I received the Immediate Smile model, which contained a duplicate of the scan prosthesis, a bone model with a silicone soft tissue, and a mucosa-supported SurgiGuide. The bone model came with eight openings corresponding to each of the eight implant positions as designed in the SimPlant plan and corresponding exactly in size to the dimensions of Zimmer analogs.

The bone model comes with a screw fixation system, which allows me to recover the analogs. The silicone soft tissue on the model also corresponds to the realistic soft tissue. I also received written drilling instructions and a prolongation report detailing the depth and size of each osteotomy.

Zimmer analogs were placed in the Immediate Smile model (Fig. 3). The duplicate of the scan prosthesis was used to mount the bone model with the soft tissue on an articulator (Fig. 4), giving correct orientation and vertical dimension. This made it possible to fabricate a provisional that would be used for immediate loading following implant placement.

The mounted model was then used to create an orientation jig for the SurgiGuide (Fig. 5). The jig assures that the SurgiGuide is positioned in the mouth exactly the same way as the scan prosthesis was positioned in the mouth.

This is a very important step for a mucosa-supported SurgiGuide because of the flexibility of the soft tissue (mucosa). Both the duplicate of the prosthesis and SurgiGuide fit perfectly onto the Immediate Smile model, allowing for fabrication of an accurate orientation jig on an articulator.

The surgical guide was placed in the patient’s mouth, and the tissue was punched utilizing a tissue punch (Figs. 6-8). Then the surgical guide was again oriented in her mouth with the orientation jig created on the articulator and stabilized with three SurgiGuide fixation screws (Fig. 9). Utilizing the Zimmer Guided Surgery Instrumentation and guided surgery drills (Fig. 10), all eight osteotomies were created and completed using mini-
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The right and left molar (#3 and #14) osteotomies were created short of the maxillary sinus. Then using the new Zimmer Sinus Crestal Approach (SCA) sinus lift kit, I extended these two osteotomies into the left and right maxillary sinuses. Alloplastic bone (Puros) was placed into the sinus cavity through the osteotomy and spread using the paddle-shaped spreading bur. Then all eight implants were placed. Each had initial stability exceeding 35 ncm.

The decision was made to immediately load only the six implants that did not involve the sinus cavity. Therefore, healing heads were placed on implants #3 and #14, and non-engaging titanium temporary cylinders were placed on #5, #6, #8, #9, #11 and #12 (Fig. 13). The provisional, which the laboratory fabricated, was attached to the titanium cylinders using cold cure acrylic, thus creating a screw-retained provisional (Figs. 14, 15).