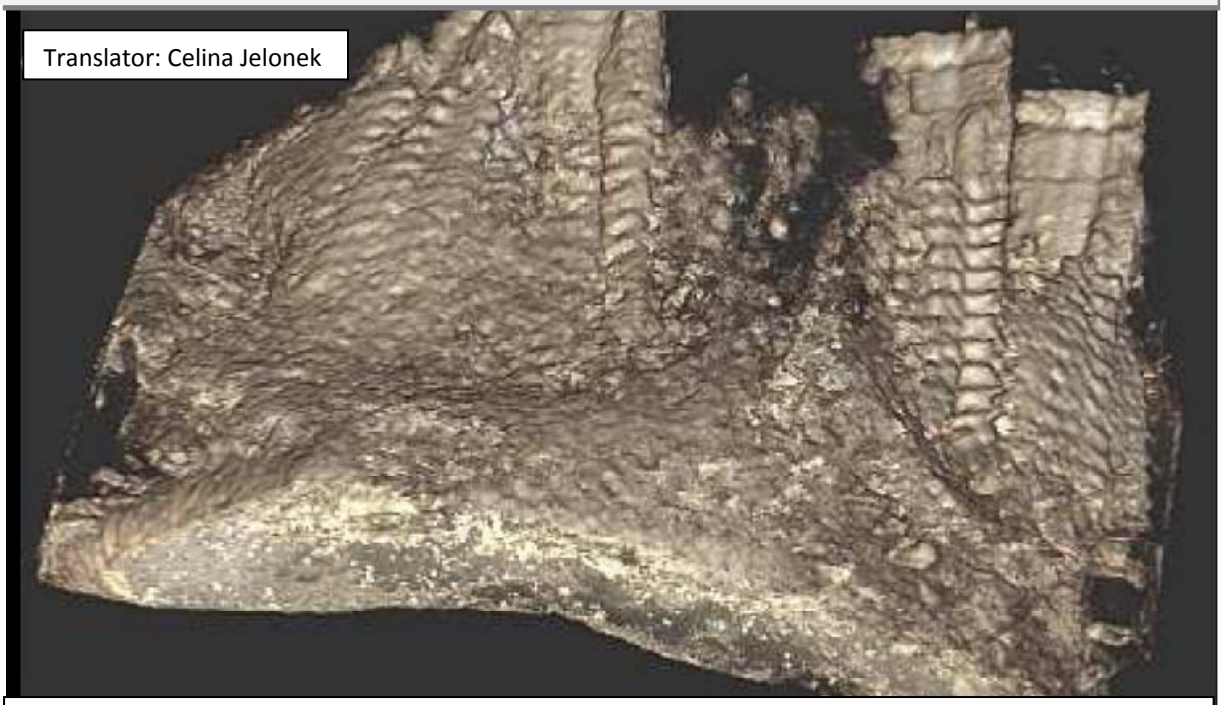
The M&B Key to Success:

The Implant as 'Osteotome' – Findings for our Dental Office

Author: Dr. Armin Nedjat

Translator: Celina Jelonek



Picture: Vestibular 3D – view of condensed Champions® implants: with the M&B technique, there are no exposed or perforated threads even years after…Depending on the threads, the bone structures and the periost are stretched in all lateral directions. A fenestration and perforations are practically excluded thanks to the M&B technique.

Many dental offices cannot function successfully because – let's face it – most patients cannot afford the CIM, the "Classical Implantology Method", prosthetics included.

Some 15 years ago, I found a way out of this obvious vicious circle thanks to the M&B concept (MIMI®: Minimally - Invasive Method of Implantation & BOIL: Bone- Osseocondensed - Immediately Loaded): initially, we started with 50 implants, and by now we have over 2000 implants a year, for most of which we provide first-class prosthetic restorations, and all this at affordable prices.

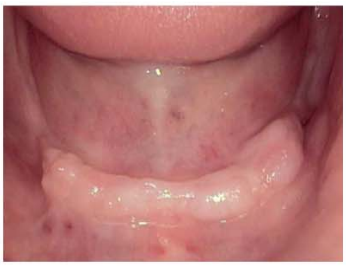
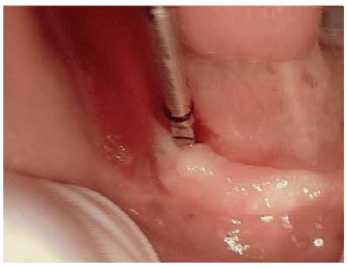
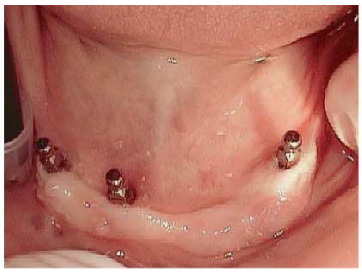
Some 95% of all cases in our dental offices can also be treated successfully without investments in equipment and material, even if the patient only has very narrow, horizontal, atrophic bone availability.

For this procedure a one-piece, a *non*- self-tapping implant (e.g. Champions®- implants), is needed, which is inserted in a defined, *sub*-dimensioned bone cavity, condensing the bone, by applying a controlled force (40-80 Ncm). As a rule, the Champion® implant cannot be inserted more deeply in the bone than the drilled bone cavity depth. In my opinion, small-dimensioned (< 3mm Ø), self-tapping implants are not the right solution because as a surgeon you cannot check, for example, whether there is a perforation, which would endanger a long-term treatment success.

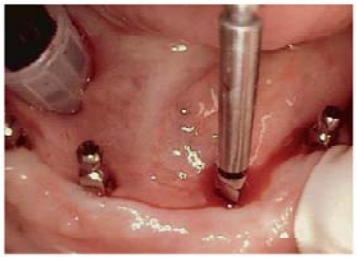
The “critical forensic scientists” are right! No, the possibility to insert the implant in a narrow jaw does not depend on the small diameter of the implant but on the correctly drilled depth of the small bone cavity!

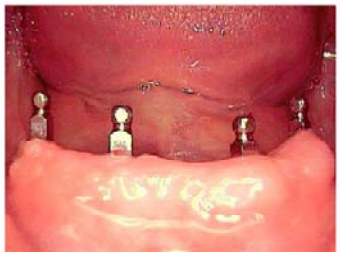
In the following case, a dentist, a friend of mine, had brought the patient with him. This patient had just contacted other dental clinics, which all claimed that it was not possible to perform an implantation before a transplantation or augmentation of bones in the lower jaw. The patient was told that according to the CIM, the treatment would take at least six months and that a successful treatment could naturally not be guaranteed.
One dental office even provided the frightened patient with estimate health plan costs for four interforaminal implants, including the new superstructure, with the comment that his portion of 8000,-€ would be a good bargain.

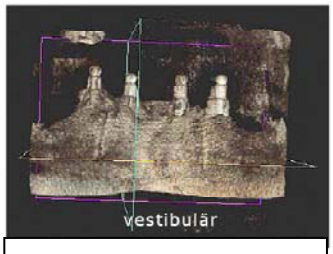
In fact, the patient was not informed at all about the “M&B” concept with its minimally invasive implantation method and successful immediate loading. (Isn’t the patient supposed to get comprehensive information?) After the anamnesis and the radiological and clinical results (‘digital’ palpation’ with the fingers!), this patient was provided with a cost health plan setting his portion of the cost at “only” 3800 euros, including all the material and laboratory costs.

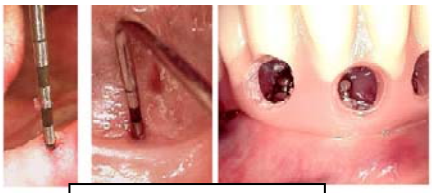
The surgery itself was then performed as a matter of routine according to the known minimally-invasive, ‘flapless’ and bone condensing “M&B” concept: after the buccal and lingual infiltrations, we drilled specific *sub*-dimensioned bone cavities, in which we inserted conical-shaped Champions® tulips each with a diameter of 3,0 mm and a length of 14 mm (choice between 16 lengths and diameters, which are available on commission!!) with a torque of 60 Ncm, condensing the bone – due to this insertion technique as described, which is done slowly with a specific torque, perforations are excluded!



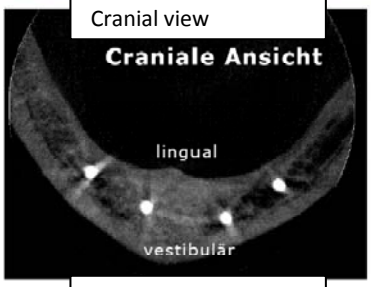




Vestibular



Cranial view



Vestibular

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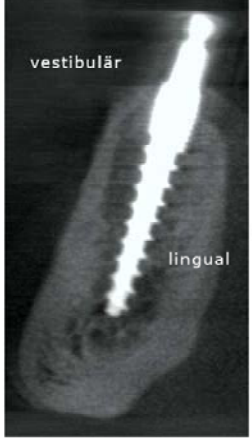
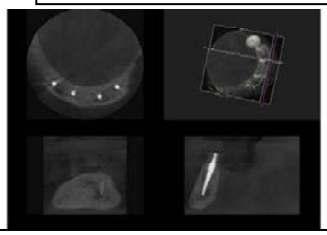




It is checked in the vestibular and lingual areas whether the M&B is successful by means of radiology, with a bone conduction measurement and eventually also with an appliance for Periotest measurements of the company Gulden

The controlled bone stretching by way of MIMI® & Boil can be seen on the 3 D – control shots.

Once the bone cavity check by way of a bone explorer excludes perforations in all five dimensions (bone check has proved successful), *no* vestibular or lingual perforations can be caused by the implant, but instead the peri-implant bone can be carefully ‘spread’, laterally condensed or ’stretched’.

This is the key to success of the “M&B” concept because this osteotomy is tolerated by the bone, and even after years no bone recessions or fenestrations are noticeable. This immediately, fully “osseointegrated” implant functions rather as an osteotome than as a “classical, curative” cylindrical two-piece implant.

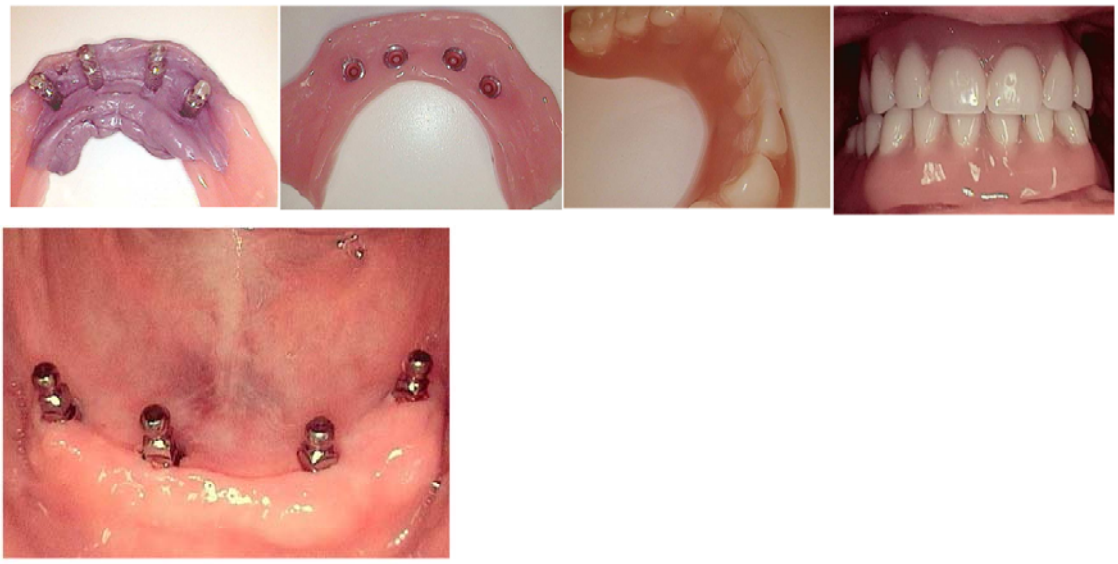
The necessary primary stability and the sufficient wall strengths of the vestibular (“crucial”) bone even after the surgery guarantee a successful prosthetic procedure with immediate loading, and this for many years or even decades…

In this case, if the holes in the jaw ridge had been drilled first in the middle of the jaw ridge, the vestibular bone lamella would have been too thin and weak in the crestal area. I also prevent flattening the bone plateau as it was used to be done so that the bone plateau can serve as “support” against vestibular forces. We love and definitely need our bones, and we do not want them to be unnecessarily milled!

Augmentations, long “recovery times” and pain after surgery can be prevented in most cases.

In this case, after having taken an X-ray of this patient’s teeth, the Impregum impression was made with the vestibular and lingual windows of the prosthesis for a fixed, closed occlusion so that the patient could bite properly with the prosthesis and also in order to prevent soft tissue tender spots.

Two hours later, the extremely satisfied patient was able to leave the dental office with a properly fitted and fixed prosthesis.



Our patients do not just pay for our treatment, surgery and expensive equipment in our dental office; they rather pay for our “know-how”: painless dental implantations with innovative products, and the know-how for enabling optimal, first-class prosthetic solutions in a short time. Of course, we have to prevent, recognize and respond to emergencies (e.g. Arteria lingualis!) and complications. In addition, we should be able to provide treatment according to the established CIM method as well.

The reliable long-term findings about the M&B concept are win-win results for all participants: patients undergo painless surgery (without post surgery trauma). The patients, who receive a quick and first-class treatment, can resume their normal daily activities one day after surgery at the latest.

In comparison with the CIM, for which the total costs payable by the patient are considered as “transit items” such as the payment for material and other expenditures, at least 60-90% of the costs for the M&B concept remain as revenues in the dental office.

The M&B concept is *the* small, positive revolution in our dental office, which functions very well. Today, more than 1000 dentists in Germany enjoy working according to this successful method.