

CAD/CAM Today

Enhancing our Clinical Workflow

As in many aspects of our life, computerized designing and manufacturing is influencing the way we do our clinical work in dentistry.

By Dr. Oliver Hugo

Of all the providers on the market today, launched as early as 1989, the Nobel ProCera System pioneered the way for CAD/CAM produced crowns. In 1997 the production of individualized titanium abutments began. In our lab we were using all generations of scanners, starting with the tactile machines, which were superior regarding accuracy to the optical technologies available back then, up to the most recent conoscopic Laser scanners.



Individualized abutments, which are available in Zirconia since 2001, have become the standard in our clinic. The main advantages are the possibility to influence the emergence profile, to correct the angulation of tilted implants and to avoid subgingival excess cement by placing the cementum gap iso-gingivally (Thomas 2009).



Nobel Biocare UPDATE

Special Edition
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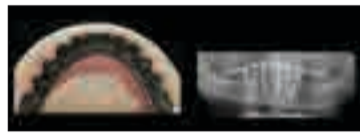
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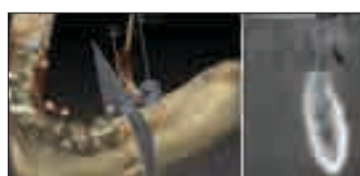
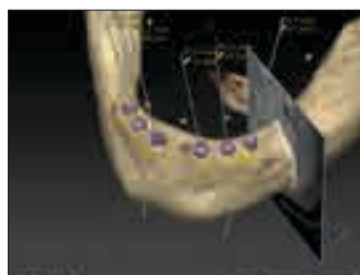
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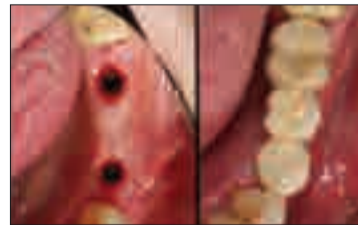
Today's literature proposes screw-retained solutions to be preferable over cemented ones, as they lead to less biological complications (Sailer 2012). As a side effect, regarding full-arch reconstructions, the retrievability of screw-retained structures can be of great importance, too. Since 1999 NobelBiocare offers the Nobel Procera Implant Bridge in titanium and since 2007 in zirconia. These bridges are screwed directly on the implants, making abutments unnecessary. Thus, we are able to offer a solution for our patients at a reasonable price and the ease of the handling is time effective.

But it is not only the prosthodontic part that has been highly influenced by CAD/CAM technology, since 2005 NobelGuide has changed our view on implant surgery as well. Since then we are able to place implants safer and with less trauma. Additionally the implant position can exactly be planned before surgery, making the work for the prosthodontist much easier (Garber 1994), and the outcome more predictable.

When it comes to materials, it is documented that zirconia is highly bio-



compatible because the bacterial adhesion is low (Scarano 2004). Therefore zirconia individualized abutments and zirconia implant bridges cause less irritation to the surrounding soft tissue. Especially regarding the transmucosal parts of the suprastructures and in the esthetic zone it is good to know, that we can be very gentle to the soft tissue. After all, I have to say, NobelProcera has improved our daily work in many



ways and is a very important part of how we understand contemporary dentistry. <

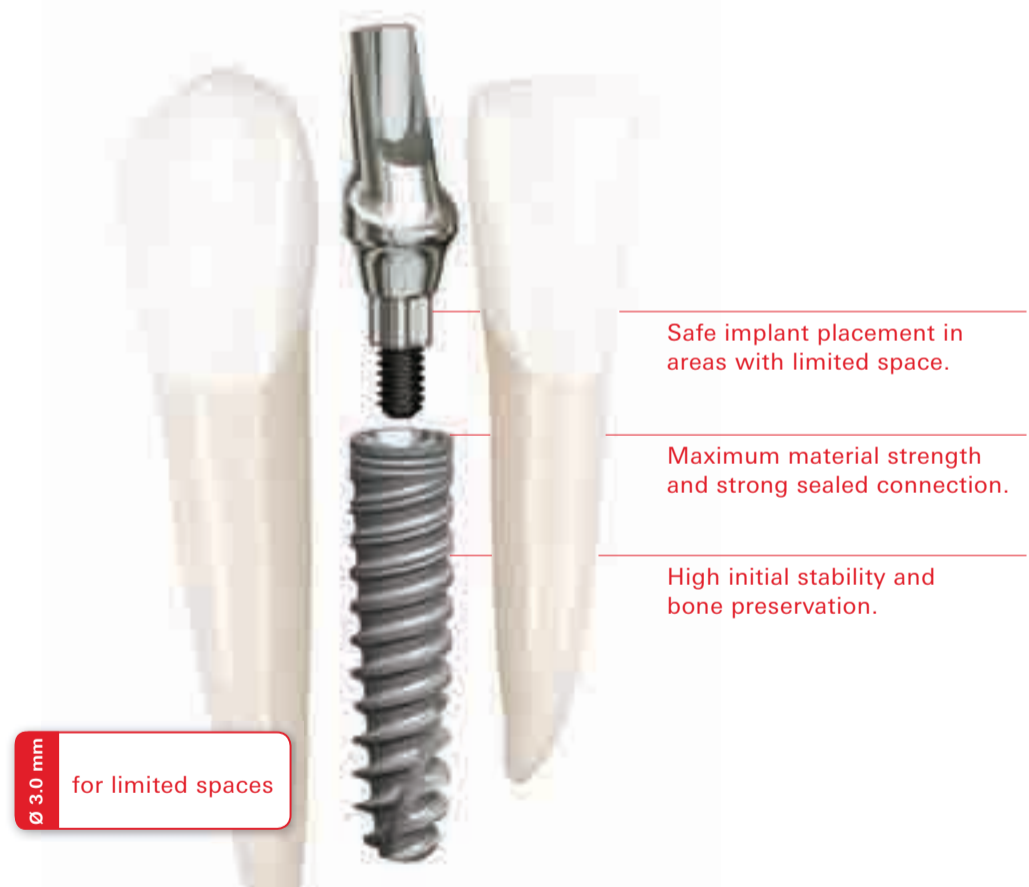


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Dr. Oliver Hugo's focus of activities is on implantology (surgery and restorative). His dental office is listed as observation/supervision practice of DGZI and DGI since 2007.

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