What if the implant is “FAILING”? – This implies that the implant is in a reversible state and is treatable
  - Progressive bone loss
  - Inflammation
  - No mobility

What if the implant has FAILED? – Unsalvageable and requires removal
  - Progressive bone loss with mobility
  - Encapsulation of the implant with fibrous tissue
  - Remove implant, removed ALL granulation tissues, graft with membrane
  - Wait 3-4 months
  - Place a new implant
  - Make it “right” by the patient

Initial 1 to 6 weeks
  - Length of time depends upon flap, no flap, load, light load, no load.
  - Traumatic surgery
  - Infection
  - Harmful occlusion
  - Heavy load causing too much movement
  - Smoking
  - Poor patient selection
**NON INTEGRATION**

Uncovering and Loading Phase
- Inadequate osseointegration due to poor bone/implant contact
- Osteonecrosis due to over tightening of the implant into the bone
- Overloading the implant
  - Case design
  - Poor occlusal scheme/force management

**LOSS OF INTEGRATION**

Long-Term (over 5 years)
- Periodontal disease
- Over load
- Parafunctional habits
- Systemic Disease
- Radiation therapy

**TYPES OF IMPLANT PATIENTS**

Those whose teeth are already missing

Those who will be missing teeth

**SITE SELECTION**

Criteria for Proper Implant Selection
SITE SELECTION

Practitioner’s level of training
- This is the beginning of your journey, not the end
- Advanced Implant Mentoring (AIM) Courses
- Mentorship
- More classes and study clubs
- Your degree is a license to learn...
- “...you have chosen wisely my son...”

Five Types of ‘Sites’
1. ‘Just place it’ type of cases
2. Preserved sites from recent extraction
3. Place implant and augment bone at the same time
4. Augment bone then come back and place implant
5. Extract and immediately place implant with no load, light load, stabilized load

‘Just place it’ type of cases
- Plenty of bone width
- Plenty of bone height
- Plenty of attached gingiva
- Or design flap to increase it
- Negligible health history
- Non-Smoker
- Good home care
- Easy engineering on the case, need abutments, not a magic wand

"The Math"
"The Math"

Just place it type of cases

- 4.3 mm implant or
- 5.0 mm implant

Preserved sites from recent extraction
- Same criteria as the 'just place it' sites
- You have guided the patients through the process
- Fewer unknowns if you time it correctly
- Raises your standard of care in the office
- An implant possibility awaits every time a patient calls with a crown that ‘fell off’

NOT 'Just place it' type of cases

- 2 mm
- 9 mm
- L
- B
**SITE SELECTION**

Preserved sites from recent extraction

---

**TREATMENT PLANNING REVIEW**

Cardiac Muscle Conservation Guidelines

- 1.5 to 2.0mm between implant and a natural tooth

- 1.5-2mm bone on buccal and lingual

- > 5.5

---

Cardiac Muscle Conservation Guidelines

- 1-2mm bone on buccal and lingual

- Ø 3

- Ø 3.3

- Ø 3.8

- Ø 4.3

- Ø 5.0

- Ø 6.0
TREATMENT PLANNING REVIEW

Cardiac Muscle Conservation Guidelines
– Know your panoramic machine’s magnification percentage
  Panoramic %
– For periapicals
  – use parallel technique not a bisect the angle technique if possible
  – Be sure you can see the apices of the adjacent teeth
– Use appropriate template

OCO BIOMEDICAL IMPLANTS

SDI
The 2.2, 2.5 & 2.9 mm
Small Investment HUGE Performance
**OCO ENDOSTEAL POST**

- Implant Diameter: 3.25
- Platform Size: Blue
- Lengths: 8, 10, 12, 14, 16

**COLOR CODING**

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Addresses the major fear of drilling into bone too deep.
(Example of 10 mm Pilot Drill)
**The Surface**

**Various Surface Configurations**
- Electro-polished (reference)
- Machined
- TPS coating
- HA coating
- Oxidation
- TiO2 grit-blasted
- Sandblasted alone
- Sandblasted & acid-etched
- Acid-etched alone
- Hydrophilic

**The Oco Surface - SLA**

**Sand Blasted**
- Large grit
- Acid-Etching Procedures

Roughened surfaces show advantages over smooth surfaces:
- Better osseointegration
- Enhanced bone-to-implant contact
- Better biomechanical and functional stability

**The Surface**

**Current Trends**

- Non Coated
- Roughened
- Hydrophilic
THE OCO SURFACE

The macrostructure of the SLA surfaces leads to
- optimal cell adherence and proliferation in the cavities of the roughened implant surface.
- enhance the proliferation of cells, morphology, the rate of cell spreading, the formation of a 3-dimensional cell matrix.
- significantly increase the number of cells attached to the surface\(^1\).

OCO DENTAL IMPLANTS

Small Diameter Implants (SDI)
3.0 Diameter Implants
ISI- Immediate Load One Piece
TSI- Taper Screw Implant
ERI- Esthetic Region Implant
Engage
Macro

SDI

2.2, 2.5, 2.9 mm width
10,12,14, 16 mm length
Screw–tip design
Removable and Fixed Options
**TSI TAPERED SCREW IMPLANT**

The TSI is a 2 piece implant
- Dual Stabilized
- Accommodates one and two stage
- Immediate or delayed load
- Prosthetic options increased over ISI

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**3.0**

- 3.0 diameter
- 8,10,12,14,15 length
- Auger tip and Micro threads
- O-ball and fixed prosthetics
- One step, Immediate load

---

**TSI 3.25, 4.0, 5.0 DIAMETER**

- 2mm
- 8,10,12,14, 16mm

---

**ENGAGE**
**ENGAGE**
**FEATURES AND BENEFITS**

Diameters: 3.25, 4.0, 5.0 & 6.0mm
Lengths: 8, 10, 12, 14, 16mm
Patented Bull Nose Auger™ tip for stability
Universal internal hex connection
Economical all-inclusive packaging
Wide range of restorative options available including CAD/CAM

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**VARIETY OF SIZES**

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**OCO SURGICAL SYSTEM**

Drilling Sequence
Osteotomes

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**TECHNIQUES FOR IMPLANT PLACEMENT**

Drilling
Osteotomes
OSO DRILLING

Coordinated and Efficient

OCO DRILLING SEQUENCE

SPECIFIC AND PRECISE

Hi speed #8 surgical drill
Pilot Drill
Parallel drill
Guided tissue punch (no flap)
Counter sink drill (TSI)
Pilot drill to final depth
Final osteotomy drill

Countersink with ISI, TSI

PILOT DRILL WITH DEPTH STOP

OCO SURGICAL SYSTEM

Review of Drilling Sequence
Osteotomes
Separate the labial & lingual plates with osteotomes

Avoid the premaxillary concavity with osteotomes

Removable Options
- O ball and Locator
Conversion to fixed prosthetics
Straight Abutments
Angled Abutments
TRIP
Solid, Pedastal, Sheilded
Cerac compatible

Maxillary Bone-Osteotomes

Prosthetic Versatility

Removable

Aim

Aim

Aim
The TSI and ERI implants share all the same prosthetics.

The TSI and ERI implants share all the same impression options.

If you use a solid abutment, it is exactly the same as restoring an ISI one piece implant.

**PROSTHETIC SIMPLICITY**

**TSI AND ERI**

**SIMPLE RESTORATIVE OPTIONS**

**IMPRESSION COPING**

**TRIP — Tissue Traction Impression Pickup**

**MORE SIMPLICITY TRANSFER COPINGS**
**ENGAGE ABUTMENT DESIGN**

- Internal Hexagonal Connection
  - Anti Rotation
  - Indexing

- Conical Connection
  - Lateral Stability
  - Biologic Seal

**ALL INCLUSIVE PACKAGING**

Engage implants come prepackaged with:
- Titanium Impression Coping/ Temporary Abutment,
- Tissue Former,
- Cover Screw,
- Analog and
  - final abutment!

$185

**ENGAGE RESTORATIVE**

**PEEK ABUTMENT**
Introduction to Dental Implants...The New Standard of Care

Mark A. Iacobelli DDS, FAGD, FICD, MIIF

Day 1 – Morning 1
BUSINESS ‘STUFF’

We are business owners...
Expenses are important...

RETURN ON INVESTMENT

With OCO, it occurs quickly because the margin of profit is great due to the price includes the prosthetic components.
IF YOU ARE INTERESTED..

Course Specials