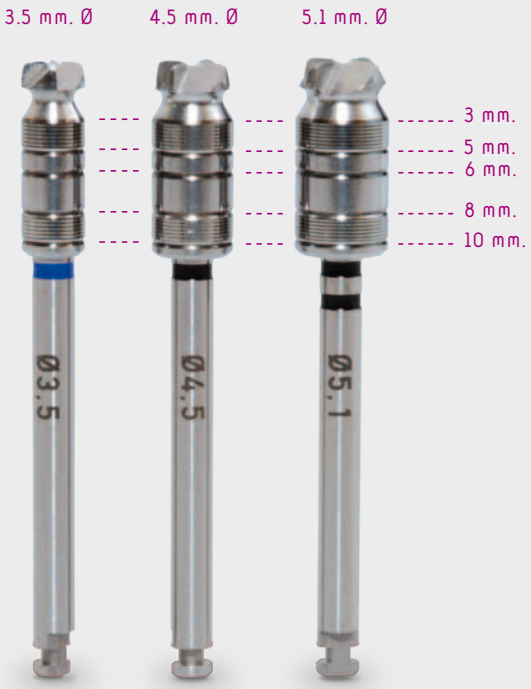
FRONT CUTTING DRILL

bti®
Biotechnology Institute
Human Technology

Human Technology

FRONT CUTTING DRILL

DRILLS AVAILABLE



AN EXCLUSIVE AND INNOVATIVE BTI DESIGN

A CLINICAL DRILLING TECHNIQUE

Front cutting drill, designed to achieve maximum settlement for extrashort implants and to work the cortical bone in transalveolar sinus elevations and in proximity to the dental nerve.

They come in three diameters to be used in the appropriate drilling procedure depending on the implant diameter. The five depth marks are useful to know the exact location of the drill in accordance with the height of the remaining bone.

A CUTTING TOOL THAT DOES NOT DAMAGE ANATOMICAL STRUCTURES

APEX

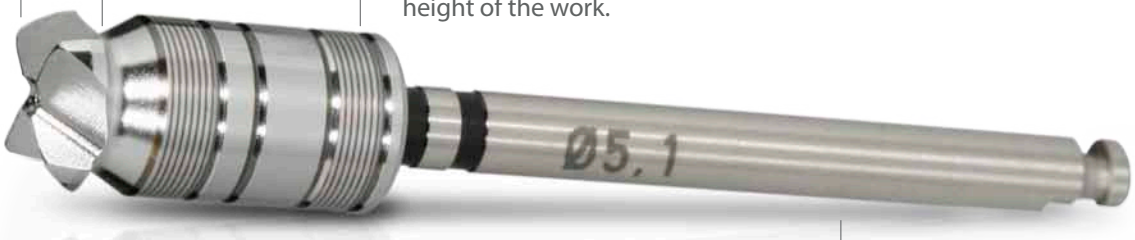
Formed by four active blades, which cut the bone without damaging compromised anatomical structures.

NECK

The innovative design means the bone can be preserved.

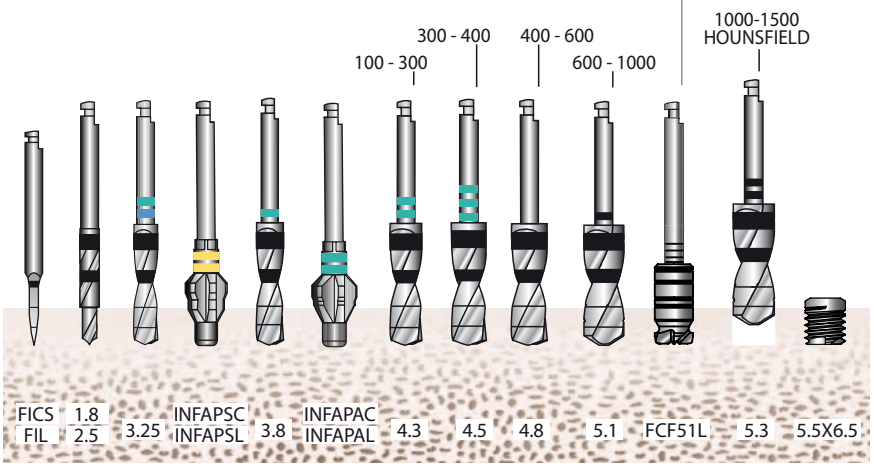
DEPTH MARKS

Marks to view the exact height of the work.



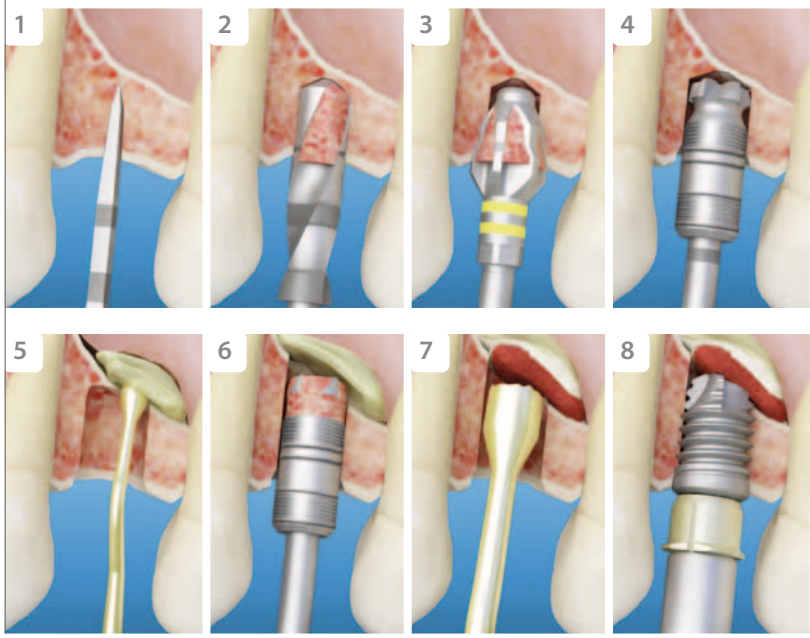
DRILLING PROCEDURE

These drills must be used when the appropriate alveolus for the diameter has been prepared, with apical instrumentation at the base of the sinus and/or allowing further advancement of the extrashort implant, achieving excellent primary stability and avoiding compression.



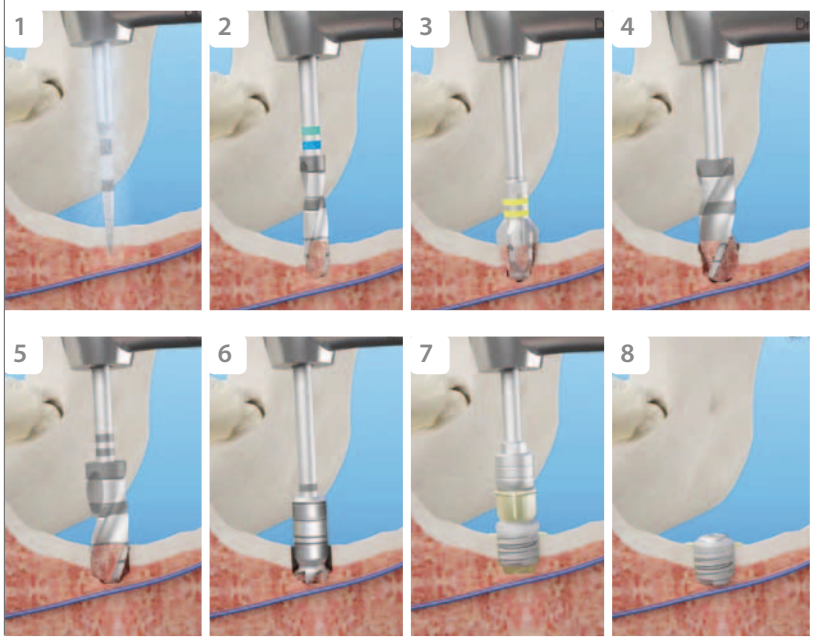
AN IDEAL BTI SOLUTION FOR COMPLICATED SURGERY

TRANSALVEOLAR SINUS ELEVATION

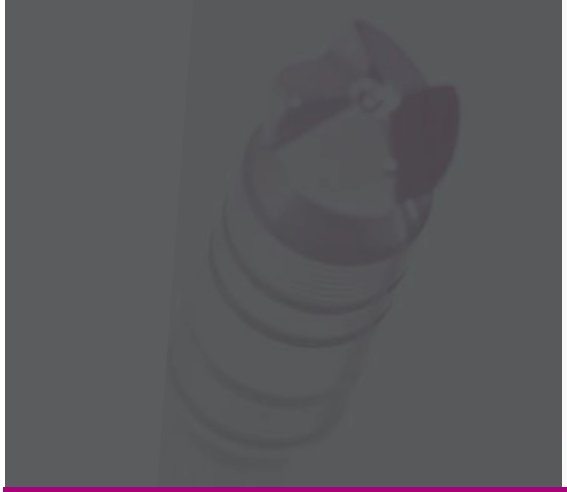


1. Initial drill respecting a 1.5 mm safety margin
2. The drilling diameter is increased in accordance with the choice of implant.
3. Countersink drills to avoid compression at the cortical level. Depending on the final implant diameter, the universal plus drill will be used alone or together with the wide drill.
4. Front cutting drill, wearing down the sinus cortical bone to make a small hole to insert the graft material.
5. Insertion of a PRGF®-Endoret® fibrin membrane inside the sinus using a bone compactor, before continuing to open the cortical bone in order to detach the Schneider membrane.
6. Complete opening of the crestal window using the drill, with no risk of damaging the sinus membrane.
7. Insertion of graft material (autologous and biomaterial) inside the sinus, until the desired diameter is achieved to insert implants.
8. Insertion of the implant in the prepared alveolus, supported on the sinus cortical and with the apex inside and surrounded by graft material.

PLACEMENT OF SHORT IMPLANTS IN THE JAW



1. Initial drill respecting a 1.5 mm safety margin
2. Drilling procedure to prepare the alveolus, to the same depth as the implant length.
3. Countersink drills to avoid compression at the cortical level. Depending on the final implant diameter, the universal plus drill will be used alone or together with the wide drill.
4. The drilling procedure is continued, gradually increasing the diameter and length of the alveolus.
5. The last drill before the implant must have the right diameter to achieve primary stability, always avoiding compression.
6. Front cutting drill, working in the apical area of the alveolus to achieve implant settlement without compression at that level. Sometimes it is necessary to work on the upper cortical bone of the canal.
7. Insertion of the implant with the surface moistened with PRGF®-Endoret® in the moistened alveolus to the desired level.
8. Supracrestal implant in two surgical phases covered with graft material + PRGF®-Endoret® to generate vertical growth around it.



COMPETITIVE ADVANTAGES

COLLECTION OF AUTOLOGOUS BONE

The detached bone particles from the drilling build up in the spaces between the cutting blades and are displaced to the retention zone.

THE BEST INSTRUMENT TO AVOID COMPROMISED SURGERY

These drills allow transalveolar sinus elevation via a minimally invasive technique.

They allow extrashort implants to be placed near the dental nerve with excellent control, reducing the risk of damaging it.

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