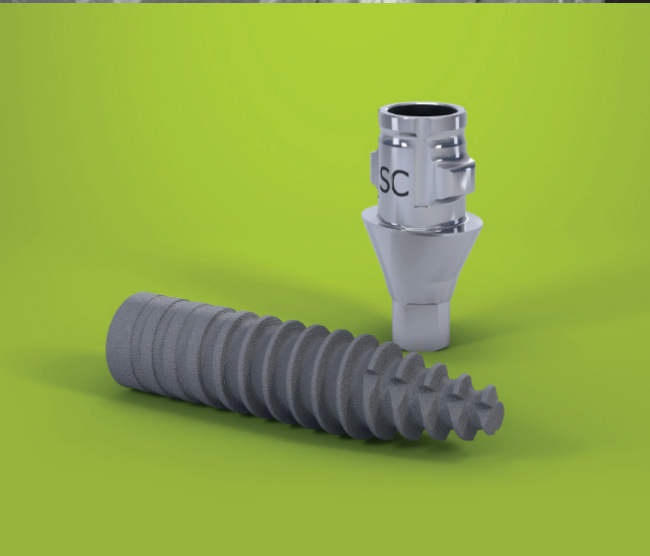
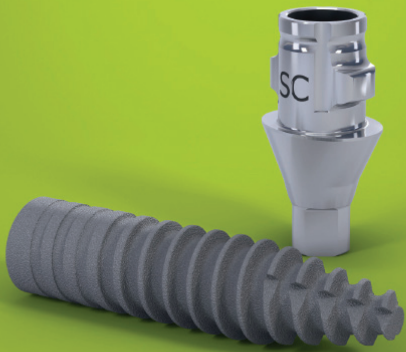


Straumann® Bone Level
Tapered Implant Ø2.9 mm
Sales Aid



Straumann® Bone Level
Tapered Implant Ø2.9 mm
Sales Aid



What about...

- Increasing your case volume?
- Achieving esthetic outcomes in the anterior region?
- Treating patients with a narrow interdental space or narrow ridge?
- Ensuring peace of mind with a small diameter implant?

What about Straumann Bone Level Tapered (BLT) Ø2.9 mm implant?



How can it increase my case volume?

Over **6 million people**, approximately 2% of the population, in the United States have one or both of the maxillary lateral incisors missing.¹ The reduced interdental space of the maxillary lateral and mandibular incisors can be challenging to treat. The Straumann® BLT Ø2.9 mm implant is designed to treat these patients while providing peace of mind.

How can Straumann® Bone Level Tapered (BLT) Ø2.9 mm help with esthetics?

BLT Ø2.9 mm implants are typically 2-piece implants and unlike mini implants, are used for permanent applications and are more flexible esthetically.

The Straumann® BLT Implant Ø2.9 mm SC puts a strong emphasis on esthetic considerations. It offers tailor-made solutions that allow for natural soft tissue shaping and maintenance for its indications. A versatile portfolio of healing and temporary abutments along with final Variobase and CAD/CAM are available.

How to treat patients with a narrow interdental space or narrow ridge?

A Ø3.3 mm implant does not fit well in some compromised situations such as reduced interdental spaces and narrow ridges and so there is a need in some cases to go smaller. The use of a small diameter implant will enable you to treat cases you previously might not have been able to consider, which include patients with narrow ridges and reduced bone quantity as indicated.^{***}

How does the Straumann® Bone Level Tapered (BLT) Ø2.9 mm provide peace of mind?

The BLT Ø2.9 mm shows high mechanical strength and a higher torque for final abutments compared to competitors. BLT Ø2.9 mm is made of Roxolid®, which is 21% stronger than titanium.*

	STMN BLT Ø2.9 mm	Nobel Active Ø3.0 mm Nobel Biocare	Osseospeed Ø3.0 mm Astra Tech
Torque [Ncm]	35	15**	15****

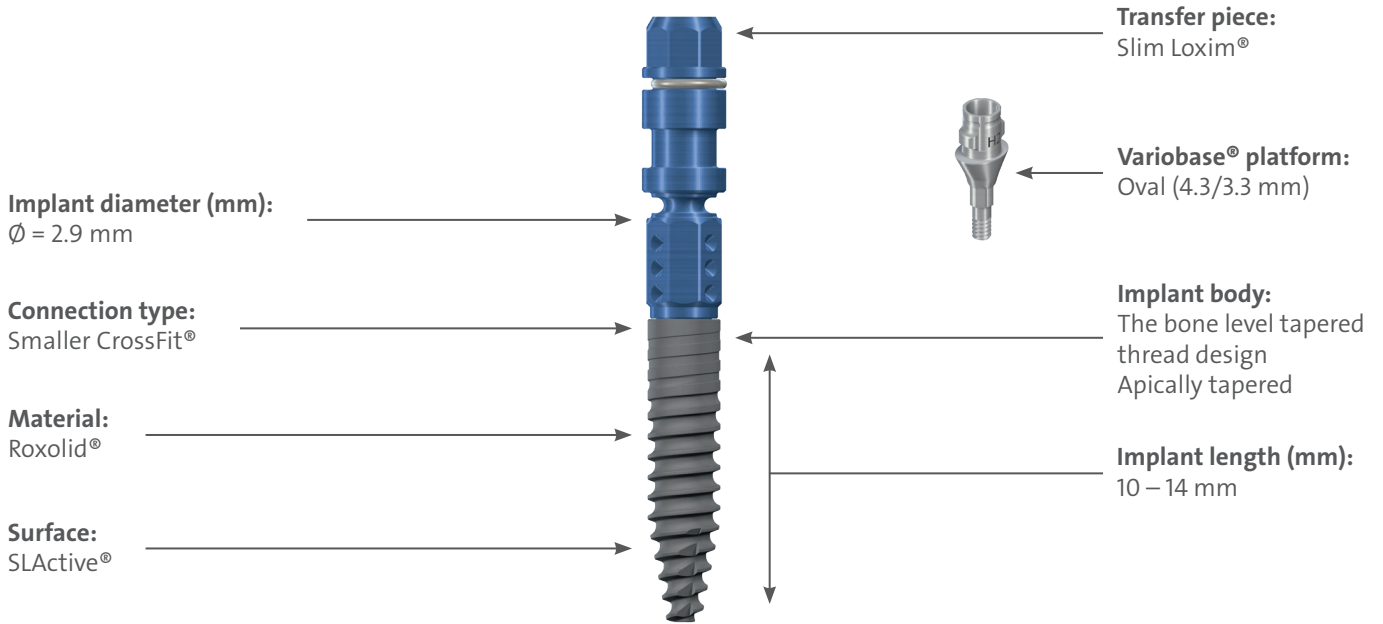
*Straumann data on file.

**Prosthetic Torque Guide. <https://www.nobelbiocare.com/content/dam/Migration%20Assets/Documents/Discover/customer-service/Prosthetic%20Torque%20Guide.pdf>. Accessed December 20, 2016.

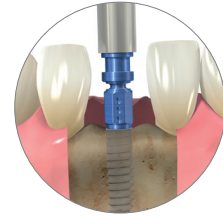
***Indicated for the maxillary lateral and the mandibular incisors.

****Astra Tech Implant System Product Catalog Astra Tech Implant System for OsseoSpeed TX. <http://www.dentsplyimplants.com/~//media/M3%20Media/DENTSPLY%20IMPLANTS/Product/1207012%20Product%20catalog.ashx?filetype=.pdf>, pg 16. Accessed December 20, 2016.

The Straumann® Bone Level Tapered (BLT) Ø2.9 mm implant

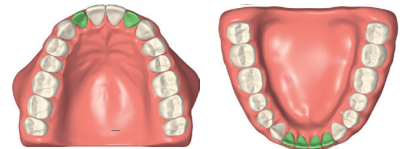


Ensure correct implant orientation by making sure that the dots on the Loxim® transfer piece are oriented exactly orofacially



Indications: The BLT Ø2.9 mm is indicated for the following:

- maxillary lateral incisors
- mandibular incisors



The **instruments** needed to place the BLT Ø2.9 mm implant fit into your Straumann® surgical cassette because of the lean instrument portfolio



Simplified Guided Surgery possible with the BLT Ø2.9 mm



Straumann offers **healing abutments, Variobase® and CAD/CAM abutments** designed to create the optimal restorative result with a simple and comprehensive portfolio.



What's different?

The BLT Ø2.9 mm is offered in Roxolid® material and the SLActive® surface to ensure high mechanical strength and faster osseointegration*



Roxolid:

- Roxolid has a higher tensile and fatigue strength than comparable titanium implants**
- 5-year follow up data shows that success and survival rates are maintained over time²
- Roxolid® Lifetime Limited Warranty provides peace of mind against implant fractures



SLActive:

- SLActive shows reduced healing time compared to SLA
- Faster osseointegration in stability critical situations
- New 10-year data demonstrates the impressive survival rate of 98.2% of SLActive with immediate loading³



Tapered Design:

- Straumann Bone level tapered implants combine the shape, surface and material designed to deliver primary stability in all bone classes
- Ideal for immediate placement and loading even in challenging protocols



One system. One torque for final abutments:

- All Straumann final abutments are torqued in at 35Ncm due to the high strength of the implant-abutment connection
- Eliminates confusion and provides consistency

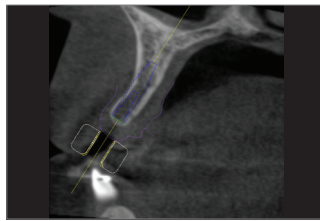
When the surface area of an implant is reduced...
the material and the surface become critical factors
for treatment success

*Compared to SLA.
**Data on file.

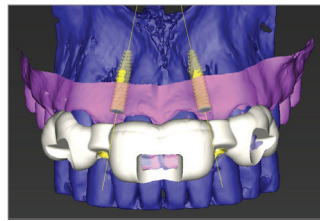
The Straumann® BLT Ø2.9 mm implant Clinical Case



Initial situation



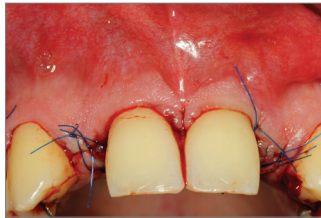
Planning in coDiagnostiX



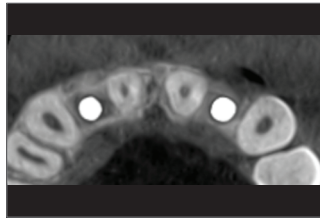
Planning in coDiagnostiX



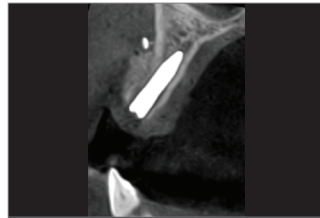
Implant placement



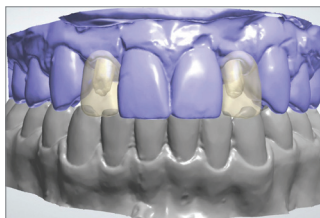
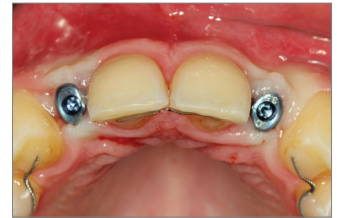
Post-operative situation



Post-operative situation



Post-operative situation



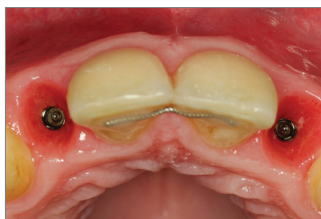
Full anatomic construction of the provisional crowns



Preparation of the provisional crowns



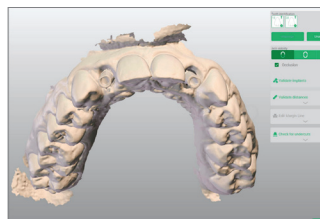
6 weeks after provisional restoration



6 weeks after integration of the temporaries



Open tray impression with individualized impression posts



Intra-oral Scan



Final restoration



Integrated hybrid abutments



Final Situation



Final Situation

Case courtesy: Dr. med. dent. Kay Vietor

REFERENCES

1 Symons AL., Stritzel F., Stauation J. Anomalies associated with hypodontia of the permanent lateral incisor and second premolar. J Clin Pediatr Dent. 1993 Winter; 17(2): 109-11. 2 Müller F, Al-Nawas B, Storelli S, Quiryren M, Hicklin S, Castro-Laza J, Bassetti R, Schimmel M. (2015). Small-diameter titanium grade IV and titaniumzirconium implants in edentulous mandibles: five-year results from a double-blind, randomized controlled trial. BMC Oral Health. 2015 Oct 12;15(1):123. doi:10.1186/s12903-015-0107-6. 3 Nicolau P, Guerra F, Reis R, Krafft T, Benz K, Jackowski J 10-year results from a randomized controlled multicenter study with immediately and early loaded SLActive implants in posterior jaws. Accepted for oral presentation at 25th Annual Scientific Meeting of the European Association of Osseointegration – 29 Sep – 1 Oct 2016, Paris.

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