NobelClinician is the key to successful treatment outcomes

Precise implant planning + effective visual communication = satisfied patients

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Treatment planning has always been an integral step in dental implant treatment. The old adage, “Failing to plan is planning to fail” is especially true in implant dentistry where there are so many factors to consider. While the extent of planning is left to the discretion of the clinician, modern technology has made it easier and safer than ever to give patients the highest-quality care. Examining a patient’s clinical situation and planning the locations where implants will need to be placed is only one aspect of the preliminary work we do in implant dentistry. The individual patient’s needs, wishes and expectations are important considerations as well, and add to the complexity of a case.

Gaining an understanding of the full picture of any given case is essential for helping the patient better understand the extent of the treatment, as well as ensuring a successful treatment outcome.
Planning in three dimensions

Various methods exist for better visualising the unseen factors hidden behind tissue and in the bone. Panorex model-based planning is one option. Tracing relevant anatomical pictures with a pen on a transparent paper is another. One could also select the appropriate length of the intended implant system through transparent “radiographic guides” (transparent slides containing the outlines of the implant system).

However, my preferred method is using 3-D X-ray datasets in combination with dedicated planning software.

For select cases, I began using the planning and guided surgery options that became available with the original launch of the NobelGuide treatment concept in 2005.

Already satisfied with the treatment predictability I had grown to expect with NobelGuide, the 2011 launch of the diagnostics and treatment planning NobelClinician Software took me a step further.

Now I can follow a complete and effective workflow that can turn my treatment plan into reality as it anticipates and defines the future prosthetic restoration.

As a Mac (Apple Inc.) user, I was very pleased to find that this stand-alone software was available for OS X as well as in a Windows version.

In addition to the enhanced diagnostics and planning features, the new treatment team collaboration options have proved very helpful for ensuring successful patient outcomes.

Through NobelConnect, I am now able to safely upload and access my stored plans online using any of my Mac computers (Apple Inc.)—whether I’m using my big office desktop or a laptop while travelling.

Now my primary source

The latest update to NobelClinician provides even more precise implant planning options, and is a very effective visual communication tool when I want to discuss treatment choices with patients. The new volume rendering feature gives me the capability to generate very realistic 3-D models of the patient’s anatomy, without the need of a sometimes time-consuming CT conversion step.

Instead, the volume rendering feature gives me a fast overview of the patient’s anatomy, including pre-existing metal objects—such as previously placed implants or screws and osteosynthesis plates from trauma interventions. Volume rendering helps me to use NobelClinician as my primary source for X-ray based patient diagnostics.

Fig. 2 Planning: Visualize the patient’s anatomy and prosthetic needs in order to ensure optimal implant selection and positioning. Easily accessible, intuitive tools make this process a rewarding and secure exercise.

Fig. 3 Clinically relevant reports: Plan with NobelClinician Software, and you can generate structured reports immediately for documentation and to use during surgery. With integrated NobelConnect functionality, you can share your treatment plans with your partners.

Fig. 4 Communication: Present and communicate the treatment plan to your patients with NobelClinician Communicator, the new iPad application available in the App Store.
There’s an application for that

I am also very impressed with the quality of the automatic report. It includes relevant information for my entire treatment team.

Additionally, the new version allows me to import and review clinical pictures and other digital images, periapical X-rays, for instance, or panorex data, if relevant to the case.

One exciting new feature that is a part of the latest update is not actually so much a software upgrade as an application. Available via the Apple App Store, the new NobelClinician Communicator iPad (Apple Inc.) application gives me a convenient option to comfortably present the treatment plan to my patient in virtually any setting.

It makes it easy for me to flip through important clinical pictures, X-rays or other images to help my patient better understand the treatment plan. Additionally, I can securely store the presentation on the NobelConnect online space, ensuring no information will be lost.

Keeping prosthetic options at your fingertips is a key aspect of the NobelGuide treatment concept. It is fascinating that I can now plan my implants very predictably and prepare the provisional restoration—even before surgery—for finalisation in the patient’s mouth once guided surgery has been completed.

The stents are impressively accurate because I use the calibration object to calibrate the workflow, beginning with my own CBCT. This results in surgical templates that fit very accurately.

I am very excited about the new developments in this area, especially focusing on partially dentate patients.

NobelClinician provides me and my staff not only with the big picture, but with the full picture. For us this means better planning, more effective communication and collaboration tools that we can trust. We can even order the products needed for the specific surgery directly online! In fact, all Nobel Biocare components are available through the software, regardless if guided surgery is being implemented or not.

I depend on NobelClinician to treat my patients better than ever before._

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Dr Peter Wöhrlereceived his DMD degree cum laude and master of medical sciences in oral biology from the Harvard School of Dental Medicine. Additionally, he has completed advanced education programs in both prosthodontics and implant dentistry at Harvard, as well as a four-year certified dental technician program in Switzerland. While at Harvard, he worked with his mentor, Dr Paul Schnitman, on the groundbreaking concept of immediate loading with Brånemark System implants. Dr Wöhrlere is a member of the Academy of Osseointegration, the European Academy of Osseointegration, the American Academy of Esthetic Dentistry, and the American College of Prosthodontists. He is renowned as the only dentist with formal training in the interrelated fields of implant surgery, prosthodontics, and laboratory technology.

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