

# CBCT—A Clear Perspective on Implant Options

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With the growing popularity of implants, many dentists are exploring ways to add this type of procedure to their treatment options.

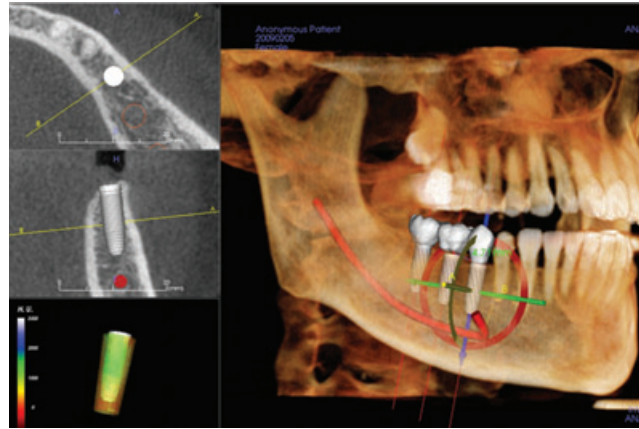
When implants are indicated, the process of determining the optimal treatment plan starts even before the details of the implant itself are considered. The opportunity to view a three-dimensional scan of my patient's anatomy before starting an implant makes me a better dentist. My i-CAT® provides me with better visualization and a clearer perspective on my options. Most importantly, CBCT gives me the ability to achieve my desired results more easily and less stressfully.

Not only do 3-D images prepare the dentist for surgery, they help the doctor educate the patient to the inevitability, and not just the possibility, for certain pre-implant necessities such as bone grafting. I can use the data garnered from cone-beam scans in conjunction with third-party software such as SimPlant®, EasyGuide™, NobelGuide™, and InVivo5™ to create precise treatment plans and surgical stents for even more accurate implant placement.

Since I've chosen an in-office scanning method, both my patients and I are able to benefit from the convenience and time-efficiency over the use of imaging centers or the higher radiation exposure of medical CT scans. I can also avoid over-exposing the patient by reducing the region of interest to capture just the area needed, especially in the case of indicated postoperative scans that allow me to verify the healing and success of procedures such as bone grafting and sinus lifts.

The "surgical view" that cone-beam imaging offers has become an integral part of my implant process. I also believe that it is important to use cone beam not so much as a "Standard of Care," but more for "Appropriateness of Care." It is our responsibility as dentists to provide appropriate treatment based on the individual's distinct lifestyle and specific dental issues. I use my cone beam to discern the best course of treatment for that particular patient, such as, whether to propose an implant or a conventional bridge.

In the case of my utilization of either 2-D or 3-D imaging for diagnosis, I make my decision on which modality is adequate



for that particular case. For example, 2-D images may yield the needed diagnostics for a simple extraction. However, if a patient presents with an impacted tooth that is in close proximity to the nerve, I would select a cone beam scan to gain the most detailed information prior to beginning treatment.

**“Determining the optimal treatment plan starts even before the details of the implant itself are considered.”**

In the 5 years I have had my i-CAT, I've observed the many ways that it has improved my practice. Cone beam technology takes the “unforeseen” out of surgery, and allows me to verify that I've accomplished my surgical objectives. Three-dimensional imaging provides more opportunities to enrich the dental experience for both the dentist and the patient by providing more information, more confidence, and more options for dental care.

*Dr. Rosenlicht is an Oral and Maxillofacial Surgeon and president of the American College of Oral and Maxillofacial Surgeons (ACOMS) and the American Academy of Implant Dentistry (AAID). He is a Diplomat of The American Board of Oral and Maxillofacial Surgery (ABOMS) and The American Board of Implant Dentistry (non-specialty Board). Over his 30 years in dentistry, he has developed techniques for bone grafting, immediate impressions for implants, and prosthetic applications for immediate and delayed restorations. He has authored numerous articles, is published in five textbooks, and has developed and patented the “Fixture Mount Transfer” commonly used in a variety of dental implants. Dr. Rosenlicht currently practices in Manchester, CT, and can be contacted through [www.jawfixers.com](http://www.jawfixers.com).*