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Full-arch maxillary rehabilitation on 4 implants: fast and accurate intervention thanks to INITIAL guided surgery

Dr Dominique DUPONT
France



1. Pre-operative clinical situation



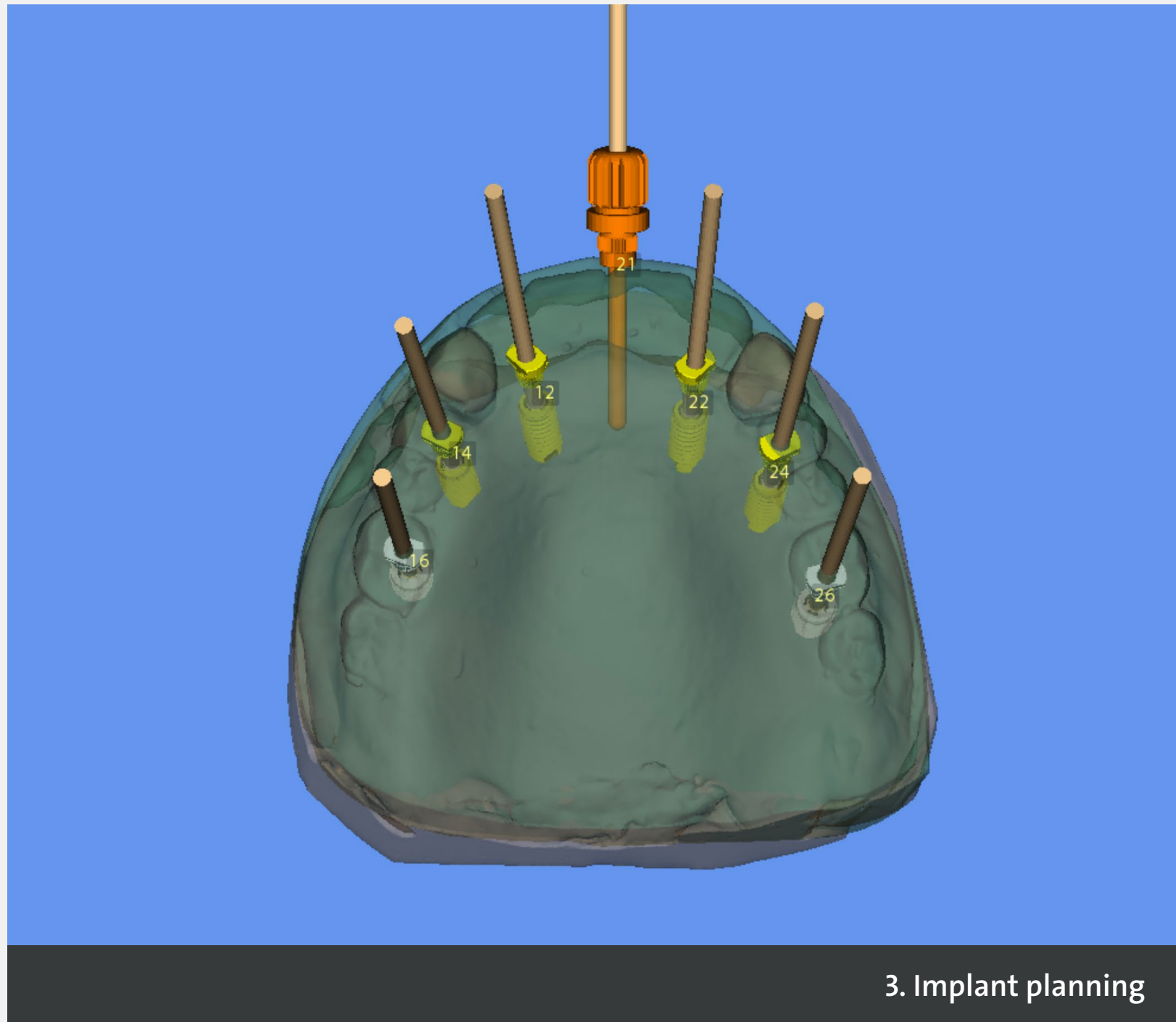
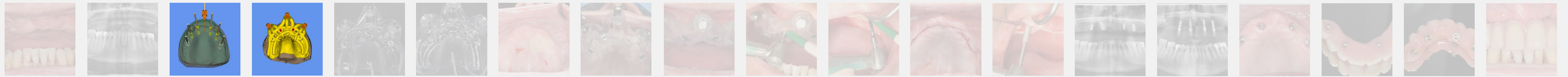
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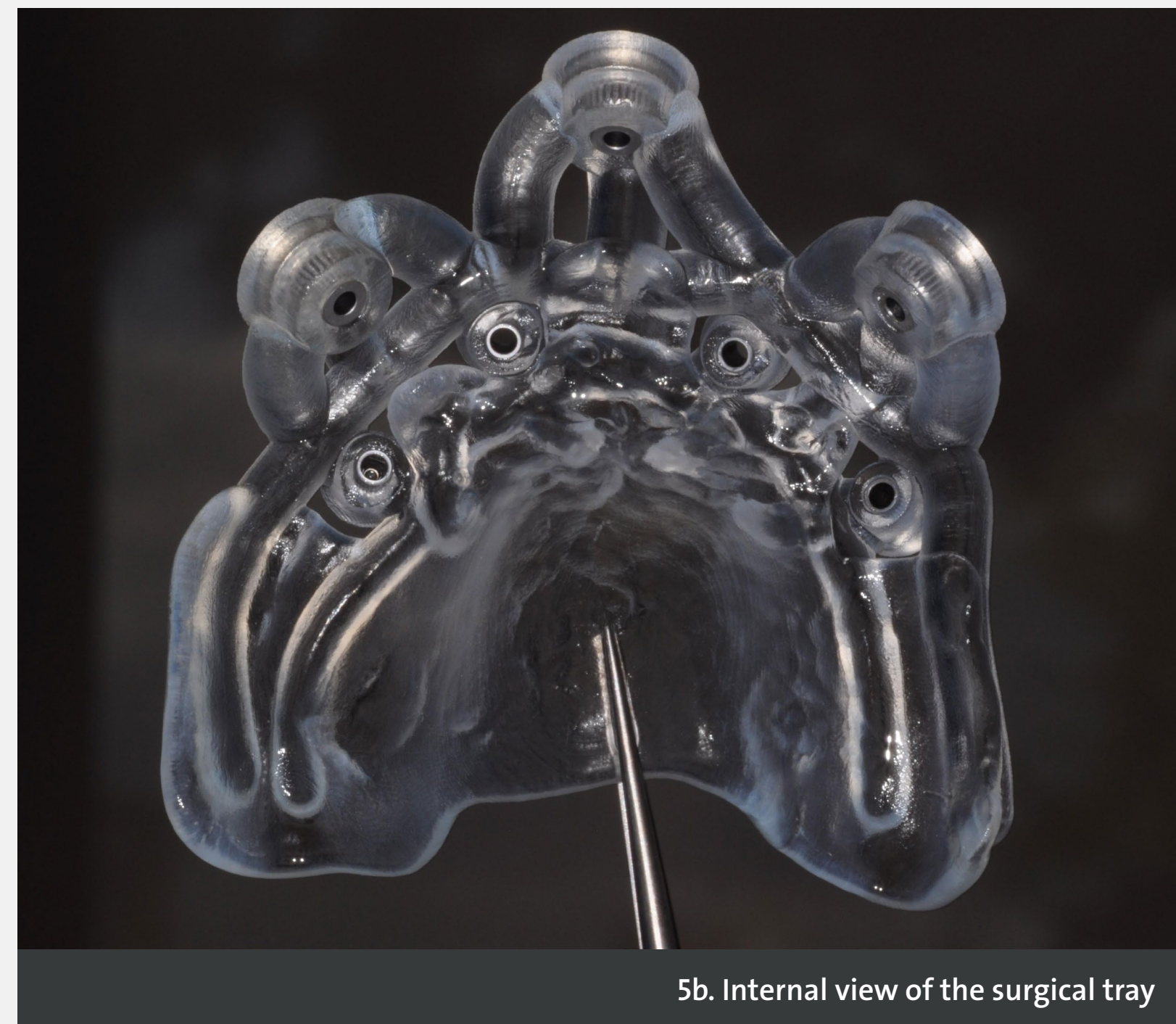
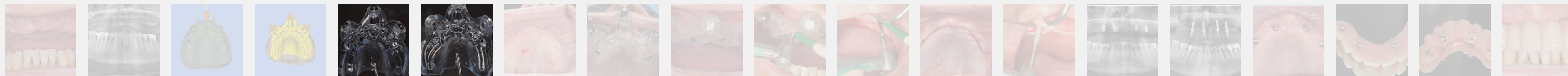
A 70-year-old patient, in good health, non-smoker. The patient would prefer more stability for the complete tissue-supported maxillary prosthesis he has had for several years. We suggest a full-arch maxillary rehabilitation on 4 implants prosthesis without immediate loading, as it would pose a significant risk, given the patient's clinical situation, with a dentate mandible.

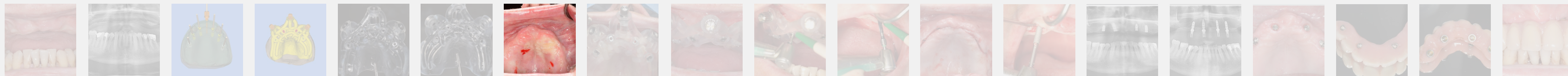
The guide is placed with a Flapless procedure by drilling the three pins. Once the guide is stabilised, the pointer drill with bit of the Initial kit is used, then the 2 mm drill is used on the planned length of the implant. Later, the crest is marked at the impact points of the 2 mm drill in order to work with good bone visibility. The flaps are minimally detached thanks to the identification with the 2 mm drill. A 2 mm direction indicator is placed in the drillings; next, the other drills are used in parallel following the visible direction.



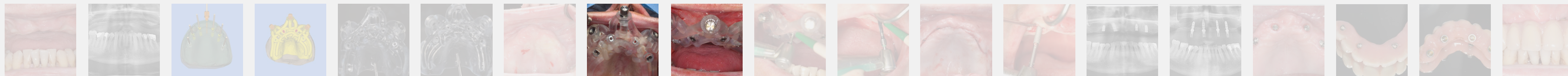
2. Pre-operative X-ray



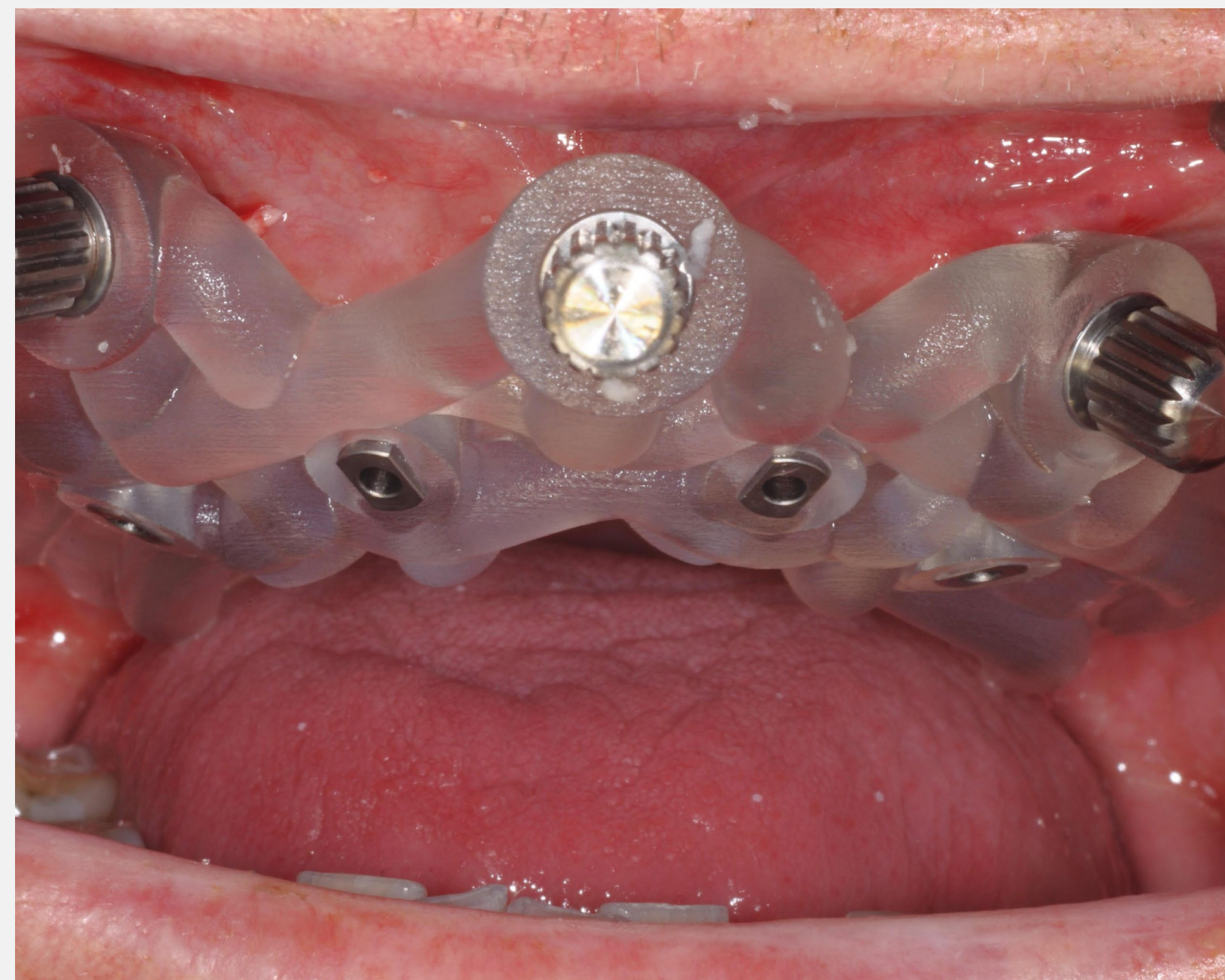




6. Maxillary occlusal view



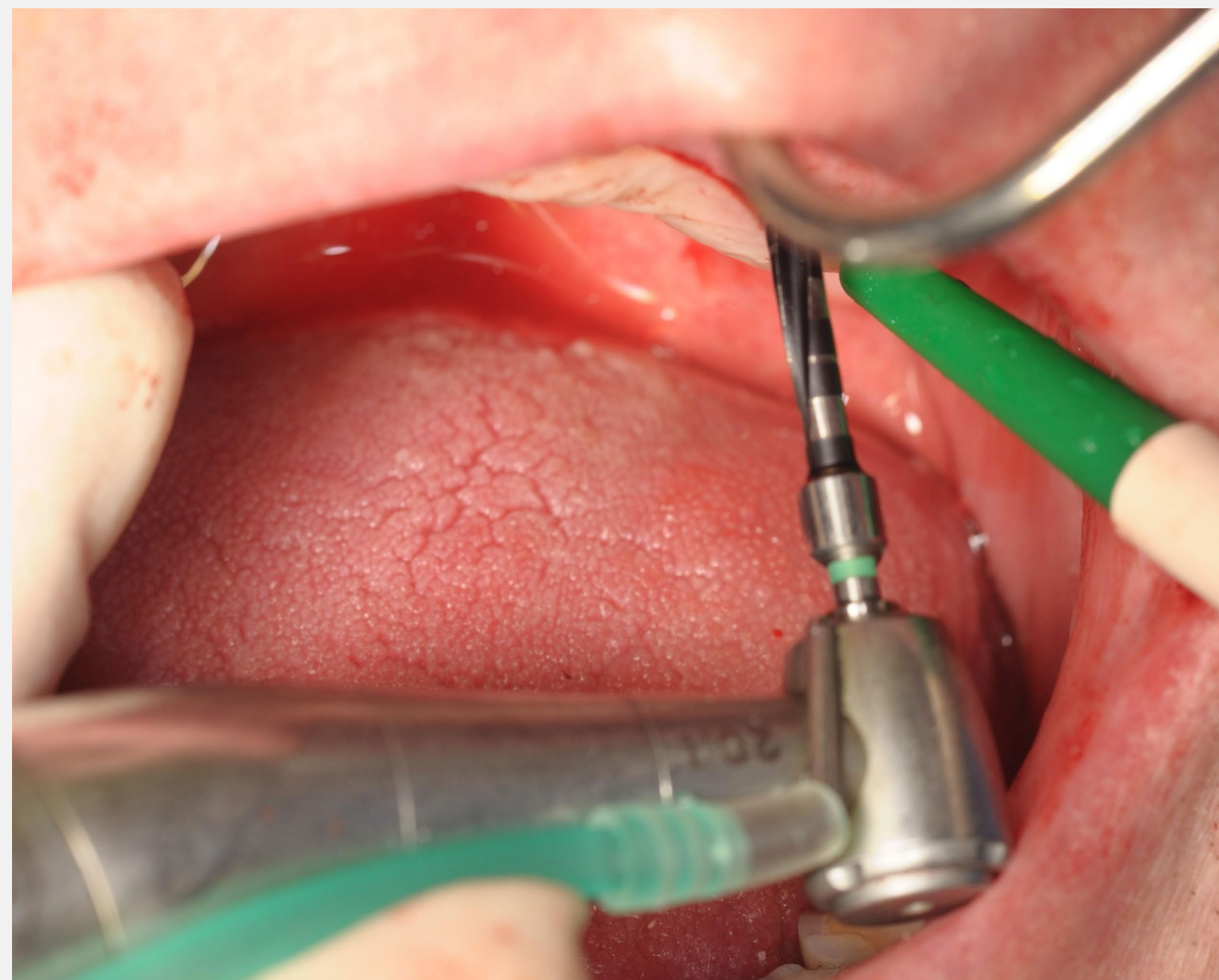
7. Surgical tray in place with a pin



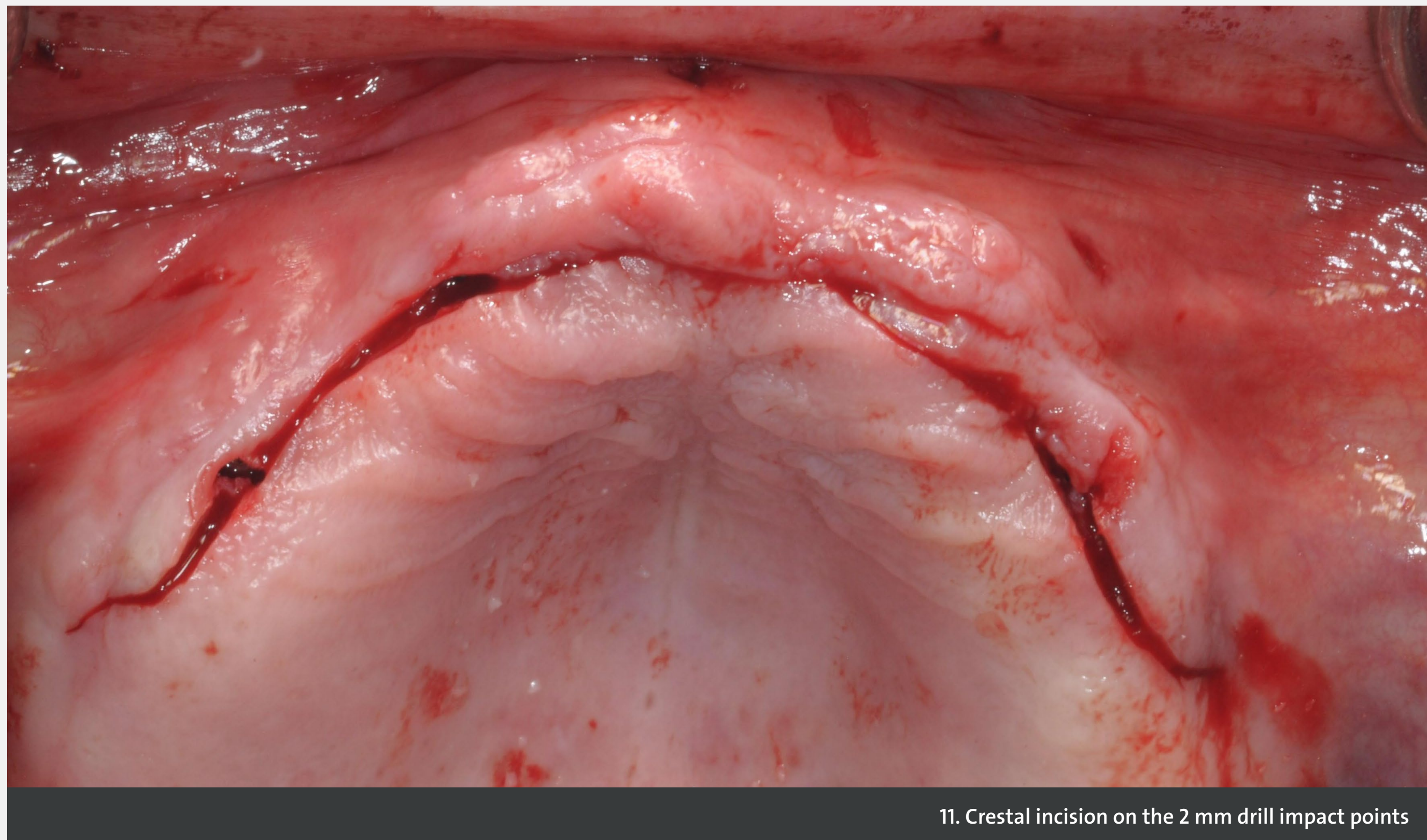
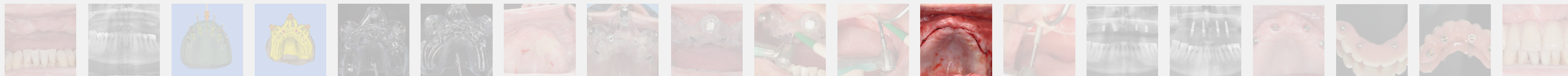
8. Tray with three pins



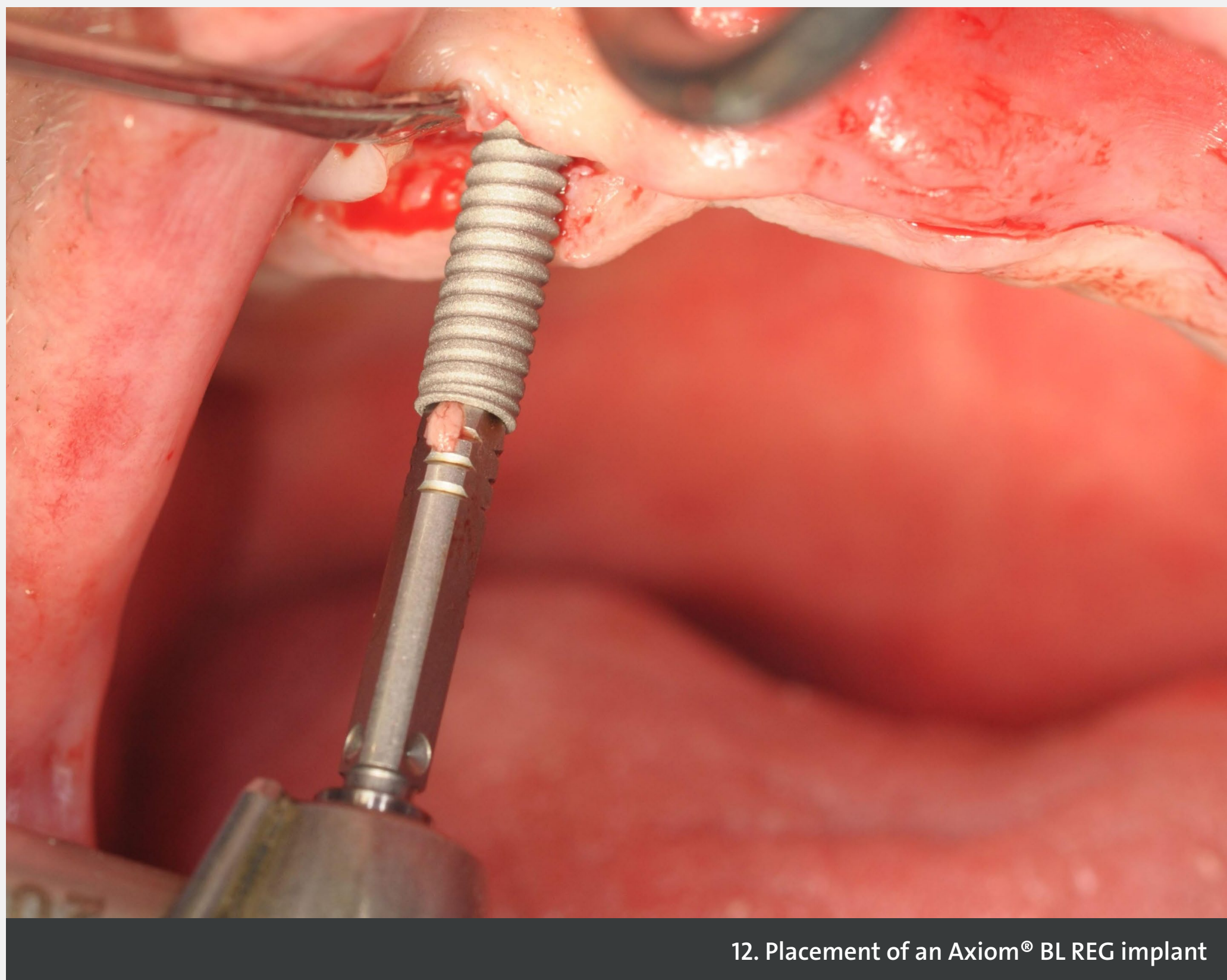
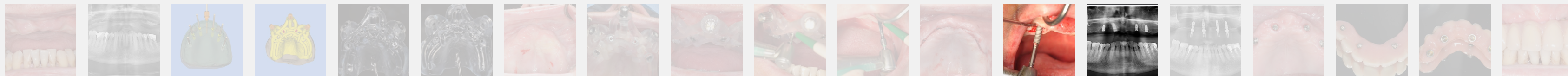
9. Pointer in Flapless



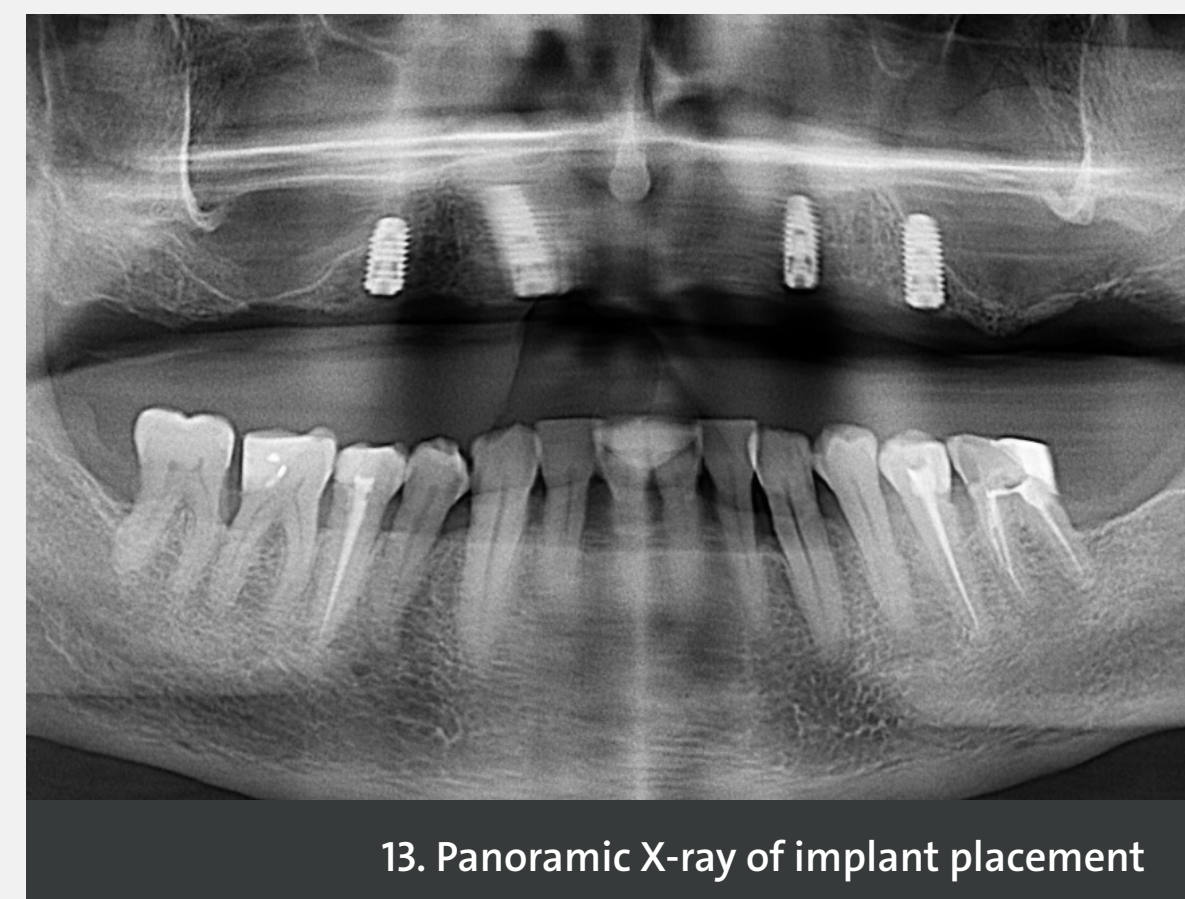
10. 2 mm drill in Flapless



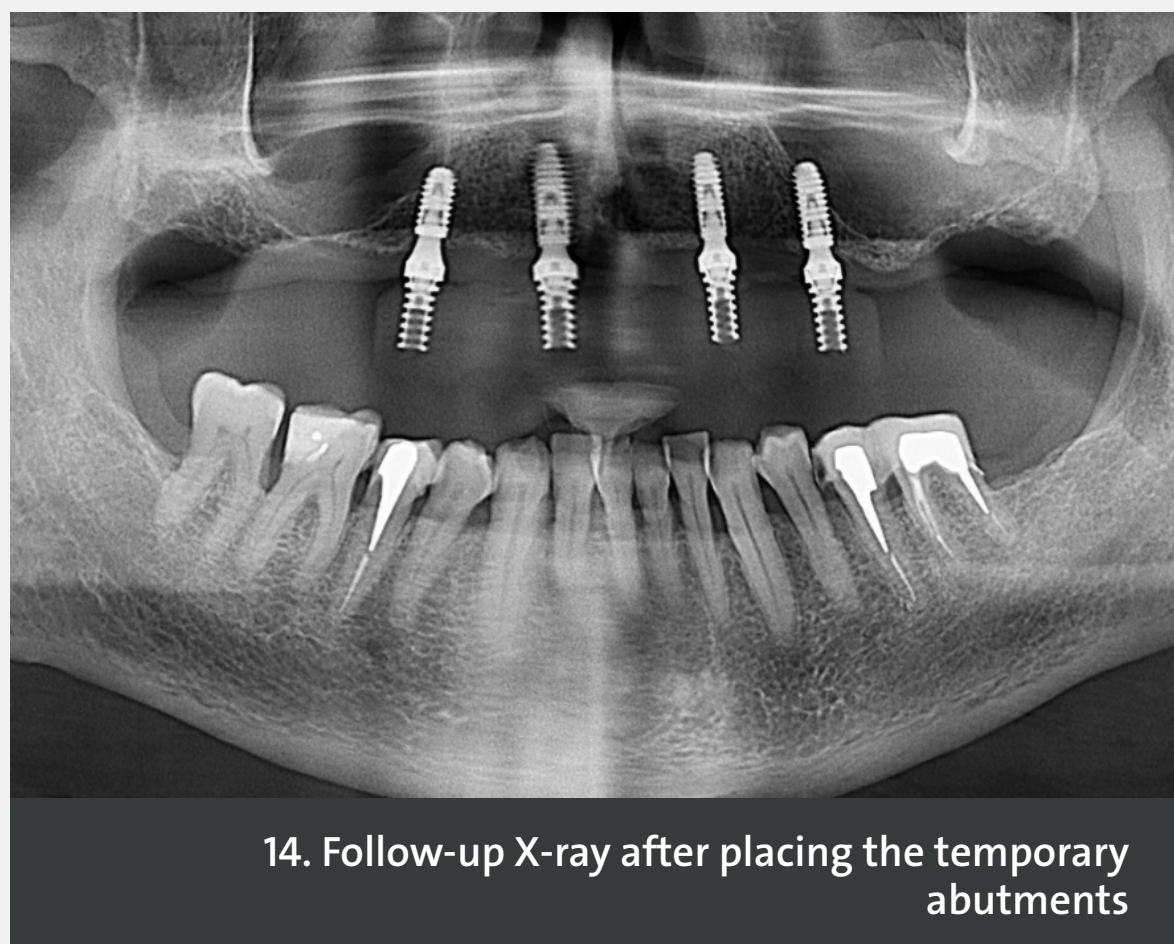
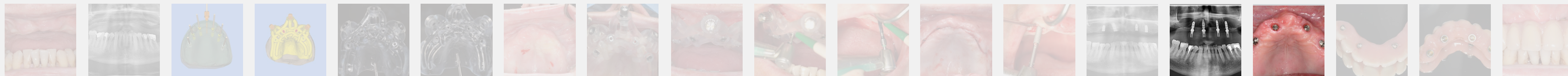
11. Crestal incision on the 2 mm drill impact points



12. Placement of an Axiom® BL REG implant



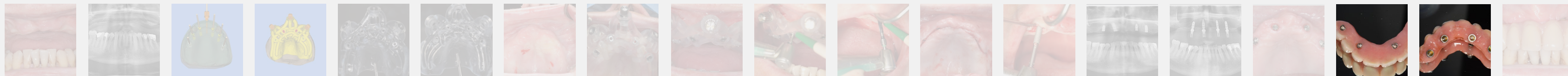
13. Panoramic X-ray of implant placement

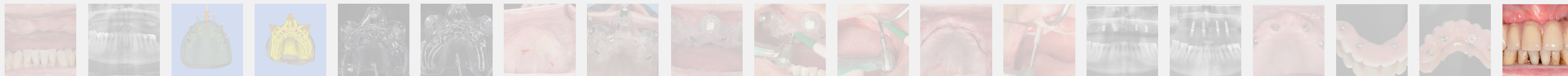


14. Follow-up X-ray after placing the temporary abutments



15. Gingival healing 4 months after surgery





18. Temporary prosthesis - vestibular view



After a 3-month healing period, the complete tissue-supported prosthesis of the patient is used to make a temporary screw-retained bridge on Multi-Unit abutments. The temporary bridge is left in place for three months to check the proper osseointegration of the 4 implants. Guided surgery helps with the accurate placement of the implants according to the prosthesis used. Mostly, it allows to check that the prosthetic axes on 15 and between 24-25 will enable an a full-arch maxillary rehabilitation on 4 implants.. Without SMOP implant planning, a full-arch maxillary rehabilitation on 6 implants was planned with two sinus fillings. However, our patient did not want sinus surgery and wished to remain within a reasonable budget. SMOP Initial guided surgery allows to perform less invasive, more predictable procedures. The speed and safety of this type of surgery are real advantages for our patients.



Courtesy of Dr. Dominique Dupont



**Dr Dominique
DUPONT**

France

- University degree in Oral Implantology
- Exclusive Implantologist

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ANTHOGYR SAS
2 237 avenue André Lasquin
74700 Sallanches - France

www.anthogyr.com

