

BONE GRAFTING & SOFT TISSUE MANIPULATION FOR VERTICAL AUGMENTATION IN AESTHETIC ZONE

June 28-30, 2018



Dr. Devorah Schwartz-Arad



Dr. Marius Steigmann

A special 3 day Master-Class
with two leading experts
Lectures & Hands-On

Event location:

**Lake Como Institute® Via Rubini, 22
22100 Como, Italy**

Early bird fee (valid until: 31.3.2018): €2,700 (+19% Vat)
Regular registration fee: €3,200 (+19% Vat)



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Facing Forward

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Flap design In The Aesthetic Zone

Dr. Steigmann Marius

Aesthetic in implant dentistry is in the actual focus today. In the past a general tendency to mimic /copy teeth with implants was observed-functional and aesthetically. Surgical techniques from oral surgery or periodontology were used in implant surgery however aesthetically unsuccessful. Hence new incision position, depth, angulation according to the interproximal bone and soft tissue biotype are necessary. New incision flap designs and suturing techniques have been developed or adjusted to address the aesthetic needs around implants and avoid or correct failures in the aesthetic zone. Preserving the soft tissue or repairing soft tissue failures around implant will be discussed

The 10 Stages Procedure For Vertical Autologous Bone Block Augmentation

Dr. Schwartz-Arad Devorah

An adequate volume of bone is a critical factor in successful osseointegration and long-term retention of endosseous dental implants in the posterior mandible. At present a variety of materials and surgical techniques are available for vertical augmentation including inlay and onlay bone grafting, alveolar nerve lateralization, guided bone regeneration (GBR), distraction osteogenesis and the use of short implants. Although a number of different materials and techniques have been used for hard-tissue ridge augmentation during the past several decades, autogenous bone grafts are generally considered one of the more ideal augmentation materials. Dental implants do not require large amounts of bone, leading to a growing use of intraoral block bone grafts from intraoral sources, especially the mandibular symphysis and ramus. Intraoral (ramus and symphysis) harvesting serves as an excellent, readily accessible sources of intramembranous bone and generally allow for shorter procedures, avoid the need for longer anesthesia, and associated with few complications and less postoperative discomfort than extra-oral sites. Additionally, these sites include identical bone's embryologic origin, morphology, cytologic constituents, and biochemical composition of the extracellular matrix.

Flap Design For Vertical Augmentation

Dr. Steigmann Marius

Vertical bone loss represents a major surgical challenge in the implant treatment of the anterior maxilla .Specific flap design needs to be adjusted to the grafting procedure & material. Flap advancement for graft coverage requires special skills and adjusted suturing techniques for good flap adaptation and resistance against tension Soft tissue management is crucial for any kind bone augmentation especially in vertical direction alone and in combination with a horizontal bone augmentation when there receptor site is very thin bone and thin biotype.



Recovering the Alveolar Ridge - Advantages of Combined Therapy

Dr. Schwartz-Arad Devorah

A three dimensional severe alveolar atrophy in the esthetic and non-esthetic areas, is always a challenge for implant therapy. Intra-oral autologous onlay bone graft procedure will be discussed as potential solution for ridge augmentation prior or simultaneously with dental implant placement. The use of bovine bone substitutes as scaffold, saturated in platelets-rich-plasma (PRP) or bone-marrow aspirate concentrate (BMAC) and covered with platelets-poor-plasma (PPP) as a biological membrane will be discussed as well.

The inclusion of bio materials enable the improvement of the alveolar ridge shape in 3D dimensions (height, width and trajectory), which results in a better predictable prosthetic and esthetics outcomes for the long run. Techniques that are described in this master class should be considered as reliable, safe and very effective to obtain high bone graft survival rate following high long-term implants' survival rate.

Hands on: The 10 Stages Procedure For Vertical Autologous Bone Block

Augmentation

Dr. Schwartz-Arad Devorah

The hands on part is based on Dr. Schwartz-Arad "10 STAGES concept":

1. Patient preparation & Flap design
2. Recipient site preparation
3. Donor site: Block/s harvesting
4. Recipient site: Filling the defect at the recipient bed for better block adaptation & Block fixation at the recipient site with bone substitutes
5. Recipient site: Smoothing the edges
6. Recipient site: Periosteal releasing incision
7. Recipient site: Gap filling With bone substitutes covered with resorbable membrane
8. Recipient site: Layer suturing
9. Donor site: Filling the donor site with bone substitute covered with resorbable membrane
10. Recipient site: Adapting the transitional restoration/optional, pressure bandage

Hands-On Soft Tissue Manipulation For Vertical Augmentation

Dr. Steigmann Marius

Diffrent twqniuques for soft tissue managment for vertical augmentation in the frontal maxilla using:

- GBR titanium mesh
- Membrane
- sutures teqnices
- and more...

Open Discussion & Summary

Dr. Steigmann & Dr. Schwartz-Arad