



**BOI®**

**A DREAM COMES TRUE**

## Introduction

Our teeth are not only «instruments» to chew our food, but they are important for our appearance and our feelings. Dental diseases can affect the health of many internal organs. In the last decades our lifespan has become considerably longer and our teeth are often not well suited for so many years of service. Often it is at some stage better, to remove the remaining teeth than trying to maintain them.

Most of us start thinking about it, when teeth have to be extracted. Dentures or bridges are needed for more than 50% population over 40 years old. But also for younger individuals loss of teeth e.g. through accidents bring up the question, how teeth can be replaced adequately. Dental implants have been used for more than 50 years. Permanently fixed teeth on implants more and more have become the typical way of tooth replacement.



Our patients demands are clear, understandable and well known: Fixed teeth right away and NO bone buildups.

BOI® impantologists meet those demands.

## Dental implants

Dental implants are well able to fixate a dentition. A vast number of crestal implant systems are available today. But crestal systems have the same unwanted properties: most of them require vertical bone supply and prolonged healing times.

«Root form» implants, as shown on the left, base on the idea of copying the form of the root of teeth. In principle those implants work well, however, - depending on the design and the surface of the implants-, they can develop the same diseases as teeth, e.g. infections of bone around the top part, crater-like infections and «peri-implantitis».



## BOI® -implants

BOI® -implants belong to the group of basal implants. In fact BOI® is the most advanced system within this group.

The implants look like an inverted letter «T» and they are inserted from the side into the jaw bone. Because the BOI® -implants have a small mucosal penetration diameter vertical bone loss, crater-like bone loss and infections are usually not seen in these implants. The chewing forces are transferred to the base plate. deep into the bone and transmitted to the cortical bone areas only. Cortical bone is well able to accept large loads and it has a great capacity for regeneration.



The bone does not heal faster after the placement of BOI® implants, but the implants may (and should) be used immediately due to their design and the stable cortical support.

Basal implants are being used for more than 30 years successfully. During the last years a tremendous amount of research on BOI® -implants has been performed.

## The basal implantation technique can be summarized in five points:

All patients who request dental implants can be treated, without exception, regardless of the extent of bone loss or the presence of residual teeth.

Only a single surgical appointment is required. Basal implants are loaded and splinted immediately or early using long-term provisional bridges. Where involution of the bone or soft tissues is expected, a definitive restoration is inserted at a later stage of treatment. In many cases it is possible to provide the definitive bridge immediately.

The low number of surgical and other treatment steps reduces the overall cost. Rapid and effective measures can be taken should complications occur. Basal implants hardly interfere with the blood supply to the host bone, at any rate much less comparable than conventional implants.

Because basal implants can be immediately loaded, patients can quickly resume their normal lives.



For every configuration of bone, a special type of BOI® is available. Bone augmentations performed only for the sake of creating anchorage of implants is not necessary any more. Although BOI® implants are inserted intra-osseously, they may be supported by a lateral or medial screw fixation.

Before the advent of basal implants, all patients with an insufficient bone supply for immediate placement were forced to undergo the following extensive treatment:

- Removal of all teeth (if required); removal of all granulation tissue, cysts and other undesirable residue from the bone.
- Bone augmentation approximately 2 months later (with potential problems likely to occur at the donor site), followed by a 6-month waiting period.
- Insertion of axial implants (screw implants)
- Finally, after another 6 months, insertion of the bridge or other prosthetic superstructures.

In addition to this already tedious treatment plan, soft-tissue corrective measures frequently have to be taken. Surgical risks accumulate throughout those ambiguous treatment steps: Despite all efforts and despite all the published claims, the clinical success of conventional dental implantological treatments becomes unpredictable as soon as bone augmentation is carried out.

The axial implant procedure created a paradoxical situation for most patients: For many months they were forced to do exactly what they were trying so hard to avoid, namely to wear a removable denture. And in many cases things were even worse: During extensive periods not even the removable denture may be worn, specifically after the bone augmentation procedure and/or following the insertion of the implants, during the first phase of the «waiting period».

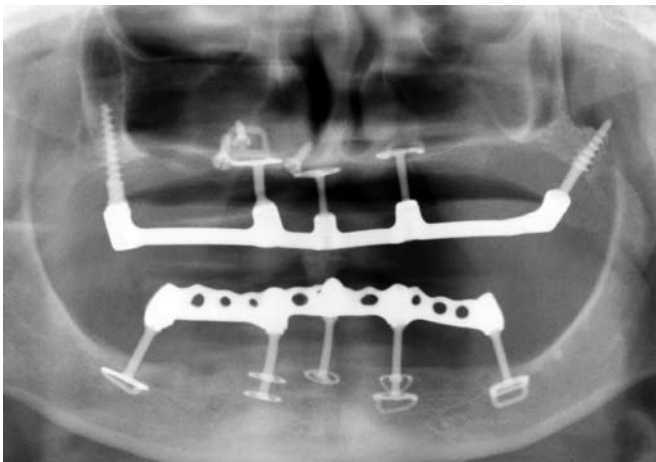


← Implant types as shown on this page do work very well, if enough bone is available at the start of the treatment. However, if used in combination with bone augmentation procedures, the treatment outcome becomes unpredictable.

## Modern axial implants

In the last decade several special designs of axial implants have been developed. Those implants provide a more aggressive type of threads (left to right) and some of them are even cortically anchored, - alike the BOI® -implants.

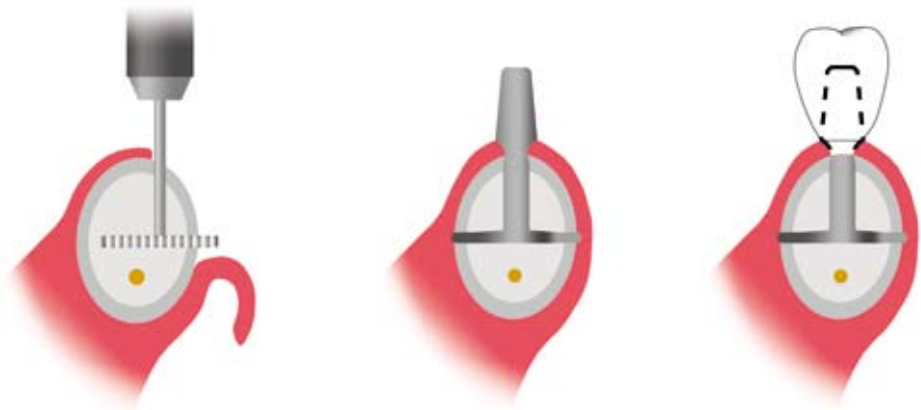
Axial implants may be used in combination with BOI® -implants in cases, where vertically oriented cortical bone is available. This way risky bone augmentations can be avoided



A combination of axial and basal implants is used to resolve this otherwise hopeless case.

## Placement of basal implants

In local anaesthesia a mucosal flap is reflected from the bone and a T-shaped cut is made into the bone. It is performed with a fast running instrument. The implant is placed immediately. Then the flap is turned back and the mucosa starts to heal.



### A large variety of BOI®:

BOI® -implants are available with one, two or three baseplates. They vary in width and height.



## **10 real advantages of BOI® -implants**

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1. Create fixed teeth right away.
2. Avoid bone buildups and bone transplants.
3. Immediate placement and loading of implant in extraction socket of periodontally or periapically involved teeth.
4. Utilize resorption resistant, native bone.
5. Avoid the usage of the patients teeth.
6. BOI® -implants do not impair the perfusion of the bone.
7. Immediate implant placement right after the extraction in all cases.
8. No infections, no crater-like bone loss.
9. Minimal demand for hygiene.
10. Unbeatable price-to-profit-ratio.



BOI® implants may be used for complete reconstructions or, -as shown here- for single tooth replacement.

In this case the left lateral (No. 12) was replaced by a BOI® -implant and a metal to ceramic crown.

## Prerequisites for treatments on BOI® -implants:

- Bone should be available in minimal amounts,- just enough to place a BOI® -implant.
- Impairments of the blood coagulations should have been successfully treated.
- Generalized diseases require a consultation with the general physician. In some cases treatment with BOI® -implants may be postponed or impossible due to generalized diseases.
- Surgical and prosthetical experience.
- Immediate laboratory activities, which allow the placement of the prosthetical workpiece max. in 3 days after the surgery.

## Which diagnostic documentation is required?

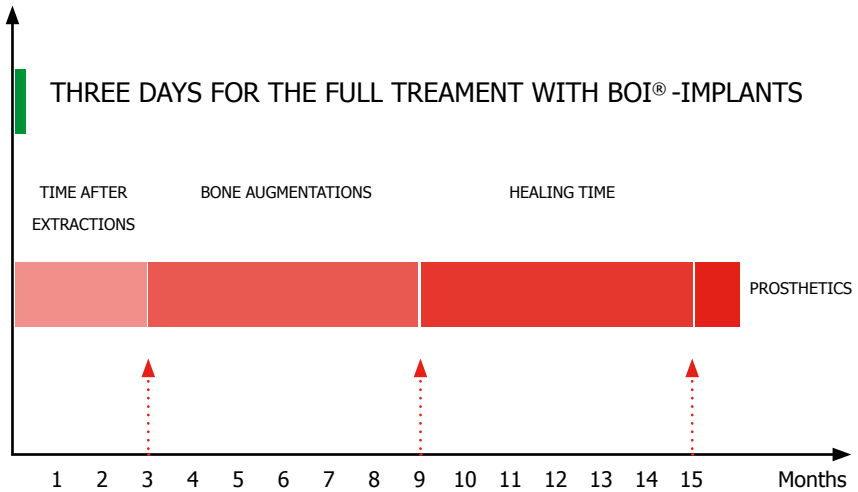
After you are sure that the patient qualifies as an implant candidate from the medical point of view and regarding patient's demands and expectations, clinical pictures and x-rays may be taken. In some cases diagnostic models are recommended. The situation of the bone will generally determine the surgical treatment, since the subsequent prosthetical work, may easily compensate discrepancies between the bone and the arches.

This big difference to conventional approaches procedures make BOI® -treatments so much easier and convenient.



Depending on the individual case and the experience of the BOI® - implantologist, diagnostic demands may vary.

Compare the time you need!



## Keep the patient under regular control

Since neither implants not prosthetics «adapt» by themselves, regular monitoring and adjustments are necessary. Keep in mind, that immediately loaded implant cases require larger adjustments than workpieces on teeth and/or conventional implants when restored after an unloaded healing phase.

The regular periods of controls after BOI®-placements are:

- initially six weeks
- then 3-monthly
- and after this: every six months during the whole life
- regular x-ray controls are necessary, especially during the first two years.

Please note that the treatment with BOI®-implants is performed extremely fast. This can turn out as a disadvantage:

many patients forget the short period of intervention, and that their teeth are implant borne, and some forget their controls right away (again). These patients must be called actively for controls. In case complications should arise, immediate corrective steps must be carried out. Trained BOI®-implantologists are well able to perform single step corrective interventions and to re-establish immediate load again.

### BOI®-implants:

**They are easy to clean and to maintain for the patients.**

BOI®-implants project through the mucosa with a diameter of 1.9 - 2.3 mm only. The whole vertical implant part is polished. Hence peri-implantitis and crater-like bone loss is never observed in BOI®-implants. The surgeon should make sure that the connection areas between prosthetics and the implants are positioned in areas providing a good self-cleaning possibility, e.g. through access for the tongue.



Nevertheless, the use of sticks and brushes in combination with ultrasonic cleaning devices are recommended.

Patients are relieved to hear that,- in comparison to what conventional screw implants demand-, cleaning of constructions on BOI® is really simple. Nevertheless regular checkups are definitely necessary.

## BOI® -implants: The best option for smoking patients:

A long term study has shown, that basal implants bring good results even in smokers. One of the reasons for this is, that bone transplants and augmentations are avoided in the first place. Manipulations with the bone are extremely risky for smokers: exactly these procedures are avoided through the use of BOI® -implants.

## BOI® -implants: Best quality & highest precision from Switzerland

BOI® -implants are made from C.P. Titanium. The materials used for production are carefully selected for each type of BOI®. Modern BOI® are protected by several international patents. This way they make a big difference to precursors or copies, such as «Diskimplants» of different origins. BOI® -implants are certified (CE) medical devices.

**Dr. Ihde** Dental is certified for ISO 9001/46001 / ISO 13465.

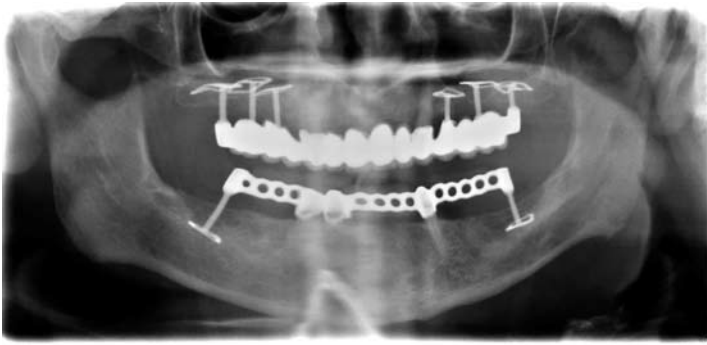
A broad body of literature on basal implants is available. Please refer to the «Infocenter» on [www.boi.ch](http://www.boi.ch).

## Treatment examples/ real cases:

The following 6 examples may give you an idea about what may be done for the patients, simply through the use of BOI®-implants.

### Case 1:

A 53 year old male patient was treated in the upper and the lower jaw.

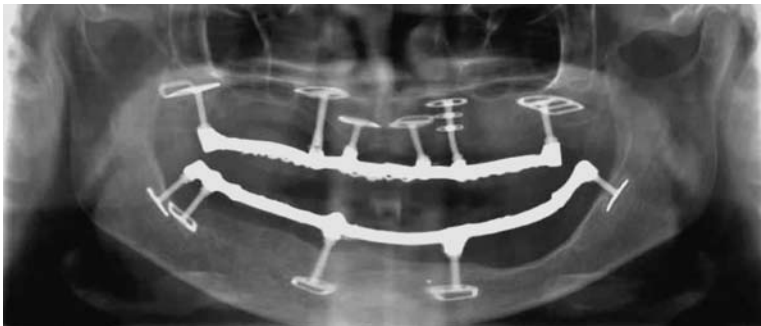


In both jaws BOI® -implants were combined with natural abutments. This way it was easy to maintain the natural aesthetics right away.



**Case 2:**

A 71 year old patient with reduced vertical bone supply was treated in an immediate load procedure. Both basal implants in the anterior lower jaw were placed below the mental foramen.



This treatment improved the aesthetics and phonetics tremendously. Both the lips and the buccal aspects of the cheeks received a good support. At the same time the vertical dimension was restored, which allowed the profile to appear younger and more positive right away.



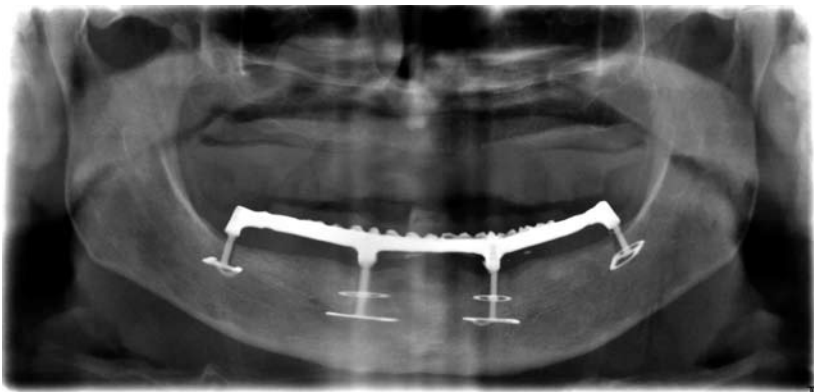
**Case 3:**

A 42-year old man was treated with the combination of a basal and a crestal implants. The canine was included into the construction. Note that the available bone crestally of the alveolar nerve did not allow the placement of crestal implants at all.



**Case 4:**

This mandible has been treated in immediate load right after the extraction of the remaining teeth. Four implants in the lower jaw are enough in well balanced cases.



**Case 5:**

The upper jaw of this male patient had been equipped with four Replace® -implants. One of it failed, the second one cracked. The third implant had lost 50% of its bony integration. In one single surgical step two implants in the upper jaw were removed and four BOI® -implants plus two BCS® screw implants were inserted. The case was restored within 24 hours with a fixed bridge.



The DVD-video of this corrective intervention is available on request: please order from [info@boi.ch](mailto:info@boi.ch)

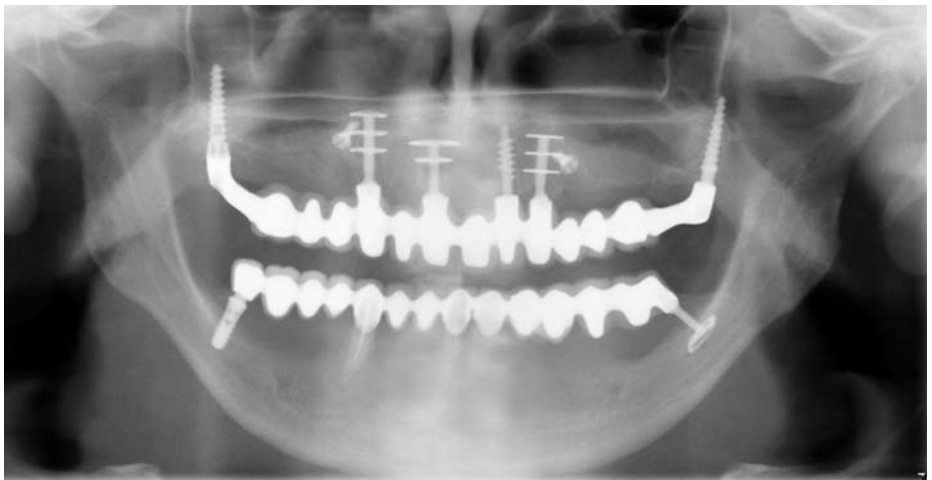


**Case 6:**

A 46 year old male patient had received a number of crestal implants in the upper and lower jaw. All of them, except in area 47, had failed.

In one single surgical intervention all remaining teeth in the upper jaw and the failing implant had been removed and a combination of basal and crestal implants was installed. 48 hours after the surgery a fixed metal-ceramic bridge was inserted in the upper jaw.

In the lower left jaw the existing bridge was used to fixate an over-cemented partial bridge, reaching to a BOI®-implant in area 37.



## Broaden your spectrum of therapy and become a trained BOI® -implantologist:

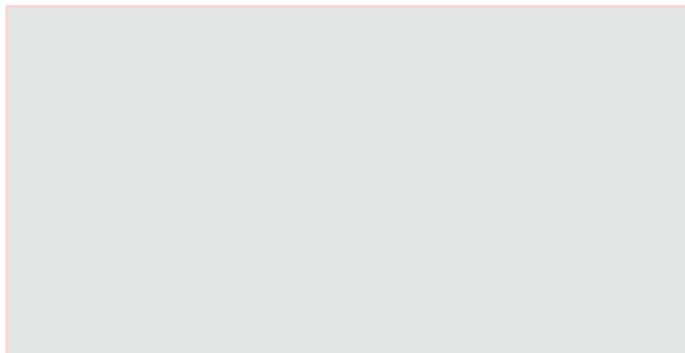
BOI® are supplied only to intensively trained implantologists. This way the best quality of treatment is secured. Also regular retraining is necessary for this purpose.

BOI®-implantologists meet regularly all over the world. Innovative treatment concepts are taught and exchanged during these seminars and courses.

BOI®-implantologists are well able to supply immediate load treatments to all of their patients, regardless of the available bone supply and the available bone quality.



This brochure has been presented to you by:



## Contact information

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Switzerland  
Lindenstr. 68

**Dr. Ihde** Dental AG  
CH- 8738 Uetliburg

Tel.: +41 55 2803807  
[www.implant.com](http://www.implant.com)

India  
201, Chetna, East Street  
Contact Promeet Nanda

**Denta Care**  
Pune - 411001 India  
[dentacare@eth.net](mailto:dentacare@eth.net)

Tel.: +91 20 26345791/92  
[www.dentacareindia.com](http://www.dentacareindia.com)

Dubai  
301, Al Mabrouka Bldg  
P.O.Box 31972

**Sawhney Trading** Co LLC.  
Khalid Bin Al Waleed Rd,  
Bur Dubai, Dubai UAE

Tel.: +971 04 3976866  
[sawbros@emirates.net.ae](mailto:sawbros@emirates.net.ae)