Benefits of the Flapless MIMI® Minimally Invasive Dental Implantation Method

Dr Armin Nedjat, dentist, Implantology specialist, Diplomate ICOI, CEO Champions-Implants GmbH presents a case

Discussion
Some questions have been raised by patients who were very satisfied with the MIMI® treatment, such as: “Why don’t all dentists use the MIMI® method?” “Why did some dental clinics plan to...

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perform a bone augmentation each time? Why should the whole treatment take almost a year and cost much more than the MIMI® treatment although with MIMI®, I hardly felt any pain and the treatment was completed within a few days?!

It is important to be mindful of the primary goal of performing a non-traumatic and painless implantation successfully, such as the MIMI® minimally invasive surgery technique, whose use makes bone augmentations unnecessary. For us as dentists, our priority is the benefit for the patient. Instead of bragging about our know-how and skills, the successful results should be the priority for every profession. For instance, the goal of a pilot is not to brag about brilliant flight maneuvers but to ensure that the airline passengers have a good and safe flight to the right destination. Our objective as dentists is not to show patients how well we can perform complicated implantations, flap open the mucosa, suture, and perform bone augmentations. Instead, it’s the successful treatment result that counts.

When implanting using MIMI®, bone augmentations can be avoided in about 80 per cent to 90 per cent of the cases. In cases where implants can be immediately loaded (if there are more than three implants/teeth that can be splinted), restorations can be fit immediately, sometimes already within five days!

Implantology conferences are sometimes oriented towards classical implant industry, which tends to be influenced by industry-led dogmas and which tends not to be adapted to the day-to-day work in dental offices. Sometimes, lecturers who have not had enough hands-on experience in dental offices for years talk about these dogmas. Current studies have cast doubt on these conventional assumptions. These theses have sometimes been emphasized during conferences by referring to studies of the eighties that have been increasingly questioned.

For instance, some dentists said that flapless minimally invasive implantation would require the use of a DVT-based navigation-guided drilling template, which has not been proven true for all dental implant systems and bone condensing dental implant systems.

In order to place a Champion® implant, you slowly drill in the bone with small-diameter conical triangular drill at a drilling speed of 250 rpm. The mucosa thickness is measured with the drill. Then, before placing the implant, the bone cavity is checked with a BCC (Bone Cavity Check) probe. The bone anatomy does not de
terminate which implant diameter is to be used. Rather, the diameter of the implant is determined by the achieved primary stabilization.

MIMI® does not require the use of drill templates is always useful, but it is essential to feel bone with the BCC guide. Actually, the dentist himself/herself can decide the final positioning better than any computer software-guided navigation system.

Summary

One of the benefits of the flapless MIMI® method is that the implant serves as osteotome. Bone can be well-nourished by the intact peristome, That’s nature!

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Fig. 1: The 11 square-shaped one-piece Champions® implants were placed with MIMI® in just one hour. After each step, the bone cavity was checked with a BCC (Bone Cavity Check) probe. Primary stability was obtained with a torque ranging from 40 to 60 Ncm. Since at least 8 implants/teeth were necessary to support a fixed restoration, 11 implants were placed for static reasons. Results of DP imaging show the optimal distribution in both quadrants. An impression can be made without transfer caps because the four grooves of the square-shaped one-piece Champions® allow a reliable transfer of the clinical situation to the model in the laboratory.

The bone anatomy does not determine which implant diameter is to be used. Rather, the diameter of the implant is determined by the achieved primary stabilization. If a 5.5 mm-diameter implant achieves primary stability at a torque of 40 Ncm, it will be sufficient! From a physiological-implantological point of view, inserting a 4.5 mm or 5.5 mm-diameter Champions® implant with force can cause poor peri-implant nutrition if sufficient primary stability could also have been achieved with an implant with a diameter of less than 4.5 mm. In addition, the use of drill templates is not always useful, but it is essential to feel bone with the BCC probe. Actually, the dentist himself/herself can decide the final positioning better than any computer software-guided navigation system. Scientific studies on the accuracy of the placement of implants that were assisted by a navigation-guided template have shown apical deviations of 1000 µm on average. Drilling templates are particularly useful when the di
ameter of the drilled cavity with cylinder drills is almost the same as the diameter of the implant that will be placed.

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Summary

MIMI® does not require the mu
coperiosteal flap reflection, and excellent soft tissue and hard tis
sue conditions can be observed after surgery. In recent years, literature has shown that the flapless MIMI® method, which has been applied since 1994, is very beneficial. Classical im
plantation methods have been increasingly questioned. MIMI® treatment has been shown to be effective in protecting bone and significantly reducing the risk of inflammatory soft tissue condi
tions in the first 12 weeks post surgery.

The peri-implant bone is almost completely nourished by the histological, double-layered membrane of the bone, which is richly supplied with blood vessels and nerve fibers: the in
ter cambium layer (Stratum osteogenenum) is rich in cells. It is composed of stem cells (os
teoblasts!), ensuring bone re
generation as well as of nerves and blood vessels. The outer fi
brous layer (Stratum fibrosum) is connective tissue, which is not
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(Study from the university of Frankfurt, H. Zipprich)

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Sources: Studies from the university clinic in Cologne, Germany

You can find several clinical cases and articles on the website.

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cell-rich but rich in collagen fibers. The Sharpey’s fibers, which pass from the outer layer through the inner layer, are embedded in the Substantia compacta of the bone and secure the periosteum to the bone. The iatrogenic detachment of the periosteum can lead to poorly nourished bone after weeks, months or years. Following radiologic examination, pocket depths of more than 5 mm, bleeding and peri-implant inflammation are clinically diagnosed as crater-shaped defects and bone loss around the implant. In combination with D2 to D4 bone spreading during implantation, 3.0 mm or 5.5 mm-diameter implants can also be placed in a narrow jaw, and the implants will be surrounded by sufficiently solid bone in all dimensions. If flapless surgery is performed correctly, there will be very little risk of bone resorption or loss or soft tissue loss. With flapless surgery, optimal bone nutrition can be ensured on the long-term. Recent studies in conjunction with immediate restoration/immediate loading have shown that flapless surgery results in good bone nutrition and good soft and hard tissue outcomes. For 18 years, these techniques have been performed with the Champions® implants and other implant systems.

A flapless MIMI®-treatment should be performed by an experienced Implantology specialist because if the mucosa is not flapped open, beginners in Implantology might fear not to see exactly in which precise site they are to insert the implant. Contrary to what skeptics might think, MIMI® surgery, which is related to key-hole surgery, is not a “blind procedure”. Before inserting the implant, it is an absolute must to palpate and check the bone cavity thoroughly in all dimensions by means of a BCC (Bone Cav-ity Check) probe each time after drilling and each step. You should be able to feel solid bone in all dimensions. Not only is it necessary that the surgeon and the implantologist have considerable manual dexterity and a lot of experience with implantology and with the MIMI® procedure (and eventually also with the classical “full-flap” method) to apply the MIMI® method successfully, a suitable implant system is also necessary for the MIMI® method.

Thanks to the MIMI® technique, augmentation (external sinus lift or bone transplantation) can be avoided in many cases. Long-term complications and periimplantitis can be significantly reduced or eliminated. Patient compliance is important as well, but patients will become significantly reduced or eliminated. Patient compliance is important as well, but patients will become real fans of this flapless MIMI® method. The implantological and prosthodontic treatments that were demonstrated in this case report were completed in only five days following a periodontal pre-treatment. Immediately after implantation, the patient left the dental office with a temporary fixed bridge. A day after surgery, the patient was able to resume his daily activities as a business man without feeling any pain. In addition, the treatment was far less expensive than it would have been in many other dental clinics/dental offices.

References available from the publisher

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