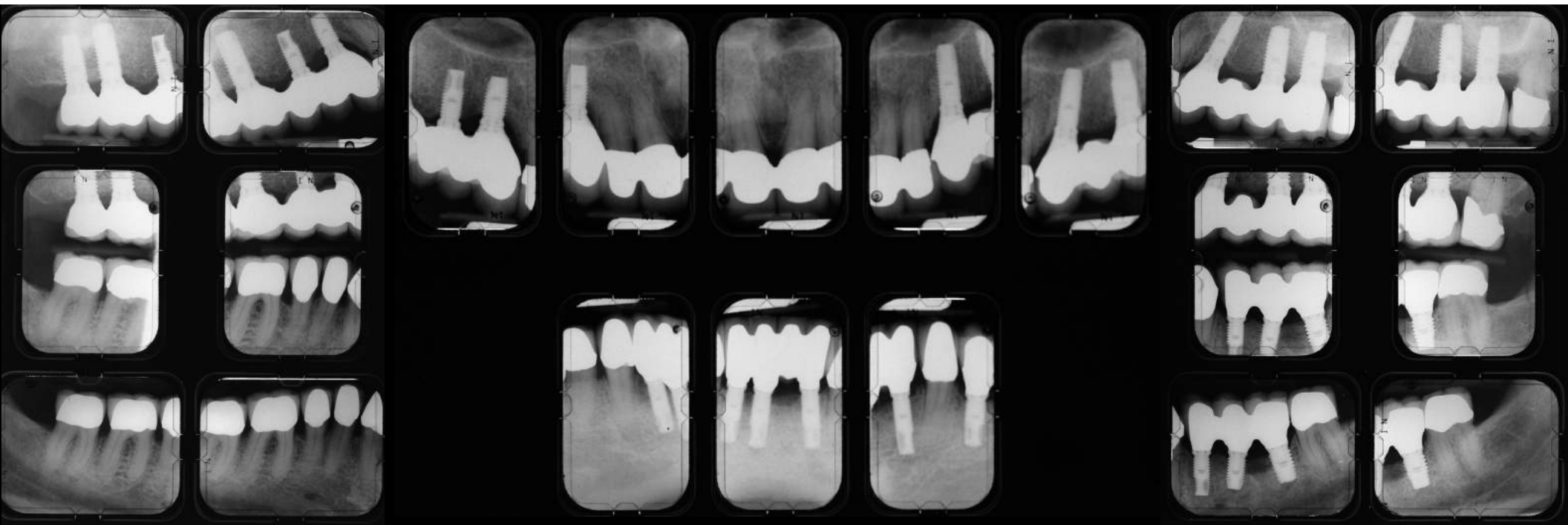
*Why Digital?*



# Conventional



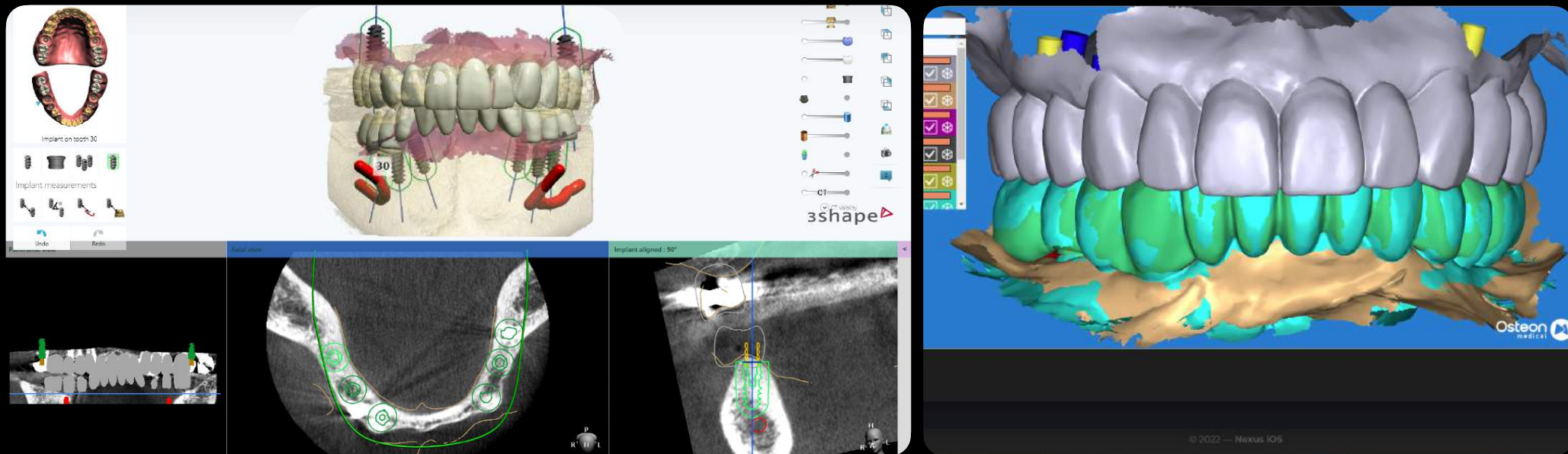




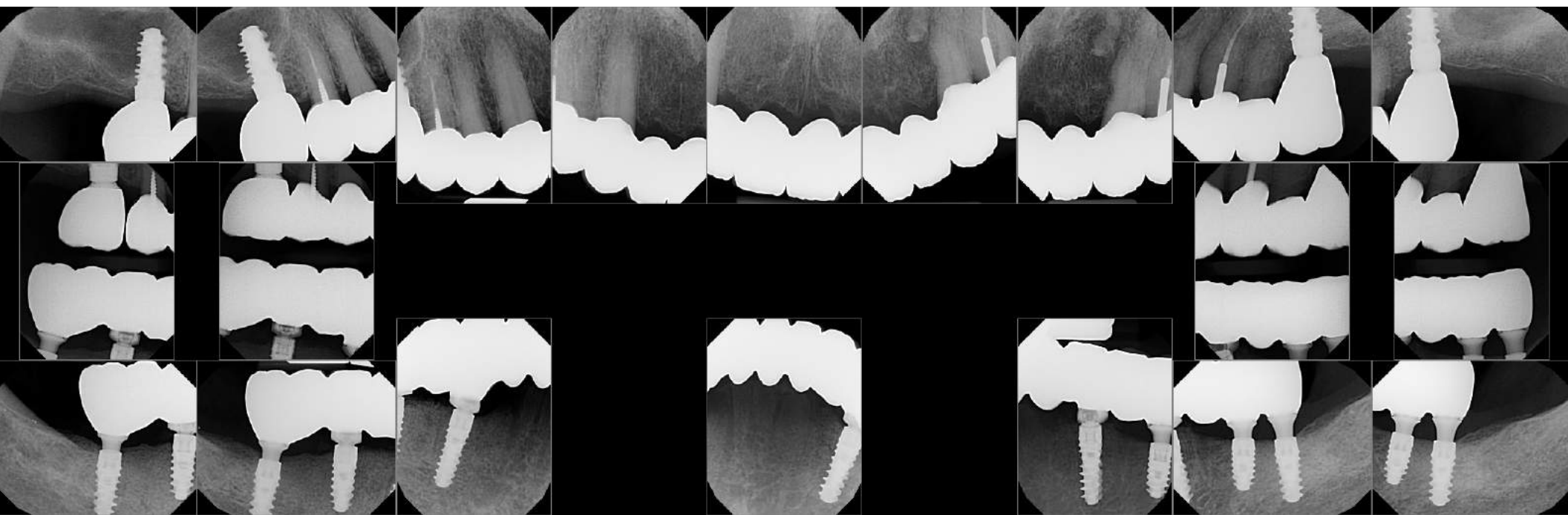


15Y

# Digital









# Digital Workflow

Chairside ← Laboratory



Scan



CAD



CAM



Crystallize

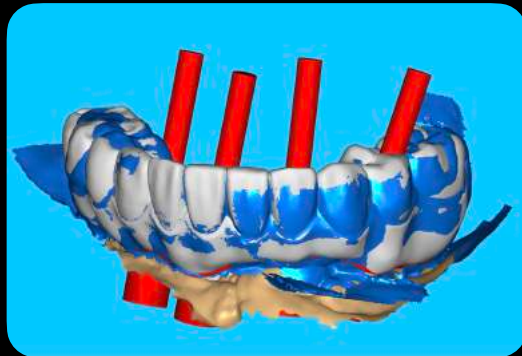
Chairside



+



# Laboratory



Scan



CAD



CAM



El-Haddad H, et al. Laboratory Evaluation of Implant Metal Acrylic Prosthesis Design: Influence of Mono Acrylic Veneer—level complete arch impression. *Int J Oral Maxillofac Implants* 2020;35:100-106.

# Advantages of Digital Technology

- Improve Patient Experience, Comfort, and Perception
- Accurate and Efficient
- No Messy Impressions and Model Work
- Better Patient, Laboratory, and Referral Communication
- Archival System
- Reduce Supply Costs

**Mangano, F, et al.** Intraoral scanners in dentistry: a review of current literature. BMC Oral Health, 2017;17:149.



## Disadvantages of Digital Technology

- Difficulty Detecting Deep Subgingival Margins
- Inaccurate for Long Span Restorations
- Initial Investment and Software Licensing Costs
- Steep Learning Curve

**Mangano, F, et al.** Intraoral scanners in dentistry: a review of current literature. BMC Oral Health, 2017;17:149.

# *Roadmap*



A stylized road, represented by a light blue-grey line, winds from the bottom left towards the top right. The road starts as a straight line, then curves sharply upwards and to the right, and finally levels out. Two teal-colored dots are placed on the road: one on the initial straight section and another at the point where the road begins its sharp upward curve.

*Why Digital?*

*Technology & ROI*

# Digital Sequence



# Acquisition



CBCT



Intraoral



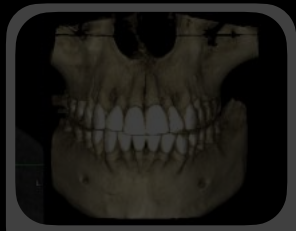
Face



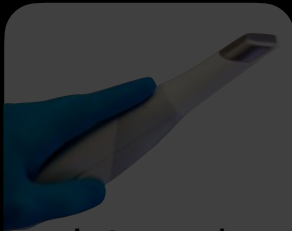
Model



## Acquisition



CBCT



Intraoral



Face



Model

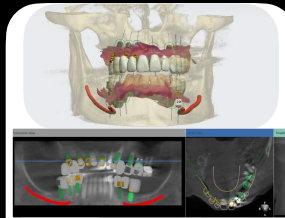
## CAD



Smile



Prosthetic



Planning

## CAM



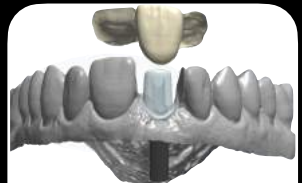
3D Print



Mill



Assisted  
Surgery



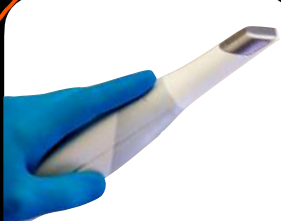
Guided  
Prosthetics



## Acquisition



CBCT



Intraoral



Face



Model

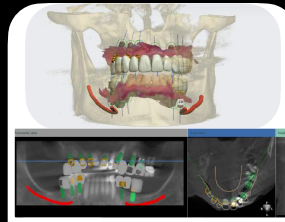
## CAD



Smile



Prosthetic



Planning

## CAM



3D Print



Mill



Assisted  
Surgery

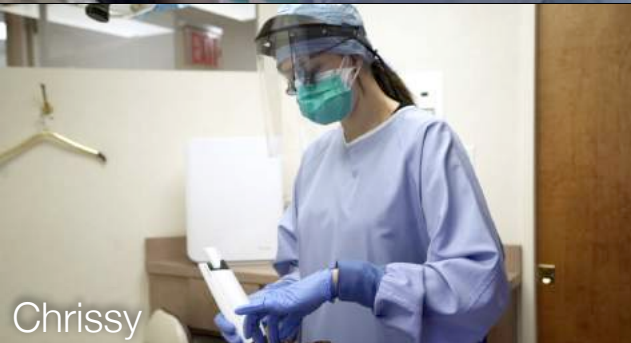
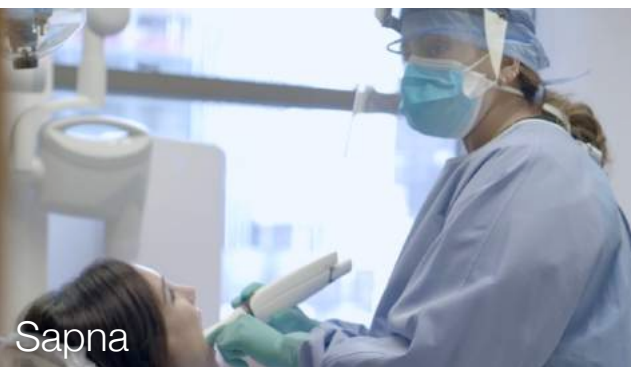


Guided  
Prosthetics



## Clinical

- Patient Comfort
- User Friendly
- Open Systems
- Easily Accessible



Scan from anywhere  
on the network





## Financial

- 3-5 Year Cycle & Payoff
- Recurring Licensing Cost
- Hardware Requirements
- Maintenance
- Repair Policy

## Investment

Intraoral Scanner = \$35,000

3D Printer = \$10,000

Milling Machine = \$35,000

Ceramic Furnace = \$10,000

Technology = \$90,000

36 Month Lease at 3.5% Annual Interest

Monthly Payment = \$2,637

**Technology w/ Interest = \$94,939**



## Investment

Technology w/ Interest = \$94,939

Licensing Fees (\$2300/yr x 3 yrs) = \$ 6,900

Additional IT Cost (\$300/mo x 36 mos) = \$10,800

Hidden Expenses (\$500/mo x 36 mos) = \$18,000

**Total Investment = \$130,639**

## Income & Savings

Two Crowns/Month  
(2 @ \$2000 x 36 mos) = \$144,000

Supply Costs Savings  
(\$500/month x 36 mos) = \$ 18,000

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Total Income & Savings = \$162,000

Total Investment = -\$130,639

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Net Profit = \$ 31,361

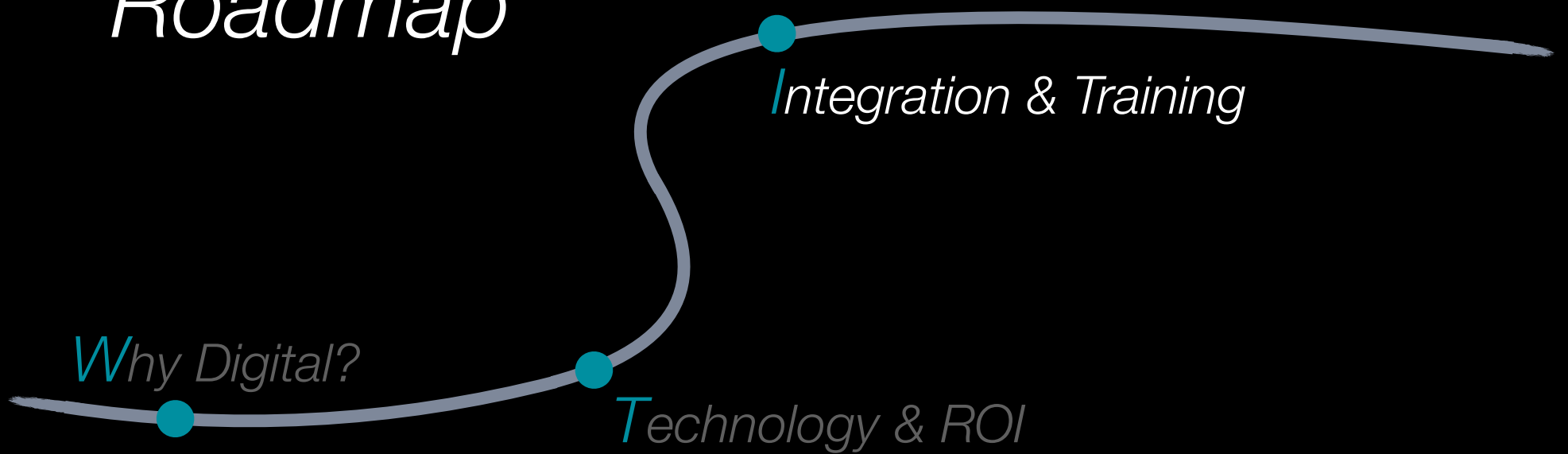
## Return on Investment

$$\frac{\text{Net Profit}}{\text{Total Investment}} \times 100\%$$

$$\frac{\$ 31,361}{\$130,639} \times 100\%$$

ROI = 24%

# *Roadmap*



## IT Company

*Network  
Technology Consultant  
Cyber Security  
Back Up  
Maintenance  
HIPAA Compliance*

## Vendor

*Install, Training, & Support*

## Internal IT

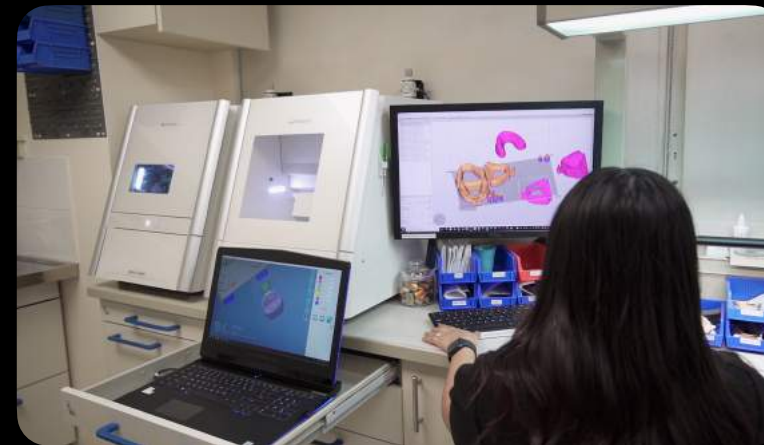
*Technology Manager  
Troubleshooting  
Staff Training*

# Integration & Training

## Lab/Outsourcing Services

*Design, Planning, & Fabrication*





# Digital Transformation

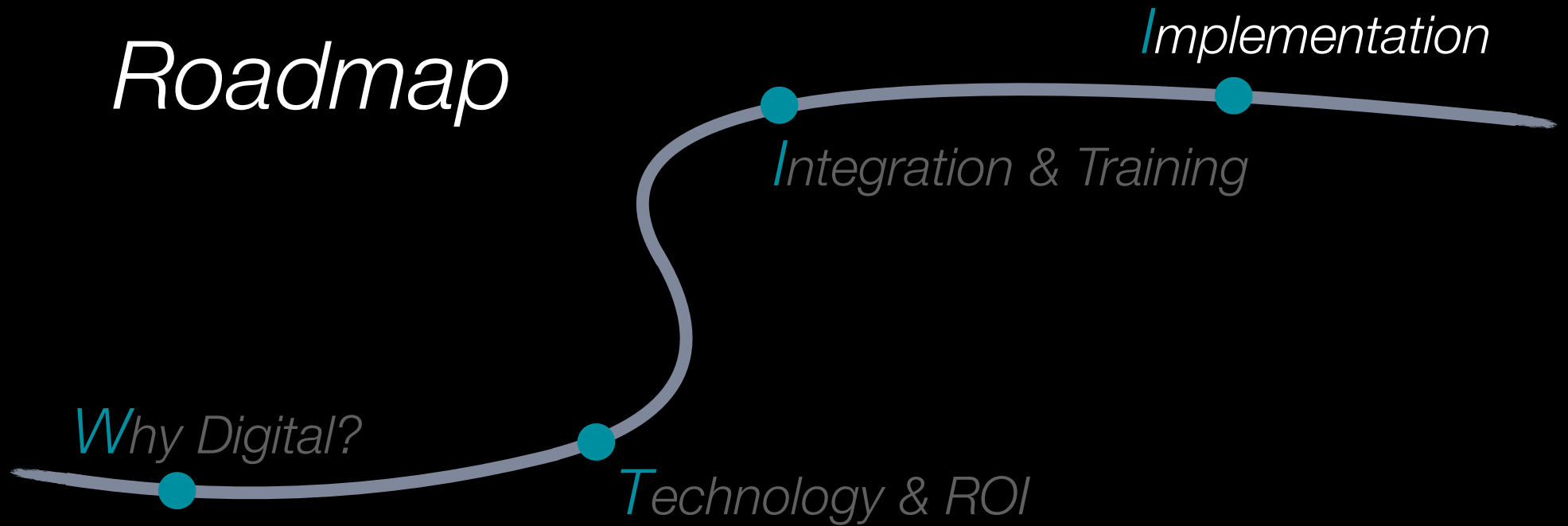


# Advantages

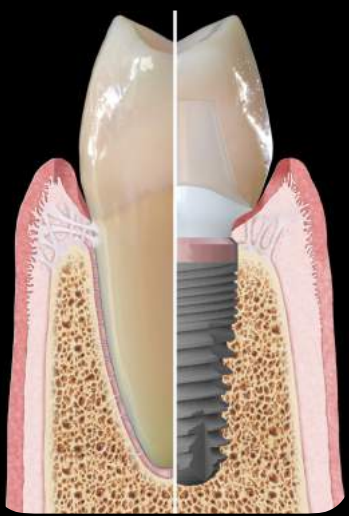
- More Efficient Workflow
- Staff Delegation
- Expedited Lab Transfer
- Expanded Outsourcing



# *Roadmap*

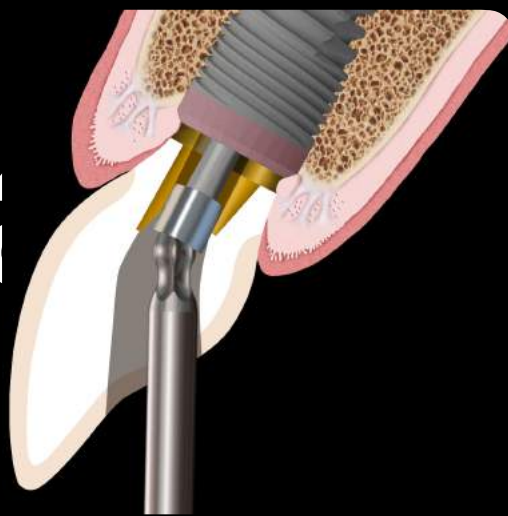


Peri-implant Complex



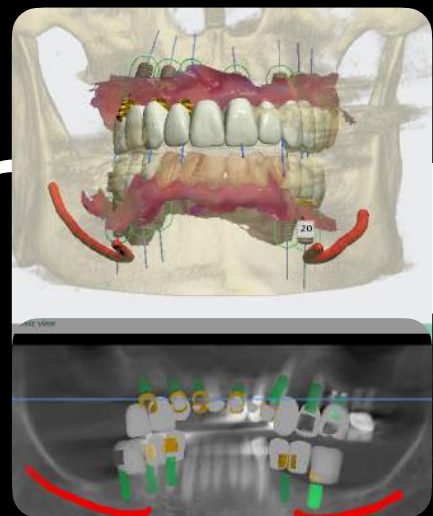
2004

Angulated Screw



2014

Digital Planning



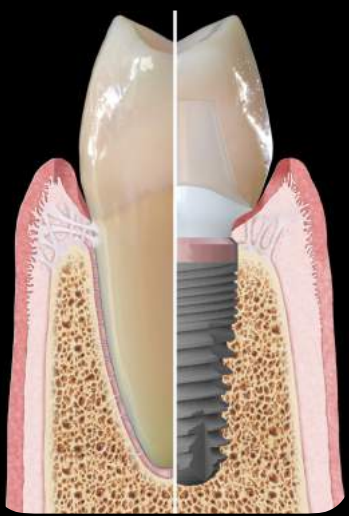
2017

Full Arch Scanning



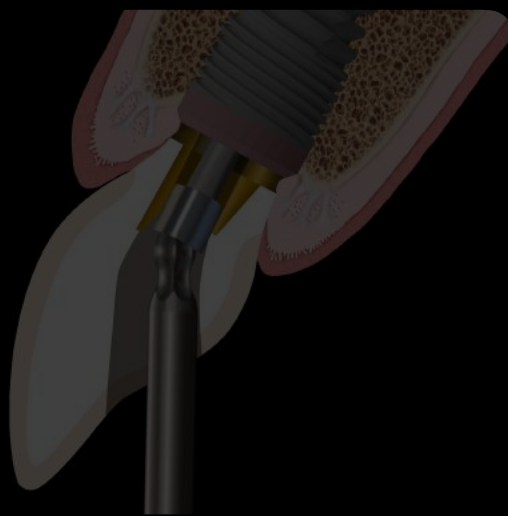
2022

Peri-implant Complex



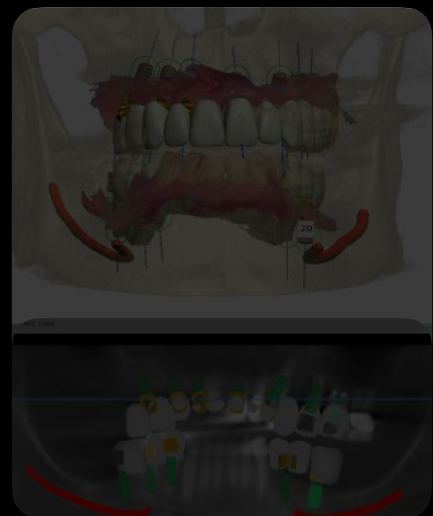
2004

Angulated Screw



2014

Digital Planning



2017

Full Arch Scanning



2022

# Consensus 2017

Abutment Dis/Reconnection

Implant Neck

Canullo

Reduce  
Dis/Reconnection

Platform  
Switching

Gracis

Chu

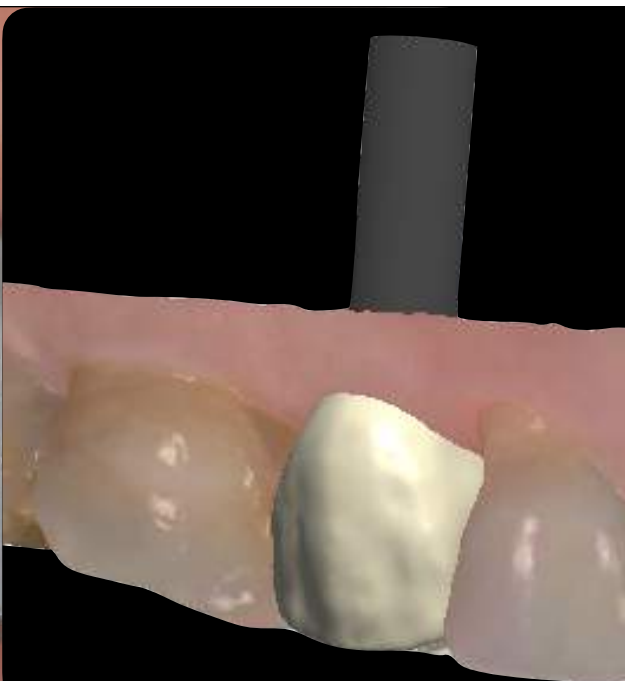
Concave Sub-gingival  
Contour

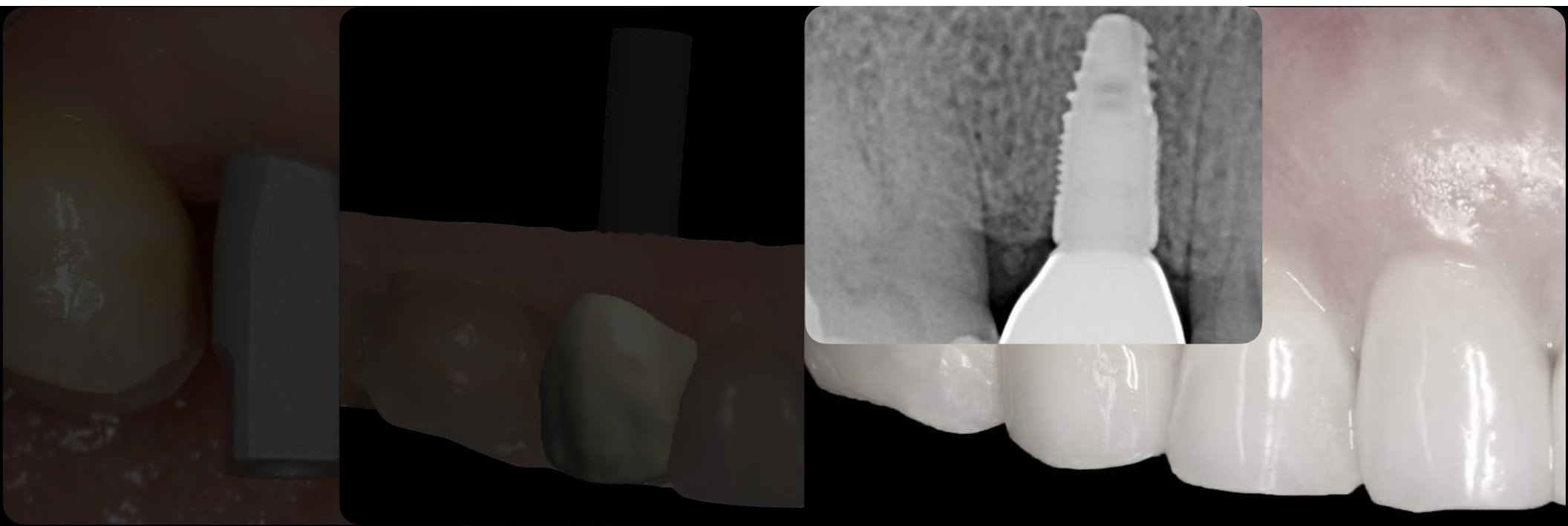
High Esthetics: Ceramic  
Low Esthetics: Metallic  
Soft Tissue Grafting  
Ti-Base Hybrid

Zarauz

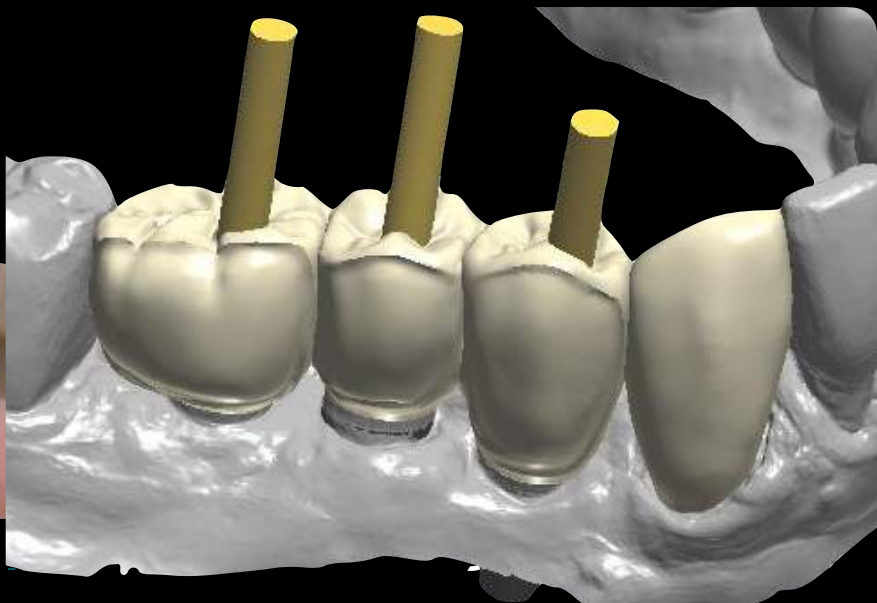
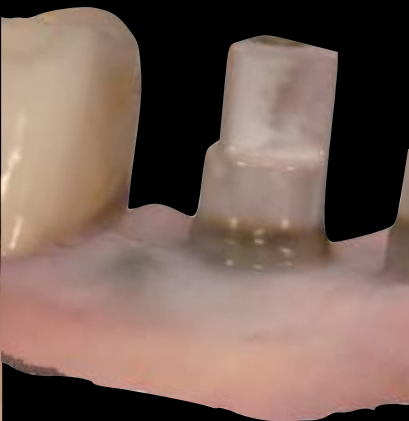
Restorative Eme

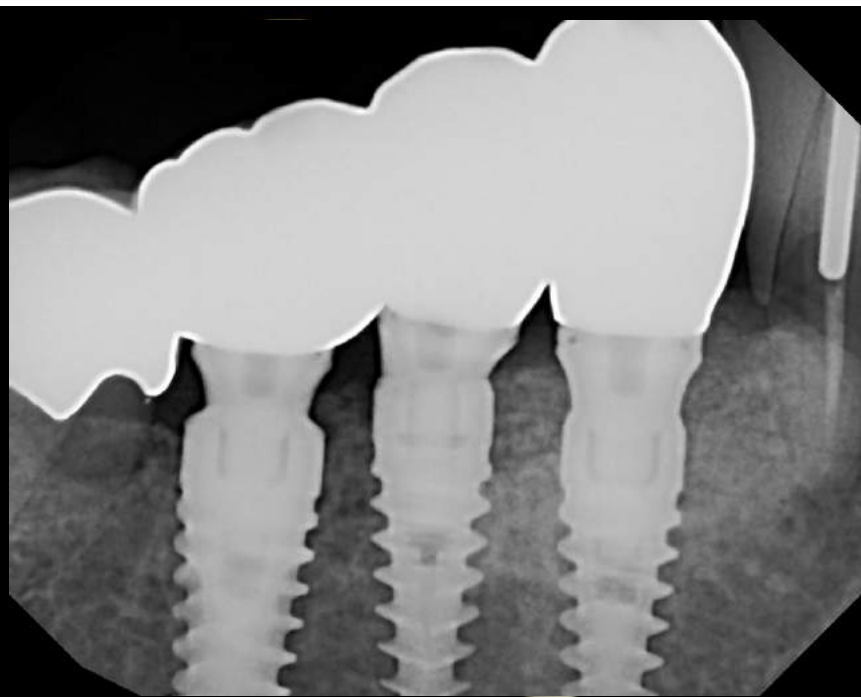
vs Standardized

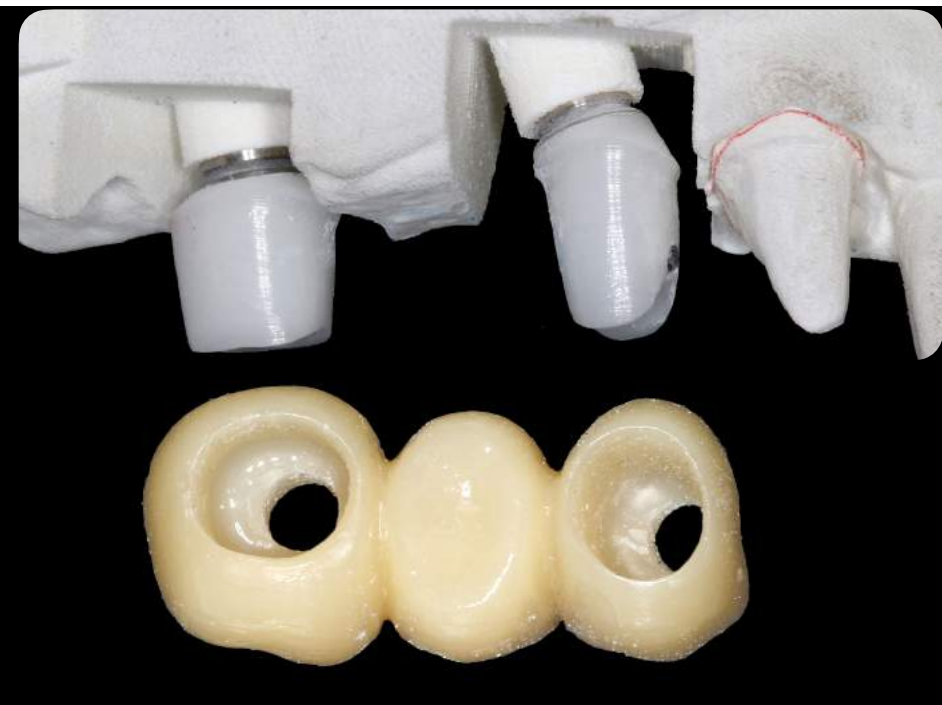










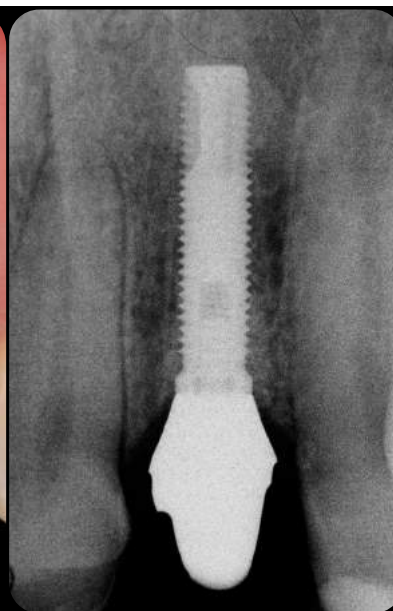




Rob





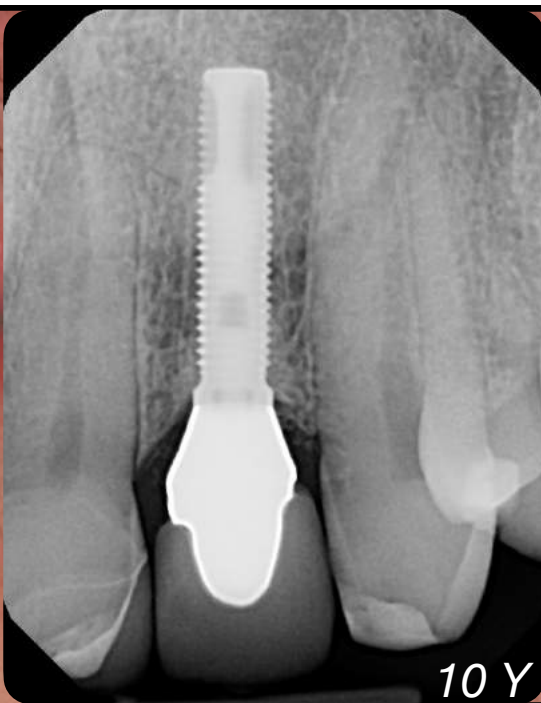


One Abutment  
One Time

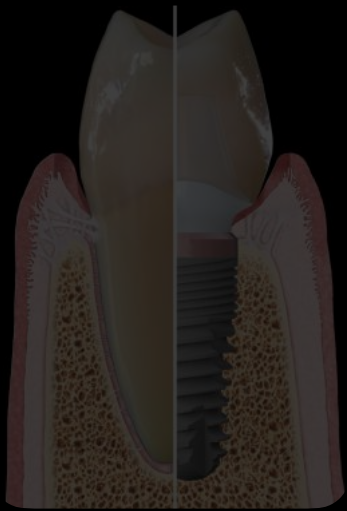
**Tallarico, M, et al.** Definitive abutments placed at implant insertion and never removed: Is it an effective approach? A systematic review and meta-analysis of randomized controlled trials. *J Oral Maxillofac Surg* 2018;76:316-324.





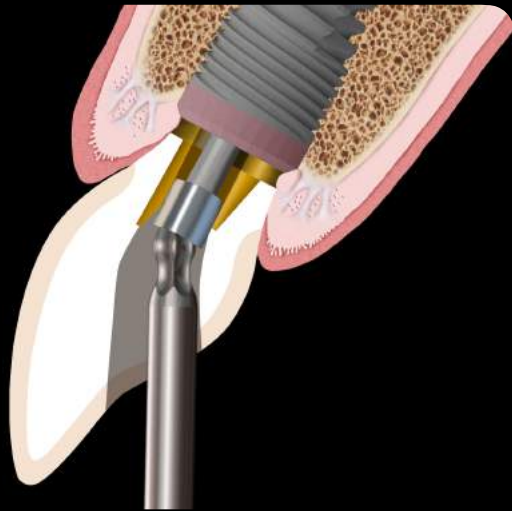


Peri-implant Complex



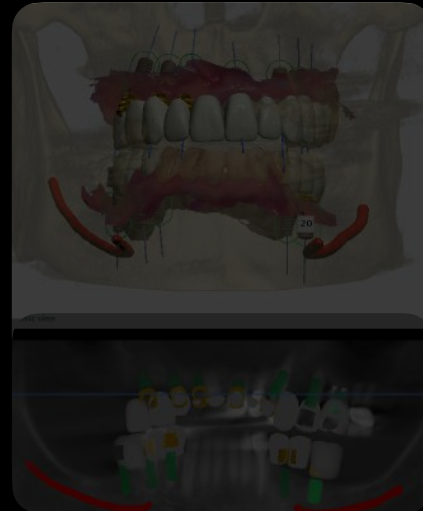
2004

Angulated Screw



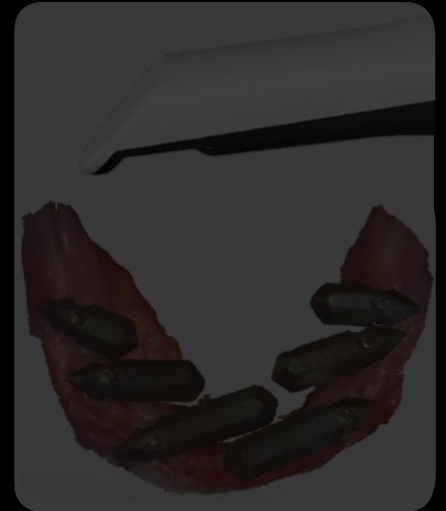
2014

Digital Planning



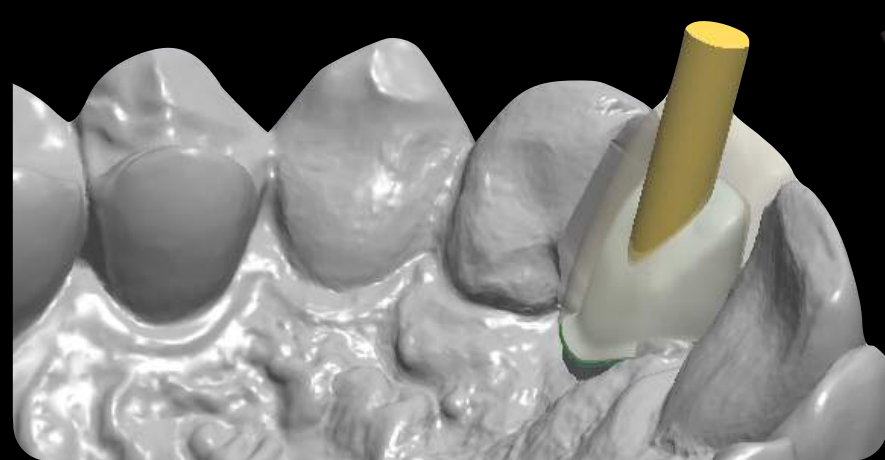
2017

Full Arch Scanning



2022

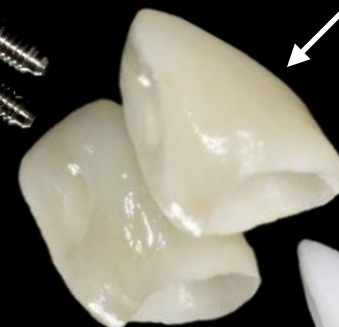
# Angulated Screw



**Rasaie V, et al.** Clinical and Laboratory Outcomes of Angled Screw Channel Implant Prostheses: A Systematic Review. Eur J Dent 2022 ; Feb 21:10.1055/s-0041-1740298 .



Lithium Disilicate



Ti-Base Hybrid

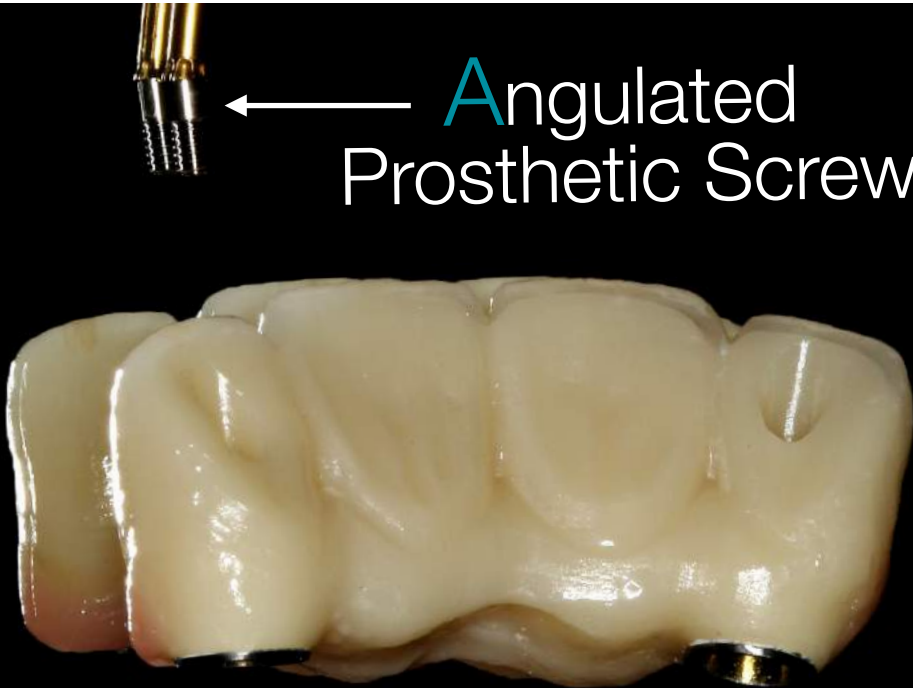




## Advantages

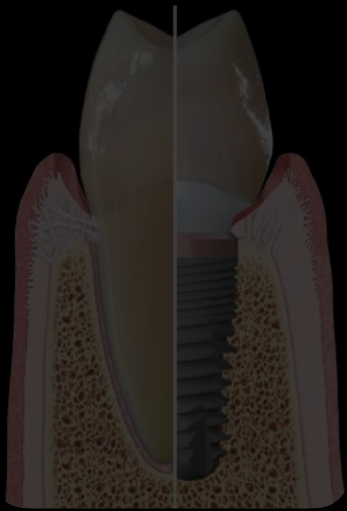
- ↓Dis/Reconnection
- Custom Shading
- Retrievability

← Angulated  
Prosthetic Screw



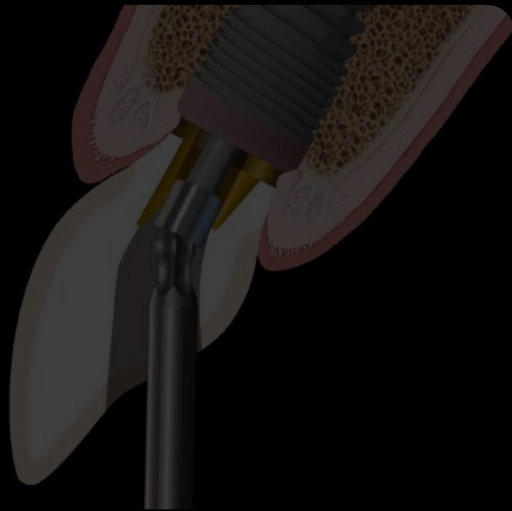


Peri-implant Complex



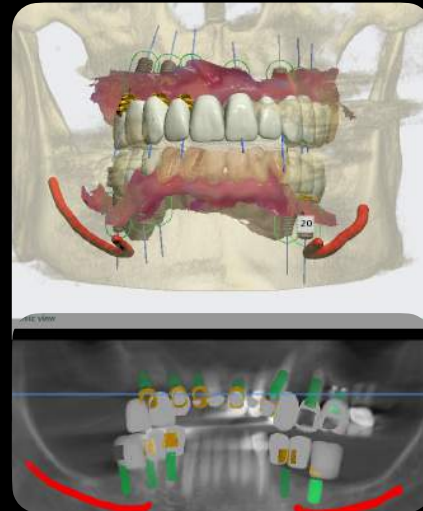
2004

Angulated Screw



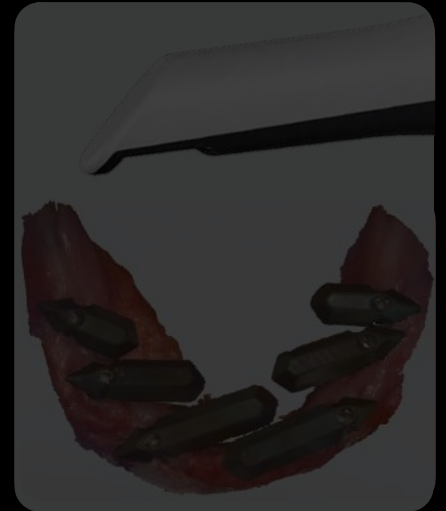
2014

Digital Planning



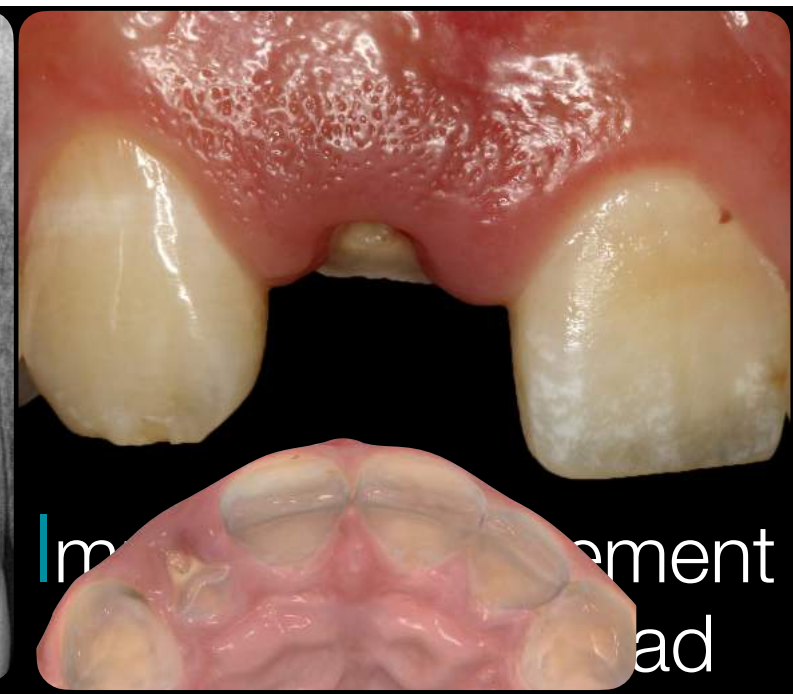
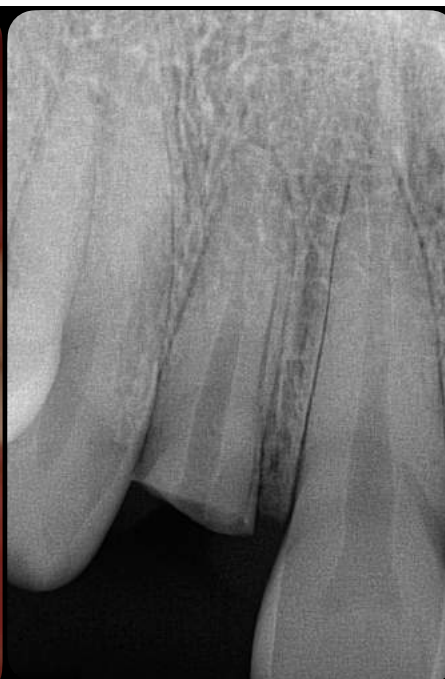
2017

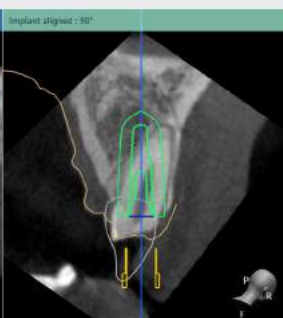
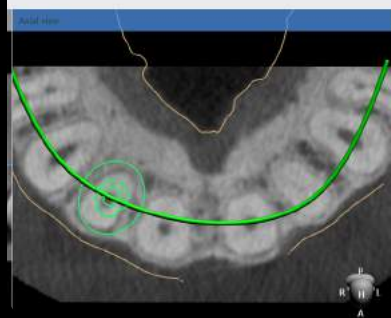
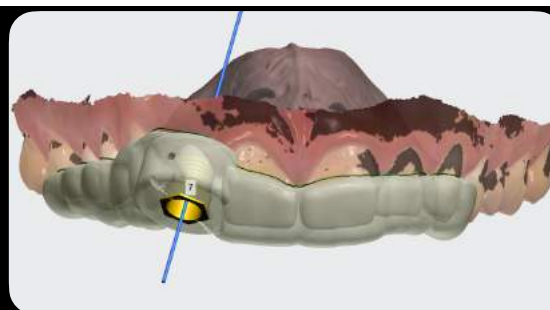
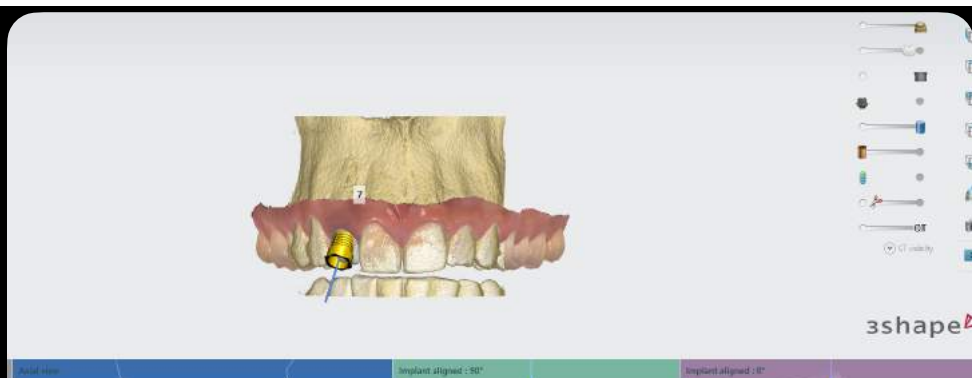
Full Arch Scanning



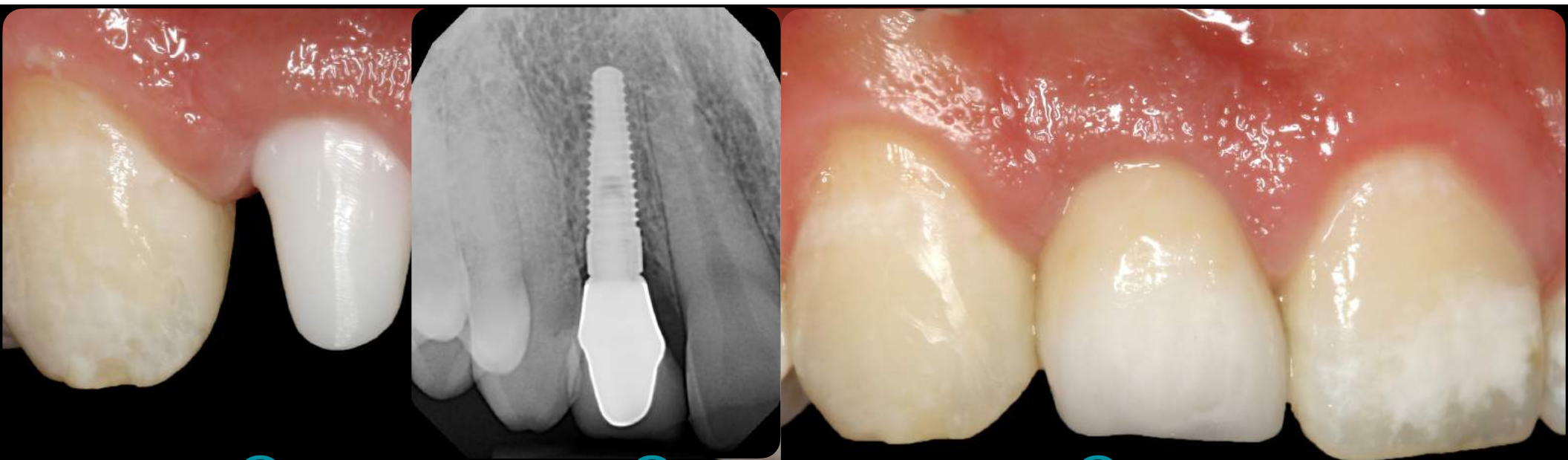
2022







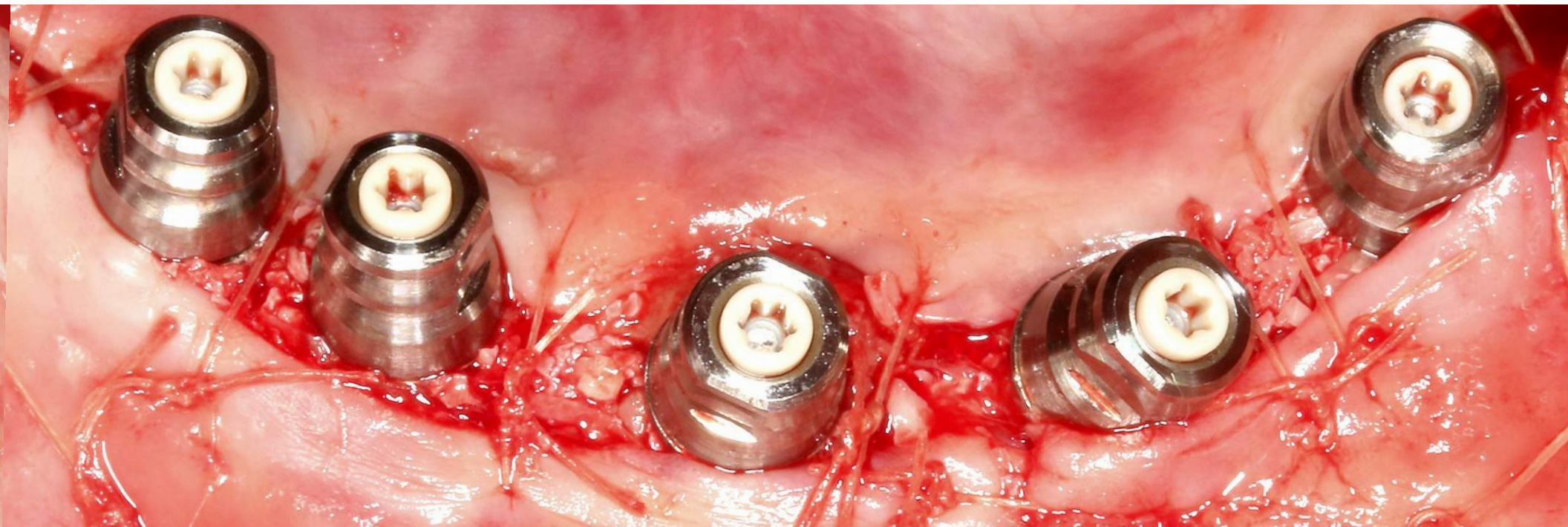




One Surgery / One Abutment / One Time



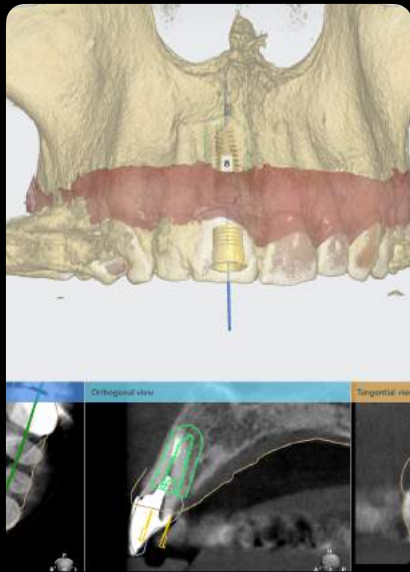




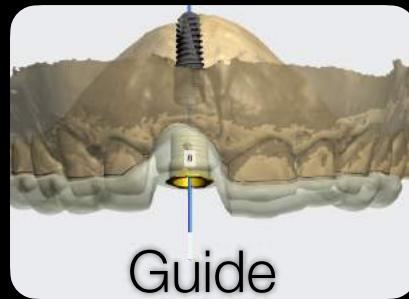




Delayed Placement  
& Immediate Load



Planning



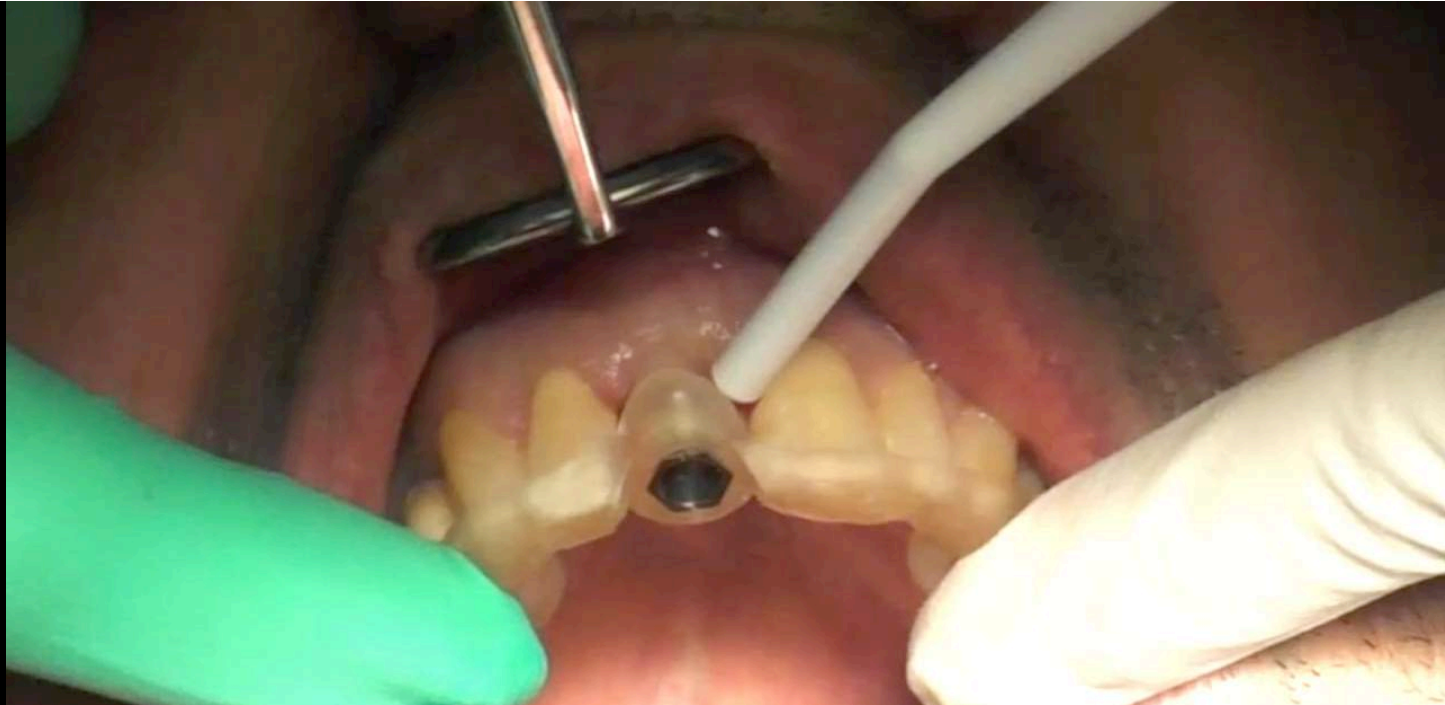
CAD

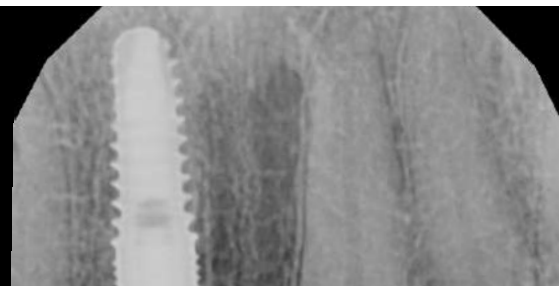
Print



Mill



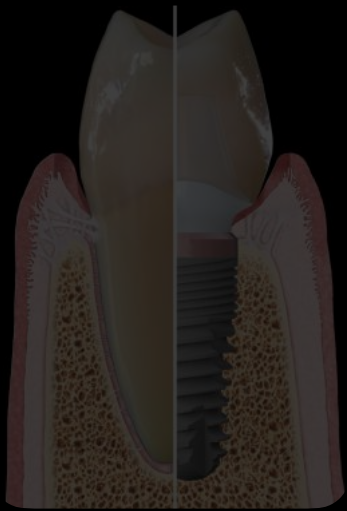






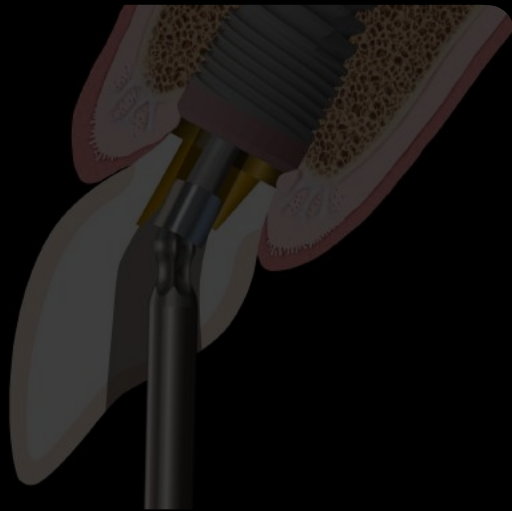


Peri-implant Complex



2004

Angulated Screw



2014

Digital Planning



2017

Full Arch Scanning

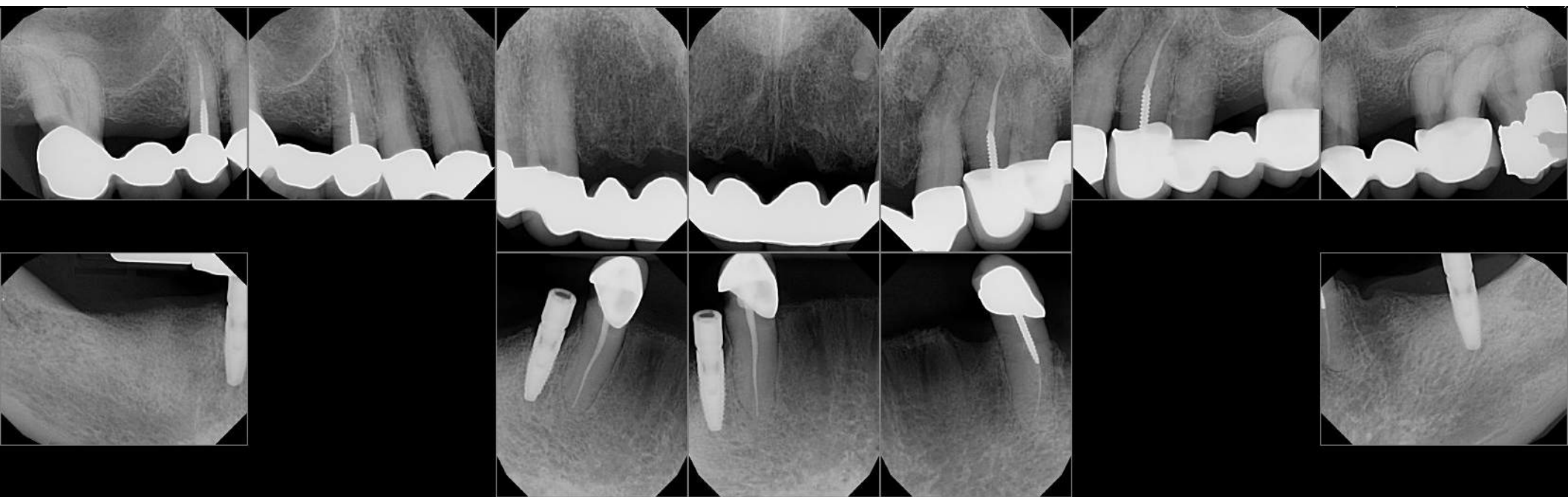


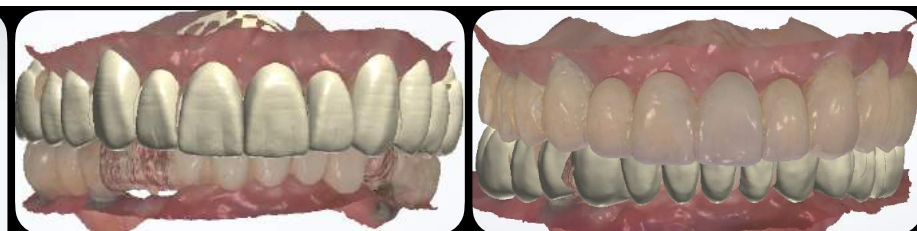
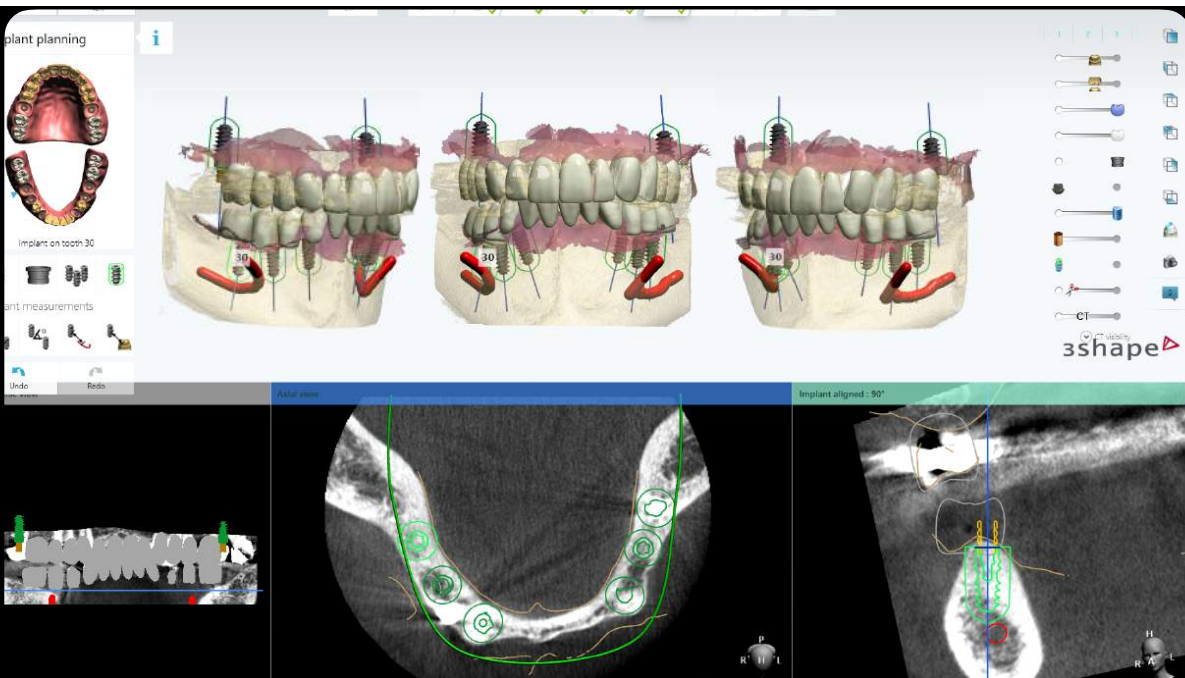
2022





Jian



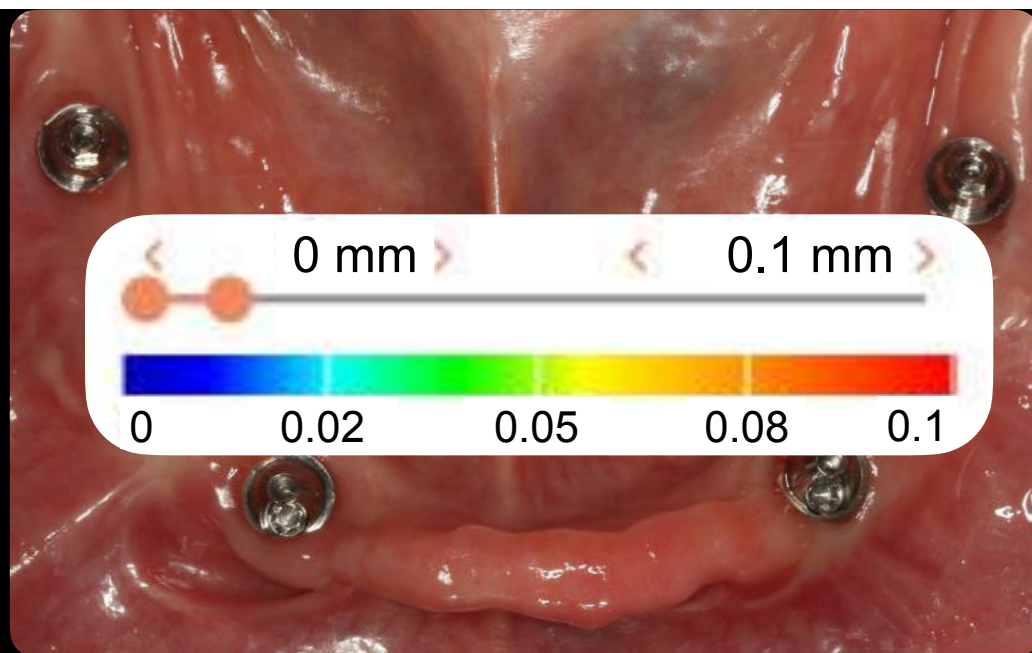


Seating Guides

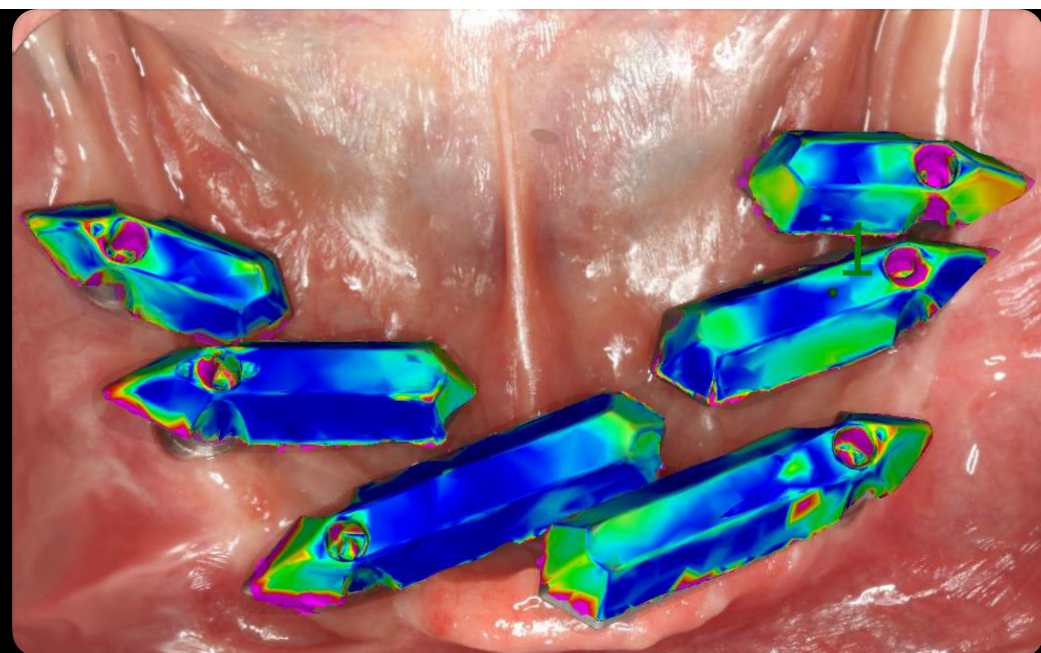








**Kim, KR, et al.** Conventional open-tray impression versus intraoral digital scan for implant-level complete arch impression. *J Prosthet Dent* 2019;122(6):543-549.

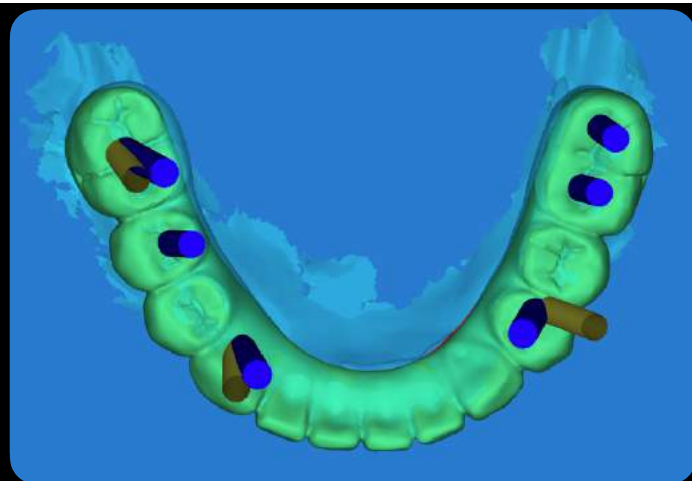


**Hussein, MO.** Photogrammetry technology in implant dentistry: A systematic review. *J Prosthet Dent* 2021;09(015):1–9.



NEXUS iOS

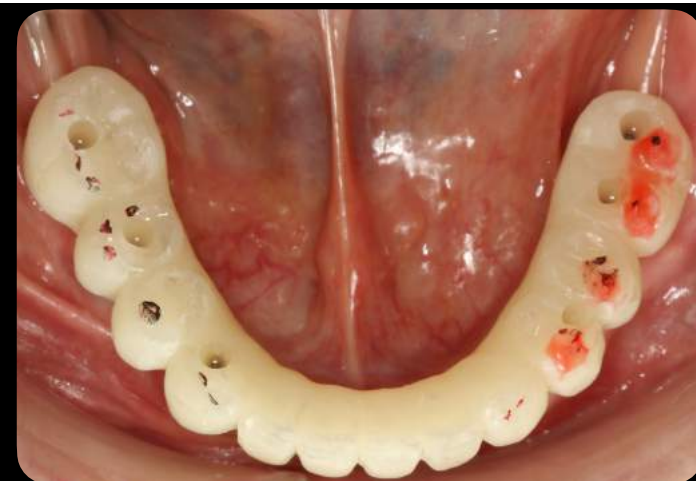




Prosthetic STL Design



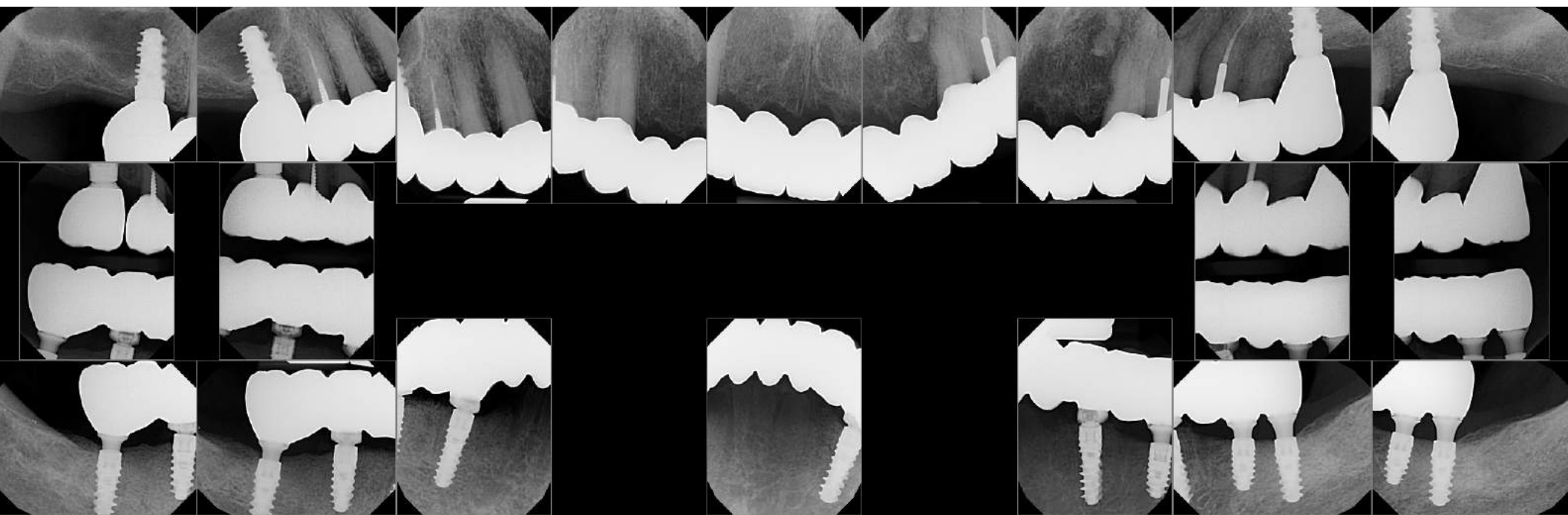
3D Printed



Try-in Prototype







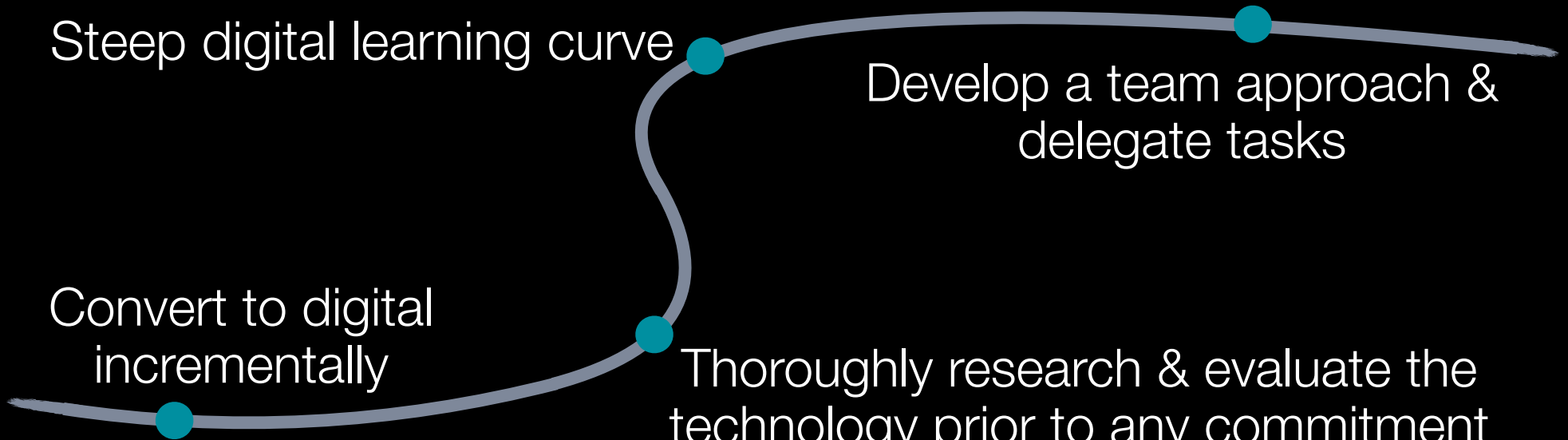
## Take Home Messages

Steep digital learning curve

Develop a team approach & delegate tasks

Convert to digital incrementally

Thoroughly research & evaluate the technology prior to any commitment







[gdental.com/events](http://gdental.com/events)

[G](#)raziano D. Giglio, D.D.S.

[dr@gdental.com](mailto:dr@gdental.com)

