Opening the patient’s eyes

Dr Luc Vrielinck, an oral and maxillofacial surgeon, an expert in computer- and model-based implant planning systems, and a user of NobelClinician Communicator, explains how he walks his patients through the treatment process step by step. In this interview, he provides some valuable insight into the use of the application.

Fig. 1. Dr Luc Vrielinck has learnt from extensive experience how powerful visual information can be when communicating with a patient. NobelClinician Communicator makes it possible to consult with the patient in a relaxed setting. According to him, it serves as a natural and non-intimidating introduction to treatment planning, after which the clinician can easily start discussing success rates, potential complications and treatment alternatives.

Jim Mack, Managing Editor of Nobel Biocare News, recently posed a few questions to Dr Vrielinck, who has extensive experience using the NobelClinician Communicator iPad app to explain the entire treatment sequence to prospective implant patients.

For how long have you been using NobelClinician Software, and why do you use it?

Dr Luc Vrielinck: I have been using NobelClinician Software since it was released. The 3-D analysis of underlying bone structures and the computer simulation of implant placement add a new dimension to the practice of implant dentistry.

Having a view in all directions of the bone anatomy adds to one’s clinical knowledge and augments the experience of the clinician. While classic radiology allows us to see the bone, CBCT analysis and 3-D computer planning allow us to define and understand treatment planning. Knowing and seeing, after all, are two different things.

What has your experience been using NobelClinician as a patient communication tool?

It has always worked very well, but today I prefer to start discussions using an iPad rather than a computer screen. Although using the NobelClinician Communicator app requires a few extra preparation steps before the NobelClinician planning is ready for viewing on the iPad, it is well worth the effort. Patients are always impressed with the beautiful images and rarely hesitate to engage with these images when asking specific questions.

The NobelClinician Communicator app makes it possible for me to explain the general treatment plan to the patient and allows me to demonstrate visually the need for additional procedures, such as bone grafting and the use of membranes for augmenting the thickness of the dentoalveolar ridge. It can also help me to illustrate the need for a sinus lift, or simply depict the patient’s own bone anatomy clearly, which always facilitates a treatment planning conversation.

What changed when you began using the NobelClinician Communicator iPad app?

It serves as a natural and non-intimidating introduction to treatment planning, after which the clini-
cian can easily start discussing success rates, potential complications and treatment alternatives in order to obtain the informed consent of the patient.

The NobelClinician Communicator app provides an open invitation to discuss the treatment ahead, including treatment choices that need to be made, and makes it possible to consider much more than the type of implant to be placed.

Could you explain to us how you use the NobelClinician Communicator app to discuss the treatment plan with your patients?

Mostly, I start in a cross-sectional view (radiographic cross-sectional image) to explain the bone structure and bone volume. Next, I show a planned implant at its intended location. The virtual implant is depicted in blue and around the implant is a yellow outline (the safety zone). I describe the importance of this safety zone and use it to explain that an actual treatment can never be as precise as depicted on a screen.

I also explain—if relevant—the relation of the implant to the inferior alveolar nerve or the maxillary sinus. If the yellow zones are larger than the thickness of the bone, this can be viewed easily and provides an opening for me to explain the necessity of grafting procedures in such situations to the patient.

When the different individual implant positions are explained, I often show a 3-D bone model of the jaw to the patient, but certainly not in every case. Sometimes the 3-D CBCT images are difficult for patients to interpret, especially in partially edentulous cases.

NobelClinician can shorten treatment time and increase safety. Could you imagine working without it today?

To me, whether to use NobelClinician for a case is not in doubt. It is a natural part of the pathway leading to the treatment plan.

For my patients, the use of NobelClinician is very straightforward, and they generally understand it intuitively. Its purpose is to assess the bone volume of the patient, to see if implant treatment is possible, to evaluate whether there is a need for bone augmentation, and to determine the type of implants to be used.

This assessment results in the formulation of the treatment plan. In the practice of implant dentistry, conscientious planning is a necessity for me, like food and water.

How do your patients perceive the use of such sophisticated technology in their treatment?

I do not think our patients are surprised to see the team using an iPad these days. An iPad is used by the implantologist for explaining the treatment plan to the patient, by the dental nurse in rehearsing the treatment plan before the surgery actually starts, and by the administrative treatment co-ordinator to establish which implants and components have to be available and eventually ordered.

If a practice is up to date, well organized and professional, patients should not be surprised to see us using this technology. Rather, I think they ought to be surprised if it is not being used!

Could you explain to us why using the NobelClinician Communicator app helps you gain patient acceptance of your proposed treatment plan?

The NobelClinician Communicator app is a basic tool used to present an agglomerate of knowledge to the patient. The process may have started with a prosthetic set-up and continued with the CBCT scan and the subsequent treatment planning, but it will always end up with a final presentation of a solution to the patient, and that is where this app excels.

The app is not fancy imaging software; it is a tool used to explain the treatment to the patient. If the patient feels that one step logically follows the other to a good solution, he or she will be inclined to accept the treatment plan proposed via the app in front of him or her. But it does not stop there. The app can also be used to explain alternative treatment modalities, paving the way for informed patient consent.

To read more about the user-friendly solution for diagnostics, treatment planning and patient communication, please visit nobelbiocare.com/nobelclinician.

Editorial note: iPad is a trademark of Apple Inc.

Dr Luc Vriellinck is in private practice at Ziekenhuis Oost-Limburg (hospital) in Genk in Belgium. He works extensively with computer- and model-based implant planning systems. His special field of interest is atrophic maxillae and treatment with zygomatic and pterygoid implants, and he teaches NobelGuide training courses on a regular basis.