Treatment options available were:

1) Vertical and horizontal bone augmentation with a healing time of at least five months and an implant placement with an additional surgery.

2) Horizontal ridge widening with immediate implant placement and bone grafting. Of course, there were advantages and disadvantages of each treatment option.

Advantages of bone augmentation and implant placement in two stages:
- Direct full control of bone augmentation procedure.
- Predictable bony support at implant placement time.
- Risk-free implant placement.

Disadvantages of bone augmentation and implant placement in two stages:
- Treatment delay by healing time of at least five months.
- Two surgical procedures needed.

Advantages of bone augmentation and implant placement at the same time:
- Single surgical procedure.
- Reduced healing time.

Disadvantages of bone augmentation and implant placement at the same time:
- Bone management knowledge skills for the surgeon requested.
- Additional technical equipment required.

Meisinger offers a so-called Split Control instrument kit it described as a “[…] minimally invasive alternative to osteotomies. Bone spreading and bone condensing with special screw-like instruments (spreaders) achieve a controlled and standardized dilation of horizontally resorbed bone and a gentle densification of cancellous bone.”

The Split Control Kit by Meisinger (www.bone-management.com) contains different sized screws, built similarly to a Hed-
The Final Piece Of The Aesthetic Puzzle
Introducing The Encode® Zirconia Abutment

Clinicians can now provide beautiful, all-ceramic restorations with BIOMET 3i's New Encode Zirconia Abutment.

- Zirconia Provides Strength And Aesthetics In The Anterior Zone
- Robocast Technology Eliminates Implant-Level Impressions And Associated Component Inventory
- Working Above The Gingiva Helps To Preserve Soft Tissue

To find out how you can provide your patients with beautiful, all-ceramic restorations, contact your BIOMET 3i Representative today.
Fig. 12: Direct view of the BiohORIZONS implant. The neck of the implant is seated exactly at the crest of the bone level.

Fig. 13: To improve the local blood perfusion, small and superficial bony defects were added to the regeneration area.

Fig. 14: Bio-Oss® Spongiosa small granules in place.

Fig. 15: Direct view of the augmented area and the BioGide membrane still reflected. The excellent blood perfusion from the bone is visible.

Fig. 16: Flaps sutured in place.

Fig. 17: The pontic of the temporary restoration appeared overextended due to the three-dimensional augmentation. The needed reduction was marked.

Fig. 18: Temporary restoration after resizing.

Case Acceptance Frustrations
Who Else Wants Predictable Case Acceptance in the Emerging New Dental Economy?

Who is this Implant Dentist and why is he telling the harsh truth about the secrets to case acceptance in 2000 practice?

1. Not knowing what to present with cases (problems, solutions, photos, technology, upgrades, etc.) target to yes?
2. Patients not “visualizing” their problem / “valuing” oral health?
3. Patients not having the financial ability to accept complete care or patients having “sticker shock”?
4. Preventing patients who are not ready for treatment?
5. Difficult getting acceptance on really large cases and more optimal costly treatment plans?
6. Not patients out willing to accept more complete care?
7. Time investment issues (work-up care, diagnosis, preparation for procedure)?
8. Counseling patients who aren’t ready emotionally or financially?
9. Patients getting tired of the least ready case?
10. Patients feeling overwhelmed by treatment plans and options?
11. Difficulty gaining patient trust?
12. Not knowing how to follow-up or when?

If you said yes to one or more of the above, then you know why James has put together System eliminates many of the 12 frustrations.

A major step to improving case acceptance was taken by the BiohORIZONS implant system. The Implant Tribune has written extensively about the BiohORIZONS implant system. The system was designed to maximize case acceptance.

The introductory DVD to the Maximum Case Acceptance System™ is the first of a series of videos that will dramatically increase case acceptance in any dental office.

The Maximum Case Acceptance System™ is being made available to you for a one-time fee of $97.00 DVD special offer deadline April 30th, 2009.

Order Dr. McAnally’s Introduction to the Maximum Case Acceptance System™ DVD for $97 (61% off the full price of $249.00) by April 30th and get $283.95 in FREE Marketing and Case Acceptance Tools!

NEW Case Acceptance System Just for Implant Dentists

Intro. to Maximum Case Acceptance Program™ DVD Special Offer Deadline April 30th, 2009

YES! James, I want to get started on the road to better case acceptance on ALL my cases big and small. Send the Intro. to the Maximum Case Acceptance System™ DVD for only 65% OFF ($75 off the $97.00 retail price) plus My FREE Marketing and Case Acceptance Bootcamp—the FREE Book & 2 FREE Months of the Gold Elite Does Strategies™ Letter. All Written Just For Implant Dentists Like Me with Advanced Skills. I Understand My Investment is Tax Deductible and Fully Guaranteed!

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FDA

AD
strom file, but reversed. Initial small-sized drills are offered within the kit intended for use as markers and access instruments, and to be followed by the spreaders in increasing dimensions.

The implant guiding system (by Innovative Implant Technology) was used to two-dimensionally position the primary marker drill. To begin with, an 010 followed by an 018 pilot drill was used, complemented by an expansion burr in the size of a 023 burr. The bony spreading was performed using the following spreaders: 027, 029, 031, 033.

As a next step, the guided bone regeneration was performed. To augment the buccal resorption, Bio-Oss Spongiosa small granules, 0.25 mm (Geistlich Biomaterials), were used and covered with Geistlich Bio-Gide resorbable bilayer membrane 25 x 25 mm both soaked in wound blood.

With the membrane covering the augmentation material, additional fixation of the membrane was avoided because of the available fixation and immobilization using the soft tissue.

The flap was sutured in place crestally using Gore-Tex suture because of its mechanical performance. The lateral-releasing incisions were closed using 6x0 Prolene suture material.

Conclusion

The buccal bone plate can resorb to a severe degree as a result of tooth loss. Conventional implantologic reconstructive therapy supposed until recently a two-stage approach: guided bone regeneration followed by a five-month healing time and a second surgery for fixture installment.

Using advanced minimal-invasive instruments for extremely thin-ridge expansion allows for concomitant implant placement and regenerative procedures.