



30 Years of
Leadership and Credibility

Implant Treatment Planning Software

An Essential Tool or Gadgetry?

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Amsterdam, The Netherlands

Are we in dentistry going to be working in a matrix or are we in for a second life?

Implant Treatment Planning Software An Essential Tool or Gadgetry?

Are we aware of the impact that digital/virtual dentistry will have on our everyday practice?



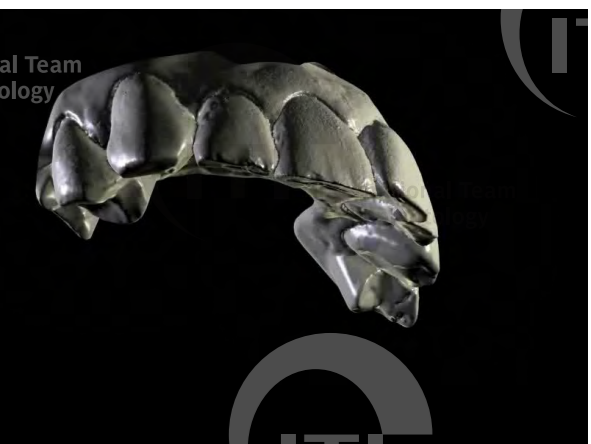
Implant Treatment Planning Software

Biomodelling (D'Urso and Thompson 1998)

The process of using radiant energy to capture morphological data of a biological structure and the processing of such data by a computer to generate the code required to manufacture the structure by a rapid prototyping apparatus.

Patient specific biomodelling:

The ability to replicate the morphology of a biological structure in a solid substance



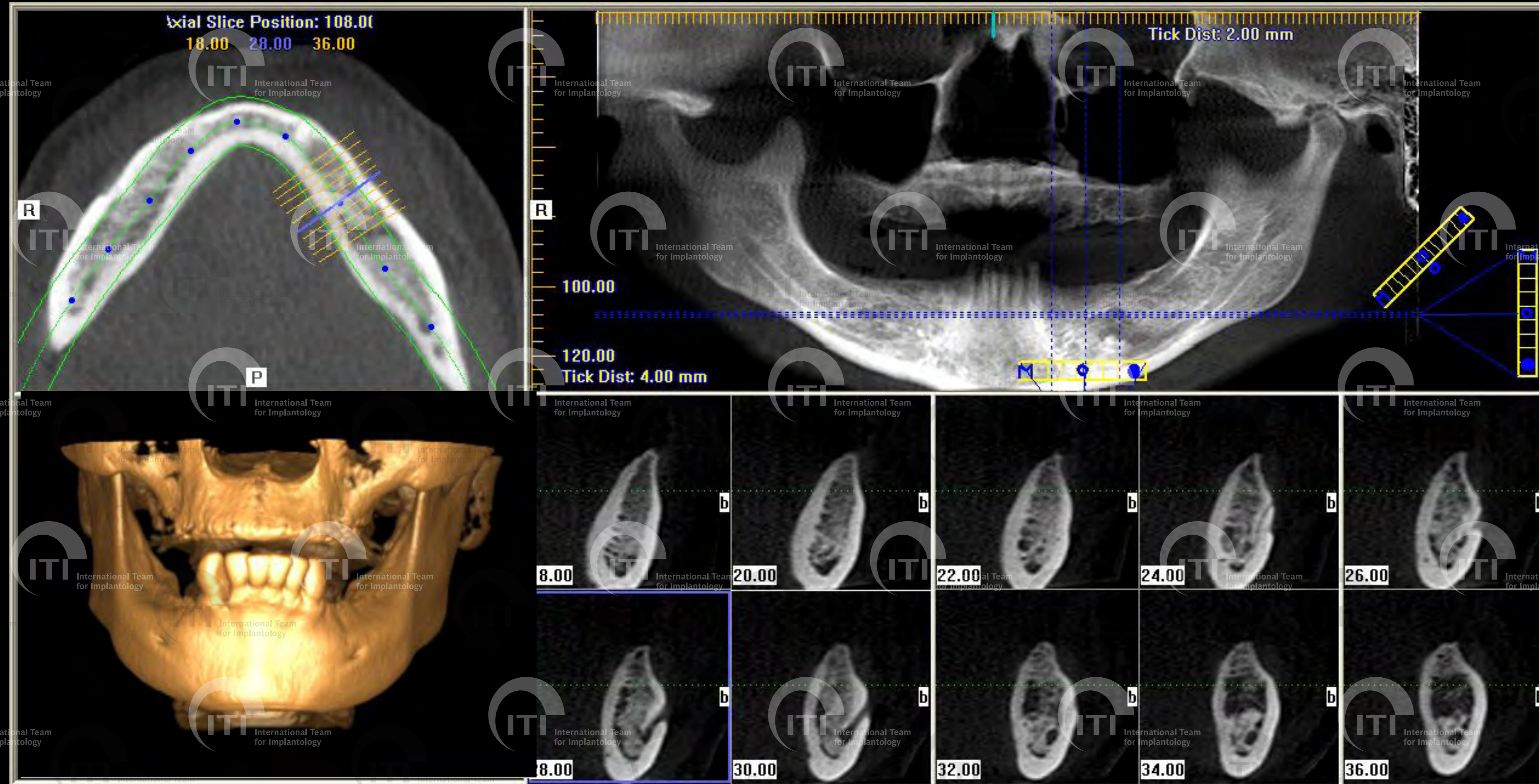
A computer synthesized Biomodel making guided stereotatic surgery possible

- *(CB)CT scanning: Biomodel manufacturing
- *Definable points on the patient and the model
- *Drilling guide is designed to realize the planned treatment
- *Intervention is carried out in the patient

Drilling templates are produced using Rapid Prototyping (SLA model) or milling

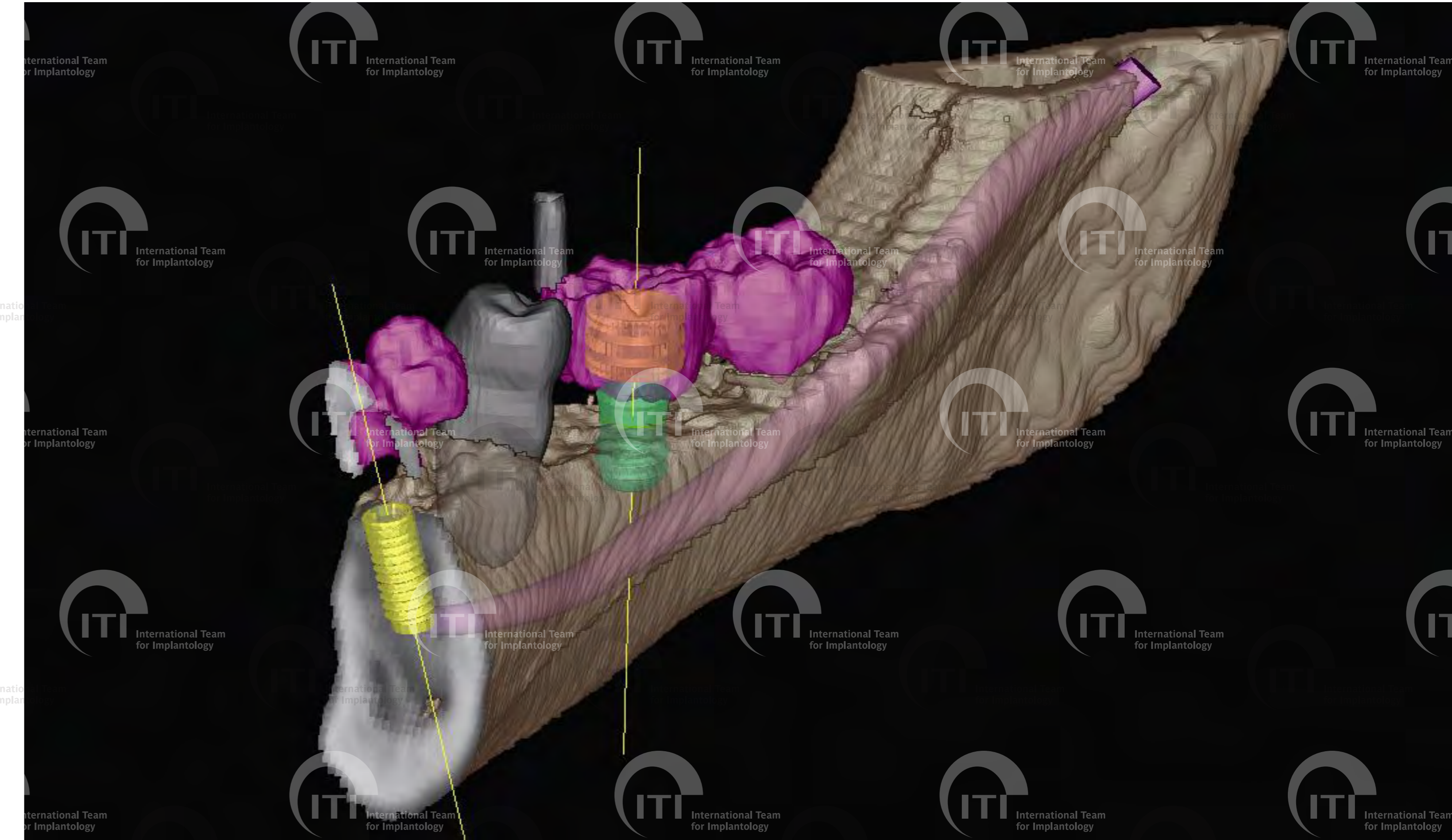


CBCT scanning

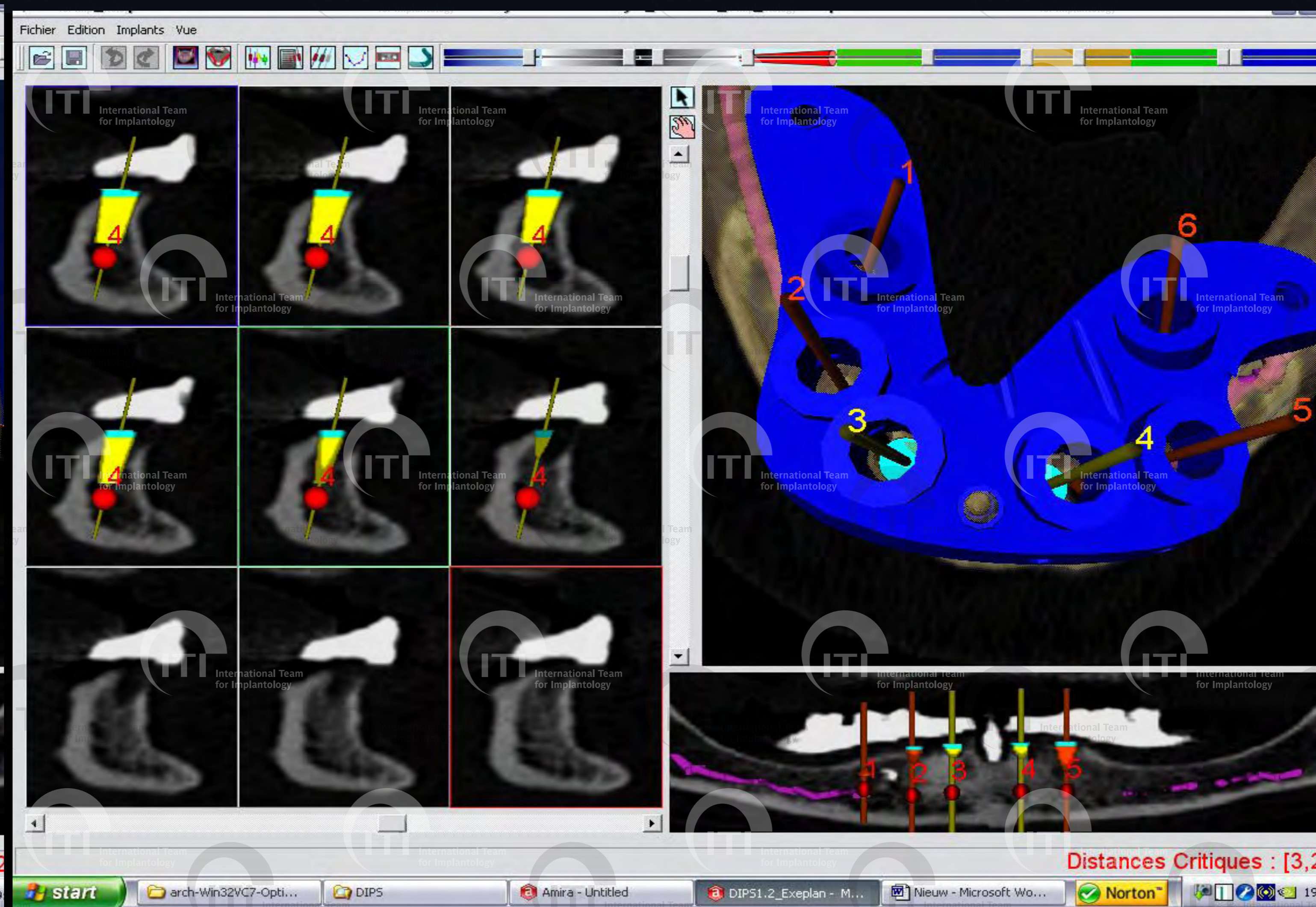
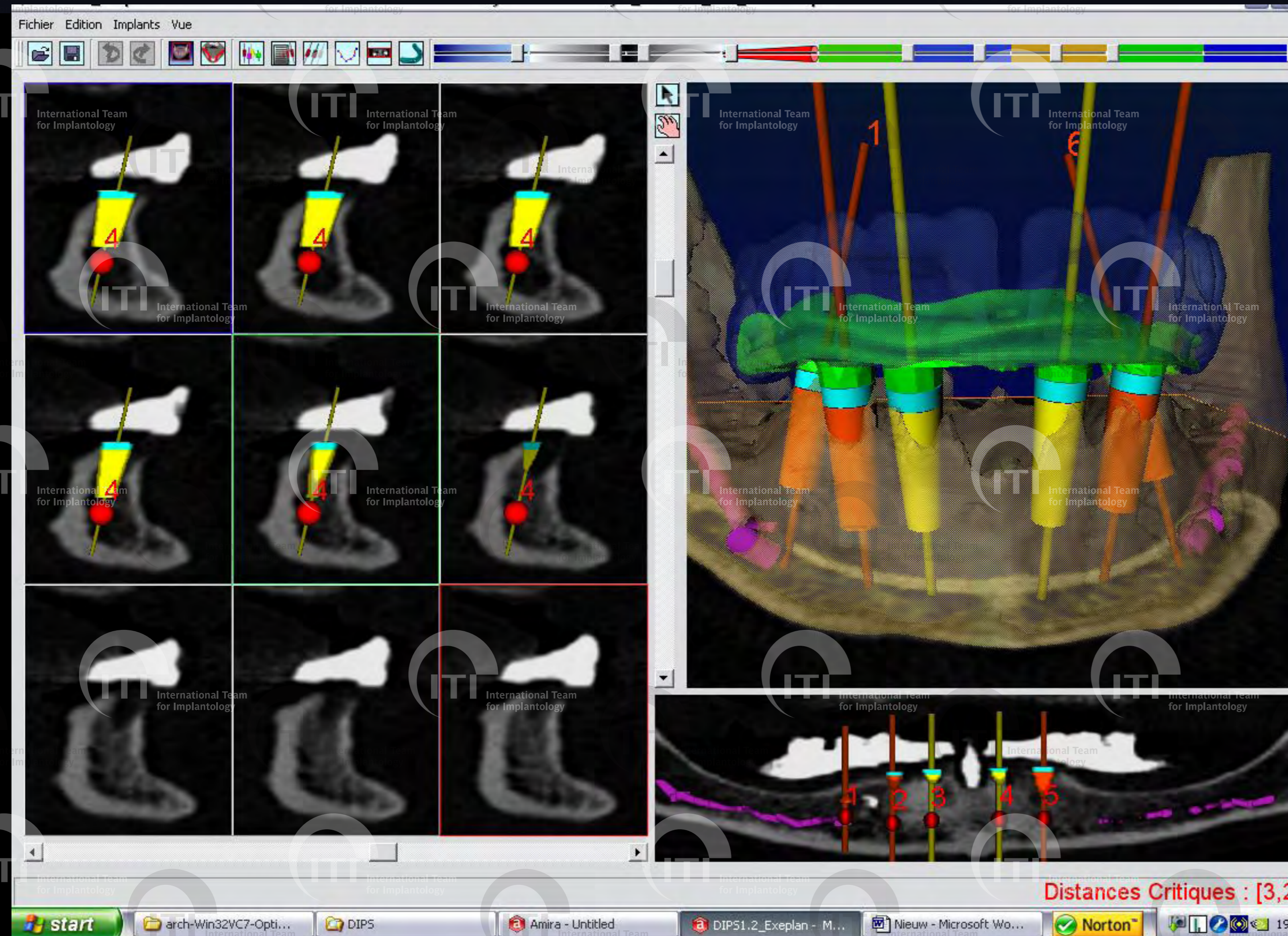


2D and 3D visualization and segmentation

Segmentation: Removing artifacts or separating objects from the created dataset in 2D and 3D.



Virtual reality



The use of treatment planning software as we know it

Rapid prototyping

A range of technologies that can fabricate 3D objects in a single stage, directly from their CAD descriptions



Stereo lithography (SLA)

- * Resin based system
- * Resin cures when exposed to ultraviolet radiation (laser)
- * Layer thickness defined by depth of laser penetration
- * Layer thickness defines precision

Fusion deposition modeling (FDM)

Heat melts the metal inside an extrusion chamber thus creating the model

Selective Laser Sintering (SLS)

Material (powder) is melted by a laser forming a layer

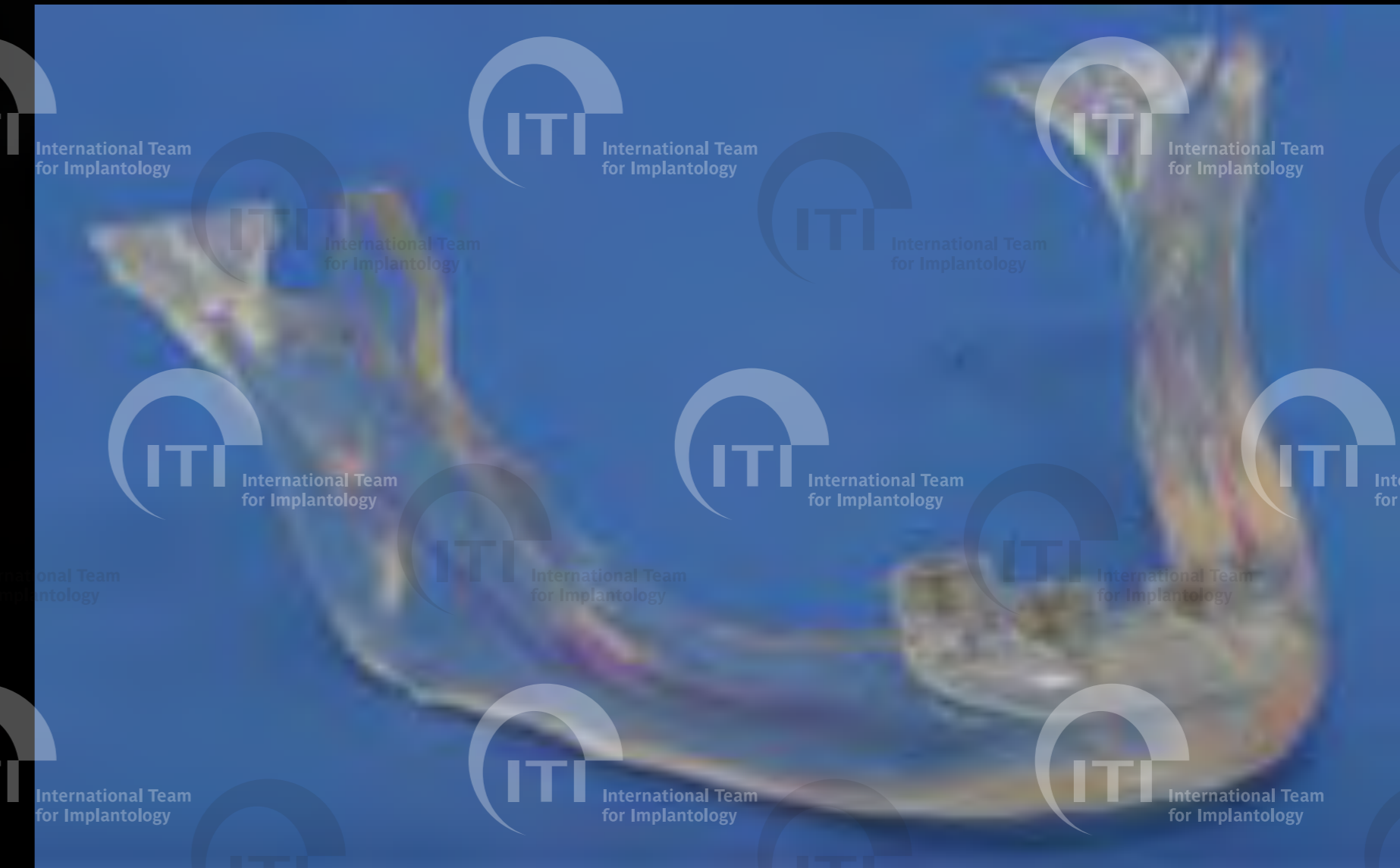
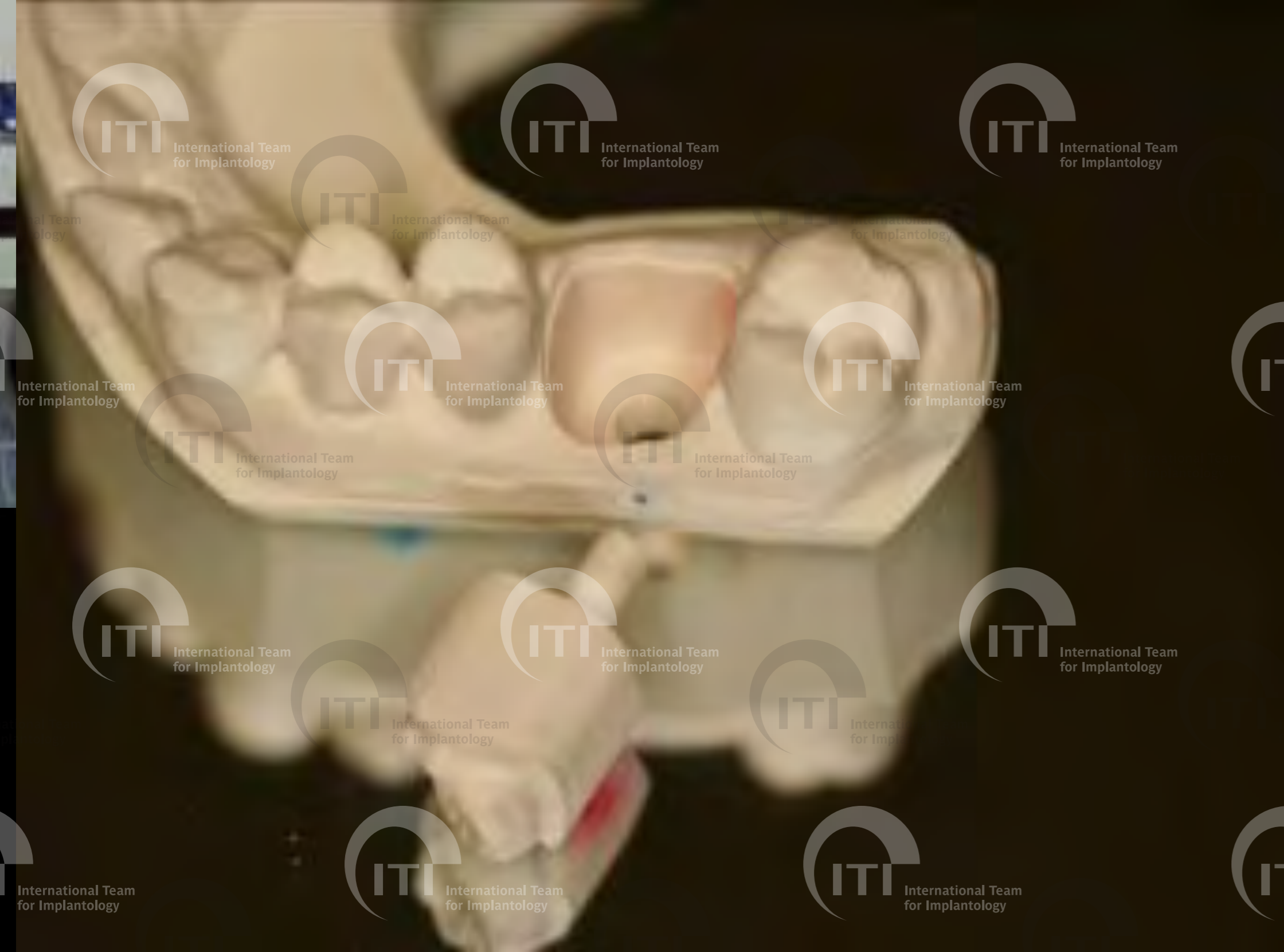
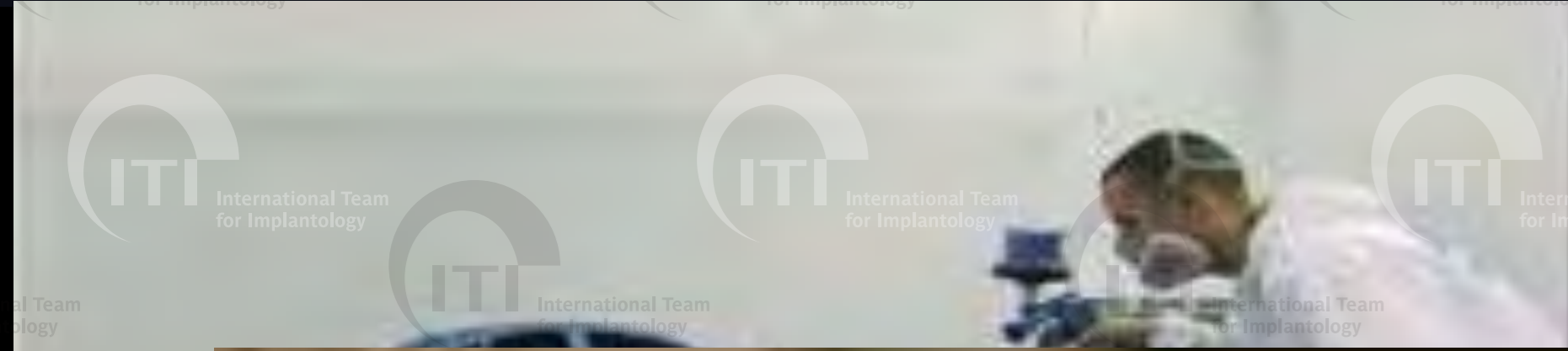
Droplet/Binder system (3D printing) Compare to inject printing.

Drop-on-powder (binder glues powder)

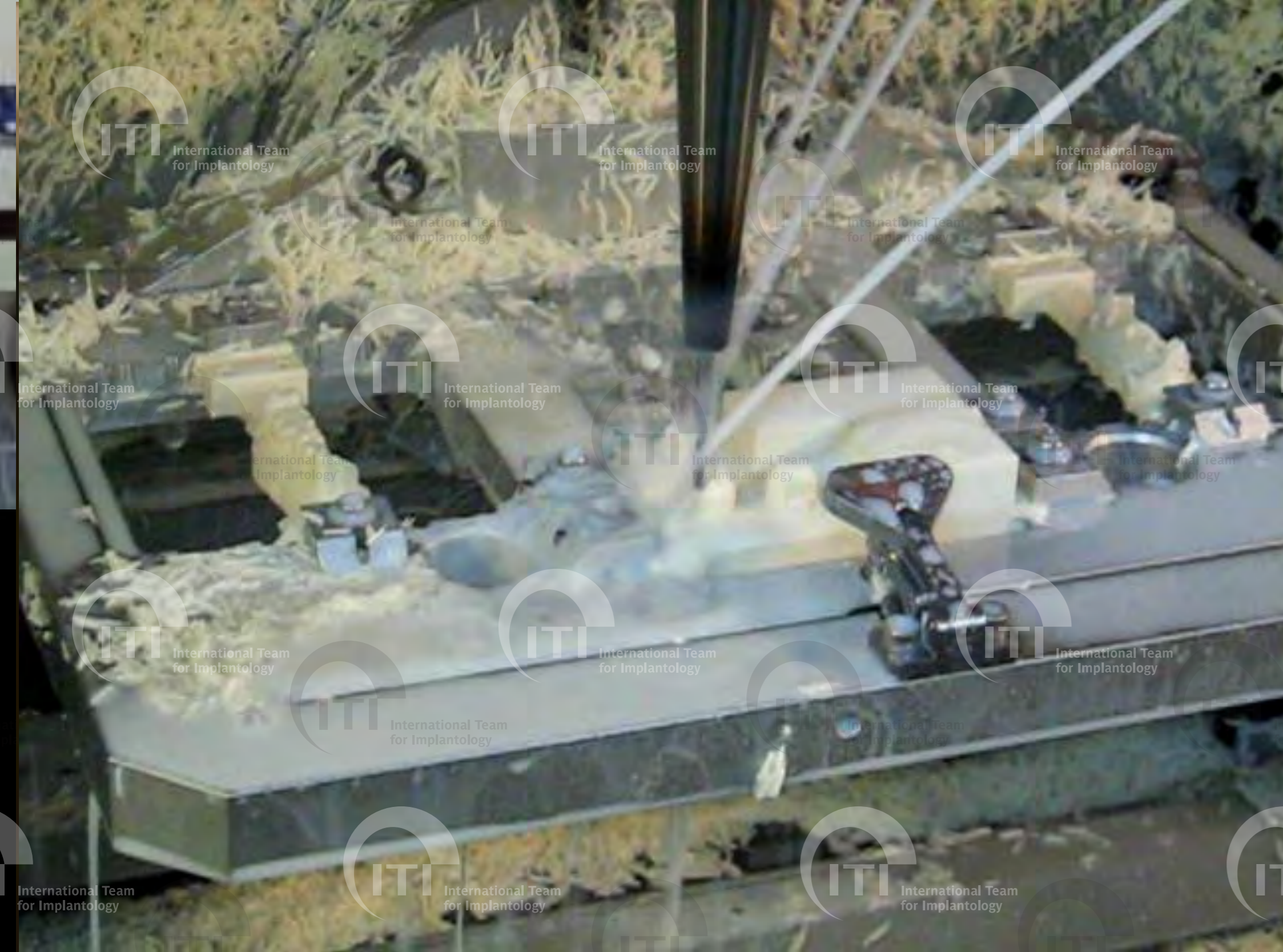
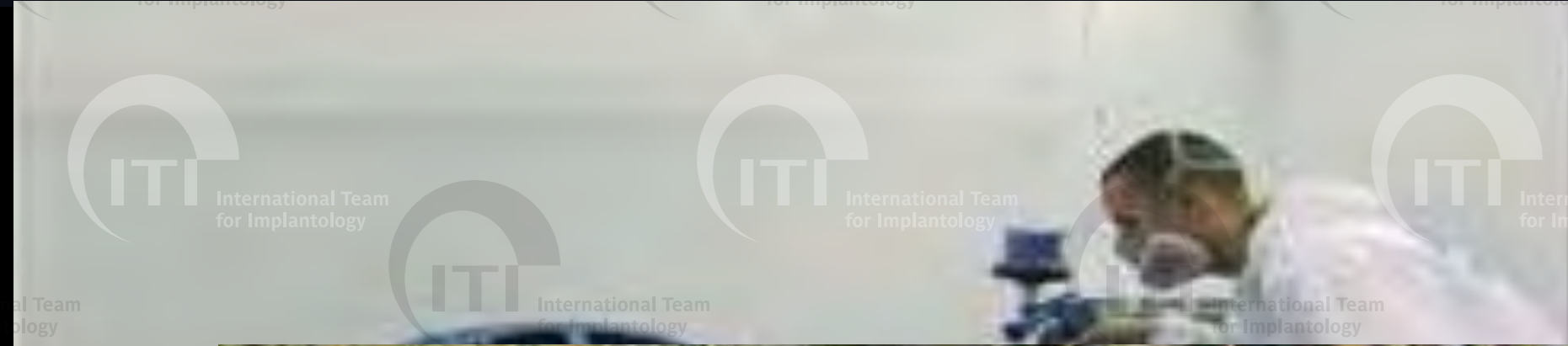
Drop-on-drop (curing the droplets with heat or light)



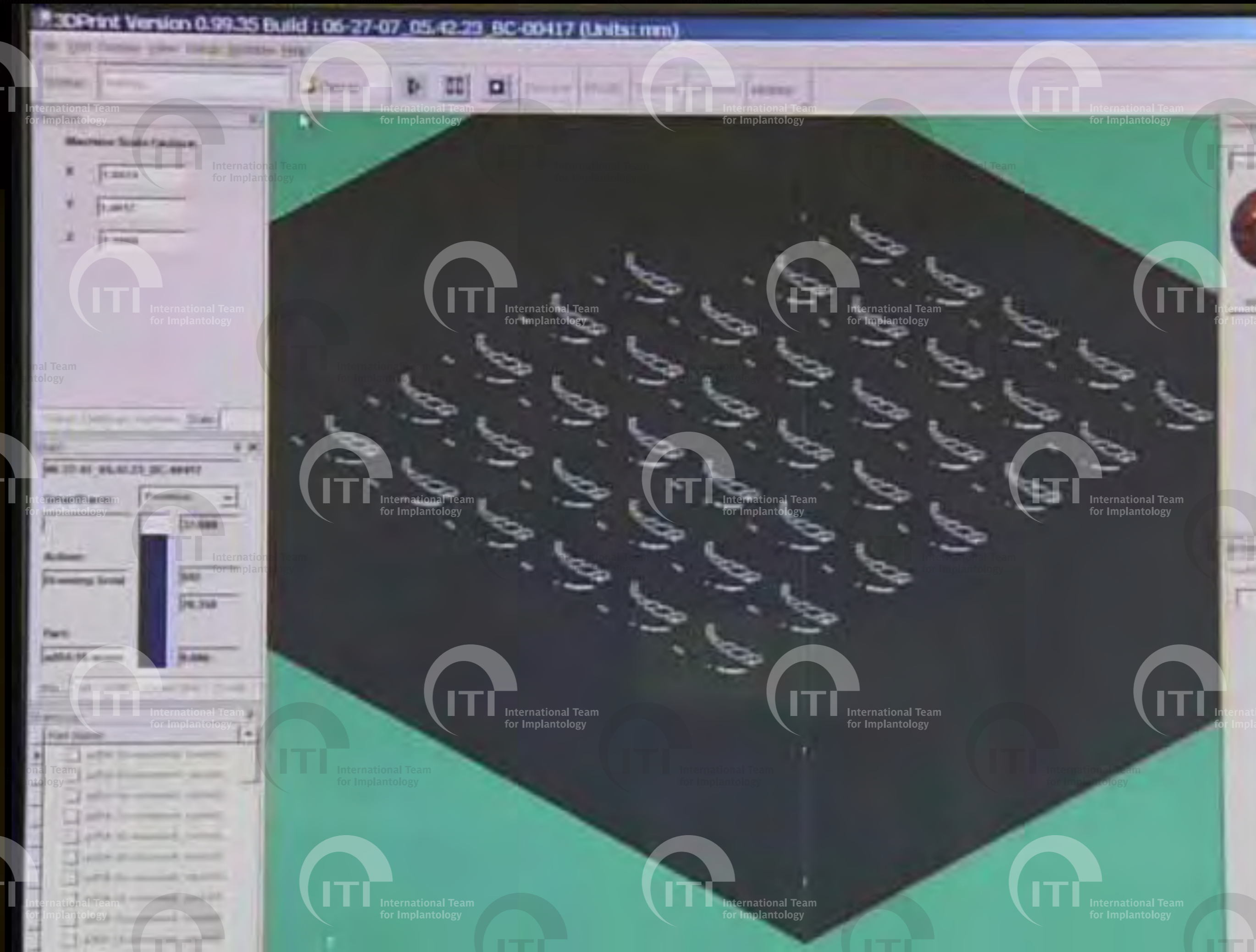
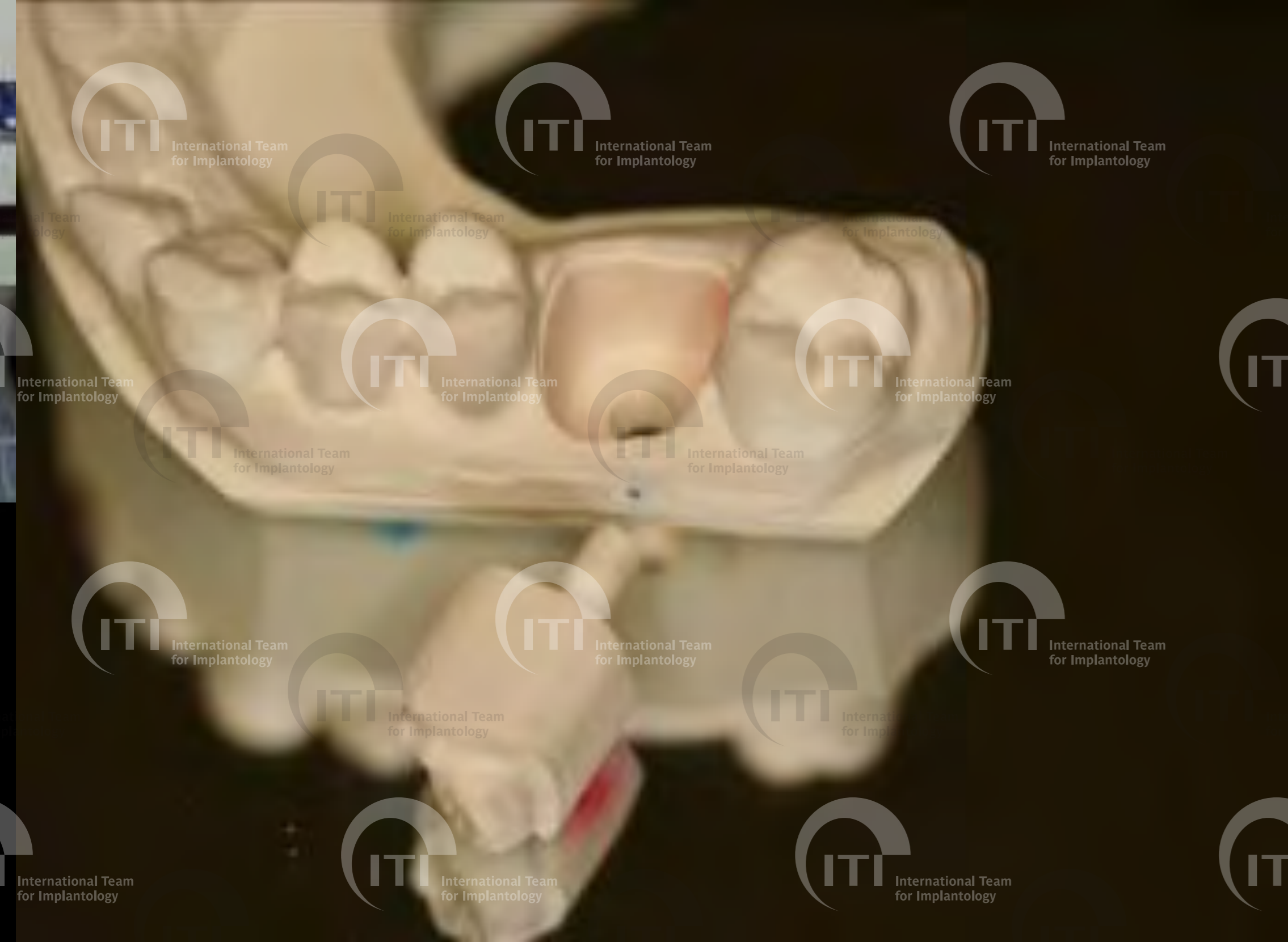
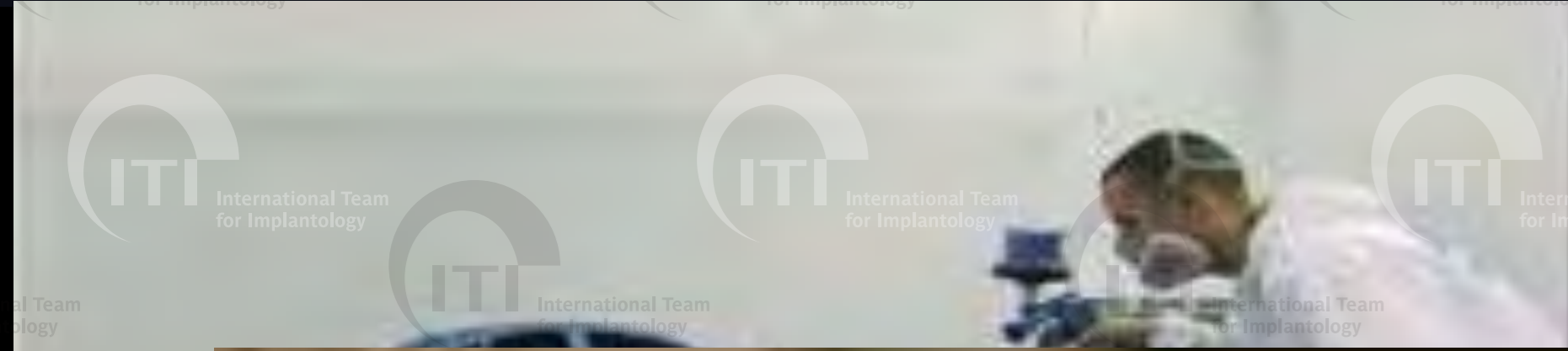
Rapid prototyping



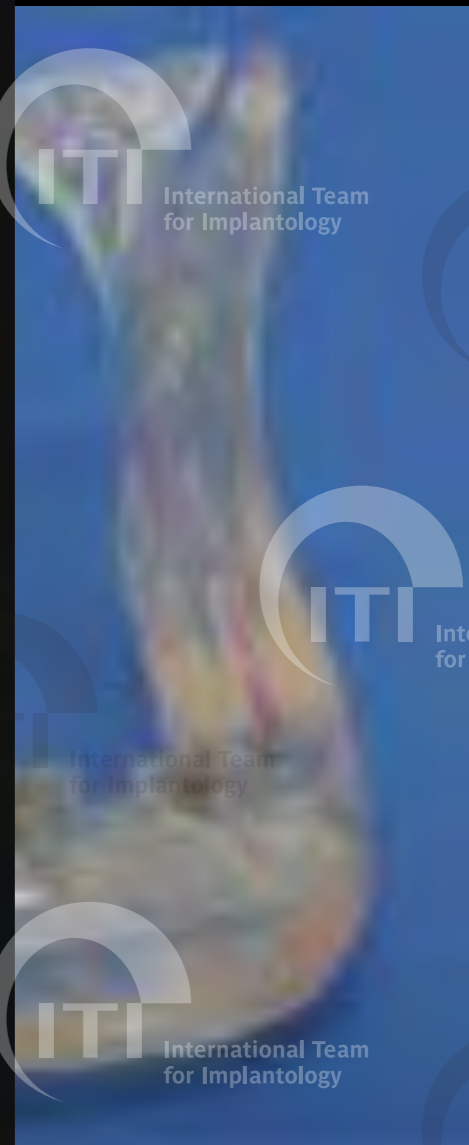
Rapid prototyping



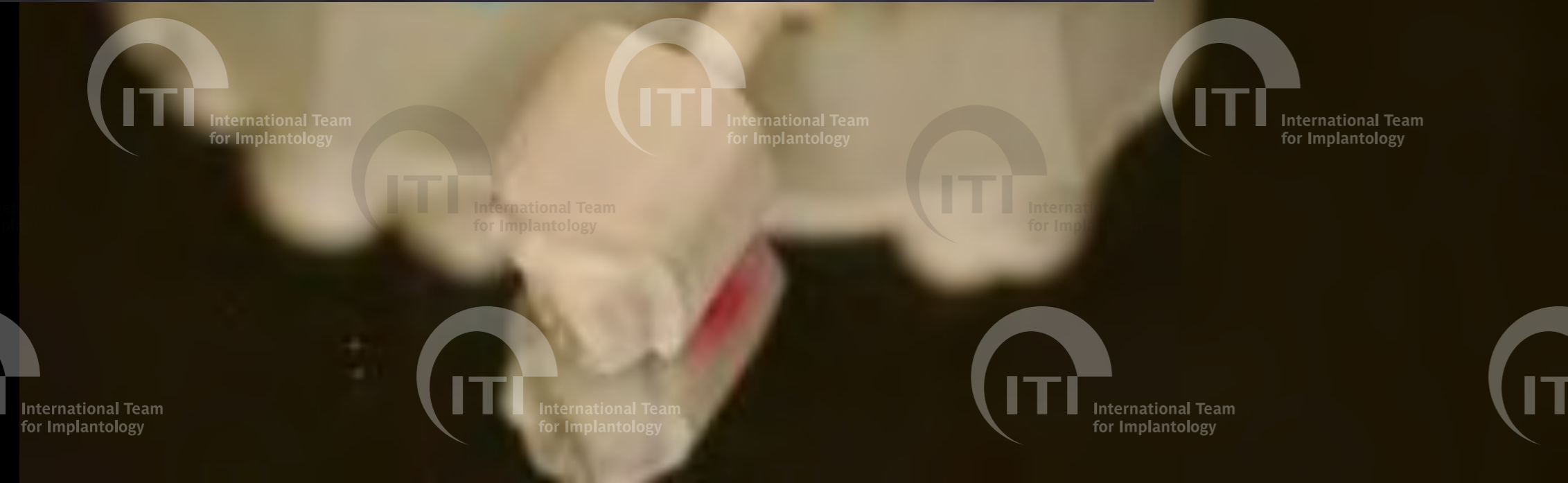
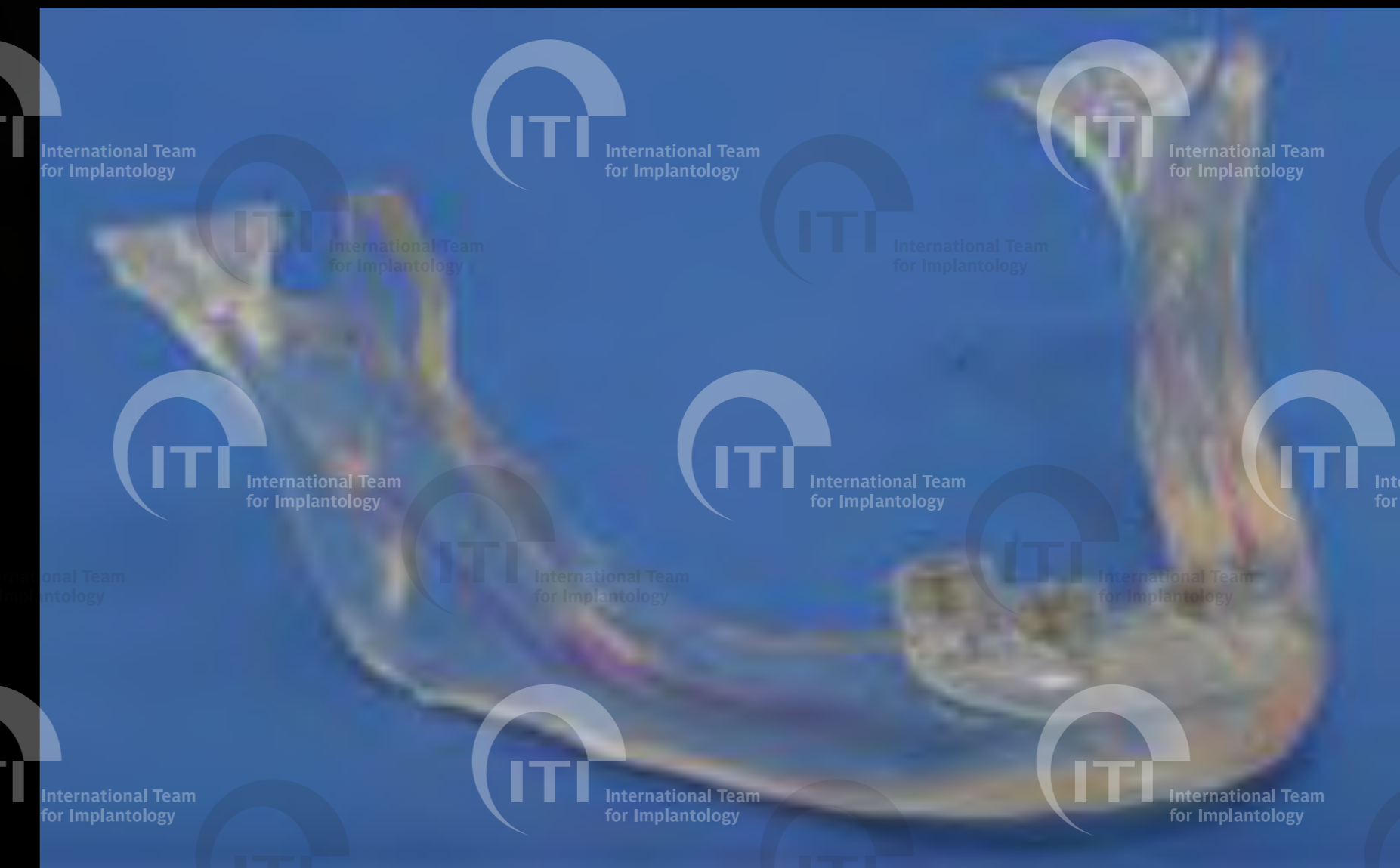
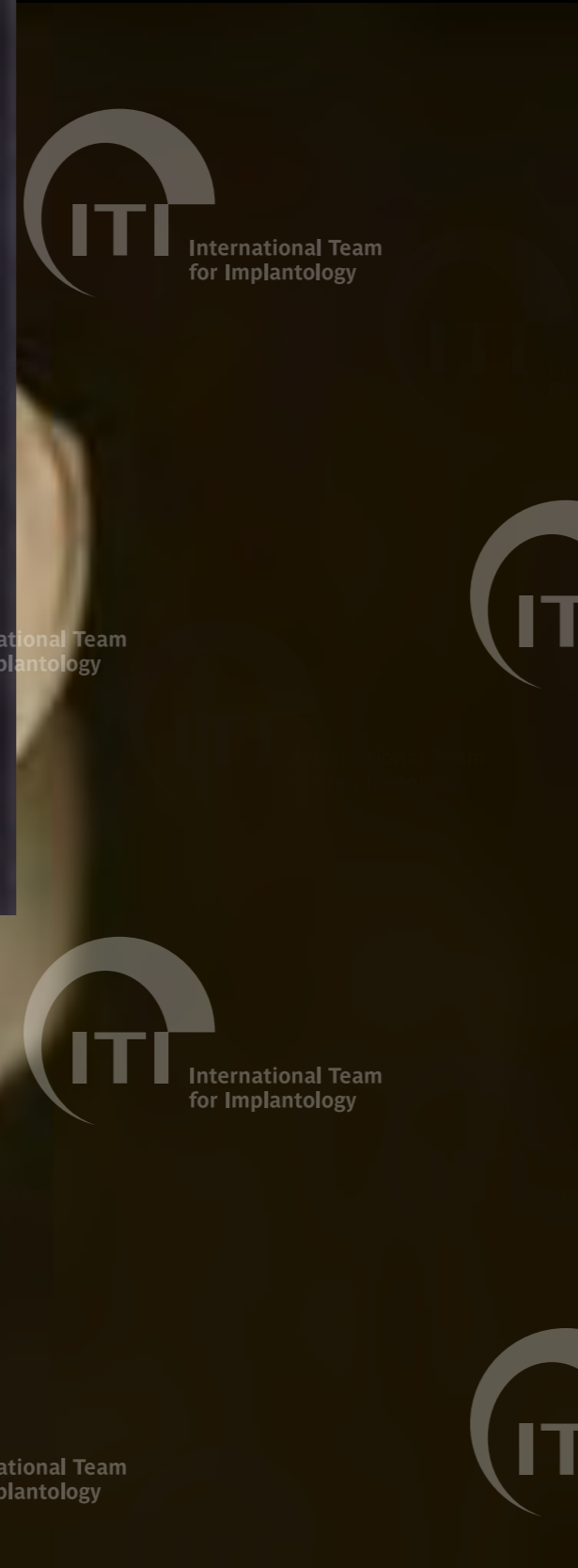
Rapid prototyping



Rapid prototyping



Rapid prototyping



1) Computer guided (static) surgery based on the Bio Model

A static surgical guide which is a reproduction of the virtual position of the implant in the jaw according to the digital planning procedure. The guide dictates the implant position.

2) Computer Navigated (dynamic) stereotactic surgery

A surgical navigation system based on the correlation of preoperative scanning data with real time surgery. It reproduces the position of the implant on the tomograms during implant surgery allowing the surgeon to adapt the implant position during the procedure.



Virtual reality

1) Computer guided (static)

A static surgical guide which defines the position of the implant in the bone. The guide dictates the implant position.

2) Computer Navigated (dynamic)

A surgical navigation system which allows for real time surgery. It reproduces the virtual implant surgery allowing the surgeon to see the implant position in real time.



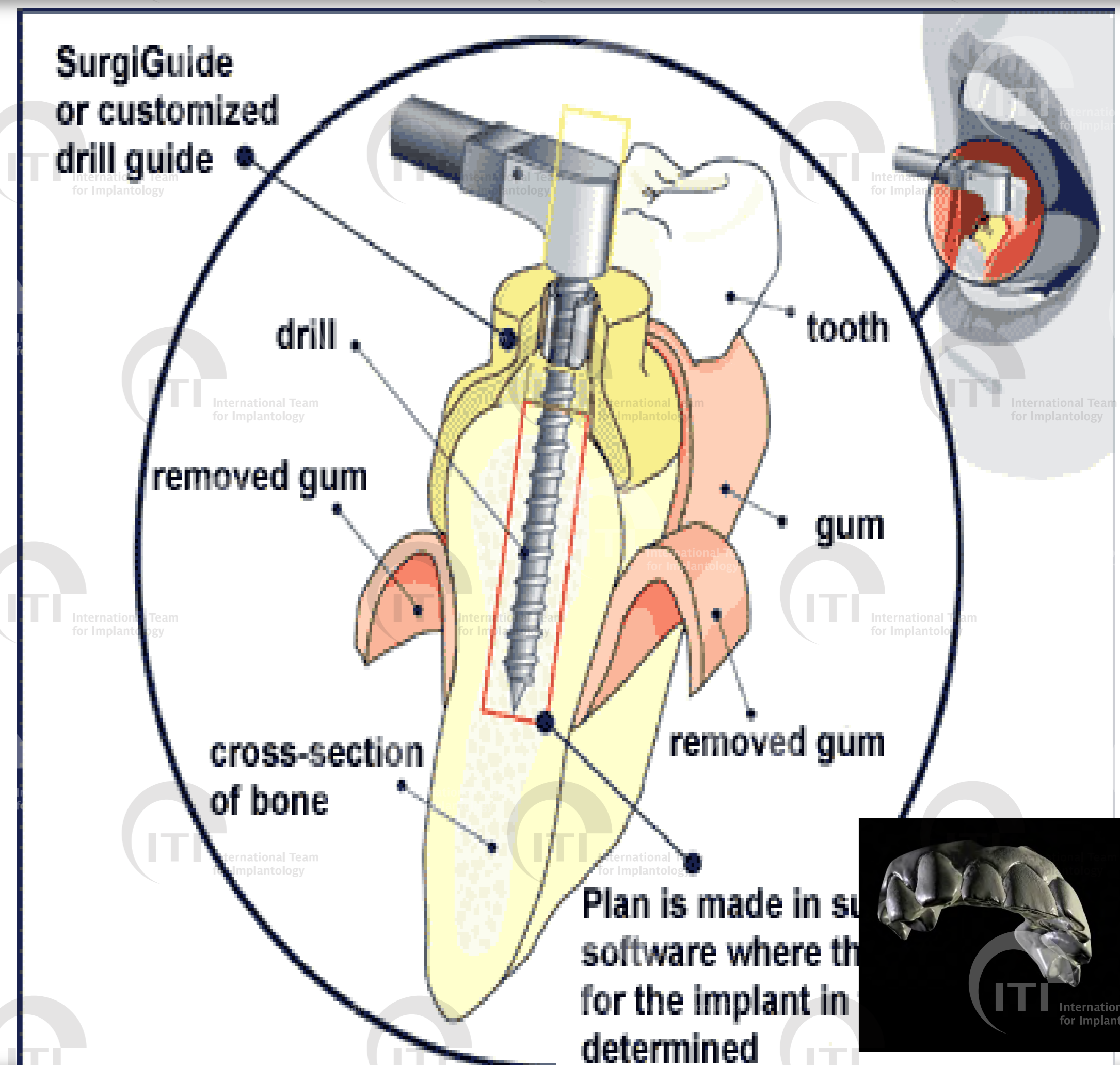
Biomodel guided stereotactic surgery

Creating a planning environment from CT scanning to 3D imaging

The drilling templates are placed on either

- *The teeth (tooth supported)
- *The mucosa (soft tissue supported)
- *The bone (bone supported)
- *On previously placed mini implants (implant supported)

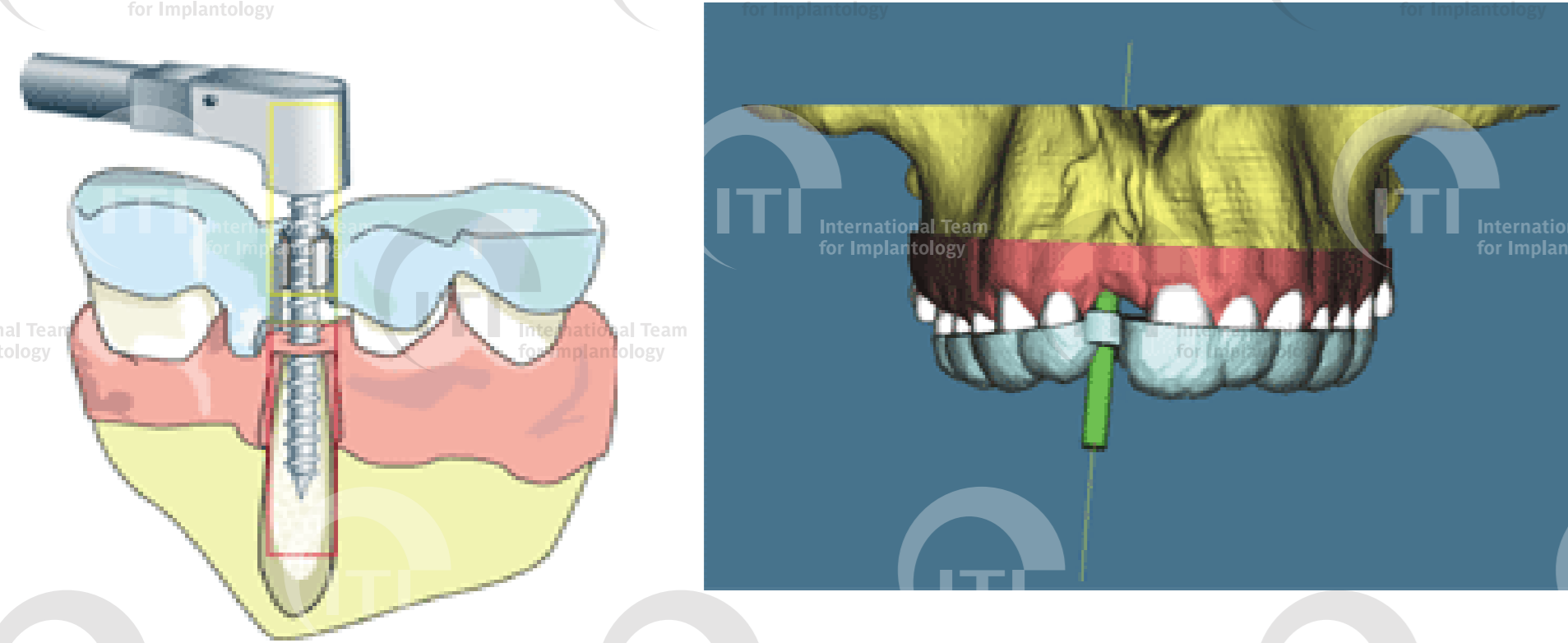
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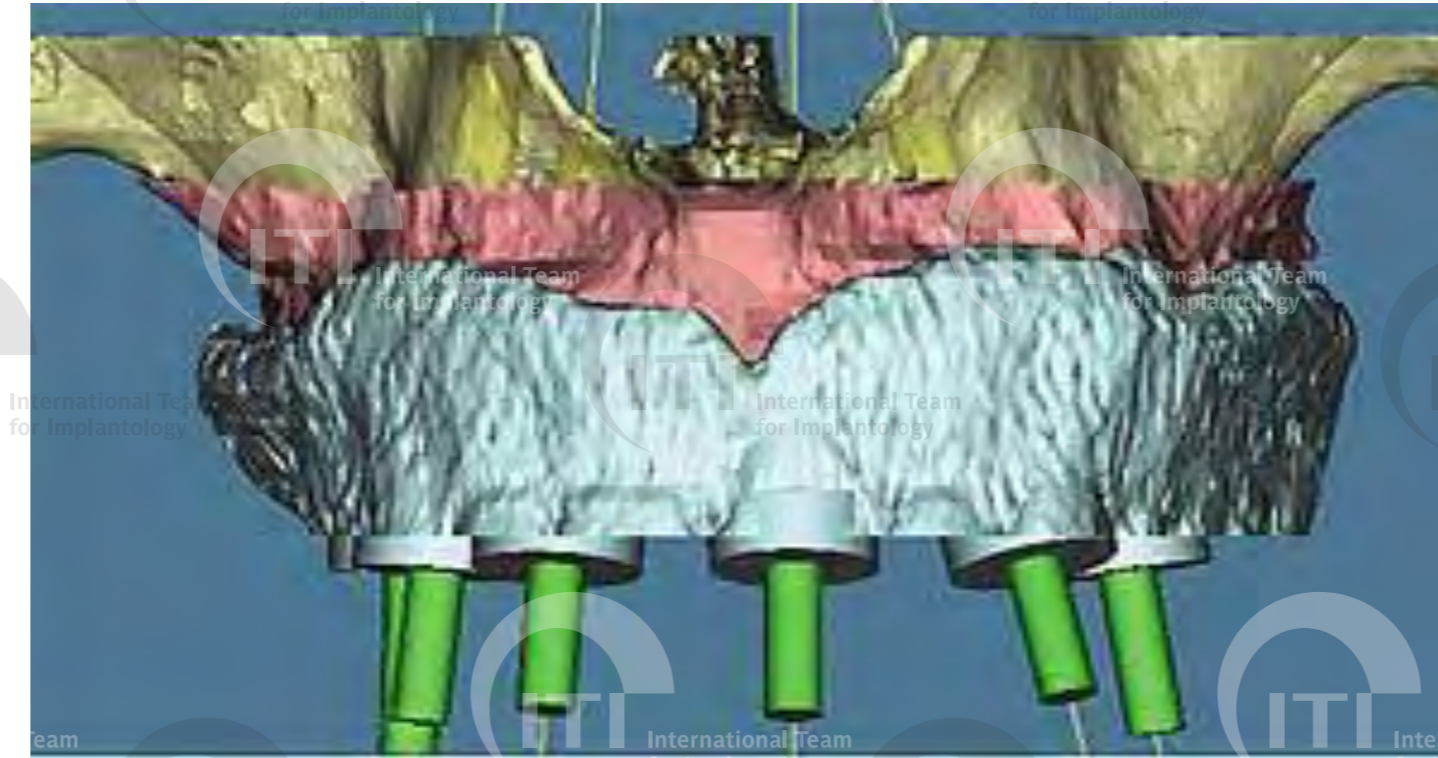
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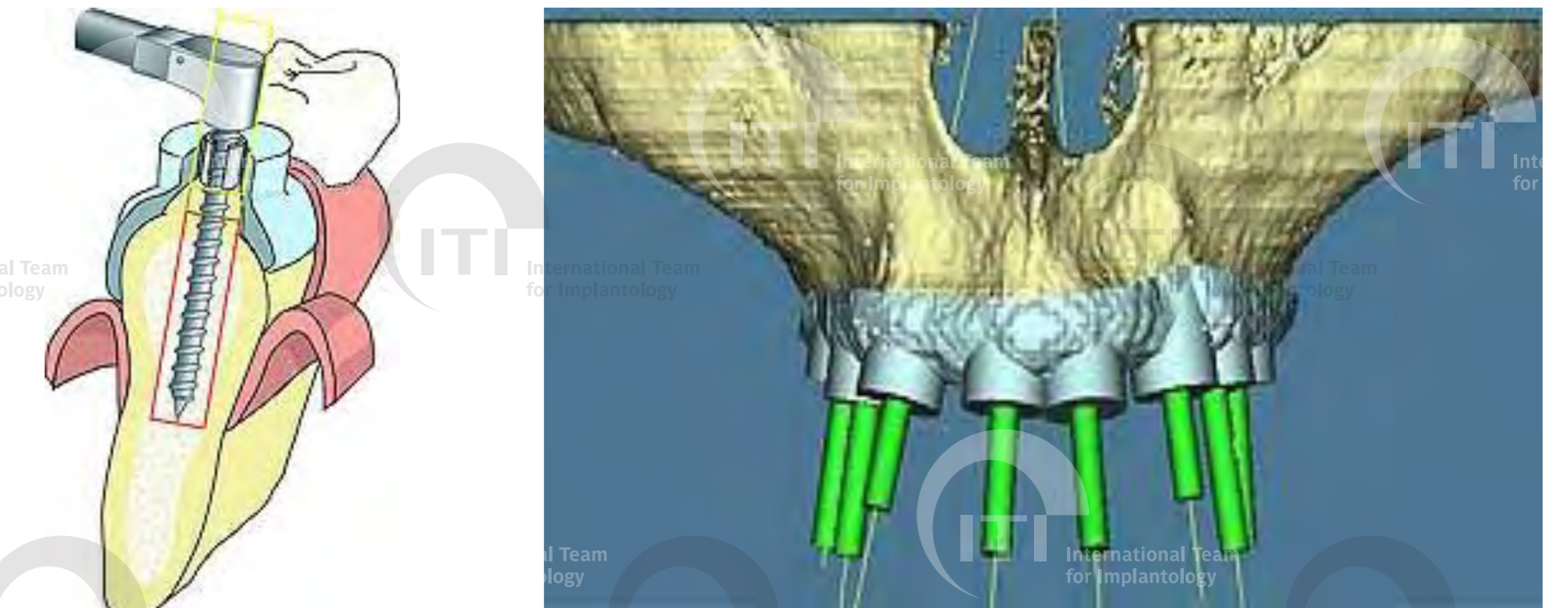
The teeth (tooth supported)



The mucosa (soft tissue supported)



The bone (bone supported)



Computer technology applications in surgical implant dentistry. A systematic review.

Jung RE, Schneider D, Ganeles J, Wismeijer D, Hammerle CHF, Tahmaseb A.
Int J Oral Maxillofac Imp 2009 (ITI consensus Conference 2008)

A systematic review on the accuracy and the clinical outcome of Computerguided template based implant dentistry.

Schneider D, Marquardt P, Zwahlen R, Jung RE
Clin Oral Implants Res 2009 (EAO Consensus Conference 2009)

The aim of these systematic reviews was to systematically assess the literature regarding the accuracy and the clinical performance of computer technology applications in surgical implant dentistry.



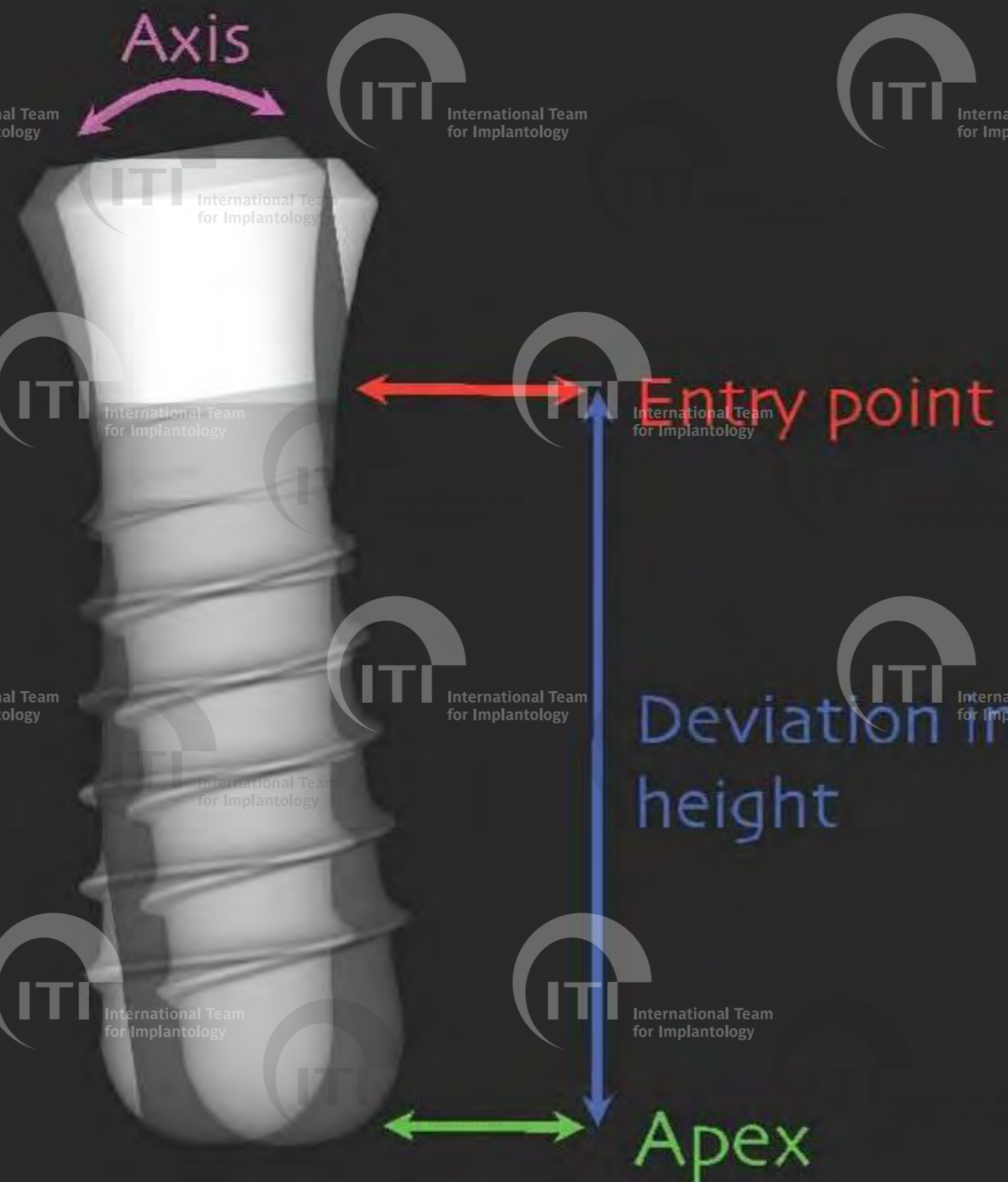
Precision?

mean: 0.74 mm
95% CI: 0.58-0.90 mm
maximum: 4.5 mm

mean: 0.85 mm
95% CI: 0.72-0.99 mm
maximum: 7.1 mm

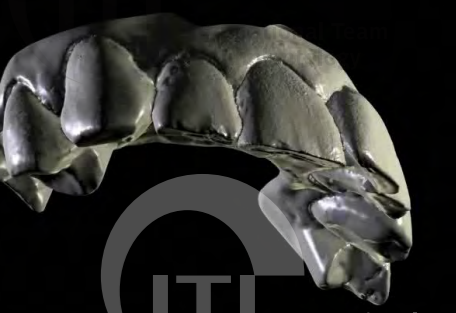
mean: 0.32 mm
median: 0.23 mm
maximum: 1.43 mm

mean: 4.1°
median: 4°
maximum: 20.43°



Results: inaccuracies (n=1302 Impl.)

Why do things go wrong and how do we explain this?

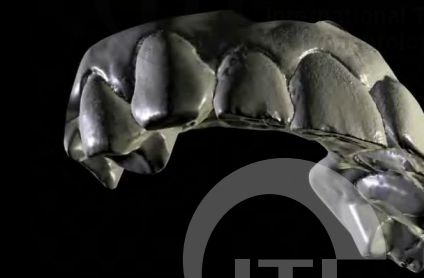
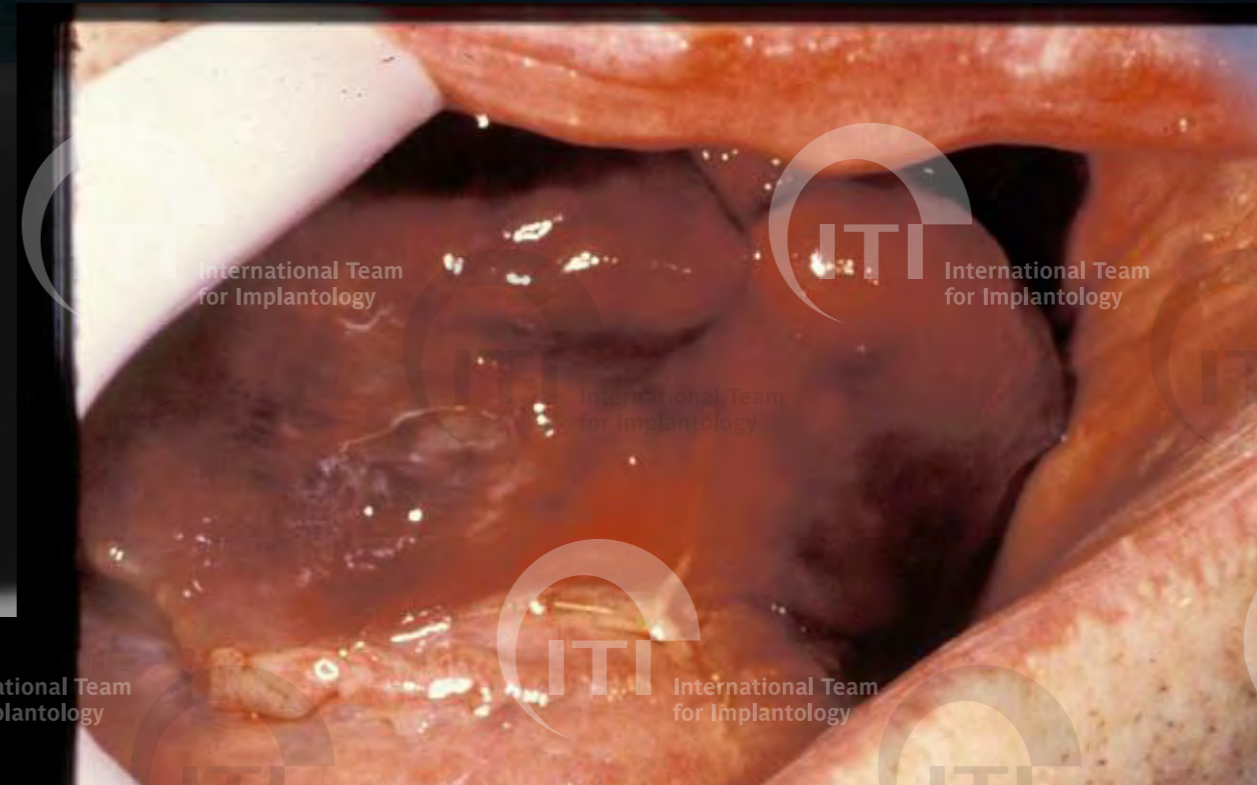
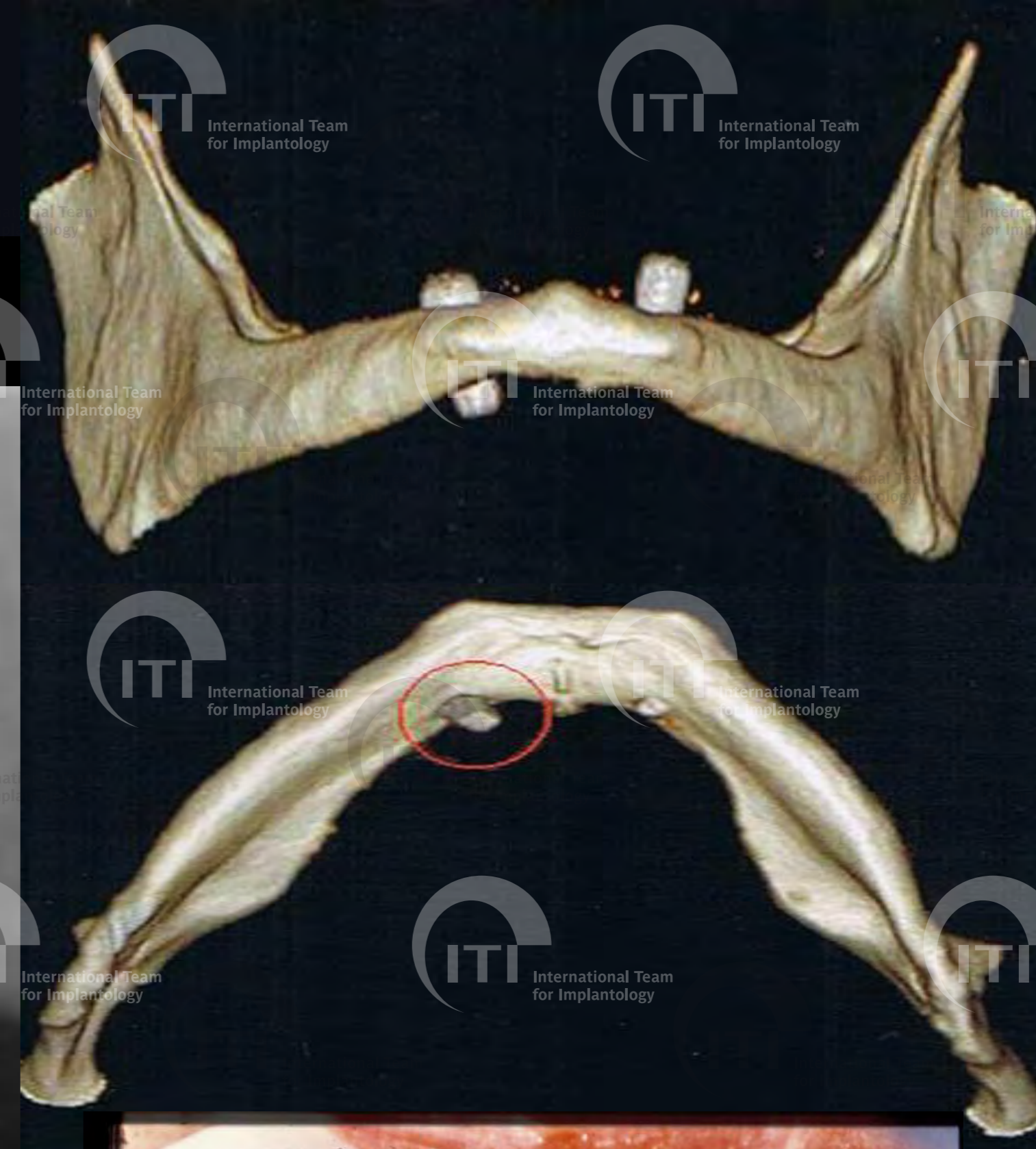


Precision?

Frenken JWFH et al. Ned Tijdschr Tandheelkd
2010;117:17-21

Lononi s et al: Implant Dent 2007;16:131-138

Bruggenkate CM et al. IJOMI 1993;8:329-334



Precision?

Why do things go wrong??

Impression taking and cast production

+

Resolution of the CB CT
Scanning artifacts
Metal artifacts
Repositioning of the stent in the mouth

+

Super-positioning the prosthesis
Calibration of the grey values

+

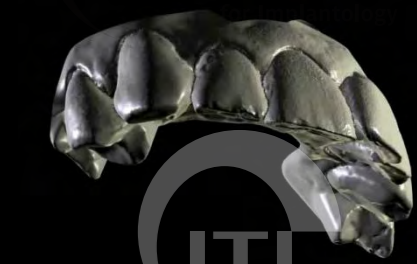
Rigidity of the stent
Positioning the drill sleeves in the stent

+

Repositioning the stent in the mouth.
Precision of the drill sleeves

=

Sum of the Faults gives the total inaccuracy



Precision?

Why do things go wrong??

- # A mix of analogue and digital work flow
- # Calibrating the CB CT scan
- # Problems when repositioning the stent
- # Precision of the drill sleeves

Impression taking and cast production

+

Resolution of the CB CT
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Precision?

- # A mix of analogue and digital work flow
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Why do things go wrong??

Impression taking and cast production

Resolution of the CB CT

Scanning artifacts

Metal artifacts

Repositioning of the stent in the mouth

Superpositioning the prosthesis
Calibrating the grey value

Repositioning the stent in the mouth.
Precision of drill sleeves

Sum of the Faults gives the total inaccuracy



Precision?

Why do things go wrong??

- # A mix of analogue and digital work flow
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Impression taking and cast production

Resolution of the CB CT

Scanning artifacts

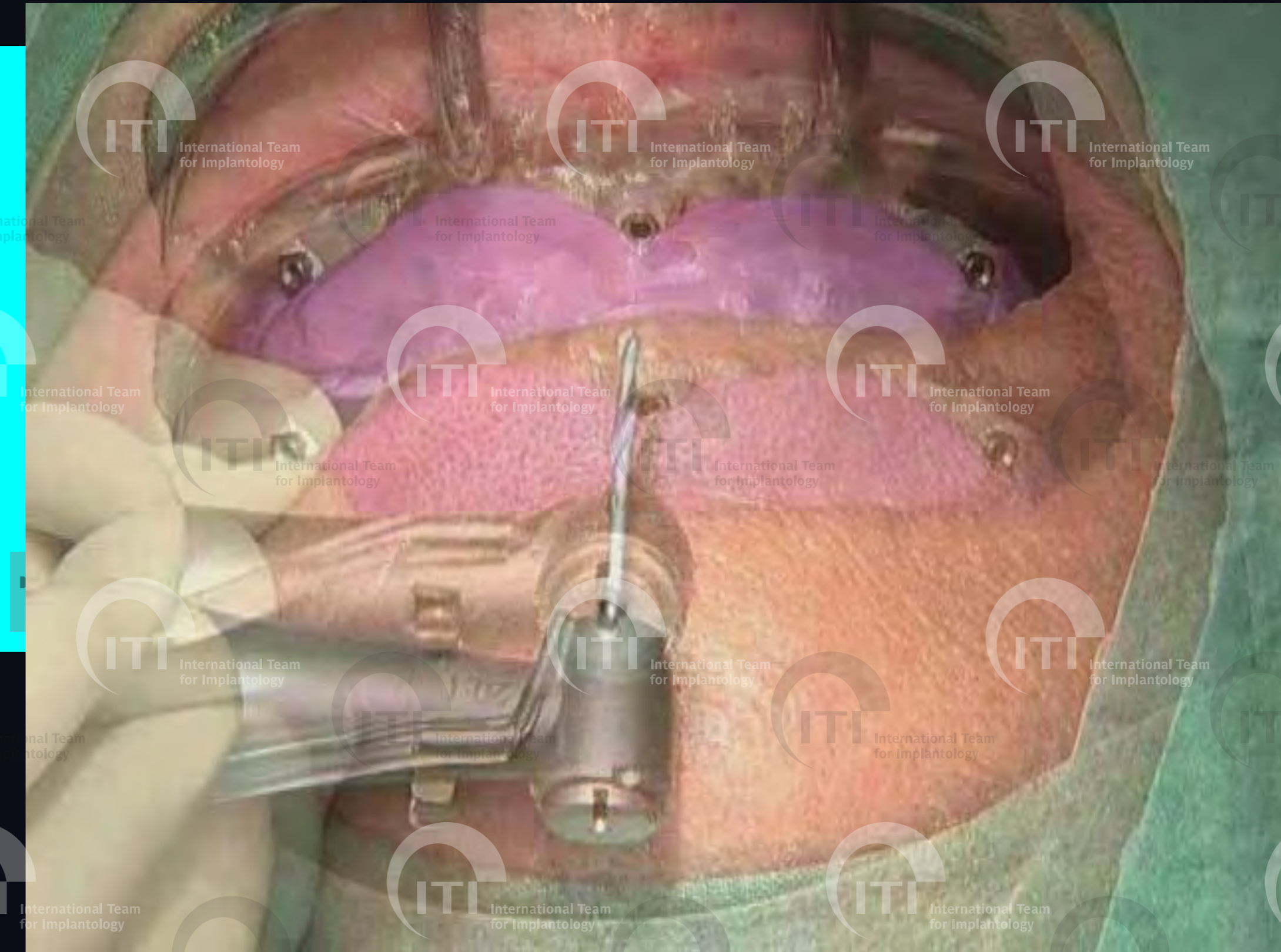
Metal artifacts

Repositioning of the stent in the mouth

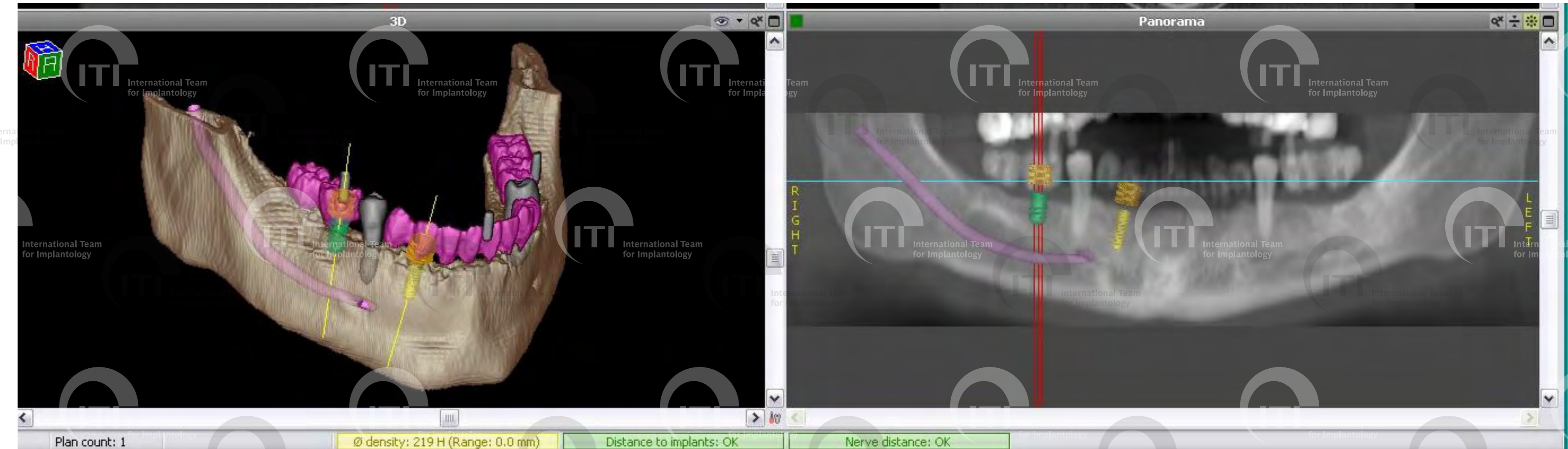
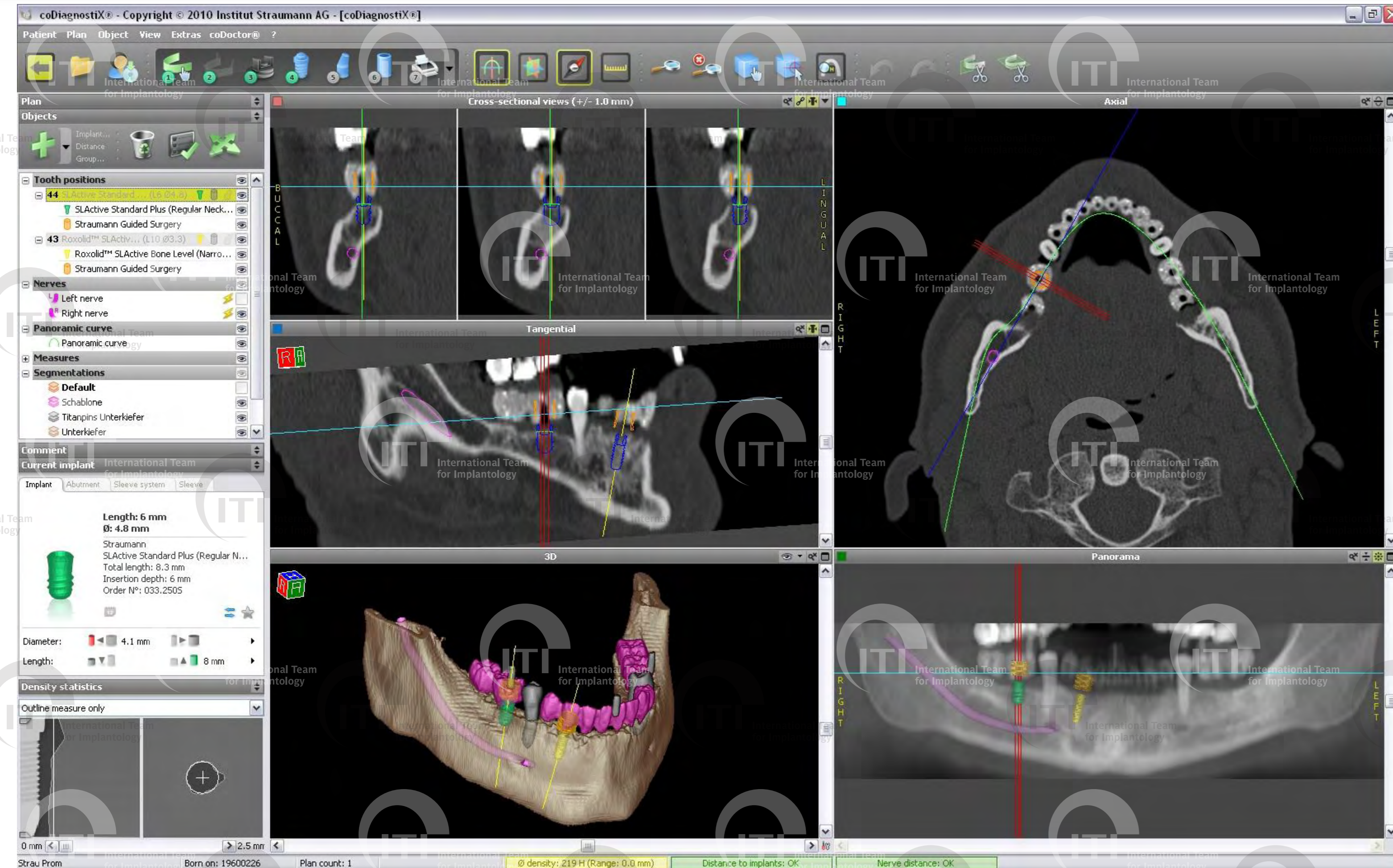
Super-positioning the prosthesis
Calibration of the grey values

Rigidity of the stent
Positioning the drill sleeves in the stent

Sum of the Faults gives the total inaccuracy



Virtual reality!



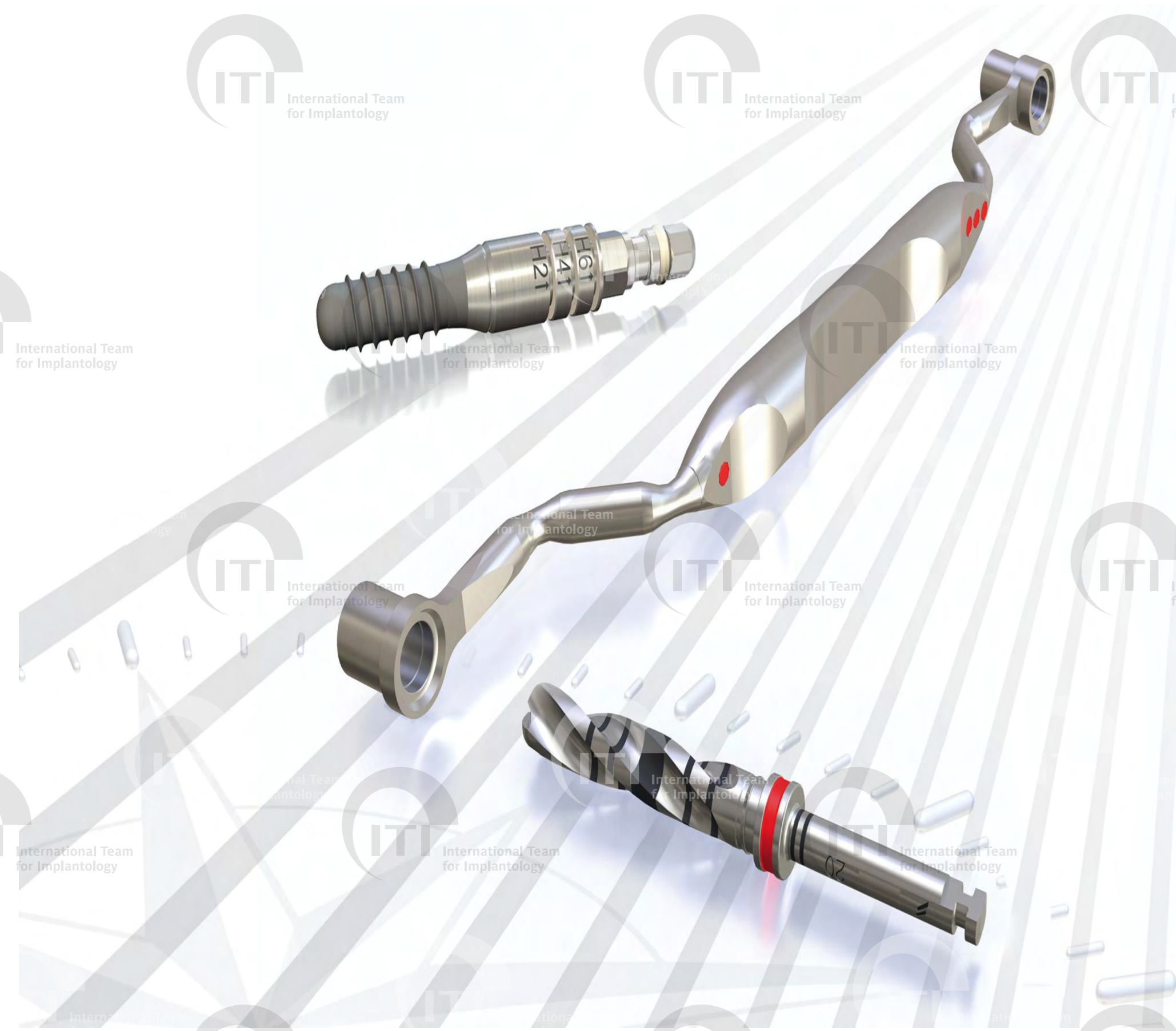
Precision?



IVS Gonyx



Precision?



Grooves for
stop key
according
sleeve height
(H2, H4, H6)



Biomodel guided stereotactic surgery

Working on a virtual biomodel on previously placed mini implants (implant supported drilling guide)



Biomodel guided stereotactic surgery

Working on a virtual biomodel on pre-

supported drilling guide)

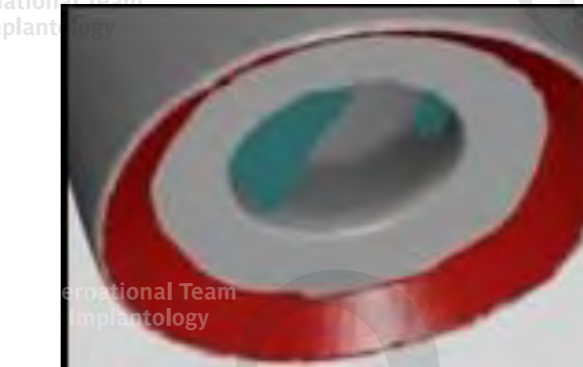
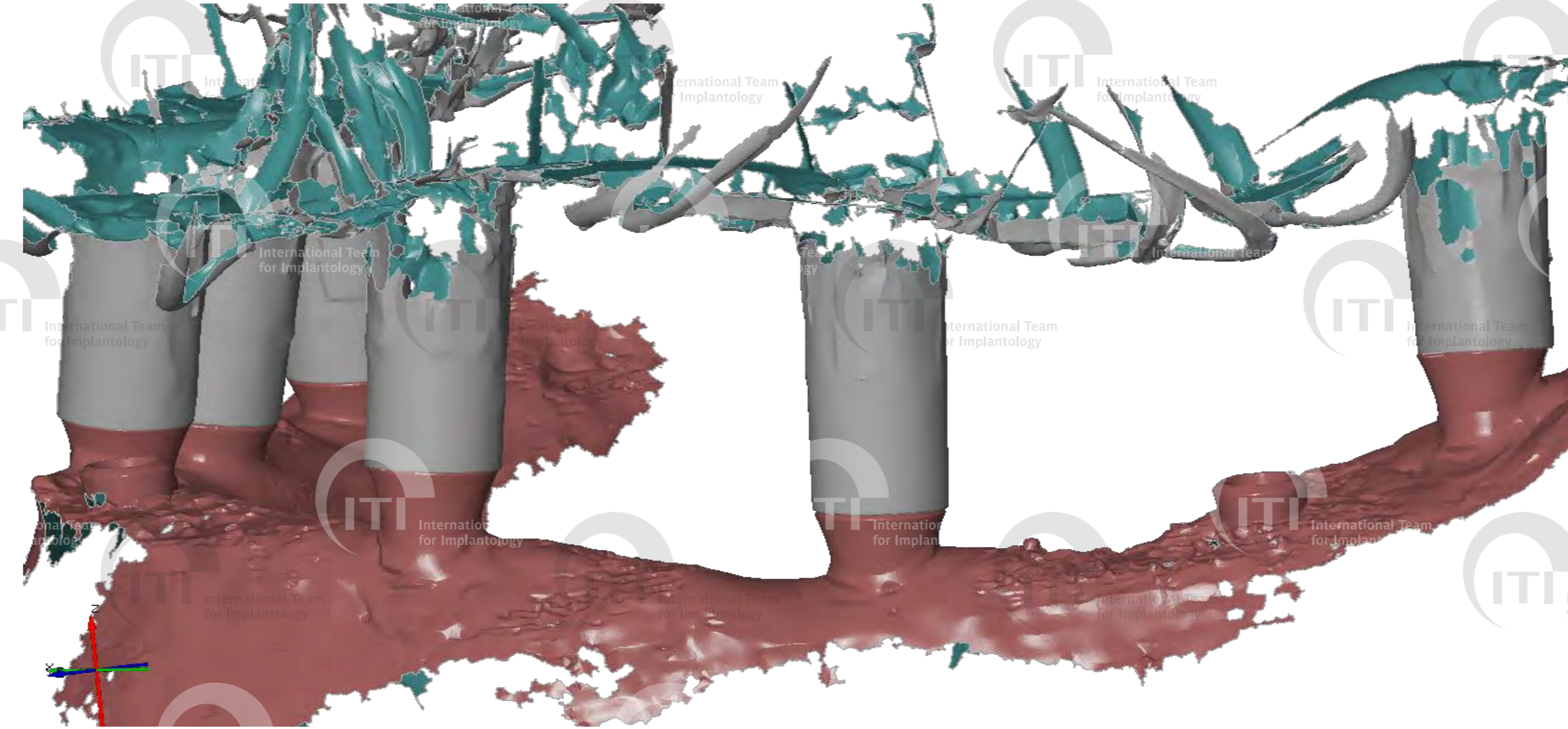
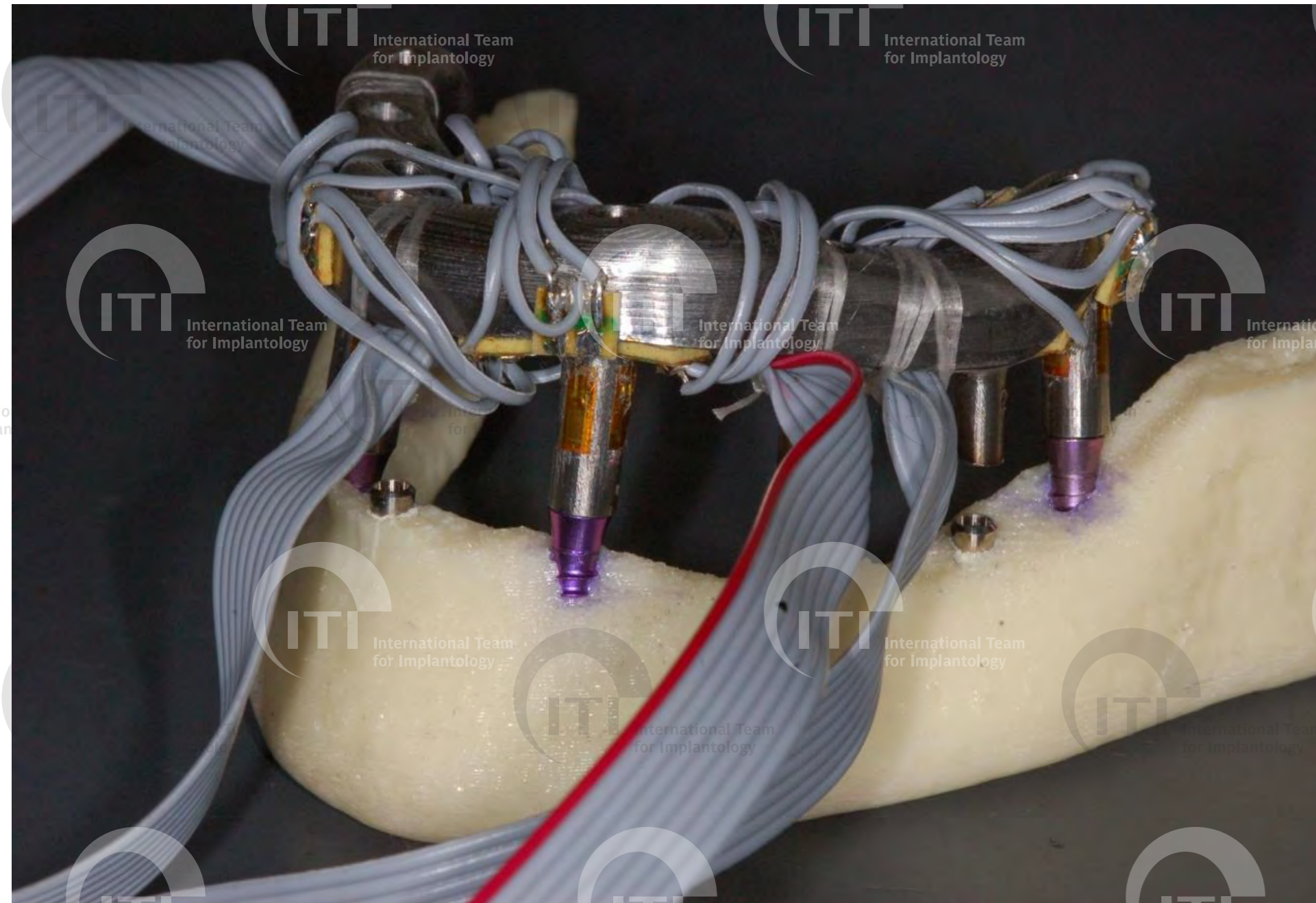


Biomodel guided stereotactic surgery

Working on a virtual biomodel on previously placed mini implants (implant supported drilling guide) in the trial

34 patients treated in the trial
Largest misfit measured = 40 μ

Tahmaseb, J v/d Weiden, P Mercelis, R de Clerck, D. Wismeijer. IJOMI 2010



Virtual biomodel guided stereotactic surgery

Planning and designing the total treatment work flow in a virtual environment decreases the chance of inaccuracies and provides the option to repeat and repair without even seeing the patient.

Impression
Model wax-up

CBCT scan
Segmentation and planning software
Implant planning
Import into superstructure planning software
Milling drilling template and superstructure

Coloring / finishing
Inserting prosthesis



Precision?

Why do things go wrong??

Impression taking and cast production

+

Resolution of the CB CT
Scanning artifacts
Metal artifacts
Repositioning of the stent in the mouth

+

Super-positioning the prosthesis
Calibration of the grey values

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Rigidity of the stent
Positioning the drill sleeves in the stent

+

Repositioning the stent in the mouth.
Precision of the drill sleeves

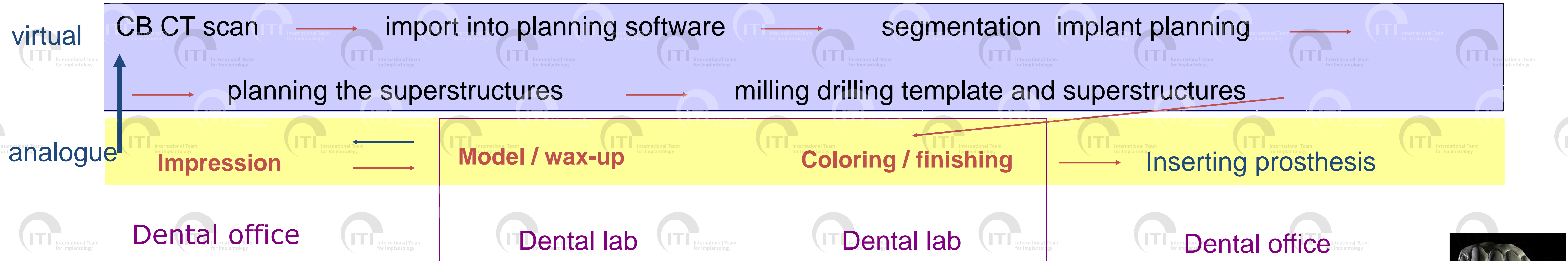
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Sum of the Faults gives the total inaccuracy

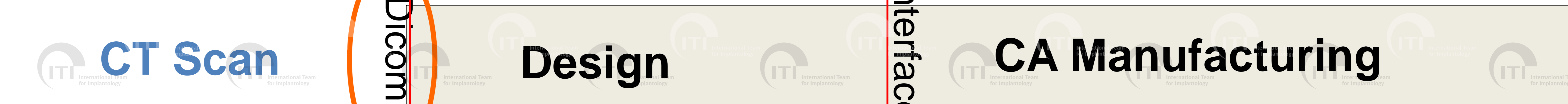
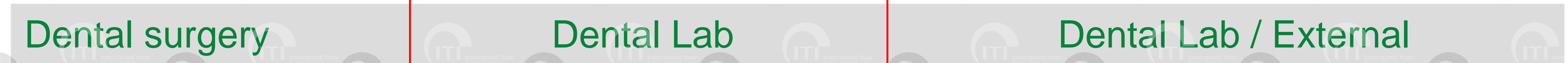
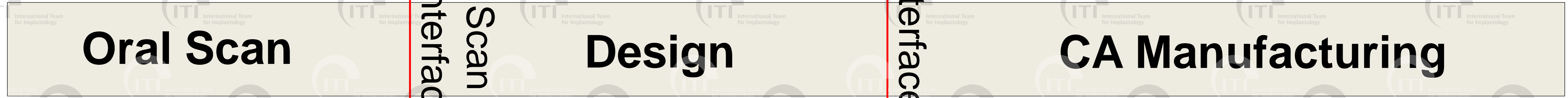


Digital workflow

Implant treatment planning



Digital environment



interface

Scan

interface

Dicom

interface

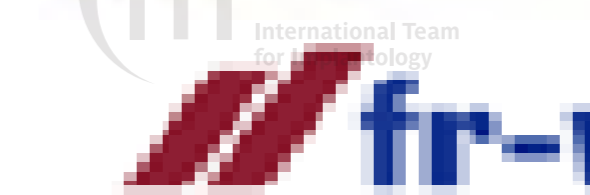
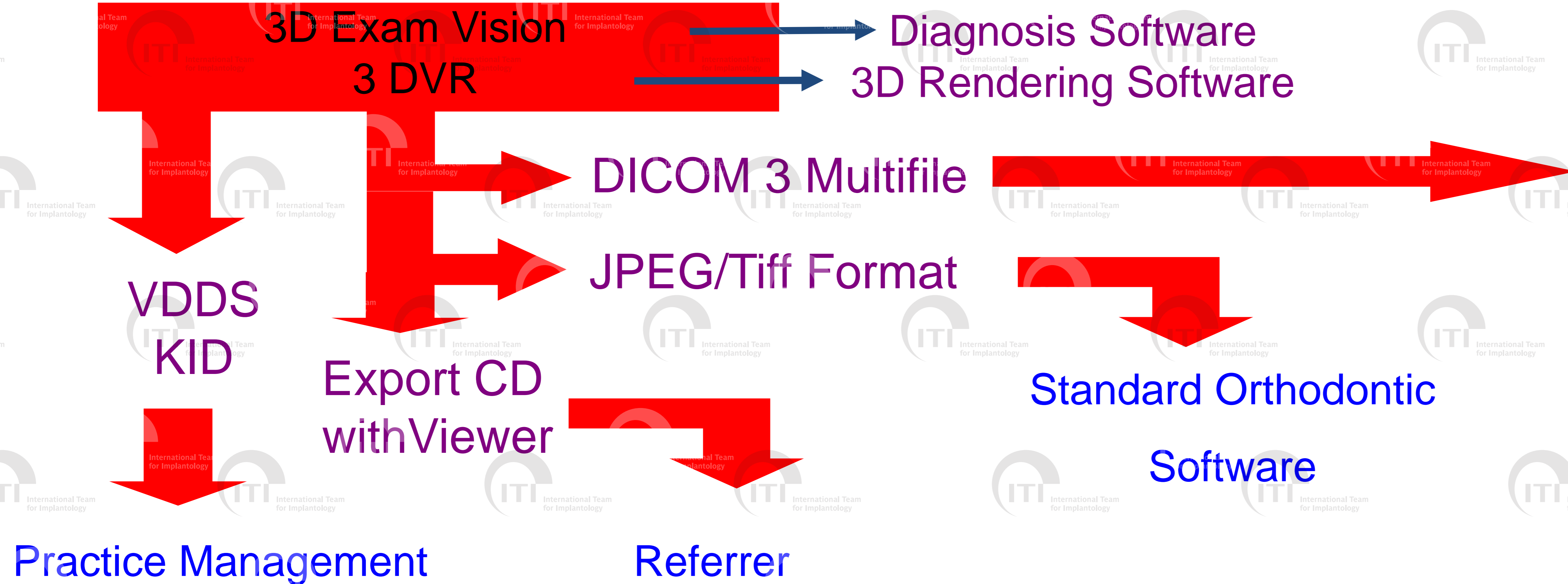
Digital imaging and communications in medicine



We lack an internationally recognized communication standard.



Software concept (CB)CT



coDiagnostiX /
coDoctor



Digital environment

Open systems

All intraoral scans

Dental surgery

All CT Scans

interface

Scan

Design

Dicom

Design

interface

interface

CA Manufacturing

CAM center of choice

Dental Surgery / Lab

CAM center of choice

Why go for open systems?

Software keeps growing measured in millions of lines of code

| | |
|------------------------------|-----|
| Mobile phone: | 10 |
| Microsoft Windows: | 50 |
| Software in cars: | 100 |
| Software in medical scanner: | 10 |
| Pre-operative planning sw: | 1.5 |
| Dental design software: | 1 |

Size of sw in LOC

100M

10M

1M

100K

10K

1

100

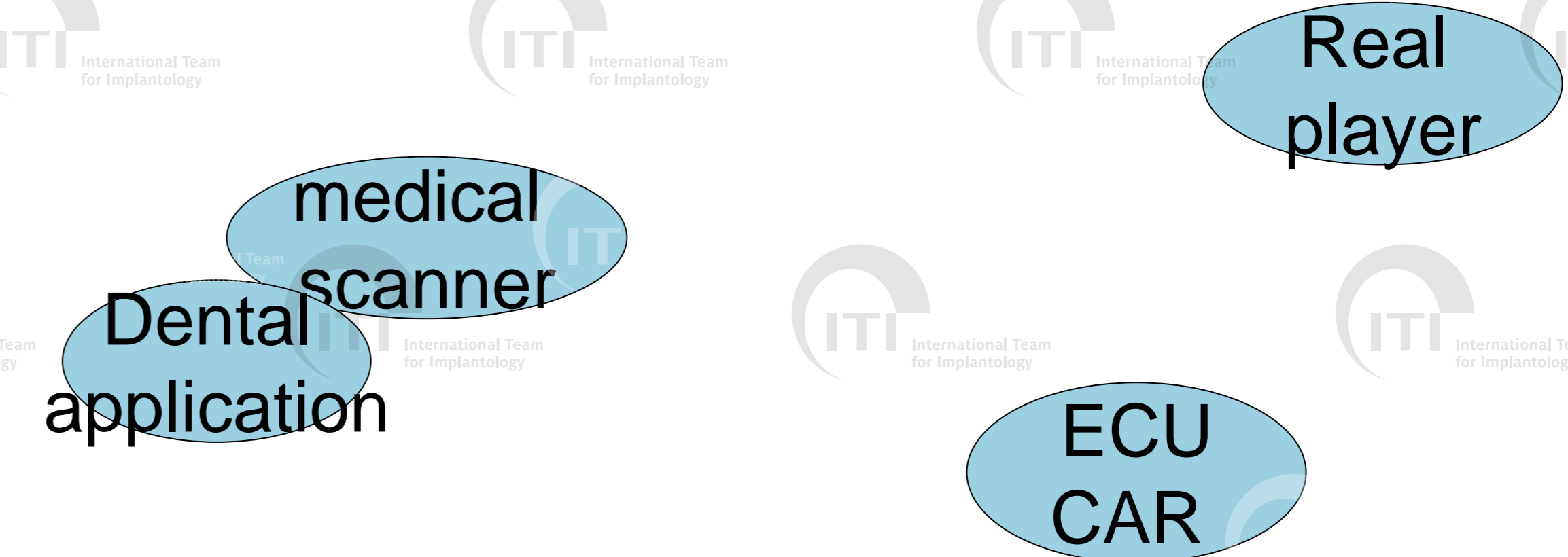
10k

1M

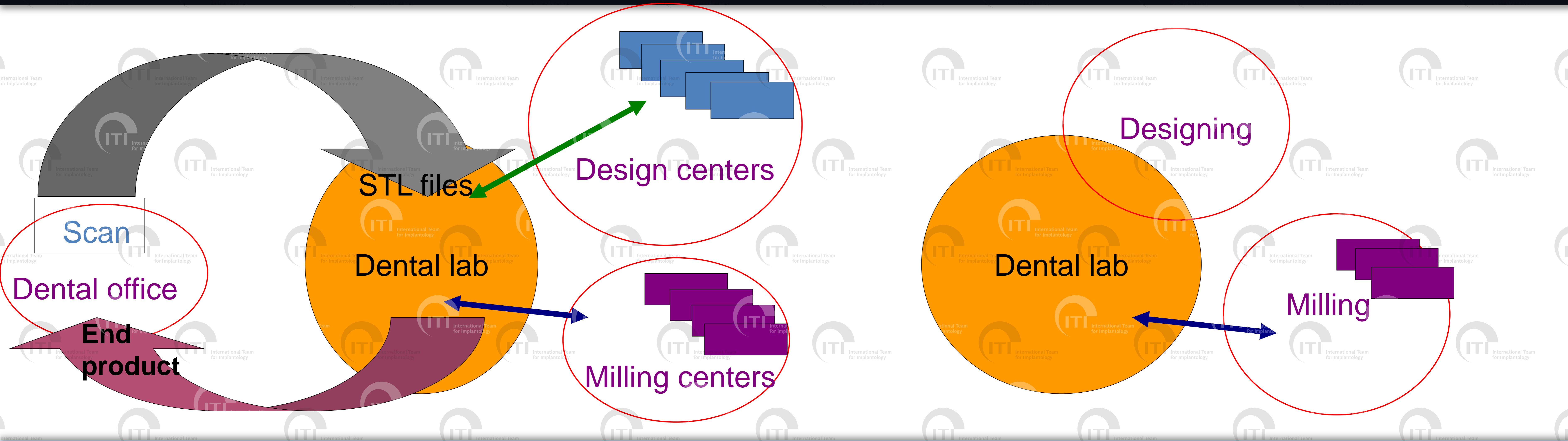
100M

Nr. unique users / year

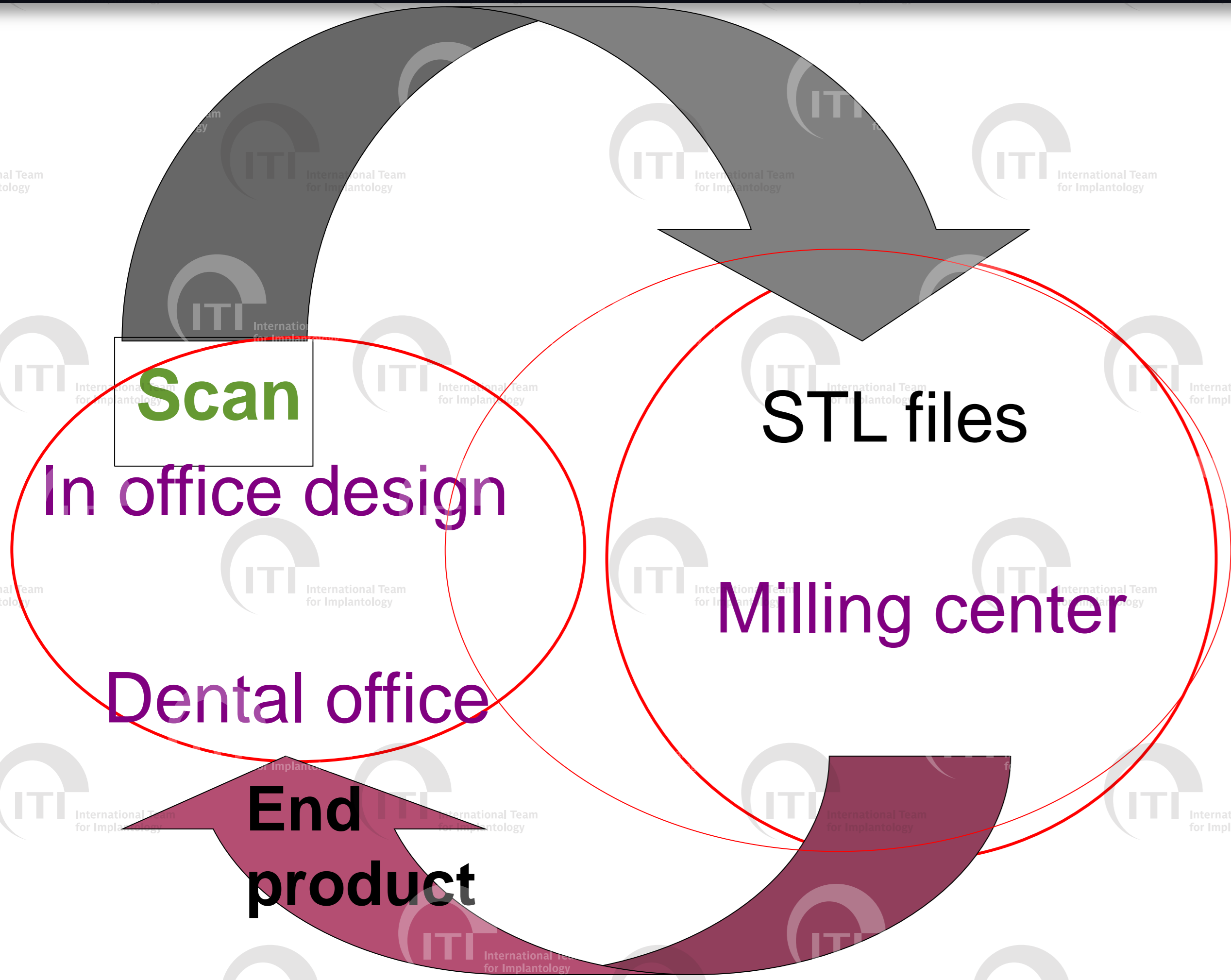
Software across industries



Why go for open systems?

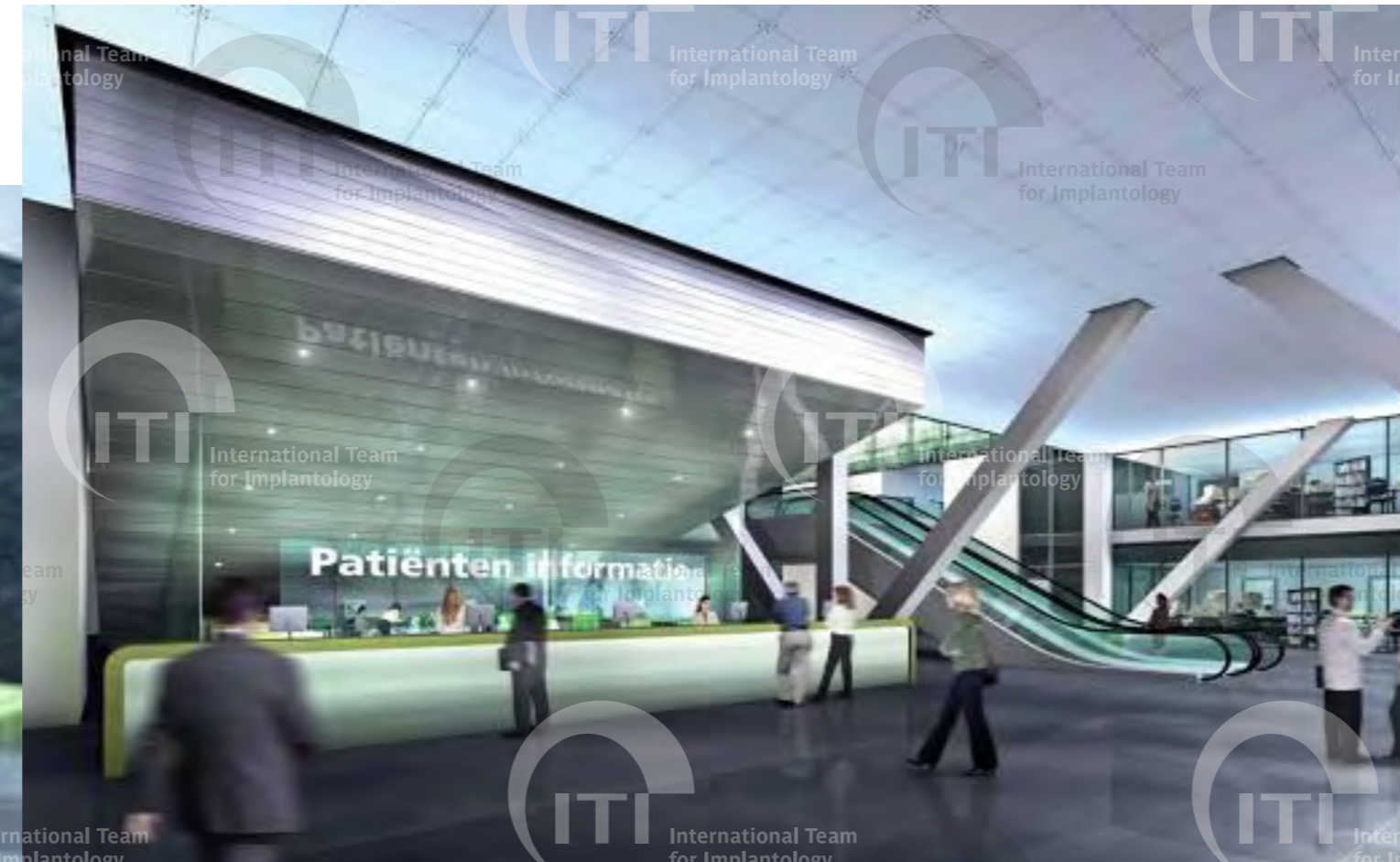


Why go for open systems?



Are we in dentistry going to be working in a matrix or are we in for a second life?

ACTA



Generation Z
Digital natives
Millennials
Hyves generation
Creative generation
Generation Einstein



Are we in dentistry going to be working in a matrix or are we in for a second life?

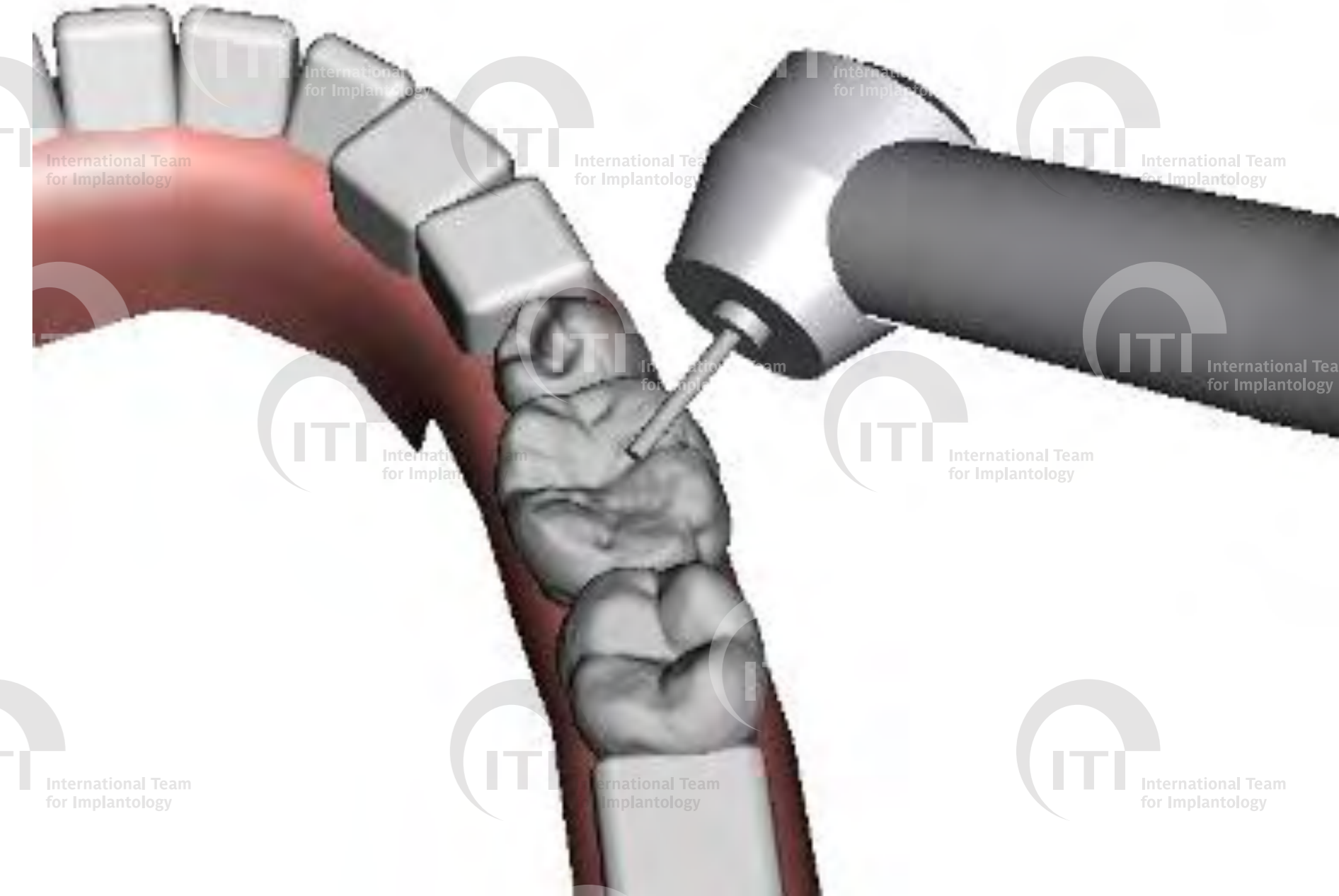
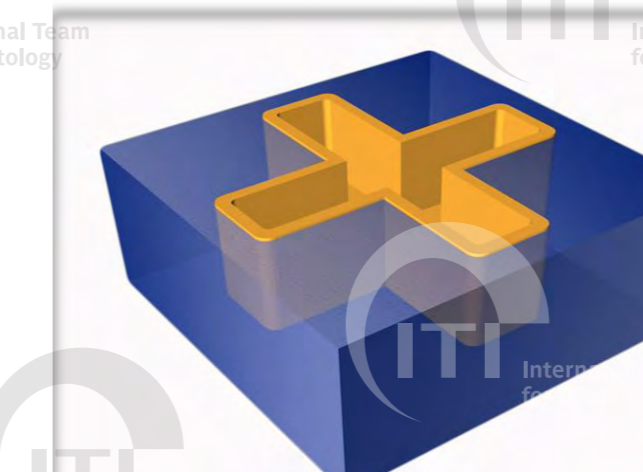
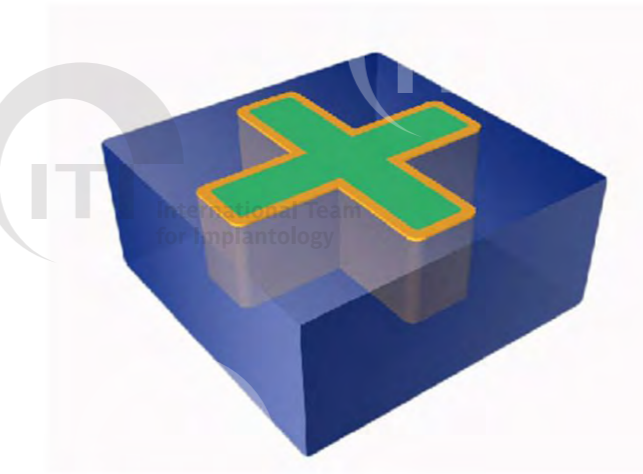
ACTA



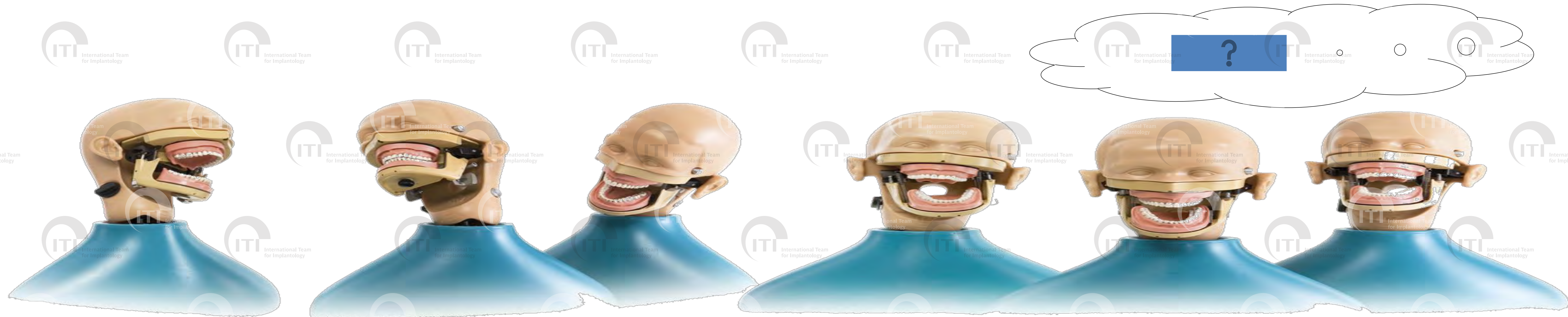
Generation Z
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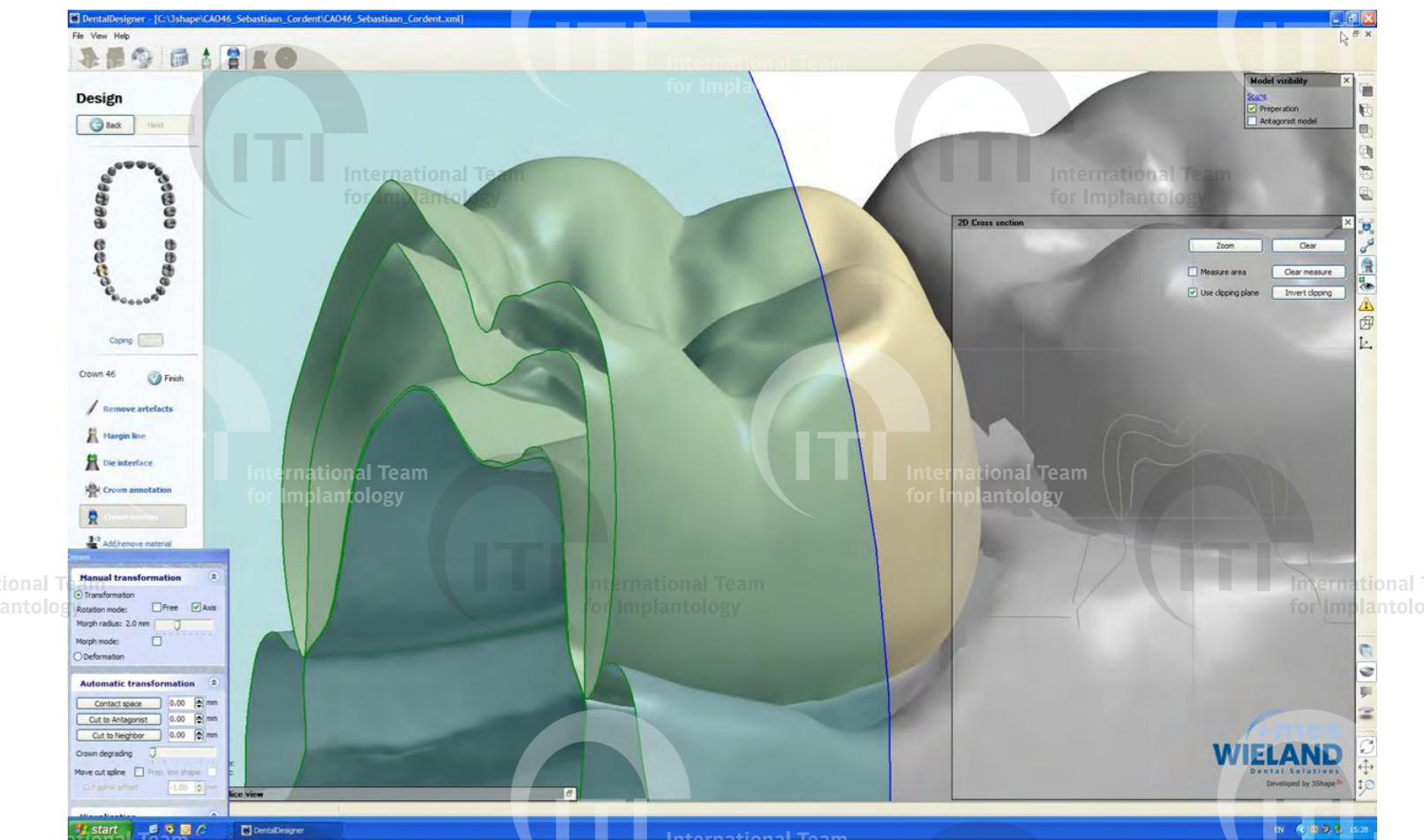
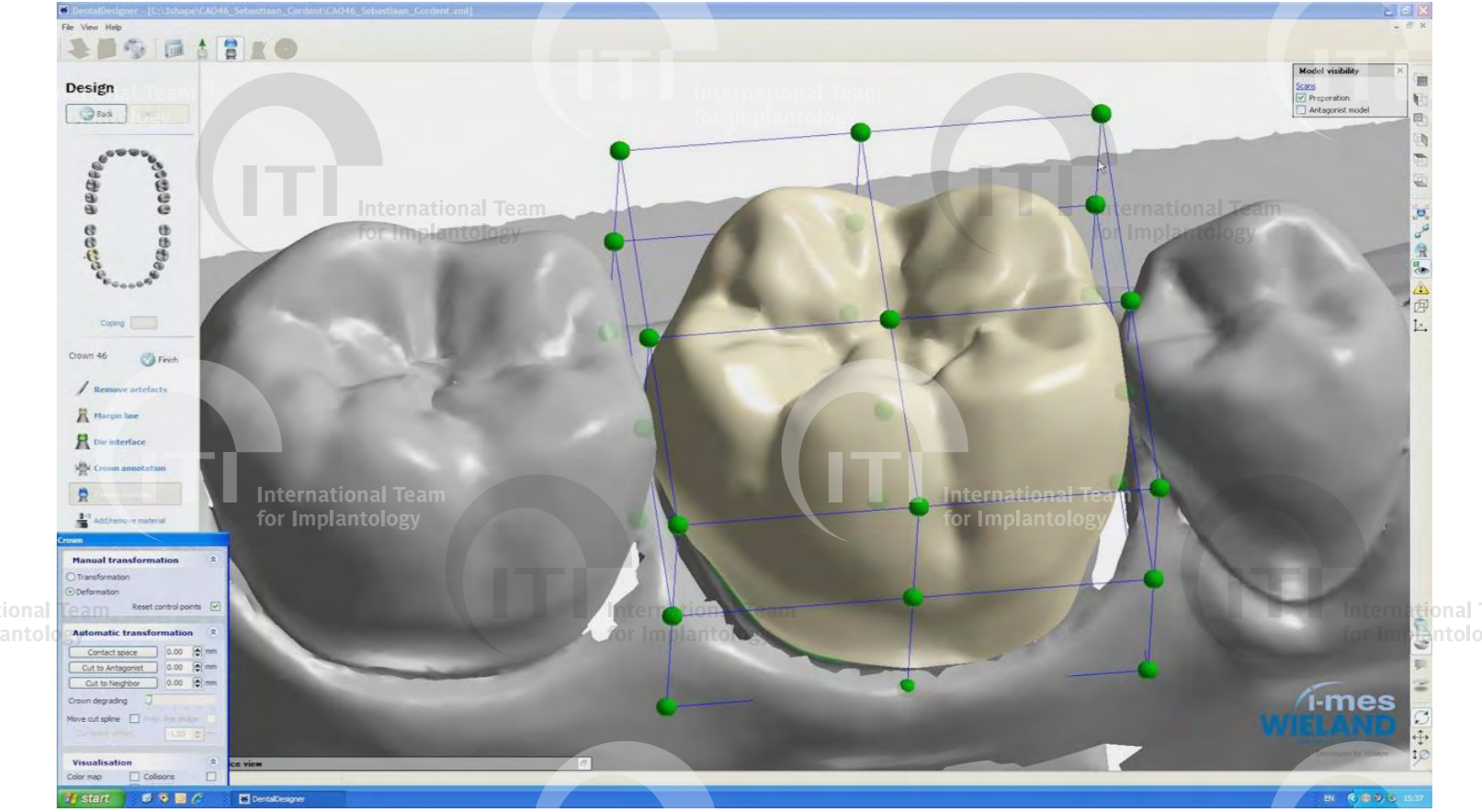
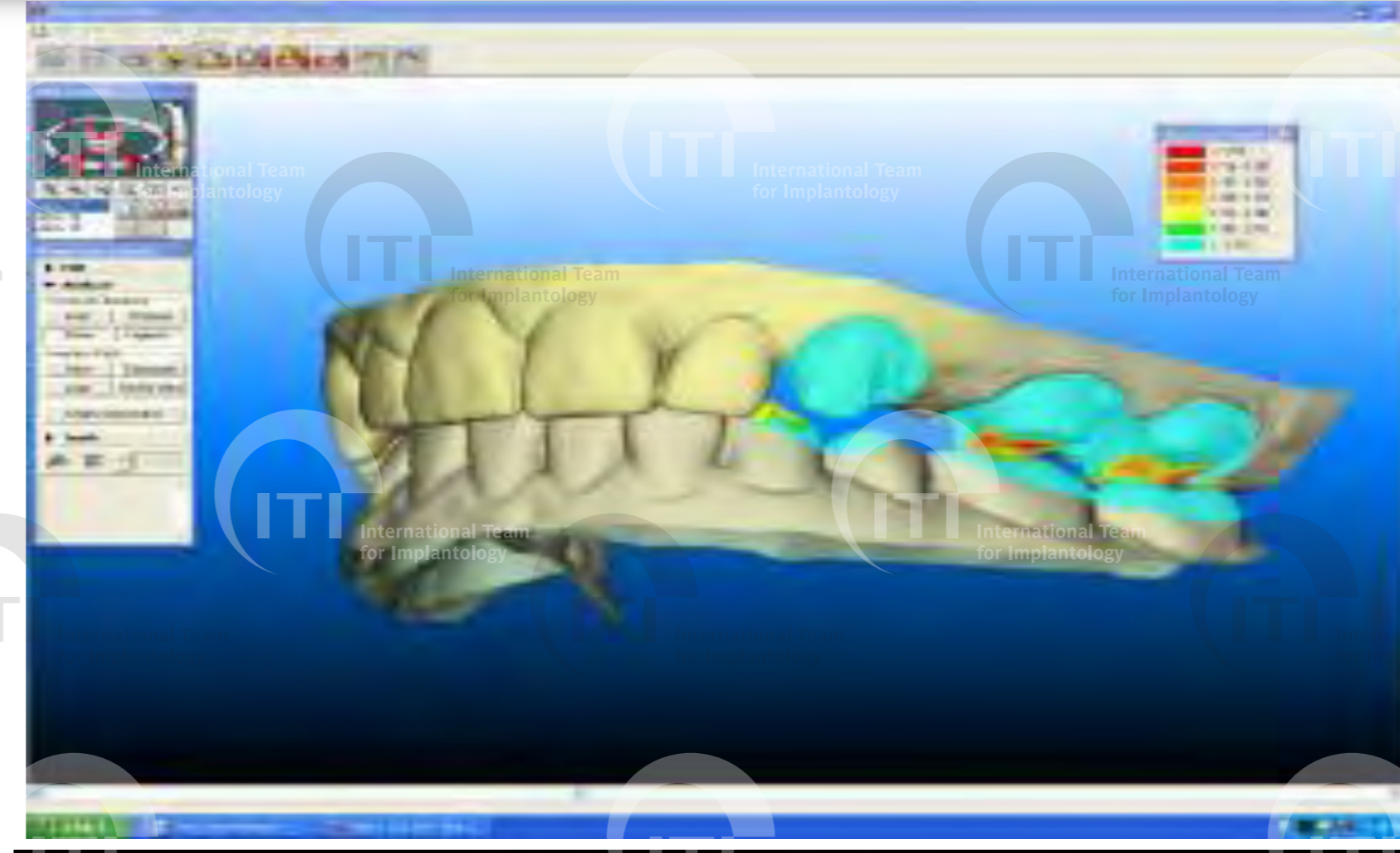
Virtual biomodel guided stereotactic surgery



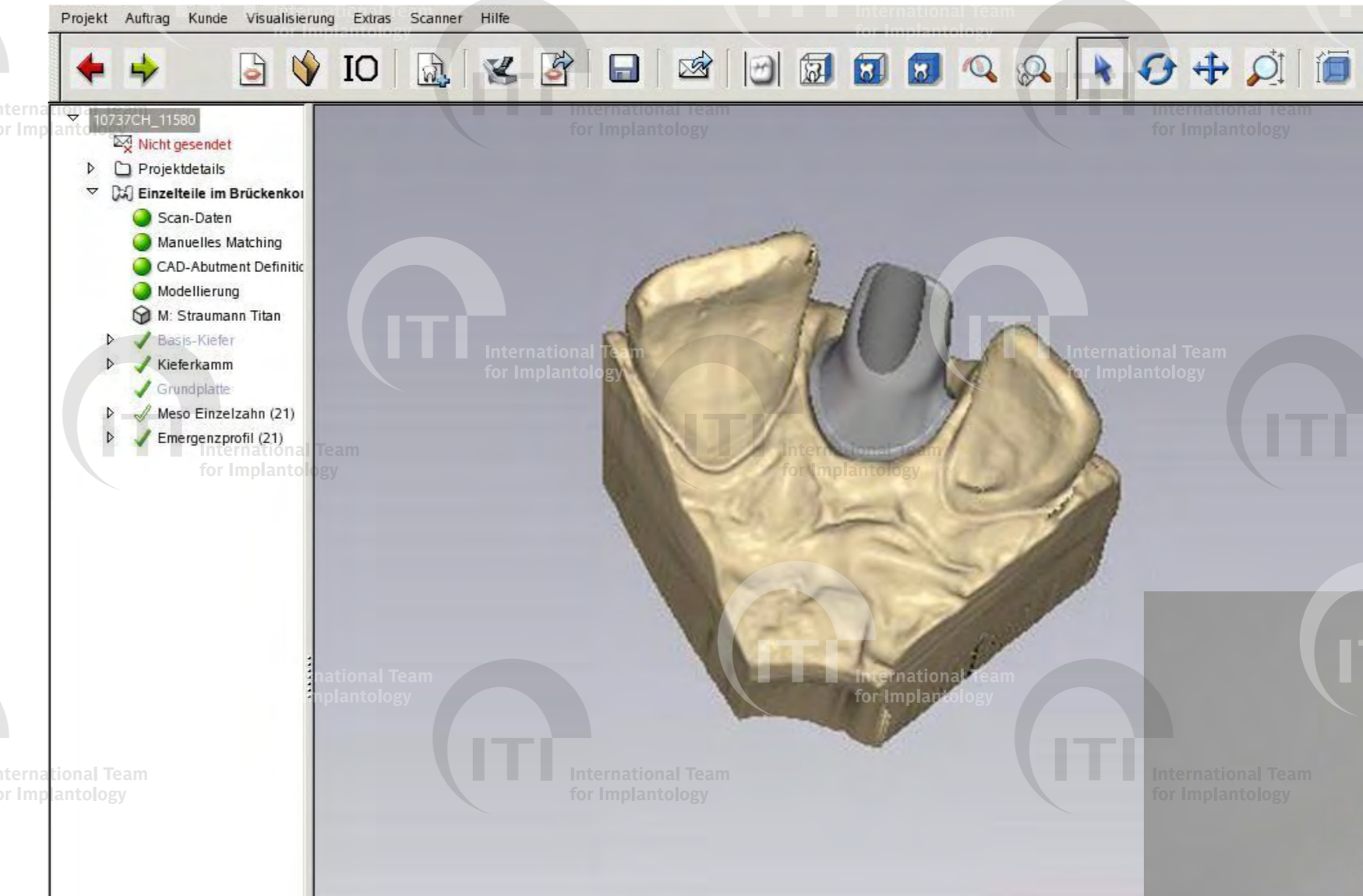
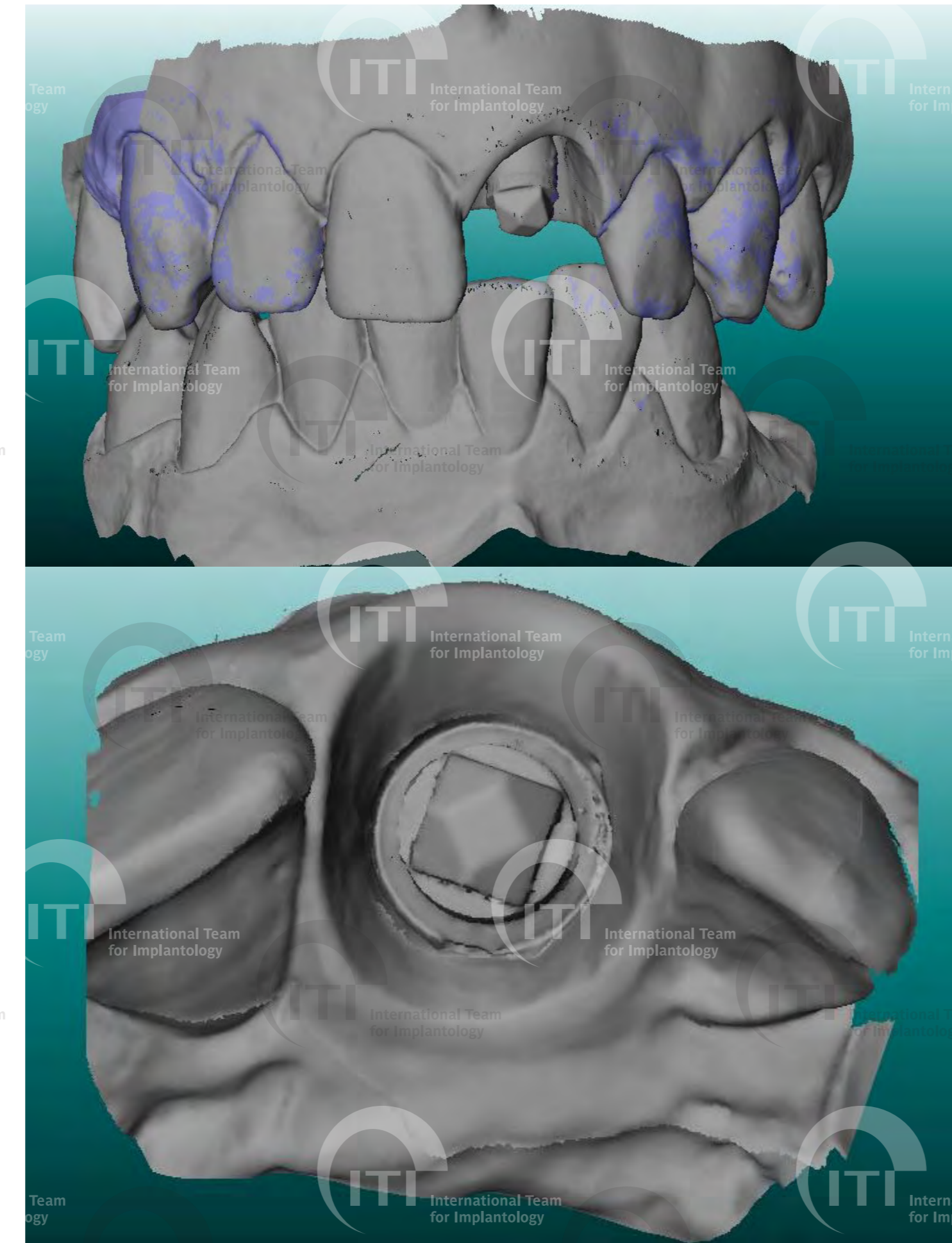
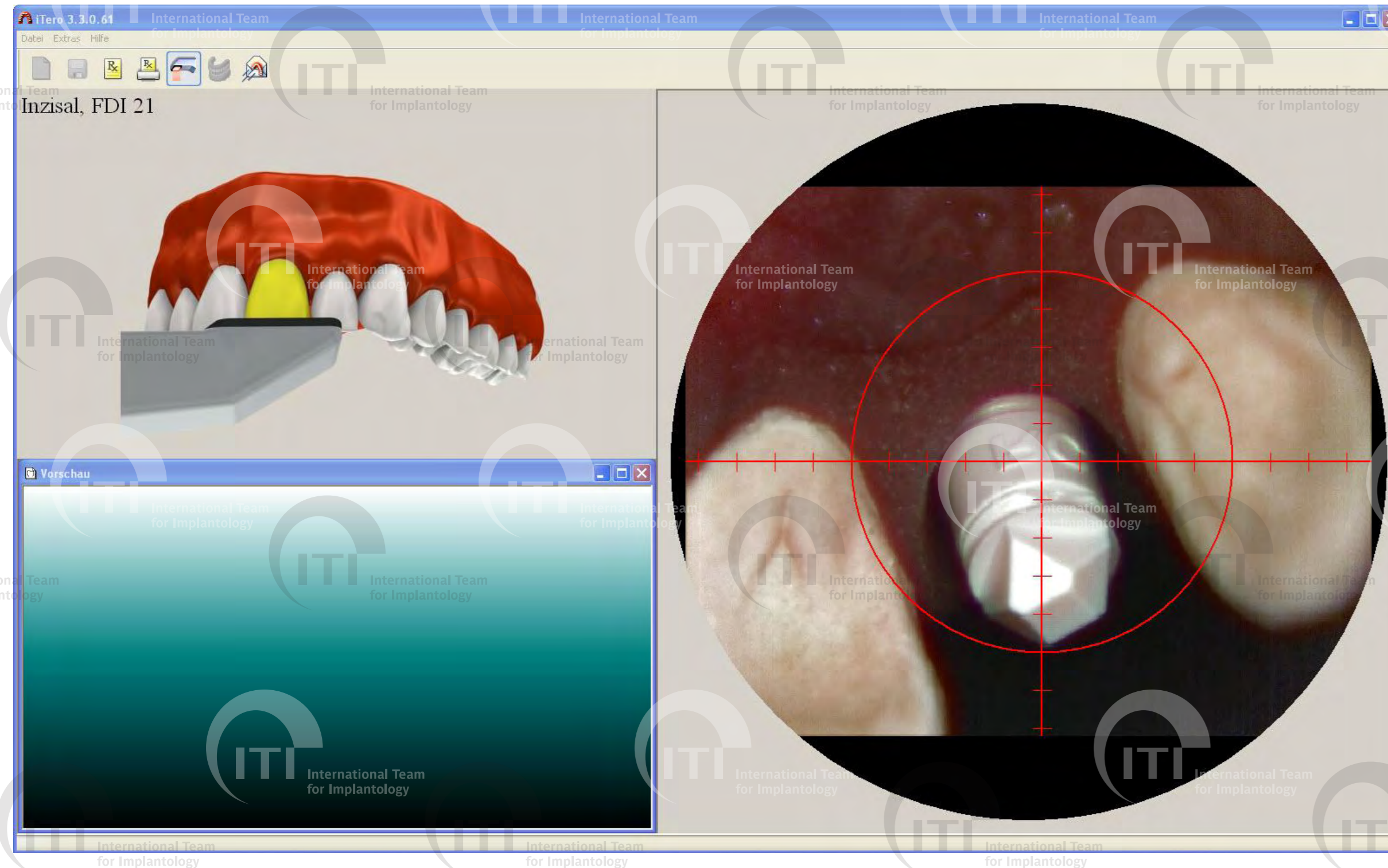
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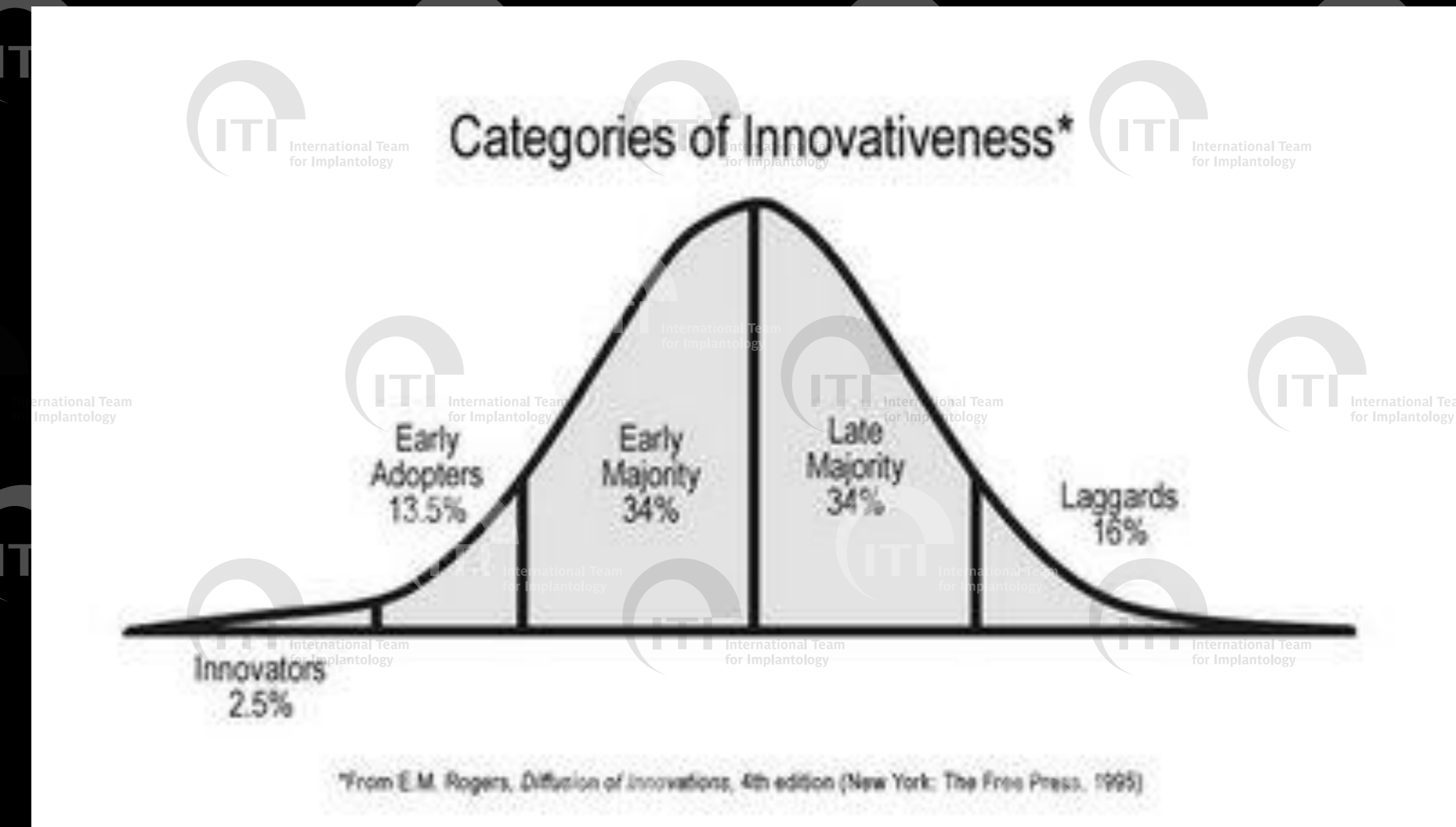
Digital dentistry



Are we in dentistry going to be working in a matrix or are we in for a second life?



Are we in dentistry going to be working in a matrix or are we in for a second life?



THE DENTRIX

Thanks for
Your attention!

Daniel Wismeijer

www.iti.org