We live in a world where technology is evolving almost faster than we can keep up with it. We have digital radiographs, digital panoramic radiography, CBCT, CAD/CAM, intra-oral scanning, stereolithography and 3D printing, guided surgery with static and dynamic navigation, robotic navigation and surgery, and artificial intelligence making their mark within the dental arena. Computers are gaining speed and incredibly fast graphics processing power, yielding improved displays of dizzying resolution. We have 50+ MP cameras in our cell phones and Apple’s newest generation iPhone 11 even has three cameras! The Internet is everywhere with Wi-Fi access at faster and faster speeds to send our data around the globe in fractions of a second, allowing us to video-chat instantaneously via our smart watches, phones, tablets and computers.

Regardless of the technology, it will continue to evolve and become an integral part of society. In our niche of dentistry, we have every reason to embrace technological advances because these can enhance our approach to conventional treatment while helping to provide alternatives to treatment modalities that should impact our patient’s quality of life. However, there are problems with racing to keep up with the fast pace of change. How do we absorb all this incredible technology? How do we implement these changes in our daily practice? Are there enough educational opportunities available to teach proper use and appreciation of the newest and boldest technologies? Do we have enough time to spend on learning?

Clearly, the advent and incorporation of 3D imaging and interactive treatment planning software has provided clinicians with new tools for improved diagnostics because we can visualise and assess patient anatomy far better that we ever could with 2D imaging modalities. The incorporation of intra-oral scanning allows clinicians to digitise the oral environment and merge this with the DICOM data from a CBCT scan, a synergy that greatly enhances the diagnostic process. We can take this information and export the data into a CAD system to virtually assess occlusion and fabricate restorations or surgical guides via milling or 3D printing. Almost every day, another device is introduced to the marketplace. The real question is not how powerful the technology is, but who is going to teach us how to use it properly and whether we can spare enough valuable time to learn. We must remember that it is not the computers that make the decisions; it is a combination of clinical experience, imagination, and utilisation of technology that aids us all in making educated decisions for our patients.

The purpose of our CAD/CAM magazine is to provide a platform for dissemination of knowledge. We greatly appreciate all the authors who put pen to paper and document their work for inclusion in one of our issues, and of course all our readers who take the time to read and digest the wonderful work that is shared in each issue. Knowledge is one of the most important keys to success and we need to make the necessary time to keep up with progress.

Dr Scott D. Ganz
Editor-in-Chief