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REGIONAL CLINICAL CASEBOOK



INTERACTIVE PDF

SUMMARY



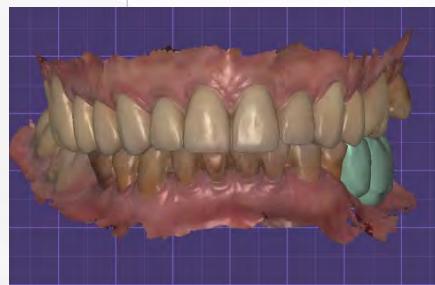
**PROF. DR. İSMAİL DORUK KOÇYİĞİT
DR. TOLGA PEKPARDAHCI**



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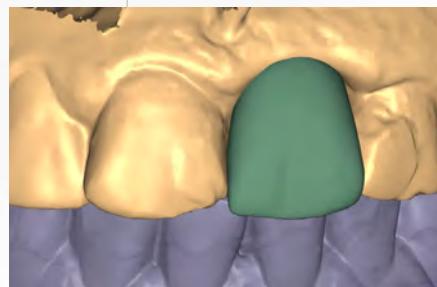


**PROF. DR. İSMAİL DORUK KOÇYİĞİT
DR. TOLGA PEKPARDAHCI**

SUMMARY



**ASSOC. PROF. DR. ERHAN DURSUN
DR. MERT TEZCAN**



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DR. MERT TEZCAN**



**DR. MUSTAFA KOCACIKLI
PROF. DR. ERKAN ERKMEN**



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PROF. DR. ERKAN ERKMEN**

SUMMARY



ASSOC. PROF. DR. BAYAZIT BAĞCI



DR. DEKEL SHILO

01

NUVO

Immediate Placement and Immediate Loading of an ALL-ON-4

PROF. DR. İSMAİL DORUK KOÇYİĞİT
DR. TOLGA PEKPERDAHÇI

TURKEY



Immediate Placement and Immediate Loading of an ALL-ON-4



About the case

IMMEDIATE PLACEMENT AND IMMEDIATE LOADING OF AN ALL-ON-4



Prof. Dr. İsmail
Doruk Koçyiğit



Dr. Tolga
Pekperdahçı

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Multi-Unit Abutment NP



OVERVIEW

Patient

Female, born in 1968. She has not got any systemic disease.

Anamnesis And Clinical Examination

Current medications: Pain killers during her migraine attacks.

Alcohol consumption: None in lifetime.

Clinical examination revealed severe periodontal problems on each arch on almost all the teeth and a very obvious neglect of oral hygiene. In her clinical anamnesis, she has been treated several times due to her periodontal problems since 1990. She explained her desire to have better teeth and promised to have better hygiene but asked the treatment to be not to be edentulous in any stages of the treatment.

Treatment Plan

1. CT examination
2. Scaling and deep curettage of the remains teeth in mandible.
3. Extractions, Upper jaw and 38,35,32,42,44,47,48 in mandible
4. Implant placement 16-12-22-25
5. Implant supported full arch immediately loaded maxillary arch with 4 Nuvo implants and multiunit abutments and temporary abutments. Full Acrylic
6. Temporary bridges to the mandible arch built up from 3D printing
7. 4 months upper jaw restored with hybrid bridge with titanium and acrylic combination
8. Lower jaw treated with zirconia crowns and bridges
9. 1 year later post operative check

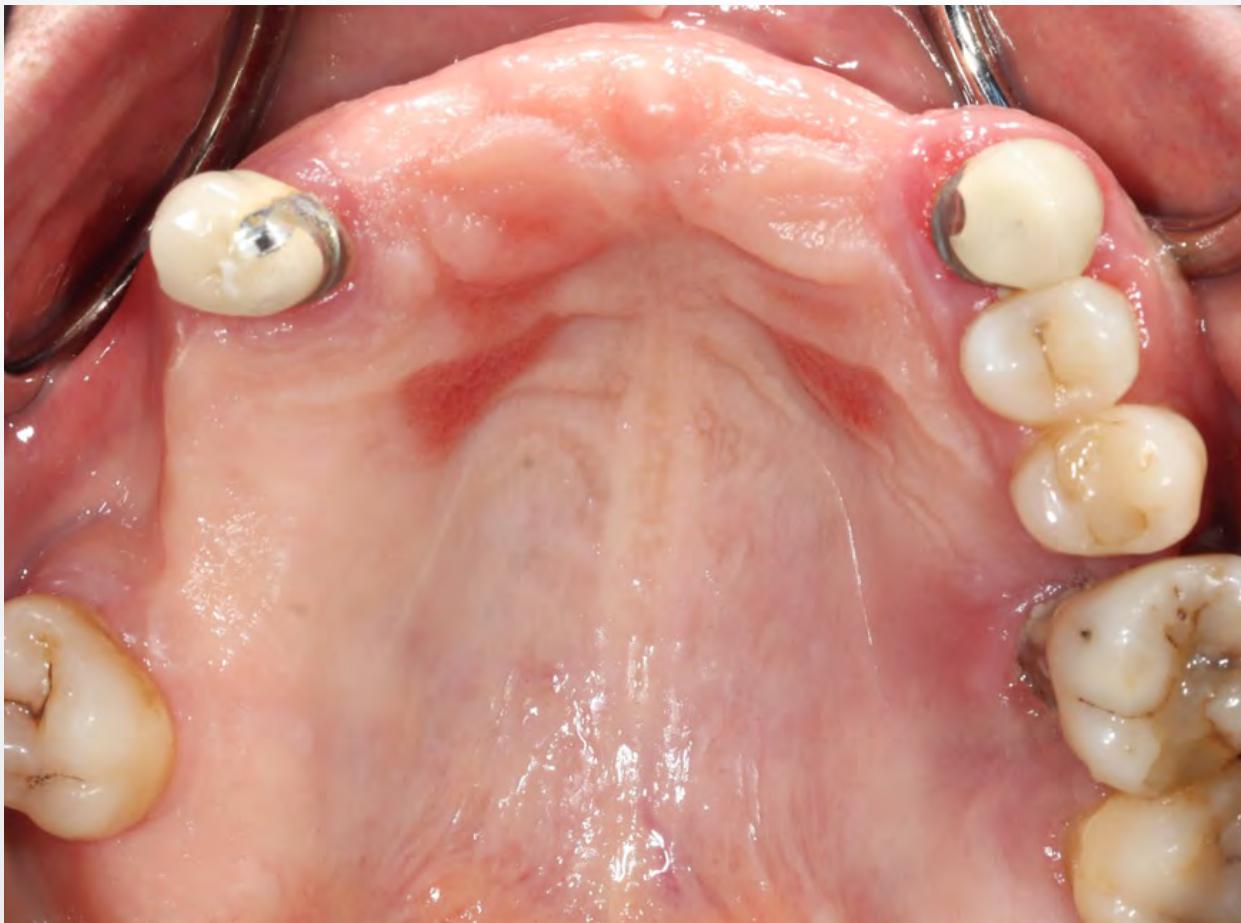
Radiographs



Terminal Dentition on her upper jaw

4 NUVO ConicalFIT™ implants were planned for fixed full arch rehabilitation

Initial Photographs



Initial situation of her upper jaw, hopeless teeth on both side of the maxilla

Surgery Protocol

Augmentin 1000 mg (2 x 1) was prescribed 24 hours prior to the surgery

Surgery was proceeded in November 2021.

Local infiltration anesthesia with Ultracain D-S Fort (Articain/epinefrine) 5 X1.7 ml.

Full thickness flap is elevated from the bone crest on the line of the attached gingiva. Teeth were extracted and all the surgical field cleaned from the debritments periodontal wounds. Also bone alveolplasty was done with the burs and 2.5mm alveolectomy was performed due to the restorative space management.

4.5/13mm on the 16 position, 3.5/11mm on the 12 position, 3.5/11mm on the 22 position and 4.5/13mm on the 25th position were drilled and placed in the same time. Initial torque values was recorded and all of them were over 60. On posterior sides 30degree multiunit abutments and on the anterior sides 0-degree multiunit abutments were selected because of the immediate loading situation and fixed up to 12 Nm to the implants. After implants put into planned position, healing abutments are placed and flap closure is achieved with 4.0 PGA (polyglicolic asid) suture.

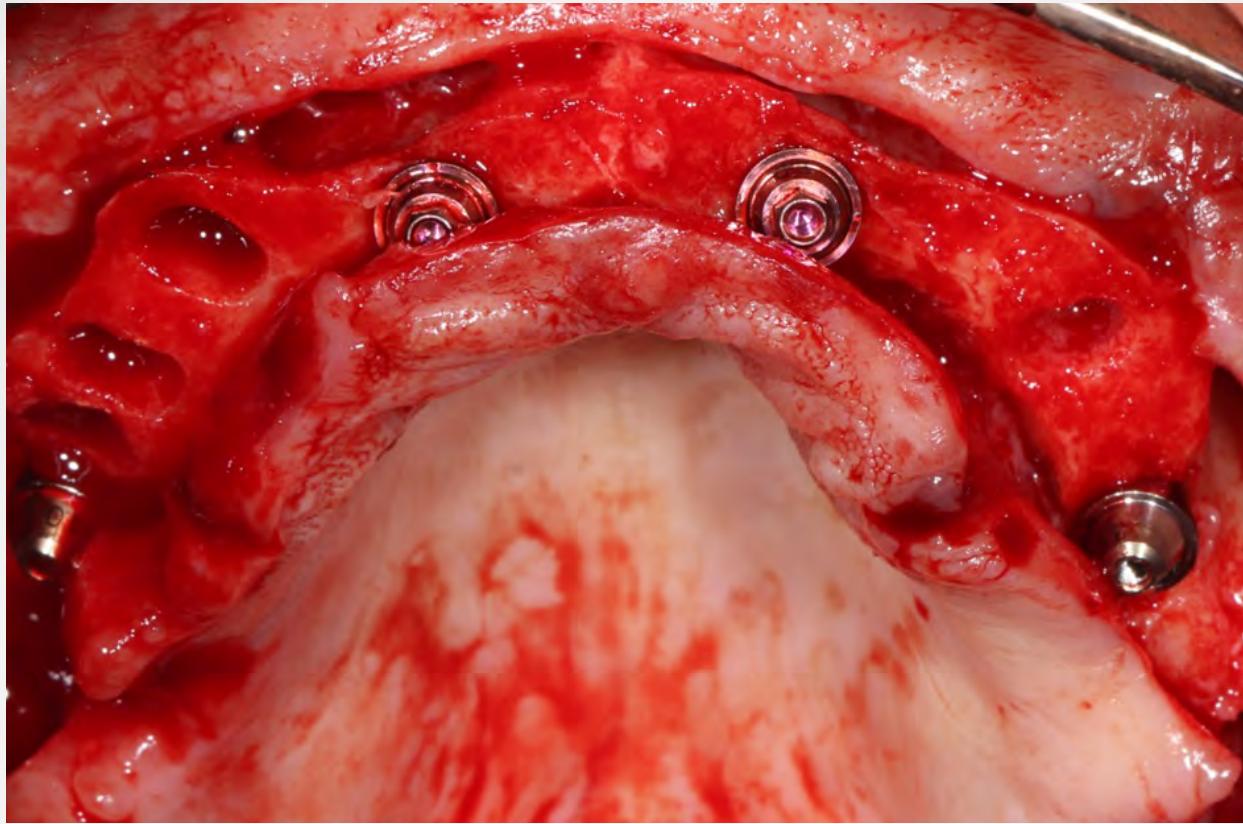
Preorganized prosthesis used as a temporary prosthesis with the proper technique.

After lab procedures temporary prosthesis was fixed and occlusal check was finished. Soft diet and other postoperative instructions were given to the patient.

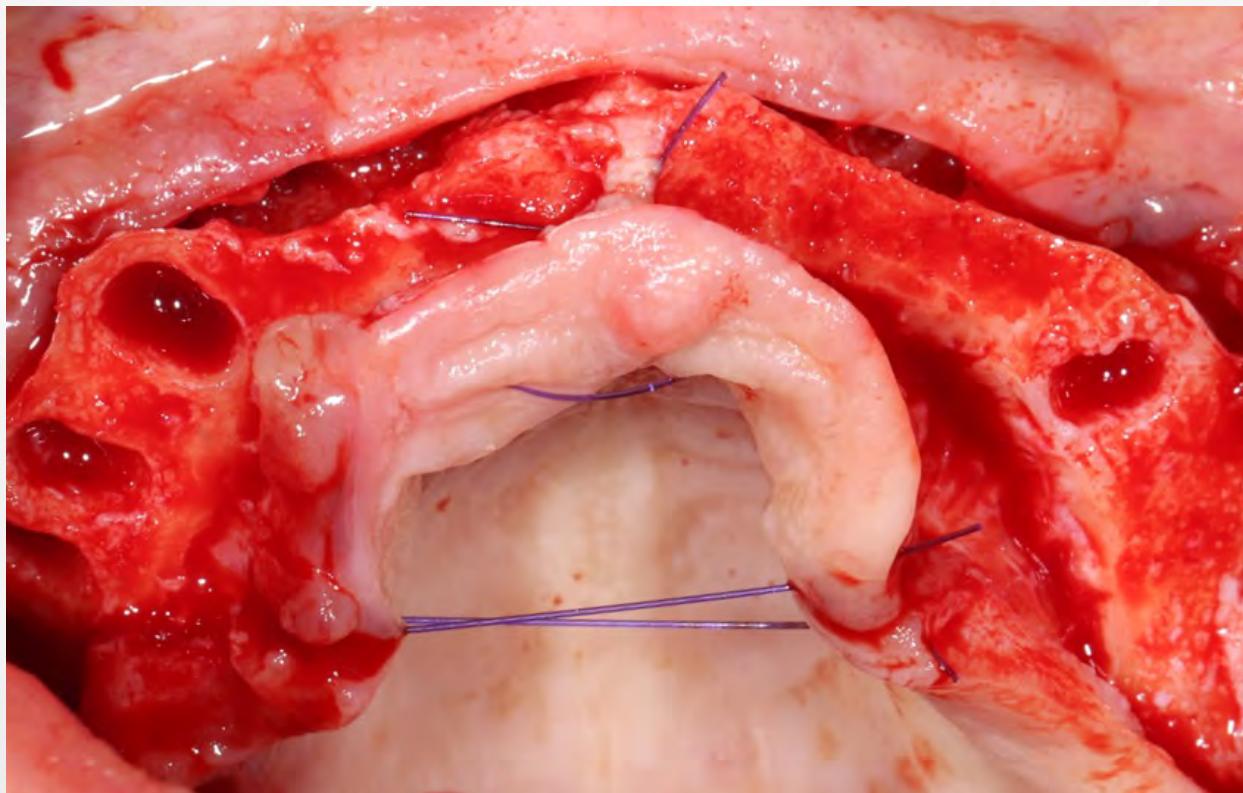
4 months later temporary prosthesis was removed, and clinical control was done. After uneventful healing open tray impression coping mounted on the multiunit abutments and impression was finished with the individual tray.

Stone model prepared and digitalized with the model scanner. After scanning procedure, the data was evaluated on the software and titanium bar was design and machined. Full acrylic teeth and acrylic based titanium bar was finished with proper smooth surface.

Prosthesis screwed in and occlusal checks were completed, and routine check appointment was given to the patient.



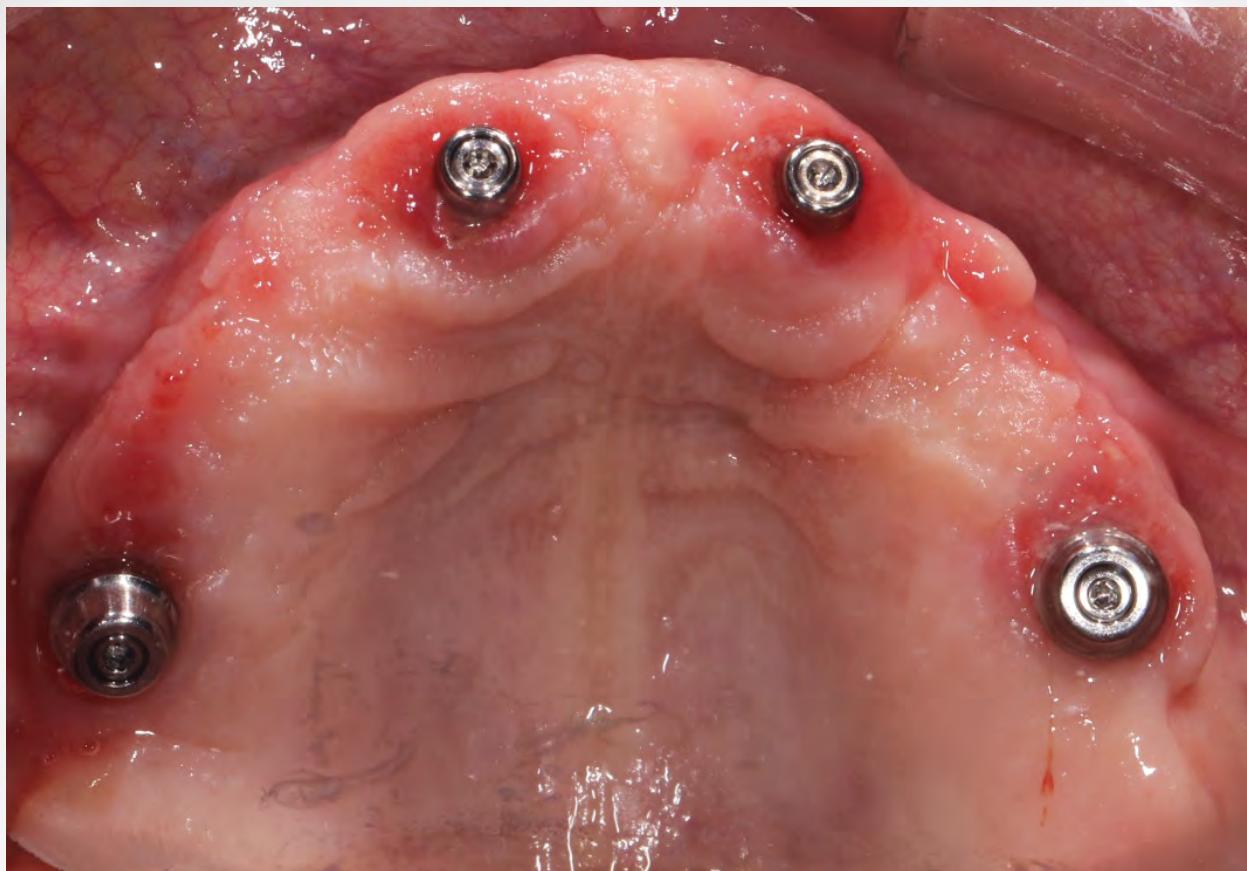
Standard platform multi-unit abutment fixes on the posterior implant and the narrow platform straight multi-unit abutments fixed on the anterior implants according to the diameter of the implants



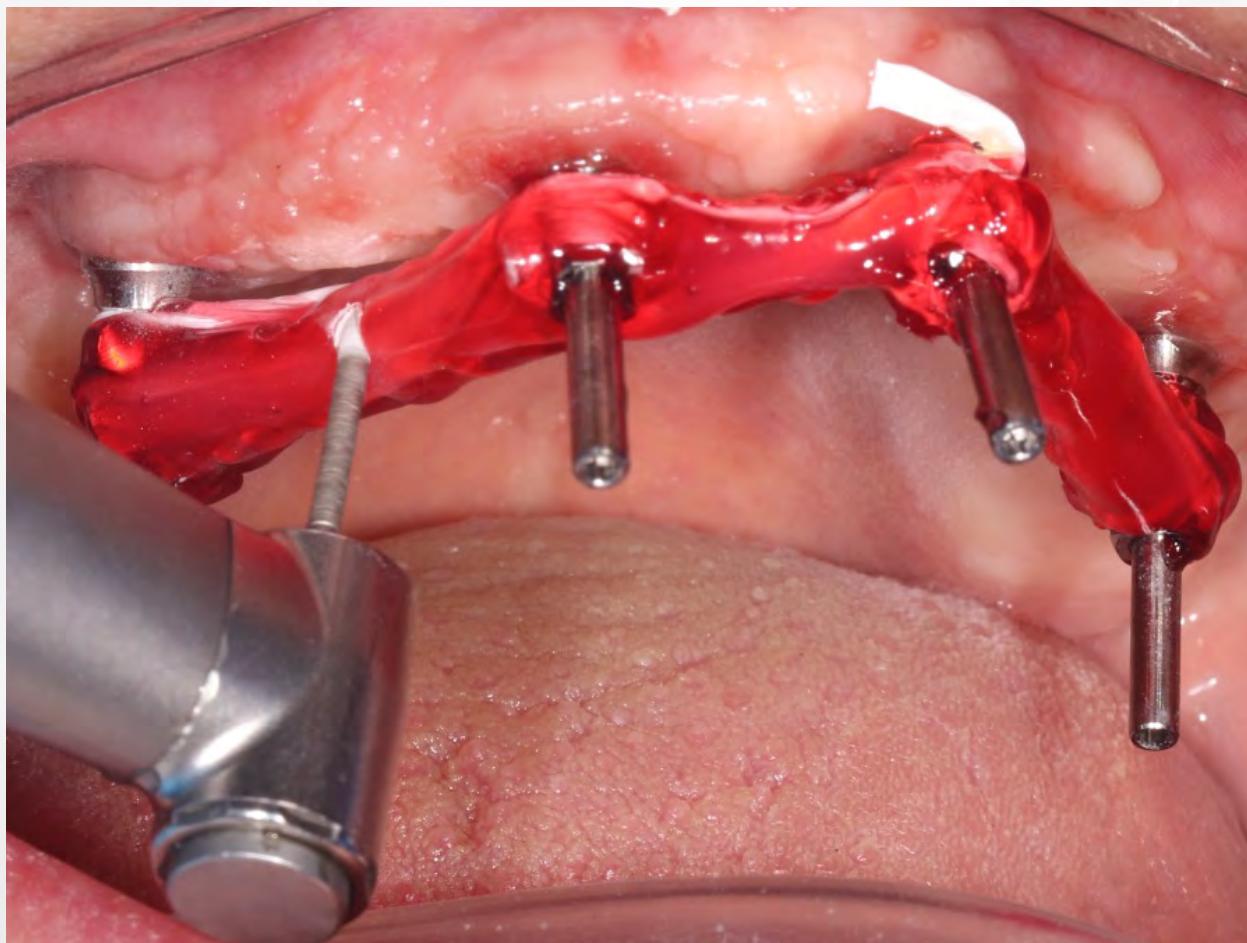
After raising of the full thickness flap, bone osteoplasty was performed with burs and bone ronguer to flatten the full arch according to the patients smile and restorative space measurement



Temporary prosthesis



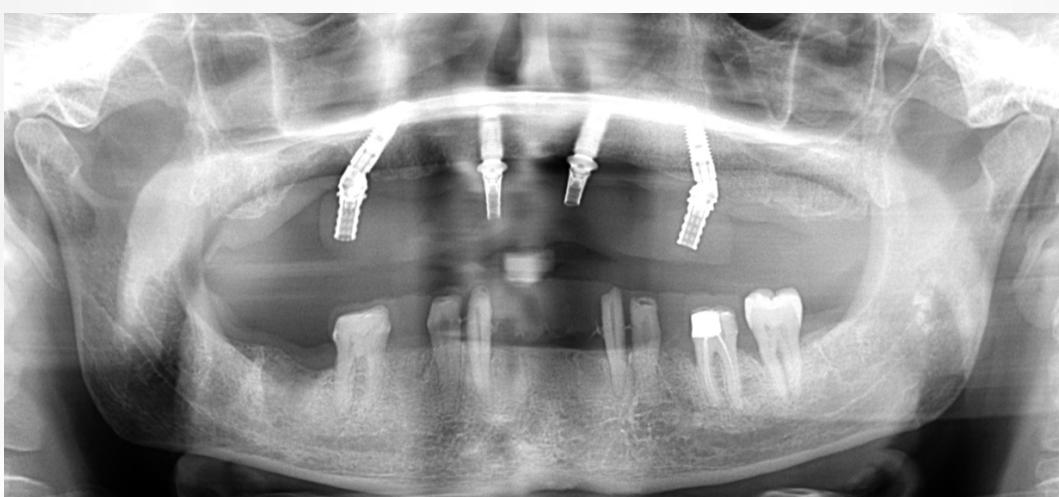
Clinical view before the taking impression of the final prosthesis



Open tray impression technique was used



Titanium milled bar and acrylic superstructure was used to finish the 4-implant supported, Multi-unit abutment screw retained prosthesis



4 months after surgery, follow-up radiography of the patient



4 months after surgery clinical view of the patient and the final prosthesis

Final



Routine check radiography of the patient after prosthetic phase



Testimonial



Prof. Dr. İsmail
Doruk Koçyiğit



Dr. Tolga
Pekperdahçı

Professional opinion of the product and procedure, focusing on your learning from the case

In my point of view, the primary stability of the narrow platform implant of the NUVO ConicalFIT™ is better than I expecting, in the low density bone.

What are the challenges during treatment and how were they resolved?

Soft Tissue thickness of the anterior side of the maxilla was very thin, I tried the pink multi-unit abutment and I gain much more volume regarding to support the implant with the soft tissue.

02

NUVO

Edentulous Posterior Solution

**PROF. DR. İSMAİL DORUK KOÇYİĞİT
DR. TOLGA PEKPERDAHÇI**

TURKEY



About the case

EDENTULOUS POSTERIOR SOLUTION



Prof. Dr. İsmail
Doruk Koçyiğit



Dr. Tolga
Pekperdahçı

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Implant Scanbody



Titanium Base for Bridge



OVERVIEW

Patient

Healthy female, 52 years old. She has no systemic disease.

Anamnesis And Clinical Examination

Current medications: None in lifetime.

Alcohol consumption: None in lifetime.

Edentulous on the 34-35-36 area and also hopeless tooth number 38. In her clinical anamnesis, she has been extracted her teeth more than 10 years ago. She wants to replace her empty spaces with implant supported bridge.

Treatment

1. CT examination
2. Scaling remain teeth in mandible.
3. Extraction 38
4. Implant placement 34-36 positions
5. Fixing the healing caps on it
6. After healing period 3 units bridge from TiBase monolithic zirconia placed
7. 1 year later post operative check

Radiographs



Referred to our clinic for her left posterior edentulous mandible.

Initial Photographs



Occlusal view of the initial situation
Extraction of the hopeless tooth 38 was executed during the implant surgery under local anesthesia.



Lateral view of the initial situation

Surgery Protocol

Augmentin 1000 mg (2 x 1) was prescribed 24 hours prior to the surgery. Surgery was proceeded on November 2021. Local infiltration anesthesia with Ultracain D-S Fort (Articain/epinephrine) 5 X1.7 ml.

Full thickness flap is elevated from the bone crest on the line of the attached gingiva. 3.75/11mm on the 34 position, 4.0/11mm on the 36 position, were drilled and placed at the same time. Initial torque values were recorded and all of them were over 60.

After implants put into planned position, healing abutments are placed, and flap closure is achieved with 4.0 PGA (polyglycolic acid) suture. For swelling and oral hygiene maintenance, pain killers and mouth washes prescribed.

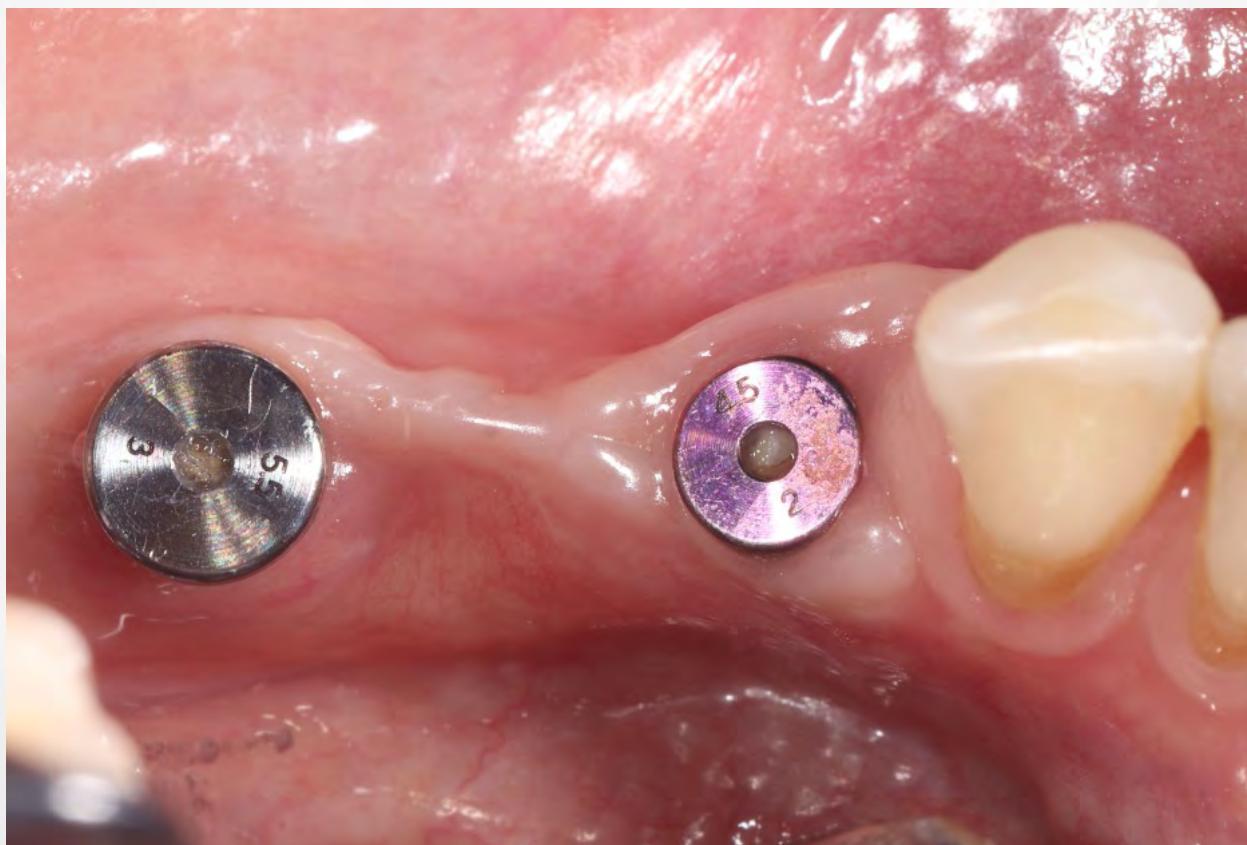
After uneventful healing digital impression coping mounted on the implants, digital impression was carried out. After scanning procedure, the data was evaluated on the software and the bridge designed on the proper TiBase of NUVO ConicalFIT™ conical connection. Prosthesis screwed in and occlusal checks were completed, and routine check appointment was given to the patient.



2 months after implant placement
Healing was completed uneventfully



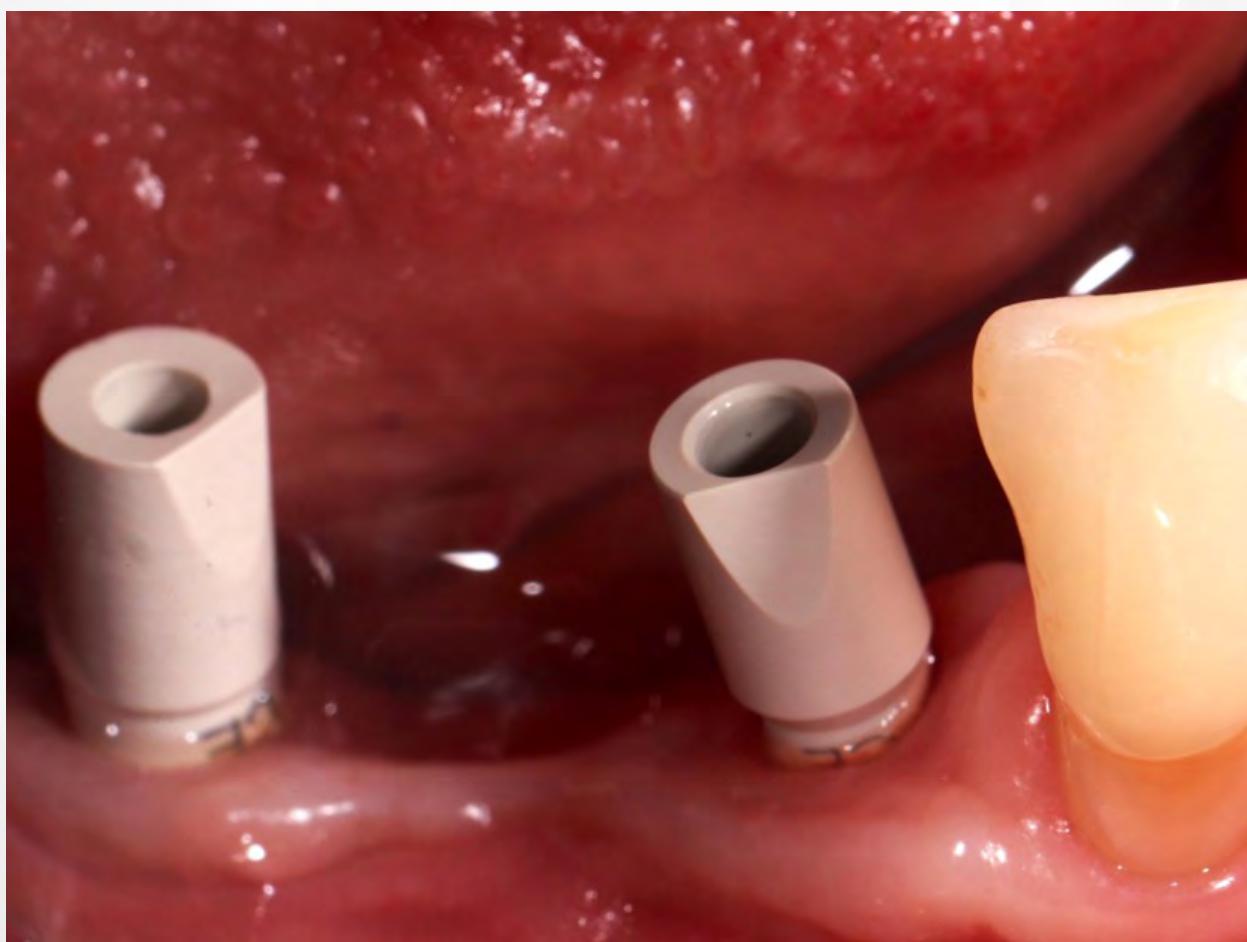
2 months after implant placement
Panoramic X-Ray



2 months after implant placement
Panoramic X-Ray



Soft Tissue healing around the neck of the implants



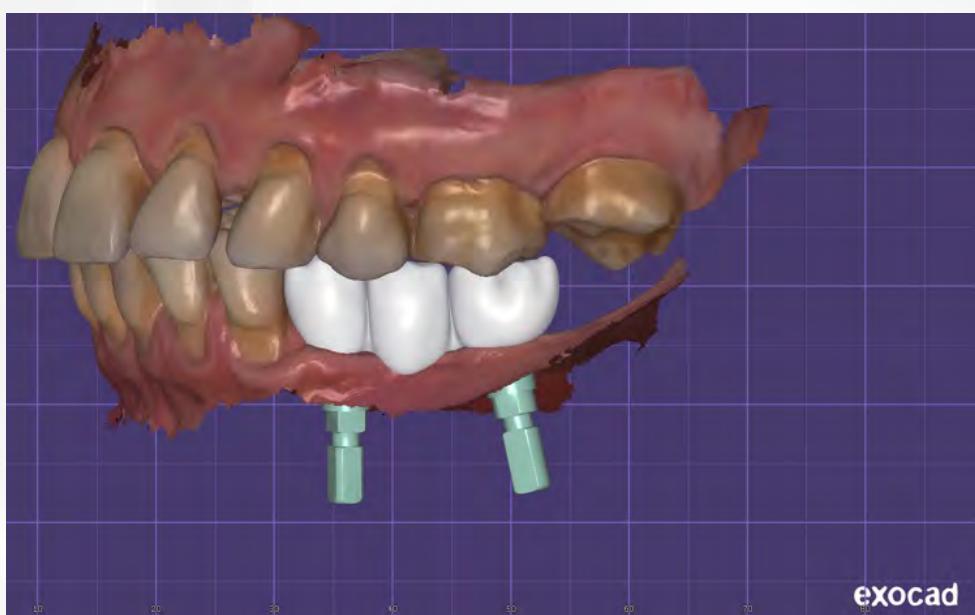
Scan Bodies were mounted, and digital impression was taken only in 2 minutes



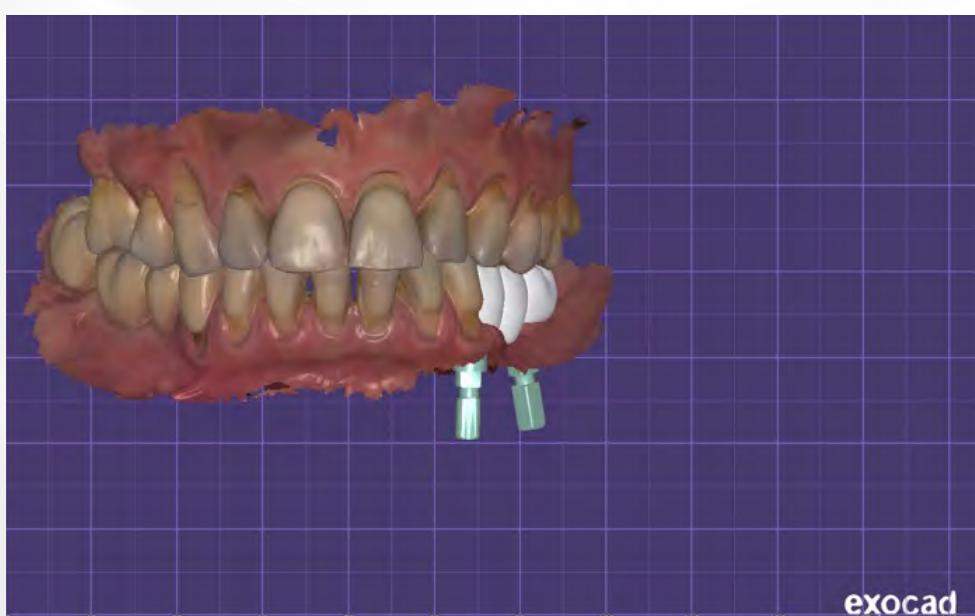
Digital Impression



exocad



exocad



exocad

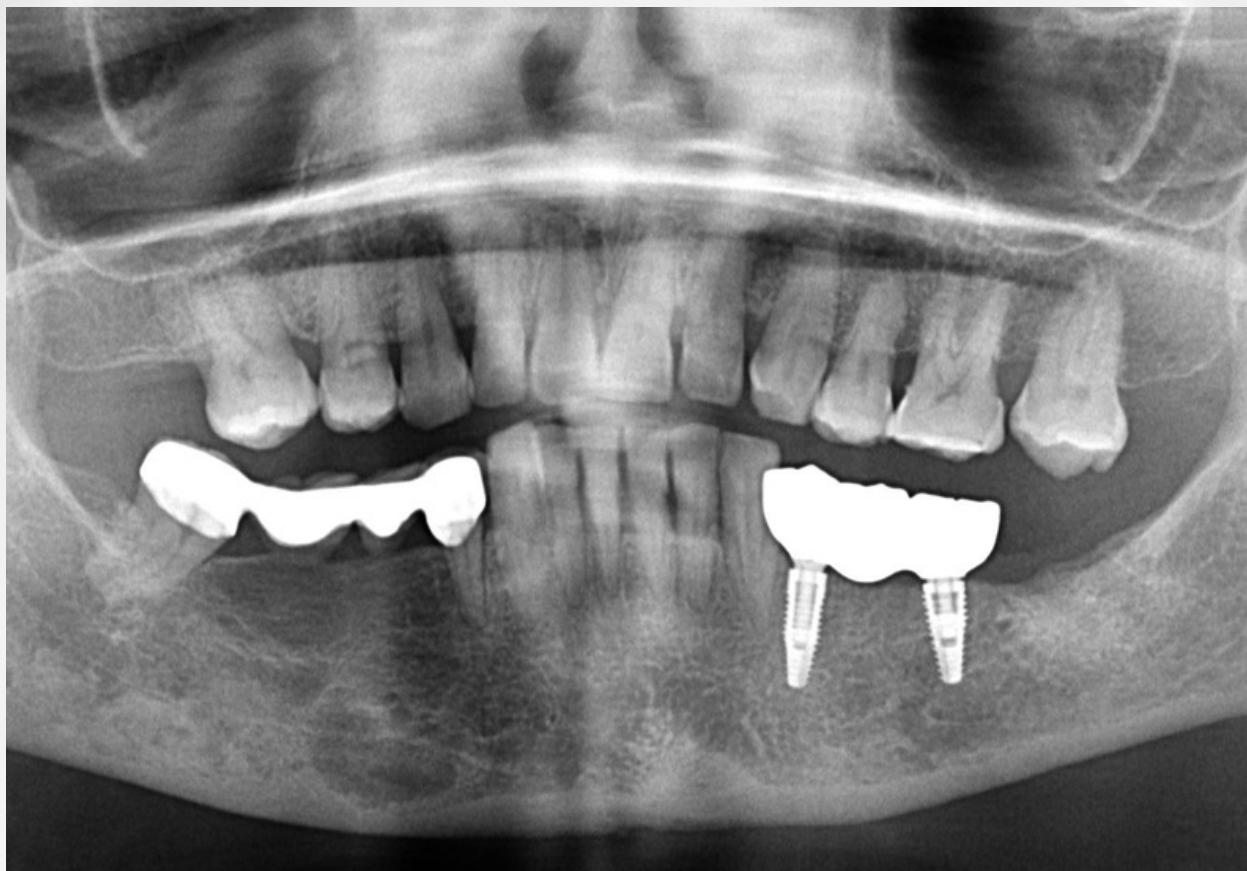
Digital Design of the bridge was completed on the Exocad and bridge was milled at the Ceramill Motion 2 from the Zirconia Block



Occlusal view of the restoration
(Monolithic Zirconia Screw Retained Bridge)



Lateral view of the restoration



Panoramic X-Ray after the prosthetic rehabilitation

Testimonial



Prof. Dr. İsmail
Doruk Koçyiğit



Dr. Tolga
Pekperdahçı

Professional opinion of the product and procedure, focusing on your learning from the case

In this case, I placed the ConicalFIT™ implant 2 mm under the bone level and it was quite easy to prepare the bone platform with the surgical accessories.

What are the challenges during treatment and how were they resolved?

The main challenge in this case is, the premolar side is thin but enough to place a narrow platform implant. Surgical cassette is very straight forward to maintain the implant bed to not to make any damage on the buccal side of the bone.

03

NUVO

Individual Healing Abutment with NUVO Portfolio on Molar Tooth Replacement

PROF. DR. İSMAİL DORUK KOÇYİĞİT
DR. TOLGA PEKPERDAHÇI

TURKEY



About the case

INDIVIDUAL HEALING ABUTMENT WITH NUVO PORTFOLIO ON MOLARTOOTH REPLACEMENT



Prof. Dr. İsmail
Doruk Koçyiğit



Dr. Tolga
Pekperdahçı

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Titanium Temporary
Abutment for Crown



Titanium Base for Crown



OVERVIEW

Patient

Male, born in 1995. He has not got any systemic disease.

Anamnesis And Clinical Examination

Current medications: No significant drug usage.

Alcohol consumption: None in lifetime.

Clinical examination missing right first molar and left lower molars. Also due to the extractions severe hard tissue deficiency on both sides.

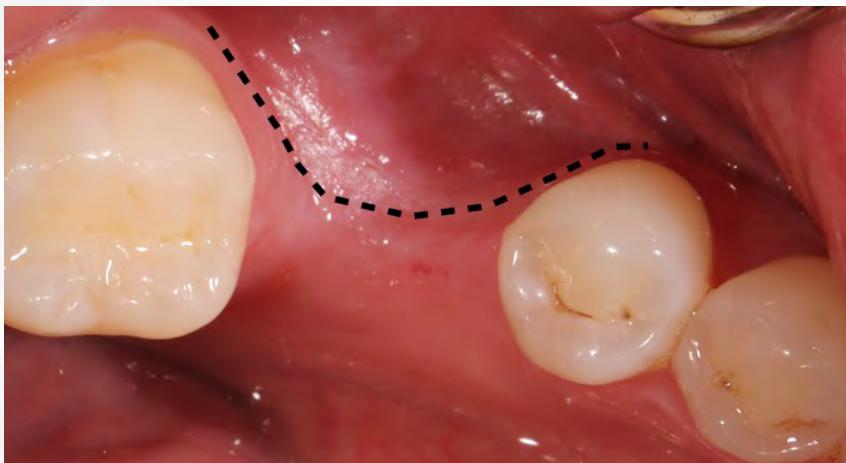
Treatment Plan

1. CT examination
2. Implant placement 46 and individual healing abutment at the time of surgery and soft tissue augmentation
3. Digital impression after 3 months of surgery
4. Screw retained monolithic zirconia crown
5. 1 year later post operative check

Radiographs



Initial Photographs



Initial clinical view shows buccal soft and hard tissue defect on the first molar side.



Initial clinical view shows buccal soft and hard tissue defect on the first molar side.

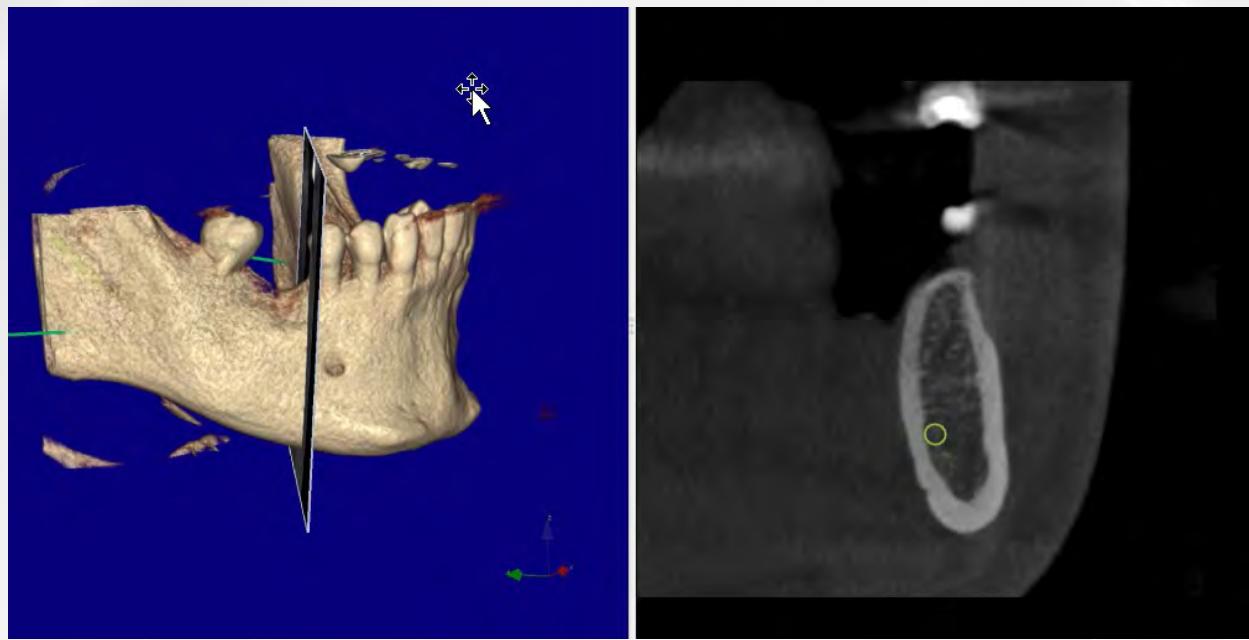
Surgery Protocol

Augmentin 1000 mg (2x1) was prescribed 24 hours prior to the surgery

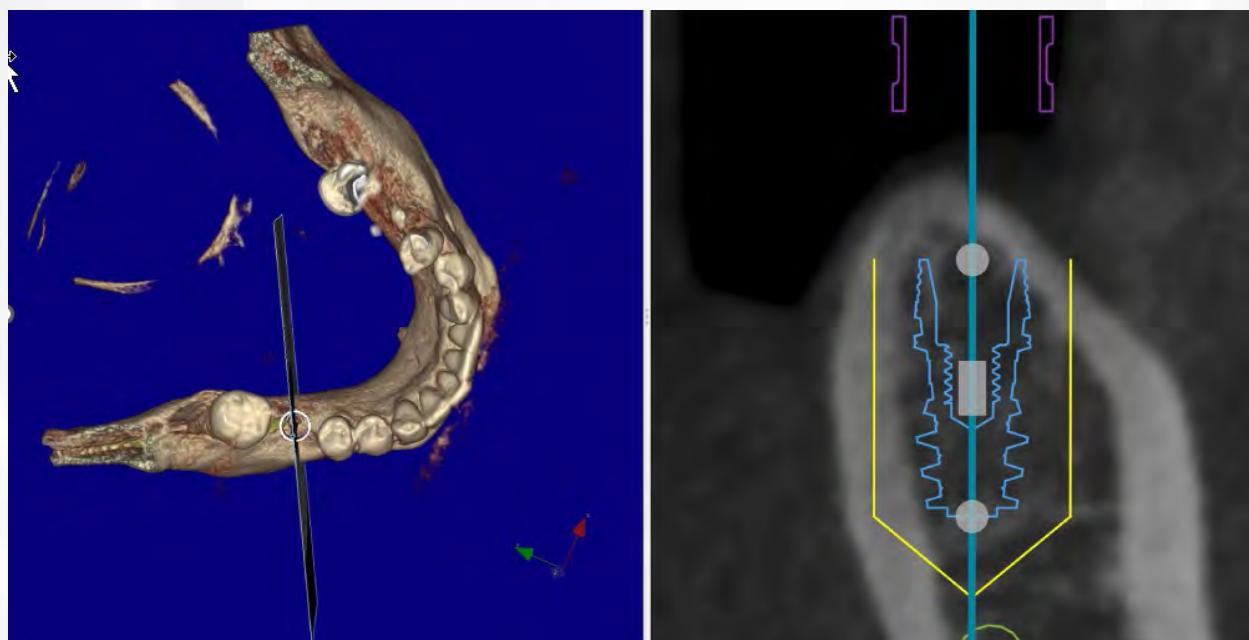
Surgery was proceeded in November 2021. Local infiltration anesthesia with Ultracain D-S Fort (Articain/epinefrine) 5 X1.7 ml. Full thickness flap was elevated without releasing incision. 1mm alveoloplasty was done to the final depth of the implant. Implant was placed NUVO Conical Fit (4.0/10mm) and primary stability was achieved over 35N/cm. Preprepared individual healing abutment made composite over the NUVO TiBase was on the implant and stotted according to the ideal soft tissue dimension on the area. Botiss mucoderm was used to cover the alveolar crest buccal and occlusal surface under the healing abutment. Primary closure was done with the Vicryl 4.0.

4 months later healing abutment was removed, and clinical control was done. After uneventful healing digital impression was taken. Monolithic zirconia crown was prepared on Exocad and milled with CAD/CAM machine.

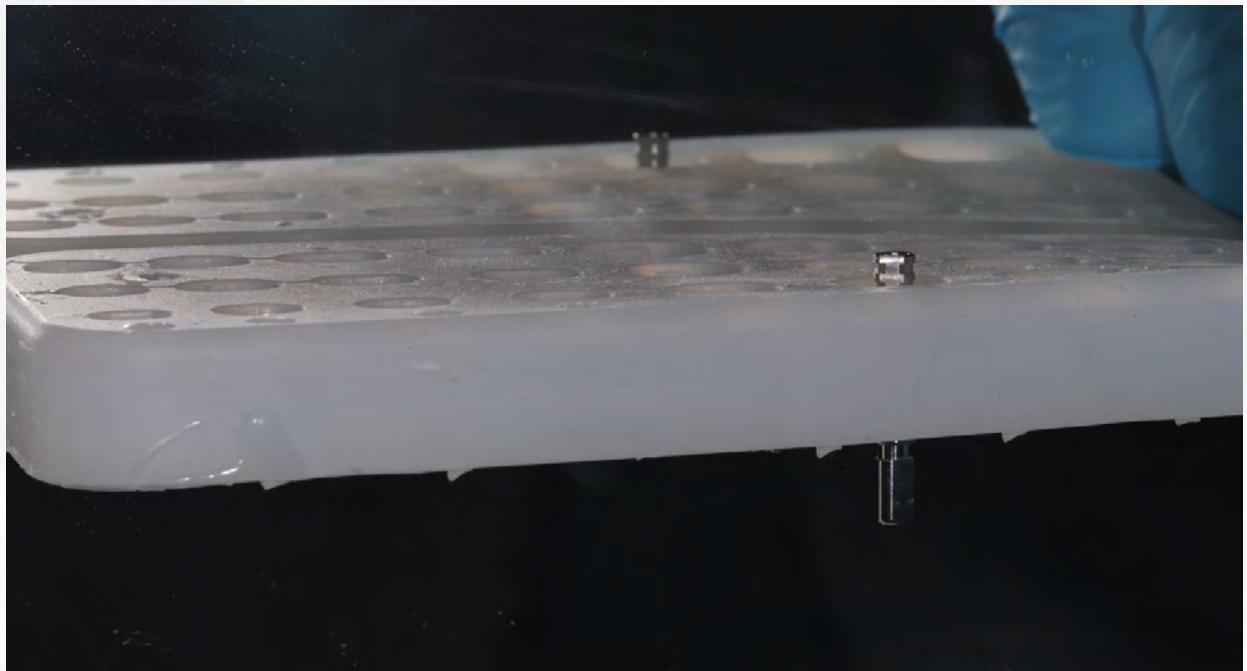
Screwed retained crown was given to the patient and occlusal checks were completed and routine check appointment was given to the patient.



CT images of the preoperative situation.



CT images based virtual planning of the case.



Individual healing abutment produced from the silicone index with the composite.



Image shows individual healing abutment with NUVO TiBase.



Postoperative x-ray of the patient.

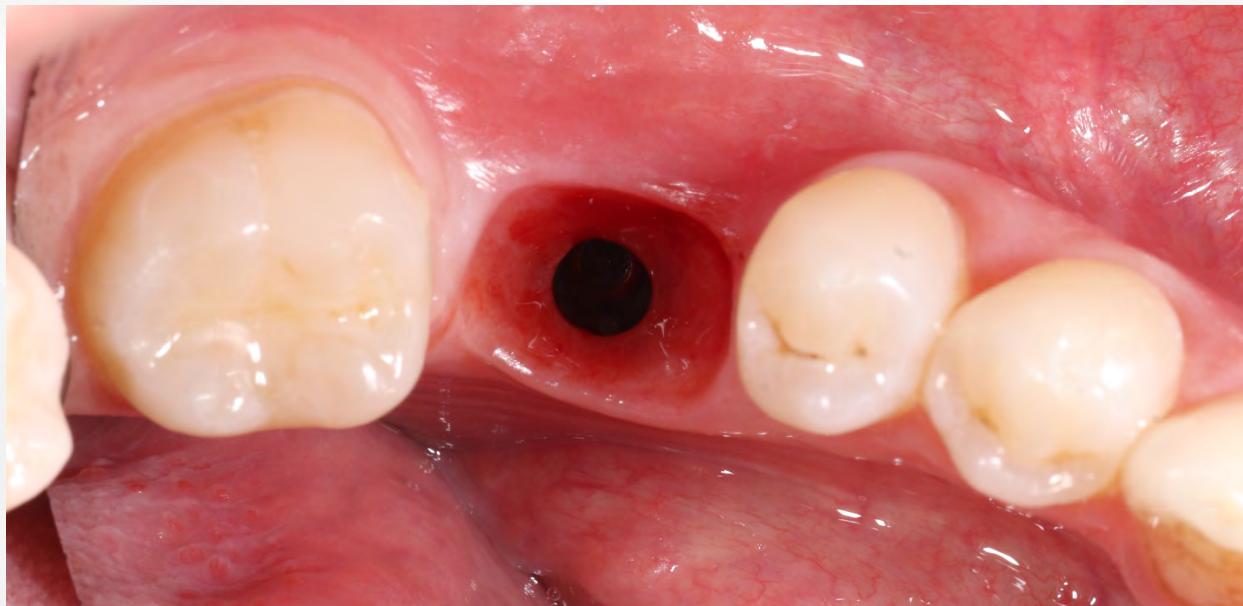


3 WEEKS POSTOP



2 MONTHS POSTOP

Clinical view of the patient 2 weeks and 3 months postoperative period.



Clinical view of the patient after removal IHA 3 months later.



Screw retained monolithic zirconia crown was produced with CAD/CAM.

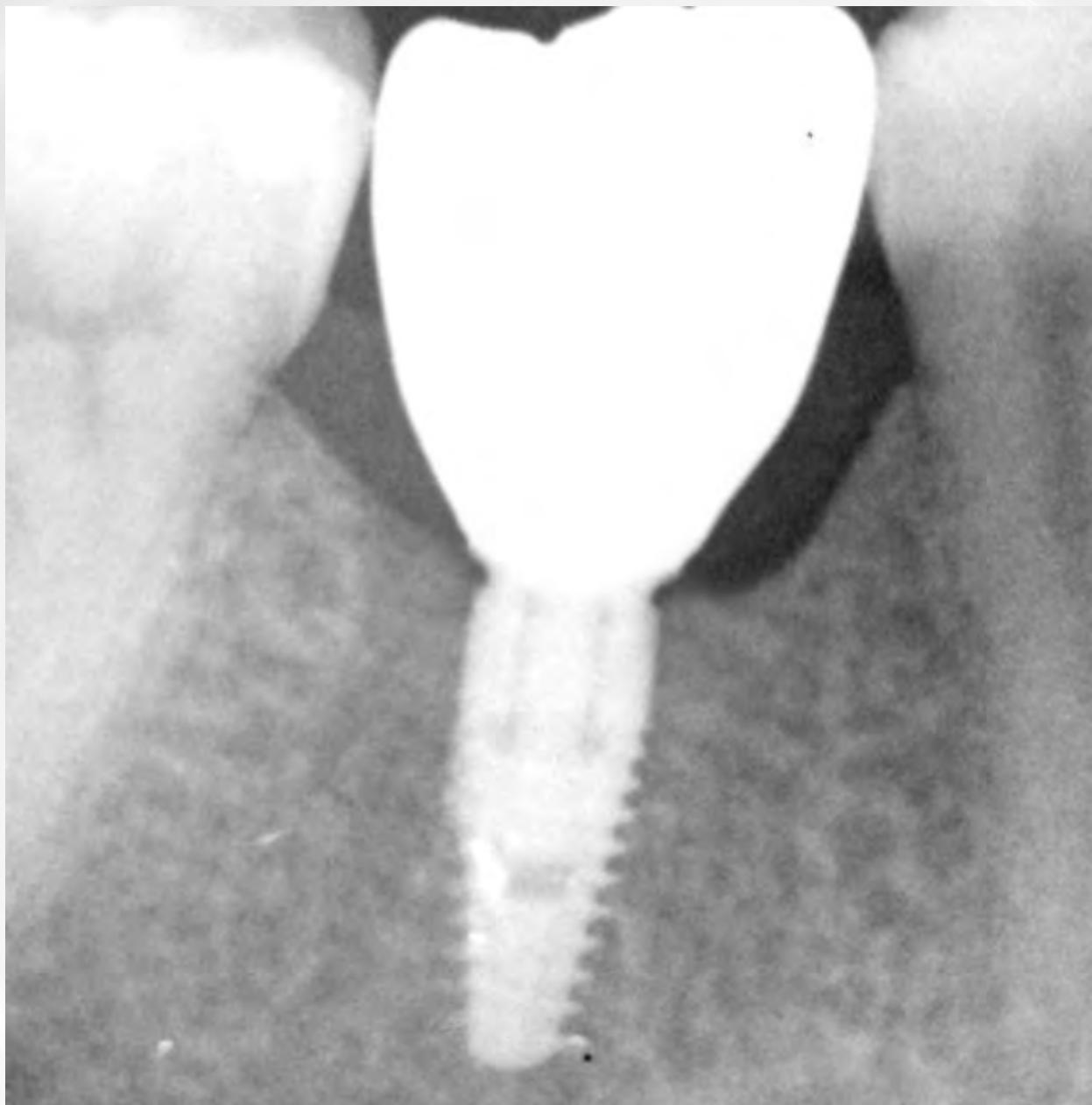
Final



Postoperative clinical view of the patient.



Postoperative clinical view of the patient.



1-year postoperative radiography of the patient.

Testimonial



Prof. Dr. İsmail
Doruk Koçyigit



Dr. Tolga
Pekperdahci

Professional opinion of the product and procedure, focusing on your learning from the case

In this case, I have a very critical soft tissue defect on buccal side. I placed the implant and got primary stability over 50Nm. I made a customized healing abutment with the temporary abutment of NUVO ConicalFIT™ System. Because of connection type of NUVO ConicalFIT™, it is secured easily and not loose during the healing phase.

What are the challenges during treatment and how were they resolved?

Molar sides of the mandible is mostly high level density. However in this patient I realized the bone density is low, I used under drill protocol with NUVO Surgical Cassette drills and get higher primary stability.

04

NUVO

Edentulous Posterior Solution

PROF. DR. İSMAİL DORUK KOÇYİĞİT
DR. TOLGA PEKPERDAHCI

TURKEY



About the case

EDENTULOUS POSTERIOR SOLUTION



Prof. Dr. İsmail
Doruk Koçyiğit



Dr. Tolga
Pekperdahçı

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Healing Abutment SP



Implant Scanbody



OVERVIEW

Patient

Male patient, 67 years old.

Anamnesis And Clinical Examination

Current medications: Anticoagulant/day, Sleep apnea apparatus.

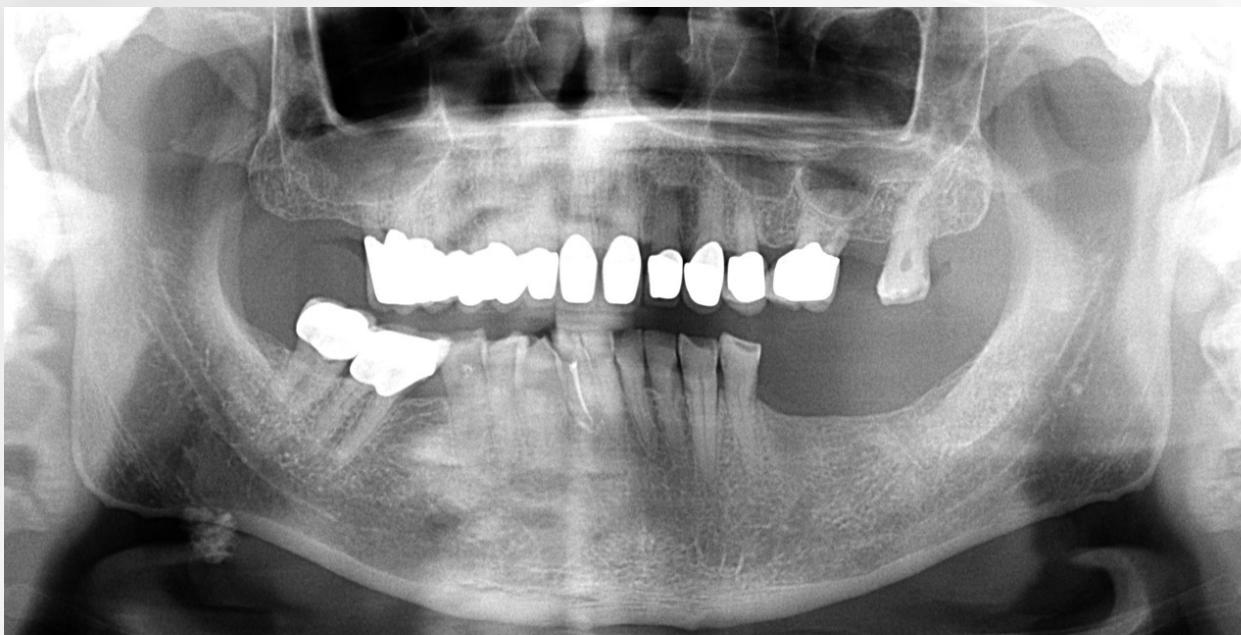
Alcohol consumption: 200 ml/week.

Edentulous on the 35-36-37. In his clinical anamnesis, he has been extracted her teeth more than 4 years ago. He wants to replace his empty spaces with implant supported bridge and better chewing ability on his left side.

Treatment Plan

1. CT examination
2. Scaling in mandible.
3. Implant placement 35-36 positions. Due to his limited mouth opening we do not plan any implant procedure on tooth 37 side.
4. Fixing the healing caps on it
5. After healing period 2 unit bridge from TiBase monolithic zirconia placed
6. 1 year later post operative check

Radiographs



Edentulous left mandible
2 NUVO Conical Connection were planned to 35 and 36.

Initial Photographs



Occclusal view of the initial situation.

Surgery Protocol

Augmentin 1000 mg (2 x 1) was prescribed 24 hours prior to the surgery.

Surgery was proceeded in November 2021.

Local infiltration anesthesia with Ultracain D-S Fort (Articain/epinephrine) 5 X1.7 ml.

Full thickness flap is elevated from the bone crest on the line of the attached gingiva. 4.0/11mm on the 35 position, 4.0/11mm on the 36 position, were drilled and placed in the same time. Initial torque values was recorded and all of them were over 65. After implants put into planned position, healing abutments are placed, and flap closure is achieved with 4.0 PGA (polyglycolic acid) suture. For swelling and oral hygiene maintenance, pain killers and mouth washes prescribed.

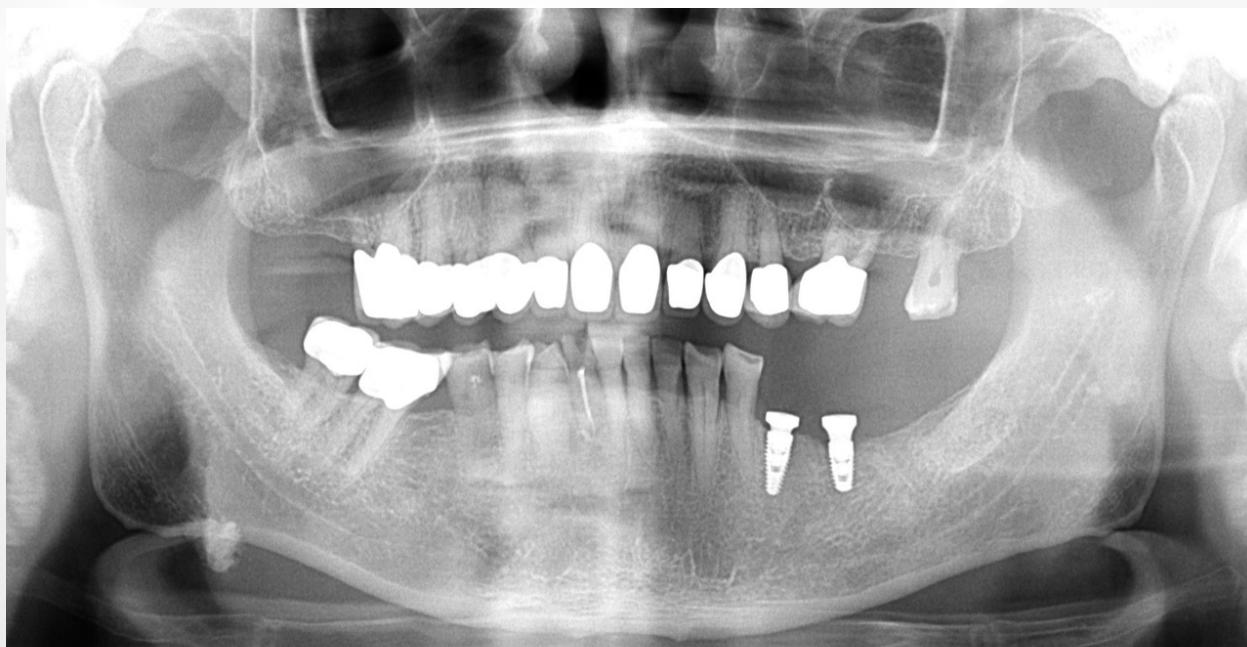
After uneventful healing, digital impression coping mounted on the implants and digital impression was carried out. After scanning procedure, the data was evaluated on the software and the bridge designed on the proper TiBase of NUVO ConicalFIT™ Conical connection. Prosthesis screwed in and occlusal checks were completed, and routine check appointment was given to the patient.



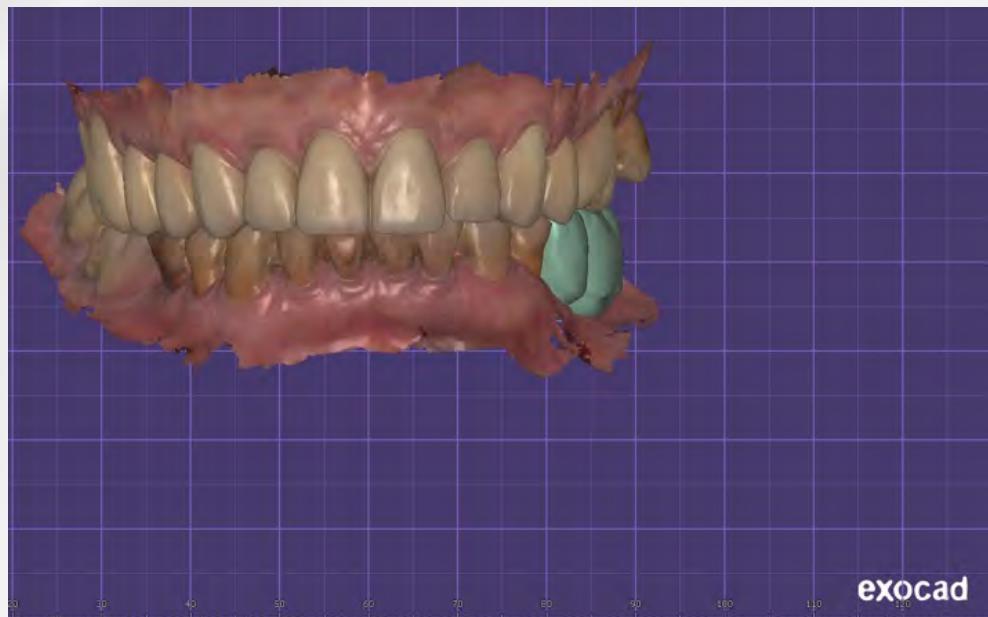
2 months after the placement of the implant NUVO Conical Connection.



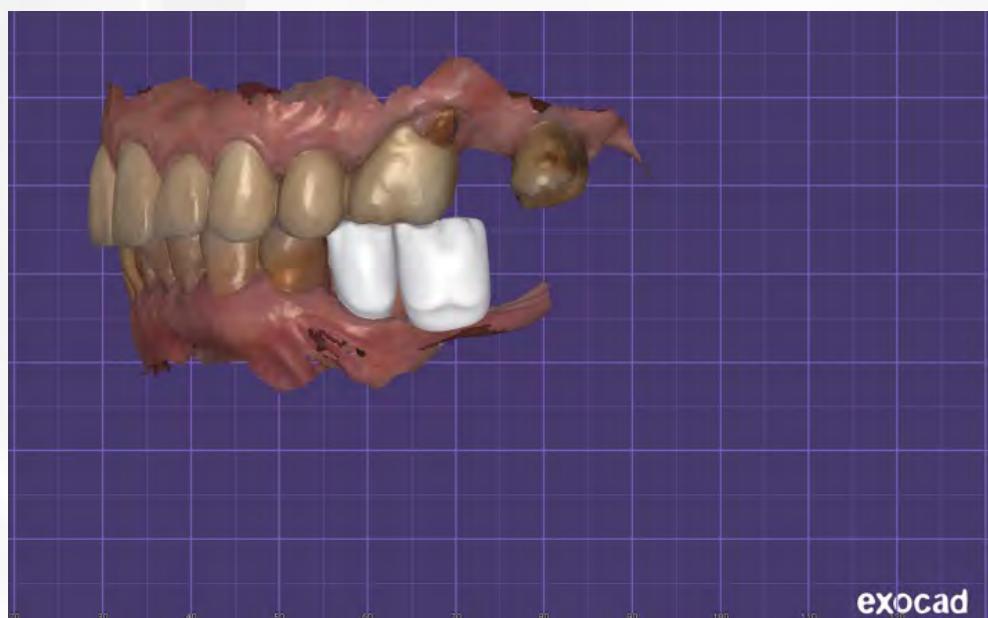
Soft tissue healing after 2 months of surgery.



Panoramic X-Ray after 2 months of healing period.



exocad



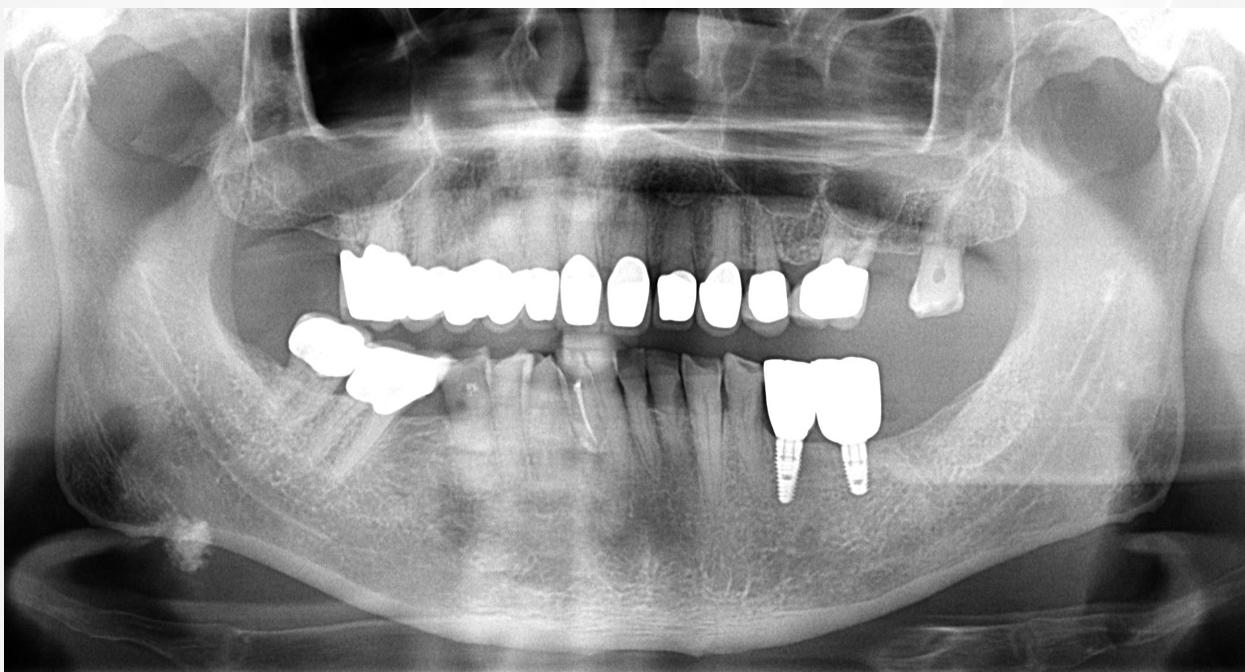
exocad

Digital Design of the bridge was completed on the Exocad and bridge was milled at the Ceramill Motion 2 from the Zirconia Block.

Final



Single unit monolithic zirconia screw retained crowns.



Panoramic X-Ray after the prosthetic rehabilitation.

Testimonial



Prof. Dr. İsmail
Doruk Koçyiğit



Dr. Tolga
Pekperdahçı

Professional opinion of the product and procedure, focusing on your learning from the case

If you can find wild portfolio of the healing abutment, its best for you work with NUVO ConicalFIT™.

What are the challenges during treatment and how were they resolved?

I used scanbodies for the digital workflow of the NUVO ConicalFIT™ and they are so easy to mount the scanbodies to the implants in this case.

05

NUVO

Soft and hard tissue management with IPR protocol

**ASSOC. PROF. DR. ERHAN DURSUN
DR. MERT TEZCAN**

TURKEY



About the case

SOFT AND HARDTISSUE MANAGEMENT WITH IPR PROTOCOL



Assoc. Prof. Dr.
Erhan Dursun



Dr. Mert
Tezcan

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Healing Abutment SP



Implant Scanbody CD



OVERVIEW

Clinical Case

Patient's name abbreviation: BO

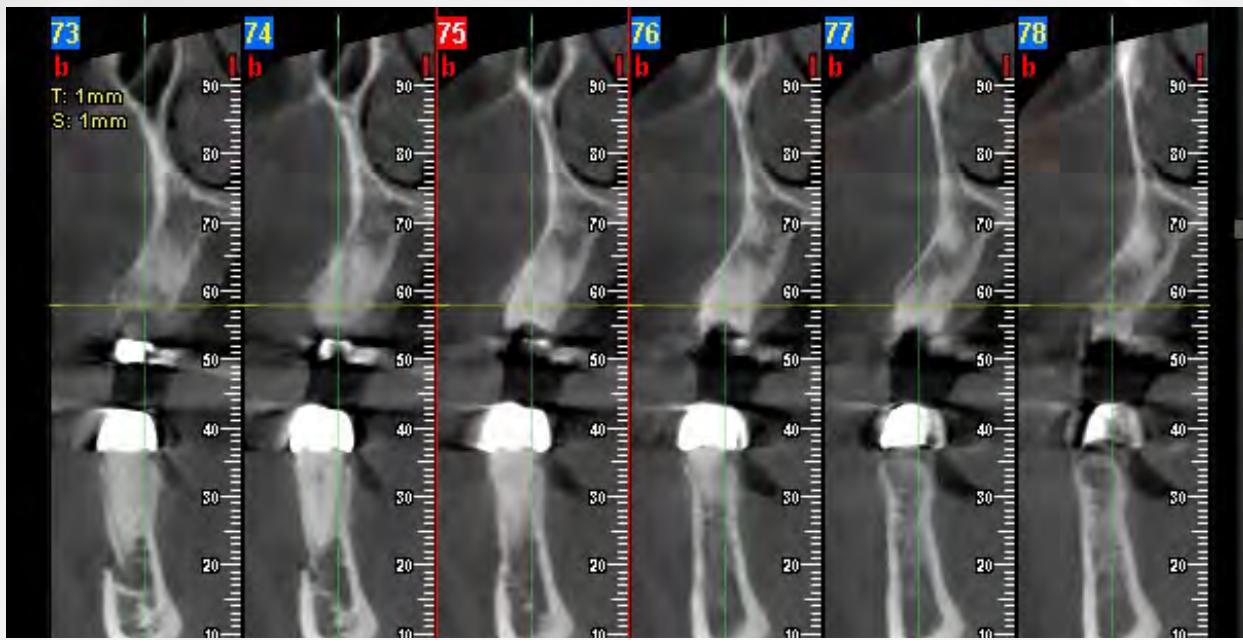
Patient's gender: Female Patient's age/ or year of birth: 1979

Anamnesis And Clinical Examination

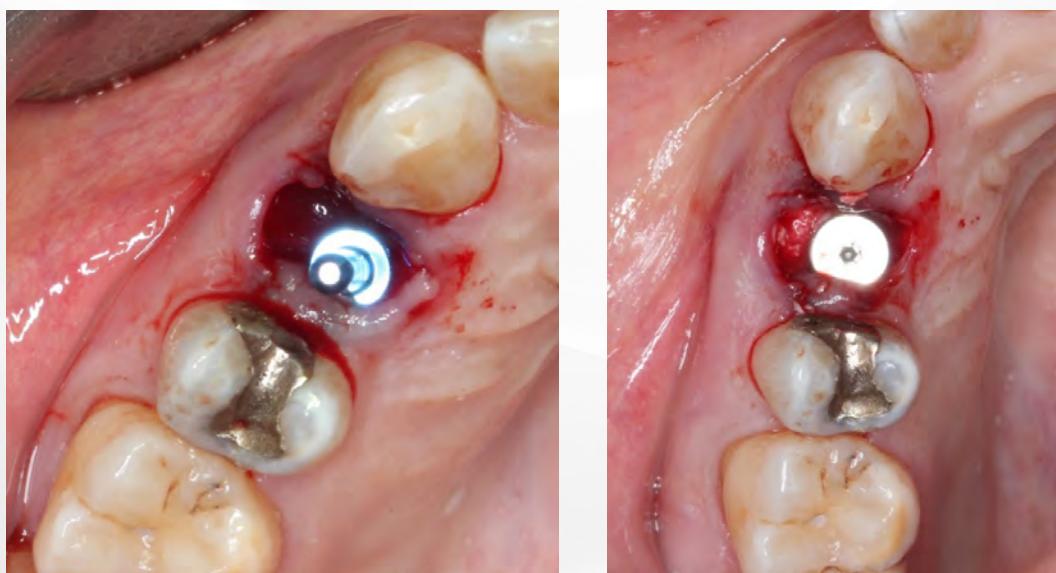
The patient complained with a deep fracture in the right upper first premolar tooth came to our clinic without any pain. There was no sensitivity on percussion. She asked for a treatment has a long term success. There was no marginal bone loss or periodontal disease in surrounding tissues and according to CBCT scan thin however intact buccal bone was present. High smile line and esthetic expectations were high. No systemic diseases and no cigarette and alcohol consumption were present.

Planning

- Atraumatic removal of tooth
- Flapless immediate implant surgery.
- Immediate temporary restoration
- Definite restoration



Base-line clinical and radiological situation



Immediately after implant surgery

Surgery Protocols

Patient received 1 gram amoxicillin/clavulanate 1 hour before surgery and continued 2 gram per day for 5 days. Intervention was conducted under local anesthesia Ultracain D-S Fort (articaine containing 1:100,000 epinephrine). As planned no flap reflection was performed. The drilling protocol was made according to the manufacturer's instructions: Initial drill, Conical drill Ø2.0, Ø3.5, and Ø4.3, respectively. NUVO ConicalFITT™ 4.3 x 11.5 mm implant was installed in the region with a torque of 50N.cm, allowing immediate restoration application. Bone type was recorded as type 2. The buccal gap between implant and the intact thin buccal bone was grafted with collagenated xenograft (Genos Osteobiol, Tecnooss Dental, Turin, Italy) mixed with iPRF which was obtained by patients own blood.

Immediately after surgery scan body was screwed to implant and digital impression was obtained. After one day of healing temporary restoration was delivered to patient. All occlusal contacts were removed from the temporary restoration in maximum intercuspal position and eccentric movements.



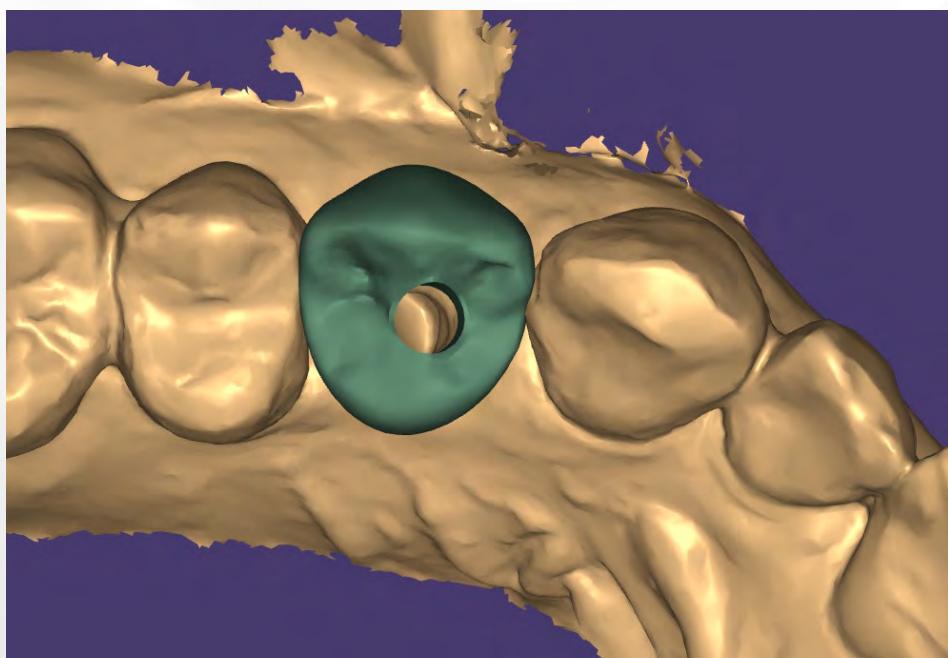
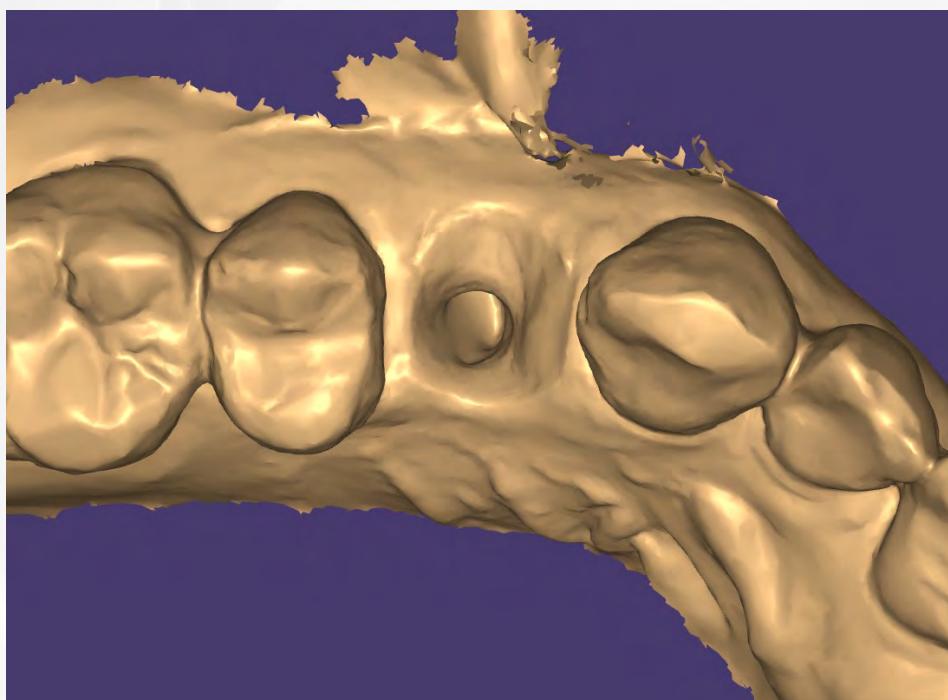
After 1 week of healing



After 4 months of healing

Prosthesis Protocol

After the 4 months of osseointegration process and soft tissue stabilization, temporary restoration removed and scan body was screwed into implant body. Digital impressions obtained by an intraoral scanner. Correct titanium base abutment was chosen from implant library in design software. One piece monolithic zirconia crown designed and milled. After sintering and polishing crown cemented into titanium base abutment with self cure resin cement. Restoration tightened with 20N.cm torque level. Occlusion was checked again.





Testimonial



Assoc. Prof. Dr.
Erhan Dursun



Dr. Mert
Tezcan

Professional opinion of the product and procedure, focusing on your learning from the case

The primary stability requirement for immediate restoration/loading was easily met by the NUVO implant. No problems were encountered during the digital workflow.

What are the challenges during treatment and how were they resolved?

One of other treatment option was bridge restoration. We didn't choose bridge restoration because of that restoration needs tooth preparation and causes hard tissue loss.

Tips – “learning outcomes”

Digital restoration workflow applied in this case. For the accuracy of digital impression practitioner must perform scan strategy according to manufacturers recommendation. For the ideal emergence profile titanium base gingival height should be chosen carefully.

06

NUVO

**Single tooth replacement
in the esthetic zone with
immediate implant placement
and loading**

**ASSOC. PROF. DR. ERHAN DURSUN
DR. MERT TEZCAN**

TURKEY



About the case

SINGLE TOOTH REPLACEMENT IN THE ESTHETIC ZONE WITH IMMEDIATE IMPLANT PLACEMENT AND LOADING



Assoc. Prof. Dr.
Erhan Dursun



Dr. Mert
Tezcan

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Titanium Base for Crown



Implant Scanbody



OVERVIEW

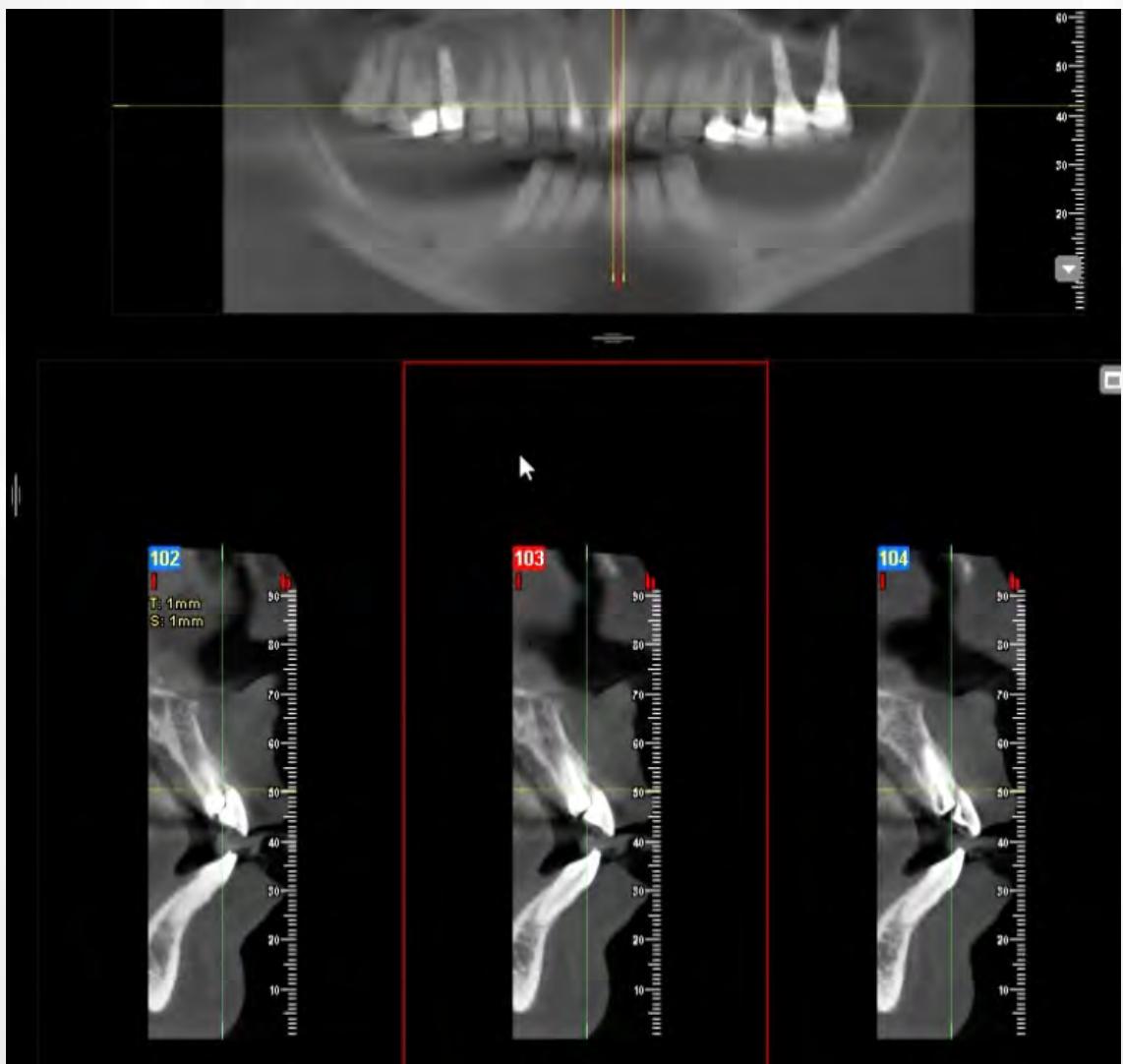
Clinical Case

Patient's name abbreviation: FT

Patient's gender: Female Patient's age/ or year of birth: 1964

Anamnesis And Clinical Examination

Healthy, non-smoking female who has broken tooth under the gingiva on her upper left central incisor was presented. Triangular shaped teeth and thin soft tissue phenotype were present as esthetic risk factors. Neighboring teeth has poor composite restorations.

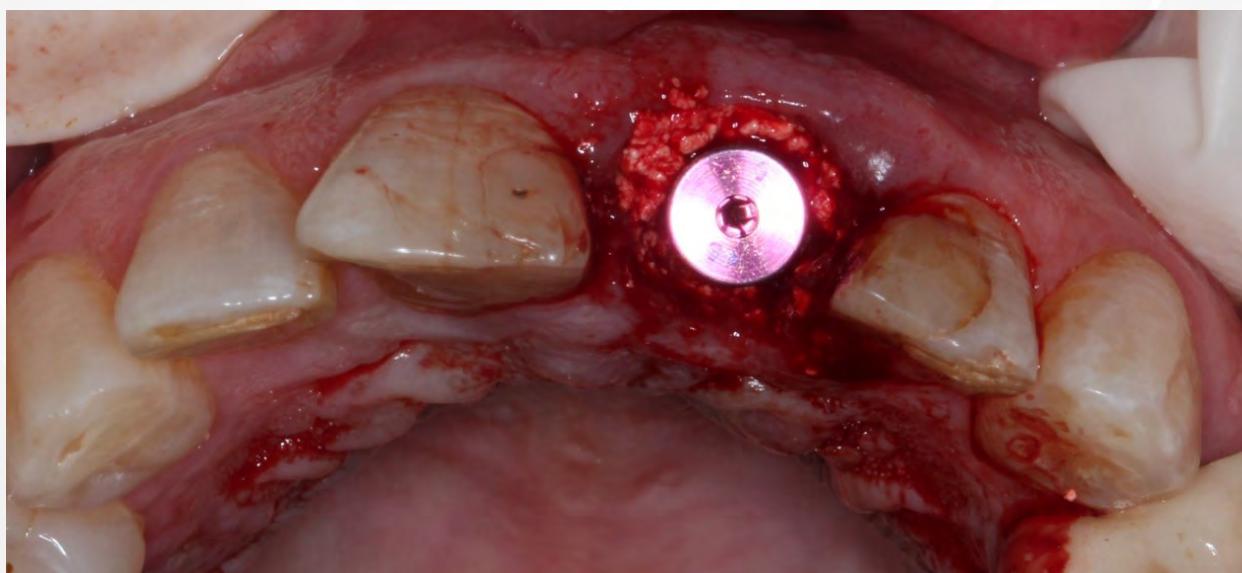


Planning

Plan was after atraumatic removal of tooth, flapless immediate placement of the implant. Temporary restoration was planned to be manufactured and applied to implant. After 2 months screw retained hybrid abutment with zirconia crown will be delivered.

Surgery Protocols

Patient received 1 gram amoxicillin/clavulanate 1 hour before surgery and continued 2 gram per day for 5 days. Intervention was conducted under local anesthesia Ultracain D-S Fort (articaine containing 1:100,000 epinephrine). As planned no flap reflection was performed. The drilling protocol was made according to the manufacturer's instructions: Initial drill, Conical drill Ø2.0, Ø3.5, and Ø4.3, respectively. NUVO ConicalFITT™ 4.3 x 13 mm implant was installed in the region with a torque of 50N.cm, allowing immediate restoration application. Bone type was recorded as type 2. The labial gap between implant and the thin (<1mm) labial bone was grafted with collagenated xenograft (Genos Osteobiol, Tecnoss Dental, Turin, Italy) mixed with iPRF (sticky bone) which was obtained by patient's own blood and no membrane was used.

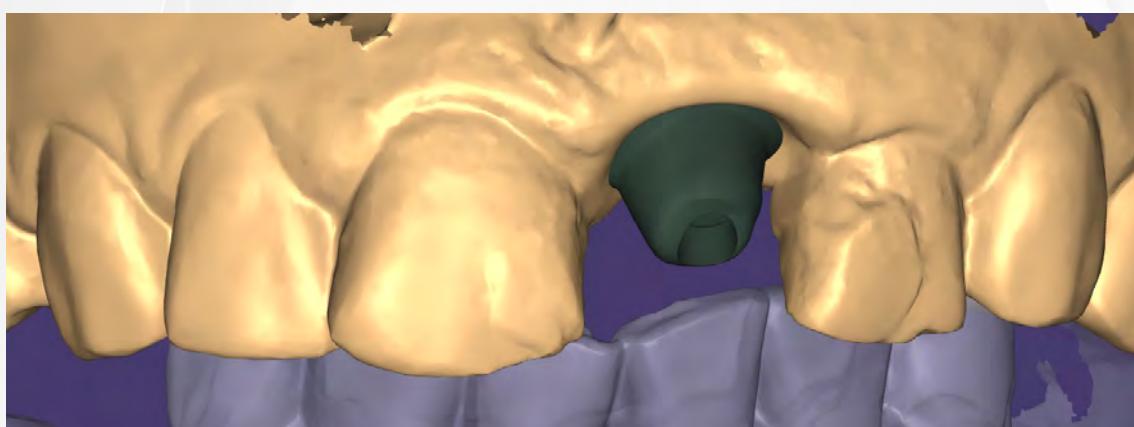
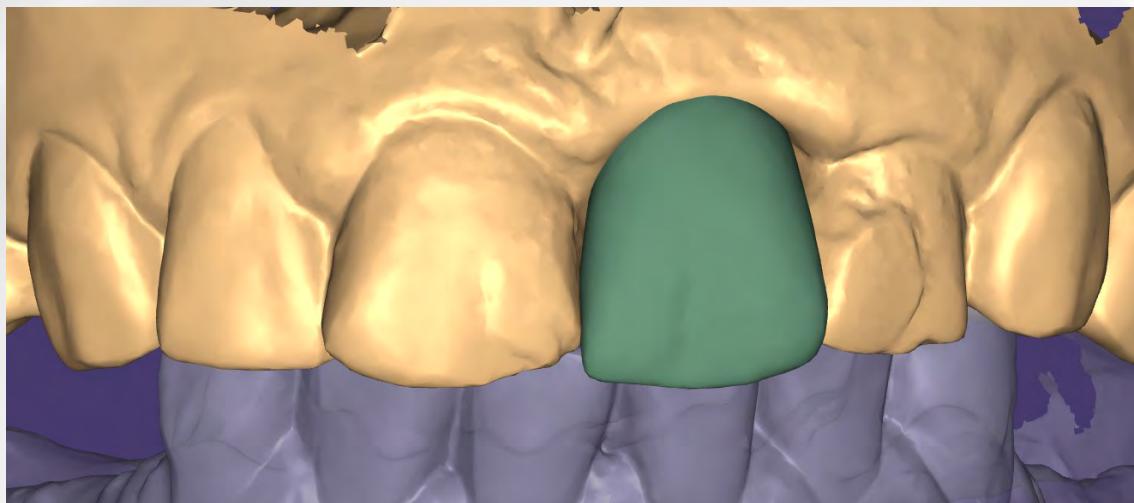


Immediately after surgery scan body was screwed to implant and digital impression was obtained. After one day of healing temporary restoration delivered to patient. All occlusal contacts removed from the temporary restoration in maximum intercuspal position and eccentric movements.



Prosthesis Protocol (If Applicable)

After the osseointegration of implant and soft tissue stabilized temporary restoration removed and scan body applied to implant level. Digital impressions were obtained. Optimum titanium-base abutment chosen from the implant library. Zirconia hybrid abutment designed, milled, sintered and polished.



Monolithic zirconia crown designed, milled, sintered and polished according to manufacturer recommendations. Zirconia hybrid abutment cemented into titanium base abutment with self-curing resin cement. Abutment screw tightened into implant with 20 N.cm torque level according to manufacturer recommendations. Monolithic zirconia crown cemented into two-piece hybrid abutment. Older composite restorations renewed.



Testimonial



Assoc. Prof. Dr.
Erhan Dursun



Dr. Mert
Tezcan

Professional opinion of the product and procedure, focusing on your learning from the case

Primary stability should be obtained during implant placement for the immediate temporary restoration. Choosing correct implant and accurate prosthetic positioning are vital in these cases. The bone defect (if present) should be corrected with tissue augmentation protocols for soft and hard tissue stability. Contour management of temporary restoration should be ensured for allow the space for the regenerative process. Hybrid abutment with separate crown can

What were the other treatment options?

Why choose this solution?

One of other treatment option was bridge restoration. We didn't choose bridge restoration because of that restoration needs tooth preparation and causes hard tissue loss. There is no indication for resin retained bridge because of deep-bite.

What are the challenges during treatment and how were they resolved?

Immediately after the surgery digital impressions can be challenging because of the bleeding. But atraumatic extraction of tooth and flapless surgery ensure minimizing the bleeding and cause easier digital prosthetic workflow.

Tips – “learning outcomes”

Immediate placement and augmentation procedures ensure the soft tissue stability and esthetics. Contour management of temporary restoration allows the space for tissue regeneration. Hybrid abutments with titanium-bases can be produce easily with digital workflow.



07

NUVO

Posterior Denture Rehabilitation: Full Digital Workflow

DR. MUSTAFA KOCACIKLI & PROF. DR. ERKAN ERKMEN

TURKEY



About the case

POSTERIOR DENTURE REHABILITATION: FULL DIGITAL WORKFLOW



Dr. Mustafa
Kocacıklı



Prof. Dr. Erkan
Erkmen

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Implant Scanbody



OVERVIEW

Patient

Male, born in 1957. He has no systemic disease.

Anamnesis And Clinical Examination

Clinical examination revealed very severe oral hygiene problems. General bone loss and mobile teeth has been seen in the mouth. Some deep caries and cracks were found in examination. Old prosthesis were broken

Treatment Plan

1. Scaling and prophylaxis
2. Root canal treatment 24
3. Extractions 28
4. Implant placement 14, 15, 16, 24, 26, 36, 46
5. Waiting for implant osseointegration for 3 months
6. Placement of healing covers
7. Prosthetic evaluation and placement of abutments
8. Crown and bridge fabrication 14-15-16, 12-23, 24-26, 36, 46

LOWER JAW SURGERY

Male patient was systematically healthy. No pre-operative medications were used. First, started with local infiltration anesthesia with Ultracain D-S Forth (Articaine/epinefrine) 3x1.7 ml.

Surgery was proceeded on 30.03.2022.

In 4 surgery areas it was observed that there was nearly 3-2mm length of attached gingival tissue. Full thickness flap was elevated bone crest was ideal for implant placement. Pilot bur was used for initial drilling. Implant drillings were various. Bone type was observed as type 2. Implant locations were #46, #36, #14, #15, #16, #24, #26. In all locations, pilot drill was used to initiate marking and then 2 mm drill was used in 10 mm depth. After the initial drilling procedure, guide pins were put in to check the locations of the implants. When implant angels were considered appropriate, drilling procedure is completed for the final placement of implants.

16 3.75x10mm NP

15 4.0x11.5mm SP

14 3.5x11.5mm NP

24 4.0x11.5mm SP

26 3.75x10mm NP

36 3.75x10mm NP

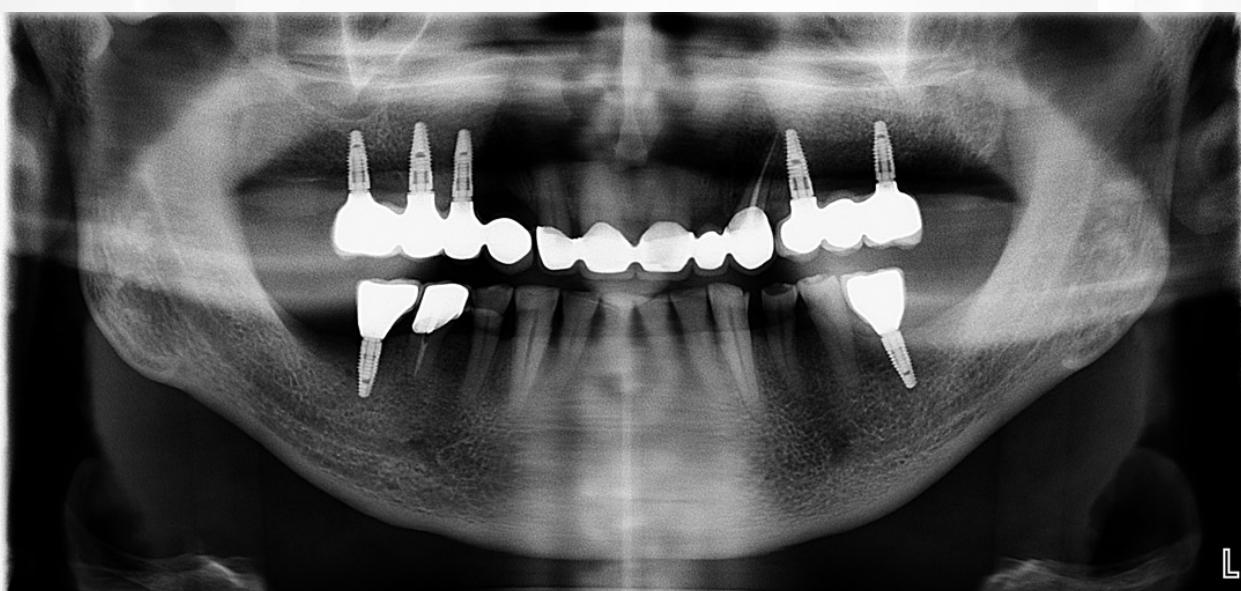
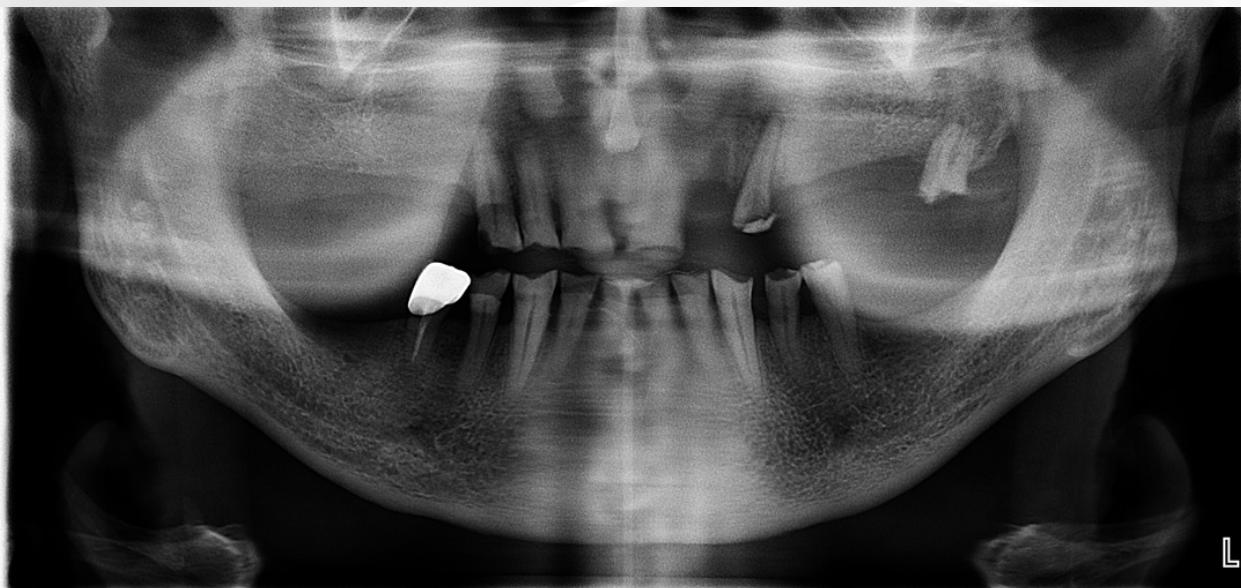
47 3.75x10mm NP

After implants put into planned position, cover screws were placed, and flap closure achieved with 4.0 PGA suture.

After 3 months of osteointegration period gingiva formers were placed. 26.07.2022.

After 1 week of gingival healing prothesis impressions were taken with 3Shape Trios3 Digital Oral Scanner. Various types of scan-bodies were at same time. In 10 days of lab period and one try-in session prothesis were placed on the jaw. 07.08.2022

Radiographs



Occlusal view of the initial situation.



Initial View of both jaws.



Various Scan-Bodies.



Side views of Impressions.



Oclusal views of Impressions.



Occlusal views of Lab Models.



Intra-oral view.





Oclusal views of Lab Models.

Final





08

NUVO

Denture Rehabilitation in Various Places: One Solution for All

DR. MUSTAFA KOCACIKLI
PROF DR. ERKAN ERKMEN

TURKEY



About the case

DENTURE REHABILITATION IN VARIOUS PLACES: ONE SOLUTION FOR ALL



Dr. Mustafa
Kocacıklı



Prof. Dr. Erkan
Erkmen

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



Implant Impression Post
Crown Closed Tray



Titanium Base for Crown



OVERVIEW

Patient

Female, born in 1987. She has no systemic disease.

Anamnesis And Clinical Examination

Current medications: None in lifetime.

Alcohol consumption: None in lifetime.

Clinical examination revealed very severe oral hygiene problems. General bone loss and mobile teeth have been seen in the mouth. Some deep caries and cracks were found in examination.

Treatment Plan

1. Scaling and prophylaxis
2. Extractions 47, 43, 42, 32, 31, 18
3. Root canal treatment 14
4. Waiting for bone healing for 2 months
5. Implant placement 47 (4.0x8mm), 43 (4.0x8mm), 33 (4.3x11.5mm), 36 (4.3x11.5mm)
6. Waiting for implant osseointegration for 3 months
7. Placement of healing covers
8. Prosthetic evaluation and placement of abutments
9. Crown and bridge fabrication 47, 43-33, 36

LOWER JAW SURGERY

Female patient was systematically healthy. No pre-operative medications were used. First, started with local infiltration anesthesia with Ultracain D-S Forth (Articaine/epinefrine) 3x1.7 ml.

Teeth #47,43,42,32,31,18 was extracted on 07.04.2022.

Surgery was proceeded on 07.04.2022

In 3 surgery areas it was observed that there was nearly 3-2 mm length of attached gingival tissue. Full thickness flap was elevated bone crest was ideal for implant placement. Pilot bur was used for initial drilling. Implant drillings were various. Bone type was observed as type 2.

Implant locations were #47 mesial root, #43, #33, #36 mesial root. In all locations, pilot drill was used to initiate marking and then 2 mm drill was used in 10 mm depth. After the initial drilling procedure, guide pins were put in to check the locations of the implants. When implant angels were considered appropriate, drilling procedure is completed for the final placement of implants.

47 mesial root 4.0x8mm SP

43 4.0x8mm SP

33 4.3x11.5mm SP

36 mesial root 4.3x11.5mm SP

After implants put into planned position, cover screws were placed, and flap closure achieved with 4.0 PGA suture.

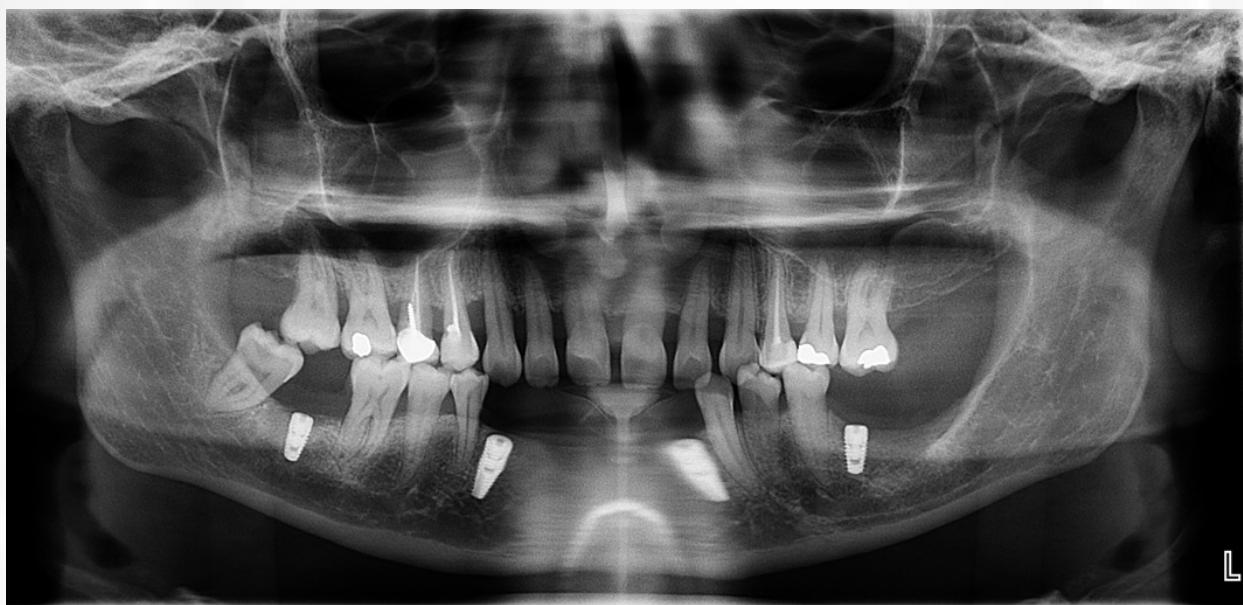
After 3 months of osteointegration period, gingiva formers were placed in 26.07.2022.

After 1 week of gingival healing prothesis impressions were taken with C-Type silicone impression material. In 10 days of lab period and one try-in session prothesis were placed on the jaw in 10.08.2022.

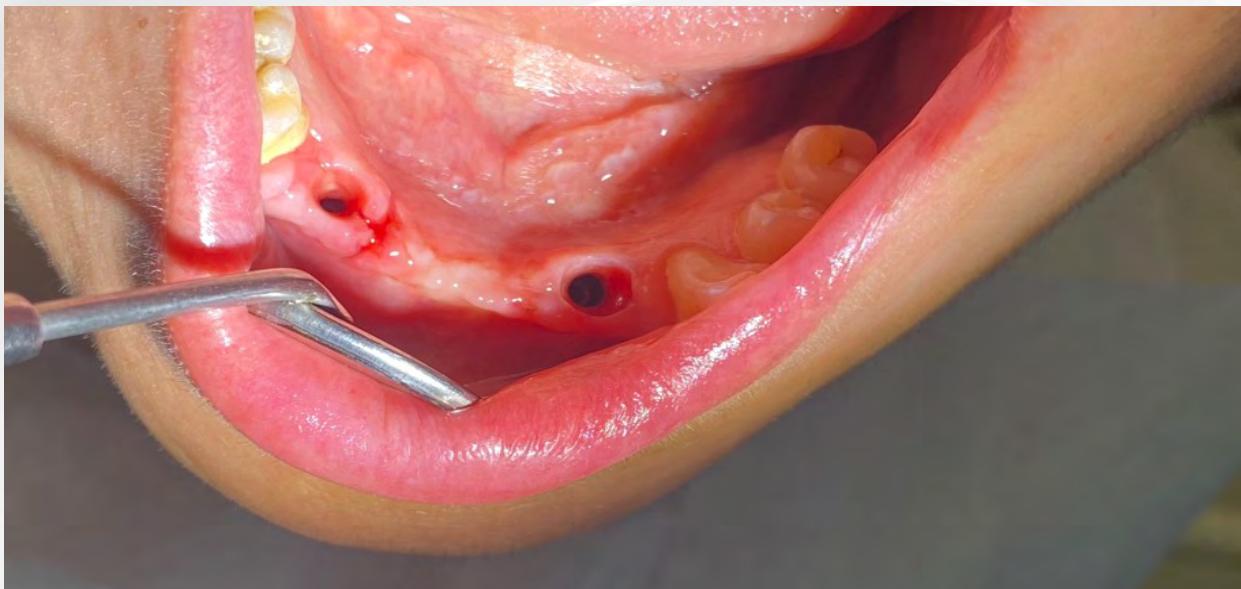
Professional Opinion of The Product and Procedure

This was my first application of NUVO System. I found the system quite simple and user friendly. Comparing to other brands and models, implant placements were smooth, and the prosthesis solutions were variable. This made all the experience much easier and faster.

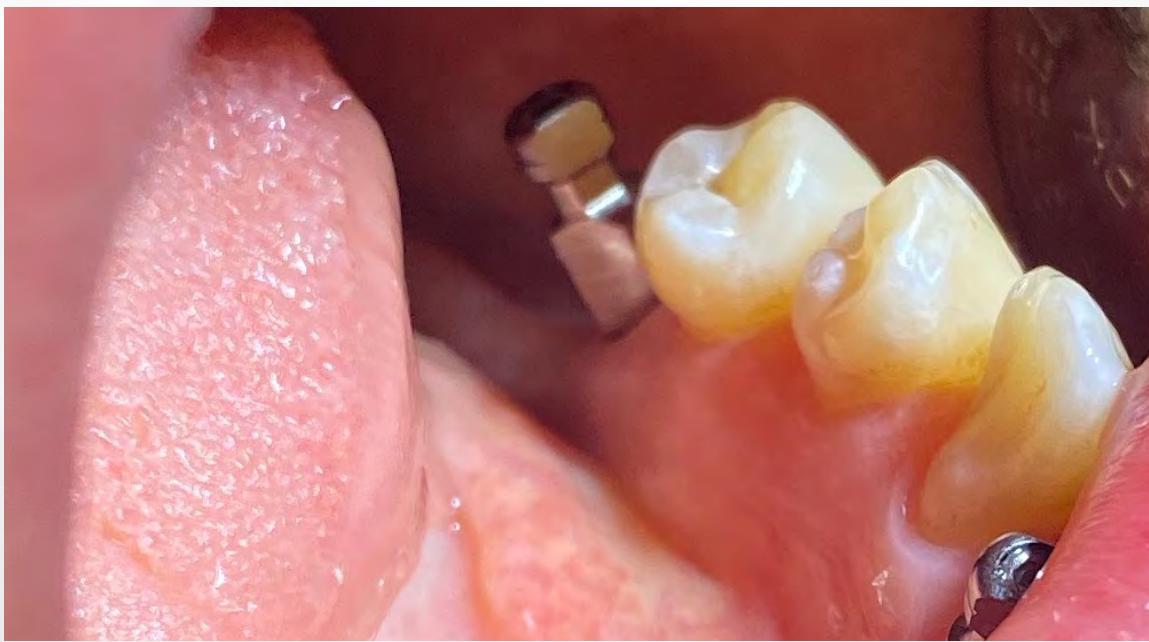
Radiographs



Radiographs



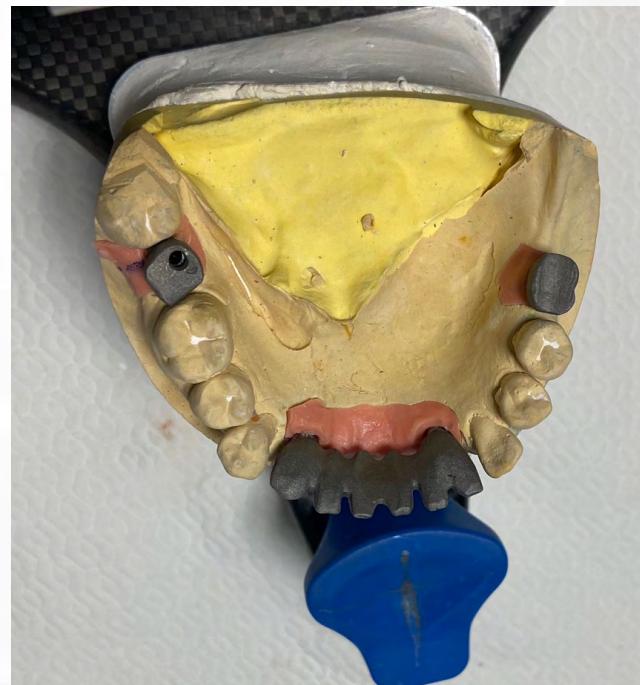
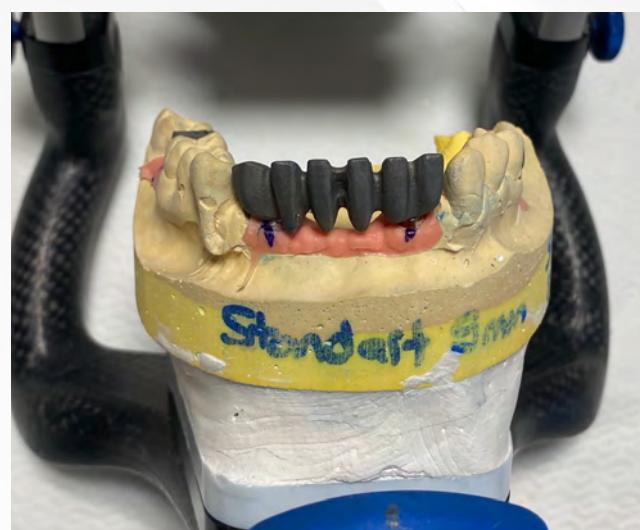
Soft tissue healing and formation examples.



Impression posts.



Close tray impression taking.



Lab models on articulator.





Abutments and screw torque measurement (32Ncm).

Final



Testimonial



Dr. Mustafa
Kocacıklı



Prof. Dr. Erkan
Erkmen

Professional opinion of the product and procedure, focusing on your learning from the case

NUVO ConicalFIT™ is friendly use system.

The digital compatibility makes the procedure shorter and more precise.

What are the challenges during treatment and how were they resolved?

No challenge was occurred.

09

NUVO

Oral Rehabilitation utilizing NUVO ConicalFIT™

ASSOC. PROF. DR. BAYAZIT BAĞCI

TURKEY



About the case

ORAL REHABILITATION UTILIZING NUVO CONICALFIT™



Assoc. Prof. Dr. Bayazit Bağcı

NUVO ConicalFIT™ Implant System



NUVO ConicalFIT™ Implant



OVERVIEW

Patient

Male, born in 1965. He has a history of hypertension and chronic heart disease.

Anamnesis And Clinical Examination

Current medications: Co-Diovan 80 / 12.5

Alcohol consumption on a daily basis 20 cc. of spirits

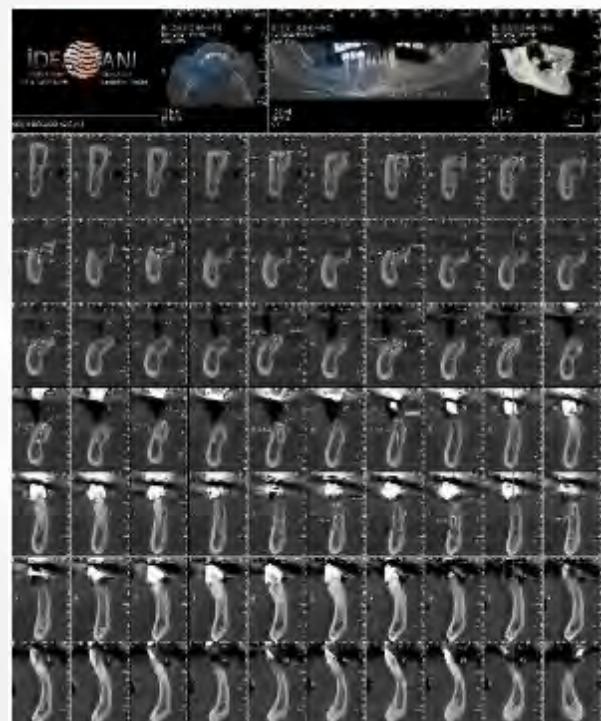
Clinical examination revealed extensive caries on almost all of the teeth and a very obvious neglect of oral hygiene. The patient was explained of the situation and oral hygiene measures were explained and demonstrated to the patient. He explained his desire to have better teeth and promised to have better hygiene but asked the treatment to be in stages and not to extract all necessary ones at once.

Tooth # 35 , # 36 and #37 were already extracted before patient was seen in our clinic. Tooh # 38 was still in its place. Toooh #34 was also in its place however its prognosis was poor due to the damage caused by extensive caries and periodontal disease.

Treatment Plan

1. Scaling and prophylaxis
2. Extractions 47,24,25,26,27,34,12
3. Implant placement 34,36,37
4. Implant placement 46,47,
5. Implant placement 24,26,27
6. Removal of the bridge on 43 to 45 Endodontic treatment og 43 and 45 and stabilization with RUCs.
7. Extraction of 14,16.
8. Endodontic treatment of 11,21,22,23 and stabilization with RUCs.
9. Impacted 13. Patient demanded it to stay as its existence did not jeopardize implant placement patient's demand was accepted.
10. Implant placement 12,14,17
11. Prosthetic evaluation and placement pf the abutments.
12. Crown and bridge fabrication
- 17,16,15,14,13,12,11 - 21,22,23,24,25,26,27 - 13,44,45,46,47 - 34,35,36,37
13. As the patient required limited intervention other than implant surgeries and demanded the treatment to be

Radiographs



Right Mandibula CBCT Scans.



Left Mandibula CBCT Scans.

LEFT MANDIBULAR JAW

Surgery lower left area

Augmentin 1000 mg (2 x 1) was prescribed starting from the morning of surgery

Tooth # 34 was extracted in 08 / 07/ 2021.

Surgery was proceeded on 23 / 11 /2021.

Local infiltration anesthesia with Ultracain D-S Fort (Articain/epinefrine) 3X1.7 ml.

In surgery area it is observed that there is nearly 4-5 mm of attached gingival. Full thickness flap is elevated bone crest was intact and ideal for implant placement.

Pilot bur was used for initial drilling. Implant drilling depth was 10 mm. Additionally, bone type was observed as type 2. Implant locations # 37 mesial root, # 36 mesial root and # 34.

In all sequences pilot drill was used to initiate marking and then 2mm drill was used in 10 mm depth. After the initial drilling procedure, guide pins were put in to check the location of the implants. When implant angle was considered appropriate, drilling procedure is completed for the final placement of implants.

37 mesial root - 4.3 x 8

36 mesial root - 3,75 x 8

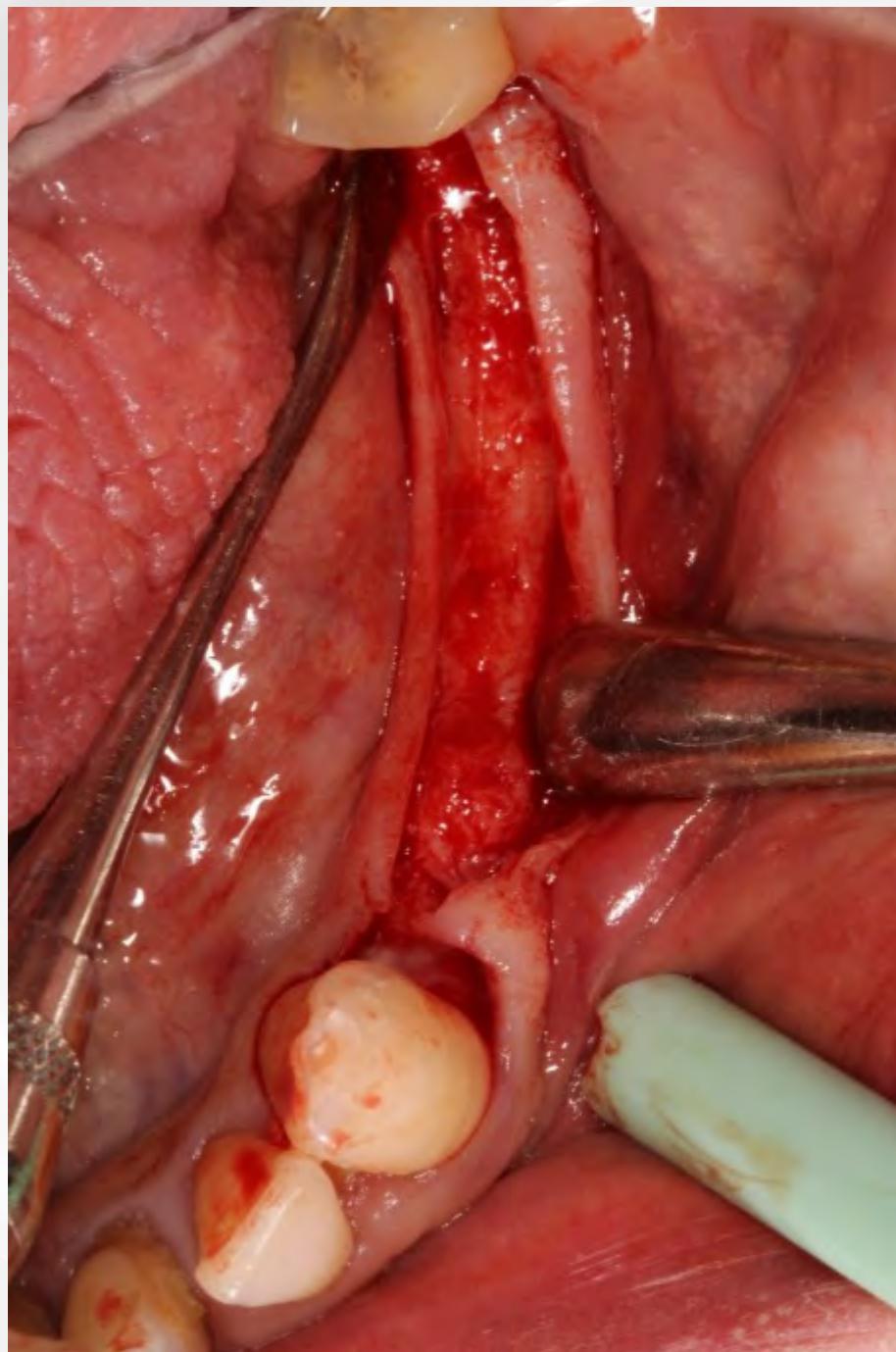
34 - 4.3 x 8

After implants put into planned position, healing abutments are placed, and flap closure is achieved with 4.0 PGA (polyglicolic acid) suture.

Initial Photographs



Surgery Protocol



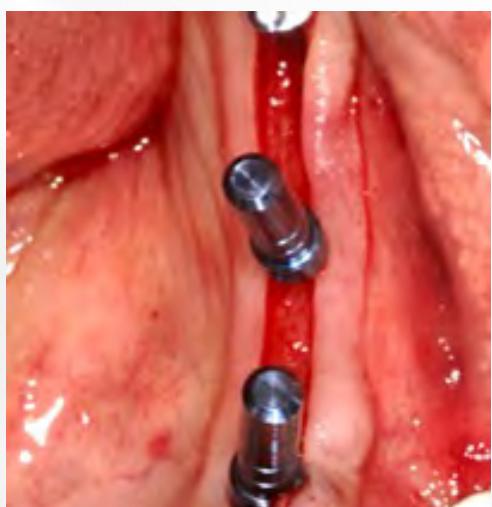
Full thickness flap was raised, bone surface was intact and ideal for implant placement.



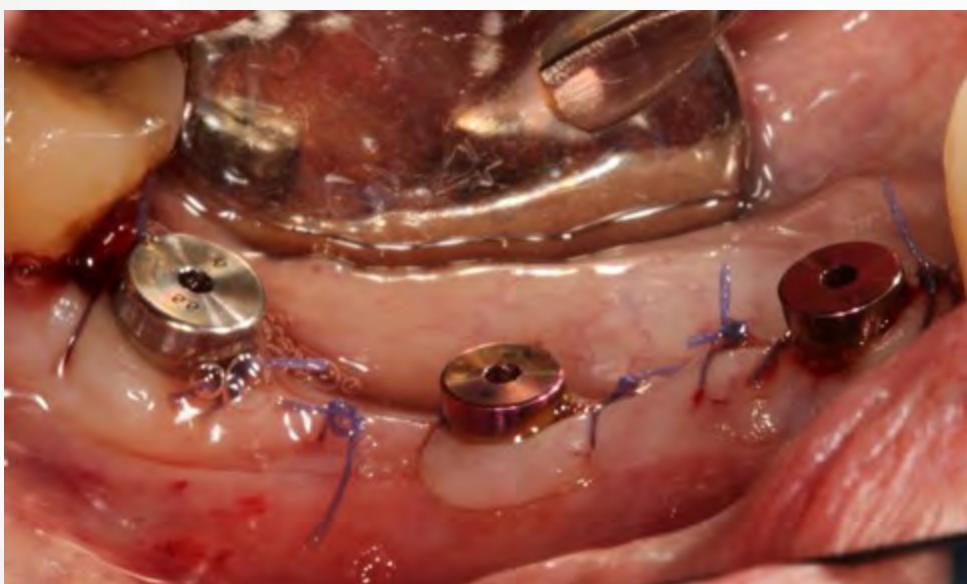
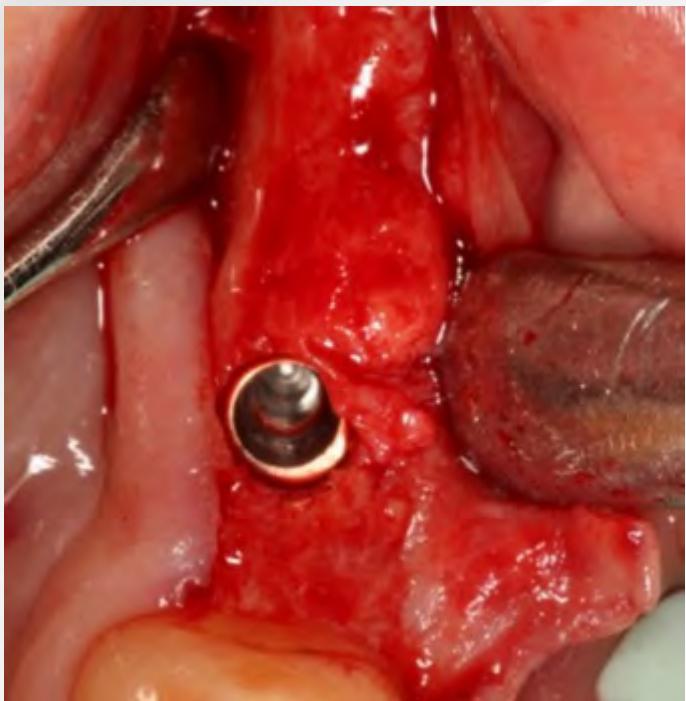
2mm drill is used for 10 mm depth.



Guide pins positioned to check the location.



Implant placement



RIGHT MANDIBULAR JAW

Tooth #48 was extracted before the surgery

Surgery Protocol

Surgery was proceeded in 23 / 12 /2021. Local infiltration anesthesia with Ultracaine D-S fort 3x 1.7 ml.

Attached gingival width is sufficient. Full thickness flap is elevated alveolar crest was uneven. The bone surface was flattened using a large round bur.

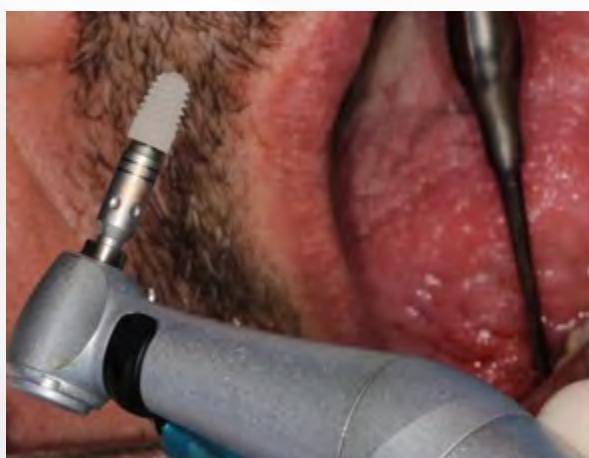
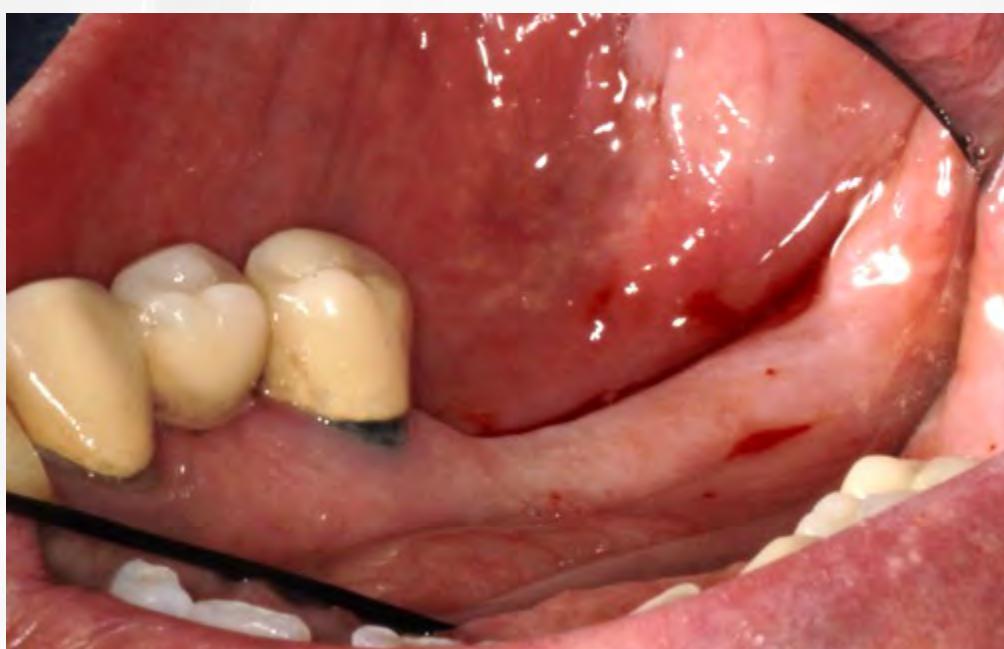
Implants were placed without any complications. We opted for shorter implants as the bone level was not as high as the other side. Flaps were sutured using Vicryl 4.0 absorbable sutures.

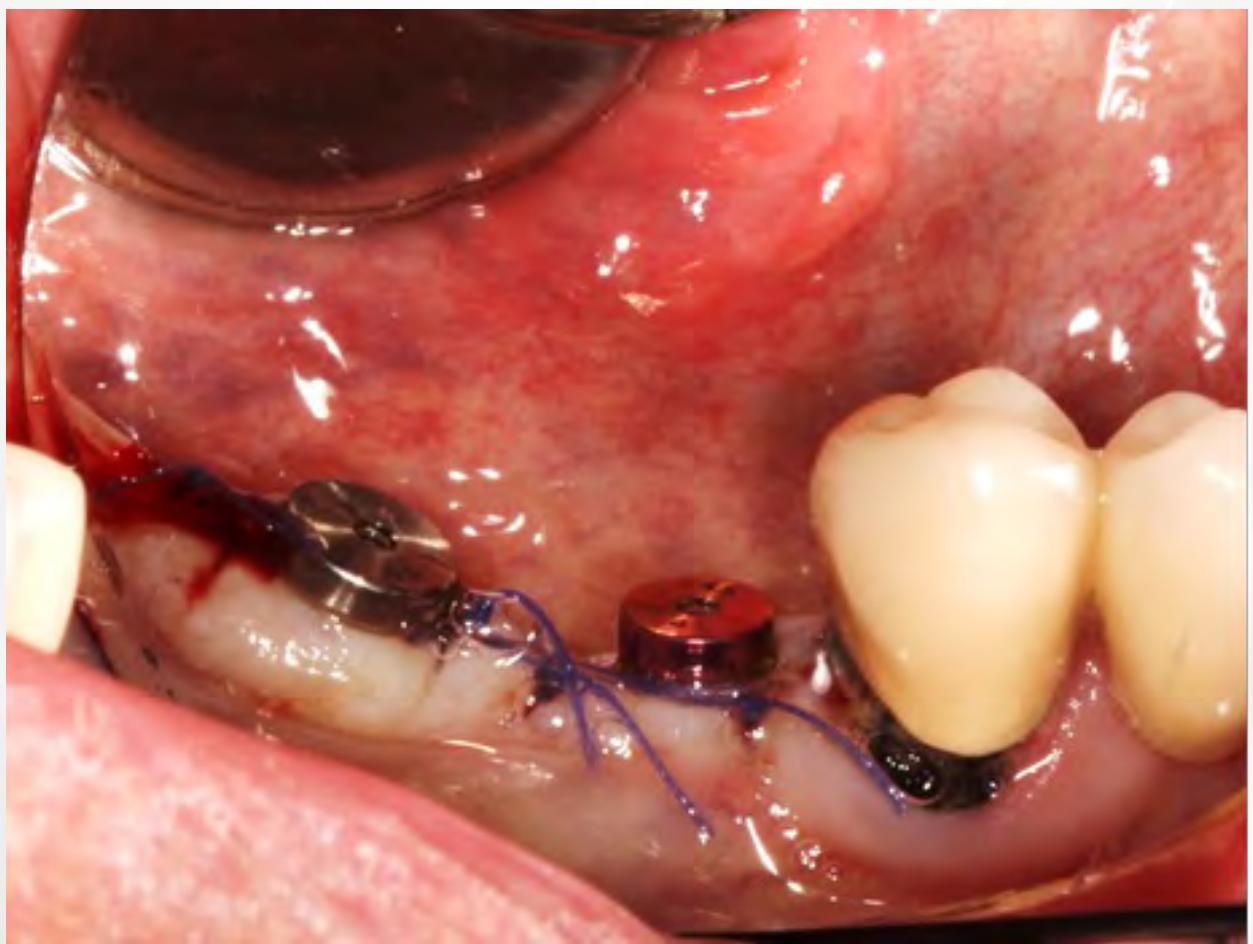
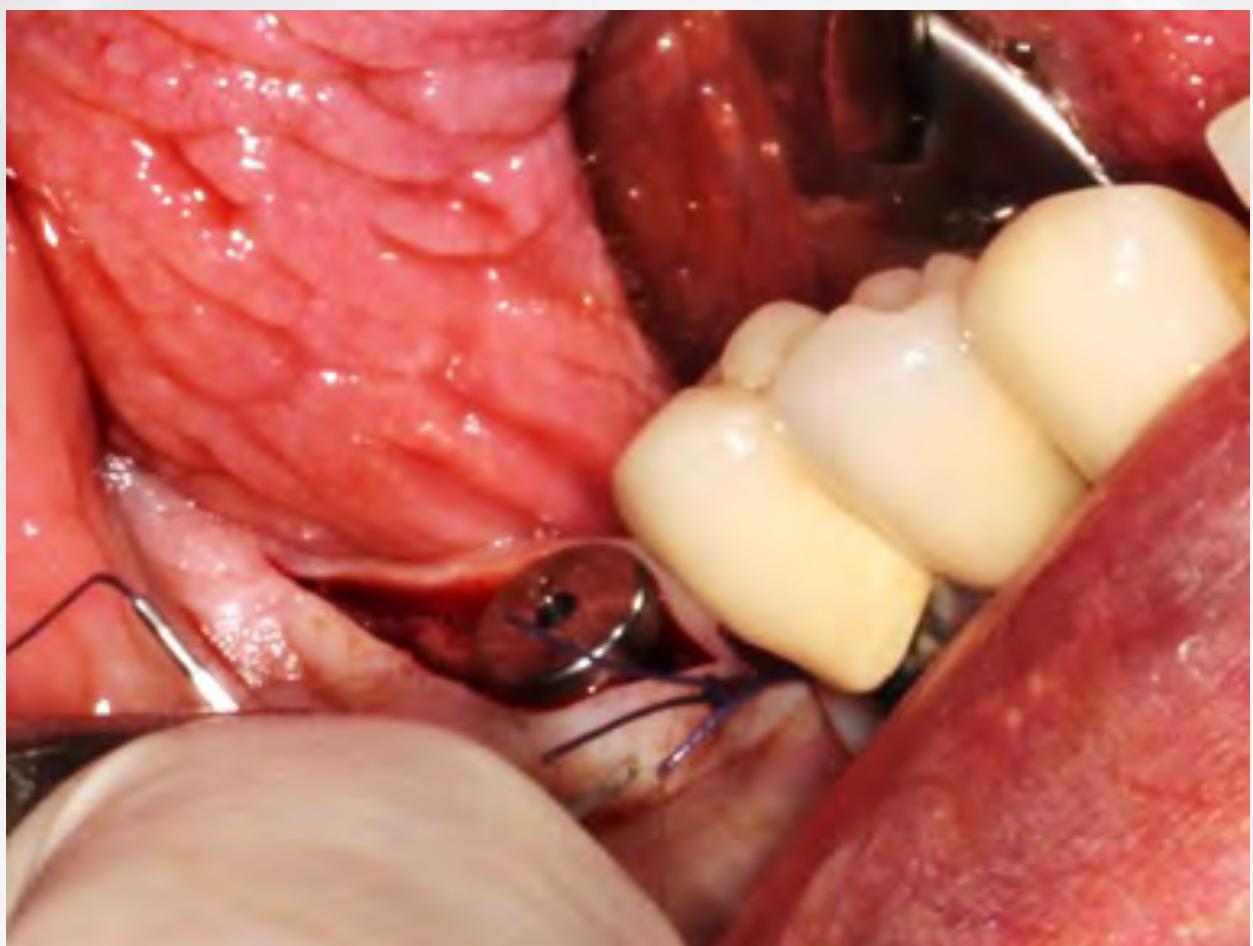
47 mesial root - 4.0 x 7

36 mesial root - 4.0 x 7

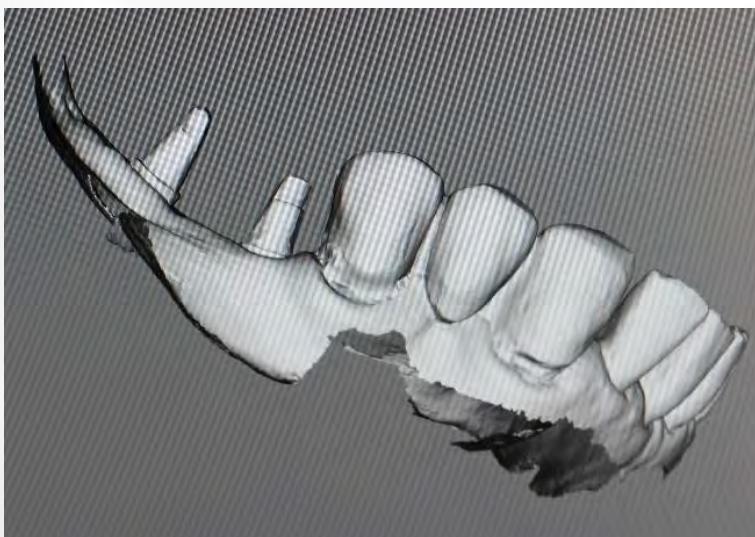
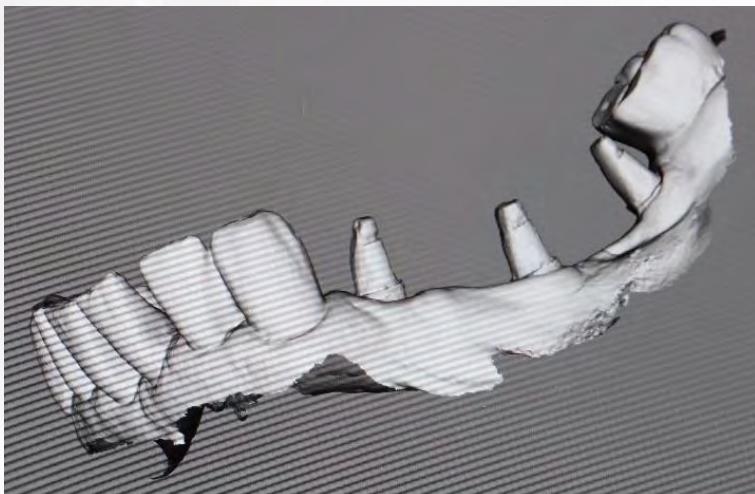
Initial Photographs







PROSTHESIS PROTOCOL





MAXILLA ANTERIOR IMMEDIATE IMPLANTS

Maxilla Anterior Immediate Surgery

Augmentin 1000 mg (2 x 1) was prescribed starting from the morning of surgery. Surgery was proceeded on 02 / 04 /2022

Local infiltration anesthesia with Ultracain D-S Fort (Articain/epinephrine) 3X1.7 ml. #12 was extracted prior to the surgery.

#11 #21 #22 and # 23 extracted at the beginning of the surgery. Implant locations were decided for #12 and #23.

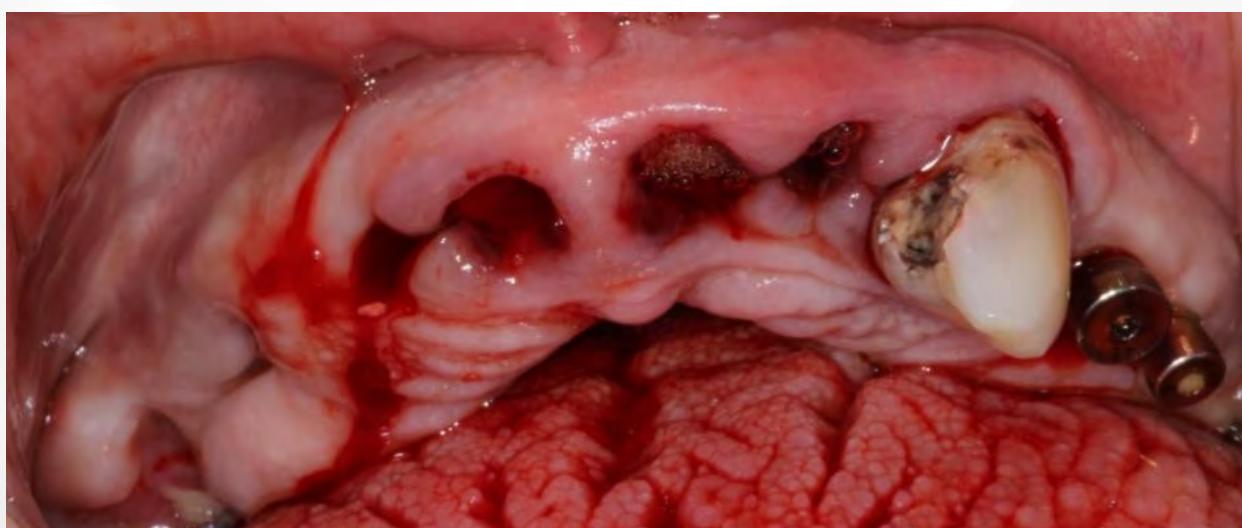
For #12 pilot bur was used for initial drilling. Implant drilling depth was 13 mm. Additionally, bone type was observed as type 4.

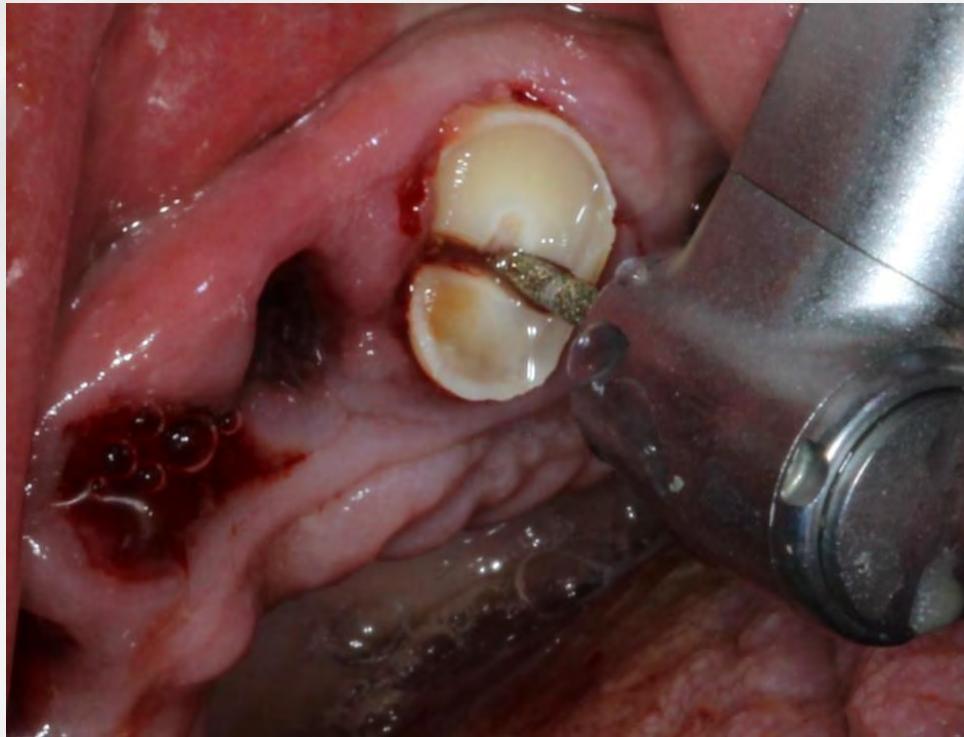
In all sequences pilot drill was used to initiate marking and then 2mm drill was used in 13 mm depth. After the initial drilling procedure, guide pins were put in to check the location of the implants. When implant angle was considered appropriate, drilling procedure is completed for the final placement of implants.

12 - 4.0 x 13

23 - 4.3 x 13

After implants were placed into planned position, healing abutments are placed. Soft tissues around implant at #12 corrected by scalpel and diode laser. Bone graft is applied around implant at #23 and flap closure is achieved with 4.0 PGA (polyglicolic acid) suture.

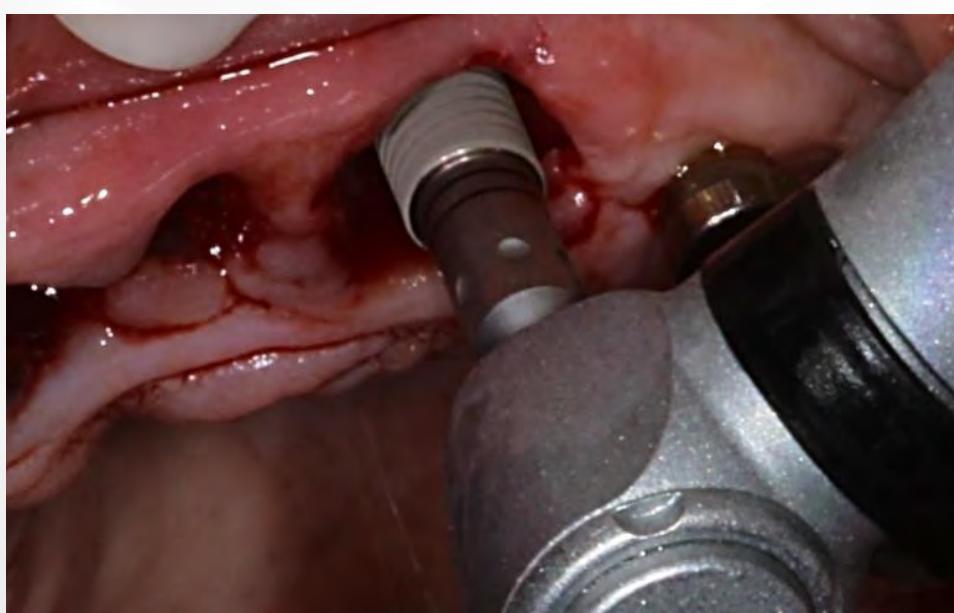
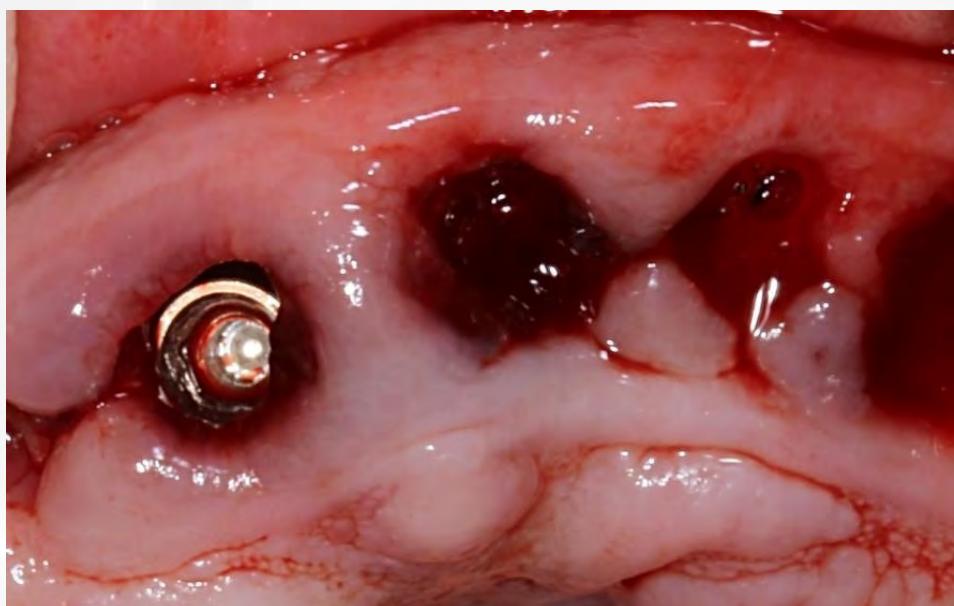
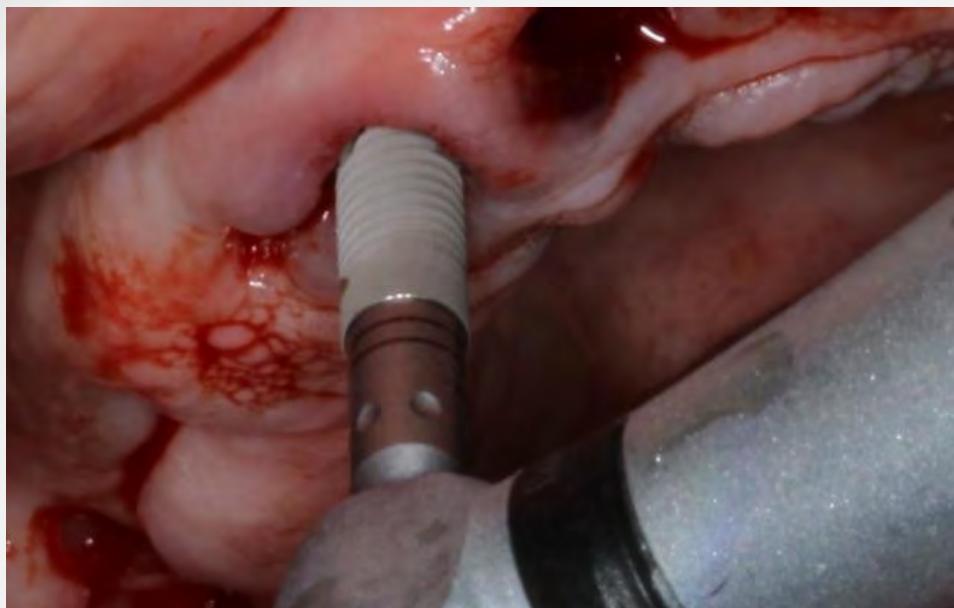




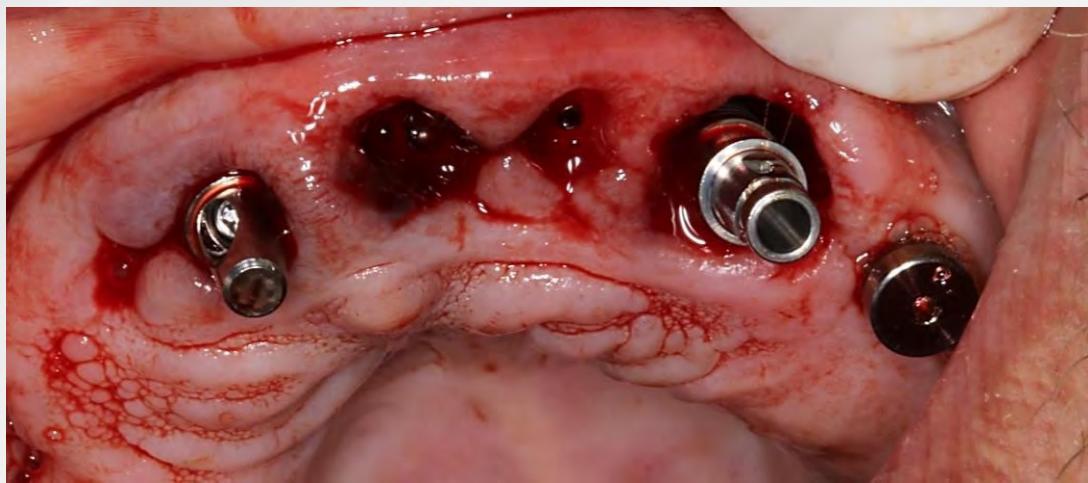
First the crown was removed of #23. In order to prevent the trauma to the bone the tooth was separated into two mesiodistally and then the extraction is completed.



Pilot drill was placed palatally preparing the site for implant.



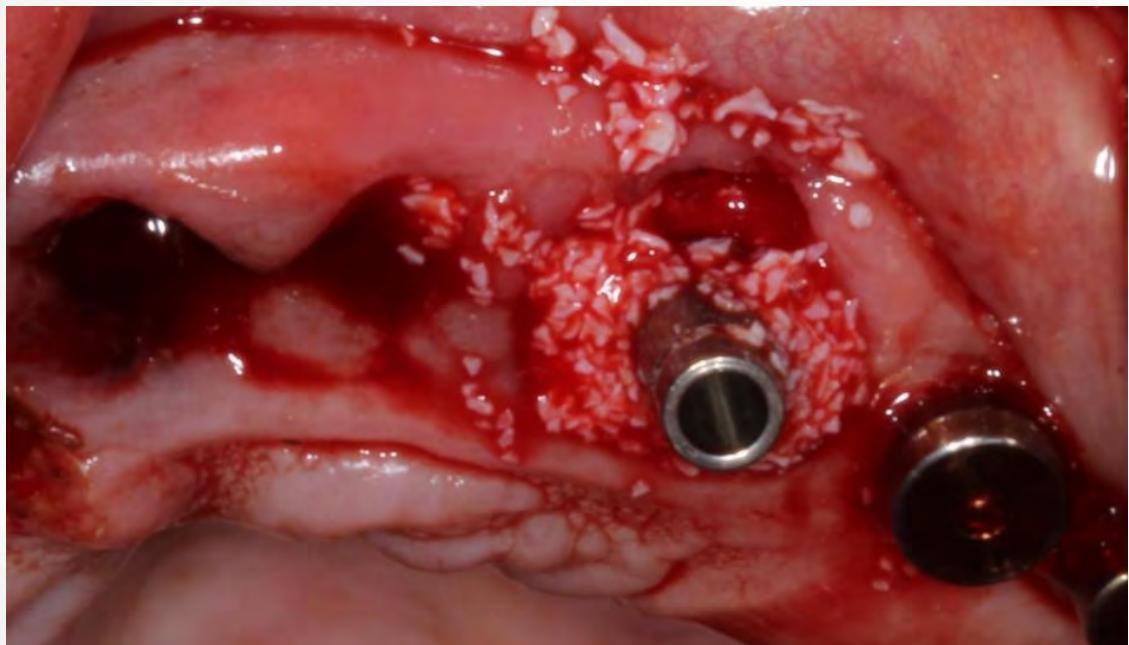
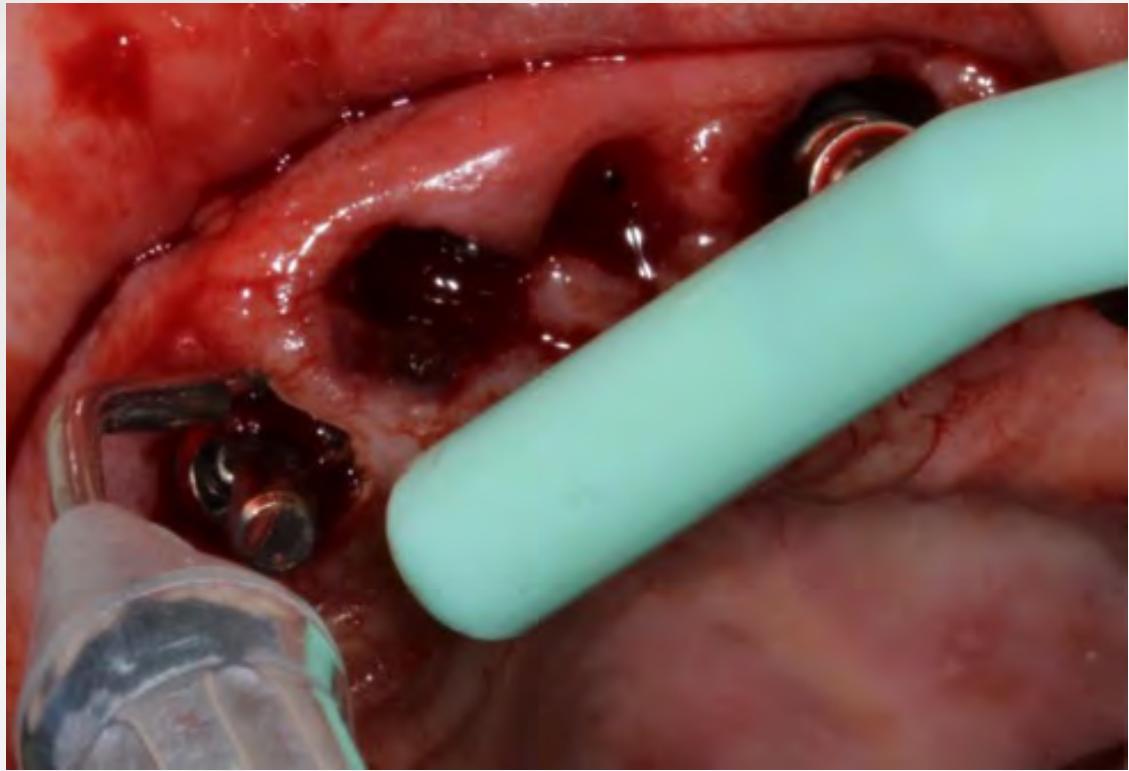
Implants were placed to #12 and #23. Initial stability was more than 50 Newton of both implants.



Then abutments were placed.



The soft tissues around the implants corrected using diode laser and scalpel.



As the gap around number 23 was larger than 2 mm graft material was placed into the gap around the implant. Then the flap closed with 4.0 PGA (polyglycolic acid) suture. Temporary bridge was placed over the implants.

FINAL





Testimonial



Assoc. Prof. Dr. Bayazıt Bağcı

Professional Opinion of The Product and Procedure, Focusing On Your Learning From The Case

This was the first time I was using the NUVO system which I found thoroughly user friendly and relatively easy. The implant architecture makes placement smooth and achieves primary stability instantly.

What Were the Other Treatment Options? Why Choose This Solution

Other than implant based prosthesis, partial removable denture was also an option which patient didn't prefer.

What are the challenges during treatment and how were they resolved?

There were no challenges.

What Are the Challenges During Treatment and How Were They Resolved?

As the bone level and density was not as expected, primary stability of the implants was not at ideal levels(40N).

10

NUVO

Nuvo Implant Insertion After Sinus Floor Elevation



DR. DEKEL SHILO

ISRAEL





Simplicity made accessible.