Digital workflow used with BioTemps provisionalization

By Tarun Agarwal, DDS, PA

Today’s digital impression technology enables dentists to create a virtual, computer-generated replica of the hard and soft tissues in the mouth quickly and accurately using their choice of optical scanning device. As an ardent supporter of digital impressions, I make every attempt to digitize our restorative workflow. There are numerous benefits to a digital impression:

• Efficiency: A digital impression takes less time than a traditional impression.
• Quicker turnaround time: Clinicians often forget or fail to realize the true value of this. Getting restorations back faster is better for the patient, the practice and the overall case outcome.
• Cost savings: Have you ever calculated the cost of taking a traditional impression for a patient, the practice and the overall cost of this. Getting restorations back faster is better for the patient, the practice and the overall case outcome.

Case presentation

The female in this case has been a patient in our practice for nearly eight years. She has a porcelain-fused-to-metal bridge from tooth #5 to #12 replacing missing teeth #7 to #10. She is not terribly unhappy with the look and feel of the bridge, but the bridge has been no stranger to the big issue facing PFM restorations: chipping of porcelain from the metal substructure. During the past eight years, we have patched various corners and lingual surfaces. Consequently, the patient agreed to replace her long-span PFM bridge with an implant-supported bridge on #7 to #10 and individual crowns on the abutment teeth. However, she was adamant about not going a day without teeth. We advised her that this would not be an issue.

Because of the complexity of her implant surgery, immediate loading was not possible. This meant we needed a long-term esthetic provisional that would last the duration of the treatment, could be removed for surgery and was adjustable for post-surgical contouring. A BioTemps® provisional bridge (Glidewell Laboratories, Newport Beach, Calif.) was the quick and easy answer.

Traditionally, BioTemps are made prior to preparation and relined chairside. In this case, I wanted to have the BioTemps made to fit the final preparations of the abutment teeth, which would later be converted to individual restorations. As an advocate of digital impressions, I chose to follow a digital workflow.

The provisional BioTemps bridge offers these important advantages in this case: 1) Trial smile: Patients get a “trial” of the new contours. Any modifications to length or contour can be made chairside, avoiding costly remakes and unhappy patients. 2) Long-term feasibility: Because of the complexity of this case, full treatment will take well over 12 months. An acrylic provisional fabricated chairside simply won’t hold up this long. 3) Removability: For implant surgery, the specialist will need the ability to remove and re-cement the provisional with relative ease.

HIMMAN BOOTH NO. 1825

Fig. 1: Preoperative photograph of the patient’s existing longspan PFM bridge. Note the bulky and gray margins, unesthetic contours and “patch” composites used to repair areas of chipped porcelain.

Pros: A4

ways to enhance the program, and for the first time this year, hygienists could nominate themselves for the honor.

Nominations could also be submitted by dentists, fellow hygienists, dental assistants, professional colleagues and colleagues conveying why their nominee is a Pro in the Profession. Additionally, Crest + Oral-B has been at dental conventions throughout the year where applications could be submitted, though nominations were primarily collected via the Crest + Oral-B for Dental Professionals Facebook page.

To be considered for the program, nominees had to meet the following criteria:

1) RDHs with examples of work that goes above and beyond the call of duty 2) RDHs who participate in community service 3) RDHs with samples of work that goes above and beyond the call of duty 4) RDHs with samples of work that goes above and beyond the call of duty

The necks of teeth #7 to #10 will need to be adjusted after surgery to remove any pressure to the surgical sites. BioTemps are easily adjusted.

Surgical assistance: The contours and esthetics of the BioTemps will serve as a “guide” to the surgeon for grafting and placement of the implants.

As this case illustrates, digital impressions are not just limited to final restorations, and certainly not just to single units. It’s time for you to take a closer look at digital restorative technologies and see how they can benefit your practice and your patients.

About the author

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