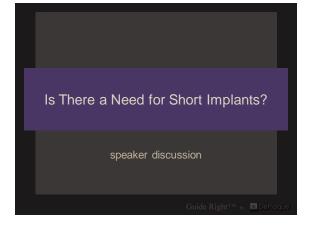
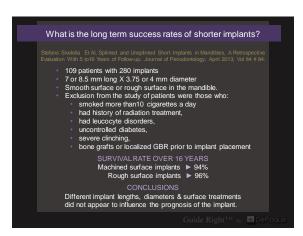






Is There a Need for Short Implants?		
speaker discussion		
Need for Guided Implant Surgery for Short Implants		
fully guided vs partially guided surgery		
Introduction to Guide Right <sup>TM</sup> Surgical Guide System		
description of guide components: purpose & use		
Case Examples		
use of the Guide Right™ guide system: fabrication, evaluation, correction & placement using surgical guide for short implants		
Guide Right <sup>TM</sup> by DéPloque		





Study to compare the preservation of marginal bone when using 4 mm diameter implants 6 mm with 11 mm implant length	
A randomized Controlled study comparing 6 to 11 mm implants loaded 6 to 7 weeks after placement.	
Marginal bone level alterations were compared 6 and 12 months after implant placement.	
<ul> <li>89 implants were followed for 6 months</li> <li>54 implants were followed for 12 months at the time the abstract was presented</li> </ul>	
Conclusive evidence indicates that treatment with short implants had no negative effect on maintaining marginal bone levels when compared to standard length implants.	

Rise in injury to inferior alveolar nerve
Unfortunately the placement of dental implants has led to the rise in incidences of latrogenic injury to the inferior alveolar nerve or its mental branch leading to temporarily or permanently altered sensation for the patient and may lead to the liability claim against the practitioner.
A recent study from Tel-Aviv, Israel Givol et al J Perio, April 2013
92 cases of nerve injury were examined  76% were related to surgical procedures: with information based on Peri-apical or Panorex X-rays  24% were related to operators based on CT scans

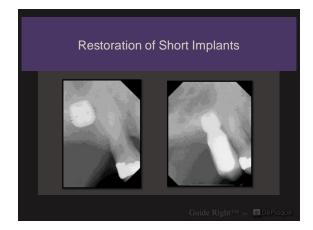
Current Use of and need for Guided Surgery
"Only 2-3% of implants being placed used surgical guides."
Scott Gantz DDS; personal communication
Several studies have shown that placement of implants
with CT-based drill guides is more accurate than with freehand drilling.
Yet CT-based guides are used in only 10% of cases.

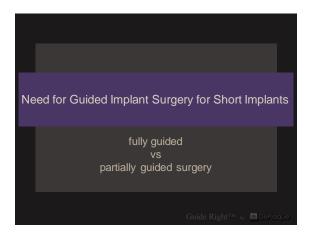
## Guided Surgery Why is it not used? Requires additional prep time Not familiar with guides available Challenges with surgical guides available

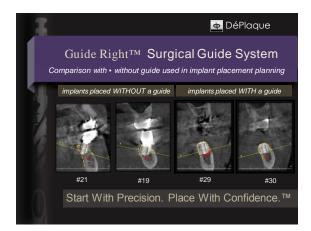
## Challenges with Current 3D Surgical Guides Most require off-site fabrication Cost. Usual time delay of several days to a week May result in difficulty fitting the patient when placed at the time of surgery Too restrictive: partially vs fully guided surgery

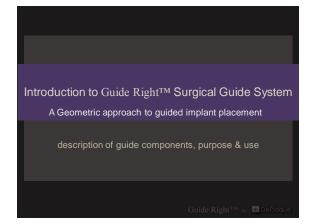
## Why use short implants? • The more complex the procedure the higher the risk of complications. • sinus elevation • vertical ridge augmentation • nerve damage • Human factors (less stress, fatigue, risk for complications, grafting, etc.) during the surgical procedure.

## Best Practices for Short Implant Success Implants should be placed within the envelope of available bone to increase clinical success. Pre-surgical 3D radiographs facilitate evaluation of the proposed angle of the long axis of the guide sleeve and proposed implant placement in two Planes. 3D Radiographs allow us to determine if planned implant placement conflicts with the adjacent roots, the maxillary sinuses, nerves, and if it is within the envelope of available bone. Surface area of short implants increases with the square of the radius. Wider implants have greater surface area

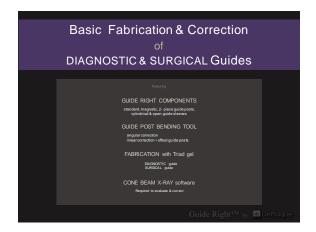






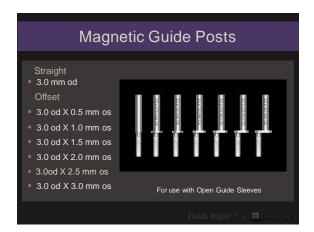


	Guide Right™ Surgical Guide System		
A System of Components for the fabrication & correction of diagnostic & surgical guides in three dimensions			
	In-office or lab fabrication		
	<ul><li>Evaluate with 3D imaging</li></ul>		
	<ul> <li>Allows linear and angular correction</li> </ul>		
	Enables precision implant placement		
	Cost effective		











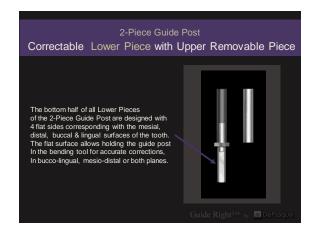


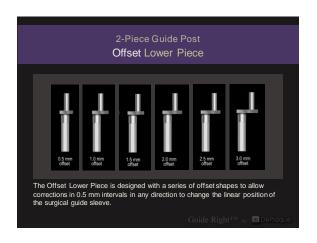














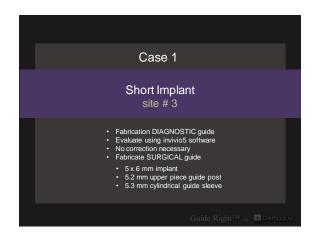


<b>Guide Right™</b> GUIDE POST BENDING TOOL
SINGLE BEND review
Place bending tool plate on a secure flat surface with the degree increments
at the top & the stainless steel bar with the v-cut at the bottom.
Locate 3/32" hole in the center of the v-cut and place the bottom half of the
guide post into the hole. Tighten the set screw.
the top half of the guide post (3.0 mm, 4.0 mm or 5.0 mm).
Fit the stylus over the guide post securely with the point directed at
zero degrees and the bottom of the stylus in contact with the V block.
Using the stylus as a lever, bend the guide post to the degree of angle of correction. You may need to ease the point of the stylus beyond the
point of the desired degree.
Loosen screw and remove guide post and the stylus to find the guide post bent to the desired angle.
bent to the desired angle.
Guide Right™ № 🗖 DéPlaque

	Guide Right™ BENDING TOOL
	COMPOUND BEND overview
	Position a straight or offset guide post in the bending plate, tightening the set screw against one of the flat surfaces on the lower half of the guide post.
	The 1st bend can be made to the right or left direction.
	The set screw is loosened and the guide post is rotated 90 ° next flat surface.
	The 2 <sup>nd</sup> bend in the second plane is made after rotating the guide post up away from the surface of the bending plate to register the stylus point back at 0 degrees.
	Slide the stylus support bar down under the stylus until it supports the stylus. Tighten the side screws before making the second bend.
	The second bend can be made in either direction according to the x-ray.
	Remove the stylus and place the guide post back in the cast with the appropriate side indicated by a mark facing the buccal or lingual surface.
	Be sure the post is in the correct position.
lfth	e post needs to be corrected by a linear movement an offset guide post can be used.  Off sets available in the 3 mm guide post. 0.5,1,1.5, 2.0, or 3.0 mm.

Case Examples
Use of the Guide Right™ guide system: fabrication, evaluation, correction & placement using surgical guide for short implants



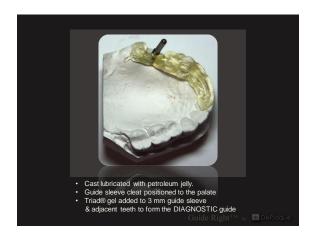














Creating a Guide Right<sup>TM</sup> Surgical Guide

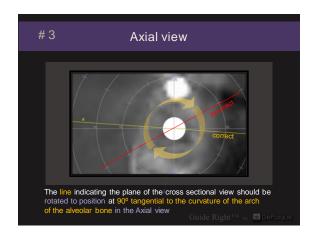
Use of Invivo Software to

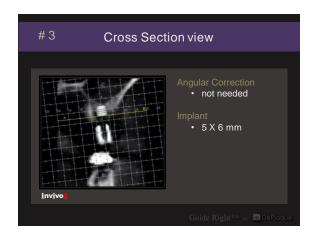
Evaluate, Correct, & Verify

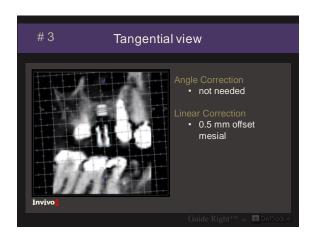
Prosthetically planned implant trajectory

prior to drilling the osteotomy





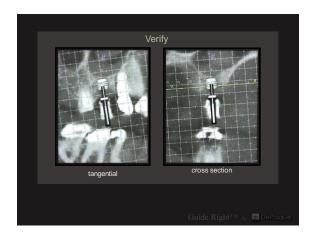




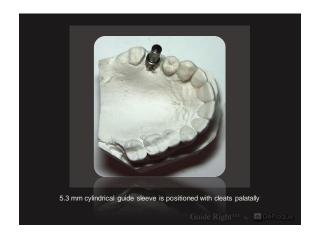




1	<u>Φ</u> DéPlaque
	Guide Right™ Surgical Guide System
	<ul> <li>fabricate [diagnostic guide]</li> <li>evaluate</li> <li>correct</li> <li>re-fabricate [surgical guide]</li> <li>verify</li> <li>place</li> </ul>



























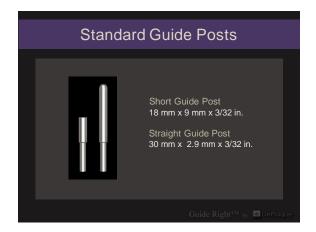












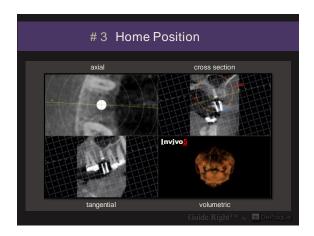


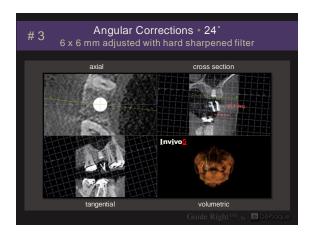


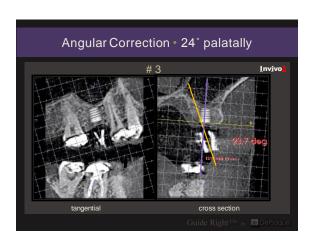








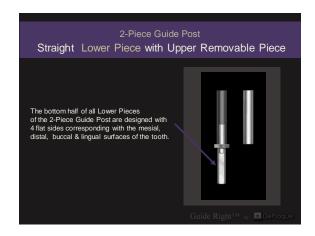














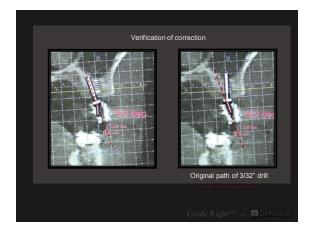




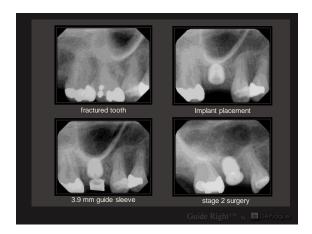






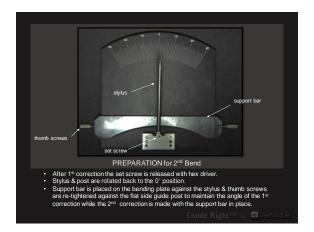




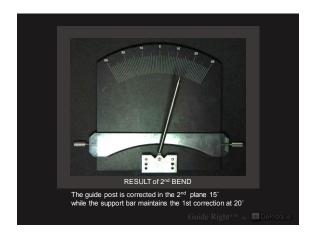




















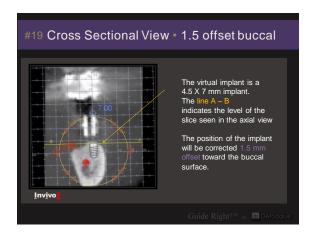


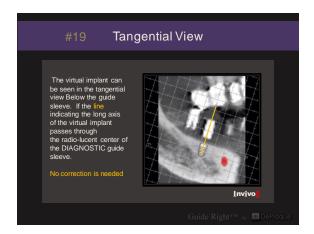




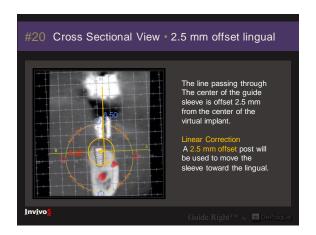


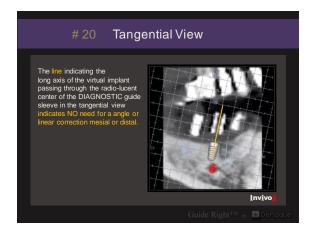




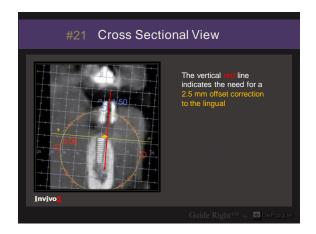


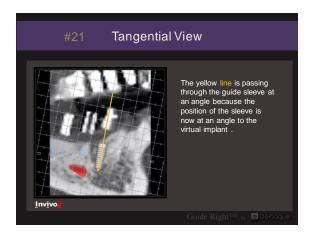


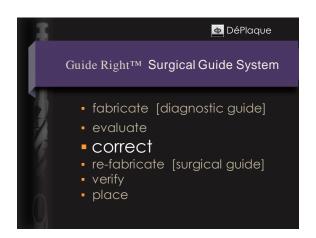


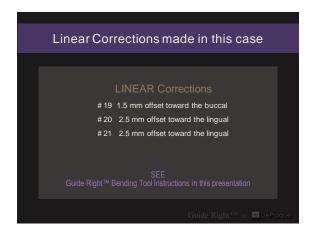


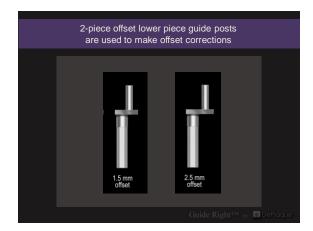






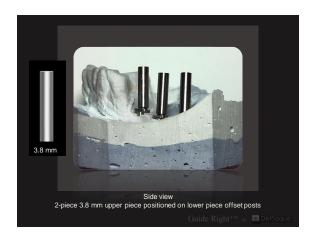












It is important that the drill trajectory continue to be maintained while the osteotomy is enlarged.

THEREFORE multiple guides with appropriate guide sleeve sizes were be used.

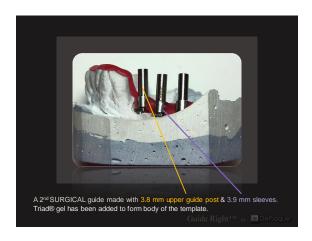
2 SURGICAL guides were made & used in this case

• initial SURGICAL guide (3 mm guide sleeves)

• 2nd SURGICAL guide to accommodate larger drills

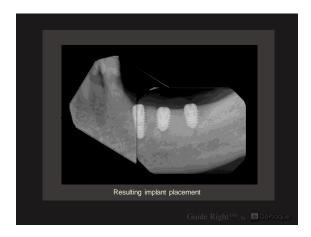












3	<u>a</u> DéPlaque	
	Guide Right <sup>TM</sup> Surgical Guide System fabricate • evaluate • correct • verify • place	
4		
7		
7	Start With Precision. Place With Confidence.™	
	1.800.314.0065 • www.deplaque.com	<u> </u>