



WORKSHOP PROGRESSIVE IMPLANT DESIGN: APPLICATIONS, IMMEDIATE PLACEMENT AND IMMEDIATE LOADING. Speaker: Dr. Martin Gollner



Immediate implant placement into an extraction socket in the anterior or posterior region in implant dentistry is a growing tendency to prevent bone resorption and collapse of gingival architecture which could result in aesthetic compromises and inadequate bone for implant placement.

Immediate placement and immediate loading in case of full arch reconstruction is nowadays a strong integral part of daily dentistry. Therefore dental implants help with a very progressive design to implement these modern treatment concepts.

The apical conical macro design of the CAMLOG®CONELOG® PROGRESSIVE-LINE implants and many other features facilitates achieving high primary stability – regardless of bone quality. Immediate implant placement into fresh extraction socket reduces the treatment time, cost, preservation of the gingival aesthetic and increases the overall comfort of the patient.

HANDS-ON PROPOSAL

- Anterior CONELOG® PROGRESSIVE-LINE implant placement after tooth extraction into the remaining socket freehand
- Implant bed preparation and implant insertion in the edentulous mandible with CAMLOG® PROGRESSIVE-LINE implants with different implant bed preparation steps to prevent excessive insertion torques
- Implant placement of 4 PROGRESSIVE-LINE implants in the edentulous mandible and immediate loading with a temporary restoration

PARTICIPANTS LEARNING OBJECTS

- Understanding of immediate implant placement protocols and indications in partially and edentulous patients in the anterior and posterior regions of bot upper and lower jaws
- Ability to place immediate and delayed PROGRESSIVE-LINE implants in from single units to multi units in different indications and bone densities
- Acquisition of knowledge in case selections for post extractive immediate loading according to the indication and scientific evidence literature
- Management of restorative procedures in immediate loading cases and single unit and multi-unit implant borne restorations with temporary and final restorations

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