Technique Bone Management System

System for minimally invasive implantology

Features

- Suitable for preliminary implant-cavity preparation of all current dental implant systems
- Perfectly controlled, minimally invasive procedures
- Optimal use of available bone substance
- Easy and standardized handling, even in complicated indications

Packaging

All systems come in a clearly arranged Instrument Stand that can be sterilized easily in a sterilization container together with other surgical instruments.

Meisinger USA, LLC
www.meisingerusa.com
12276 San Jose Blvd., Suite 110
Jacksonville, FL 32223
904-260-5040
Select 169.

Implant preparation

Using the Bone Management System for minimally invasive implant-cavity preparation.

Information provided by Meisinger USA, LLC.

In theory, today's implant systems are designed so that most clinicians can use them. In practice, however, only a small circle of experts do implant treatments. Why? Because clinicians rarely find optimal conditions for implantation. Instead, they are regularly is confronted with horizontal or vertical resorbed alveolar ridge or cancellous bone, conditions that make implant insertion substantially more difficult, or even impossible.

As a result, clinicians frequently abandon placing an implant. In other cases, brute force (hammer and chisel), or expensive and complicated methods implemented by experts, are used to improve conditions for an implantation. Now this may be changing.

Following are four aspects of a minimally invasive **Bone Management System** that can be used to optimize implant-cavity preparation for all current dental implant systems.

Split-control

Split-control is a minimally invasive alternative to the bone traumatism created by the hammer and chisel method. It involves using special screw-like tools to achieve bone-spreading, a controlled and standardized dilatation of horizontally resorbed bone (Fig. 1), and bone-condensing, a gentle densification of cancellous bone. After bone-spreading, in many cases the alveolar ridge can be prepared for the subsequent process of implant insertion, without complicated horizontal or vertical bone grafting (Fig. 2).

Transfer-control

Transfer-control is a bone replacing system that permits a precise and standardized transplantation of autologous bone cylinders for horizontal or vertical augmentation of the alveolar ridge. The instruments are adapted to each other so that the outer diameter of the ablative burs correlates with the inner diameter of the trephine burs. Thereby, a press fit between the bone auto graft and the drilled cavity can be produced, rendering additional fixation unnecessary in most cases. Such precise bone management leads to accelerated bone revitalization and wound healing, thus creating a perfect site for implantation within three to four months.

1. Use the ablative bur to produce a cavity congruent to the bone autograft (Fig. 3). *Note:* The bur properties lead to a hyperaemic environment, which accelerates the post-transplantation and wound healing.
2. Prepare a bone cylinder congruent to the diameter of the recipient region and extract using the trephine (Fig. 4).
3. The bone autograft compensates the deficit (Fig. 5).

Lift-control

Lift-control is a bone-raising system designed for the simple and safe execution of all kinds of reconstructive measures of the bone related to the internal sinus-floor elevation. With its optimally coordinated set of instruments, Lift-control provides the means for lateral and, for the method of internal sinus-floor elevation, vertical condensation of the implant bed. In special indications, it offers the possibility for simultaneous implant-bone elevation in which an implant, along with its base in the alveolar ridge, is raised toward the maxillary sinus.

1. Condense the bone in a vertical direction by carefully driving the vertical bone elevator forward, raising the cavity into the maxillary sinus (Fig. 6).
2. Carefully screw in the conical threadformer to condense the bone in a horizontal direction (Fig. 7).
3. In cases with sufficient vertical bone height, an implant can be directly inserted up to the bottom of the maxillary sinus.
4. Afterward, dissect it using the appropriate trephine bur (Fig. 8, left).
5. Use the elevation instrument to drive the implant and its osseous base forward in the cranial direction until the implant shoulder reaches the crestal level (Fig. 8, right).

Horizontal-control

With its angled hand instrument, the Axial Angle Adjustment System provides for simple and minimally invasive ridge widening, specifically for the lower jawbone (Fig. 9). Widening is created by raising and adjusting the cortical plate. The atraumatic proceedings provide for a quick as well as a safe healing process of the embedded implant. For standardized and controlled bone-spreading and condensing, this system can optimally be used in combination with the Split-control instruments. DPR

Fig. 1 The start of bone-spreading of a horizontally resorbed alveolar ridge.

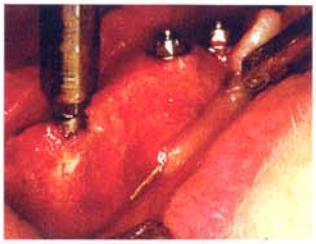

Fig. 2 Dilated alveolar ridge after bone-spreading.

Fig. 3 Use the ablative bur to produce a cavity congruent to the bone autograft.

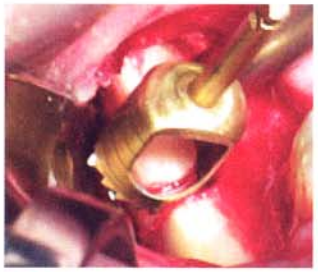

Fig. 4 Prepare a bone cylinder congruent to the diameter of the recipient region and extract using the trephine.

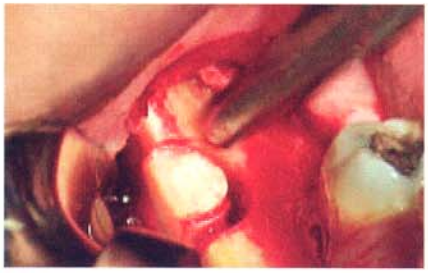

Fig. 5 The bone autograft compensates the deficit.

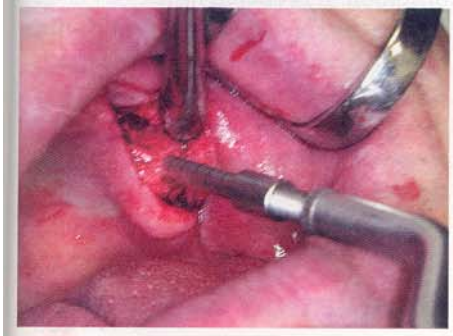

Fig. 6 Drive the vertical bone elevator forward, raising the cavity into the maxillary sinus.

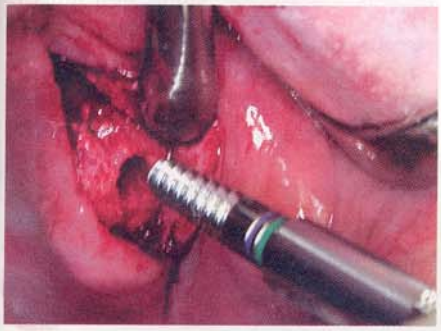

Fig. 7 Screw in the conical threadformer to condense the bone in a horizontal direction.

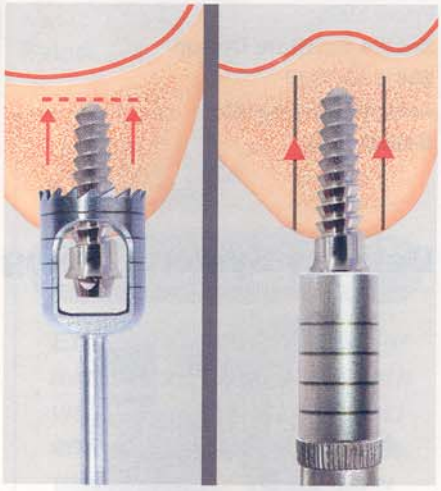

Fig. 8 Dissect the implant using a trephine bur (left). Use the elevation instrument to drive the implant and its osseous base forward (right).

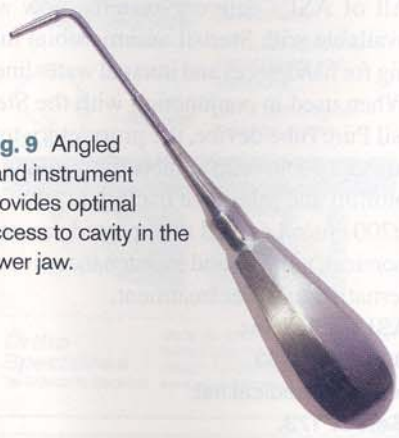

Fig. 9 Angled hand instrument provides optimal access to cavity in the lower jaw.