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Corticobasal Immediate Loading Dental Implants

An interview with Dr Vivek Gaur

Dr. Vivek Gaur is a renowned Implantologist and an Oral and Maxillofacial surgeon of International reputation. He is also speaker and writer for many national and international platforms. He did his first implant case 20 years back and has years of experience in the field of dental implants. Dr Vivek is the man behind corticobasal immediate loading dental implants where instead of months you get your smile back in 48 hours. He is dedicated to staying at the forefront of dental implant technology and providing his patients with the best and most advanced treatments available. For more details please visit. In an interview, Dr Vivek Gaur shares the secrets behind this revolutionary technology with us.

Dr NK: Can you provide an overview of immediate loading corticobasal implants and how they differ from traditional dental implants?

Dr VG: Thank you Dr Kaushik for this interview which I believe can benefit young implantologists and all dental surgeons as I am going to share some critical aspects of implantology and specially immediate loading corticobasal implants as you asked.

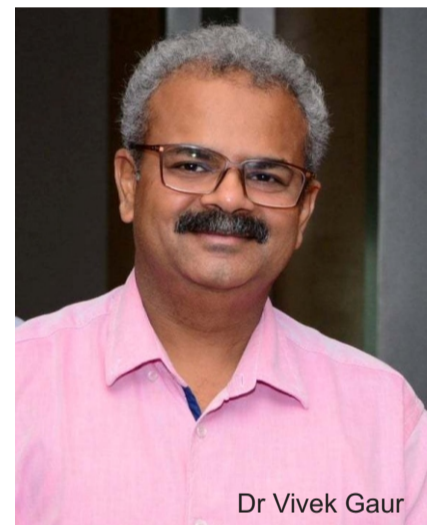
Immediate loading corticobasal implants are a groundbreaking advancement in the field of dental implantology. Unlike traditional dental implants, which typically require a waiting period of several months before attaching the prosthetic tooth or restoration, immediate loading implants allow for the placement of a functional tooth shortly after the implant surgery.

The key difference lies in the biomechanical design and the way these implants interact with the jawbone. Corticobasal implants are engineered to engage the dense cortical bone, providing exceptional stability and support right from the start. This enables us to load a prosthetic tooth or crown onto the implant within 48 hours, significantly reducing the treatment time for patients and improving their overall experience.

The speed and effectiveness of immediate loading corticobasal implants have made them a game-changer for individuals seeking quick and reliable solutions for missing teeth.

My fascination with corticobasal implants stems from their potential to transform the lives of patients. Traditional implant procedures often involve lengthy healing periods and multiple visits, which can be challenging for those dealing with

tooth loss. Corticobasal implants offer a chance to provide immediate functional teeth, dramatically improving the patient's quality of life right after the procedure. Additionally, the science behind these implants, particularly their ability to engage cortical bone, aligns with my commitment to pursuing innovative and effective dental solutions. This has driven my dedication to advancing the field of implant dentistry in this specific direction. Our USP is Immediate functional loading implantology, Graftless surgery, No peri-implantitis, No bone cases.



Dr Vivek Gaur

Dr NK: What inspired you to focus on this specific area of implant dentistry?

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Dr VG: I became inspired to focus on the area of immediate loading corticobasal implants due to the tremendous impact it can have on patients' lives. Traditional dental implant procedures often involve lengthy healing periods and multiple visits before a patient can enjoy the benefits of their new teeth. This can be emotionally and physically challenging for individuals dealing with tooth loss, impacting their self-esteem, speech, and overall quality of life.

Immediate loading corticobasal implants offer a remarkable alternative. These implants are designed to engage the dense cortical bone, providing exceptional stability right from the start. This means that we can attach a prosthetic tooth or crown to the implant within a very short timeframe, often as little as 48 hours. Patients can leave our clinic with functional teeth, and the transformation is immediate.

Seeing the joy and relief on the faces of patients who can eat, smile, and speak confidently shortly after the procedure is incredibly rewarding. This patient-centered approach to dental implantology has been a driving force in my career and has motivated me to continuously advance the field in this specific direction.

Furthermore, the scientific and technological advancements that underpin corticobasal implantology align with my passion for pushing the boundaries of what's possible in dental care. It's a field where innovation and patient well-being intersect, making it an area I'm deeply committed to exploring and developing further.

Dr NK: Can you explain the benefits of immediate loading corticobasal implants for patients compared to conventional implant procedures?

Dr VG: Certainly, immediate loading corticobasal implants offer several significant benefits for patients when compared to conventional implant procedures like:

Rapid Tooth Replacement: One of the most notable advantages is the speed at which patients can receive functional teeth. With immediate loading corticobasal implants, a prosthetic tooth or crown can be attached within as little as 48 hours after the implant surgery. This means patients can regain their ability to eat, speak, and smile confidently much sooner than with traditional implants, which often require several months of healing and multiple appointments.

Minimized Discomfort and Inconvenience: Traditional implant procedures can involve discomfort, pain, and a prolonged recovery period. Immediate loading corticobasal implants are less invasive and typically result in less post-operative discomfort. Patients can return to their daily routines more quickly, reducing the inconvenience associated with extensive downtime.

Enhanced Aesthetics and Confidence: Immediate loading implants provide immediate aesthetic benefits. Patients leave the clinic with a natural-looking, functional tooth or teeth, which can have a profound impact on their self-esteem and confidence. This is especially important for individuals who have been living with missing teeth or uncomfortable dentures.

Fewer Surgical Procedures: Conventional implant procedures may require multiple surgeries and appointments, including bone grafting and sinus lifts in some cases. Immediate loading corticobasal implants often reduce the need for these additional procedures, simplifying the treatment process.

High Success Rates: When performed by experienced and skilled professionals, immediate loading corticobasal implants have shown high success rates. Patients can have confidence in the reliability and durability of their new teeth.

Improved Quality of Life: Perhaps the most significant benefit is the improvement in a patient's overall quality of life. Immediate loading corticobasal implants enable individuals to enjoy a complete and functional smile quickly, which can positively impact their social interactions, dietary choices, and overall well-being.

Dr NK: What are the key factors that make a patient suitable candidate for immediate loading corticobasal implants?

Dr VG: The suitability of a patient for dental implants depends on various factors, and a comprehensive evaluation by a qualified dental professional is necessary to determine if this treatment option is appropriate. In case of immediate loading dental implants there is no such case selection, when general health parameters are normal, we can rehabilitate in most advanced no bone cases also. Although traditional implants may have challenges in gum diseases like periodontitis but these corticobasal immediate loading implants are very effective as after cleaning the infection the smooth surface of implants has highest predictability without any secondary complications. This is one of our biggest advantages with Corticobasal immediate loading implants as they are very successful in perio diseases as it's smooth surface implant.

Dr NK: What are the main challenges or considerations that dental professionals should keep in mind when performing immediate loading procedures?

Dr VG: Performing immediate loading procedures, including immediate loading corticobasal implants, can be highly beneficial for patients, but they also come with specific challenges and considerations that dental professionals should keep in mind. Here are some of the main challenges and considerations:

Surgical Precision: Immediate loading procedures require a high level of surgical precision. Implants must be placed accurately to ensure stability and avoid complications. Dental professionals should have the necessary skills and experience to perform precise implant surgery. Simplant provides specialized training programs for all those who wish to become implantologist.

Prosthetic Design: The design and fabrication of the prosthetic teeth or restorations play a significant role in immediate loading success. Ensuring that the prosthetics are well-fitted and properly aligned is essential for long-term stability and patient comfort.

Immediate Occlusal Forces: With immediate loading, occlusal (biting) forces are applied to the implants soon after surgery. Dental professionals must carefully consider the patient's bite alignment to prevent excessive force on the implants, which can lead to complications.

Patient Compliance: Patients play a crucial role in the success of immediate loading procedures. They must adhere to post-operative instructions, including dietary restrictions and oral hygiene practices, to minimize the risk of implant failure.

Managing Expectations: Dental professionals must effectively communicate with patients about what to expect during and after the procedure. Patients should understand that while immediate loading offers quick results, there may still be a healing period and adjustments required.

Continuing Education: Staying up-to-date with the latest techniques, technologies, and research in implant dentistry is essential for dental professionals performing immediate loading procedures. Continuing education and training are critical to ensuring the highest level of patient care.

Post-Operative Monitoring: Dental professionals should establish a post-operative monitoring schedule to track the progress of the implants and address any issues that may arise. Regular follow-up appointments are essential for long-term success.

Documentation and Record Keeping: Thorough documentation of the treatment plan, surgical procedure, and post-operative care is crucial for both patient care and medico-legal purposes.

Ethical Considerations: Dental professionals must uphold ethical standards and ensure that patient is informed and consent obtained freely. They should also consider the ethical implications of advertising immediate loading procedures responsibly.

Team Collaboration: Immediate loading procedures may involve collaboration between different dental specialists, including oral surgeons, prosthodontists, and dental laboratory technicians. Effective communication and coordination among the team members are essential.

By carefully considering these challenges and considerations and addressing them proactively, dental professionals can enhance the success and safety of immediate loading procedures and provide their patients with optimal outcomes.

Dr NK: How has technology, such as 3D imaging and computer-guided surgery, influenced the advancement of immediate loading implant techniques?

Dr VG: Technology, including 3D imaging and computer-guided surgery, has played a pivotal role in advancing immediate loading implant techniques. These technological advancements have significantly improved the precision, safety, and success rates of such procedures. Here's are few important points to show how technology has influenced the field:

Accurate Treatment Planning: 3D imaging, such as cone beam computed tomography (CBCT), allows dental professionals to obtain highly detailed three-dimensional images of a patient's oral structures. This level of precision enables accurate assessment of bone density, volume, and anatomical structures. It aids in selecting the optimal implant size, location, and angle for immediate loading, minimizing the risk of complications.

Computer-Aided Design (CAD): CAD software enables the design of custom prosthetics and restorations that fit perfectly with the implant. This ensures that the immediate loading prosthetic tooth or crown aligns precisely with the implant, improving long-term stability and aesthetics.

Reduced Invasiveness: Technology has allowed for minimally invasive surgical techniques, which are particularly advantageous for immediate loading procedures. Computer-guided surgery can often reduce the need for extensive tissue manipulation and bone grafting, making the procedure less invasive and more comfortable for patients.

Predictable Outcomes: The integration of technology into immediate loading procedures provides greater predictability in terms of outcomes. Dental professionals can visualize and plan the entire procedure digitally, allowing them to anticipate challenges and make adjustments as needed before the surgery begins.

Enhanced Communication: Technology facilitates improved communication between dental professionals involved in the patient's care, including oral surgeons, prosthodontists, and dental laboratory technicians. Digital records and shared treatment plans ensure everyone is on the same page, leading to better coordinated and more successful treatments.

Patient Education: 3D images and digital simulations allow dental professionals to explain the procedure to patients visually. Patients can better understand the treatment plan and expected outcomes, leading to informed decision-making and increased confidence in the procedure.

Efficiency and Time Savings: Technology streamlines the treatment process, reducing the time required for both planning and surgery. Patients benefit from shorter treatment durations, quicker recovery times, and the ability to enjoy the benefits of their new teeth sooner.

In summary, technology, especially 3D imaging has revolutionized immediate loading implant techniques by enhancing precision, reducing invasiveness, improving predictability, and ultimately delivering better outcomes for patients. These advancements have made immediate loading procedures more accessible and reliable, expanding their application in implant dentistry.

Dr NK: Can you provide insights into the patient experience, including the recovery process ?

Dr VG: Certainly! Understanding the patient experience, including the recovery process, is essential when considering immediate loading implant procedures compared to traditional implant procedures. Here's my overview of what patients can

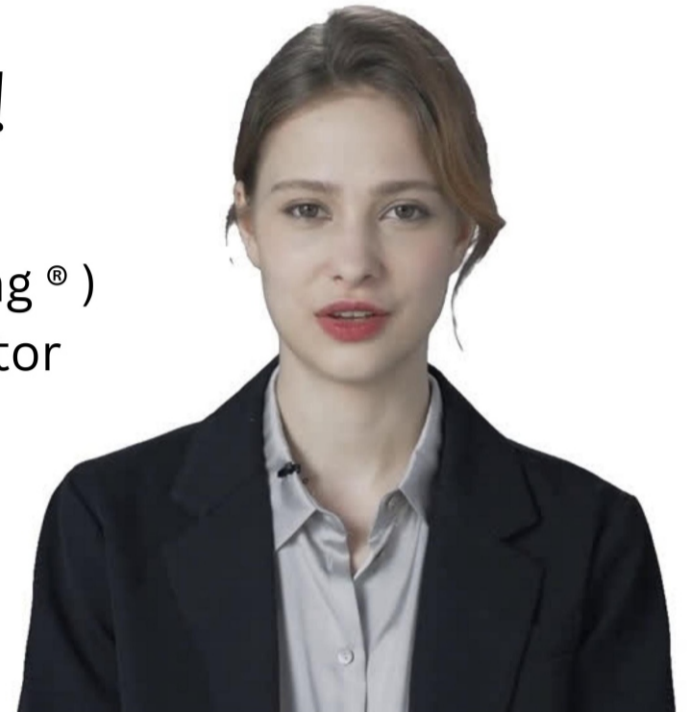
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expect during and after both types of procedures:

Immediate Loading Implants:

Procedure Time: Immediate loading implants are known for their speed. In many cases, patients can receive a prosthetic tooth within 48 hours of the implant surgery. This is a significant advantage in terms of convenience.

Minimally Invasive: Immediate loading implants often require less invasive surgery compared to traditional implants. This means fewer incisions, reduced tissue manipulation, and typically less post-operative discomfort.

Initial Healing: While the prosthetic tooth is attached soon after surgery, patients should be cautious during the initial healing phase. They may need to follow dietary restrictions, such as eating soft foods, and avoid putting excessive pressure on the implant.

Swelling and Discomfort: Some swelling, bruising, and discomfort are common after any surgical procedure, including immediate loading implants. However, these symptoms tend to be milder and shorter-lived compared to traditional implants.

Return to Normal Activities: Patients can often return to their daily activities more quickly with immediate loading implants. This includes going back to work and resuming regular eating habits within a few days.

Follow-Up Appointments: Regular follow-up appointments with the dental professional are essential to monitor the healing process and ensure the implant is integrating properly.

Dr NK: Are there any specific cases or challenges you've encountered in your career that stand out as particularly memorable or educational?

Dr VG: Although it is a professional secret but still I can share some common memorable and educational cases or challenges that dental professionals may encounter in their careers for the benefits of fellow implantologists:

Complex Full Mouth Rehabilitation: Cases involving extensive full mouth rehabilitation due to severe tooth loss, advanced gum disease, or traumatic injuries can be both challenging and rewarding. Dental professionals may need to carefully plan and execute multiple implant placements, autogenous bone graft, and prosthetic restorations to restore a patient's oral health and function.

Management of Complications: Handling complications, such as implant failure, peri-implantitis (inflammation around implants), or prosthetic issues, can be educational experiences. These situations require thorough diagnosis, effective treatment planning such as using smooth surface implants against peri-implantitis, and sometimes surgical or restorative revisions to achieve successful outcomes.

Restoring Smiles for Patients with Dental Anxiety: Patients with dental anxiety or dental phobia often present unique challenges. Dental professionals may need to employ various strategies, such as sedation dentistry or behavioral techniques, to make the patient comfortable and ensure that necessary treatment is completed.

Pediatric Dentistry and Special Needs Dentistry: Working with pediatric patients or individuals with special needs can be both rewarding and challenging. Dental professionals must adapt their approaches to provide care that is age-appropriate, patient-centered, and accommodating to the individual's specific needs.

Interdisciplinary Collaboration: Many complex cases require collaboration between multiple dental specialists, such as oral surgeons, periodontists, prosthodontists, and orthodontists. Effective communication and teamwork are essential for coordinating treatment plans and achieving the best outcomes for the patient.

Continuing Education and Staying Current: The field of dentistry is continually

evolving with new techniques, materials, and technologies. Dental professionals must invest in ongoing education and training to stay current and provide the best care for their patients.

Cultural Sensitivity: Working with a diverse patient population may require dental professionals to be culturally sensitive and adapt their approaches to meet the unique needs and expectations of different communities and individuals.

Ethical Dilemmas: Dental professionals may encounter ethical dilemmas related to treatment decisions, informed consent, and patient autonomy. These situations require thoughtful consideration and adherence to ethical principles.

Emergencies and Trauma Cases: Responding to dental emergencies, such as severe tooth fractures, avulsions (knocked-out teeth), or facial trauma, can be challenging and require quick thinking and immediate intervention to preserve dental and oral health. Each of these cases and challenges can provide valuable learning experiences and opportunities for dental professionals to grow in their careers and improve their patient care skills. It's essential for dental professionals to stay adaptable, open to learning, and committed to providing the highest quality care to their patients.

Dr NK: How do you stay up-to-date with the latest advancements and techniques in implant dentistry?

VG: I can provide some general guidance on how dental professionals can stay informed about the latest developments in implant dentistry:

Continuing Education: Dental professionals should actively pursue continuing education opportunities. This can include attending conferences, seminars, workshops, and online courses related to implant dentistry. These events often feature presentations by experts in the field and provide opportunities for hands-on learning.

Peer Collaboration: Collaborating with colleagues and peers who have expertise in implant dentistry is valuable. Discussing cases, sharing experiences, and seeking advice can help dental professionals learn from one another and stay informed about best practices.

Dental Journals and Publications: Subscribing to dental journals and publications dedicated to implant dentistry like *Implant Directions* published by IF Publishing, Munich, Germany is an effective way to access the latest research, case studies, and clinical techniques.

Online Resources: Dental professionals can follow reputable websites, forums, and social media groups related to implant dentistry. These platforms often feature discussions, case studies, and updates on emerging technologies and techniques.

Training Institutes: Many dental implant companies and institutes offer specialized training programs and courses that focus on their specific implant systems and technologies. These programs can be beneficial for staying updated on the latest advancements.

Consulting with Experts: When faced with complex cases or challenging situations, dental professionals can consult with experts or mentors in the field. This collaboration can provide valuable insights and guidance on the most current approaches and solutions.

Hands-On Workshops: Participating in hands-on workshops and courses that allow dental professionals to practice new techniques and procedures can enhance their skills and understanding of the latest advancements.

Research Involvement: Dental professionals who have an interest in research can contribute to the field by conducting studies, publishing findings, and presenting

research at conferences. This active involvement can deepen their understanding of implant dentistry and its evolving landscape.

Staying up-to-date with advancements in implant dentistry is crucial for providing patients with the highest quality care and ensuring that treatments are based on the latest evidence and techniques. It requires a commitment to lifelong learning and a proactive approach to professional development.

Dr NK: What advice do you have for dental professionals who are interested in learning more about immediate loading corticobasal implants and incorporating them into their practice?

Dr VG: For dental professionals interested in learning more about immediate loading corticobasal implants and incorporating them into their practice, here is some advice:
Attend Specialized Training: Seek out specialized training programs and courses dedicated to immediate loading corticobasal implants. Look for reputable institutions and experts in the field who offer hands-on training and education. These programs can provide in-depth knowledge and practical experience. **SIMPLADENT OFFERS DIPLOMA IN IMMEDIATE LOADING, YOU CAN CONTACT OUR OFFICE FOR THE SAME.**

Read Scientific Literature: Stay updated with the latest research, case studies, and clinical guidelines related to immediate loading corticobasal implants by regularly reading scientific journals and publications in implant dentistry.

Online Courses and Webinars: Explore online courses, webinars, and digital learning platforms that offer educational content on immediate loading corticobasal implants.

Collaborate with Experts: Consider collaborating with experienced implantologists who have expertise in immediate loading corticobasal implants. Consulting with experts or mentors can provide valuable insights and guidance when incorporating these implants into your practice.

Invest in Technology: Stay informed about the latest technology and equipment related to implant dentistry. Incorporating digital tools such as cone beam computed tomography (CBCT) for planning and guided surgery can enhance the precision of immediate loading procedures.

Hands-On Experience: Whenever possible, gain hands-on experience through live surgeries, workshops, or clinical observation. Practical experience is invaluable for understanding the nuances of immediate loading corticobasal implants.

Patient Education: Develop patient educational materials and communication strategies to effectively explain the benefits and suitability of immediate loading corticobasal implants to your patients. Clear communication is essential to building patient trust and acceptance of the treatment.

Continuing Education: Commit to lifelong learning by regularly attending conferences, seminars, and courses related to implant dentistry. The field is continually evolving, and staying up-to-date is essential. Join professional organizations like International Implant Foundation and www.implant-directions.org

Legal and Ethical Considerations: Be aware of the legal and ethical aspects of incorporating new techniques into your practice. Ensure that you are compliant with local regulations and have the necessary informed consent processes in place.

Peer Collaboration: Engage in discussions and collaborations with peers who are also interested in immediate loading corticobasal implants. Sharing experiences and insights can enhance your knowledge and problem-solving skills.

Incorporating immediate loading corticobasal implants into your practice requires dedication to learning and ongoing professional development. By investing in education, staying informed, and gaining practical experience, you can offer this innovative treatment option to your patients and provide them with high-quality care.

Dr NK: Can you share some information about the training and education opportunities you offer for dentists interested in this field?

Dr VG: Simpladent offers one year diploma in immediate loading implants along with foundation courses. You can contact us for the same at simpladent.in. Join us today to master the art and science of implantology.

Dr NK: What personal fulfillment do you derive from your work in the field of dental implantology and helping patients regain their oral health and confidence?

Dr VG: As an implantologist I find personal fulfillment and satisfaction in my work for several reasons:

Improving Quality of Life: Restoring a patient's oral health through dental implantology can significantly improve their quality of life. Patients who have lost teeth or suffered from oral health issues often experience discomfort, difficulty in chewing, and reduced self-confidence. Helping patients regain their ability to eat, speak, and smile comfortably is highly rewarding.

Enhancing Confidence: Dental implant procedures can boost a patient's self-esteem and confidence. Being able to smile and interact with others without feeling self-conscious about missing teeth can be a life-changing experience for many patients.

Long-Lasting Impact: Dental implants are designed to be a long-term solution. Knowing that the treatment you provide can last for many years, or even a lifetime, can be professionally fulfilling.

Patient Relationships: Building strong patient relationships is a meaningful aspect of dental practice. Dental professionals often form bonds with their patients and enjoy seeing them return for regular check-ups and maintenance.

Clinical Challenges: Dental implantology can be technically challenging, and successfully addressing these challenges can be intellectually satisfying. Finding solutions to complex cases and achieving optimal outcomes can be professionally gratifying.

Continuous Learning: The field of dental implantology is continually evolving with

new technologies and techniques. Dental professionals who enjoy learning and staying current find fulfillment in expanding their knowledge and skills.

Positive Feedback: Receiving positive feedback and gratitude from patients who have experienced life-changing improvements in their oral health and appearance is a source of personal satisfaction.

Contributing to Health: Oral health is closely linked to overall health and well-being. Dental professionals play a vital role in contributing to their patients' overall health by addressing oral health issues and preventing related systemic problems.

Dr NK: Finally, what message would you like to convey to your colleagues in the dental community considering dental implants as a treatment option?

Dr VG: To my colleagues in the dental community, considering dental implants as a treatment option, I would like to convey the following messages:

Commit to Excellence: Strive for excellence in patient care, continually seek opportunities for professional growth, and stay updated with the latest advancements in the field of implant dentistry.

Patient-Centered Care: Prioritize patient-centered care by listening to your patients, understanding their unique needs and concerns, and involving them in treatment decisions.

Ethical Practice: Uphold the highest ethical standards in your practice. Provide transparent information, obtain informed consent, and ensure that patients fully understand the benefits and risks of their treatment options.

Safety First: Patient safety should always be your top priority. Follow rigorous infection control protocols, maintain thorough patient records, and adhere to safety guidelines.

Continuous Learning: Embrace a lifelong learning mindset. Implant dentistry is a dynamic field, and staying current is essential to providing the best care for your patients.

Collaboration: Foster a spirit of collaboration within the dental community. Work together with colleagues and specialists to provide comprehensive care and achieve the best outcomes for your patients.

Patient Education: Invest time in educating your patients about their oral health and treatment options. Informed patients are more likely to make decisions that align with their needs and goals.

Empathy and Compassion: Approach your patients with empathy and compassion.

Understand that dental treatment can be an emotional experience, and your support can make a significant difference.

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10 benefits for joining Simpladent franchise opportunity

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- 1. Proven Business Model:** Simpladent has already established a successful business model, which can save new franchisees the time and effort required to build a clinic from scratch.
- 2. Brand Recognition:** Simpladent has a strong brand presence and reputation, making it easier for franchisees to attract patients and build trust.
- 3. Global Patient Network:** Being part of the Simpladent franchise allows access to a wide network of patients from all over the world, increasing the potential patient base.
- 4. Marketing Support:** Simpladent's aggressive marketing and promotion strategy can be leveraged by franchisees, reducing the burden of marketing and helping in patient acquisition.
- 5. Quality Assurance:** Simpladent likely has stringent quality control measures and protocols in place, ensuring that franchisees maintain high treatment standards.
- 6. Training and Education:** Franchisees may receive comprehensive training and education on the latest dental implant techniques and technology, keeping their skills up to date.
- 7. Patient footfall:** Franchisees can benefit from the global promotion done by Simpladent. You can expect patients locally as well as from all over the world.
- 8. Operational Support:** Simpladent may offer operational support, including assistance with administrative tasks, patient management, and software systems.
- 9. Research and Development:** Access to the latest research and development in the field of dental implants can keep franchisees at the forefront of innovation.
- 10. Peer Networking:** Being part of a franchise network allows for knowledge sharing and collaboration with other dental professionals, providing opportunities for learning and growth.

News Briefs

1st World Congress of the Technology of the Corticobasal® Implant



1st World Congress of the Technology of the Corticobasal® Implant was held on September 29th and 30th 2023 Istanbul, Turkey. This World Congress of Corticobasal® Implant Technology kicked off with 14 incredible speakers from around the world including Dr. Vivek Gaur from India, on the topic "Corticobasal® Implant - an Advanced ONCOLOGY Tool".

Book Release

"Dental Franchise Mastery: From Solo Practice to Network Success"



In a remarkable moment in the world of dentistry, esteemed author Dr. Neeraj Kaushik - Advisor, Simpladent, unveiled his groundbreaking book, "Dental Franchise Mastery: From Solo Practice to Network Success." The book launch event was graced by renowned Implantologist, Dr. Vivek Gaur, and witnessed the presence of Mr. Anuj Gaur, CEO of Simpladent, who shared their insights on the importance of this invaluable resource for the dental community. Dr. Vivek Gaur released the book. In his message, he stressed on the need for collaboration and partnerships among dental clinics for better patient care and sharing clinical and other knowledge to counter the future challenges.

At the book launch event, Dr. Vivek Gaur, a world-renowned authority on Corticobasal Immediate Loading Dental Implants, also emphasized the significance of Dr. Kaushik's work. He stated, "Dr. Kaushik has distilled years of experience and expertise into a comprehensive resource that will serve as a guide for those looking to navigate the complex landscape of dental implant franchising successfully. His book is a valuable contribution to our field."

www.drkaushik.in

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Simpladent Dental Tourism Services: a benchmark for others

Simpladent's success as a corticobasal immediate loading dental implant clinic is impressive. Simpladent is an international benchmark for dental tourism and offers 48 hours fixed teeth option through corticobasal immediate loading dental implants. Here are 25 reasons why dental tourists consider Simpladent as their first choice for dental implants:

1. **Corticobasal Immediate Loading:** Simpladent utilizes advanced corticobasal implant techniques, ensuring immediate implant loading, reduced recovery time, and quicker results. Give us 48 hours not months and we are done, says Dr Vivek Gaur, Chief Consultant, Simpladent.
 2. **Cutting-Edge Technology:** The clinic employs state-of-the-art dental equipment and techniques for precision and effectiveness.
 3. **Highly Skilled Dentists:** Simpladent boasts a team of experienced and well-trained dental professionals specialized in implantology.
 4. **Comprehensive Dental Care:** Simpladent provides a wide range of dental services, from implantology to oral rehabilitation, under one roof.
 5. **Swift Smile Restoration:** Get your smile back in just 48 hours, minimizing the time spent away from home.
 6. **Competitive Pricing:** Simpladent offers cost-effective dental solutions compared to many Western countries, making it an affordable option for dental tourists.
 7. **All-Inclusive Packages:** Transparent pricing with no hidden costs, including accommodations, transportation, and post-treatment care.
 8. **Multilingual Staff:** Simpladent's team can communicate in various languages, making international patients feel at ease.
 9. **Excellent Patient Reviews:** Positive testimonials from satisfied patients attest to the clinic's quality care and outcomes.
 10. **International Accreditation:** Simpladent adheres to global healthcare standards, ensuring quality care and safety.
 11. **Hygiene and Sterilization:** The clinic follows stringent sterilization protocols to guarantee a clean and safe environment.
 12. **Convenient Location:** Strategically located to attract patients from all over the world, with excellent accessibility and transportation options.
 13. **Personalized Treatment Plans:** Tailored treatment approaches for each patient's unique needs and preferences.
 14. **Consultation and Evaluation:** Detailed initial assessments to determine the best treatment plan and expected results.
 15. **Speedy Recovery:** The immediate loading technique leads to faster recovery and minimal discomfort for patients.
 16. **Cutting-Edge Materials:** High-quality, durable materials for implants and restorations ensure long-lasting results.
 17. **Assistance with Travel Plans:** Simpladent's team can help with travel arrangements, including visa assistance and local recommendations.
 18. **Accommodating for Dental Fear:** A comfortable and supportive environment for patients with dental anxiety.
 19. **Follow-Up Care:** Simpladent offers comprehensive post-treatment care to monitor healing and address any concerns.
 20. **Painless Procedures:** Minimized pain and discomfort through the use of advanced anesthesia techniques.
 21. **Guarantees on Implants:** Long-term warranties and guarantees on dental implants, providing peace of mind.
 22. **Local Cultural Experiences:** Explore the rich culture and attractions of the clinic's location while receiving dental care.
 23. **Quick Turnaround:** Expedited processes and efficient scheduling minimize wait times for treatment.
 24. **Reliable Customer Support:** A dedicated support team to assist patients before, during, and after their treatment.
 25. **Success Stories:** Simpladent shares inspiring stories of previous patients who have regained their smiles and quality of life.
- Ultimately, Simpladent's combination of cutting-edge technology, experienced professionals, rapid results, affordability, and comprehensive services make it an attractive choice for dental tourists seeking high-quality dental implant procedures.

EVALUATION OF THE SUCCESS OF STRATEGIC IMPLANT® PLACEMENT FOR IMMEDIATE LOADING PROSTHESIS IN EDENTULOUS CASES

Vivek Gaur 1*, Anita Gala Doshi 2, Aroon K.S. Bengani 3

1 Oro-Maxillofacial Surgeon & Implantologist, Chief consultant, Simpldent group of clinics; 2 Dental Health, Mumbai, India;

3 Oro-Maxillofacial Surgery Department, Daswani Dental College, Kota, India

ABSTRACT

Purpose: To compare and evaluate the efficacy of strategic implant® placement followed by immediate loading in regard to primary stability, quality of bone and survival and success of implants. **Material and Methods:** This prospective cohort study included total 26 patients were selected from both sex, 19 males/7

females in age group of 40 to 70 years, were restored with strategic implant® irrespective of the quality and quantity of cancellous/alveolar bone following immediate functional loading protocols. 8 to 10 strategic implant® were placed per jaw and restored with a prosthesis within 72 hours. 447 BECES® implants, 20 BECES EX® implants, 4 KOC MICRO® implants and 2 ZDI implants were placed in the study. **Result:** With the follow-up period of 22 months, results with strategic implant® were of great success with no delayed complications and failure with a success rate of ~99%. Secondary complications such as abutment screw loosening/fracture and peri-implantitis were not observed within the limitations of this study ($p > 0.05$). **Conclusion:** Regardless the bone volume, quantitatively and qualitatively, functional rehabilitation of missing stomatognathic system following graft-less protocol is possible with the least traumatic and in-expensive technology thereby providing desired results benefitting the needful; secondary complications like graft resorption resulting in implant failure, abutment screw loosening, abutment screw fracture, peri-implantitis can be avoided with the technology of strategic implant®.

Keywords: Strategic implant®; Single piece implants; Immediate loading

INTRODUCTION

Dental implants currently commercially available are two piece (conventional implant, abutment and body are separate identity) or single piece (mono implant, where the abutment and body is in continuity) being surface treated of various designs, roughness and materials or smooth/machined polished implants. The loading protocols followed are either the delayed or immediate loading following various principles, school of thoughts and methodology. In immediate loading, we have non-functional or functional loading depending upon the strategic sites and bone (cancellous or cortical/basal) engaged. Interestingly, we have different school of thoughts in implantology; Swiss, French, German and Italian school of thought. Swiss, following the delayed loading; i.e. fabricating the supra structure and prosthesis after a sufficient healing of fixture being engaged in alveolar/cancellous bone of the jaws and the Italian protocols where fixture is engaged in the cortical/basal bone and thus making it possible to immediately provide the prosthesis and fabricate the fixture in function. Here the screw design single piece rough or polished implants/fixtures were placed [1]. Pasqualini et al. [2], Ihde et al. [3], have published their work on immediate functional loading implantology with various designs like blade implants, vent implants, screw implants, diskos/boi lateral/basal implants [3]. In conventional/alveolar implantology "All on Four" is the most preferred method for immediate functional loading in atrophic jaws where the implants are placed between inter-mental foramen of lower jaw and in premaxilla region but having cantilever extension. Salama et al. [4], proposed a prerequisite for immediate functional loading which emphasizes on avoidance or reduction of cantilever, high density bone at implant site, implant design that increases mechanical retention, rough implant surface to increase primary stability, bi-cortical implant placement for increased stability, avoidance or reduction of distal cantilevers and protected occlusal scheme against overloading. A technique in which the implant supported restoration is placed within 48 hours of implant insertion and a distinction was made between the immediate restoration for aesthetic purpose—out of occlusal contacts and true immediate loading. The demand and need of the population are to have an ideal solution for the replacement of lost tooth/teeth with minimal expenses, least traumatic, flapless, painless, quick to restore and rehabilitate with minimal time consumed/spent. Prof. Stefan Ihde with all his past experience and knowledge of bone and basal implantology redefined strategic implantology® [5].

The principles of orthopedic [6,7] and traumatology [8] follow the principles of the concept of strategic implantology® [9] that involve that if implants are initially stable but have not yet undergone biologic osseointegration, this clinical situation is similar to the surgical stabilization of mobile bone fragments by osteosynthesis plates in orthopedic surgery. Here the smooth surface screws are used, and bi-cortical anchorage is done. Non-parallel screws are used to enhance macro anchorage. Rigid splinting is done by fracture plates, similar to prosthesis/bridge in dental implantology. Stable anchorage areas for cortical engagement, infection-free cortical bone, resorption free bone areas like buttresses being low in metabolism, thin mucosal penetration, smooth surface thus virtually no peri-implantitis, an abutment preferably single piece, bending zone, avoidance of cantilever, cross arch splinting, splinting within 72 hours, before the bone remodeling starts. More the atrophy, the greater one has to splint.

The strategic implant® [10] is non-homogenous, designed following the concept of strategic implantology. They are smooth or polished surface like osteosynthesis plates used in traumatology. Self-tapping with self-cutting threads for maximum bone to implant contact and increased insertion torque. For retrievability, single piece multiunit mono implants are there. Body of the implants is thin but strong enough to sustain occlusal loading. They are bendable

in order to bring the abutment to a desired prosthetic plane after engaging the buttress. Also, the desired cortical bone is mandatory to sustain occlusal function. Almost all the implants are designed to be placed flapless minimizing regional acceleratory phenomenon [11] and most atraumatic to patient. Force transmission at apical threads engaged at the intended cortices and buttress, negligible influence at the unstable crestal cortical of which all conventional implantology is based on its support. This study is an attempt to focus on the efficacy of strategic implant®, following immediate loading protocol as well as to compare and evaluate the efficacy of strategic implant placement followed by immediate loading in regard to primary stability, quality of bone and survival and success of implants.

MATERIALS AND METHODS

Source of the data

The prospective cohort study was conducted with the patients reporting to the Department of Oral And Maxillofacial Surgery, Daswani Dental College and Research Centre, Ranpur, Kota for implant placement and immediate loading using strategic implant® as per feasibility of case. Total 26 patients were included from both genders, 19 males/7 females in age group of 40 to 70 years, who were previously restored with strategic implants® irrespective of the quality and quantity of cancellous/alveolar bone following immediate functional loading protocols. The study included 8 to 10 strategic implant® per jaw were placed and restored with prosthesis within 3 days. **Selection criteria** Inclusion criteria: Patients presented with partial or full edentulism in the upper or lower jaw. Patients having atrophied ridges were preferred. **Exclusion criteria:** General: If suspected that the treatment could affect the patient's health condition like pregnancy. If patient's cooperation appeared questionable. If patient did not give his or her informed consent to participate. History of radiotherapy in the head and neck region for malignancies, chemotherapy for treatment of malignancy within 1 year of the procedure desired. Uncontrolled diabetic and hypertension or any systemic condition which contradict any surgical procedure. **Local:** The planned implant area persisting lesions, such as tumor or recent irradiation, or showed signs of chronic bone diseases. **Procedure** The overall design is a prospective, cohort study. After informed consent of all the patients was obtained, a clinical examination (Figure 1) and a detailed explanation of the study including the study procedures and required post-operative follow up visits was given to the patient. Then a surgical template was used for the assessment of the implant angulation and labio-palatal width of the dentulous/ edentulous ridges that was done previously. At the following visit, the procedure of implant placement, extraction, curettage and impression was done followed by the metal framework trial and subsequently the delivery of the prosthesis. At the follow up visit, assessment of soft and hard tissue conditions at the implant site was conducted and corrections were performed if required. At the 40th day post-operatively, 6th month and 1 year follow up assessment of soft and hard tissue conditions at the implant site was repeated and corrections were performed radiographically and clinically. **Technique and protocols:** Depending upon the various classifications of jaw ridges regarding available cortical and cancellous bone like Atwood [12,13], Cawood et al. [14], Lekolm et al. [15], Seibert JS [16] Paraskevic VL [17], different design of strategic implant® were chosen. With available crestal bone width and height strategic implant® designs like BECES EX,

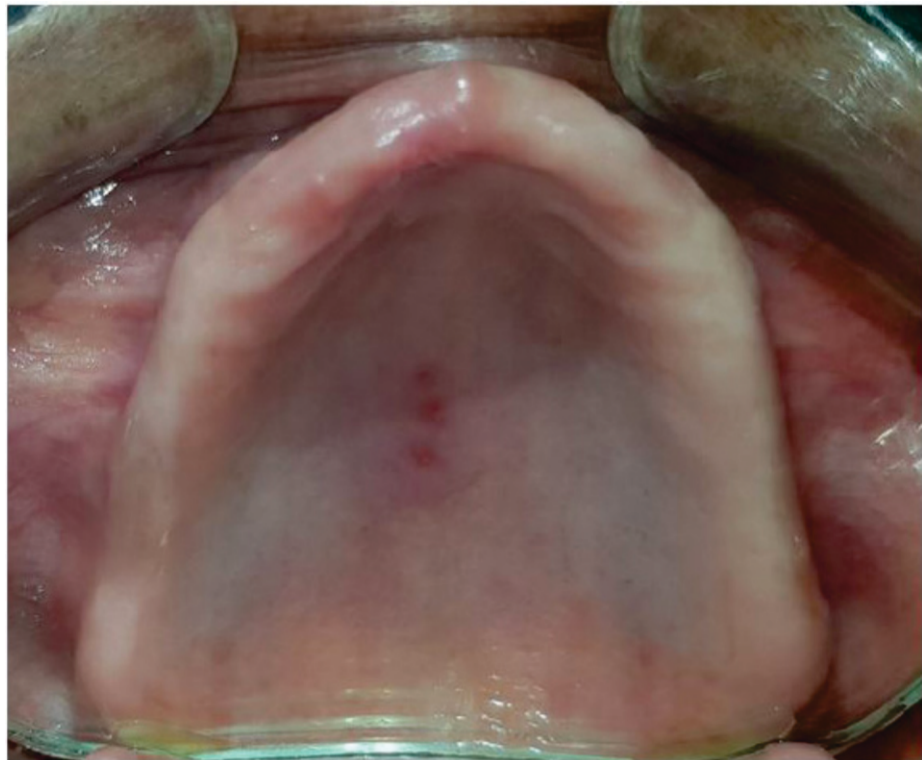


Figure 1: Pre-operative clinical intra oral picture.

KOC MICRO, KOC PLUS or BECES implants are placed otherwise with atrophies where height and width of cancellous/ alveolar are deficient only BECES and ZDI are the only option available for successful rehabilitation with higher prognosis. The placement was done under local anesthesia and the implants were placed at strategic sites fixated with other cortical like 2nd or 3rd cortical (Figures 2 and 3). The methodology of strategic implant® placement [18] was followed. A specific terminology was created for the strategic implant® placement protocols [19]. The purchase point of the strategic implant® at 1st cortical is mostly different and away from the 2nd and 3rd cortical where the masticatory force transmission occurs. Usually the long implants are placed and bended being splinted, preferably cross arch to bring the masticatory surfaces within the "Supporting Polygon" [20]. The concept of accepted principle "Primum Nihil Nocera" i.e. limiting treatment and restorations were done in least traumatic methods following graft-less protocols.

All the procedure was performed in routine dental operatories. Procedures were mostly flapless unless extraction had to be done. Local anesthetic Lignox® (Lignocaine with 1:80000 adrenaline) was administered and nerve blocks were avoided, especially in the lower jaw. Depending upon the quality/quantity of crestal bone at site, KOC, BECES, BECES EX was chosen according to manufacturer recommendations. After implants placement impression was made by additional silicon putty (Flexeed®) with impression pick-ups supplied by manufacturer, and master cast was made with lab analogs on the same day (Figures 4-6). Next day metal cobalt-chromium trial was done to check the fit for the circular



Figure 2: BECES® implants in maxilla flapless.

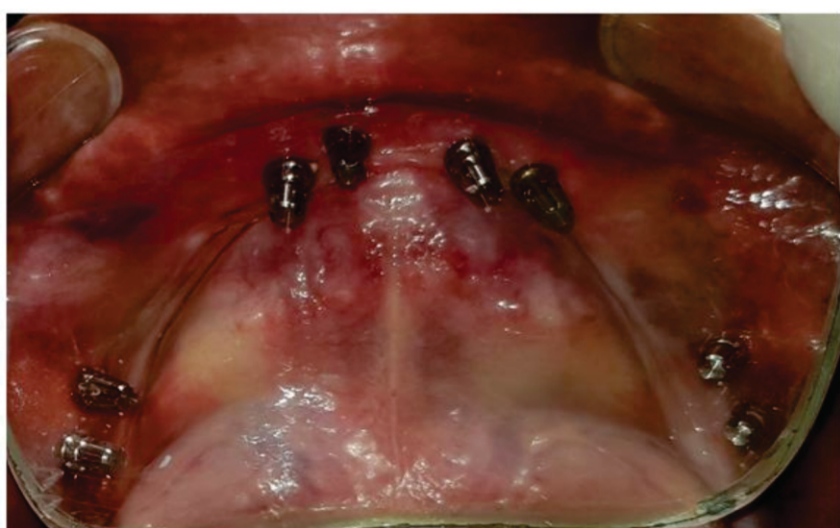


Figure 3: BECES® implants in mandible flapless.

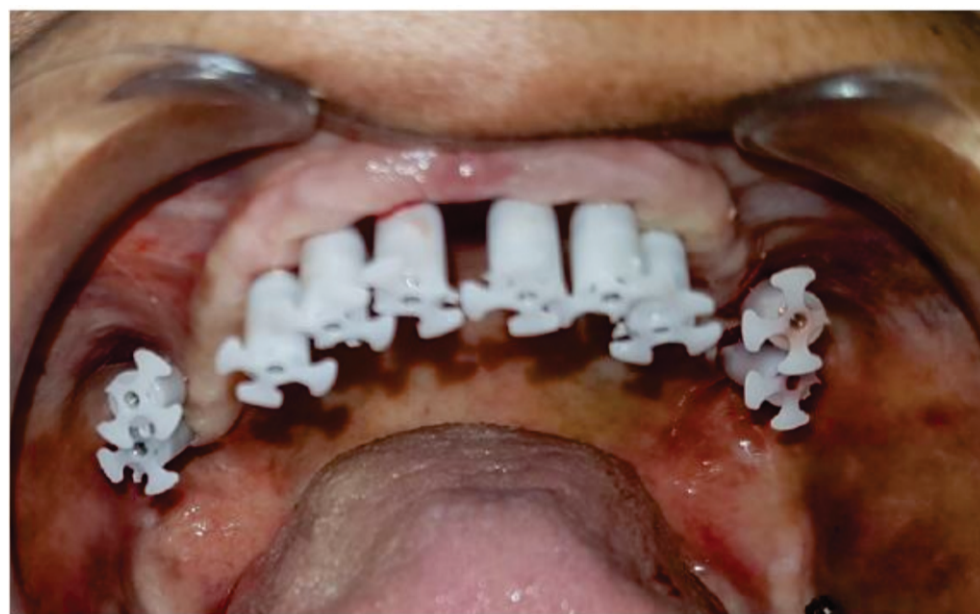


Figure 4: Impression pick-ups on maxillary implants.



Figure 5: Impression pick-ups on mandibular implants.

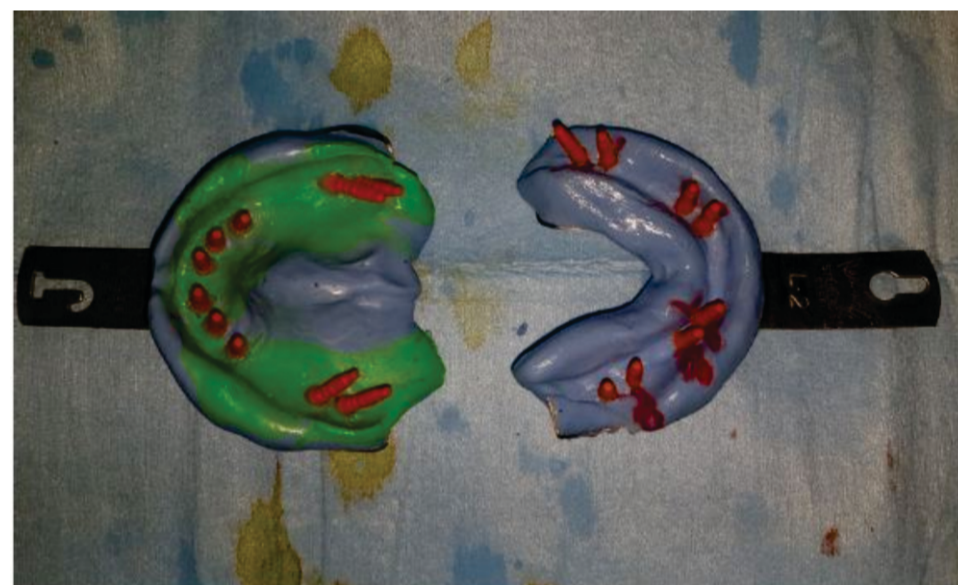


Figure 6: Maxillary and Mandibular pick-up impression with lab analogs and wax blockage.

bridges, jaw relationship been made by aluminum reinforced wax (Aluwax®) (Figures 7-9). Occlusal plane is been recorded by fox bite plane. On the third day, within 72 hours the prosthesis was delivered, preferably metal to plastic/acrylic in most of the cases but also metal to ceramic. Finally, the bridge was cemented by permanent cement Fuji plus by GC. It's imperative to complete and load the system within 72 hours before bone remodeling starts. Occlusal scheme is provided preferably lingualized occlusion or in group function when opposite arch is natural teeth. Instructions to patient explained and recall/follow up schedule explained (Figures 10-13). Figures 1 to 13 are in detail describing the procedure with followup radiograph, OPG.



Figure 7: Co-Cr metal framework trial on maxillary implants.



Figure 8: Co-Cr metal framework trial on mandibular implants.



Figure 9: Metal to Acrylic hybrid prosthesis.

RESULTS

No patient was withdrawn from the study, and all 26 patients 19 males and 7 females (with 473 immediately loaded implants) were followed for at least 12 months. No fractures or loosening of the cemented bridges were observed during the study (Table 1). One maxillary segment and one mandibular segment on the same patient were restored with metal to ceramic prosthesis. 447 BECES® IMPLANTS, 20 BECES EX® IMPLANTS, 4 KOC MICRO® IMPLANTS AND 2 ZDI IMPLANTS were placed in



Figure 10: Post-operative intra oral picture.

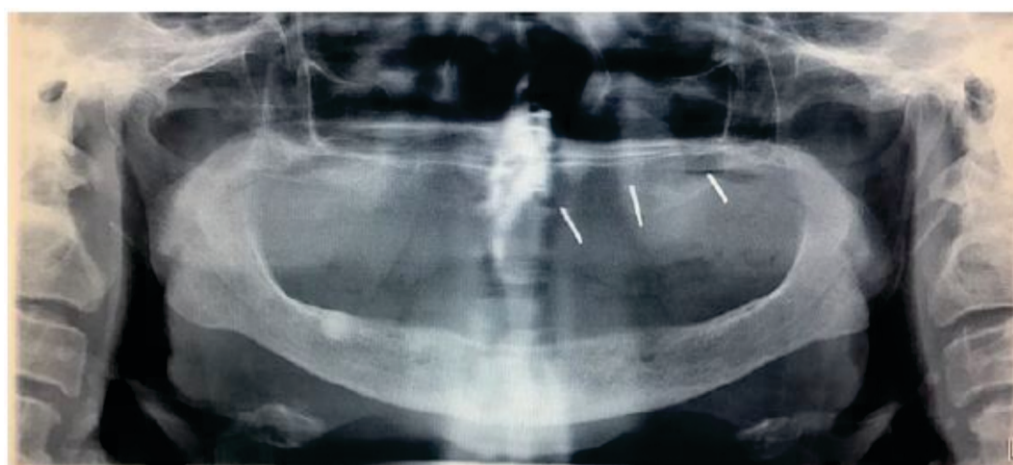


Figure 11: Pre-op OPG.

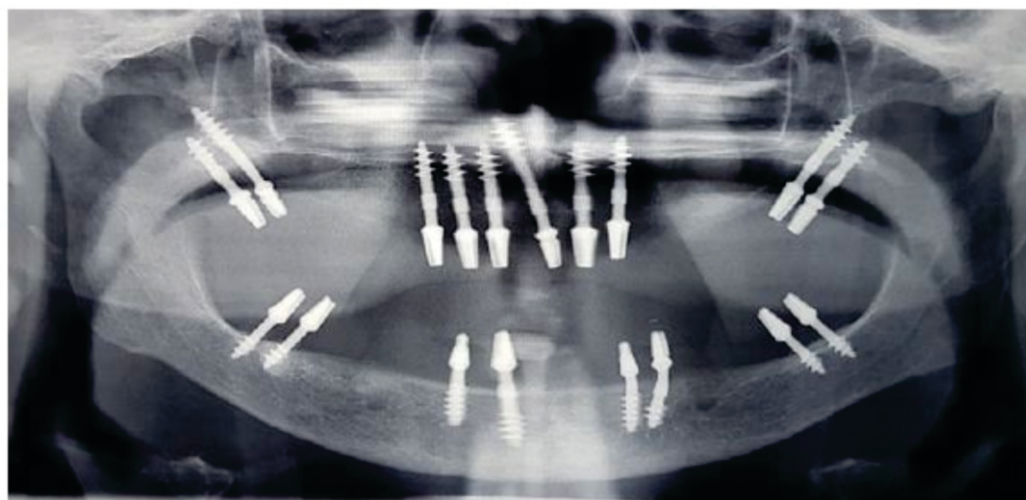


Figure 12: Post-op OPG: Maxilla-Double pterygoids bilaterally and anterior nasal cortical engagement. Mandible-Posteriorly lingual cortical engagement bilaterally and anterior implants between mental foramen.

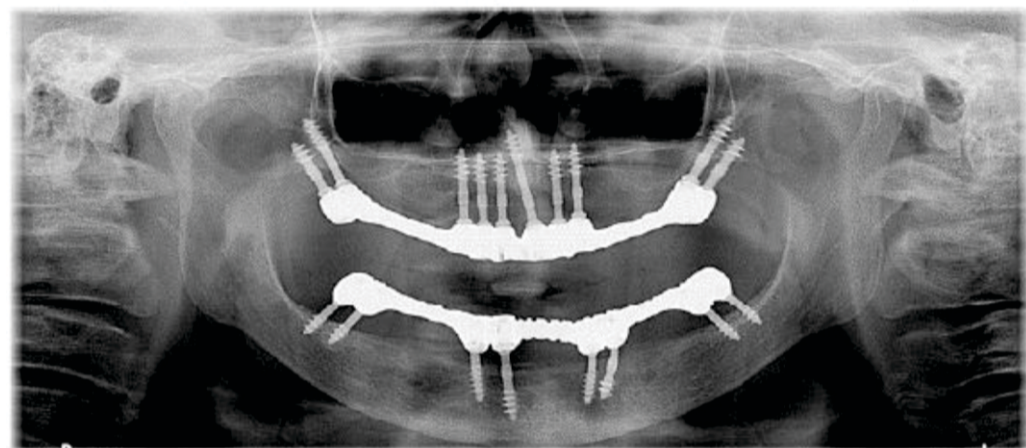


Figure 13: 22 months follow-up OPG.

the study. All the 26 patients treated were rehabilitated successfully with strategic implant® within 72 hours, according to the strategic principles, the prosthesis were fixed over implants and the desirable occlusal scheme restored ($p > 0.05$) (Tables 2 and 3). Till the date of study done/followed, no patient complained of any

Table 1: Patient characteristics.

Observed parameters	n (%) / (X ± SD; (Med; min-max))
Number of patients	26
Number of implants	473
Number of implants in full function	473 (100%)
Age	40-80
Gender: Male/Female	19 (73.07)/7 (26.92), $p > 0.05$
Hypertension: Yes/No	12 (53.84)/14 (46.15), $p > 0.05$
Diabetes mellitus: Yes/No	5 (19.23)/21 (80.76)
Smokers: Yes/No	10 (38.46)/16 (61.53)

$p > 0.05$ Indicates no significant difference between the groups with regard to gender and hypertension distribution

Table 2: Types of corticals engaged by implants.

Target corticals	N (%)
Nasal cortical	159 (33.61)
Sinus floor	4 (0.84)
Palatal cortical	3 (0.63)
Zygoma	2 (0.42)
Pterygoid	99 (20.93)
Mandibular inter-foraminal anchorage	104 (21.98)
Distal mandible anchorage without cortical engagement	4 (0.84)
Distal cortical mandible engagement	98 (20.71)
Significance	$p < 0.05^*$

*Indicates a significant difference in the number of corticals engaged by the implants in regard to the various regions

mobility or fracture of the prosthesis or the implants, thus were free of pain and swelling except one patient who was restored with mandibular full arch construction complained ($p>0.05$). Patient satisfaction questionnaire results were extremely favorable. All prosthetic constructions (Even if they were planned for short or medium-term temporary use) were cemented with Fuji plus (Obtained from GC EUROPE N.V, Leuven) (Handmix variant) definitive cement. This procedure is necessary to establish absolute stability (Secure splinting) between the implants and the bridges as they are required according to the principles of therapy in traumatology and orthopedic surgery (AO principles). In case of pairwise comparison the results were not statistically significant.

There was no statistically significant correlation between different types of prosthetic work on BECES® implants ($p>0.05$). In pairwise comparison the results were not statistically significant (Tables 4-6). Only 8 BECES® implant showed signs of overload osteolysis, clinically and radiographically throughout the whole observation period. 465 (98.2%) BECES®/BECES N®/BCS® implants out of 473 were in full function, without pain, mobility or visible infection, resulting in a clinical survival rate of 99.7 % after a mean of 12 months. 8 of the BECES implants showed sign of overload osteolysis (Tables 7 and 8). Table 8 shows complications as

Table 4: Types of implants and placement locations.

Implant and placement characteristics	n (%)	Follow-up
Type of implant	BECES	447 (94.50)
	KOC MICRO	4 (0.84)
	ZDI	2 (0.422)
	BECES EX	20 (4.22)
Implant location (jaw)	Maxilla	26
	Mandible	26
Significance	$p>0.05$	$p>0.05$

$p>0.05$ Indicates no significant difference between the implant location groups

Table 5: Extent of reconstruction.

Full jaw	Maxilla	n	Radiological follow-up
	Mandible	25	96%
Segment	Maxilla	0	100%
	Mandible	1	100%
Significance			$p>0.05$

$p>0.05$ =No significant difference

Table 6: Type of prosthesis.

Prosthesis type	Location	n
Metal to plastic	Maxilla	25
	Mandible	25
Metal to ceramic	Maxilla	1
	Mandible	1

Table 7: Implant survival under different aspects.

Place of anchorage in the 2nd cortical (Different target corticals)	Radiological follow up	Clinical Inspection as follow up	Patient report as follow up
Floor of nose	100%	100%	100%
Palatal engagement (for anteriors and premolars only)	100%	100%	100%
Tubero-ptyergoid	100%	100%	100%
Mandible inter-foraminal anchorage	96.50%	96.50%	96.50%
Distal mandible anchorage without cortical engagement (for KOS implants)	100%	100%	100%
Cortical engagement distal mandible (for BCS implants)	95.10%	95.10%	95.10%
Significance	$p>0.05$	$p>0.05$	$p>0.05$

Table 8: Implants: failures and remedies-clinical and radiological signs and symptoms of ailing or failing implants.

Sign	Yes/No	n
Mobility	Yes/No	8/465
Local soft tissue	Yes/No	8/465
Infection	Yes/No	8/465
Pain	Yes/No	8/465
Bone loss	Yes/No	8/465
Significance		$p>0.05$

observed during clinical check-up and according to patients report. The survival rate for BECES implants placed in the mandible in comparison to those placed in maxilla came to: 100% vs 96.1% ($p>0.05$). 8 of BECES implants showed radiological signs of overload osteolysis. The survival rate for all implant type placed in the mandible in comparison to those placed in maxilla was: 100% vs 96.1% since 8 implants failed in the mandibular region but all implants survived in the maxilla ($p>0.05$).

DISCUSSION

Immediate functional loading on dental implants has become an established protocol and was first discussed/proposed by Schnitman et al. [21]. Both the cortical and cancellous bone adapts favorably following frost 'Mechanostat' theory [22]. With bone in function, the favorable trabecular arrangement leading to high mineralization locally. Bone optimizes weight of performance– Wolff's law [22]. There is a need to have high insertion torque, depending upon the design of the implants and rigid splinting/ cross arch splinting for the success. Krekmanov et al. [23], states that strain gauge measurements in vivo, showed no difference in the bending movements on the tilted implants. Bending movements measured rarely above 20 Ncm. Rigidity of the prosthesis counteracts the relatively small bending movements applied to tilted implants. Cross arch splinting allows enough micromotion for the patient to function but not enough to prohibit osseointegration. Off axis loading goes hand in hand with cross arch splinting.

Pilliar et al. [24], suggest micromotion greater than 150 microns will lead to failure having fibrous encapsulation greater than 1 Angstrom but 25 to 50 Microns movement is desirable for the bone contact with implants leading to essential and initial foreign body response by bone–protein adsorption, platelet activation, coagulation and inflammation. The term pressure necrosis is generally used for any bone resorption because of high insertion torque but there is sufficient literature to support bone apposition and favorable healing with fixtures placed of high insertion torque [25,26]. Routinely when in discussion of graft-less solution for rehabilitation of non-atrophic to moderate atrophic jaws in conventional/alveolar implantology the "All on Four" treatment protocols is been explained and implemented. All on four protocols is a modified treatment modality of all on six by Prof. Branemark where the most distal implant is tilted 15 degree bilaterally to reduce antero-posterior span of the cantilever with great success. The current concept proposes to have 4 implants between intermental foramen and in premaxilla, where the distal is tilted up-to 45 degree. However, presently, we have insufficient evidence in literature to support as there is violation of biomechanics when used with long cantilever [27,28].

Another debatable issue is implants being rough surface, no doubt because of adhesion of clot and its minimal retraction and enhance coagulation we have additive benefit of contact osteogenesis with secondary distant osteogenesis regarding bone bonding with foreign object like implants [24] but there is high risk of the surface getting secondary infected by pathogens and bacteria [29] leading to the current disease of millennium "Peri-implantitis" which is not the case with smooth/machined surface implants [30]. Smooth surface titanium is most accepted to oral mucosa and attached mucosa is not mandatory around the smooth surface Titanium [31]. Thin but strong body of implants resist bone resorption at crestal level where-as there is continuous bone loss at crestal level with conventional design [32]. With following the principles of strategic implantology® with strategic implant® immediate functional loading implantology has become most predictable and getting accepted globally. Design of implants being used are smooth surface self-tapping threaded design [33,34] meant to engage and transfer masticatory load in the basal bone, buttresses like Pterygomaxillary, Zygomaticomaxillary, Frontomaxillary [35] and the other cortical that have been previously mentioned. Here the cancellous or alveolar bone is of least significant unlike conventional implantology, woven bone is not desirable at the implant vicinity and aim is to restrict or delay remodeling [36,37]. Long polished surface implants are used to reach the most load resisting high mineralized bone with minimal metabolism, the cortical, buttresses and basal bone. The insertion point at 1st cortical level doesn't fall in axis with the site engaging the masticatory load transmission threads [19] but when splinted preferably cross arch resist the load better and more suitably than the load transmission on parallel implants. Here implants are bent along the long body of implant [38]. Longer the implants, easier to bent without disturbing the crystal structure of titanium alloy, to bring the abutments for the desirable prosthetic plane inside "SUPPORTING POLYGON" [20]. According to the law of physics the long arm/body of the implant resist the forces and transmit inside bone, where load is transferred by short abutment open to oral environment. As force is inversely proportional to area, in the long end-osseous body of implant, force transmission is minimized. There is need to splint the implants within 72 hours before the remodeling sequence Activation-Resorption-Formation (ARF); kicks in [39]. Here the most preferred implant placed is BECES® then the BECES EX® and then the KOC® MICRO implants [40]. BECES® implants works on the principle of osteosynthesis screws used in orthopedics and traumatology. BECES EX® and KOC MICRO® being root form taper in design, former being smooth surface and later with modified NOITIS® surface. KOC implants

compresses the cancellous bone to achieve high primary stability, their mode of function is termed "corticallization of cancellous bone" [39]. All the implants are single piece, mono implants [40]. Thus, the chances of screw loosening and micro motion at 1st cortical leading to crestal bone loss are second to none. In-fact post bone remodeling bone apposition is appreciated at buttress sites. As its widely known circular bridges are not accepted in the lower jaw because of mandibular flexion but the sufficient evidences also exist supporting the horse shoe bridges in the mandible provided the fixtures engaging the strategic position and implant design being isoelastic compatible with mandibular flexion [34,41]. The ideal prosthesis material preferred is cobalt-chromium alloy framework with chewing table of acrylic or indirect composite, ceramic can also be used in ideal condition but to be rigidly splinted by permanent cement [42,43]. Concept is to have modulus of elasticity as close to bone as possible [44]. Cases are completed ideally with lingualized occlusion and when opposite arch consist of natural teeth group function is the most desired occlusal scheme with shallow guidance and compensatory curves, existence of ideal freeway space most mandatory for the survival of system [45-48]. Prosthesis is completed as cement retained; but the single piece multiunit strategic implants with retrievability are also available [49].

CONCLUSION

Strategic implantology® is a long proven and simplified technology for restoration/rehabilitation of stomatognathic complex following immediate functional loading protocols. The concept is based on principles of traumatology and orthopedics. Here the most complex and atrophic jaws are restored with the concept of accepted principle "Primum Nihil Nocera" i.e. limiting treatment. There is virtually no contraindication for the restoration/rehabilitation by strategic implant® other than the patient on intra-venous bisphosphonates. A patient who can be operated for a routine dental procedure can be treated by strategic implantology®. Here we can successfully avoid the painful, unpredictable and unwarranted expensive augmentation procedures by engaging strategic sites and thus avoiding unfavorable cantilever situations prosthetically and biomechanically. But the science demands considerable experience and thorough knowledge anatomically and prosthetically from the operator and it also has a reasonable learning curve.

CONFLICT OF INTEREST None

FUNDING No funding was obtained for this study.

ETHICAL APPROVAL AND REGISTRATION OF RESEARCH STUDIES

The research was registered at Daswani Dental College, Kota, India, Rajasthan University of Health Sciences (RUHS), Jaipur, India after the approval of research ethical committee of Daswani Dental College, Kota, India.

CONSENT The approval of patients included in the study were obtained for the treatment and publication. GUARANTOR Dr. Vivek Gaur

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