Phosphor Plate vs Sensors, which is right for my office?

Does anyone have the ScanX by Air Techniques, and how do you like it? I like the idea of the phosphor plates vs. sensors.

Hello Bamabill, welcome to DentalTown. The only problem with these plates is that it takes as long as conventional radiographs. Hence defeats the purpose of digital images (instantaneous).

Jasonteeth, I have the ScanX and LOVE it...so does my staff. It does NOT take as long as conventional radiographs and the benefits, while not instantaneous, are the same as the wired systems.

I would tend to agree with Tarun. While you won’t get immediate images with the PSP systems, you still have many advantages. There are no chemicals, faster processing times, and digital images which are easy to store. Many offices I set up use both wired sensors and PSP systems together.

Like Tarun, I have a phosphor plate system (DenOptix in my case). They both use the same identical plates, which are flexible, and yes...you can take vertical BWs. BTW...it takes 1 min 12 sec. to process 8 films with DenOptix....not too long for me. Additionally, you can use wired sensors with these systems, so they’re DUAL systems. The best of both worlds!

The ScanX is quicker than DenOptix in both scanning time and loading the final result on computer. There is no loading of a drum, just drop them into the scanner. It’s very similar to chemical processors.

Tarun and Lorne, I am considering the DenOptix for my Pans. I have IO sensors for PAs and endo. What, if any, integration problems would I expect with Dentrix and the existing sensors (dixi2)? Does it make economical sense to do this with the Pan rather than buying a digital Pan from the start?

The ScanX dilemma with EagleSoft probably won’t improve in the near future. When Air Techniques released ScanX, they did so without any software, leaving it up to the image management programs to write the software themselves. Most programs, like Apteryx, Mediadent, Vipersoft, etc. have the bridges in place.
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Using EagleSoft as an example, they are part of Patterson, as is DenOptix. Obviously, Patterson and EagleSoft have little to no incentive to write software that will allow you to use a competitor’s product. What IS interesting is that according to the Air Techniques’ site (http://www.airtechniques.com), both EagleSoft and Dentrix supposedly have bridges in place.

I keep seeing digital pans “bundled” with their own computer and OS—have you ever seen them without it? Why can’t you wire it into the computers as you do the intraorals?

Tarheeldds, PSP systems, while not as quick and nimble as the wired systems, offer a dramatic number of benefits. With wired sensors you have to carry the sensor from room to room or buy additional sensors. With the PSP system you simply take your plate to the central scanner and voilà it is on your computer (if networked it is available everywhere).

If you are a large office this translates into significant savings and less headaches. Also, if you have a pan or ceph you can take TMJ films. The PSP setups are a one-stop shop. Everything is digitized easily and simply, no different manufacturers or sensors to buy and thus more ability for the companies to play the blame game.

For me the move and opportunity with ScanX has been nothing short of a perfect experience. I can honestly recommend this setup to everyone. The only qualm is the selection of software, having played with Apteryx and hearing from others privately and publicly regarding various software, I can easily recommend and stand behind my recommendation of XVa3 as the choice of software for ScanX.

PS—I have no interests in any company mentioned.

As far as the decision of phosphor plate vs. direct sensor, I think that’s really a personal choice. As others have noted, there is a slight delay in developing phosphor plate images. With DenOptix, it’s 1:12. I know for ScanX it’s less; I can’t recall how long the first PA takes, but I know subsequent PAs take about 17 seconds.

If you do a lot of endo or implants, you might find the immediate image that you get with a sensor is worth the cost. There have been ongoing debates about the issue of line pairs/mm in image quality; the PSP systems average 10-12, while the sensors are in the 23-27 range. As the human eye has trouble differentiating more than 12, I don’t see this as a big issue, but some do. Some dentists see a difference in image quality between PSP and sensors, and some do not. I would caution you not to get caught up in the line pair issue, as the image quality is more a factor of the software algorithms than anything else.

The other advantage of the PSPs is the cost and replacement of the sensors. In any event, many of my clients are going with BOTH systems is the office; the PSP for PANs and as a backup, and the sensors for most PA and bitewing shots.