

SINGLE EDENTULOUS : TBR CONNECT IMPLANT IN 15 - SINUS LIFT USING THE BALLOON TECHNIC

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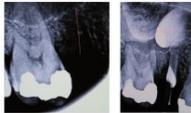
T = Jour d'intervention

PHYSIOLOGY :

A 38 year-old man, without any particular medical history or medication, came to the dental office. His oral state was ok, however the tooth N°15 was missing, though we have measured a 8.7 mm residual bone reaching the sinus (the sinus is asymptomatic).

TREATMENT :

To maintain the maxillar sinus hydrated, we prescribe the patient some force 3 Rhinomer to inhale 3 times per day. Moreover, some Augmentin 875/125 mg (every 8 hours during 7 days, starting 48 hours before the operation) and some Ibuprofen 600 mg (every 10 hours during 4-5 days) are prescribed as well. The surgery will be performed under a Rifampicin and physiological serum based irrigation.



OPERATING TECHNIQUE :

A total thickness strip is made, from the N° 13 distal side, with a 60°skin and subcutaneous incision creating a straight line to the vestibule floor, to the N°17 mesial side, with a 60°skin and subcutaneous incision as well.

By using osteotomes, and through a crestal approach, the sinus membrane comes off using a balloon. During the milling, the bone is retrieved and inserted in the syringe to make its manipulation easier.



T = 5 mois



We make sure that the sinus membrane movement reaches 10 mm height , and check that the balloon width is 9.7 mm.

On the X-ray, we get the contrast of the balloon by filling it with baryum sulfate and physiological serum. By using this technique, we can take off 10 mm height by 10 mm width.

The balloon is then taken out, the filling bone is inserted in the alveolar tunnel and the 13 mm length and 3.5 mm diameter TBR Connect implant is placed in the operating site. The sinus membrane, following the patient's breathing, comes down and seats on the graft and implant, shaped like a tent (we can observe wrinkles on the X-ray).

5 months later, bone trabeculas appeared on all the apical zone of the implant, the sinus membrane wrinkles disappearing.

The 2nd operating stage consists in uncovering the implant, the strip is moved to the vestibular area to get a greater width of the gingiva and its natural adaptation to the crown. A healing screw is placed to festoon the soft tissues.

A week later, the transfer to the laboratory is performed thanks to the clamped (and not screwed on the implant) transfer (simplified and facilitated technique). A screw-retained ceramic crown is made, being particularly careful to the emerging outline to obtain the most natural appearance possible and aesthetic gingival morphology (on the screw-retained crown, we perfectly distinguish the intra-implantary zone, the sulcular zone and the clinical crown)

Finally, this crown is screwed in using the torque wrench at 30 N.cm ; a cap will seal the occlusal side.

