IMPLANT CASES

#8 Immediate Cantilever (Immediate Provisionalization)

Pre-Op



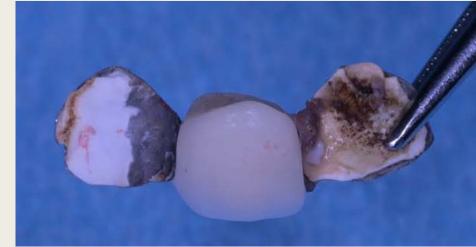
Blunted Root #8



Provisionalization)

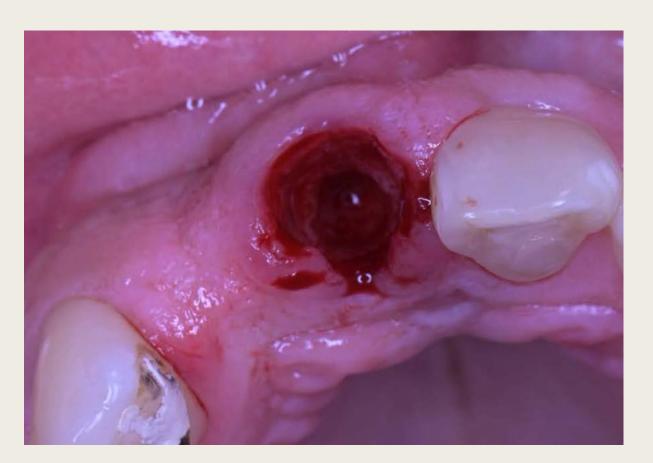


Maryland Bridge Removed



Provisionalization)

Atraumatic EXT





Provisionalization)

Guided Osteotomies





Provisionalization)

4.0 x 12 BLX

Confirmed Angulation





Provisionalization)

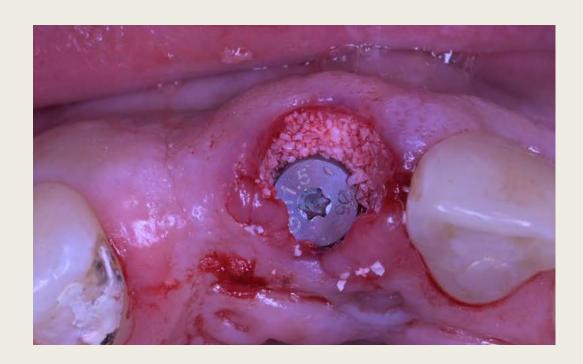






#8 Immediate Cantilever (Immediate Loading)

0.5cc Bio-Oss Graft Placed



Lateral Site De-Epithelialized To Create Emergence Profile with the Temporary



#8 Immediate Cantilever (Immediate Loading)



Temporary Fabricated w/ Concave Emergence Profile



#8 Immediate Cantilever (Immediate Loading)

Provisional Adjusted to Avoid Centric and Excursive Contacts





Vertical Root Fracture #3 (Note Crater Defect)



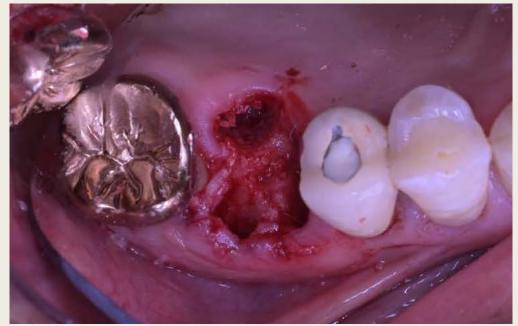
Pre-Op (Note Recession on #4)



Crown Removed and T-sectioned Roots



Atraumatic EXT



Prosthetically Driven Osteotomy



Freehand placement of 4.5 x 10 TLX Implant



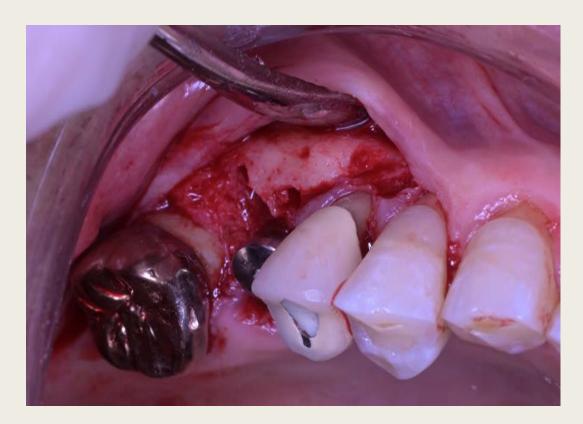
0.5cc Bio-Oss Condensed in Socket



Final



Note: A Papilla Preservation Flap was Resected and Stretched



Coronally Advanced the Flap w/ a Modified Sling Suture to Cover Recession on #4



Engaged Cortical Floor of Sinus



Implants #3 #19

Pre-op Radiographs

Good Quality Interseptal Bone



Low Quality Interseptal Bone



Implants #3 #19

#19

Low Quality Interseptal Bone





#19

Prosthetically Driven Osteotomy



Implants #3 #19

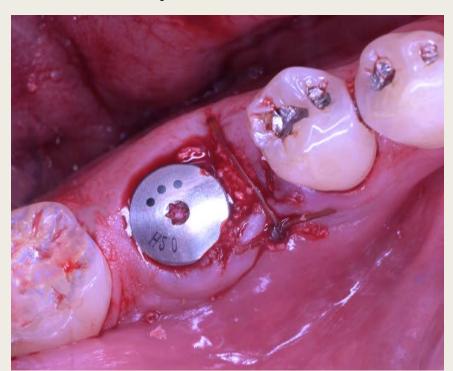
Primary Stability Achieved By Engaging 5.5 x 10 TLX in Cortical Bone From Distal Root and



Implants #3 #19

#19

0.5cc Bio-Oss Compacted and Primary Closure Achieved





Implants #3 #19

#3

Note: The bone at the #3 site appeared soft on the CBCT, so Densah burs were utilized to condense the bone while simultaneously performing a sinus lift



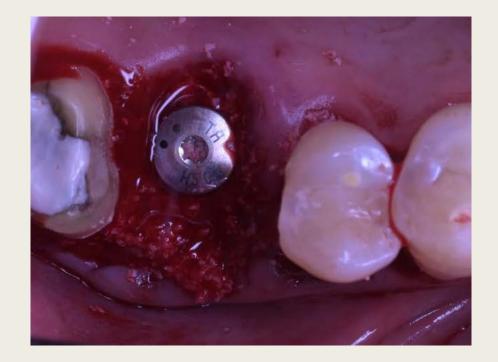
Implants #3 #19

#3

#3 Was T-Sectioned w/ a Surgical Handpiece to Allow for Atraumatic EXT



Interseptum Engaged and Bio-Oss Compacted



Implants #3 #19

#3

Primary Flap Closure Achieved Using a Combination of Suturing Techniques: Interrupted, Vertical Mattress, and Modified



Note: Bone Chips Pushed into Sinus



Pre-op Flabby Ridge



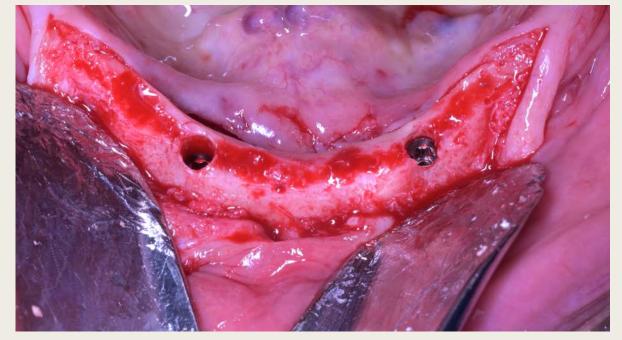
Guide Fixated w/ 3 Intraosseous Pins



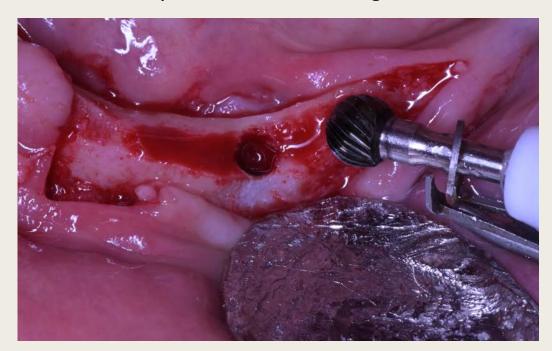
Straumann 4.0 x 10mm Implant placed



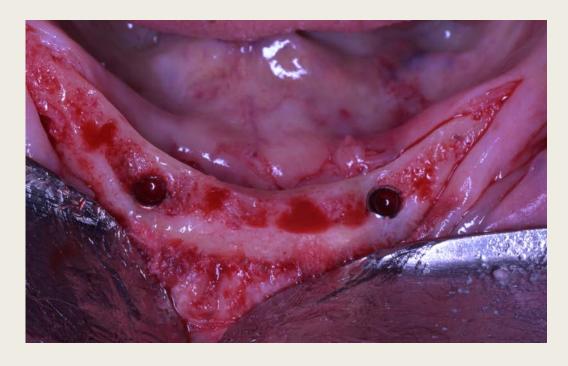
Implants countersunk to account for narrow ridge



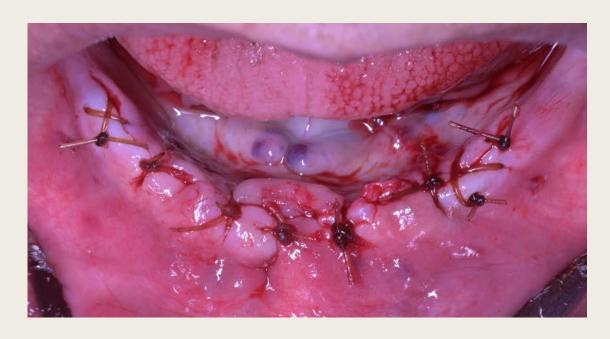
Alveoloplasty to bring implant platform flush to ridge



Final



Interrupted 4-0 Chromic Gut Sutures









Variety of Techniques Used to Expose Implants











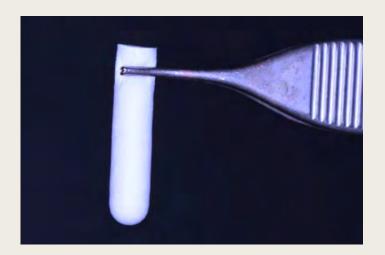


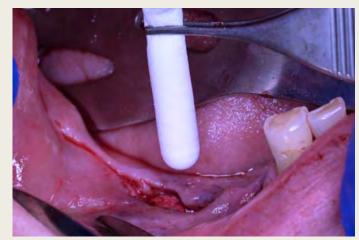
Combination of Trephine Burs and Reverse threaded Retrieval Screws Used for Explantation





Osteogen Plugs Placed





Continuous Interlocking Sutures





#19 Freehand

#19 Incision Cut

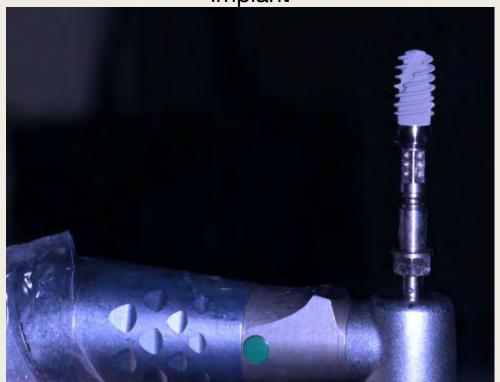


Flap Reflected and Guide Pin Placed in Osteotomy



#19 Freehand

4.0 x 8 Straumann BLX implant



Confirmed Angulation



*upon reflection, another single interrupted suture could have been placed mesial to gain better primary closure

Horizontal Mattress Suture Placed Mesial and Single Interrupted Suture Placed Distal



Pre-op Saddle Deformity



Tissue Punch





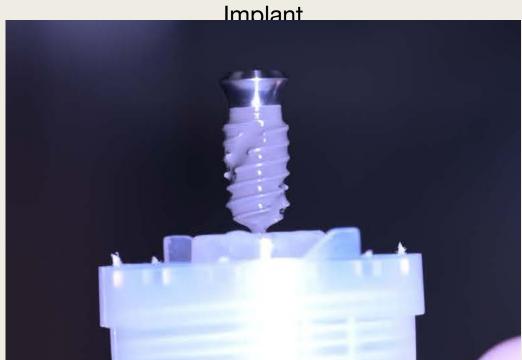
Guide Used for Osteotomy



Angulation Confirmed



Straumann 5.0 x 10 TLX



Handpiece Torqued to 45nm, Completed by Hand



Healing Abutment Placed



Same Process Repeated on #14



#30 Freehand

Edentulous Space Too Narrow For a Guide



Flap Reflected



#30 Freehand





OKU Sutro Excellence Day Project Cover Sheet

Project Title

Full name(s) and class year(s) of all project collaborators

Example: Jane Smith, DDS 2022; John Smith, DDS 2022

Project Category

Enter your abstract text here (max 300 words)