GUARDLAB®

CEREC CONNECT
USER GUIDE

CEREC®

INDEX

GUARDLAB®

SCANNING TIPS

- Ensure the CEREC unit has been turned on for a while and that the camera has had a chance to warm up before seating the patient in the chair.

- Place the cart where you can easily see it as this is what you will be watching, not the patient.

- Watch the white square on the right hand side to see the area you are scanning.

- You may prefer to sit behind the patient because this is the position you often use for quadrant work. For full arches however, you may find it easier to sit in front of the patient, facing them.

- Ensure that the mirror tip is clean.

- Light can affect the scan so turn off the operating light.

- The camera records saliva so it is important to keep the area being scanned dry using suction, having the patient suck and swallow their saliva before starting or any other method you choose.

- You can rest the camera on the teeth, there is no limit to how close you can get, it will still capture an image.

- You do not need to click the foot pedal on and off repeatedly, click it once to start the scanner and it will automatically stop when you remove the scanner from the mouth.

- If you are giving the patient a break, replace the scanner in the holder to keep it warm.

- When restarting, begin from approximately where you finished, allowing a few seconds for the camera to recognise where it is. Once you have audible confirmation you may begin moving.

▪ Lips and tongues can be a problem in the scan so here are a couple of tips:

>Try using an Opragate or other retraction. With the Opragate, we suggest small and extra small for most patients as the sizes tend to be quite large. It is a good idea when scanning the vestibule areas or anterior sulcus to have the patient pull gently in the appropriate direction on the retraction device themselves to give you better access.

>If a section is not very good, you can just right click and it will undo the last step. You can do this as many times as you need to.

>If the whole scan isn't good then it can be often worth starting again. Going over the teeth multiple times adds considerable data that can affect the end result. In this case, just drag it into the recycle bin.

>If there is a small section that is not good, you can go to the **Cut Tool** and you can immediately edit that area out by drawing a circle around it, then clicking **Cut**.

>If you catch a bit of tongue or lip, simply get the camera in between the two and record a bit more data with the lip or tongue out of the way. The export process should then tidy up these anomalies.

1. Go into Sirona Connect (latest version currently SW 4.4.1) not the chairside software.

2. Click **Show All Patients** if you are making a guard for an existing patient and select that patient, or use the **Search Patient Database** option.
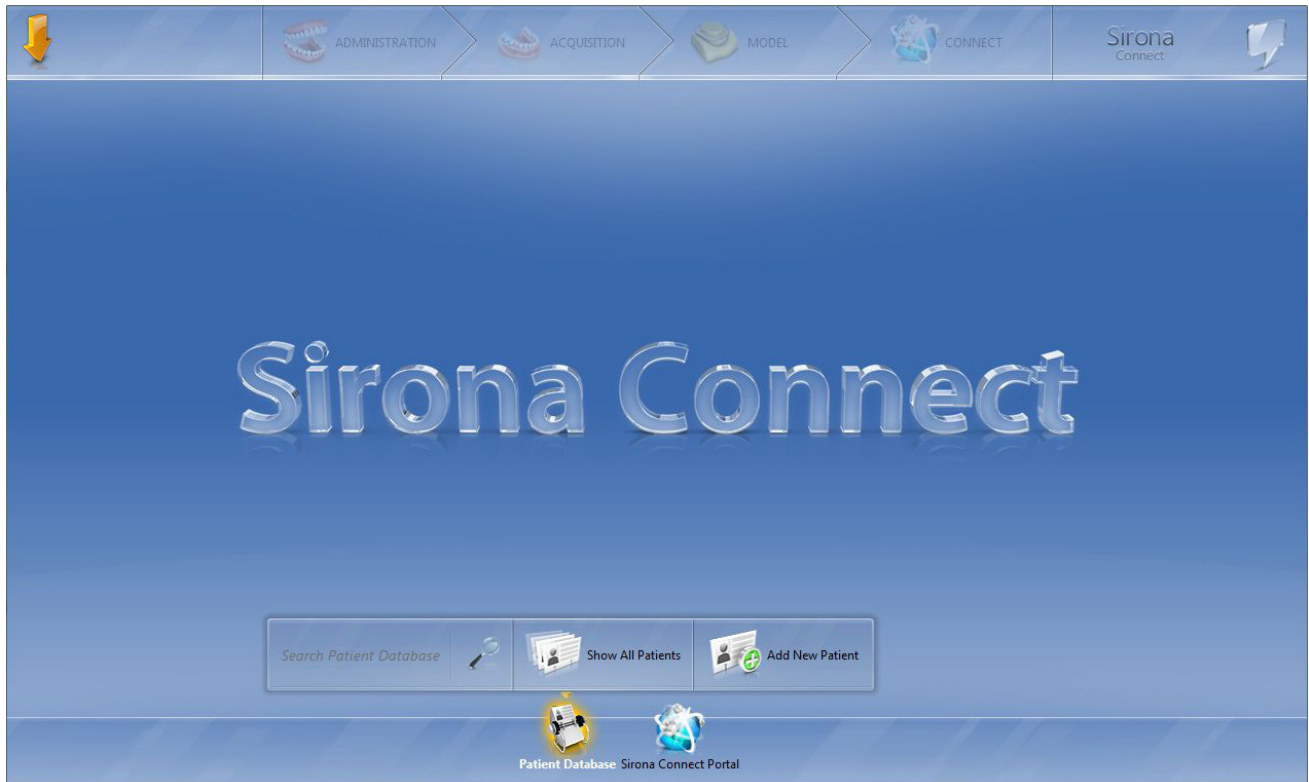
3. If it is a new patient, click **Add New Patient**, enter their details and click **Add New Case**.
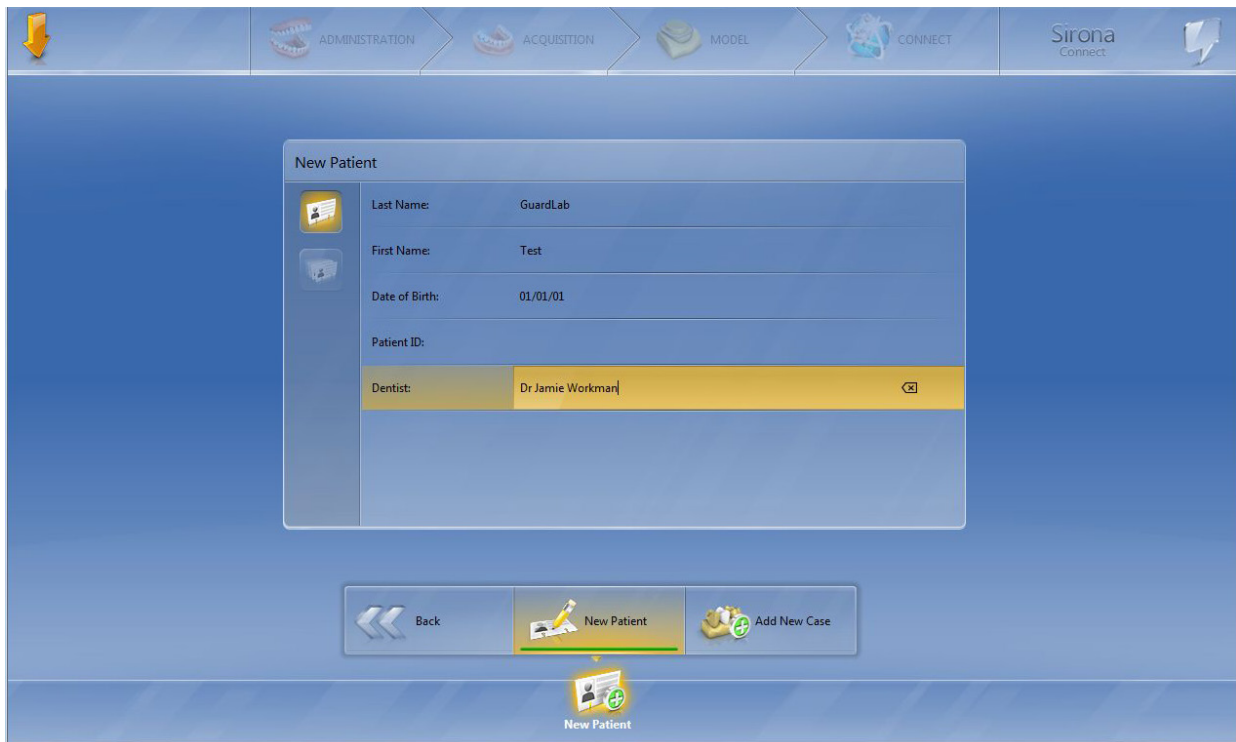
5. Select restoration type as **Crown** (This is arbitrary) and Select **Tooth 11** (also arbitrary).
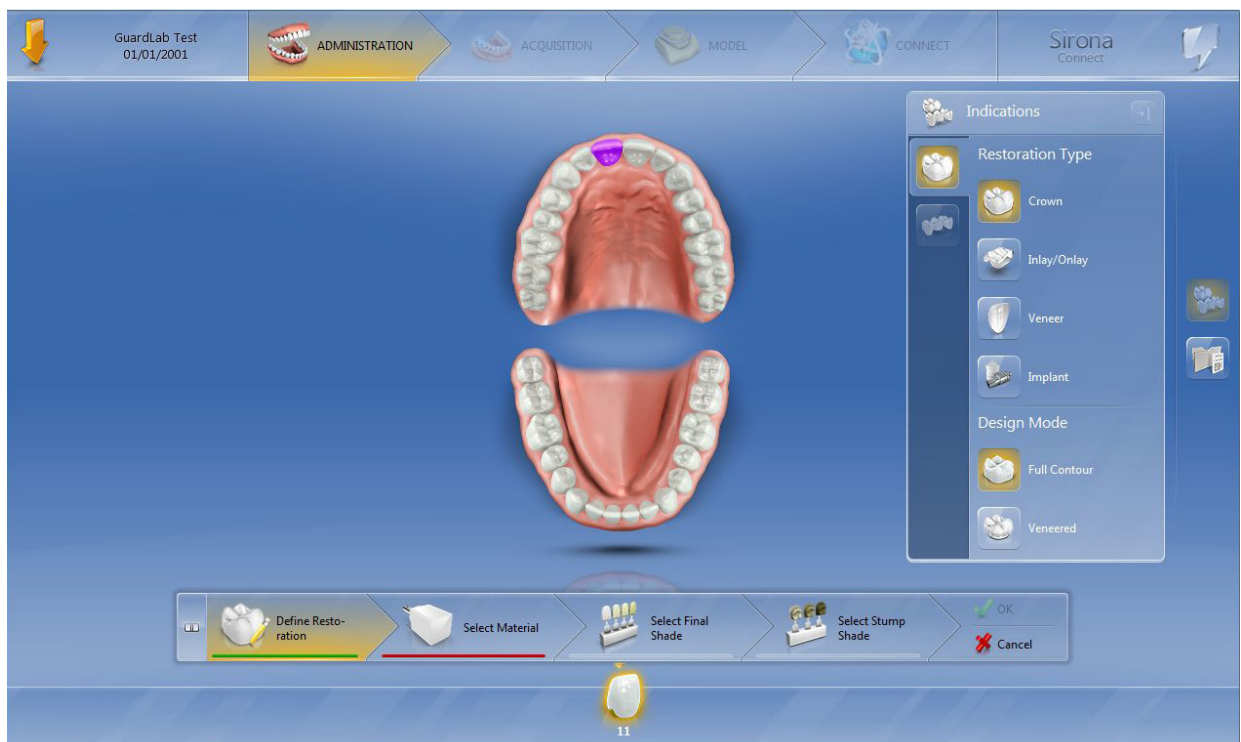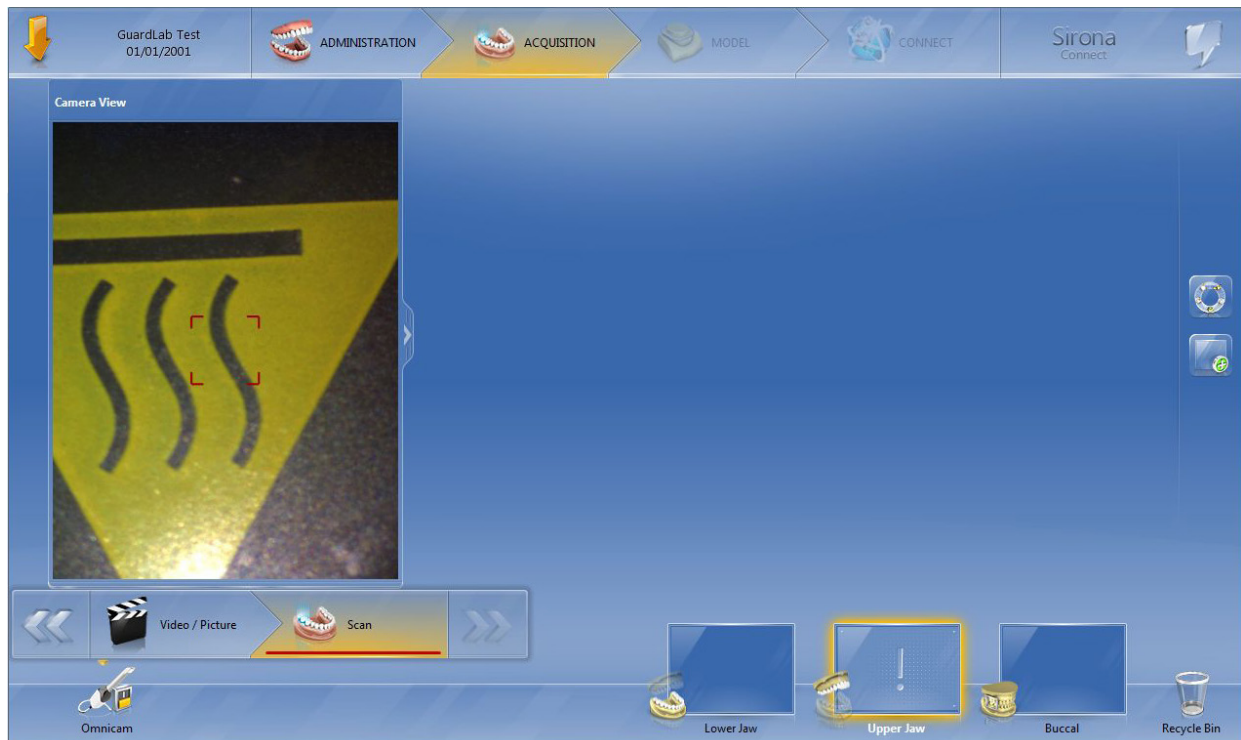
7. Click **Select material** and select **Glass ceramic** (arbitrary).
You do not need to select the final shade or stump shade. Just click **OK**.

**8.** Click **Acquisition**. You are ready to begin scanning.

9. Select the **Lower jaw**.

10. Press the foot pedal up once to start. The red square on the left means it is active. Watch the white square on the right hand side to see the area you are scanning.

▪ Begin on the occlusal surface of the most distal molar in Quadrant 4 and wait till the noise indicates the scanner is recording before starting to move the scanner. Move fairly quickly around the arch, if you spend too long the camera can record too much data which is not a good thing. Rotate onto the lingual of the lower anteriors once you get to that point and then back onto the occlusal pattern of the premolars until you capture the occlusal surface of the distal most molar in Quadrant 3. Where possible end on a large occlusal area since this makes it easier to start up again.
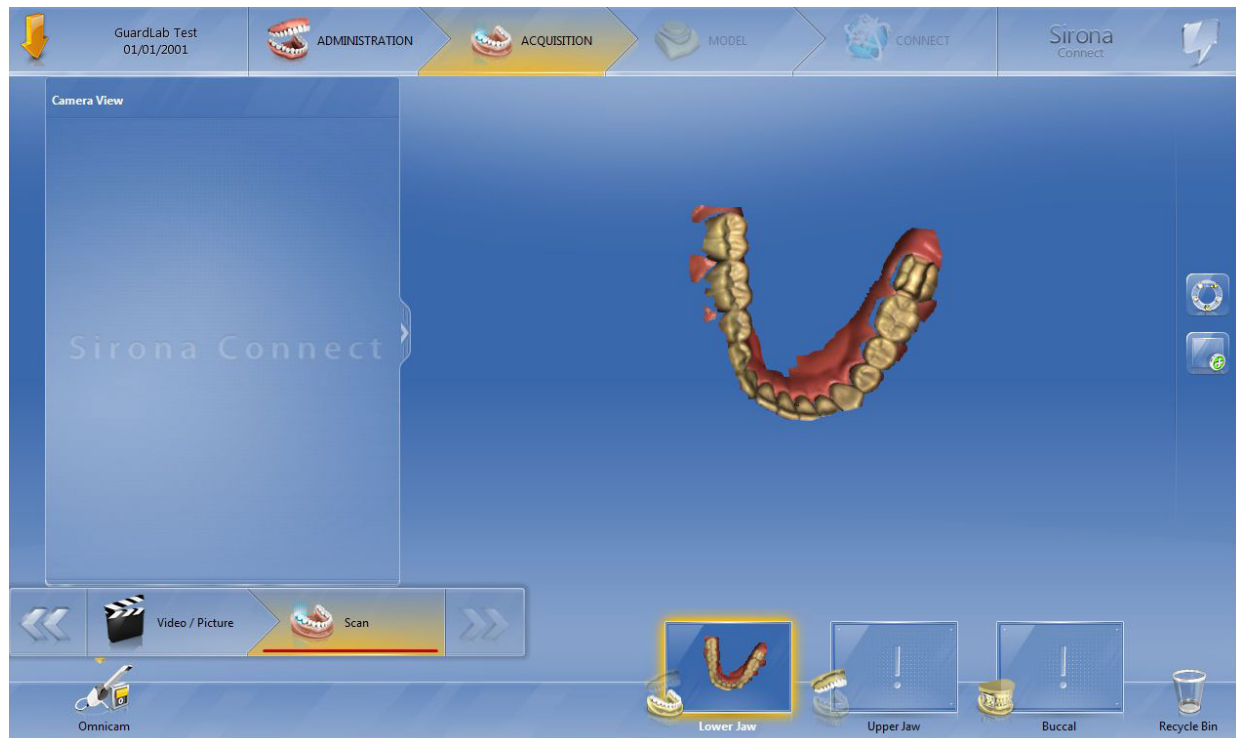
▪ You do not need to turn the camera off and on between each scanning segment just remove it from the mouth and it will pause. If you are giving the patient a break, place it back in it's holder so the camera stays warm.

▪ Now roll over to the lingual surface of the distal most molar in Quadrant 3 , making sure to keep the tongue out of the way. Record the lingual surfaces all the way back round to the most distal tooth in Quadrant 4 .

▪ Roll over to the buccal and work your way anteriorly and back around. The anteriors tend to be the hardest area. Where possible try to repeat the angles you use to record the anterior on the opposite side. If you are able to get all the way round to the 33 before stopping the camera then do so.

▪ Now Begin on the occlusal of the distal most tooth in Quadrant 3 and roll over to the buccal and bring this back around to join where you stopped in the previous step.

▪ The majority of the lower scan is now complete. You can go back and fill in any areas you have missed. The most important regions if you are doing a Protection Guard are the occlusal and incisal surfaces for the bite. If you are doing a Performance Guard you need to ensure about 10-12mm of lingual gingivae is recorded cervical to the teeth.

11. Now select the **Upper Jaw**.

▪ Begin scanning in Quadrant 1 on the occlusal of the distal most molar. The pattern of scanning is the same as for the lower. Move forward across the occlusal surfaces, turning palatally on the anterior segment and rolling back onto the occlusal to finish onthe distal most molar in Quadrant 2.

- Begin on the occlusal of the molar where you left off and now roll palatally to record the palatal tissue, working your way back around to the distal most molar in Quadrant 1. Remember you need to record 12-15mm cervical to the teeth.

- From here roll over to the buccal surface and begin recording the buccal surfaces of the teeth and vestibule area as close to the sulcus reflection as you can. This is important since we need to relieve the guard around any frenal attachments. If the scanner stops on the soft tissue, move it back onto the teeth in that region until you hear the audible acknowledgement that the scanner is active. Now you can begin moving it again. As with the lower, try and get as far round as you can anteriorly before stopping; if possible to the 23.

▪ Place the scanner on the distal most occlusal molar in Quadrant 2. Roll over to the buccal surface and begin recording the buccal surfaces and vestibule area in this region, moving anteriorly until you reach the point that you stopped at with the previous section. The majority of the upper scan is now complete. You can go back and fill in any areas you have missed. Ensure you have the vestibule areas to the reflection of the sulcus if you can and sufficient palatal tissue.

12. Now select **Buccal** to record the bite. Take the Guardlab bite with the wax wafer and teal ruler. Instructions can be found Here if you need a recap and the password is **learn-2guardlab.** You can now lie or sit the patient back down, advising them to stay just as they are, and warn them not to open or close further into the wax as you need to record the bite at this precise level. To scan the bite, the best strategy is to scan the upper and lower anteriors to include the full extent of the laterals.
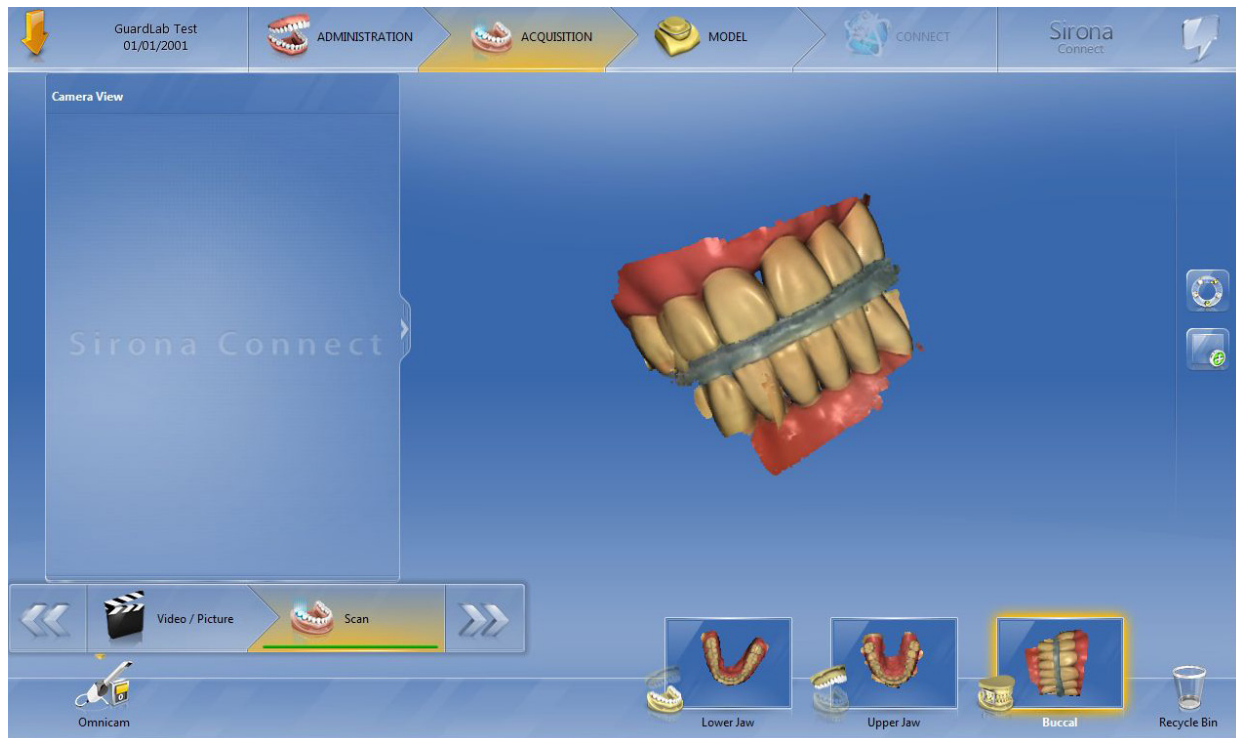
13. Before you finalise and send the scans, you will need to check them; currently they are still in their raw format. The export process will get rid of major errors in processing, like a piece of cheek, that is assuming you have got in between the cheek and teeth in that region at some point and recorded sufficient accurate data there. If the software doesn't, you will need to go back and edit the scan. You can click the back button as many times as is necessary in order to do this.

14. Click the **>> arrow** (next to the scan button) and the software will begin creating the models. If the bite doesn't automatically align the upper and lower models, you will need to stitch the two arches together in the correct bite. Go to **Tools** and click **Reset** to do this. First, select the lower and trace it over the teeth, then the upper and do the same.

15. You are now ready to send the order. Click the **CONNECT** tab at the top and log in with your password. Please ensure you are connected to wifi.

16. Let it upload the Dental Case File to the Sirona Connect Server.

17. Now enter the order data. You need to select the following:

- Male or female.
- The lab: **Dental Solutions Australia**. If not in the available list, you will need to click the **+ Add button**, search for them and add them. They will now appear in the dropdown selection.
- Return date: 1 week from the day (even though no second appointment is technically needed).
- Enter **GuardLab mouthguard** in any additional instructions and anything else if required.

18. Click **Add to cart**. You will see the order ready to send, click **Submit cart**.

19. Enter your password and click Commission. You are done.