

ESACROM R&D DEPT.

PRESENTS

ZYGOMA MINIMALLY INVASIVE TECHNIQUE

By Dr. Andrea Tedesco



14/02/24

INTRODUCTION

Also with regard to zygomatic implantology we can speak of a "minimally invasive technique". In fact, a current study by the author concerns precisely the use of piezoelectric instrumentation associated with zygomatic implants.

The rotating instruments have a poor surgical control and a non-optimal precision due above all to the high length which causes a continuous oscillation.

The piezoelectric instruments used with a correct protocol also allow greater visibility of the operating field given by their nebulization which greatly facilitates their work. The Minimally Invasive Zygomatic Technique designed by Dr. Andrea Tedesco for the insertion of zygomatic implants in severe maxillary atrophy makes use of two fundamental concepts: the extrasinusal approach and the preparation of the osteotomy site for housing the zygomatic implant made entirely with piezoelectric instrumentation.

This makes the technique essentially less invasive than the classic ones as the non-involvement of the maxillary sinus implies a significant reduction in morbidity and operating times, while the piezoelectric instrumentation, with the advantages that everyone knows by now, makes the surgery less dangerous and more precise. Clearly it is necessary to underline the need for adequate training by the operator who wants to approach this technique which, despite its simplicity, is still an important surgical act.

Dr. Tedesco Andrea and Esacrom have developed a particular sequence of inserts dedicated to this new technique.

SURGYCAL PROCEDURE

1. Maxillary preparation:

Draw an implant bed at the level of the vestibular wall of the maxillary sinus which runs from the alveolar ridge towards the cheekbone, the bed within which the implant will be housed.

N.B. ∴ trying not to demolish the crestal bone portion is essential for maintaining a correct implant mucous seal.

After using the first tool, we proceed with the extension of this path with two other inserts.

2. Crestal/ palatine preparation:

It represents the entry point of the plant, which it will communicate with the previously made implant bed.

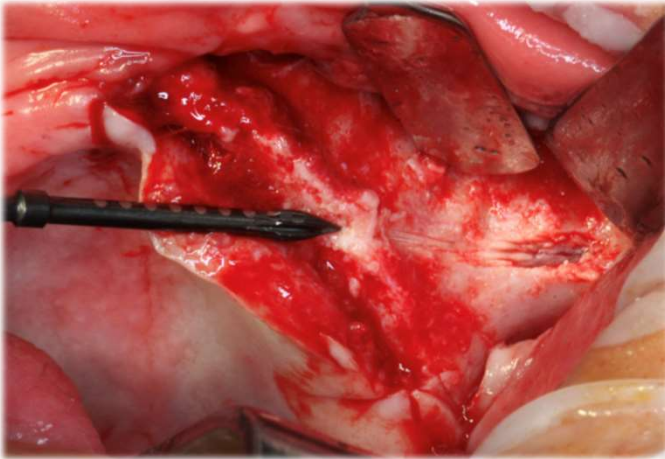
3. Zygomatic preparation:

That is, of the cortical portion of the malar bone.

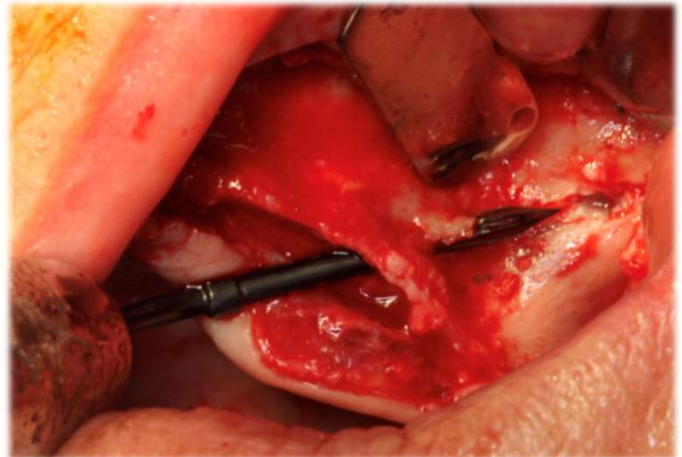
4. Enlargement of sites:

In the crestal / palatine and zygomatic area with a truncated conical instrument.

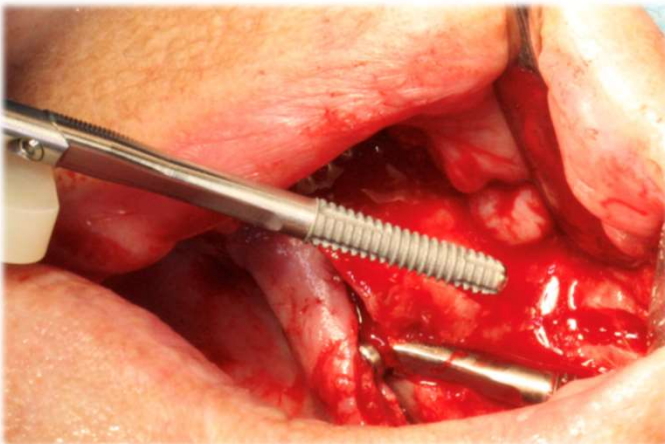
ZYGOMATIC MINIMALLY INVASIVE TECHNIQUE



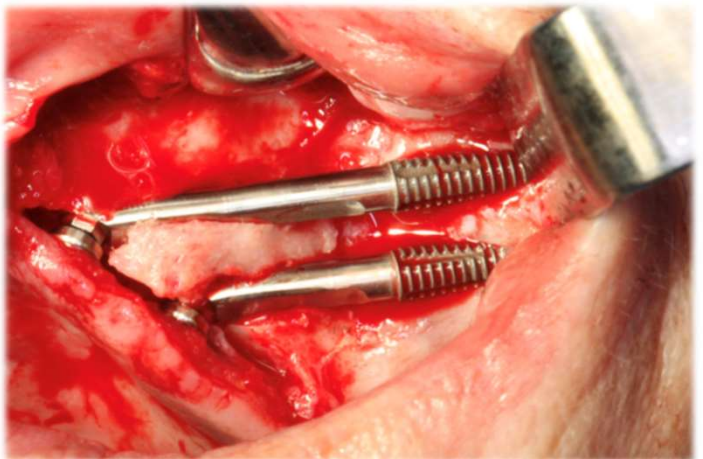
Step 1



Step 2



Step 3










Step 4

THE ZYGOMATIC IMPLANTS:

«Current events in rehabilitation implant prosthesis of atrophic maxillary »



DEDICATED TIPS

ES020XLT	ES02.9XLT	ES03.5XLT
		
ES052XGT	ES052XZIT	ES00SV2T
		
ES015T		
		

DR. ANDREA TEDESCO



Graduated in Dentistry and Dental Prosthetics at the University of Florence, he obtained a Specialization in Odontostomatological Surgery at the Maxillofacial Surgery Department of the same University. He subsequently obtained a postgraduate degree at the Department of Maxillofacial Surgery of St. Thomas Hospital in London. Research Fellow on "Implant-prosthetic treatment of severe atrophy of the jaws with the use of zygomatic implants at the OU of Oral Surgery of the University of Pisa, he is Professor at the II level Master in Zygomatic Implantology at the same University. Creator of the One To One courses on zygomatic surgery, he organizes specific courses for learning his zygomatic technique with piezoelectric instrumentation. Author of the book «Zygomatic implants: topicality in implant-prosthetic rehabilitation of atrophic jaws "Ed. Quintessenza".

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