

Soft tissue management
with implantation

An approach with predictable outcome

www.benex-dent.com

Soft tissue management with implantation

1. Localized vestibuloplasty
 - Mucosal lobes are fixed to the periosteum with continuous back and forth suture
2. Midcrestal incision, lobule technique
 - Longitudinal incision 2 mm on palatinal side
 - labial / buccal incision semilunar, for lobules
 - the epithelium is removed
3. Mesial and distal releasing incision (trapezoidal)
 - perpendicular to the sulcus of the adjacent teeth, oblique to the vestibule
4. Periosteal incision (with scissors)
 - at least 2 mm apical of muco-periosteal suture
5. Suture around the implant
 - back and forth suture combined with a single button suture (Laurell suture)
 - Mucosal lobules are pushed in
6. Suture of the releasing incision
 - in the adjacent teeth: submucosally through the papilla
 - in the case of a free end situation: one back-and-forth suture for oral and vestibular wound closure
7. Case studies

Wundspülung ist die beste Antibiose und gelingt mit diesem Spülansatz am einfachsten.



Handstück No. 1805 (Spülansatz)

für externe Kühlung und
zum Auswaschen von
Wunden, mit austauschbarer
Kanüle No. 4105

NOUVAG AG

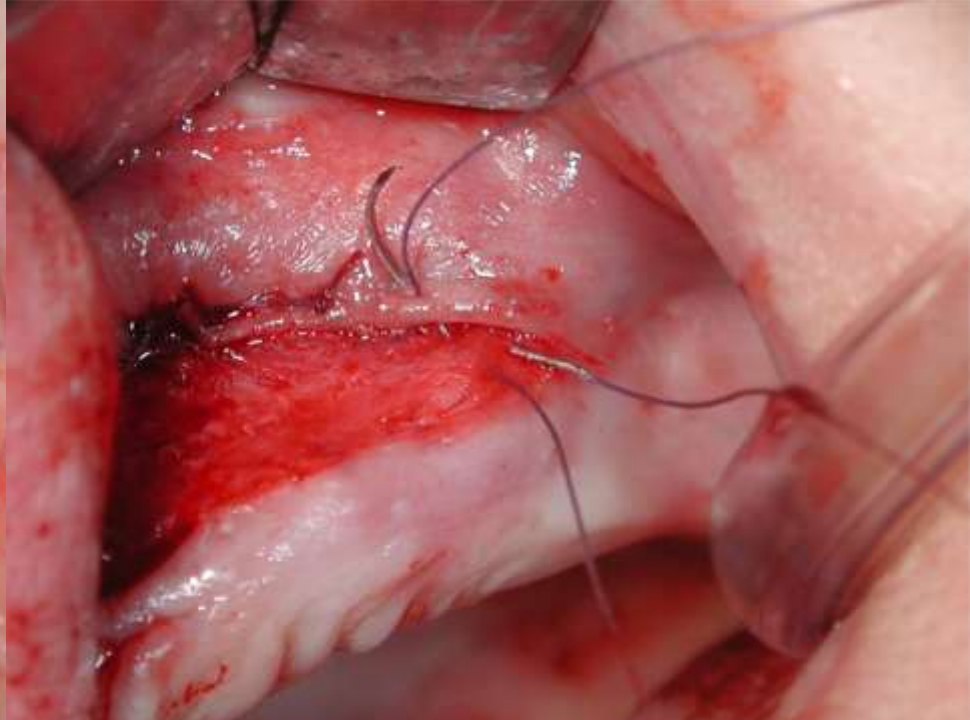
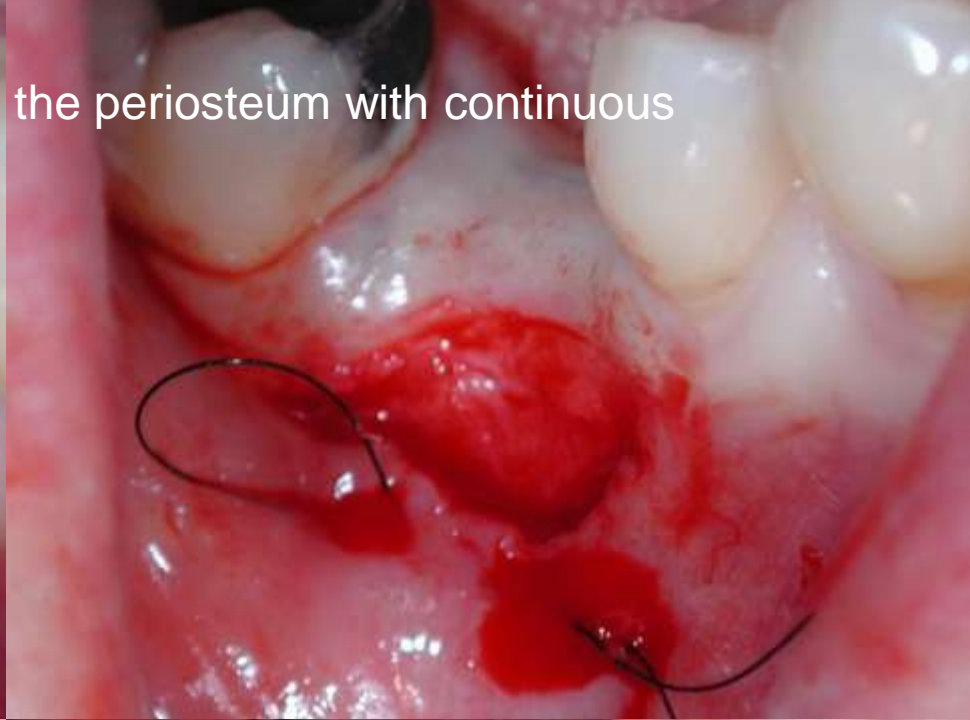
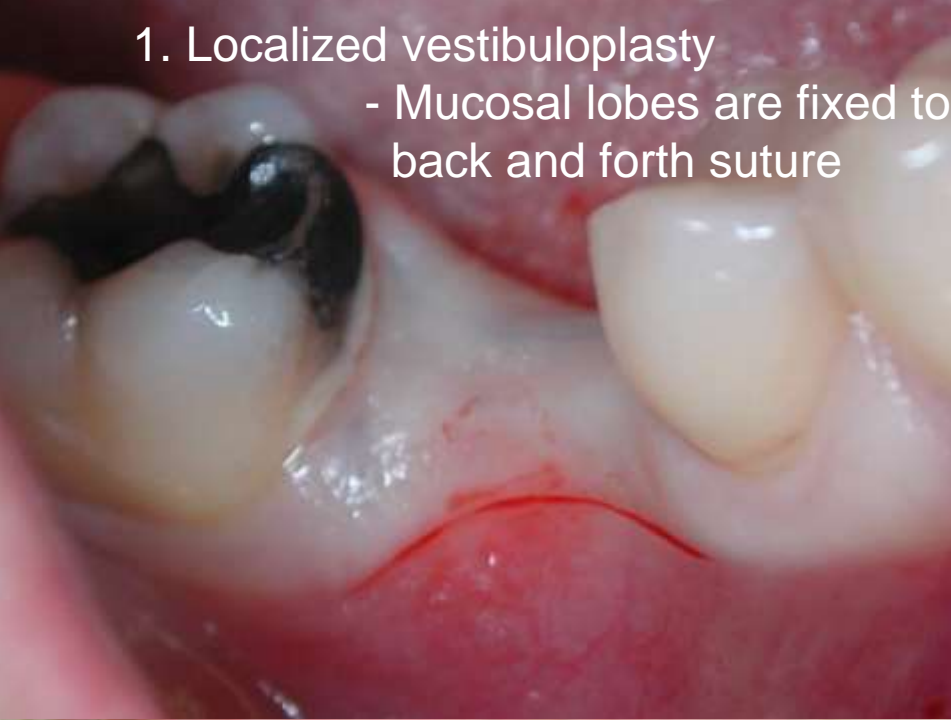
Gesundheit

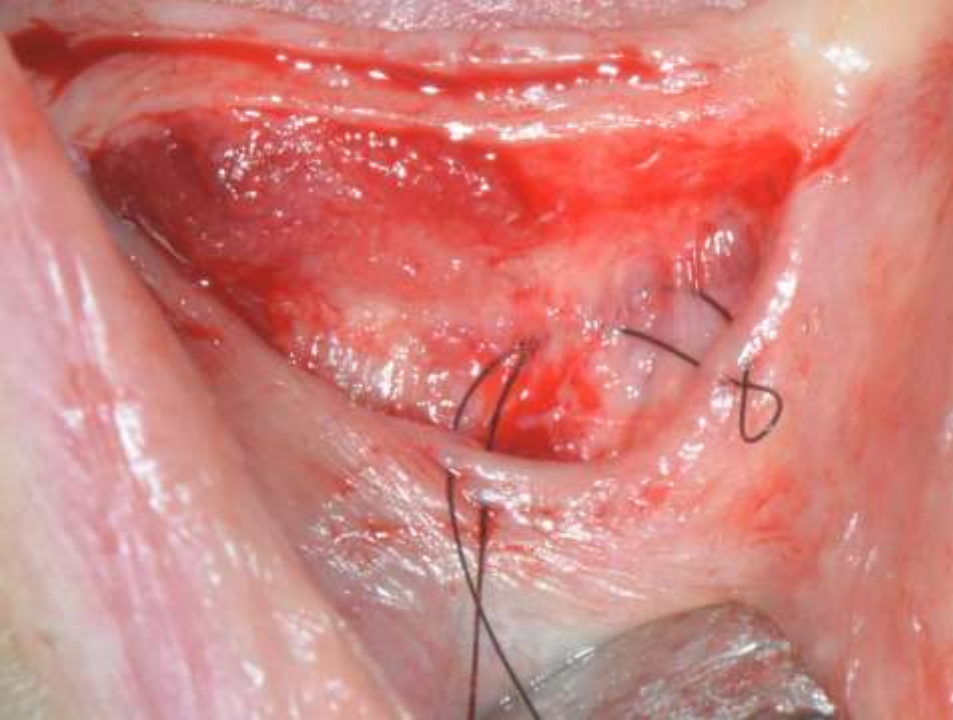
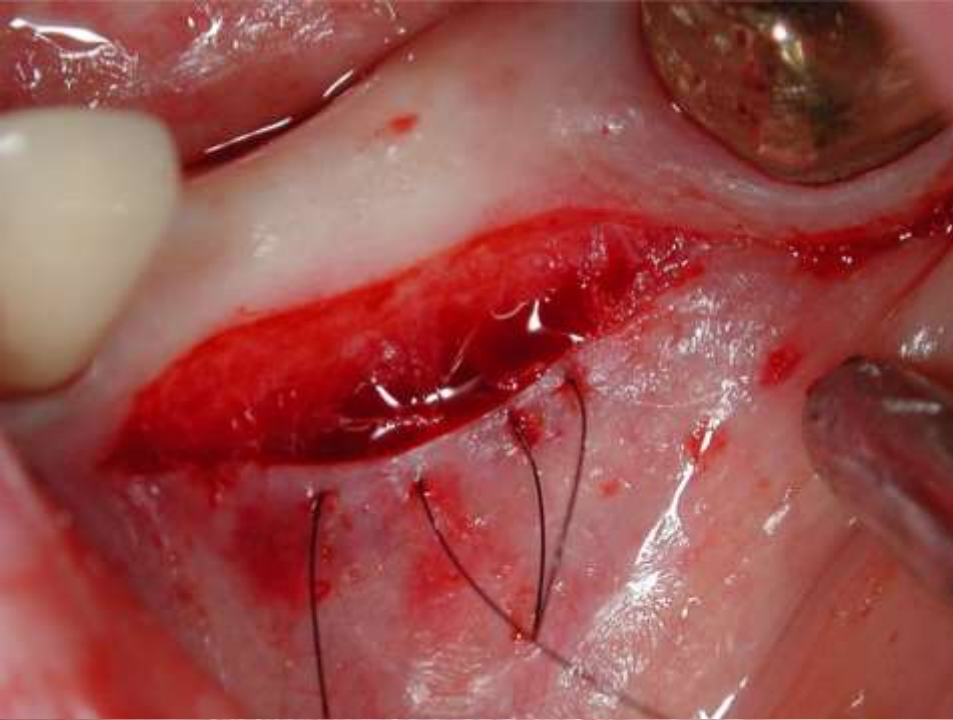
Adresse: St. Gallerstrasse 23, 9403 Goldach

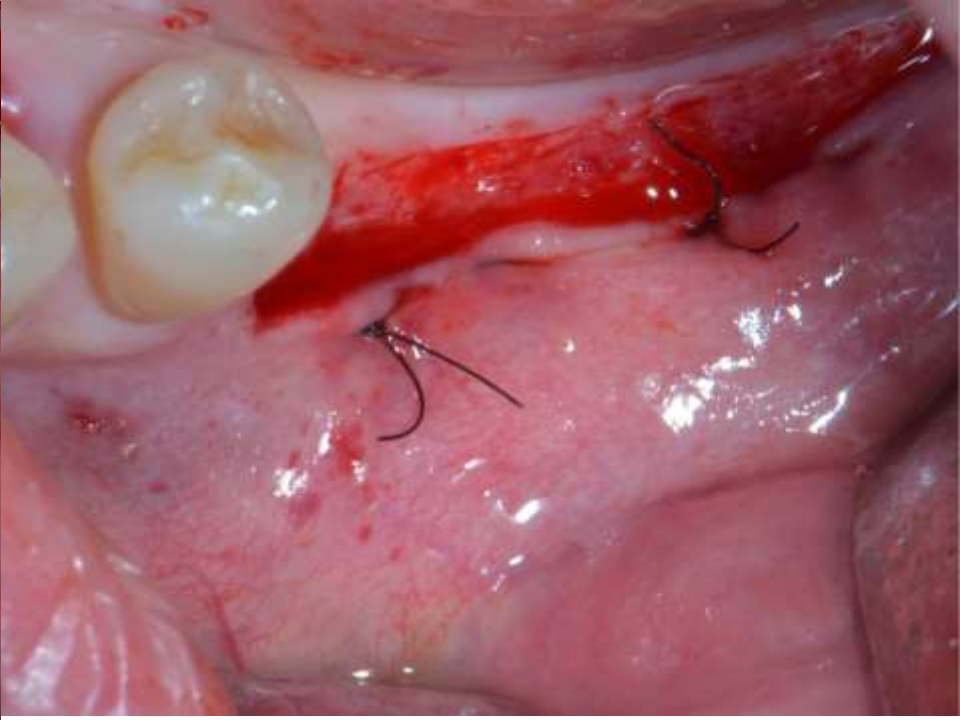
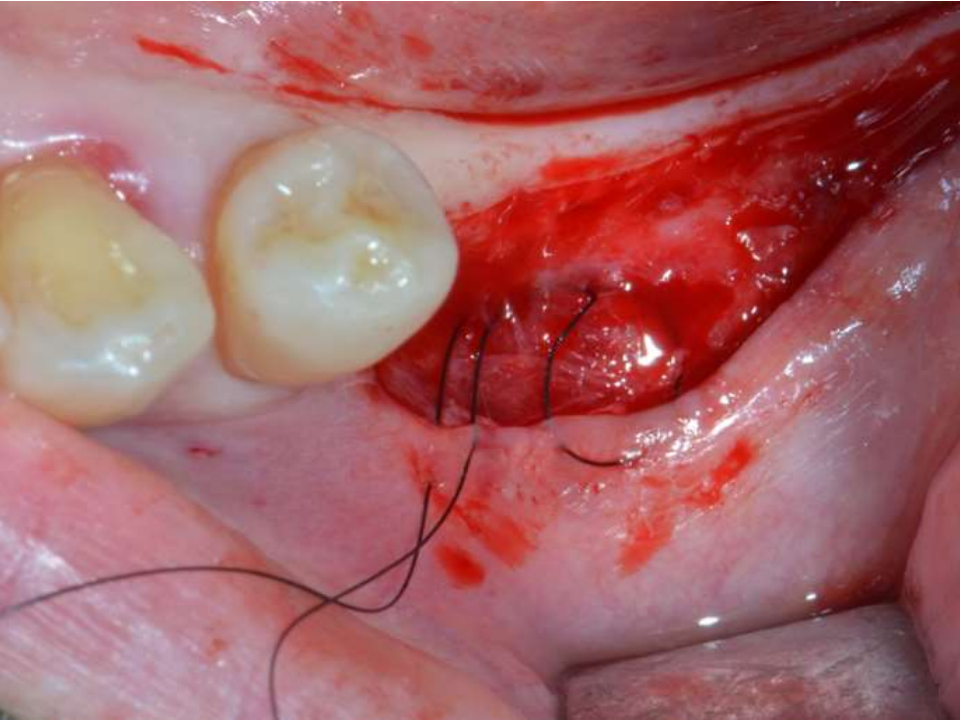
Telefon: 071 846 66 00NOUVAG AG

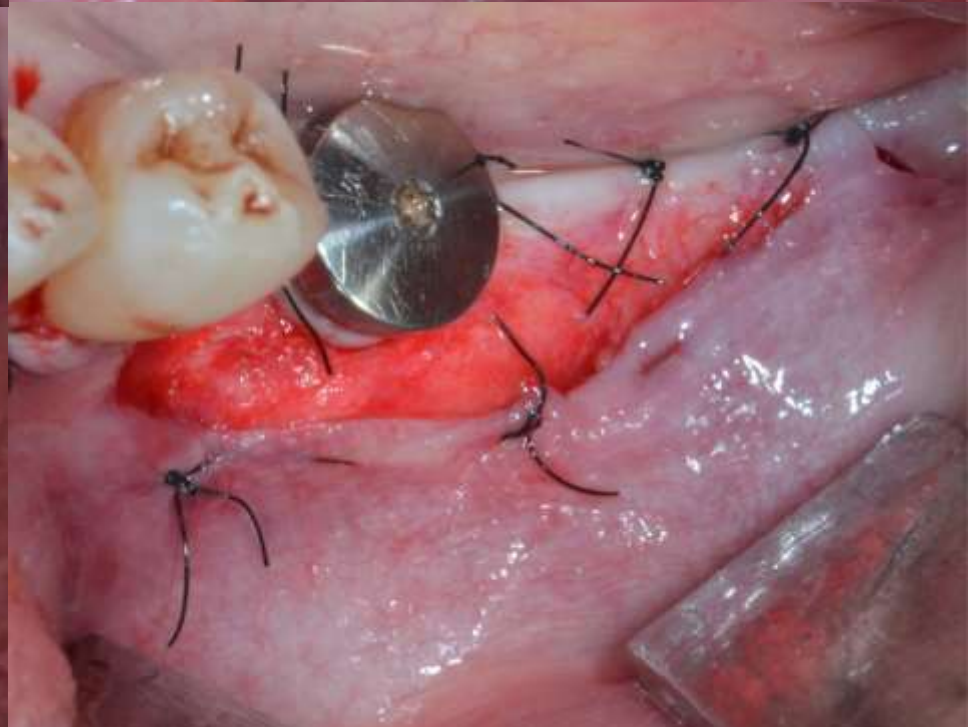
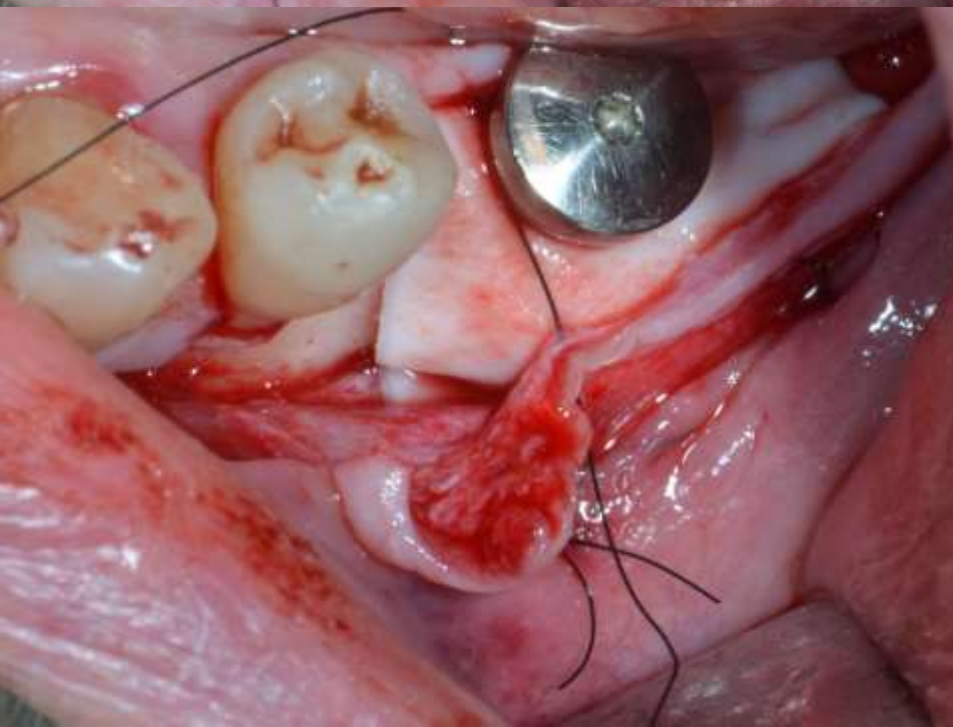
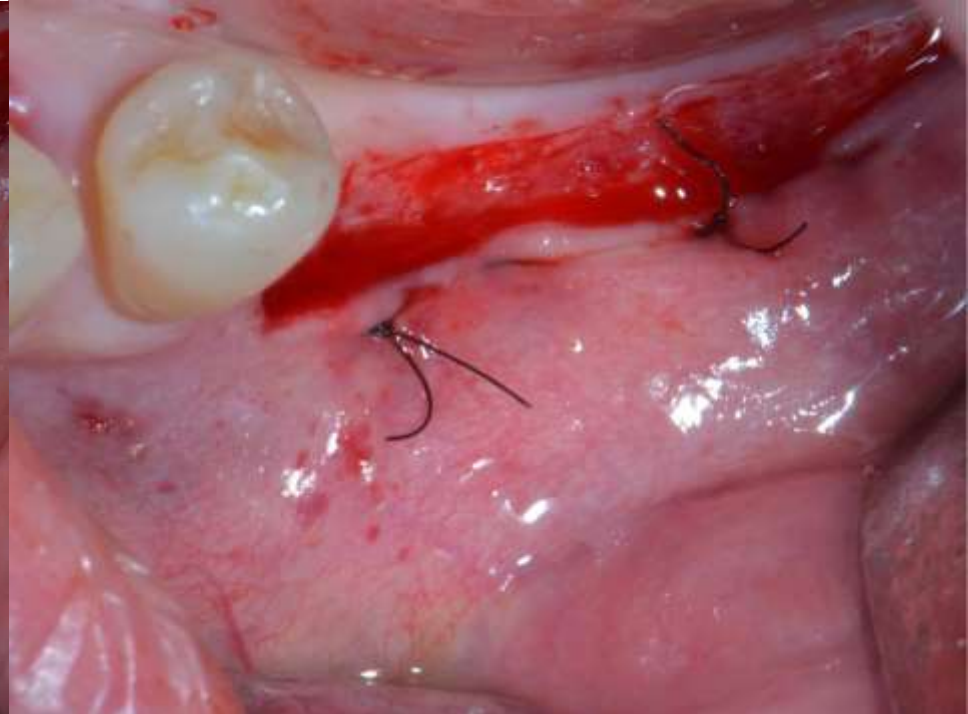
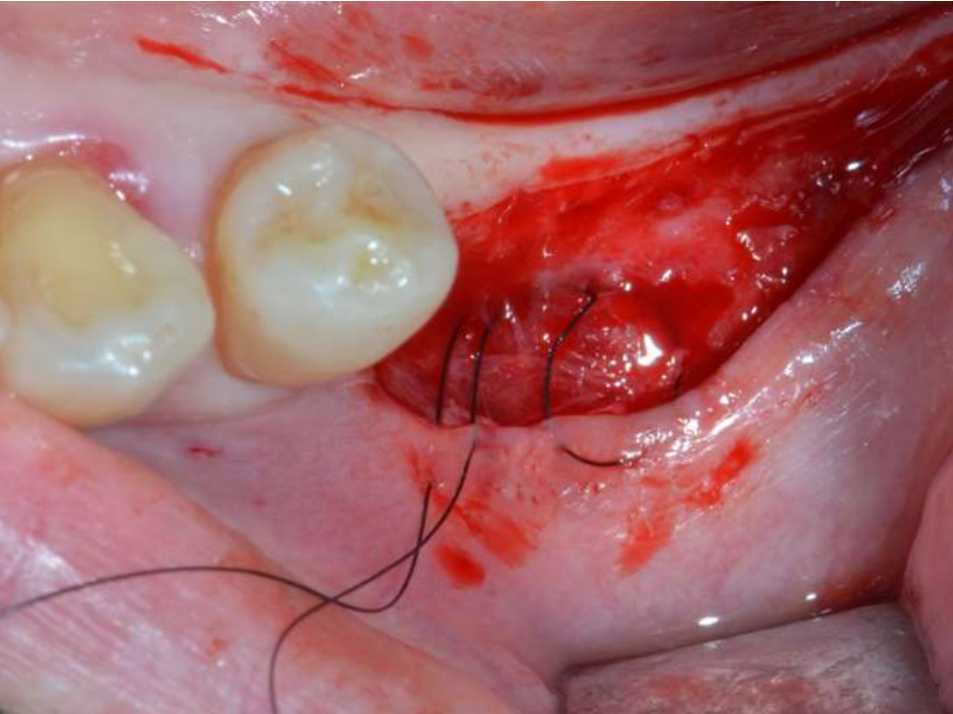
1. Localized vestibuloplasty

- Mucosal lobes are fixed to the periosteum with continuous back and forth suture





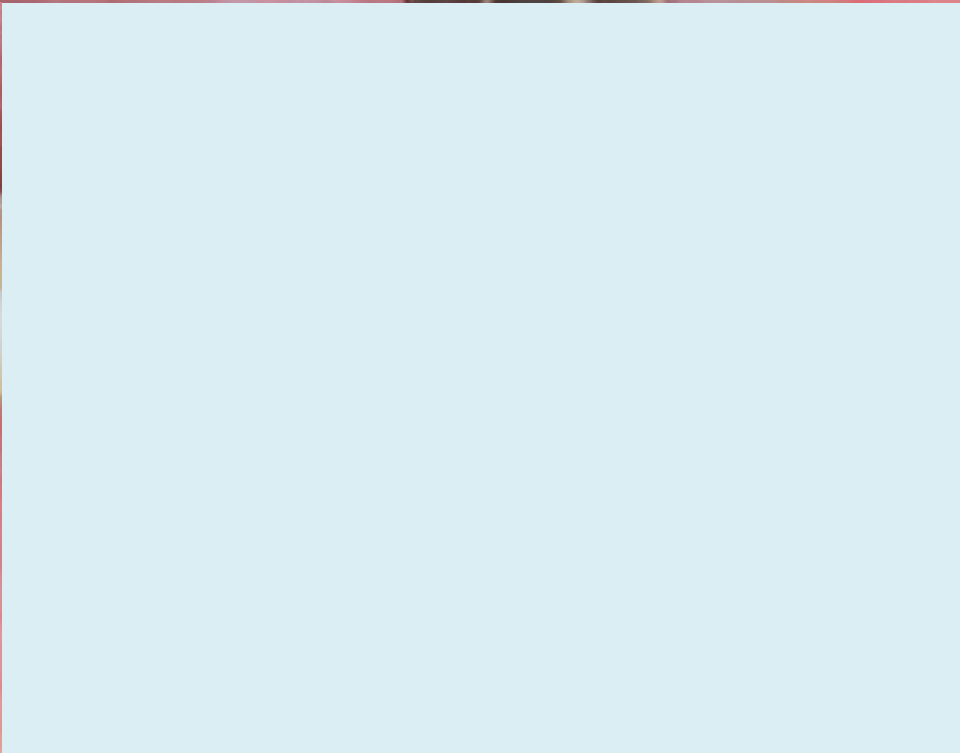
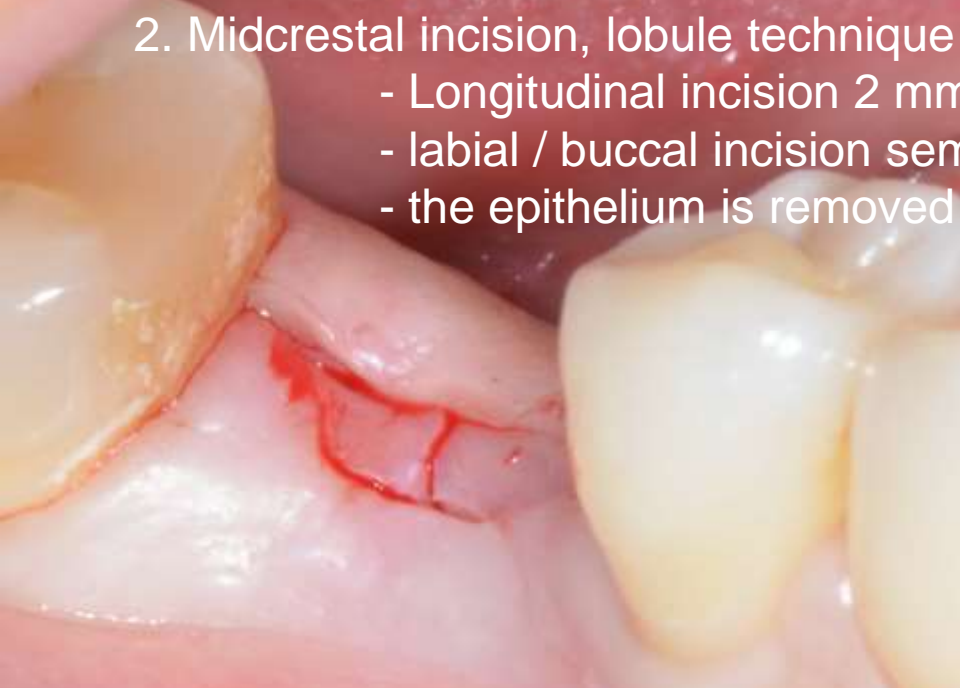






2. Midcrestal incision, lobule technique

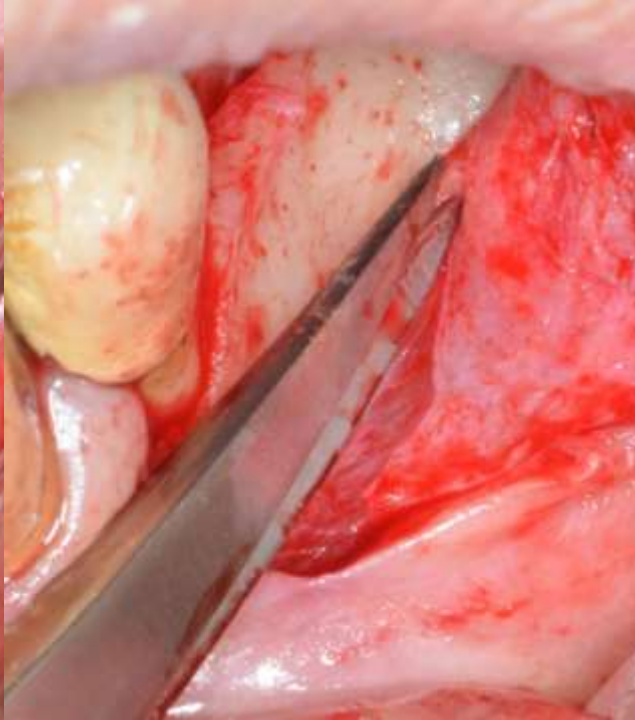
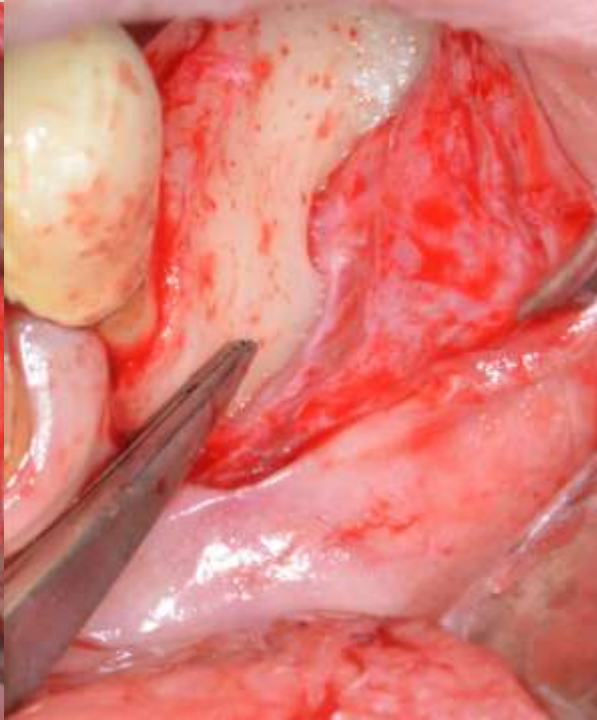
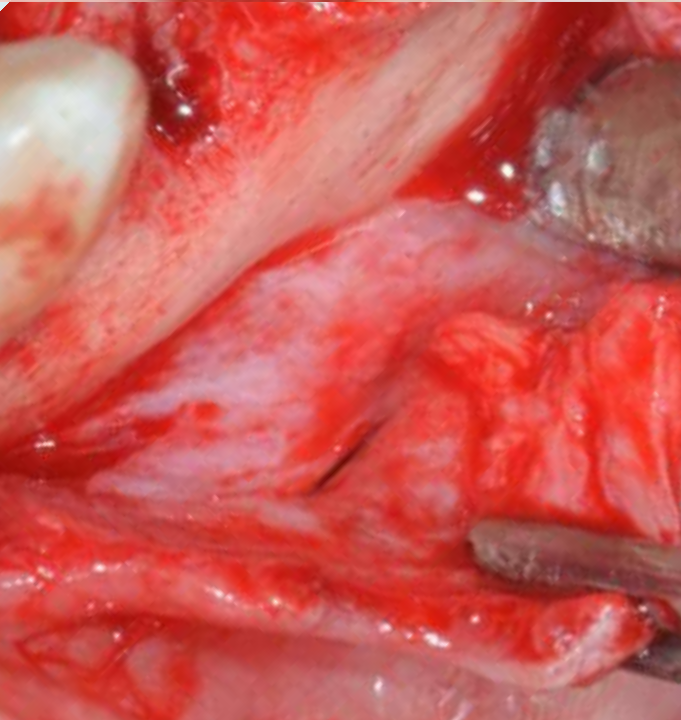
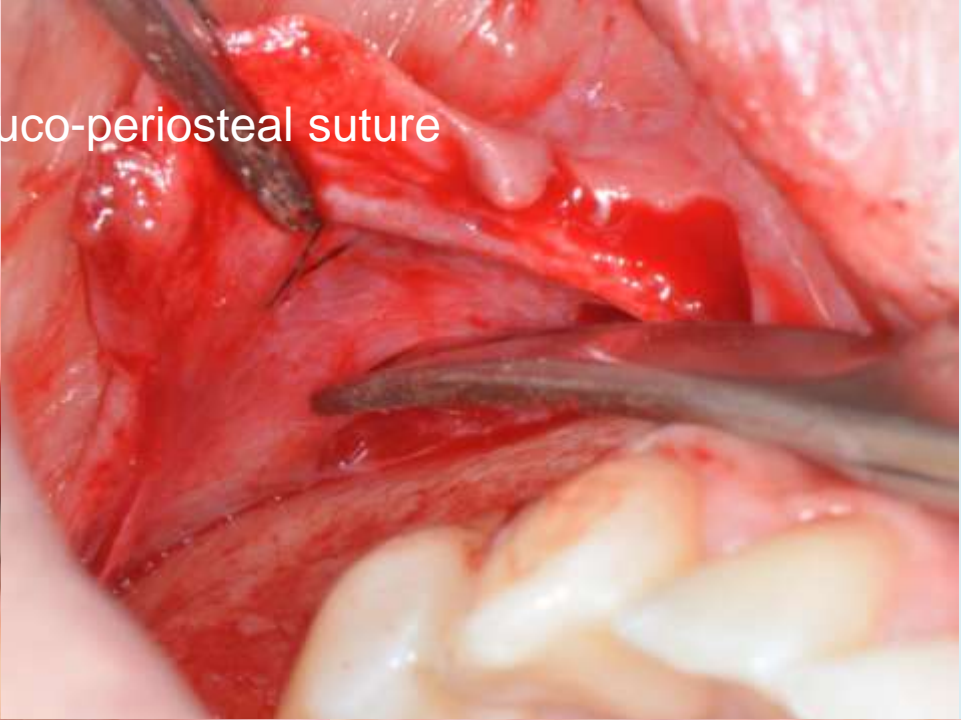
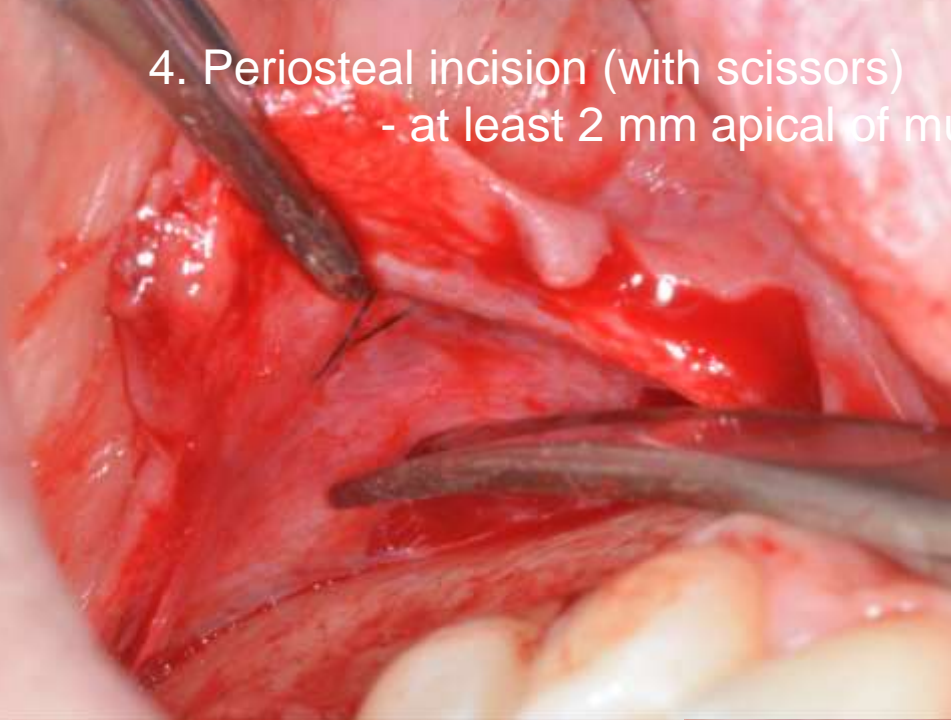
- Longitudinal incision 2 mm on palatinal side
- labial / buccal incision semilunar, for lobules
- the epithelium is removed





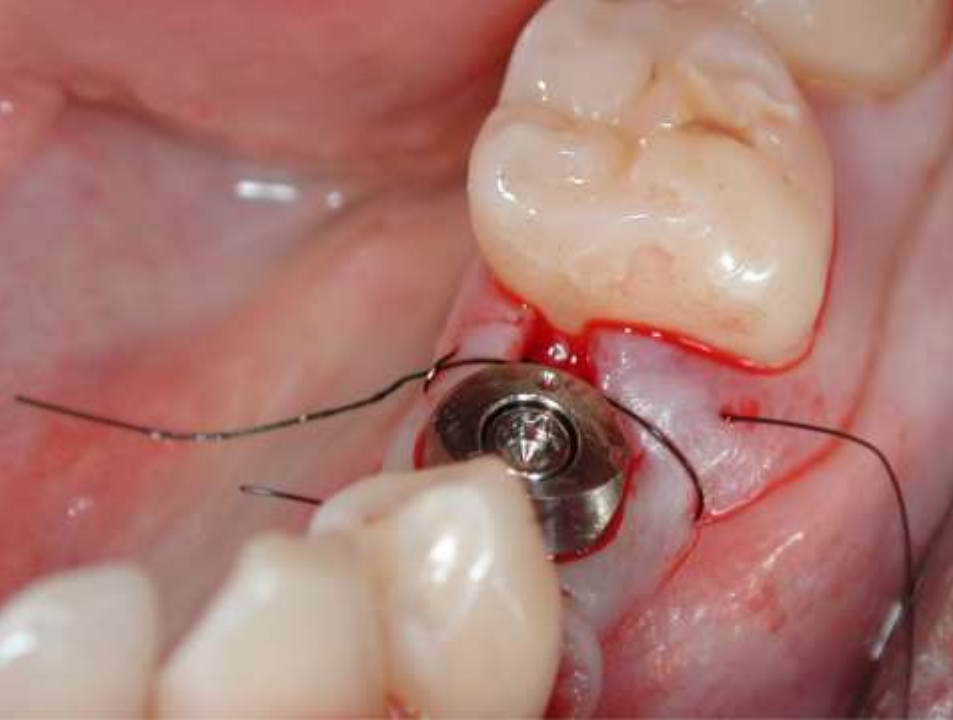
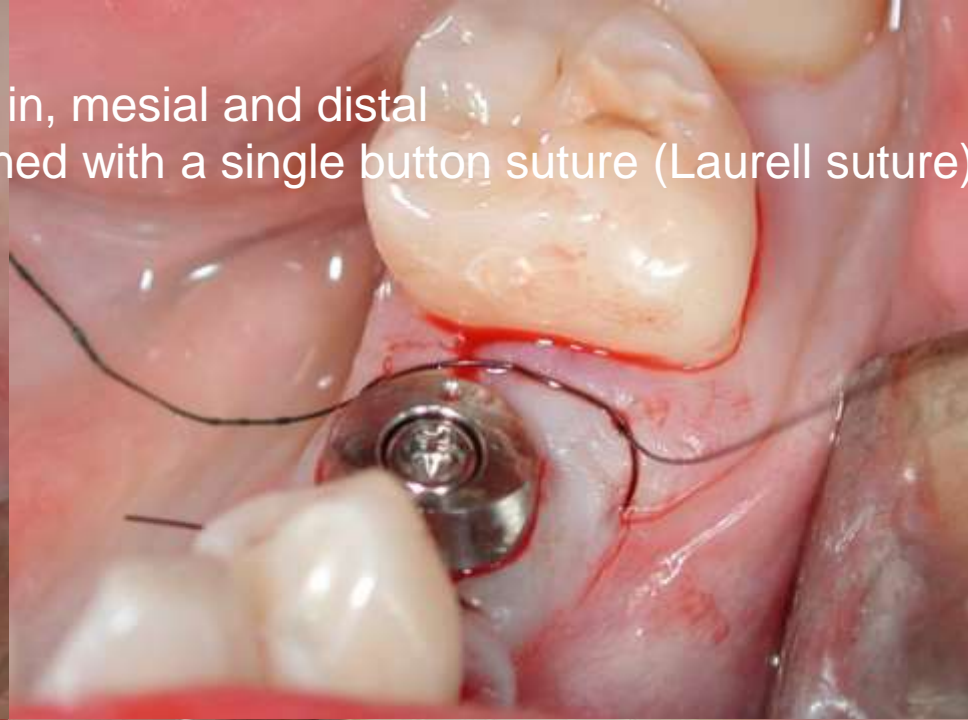
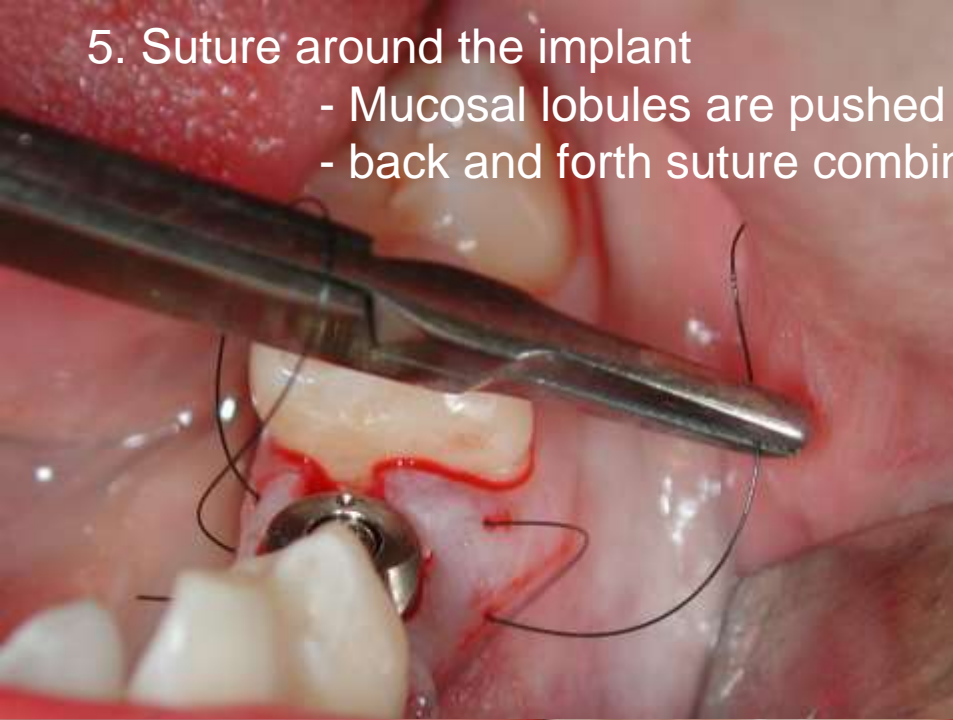
The lobules will be pulled in mesial and distal

4. Periosteal incision (with scissors)
- at least 2 mm apical of muco-periosteal suture



5. Suture around the implant

- Mucosal lobules are pushed in, mesial and distal
- back and forth suture combined with a single button suture (Laurell suture)





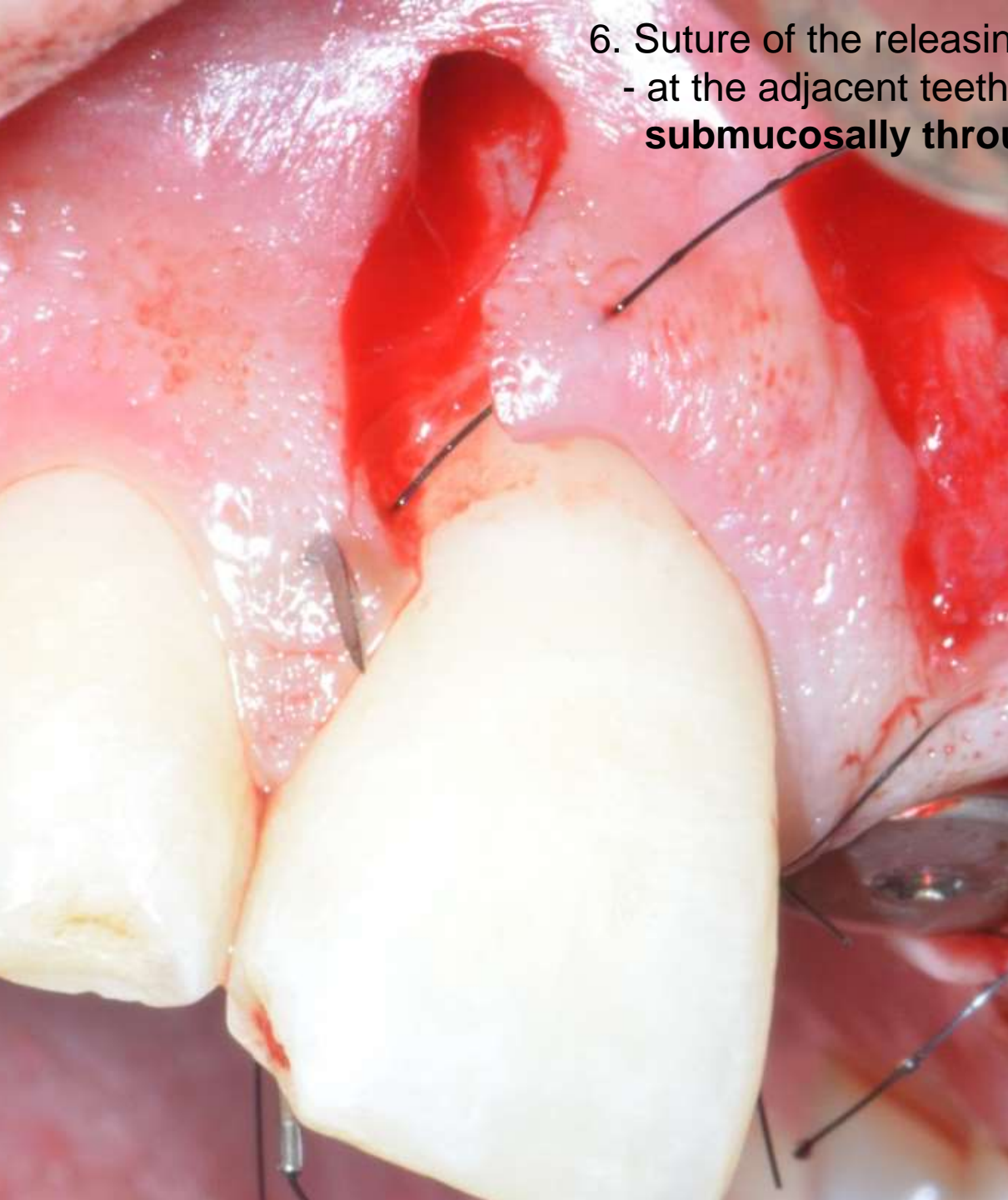




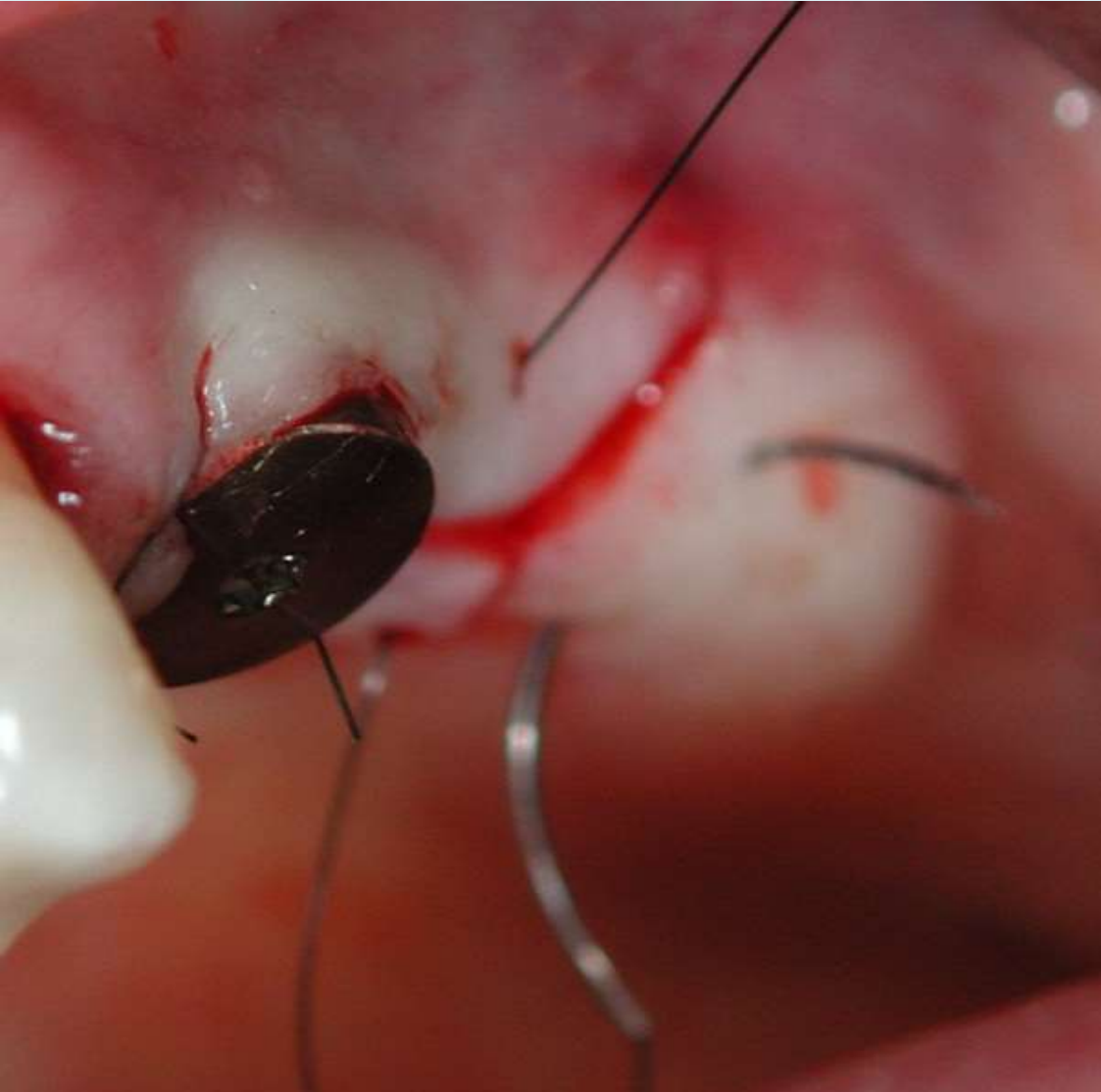
Removing the thread:
The thread must be scissored/cut
lingual or palatal, **without tension**



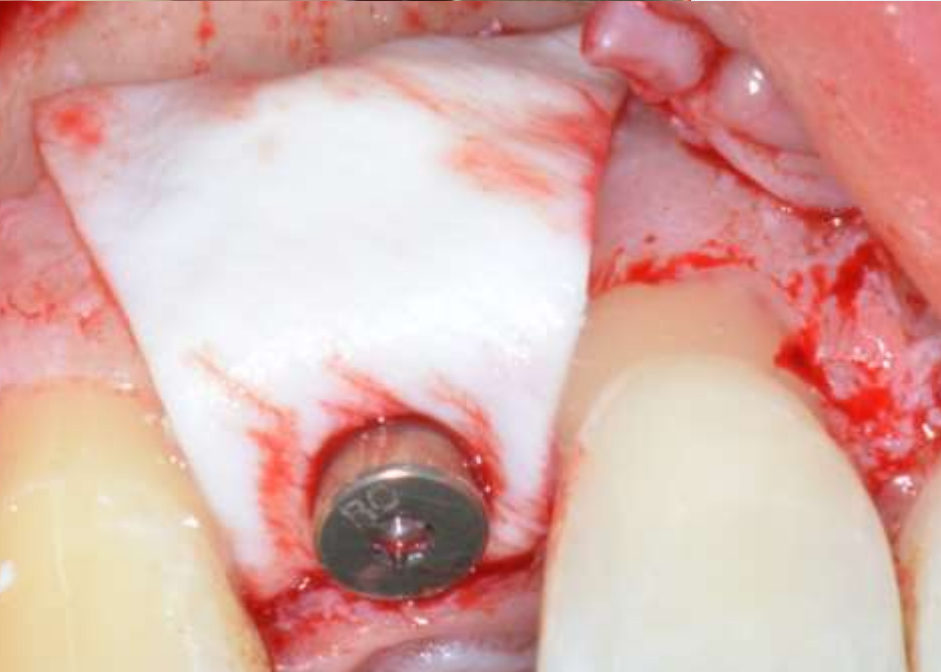
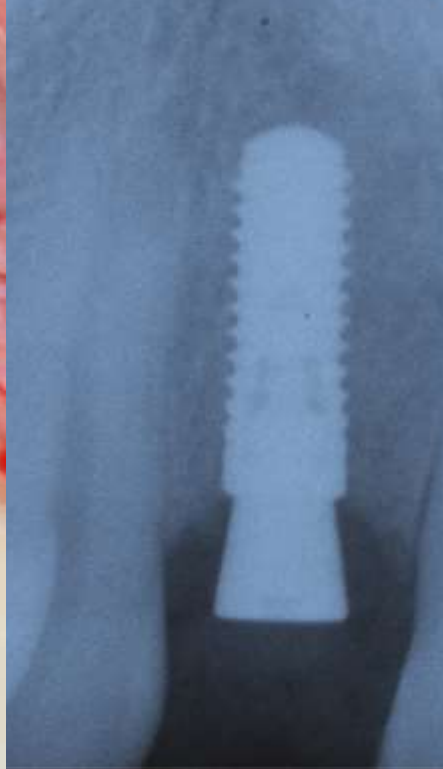
6. Suture of the releasing incision
- at the adjacent teeth: back-and-forth suture
submucosally through the papilla

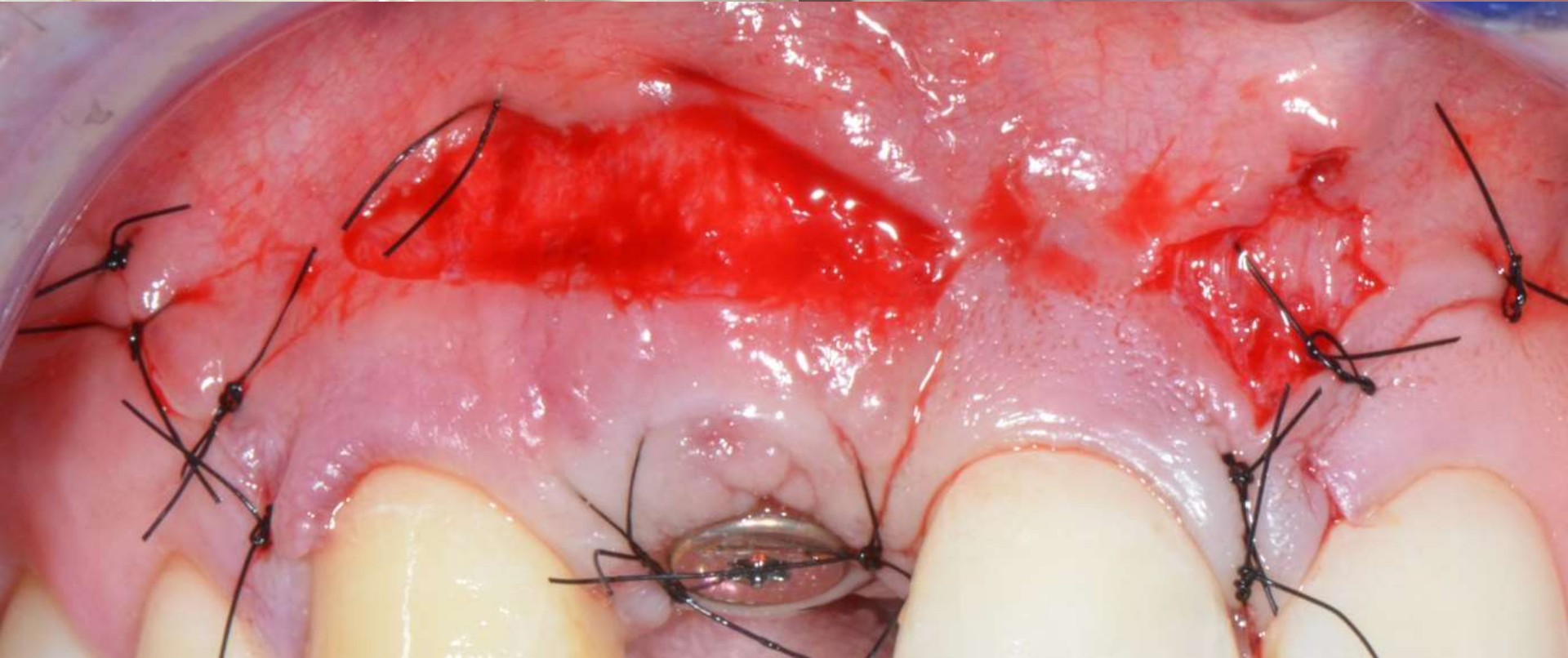


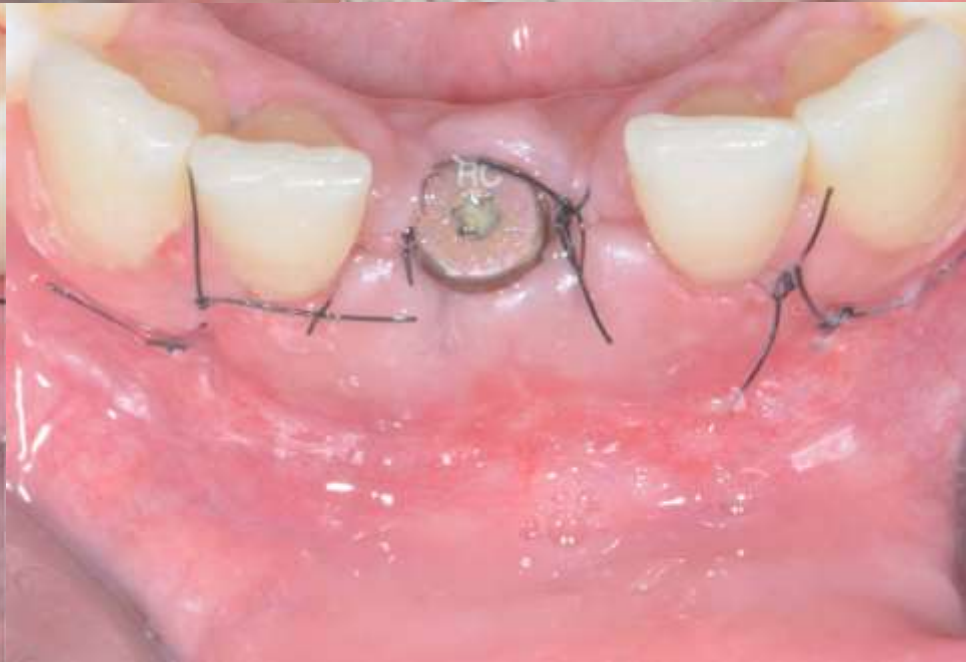
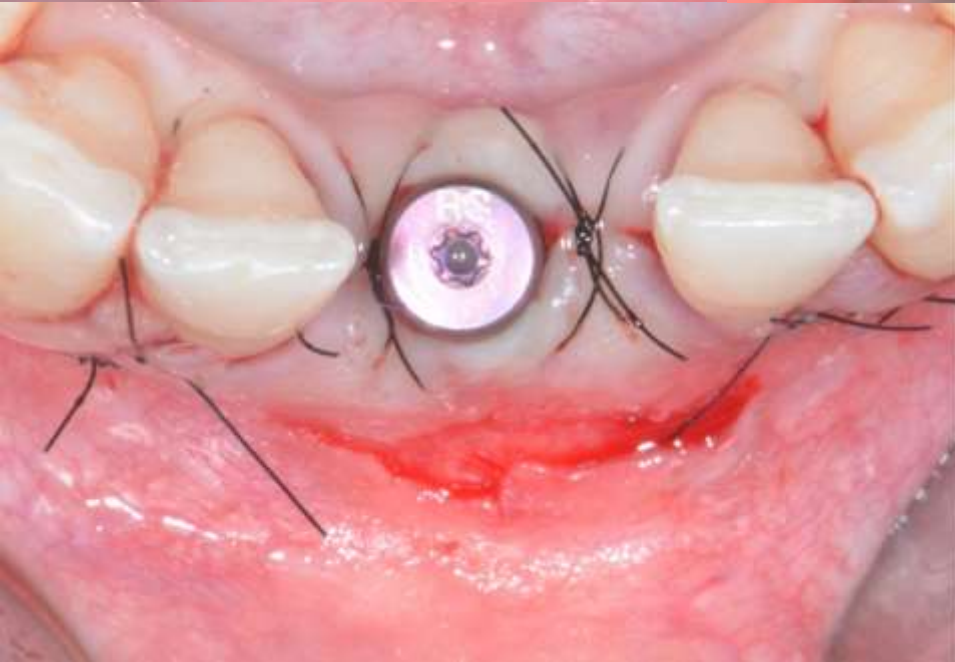
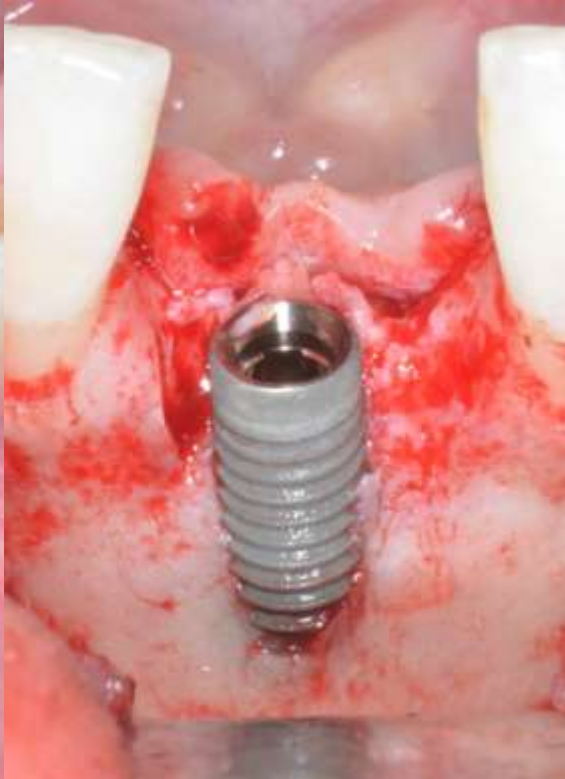
6. Suture of the releasing incision
- in the case of a free end situation:
one back-and-forth suture for oral and vestibular wound closure



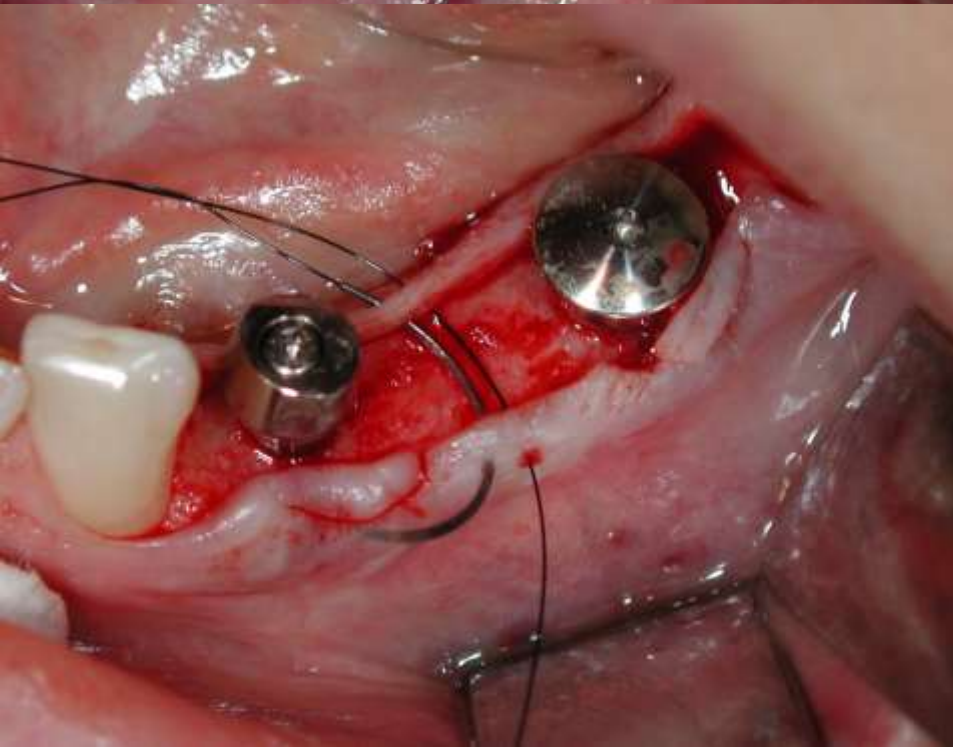
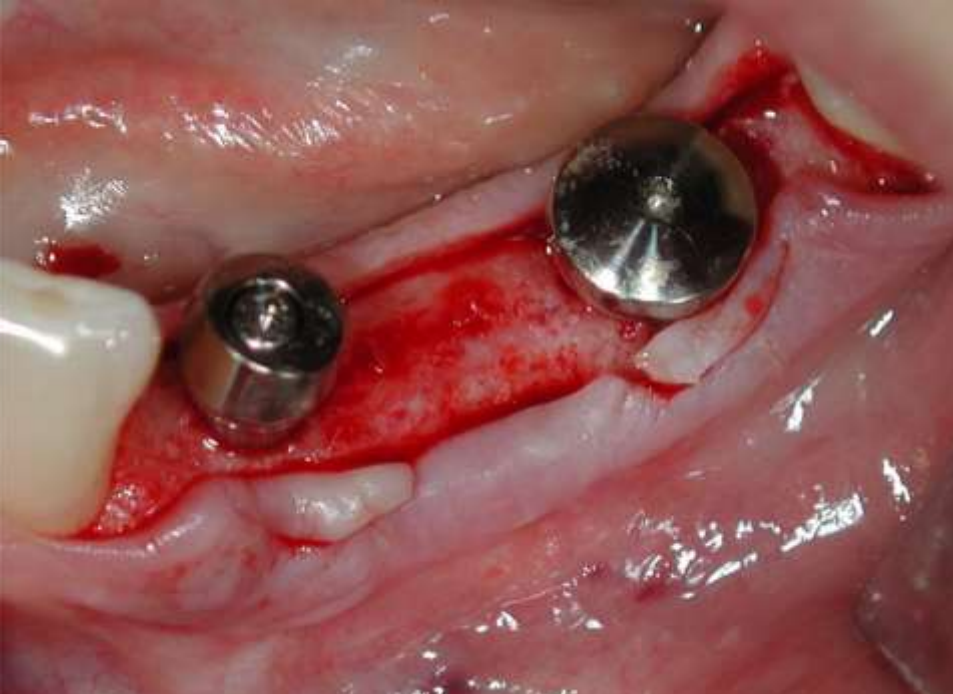
Clinical Cases

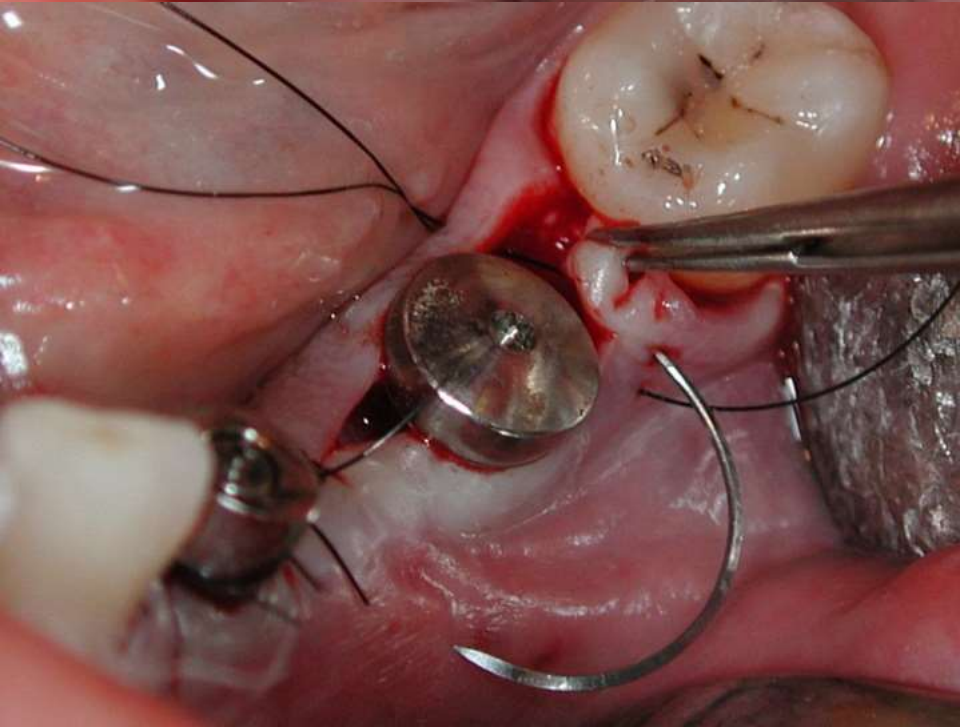
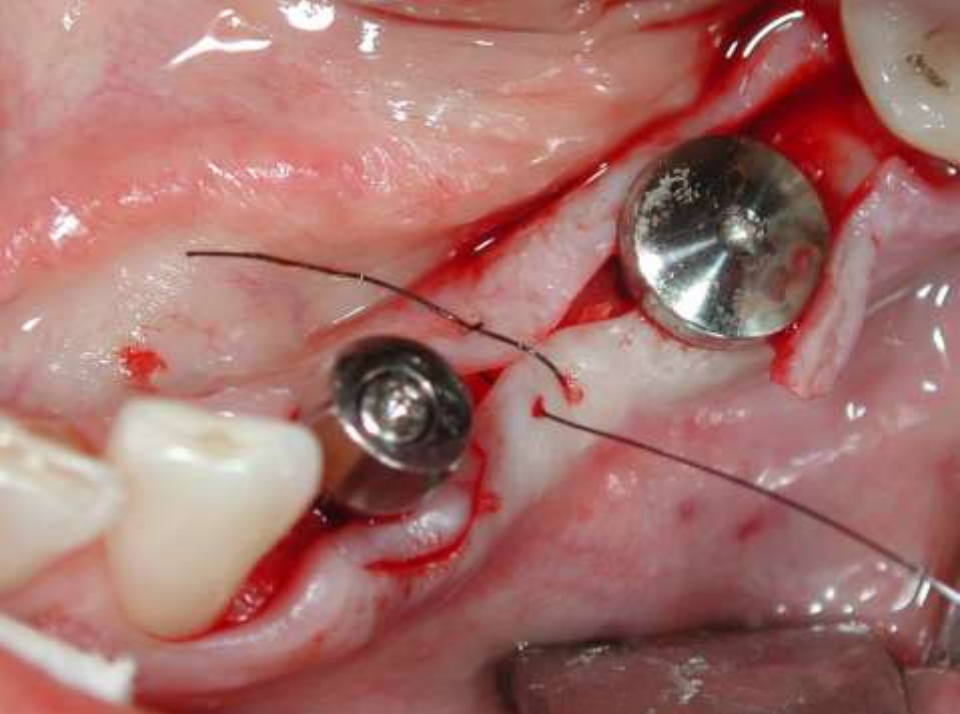


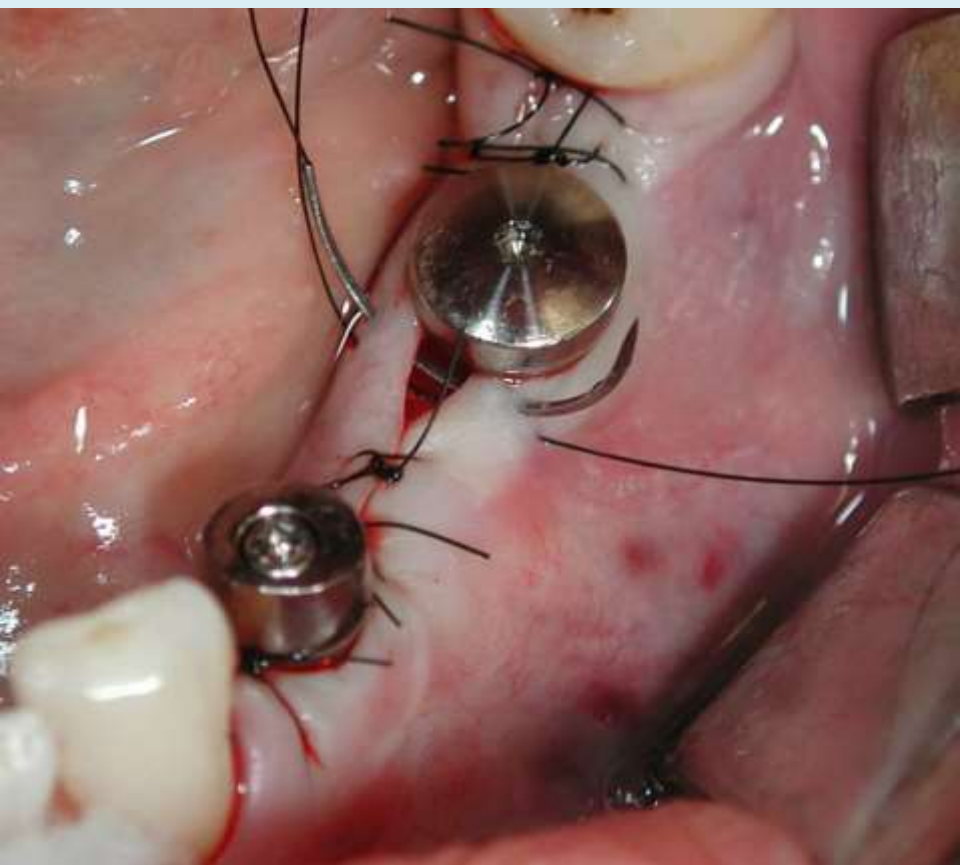






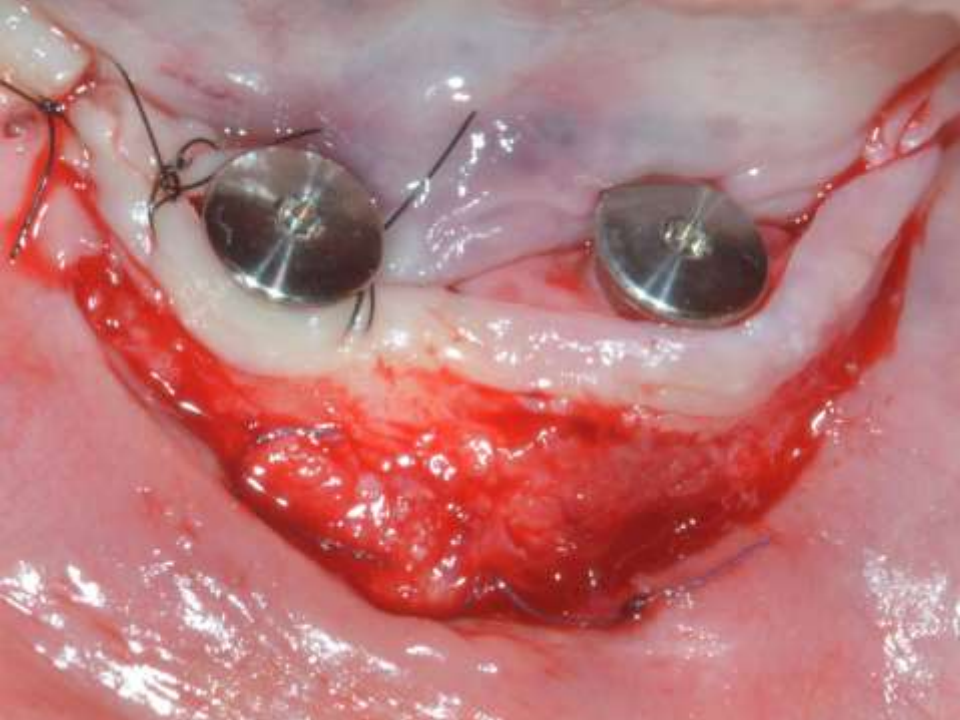
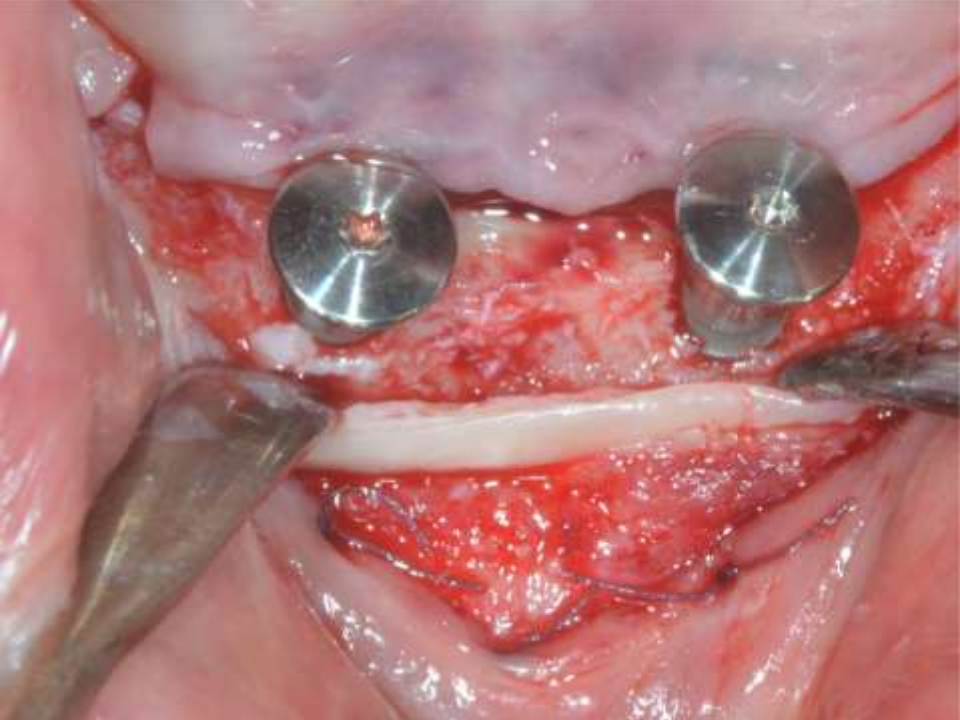
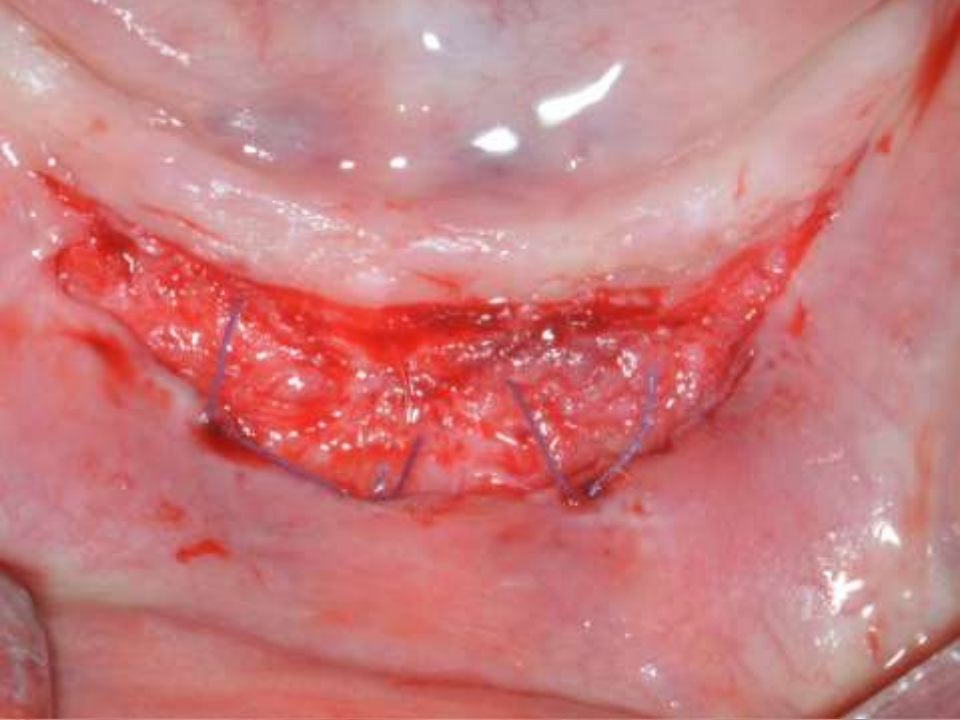


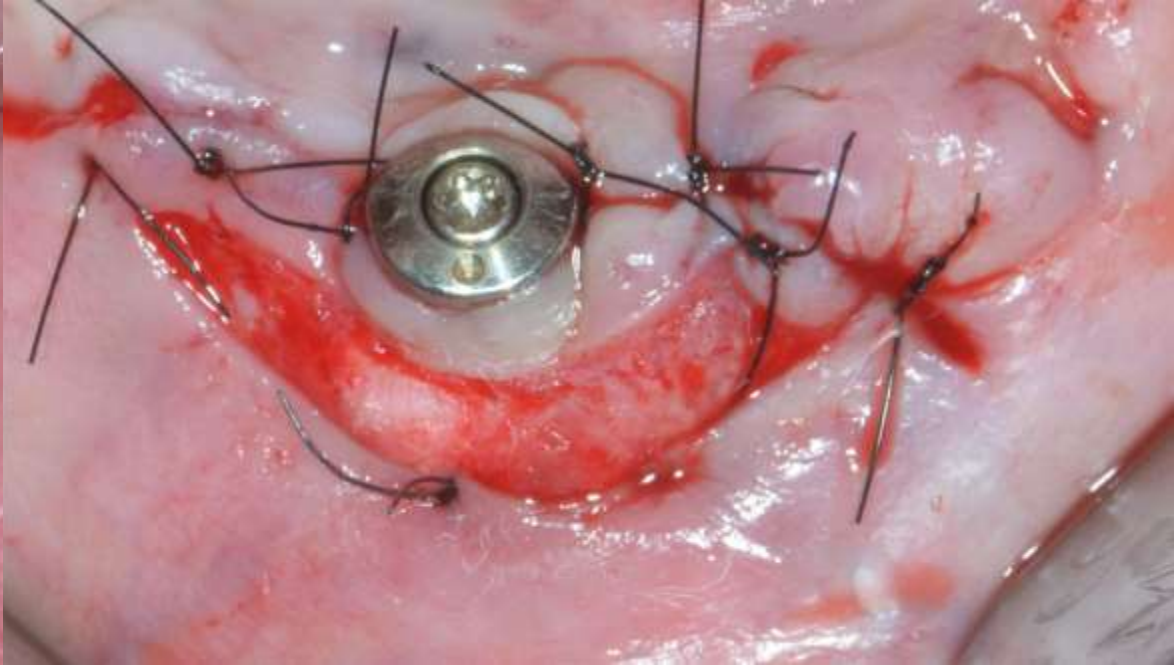


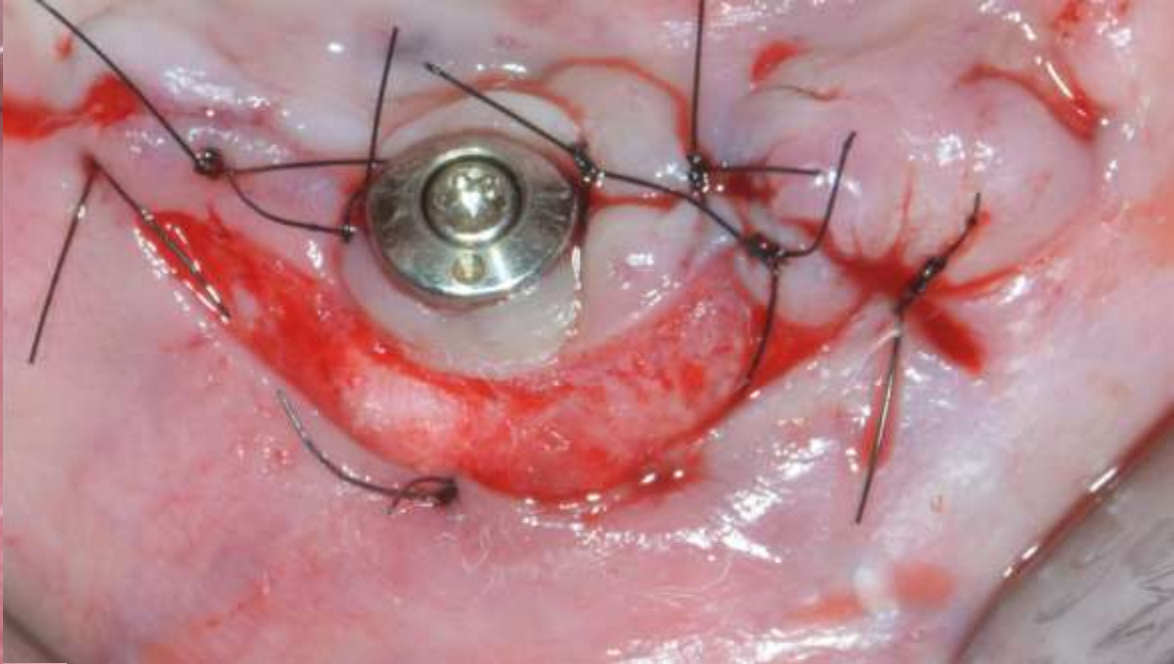


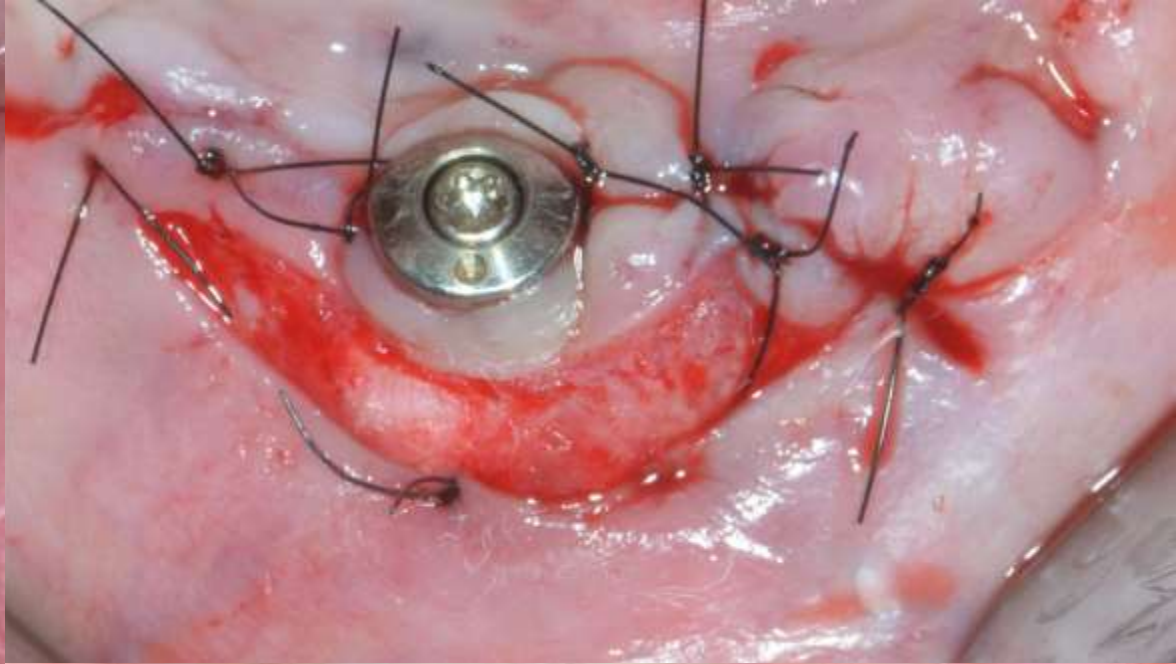
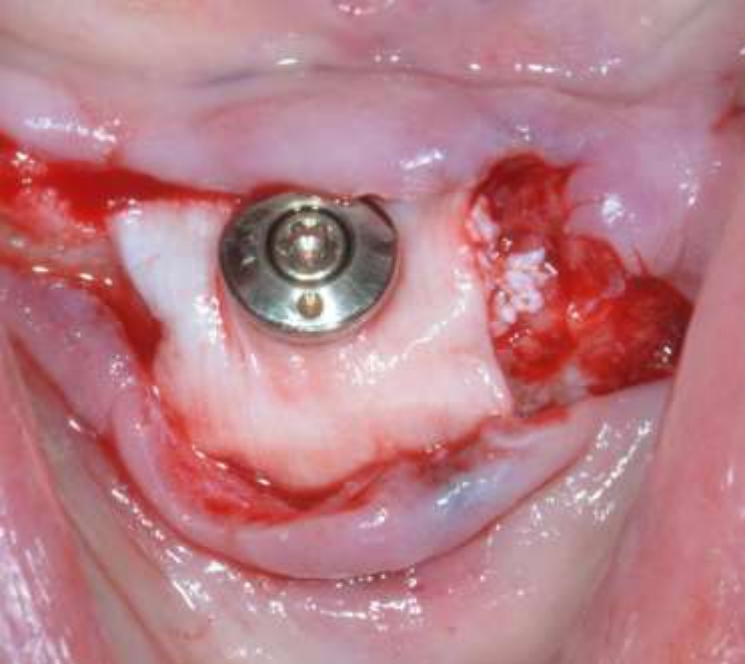


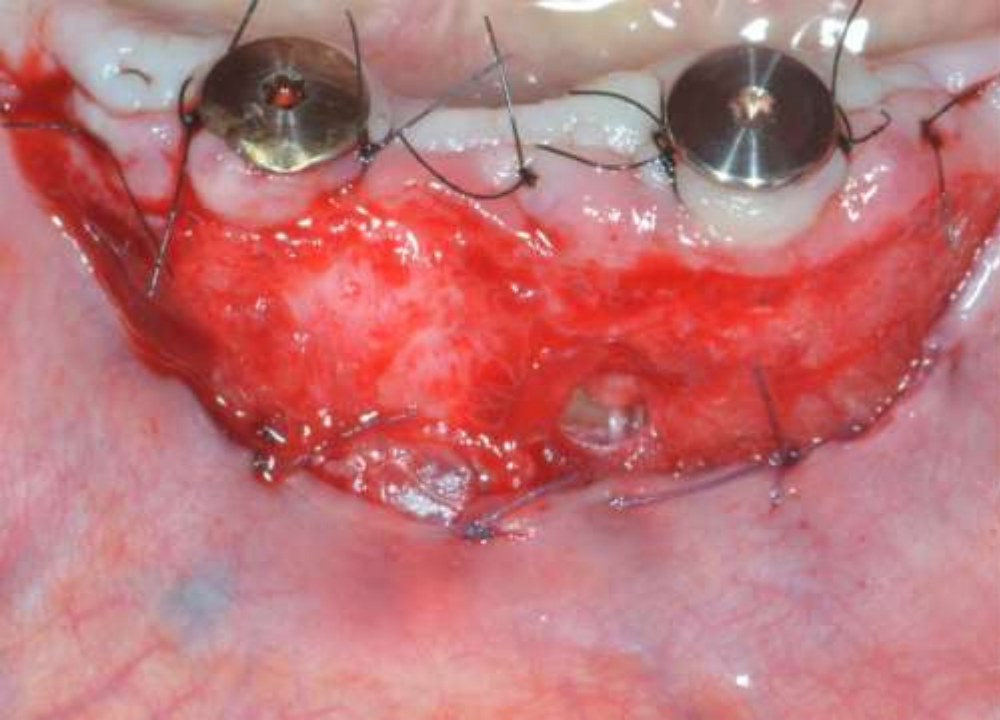


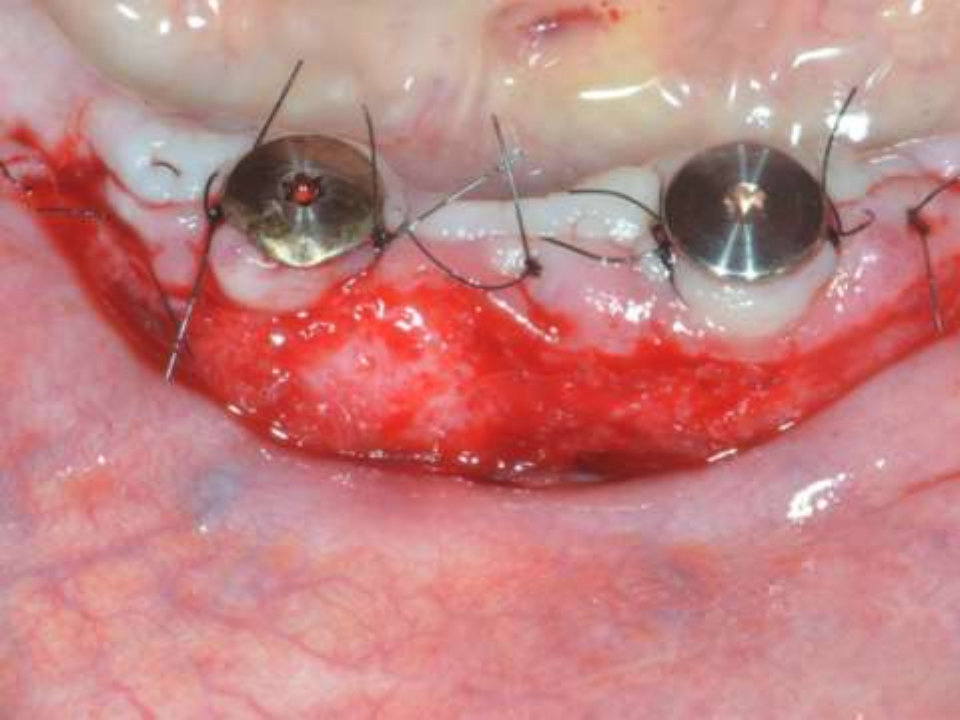
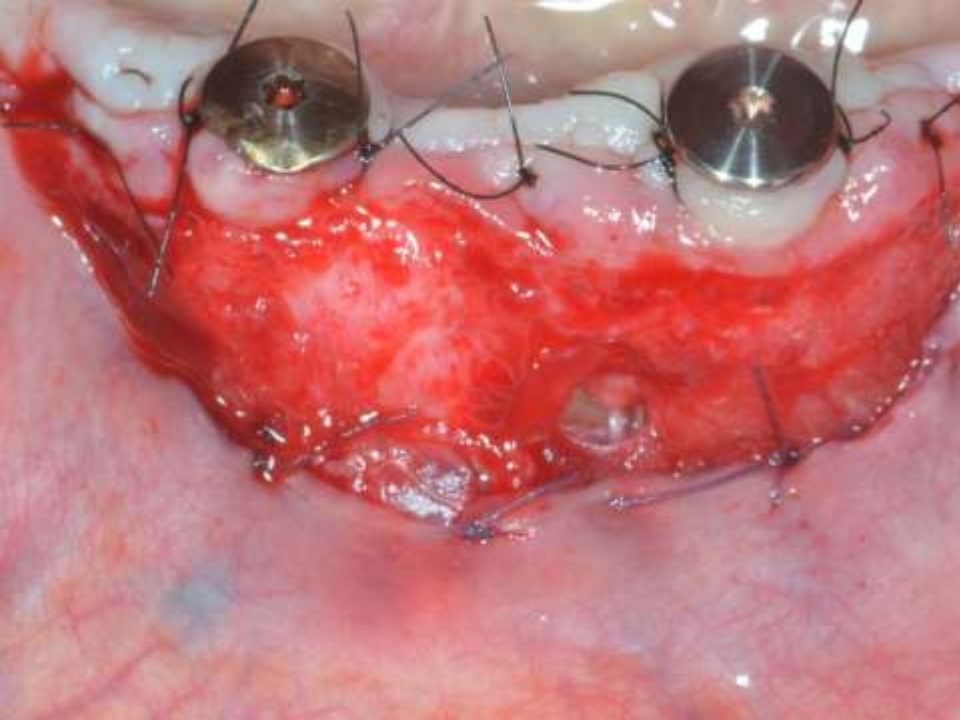


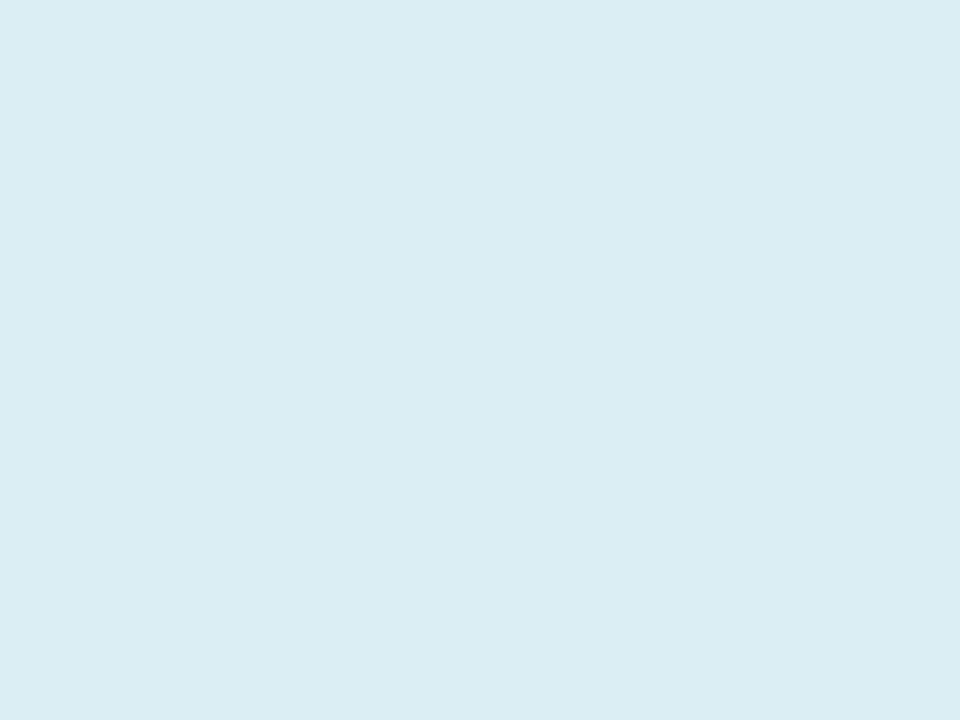
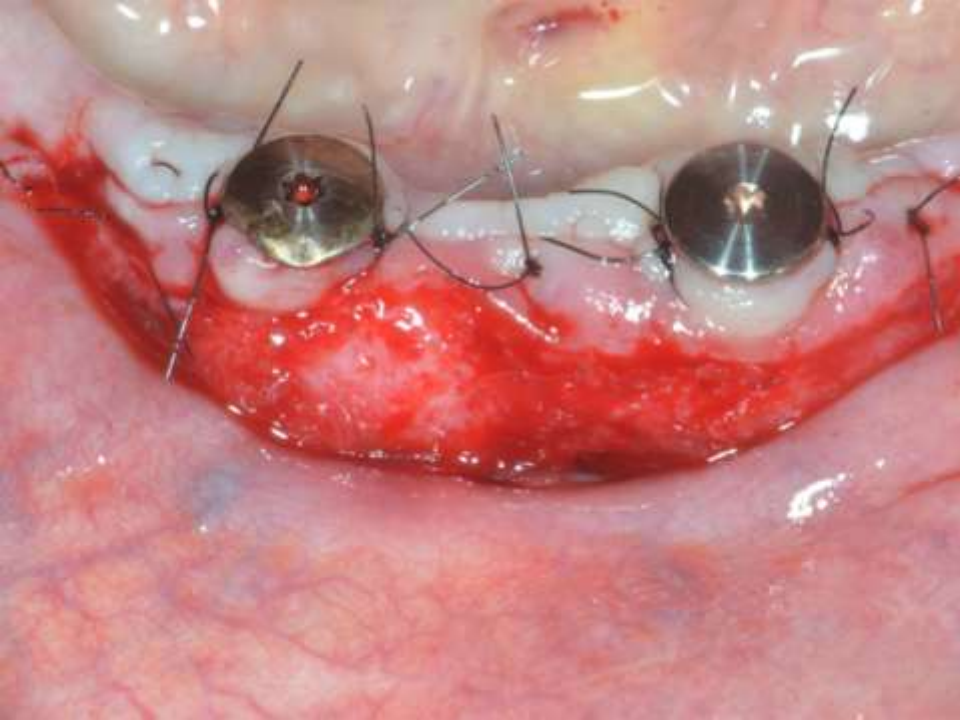
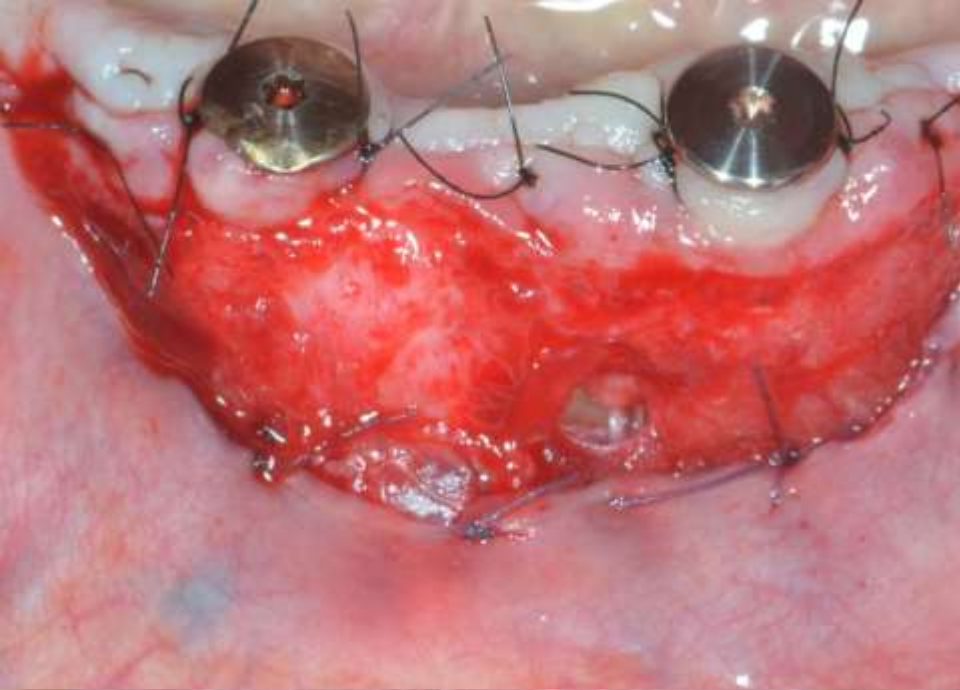


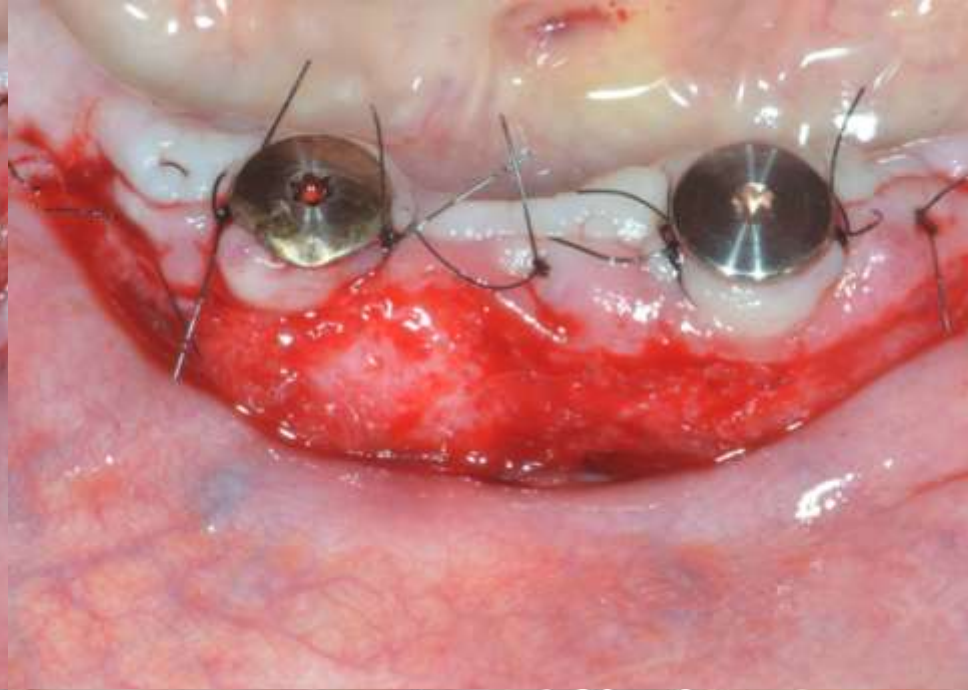
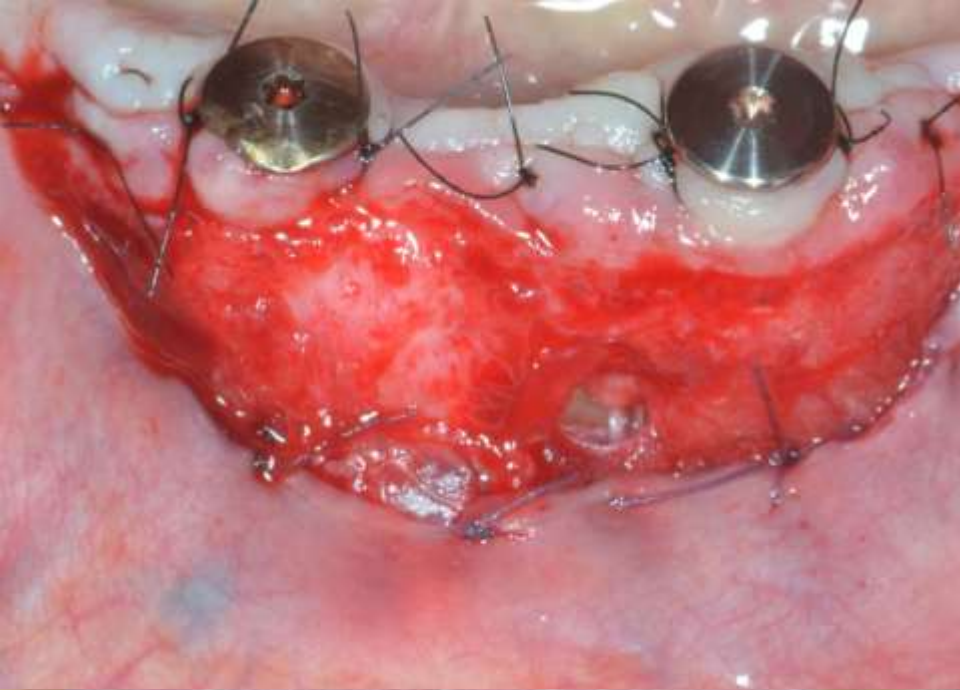




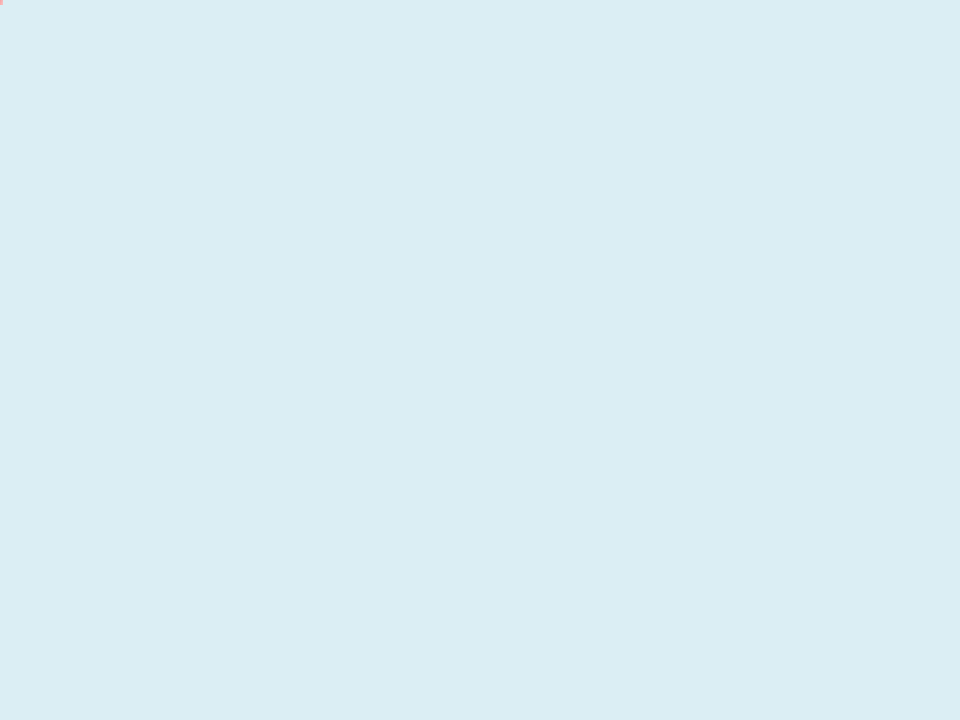
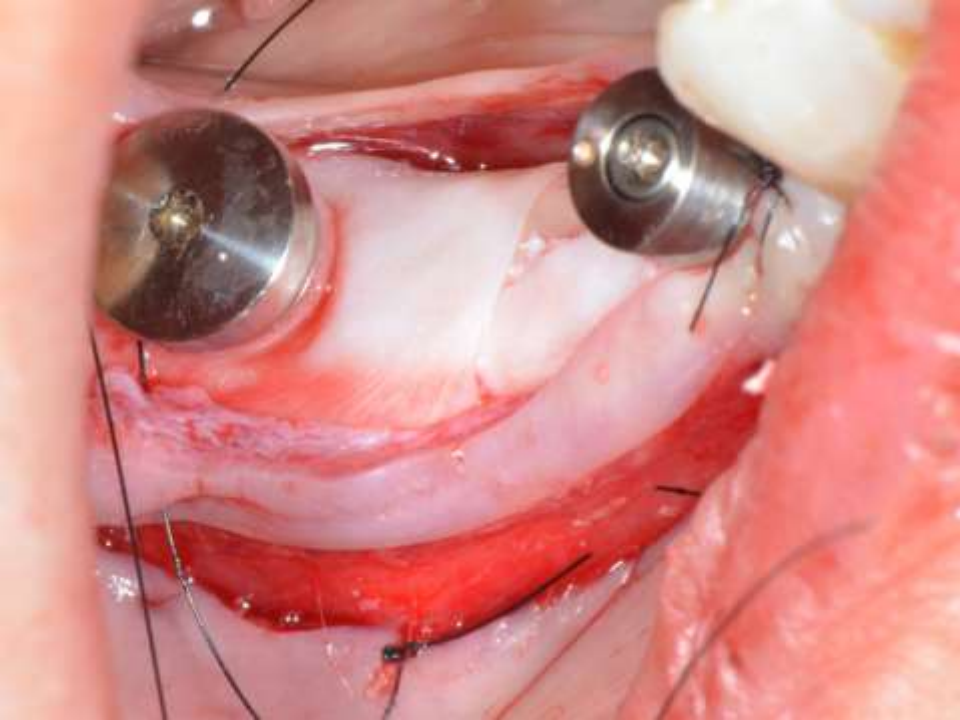


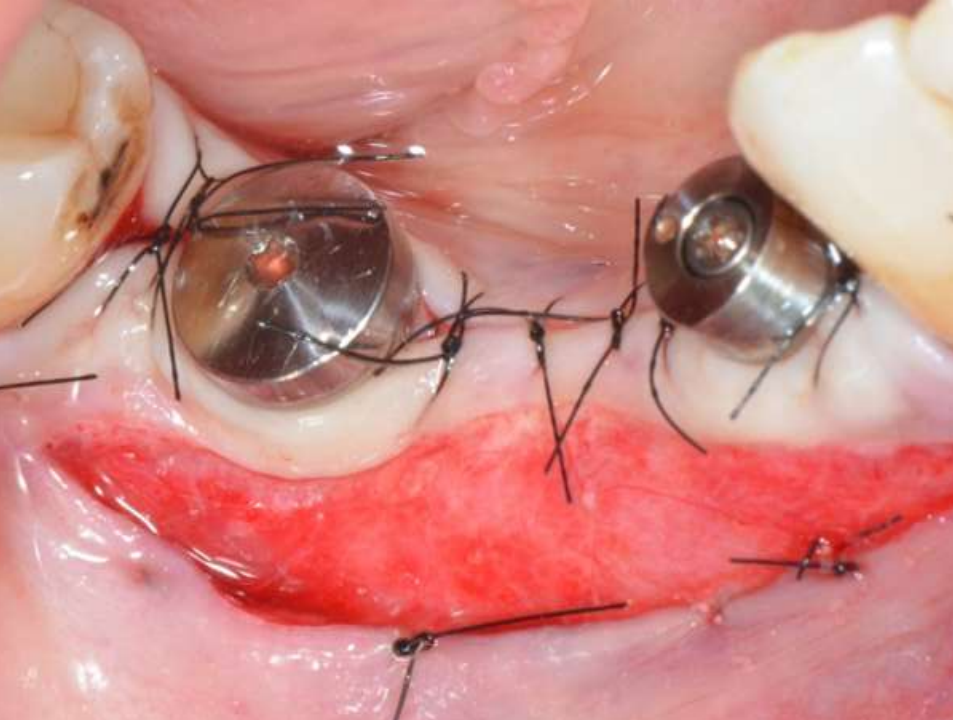
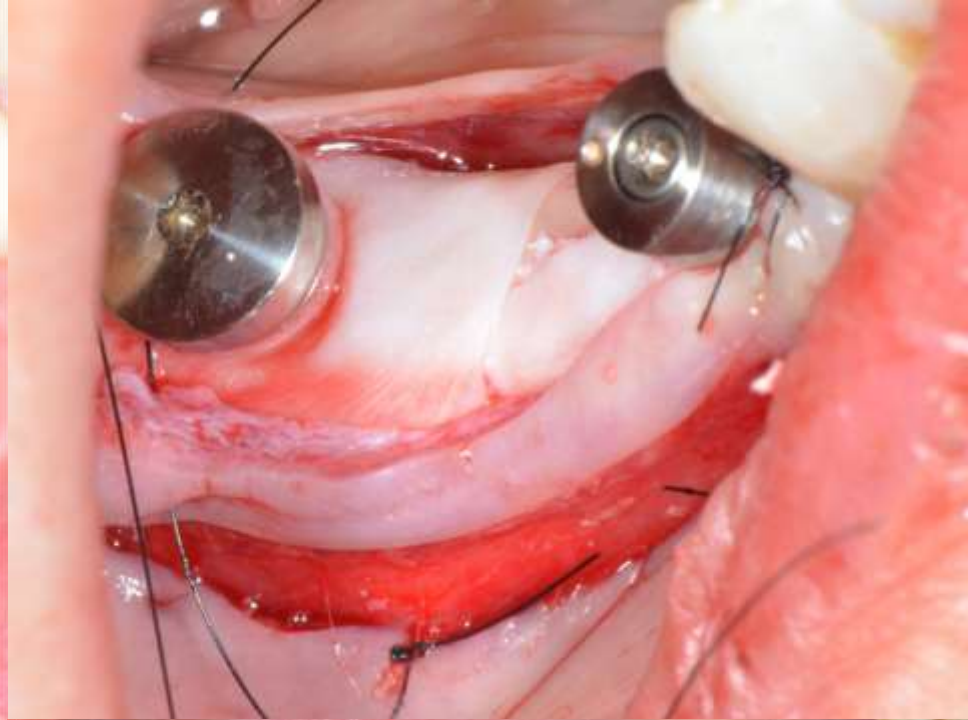




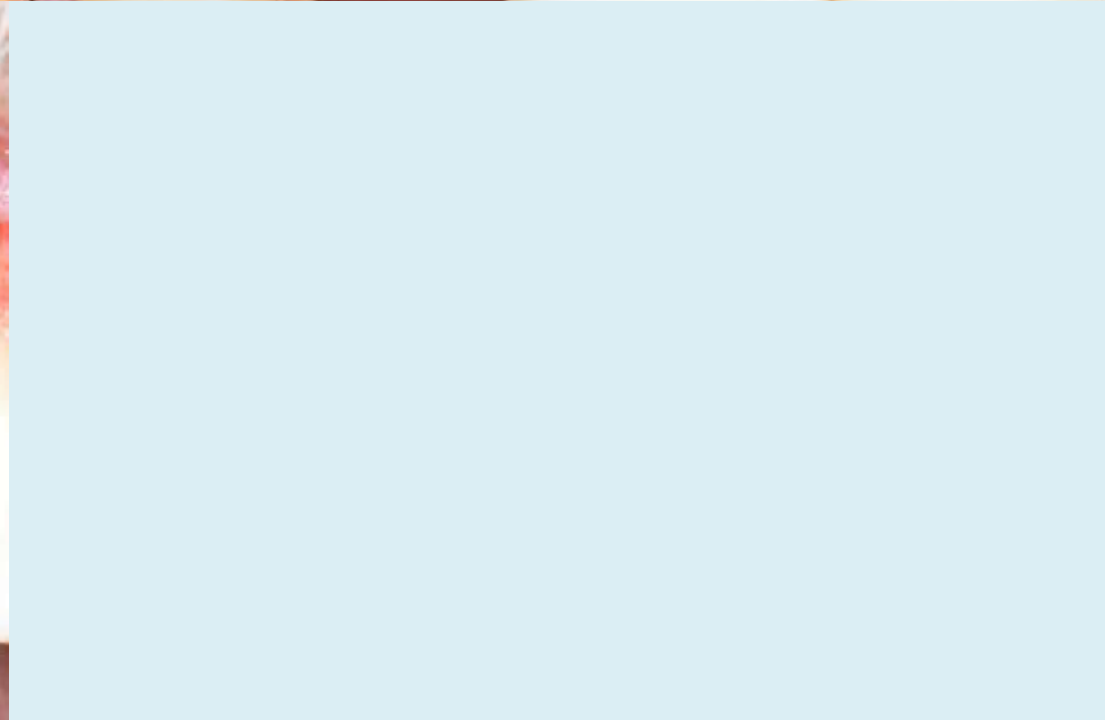




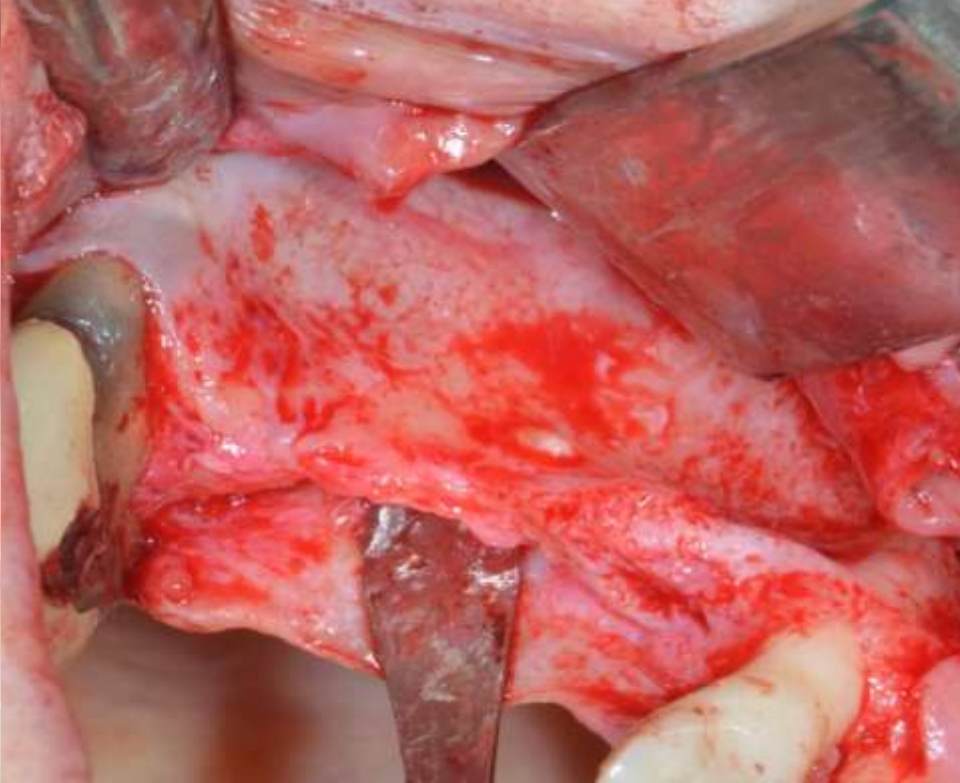




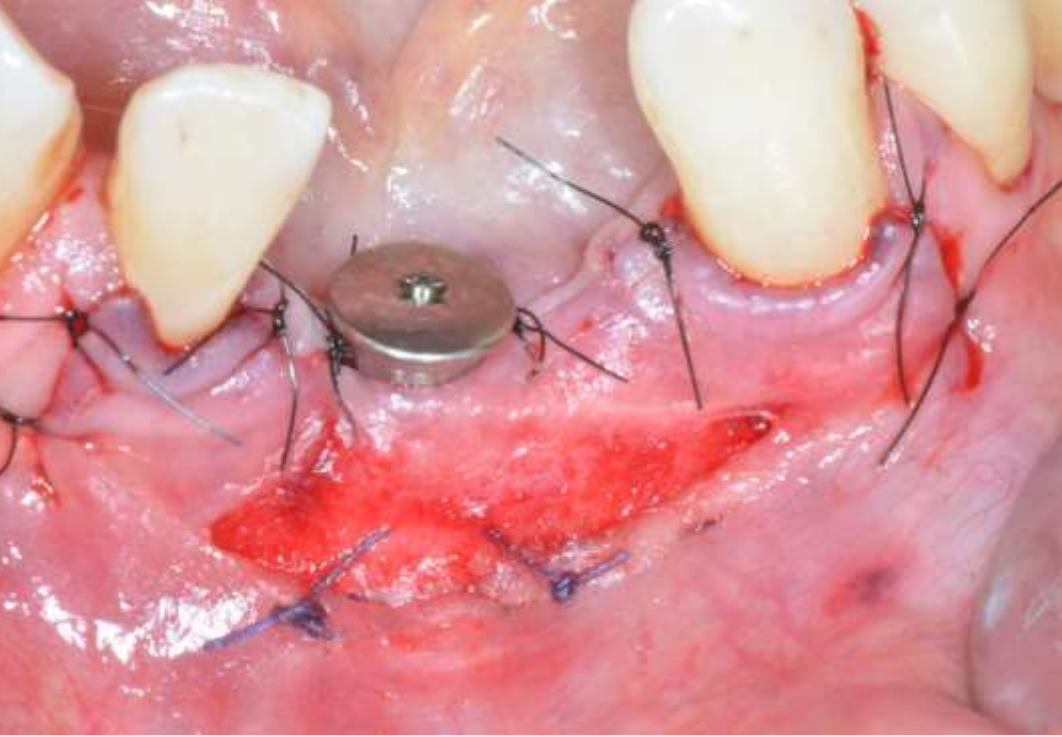


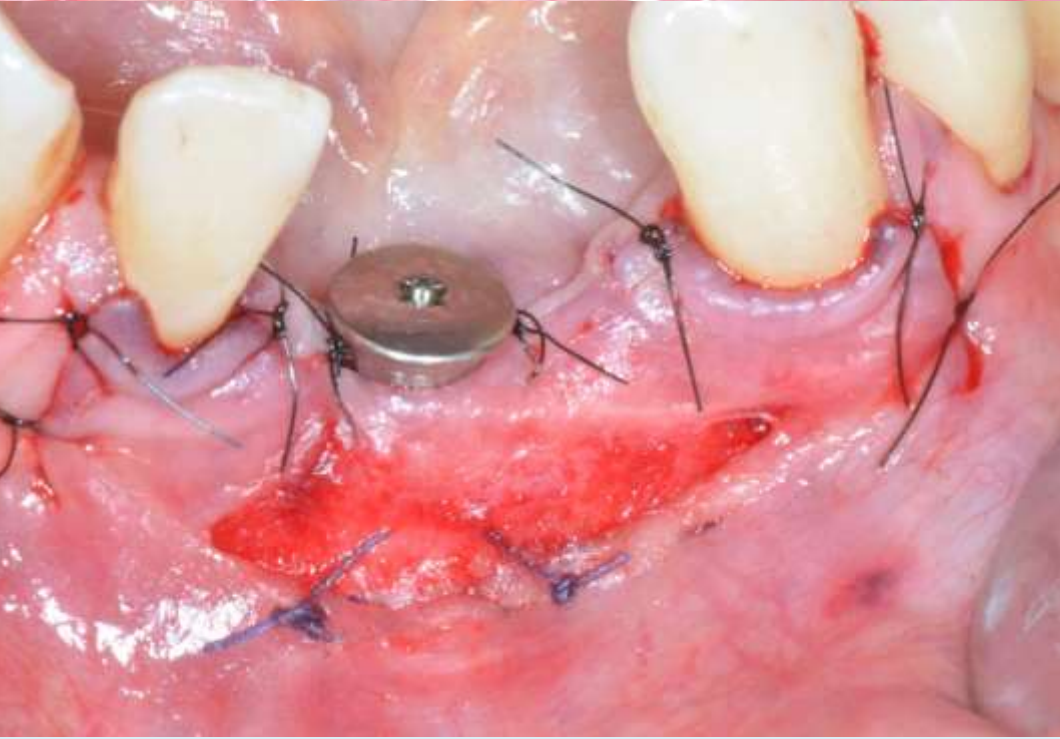




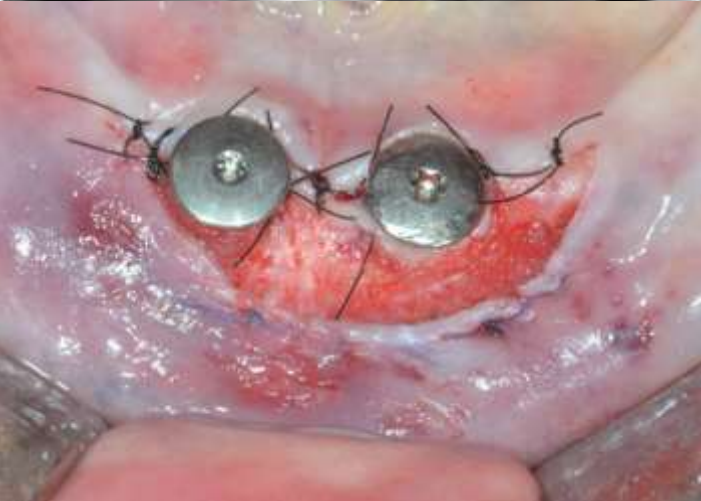


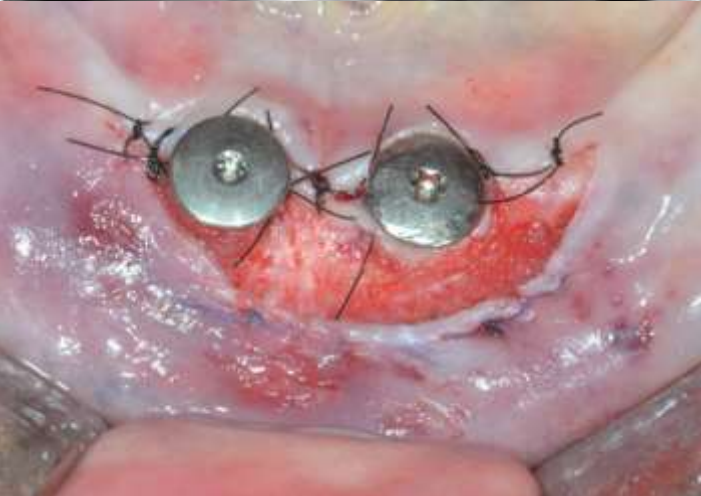


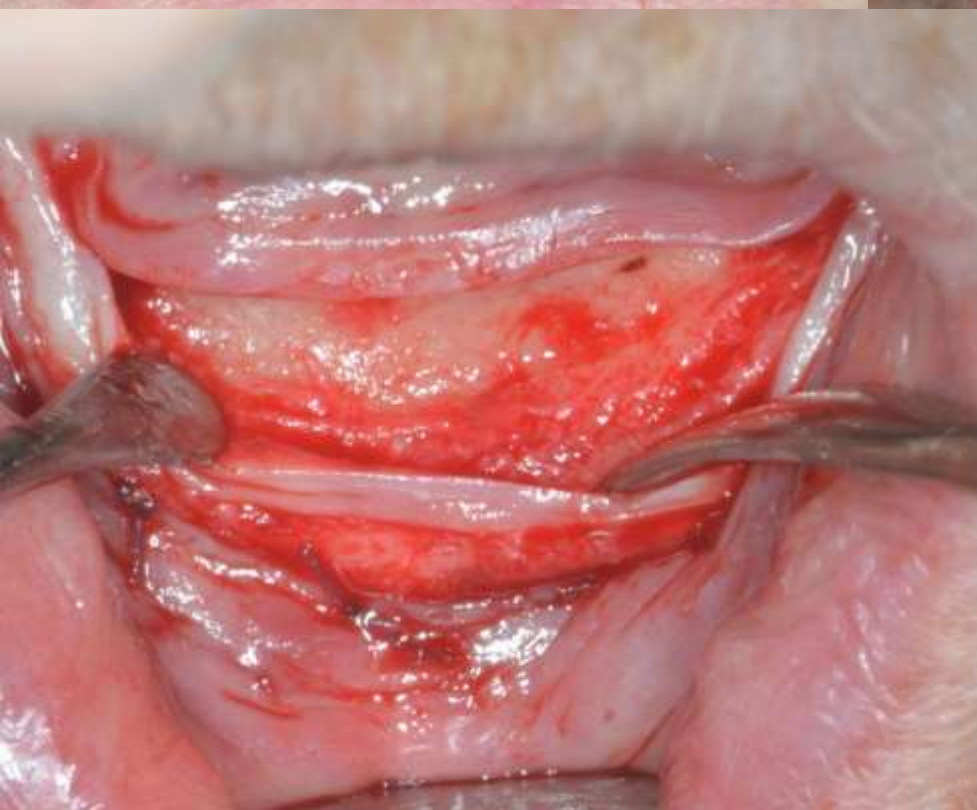


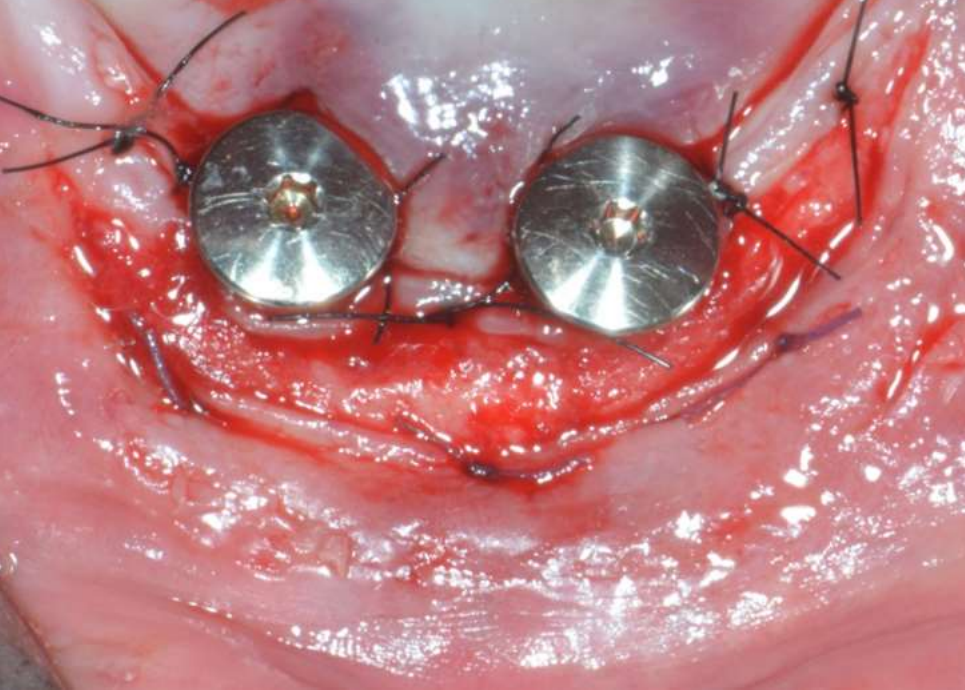


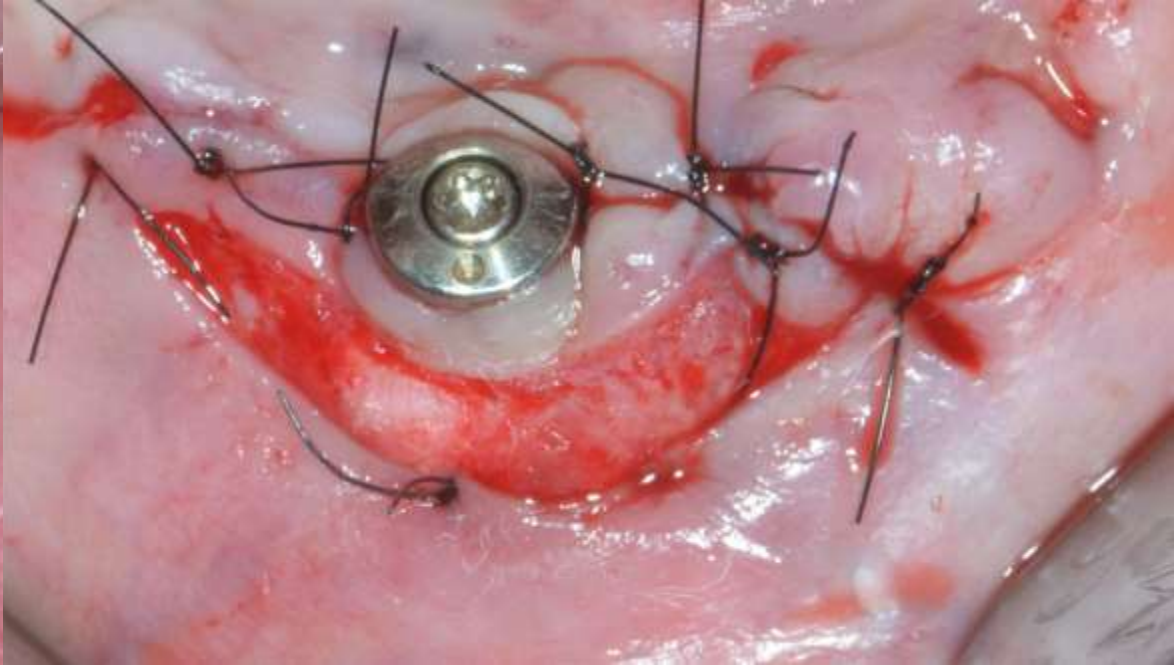
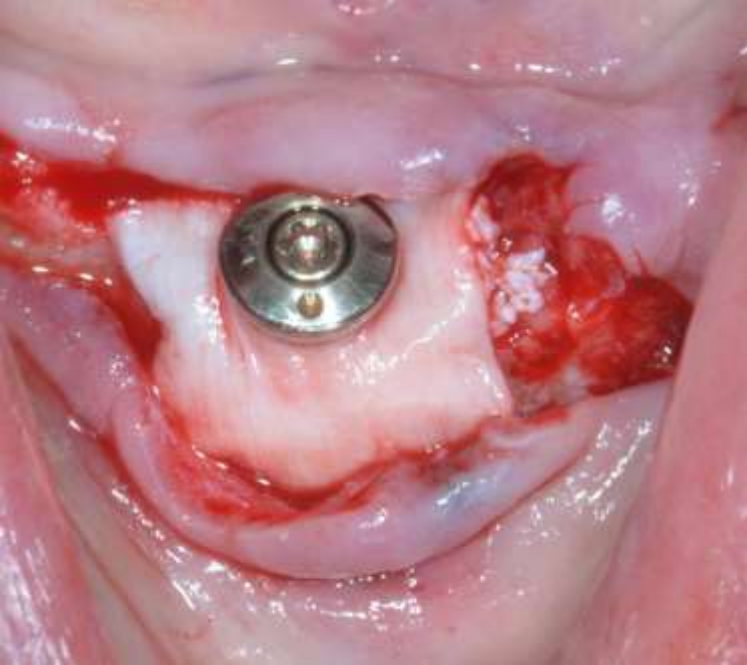


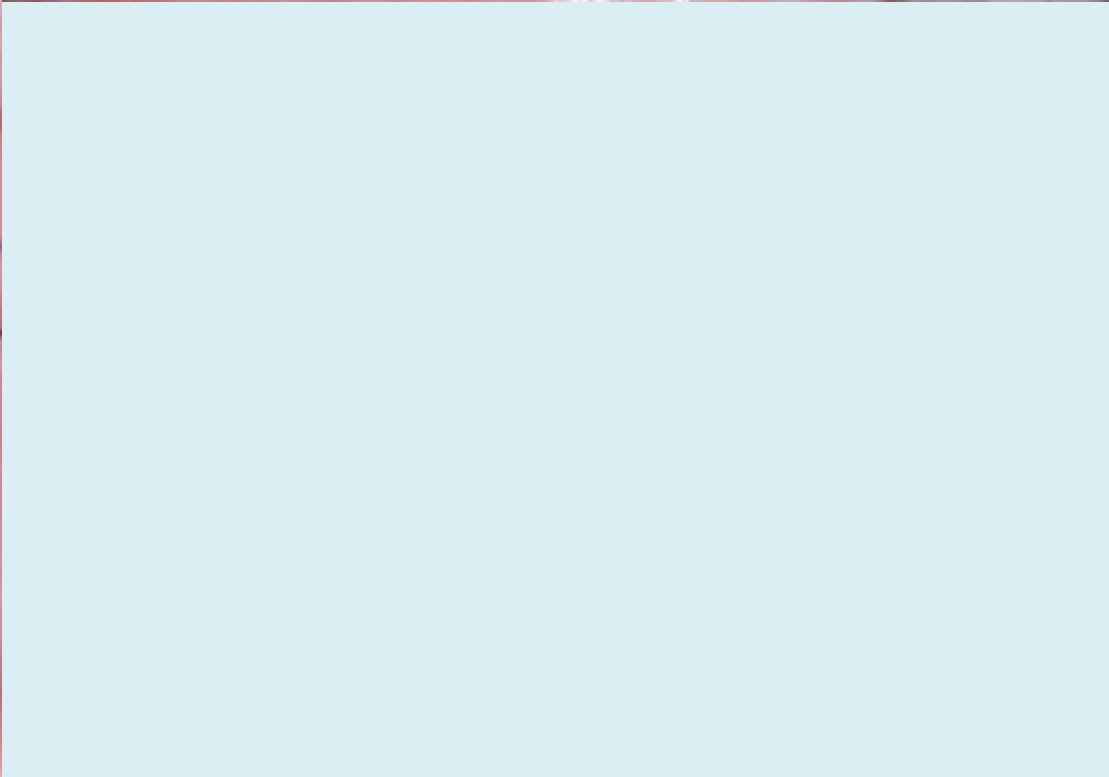
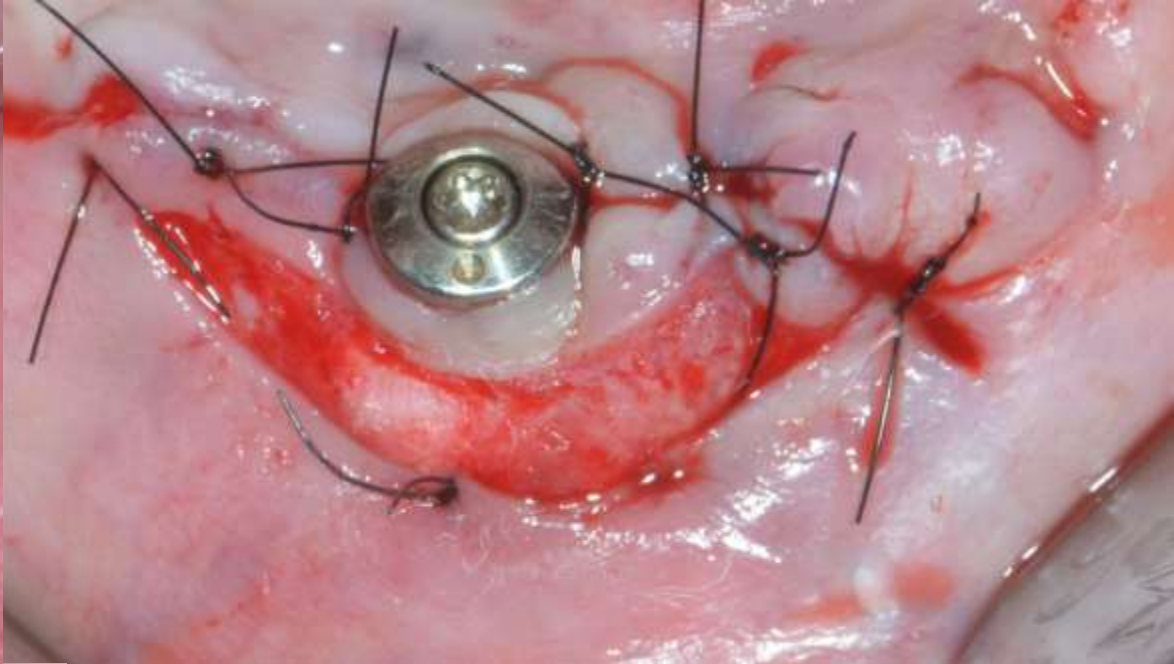
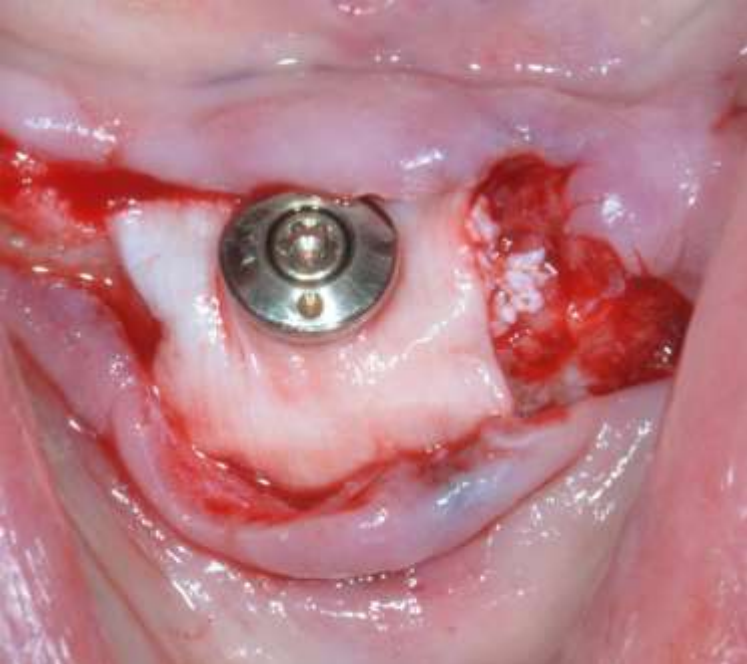


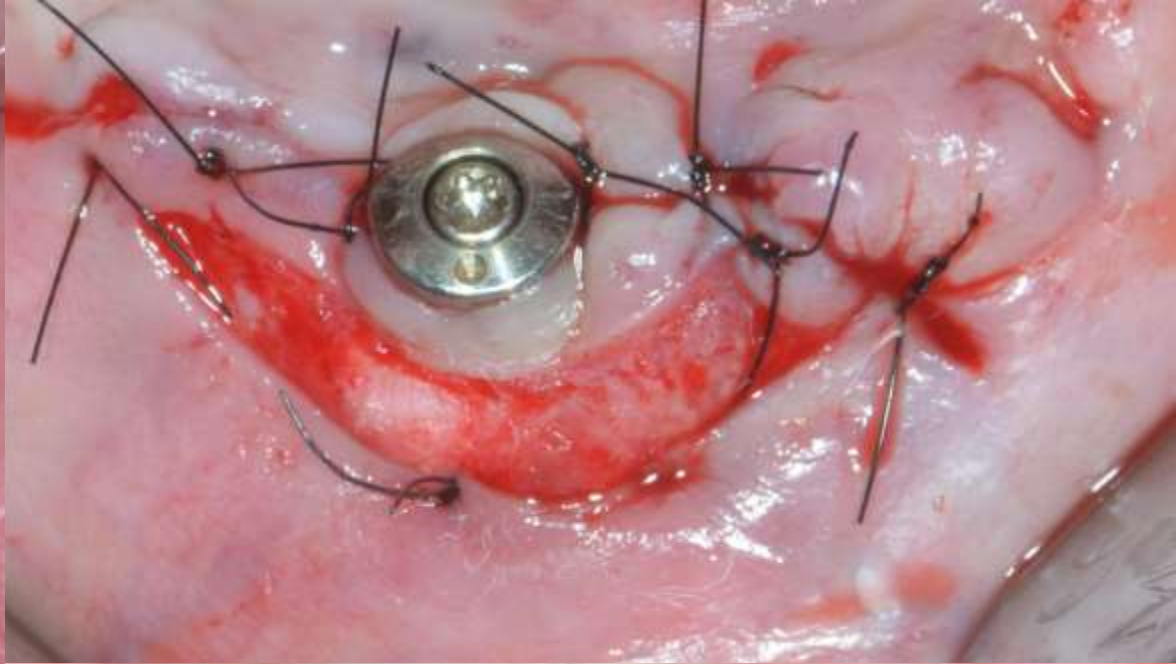


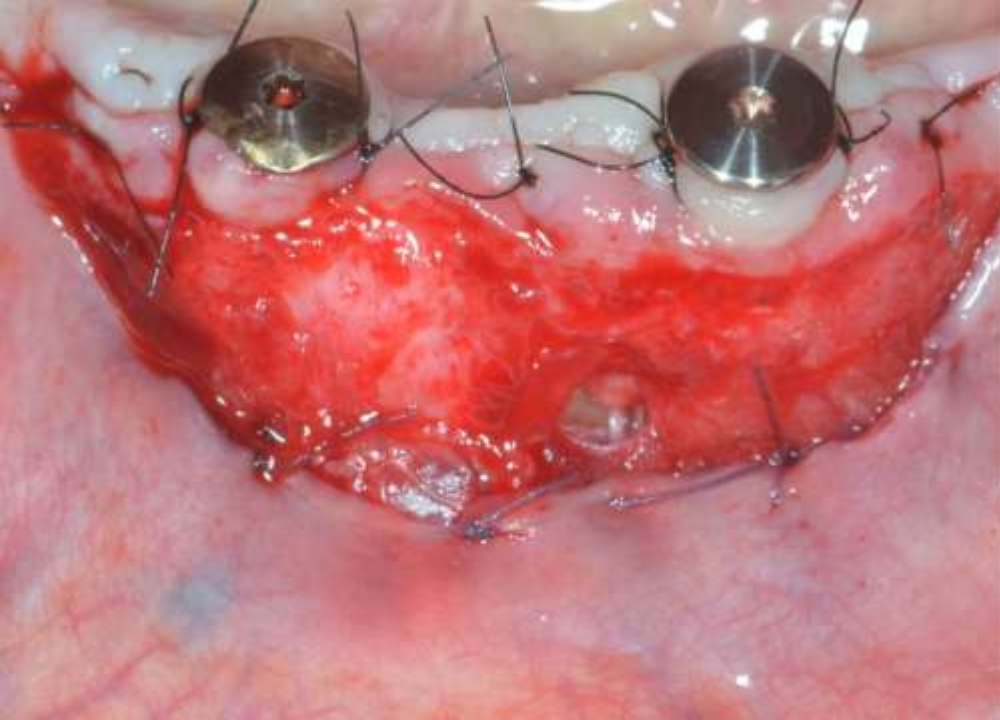


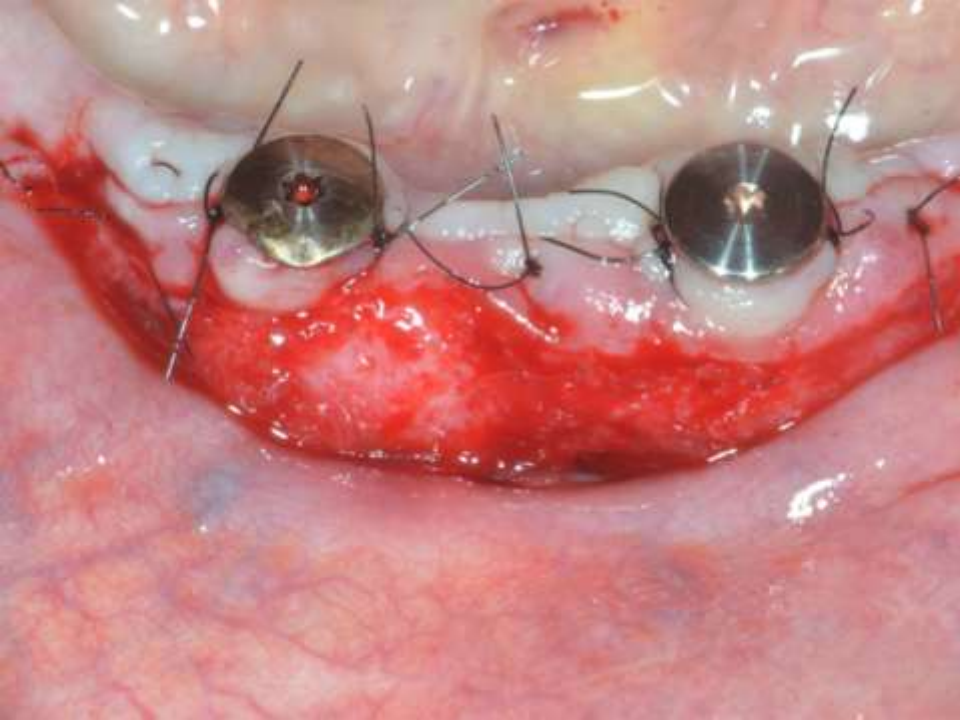
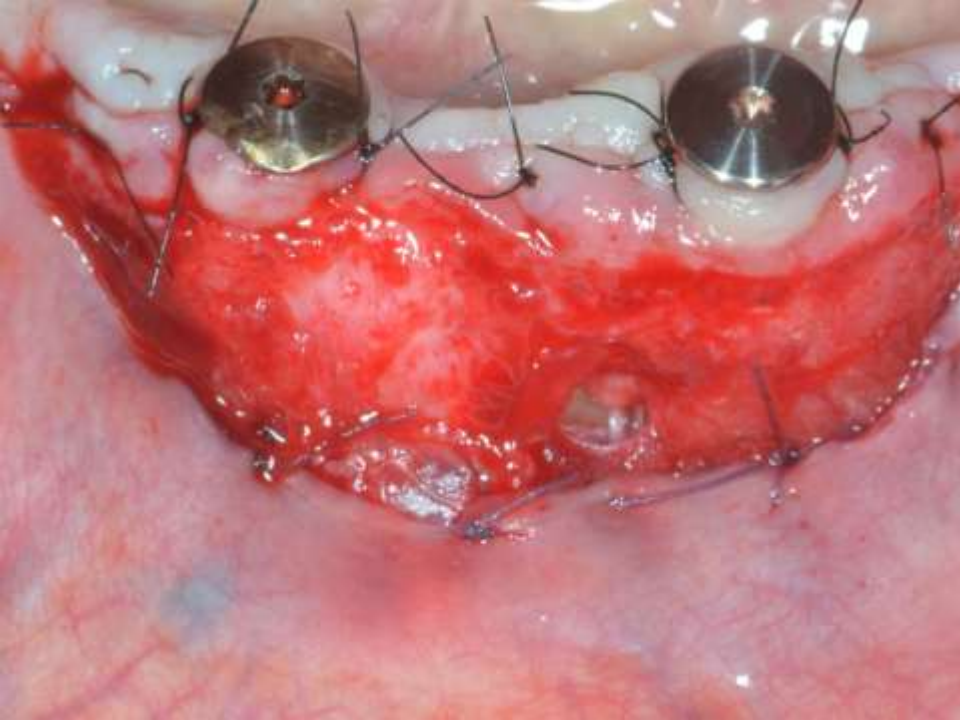


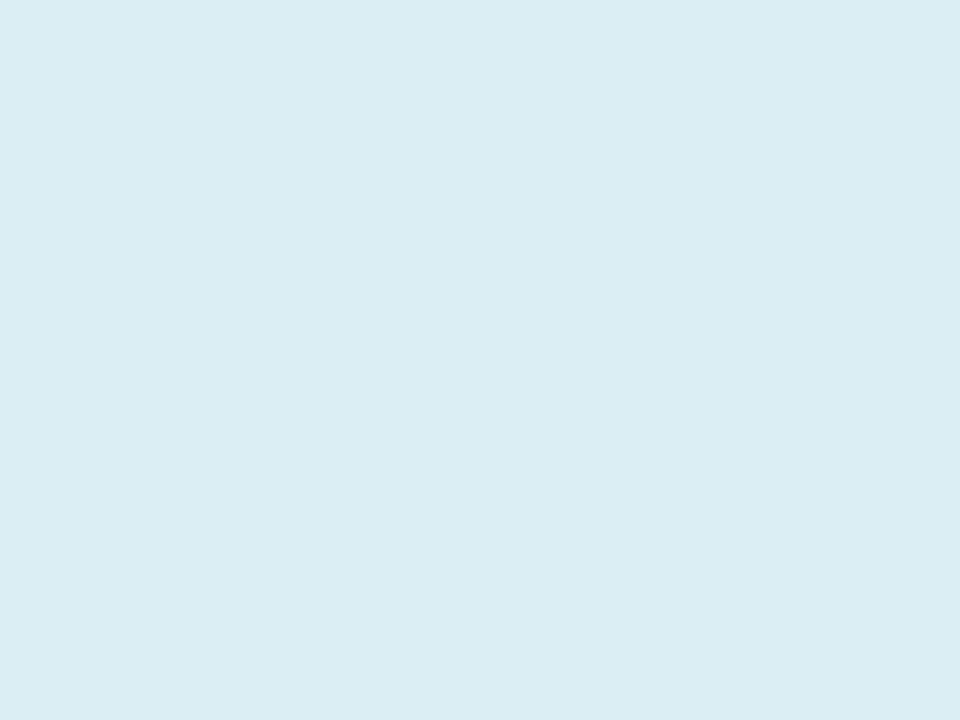
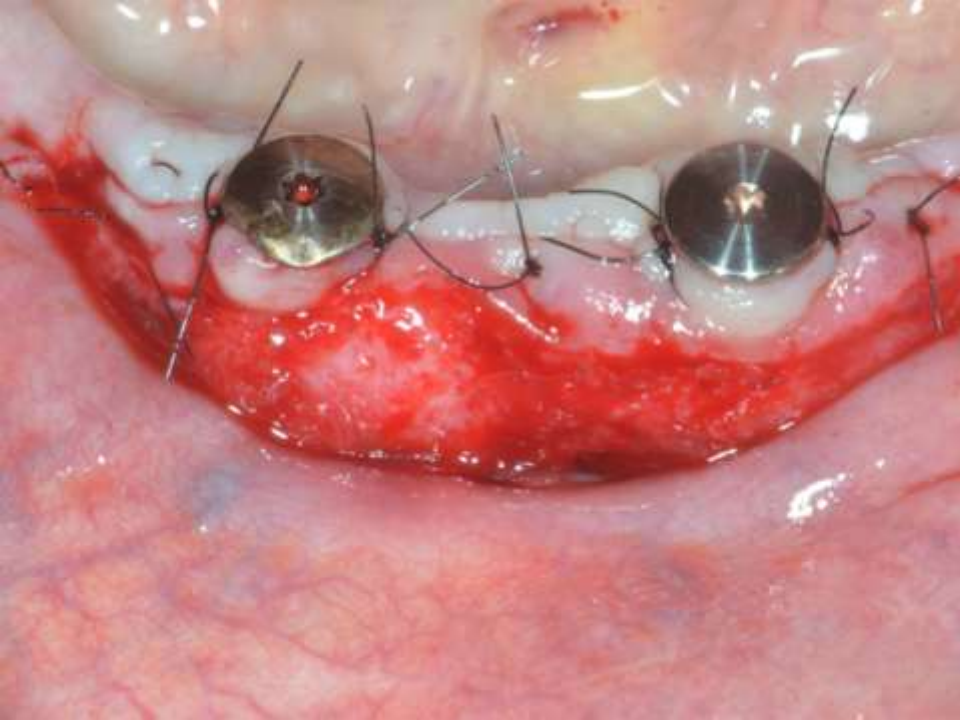
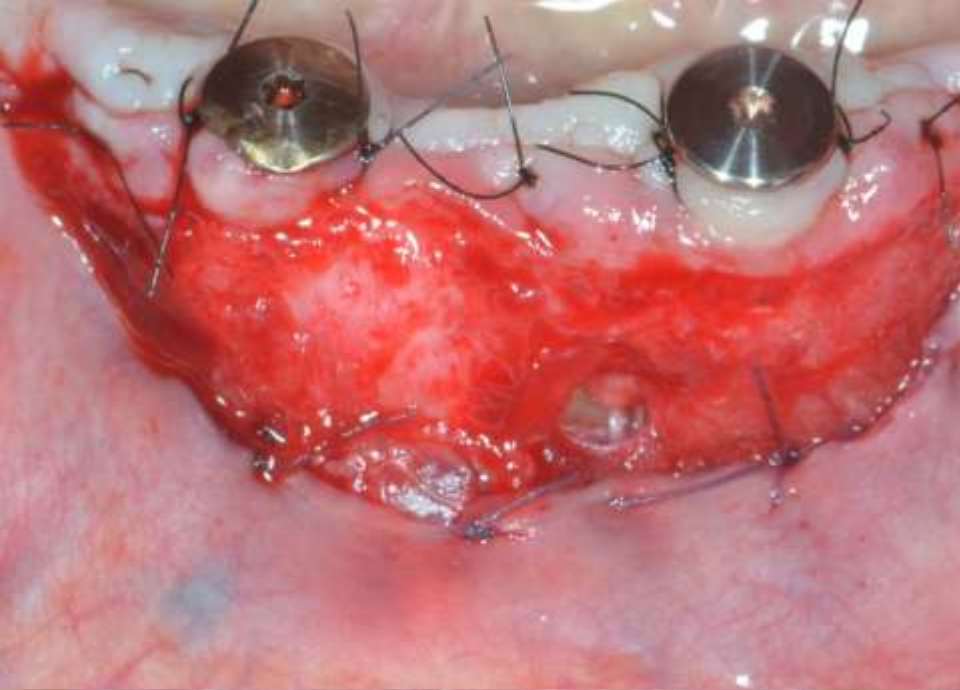


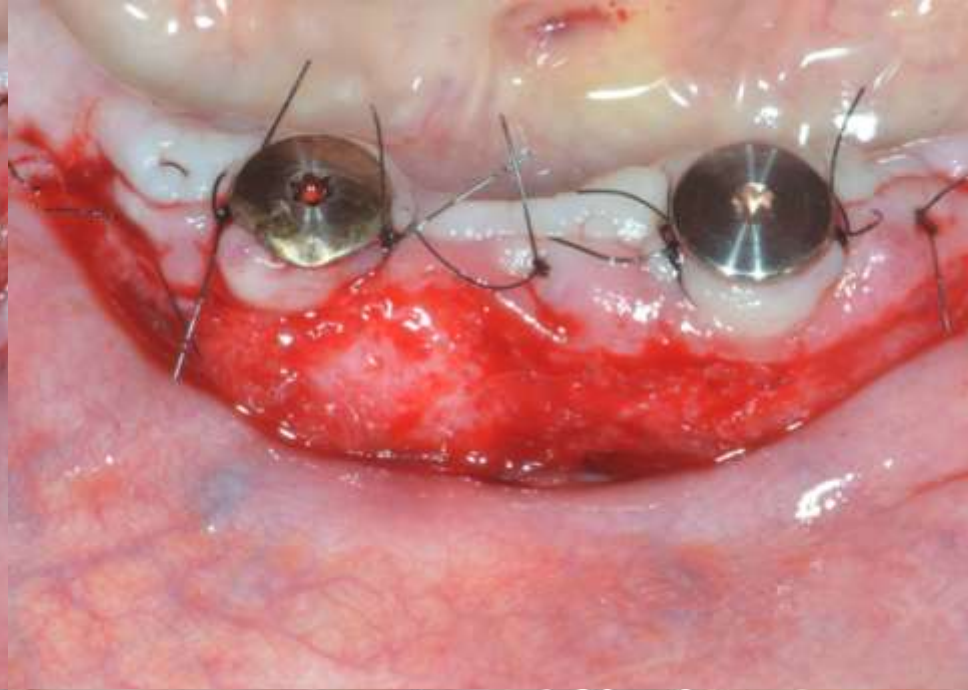
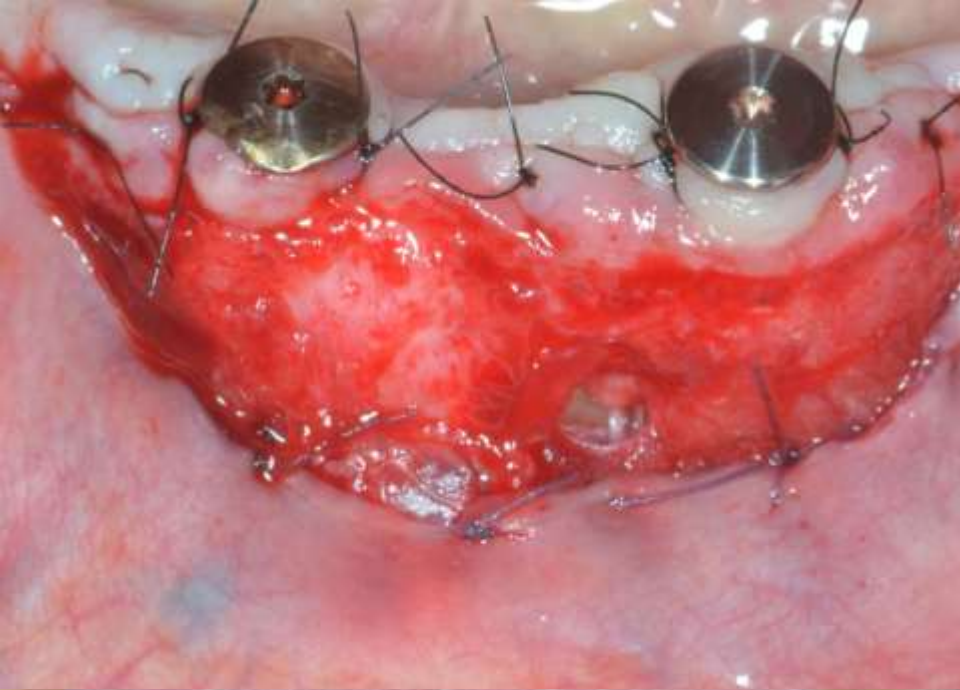




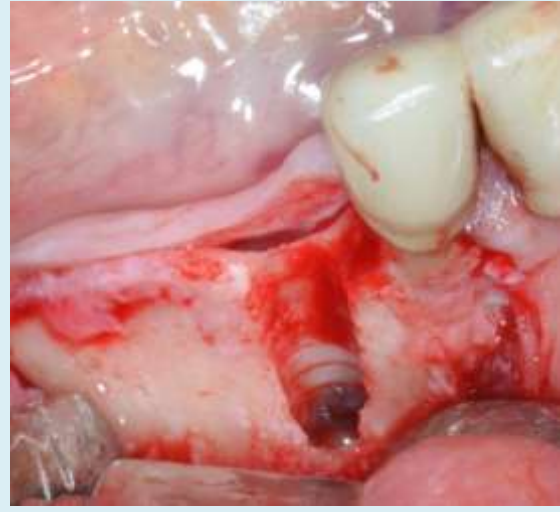


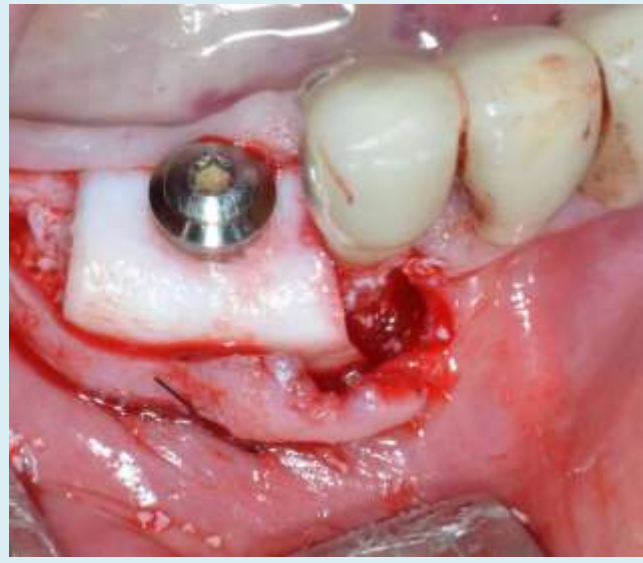






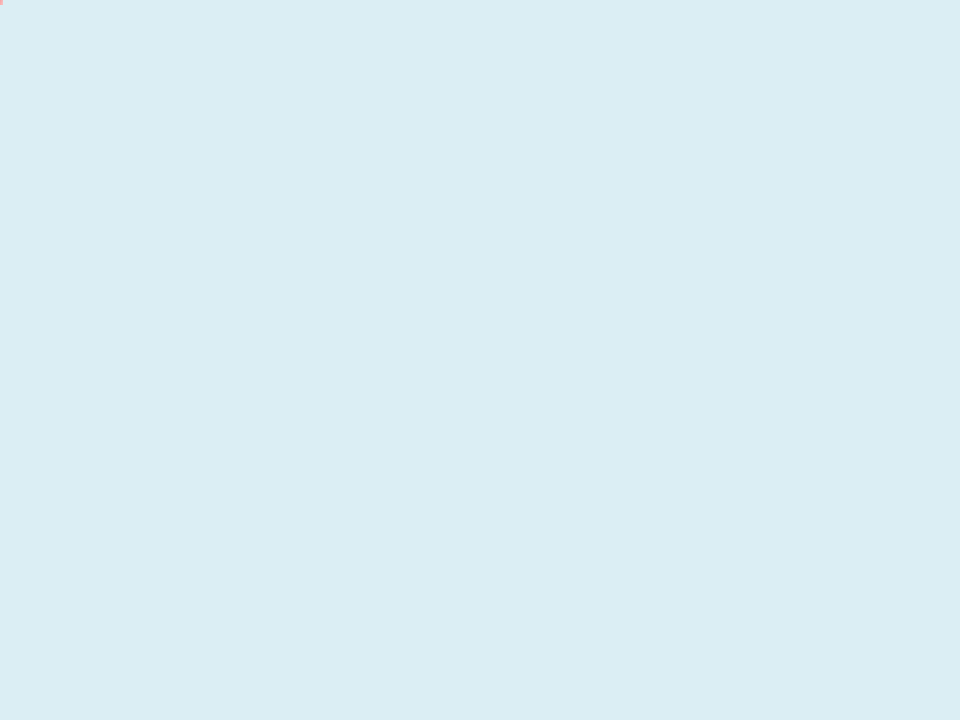
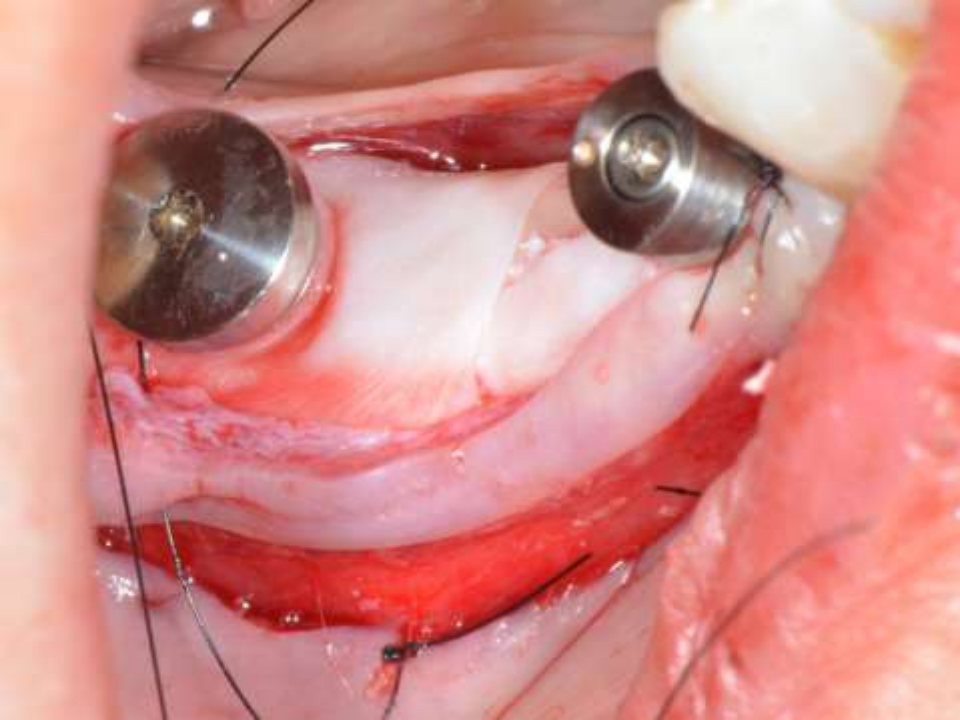


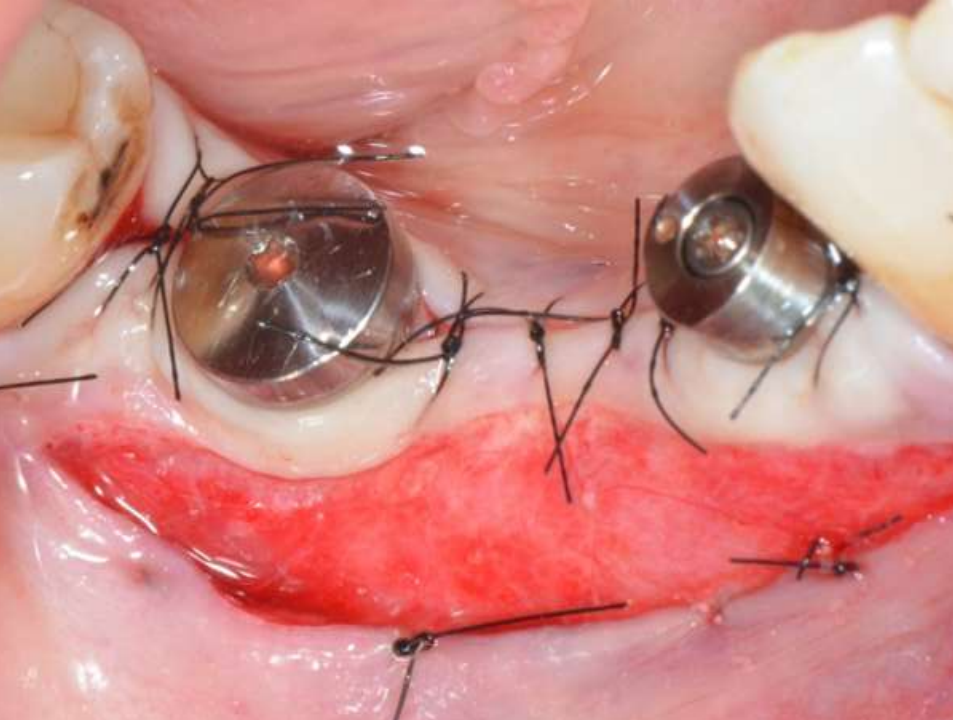
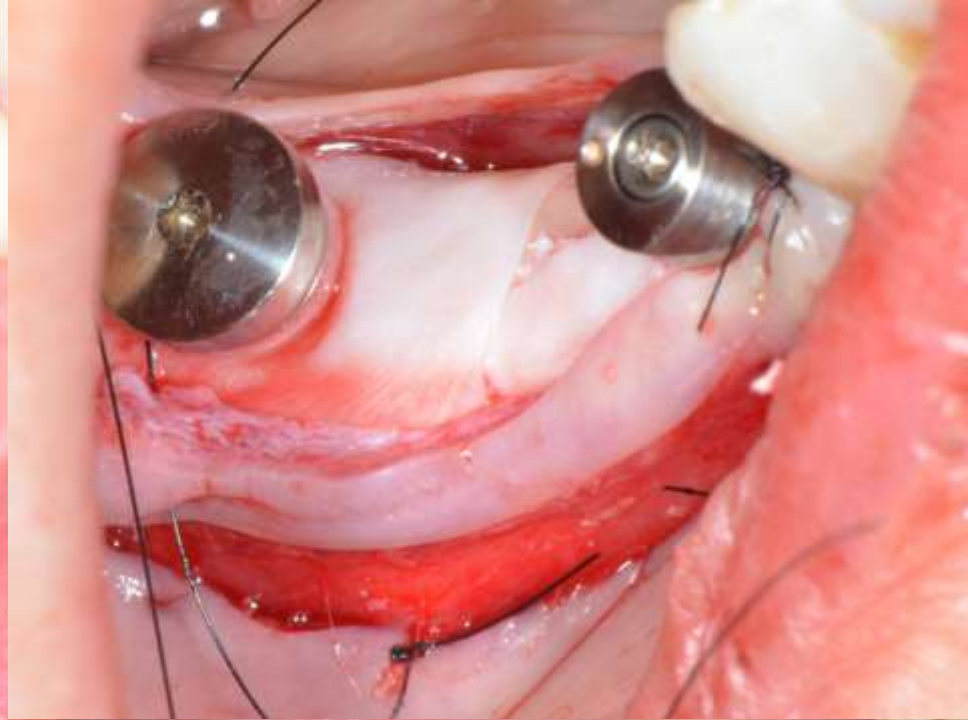




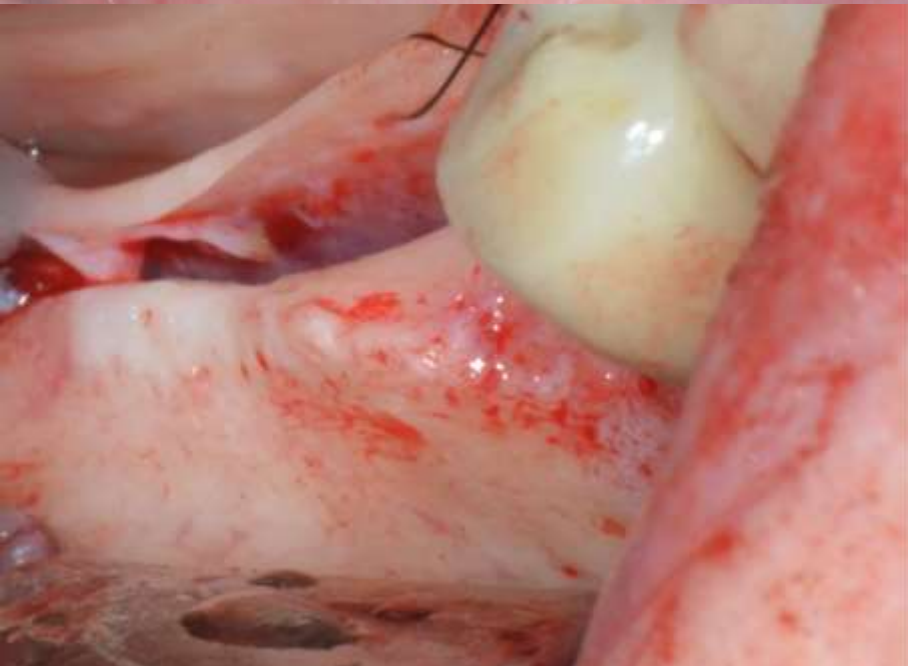


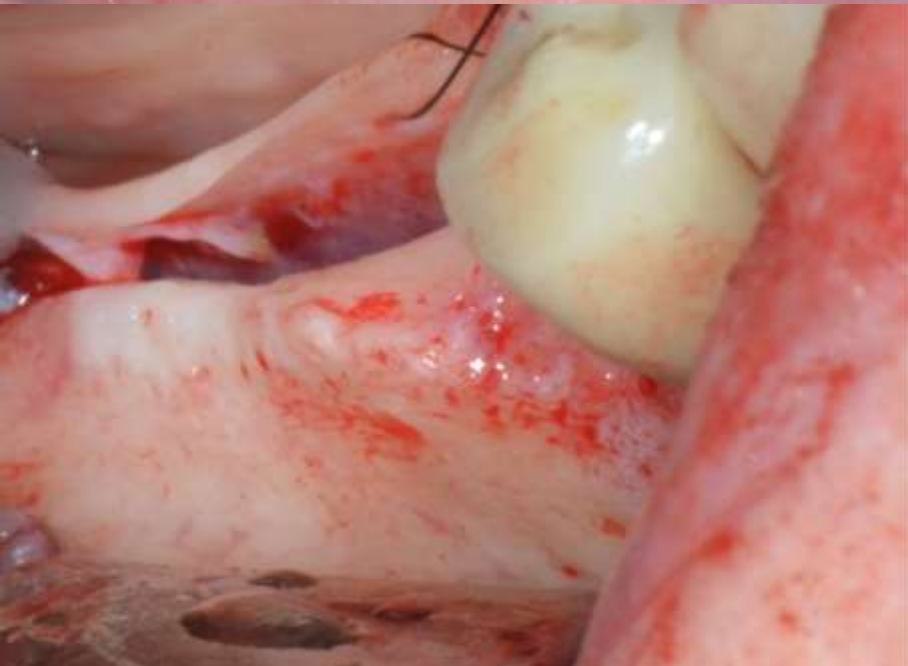


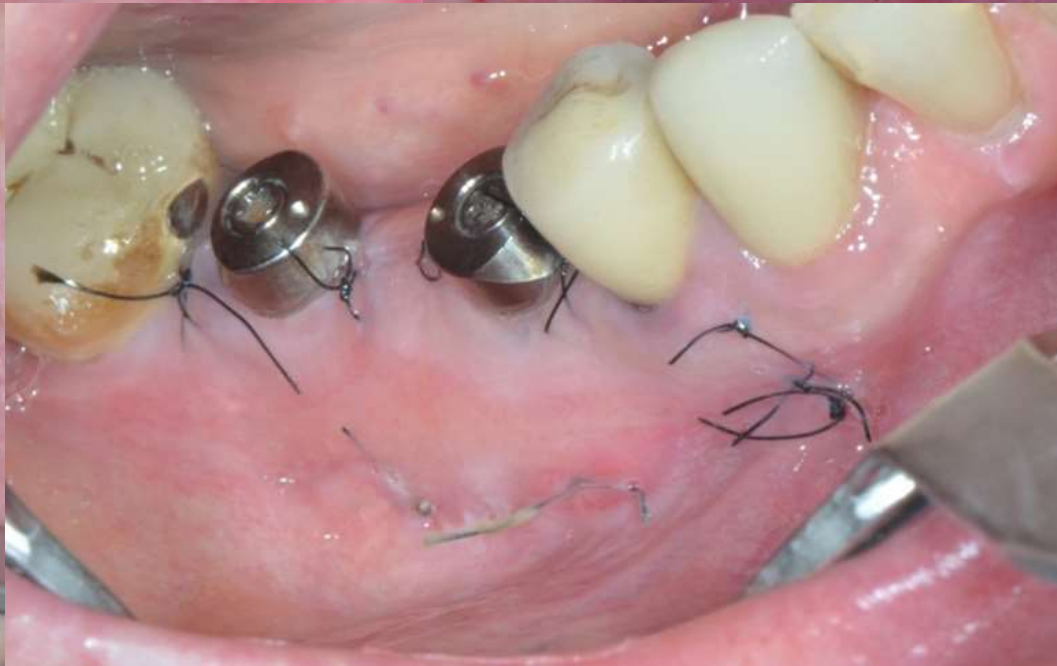


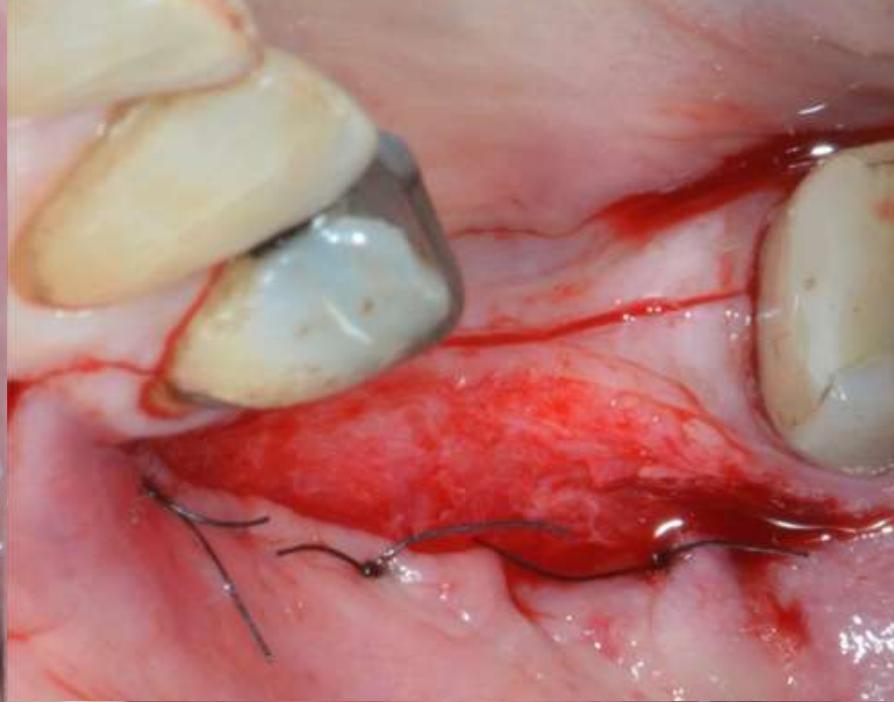




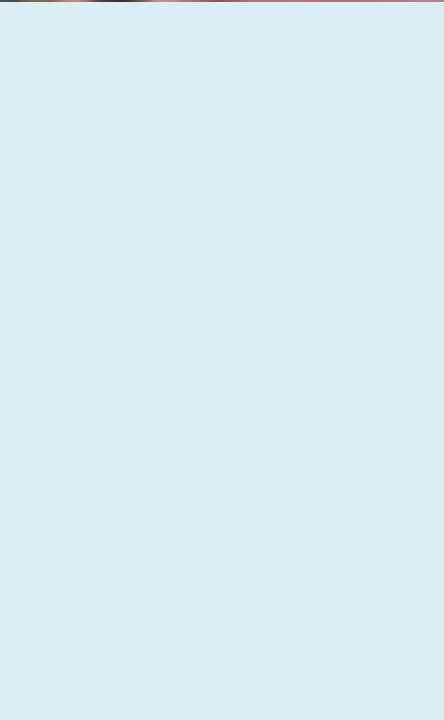
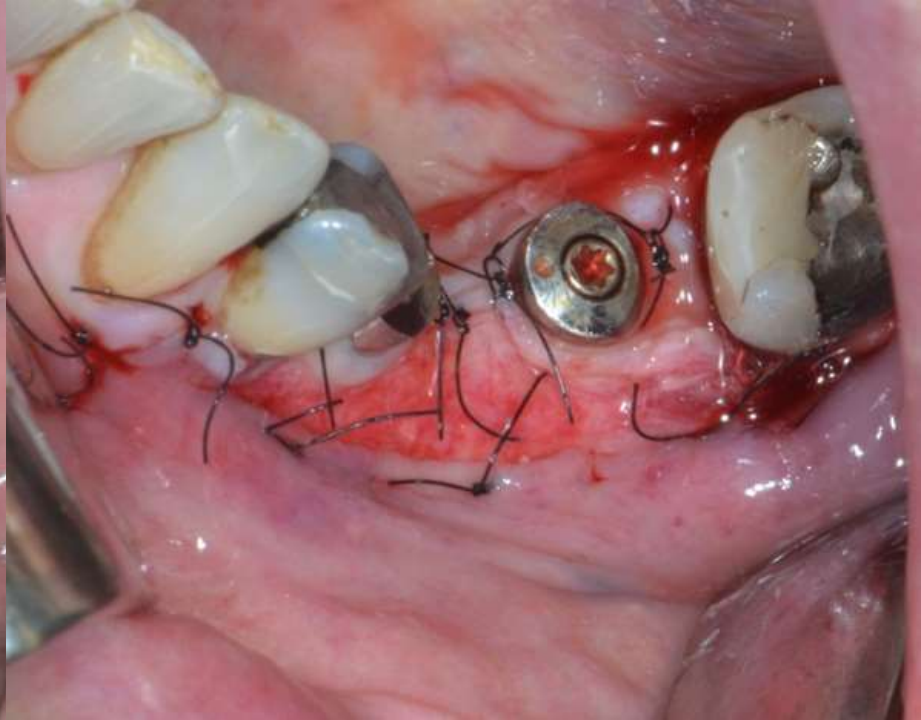


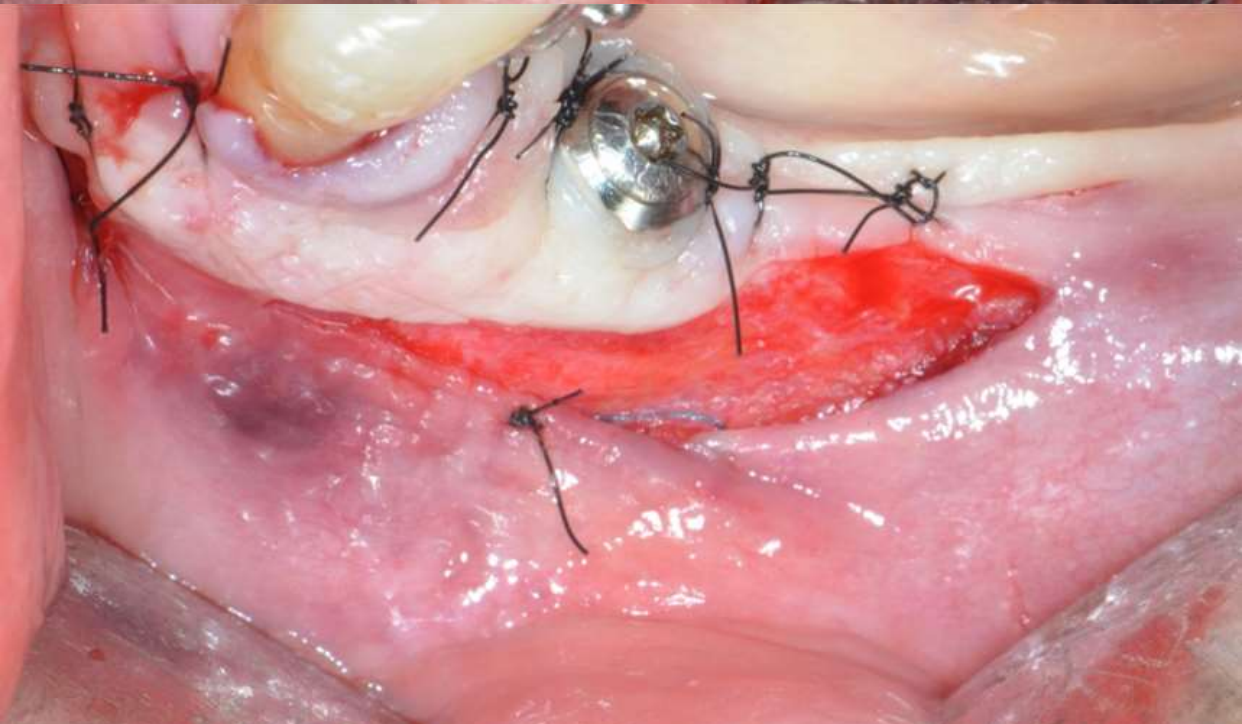
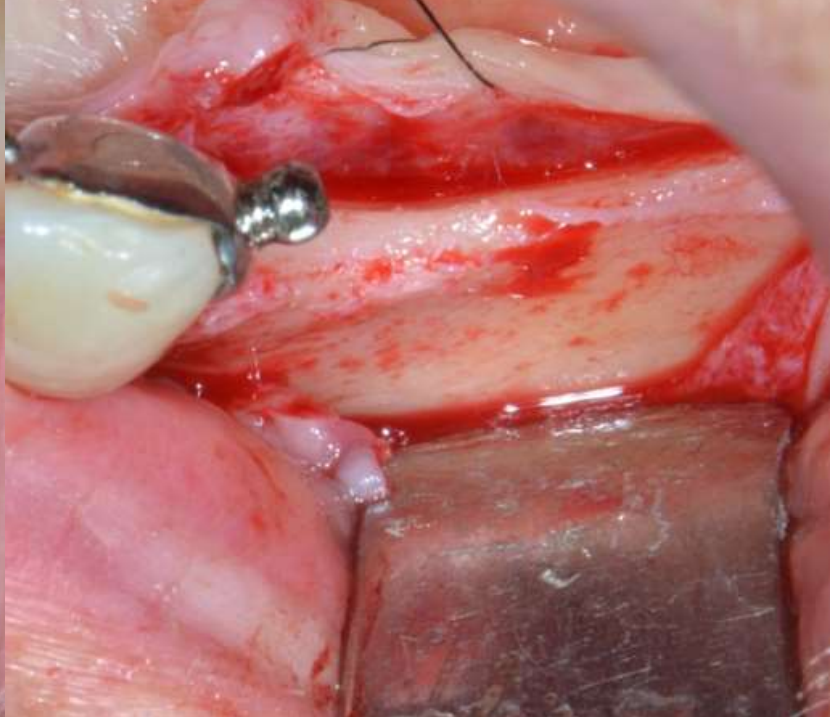


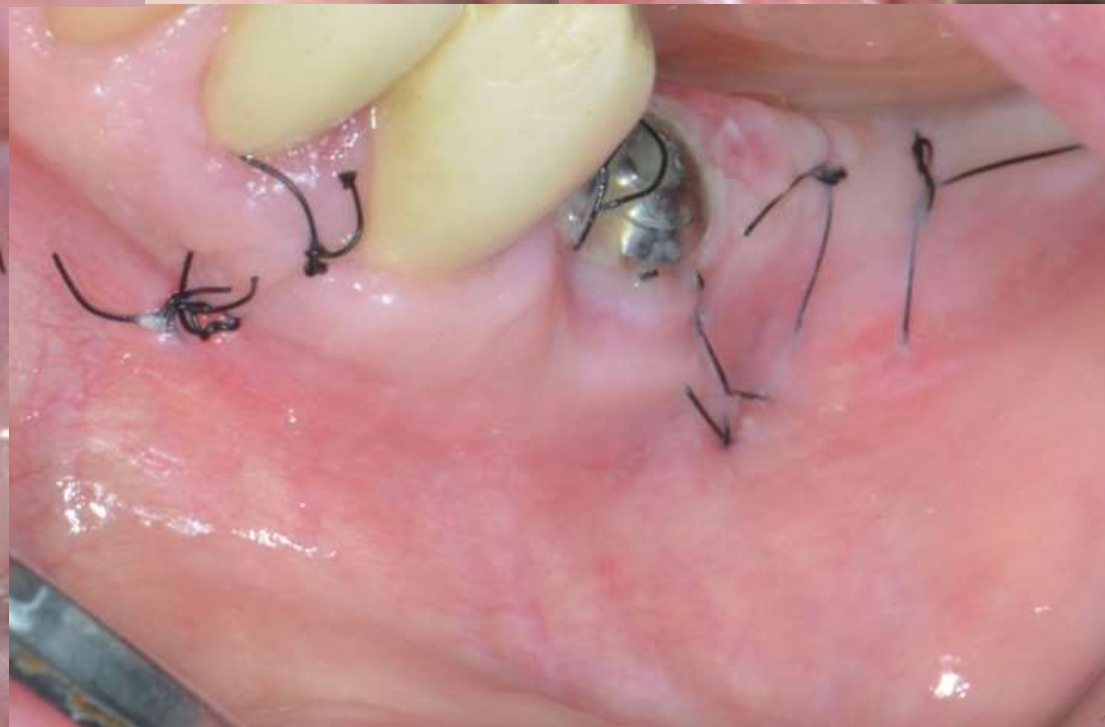
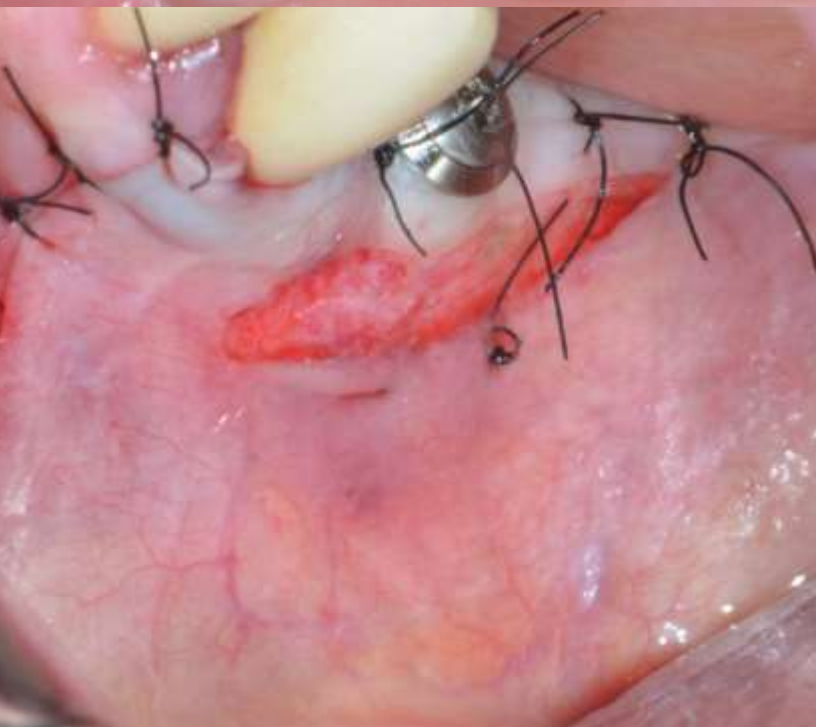




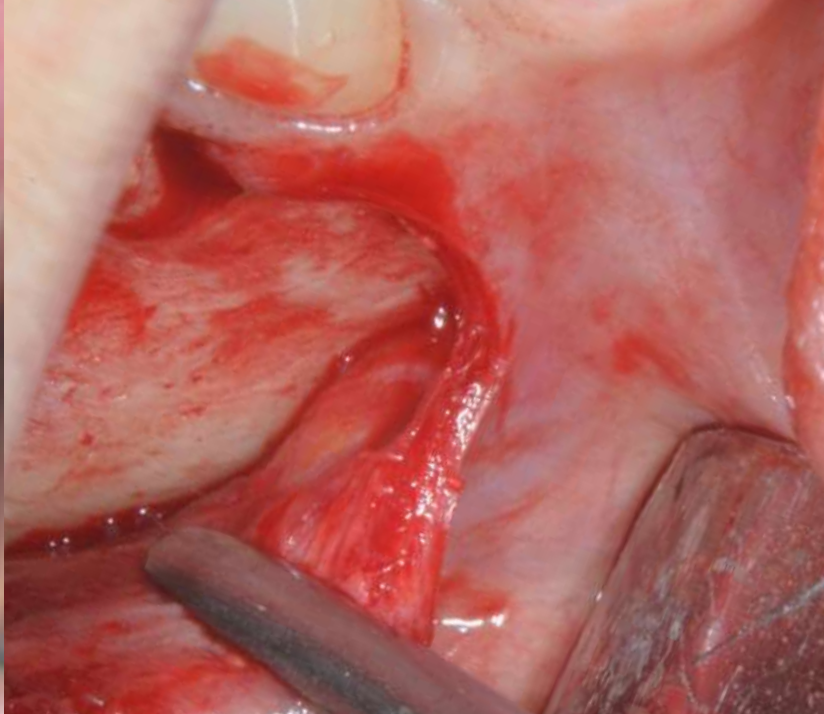


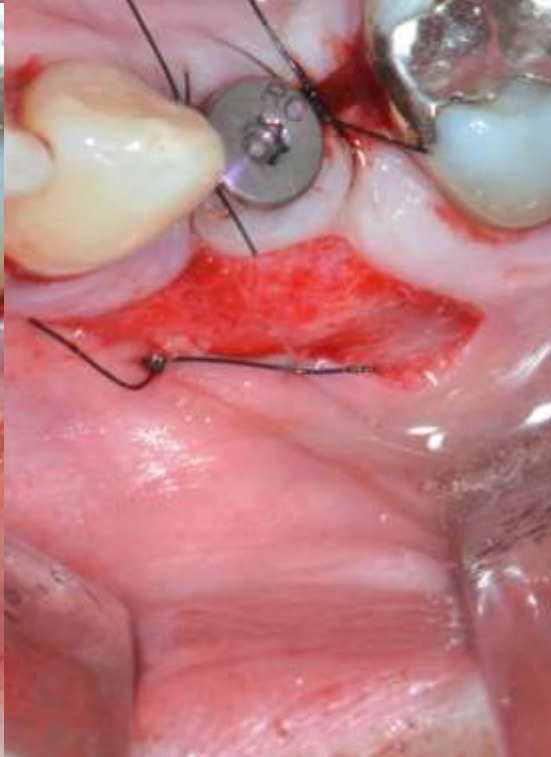
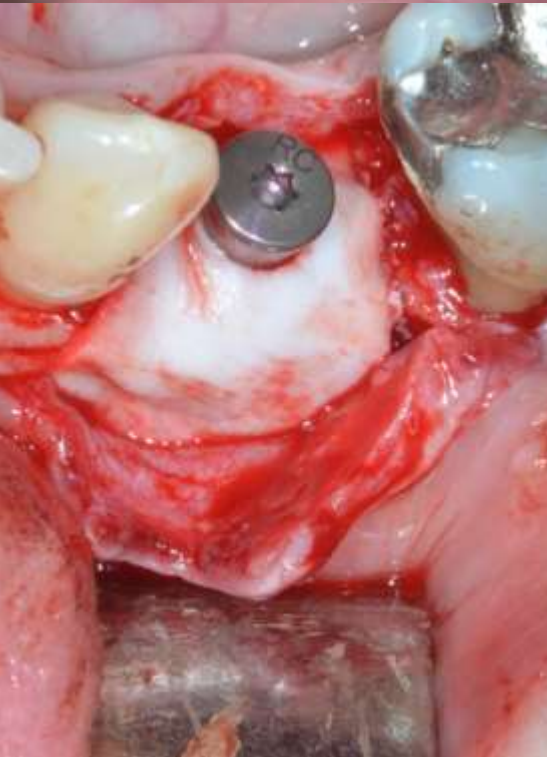
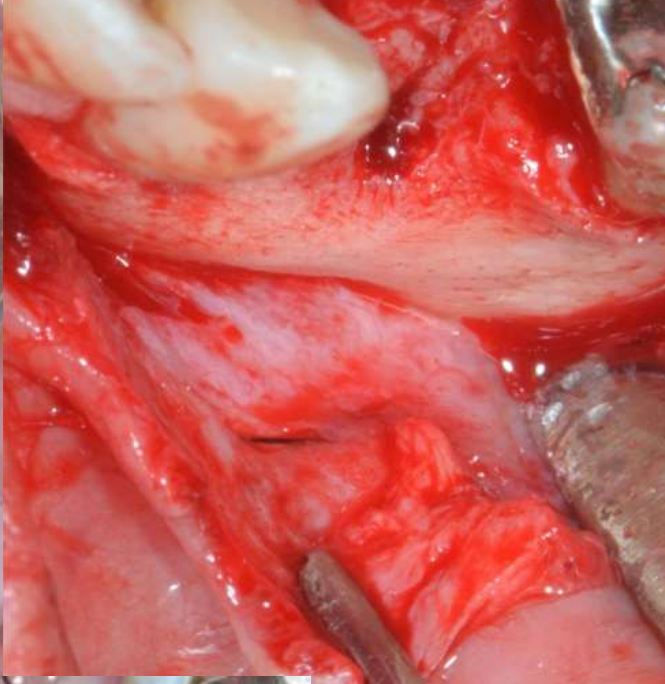


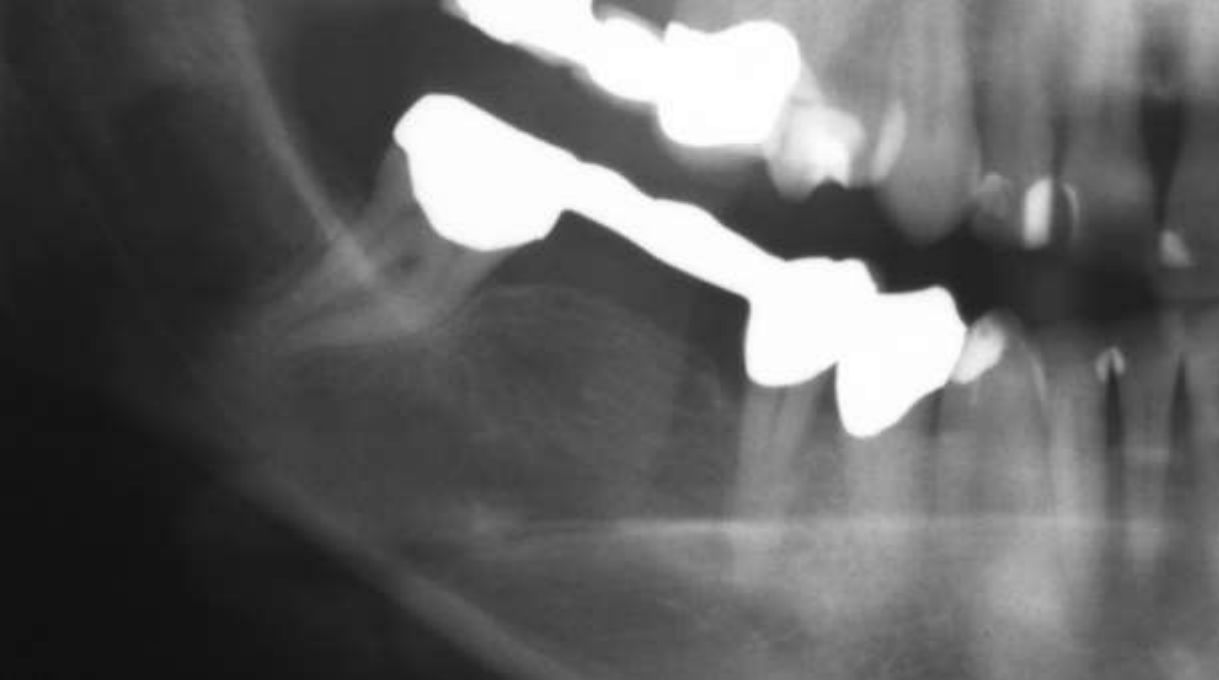


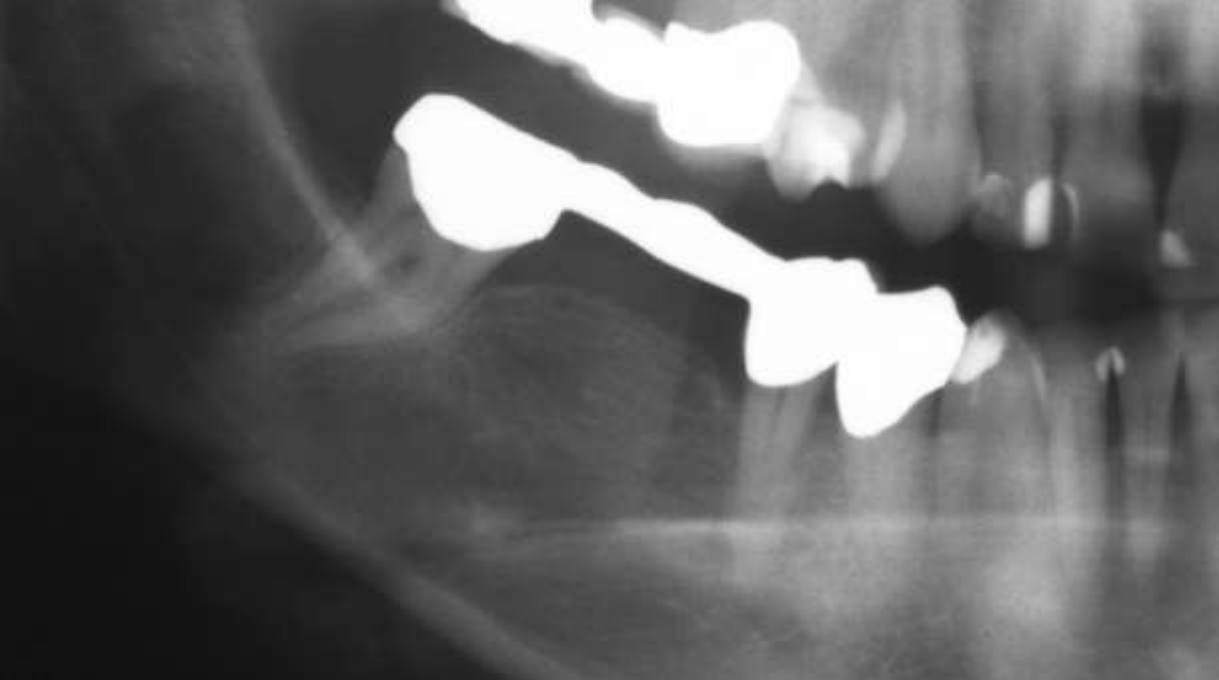


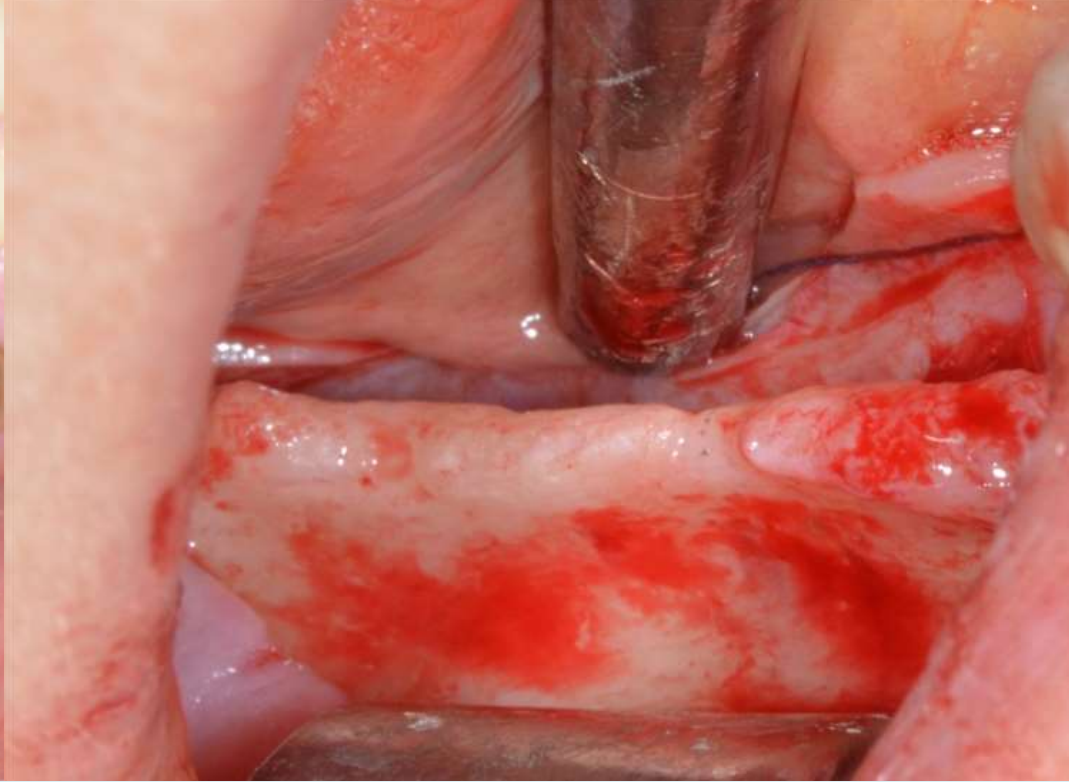
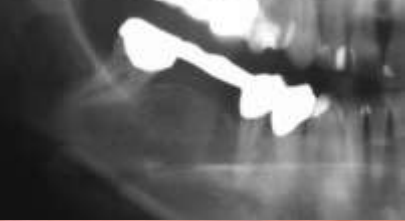


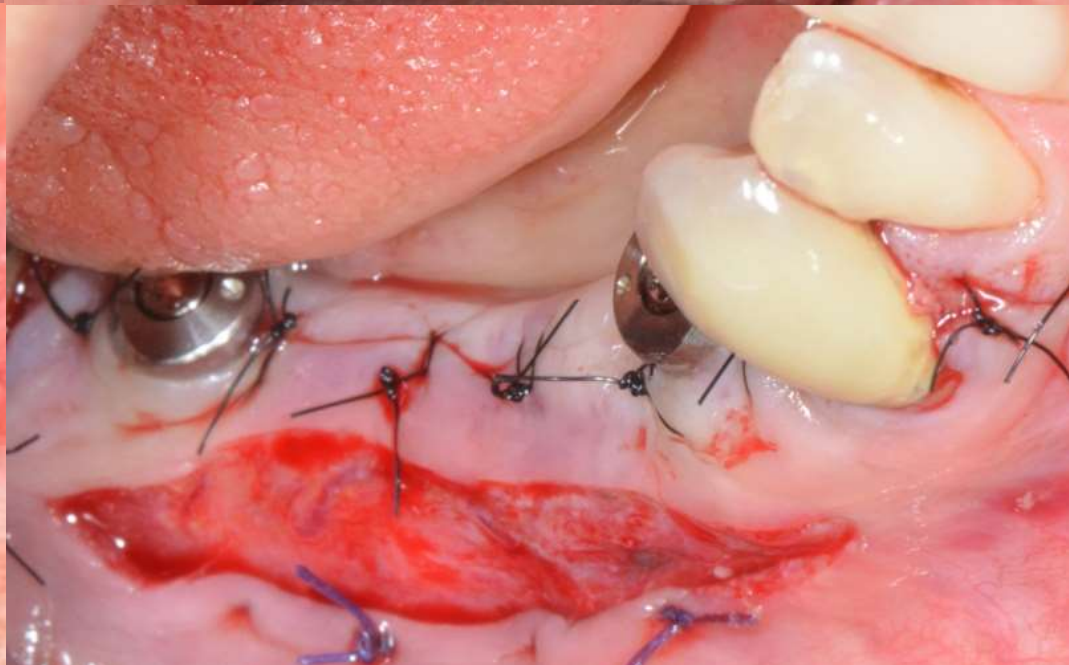
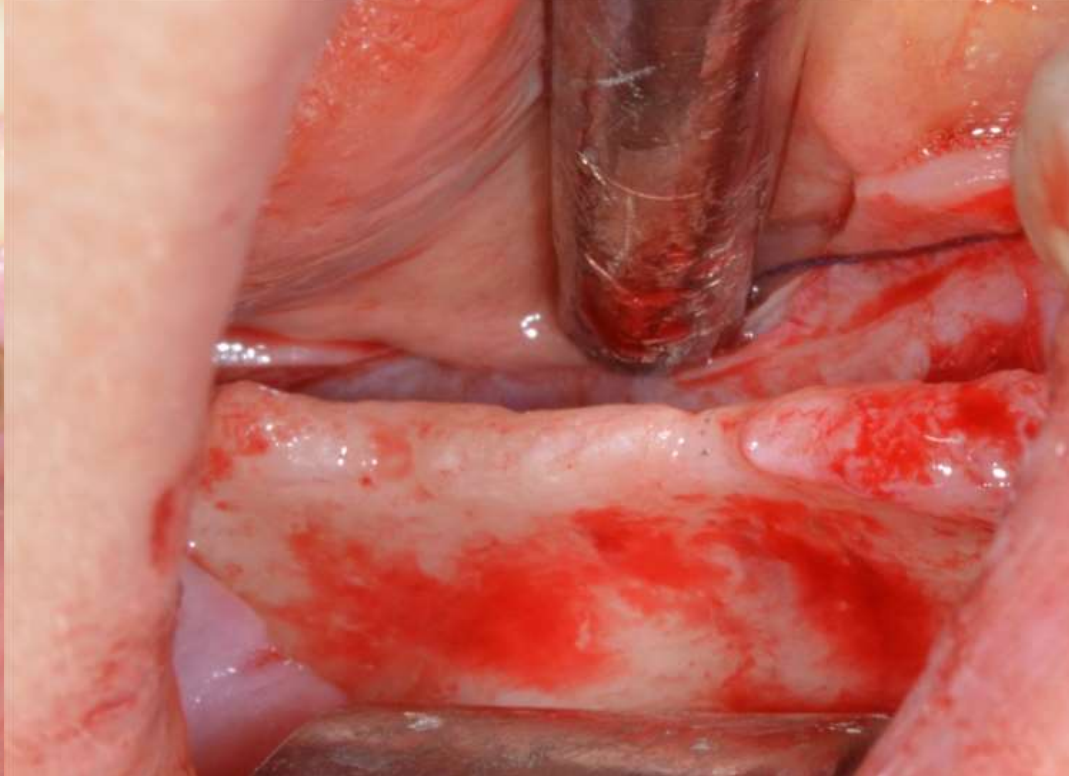




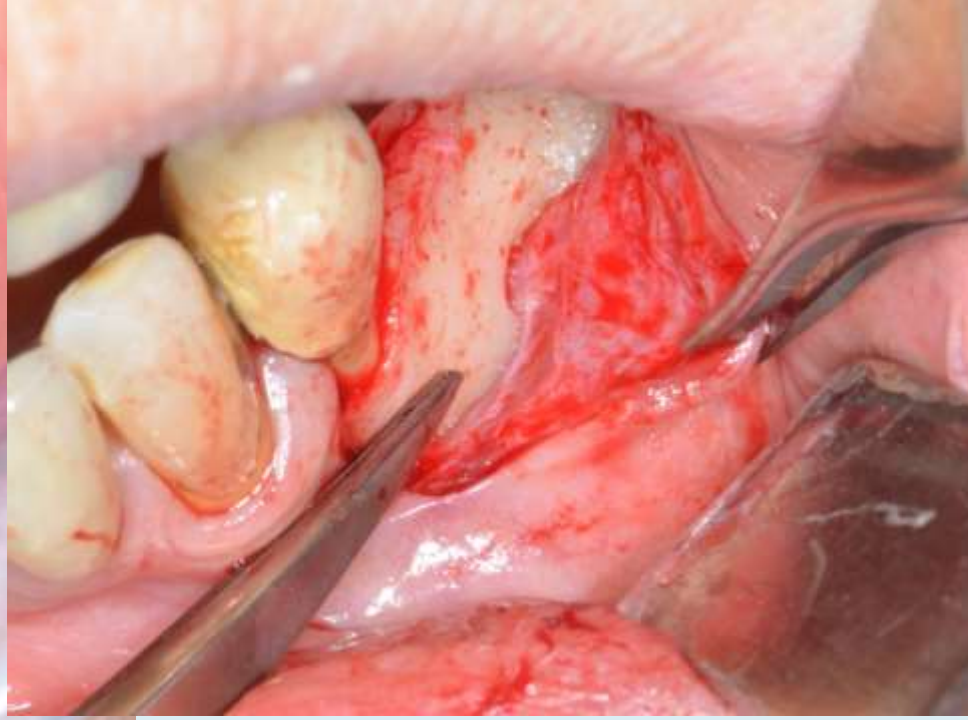


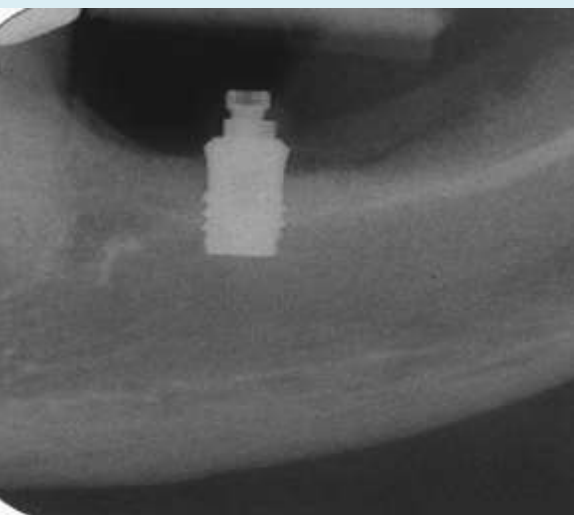
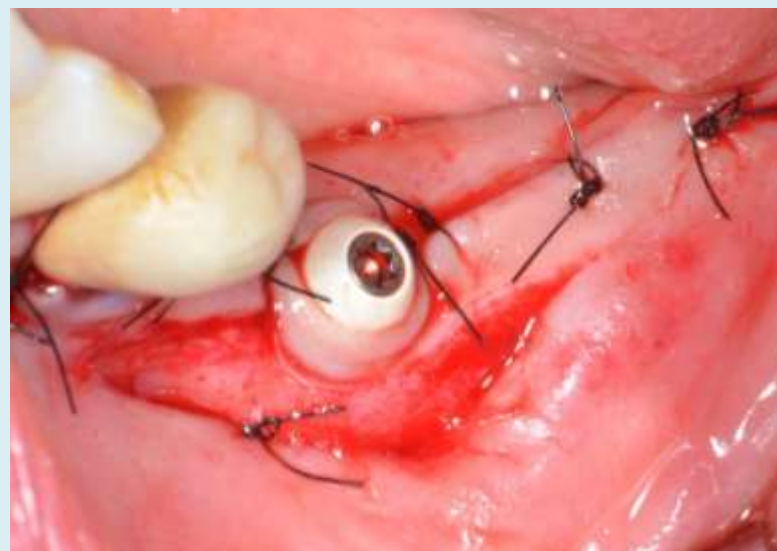
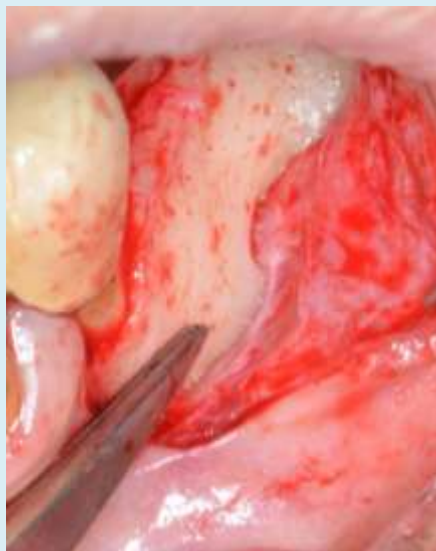


















IMPLANTATION

Name:.....

Datum:.....

KG Nr.....

regio:

- Implantat: 4,1 mm, Standard 4,8 mm Standard 4,1 TE 3,3 BL
 4,1 mm, Standard Plus 4,8 mm Standard plus 4,8 TE 4,1 BL
 Roxolid Wideneck 4,8 BL
 6mm 8 mm 10 mm 12 mm 14 mm 16 mm

- Schleimhaut: Vermehrung attached gingiva : mm
 Mukosa – Verdünnung viel wenig
 Periostschlitzung einfach zweifach

- Augmentation: Bio Gide Lot.Nr. *Ausdehnung*
 Bio Oss Lot.Nr. Kammverbreiterung
 Bohrkanalbonechips Schraubenwindungen:
 buccocrestal Millimeter:
 Kammmodellation Alveolentrichter:.....mm

- Sinuslift: Sinuslift Summers von.....bis.....auf..... mittleres/apicales Schraubendrittel
 Sinuslift transkanalikulär von.....bis.....auf

- Verschlusschraube: gross für transmukosal klein für transmukosal

- Prozedere: Belastung in.....Monaten:..... Spongiosa locker
 Massivsek. Aufbau, verschraubt Verblockt Flieger mesial/distal
 Provisorisch

- Kugellanker provisorisch definitiv

Besonderes



