nified view of the operating field, which raises the bar on improving early detection of dental disease and oral pathology, and increasing the precision of dental operations. The quality of dental operations is further improved by giving the assistant the unique ability to see the exact operating field and conditions as seen by the operator.

What are some of the other benefits of this stereoscopic visual communication tool? A picture is worth a thousand words. A stereoscopic 3-D picture is worth a thousand 3-D pictures, and a stereoscopic 3-D video is worth a thousand 3-D pictures. The amount of visual information that can be conveyed through stereoscopic video is enormous. It does not leave anything to speculation and imagination. Live 3-D video is an effective tool for reducing patient anxiety. Empowering the patient with visual information produces a more educated patient who is more cooperative, motivated, appreciative and who takes ownership of their problem. Visually educating the staff increases their competence. Communication with colleagues with referral information using stereoscopic clinical visual records can convey the most comprehensive picture of the clinical condition with accuracy and completeness unmatched by any other method.

A picture is worth a thousand words. A stereoscopic 3-D picture is worth a thousand pictures, and a stereoscopic 3-D video is worth a thousand 3-D pictures. — Assad F. Mora, DDS, MSD, FACP

Where do you see microscope dentistry going in the next five to 10 years? Emerging technologies can play a significant role in advancing the principles of microsurgery and microdentistry and gain acceptance by a larger segment of practicing dentists. By bringing the comfort of posture-independent stereoscopic vision, ease of use, a short learning curve and ease of documentation to microscope magnification, the profession should find it more compelling to adopt this new paradigm for improving the standards of dental care, for both the patient and the treating team. Also, bringing real-time stereoscopic video vision and simplified stereoscopic documentation to clinical dental education can create a new paradigm in teaching. Change will come to the profession when the compelling evidence is accepted based on a perceived need assessment. It will only come when the time is right.

If you could send one key message to dentists and specialists, what would it be? The microscope is not the end. It is the means to challenging the status quo and achieving a higher quality of patient care. Constant decisions are made every second during exams and treatments based on visual feedback. To drive the point home please allow me to use the following example: An image made of 20 by 30 pixels has 600 pixels, or 600 points of information. The same image made of 200 by 300 pixels has 60,000 pixels or 60,000 points of information. The second image is considered 10 times larger than the smaller image. However, it has 59,400 points of information more than the first image. Or, the first image has 1 percent of the information present in the second image. Could it be that if we were not working with 10x magnification, we are then working with 1 percent of the information that could be available to us? When performing a dental operation, clinical decisions have to be made constantly. Visual feedback is the main source of information upon which clinical decisions are made. Dentistry has been and will continue to be an assumption-based endeavor. The closer our assumptions are to reality, the better will be our decisions leading to more successful outcomes.

You can’t diagnose or treat what you can’t see. You don’t know what you can’t see, and you can’t see what you don’t know.

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