

New dentures – a picture is worth a thousand words

Boris Freikowski presents a recent case which utilised the Vita ToothConfigurator

VITA Zahnfabrik has developed a versatile software program that supports communication between the dental surgeon, the dental technician and the patient: Vita ToothConfigurator enables patients to be actively involved in planning their own dentures, and allows the result to be displayed and adapted on a monitor.

Dr Michael Lamberton's practice laboratory in Zülpich, Germany, has been using this new product

for several weeks now. The following case study (see below and overleaf) shows how the Vita ToothConfigurator, a Vita Assist tool, can be used in prosthetic planning and illustrates the advantages and possibilities provided by this software.

The selected patient is in his early seventies and has been wearing dentures since 1996. As well as a more aesthetic mouth area, he would also like dentures that offer high functional quality.

Problem

When fabricating high quality dentures, the process always begins with an appointment during which various impressions are taken.

Even at this early stage, I try to involve the patient in the process of shade and shape selection. However, up until now, it was often difficult to explain to a patient in words how wearing their new dentures might affect their appearance.

Selecting the tooth shade is generally still a fairly easy decision; however, particularly when it comes to selecting the tooth shapes, it is often difficult to imagine what the result might be.

Patients sometimes feel as if they have not really been consulted and as a result are unsure and have reservations about their new dentures. Will the dentures fit? Is the shade right? What does my face look like when I laugh? What will family, friends or neighbours say

Virtual implementation using the Vita ToothConfigurator

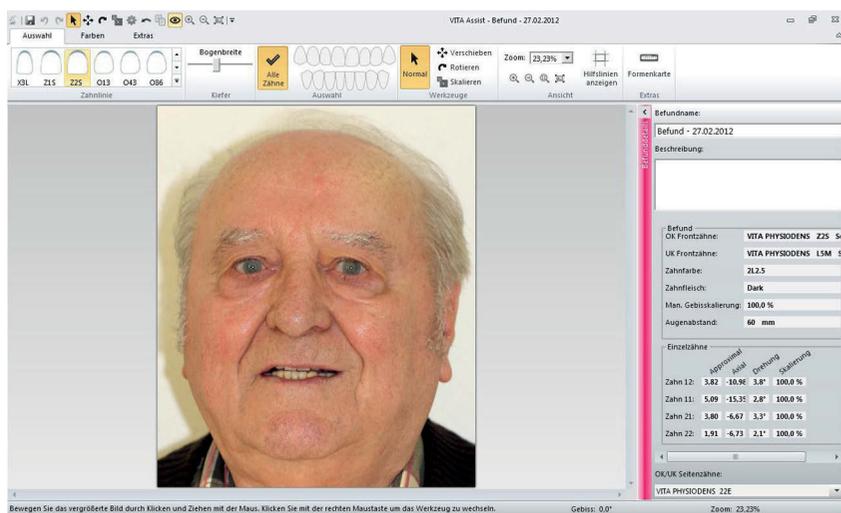


Figure 1. The patient's appearance before selecting the shape and shade

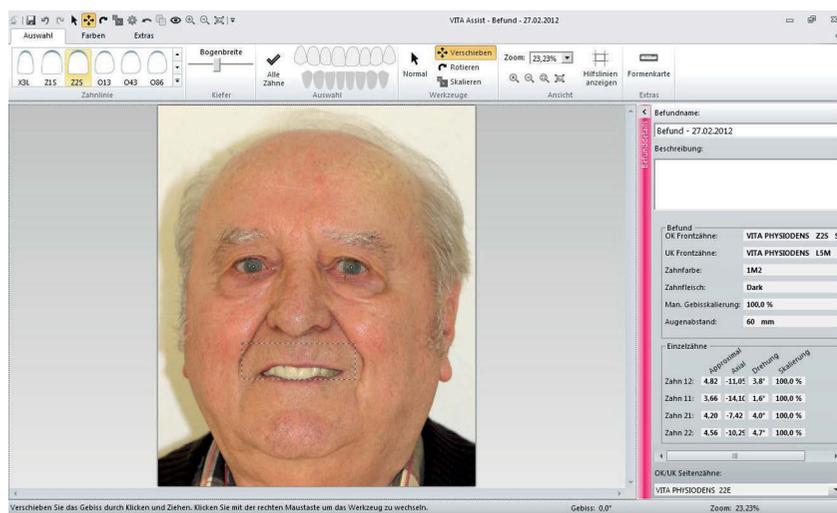


Figure 2. The patient's appearance after selecting the shape and shade using the Vita ToothConfigurator selection tools

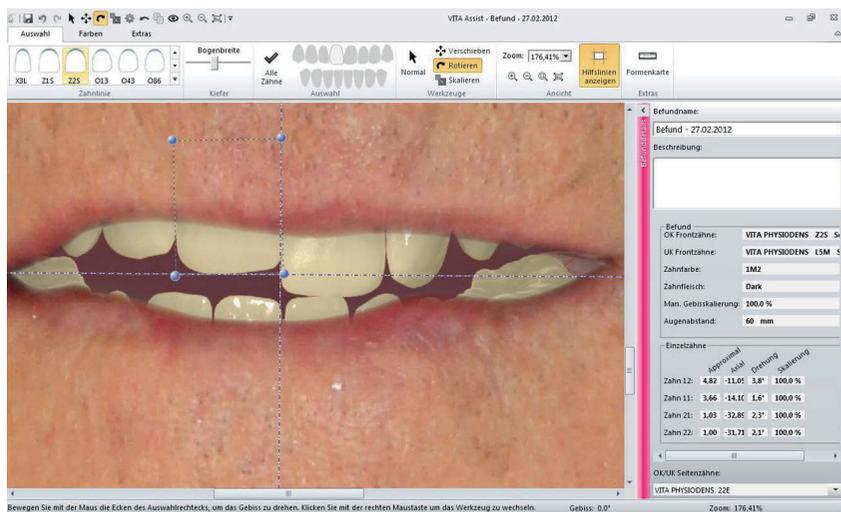


Figure 3. I crop the mouth area from the image and manually adapt the length of the upper incisors to the guide lines shown. In doing so, I can adjust the position of the teeth as required. It is also possible to combine repositioning of the entire upper jaw and manual adaptation of the individual upper anterior teeth. This depends on the length of the visible part of the posterior teeth. The rotation function is also particularly useful in this case, facilitating rotation and variable positioning. Ideally, the zoom function should be used here

...continued overleaf

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when I wear my new dentures for the first time?

The dental technician can also calm a patient's fears in this respect and let them know their new dentures will not only offer functionality but also restore some of their quality of life.

Using the Vita ToothConfigurator software, hopes and expectations in terms of better communication with the patient prior to denture fabrication can be consolidated in order to improve patient satisfaction.

Specifically, this means not just verbalising but actually illustrating the shade and shape of the restoration solution.

At the same time, we also hope that computer-aided planning of dentures will provide us with greater flexibility with regard to design, as using this software allows various possibilities in terms of shape and shade selection to be displayed quickly and easily on a monitor, and to be modified and customised as often as required. This obviously also makes communication between the dental surgeon and the laboratory easier.

During the last few weeks of testing in our practice, it has become clear that the Vita ToothConfigurator can meet our expectations.

Use

In practice, the Vita ToothConfigurator is always used after the impression for the functional impression tray has been taken – this was also the case with our patient.

I simply come along to this appointment and take a portrait photo of the patient, ideally showing complete dentition. If an external laboratory is employed, practitioners should take this photo themselves and provide it to the dental technician.

The software is already installed on the laboratory PC, which means I can immediately begin visualising the planned restoration by uploading the photo to the Vita ToothConfigurator. I also enter the required patient data.

Handling is easy thanks to intuitive user guidance, which means the user does not need to be a computer specialist in order to work with the program.

The operating principle is similar to that of a graphics program, with various selection tools, shapes and shades available that can be selected and used as required.

If the patient doesn't like my first suggestion, no problem – I can simply correct the visual appearance of the restoration using a second image. A photo I can show to patients or give to them makes the decision much easier in the case of a new restoration and calms the patient's fears

The core component of the system is a virtual tooth library containing the Vita anterior and posterior tooth lines that can be designed virtually using the Vita Classical shades,

3D-Master shades and two Bleached Colours.

In addition to conventional patient data, it is also possible to store individual comments. Based on

the portrait photograph, I use the software to select the appropriate anterior and posterior tooth set for the patient in question and then create a realistic computer simulation of the dentures on the screen. I can then show this picture to the patient immediately, or print it out so they can take it with them.

If the patient doesn't like my first suggestion, no problem – I can simply correct the visual appearance of the restoration using a second image.

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A photo I can show to patients or give to them makes the decision much easier in the case of a new restoration and calms the patient's fears.

Family and friends can also take a look beforehand and let the patient know whether they think the mouth area will look good as planned.

If there are doubts, adaptations can be made on the PC.

You can often tell immediately based on a patient's facial expression which version they prefer. This was also the case here. I then pre-modelled the preferred version so there were no unpleasant surprises during the first try-in.

The patient was very happy with the final result, both in terms of functionality and with regards to aesthetics.

practitioner, the patient and the dental technician, but that also enables virtual and most importantly customised denture design with just a few clicks of the mouse.

I believe that in the future this will help me to convince patients in a more targeted fashion of the value of a customised appearance – after all, a picture is worth a thousand words.

I am looking forward to the first updates that will provide me with even more options so I can implement my visual design in full, creating an end result that offers a 1:1 match, both in terms of appearance and functionality.

Boris Freikowski

lives in Gemünd/Schleiden, Germany and since 2005 has been laboratory manager at the practice run by Dr Michael Lambertin in Zülpich



Conclusion

With the Vita ToothConfigurator, a tool is now available for prosthetics that not only simplifies communication between the

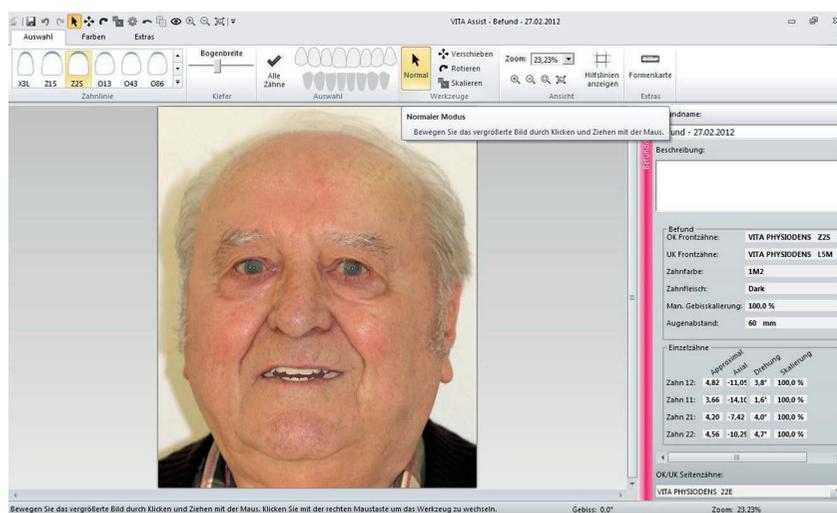


Figure 4. My initial suggestion for the patient's new dentures

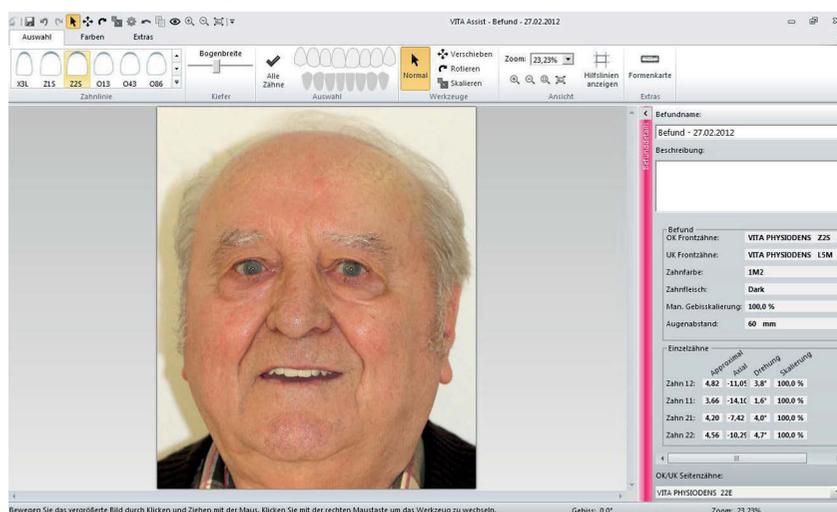


Figure 5. The revised suggestion following adaptation

Video for employers covers new PAYE system

HMRC has produced a video guide to help introduce employers to new Real Time Information (RTI) procedures that will be in place in 2013.

The video looks at what RTI means for employers, the main changes that will be introduced, a timetable and other help and support that is available.

RTI is a new way for employers to report their employees' pay and tax details. The aim is to make it easier for employers, pension providers and HMRC to administer PAYE. Employers and pension providers will have to tell HMRC about PAYE payments at the time they are made – rather than at the end of the year.

The video can be viewed on YouTube – <http://bit.ly/NILEoe> – or a pre-recorded webinar can be watched at <http://bit.ly/Plonny>. For more information on improving payroll data, go to www.hmrc.gov.uk/rti/.

Enforcement of the Fire Safety Order

AS part of the Focus on Enforcement campaign, the Government is urging companies, particularly small to medium sized enterprises, to report their experiences of fire safety enforcement by fire safety officers who visit premises to ensure compliance with the Regulatory Reform (Fire Safety) Order. The Government is also interested to hear where companies get advice on fire safety compliance. The range of issues on which the campaign is calling for evidence includes how and where companies access information

about fire safety, legal obligations and how to comply; what information they need, and how they would like to access advice and guidance; activity undertaken by fire and rescue authorities to support business compliance; and interactions businesses have with fire and rescue authorities on their premises. Comments can be posted anonymously on <http://bit.ly/HkiXkP>.

Consultation on changes to simplify RIDDOR launched

THE Health and Safety Executive (HSE) is consulting on proposals to simplify and clarify the reporting of injuries, diseases and dangerous occurrences.

The changes proposed to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 will remove the duty to report in cases where the information is of little use or better collected through other means, while still ensuring that sufficient, quality data is available.

The proposals include self-employed people no longer having to report injuries or illness to themselves, and the removal of both the duty on employers to report dangerous occurrences outside of high-risk sectors/activities and the requirements to report most occupational diseases.

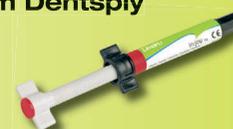
The need to report all fatal injuries to workers and those to members of the public as a result of a work activity would remain, as would the duty to report major injuries to workers. The proposals are not indicative of any change in HSE's policy or strategic objectives. The consultation runs until 28th October and can be seen at <http://bit.ly/Mltwge>.



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