[editorial]

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Intra-oral scanner: The time has come to invest in one?

This is one of the most frequent questions I have been asked in recent months. Not just me, but many professionals both in the clinical and laboratorial area, as well as in companies in the field.

Obviously, it has not a simple answer. First, it involves the verb "to invest". The decision to buy something that brings some kind of benefit is always an individual attitude, which involves a number of variables. Among them are financial availability and often the uncertainty of doing a good business. The second factor is that the Intraoral Oral Scanner (IOS) is not a relatively new equipment in the market, but that in the last years has developed in such a way that questioning whether to invest or not in one of these devices has become something increasingly intense.

As a scanner user for approximately 5 years first in the laboratory and, in the last few years, intraorally both in my private practice and in educational institutions to which I am linked, I will try to "help" answering this question that is not so easy! If you answer it based on the evolution of IOSs, what I have to say is that we have reached a time when the devices

How to cite: Andrade OS. Intra-oral scanner: The time has come to invest in one? J Clin Dent Res. 2017 Oct-Dec;14(4):5-6.

DOI: https://doi.org/10.14436/2447-911x.14.4.005.006.edt

available in the market are excellent in what they propose: they are accurate in the image capture, drawing process and data, and can be efficient. But let us go to the first point: "they can be efficient." At this point, what I want to point out is that the machine captures data (eg. images of the mouth) and transforms them into a drawing. From this, a number of factors become important to be analyzed, such as: Who will "draw", for example, the digital planning, virtual wax-up, and how will it go into the patient's mouth? This simple questioning is enough to begin to understand how the process works. If the dentist has only one chair and limited time for patient care, it might be better that this service is provided by a laboratory that has equipment and staff with knowledge to process data and transform "images" in teeth, whether a planning or even a prosthetic crown. In contrast, if the dentist is part of a practice with two or more professionals, working in several chairs, the process may be different. The dentist with this second profile may need to set up a digital "mini-lab ", creating prosthetic parts and/or planning without the need for an external laboratory. There are several business formats where scanning can be efficient and commercially viable. In some roundtables on CAD-CAM I participated, I have already heard phrases like "labs will end", "dentists will make their own parts, "dental prosthetic technicians (DPT) will be unemployed" and so many other premonitions. To me, they are all exaggerated and have a certain impartial view of the market and education. The point is: the market has been changing very fast, and there is no turning back. Laboratories and DPTs need to adapt to new technologies even faster than to the other changes that have occurred in Dentistry. And the latest is: labs need to be prepared, and staff trained to receive an avalanche of data that "may" begin to emerge from the hundreds, and soon thousands of IOSs that will be in restorative, orthodontic, implant practices and whatever more we can imagine.On the dentists' side, the clinician has to think about what benefits the use of IOSs would bring to their business. I will cite a data I have obtained through consultancy done in laboratories: the main reason for the repetition of works is due to the lack of proximal contact and inadequate occlusion. Both are derived mainly from inadequate "molds", poor quality antagonist models and inaccurate "bite" registration. These errors - made by clinicians and of course accepted by laboratories, which carry on with the work - cause millions in losses, if we count the number of laboratories in Brazil. An IOS and the appropriate process would drastically reduce this negative data. Yes, my dear readers, molding is a problem! Intra-oral registration is a problem! The antagonist model is a problem! I am not stating that everybody molds badly or do not know how to make a registration, it is just data analysis that shows that they are critical factors. And using an IOS can minimize these problems!As you can see, these are some factors to consider. As well as the use of magnifying devices, such as microscopes and magnifying glasses, digital radiography ... The beginning of changes is not easy!

There are countless ways of analyzing and even answering the question that gives the title to this editorial. But the point is: if the time to have an intra-oral scanner has not arrived ... it is coming! And, when it does, may the Force be with you.

Good reading!

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