

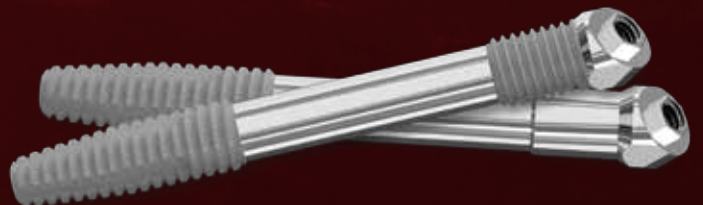


implantswiss

IMPLANT TECHNOLOGY

SMART
CHOICE

ZYGOMA Implant



ZYGOMA Implant

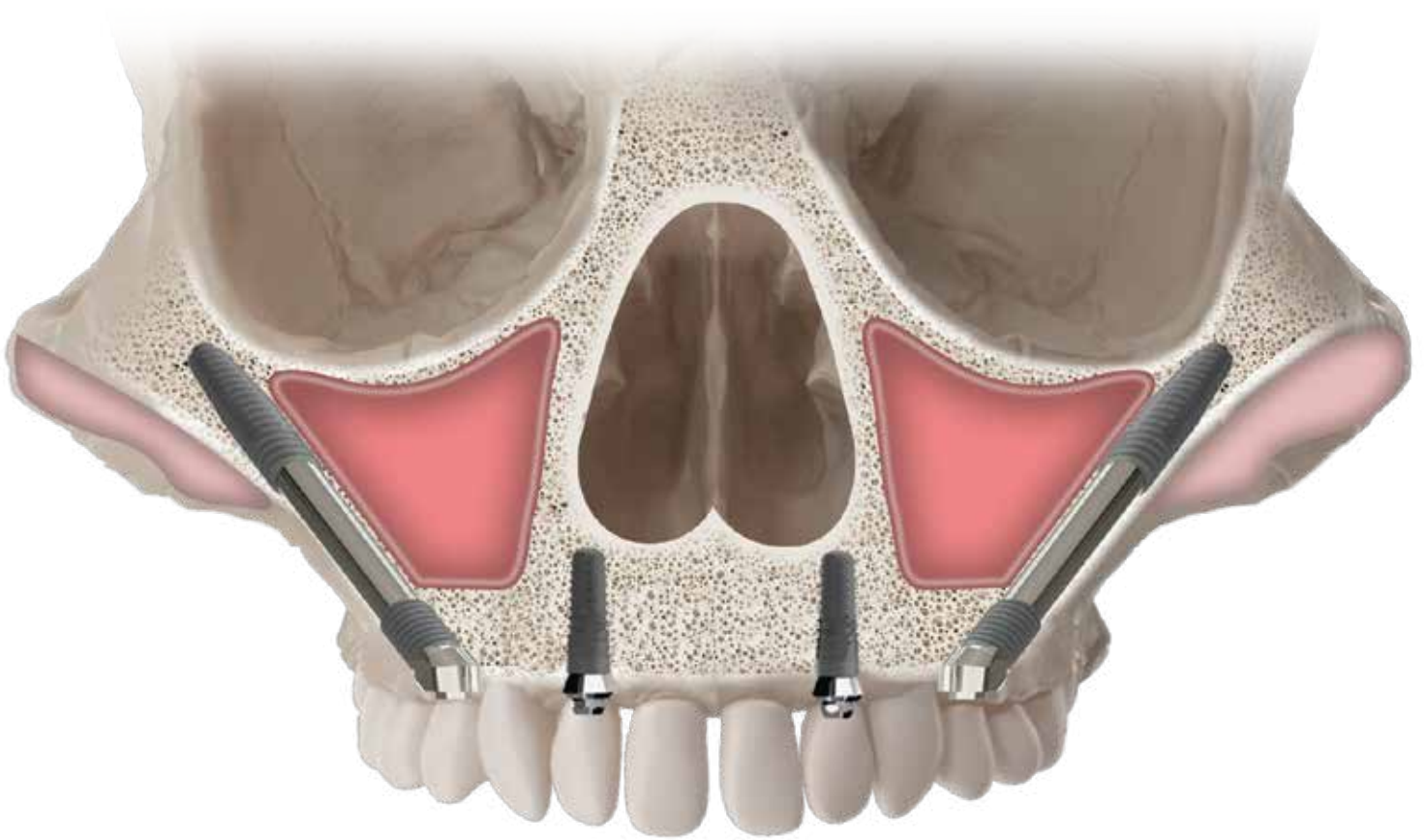
» Zygomatic Implant

In patients with severe resorbed edentulous maxilla, surgery and prosthetic rehabilitation can be very difficult. As a result of systemic and local factors such as early tooth loss, periodontal diseases, tumor resection, advanced horizontal and vertical bone resorption may occur in the alveolar structure.²

In order to achieve successful rehabilitation of atrophic maxilla at an advanced stage, various treatment approaches such as increasing the bone volume with block or alveolar split grafting, iliac wing graft, interpositional grafting as well as Le Fort I osteotomy, sinus lifting, and a combination of these procedures.¹

However, in some cases, local and systemic factors make it difficult to use these techniques. In 1998, Branemark introduced zygomatic implants as an alternative treatment option for severely resorbed alveolus crests.

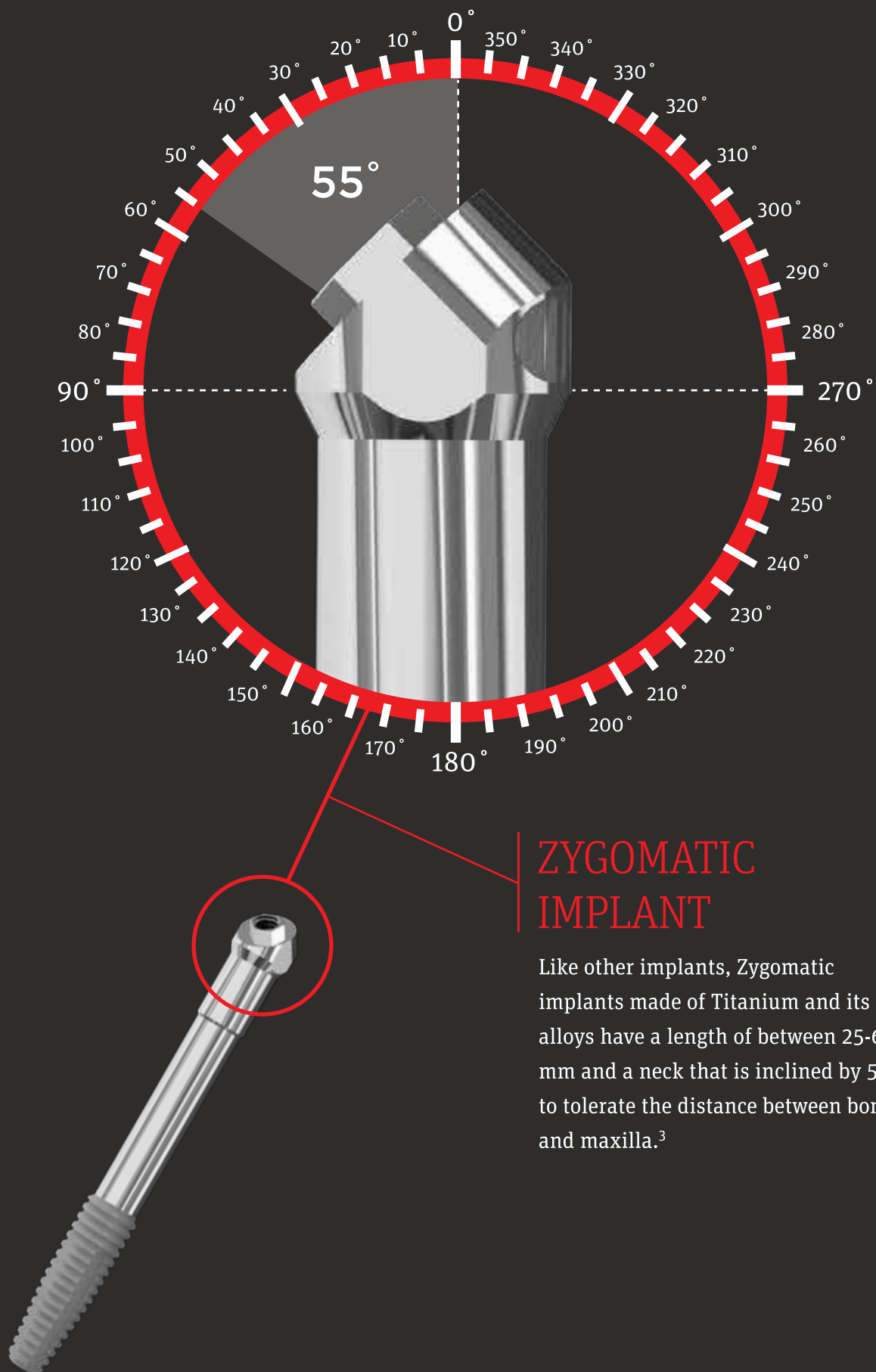




» Anatomy of Zygoma

Small and quadrangular zygomatic bone has four processes, frontal-sphenoidal, orbital, maxillary and temporal and forms the most important support structure in the midface. It has junctions with the sphenoid bone in lateral, with frontal bones in superior, with maxillary in medial and inferior. It forms zygomatic arch with temporal bone. The areas where the frontal bones and the maxilla are joined, are the thickest and the strongest.³



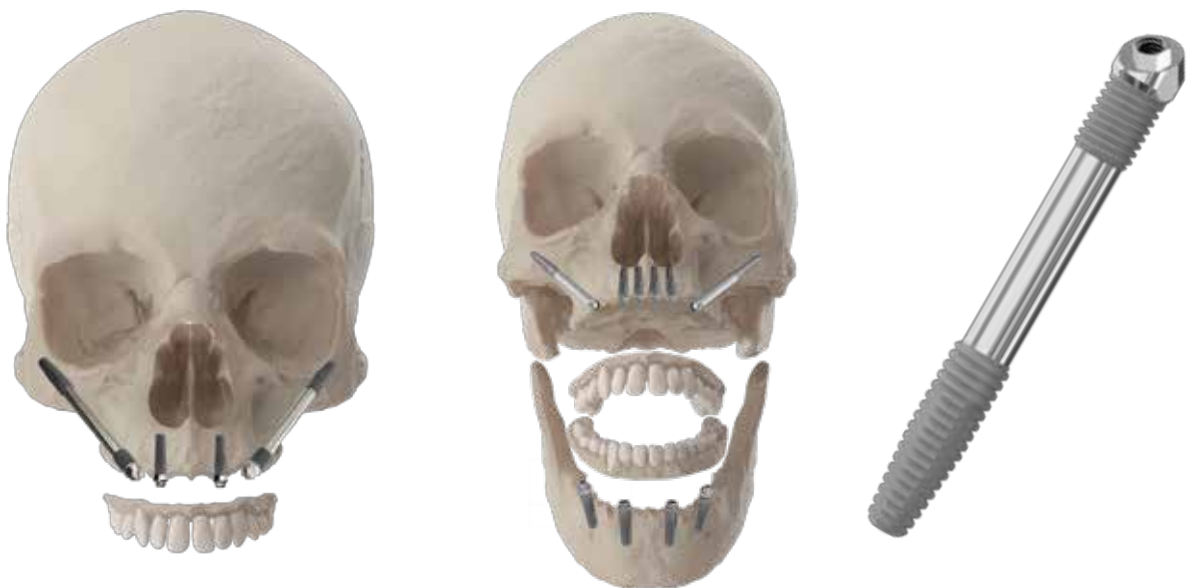


ZYGOMA Implant



» Basic Surgical Approach

According to Bedrossian maxilla has three regions which are premaxilla, premolar region and molar region. ⁴ Before operation, the physician should decide whether the bone is appropriate for all three regions. Cone-beam computed tomography (CBCT) showing the diameter and length in these regions can be used to determine the amount of bone in the zygomatic arch, both horizontally and vertically. ³



According to this approach, the treatment recommendations are given in the table below. ³

Sufficient Bone Presence	Surgical Approach
Premaxilla, Premolar Region, Molar Region	Traditional (axial) implants
Premaxilla, Premolar Region	4 regular implants (all on four technique)
Premaxilla	In addition to zygomatic implant, 2 or 4 regular implants
Insufficient Bone	4 Zygomatic implants

ZYGOMA Implant

» Advantages of Zygomatic Implants

Zygomatic implants can be a very fast and reliable solution when traditional implants cannot be applied because there is insufficient maxillary bone.

Implantation can be performed with a much shorter treatment duration and a higher treatment success rate, without the need for bone grafting procedure with a long process and a relatively low success rate being applied patients with advanced bone resorption.

It can be applied in patients with wide resections in premaxilla due to reasons as accident, cancer.

Patients with Zygomatic implants can have prosthesis in a much shorter time compared to conventional dental implant therapies.



» Implantswiss Zygomatic Implants and Usage Recommendation

Implantswiss Zygomatic implant offers three different product options according to different operation requirements.

1. Zygomatic Implant
2. Oncological Zygoma Implant
3. Atrophic Maxillary Zygoma Implant

» **1** **ZYGOMA Implant**

Zygoma implant is a special implant applied to the cheek bone in the zygoma region in patients with non-treatable advanced bone loss in the upper jaw.



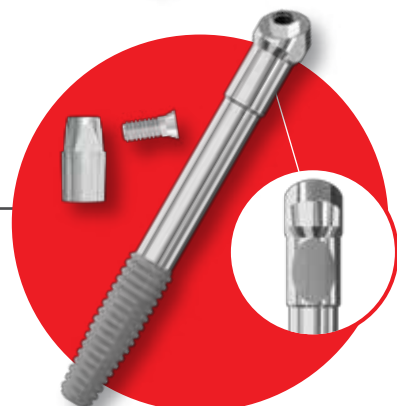
» **2** **ONCOLOGICAL ZYGOMA Implant**

It is an alternative dental implant that is used instead of laborious and difficult treatment methods, especially in patients who have some or all of the upper jaw bone removed due to accident or tumors.



» **3** **ATROPHIC MAXILLARY ZYGOMA Implant**

Zygoma Atrophic Maxillary implant is a special implant applied to the cheekbone in the zygoma region in patients with a non-treatable high degree of maxillar bone loss in the upper jaw.



ZYGOMA Implant

» Zygomatic Implants

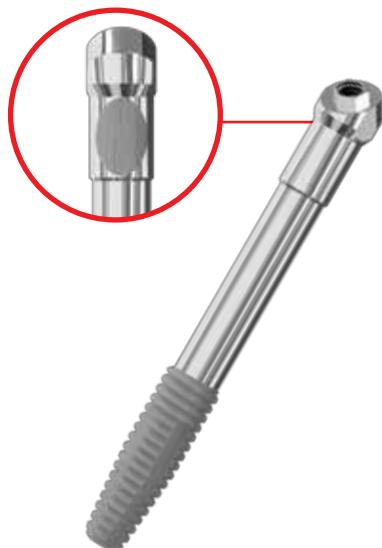
ZYGOMA Implant

Ø4.3	
35 mm	S-ZYG35
37,5 mm	S-ZYG37.5
40 mm	S-ZYG40
42,5 mm	S-ZYG42.5
45 mm	S-ZYG45
47,5 mm	S-ZYG47.5
50 mm	S-ZYG50
52,5 mm	S-ZYG52.5
55 mm	S-ZYG55
57,5 mm	S-ZYG57.5
60 mm	S-ZYG60



ONCOLOGICAL ZYGOMA Implant

Ø4.3	
25 mm	SZ-ONC25
27,5 mm	SZ-ONC27.5
30 mm	SZ-ONC30
32,5 mm	SZ-ONC32.5



ATROPHIC MAXILLARY ZYGOMA Implant

Ø4.3	
35 mm	S-ZAM35
37,5 mm	S-ZAM37.5
40 mm	S-ZAM40
42,5 mm	S-ZAM42.5
45 mm	S-ZAM45
47,5 mm	S-ZAM47.5
50 mm	S-ZAM50
52,5 mm	S-ZAM52.5
55 mm	S-ZAM55
57,5 mm	S-ZAM57.5
60 mm	S-ZAM60

» Zygoma Prosthesis



ABUTMENT

3 mm

5 mm

S-ZCA4330

S-ZCA4350



LAB ANALOG

S-ZLA



ANGLED ABUTMENT

3 mm

5 mm

S-ZAA43203

S-ZAA43205



MULTI UNIT

17° (Degree)

S-ZMUA43172



HEALING CAP + SCREW

3 mm

5 mm

S-ZHA4330

S-ZHA4350



IMPRESSION COPING PICK-UP+GUIDE PIN

S-ZICP



PLASTIC CYLINDER

S-ZPICYN

ZYGOMA Implant

» Zygoma Surgical Kit



ZYGOMA HANDLE

S-ZHDL

ZYGOMA DEPTH GAUGE STRAIGHT

S-ZDIS

ZYGOMA DEPTH GAUGE ANGLED

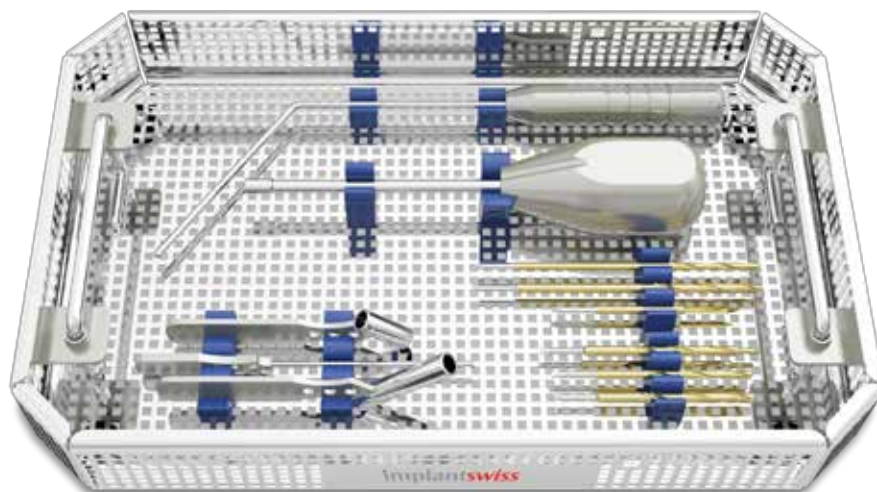
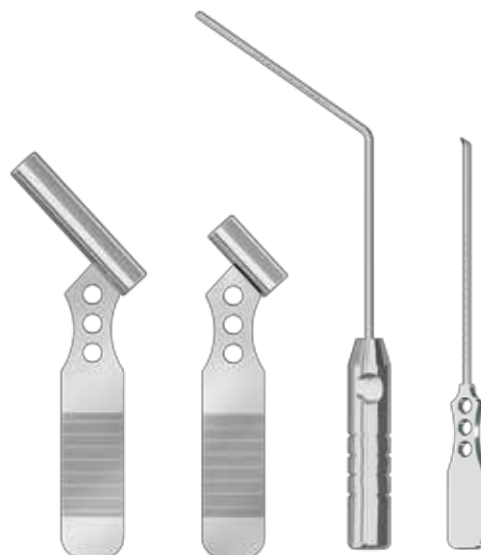
S-ZDIA

ZYGOMA DRILL GUARD

S-ZDG

ZYGOMA DRILL GUARD SHORT

S-ZDGS



ZYGOMA POINT DRILL		S-PD2970
ZYGOMA PILOT DRILL 3,5		S-PLD3565
ZYGOMA PILOT DRILL LONG		S-PLD35100
ZYGOMA TWIST DRILL 2,5 SHORT		S-TWD2565
ZYGOMA TWIST DRILL 2,5 LONG		S-TWD25100
ZYGOMA TWIST DRILL 2,9 SHORT		S-TWD2965
ZYGOMA TWIST DRILL 2,9 LONG		S-TWD29100
ZYGOMA TWIST DRILL 3,5 SHORT		S-TWD3565
ZYGOMA TWIST DRILL 3,5 LONG		S-TWD35100

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2. Kreissl ME, Heydecke G, Metzger MC, Schoen R. Zygoma implant-supported prosthetic rehabilitation after partial maxillectomy using surgical navigation: a clinical report. J Prosthet Dent 2007;97:121-8.
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