





STRAUMANN[®] MINI IMPLANTS Mini Implant. Maximum trust.







AT A GLANCE

Provide edentulous patients presenting reduced horizontal bone availability with a less invasive*, immediate removable fixation of their overdenture.

* If GBR can be avoided



AT A GLANCE APICALLY TAPERED IMPLANT BODY DESIGN



















AT A GLANCE ROXOLD®





 \rightarrow Peace of mind with mini implants²





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- \rightarrow Predictability in osseointegration^{3–9}
- \rightarrow Scientific evidence
- Low prevalence of peri-implantitis⁴ \rightarrow
- Bone preservation^{4–5} \rightarrow

3 Fischer K et al.enberg T.: Prospective 10-year cohort study based on a randomized controlled trial (RCT) on implant-supported full-arch maxillary prostheses. Part 1: sandblasted and acid-etched implants and mucosal tissue. Clin Implant Dent Relat Res. 2012 Dec;14(6):808-15. 4 van Velzen FJ. et Al. CM. 10-year survival rate and the incidence of peri-implant disease of 374 titanium dental implants with an SLA surface: a prospective cohort study in 177 fully and partially edentulous patients. Clin Oral Implants Res. 2015 Oct; 26(10):1121-8 5 Cochran DL. et Al. 5-year prospective multicenter study of early loaded titanium implants with a sandblasted and acid-etched surface. Int J Oral Maxillofac Implants. 2011 Nov-Dec; 26(6): 1324-32. 6 Cochran D. et Al. Clinical field trial examining an implant with a sand-blasted, acid-etched surface. J Periodontol. 2007 Jun; 78(6): 974-82. 7 Bornstein MM. et Al. Early loading of non-submerged titanium implants with a sandblasted and acid-etched surface. 5-year results of a prospective study in partially edentulous patients. Clin Oral Implants Res. 2005 Dec;16(6):631-8. 8 Roccuzzo M. et Al. Early loading of sandblasted and acid-etched implants: a randomized-controlled double-blind split-mouth study. Five-year results. Clin Oral Implants Res. 2008 Feb;19(2):148-52. 9 Derks J. et Al. Effectiveness of Implant Therapy Analyzed in a Swedish Population: Prevalence of Peri-implantitis. J Dent Res. 2016 Jan;95(1):43-9. doi

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AT A GLANCE OPTILOC®

\rightarrow Less space needed

In combination, the materials PEEK** and ADLC* contribute to:

- \rightarrow Excellent wear resistance
- → Exceptional long-term performance
- \rightarrow Low maintenance
- \rightarrow Low friction between abutment and matrix

WHAT'S IN IT FOR YOU?

Increase patient acceptance for implant treatment by eliminating bone augmentation

Offer more quality of life to more edentulous patients

Differentiate your practice with new gold standard material Roxolid[®] and see an increased practice revenue stream

WHAT'S IN IT FOR YOU? **INCREASE PATIENT ACCEPTANCE FOR IMPLANT TREATMENT BY ELIMINATING BONE AUGMENTATION**

- \rightarrow Reduced diameter (\emptyset 2.4 mm) for reduced horizontal bone availability
- Increased patient acceptance with less invasive procedures

WHAT'S IN IT FOR YOU? **OFFER MORE QUALITY OF LIFE TO MORE EDENTULOUS PATIENTS**

Every patient is unique

Straumann[®] Mini Implants are designed for patients who are looking for an immediate, affordable stabilization of their removable dentures and only have reduced bone availability.

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WHAT'S IN IT FOR YOU? **DIFFERENTIATE YOUR PRACTICE WITH NEW GOLD STANDARD MATERIAL ROXOLID® AND SEE AN INCREASED PRACTICE REVENUE STREAM**

- More treatment options with smaller implants made of Roxolid[®]
- \rightarrow Roxolid[®] proven quality

Source: data on file, according to ISO 14801, conditions 2016 Straumann[®] Mini Implants, made from Roxolid[®] show a 35% higher fatigue strength than competitor mini implants.

CLINICAL EVIDENCE

Roxolid[®] – Proven quality

SLA[®] – Long-term scientific evidence

Optiloc[®] – Durability and efficiency

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CLINCAL EVIDENCE ROXOLID® - PROVEN QUALITY

- \rightarrow Higher mechanical strength compared to titanium¹
- \rightarrow The successful use of Roxolid[®] has been documented in numerous clinical trials with up to 5-year follow-ups²

Source: data on file, according to ISO 14801, conditions 2016

(length 10 mm)

competitor mini implants.

2.4mm Straumann[®] Mini Implant (length 10mm)

Straumann[®] Mini Implants, made from Roxolid[®] show a 35% higher fatigue strength than

CLINCAL EVIDENCE SLA® – LONG-TERM SCIENTIFIC EVIDENCE

References:

3 Fisch-er K, Stenberg T.: Prospective 10-year cohort study based on a randomized controlled trial (RCT) on implant-supported full-arch maxil-lary prostheses. Part 1: sandblasted and acid-etched implants and mucosal tissue. Clin Implant Dent Relat Res. 2012 Dec;14(6):808-15. 4 van Velzen FJ, Ofec R, Schulten EA, Ten Bruggenkate CM. 10-year survival rate and the incidence of peri-implant disease of 374 titanium dental implants with an SLA surface: a prospective cohort study in 177 fully and partially edentulous patients. Clin Oral Implants Res. 2015 Oct; 26(10):1121-8 5 Cochran DL, Jackson JM, Bernard JP, ten Bruggenkate CM, Buser D, Taylor TD, Weingart D, Schoolfield JD, Jones AA, Oates TW Jr. A 5-year prospective multicenter study of early loaded titanium implants with a sandblasted and acid-etched surface. Int J Oral Maxillofac Implants. 2011 Nov-Dec; 26(6):1324-32. 6 Cochran D, Oates T, Morton D, Jones A, Buser D, Peters F. Clinical field trial ex-amining an implant with a sand-blasted, acid-etched surface. J Periodontol. 2007 Jun;78(6):974-82. 7 Bornstein MM, Schmid B, Belser UC, Lussi A, Buser D. Early loading of non-submerged titanium implants Res. 2005 a prospec-tive study in partially edentulous patients. Clin Oral Implants Res. 2005 Dec;16(6):631-8. 8 Roccuzzo M, Aglietta M, Bunino M, Bonino L. Early loading of sandblasted and acid-etched implants: a randomized-controlled double-blind split-mouth study. Five-year results. Clin Oral Implants Res. 2008 Feb;19(2):148-52. 9 Derks J, Schaller D, Håkansson J, Wennström 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. doi

- \rightarrow High and consistent survival rates between after 5- and 10-year follow-ups³⁻⁹
- \rightarrow Very low prevalence of peri-implantitis (1.8%) over the 10-year follow-up period⁴
- \rightarrow Average bone loss of 0.5 1mm after 10 years

95.1% and 98.8% documented by different studies

(baseline defined as implant loading time)^{4,5}

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CLINCAL EVIDENCE OPTILOC[®] – DURABILITY AND EFFICIENCY

- \rightarrow Space-saving design
- **Reduced maintenance**
- ADLC¹ in combination with PEEK⁵

Combination of ADLC-coated abutment and PEEK retention inserts: A reliable connection that endures

Retention loss after 10'000 cycles of the straight abutment performed in phosphate buffered saline (pH 7.4) at room temperature. Data represents difference between the basal (100 cycles) and final (10'000 cycles) measurements (Fmax) presented as percentage change (source: Straumann, data on file).

CLINICAL CASES

Step-by-Step

Step-by-Step animation

TECHNICAL INFORMATION

Lean product portfolio

Apically tapered implant body design

Integrated connector: Optiloc[®]

Straight forward drilling protocol

TECHNICAL INFORMATION LEAN PRODUCT PORTFOLIO

Prosthetic components

Implant Analog	Matrix housings	Ret
	Optiloc 3202 0003-STM	
Impression/ fixing matrix	Matrix housing extractor + strip- ping equipment	Der fo ins ana

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TECHNICAL INFORMATION APICALLY TAPERED IMPLANT BODY DESIGN

- Designed for immediate loading \rightarrow (if an insertion torque of 35 Ncm has been reached)
- Diameter 2.4 mm only & apically \rightarrow tapered implant body design: allows underpreparation and supports a high primary stability

TECHNICAL INFORMATION INTEGRATED CONNECTOR: OPTILOC®

- \rightarrow Slimmer than Locator[®]
- Lower than ball attachments
- \rightarrow Ideal dimensions allow the placement of the matrix in narrow spaces

The Optiloc[®] Matrix System allows a convergence, or divergence, of up to 20 degrees of each implant in relation to the denture's path of insertion. This means that divergences between two implants of a maximum of 40 degrees can be corrected.

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TECHNICAL INFORMATION STRAIGHT FORWARD DRILLING PROTOCOL

dense cortex only

Type I	Very hard bone
Type II	Hard bone
Type III	Soft bone
Type IV	Very soft bone

Recommended speed: rpm max 800

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SUMMARY

- \rightarrow Provide immediate stabilization of overdentures with a less invasive* treatment plan, faster healing and less post-operative discomfort
- Roxolid[®] for higher material strength. \rightarrow 35% increase in fatigue strength (compared to competitor mini implant)
- \rightarrow With SLA[®] surface for a reliable and long-term scientifically proven osseointegration
- \rightarrow Optiloc[®] ideal for reduced space and best wear resistance
- \rightarrow Straumann[®] Lifetime Guarantee!
- Finally a mini implant you can trust! \rightarrow

* if GBR can be avoided

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