



Dr. Bernhild-Elke Stamnitz, Langen, Germany

She started using CEREC when she set up her dental practice in 2004. She employs one dentist, has her own dental lab and performs up to six restorations per day

Interview with Dr. Bernhild-Elke Stamnitz, Langen

Why did you decide on CEREC, what was the main reason?

"I decided on CEREC back when I was still at university. There I learned how to work with CEREC 2 to be precise, and it was clear to me even then that I wanted to treat patients using CEREC as well. I finally purchased it when I established my own practice in 2004. It was the first thing I bought for the practice, even before I had an office."

How easy was it for you to change to CEREC? Did you feel at home with it right away?

"It really was something of a transition. At university I had learned how to work with CEREC 2, but there is more separating the two systems than just a few years – there is also a great deal of technical progress. By and large, however, everything went as I had hoped. First, of course, you have to get used to working with CEREC. I never had a good course, my method was always learning by doing. Looking back, a bit more support would have been better. But now I can do all of it."

What was it like doing your own milling?

"What I wanted to happen, happened. I find it most impressive. I love technology. There is no substitute for technology when properly used. I rely on modern technology when I want precision. And CEREC is precise: it does precisely what I want."

Can you remember your first time milling with CEREC? Or a memorable case, a particular occurrence?

"The first tooth I treated was for my brother. It went as planned, and the restoration still holds, just as it should be. My first quadrant restoration also particularly sticks in my mind. By alternating tasks I was able to complete everything within just four hours, while at the same time having the ability to customize the design – this was really impressive."

I also have a lot of foreign patients who are impressed and think CEREC is great. Exact planning is especially important to me with these patients – and with CEREC it is successful."

What indications do you mainly treat with CEREC?

"Inlays, crowns, partial crowns and onlays all come up about equally. Temporary bridges and crowns, implants and zirconium oxide restorations have also become routine. Our practice philosophy is closely related to tooth preservation, and to defect-oriented treatment – as minimally invasive as possible – which is therefore important to us. The treatment range from CEREC is what makes it all possible for us."

How easy was it for you to change to CEREC MC XL? Did it make things easier right from the start? Or were there problems at first?

"I can hardly remember my old milling unit at all. Only that it was much louder. And it had a smaller treatment range. The switch to CEREC MC XL meant huge time savings in any case and so was a noticeable improvement from the beginning. There weren't any problems."

How important is the time advantage to you and your patients?

"It is great for the patients. They are treated right away, they leave, and it's done. A restoration with no impression and no temporary is very important and timely for my patients. The waiting time is also much shorter: I can just set CEREC to the next procedure and help more patients at the same time! We have 2 dentists in the practice and while my restorations are still being milled, for example, the imaging unit can already be taken in to my colleague's next patient. We can work almost simultaneously."

Do you use CEREC in connection with implants?

"Unfortunately I hardly have time for that anymore, we are so busy. If I don't have the time, I refer them to my specialists. I also do not get the feeling of quick success. Implants simply take longer. We are currently testing and familiarizing ourselves with scanbodies. But apart from that, CEREC sets the tone for my daily practice, with up to six reconstructions per day – even without implants."

Do you use CEREC MC XL for patient communication? Do you guide your patients through the milling process, for example? Where is your milling unit located?

"The milling unit is located in my practice lab. But I also show MC XL to everyone I treat with CEREC. I use it to sort of fascinate my patients. But I don't have to do anything extra for that. It simply fits in with my practice concept: We keep our work transparent, and CEREC MC XL is a part of that."

Do you talk with your colleagues about CEREC MC XL? What are the most common questions about it? What misgivings do they have?

"I employ another dentist in my practice and she works the same way I do. I am also a member of the Dental Ceramics Society and share our results and experiences there. I have already completed moderator training and plan to establish a quality circle in the second half of the year. The biggest misgivings most dentists have are about precise fit and edge gaps. This repeatedly leads to futile discussions. The day of the gold tooth should be over. I just recently saw a patient with a first-generation CEREC inlay in my practice. It still fits now, even though the precision or accurate fit is a hundred times better today than it was then."

On vacation in New Zealand I recently spoke with some CEREC colleagues there. They are incredibly well networked over there. What got me thinking was their question why nearly all Germans over 40 have posterior crowns. Whether it is due to nutrition or whether German dentists use crowns more often – and thus more often unnecessarily – than other dentists?"

Many who are not familiar with CEREC have misgivings. Was that also the case with you?

"I already knew CEREC, so no. But I am completely familiar with that phenomenon. The best example is my dental technician in the practice lab. He was not exactly enthusiastic when I installed CEREC MC XL. But his initial skepticism quickly passed. No later than when a pressed inlay failed on him. It was corrected with CEREC in no time. He quickly altered his opinion."

What is the most compelling aspect of milling with CEREC?

"I think the continuity is very compelling. There is a world of difference between CEREC 2 and now. But: Restorations from 20 years ago still hold. Everything fitted and worked brilliantly even then. Now there is just less effort involved. And the process is many times faster and so much more pleasant for the patient. CEREC is simply a new era."

Another difference is also that I can decide everything myself. Sometimes I'll find something that I want to change in the tooth or the preparation after the scan. Everything goes really fast: change, scan – done! No phone calls to the lab, no new appointment for the patient, no new impression, no new anesthesia."

And what are the economic benefits like?

"These were not necessarily at the forefront in my decision for CEREC. But it has certainly paid off. I am not someone who looks that closely at the numbers. But one thing is certain: We would not have the same level of success, and above all not as quickly, without CEREC."

Imagine for a moment that CEREC did not exist. What would that mean for you?

"This is not something I want to think about. I have so many future plans and look forward to the new developments and changes. My workload would definitely increase. Above all, I would not be able to put my personal treatment ideas into practice as I can now. The transparency would be lacking, the treatments would take longer, we would have to have several appointments, go back to temporaries, impressions, and so on. I could no longer implement the idea of my type of treatment the way I can now. Technology fascinates me when it functions properly. And that's precisely what CEREC does. For me, CEREC has ushered in a new era."