# Special considerations of implant surgery

The time of implant placement

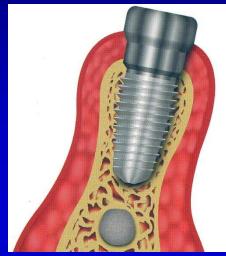
Semmelweis University, Faculty of Dentistry Department of Oral and Maxillofacial Surgery Surgical protocols of implant placement can be:

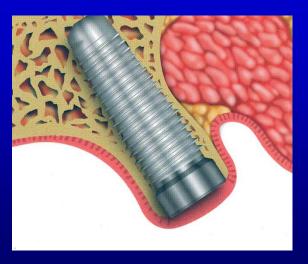
#### • One-Stage

Implant placement. Transgingival healing.

### Two-Stage

- I. Implant placement, submerged healing.
- II. Exposing and forming of gingiva.Abutment connection.





# Surgical protocols of implant placement can be:

#### • One-Stage

**Implant placement.** 

**Transgingival healing.** 

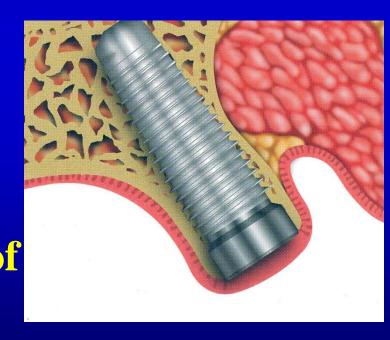


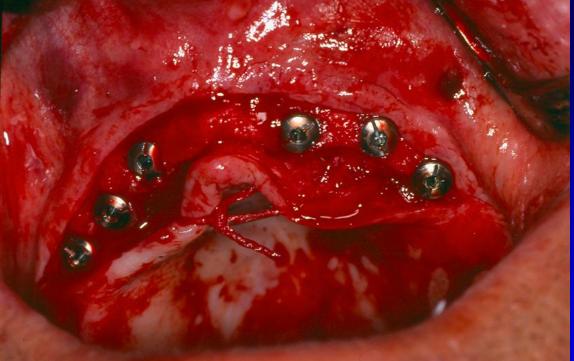


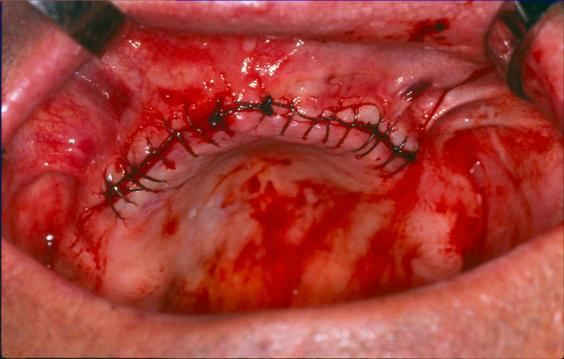
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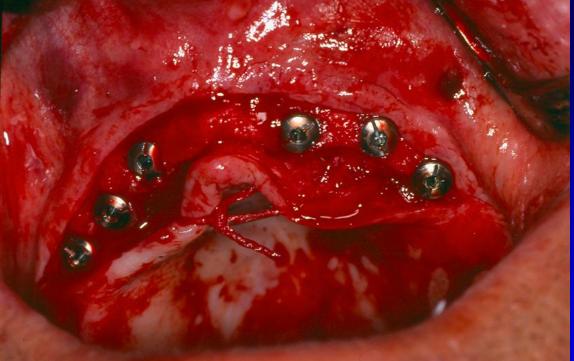
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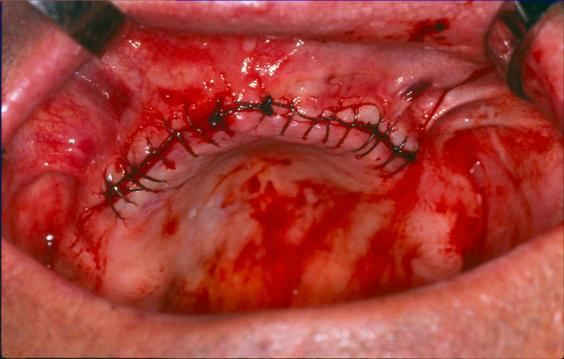
**Implant placement. Transgingival healing.** • Two-stage I. Implant placement, submerged healing **II.Exposing and forming of** gingiva. Abutment connection.











### **One-stage**

Two-stage

- Less surgical stress
- Keratinized gingiva

Second operation needed

- Slower gingival healing
- More difficult gingival correction
  Gum correction possible
- Good bone quality needed
- GBR technique is difficult
- Susceptible to infection

- Possible in poorer quality bone, too
- Easier GBR technique
- Undisturbed healing



#### Two-stage

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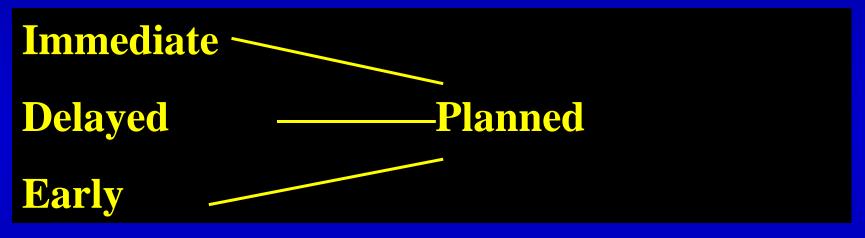
# Possible times of implant placement following the loss of tooth

/<u>Hammärle</u> et al. 2004/

- Immediate- at the same time of tooth removal
- Delayed 4-8 weeks later
- Early 3-4 months later
- Late completely healed jaw,

4-6 months later

# The possible times of implant placement regarding the treatment plan





# The oro-vestibular width of the alveolar process decreases by 50% in the first 12 months following tooth extraction. /Johnson 1969,Lam 1976 Schropp et al. 2003/

Most of the orovestibular atrophy of the alveolar process happens in the first 3-4 months.

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The <u>advantages</u> of immediate implant placement

- less surgical intervention
- shorter overall treatment time
- optimal bone quantity

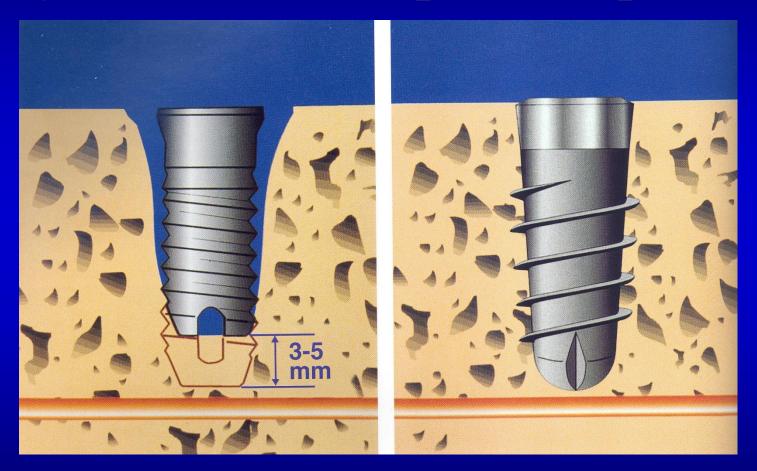
The <u>disadvantages</u> of immediate implant placement

- the primary stability can be more difficult
  - to achieve, because of the anatomic situation
- the adaptation of mucosa is more difficult
- local pathoses may influence wound healing
- technique sensitive

# Possibility of primary stability in the case of IMMEDIATE IMPLANT PLACEMENT 1. 2. 3.



# Immediate implant placement with cylindrical and tapered implants

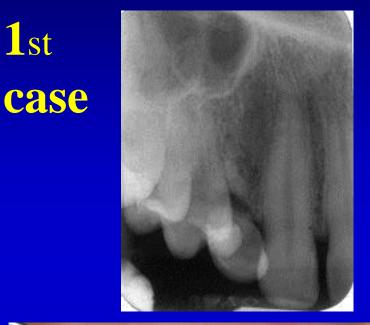


#### Persistent deciduous tooth: immediate implant placement I.

1st









#### **Persistent deciduous tooth:**









### Forming of the gingiva with temporary crown







## Circonia crown completed

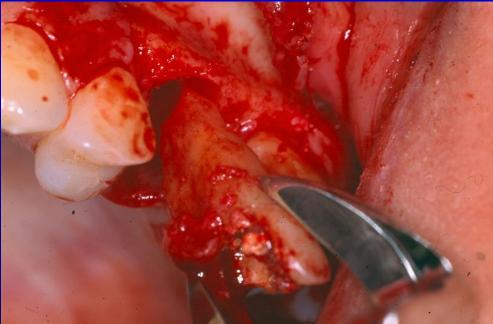




## Unpreservable upper premolar tooth

2nd case

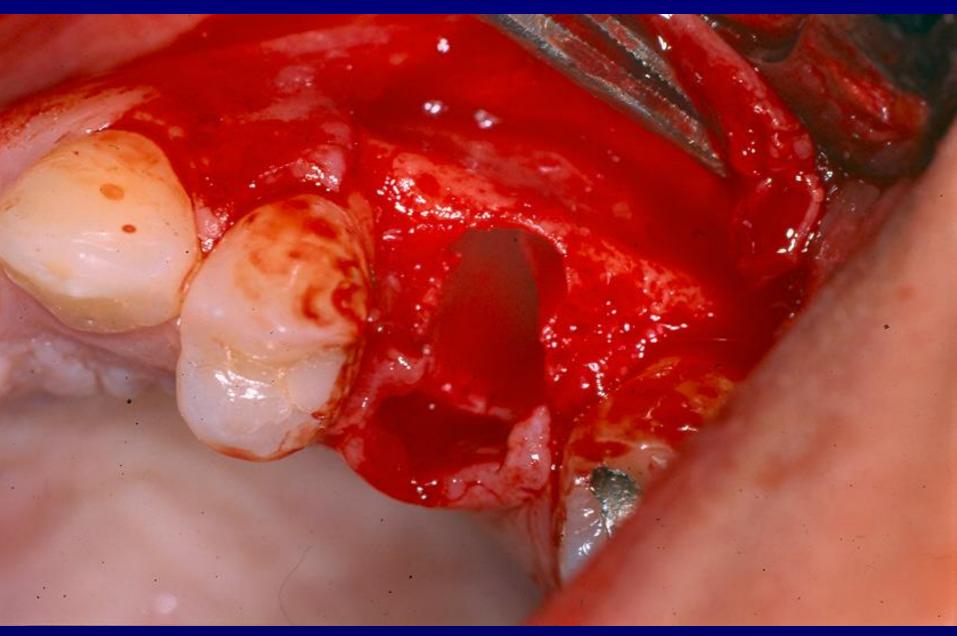




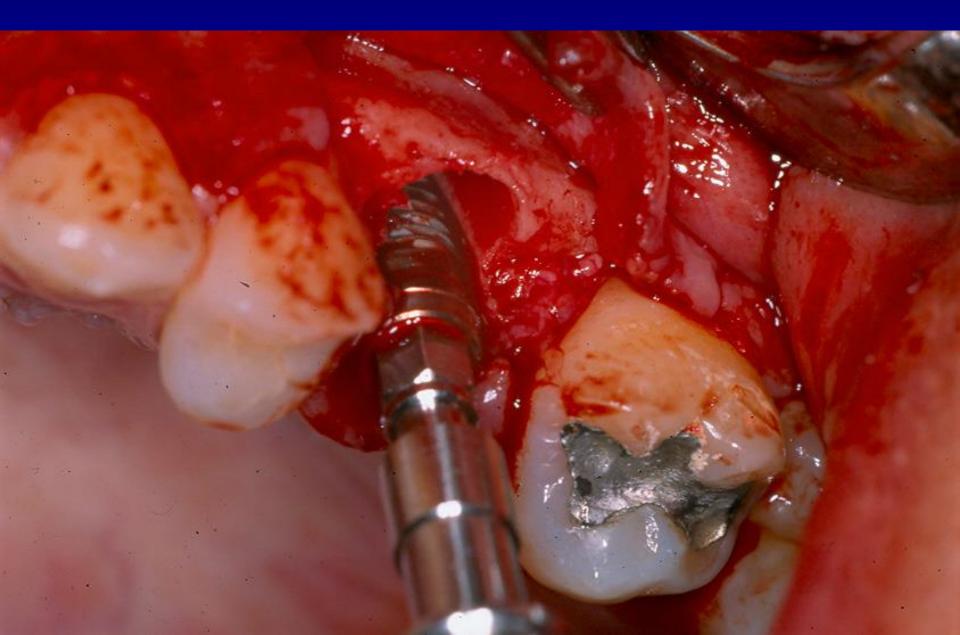
## Careful removal of the tooth



## **Examination of the socket**

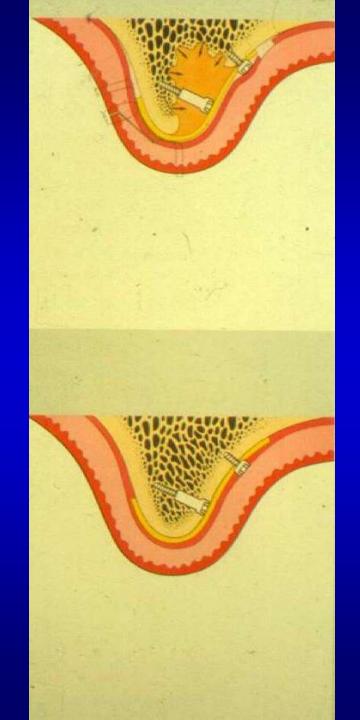


### **Implant placement achieving primary stability**



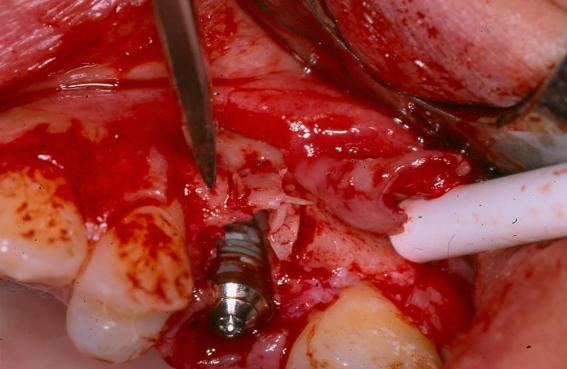
If the space between the implant and the bone is not more than 2.0 mm, then completely bony healing can be expected if the mucosa is properly adapted. /Wilson T.G. et al. 1998, 2003

Paoloantonio M. et al. 2001/

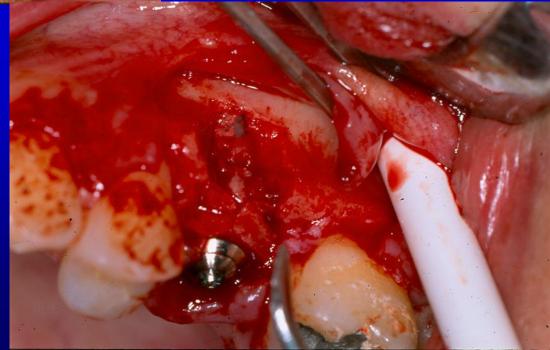


Scheme of Guided Bone Regeneration /GBR/

by the use of a membrane



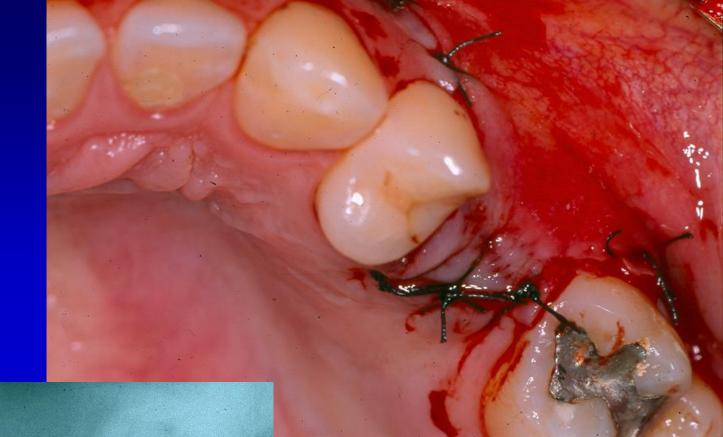
Covering the surface of the implant with bone chips





The placement of bone substitute and membrane





Tensionless suturing. X-ray control

### **Implant is ready for completing of crown**



### Immediate implantation .Case presentation /3rd case/









### Immediate implantation. Case presentation.





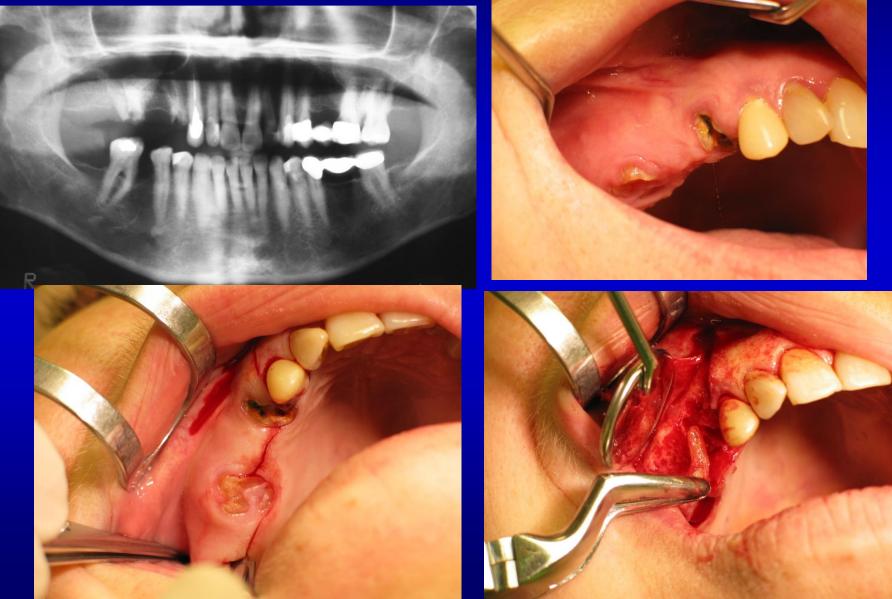




### Immediate implantation. Case presentation



#### Immediate implantation in the site of premolars, molars /4th case/



#### **Immediate implant placement with GBR technique**









Possible times of implant placement following the loss of tooth

/<u>Hammärle</u> et al. 2004/

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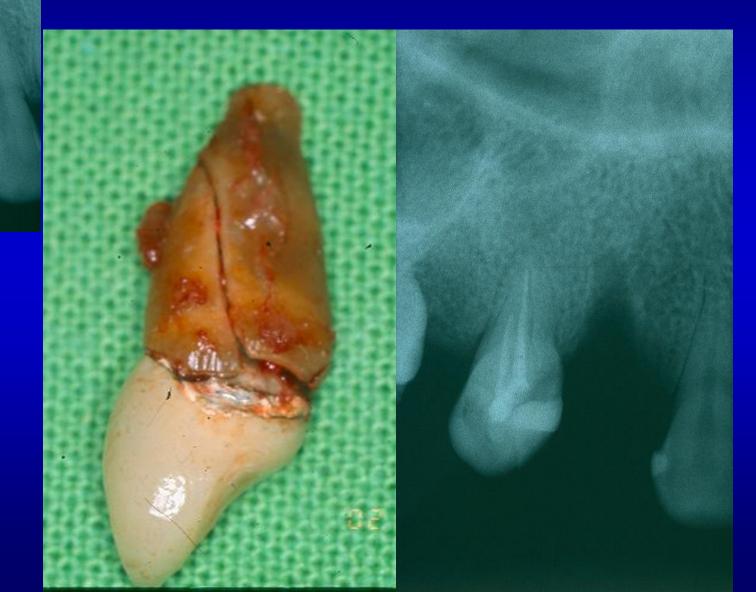
The <u>advantages</u> of delayed implant placement

- nearly optimal quantity of bone
- easy mucosal adaptation
- the influence of local pathoses is disclosed

The <u>disadvantages</u> of delayed implant placement

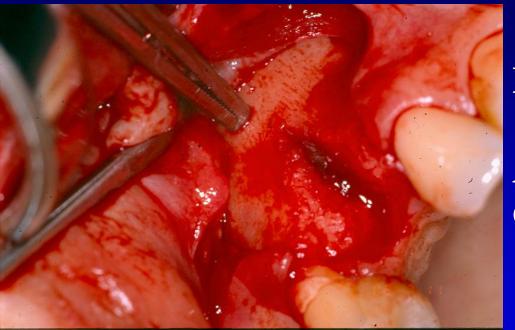
- the primary stability can be more difficult to achieve, because of the anatomic situation
- longer overall treatment time
- various degree of atrophy of the alveolar bone
- technique sensitive

# **Root-pin caused fracture on the upper premolar**



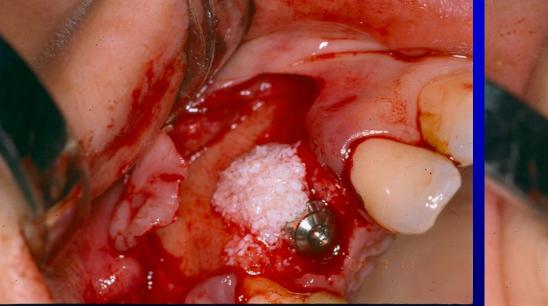
Careful, atraumatic extraction, suturing, 4-6 weeks healing

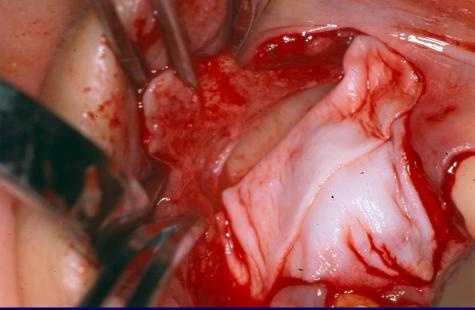




#### **Implant placement.**

According to need, GBR technique.







Wound closure. X-ray control







# **Gingiva forming, crown placement**

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• Immediate – at the same time of tooth removal

• **Delayed** - 4-8 weeks later

• Early - 3-4 months later

• Late – completely healed jaw, 4-6 months later

# Control of healing after cystectomy





# After the removal of molars, the planned implant supported crown





# Advantages of early implant placement

/following clinical and radiological ossification, after 3-4 months/

good primary stability

healed soft tissues

# Disadvantages of early implant placement

longer treatment time

atrophy of the alveolar bone

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### **Implant supported FDP**









The <u>advantages</u> of late implant placement

/after 4-6 months/

• good primary stability

healed soft tissues

The <u>disadvantages</u> of late implant placement

longer treatment time

various degree of atrophy of

the alveolar process

# **Thank You!**

