Enhancing ‘clinical competency’ with CBCT

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There is no better time to be a dentist than the present, but gone are the days of simply being on the insurance list and having a line of patients ready to be treated. With the ever-increasing downward pressure on fees from insurance companies to the increasing competition from group practices, the private practice must innovate to thrive.

In my 16 years of practice, nothing has helped grow my practice like 3-D CBCT imaging. One of the most common questions I get is, "What exactly are the economics of owning 3-D CBCT and what can it do for my practice?"

Let’s start with the first step: purchasing a machine. There are literally dozens of options available ranging in cost from $75,000 to $180,000. The cost depends on the brand and capabilities of the machine, but is also driven largely by the "field of view” (FOV). For simplicity, let’s define our terms as follows:

(A) Small FOV: Capturing a single jaw or segment of the jaws
(B) Medium FOV: Typically the same area as a panorex
(C) Large FOV: Capturing nearly the entire skull

In my practice, we are using the Orthophos SL (ORTHOPHOS SL, Sirona Dental Inc.). It is a medium field of view that is capable of imaging in both 2-D and 3-D. In the 3-D mode you can choose between 5cm x 5cm, 8cm x 8cm, and 11cm x 11cm FOVs. In the 2-D mode we take traditional panorex as well as extraoral bitewings.

Cone beam 3-D imaging literally has endless capabilities, but for this column I’d like to narrow my focus to implant dentistry.

Implant dentistry is one of the fastest (if not the fastest) growth segments in dentistry. By all accounts, we know that implant dentistry is expected to greatly expand in the coming years. It’s also common knowledge that almost all implants restored at present are one to two units, and that patients are looking for more convenient treatment methods. This is a recipe for general dentists to play a much bigger role in implant dentistry, and 3-D imaging can help play a major role in making you, your dental team, and your patients more confident in realizing the potential of implant dentistry.

Let’s start with the economics of getting started in implantology. On a basic level, you need to have an implant motor, surgical kit, and dental implants. The typical startup package costs between $5,000 and $10,000, depending on which system you choose. For this column, let’s assume you will invest in a medium field of view CBCT around $120,000. This makes your total startup cost approximately $130,000 or about $2,500 per month on a five-year loan.

For many, this can seem like a daunting number. It may scare you away from getting in the game. But take a closer look at the statistics and you will quickly realize the potential.

Let’s begin with a common fear: Where will the patients come from? In the US, approximately 61 implants are placed for every 10,000 people. If the... Continued on p. 113
TOTAL VISIBILITY FOR THE TOTAL PATIENT EXPERIENCE

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honestly knew it was the right thing to do and
I wanted to bring a unit to our practice. I told
my dealer representative that I was ready to
look at options.

I chose the OP300 Maxio for several reasons:
We'd already been working with an OP100, so
I had experience with Instrumentarium Dental,
and it had worked well for us. The ease of use
was also a big factor in my decision. We have
a relatively large staff of 25 to 30 people, all of
whom required training on the system. The
OP300 Maxio is easy to use, offers an intuitive
user interface with fewer settings, and delivers
outstanding images. We couldn't find all these
qualities in other brands.

Last, but certainly not least, was the Auto-
mated Dose Control product feature, which
allows patient-specific exposure settings to be
obtained automatically, providing me with the
best image available at the optimum radiation
dose to the patient. Questions about radiation
come up pretty often, and we can confidently
say we're using the optimized dose for the right
image quality for each patient.

The intuitive graphical user interface (GUI) makes using
features such as Automatic Dose Control as easy as pressing a button.

Now that we have the OP300 Maxio in our
practice, it has immensely changed our workflow
from a diagnostic standpoint. We waste
less time and patients receive what we feel is
the best care possible thanks to cone beam
3-D imaging. Questionable teeth (Is there a
bone fracture? Bone loss?) are no longer ques-
tions. We see what we couldn't see before.

because of it, my treatment planning is more
thorough and efficient and outcomes more
predictable. It is also obvious to patients why
the treatment is necessary; getting patients to
agree to my recommended treatment is sig-
nificantly easier once they've seen the cone beam: 3-D image and I share my findings.

Finally, I would add that patients who have
received a cone beam 3-D scan for implant or
endodontic treatment would likely be disap-
pointed if their next doctor didn't use this
technology. They've come to expect it as a
standard of care.

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