



With Great Technology Comes Great Responsibility

By Ash Vasanthan, DDS, MS
Associate Editor

Thinking about technology, the first statement that comes to mind is from a blog my younger brother wrote a few years ago: "I find it hard to figure out if technology drives this country up or if this country drives up the technology." I think we can agree that both parts of the statement are true.

Over the years, technology has improved so much, and become so main stream in dental offices, that more offices and more practitioners are embracing it. The HITEC (Health Information Technology act for Economic and Clinical Health) act of 2009 required all medical and dental offices to go chartless by 2015 when it was proposed. Somehow dentistry has been removed from that requirement, and now the emphasis and the deadline is for medical offices only. Nevertheless, the numbers of dental offices going chartless are on the rise.

This issue of *Nugget* has an interesting selection of articles, one of which discusses the journey of 3D imaging for maxillofacial radiology, detailing the giant strides made in the past decade. Two other articles discuss the use of digital impressions and digital models, and how this new technology has improved efficiency in the office, enhanced the patient education part and increased acceptance of

treatment by patients. One of the articles makes a case to establish some parameters for the use of Cone Beam Computed Tomography (CBCT) imaging, as many of us currently use this piece of equipment based entirely on manufacturer guidelines and not necessarily on clinical knowledge.

I believe we are in a time when we need to reassess our responsibilities, as we incorporate the newest and greatest pieces of technology in our everyday practice of dentistry.

With the incorporation of all these gadgets in our offices we are keeping up with the technological advances, however our use of them is based on manufacturer

recommendations rather than established clinical guidelines. The lack of clinical guidelines in my opinion, is not due to lack of oversight but to how new all of this technology is to dentistry. It seems to me that we are still trying to understand it before we can establish guidelines for its use. One grey zone that I feel exists with the use of CBCT scans is that, although we take them for specific purposes, we have quite a few unanswered questions: Do we have a responsibility to read the entire scan or do we just focus on the our area of interest? Are we increasing our knowledge of the maxillofacial anatomy in light of now having to read 3D images of the maxillofacial structures? Are we capable of diagnosing incidental findings in the 3D scan or are we even looking for them? Like the movie dialogue in Spiderman, "With great power, comes great responsibility." I believe we are at a time when we need to reassess our responsibilities as we incorporate the newest and greatest pieces of technology in our everyday practice of dentistry. ■

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