



Dental Innovations Bendigo goes E4D

An interview with Dr Graham Robertson about becoming an E4D Practitioner

Q *Congratulations on becoming an E4D Practitioner. Since incorporating E4D Dentist into your office, has it changed the way you practice?*

A Yes! It has given me the ability to treat extensively damaged teeth in a much more conservative fashion.

Q *What influenced you to get involved with CAD/CAM dentistry and ultimately choose E4D?*

A I've always believed in investing in the practice. New technology has always interested me and with the development of a CAD/CAM system with easy to use software, the apprehension was removed. Equally, being a country dentist, some of my patients travel 2 hours for an appointment. Removing the need for a second visit saves not only my time but also their's.

Q *What has CAD/CAM dentistry done for you or your practice that you didn't expect?*

A Initially I thought E4D would be utilised mainly in the posterior regions. With experience however, I've also found that the aesthetics are great whether using empress of eMAX and are highly suitable for anterior cosmetic cases. Simultaneous design and the Ivoclar materials allow me to tackle full anterior cases in a day.

Q *How have patients reacted to the new technology and Same Day Dentistry?*

A Patients love the WOW factor, they are amazed looking at the cart and how their tooth can be replicated in real time.

Q *What unique features of the system are your favourites?*

A The Rubber Tooth tool, it allows you to manipulate any part of the tooth and move it around like plasticine.

Q *What do you think of features such as SOS? How has it helped you?*

A SOS is a great a feature, however I have not really had the need to use it. The steps required to achieve an aesthetic restoration are simple.

Q *How else has the E4D system affected your practice?*

A I have significantly modified my designs for full and partial coverage crowns. Gone are the days of the "pencil-sharpener" preps which are so destructive to the tooth. In fact, I rarely do full crowns preps any more, generally all I need to do is remove the fractured or carious tooth structure, block out any undercuts and thats the prep. As a result, I would expect more teeth to remain vital and for all restorations to last longer due to the preserved tooth structure. It's like the transition from the "dinosaur" days of posterior amalgams to today's use of properly designed and placed composites. If you are confident in your ability to bond, almost anything

is possible. As an example, a patient presented with a fractured 16. An old MOD amalgam had fractured and both the buccal and palatal walls had gone with it. All that remained was a 1mm stump of tooth. The tooth was vital, non-carious, and had a rim of enamel. Using E4D, I fabricated an empress crown and bonded the crown to the stump. Total clinical time was 60 minutes and the tooth remains vital and fully functional and we saved the patient from an elective endo/post/core and PFM, saving considerable time and money. She was very happy with the outcome.

Q *What did you take away from E4D training that you have found most helpful in merging the E4D into your daily routine?*

A The training consisted of a group of practitioners already involved in CAD/CAM. The exchange of ideas and techniques from "wet-fingered" dentists, tips on staining and glazing and practical everyday problems and solutions inspired me to become even more creative.

Q *Do you have any advice to offer others dentists considering CAD/CAM?*

A CAD/CAM is a must for an evolving practice. The fear of change should be removed, the excitement of new technology embraced. As technology develops, the integration of 3D into the CAD/CAM interface will see implant cases managed differently and clinical requirements meet.