



NEW ZYGOMA Implant



implantswiss
IMPLANT TECHNOLOGY

SMART
CHOICE



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.¹

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 should be used.²

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 for severely resorbed alveolus crests.

» Anatomy of Zygoma

Small and quadrangular zygomatic bone has four processes: frontal-sphenoidal, orbital, maxillary and temporal. It forms the most important support structure in the midface. It has junctions with the sphenoid bone laterally, with frontal bones in the superior, with maxillary bone in medial and inferior area.

It forms the zygomatic arch with the temporal bone. The areas where the frontal bones and the maxilla are joined, are the thickest and the strongest.³



» Specifications

» NO IMPLANT DRIVER

Ease of inserting without implant driver.

» INDEX FREE

Unlimited abutment routing is possible with index free internal connection.

» 3mm

Proven safety with a depth of 3mm conical internal connection.

» 1,5 DEGREE

Cold welding feature due to 1.5 degrees conical internal connection.

» 45 & 55

Degree Multi Unit abutments.

» IMPLANT & ABUTMENT CONNECTION

The connection gap is less than 10 micrometers with the perfect connection of implant and abutment.

» SPECIAL THREAD DESIGN

Due to a special thread design it is easier to place the implant inducing minimum stress to the bone.

» SPECIAL COLOR CODE

Easy to understand the depth with a special color coded depth gauge.

» Ti-Al-N

(Titanium Aluminum Nitride)
Surgical drills with Ti-Al-N coating.

» WITHOUT SCREW

Flexible prosthetic applications due to screwless abutments.

» SIMPLE

Surgical procedure.

» SAFE

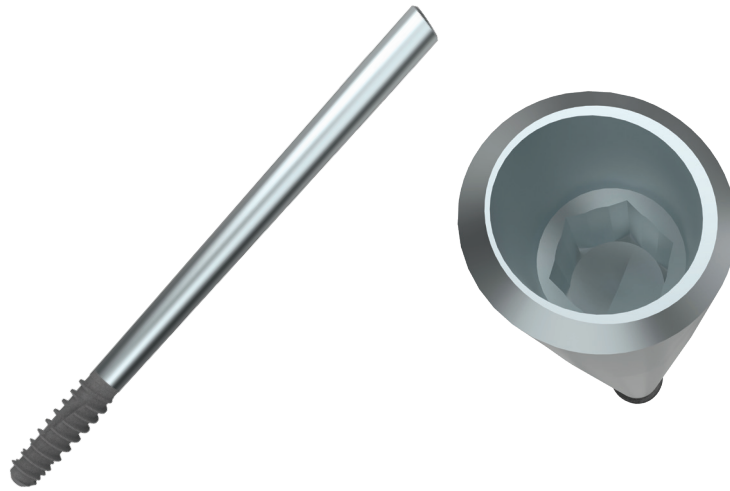
Prosthetic solutions.



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) shows the diameter and length in these regions and it can be used to determine the amount of bone in the zygomatic arch, both horizontally and vertically.³



According to this approach, 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



» Advantages of Zygomatic Implants

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

In patients with advanced bone resorption, implantation can be performed in a significantly shorter time span and with a higher treatment success rate, without the need for a bone grafting procedure which requires a lengthy process and a rate of relatively low success.

It can be applied in patients with wide resections in premaxilla due to reasons such as trauma or a cancer.

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

» Zygomatic Implants

ZYGOMA Implant

35 mm	S-ZYG35
37,5 mm	S-ZYG37.5
40 mm	S-ZYG40
42,5 mm	S-ZYG42.5
45 mm	S-ZYG45
47,7 mm	S-ZYG47.7
50 mm	S-ZYG50
52,5 mm	S-ZYG52.5
55 mm	S-ZYG55
57,5 mm	S-ZYG57.5
60 mm	S-ZYG60



ZYGOMA Implant

» Zygoma Prosthesis



**MULTI UNIT IMPRESSION
COPING PICK UP**

S-BMUAICP



**MULTI UNIT IMPRESSION
COPING TRANSFER**

S-MUATN



MULTI UNIT ABUTMENT

I-SMUA5050-45(3) - 45°
I-SMUA5050-55(3) - 55°



**MULTI UNIT
LAB ANALOG**

S-BMUALA



**MULTI UNIT ABUTMENT
PLASTIC CYLINDER**

S-MUAPICYN



**MULTI UNIT ABUTMENT
HEALING CAP**

S-BMUAHCap



**MULTI UNIT ABUTMENT
TITANIUM CYLINDER**

S-MUATICYN



SCAN BODY

S-PMUSB



DIGITAL ANALOG

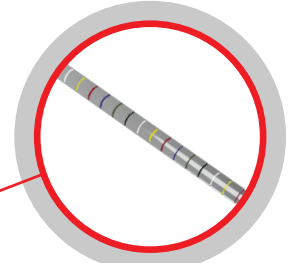
S-BMDLA



ZR BASE

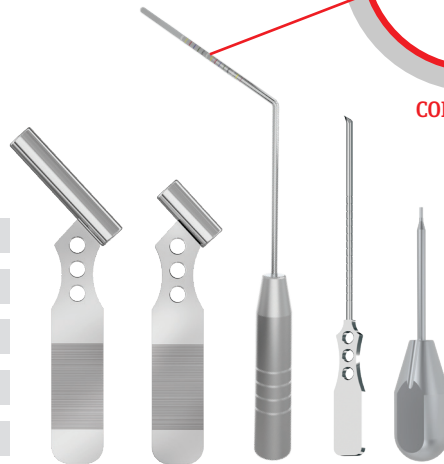
S-MUTB

» Zygoma Surgical Kit



COLOR CODES

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 BURN DRILL		S-ZBURN
ZYGOMA POINT DRILL		S-PD2970
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

» References/Bibliography

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2. ÖMEZLİ, M. Melih; ERTAŞ, Ümit. ZİGOMA İMPLANTLARI. Atatürk Üniversitesi Diş Hekimliği Fakültesi Dergisi, 2015, 25.
3. Sudhakar J, Ali SA, Karthikeyan S. Zygomatic Implants- A Review. J Indian Academy of Dent Specialist Res 2011;2:24-8.
4. APARICIO, Carlos, et al. Zygomatic implants: indications, techniques and outcomes, and the Zygomatic Success Code. Periodontology 2000, 2014, 66.1: 41-58.

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