

Direct ceramic implant insertion procedure



In our Centre, we follow the SCC (Short Cut Concept) concept according to Dr Volz when replacing teeth.

SCC means that when the tooth is removed, a ceramic implant is inserted at the same stage. Thus, we preserve existing bone as well as soft tissues, which would otherwise shrink massively after the tooth is extracted. Furthermore, with immediate implantation, we save additional surgical interventions that would be necessary if the implant was not inserted when the tooth was extracted. We also save time, as the final prosthetic replacement is made in three to four months after the tooth is removed.

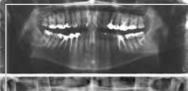
Of course, to ensure success of such treatment, it is necessary to follow precisely defined guidelines, the so-called operating protocol. When inserting ceramic implants, great emphasis is placed on the preparation of the extraction wound, which must be thoroughly cleaned and disinfected, as ceramic implants can attach only to healthy tissue.



Furthermore, the protocol includes orthomolecular support of the body with vitamins, minerals and microelements, in which we adhere to the BHP protocol (Bone Healing Protocol) according to Dr Nischwitz. Additionally, before inserting implants, we check serum levels of vitamin D3 and LDL cholesterol.

IMMEDIATE IMPLANTATION

Removal of three dead teeth and simultaneous insertion of three ceramic implants





An X-ray is taken before and after the procedure.

The first step is the minimally invasive removal of three inflamed teeth – 44, 45 and 46





This is followed by the insertion of three ceramic implants (we use SDS implants).



After ten days, we perform a check-up and remove the stitches.

After three months, we place abutments on the implants and perform an intraoral scan.





The dental technician makes three all-ceramic crowns.

The treatment process is completed with the insertion of crowns.



EXAMPLES OF BEST PRACTICES

DELAYED IMPLANTATION

The patient came to our office because of edentulism in the right lower quadrant. Two years ago, he had two root-filled inflamed teeth removed. On the orthopan made two years after the teeth were removed, unhealed bone with the outline of the roots was still visible. In technical terms, this is cavitation or NICO (Neuralgia-Inducing Cavitational Ostenecrosis), but it can also be aseptic, avascular bone necrosis.

Therapy was done in three steps:

- 1. Removal of inflammation
- 2. Insertion of ceramic implants
- 3. Establishing bite function

Course of therapy:



The CBCT/3D image of both jaws showed extensive areas of poorly healed bone (visible as dark shadows on the image) in the area of removed teeth 46 and 47. This is called cavitation or NICO, and can be evaluated by measuring bone density. Healthy bone shows values well above 0, while the value of poorly healed bone is below 0, somewhere around -300 units.





When inserting the two ceramic implants, the bone had to be thoroughly cleaned beforehand. For this purpose, we used curettage instruments and surgical ultrasound for mechanical cleaning, and ozone for disinfection and sterilisation. Ozone penetrates into the bone and destroys pathogens such as bacteria, viruses and fungi.







Three months after the insertion of two ceramic implants, we placed ceramic abutments on the implants and performed a scan with an intraoral scanner. We sent the file to a dental laboratory, where they started making two ceramic crowns. Among other things, they printed a 3D model to check the condition. The advantage of scanning compared to a traditional impression is greater accuracy and better reliability, especially when registering a bite.





Five days after the scan was completed, the overlays were made. We checked the colour, fit and occlusion/bite and affixed them with special cement.







Therapy was completed after just over three months from the insertion of the implants. The patient was extremely satisfied with both the course of treatment and the final result.



APPOINTMENTS

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