

EDENTULOUS PATIENTS

Straumann® Pro Arch Edentulous Solutions

Straumann® Pro Arch Fixed Solutions
Tailored to fit. Designed to last.





**STRAUMANN® PRO ARCH EDENTULOUS SOLUTIONS –
BECAUSE WE'RE ALL UNIQUE**

Individuality matters. Each patient is unique, each smile different and one solution does not fit all.

Make use of personalized treatment options, taking account of individual patient expectations and unique anatomical and clinical situations.

Straumann® Pro Arch Fixed Solutions – Tailored to fit. Designed to last.

Patient-centric treatment solutions for implant-borne fixed full arch restorations.

Patients who opt for a fixed implant-supported prosthesis make a considerable financial commitment. In return, they desire an esthetic, reliable outcome giving them back confidence and lasting quality of life.

There is not only one solution for restoring fully edentulous patients and reaching the desired outcome. Straumann® Pro Arch Fixed gives you prosthetic and surgical flexibility to realize individual treatment protocols based on a patient's unique anatomical and clinical situation.

Make patients feel like having natural teeth again. With a solution tailored to fit and proven components designed to last.



PATIENT-CENTRIC SOLUTIONS

Combine clinically validated surgical and prosthetic protocols, proven components and efficient workflows for patient-centric treatment solutions.



TAILORED EDUCATION

Enhance your confidence levels, stay on top of edge cutting technologies, and continuously strengthen surgical and prosthetic skills for predictable outcomes.



DEDICATED PATIENT COMMUNICATION

Attract, convince, and treat more edentulous patients and grow supported by Straumann.

Tailored to fit – Patient-specific treatment protocols

Each treatment starts with the patient and a careful case planning. To select the most appropriate treatment option, it is crucial to consider individual clinical factors that each patient presents.



CLINICAL ASPECTS TO CONSIDER DURING THE EDENTULOUS CASE PLANNING:

- Smile line
- Lip support
- Soft tissue condition
- Bone quality and quantity
- Arch size and antagonist arch
- Occlusion
- Systemic condition and medication
- Risk factors, e.g. bruxism, smoking

CAREFUL PATIENT ANAMNESIS AND TREATMENT PLANNING LEADS TO PERSONALIZED TREATMENT SOLUTIONS, INCLUDING DECISIONS ON PROSTHETIC AND SURGICAL PROTOCOLS:

- Removable or fixed prosthesis
- Prosthesis with artificial gingiva or without
- Number of teeth per arch
- Bone grafting required or not
- Number and distribution of implants
- Type and size of implants selected
- Surgical technique
- Loading protocol



To get in-depth overview of the clinical considerations and treatment of fully edentulous patients, join a Straumann® Pro Arch Fixed Solutions course.

coDiagnostiX™, a digital implant placement planning tool, enables you to plan fully edentulous cases precisely and easily. The tool offers numerous measurement and planning functions, including automatic nerve canal detection, various distance monitoring functions as well as designing surgical and bone resection guides.





SURGICAL PROTOCOLS AND THE CARAMES ANATOMIC CLASSIFICATION

The Straumann® Pro Arch surgical protocols are based on the Carames Anatomic Classification.¹ It aims to facilitate decision making in regards to implant placement techniques maximizing the use of available bone.

Full arch restorations on four appropriately distributed implants have been proven to be a predictable treatment solution for fully edentulous patients.² In presence of systemic conditions or any other modifying factors, full arch restorations on more than four implants should be considered.



	Patient Situation Based on Carames Anatomic Classification			Treatment Solutions	
Carames Class 1					
	Healthy bone No anterior or posterior bone resorption.			Prosthetically, none or minimal artificial gingiva required.	
Carames Class 2					
	Healthy bone Moderate bone resorption No anterior, moderate posterior bone resorption.			To compensate moderate bone resorption, artificial gingiva will be required.	
Carames Class 3					
	Healthy bone Advanced bone resorption Moderate anterior and advanced posterior bone resorption.			Substantial amount of artificial gingiva will be required.	
Carames Class 4					
	Healthy bone Severe bone resorption Advanced anterior and severe posterior bone resorption.				

Designed to last – Leverage the quality, reliability and science behind the Straumann® Dental Implant System

STRAUMANN® BONE LEVEL TAPERED (BLT) IMPLANTS

Excellence in immediacy thanks to advanced implant design, extensive healing potential of SLActive® and strength of Roxolid®

- Excellent primary stability even in compromised bone situations for immediate loading solutions
- Full-depth thread to apex for early engagement
- Self-cutting in underprepared sites
- Protecting anatomical structures with round tip



STRAUMANN® TISSUE LEVEL (TL) IMPLANTS

The classic standard for timeless confidence. One of the best documented and most predictable implant systems on the market.

- Preserving peri-implant health³
- Predictable outcomes in fully edentulous patients⁴⁻⁶

STRAUMANN® TISSUE LEVEL (TL) STANDARD PLUS SHORT

- With 4 mm, the shortest screw type implant available
- Bone level throat allows higher bone to implant contact
- For posterior anchorage to reduce cantilever length
- Reduces the need for complex vertical bone augmentation



ROXOLID® – REDUCING INVASIVENESS WITH SMALLER IMPLANTS

- More treatment options with smaller implants⁷
- Preserves bone and reduces invasive grafting procedures^{8,9}
- Increased patient acceptance with less invasive procedures⁸

SLACTIVE® – HIGH-PERFORMANCE SURFACE DESIGNED TO:

- Reduce healing time 3 to 4 weeks^{10,11}
- Deliver high, long-term predictability in immediate loading¹²
- Provide outstanding success rates in compromised patients¹³⁻¹⁶
- Promote bone regeneration even at compromised sites¹⁷⁻¹⁹



More prosthetic options for esthetic and efficient restorations.

Clinically proven, original systems. Unequalled precision and constant high quality, driven by perfection.

STRAUMANN® SCREW-RETAINED ABUTMENTS (SRA)

For restorations on Bone Level implants

- Abutment angulations of 17° and 30° allow overcoming implant angulations.
- Different gingiva heights of 1 mm, 2.5 mm, 4 mm and 5.5 mm

STRAUMANN® VARIOBASE® ABUTMENTS

For restorations on Tissue Level implants

- Maximum design flexibility
- Easy cementation procedure
- Strong retention of the restoration

STRAUMANN® CARES® SCREW-RETAINED BARS AND BRIDGES

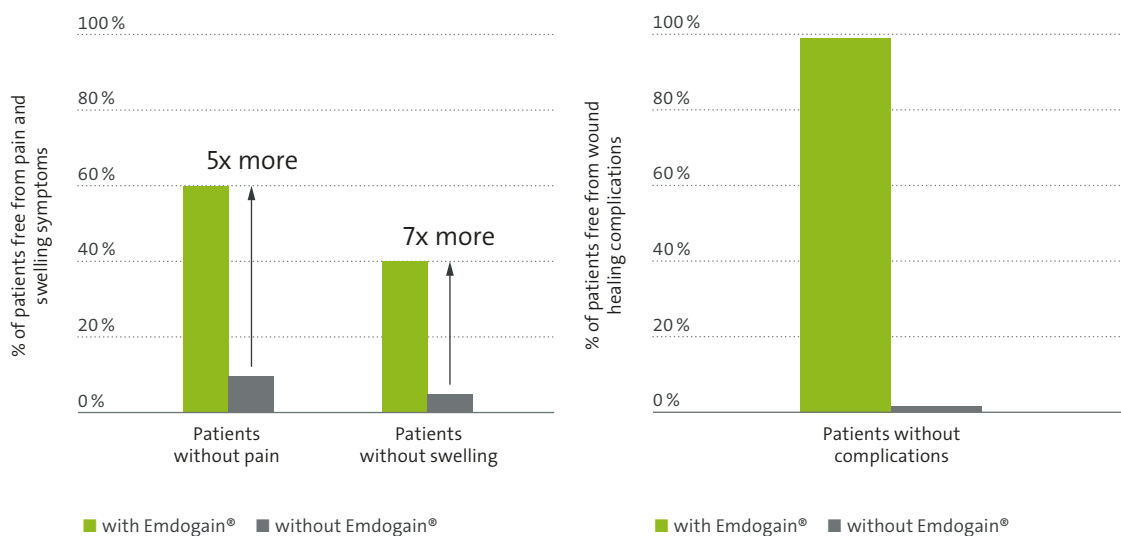
- Custom-milled frameworks for final restoration
- Multiple bar and bridge designs available
- Bars and bridges for abutment level or implant level

Emdogain® for Wound Healing

Making surgery more tolerable for your patients

Emdogain® supports the success of your implant procedures by stimulating the early wound healing process.

- Reduces the risk of wound complications by stimulating soft tissue healing and protecting against oral pathogens²⁰⁻²²
- Improves patient comfort by reducing early post-surgical inflammation and reducing the risk for post-surgical pain²³⁻²⁶



Enhance your confidence levels

To ensure a predictable outcome for each patient Straumann® Pro Arch Edentulous Solutions are supported by a strong custom-made education program and value added services.

TAILORED EDUCATION PROGRAM FOR YOU AND YOUR TEAM

Courses designed for doctors and their team members with varied specializations, preferences, and experience levels:

- **Straumann® Pro Arch Interaction Meetings**
For clinicians with substantial experience in fixed full arch restorations.
- **Straumann® Pro Arch Clinical Experiences**
For clinicians who would like to develop or deepen their knowledge in fixed full arch restorations. Available as a two-day course or as a Mini Clinical Residency.
- **Straumann® Pro Arch for dental labs**
Designed to address particular needs of dental lab technicians who work on fixed full arch restorations.

Contact your sales representative for more information about the available Pro Arch courses.





Dedicated Patient Communication

Tools developed to support your practice growth by attracting more edentulous patients for treatment.

- 1:1 Pro Arch Fixed dental model
- Edentulous Patient Information brochure
- Edentulous Patient Care flyer
- Edentulous treatment animations
- Implant passport
- Waiting room video





Contact your local Straumann representative now or visit
www.straumann.com.

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REFERENCES

1 Carames J. A comprehensive classification to full arch implant rehabilitation. Submitted to BMC Oral Health, October 2017. 2 Polido W et al. Number of implants placed for complete arch fixed rehabilitation. A systemic review and meta-analysis. Submitted and accepted for publication by Clinical Oral Implants Research. 2018 June. 3 Derks J, Schaller D, Hakansson J, Wennstrom JL, Tomasi C, Berglundh T. Effectiveness of Implant Therapy Analyzed in a Swedish Population: Prevalence of Peri-implantitis. J Dent Res. 2016 Jan; 95(1):43-9. (Doctoral thesis reference: ISBN 978-91-628-9491-7). 4 Fischer K, Stenberg T. Prospective 10-year Cohort Study Based on a Randomized Controlled Trial (RCT) on Implant-Supported Full-Arch Maxillary Prostheses. Part I: Sandblasted and Acid-Etched Implants and Mucosal Tissue. Clin Implant Dent Relat Research. 2012 Dec;14(6):808-15. 5 Fischer K, Stenberg T. Prospective 10-year cohort study based on a randomized, controlled clinical trial (RCT) on implant-supported full-arch maxillary prostheses. Part II: Prosthetic outcomes and maintenance. Clin Implant Dent Relat Research. 2013 Aug;15(4):498-508. 6 Albrektsson T, Zarb G, Worthington P, Eriksson AR. The long-term efficacy of currently used dental implants: A review and proposed criteria of success. Int J Oral Maxillofac Implants. 1986 Summer;1(1):11-25. 7 Benic GI et al. Titanium-zirconium narrow-diameter versus titanium regular-diameter implants for anterior and premolar single crowns: 1-year results of a randomized controlled clinical study. Journal of Clinical Periodontology 2013 8 Freiberger P, Al-Nawas B. Non-interventional Study on Success and Survival of TiZr Implants. EAO 2012 Copenhagen; 305 Posters – Implant Therapy Outcomes, Surgical Aspects. 9 Lai HC et al. Bone apposition around two different sandblasted, large-grit and acid-etched implant surfaces at sites with coronal circumferential defects: An experimental study in dogs. Clin. Oral Impl. Res. 2009;20(3):247–53. 10 Lang NP, Salvi GE, Huynh-Ba G, Ivanovski S, Donos N, Bosshardt DD. Early osseointegration to hydrophilic and hydrophobic implant surfaces in humans. Clin Oral Implants Res. 2011 Apr; 22(4): 349-56. doi: 10.1111/j.1600-0501.2011.02172.x 11 Oates TW, Valderrama P, Bischof M, Nedir R, Jones A, Simpson J, Toutenburg H, Cochran DL. Enhanced implant stability with a chemically modified SLA surface: a randomized pilot study. Int J Oral Maxillofac Implants. 2007 Sep-Oct; 22(5): 755-60. 12 Nicolau P, Guerra F, Reis R, Krafft T, Benz K, Jackowski J. 10-year results from a randomized controlled multicenter study with immediately and early loaded SLActive implants in posterior jaws. Presented at 25th Annual Scientific Meeting of the European Association of Osseointegration; September 29 – October 1; 2016; Paris. 13 Nelson K, Stricker A, Raguse JD, Nahles S. Rehabilitation of irradiated patients with chemically modified and conventional SLA implants: a clinical clarification. J Oral Rehabil. 2016; 43: 871–872. doi:10.1111/joor.12434. 14 Heberer S, Kilic S, Hossamo J, Raguse J-D, Nelson K. Rehabilitation of irradiated patients with modified and conventional sandblasted, acid-etched implants: preliminary results of a split-mouth study. Clin. Oral Impl. Res. 2011; 22: 546–551. 15 Cabrera-Domínguez J et al. 2017 Clin. Oral Impl. Res. 28 (Suppl. 14) PB-061, p 280. 16 Chen Y, Man Y. Clinical evaluation of SLActive Titaniumzirconium narrow diameter implants for anterior and posterior crowns in smokers and nonsmokers group. Presented at the ITI World Symposium; May 4-6; 2017; Basel. Abstract booklet: Clinical Research 045: p18. 17 Schwarz F et al. Bone regeneration in dehiscence-type defects at non-submerged and submerged chemically modified (SLActive®) and conventional SLA titanium implants: an immunohistochemical study in dogs. J Clin.Periodontol. 2008; 35(1): 64–75. 18 Straumann (2016). SLActive supports enhanced bone formation in a minipig surgical GBR model with coronal circumferential defects. Unpublished data. 19 Buser D et al. Development of Implant Stability Quotient values of implants placed with simultaneous sinus floor elevation - results of a prospective study with 109 implants. Clin Oral Implants Res. 2017 Jan; 28(1):109-115. doi: 10.1111/clr.12768. Epub 2016 Jan 16 20 Villa O, Wohlfahrt JC, Mdla I, Petzold C, Reseland JE, Snead ML, Lyngstadaas SP. A Proline-Rich Peptide Mimic Effects of EMD in Rat Oral Mucosal Incisional Wound Healing. J Periodontol. 2015 Dec; 86(12):1386-95. 21 Guimarães GF, de Araújo VC, Nery JC, Peruzzo DC, Soares AB. Microvessel Density Evaluation of the Effect of Enamel Matrix Derivative on Soft Tissue After Implant Placement: A Preliminary Study. Int J Periodontics Restorative Dent. 2015 Sep-Oct; 35(5):733-8. 22 Arweiler NB, Auschill TM, Donos N, Sculean A. Antibacterial effect of an enamel matrix protein derivative on in vivo dental biofilm vitality. Clin Oral Investig. 2002 Dec; 6(4):205-9. Epub 2002 Nov 14. 23 Ozcelik O, Haytac MC, Seydaoglu G. Immediate post-operative effects of different periodontal treatment modalities on oral health-related quality of life: a randomized clinical trial. J Clin Periodontol. 2007 Sep; 34(9):788-96. 24 Jepsen S, Heinz B, Jepsen K et al. A randomized clinical trial comparing enamel matrix derivative and membrane treatment of buccal Class II furcation involvement in mandibular molars. Part I: Study design and results for primary outcomes. J Periodontol. 2004 Aug; 75(8):1150-60. 25 Wennström JL, Lindhe J. Some effects of enamel matrix proteins on wound healing in the dento-gingival region. J Clin Periodontol. 2002 Jan; 29(1):9-14. 26 Sanz M, Tonetti MS, Zabalegui I et al. Treatment of intrabony defects with enamel matrix proteins or barrier membranes: results from a multicenter practice-based clinical trial. J Periodontol. 2004 May; 75(5):726-33.

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