Immediate Graft™

Achieving Successful Immediate Implants

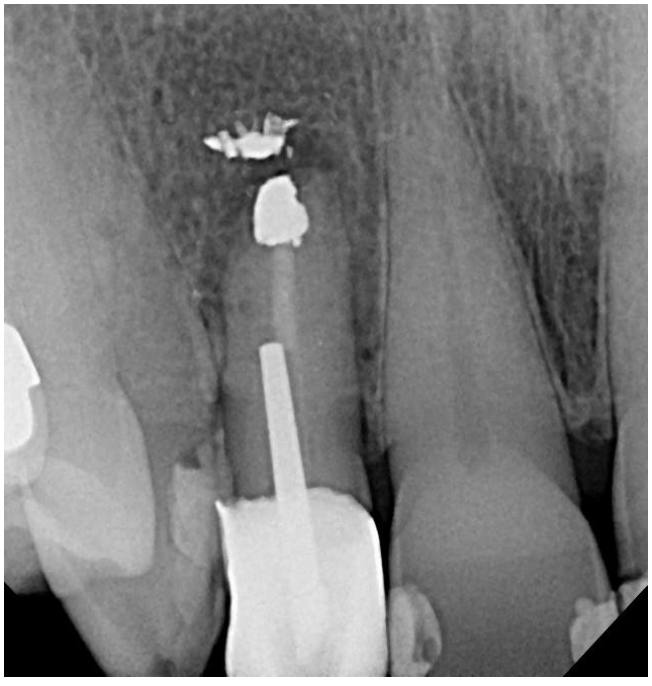
The goal of every immediate implant is to place an implant that is just as healthy with the same long-term function as delayed implants. However, in the past, immediate implants were limited to those extraction sockets that provided significant vital bone for initial stabilization of the implant with minimal bony defects. Grafting around immediate implants with commonly used bone grafts may fill the defect but does not result in integration to the bone graft.

Becker, Urist et el, studied bone grafting around titanium micro screws in humans and concluded: "Xenograft bovine bone and DFDBA did not contribute to bone to micro screw contacts and are not recommended for enhancement of vital bone to implant contacts. Intraoral autogenous bone also does not appear to significantly contribute bone to implant contacts. Intraoral autogenous bone, xenograph bone, and DFDBA appear to interfere with normal extraction socket healing."

Steiner Biotechnology bone graft products are proven to produce integration to the implant surface at the site of the bone graft. The result of this property, when grafting with Immediate Graft™, yields 100% integration to the surface of your immediate implant and produces equal results when compared to delayed implants.

Immediate Graft™

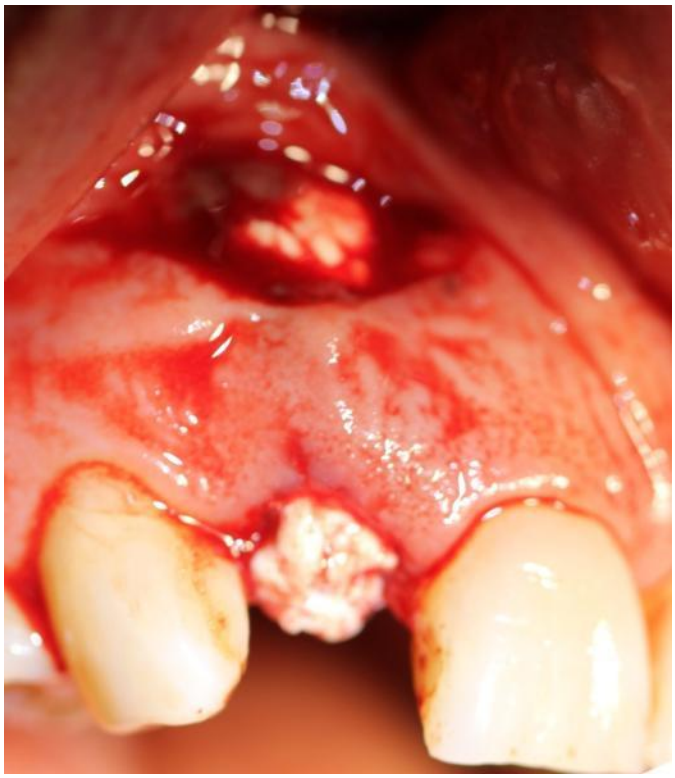
The following cases illustrate how integration to immediate implants around your bone graft can expand the scope of cases where immediate implants are possible.



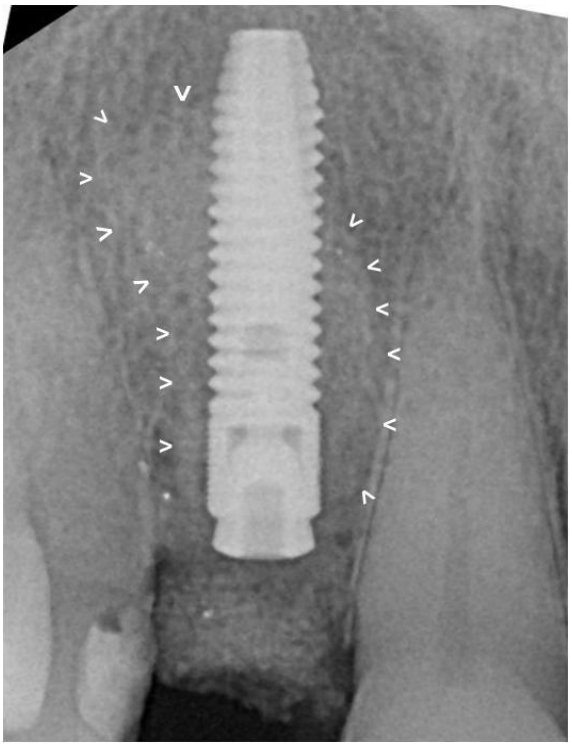
CASE 1

#7 shows bone loss between 6 and 7 with significant endodontic debris at the apex.

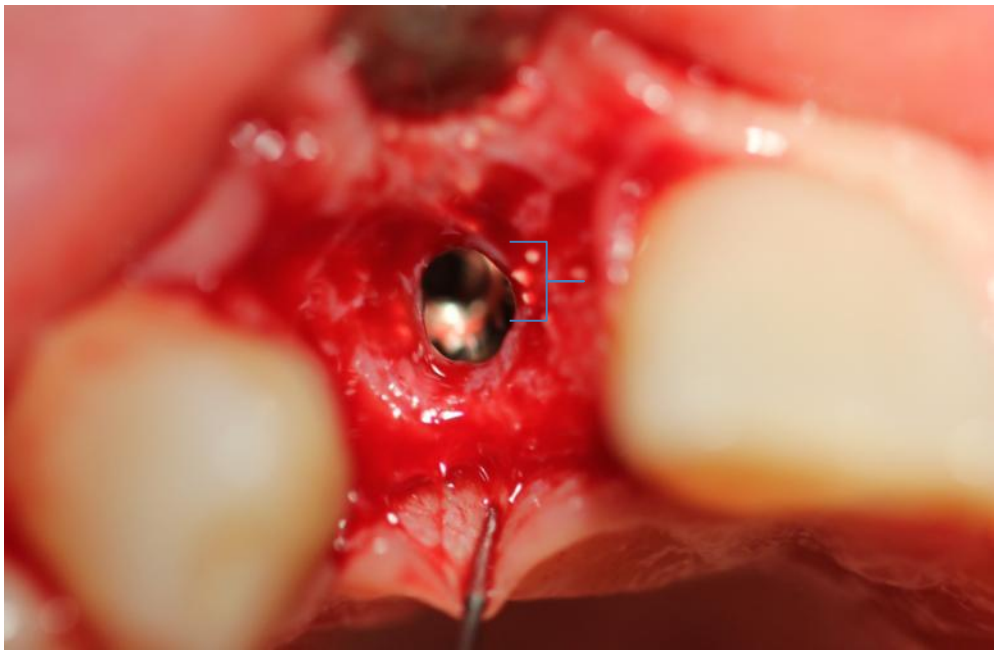
It was not possible to remove the endodontic debris from the extraction socket orifice so, an apical flap with an osteotomy was needed to remove the debris.



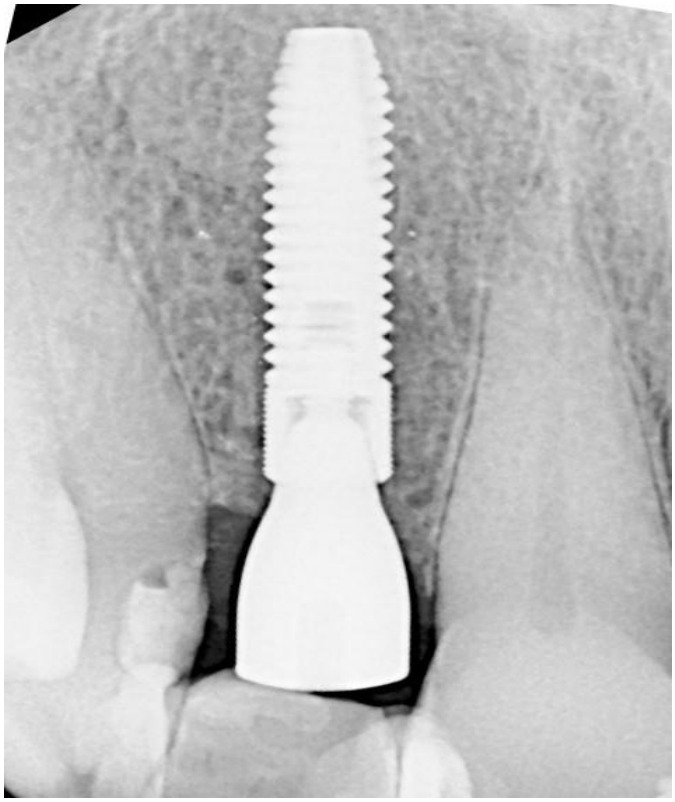
The socket was grafted with Immediate Graft™



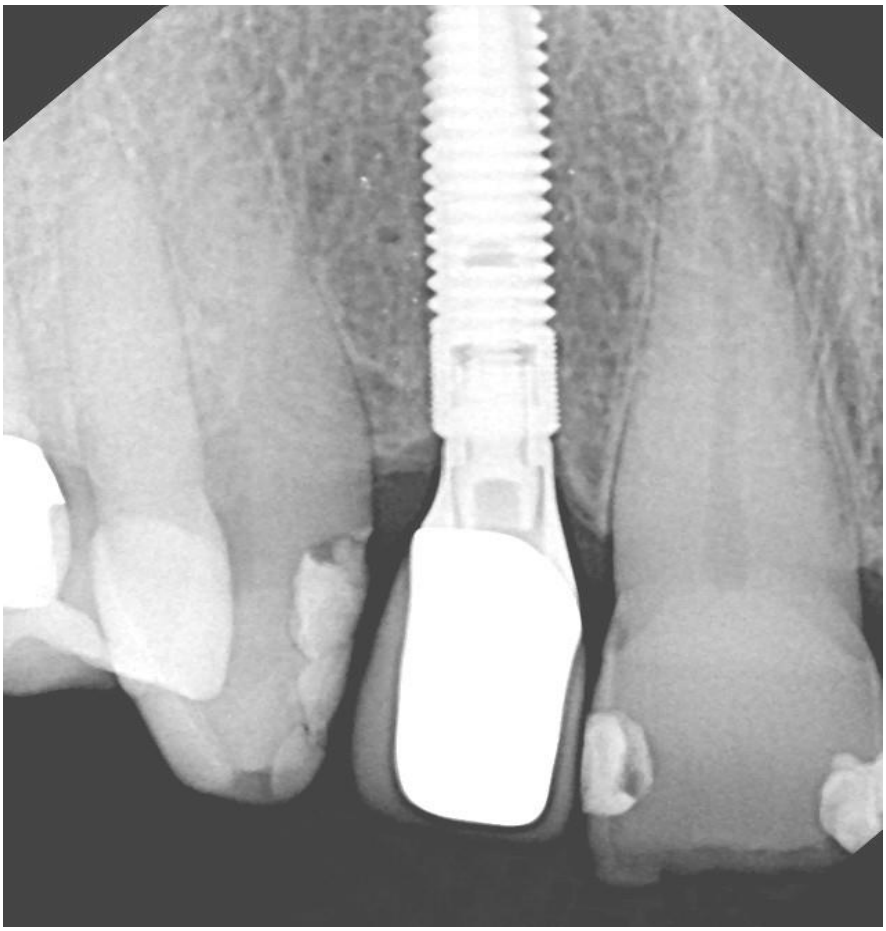
This radiograph was from the day of surgery. The arrows outline the boarder of the graft material and the limited amount of bone available for primary stabilization.



This photograph was taken 7 weeks after implant placement when the healing abutment was placed. Note, some of the OsseoConduct bTCP granules have not yet resorbed.



The healing abutment was placed 7 weeks after implant placement showing excellent bone formation around the collar of the implant and along the border of the healing abutment.
The time to load an implant is at the discretion of the surgeon.
Steiner Biotechnology does not advise healing abutment placement at 7 weeks. However, we use this case to illustrate how the osteogenic properties of Immediate Graft™ shows bone to implant integration.

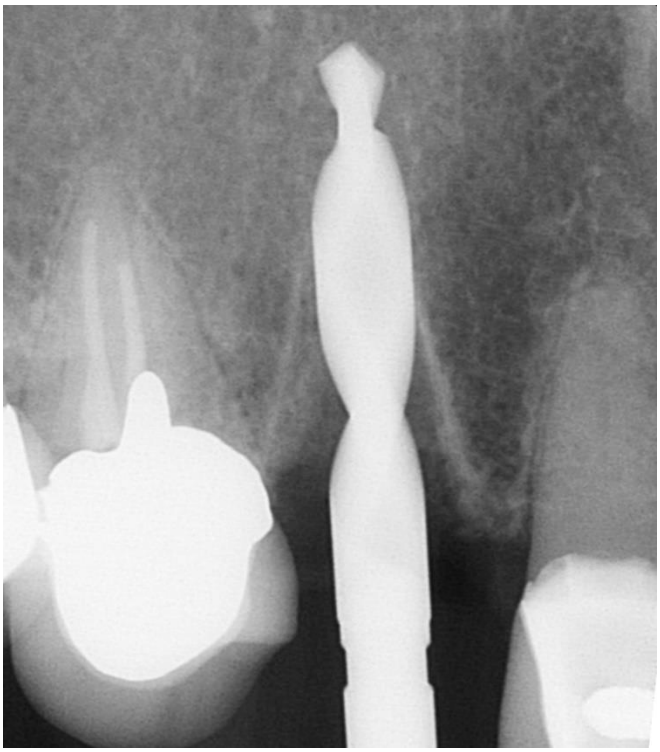


Post restoration and function.
The bone is located at the very edge of the coronal portion of the implant for an exceptional result.

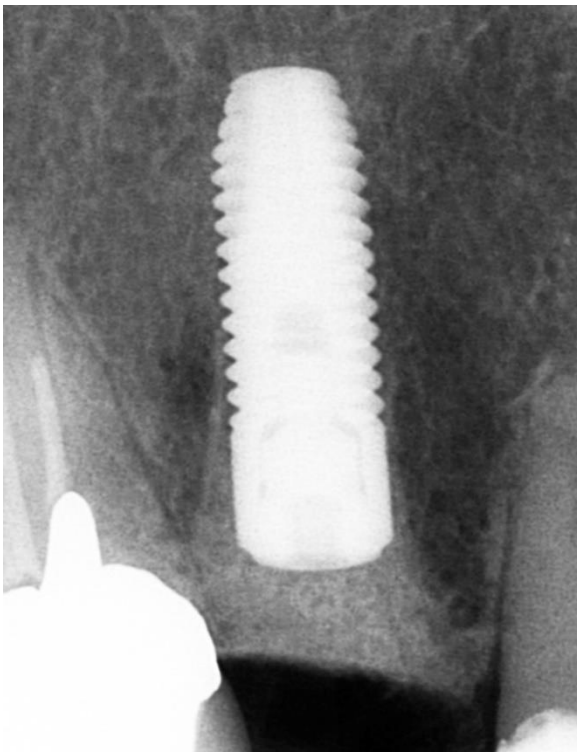
What was a very challenging case, produced an excellent esthetic result with healthy gingiva as a result of the regenerative capacity of Immediate Graft.

Case 2

Extraction of a maxillary canine commonly results in significant resorption of the buccal bone. This is due to the prominence of the buccal bone in this area of the dentition.

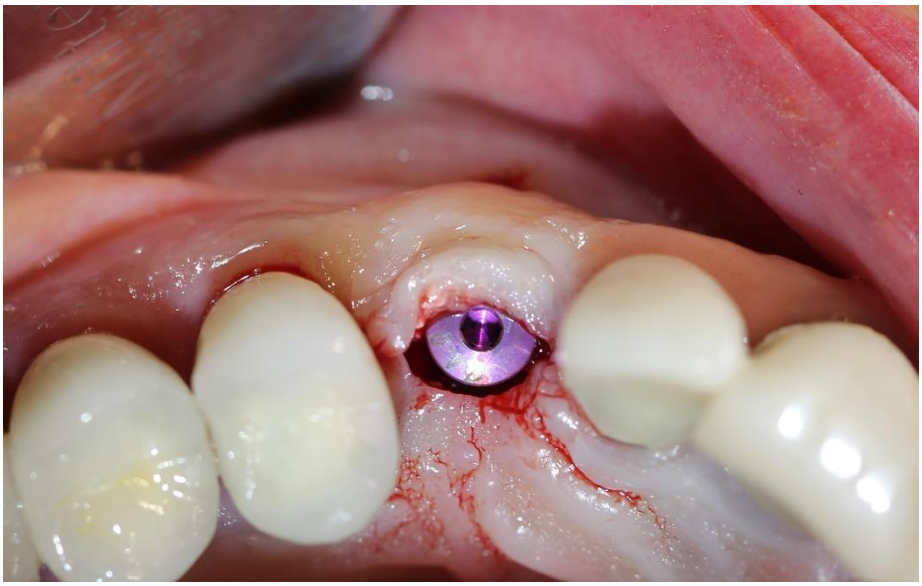


An immediate implant is planned.



The implant is placed with the buccal and coronal portions of the socket grafted with Immediate Graft.

Three months post op.
The healing abutment is placed showing excellent mineralization of the crest around the implant with 100% of the surface integrated.

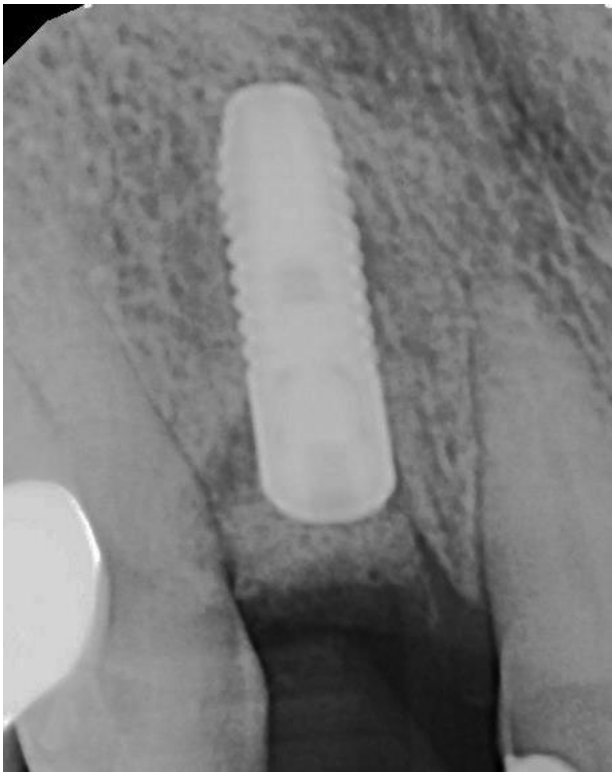


At the healing abutment appointment, the photographs show maintenance of the buccal prominence with no buccal resorption.

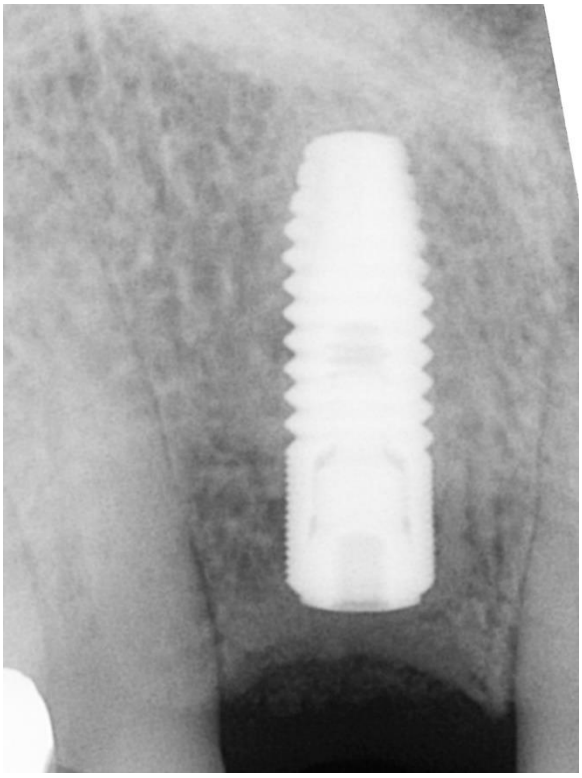
The crestal gingival is moved buccally to restore the gingival margin for an excellent esthetic result.

CASE 3

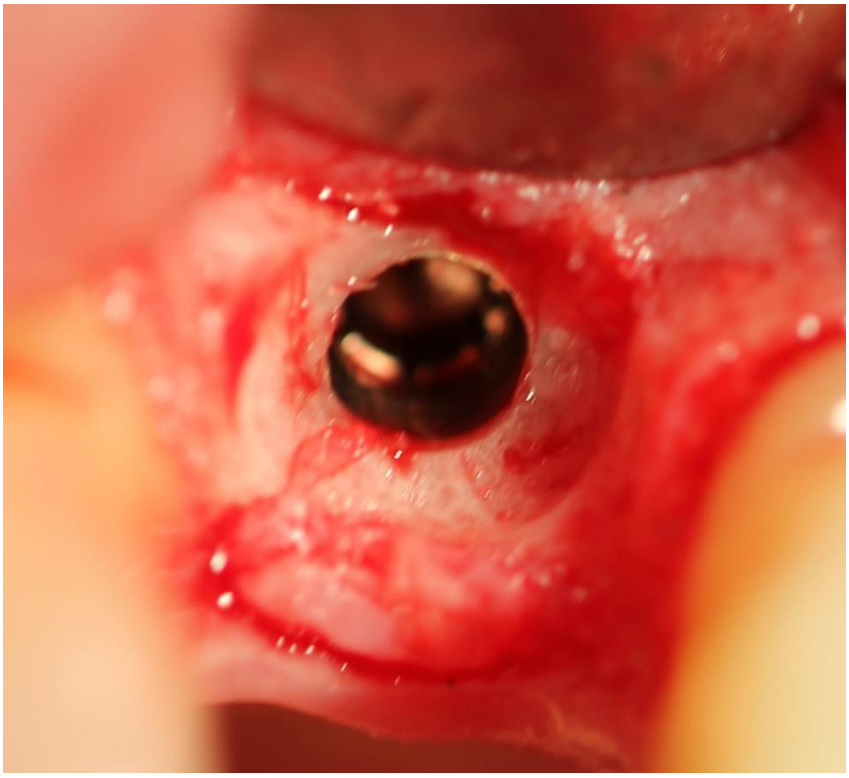
This maxillary lateral presents with significant periodontal bone loss and a periapical lesion.



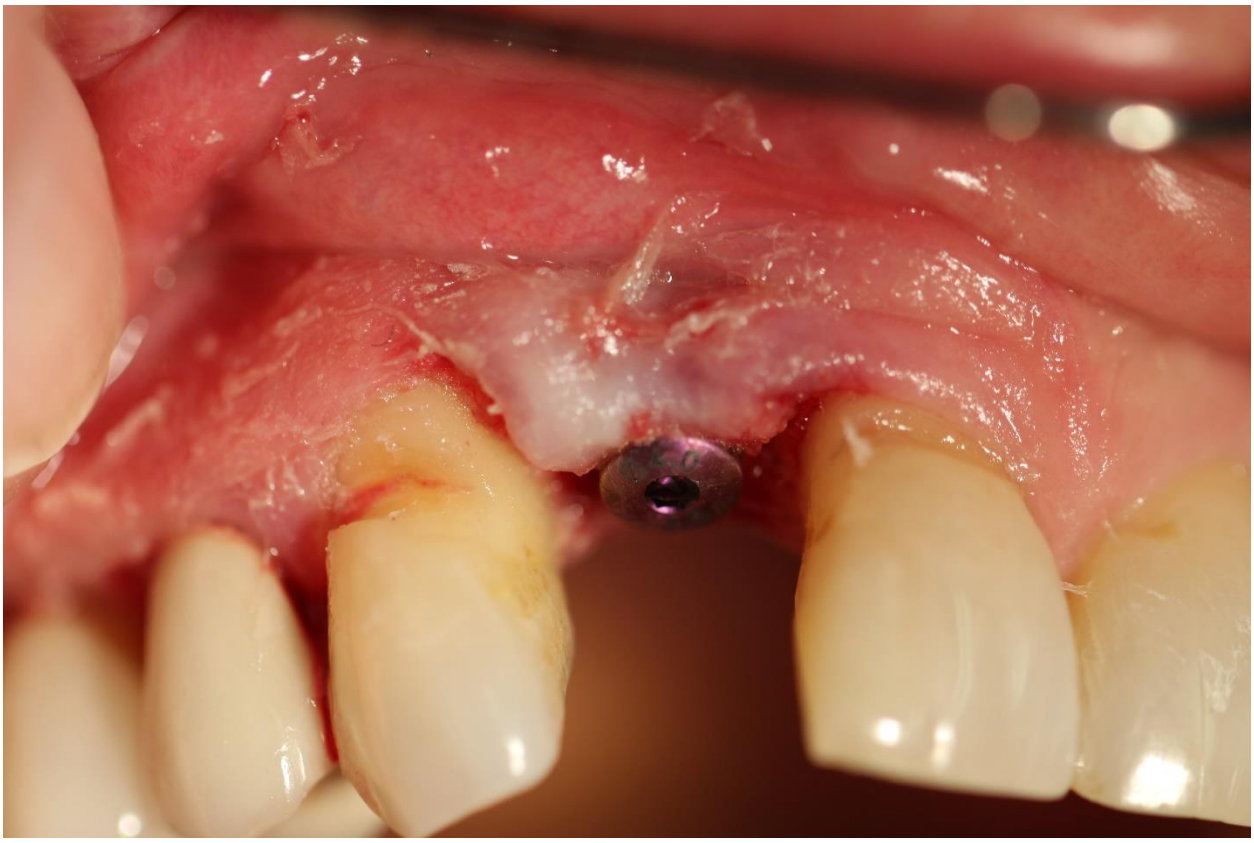
An immediate implant is placed. The area of periodontal bone loss was grafted with Immediate Graft.



The patient failed to return for 1.5 years and presented for her healing abutment. However, it was obvious that not only did Immediate Graft regenerate the bone lost from periodontal disease but also resulted in bone covering the implant.



A round bur was used to remove the bone over the implant and to also make space for the healing abutment.
Please note, the density and vitality of the regenerated bone with an absence of retained graft particles.
To expect an implant to function for the life of the patient, the only bone that should support the implant should be fully integrated, free of any residual graft particles and produce healthy vital normal bone.
The only graft material capable of producing this type of bone is Immediate Graft. Anything else is a compromise.



These are the type of results you can expect when using **Immediate Graft™**

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