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# A Prospective Long-Term Study on the Strategic Implant® - This Study Changed the Dental World and the „Gold Standard“ in Oral Implantology

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# A Prospective Long-Term Study on the Strategic Implant® - This Study Changed the Dental World and the „Gold Standard“ in Oral Implantology


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**Slide 1**

A Prospective Long-Term Study on the Strategic Implant®
This Study Changed the Dental World and the „Gold Standard“ in Oral Implantology

Prof. Dr. Stefan Ihde (speaker)
Prof. Dr. Olga Sipic
Prof. Dr. Antonina Ihde

**Outline of the Lecture:**
1. Results of Treatments with the Technology of the Strategic Implant®
2. Description of Results of Comparable Study from the Field of Osseointegration
3. Comparison of the Results of the Two Studies
4. Implication for the Future Direction in Oral Implantology and in Dentistry
5. Guidelines for Evaluation of Alternative Treatment Technologies (in General)

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**Slide 2**

**Abstract**

This prospective 2-center-study reports on 1680 consecutively placed full jaw reconstructions realized on cortically anchored implants that were equipped with fixed bridges within 72 hours (Immediate Functional Loading). During the observation period of on average 6.8 years +- 3.9 years (range 0.8 - 12.8 years), 1.13% of the all jaw reconstructions were removed and counted as „failures“.
94.57% of the full jaw reconstructions were fully successful and healthy at the endpoint of the study („successful & healthy“). 4.3% of the reconstructions required potentially a corrective intervention („surviving“) in order to bring the case back into the category „successful and healthy“. Nevertheless, the patients were eating on them without pain.

Conclusion: The Technology of the Strategic Implant® (Method of Osseofixation) gives by far better clinical long-term results compared to the old method of „Osseointegration“. The long-term prognosis for these implants is better than in any other available technology. **Periimplantitis was never observed during the observation period**.

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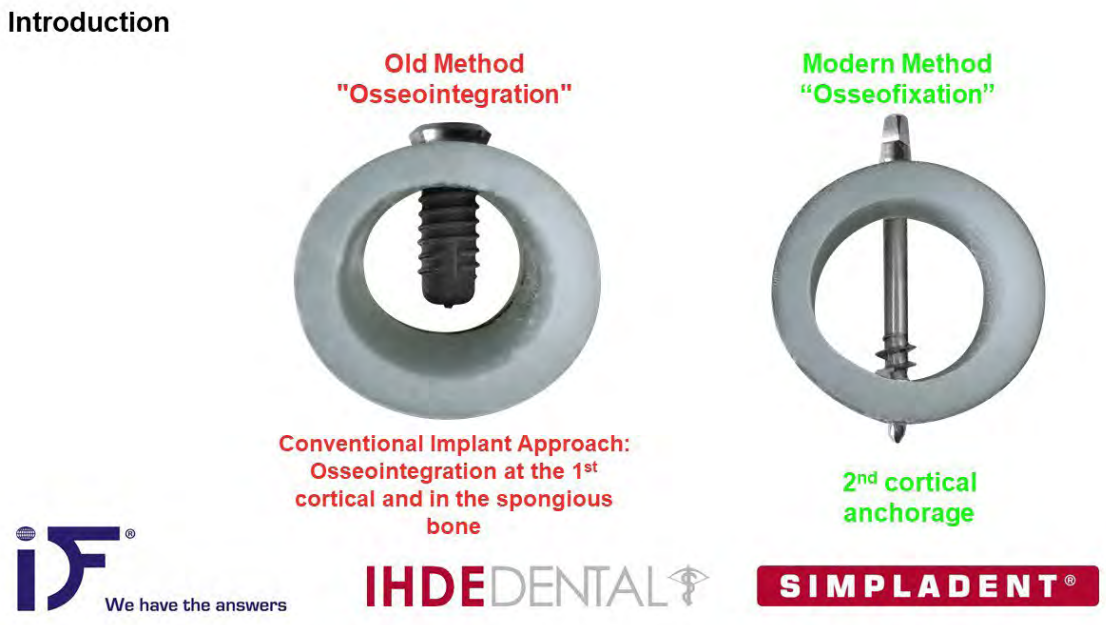
**Slide 3**

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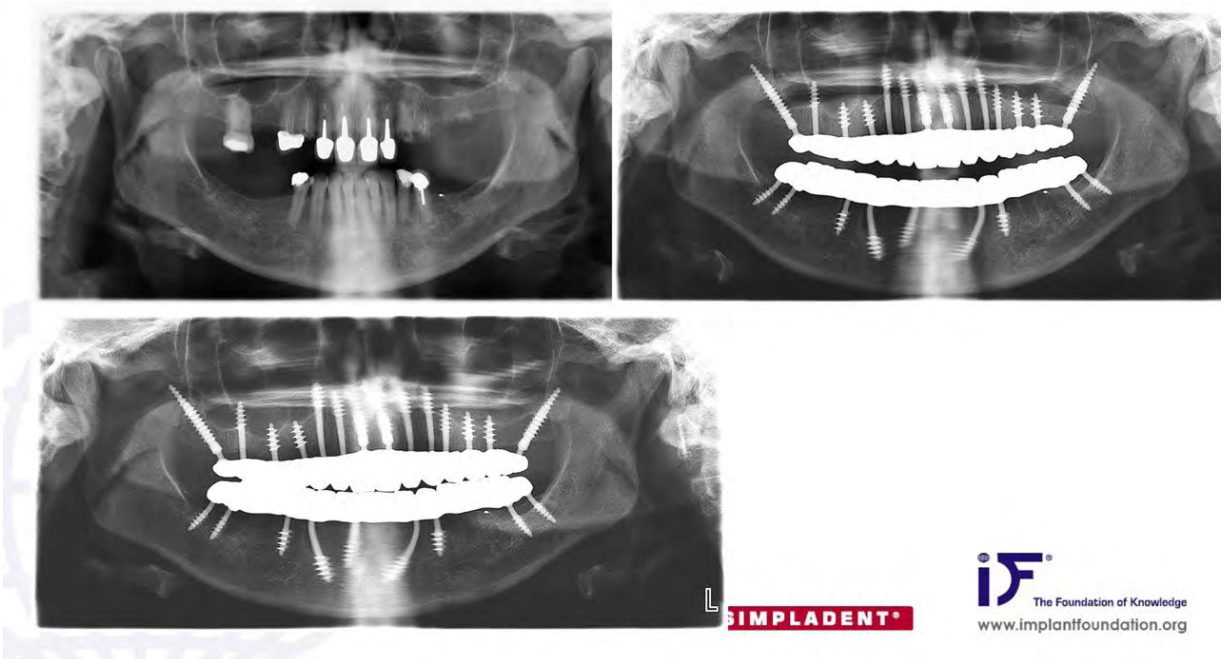
**Slide 6**



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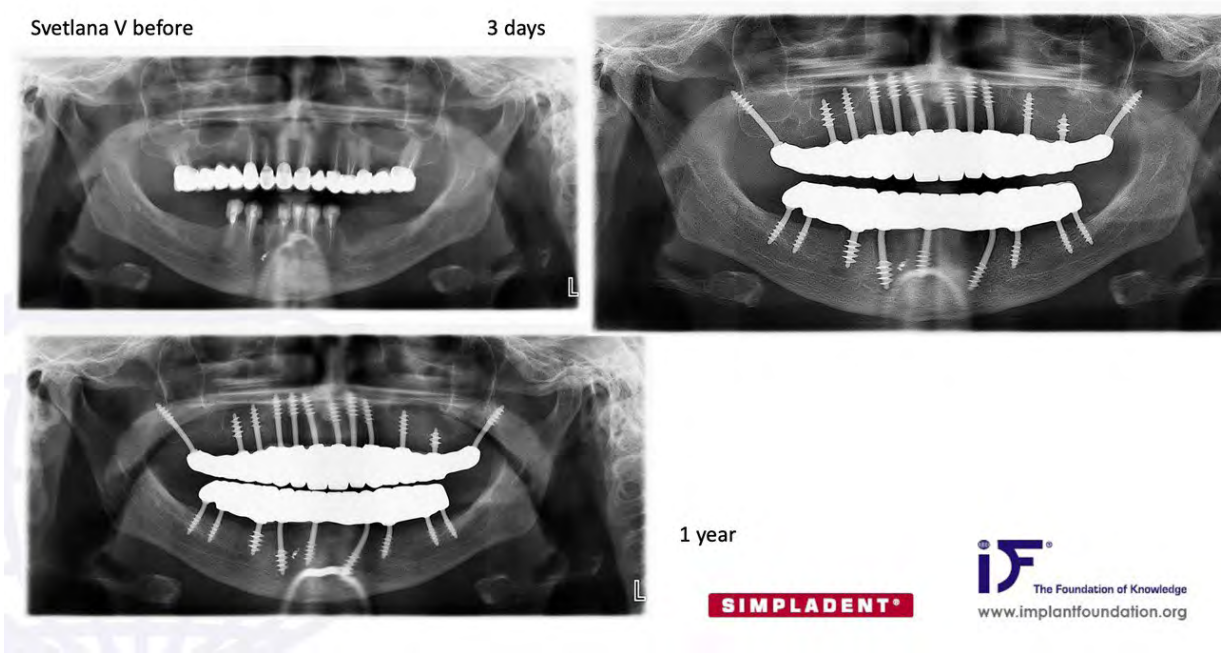


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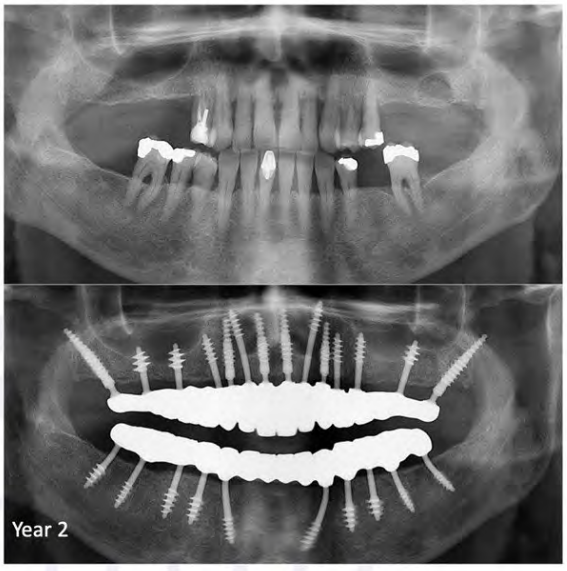


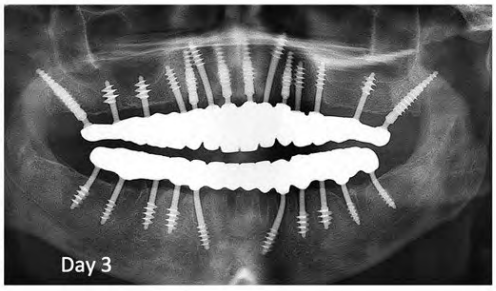


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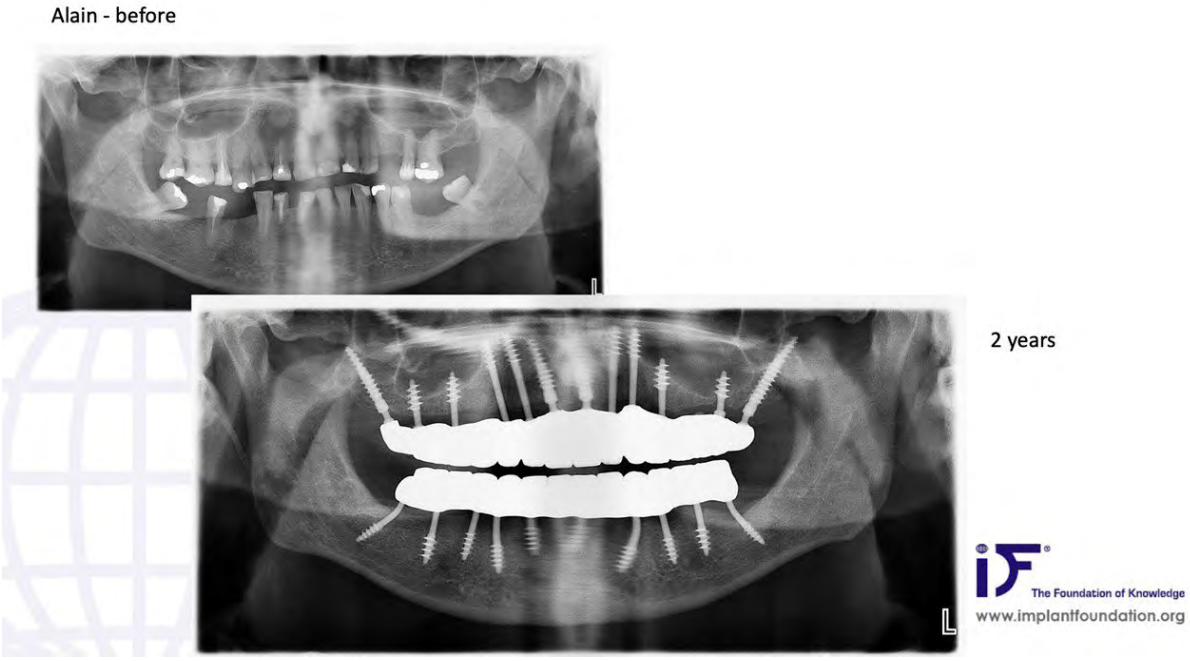
**Slide 11**

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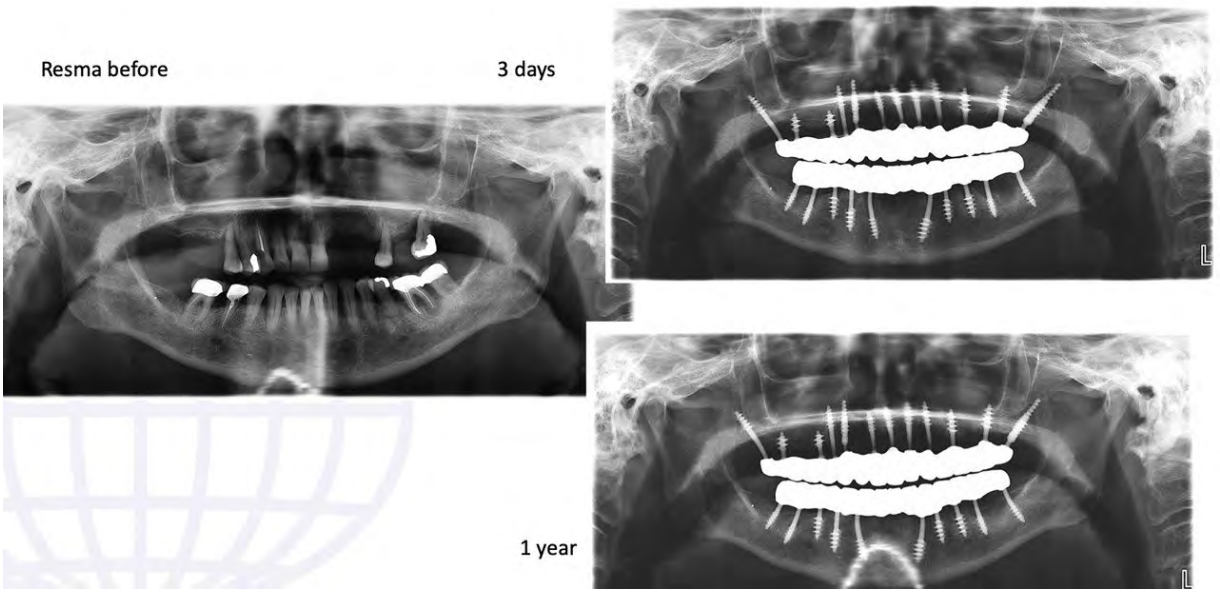


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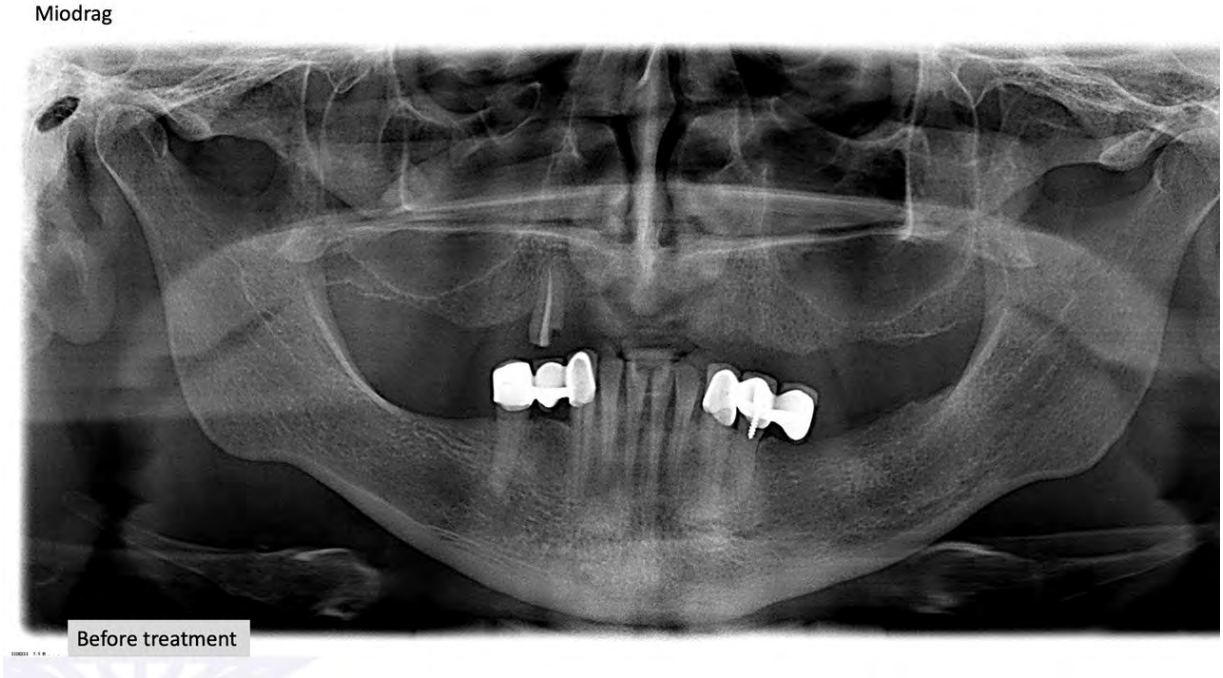

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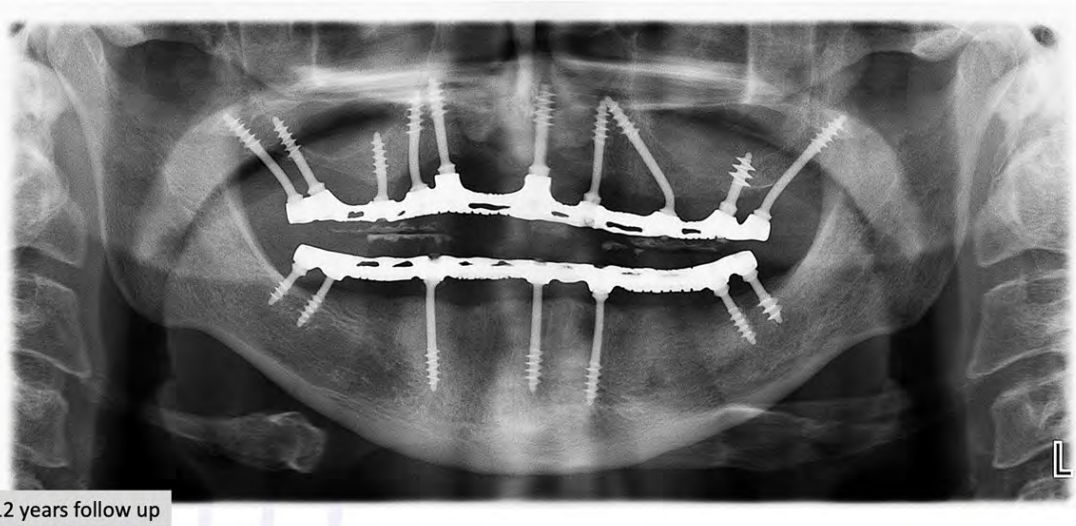


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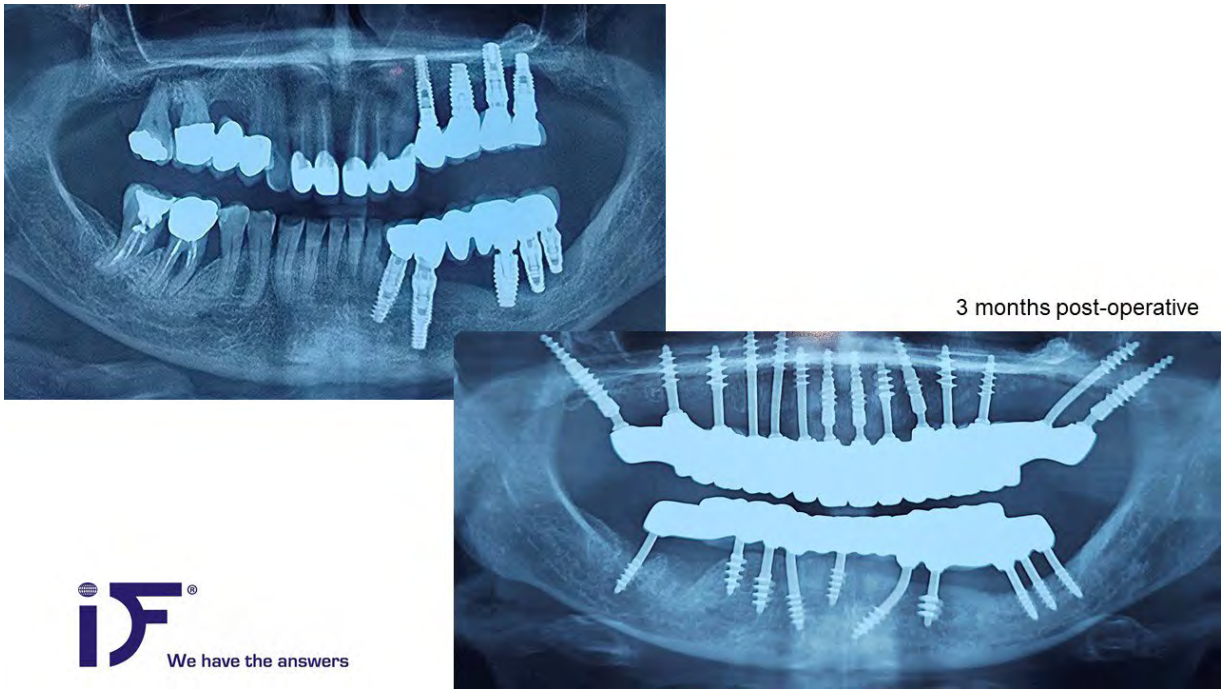

**Slide 17**

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Reconstruction after severe Periimplantitis done within 72 hours.

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**Slide 18**

## Definition: BIPS

This study reports on the performance (outcome) of the „BIPS®“:

BIPS® = **Bone-Implant-Prosthetic-System**

- This what the patient orders
- This is what the patient pays
- Single implants are of minor importance, as only the successful and functional BIPS® counts
- Success criteria: not mobile, no pain, no infections, allowing regular function
- This approach resembles the success criteria in the field of traumatology

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Slide 19

## What is Much Better in the Strategic Implant® Technology Compared to the Old Method of Osseointegration?

- All requesting patients can be treated. **No patient selection is necessary, neither for medical reasons nor due to "not enough bone".**
- **Implants** may be **placed right after tooth extraction,** as well as into healed bone areas.
- **Never is any "bone augmentation"** necessary
- All treatments are finished in **immediate loading protocols within 72 hours (3 days)**
- Implants can be removed, added or replaced to the BIPS® at any time. **Corrective interventions are carried out again in immediate functional loading protocols.**

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Slide 20

## What is Special About the Strategic Implant® Technology?

- **Periimplantitis was never** observed in studies on the **technology of the Strategic Implant®**


1. Dobrinin O., Lazarov A, Konstantinovic V.K., et al. Immediate-functional loading concept with one-piece implants (BECES/BECES N /KOS/ BOI) in the mandible and maxilla- a multi-center retrospective clinical study. J. Evolution Med. Dent. Sci. 2019;8(05):306- 315, DOI: 10.14260/jemds/2019/67
2. Pałka Ł, Lazarov A. Immediately loaded bicortical implants inserted in fresh extraction and healed sites in patients with and without a history of periodontal disease. Ann Maxillofac Surg 2019;9:371-8.
3. Lazarov A. Immediate functional loading: Results for the concept of the Strategic Implant®. Ann Maxillofac Surg 2019;9:78-88.
4. Gosai H., Anchilla Sonal, Kiran Patel, Utsav Bhatt, Phillip Chaudhari, Nisha Grag. Versatility of Basal Cortical Screw Implants with Immediate Functional Loading J. Maxillofac. Oral. Surg. 2021, https://doi.org/10.1007/s12663-021-01638-6


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Slide 21

## The Technology of the Strategic Implant® Shows a Very High Patient Acceptance Rate and a Very High Satisfaction Rate

- The chance that the requesting patients will really undergo this treatment is very high. A recently finished study* showed that <97% of the patients who requested the treatment by undergoing a personal consultation in a Simpladent® clinic had decided within 4 weeks to undergo this treatment.
- Retrospectively, a cohort of 77 operated patients confirmed 12 - 24 months after the treatment that they would do the treatment again - including the removal of all of their own teeth.

* Ihde S, Ihde A, Sipic O. Patient acceptance and outcomes of treatments with Corticobasal® implants. A prospective cohort study. Natl J Maxillofac Surg 2025;16:7-13.

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Slide 22

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Slide 23

## Description of the Group of Patients Which Were Enrolled Into the Study

**Number of BIPS®:**

**1.680 full jaw** reconstructions placed during the period

2011 – 2023

**Number of Implants Placed:**

**17.089**

**Constructions:**

**Full mouth**
**Full jaw (upper or lower)**

**Number of Teeth Extracted:**

**13.228**

8,06 teeth per jaw on average were extracted (extractions were done right before implant placement).

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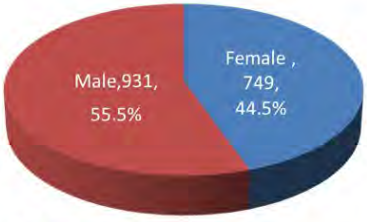
Slide 24

## Description of the Group of Patients Which Were Enrolled Into the Study

**Both Jaws Treated:**
**765 Patients**

**Only Upper Jaw Treated:**
**100 Patients**

**Only Lower Jaw Treated:**
**50 patients**




**Smokers: 55%**
**Age of patients: 56 years (range: 23 – 84 years)**

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**Slide 25**

## Overview on Treatment Years, Jaws Per Year, Extractions Done and Implants Placed

| Year of 1st Treatment | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jaws Total | 3 | 18 | 25 | 24 | 38 | 27 | 73 | 210 | 253 | 214 | 299 | 263 | 233 | **1680** |
| Patients with 2 Jaws | 0 | 6 | 10 | 8 | 13 | 12 | 30 | 91 | 117 | 100 | 144 | 123 | 111 | **765** |
| Only Upper Jaw | 1 | 4 | 3 | 4 | 7 | 1 | 11 | 20 | 15 | 9 | 6 | 10 | 9 | **100** |
| Only Lower Jaw | 2 | 2 | 2 | 4 | 5 | 2 | 2 | 8 | 4 | 5 | 5 | 7 | 2 | **50** |
| **Teeth Extracted Total** | 48 | 180 | 399 | 239 | 394 | 296 | 613 | 1843 | 1278 | 1811 | 2030 | 2246 | 1851 | **13228** |
| Extractions Upper Jaw | 24 | 71 | 187 | 117 | 193 | 130 | 300 | 869 | 648 | 770 | 837 | 1028 | 798 | **5972** |
| Extractions Lower Jaw | 24 | 109 | 212 | 122 | 201 | 166 | 313 | 974 | 630 | 1041 | 1193 | 1218 | 1053 | **7256** |
| **Implants Placed Total** | 28 | 186 | 242 | 221 | 406 | 260 | 722 | 2089 | 2554 | 2116 | 3138 | 2679 | 2439 | **17080** |
| Implants Upper Jaw | 12 | 123 | 149 | 131 | 219 | 152 | 449 | 1251 | 1519 | 1249 | 1842 | 1557 | 1442 | **10095** |
| Implants Lower Jaw | 16 | 63 | 93 | 90 | 187 | 108 | 273 | 838 | 1035 | 867 | 1296 | 1122 | 997 | **6985** |

Average Observation Time 6.8 +- 3.9 Years (range: 0.8 - 12.8 years)

**Slide 26**

## Bridge Material Used

| Metal-Acryl | PMMA | Metal-Ceramic | Metal-Composite | Zirconium |
|---|---|---|---|---|
| 4.7% * | 2.4% * | 5.5% | 63.6% * | 23.8% |
| 79 | 41 | 92 | 1.068 | 400 |
| 2011 - 2017 | 2020 / 2021 | 2011 - 2015 | 2017 - 2023 | 2017 onwards |

* Materials which showed abrasion

Total 1680 full jaw bridges

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**Slide 27**

19 years post-operative view
Upper: MFC
Lower: Metal-Acryl



**Slide 28**

19 years post-operative view

Upper: MFC (19 years in function)
Lower: Full zirconium (after 3 months)

Time period without fixed teeth: 3 days

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## Bridge Material Used Today (2025)


- No abrasion
- Color stable, not elastic at all
- Reliable process for production \ in the dental laboratory

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## End point of the study: Clinical Control incl. Radiograph or Telephone Interview

Patients which were not controlled and not interviewed are for us “lost to follow-up”.
Whenever they turn up again later, their cases are counted just as regular cases which were in control all the time.

We make a note about the period during which they were **out of control.**

**Slide 31**

## End Point of the Study

| | |
|---|---|
| **Clinical Control incl. Radiograph**<br>Between September 1st 2022 and December 31st 2023 | **412 patients** |
| **Telephone Interview** | **284 patients** |
| **Total of patients** with either interview or clinical control | **696 patients (74%)** |
| **Dead patients** | **8 (0.86%)** (from what we know) |
| **Lost to follow-up** | **207 (22.61%) patients** |

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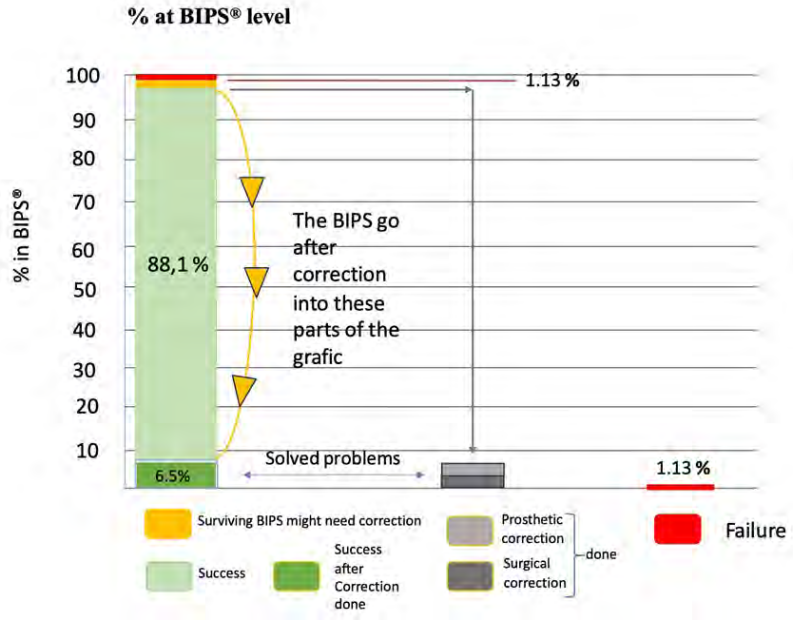


As time goes on, the %-ages in the groups (success, success after correction, failure, and surviving) remain approximately the same.

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## Details About the Corrective Interventions

**62% of complications / issues** were resolved on the day when the patient came to the clinic for control

**35% of the complications** were resolved by exchanging bridges within 3 days (with or without inserting new / more implants).

**3% of affected patients** had to go back temporarily to a removable denture and they received a new fixed bridge on CBI® after (on average) 100 days.

**None of the patients which underwent a corrective intervention required any kind of bone augmentation.**



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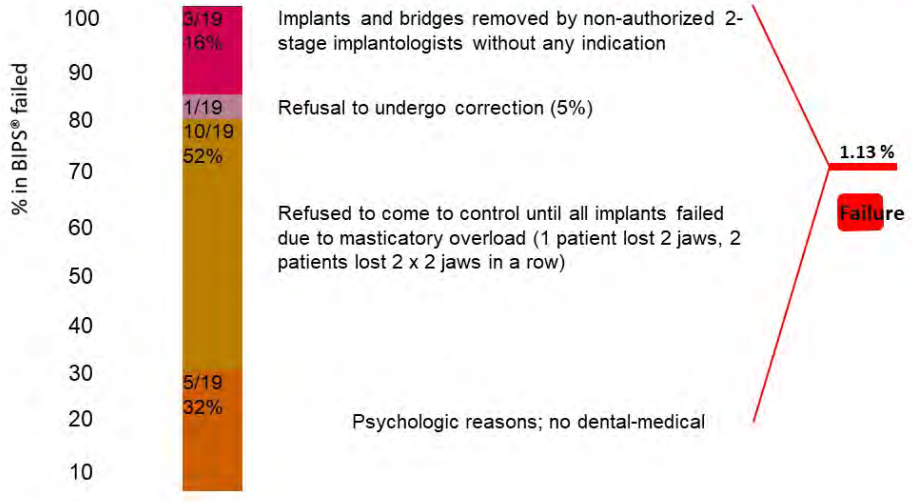
## Reasons for Failed BIPS® in the Osseofixation Group



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## Corrective Interventions Which Did Not Require Bridge Replacement

- Broken acrylic or composite **teeth** were repaired in the mouth
- Disturbing apexes of implants placed in method 5a were removed
- Base of the bridge was shortened after vertical bone growth had been observed during control appointment
- Increase of lost vertical dimension (after abrasion) with composite or with zirconium onlay



Slide 36

## Noteworthy Observations

No failures of full-jaw reconstructions were observed after the work pieces and the implants were incorporated more than 4 years in patients which attended regular controls.

Kaplan-Maier calculations do not apply to the technology described here, **i.e.** failures cannot be predicted or calculated into the future.

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## Part 2: The Comparative Study From the Field of the Method of Osseointegration

**Factors Influencing Dental Implant Survival & Success: A Retrospective Study**
Guo-Hao Lin
A dissertation submitted in partial fulfillment of the requirements for the degree of
Master of Science (Periodontics) University of Michigan, 2016

### Good reasons for selecting this study as a comparison:

1. It was done at a university (University of Michigan / USA)
2. Large sample size (200 cases with 550 implants is a considerable sample size in the field of conventional implantology)
3. Post-treatment complications were monitored and categorized in detail. As a result of our own considerations, we had used a very similar categorization for failures and problems.
4. The study observed a mix of 2-stage implants from different manufacturers (assuming that they are all the same). Hence, the study has a general applicability and there is probably no bias.
5. The average observation period was almost the same in both studies.
6. Treatments were earlier done by high class professors in the 2-stage field.

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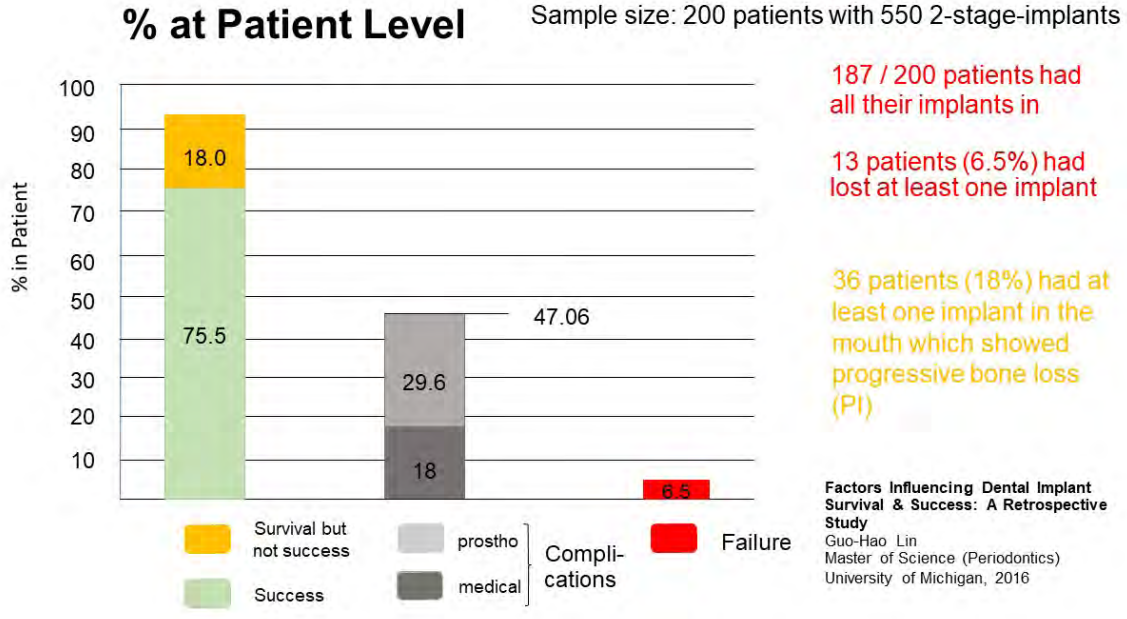
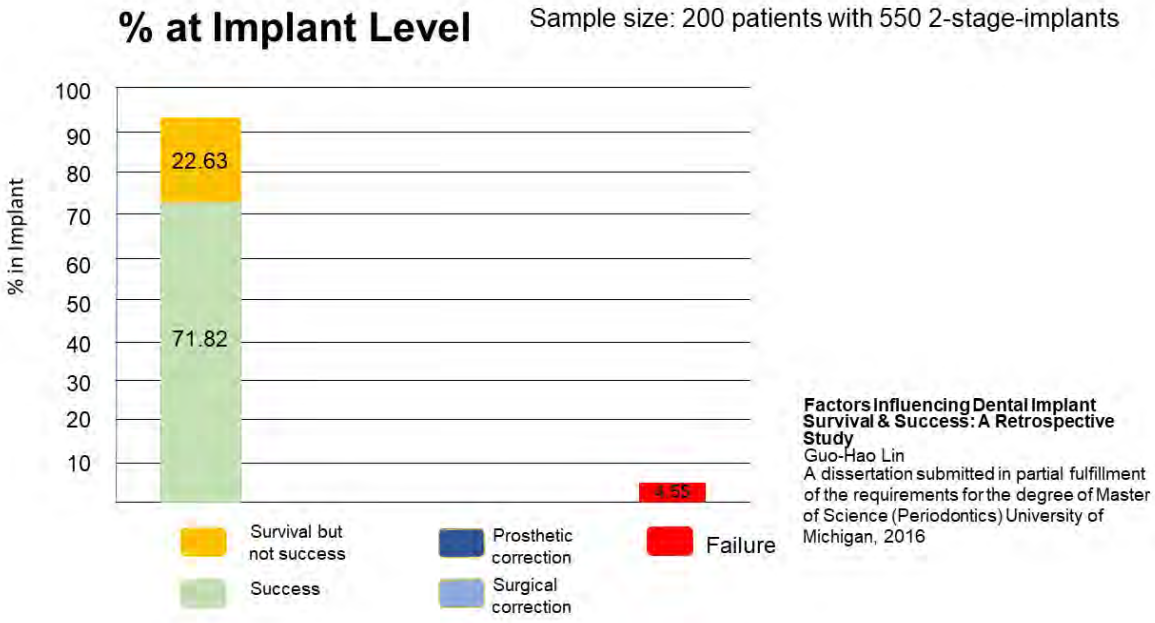


**Slide 39**

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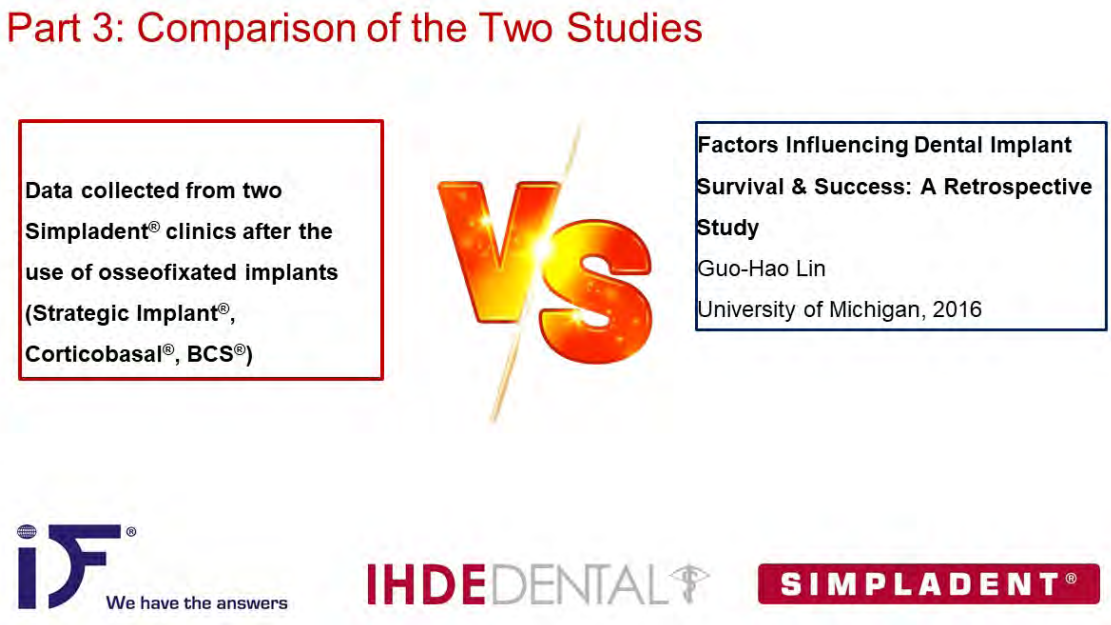

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## Part 3: Comparison of the Two Studies

| Scope of Comparison | (1) Ihde / Sipic / Ihde (2023) | (2) Guo-Hao Lin (2016) |
|---|---|---|
| Number of Implants | 17.089 placed and observed | 550 evaluated (the total number of implant placed is unknown) |
| Number of Patients | 915 treated | 200 evaluated |
| Number of Prosthetic Constructions / BIPS® | 1.680 | Info is missing |
| Lost BIPS® | 19 / 1.680 | Info is missing |
| Corrections Not Done in Immediate Functional Loading | 4 / 1.680 BIPS®<br>Waiting time: 100 days | Info is missing |
| Study Design | **Prospective Cohort Study** done in an immediate functional loading protocol | Retrospective analysis of 200 **chosen / discovered cases** |

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## Part 3: Comparison of the Two Studies

| Scope of Comparison | (1) Ihde / Sipic / Ihde (2023) | (2) Guo-Hao Lin (2016) |
|---|---|---|
| Follow-Up Period | Average 6.8 years +- 3.9 years (range 0.8 - 12.8 years) | Follow-up: Average 6.25 years +- 3.61 years (range 1 - 14 years) |
| Technique | Single-piece, cortical & compressive, fully polished (Osseofixation group) | 2-stage, rough surfaced (Osseointegration group) |
| Bleeding on Probing | Not investigated | Yes: 345<br>No: 205 (37%) |
| Abutment Connection | Not applicable: single-piece | Flat: 509<br>Platf. Sw.: 41 |
| Cantilever Attached | Yes: 0<br>No: 17.089 | Yes: 26<br>No: 524 |

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## Part 3: Comparison of the Two Studies

| Scope of Comparison | (1) Ihde / Sipic / Ihde (2023) | (2) Guo-Hao Lin (2016) |
|---|---|---|
| **Splinted Restoration** | Yes: 17.089 (all cases) | Yes: 298<br>No: 252 |
| **Implants Used** | Single-piece, BECES®, BEXES® EX, polished (Osseofixation group) | 2-stage implants, rough endosseous surface (Osseointegration group) |
| **Connection to Prosthesis** | Cemented: 1.679 BIPS®<br>MU (screwed): 1 BIPS® | Cemented: 459<br>Screwed: 91 |
| **Ridge / Bone Augmentation; Sinus Lift** | Never done | Yes: 156<br>No: 394 |
| **Periimplantitis Incidence** | Not observed | Y: 5.5% patient level<br>11.45% implant level |

* 17.089 subsequently placed implants without any bone augmentation were followed, no patient selection
** 17.089 subsequently placed implant did not show any signs of Periimplantitis

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## Part 3: Comparison of the Two Studies

| Scope of Comparison | (1) Ihde / Sipic / Ihde (2023) | (2) Guo-Hao Lin (2016) |
|---|---|---|
| **Sinus Lifts** | Never done | Yes: 60<br>No: 394 |
| **Staged Approach** | 1-Stage: 17.089<br>(all in one go) | 1-Stage: 243<br>2-Stage: 307 |
| **Complications** | Bridge replacements<br>(w/wo implants replacements)<br>Y: 110 (7.1%) N: 1.570 | Y: 152 (27%)<br>No: 398 (73%) |
| **Biological and Technical Complications** | 44 fractured bridges (mainly metal-composite and PMMA) | Y: 99 (18%)<br>N: 451 (82%) |
| **Patient Selection for the Treatment** | No | Yes, but not reported (retrospective study with many cases not found) |
| **Report on** | BIPS® level | Patient level & implant level |

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## Part 3: Comparison of the Two Studies

| Scope of Comparison | (1) Ihde / Sipic / Ihde (2023) | (2) Guo-Hao Lin (2016) |
|---|---|---|
| **Scope of the Treatment** | To liberate patients from the burdens of natural teeth, and to solve all tooth-associated problems in the oral cavity | Gaps were filled with implants, teeth remained, 8 patients received overdentures, all others received crowns and bridges; teeth remained in |
| **Periodontal Parameter** | All teeth and periodontally involved soft tissues were removed and the oral cavity as well as the bone were thoroughly disinfected. | Periodontal pre-treatment is necessary, although it is clear that it does not solve the problems and that periodontal disease will continue |
| **Prosthetic Parameter** | **All prosthetic parameters were rigorously optimized:** occlusion, mastication slopes (AFMP, APPI), planes (Camper), vertical dimension, tooth position. This created the long-term success. | Except for full mouth reconstruction, all prosthetic parameters were left „as patients brought them with him / her“ |

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**Slide 46**

**Osseofixation Group:**

Strategic Implant®

| | Success | Survival | Survival | Failed BIPS® |
|---|---|---|---|---|
| | Healthy | Periimplant Mukositis & Periimplantitis | BIPS® waiting potentially for corrective intervention | |
| At BIPS® Level | **94.57% (1.589 / 1.680)** | 0% | 4.3% (72 / 1.680) | 1.13% (19 / 1.680) |

**Osseointegration Group:**

Mix of different implant brands:
Straumann (104)
Nobel B. (301)
Zimmer (101)
BioHorizon (21)
Dentatus (6)
3i (13)
Astra (4)

| | Success | Survival | Survival | Failures |
|---|---|---|---|---|
| | Healthy | Peri-Implant Mukositis | Periimplantitis | |
| At Patient Level | **30.50% (61 / 200)** | 57.50 % (115 / 200) | Less than 2 mm RBL: 5.5% (11 / 200) | 6.50% (13 / 550) |
| At Implant Level | **22.36% (123 / 550)** | 61.64% (339 / 550) | More than 2mm RBL: 11.45% (63 / 550) | 4.55% (25 / 550) |

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## Reported Prosthetic and Biological Complications on 2-Stage Implants

| Restorative Complications | Incidence |
|---|---|
| Overdenture Attachment Loosening | 25.00 % (2 / 8); only 8 implants were connected to overdentures |
| Porcelain Fracture | 14.18% (78 / 500) |
| Abutment Screw Loosening | 7.27%. (40 / 550) |
| Prosthesis Screw Loosening | 2.73% (11 / 550) |
| Open Contact | 2.00% (15 / 550) |
| Abutment Screw Fracture | 0.91% (5 / 550) |

| Biological Complications | Incidence |
|---|---|
| Suppuration | 9,82%. (54/550) |
| Bleeding related to complications | 6.55% (36/550) |
| Fistula | 1,63% ( 9/550) |

Sum 1: 29.06%

Sum 2: 18%

47.06 % of the 2-stage-implants had complications during the observation

**From: Factors Influencing Dental Implant Survival & Success: A Retrospective Study**
Guo-Hao Lin
University of Michigan, 2016

Slide 48

## This Study Differs From Other Studies in Oral Implantology

We consider only the results of the BIPS® („at BIPS® level“) and not at the level of the single implant, because the single implant is of minor importance for the survival of the BIPS®. To show results „at patient level“ would lead to confusion, because a single patient may have several (and different) BIPS® in function.

We have the answers

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SIMPLADENT®

Slide 49

## Part 3: Conclusion

Our findings show that the **clinical success rate** of the Technology of Osseofixation (Strategic Implant®) is close to 99%.

94,57% of the BIPS® were **successful and healthy** at the end of the observation period (6.8 +- 3.8 years).

This result is dramatically better than what was reported in the study which we used as a comparison.



Slide 50

## The Message to Take Home

Oral implant treatment using Corticobasal® implants is a safe and effective treatment method.

This technology eliminates all the inconveniences of conventional implantology („healing time"; need for bone augmentation; patient selection; development of periimplantitis)

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Slide 51

## Part 4: What is the Impact of the Technology of the Strategic Implant® on Oral Implantology and on Dentistry

1. Since osseofixated implants can last a lifetime, and since periimplantitis (PI) cannot develop around these implants, there is no longer any concern about removing teeth (even those teeth that are still in a good condition, but which are expected to deteriorate).
   **Keeping teeth in has become an option for the patients.**

2. Osseofixated implants are the ideal tool to replace lost teeth **and** lost or ailing osseointegrated implants, and for replacing even healthy teeth which the patient no longer wants to have or which he cannot afford to repair again and again.

3. This study shows on a large scale (long observation time and very large amount of implants observed) what earlier publications had shown on smaller patient samples: **the Method of Osseofixation delivers in the clinical practice much better results than the older Method of Osseointegration.**

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## Part 4: What is the Impact of this Technology and Especially of This Study on Dentistry

4. During consultations, all patient must be informed about the possibilities, the effectiveness and the low risks of the modern method of oral osseofixation.

   Periimplantitis is a serious and potentially crippling disease, which is found **only around osseointegrated implants**, that leads to a high loss rate and a massive reduction in quality of life. In addition, PI increases the risk of development of oral sarcoma.

   Presumably, no fully informed patient would choose a treatment method that has such serious side effects and causes massive, irreparable damage to the bony bed of the jaws.

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Slide 53

## Part 4: What is the Impact of this Technology and Especially of This Study on Dentistry

5. This study shows that **"bone augmentation" in general is not necessary** any more. The intention to treat patients with a „bone augmentation" requires an informed consent by the patient who must be explicitly informed that the burdens, risks and costs of a „healing time" and of the „bone augmentation" are not necessary.
**No patient would consent to a bone augmentation and 2-stage implants after such open and clear information.**

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Slide 54

## Part 4: If We Extract Teeth at a Well-Chosen Moment and If We Then Transfer the Patients to Fixed Teeth on Corticobasal® Implants, the Following Effects Would Be Seen:

- The necessity of multiple tooth repairs will be reduced for the generation of 40+ by at least by 30%. This means that such excessive repairs and its costs and burdens will be avoided.
- Spendings in dentistry of adults will be redirected towards modern implant technology because the results of this type of treatment are lasting.
- A reduction of costs in the field of dentistry (for the patient, for insurances or the healthcare system) is expected to be above 30% of the lifetime costs.
- The use of osseointegrated implants will be fully obsolete in the group of elderly patients. These patients usually show a lack of bone and they have **accumulated contra-indications** for osseointegrated implants. For them, 2-stage implants are not an option.

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Slide 55

## Part 4: Conclusion

The **Specialist Standard** has changed in oral implantology:

1. Treatments in immediate loading protocols and using **osseofixated implants** are both the **State of the Art** and the present **Specialist Standard**.

2. **The Method of Osseointegration is outdated: it has too many flaws; they show a high complication rate; the method has too many side effects; the results are not lasting (in average 7 - 8 years).**

3. **Osseointegrated implants** must be considered **temporary implants.**

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## Part 4: Conclusion

The **Specialist Standard** has changed in oral implantology:

The use of this method was however justified as long as nothing else was available. This has changed quite a time ago.

We come to the same conclusion if we look at single aspects of the old and the new method:

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## Part 5: Guidelines for Evaluation of Alternative Treatment Technologies (in General)

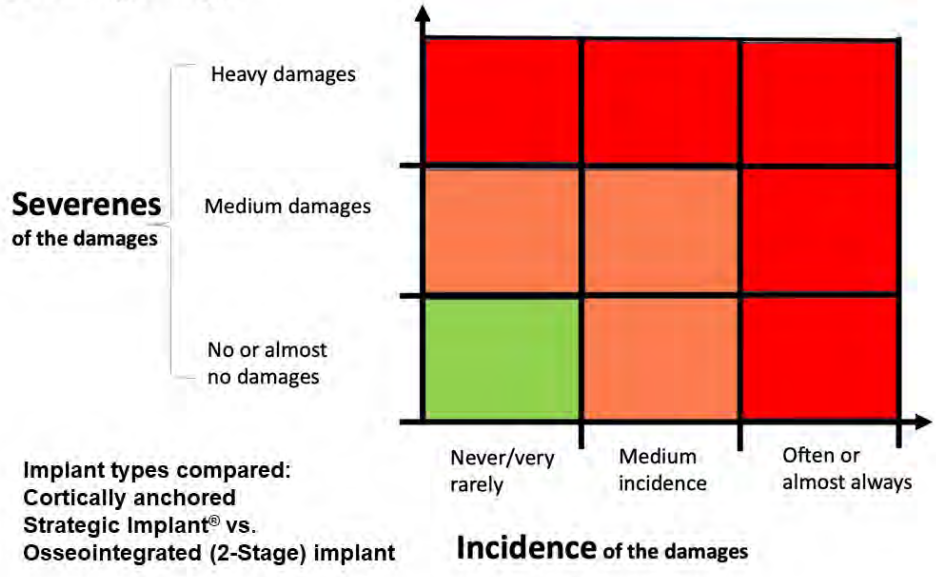
As we have to acknowledge nowadays that there are 2 independent methods for oral implantology, i.e. the patients and the treatment providers can choose between those methods.

The method of osseofixation (BCS®) shows both much better clinical results (success + healthy) after 6.8 years +- 3.9 years (= long-term results), as shown in slide 46.

And the following comparisons / evaluations (slides 58 to 65) demonstrate that the burdens for patients are much less than the older Method of Osseointegration.

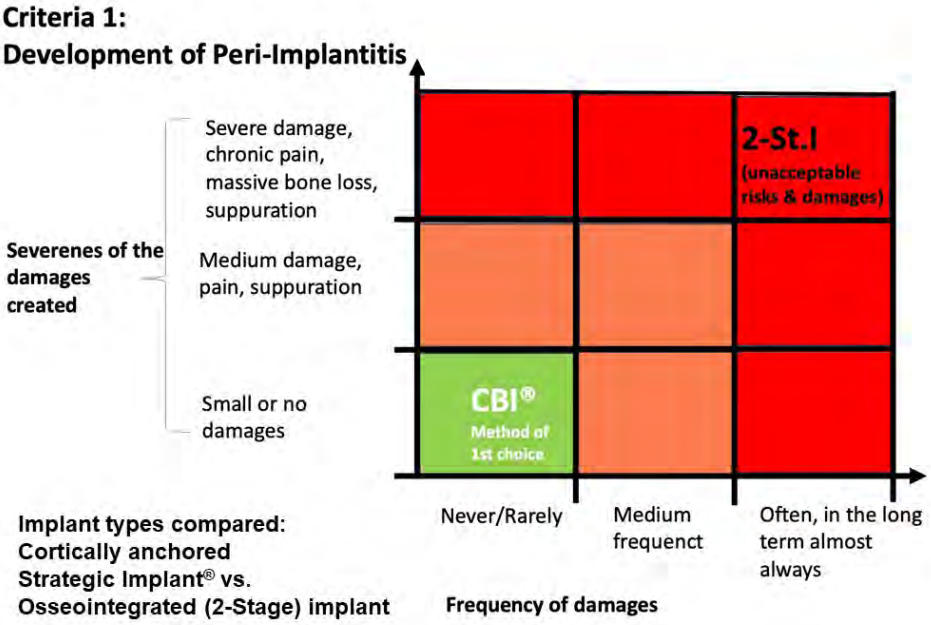
Slide 58

**Criteria: „Damages "**

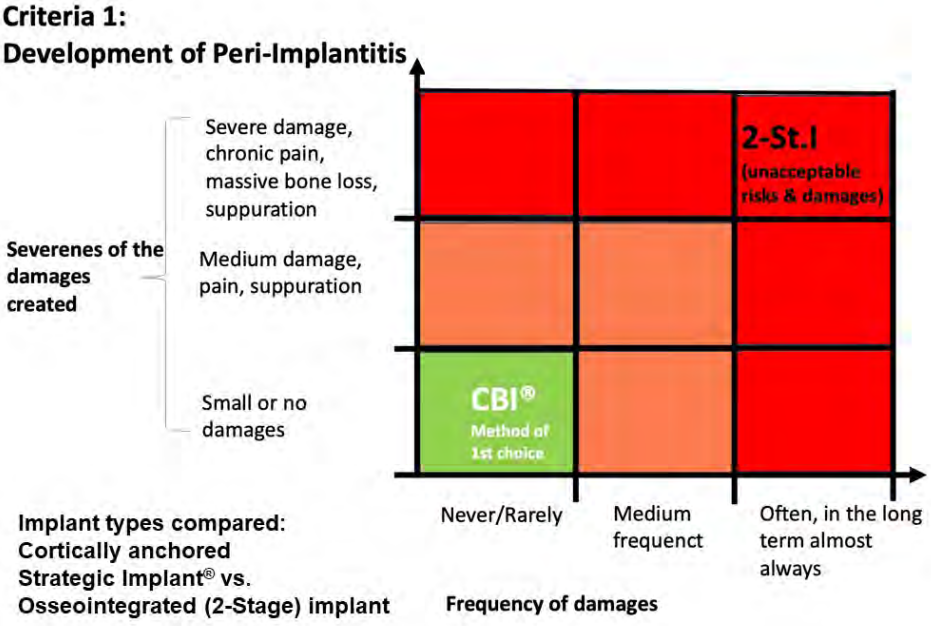



**Implant types compared:**
**Cortically anchored Strategic Implant® vs. Osseointegrated (2-Stage) implant**

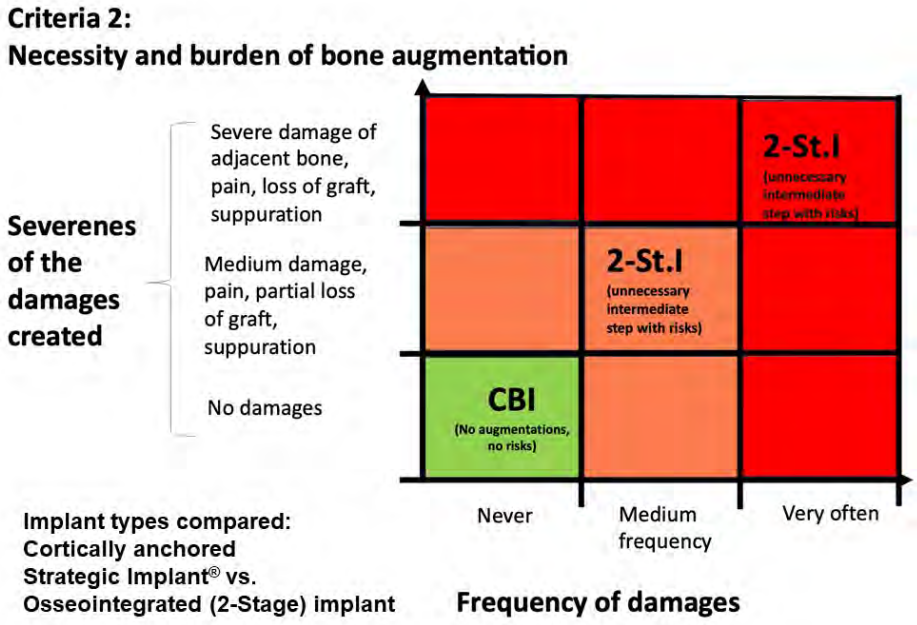
Slide 59



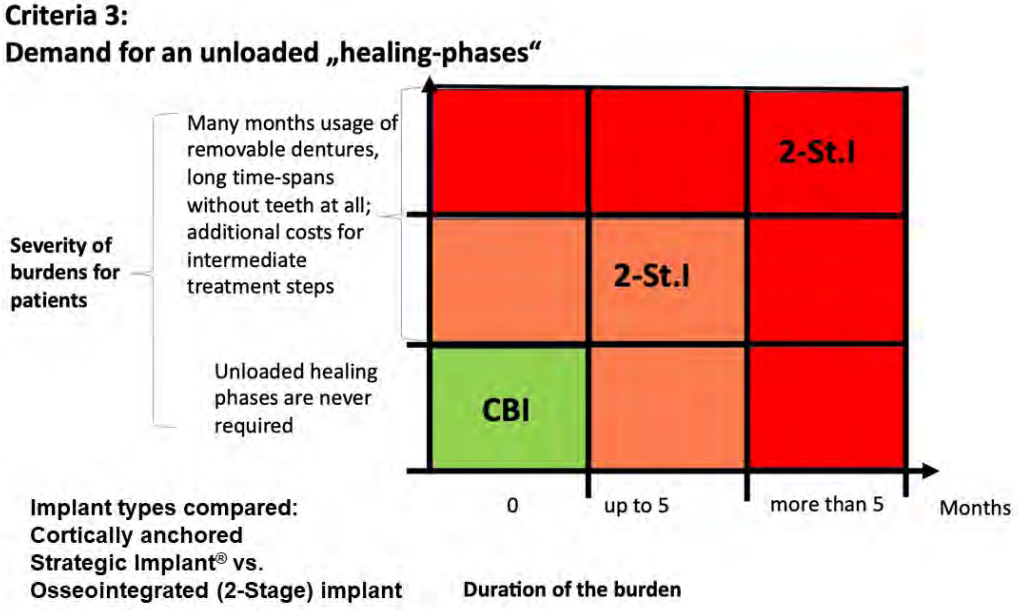

Slide 60



Slide 61

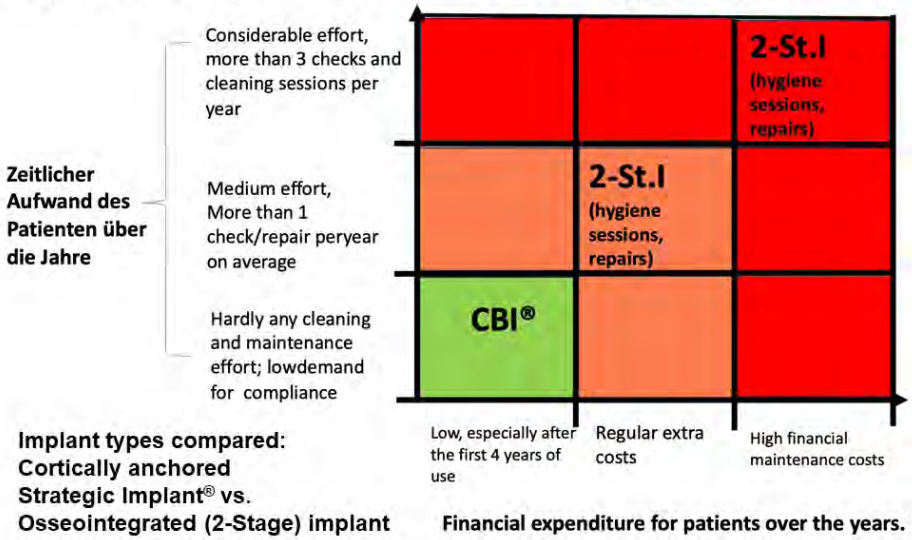



Slide 62



Slide 63

## Kriterium 4:
## Costs and burdens of controls over the time of usage for implants and prosthetics



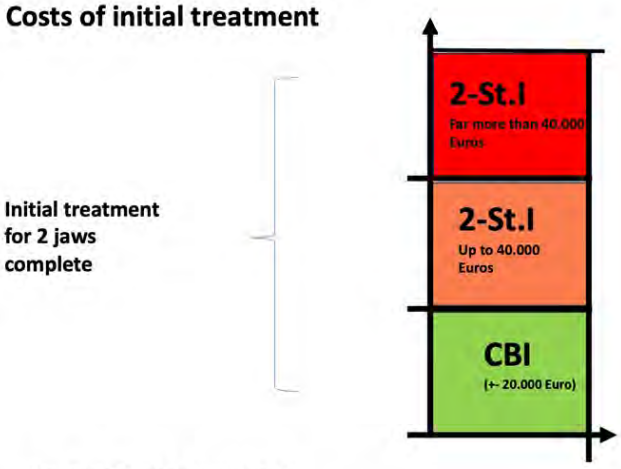

Rule of thumb: 2-piece implants require exactly the same amount of maintenance costs in the first 8 years of use by the patient as their installation cost. (Data from German health insurance companies). For this reason alone, this method is hardly applicable to patients who are not privately insured.

**Implant types compared:**
**Cortically anchored Strategic Implant® vs. Osseointegrated (2-Stage) implant**

**Financial expenditure for patients over the years.**

Slide 64

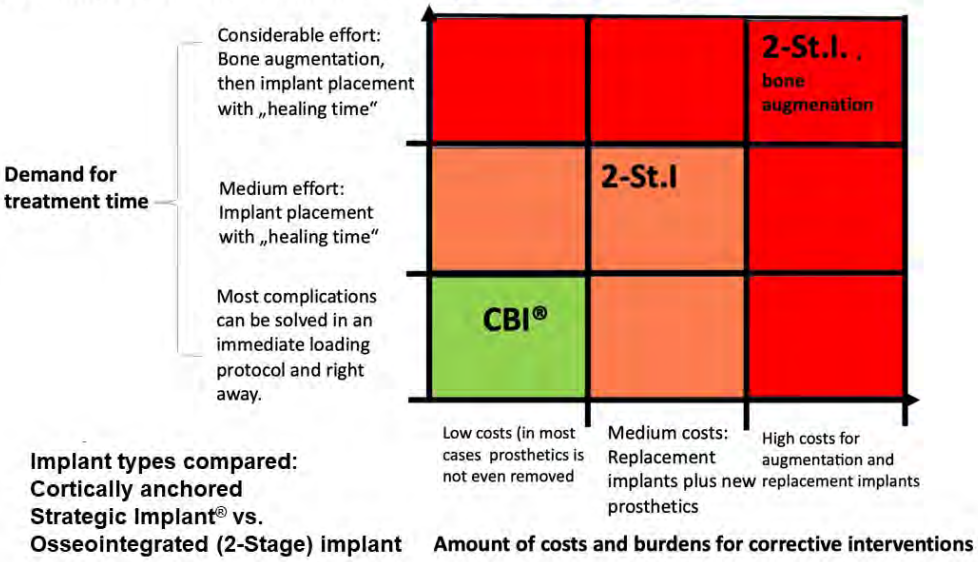
## Kriterium 5:
## Costs of initial treatment




**Implant types compared:**
**Cortically anchored Strategic Implant® vs. Osseointegrated (2-Stage) implant**

Slide 65

**Criteria No 6:**
**Possibilities of correction in case of partial or full failure**




Slide 66

## Final Conclusion

1. The present **Gold Standard** in oral implantology are the Technology of the Strategic Implant®/ Corticobasal® Implantology / BCS® implants, i.er. Cortically anchored oral and maxillo-facial implants.

2. The use of the older Method of Osseointegration might be still indicated for single cases, but (due to its severe disadvantages and long-term damages) not as the general, standard treatment approach.

Slide 67

## Final Conclusion

All older studies on the same topic are in line with our finding, e.g.:

Lazarov A. Immediate functional loading: Results for the concept of the Strategic Implant®. Ann Maxillofac Surg 2019;9:78-88.(A study on 1019 implants over a period of up to 54 months)

Dobrinin et al , IMMEDIATE-FUNCTIONAL LOADING CONCEPT WITH ONE-PIECE IMPLANTS (BECES/BECES N/KOS/BOI) IN THE MANDIBLE AND MAXILLA- A MULTI-CENTER RETROSPECTIVE CLINICAL STUDY J. Evolution Med. Dent. Sci./eISSN- 2278-4802, pISSN- 2278-4748/ Vol. 8/ Issue 05/ Feb. 04, 2019; a Study on 4095 BCS implants over a period of 18.4. +-8.4 months

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The best places to learn Corticobasal® implant technology:
The International Implant Foundation IF®, Munich,
has supported research and offers courses for this technology in

**Belgrade (Serbia)**
7-day „All-in-One-Week Curriculum“
for dentists / implantologists

**This course provides the complete theoretical knowledge on the field of Corticobasal® implants for implantologists.**

and a
3-day course for dental technicians

**This course provides the complete theoretical knowledge and practice for creating zirconium bridges in digital production technology.**

More information and application on www.implantfoundation.org
and through Dr. Ihde Dental AG, Switzerland www.implant.com

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**Slide 69**

The best places to learn this implant technology:
The International Implant Foundation IF®, Munich,
has supported this research and offers courses for this technology in

**Jaipur (India) at MVGU University:**
„Diploma for Immediate Loading“ (for dentists / implantologists)

**This 1-year diploma course includes life surgery**
**by the participants inside the university, incl. all prosthetic steps**

More information and application on www.implantfoundation.org
and through Dr. Ihde Dental AG, Switzerland www.implant.com

**Slide 70**

## Acknowledgements

The authors of this study would like to thank:

Dr. Tamara Jovanovic (SRB) and
Mr. Mark Belokolodski (MNE)

for their enormous and important contributions,
for data collection, and for helping with statistics.

**Slide 71**

**Surgeon & Speaker**
Prof. Dr. Stefan Ihde

**This study was created by a strong team!**
IF® Teachers Munich / Germany

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**Prosthetic Implantologist**
Prof. Dr. Antonina Ihde

IF® Lecture No. 137-6

**Prosthetic Implantologist**
Prof. Dr. Olga Sipic

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We have the answers

**Prof. Dr. Stefan Ihde**

The results of this study have so far been in a lectured on 7 international Congresses on 3 continents.

| | |
|---|---|
| 14.04.2024 | 14th IF® Teacher Retreat, Antalya / Turkey |
| 15.06.2024 | USSI Congress, Zlatibor / Serbia, |
| 28.09.2024 | ISOI Congress, Indore / India |
| 25.10.2024 | World Congress of Immediate Loading Implantology, Munich / Germany |
| 10.03.2025 | Delish DOO Zoom Webinar No. 3, worldwide |
| 21.03.2025 | 1st South American Congress for |
| Immediate | Loading, Cartagena / Colombia |
| 26.04.2025 | 1st North African Conference on the Technology of Corticobasal® Implants, Hammamet / Tunisia |

# YOU ARE GOING TO SEE THE LIGHT!

**This course will show you how REAL implantology works:**

- **without bone augmentations**
- **without healing times**
- **without peri-implantitis**
- **without teeth**

We will show you how to stop the breakdown of the masticatory system by doing the Strategic Reset® on modern implants. You will see and understand why natural dentitions break down, and why the results of the Strategic Reset® on modern Corticobasal® implants are long lasting.

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# ABOUT US

The Foundation of Knowledge

Since 2006, the International Implant Foundation (IF®) in Munich, Germany, has been at the forefront of implantology, advancing the field through innovative research and education. Our mission is to provide world-class implantology training for dentists, to support research and continuous exchange of knowledge & experience between professionals, and to inform the general public about the possibilities of modern oral implantology

## 16 Advantages of Osseofixation

Patients will hode you as their treatment provider, because you offer these advantages to them:

1 | Saves costs by 30-40%

2 | Reduces treatment time by 98%

3 | Efficient workflow saves chair-time

4 | Immediate functional loading

5 | Low complication rate

6 | Simple straight forward treatment

7 | Immediate implant placement

8 | Preserves bone elasticity

9 | Aesthetic solutions for all patients

10 | Uninterrupted intra-bony perfusion

11 | Easy long-term maintenance

12 | No peri-implantitis

13 | No patient selection

14 | Put more implants

15 | Start treatment immediately

16 | Cost-effective implants

# AIOW - THE ONLY FULL COURSE FOR REAL IMPLANTOLOGY

Our All-in-One-Week Curriculum is an intense program designed for dentists to master **tooth-free dentistry.**

This course provides a solid foundation for future learning and patient treatments. With hands-on training and immediate application of skills, you'll be ready to safely implement the latest implantology techniques. Enroll in our advanced dental implants course today.

## Requirements

A valid dental degree is required to enroll in our Corticobasal® implantology training program.

## Who Should Attend

- Dentists and oral/maxillofacial surgeons interested in immediate functional loading
- (future) Prosthetic specialists

## Features

- Instructions from experienced implantologists
- Learn how to work without bone augmentation
- Avoid peri-implantitis simply by choosing the right implant
- Immediate implant placement
- Immediate functional loading
- How to solve cases at all stages of

## Course Duration

- A full & intense 7-day training program for modern implantology and directly associated subjects.
- Become a certified implantologist in just one week.

## Conventional Implantology

1 Inspection Diagnostic procedures Treatment plan

2a **Surgery 1**
Tooth removal

2b **Surgery 2**
Bone augmentation/sinus-lifting
(necessary in up to 80% of the cases)

2c **Surgery 3**
Implantplacement
(adequate bone healing provided)

2d **Surgery 4**
Placement of gingiva former

2e Impression taking

3 Trying of the bridge frame
(5-10 days after impression taking)

4 Delivery of bridge (***4-24 months*** after implant placement)

### Total

**Treatment duration: 4 - 24 Months**
**Number of appointments: 7 - 12**

## Real Implantology with the Strategic Implant®

Inspection
Diagnostic procedures
Treatment plan

1 *

Removal of teeth, Implant placement, Impression & Bite taking

2

**Step 1 and 2 may be done in the same (first) appointment.*

Trying of a sample bridge and aesthetic & functional corrections (if required) ***0 - 1 days*** after implant placement 3

Delivery of bridge (***1 - 3 days*** after implant placement) 4

Control of occlusion and mastication 5

### Total

**Treatment duration: 2 - 4 Days**
**Number of appointments: 4 - 5**

# AIOW TEACHERS

## Prof. Dr. Stefan Ihde

Surgical & Prosthetic Specialist and 1st Class IF® Teacher

## Prof. Dr. Vitomir Konstantinović

Professor of Maxillofacial Surgery and Implantology, Director of the Clinic for Maxillofacial Surgery, 1st Class IF® Teacher and Member of the IF® Board

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## Prof. Dr. Antonina Ihde

Prosthetic Specialist, 1st Class IF® Teacher, and Head of Dental Implant Faculty.

## Prof. Dr. Olga Sipić

Prosthetic Specialist - Implantologist and 1st Class IF® Teacher

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Surgical and prosthetic specialist, 1st Class IF® Teacher

### Prof. Dr. Aleksandar Lazarov

Surgical and prothetical specialist: 1st Class IF® Teacher, Member of the IF® Board

### Prof. Dr. Yan Vares

Craniomaxillofacial surgion, Head of Departement, Oral Implantology, 1st Class IF® Teacher

For dental technician course

### DT Sanela Lazinica

Dentist technician and specialized IF® teacher for the work on the Strategic Implant®

# SUCCESS STORIES

## And Impressions from the course

*I got to know that this way of implantology is pretty good, I got so excited about it, that I quit my job at a hosital. And I took over a clinic which works only with these implants. Since then I dont do anything else!*

**DR. IONUTS**

*It changed my world, because with the Strategic Implant® everything is permitted, anything is possible, you improve oral health of the patient in only 24 hours, and the really important part for me you don't have peri-implantitis. Prof. Ihde forever!*

**DR. MIGUEL**

*It's all about the bone. To know how to do it, how to wear it, how to make prosthetics good for these cases. I think you need to learn that, learn it well and take this course! If you take this course.. All the questions will be solved.*

**DR. IBRAHIM**

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