

A portrait of Dr. Schwartz-Arad, a woman with dark brown hair and bangs, smiling. She is wearing a black blazer over a white top and a multi-strand pearl necklace. The background is a blurred, geometric pattern in shades of blue and white.

Dr. Schwartz-Arad DMD, PhD

Surgical Techniques for Reconstruction of Severe Ridge Atrophy

About the course:

Dr. Schwartz-Arad DMD, PhD is pleased to welcome you to this video collection titled **“Surgical Techniques for Reconstruction of Severe Ridge Atrophy”**, brought to you in collaboration with **osteocom**.

This video selection will help you identify the best **surgical strategy** when facing complex alveolar reconstruction cases

Dr. Schwartz-Arad provides precious indications and advice concerning **different treatment protocols** and techniques in **Reconstruction of Severe Ridge Atrophy**.

Each video of the series proposes a different clinical scenario, highlighting and describing thoroughly various treatment options.

The course focuses on **surgical techniques, autologous tissue and biomaterial management for vertical and/or horizontal bone augmentation**, with the aim of successfully restoring edentulous ridges with implant-supported prostheses.

Bone-augmentation techniques - specifically proposed to increase bone volume in the posterior mandible - will be presented:

- implant placement lateral to the inferior alveolar nerve (IAN) canal,
- transposition of the inferior alveolar nerve (IAN) with augmentation and simultaneous implant placement
- guided bone regeneration (GBR) by means of titanium mesh and onlay autologous block bone grafts (AOBG) for horizontal and vertical augmentation.

Format:

The format chosen for this video course allows to propose a series of exemplary practical cases the learner can access anytime and anywhere for direct daily application and continuing education experience.

Competences to be acquired by participants:

By enrolling in this training course, you'll get the opportunity to understand, deepen and master different aspects:

- how to treat the partially edentulous posterior mandible, a challenging area that often requires bone reconstructive surgery for implants placement
- how to manage the constant and predictable bone resorption process in edentulous areas, where the loss of functional stimulus leads to vertical and centrifugal bone loss
- how to approach and implement different surgical techniques, either used alone or in combination with autologous and/or heterologous graft materials to achieve alveolar bone augmentation (GBR and AOBG)
- how ensure success and predictability in implant placement and treat the challenging Inferior Alveolar Nerve (IAN) area.

Subscription Term:
Unlimited

Number of videos:
5 on-demand

Duration:
2 h

Quality:
1920x1080
FULL HD VIDEO

Language:
English

Video lectures program:

Video Lecture 1

Guided bone regeneration (GBR) with titanium mesh

Description:

Guided bone regeneration (GBR) has become more predictable due to advances in material sciences. Nevertheless, vertical ridge augmentation (VRA) remains a potential challenge due to the complexity of soft tissue management. This becomes more complicated in the posterior atrophic mandible, due to limited access and poor blood supply. A number of critical elements must be taken into account in the treatment plan. For example, the mylohyoid muscle insertion often compromises lingual flap advancement. The incorrect interpretation of anatomical structures may lead to intraoperative adverse events, such as bleeding or neuro-sensory disturbances.

This video aims to show how to successfully perform a vertical ridge augmentation in the posterior mandible, highlighting the critical aspects of this procedure.

Video Lecture 2

Bilateral inferior alveolar nerve lateralization and transposition, simultaneous implants placement and bone grafting.

Description:

Inferior alveolar nerve lateralization and transposition in combination with the installation of dental implants is sometimes the only possible procedure to help patients to obtain a fixed prosthesis in edentulous atrophic posterior mandibles. With careful pre-operative surgical and prosthetic planning, imaging, and extremely precise surgical technique, this procedure can be successfully used for implant placement in edentulous posterior mandibular segments.

Video Lecture 3

Implant placement lateral or lingual to the mandibular canal

Description:

Implant placement lateral or lingual to the mandibular canal is a viable treatment option for the edentulous mandible.

- The implants must be placed lingually or buccally to the neurovascular bundle, according to the local anatomy features, and secured into the mandibular cortical bone.
- In order to successfully perforate the cortex, the implants must be appropriately tilted.
- When placed lingually to the canal, the implants must be inserted into the floor of the mouth.

This choice carries the advantage of exploiting the double cortical anchorage, but the method is highly dangerous and may even be life-threatening, thus extra care and specific skills are required.

Video Lecture 4

Autologous Onlay Bone Grafting (AOBG) for vertical augmentation

Description:

The reconstruction of atrophic alveolar ridges using Autologous Onlay Bone Grafting (AOBG) is still considered as the 'gold standard' bone-grafting material, as it combines all properties required in a bone graft material: osteogenesis, osteoinduction, and osteoconduction.

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The use of intraoral donor sites, such as the mandibular ramus, offers minimal discomfort and morbidity. Intraoral sites comprise good bone quality, convenient surgical access, a good incorporation with short healing time, high biocompatibility and embryological proximity. For the AOBG to be accepted in the augmented area, other elements are introduced for additional support and rehabilitation; Growth Factors (GFs) for example, are implemented in different phases of tissue healing and are therefore a key element in promoting tissue regeneration. Platelet Rich Plasma (PRP) is an inexpensive way to obtain many GFs in physiological proportion and therefore has gained wide interest as a therapy for both soft and hard tissue injuries. In addition, Platelet-Poor Plasma (PPP) is composed of acellular plasma containing fibrinogen and growth factors, and is used as a "biological membrane" to cover the entire augmented area and donor sites that were filled with bone substitutes saturated in PRP.

Video Lecture 5

Autologous Onlay Bone Grafting (AOBG) for horizontal augmentation

Description:

In lesson 5 titled: In this video the full case presentation of AOBG for horizontal augmentation will be covered.

BIO

Dr. Schwartz-Arad DMD, PhD

A specialist in Oral and Maxillofacial Surgery (OMS), Ph.D. degree in cancer research, anatomy and embryology. Graduated from the Faculty of Dental Medicine of the Hebrew University and was a senior lecturer in the Department of Oral and Maxillofacial Surgery at the School of Dental Medicine, Tel Aviv University until 2008.

Since 2016 Dr. Schwartz-Arad is a Research Professor of the "Pharmacological Research in Dentistry Group" at the Faculty of Dentistry, State University of Granada (Spain) and Visiting Professor, UCAM, Universidad Catolica De Murcia, Murcia, Spain.

Dr. Schwartz- Arad is the author of 78 research papers focusing on immediate dental implantation, bone augmentation procedures for dental implants, the influence of smoking on the success of dental implants. Dr. Schwartz-Arad presented more than 100 papers in scientific meetings and she is a renowned national and international lecturer. She is the author and editor of the books "Ridge preservation & immediate implantation" and "Esthetics in Dentistry" published by Quintessence.

Dr. Schwartz-Arad is the Founder and President of "Conflict and Dialogue" study club and she is heading the Schwartz-Arad Continuing Education center.

Dr. Schwartz-Arad is the owner and senior OMS of Schwartz-Arad Day-Care Surgical Center.

