

# 15

ENGLISH

**IMPLANTATION AND  
SIMULTANEOUS OPEN  
SINUS LIFT**

**DR. SHLOMO BIRSHAN**



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## IMPLANTATION AND SIMULTANEOUS OPEN SINUS LIFT



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### Academic Team

Dr. Birshan completed his D.M.D. degree at Tel Aviv University with Honors in 1998. He also received his Hypnosis license in that year, and obtained his license to perform dental treatments under general anesthesia from the Israeli Ministry of Health in 2005.

Dr. Birshan has won various awards during his career, including the IADR Young Dentist's Award in Vancouver, Canada in 1999, for presenting his DMD Thesis. He is a diplomat of the ICOI, and an expert in Oral Implantology from the DGOI. He has presented various lectures and complex cases, including live surgeries at global congresses.

Dr. Birshan is one of the leading dentists in the Alpha-Bio Tec clinical instructor's team, and has a multidisciplinary private practice and operating room, where he performs dental implantations, ancillary procedures, complex augmentations and rehabilitation.

A sinus lift is one of the most predictable treatments for inserting implants in the posterior upper jaw. The success rate has been more than 90% over the years, and when the procedure is performed proficiently, there are relatively few complications. It is important to preserve the entirety of the buccal flap and the integrity of Schneider's membrane as much as possible, as well as to make the correct choice of bone substitute, and provide antibiotic treatment (Augmentin/Dalacin for at least a week).

The most suitable bone substitute for the procedure is a Xenograft bone substitute (primarily bovine). The material is not absorbed (the time required for its absorption is extremely long) and it therefore maintains the appropriate volume for a lengthy period.

In reviews of scientific literature, and in the revised edition of *The Sinus Bone Graft* (Jensen, 2006),<sup>1</sup> it is stated explicitly that Xenograft alone is the most suitable material for performing an open sinus lift. As for the membrane over the open gap, it is now generally accepted that it radically improves the quality of the bone obtained in the sinus.

Should implantations be performed simultaneously with the sinus lift? In my opinion, the answer is yes – provided that the implant can be stabilized during the sinus lift procedure. The guiding rule is that 3 to 7 mm of bone is enough to stabilize the implant(s). Consideration should also be given to performing a closed lift due to the height of the planned gap.

Ultimately, the patient wants the treatment to be completed using the minimum number of procedures, and of course, in as short a time as possible.

In this type of case, treatment can potentially be completed within 6 months.

It should be noted that there is a D4 type bone in the posterior upper jaw region, therefore implants such as SPI should be used whenever possible. It is also important, if feasible, to insert a larger number of implants, in order to divide the load.

<sup>1</sup> Ole T. Jensen, *The Sinus Bone Graft*, 2006

## CASE DESCRIPTION

**A 52-year-old patient, normally healthy with a cracked tooth 16.**

As can be seen in image 1, the space between 15 and 17 is unsuitable for one implant – especially if performing a sinus lift.



We extracted the tooth as a First Aid procedure. In image 2, the space can be seen two months after the extraction. In this case there were 5 mm remaining from the crest to the sinus. A sinus lift and two implant insertions were performed.

A small gap was opened, enabling the separation of the membrane with minimal trauma. The following images display the breathing test. When the membrane rises, there is almost certainly no perforation.



In image 3 the membrane is in inhale state, and in image 4, exhale - demonstrating that the membrane is rising.

As shown in the photograph, there is enough crestal bone to perform the implantation. Images 5 and 6 are the "After" photographs: the bone that was used was a Xenograft – Alpha Bio's Graft Bovine Bone. The gap was covered with a collagen membrane. The primary closure was tension-free.



6 months after the procedure, the case was ready for rehabilitation. In cases such as this, alignment should be maintained, so that open-tray impressions can be easily executed. (Image 7)





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