

CENTER HOČEVAR



BIOLOGICAL DENTISTRY

## Information Brochure About Surgical Procedures

For complete safety

For optimal results

## Dear patient,

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By coming into our care, you have decided to treat your oral cavity in accordance with the principles described in this brochure. The common thread throughout the treatment is an adherence to biological and immunological principles.

If you have previously researched this field, then you know that dental problems and periodontal disease may be connected to numerous chronic conditions. This informational brochure has been prepared to inform you in detail about the effective plan for your treatment. It contains all the necessary explanations and clarifications. Your cooperation during the process of this treatment and an understanding of its procedures is of the utmost importance for a successful outcome.

Our clinic is dedicated to biological dentistry. This means that we use biocompatible materials and minimally invasive procedures. Our objective is to keep postoperative complications to a minimum and we strive for the long-term success of the treatment. It is very important to us that our patients are satisfied and healthy when they leave our clinic.

This brochure includes the following chapters:

- A. A statement that you agree with the planned treatment
- B. A detailed description of individual procedures and possible complications
- C. The instructions on how to prepare for a surgical procedure
- D. The instructions on your postoperative actions

**PLEASE BRING THIS PAMPHLET WITH YOU TO YOUR SURGICAL PROCEDURE.**

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## A. Consent Form – Patient's Statement

Patient's Statement after a completed introduction interview – consultation.

I, the undersigned \_\_\_\_\_, agree:

- a) I have been informed that as of now, no known method exists with which it would be possible to foresee with assurance the possibilities of treating bones and gums. The course of medical treatment varies from one individual to another. I can positively influence the treatment with my cooperation by, for example, properly preparing for the surgical procedure and consistently following the instructions for the basic immunological preparation for the surgery (Chapter C) which includes sufficient rest and relaxation prior to and following the surgery. Furthermore, I am aware that the immaculate following of directions concerning medicine intake after the surgery and following the instructions (Chapter D) contribute to the success of the treatment. Further treatment depends on the course of the treatment itself.
- b) I have been informed that success is not guaranteed. My dentist can vouch for the proper execution of the procedure but not for success itself since the latter also depends on factors over which my dentist has no influence. In case of failure the procedure should be correctly repeated.
- c) I have been informed that in the case of immediate implantation (the extraction of the tooth), the implants must not be burdened during the ingrowing implant phase (2-3 months) in order to achieve an optimal result. The provisional crowns are esthetic and not functional.
- d) I have been informed of the fact that in the area with molars, the final prosthetic crown of the implant might deviate from the crown of the natural tooth. The reason for this is the smaller diameter of the implant in comparison to the natural molar.
- e) I have been informed of the fact that, at the latest, one week after the surgery I must begin with extremely consistent and meticulous oral hygiene around the implants and on the surface of the wound. I promise to follow the directions of my dentist and I agree with preventive check-ups every six months. These can occur at my dentist's practice or at a dentist's office in my hometown.
- f) I have familiarized my dentist with all of my illnesses and circumstances of medical and dental anamnesis.
- g) I agree with the taking and electronical keeping of photos and x-rays during the procedure and during further check-ups as well as the use of these by professional staff for professional and medical purposes. I also agree with the access of competent medical staff to the original documentation.
- h) I will inform my dentist of any potential changes of my medical condition which might occur between the filling out of the health questionnaire on admittance at first check-up until the start of the procedure.
- i) I realize that I must be well rested for the surgery, that after the procedure I cannot operate a vehicle by myself and that I must rest during the first days after the surgery in order to speed up the recovery process.

- j) I have been instructed in an appropriate and understandable manner in a personal interview about the risks connected to the treatment, alternative treatments and the costs.
- k) By signing, I confirm that I have had the opportunity to pose all questions regarding the details with which I am concerned, and that I have received comprehensive and appropriate answers. I have no further questions and I confirm that I am fully informed of the details of the planned procedure.
- l) I have read and understand all the detailed information in this pamphlet.

	Signature	Date
By signing, I agree with the above stated information from points a) to j)		
I agree with all the suggested procedures		
Dentist's signature:		
Assistant's signature:		

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## Filled in by the clinic staff

Patient's first and last name:

No. of medical file:

## B. A Description of Individual Procedures and Possible Complications

The eight most common procedures are each presented with their indications, the process involved, and risks. Please read this carefully and decide whether the procedure is the appropriate one for you and whether there is a positive balance between the success and risk.

### 1. FULL CERAMIC IMPLANTS

An implant (=artificial dental root) can be indicated in the following examples:

- To replace an individual tooth or to fill in a hole – instead of cutting teeth to create a dental bridge
- The implant re-establishes the biting function with the help of fixed or removable implant dentures in case of a partial or complete lack of teeth
- of one or both jaws
- Immediate transplant can follow:
  - Massive irreparable carious lesions or tooth injury
  - Tooth nerve diseases with irreversible pulpitis (nerve inflammation) or degeneration due to gangrene (tissue decay)
  - Tooth removal due to a root canal infection following a treatment that caused a severe infection of the root and bone
  - Advanced periodontal disease – loose teeth
  - The removal of a tooth that could be posing a threat to general well-being (heart surgery)

Full ceramic implants are made of zirconium dioxide, a highly biocompatible and bioinert material which connects with the bone (osseointegration). Ceramic implants are technologically advanced and used in order to avoid electric current, electric potential or corrosion and to prevent any potential allergies. You can find detailed information about this material on the manufacturer's website at [www.swissdentalsolutions.com](http://www.swissdentalsolutions.com). Full ceramic implants have a bending strength of 1,200 MPa and are thus more stable than titanium implants, which have a bending strength of 400 MPa. This material has been used in dentistry for more than 20 years and in hip replacement surgeries for more than 30 years.

With both single and double full ceramic tooth implants, the ceramic crown cements itself onto the gum level and directly to the edge of the implant abutment, keeping the gums healthy and maximally reducing the risk of fracture. Full ceramic implants by the manufacturer SDS (Swiss Dental Solutions AG) reach values above 250 N at a 30 degree angle, 6,000 loadings and 15 Hz in the ISO 14801 dynamic loading test, which is comparable to titanium implants. However, it must be added that full ceramic implants react more sensitively to any bite disorders, such as too much contact or the moving of bicuspid and molars in a sideways direction. To prevent such disorders from damaging the implants, you should immediately see your dentist if you think that the implant crown reaches over the height of your teeth or if

it bothers you. A university study conducted at Ulm University (Siddharta, Volz, Schlömer, Haase) in 2006 shows that full ceramic implants collect less dental plaque and rarely cause gum diseases.

During the procedure of inserting an implant, your dentist will use local anesthesia and open your gum in the area of the implant. After exposing the bone, he will insert the implant. He can also drill directly through the gum. Using ceramic drills, he will shape an implant socket which holds the inserted implant. Depending on the height and width of the bone, he chooses the appropriate implant dimension during the surgery. If the supporting bone is insufficient, the use of one or more of the measures mentioned below helps improve the bone socket in which the implant is inserted. This is followed by stitching up the gum.

In case of **immediate** implantation, the tooth is carefully removed (see Point 5 below) and an implant is inserted in its place. If the tooth extraction is not followed by an implantation, there is a risk of reducing bone and gum surface which aggravates functionality, anatomy and aesthetics. Such circumstances can be improved by bone augmentation, however this can be quite costly. In case of immediate implantation, the bone and the gum are almost completely preserved and complications are avoided. If the bone does not grow around the inserted implant, the implant is removed without hesitation. The state should not be any worse after such an incident. For all the above reasons, immediate implantation can be named 'a free kick' in football jargon, since if it is successful (>90%), it is very beneficial for the patient especially in regard to costs, time, aesthetics, anatomy and functionality.

However, sometimes during surgery it turns out that implantation is not possible. If so, the procedure is terminated and the wound is stitched up.

Until the implant has grown in, the patient should not use the area for chewing or any loading.

Possible complications:

- Due to their neutrality, ceramic implants unite to the jawbone without additional stress to the body.
- In case of bone inflammation or implant loading in the phase of uniting to the bone, non-osseointegration or implant rejection may occur. If this happens, the implant should be removed as soon as possible. A new implant can be inserted after 6 weeks. In rare cases, especially if the patient's immune system is weakened, the area around the implant might become inflamed. This results in bone loss which then must be replaced with bone augmentation. In extremely rare circumstances, implant insertion is no longer possible due to bone loss.



- Implant breaks or loading-related upgrades. A single instance of loading (an accident, grinding, biting down on a hard part, etc.) or a longer period of loading (improper bite) can result in an implant breaking. In such cases, implants are removed. With ceramic implants, this can often be done without bone loss by inserting a new implant immediately. Sometimes the patient has to wait a few weeks for a new implant – in other words, new bone must be grown.
- After an immediate implantation or with a small quantity of bone, the thin bone wall, usually the outer one, can dissolve or resorb to such an extent that the implant thread pops out. This is corrected with bone augmentation. In extremely rare cases, the implant is removed.
- In extremely rare cases, the lower jaw nerve is damaged in the side areas of the lower jaw. This results in a temporary, though sometimes permanent in rare cases, feeling of numbness in the tongue or lower lip. The function of lip moving is not affected.
- Around the side teeth of the upper jaw, the maxillary sinus cavity might be punctured. A puncture of up to 3mm bears no consequences since the oral mucosa grows over the implant as it does with a natural root. In rare cases, the implant is removed.
- In rare cases, further treatment is necessary with a maxillofacial or oral surgeon or with an otorhinolaryngologist.
- As with all other surgical procedures, post-operative bleedings might occur or the wound might not heal well.

## 2. SINUS FLOOR LIFT

Implants are a good solution for the replacement of a missing tooth. For the implant to be inserted, sufficient bone must be available. Due to insufficient bone, an implant might not be possible, especially in the side area of the upper jaw. The reason is the maxillary sinus, an air-filled space in the upper jawbone that reduces the amount of bone there. If teeth are extracted and not immediately or soon after replaced with implants, there is a risk that the bone will become thinner over time as the maxillary sinus cavity expands downwards. For such cases, techniques have been developed that increase the amount of bone which forms the implant socket. A sinus floor lift is one such technique.

Lower sinus bone augmentation starts with the removal of the so-called Schneiderian membrane from the bone – the membranous lining of the maxillary sinus cavity. This membrane separates the maxillary sinus cavity from the jawbone and thus a hollow space forms between the membrane and the jawbone that can be filled with the bone augmentation material. The material described under Point 3 is used for this, and it is usually mixed with some of the patient's own bone and the blood from the surgical area. From all the aforementioned components, the necessary replacement bone is created. To avoid another procedure, implants can be inserted during this surgery under certain circumstances (simultaneous sinus floor lift surgery and implantation).



A sinus floor lift is a surgical procedure. The choice of operative technique depends on the needed bone height.

- a) If the height of 2-3 mm is needed, the surgeon opts for an internal sinus floor lift in which the drilling stops before the floor of the maxillary sinus cavity. The so-called osteoma is inserted in the drilled sockets, moving the hard floor of the maxillary sinus cavity 2-3 mm upwards. The sinus membrane is lifted at the same time and the acquired space is filled by inserting the implant, which functions like a tent pole.
- b) If more than 4mm of bone must be augmented and certain anatomical conditions are fulfilled and the sinus membrane is healthy, the so-called *Intralift* is performed. With special drilling techniques, the whole bone is drilled, but the sinus membrane is left intact. An attachment is placed in this opening and the appropriate instrument pumps in sterile saline under the sinus membrane so that it is gently lifted. During the pumping procedure and before inserting the replacement material, the membrane is strengthened with a collagen sponge or the body's own membrane from blood plasma (Point 8 below) in order to prevent tearing. If, due to previous infections or other aggravating circumstances, damaging the sinus membrane is unavoidable, it can be replaced by up to 3 mm with the body's own blood plasma membrane. If damage is greater than that, the surgery must be terminated and the patient must wait approximately 6 months. After this period, a new surgery can be attempted which should be an external sinus lift (see Point c). When the drilling provides a sufficient opening, replacement materials for bone augmentation from Point 3 are inserted into the formed hollow space. The gum is then stitched up or an implant is immediately inserted.
- c) If the conditions are more difficult, for example in case of so-called lacunas in the maxillary sinus cavity, previous inflammations or unsuccessful surgeries, etc., we might opt for an external sinus lift. In this case, we reach the maxillary sinus cavity through a side window created with a special ultrasound instrument. With great visibility through this window, the acquired space can be very accurately and reliably filled with the replacement material for bone augmentation.

Possible complications:

- Complications mainly result from bleeding during surgery or a sinus membrane puncture. A tear of up to 3 mm can be fixed with the body's own blood plasma membrane. If damage is greater than that, the surgery must be terminated and the patient must wait approximately 6 weeks. After this period, we can attempt another surgery.
- Poor healing might lead to the premature loss of bone, the replacement bone or the implant itself. In the worst-case scenario, the replacement material and/or the implant needs to be removed and the wound healed with antibiotics. After a clinical healing, a new surgery can take place.
- As with all other surgical procedures, post-operative bleedings might occur or the wound might not heal well.





### 3. MATERIALS FOR BONE AUGMENTATION

These materials are placed in the existing bone with the purpose to gain a good amount of bone for implant insertion. They consist of completely synthetic materials, such as tricalcium phosphate, hydroxylapatite or a mixture of both. These materials are very similar to our bones so the body does not recognize them as foreign objects and they generally unite to the bone with no problems. In a few months, sometimes in a few years, this material turns into the body's own bone.

Possible complications:


- In rare cases, wound dehiscence (opening) might happen or the body might reject the replacement material for bone augmentation. This means a new, additional procedure for the patient, and it might even be necessary to remove the replacement material.
  - It might also happen that the replacement material only partially changes into bone or entirely does not change into bone and must be partially or fully removed. This can happen especially when the immune system is not fully prepared for the procedure or if the patient does not follow post-operative instructions.
  - As with all other surgical procedures, post-operative bleedings might occur or the wound might not heal well.
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### 4. WISDOM TOOTH EXTRACTION

A wisdom tooth often does not have enough space to normally cut through the gum and place its crown among the other teeth. It often stays fully covered with bone inside the jaw or only partly cuts through the gum. The operative extraction of wisdom teeth, which is recommended, might be necessary for different reasons, such as:

- Inflammation in the mucosa and the bone, around the tooth crown, especially with a tooth that has only partially cut through the gum
- Cysts around the crown of a tooth that has not erupted – cysts are formed in pockets which surround the tooth crown
- Second lower molar injury resulting from the pressure the wisdom tooth causes when trying to cut through the gum
- It is considered an interference field which causes different conditions
- Caries or inflammation might affect this part
- The root becoming inflamed and potentially being connected with maxillary sinus cavity inflammation (upper teeth)
- Before replacing the crown or bridge on the last molar
- A lack of space among the other teeth

The procedure is done at our clinic with local anesthesia.

The mucosa is first removed and the tooth is loosened with a drill or a vibrating surgical ultrasound instrument. It is then removed with tongs or with a lever. 

Swelling is a possible post-surgical occurrence, as well as troubles with opening the mouth and troubles swallowing, which should stop within 3 to 4 days.

After about a week, the wound is mostly healed. A slight fever might occur after the procedure and is considered normal.

Possible complications:

- In the lower jawbone, the tooth roots sometimes reach all the way to the nerve canal of the lower jawbone. Due to this, mechanical damage to the nerve could happen during surgery. This results in a temporary, though sometimes permanent in rare cases, feeling of numbness of the tongue or lower lip. The function of lip moving is not affected.
- Extremely rarely extraordinarily unpleasant complications might occur, such as a lower mandibular fracture. Should this occur, a further surgical procedure is necessary to perform a fixation of the lower jawbone.
- When extracting a wisdom tooth of the upper jawbone, an anatomical opening of the maxillary sinus cavity might occur. This is covered with a fibrin membrane from blood plasma or mucosa. The opening should heal without any additional problems.
- In rare cases, such as a tooth moving into the maxillary sinus cavity, further treatment is necessary with a maxillofacial or oral surgeon or with an otorhinolaryngologist.
- As with all other surgical procedures, post-operative bleedings might occur after a wisdom tooth extraction or the wound might not heal well.

## 5. TOOTH EXTRACTION (PULLING TEETH)

A tooth extraction can be necessary for many reasons, such as:

- The tooth is greatly affected by caries and root filling is impossible
- Massive tooth inflammation following a previously filled root
- Very advanced periodontal disease (gum disease)
- Due to the formation of bacteria and toxins in a tooth, it can become an interference field for general medical issues in the body (heart surgery)

The separation of the gum and the tooth is performed under local anesthesia. The tooth can then be removed with tongs or a lever. If this is not possible due to advanced tooth decay, the tooth being soft because of caries, or ankylosis, the root is dissected with a rotating instrument. The surrounding bone is never removed, even if it would ease the tooth extraction (the so-called osteotomy). In most cases, the patient receives an implant right after the extraction since this prevents the bone or gum loss that would normally occur. If this is not possible, a collagen plug or fibrin membrane is inserted in the hole for better healing. After the surgery, slight swelling or a limited ability to open your mouth or troubles swallowing might occur.

Possible complications:

- In the lower jawbone, the tooth roots sometimes reach all the way to the nerve canal of the lower jawbone. Due to this, mechanical damage to the nerve could happen during surgery. This results in a temporary, though sometimes permanent in rare cases, feeling of numbness of the lower lip. The function of lip movement is not affected.
  - When extracting a tooth of the upper jawbone, an anatomical opening of the maxillary sinus cavity might occur. This is covered with a fibrin membrane from blood plasma or mucosa. The opening should heal without any additional problems.
  - In rare cases, a further treatment of the maxillary sinus cavity is necessary with an otorhinolaryngologist.
  - As with all other surgical procedures, post-operative bleedings might occur or the wound might not heal well.
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## 6. EXPLANTATION

The removal of an implant might be necessary for medical reasons, such as:

- Poor tolerability of titanium or a titanium allergy; this is determined with the so-called Melisa test ([www.melisa.org](http://www.melisa.org)) or with a titanium stimulation test according to Dr. Volker von Baehr ([www.imd-berlin.de](http://www.imd-berlin.de))
- Poor and weak general medical condition in which all metal is completely advised against.
- A broken titanium implant or massive bone decomposition as a consequence of peri-implantitis (the inflammation of the surrounding bone and soft tissue)

We always try to remove the implant without trauma if possible. Special instruments are used for this purpose. After the removal of the crown and unscrewing the abutment, the implant is unscrewed with the power of 100-400 Ncm. Additionally, the bone socket could be widened a bit and then a ceramic implant can be inserted into the newly formed space.

In certain cases, the procedure described above is not successful, usually due to these reasons:

- The titanium implant is damaged and the explantation instrument cannot be mounted
  - The inner thread of the titanium implant is damaged and cannot be encompassed with the instrument
  - The implant or the explantation instrument can break when unscrewing is attempted
  - In such cases, the gum surrounding the implant must be opened. Often it is then possible to grab the implant with the extraction tongs and pulled it out. If this is not possible, a special instrument is used to loosen the connection between the implant and the bone until it is possible to extract the implant. In rare cases, if the titanium implant is anchored incredibly firmly, an amount of bone around the implant is removed that results in a new implantation not
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being possible in that moment and bone augmentation might even be necessary.

Possible complications:

- Bone damage might occur and bone augmentation might be necessary
  - There is an extremely slight risk of damage to the neighboring teeth and implants which could in the worst-case scenario necessitate the removal of these teeth as well.
  - In the lower jawbone, the tooth roots sometimes reach all the way to the nerve canal of the lower jawbone. Due to this, mechanical damage to the nerve could happen in surgery. This results in a temporary, though permanent in rare cases, feeling of numbness in the lower lip. The function of lip movement is not affected.
  - In the upper jawbone, an anatomical opening of the maxillary sinus cavity might occur. This is covered with a fibrin membrane from blood plasma or mucosa. The opening should heal without any additional problems.
  - In rare cases, further treatment of the maxillary sinus cavity is necessary with an otorhinolaryngologist.
  - As with all other surgical procedures, post-operative bleedings might occur or the wound might not heal well.
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## **7. SOFT TISSUE SURGERY (GUMS)**

Soft tissue surgery can be necessary for the following reasons:

- Insufficient thickness and quality of the gum surrounding the tooth or implant presents a functional and esthetic obstacle
- Insufficient gum tissue, meaning that the gum has moved away from the tooth or implant and the neck of the tooth or part of the implant is visible
- Insufficient attached gum tissue; this is the stable, strong gum that resembles orange peel and can be seen around your natural teeth. If this gum recedes, this can result in the above mentioned negative consequences and pain when cleaning teeth

To treat the above-mentioned problems, the gum is moved sideways or vertically using different techniques and gum plus conjunctive tissue are transplanted from the palate, for instance, or conjunctive tissue is transplanted into the gum of insufficient quantity and quality.

Possible complications:

- There is always a risk for relapse with the above-mentioned procedures which means that after a few weeks or months, the condition before the surgery may recur and can potentially be even worse than before.
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- The transplant can partially or completely fail
  - As with all other surgical procedures, post-operative bleedings might occur or the wound might not heal well
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## **8. BLOOD PLASMA CONCENTRATE (A- OR I-PRF):**

A blood plasma concentrate (fibrin membrane) is used in the following cases:

- To produce the body's own membrane in order to fill the hole in the bone after the tooth is extracted
- To produce the body's own membrane in order to cover the maxillary sinus cavity after a tooth extraction or implant removal or after an extreme sinus lift in order to prevent the implant from uniting to soft tissue instead of to hard tissue (the bone)
- To produce the body's own membrane in order to strengthen the sinus membrane (the maxillary sinus cavity membrane) when performing a TM intralift or in the event of ruptures (injuries) in the sinus membrane
- To support the implant or as a bonding agent for the material serving as bone replacement to ensure a more efficient and quicker uniting.
- To apply to stitched areas in order to speed up wound healing

In our clinic, blood plasma concentrate is made only from the patient's own blood. Throughout the entire process, from the preparation to the returning of blood to the body, qualified professional staff ensures that the process is sterile and performs all the procedures in compliance with regulations. The patient's blood is drawn from a vein with a special, purpose-made kit. After centrifugation, a concentrate is prepared from the blood in a time defined as the "maturing process" for the above stated purposes.

Possible complications:

- It may not be possible to find the vein or the vein may not be appropriate for drawing blood. If that is the case, the drawing of the blood is terminated.
  - If the drawing of the blood is successful, it can occur that the blood unfortunately cannot be used for its desired purpose due to high toxin content. The concentrate would contain even more toxins which would interfere with the wound's healing. The color of the concentrate is a clear indicator of this. If its color is vanilla or light yellowish, it can be used. If it is dark yellowish, orange or brown, it must be discarded and the patient does not receive it.
  - In very rare cases, the wound might not heal properly or an infection might occur.
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***Please tell us if you feel that you did not understand parts of this pamphlet or if you have any additional questions. We are especially happy to answer questions about possible risks and complications.***

## C. How to Prepare for a Surgical Procedure

The instructions contain diet recommendations and advice on how to strengthen your immune system with quality vitamin and mineral supplements. Studies and our experience as well as our foreign colleagues' experience show that a vitamin D value of 70 µg is the basis and the condition for building healthy bones. Additionally, LDL cholesterol values lower than 3.5 mmol/L lower the chance of an infection. We therefore advise you to keep these two values within the prescribed range before your procedure.

CHOUKROUN, Joseph, et al. Two neglected biologic risk factors in bone grafting and implantology: high low-density lipoprotein cholesterol and low serum vitamin D. *Journal of Oral Implantology*, 2014, 40. Jg., Nr. 1, S. 110-114.

SCHULZE -SPÄTE, Ulrike, et al . Systemic vitamin D supplementation and local bone formation after maxillary sinus augmentation – a randomized, double-blind, placebo-controlled clinical investigation. *Clinical oral implants research*, 2015.

BRYCE, G.; MACBETH, N. Vitamin D deficiency as a suspected causative factor in the failure of an immediately placed dental implant: a case report. *Journal of the Royal Naval Medical Service*, 2013, 100. Jg., Nr. 3, S. 328-332.

COOPER, Lyndon F. Systemic effectors of alveolar bone mass and implications in dental therapy. *Periodontology* 2000, 2000, 23. Jg., Nr. 1, S. 103-109.

### 1. Diet

- a. We recommend that you avoid tobacco, caffeine, alcohol, sweeteners, flavor enhancers, trans fat and cow milk; we recommend gluten-free food.
- b. We recommend that you drink plenty of fluids (2-3 liters of water or unsweetened tea per day).
- c. We recommend that you eat ecological fat and protein and plenty of vegetables.

### 2. Vitamins and minerals

Food supplement	Breakfast	Lunch	Dinner	Before bed
D3 Supreme	15 drops			
Multi Supreme	4 capsules			
Bone &Teeth Supreme				4 capsules
Omega 3 Supreme	2 capsules			3 capsules
<b>Additionally after your procedure:</b>	2 capsules	2 capsules	2 capsules	
Bromelain plus				

You should start taking the supplements as shown in this table 4 weeks before your planned surgical procedure. The protocol was developed to ensure your body gets the right components for the optimal regeneration of bones and soft tissues. This plan is according to Dr. Nischwitz and is called BHP (Bone Healing Protocol). You can read more at [www.bioaestheticsltd.de](http://www.bioaestheticsltd.de).

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## D. After the Surgical Procedure

1. **Rest** 2 to 3 days after the procedure; we do not recommend any kind of activity (physical or psychological); we do recommend resting, reading, meditation and listening to relaxing music.
2. **Cooling** – immediately after the procedure we offer to cool the operated area with a Hilotherm cooling mask. The mask ensures a constant temperature of 16° to 18°C. We recommend using the mask the day after the procedure as well. If you cool the operated area at home, do not use ice; use a cold cloth instead.
3. **Pain medication** – the use of pain medication is highly recommended. You will be prescribed pain medication on the day of the procedure.
4. **Antibiotic protection** – it will be prescribed if necessary.
5. **Cleaning** – do not touch or brush the implant until the stitches have been removed (7 to 9 days); do not rinse the wound and do not put mechanical pressure on the operated area. After the stitches are removed, we recommend that you rinse your mouth with gentle mouth wash (Logodent herbal mouth wash) and a gentle mechanical cleaning (very soft tooth brush). We recommend that you use an oxygenated tooth paste (Bluem).
6. It is recommended that you **use an extra pillow** when sleeping. Do not lie the operated side down (for a week).
7. **Avoid** direct sun and cold wind up to 2 weeks after the procedure; we advise against sport activities and saunas during this time as well.
8. Eat soft food enriched with vitamins and minerals.

If the procedure was carried out in your upper jaw near **the maxillary sinus**, we additionally recommend:

1. Do not blow your nose, only wipe your nose
2. Keep your mouth open when sneezing
3. Do not go swimming or diving
4. Do not increase head pressure; do not practice yoga poses which involve lowering your head or a headstand

CENTER HOČEVAR   
celovito biološko zdravstvo

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