

Aadva™ IOS 100 Training



./GC./

Digital
technology
made easy



Aadva™ IOS 100

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SETUP

/ System startup (IOS100P)

Scope of supply:

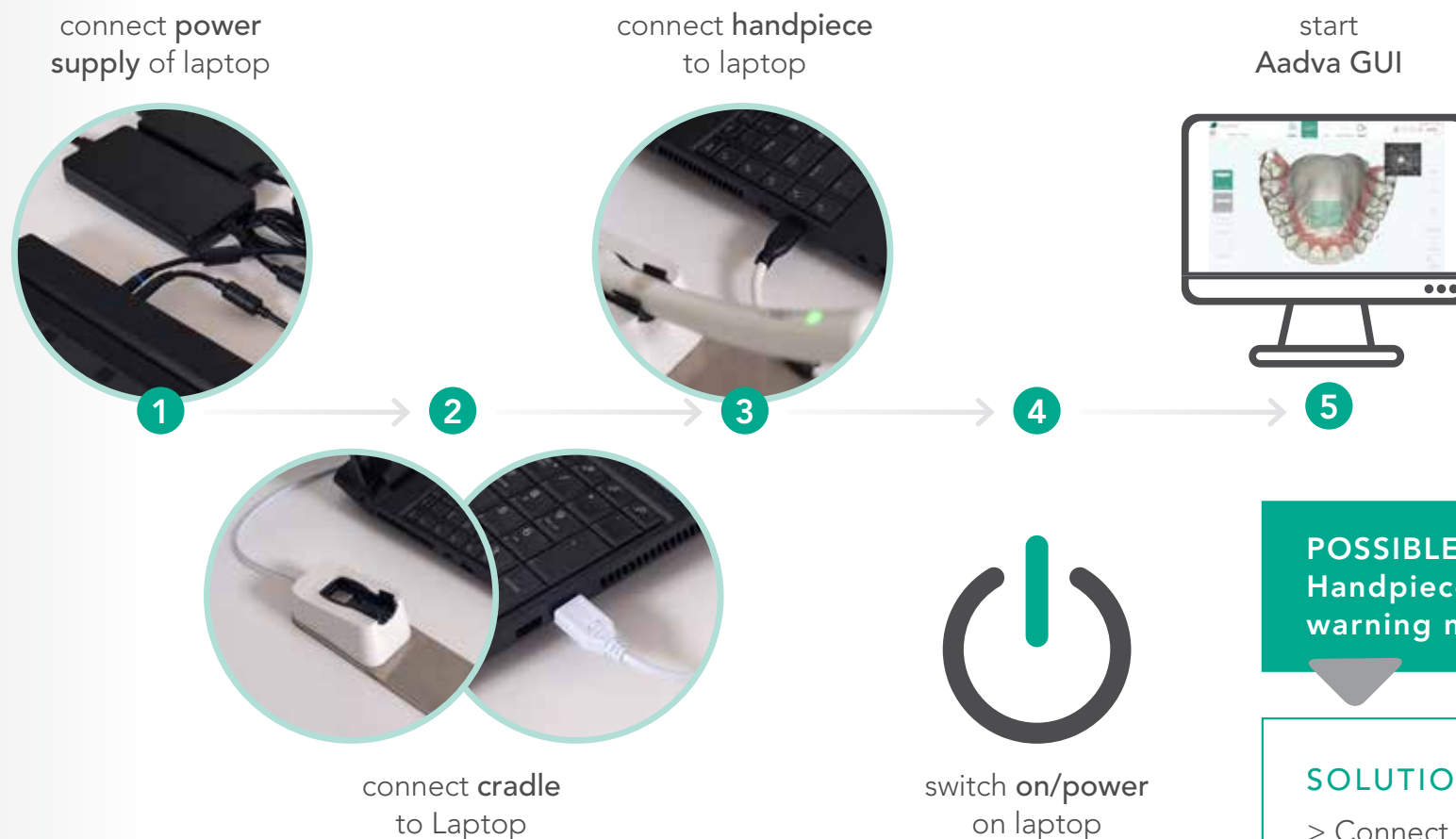


ATTENTION:

If the scan is unusually slow or there are a lot of interruptions, you may be running on battery mode! Make Sure that the power supply is properly connected on adapter AND on PC side!



check the
power supply
connections



POSSIBLE PROBLEM:
Handpiece is overheating –
warning message after GUI start

SOLUTION:

- > Connect all parts properly and restart the laptop
- > Make sure that the Aadva GUI is started after connecting the handpiece to avoid overheating



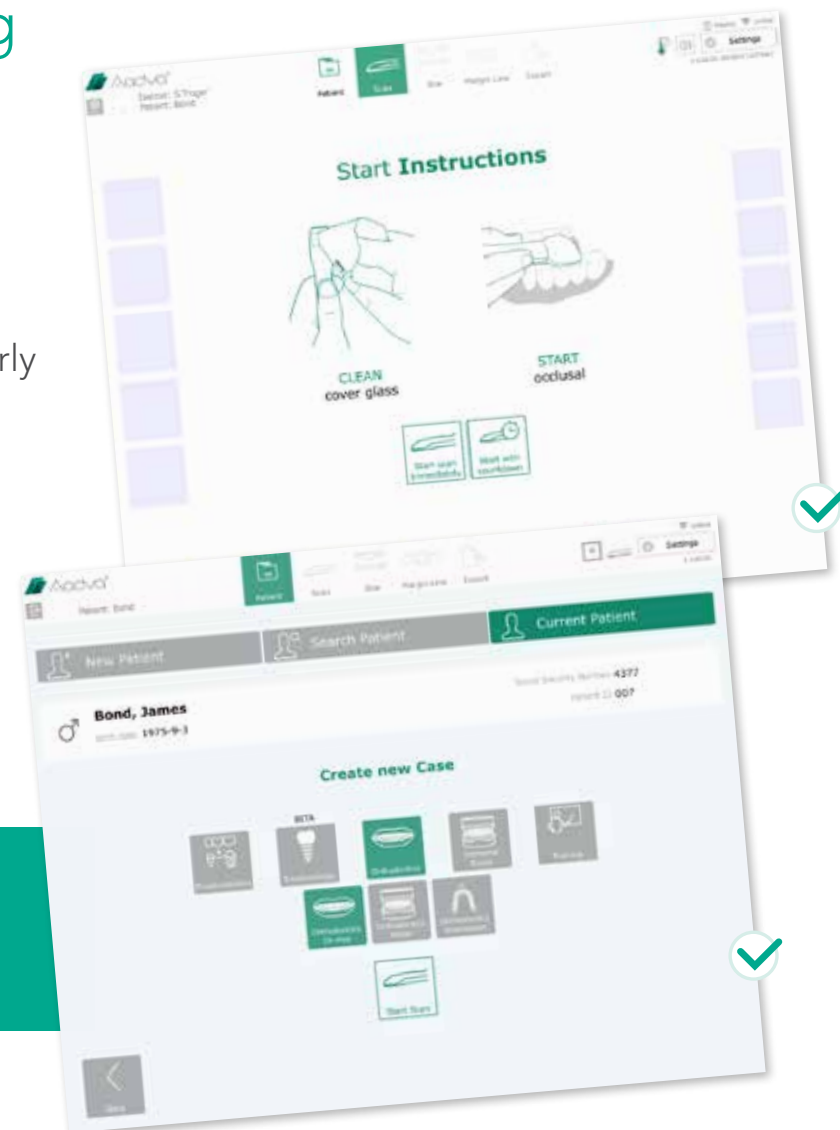
GUI Setup - Before Scanning

When the patient arrives and is prepared for scanning the ideal situation is:

- > Patient information is already filled out
- > Handpiece is disinfected and cleaned properly
- > Handpiece is at working temperature
- > Correct workflow is already selected
- > GUI is already in the scan section



**ALREADY DONE?
YOU ARE READY TO SCAN!**



Cleaning & Disinfection

After the IOS 100 handpiece is plugged in to the Laptop, follow these quick steps to clean and disinfect it.

1. Thoroughly clean the IOS 100 handpiece, cradle and cradle in-lay with Dürer FD333 disinfection wipes

2. Clean the glass on the handpiece with a soft Kleenex tissue

NOTE: Do not use soft tissues with balsam as it leaves an oily surface

3. Ensure that there are no streaks or spots on the glass left from disinfection wipes.

NOTE: To effectively identify streaks or spots see PG. 9

4. Ensure the handpiece reaches working temperature (PG. 8)



ATTENTION:
After disinfection the glass might be cold again, although the software shows working temperature!!!

SOLUTIONS

- > Option 1: put the handpiece for 30 - 60sec back into the cradle
- > Option 2: put the cover glass for 15sec on the patient cheek for faster heating; afterwards clean saliva with a soft tissue (Kleenex)

Working Temperature

- > Handpiece must be at **working temperature**
- > Start the device at least **10 minutes** before scanning and allow handpiece to warm up
- > Temperature is **indicated** in the right top corner ① of the AadvaIOS GUI



WORKING TEMPERATURE:

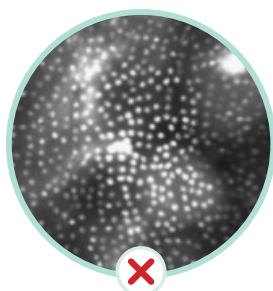


ATTENTION:
Desinfect always in advance,
so that the handpiece can heat
up after desinfection again.

Cleaning Check in the GUI

> Check of the cover glass cleaning with the "black" window in the right top corner

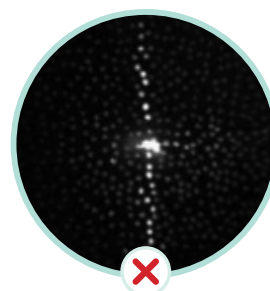
Fogging
cold cover glass



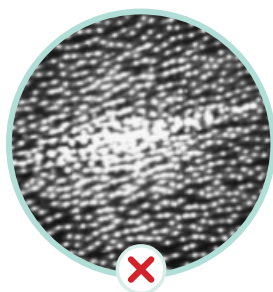
Poory Cleaned
dirty cover glass



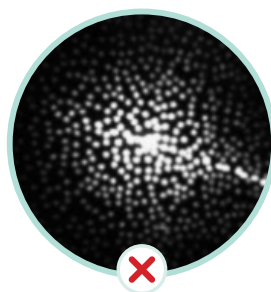
Poory Cleaned
dirty cover glass



HP facing the air



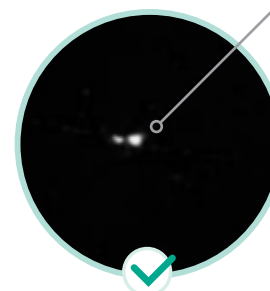
HP scanning



HP facing the air

The small white spot is not a bad cleaned cover glass, but an optical reflexion, which can be ignored and is supposed to be there all the time.

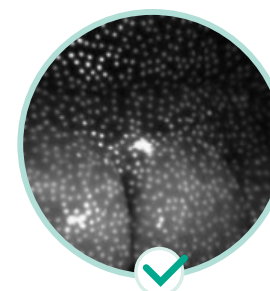
Ideal Situation!



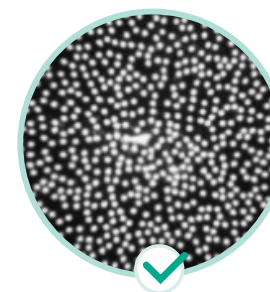
HP facing the air



Ideal Situation!



HP scanning

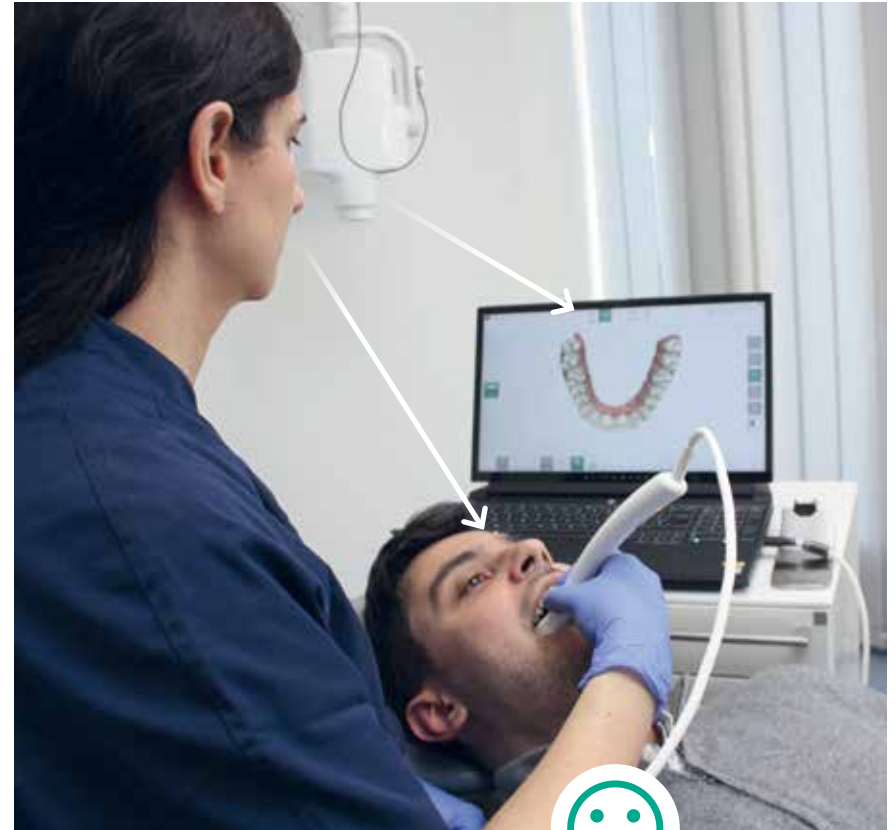


/ Workplace Setup

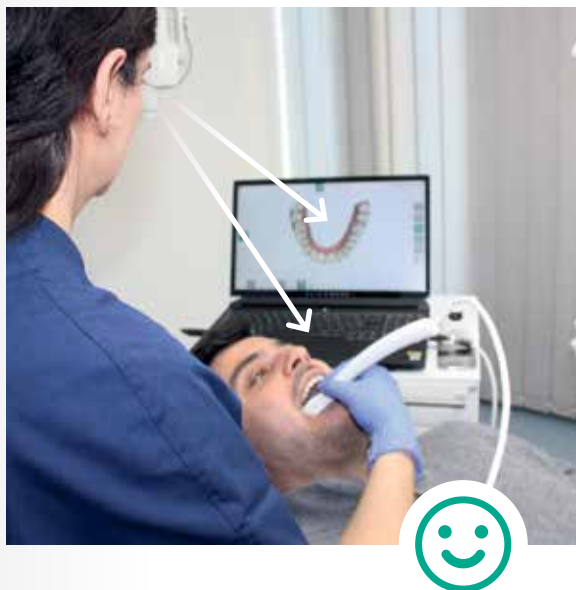
- > Prepare your workplace before scanning
- > Make sure you and your patient are in a **relaxing position**
- > You should see the screen and the patient's mouth EASILY



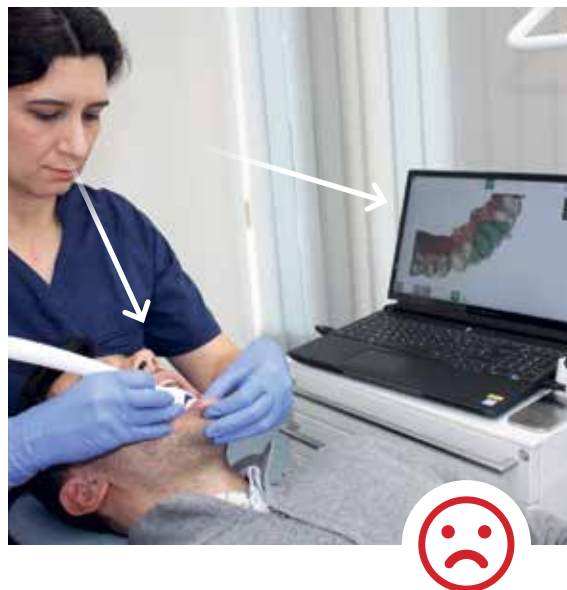
ATTENTION: As a user you need to see the in-vivo situation, the position of the device and the 3D almost parallel to ensure the best possible scan.



GUI and patient in same line of sight ✓



GUI and patient in
same line of sight ✓



GUI and patient in
different line of sight ✗



GUI and patient in
different line of sight ✗

SCAN

/ Workflow Selection

Create a new Case and select the correct workflow! ①

In-vivo Scan:

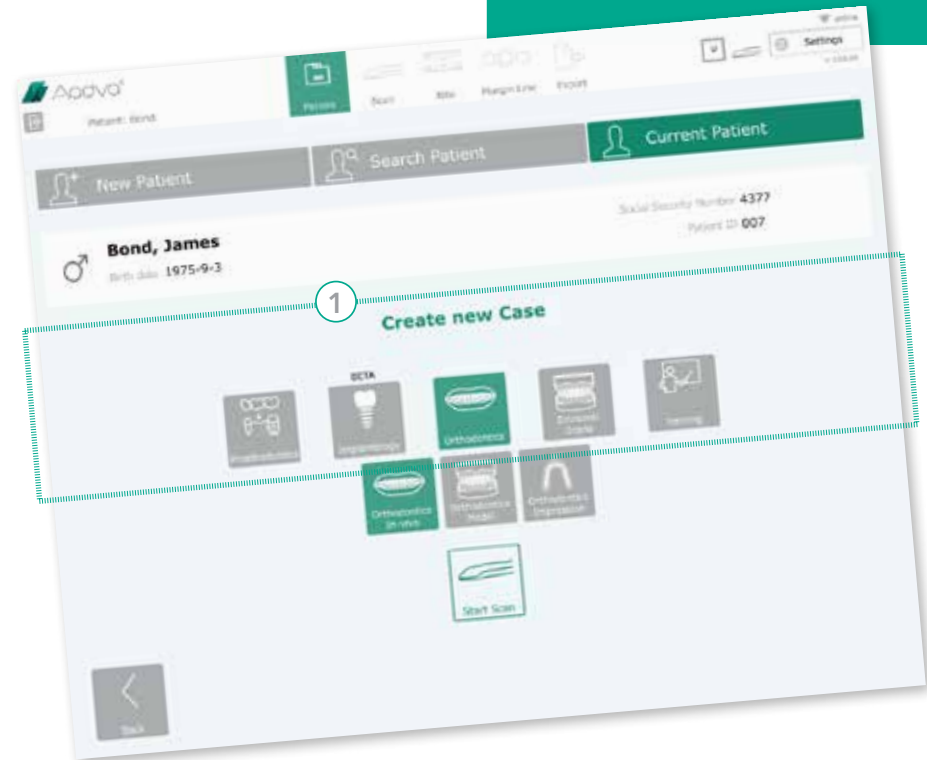
- > Prosthodontics
- > Orthodontics in-vivo

In-vitro Scan:

- > Orthodontics Model / Impression
- > Extraoral Model / Impression



ATTENTION:
Never use an in-vivo Workflow to scan a model (in-vitro). The scanner is individually optimized for in-vivo and model scans.

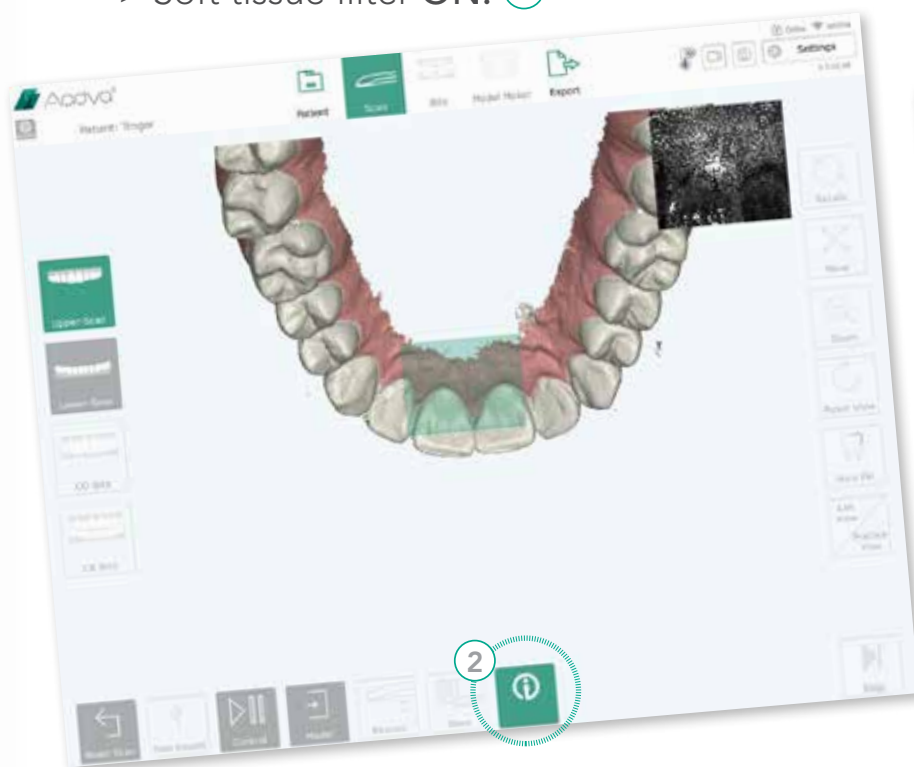


Intelligent Scanning

Functionality to filter soft tissue!
(Lips, Tongue, Cheek,...)

In-vivo Scan:

> Soft tissue filter **ON!** ②



In-vivo Scan:

> Soft tissue filter **OFF!** ③
(for scanning the Palate)



ATTENTION:
Disabling the soft tissue filter to scan a model is not the same as using the extraoral model workflow. Always use dedicated workflows!

/ Handpiece



Use the little finger for a stable handpiece movement ①.



Grab the handpiece like a turbine ② (pencil grip).

ATTENTION:
When the little finger is not used to stabilize the handpiece, the scanner will shake and suffer from rapid movements causing interruptions and low accuracy

/ Good Scan Distance

Keep scanning with a certain distance from the teeth

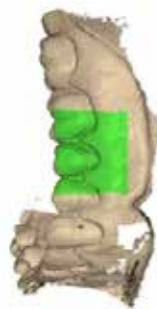
- > Green color indicates the optimal scanning distance
- > Red color indicates that the distance is too large or the distance is too short



distance **too large**



distance **too short**



Preparation Scan

Move/tilt continuously:
lingual - occlusal - buccal

SCAN
MODE



occlusal
start



rotational
movement



rotate to
buccal



back to
occlusal

LIVE
VIEW



occlusal start
scan 2-3 teeth



move/tilt
to lingual



back to occlusal
position



move/tilt
to lingual



rotational
movement



rotate to
lingual



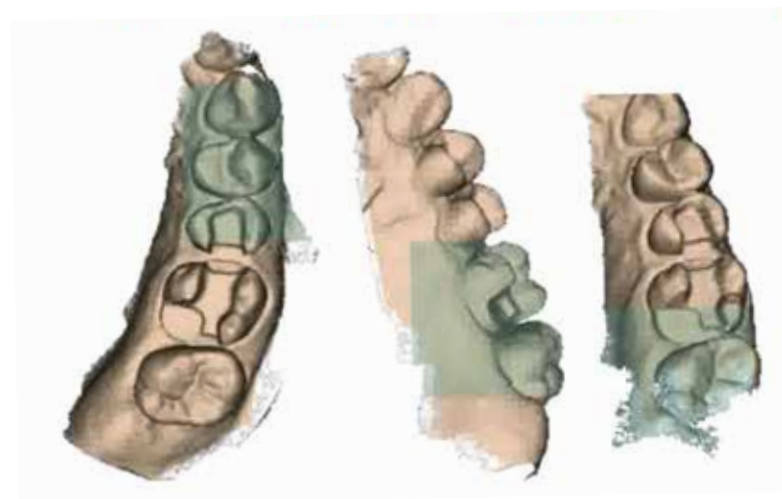
back to
occlusal



scan prep.
occlusal

7 8 9

occlusal - lingual - occlusal
- buccal - occlusal



Finalize the scan by moving back and forth
buccal-occlusal-lingual as often as possible.

Full Arch Scan

Move/tilt continuously:
lingual - occlusal - buccal

SCAN
MODE



**start:
incisors**



**move to canine
on lingual area**



**move to buccal
over the canine**



**continue
buccal**

LIVE
VIEW



**start at the incisor area
at the palate/lingual**



**scan the palate/lingual area
from #4 to #4 on each side**



**finalize tooth #3 and #4
on one of the quadrants**



**turn over tooth #4
to the buccal side**



ATTENTION: Finish the molar area similar to prep-scans by moving back and forth between occlusal-lingual-occlusal-buccal

5



scan half
incisals

6



return to lingual
over canine

7



canine
to buccal

8



finish
incisors



scan the buccal side
(with slight up and down
movements to also cover
the incisor edges)



start in the incisal side
and go over to tooth #4
on the other quadrant



also turn over to buccal
side on tooth #4



finalize the buccal
incisor part

Mill-Cut / Rescan Functionality

Any object (saliva, teeth, cord...) will be automatically corrected or removed by simply scanning over the object again or by rescanning after interruption.



**PATENTED
FEATURE
BY GC-DENTAL!**

SCAN
MODE



1



scan prep with
retraction cord

2



rescan prep without
retraction cord

LIVE
VIEW



Scan data with
artefacts like saliva,
blood or even
retraction cord



Pause scan, remove artefact on
patient and continue the scan
(pick-up). Rescan the artefact/re-
traction cord to make it disappear

*Red indicators used to show parts that
will be removed during rescan

SOME EXAMPLES:

Patient who is bleeding strongly

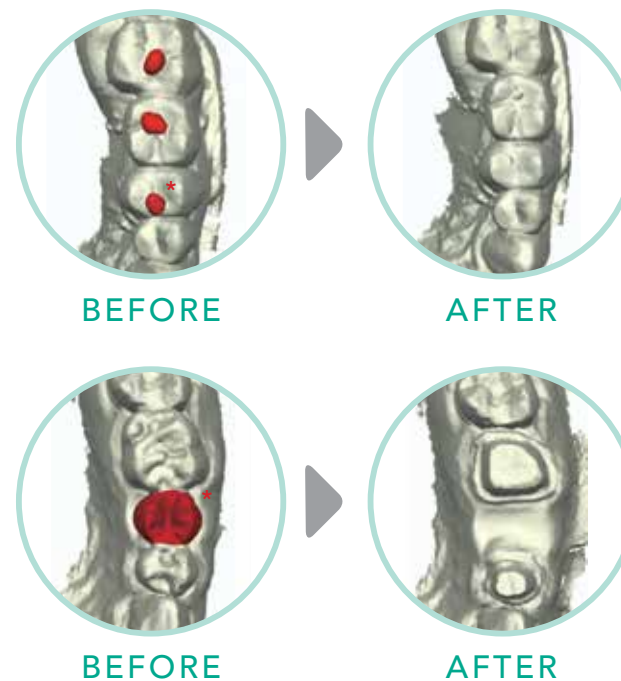
- > Scan the arch – the blood can be ignored
- > Remove the blood from the patient's mouth
- > Rescan the areas where there was blood in the scan

Rescan of prepared teeth

- > Load a precondition scan (before tooth is prepared)
- > Click on rescan and reuptake on an area where now preparation is
- > Use the rescan functionality and update the area where the preparation was done



NO NEED TO SCAN THE SAME PATIENT EACH TIME FROM BEGINNING! SIMPLY USE THE RESCAN FUNCTIONALITY!

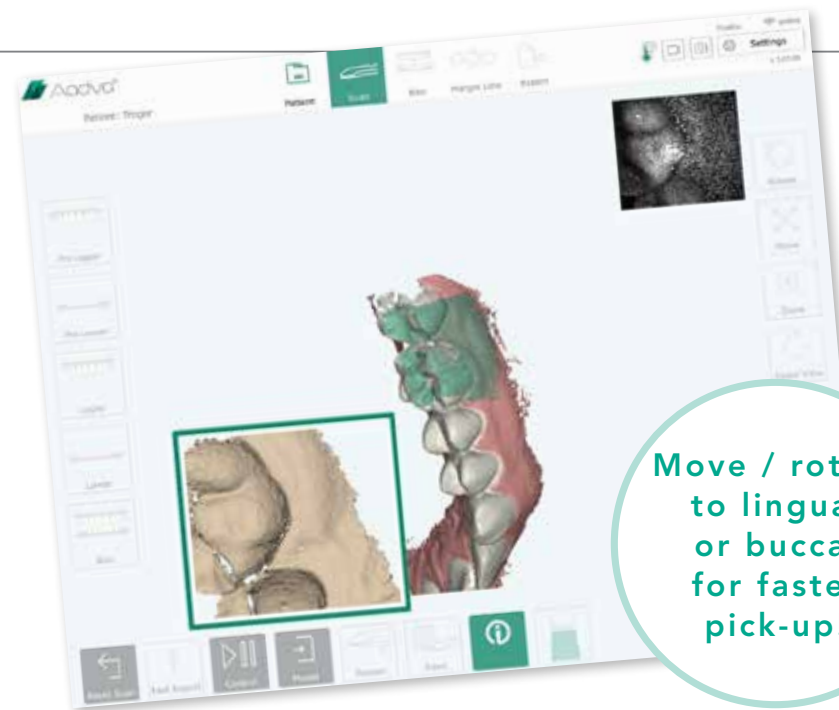


*Red indicators used to show parts that will be removed during rescan

/ Re-uptake / Pick-up

When in pick-up note the following:

- > Do NOT stay stationary
- > Keep on moving – generate data
- > Scan where data already exists?
- > Last position can be recognized by the colored rectangle



PICK-UP POSITIONS:



PREFERRED:
lingual area
buccal area



NOT GOOD:
occlusal area



ATTENTION:

- > Pick-up does not work at areas with no previous scan data
- > If pick-up does not work within 2.3sec, then chose a different position

CAD Parameters

Recommended design
parameters for CAD softwares:

Parameters for Crowns & Bridges

Gap thickness of cement..... 0,1 mm
 Angled crown margin..... 0.2 mm
 Angle 60 °
 Vertical crown margin..... 0 mm
 Don't block out 0 mm

Parameters for Onlays & Inlays

Gap thickness of cement..... 0,08 mm
 Begin of cement gap..... 0.5 mm
 Horizontal crown margin 0.2 mm
 Don't block out 0.2 mm



**Inform your dental lab
about the recommended
CAD Parameters.**

Parameters for occlusal & approximal distance

Parameters for exact collision
(no interception):

Distance to neighbouring tooth..... + 0.1 mm
 Max. occlusion..... + 0.1 mm

Dental labs usually design restorations with up to 50 microns (0.05mm) occlusal and approximal interception to allow the dentist to obtain a perfect fitting by grinding the restoration. For such an interception, the above mentioned, interception distance, should be added.

TIPS & TRICKS



/ Keep moving!

Always try to keep moving the handpiece

Without movement – no further data is captured – lean the cover glass properly.



/ Disinfection wipes are always cold

After disinfection always wait 1 minute before scanning.



/ Always use soft Kleenex for cleaning

Rough paper towels do not clean the cover glass properly.



/ Train yourself

The more you scan,
the easier it gets.



/ Don't use default CAD parameters

of 3d parties CAD software -
only use GC CAD parameters



THANK YOU FOR YOUR ATTENTION!
HAVE FUN!

Notes

Digital
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