Quick Guide Surgical Procedure

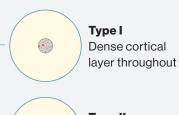


01_Planning

Measurement: Position: Always measure the soft tissue thickness **BEFORE** raising a flap or using the tissue punch. The soft tissue thickness will determine the surgical protocol.

Bone considerations:





Type II Thick cortical layer, dense cancellous core

Use the thread former for 2-3 turns (2 mm). Don't use the cortical drill.



Type III Thin cortical layer, dense cancellous core.

Underprepare the osteotomy



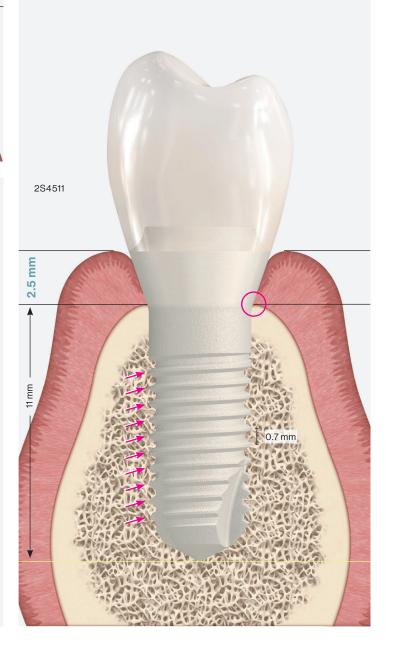
Thin cortical layer, spongious core

02_Implant placement

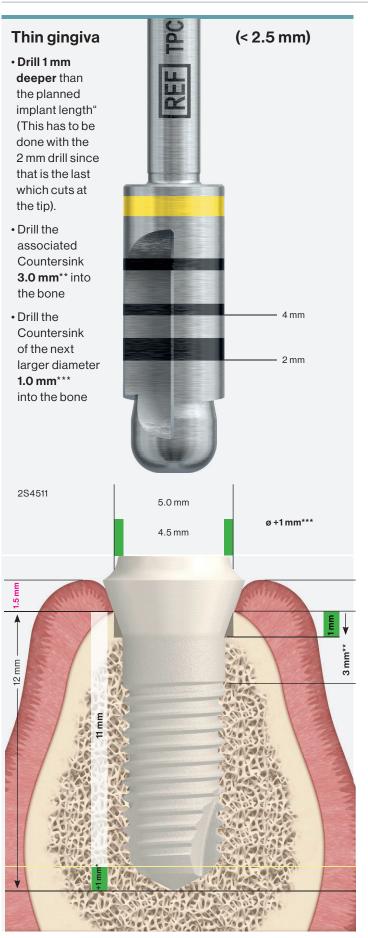
The crown-to-implant margin should always be positioned equigingivally.

No compression:

Correct vertical implant placement avoids cortical bone compression and ensures a uniform stress distribution in the bone in contact with the implant.



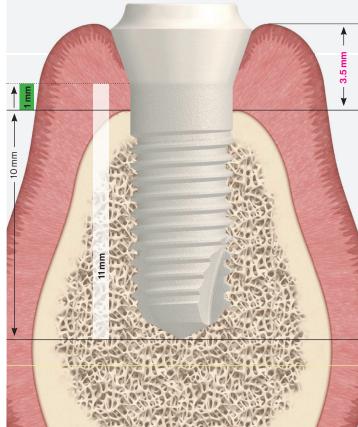
03_Gingiva Height



Thick gingiva (> 2.5 mm):

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- Drill 1 mm shallower than the planned implant length.
- Use the cortical drill to prepare the bone 1.0 mm deep.
- Place the implant so that **1.0 mm** of the non-threaded portion is in the bone, and **1.0 mm** is in the soft tissue.

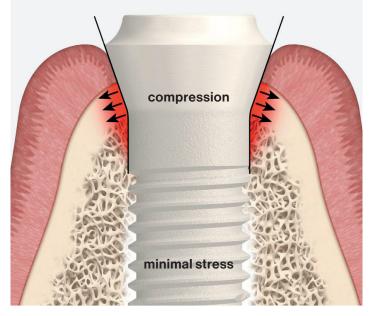


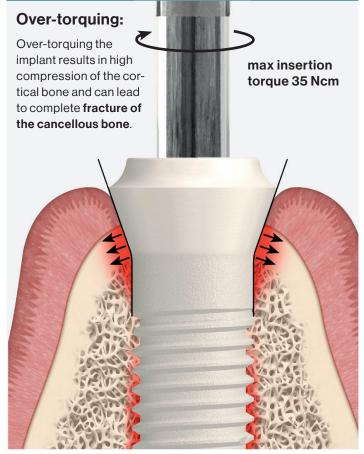


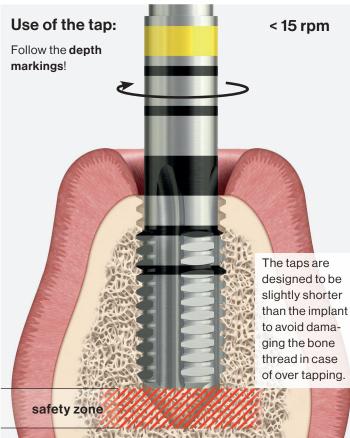
04_Caution!

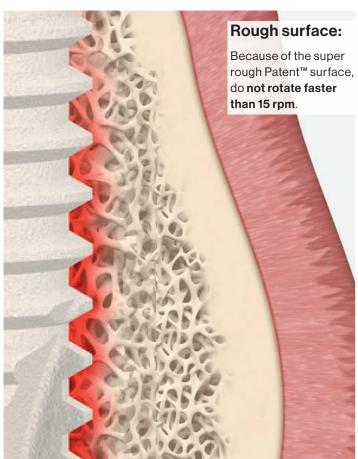
Cortical bone compression:

Deep implant placement without following the recommendations for thin gingiva will lead to **compression of the cortical bone** and minimal stress in the cancellous bone surrounding the implant.











05_Drilling protocols

