

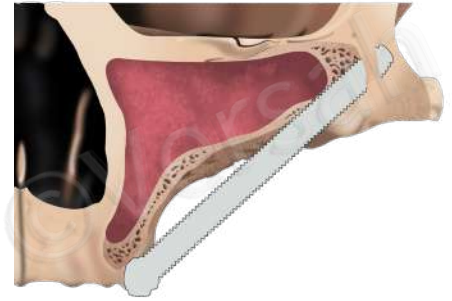
Osseodensification

ZAGA™ Type IV Protocol for the Extra-maxillary - Placement*



Extra-maxillary Protocol
ZAGA™ Type IV

Overview: ZAGA™ Type IV follows an extra-maxillary path. **The maxilla and alveolar bone show extreme vertical and horizontal atrophy.** The implant head is located buccal to the alveolar crest usually in a “channel” osteotomy. There is either no osteotomy, or a minimal osteotomy in the form of a “channel” at this level. Most of the zygomatic implant body has an extra sinus/extra-maxillary path. The coronal part of the zygomatic implant is extra-maxillary usually in a “channel” whereas the apical part of the implant is surrounded by bone in a “tunnel” osteotomy in the zygomatic bone. The zygomatic implant contacts bone in the zygomatic bone and part of the external lateral sinus wall.

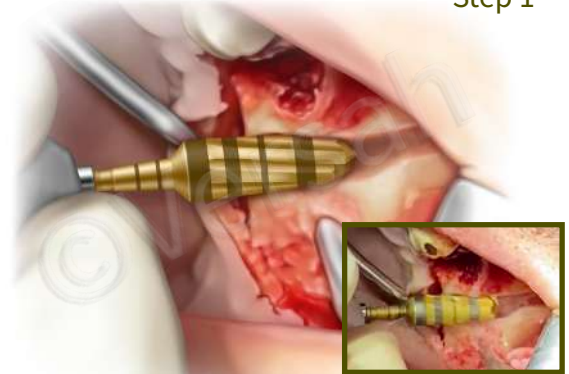


- CREATE A CHANNEL OSTEOTOMY IN THE RESIDUAL ALVEOLAR RIDGE AND LATERAL WALL OF THE MAXILLARY SINUS
- PREPARE A “TUNNEL” OSTEOTOMY OF THE APPROPRIATE LENGTH JUST PERFORATING APICALLY THROUGH THE SUPERIOR-LATERAL ASPECT OF THE BODY OF THE ZYGOMA
- USE THE APPROPRIATE LENGTH (65 MM OR 90 MM LENGTH) ZGO™ DENSAH® BURS IN A CONSECUTIVE INCREASING ORDER TO ACHIEVE THE DESIRED OSTEOTOMY DIAMETER AND LENGTH
- 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

Step 1:

Create the coronal “channel” osteotomy: use the Densah® Burs starting with the VT1525 (2.0) working up to VT3545 (4.0) in Cutting Mode CW at 800 – 1500 rpm with copious irrigation as a “side cutter” to **create a channel osteotomy in the residual alveolar ridge and the lateral wall of the maxillary sinus.**

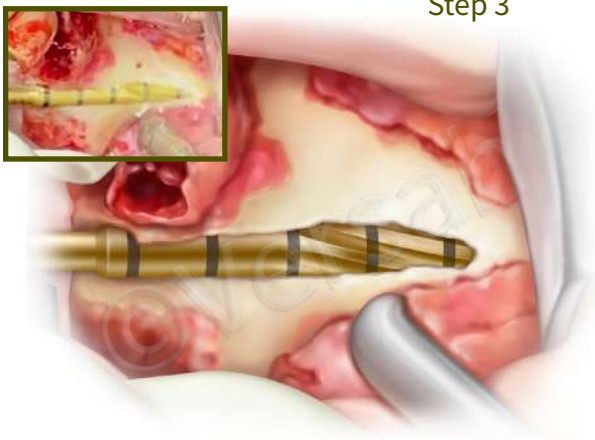


Step 2

Step 2:

Then use the 65 mm/90 mm ZGO™ Tapered Pilot drill in CW at 800– 1500 rpm through the “channel” to enter the inferior aspect of the body of the zygoma in order to **prepare a “tunnel” osteotomy of the appropriate length just perforating apically through the superior-lateral aspect of the body of the Zygoma.**

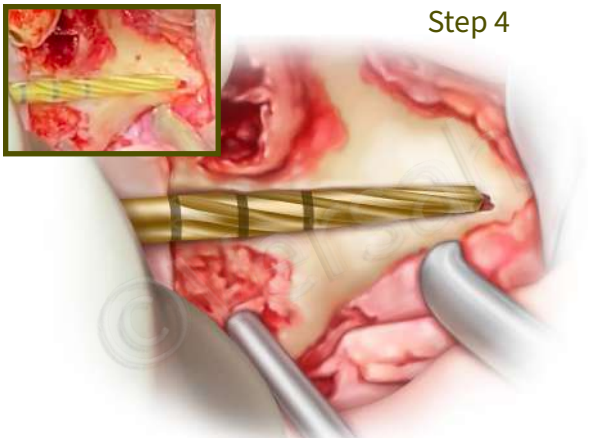




Step 3

Step 3:

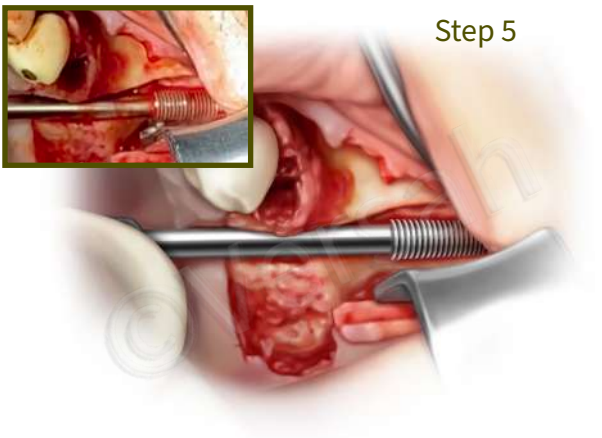
Depending on the patient's anatomy and size, **use the appropriate length (65 mm or 90 mm length) ZGO™ Densah® Burs in a consecutive increasing order to achieve the desired osteotomy diameter and length** depending on the zygomatic implant diameter and length to be placed. This is done either in cutting mode (CW), densifying mode (CCW), or Densify-Preserve after Cut (DAC) protocol depending on the Zygoma bone hardness.



Step 4

Step 4:

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 5

Step 5:

Place the zygomatic implant.



Case courtesy of Dr. Costa Nicolopoulos