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complete dental solutions

Itero Guide

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Scanning Tips/Tricks for iTero

First and foremost, its important to be **seated at 12 o'clock**, with your **back straight**, and **elbows at your side**. The **scanner on your dominant side** (space providing). Not only will this be best for your posture, it also allows for easy access when you need to touch the screen to advance to the next step or inspect your model! The patient's head should be in your lap!

- Hold the wand **underhand**, like a pencil!
- Start on **occlusal surface** of terminal molar. If scanner stops tracking, go back to an **occlusal surface** to pick model back up.
- Scan Sequence- **Lower** Arch/**Upper** Arch/**Bite Occlusal**(U-shape)/**Lingual**(V-shape)/**Buccal/Incisal Edges**(H=horizontal to patient's shoulder, i.e. "Like playing a flute."
- Keep the **cord**,(butt end)**of the wand at 12 o'clock when doing occlusal and lingual**.
- Keep your eyes on the scanner, not in the mouth, as you're scanning (keep teeth in the viewfinder) The scanner is like the windshield of your car. You don't drive by looking at your feet on the pedals. **Eyes on the road!**
- Place **opposite hand on groves of sleeve tip** to help guide camera-No retraction device or fingers necessary!
- Lightly touch the teeth with the camera **(DO NOT HOVER)- This is CONTACT SCANNING!** (Imagine the camera as the bristles of a toothbrush)
- Keep **teeth dry** by spraying air or asking the patient to swallow.
- Gently **ROCK the wand on the buccal** and **TWIST the wand on the lingual** to fill-in inter proximal areas
- Move wand in **wave-like motion**(up and down) to get 3-4 teeth(molars/pre-molars) for the **bite** (remind patient not to clench-"Bite down naturally")
- **Only turn wand off when moving to different arch and opposite bite segments**.
- The goal is to use **ONE COAT OF PAINT!!! Use the FILL tool to prevent over scanning!** (The more you re-scan the "good parts", the longer the scan takes to process in the end!)
- Don't take up storage in your scanner. Hit the envelope and send scans to the cloud

PRACTICE on yourself-**PRACTICE** on a typodont- **PRACTICE** when brushing your teeth

Case Types

iCast®

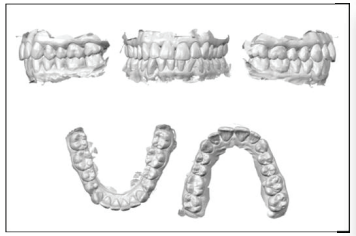
Digital orthodontic impression with added ABO Base.

*Can be viewed with base in myitero.com within 24-48 hrs.

iRecord®

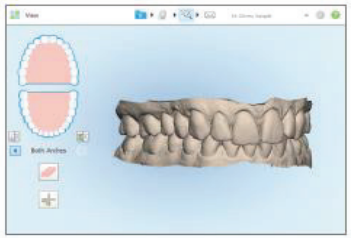
Digital orthodontic impression that serves as a treatment record and/or can be exported as STL file for appliance fabrication.

*Multi-bite feature available.



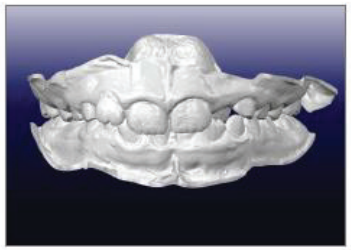
Invisalign®

Digital impression that is submitted for fabrication of Invisalign aligners



Invisalign + iRecord

Digital orthodontic impression that serves as a treatment record, also STL file. Can be submitted for Invisalign aligners to be fabricated.

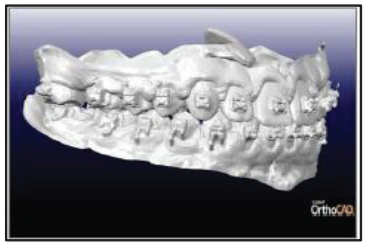


Vivera®

Digital impression that is submitted exclusively for fabrication of Vivera Retainers.

Vivera Pre-Debond

Digital impression that is taken with the brackets in place and submitted exclusively for fabrication of Vivera Retainers.

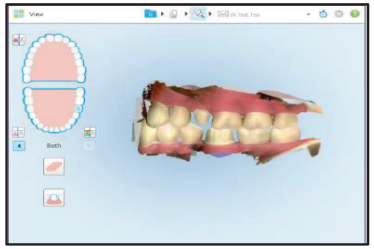


Invisalign First

Digital impression that is submitted for 1st phase Invisalign aligner therapy. To be fabricated for children ages 6-10.

Restorative

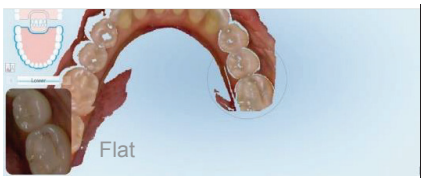
Digital impression for fabrication of restorations (crowns, implants, bridges, etc.)
or reference models (night guards & surgical guides).



Full-Arch Scanning

- Place the wand tip FLAT on the occlusal surface of the distal molar
- Activate the wand
- Cable end pointed at the patient's toes

- Scan in a continue motion pulling the wand toward the bicuspids
- Tilt the wand slightly to the lingual and sweep across the anterior, canine to canine



* What you should see in the viewfinder when scanning correctly

Lingual surface - vertical orientation

- Leave the wand activated and roll the wand to the lingual surface
- Rotate the wand so that the lens is VERTICAL on the tooth surface

Scan around the lingual surface of the arch in a continuous motion

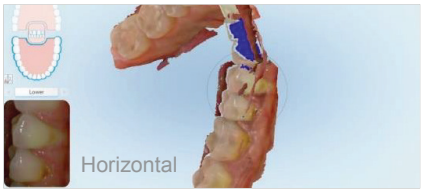
* Wand will be perpendicular to the teeth and should appear vertical in the viewfinder

Buccal quadrant horizontal orientation

- Roll the wand over the occlusal surface to the buccal surface
- Orient the wand HORIZONTIALLY on the buccal cusps
- Scan around the arch to the midline, dropping the cable end of the wand toward the opposite side of the face

Remove the wand from the mouth but do not turn it off

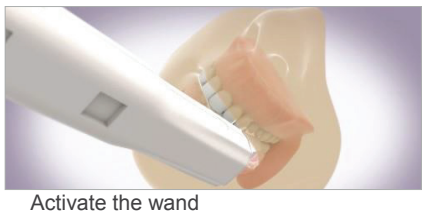
- Place the wand flat on opposite terminal molar, roll to the buccal and pull the wand forward to scan to the midline
- Roll up to capture the anterior incisal edges



* Wand will be horizontal to the teeth and should appear as they do in the above image in the viewfinder

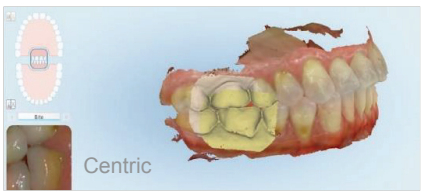
Bite

- Sit the patient up to a 45° angle
- Have the patient open, using the wand to retract the cheek as the patient bites in centric occlusion



Activate the wand

- Bring the wand gently against the tooth anatomy

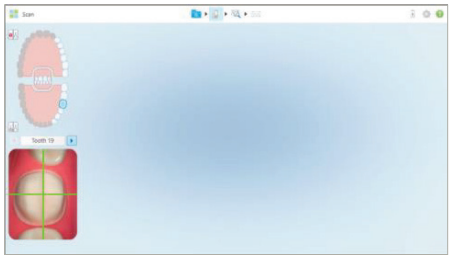


- Move forward in a wave-like motion capturing 3-4 teeth
- Repeat on the other side using the same technique

*All examples are using the upper arch. Please follow the same technique for the lower arch.

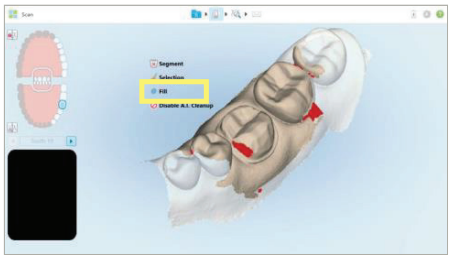
Restorative Scanning Guide

Step 1: Scan prep



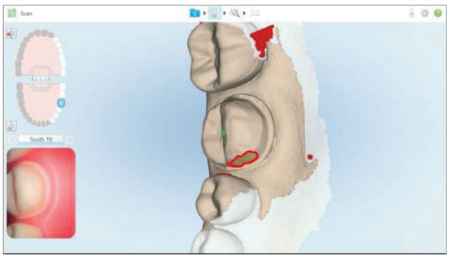
- Center the Prep
- Confirm margin line is **completely dry** and clearly visible, using proper tissue retraction
- Exaggerate wand angles to capture under margin
- 10 second scan to avoid over scanning

Correcting voids



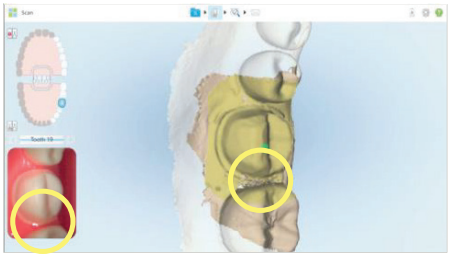
- Identify any voids on prep
- Use the **fill** tool to add scans to prep
- To activate **fill**, to and hold on screen for 2 seconds

Correcting voids



- Fill tool outlines voids in red
- Only anatomy outlined in red is captured when rescanning to fill void

Correcting unclear margin

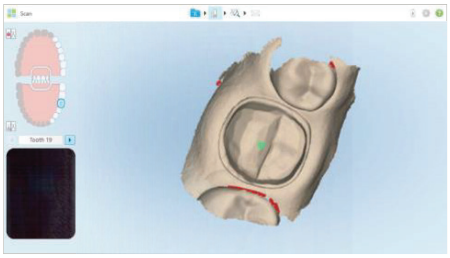


- In stone color look for
  - Rough patches
  - Unclear margins
- Note margin is distorted

Correcting unclear margin

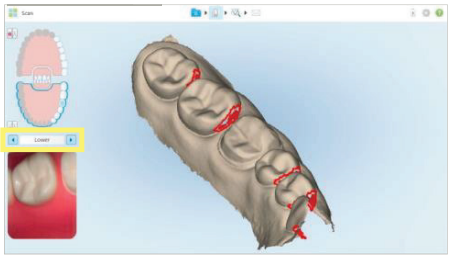
- Use **segment** tool to delete prep scan
- Dry, repack cord to clean prep before rescanning

Corrected margin



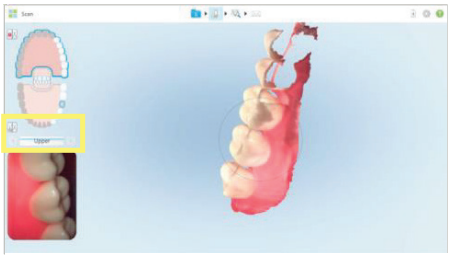
- Rescan prep
- Confirm margin is visible
- Prep free of voids
- Center green dot
- Move to next segment

Step 2: Scan prep arch



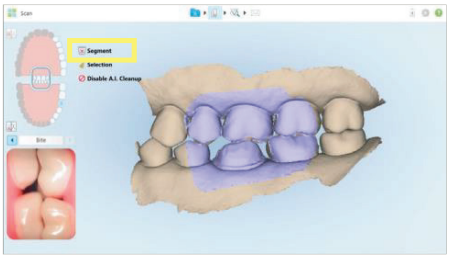
- Segment length is determined by Dr: quadrant, expanded or full arch
- Verify adjacent interproximal contacts
- Use **fill** to isolate missing contact to make adding contact scans easier

Step 3: Scan opposing arch



- Follow same length of prep arch
- Scan occlusal, lingual, buccal
- Note scans can also be viewed in color by selecting colored tooth icon

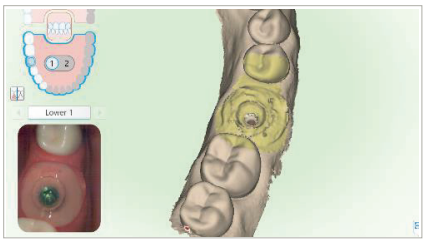
Step 4: Scan bite



- Sit patient up for bite scan
- Have patient practice correct bite
- One bite per side if midline crossed
- Delete **Segment** to retake if patient opens

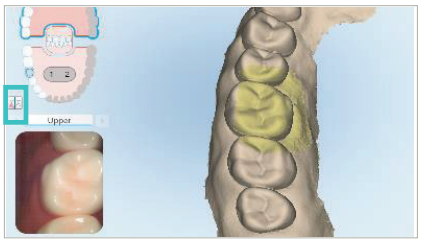
Implant Scan Body Scanning Guide

Step 1: Scan pre-treatment



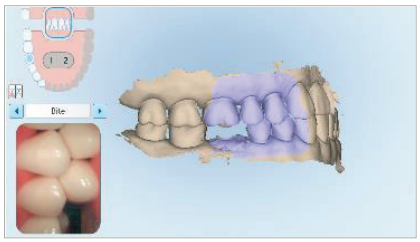
- Remove healing abutment
- Scan occlusal, lingual, and buccal surfaces including the gingiva and all adjacent teeth
- Segment length is determined by Dr: quadrant, expanded or full arch

Step 2: Scan opposing arch



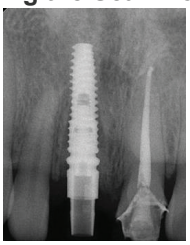
- Scan the same length as the pre-treatment scan
- Scan occlusal, lingual, and buccal surfaces
- Note: Scans can also be viewed in color by selecting the colored tooth icon

Step 3: Scan bite



- Sit the patient up to a 45 degree angle
- Scan the bite capturing 3-4 teeth
- Scan the bite on both sides if the midline is crossed

Placing the Scan Body

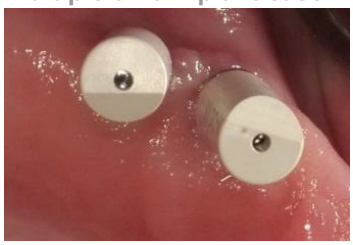


- Place the scan body into the implant
- Confirm the scan body is fully seated

Single unit implant case

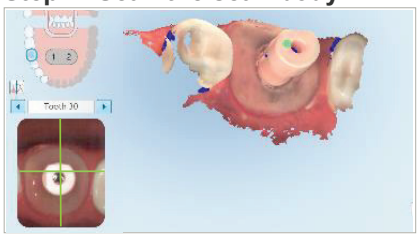
- Confirm bevel placement
- In cases with a single unit implant restoration the bevel faces towards the buccal

Multiple unit implant case



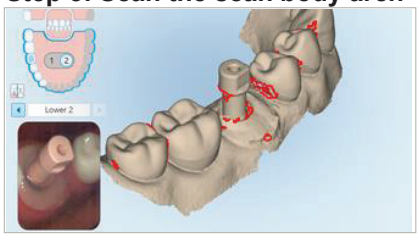
- Confirm bevel placement
- In cases with multiple unit implants alternate the direction of the bevels (i.e. one face toward the buccal the other face toward the lingual)

Step 4: Scan the scan body



- Center the scan body in the green crosshairs
- Confirm scan body is dry
- Scan the top and sides of the scan body capturing the entire length and surface
- Avoid over scanning by limiting scan to less than 10 seconds per scan body
- Use **Fill** tool to isolate missing anatomy to make adding anatomy easier

Step 5: Scan the scan body arch



- Scan the same length as the pre-treatment scan
- Scan occlusal, lingual, and buccal surfaces with the scan body in place
- Use the **Fill** tool to capture any missing contact anatomy

Tips for Success

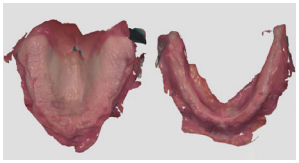
1. Use a clean scanning sleeve
2. Dry areas when scanning
3. Do not over scan

Edentulous Treatment with Digital Workflow

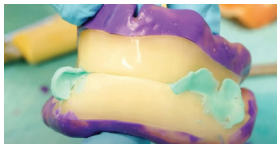
Create a New Full Arch Prosthesis

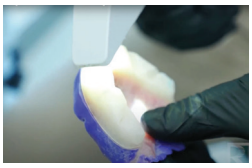
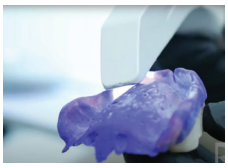
This workflow is suitable in the clinical context where the patient does not have any existing prosthesis.

- **1ST APPOINTMENT:** Scan the upper and lower edentulous areas of the patient and send to the lab to create base plates and wax-rim



- **2ND APPOINTMENT**:
  - A-Reline the base plates with light body PVS and make sure to treat this step as if you are using base plates as custom trays .
  - B-Take the bite for the patient and mark the Midline, the smile line and the canine position using the traditional way.


Option #1	Option #2
Send the relined base plate to the lab physically.	Scan the upper and lower relined base plate 360 and make sure to capture the bite  

**** if the doctor is confident with the bite and the reline that was done you can skip the try-in phase and to finish****

- **3RD APPOINTMENT:** Monolithic Try-in where you can check the bite and the esthetic and make any adjustments needed and send to the lab to finish

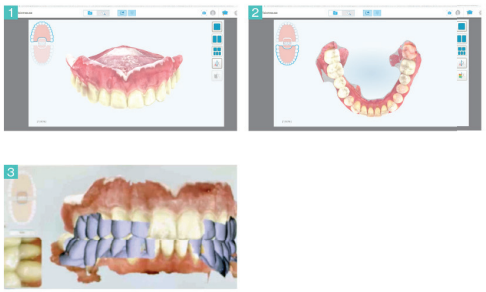
- **4TH APPOINTMENT:** Delivery of the final denture

Edentulous Treatment with Digital Workflow

Create a new removable full arch prothesis based on the pre-existing one

This workflow is suitable in the clinical context where the patient has a pre-existing full upper denture (or a full lower denture) which can serve as a base for the new denture. Please confirm that the occlusion and the vertical dimension are correct. In case of prosthesis wear, you can add direct composite material or wax to restore or correct the vertical dimension for an accurate jaw relation scan. In case of lack of prosthesis retention, you should first reline the denture with either an impression material or direct reliner before start of the scanning procedure.

Making adjustments with a bur or marking the pre-existing denture will give the lab more information on the desired new prosthesis design. Having the old denture adjusted, you are set to start this workflow.

1st Appointment iTero scanning	Create a new restorative Rx, fill out patient information and select the lab of choice. 1 Start by scanning the old relined and/or adjusted denture 360°. Note: Disable the A.I. Cleanup so that the soft tissue is not automatically trimmed by the software. 2 Scan the lower arch. 3 And finally, place the old denture back to the mouth and proceed to the bite scan. 5 Add any further comments to the Rx notes and send the order to the lab.	
Lab work Design of new denture	The lab will take all the information from the scans and your comments on the prescription to digitally design a new denture. A denture try-in will be created for you.	
2nd Appointment New denture try-in	Evaluate denture try-in for function and aesthetics. If needed, adjust the try-in or mark with a pen where modifications are needed. You can scan the modified try-in, or send it physically back to the lab.	
Lab work Manufacturing of final denture	The lab will be able now to manufacture the new denture. If changes are extensive, the lab may propose a second try-in for your evaluation.	
3rd Appointment Delivery of final denture	Delivery of the new denture with the iTero digital workflow.	

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