Holland Bloorview ITI Education Week, 2013

International Team for Implantology

CAD / CAM Technology for Implant Abutments, Crowns and Superstructures

Asbjørn Jokstad

University of Toronto, Canada

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Computer- aid/-assist usage in dentistry

Engineering & Production

CA design "CAD"

CA drafting

CA engineering

CA manufacturing "CAM"

CA quality management

CA maintenance

Health Care provision

CA (oral diseases) detection

CA diagnosis (expert system)

CA radiography

CA (dynamic/static) surgery

Teaching

CA instruction

CA learning

CA assessment

examples

Communication

CA personal interviewing

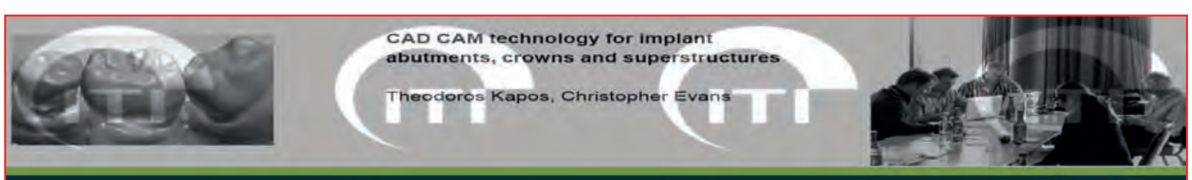
CA telephone interviewing

CA reporting

Dental Clinic

CA (i.active) shade-matching

CA (i.active) treatment planning



The 5th ITI Consensus Conference, Bern 2013

Microprocessor performance

Clock speed (MHz)

<1	1971	Intel4004/ Texas Instrument TMS100
1	1974	Motorola/Intel8008/ZilogZ80 8bit.Cp/M (Commodore 64, Apple II)
4.77	1976/8	Intel 8086 16bit; (Compaq, IBM PC); Intel 8088 (IBM (1981))
8	1978	Motorola 68000 (Macintosh128k, Amiga1000)
6 – 25	1982-85	Intel 80286 DOS(1981); (IBM-AT (1984))
12 – 40	1985-90	Intel 80386 32bit; Motorola 68040 (Macintosh, Amiga, NeXT))
20 – 100	1989-94	Intel i486; Cyrix
	1993-95	Intel Pentium, Pentium MMX → Pentium Pro
110	1994	IBM PowerPC 601 (Power Macintosh 8100)
133	1996	AMD K5
500	1997	IBM PowerPC 750 (iMac)

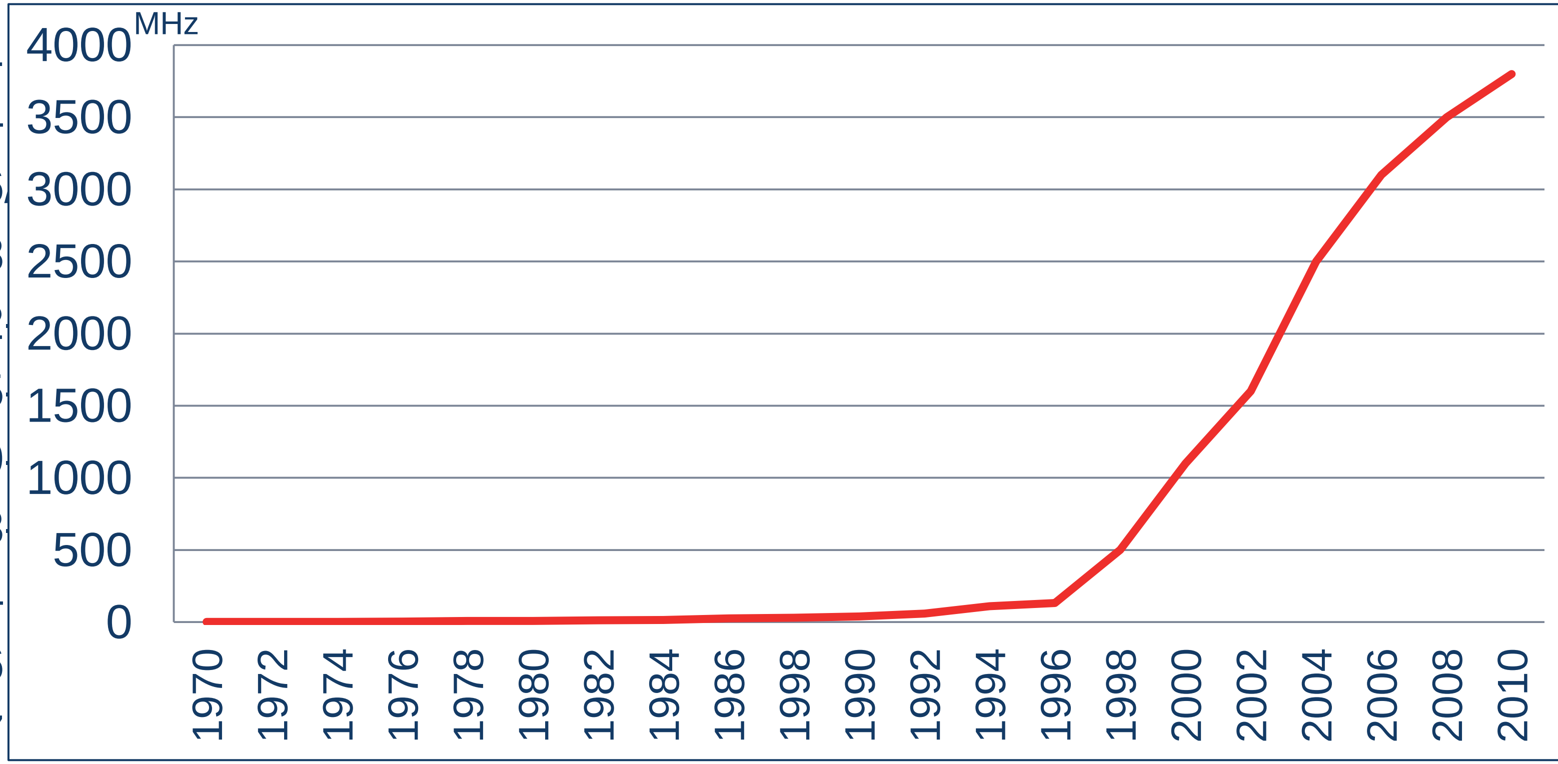




From: http://www.old-computers.com/museum

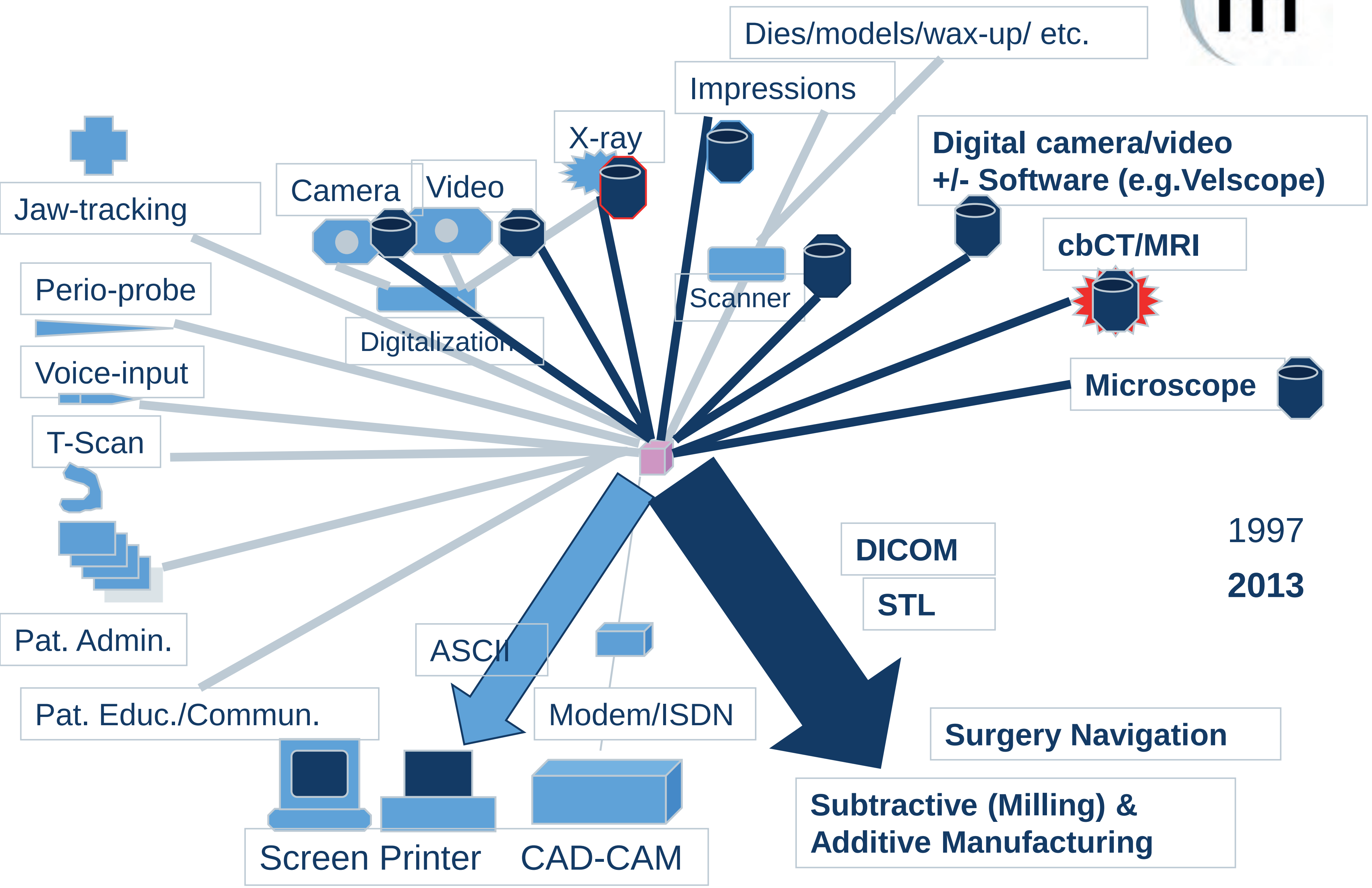
Microprocessor performance

(The clock rate is no longer considered as a reliable benchmark since there are different instruction set architectures & different microarchitectures – MIPS more common today)

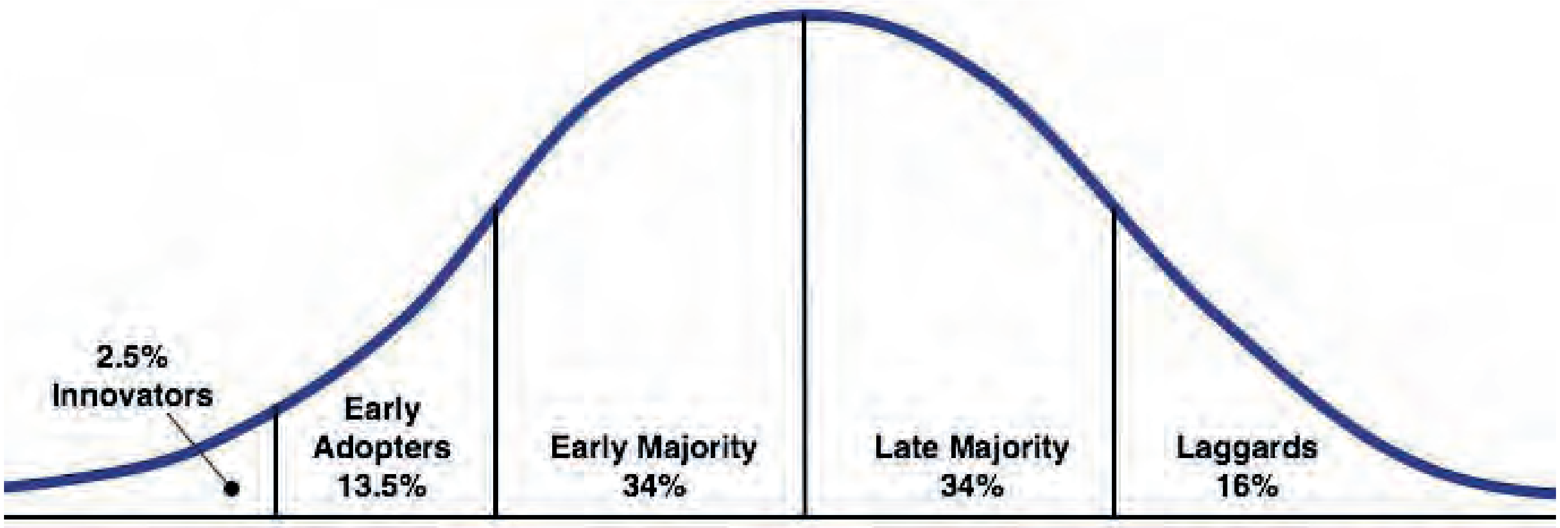


<1	1971	
1	1974	
4.77	1976	
8	1978	
6 – 25	1982	
12 – 40	1985	
20 – 100	1989	
	1993	
110	1994	
133	1996	
500	1997	
0.6→1400	1997-2002	Intel Pentium III (Celeron/Zeon)
0.8→3000	2001	IBM PowerPC950 (PowerPC G5)
1.3→3800	2000-2008	Intel Pentium 4 (Pentium M/D)
1→3000	2003	AMD Athlon 64 → 64X2
3300	2011	Intel Core i7

Microprosessor use in the dental clinic



The diffusion of innovations



- People have different levels of readiness for adopting new innovations

- Clinicians can be classified into five groups

- The characteristics of a product affect overall adoption.

Everett Rogers (1962)

CAD CAM technology for implant abutments, crowns and superstructures

Theodoros Kapos, Christopher Evans

ITI Consensus Statements and Recommended Clinical Procedures

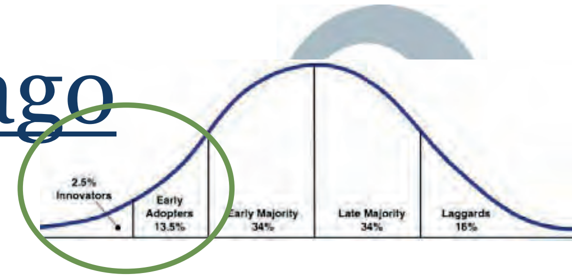
The 5th ITI Consensus Conference Bern 2013

1 & 2 / 6

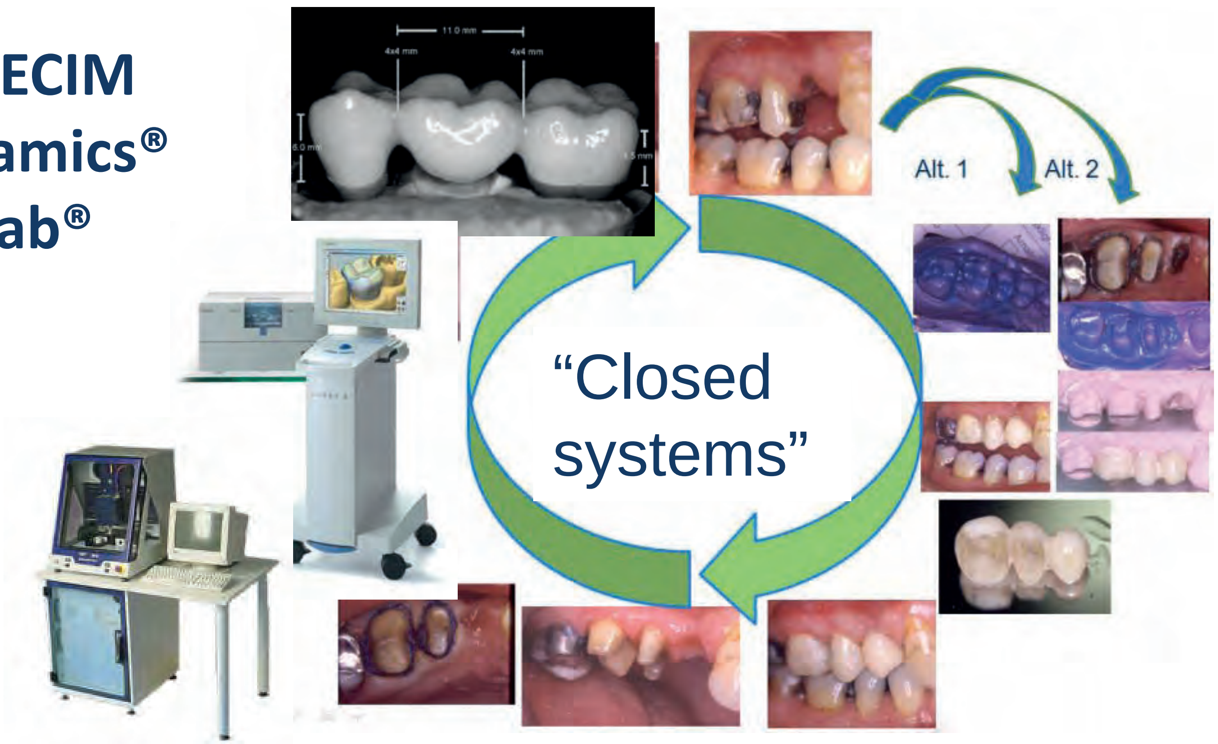
There is continuous industry controlled development in CAD/CAM devices, techniques and materials. The dentist and technician should be aware that product hardware and software, as well as support, will change with generational advances.

The implementation of CAD/CAM technologies should lead to acceptable clinical outcomes.

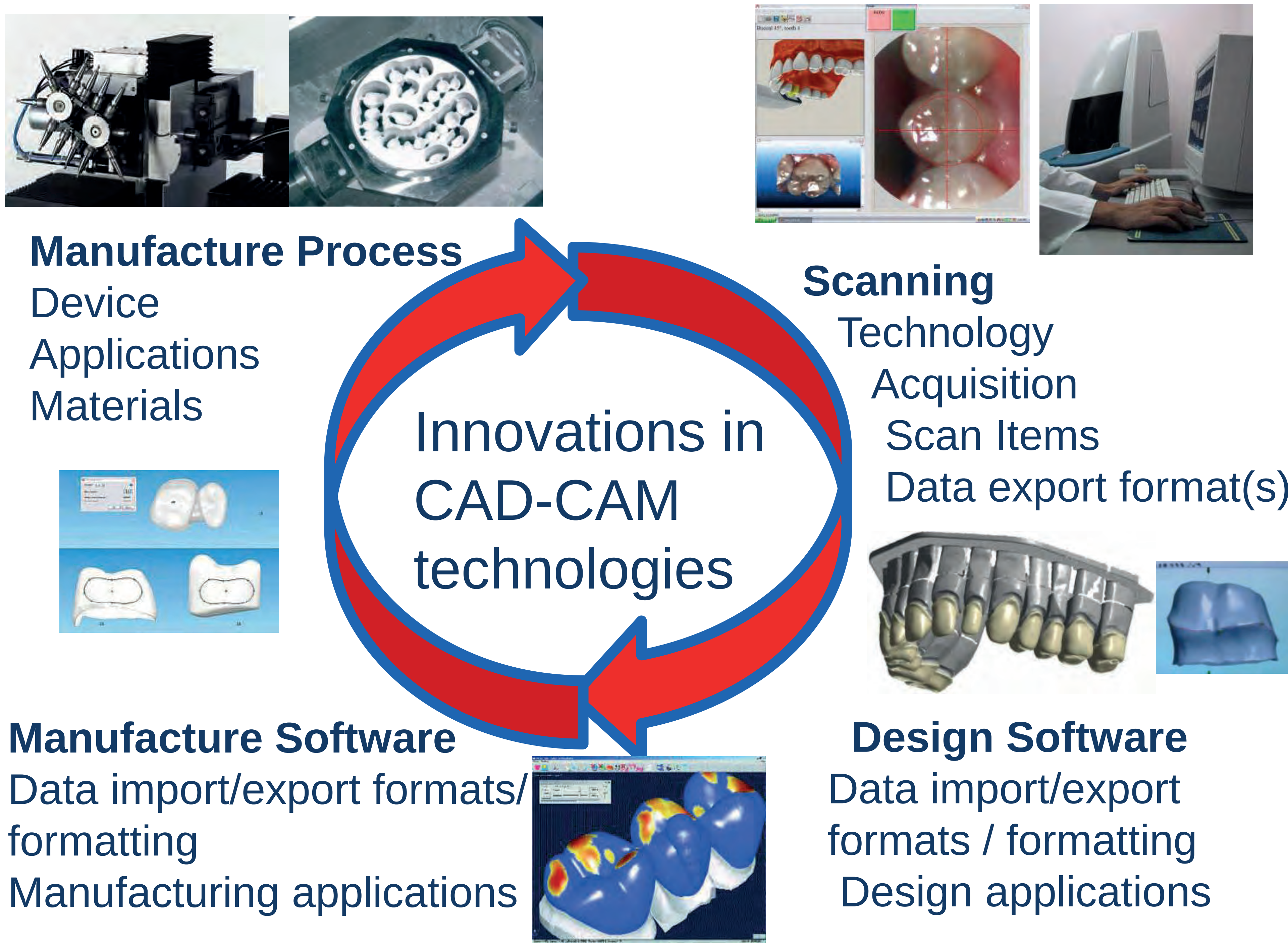
The early adopters ~10 years ago



cad-esthetics® /DECIM
Cercon smart ceramics®
Cerec® 1→3 / InLab®
DCS Precident®
Digident®
KaVo Everest®
Lava® system



Compact unit: Digital acquisition → Design-software → Manufacturer-software → CNC-Milling , generally an Al_2O_3 -ceramic

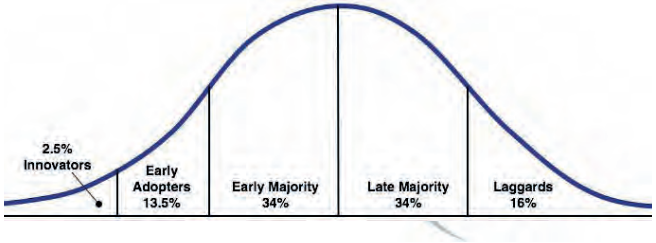

Manufacture Process
Device
Applications
Materials
Scanning
Technology
Acquisition
Scan Items
Data export format(s)
Innovations in CAD-CAM technologies
Manufacture Software
Data import/export formats/ formatting
Manufacturing applications
Design Software
Data import/export formats / formatting
Design applications

ITI Consensus Statements and Recommended Clinical Procedures

The 5th ITI Consensus Conference Bern 2013

#3 / 6

Continuous training for both the restorative dentist and technician is essential to successfully implement CAD/CAM techniques for the restoration of dental implants.



← ? →

INNOVATIONS IN SCANNING DEVICES

Intra oral scanning

CEREC BlueCam / AC

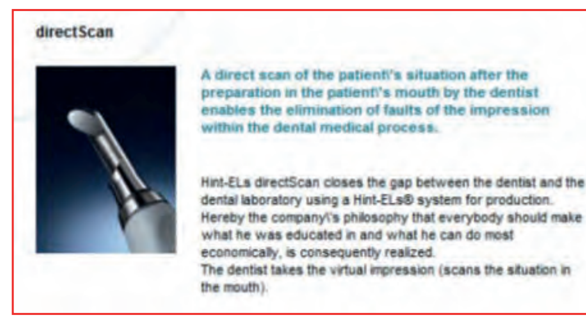
LAVA COS
(2008)

Cadent Itero
(2006)

Laser Triangulation

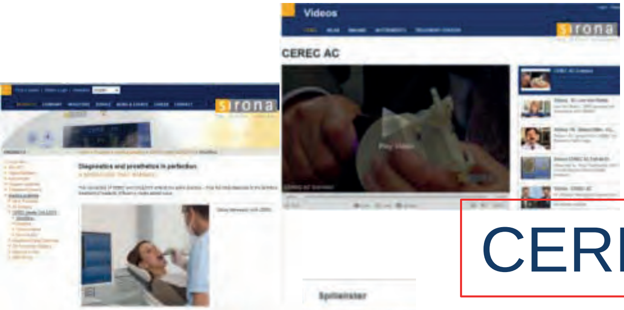
Confocal light

Per 2010;
4 systems
(+E4D)



Hint-Els GmbH (2009)

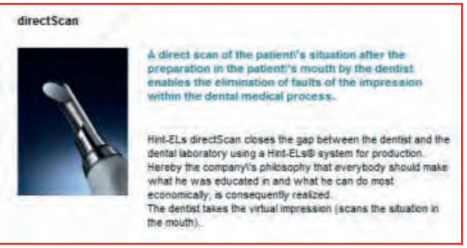
Intra oral scanning



CEREC

LAVA COS

Cadent Itero



Hint-Els GmbH

Per 2010/2011: 4 additional systems introduced

Densys3D: MIA3d

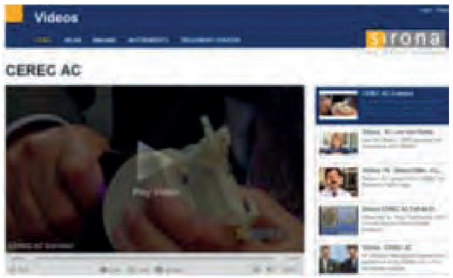
Intellidenta/ Clõn3D: IODIS

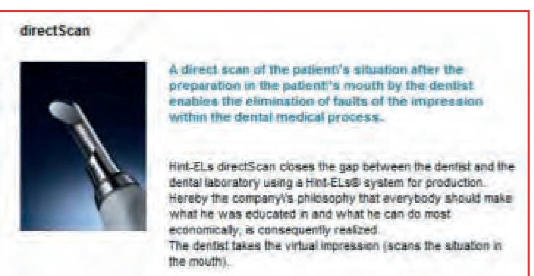
MHT: Cyrtina/3DProgress

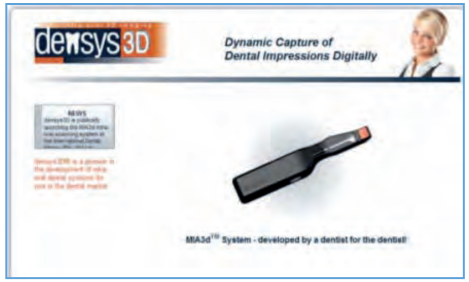
3Shape: TRIOS /(Dentaswiss)

Intra oral scanning

Per 2012: 3 additional systems introduced



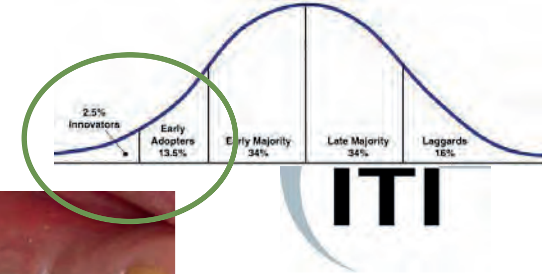




Zfx / Intrascan

Bluescan /a.tron3D

IOS: Fastscan



Digital Impression with the Itero device of Straumann Implants

(Lab. photos: Slawek Bilko, RDT)

Scanning - Parameters

Technology

Optical-white light

Optical-blue light

Optical-stripe light

Optical-laser/video

Optical-laser-triangulate

Optical-laser-confocal

Mechanico-electric (laser-adjusted)

Conoscopic Holography

Acquisition

Intra-oral

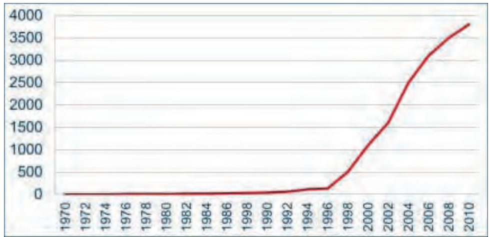
Extra-oral

Intra-& extra-oral

Scan export format

Open format (STL, DICOM)

Closed



Scan Items

Antagonist

Bite registration

Die

Full arch

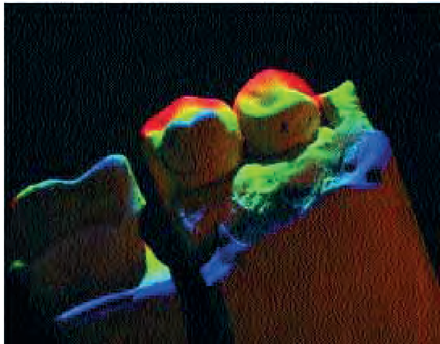
Implant Abutment

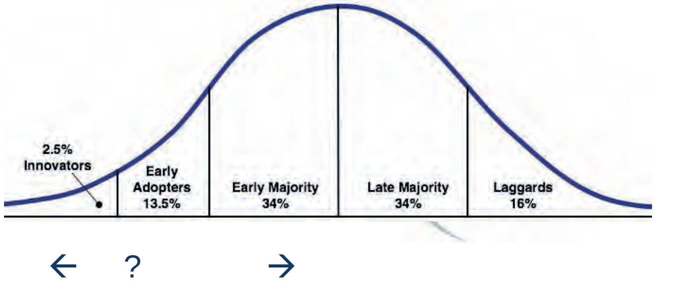
Model

Prostheses

Wax-up

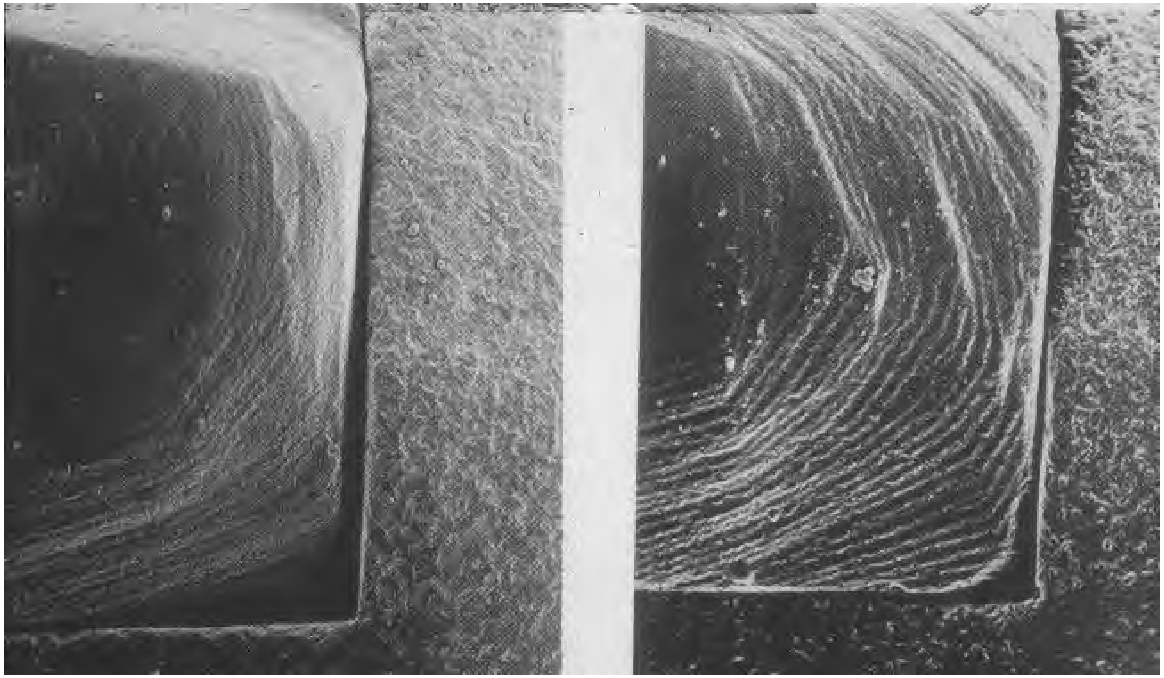
ISO-standard(?)





INNOVATIONS IN THE DESIGN & MANUFACTURER SOFTWARE

The sum of Hardware + Software Improvements



CEREC 1 (~1986)

CEREC 2 (~1992)

Design / Manufacturer Software Parameters

Import format(s)

Open

Scanner-CAD bundled (Closed)

Export format(s)

Open (e.g. STL)

CAD-CAM bundled (Closed)

Applications

Wax-ups / temporaries

Inlays / Onlays

Single-unit copings

Crowns / monolithic crowns

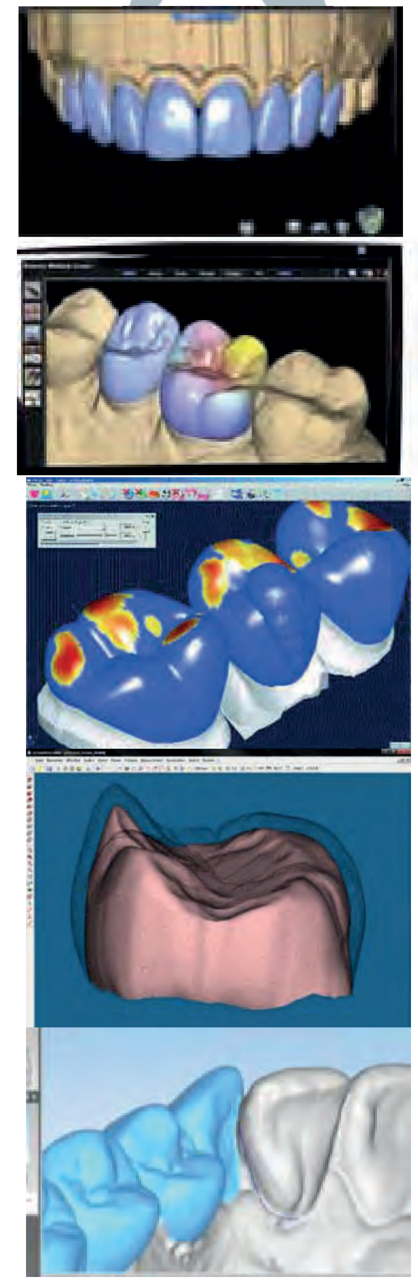
3 → 16u / 4 →7cm –FDPs

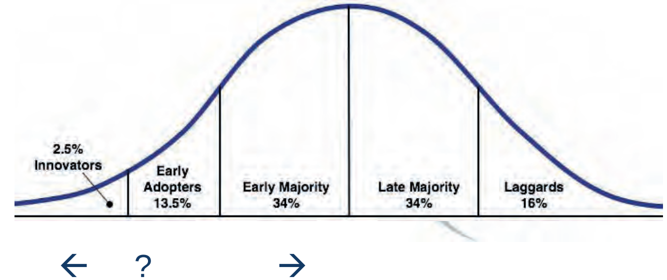
Removable Dental Prosthesis (Partial / Full)

Implant “customised” abutments

Implant meso-structures

Implant-Bars





INNOVATIONS IN ADDITIVE AND SUBTRACTIVE MANUFACTURING CONCEPTS

Manufacturing Parameters

Device - additive
3D Laser sintering
3D Printing
Device - subtractive
3/3.5/4/5/6-axis-milling

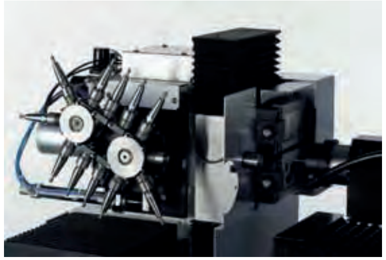
Applications
Wax-ups
In-/Onlays
Single-unit copings
Crowns
Monolithic Crowns
3 →16unit(/4 →7cm)-FDPs
Custom abutments
Implant-Bars
implant-suprastructure-Meso-structures
Partial Removable Prosthesis
Full Removable Prosthesis

Materials
Base alloys
Gold alloys
Non-precious alloys
Titanium / -alloys

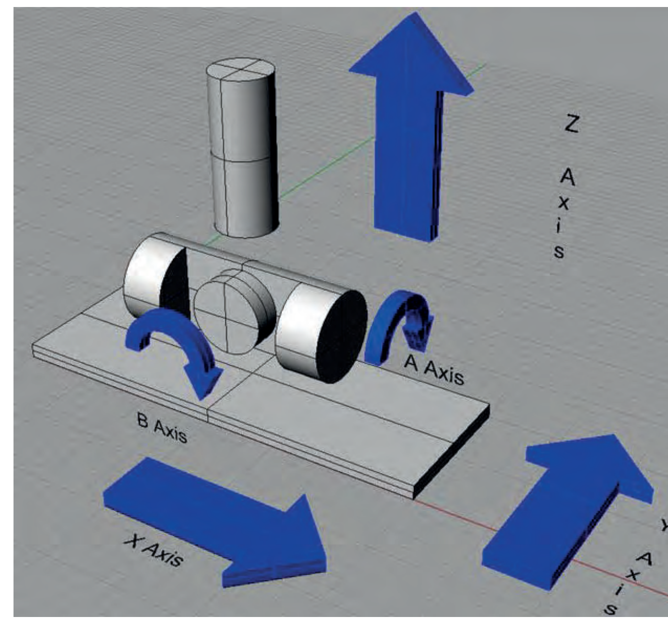
Composite resins
Cast Resins / Wax
PMMA

In-Ceram (Porous Al_2O_3)
Al_2O_3 (sintered)
Feldtspathic
$Li_2Si_2O_5$
ZrO_2 (porous/green state)
ZrO_2 (pre-sintered state)
ZrO_2 (sintered)
ZrO_2 (sintered & HIP-ed state)

with / without
Sintering-furnace



Milling in Dentistry – From 3 axes → 5 → 5+5 milling axes



Milling machines today are manually operated, mechanically automated, or digitally automated via computer numerical control (CNC) re. e.g. torques, feed-rate, nature of cutters, etc..

Software algorithm compensatation for errors introduced during milling processes

Often based on finite-element-modeling calculations

- Geometrical compensation
- Force compensation
- Thermal compensation
- Errors in the final dimensions of the machined part are determined by the accuracy with which the commanded tool trajectory is followed, combined with any deflections of the tool, parts/fixture, or machine caused by the cutting forces
- The effect of geometric errors in the machine structure is determined by the sophistication of the error compensation algorithms
- The cutting tools' trajectories are subject to performance of the axis drives and the quality of the control algorithms

ITI

Submarine's propellers

1. as thin as possible so the submarine can produce low noise
2. as strong as possible so the submarine can achieve speed

- *The accuracy of parts produced in milling is crucial in high-precision industry*
- No advanced milling technology = no possibility for production

State-of-the-art manufacturing of propellers

1. Bronze continuous/industrial casting
2. Quenching
3. Milling
4. Berillium layer on the bronze
5. Repeat milling

"Акула"

CoCom

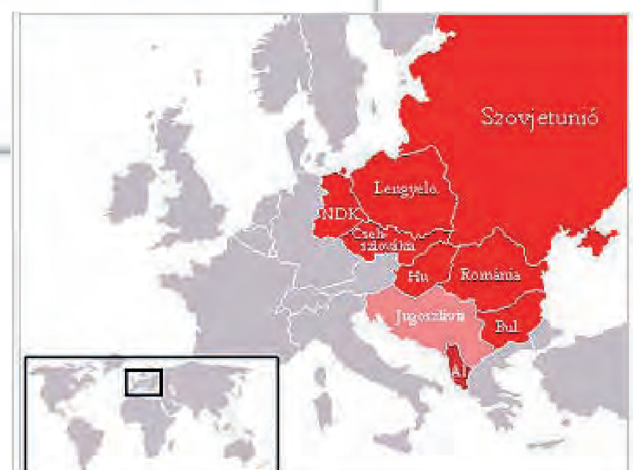
CoCom is an acronym for *Coordinating Committee for Multilateral Export Controls*. CoCom was established by Western bloc powers in the first five years[1] after the end of World War II, during the Cold War, to put an arms embargo on COMECON (Warsaw Pact) countries.

CoCom ceased to function on March 31, 1994

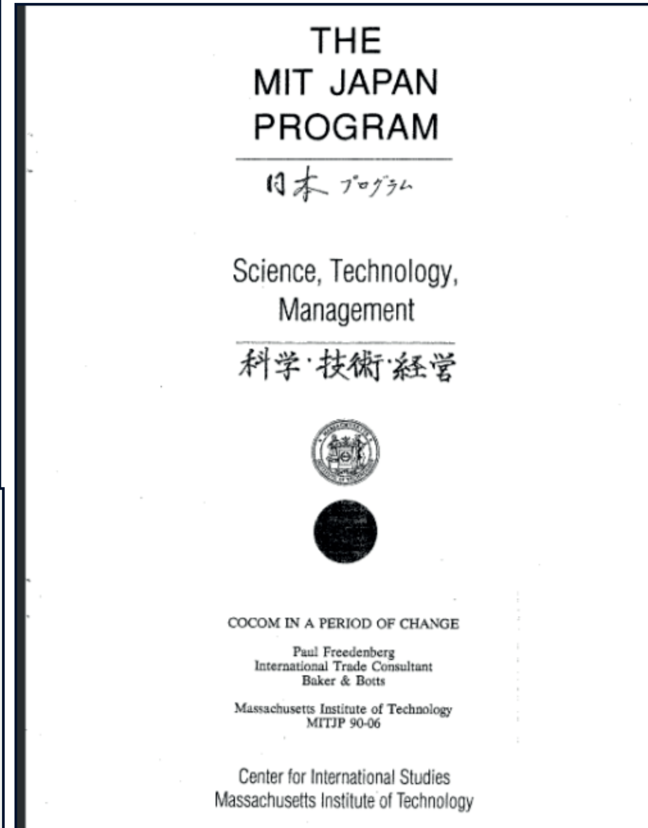
Magyar vontatkozású COCOM-listás termékek [szerkesztés]

- Informatika (A "turista importban" bejutó termékekre pedig a magyar kormány vetett ki magas vámot)
  - Hardver
    - Commodore 64
    - Ethernet hálózati eszközök (1990-ig)
    - IBM számítógépek
      - IBM PC XT és AT
        - A Magyarországra került gépeket általában alkatrészként szétszerelve hozták be, és rakták össze [7]
      - Mainframe-ek
        - 9221 Model 150 [8]
        - 5110 (BASIC és APL nyelven programozható, 8" floppy disk, 64 kB memória [9]
    - Apple Macintosh [10]
    - Digital Equipment Corporation termékek kilencven százaléka [11][12]
      - PDP, VAX (a KFKI-n visszafejtették a gép működését, ebből lett a TPA - Tárolt Programú Analizátor. Ritka esetekben a TPA átcímkézett és becsempészett PDP és VAX gépeket is jelentett)
    - Amiga
    - 4 GB-ot meghaladó kapacitású merevlemez [13]
  - Szoftver

A Commodore 64 az 1980-as évek közepén került le a COCOM-listáról



During this same period the U.S. Government was pushing its Allies to increase the resources they devoted to export licensing and enforcement. The plans for increased effort fell on deaf ears until the uncovering the now-famous sale of precision machine tools and software by Kongsberg Vaapenfabrik of Norway and the Toshiba Machine Company of Japan. In the fall of 1986, U.S. intelligence agencies discovered an on-going scheme by these two companies to supply nine-axis submarine propeller milling machines and the necessary software to the Soviet Navy propeller production facility in Leningrad--the Baltic Shipyard. The equipment included computer-aided design and computer aided manufacturing software, so-called CAD/CAM, as well as the numerical controllers from Kongsberg and the actual machine tools supplied by Toshiba Machine. The transaction began in 1981 and continued until the time of its discovery in 1986. It involved shipment and installation of the machine tools, as well as modification of the software to meet the specifications of the shipyard.



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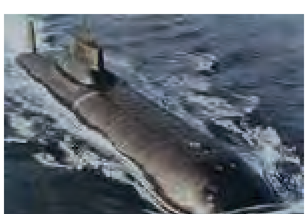
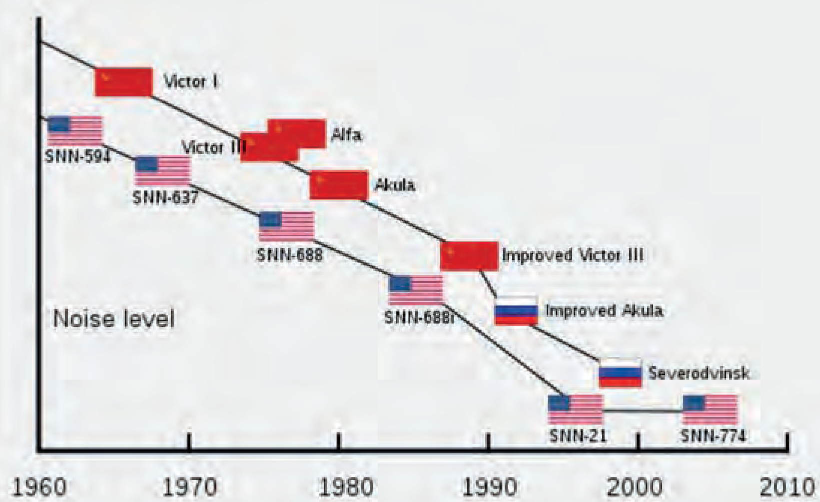
COCOM IN A PERIOD OF CHANGE

Paul Freedenberg
International Trade Consultant
Baker & Botts

Massachusetts Institute of Technology
MITJP 90-06

Center for International Studies
Massachusetts Institute of Technology





Submarine and noise level. US vs Russians

Cutters for dental (5 axis) milling

From: ZirconZahn

Additive manufacturing technologies

E.g.: 3D printing / Additive (freeform) fabrication / Layered manufacturing / Rapid prototyping/-manufacturing / Robocasting /Solid freeform fabrication (SFF)

3D geometries physically constructed directly from 3D CAD.

Process introduced in the mid-1980s. Original name was rapid prototyping since the first use was to make prototypes of parts without having to invest the time or resources to develop tooling or other traditional methods.

As the process and quality controls have evolved additive manufacturing has grown to include production applications

Comparison of solid freeform fabrications methods

Method	Accuracy (mm/mm)[6]	Maximum part size (mm)[7]	Process time (hh:mm)[8]
Fused deposition modelling	0.005	254 x 254 x 254 (Stratasys)[9]	12:39
Laminated object modeling	0.01	812 x 558 x 508 (Cubic Technologies)	11:02
Selective laser sintering	0.005	381 x 330 x 457 (3D Systems)	4:55
Solid ground curing	0.006	508 x 355 x 508 (Cubital)	11:21
Stereolithography	0.003	990 x 787 x 508 (Sony)	7:03
Robocasting	0.1 (Fab@Home)	240 x 240 X 240 (Fab@Home)	TBD

From: wikipedia.com

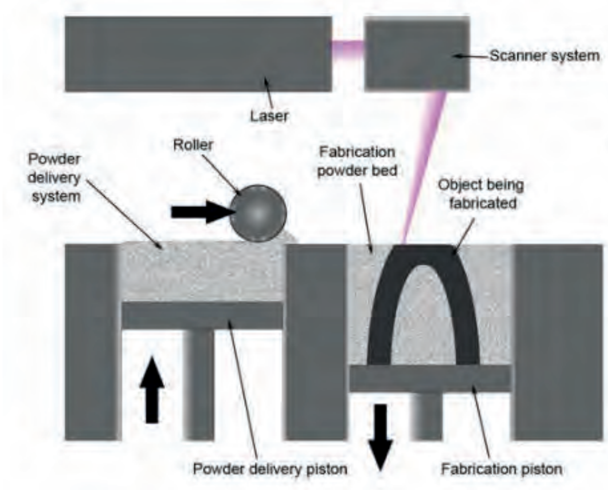
AMT: Selective Laser Sintering (SLS)

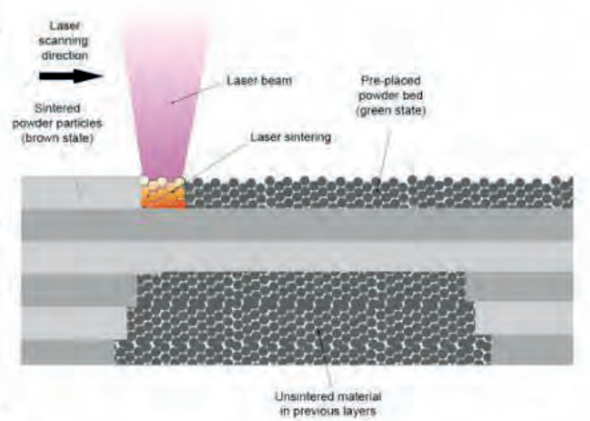
A high power laser (e.g., CO_2) fuse small particles of plastic, metal, ceramic, or glass powders into a desired 3-dimensional shape.

The laser selectively fuses powdered material by scanning cross-sections generated from a 3-D digital description of the part on the surface of a powder bed.

After each cross-section is scanned, the powder bed is lowered by one layer thickness, a new layer of material is applied on top, and the process is repeated until the part is completed.

SLS does not require support structures due to the fact that the part being constructed is surrounded by unsintered powder at all times



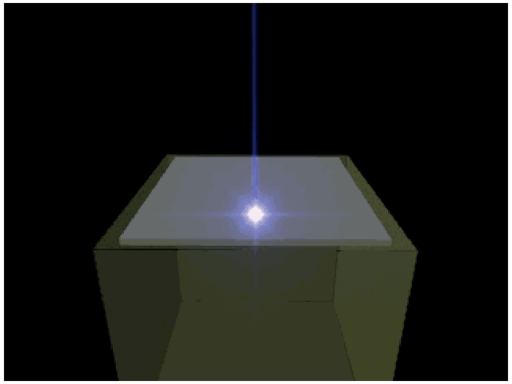


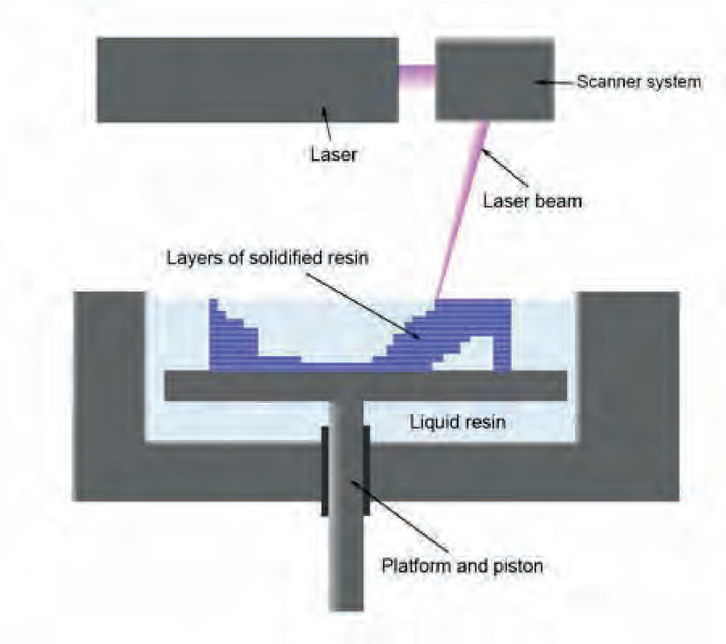
From: Traini ea Dent Mater 2008

AMT: Stereolithography (SL / SLA)

The method and apparatus make solid objects by successively "printing" thin layers of an UV-curable material one on top of the other.

The concentrated UV-light-beam focuses onto the surface of a vat filled with liquid photopolymer. The light beam draws the object onto the surface of the liquid layer by layer, causing polymerization or cross-linking to give a solid.

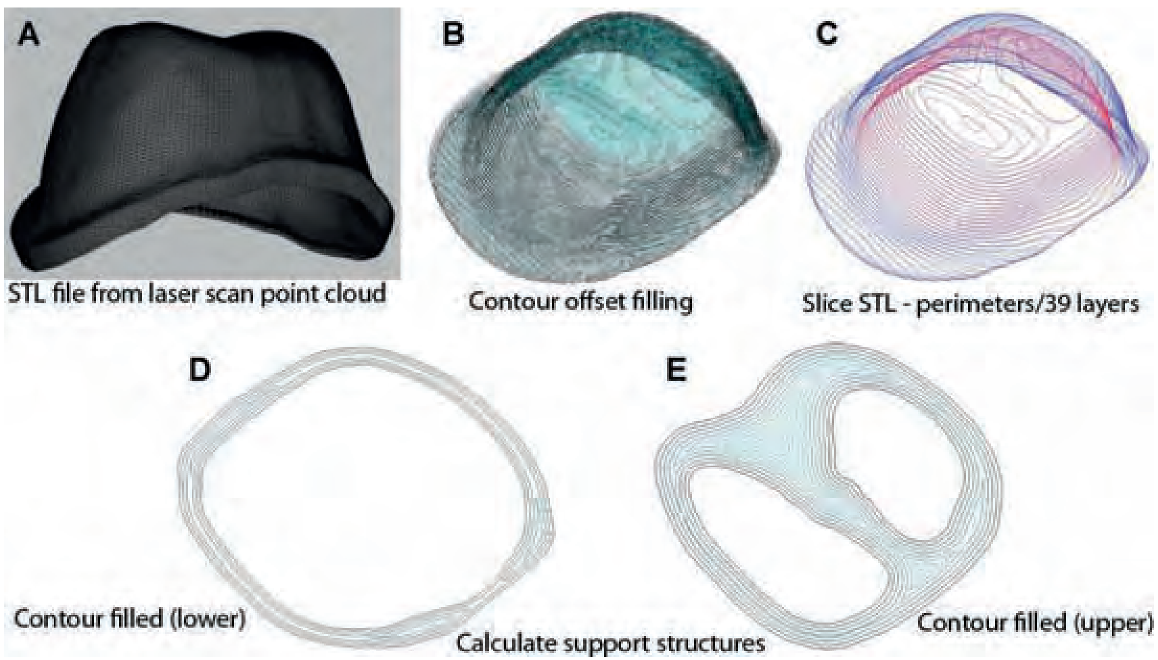


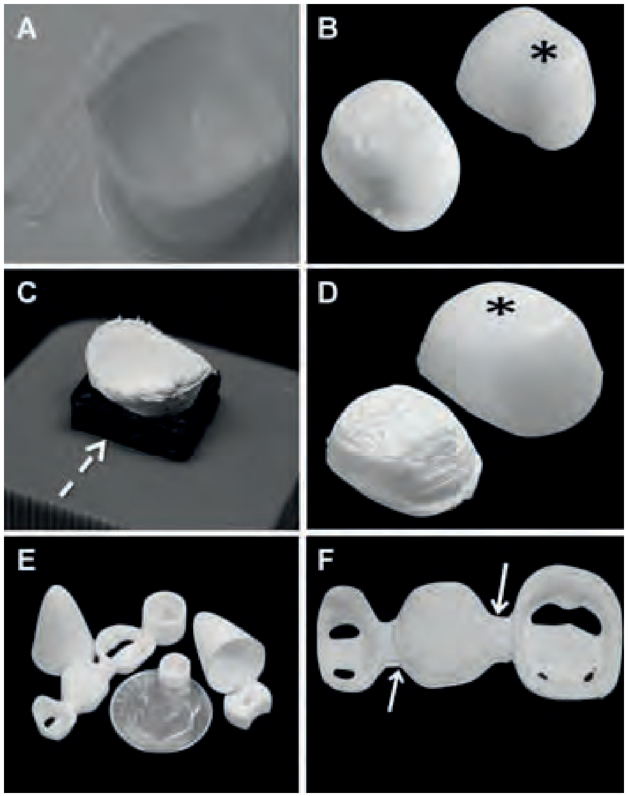


AMT: Robocasting

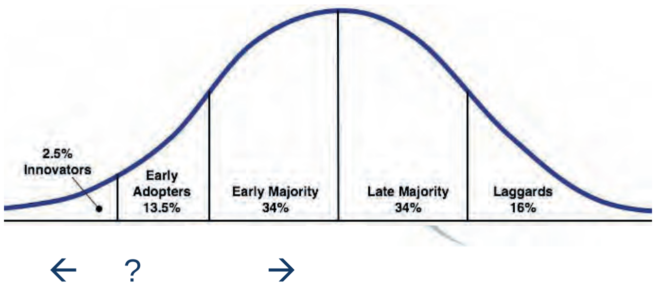
A material is deposited at room-temperature material -- in the form of a viscous gel or ceramic slurry -- from a robotically controlled syringe or extrusion head.

The material hardens or cures after deposition





From: Silva ea. NYU J Prosthodont 2011



INNOVATIONS IN RESTORATIVE MATERIALS

Zirconia milling substrates are not all alike!

		%
TZP*	ZrO_2 / Y_2O_3	95 / 5
TZP-A	ZrO_2 / Y_2O_3 / Al_2O_3	~95 / ~5 / 0.25
FSZ	ZrO_2 / Y_2O_3	90 / 10
PSZ	ZrO_2 / MgO	96.5 / 3.5
ATZ	ZrO_2 / Al_2O_3 / Y_2O_3	76 / 20 / 4

Great variations regarding:

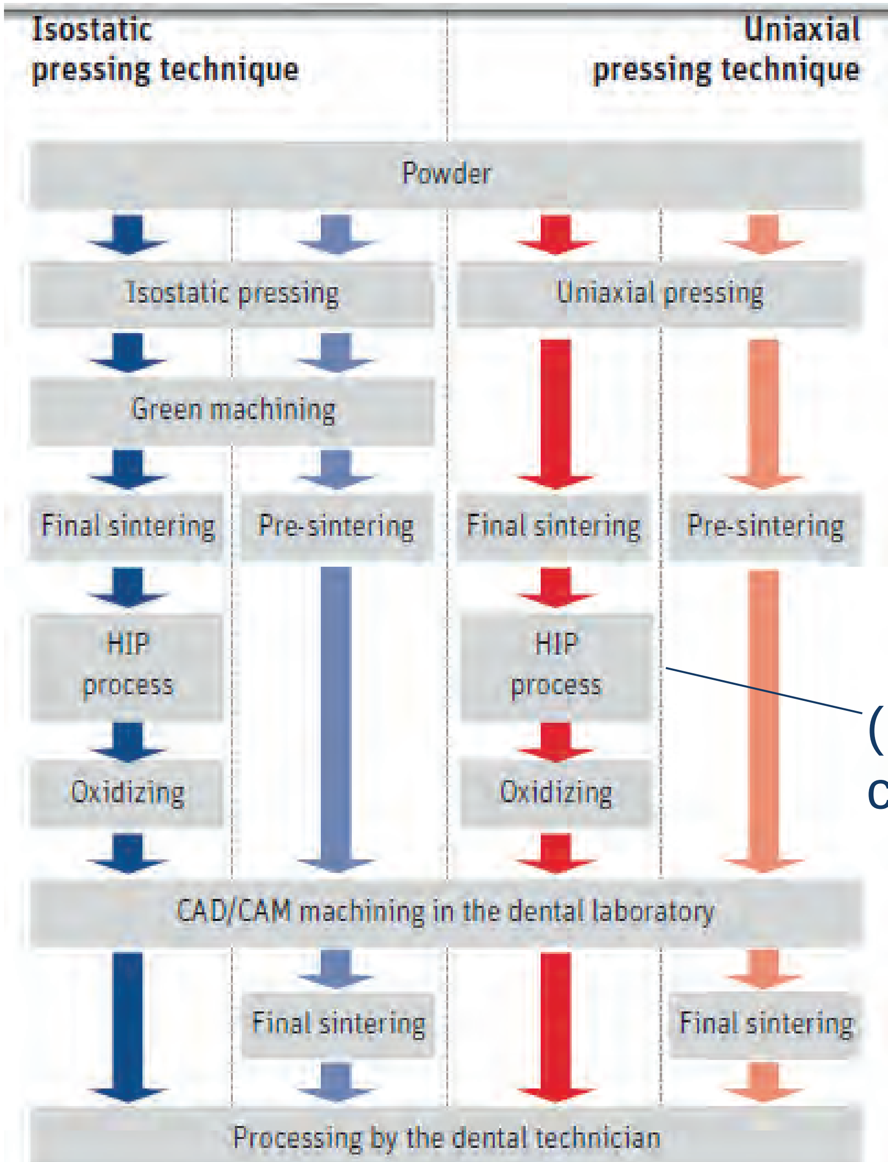
Hardness **Fracture resistance** **Grain size**
Tension strength **Elasticity module** **Opacity**
Sintering time

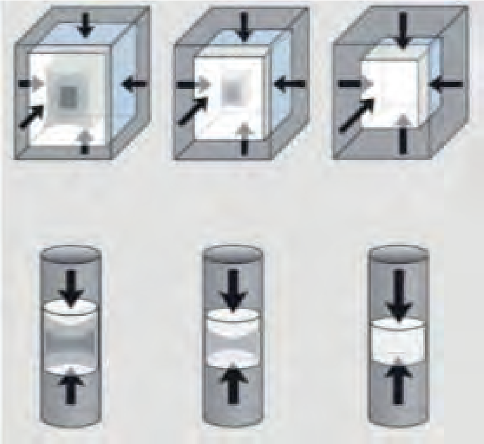
Who do you believe checks:
Veneering ceramic compatibility?
Optimal core-veneer layering thickness?

*TZP=(tetragonal zirconia polycrystals)

Zirconia milling substrates are not all alike!

Partially sintered





Isostatic

Uniaxial

(HIP process: hot isostatic post compaction

Final sintering: ~1350°C (cercon) -1500°C (lava) -1530°C (vita)

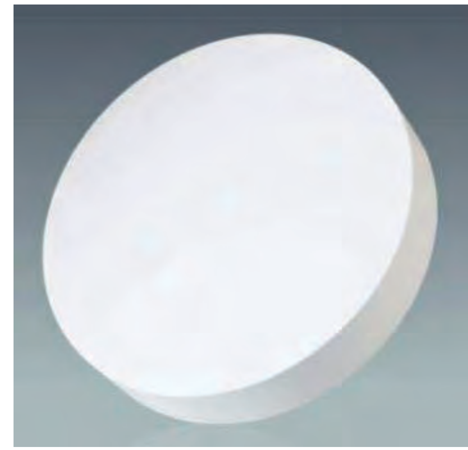
Zirconia milling substrates are not alike! 3/3

3 point | 4 point | biaxial flexural test

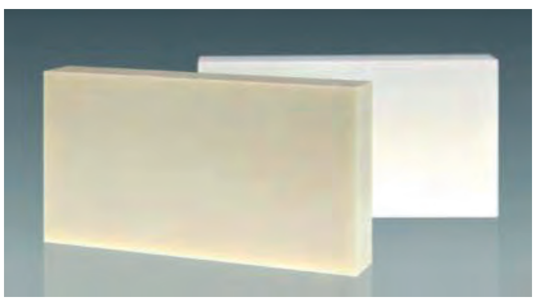
Prefabricated blanks for supra-construction

examples

Sirona

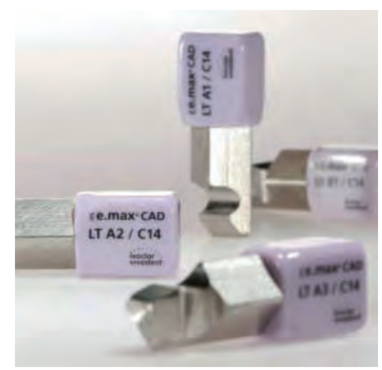


ø99 mm x 10 - 25mm



DCS (Hip)

KaVo Everest



E4D

CAM fabricated bodies – a concern today for problems tomorrow?

ITI

Proc Inst Mech Eng H. 2005 Jul;219(4):233-43.

Near-surface damage--a persistent problem in crowns obtained by computer-aided design and manufacturing.

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Abstract

Robust dental systems obtained by computer-aided design and manufacture (CAD/CAM) have been introduced and, in parallel, the strength of the ceramic materials used in fabricating dental crowns has improved. Yet all-ceramic crowns suffer from near-surface damage, limiting their clinical success, especially on posterior teeth. Factors directly associated with CAD/CAM fabrication that contribute to the degree of damage include material selection and machining parameters and strategies. However, a number of additional factors also either create new damage modes or exacerbate subcritical damage, potentially leading to catastrophic failure of the crown. Such factors include post-fabrication manipulations in the laboratory or by the clinician, fatigue associated with natural occlusal function, and stress fields created by compliance or distortion within the supporting tooth structure and/or adhesive material holding the crown to the tooth. Any damage reduces the strength of a crown, increasing the probability of catastrophic failure. The challenge is to understand and manage the combination of competing damage initiation sites and mechanisms, limitations imposed by the demand for aesthetics, and biologically related constraints.

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As many different types of zirconia are being introduced into implant dentistry with differing microstructures and performance, they should be obtained from a reputable/qualified manufacturer.

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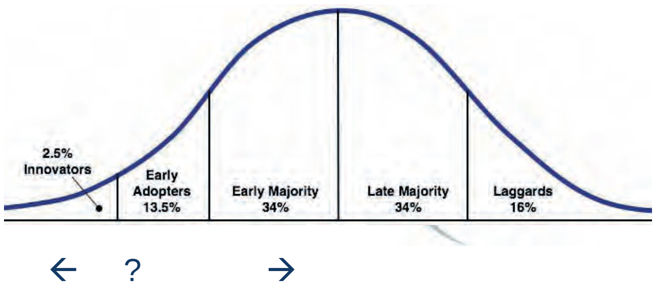
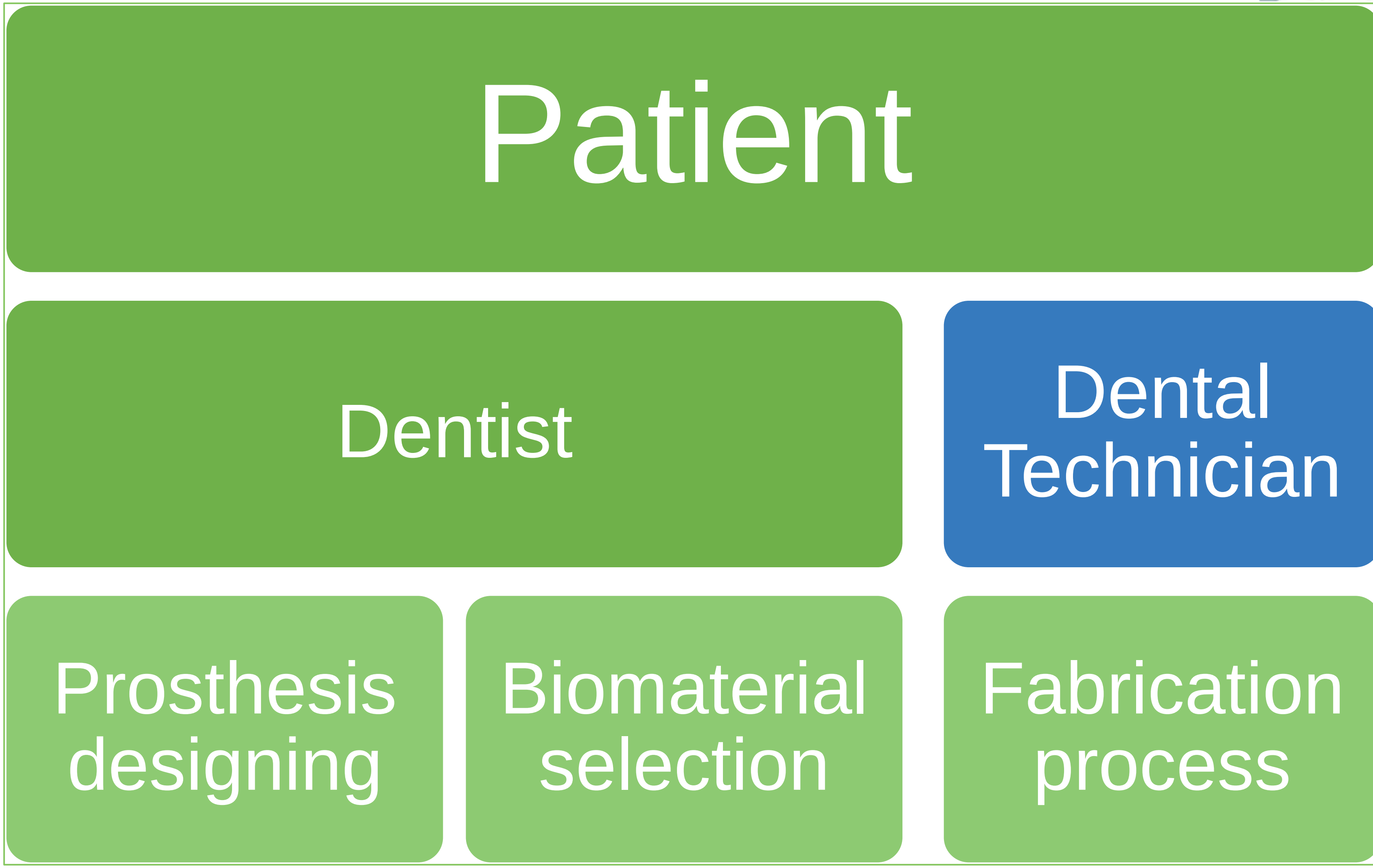
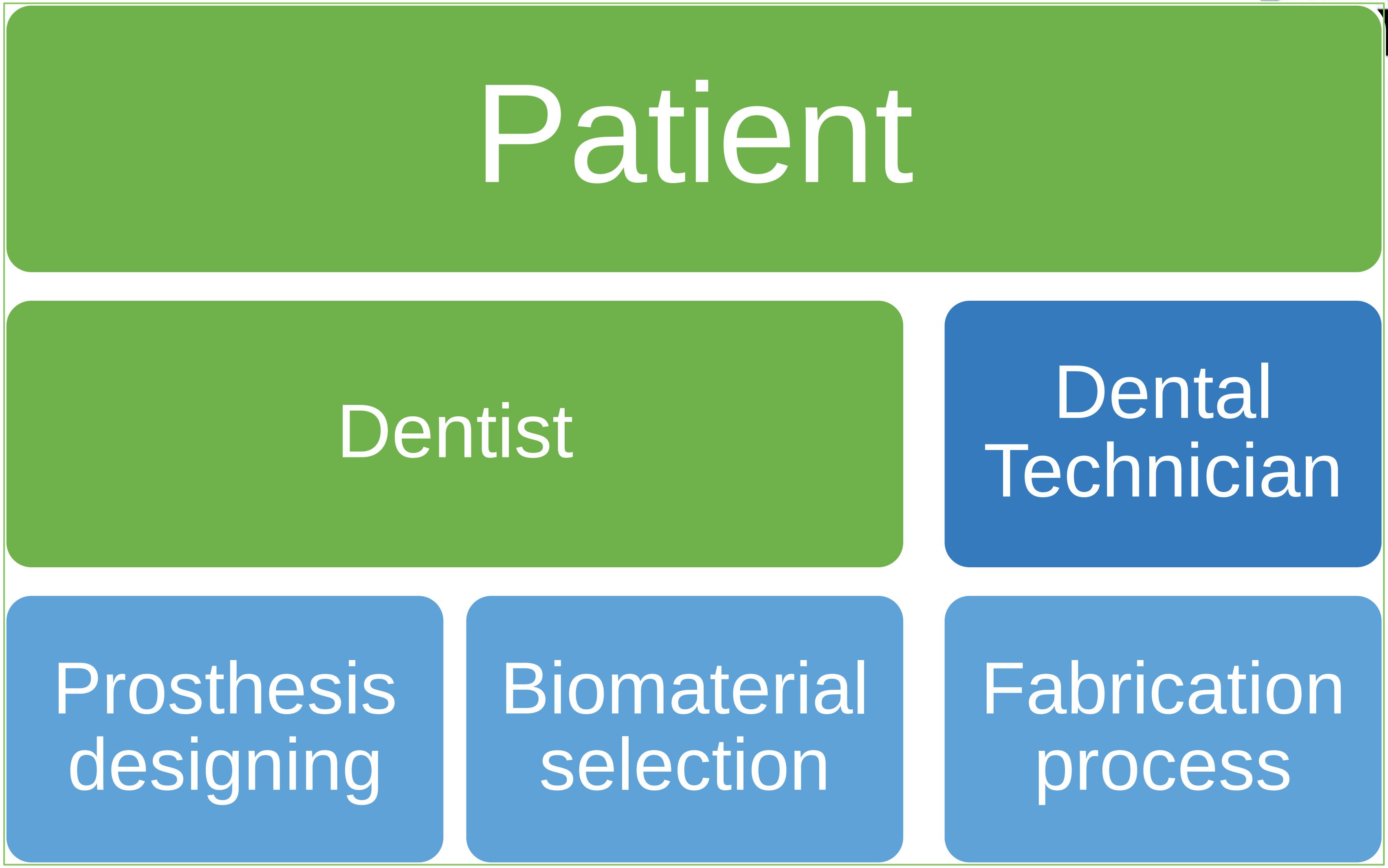


The pace of technological developments compress the learning curve time for

- operating new scanning devices
- mastering CA design software
- handling CA manufacture numerical control programs
- controlling new additive/subtractive manufacturing technologies
- recognizing the technique-sensitivity and clinical properties of new CAD-CAM-biomaterials

→ The rise of the new “bundle package industry”


Patient
Dentist
Dental Technician
Prosthesis designing
Biomaterial selection
Fabrication process


Patient
Dentist
Dental Technician
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It is recommended that the dentist approve a virtual final prosthesis that dictates abutment/framework design. (Virtual diagnostic wax-up)

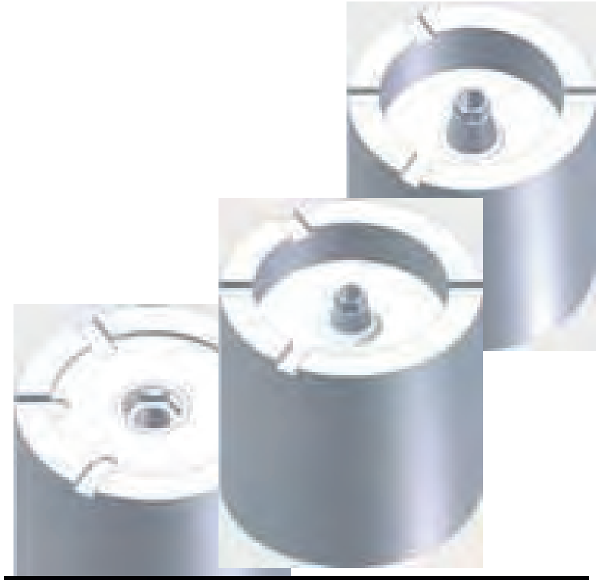
Prefabricated blanks for customised implant abutments

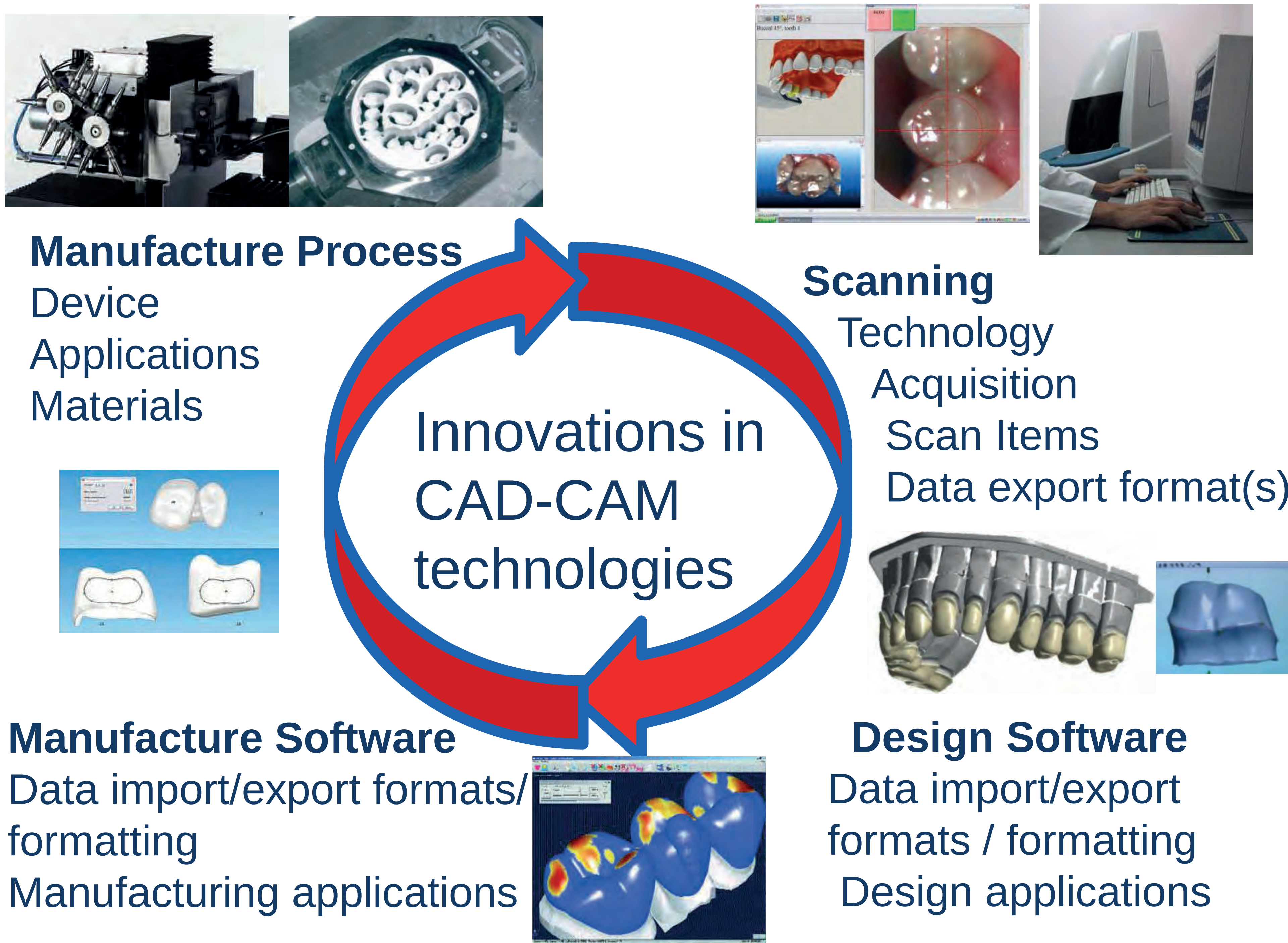
ESSENTIAL:

•It's the **Doctor's responsibility** to maintaining the control of and overview of the chain of materials and fabrication methods

•Fabrication processes and material choices may be incompatible

•Stay with a validated concept or upgrade your knowledge about modern material properties as well as modern additive & subtractive manufacturing methods




Manufacture Process
Device
Applications
Materials
Scanning
Technology
Acquisition
Scan Items
Data export format(s)
Innovations in
CAD-CAM
technologies
Manufacture Software
Data import/export formats/
formatting
Manufacturing applications
Design Software
Data import/export
formats / formatting
Design applications

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The clinician must have full ownership of all patient data

It is recognized that digitally derived prostheses can be remanufactured from stored data sets. It is recommended that digital data sets be stored/protected for this eventuality and that digital technology work platforms maintain programming compatibility/transparency.

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ITI International Team for Implantology

Thank you for your kind attention