

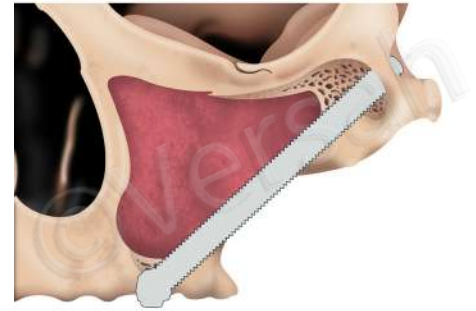
Osseodensification

ZAGA™ Type I-III Protocol for the Intra-maxillary - Placement*



Intra-maxillary Protocol
ZAGA™ Type I-III

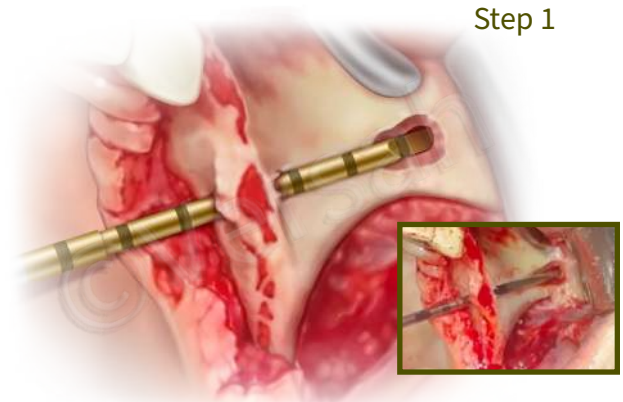
Overview: ZAGA™ Type I-III starts within the alveolar bone and follows predominantly the posterior – lateral sinus wall path. In these cases, the anterior maxillary wall is concave. The implant head is located within the alveolar crest and most of the body has either an intra sinus or extra sinus path. The implant contacts bone in the coronal alveolar bone and apical zygoma bone. The middle part of the implant body may contact bone in the lateral sinus wall depending on the concavity of the lateral sinus wall.



- CREATE A TUNNEL OSTEOTOMY WITHIN THE RESIDUAL ALVEOLAR RIDGE STARTING PALATALLY TO EXIT BUCCALLY AT THE ALVEOLAR CREST AND THEN WITHIN OR ADJACENT TO THE LATERAL WALL OF THE SINUS
- THE ZGO™ DENSAH® BUR GLANCES ALONG OR INTO THE CONCAVE PART OF THE LATERAL SINUS WALL
- PREPARE THE TUNNEL OSTEOTOMY TO THE APPROPRIATE LENGTH TO REACH AND DRILL THROUGH THE BODY OF THE ZYGOMA PERFORATING IT APICALLY THROUGH THE SUPERIOR-LATERAL ASPECT OF IT
- THE OSTEOTOMY FINAL PREPARATION SHOULD BE PREPARED WITH THE APPROPRIATE ZGO™ DENSAH® BUR TO BE SLIGHTLY UNDERSIZED BY AN AVERAGE 0.5-0.7 MM SMALLER THAN THE ZYGOMATIC IMPLANT MAJOR DIAMETER
- PLACE THE ZYGOMATIC IMPLANT

Step 1:

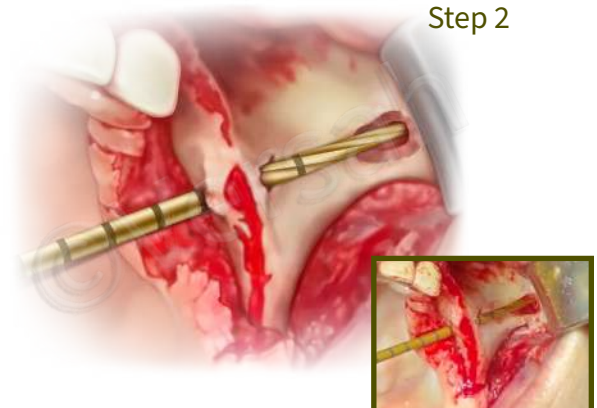
Use the 65 mm ZGO™ Tapered Pilot drill in CW at 800-1500 rpm to start creating a tunnel osteotomy through the alveolar crest following a trajectory that goes from the palatal into the upper buccal alveolar bone drilling into the body for the Zygoma perforating it apically through its superior lateral aspect.



Step 1

Step 2:

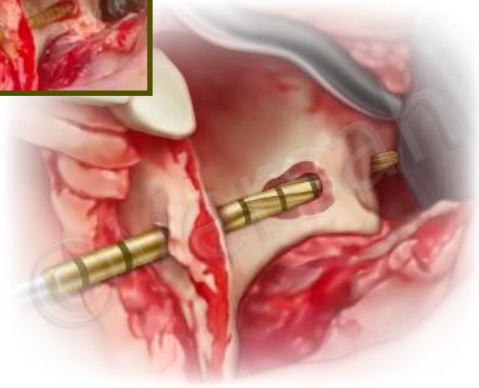
Then use the 65 mm ZGO™ Densah® Burs in a consecutive increasing order to achieve the desired diameter of the tunnel osteotomy through the alveolar crest into the body of the Zygoma perforating apically reaching its lateral superior aspect. This is best done in CCW mode at 800-1500 rpm with copious irrigation in order to maintain and preserve the alveolar crest integrity.



Step 2



Step 3

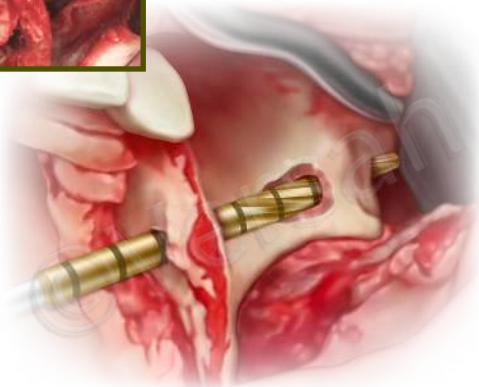


Step 3:

The ZGO™ Densah® Bur exits the crestal tunnel osteotomy, glances along the lateral sinus wall and then penetrates into the zygomatic bone to create a “tunnel” osteotomy of the appropriate length and diameter just perforating apically through the superior-lateral aspect of the body of the zygoma. If necessary, use the longer 90 mm ZGO™ Densah® Burs in order to perforate apically through the body of the zygoma.



Step 4



Step 4:

Depending on the patient’s anatomy and size, use the appropriate length (65 mm or 90 mm length)

ZGO™ Densah® Burs in a consecutive increasing order to achieve the desired osteotomy diameter along or within the lateral sinus wall depending on the zygomatic implant diameter and length to be placed. The zygoma bone hardness will determine the mode of the ZGO™ Densah® Bur (cutting mode (CW), densifying mode (CCW), or Densify-Preserve after Cut (DAC) protocol).

Step 5:

The osteotomy final preparation should be prepared with the appropriate ZGO™ Densah® Bur to be slightly undersized by an average 0.5-0.7 mm smaller than the zygomatic implant major diameter.

Step 6:

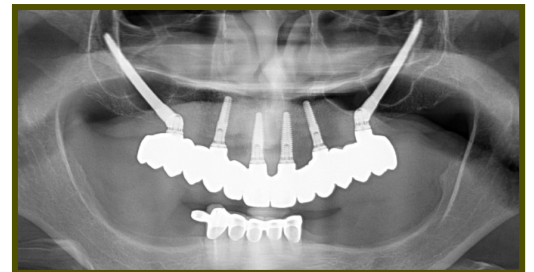
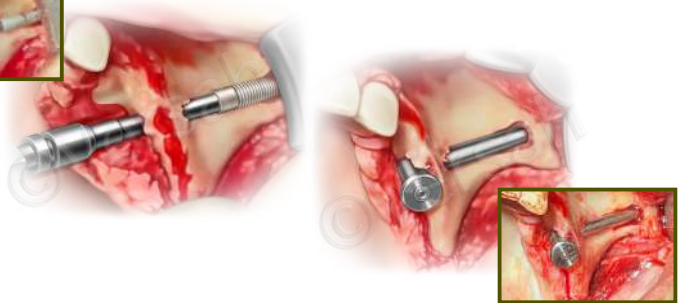
Place the zygomatic implant.



Step 5



Step 6



Case courtesy of Dr. Costa Nicolopoulos