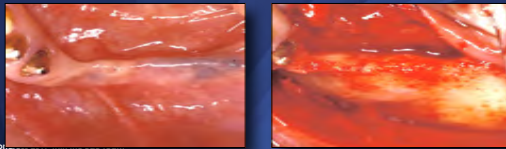


TOPICS – Day 1

- Factors influencing the long-term stability of dental implants
- Surgical procedures in posterior sites: Standard implant placement with or without flap elevation
- **Surgical procedures in posterior sites: Implant placement with GBR**
- Implant placement and sinus floor elevation: lateral window vs. Osteotome technique, when simultaneous, when staged?
- Prosthetic planning and restorative principles in posterior sites
- Fundamental esthetic principles revealed in the context of esthetic maxillary implant restorations - a critical appraisal
- Esthetic risk assessment and basic surgical principles in esthetic sites
- Prosthetic handling of esthetic challenges: case reports

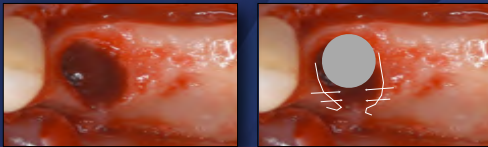
Implant Placement in Posterior Sites with Bone Defects

- This is a frequent clinical situation today
 - ▶ often postextraction sites
 - ▶ we also frequently see an atrophied alveolar crest
- The anatomy in the posterior mandible is difficult and often borderline
 - ▶ Crest width and crest height is often reduced
 - ▶ Position and course of mandibular canal
 - ▶ Lingual undercuts

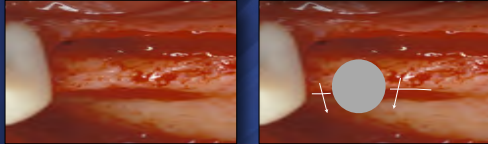


Whenever possible: Simultaneous GBR

2-wall defect



1-wall defect



Important Aspects for Decision Simultaneous vs. Staged

- **Crest width at implant site**
 - ✓ Crest width > 6 mm are uncritical
 - ✓ Crest width between 4 and 6 mm can be borderline
 - ✓ Crest width < 4 mm require a staged approach
- **Shape of alveolar crest**
 - ✓ Tapered vs. rectangular
- **Diameter of implant to be inserted**
 - ✓ Standard diameter vs. diameter reduced
 - ✓ Exposed implant surface must be inside the bone



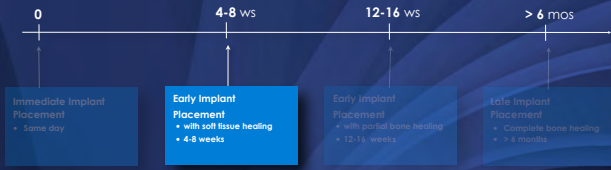
20 Years of GBR Technique

Principle of GBR by using Barrier Membranes



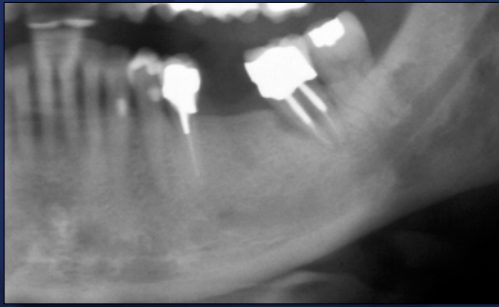
Implant Placement post Extraction

Treatment Options

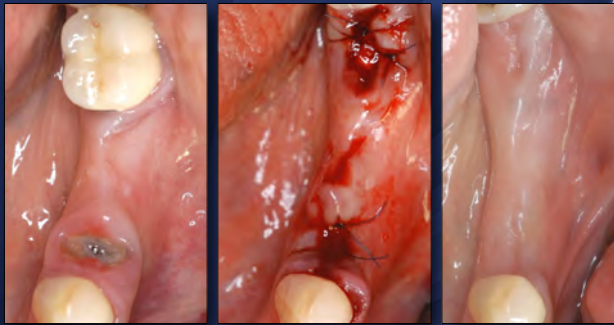


III Treatment Guide 3: Chen & Buser 2008

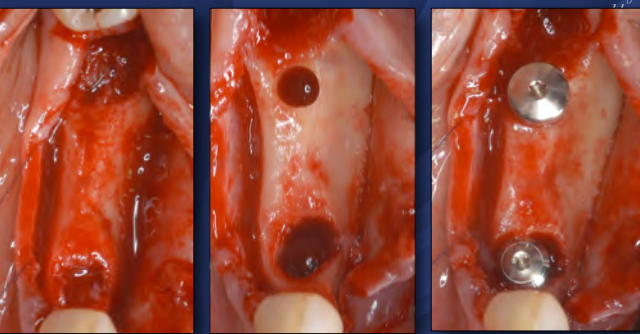
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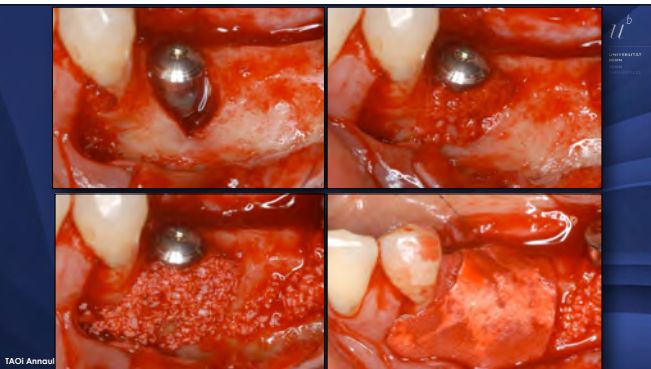
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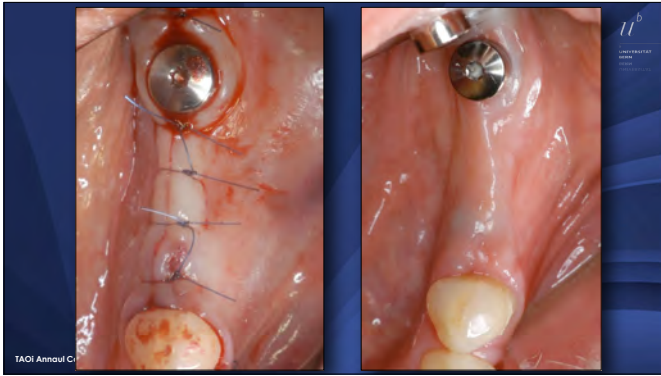
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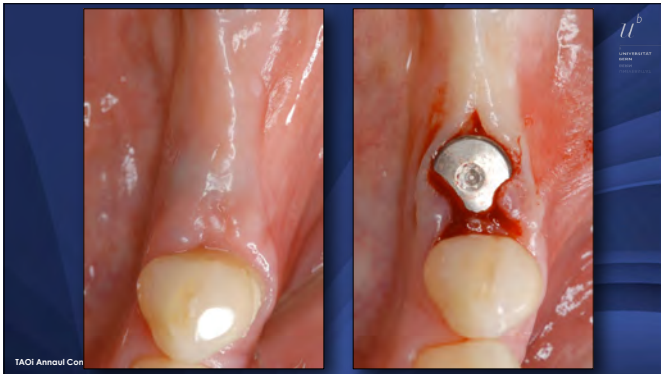


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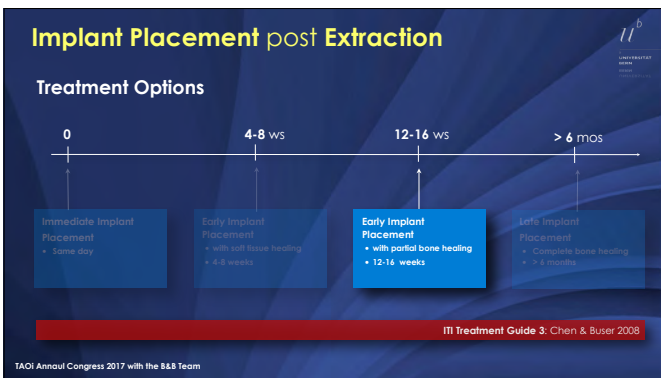






2015: 10 years

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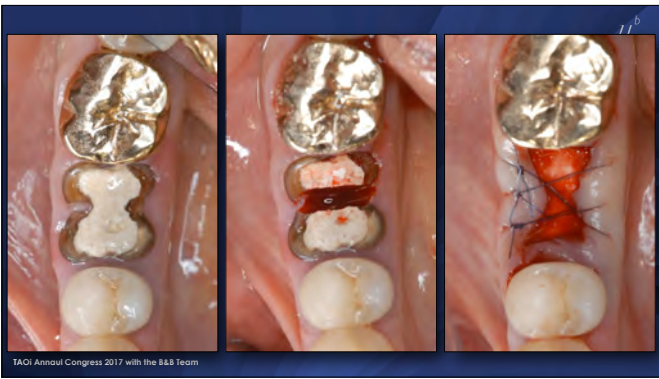
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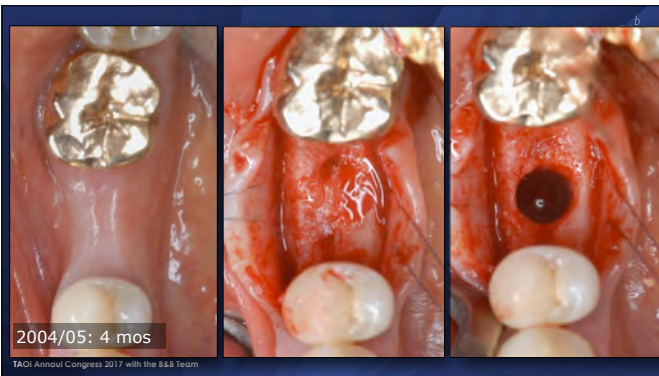
Implant Surgery with GBR

Early Implant Placement (Type 3)

- In cases, when bone lesions do not allow sufficient primary implant stability
 - Periapical pathologies
- In sites without risk for buccal flattening within 4 months
 - First molars in the mandible or maxilla
 - To wait 3-4 months often allows implant placement without bone grafting procedures (-> reduction of cost)

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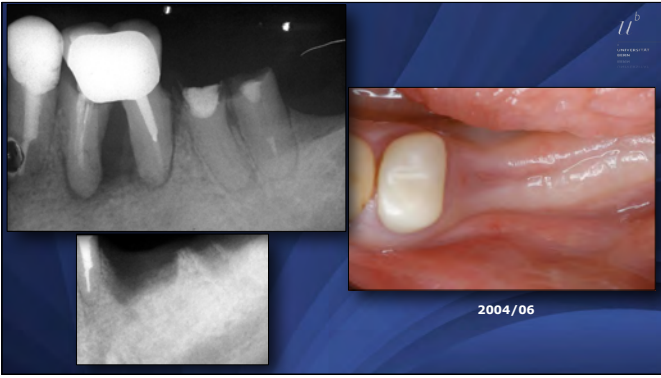


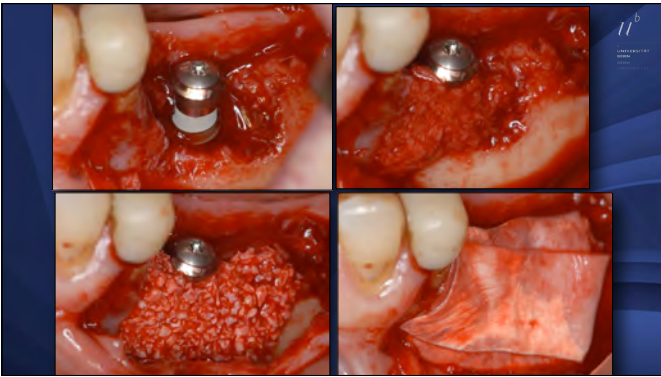




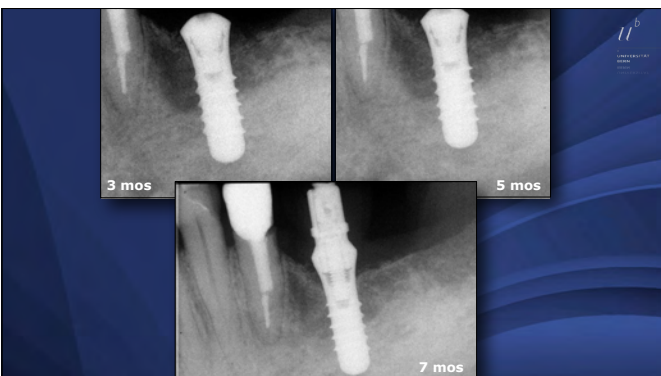




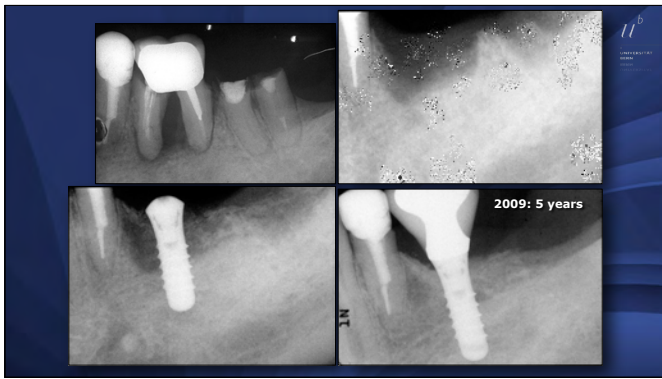


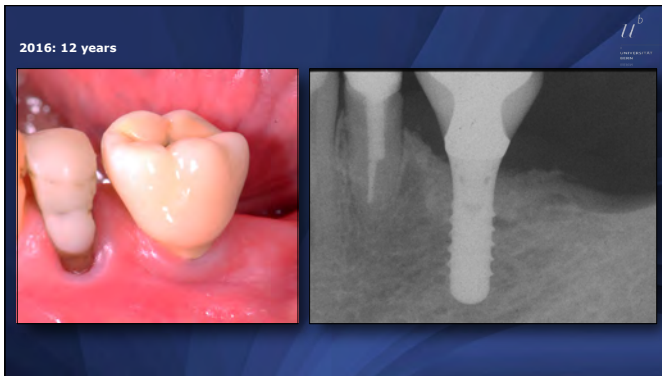


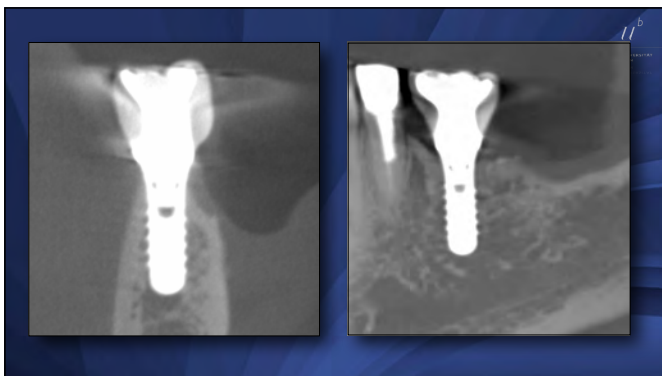


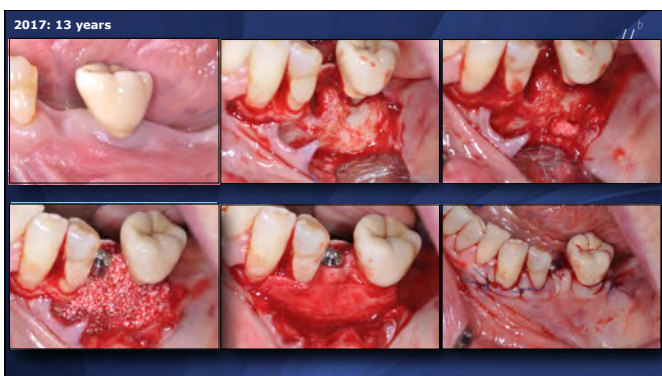












Implant Placement post Extraction

Treatment Options

0	4-8 ws	12-16 ws	> 6 mos
Immediate Implant Placement + Same day	Early Implant Placement + soft tissue healing + 4-8 weeks	Early Implant Placement + partial bone healing + 12-16 weeks	Late Implant Placement + Complete bone healing + > 6 months

III Treatment Guide 3: Chen & Buser 2008

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