

MTG May 10

No such thing as a free lunch

Fridays at Sheffield School of Clinical Dentistry are without doubt the highlight of the week. There is a year round lecture series by invited speakers, with a diverse subject range, to entertain through the lunch break. A great idea, incentivised with the promise of CPD and a free hospital sandwich. Its purpose is to disseminate information in areas that you would not normally be updated in.

On this occasion the title was Top 10 tips for time saving in clinical practice. This was quite a departure from the normal research group interim report or postgraduate presentation. Top 10 tips of anything is always in danger of comparison with *Viz Top Tips*; my expectation was richly rewarded. The speaker turned out to be a dental laboratory owner and technician.

It's quite alarming how little interaction there is in general between clinician and technician. Our working lives are irrevocably intertwined; as a clinician every case involves technical work and communication is the key. The speaker illustrated his talk with some astonishing images of material sent to him by practitioners – how on earth any technician was supposed to produce any work that could possibly be of clinical use from this starting point I cannot know. The clinical work, as judged by the quality of the impressions, and bite registrations, was utterly appalling. Ill judged schemes to save pennies on materials were demonstrated by a number of examples where minimizing the use of impression material had been taken to the extremes. How can we expect technicians to fabricate bridgework, without full arch impressions?

I get an inkling of these practices when postgraduate students start on the implant clinic and don't forget these are the dentists who place a high value on postgraduate education. It is an interesting and privileged position to see dentists close up at work. I realise materials have a cost and that laboratories have to charge. I fully appreciate that technicians need to be profitable. The current global financial situation has increased pressures with further hikes in gold prices and Euro and Dollar rates affecting UK costs.

So how to steer our way out of trouble? Well, part of the solution may be upon us. The introduction of intra-oral scanners for 'impression' taking. So we will be able to dispense with the putty/wash or monophasic silicones and polyethers then? Well yes and no. The arrival of intra-oral scanners is not that new, at least in technology news, where the purchase of any high street technology renders it out of date by the time you've got it home. However the ability to scan full arches is a real possibility with the latest equipment. So no more Mr. Gippy and the dreadful palaver that goes with a crown impression. No more waiting for the material to set whilst Jonny fidgets, or chews the tray. Now the potential exists for a dentist to see immediately what will be transmitted to the technician and make corrections in the same visit. No more lost items in the post, speaking from recent experience where during the postal strike a couriered full arch maxillary implant retained bridge went AWOL, and has never been found. Of course this technology cannot remove postage or all errors

entirely, but will certainly reduce them. The speaker predicted that within 10 years, all crown and bridge models will be fabricated from scanned images. A prediction all patients and clinicians will appreciate for sure.

So how does our 21st century alternative to natural teeth fare? Currently these scanners are unable to provide a scan for implant impression copings! This will need to change and rapidly, yet it seems that this would have been the easiest item to scan. So prepare for the replacement of impression materials, and ponder what to do with all that extra time. Maybe time to dig out the facebow.