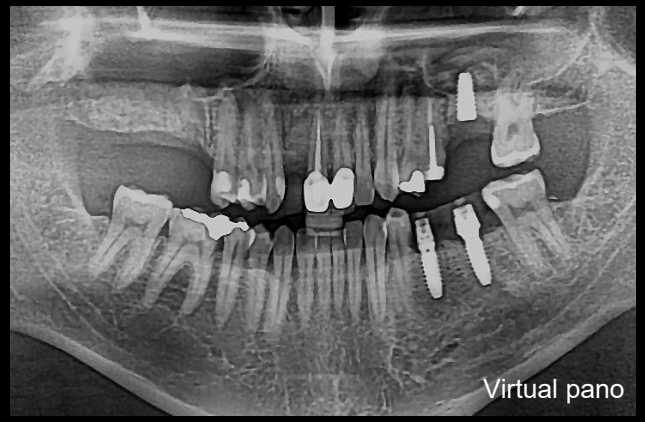
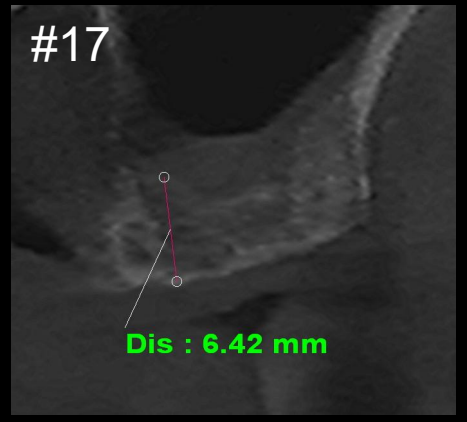
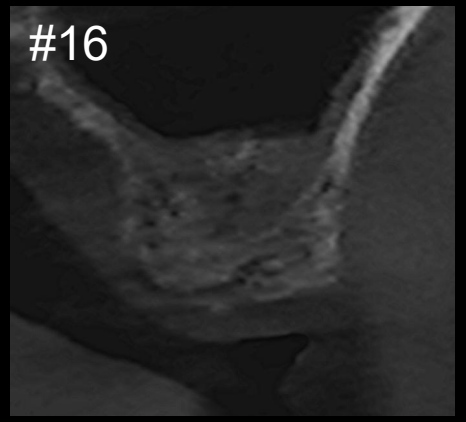
Monthly Surgery Video

Crestal Approach+ with Compaction Drill







Dr. SM Chung

2026.03.06 (Fri)

This Month’s Surgery

Patient Information

Age / Sex : 35y/ M

Chief Complaint

: Full-mouth prosthetic consultation

Past Dental History

: Implantation on #26,35,36

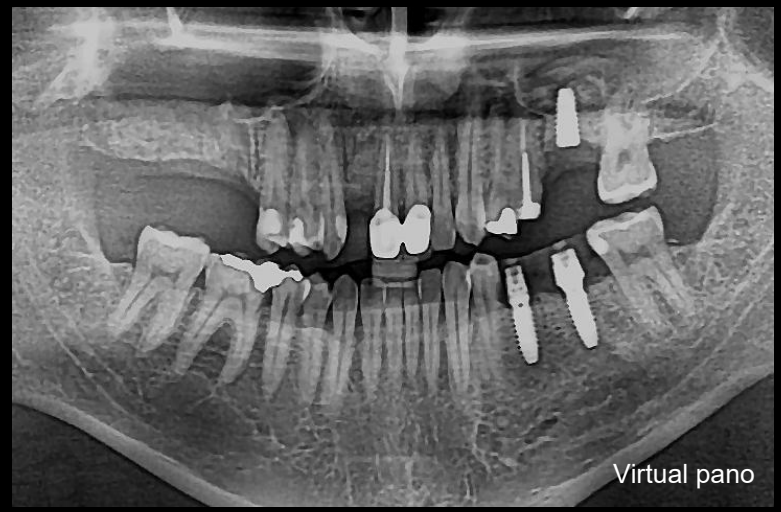
#16, #17, #12 extracted 8 months ago.

Sinus membrane perforation occurred during extraction of #16

and was managed with a Collagen Graft x1D.

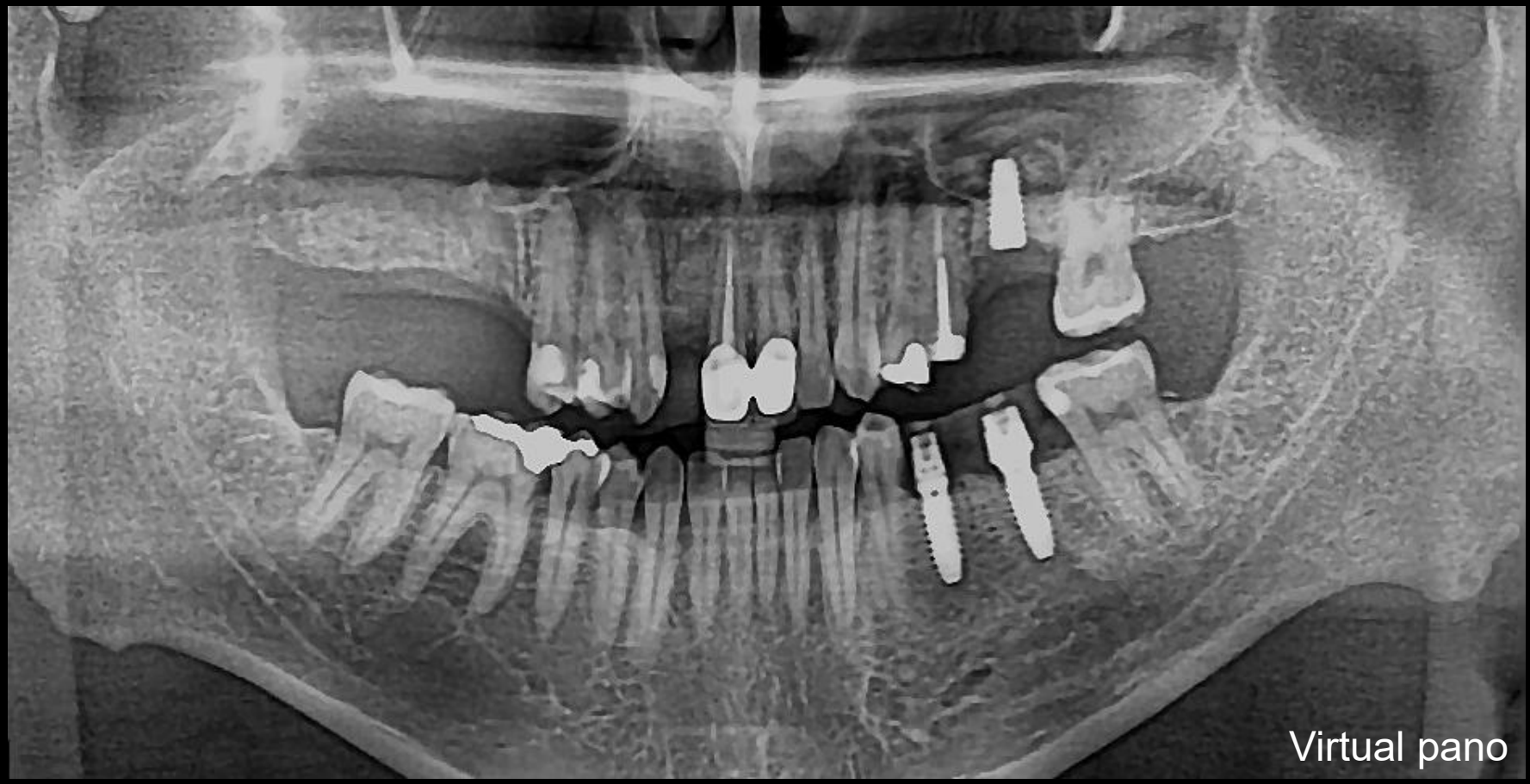
Past Medical History

: No significant past medical history.

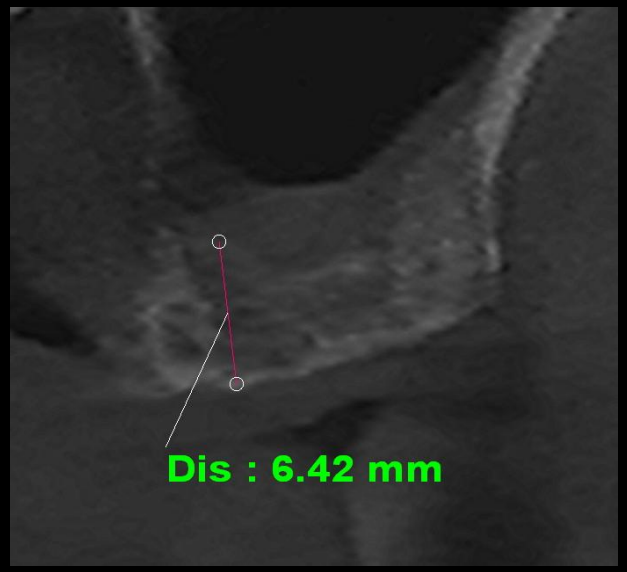


Pre-op

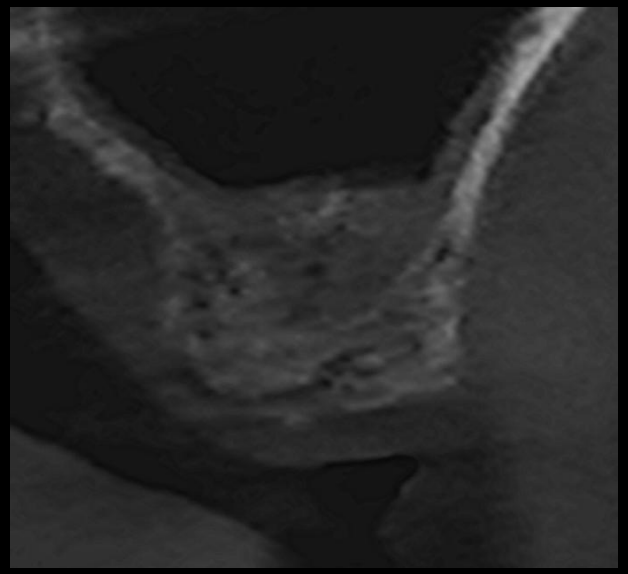
Pre-op PA



Pre-op CT

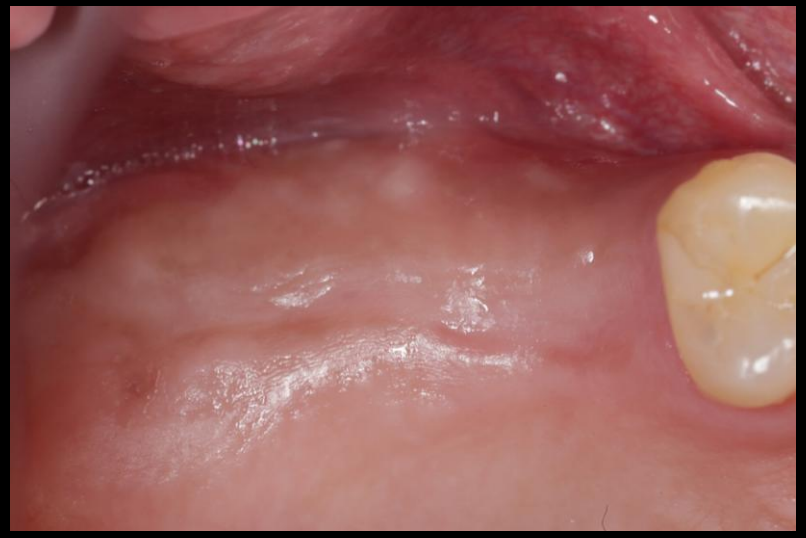


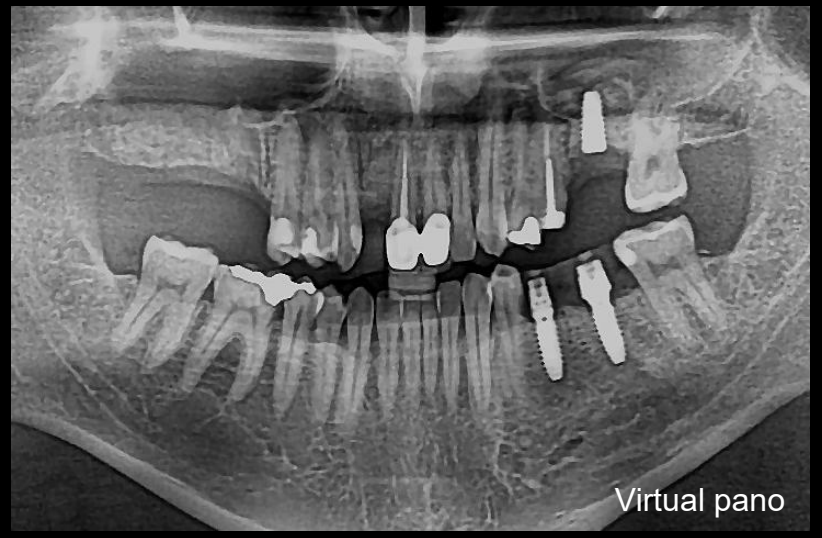
#17

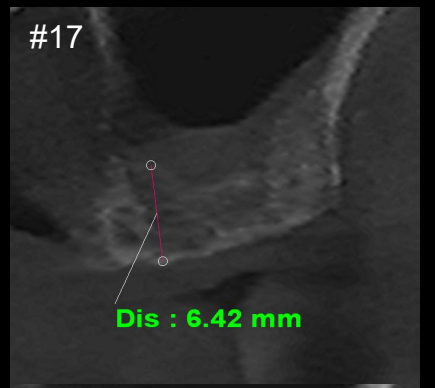


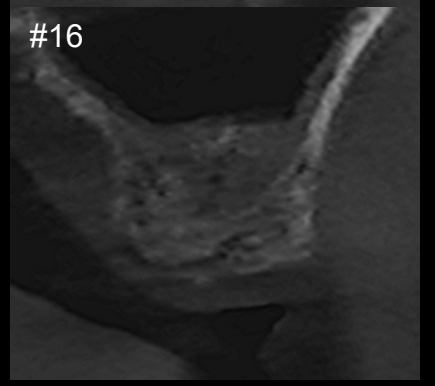
#16

Surgery Plan (#17.16)

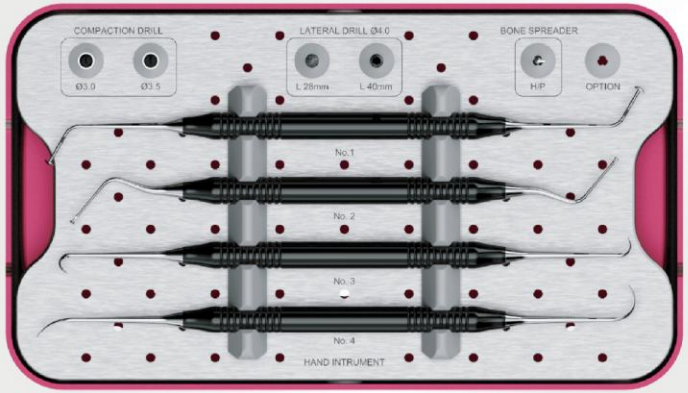








- **Sinus elevation with Crestal approach^{+} was chosen based on the residual bone height**
- **Bone and soft tissue grafting using OSTEON™ Xeno Collagen and Collagen Graft x1D**
- **Implantation on #17 and #16 using bright Tissue Level (Ø4.5 X 7.0, Ø5.0 X 7.0)**



Advanced Sinus Kit

DASK *Simple*

MINIMALISM IN SINUS

Simpler
More Convenient
More Efficient

Compaction Drill

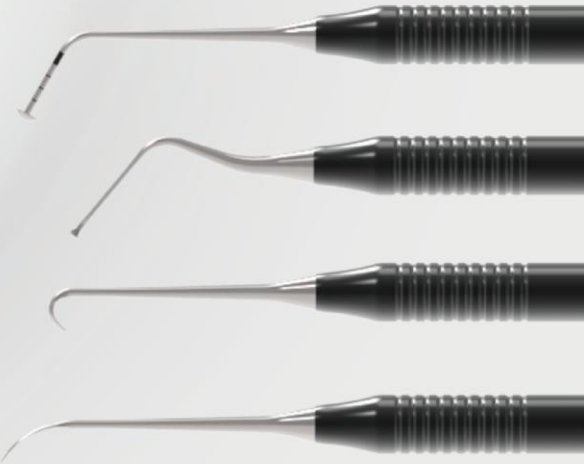
Ø3.0 Ø3.5

Lateral Drill

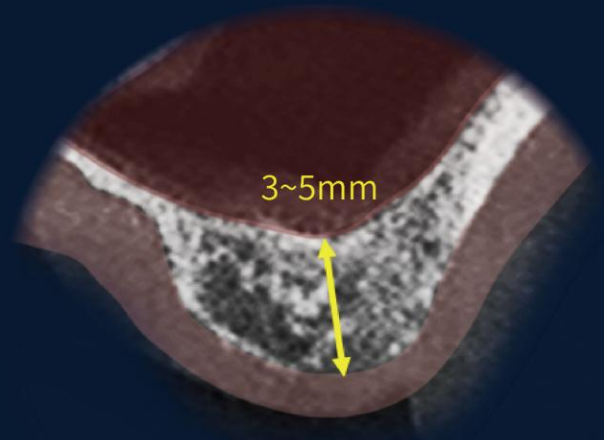
Ø4.0

Bone Spreader

Hand Instrument

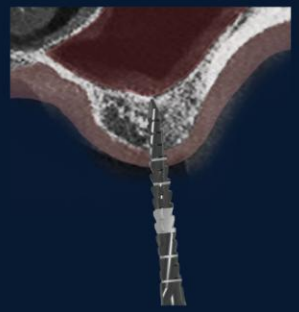


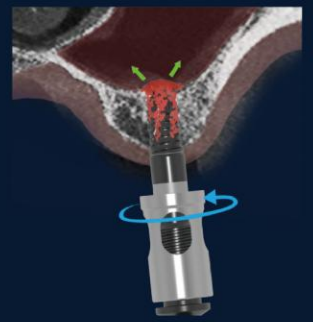
Crestal Approach

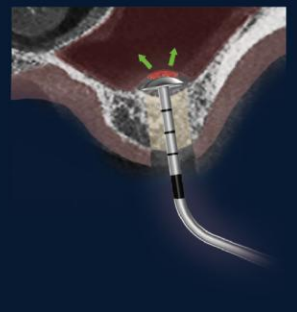


Controlled Elevation with Collagen Tenting

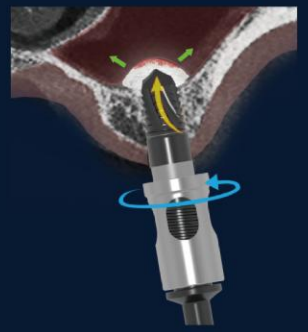
For 3–5 mm residual bone height, a safe and efficient alternative to the lateral approach.
A Predictable Crestal Elevation Technique minimizing membrane perforation risk.
Using a bone spreader to uniformly expand (tenting) the collagen graft material,
creating a stable dome formation.


Initial Drill


Compation Drill

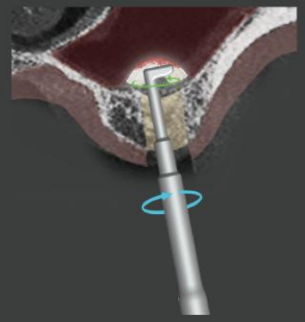

Membrane Detach


OSTEON™ Xeno Collagen


Lifting with Compaction Drill


Implantation


Collagen Graft


Spreading with Bone Spreader

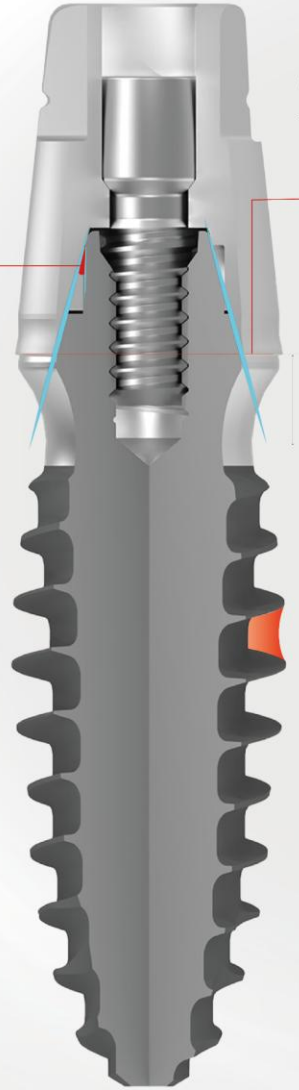
Crestal Approach+

When the residual bone height is close to 3 mm,
additional collagen is placed in the apical area to protect and cushion the membrane, while expanding the collagen graft material into a dome shape, allowing for stable elevation height.

Tissue Level bright Implant

20° External Taper with External Hex Connection
for enhanced prosthetic stability

20°



One Platform, One Prosthetic Connection
for restorations from anterior to posterior regions

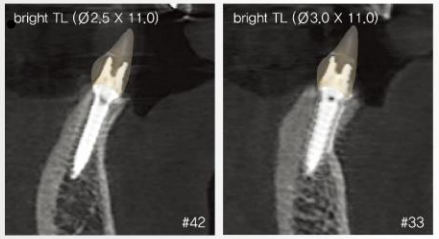
Ø3.8mm

1.5mm G/H
Under-contoured Design
to support optimal soft tissue contouring

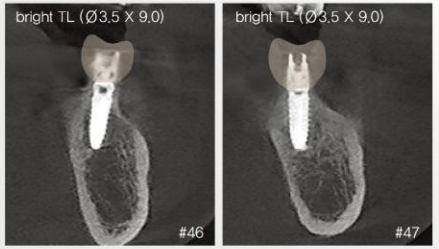
Thin and Deep Thread Design
Maximizes contact with cancellous bone
for increased long-term stability

Dome Shaped Body
Enhances Primary Stability
Better BIC on Cancellous Bone
Marginal Bone Preservation

bright TL implants provide multiple clinical benefits, enabling safe, predictable, and minimally invasive treatment

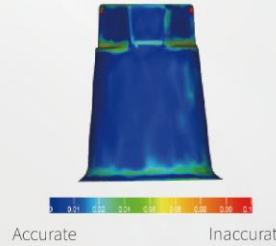


Ø2.0, 2.5, 3.0 Fixtures
➡ suitable for placement in narrow anterior ridges



Ø3.5
➡ Provide reliable solutions even in posterior regions

Simple but Versatile - Multifunctional Abutment



Accurate stitching

3-side step design

Digital Abutment
From healing to final prosthesis, with only one abutment

Ti-Base
Open-type design for anterior region
with up to 25° angulation compensation

OSTEON™ Xeno Collagen

92% OSTEON™ Xeno Bovine Cancellous Bone (100% HA)
+ 8% Porcine Type I Collagen

Osteoconductive bone graft material

Only cancellous bone (Without cortical bone)
- Highly interconnected macro-/micropores

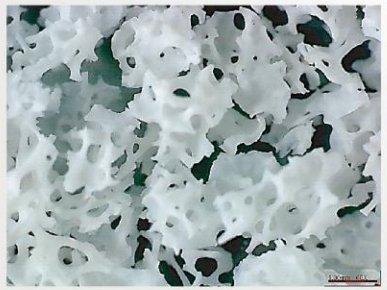
Strict quality control
- Bovine bone from 6-month-old cattle
- Complete removal of organic substances

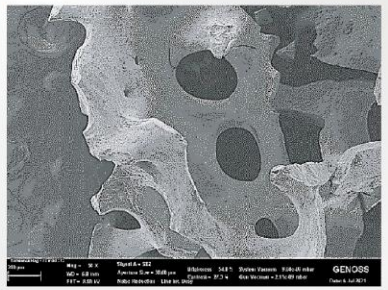
Collagen scaffold
- For easier handling and reduced chairtime

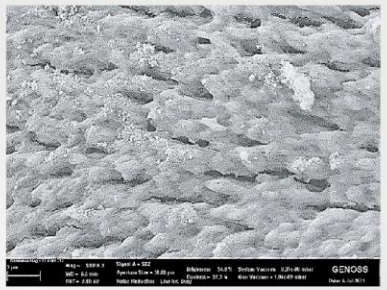
Applications

- Guided bone regeneration
- Contour augmentation
- Alveolar ridge preservation
- Sinus lift

OSTEON™ Xeno surface structure


Macropore (OM)


Macropore (x50)


Macropore (x1000)

Excellent wettability

Collagen Graft x1D

Highly Pure Type I Collagen (Porcine tendon)

Promotes rapid vascularization and epithelialization ➡ Enhances soft-tissue volume

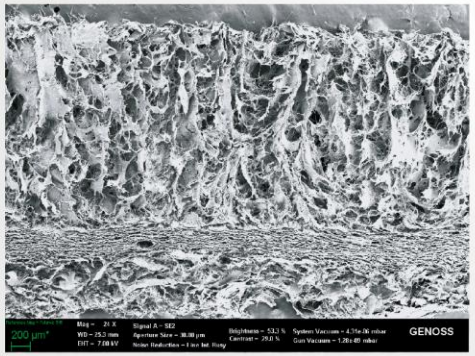
Characteristics

- Highly pure Type I collagen derived from porcine tendon
- Double-layer structure: dense + porous layer
- Fast soft tissue healing by ephithelization

Applications

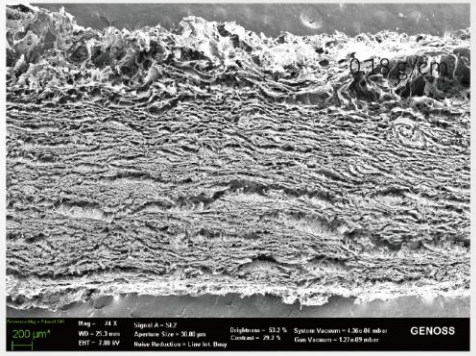
- Ridge preservation (Open healing)
- Soft tissue augmentation
- Recovery of keratinized mucosa
- FGG alternative (Apically Positioned Flap)
- Root coverage

Collagen Graft x1D

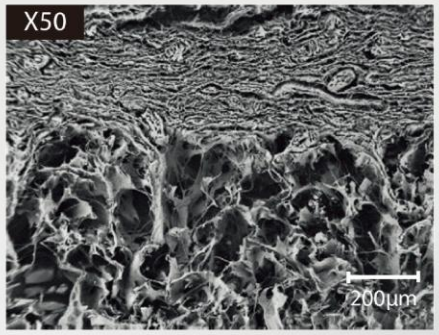


Collagen density : 0.08 g/cm³

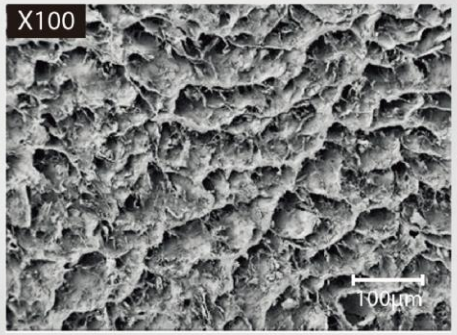
Collagen Graft x2D



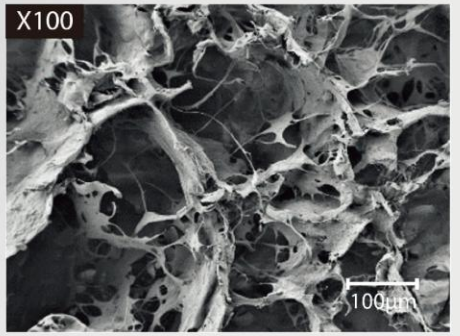
0.18 g/cm³



Cross section



Dense layer



Porous layer