bti®
Human Technology

RETHINKING BONE ATROPHY TREATMENT
with BTI solutions!

Short implants
L: 7.5 | 6.5 | 5.5 | 4,5 mm

Narrow implants
ø 2.5 | 3.0 | 3.3 mm

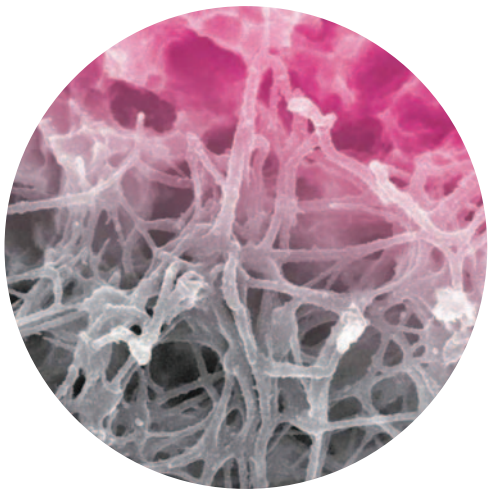
25 anniversary 1999-2024

Exclusive Canadian partner for BTI® Biotechnology Institute

SYNCA

1-800-667-9622
www.synca.com

BIOTECHNOLOGY INSTITUTE



ORAL IMPLANTOLOGY

BTI designs and manufactures the most versatile dental implant system on the market, a system that adapts to all bone conditions of the patient. BTI has developed the UnicCa® surface, chemically modified with calcium ions to improve osseointegration.

REGENERATIVE MEDICINE

BTI is a scientific world leader in regenerative medicine for the development and patenting of Plasma Rich in Growth Factors (ENDORET® PRGF®) technology and its various applications in multiple fields of medicine such as oral and maxillofacial surgery, traumatology, dermatology, rheumatology, ophthalmology, sports medicine and cosmetic medicine.

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bti Human Technology

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RESEARCH IS BTI®'S DNA

BTI is a company which is largely focused on the research and development of new solutions in the area of biomedicine. The research carried out has a clear translational component, seeking to apply the knowledge acquired in the laboratory to daily clinical practice, with the aim of improving patient care and quality of life.

The quality and thoroughness of the research developed by the company is endorsed by the publication of its results in the most important international scientific journals.

DR. EDUARDO ANITUA
MD • DDS • PHD

BTI Biotechnology Institute was founded in 1999 by Dr. Eduardo Anitua, President and Chief Scientific Officer of the company and recently named as the most influential Spanish researcher in the world in Dentistry according to the Stanford University ranking.

Director of the Eduardo Anitua Institute, Basic and Applied Research Institute and the Clinic and Training Centre for Oral Implantology and Regenerative Therapy. Scientific Director of BTI® (Biotechnology Institute)

MD Degree in Medicine & Surgery by the University of Salamanca, 1979; Doctor of medicine and surgery.

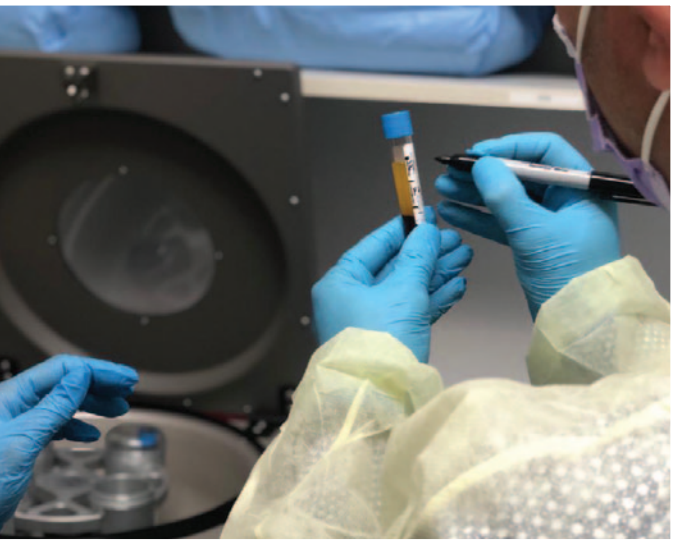
Stomatology Specialist at the University of the Basque Country, continuing his studies during stays in the United States (Philadelphia, New York, Miami, San Francisco, Chicago) and in Europe (Italy, Germany, France, and of course, Spain).

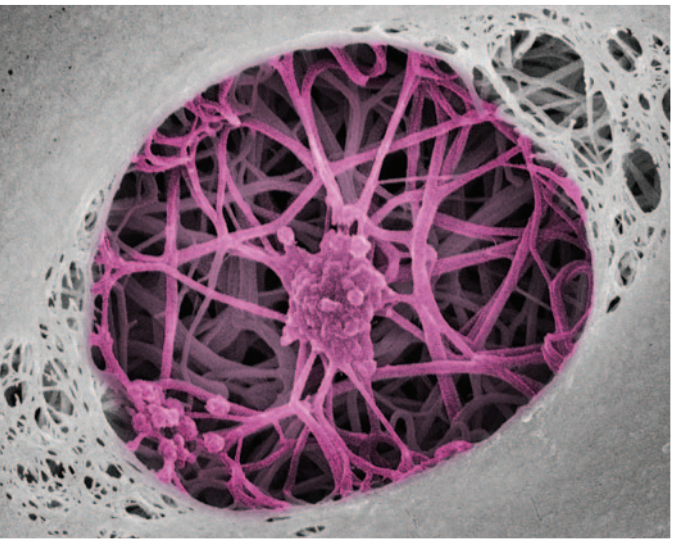
He has spoken at conferences at various Spanish and international Universities, and given the post-graduate course in implants at the universities of Seville, Murcia, Barcelona and Madrid. He has led more than 500 courses and conferences at congresses (in Europe, USA, South America, Asia) on implants, prostheses, dental aesthetics and tissue regeneration.

Director of the programme "Continuing Education Program on Oral Implantology and Rehabilitation" given in Spain, Mexico, Portugal, Italy and Germany for the last 22 years.

Guest lecturer at the schools of dental medicine at the Universities of: Guatemala, Intercontinental of Mexico, Javeriana of Colombia, Republic of Argentina, Uruguay, Portugal (Porto and Lisbon Faculties), Pennsylvania, Harvard, Boston and Tuffs. Director of Dental Dialogue.

ENDORET® (PRGF®)





ENDORET® TECHNOLOGY WHAT IS IT?

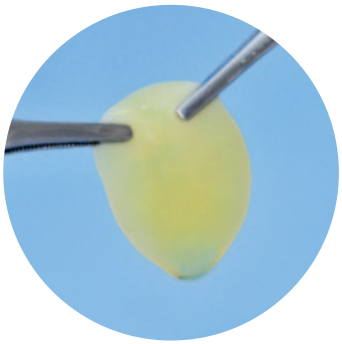
ENDORET is a biomedical technology aimed at stimulating tissue regeneration by applying autologous proteins.

Hundreds of endogenous proteins affect the tissue repair processes, including angiogenesis, chemotaxis and cell proliferation. No exogenic agent can effectively govern all these processes.

ENDORET technology provides the necessary means for obtaining plasma rich in growth factors from whole blood.

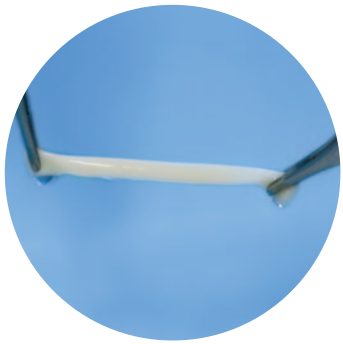
VERSATILE SOLUTION BASED ON PLASMA RICH IN GROWTH FACTORS

LIQUID



CLOT

AUTOLOGOUS BONE GRAFT



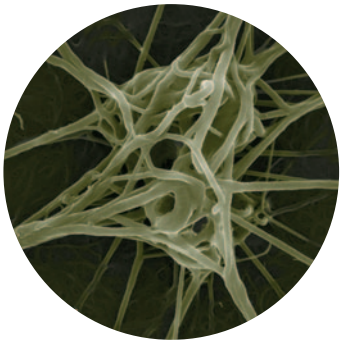
FIBRIN MEMBRANE

BENEFITS AND APPLICATIONS:
1. INCREASED PREDICTABILITY

BTI implants wetted with ENDORET® have a high survival rate with increased trabecular thickness and maturity of the bone

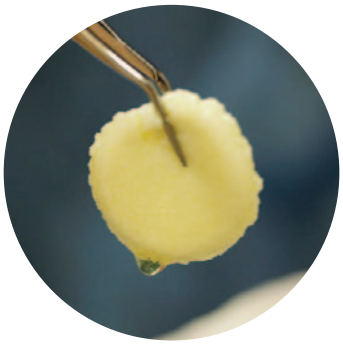
When the surface of the implants is wetted with ENDORET liquid, a fibrin membrane is formed and adheres to the surface of the implant, releasing growth factors and improving the osseointegration. The nano-rough surface of BTI implants is specially designed to boost the biological effects of ENDORET.

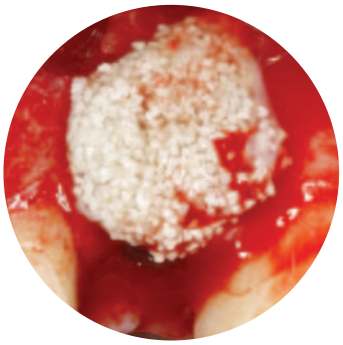
[2] Studies available upon request



2. PREPARATION OF GRAFTS

ENDORET can be used to agglutinate a biomaterial, making it easier to handle and improving its osteoconductive and biological properties.

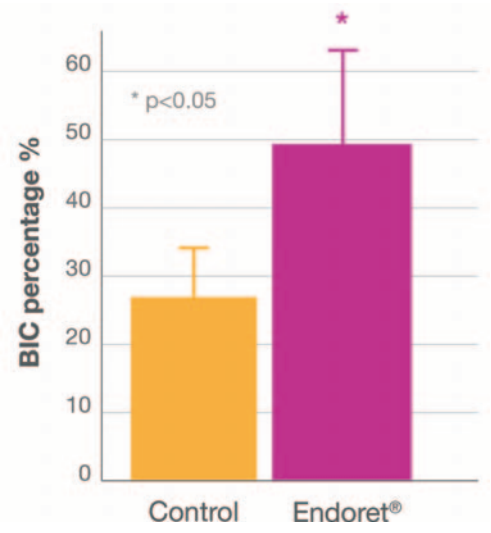


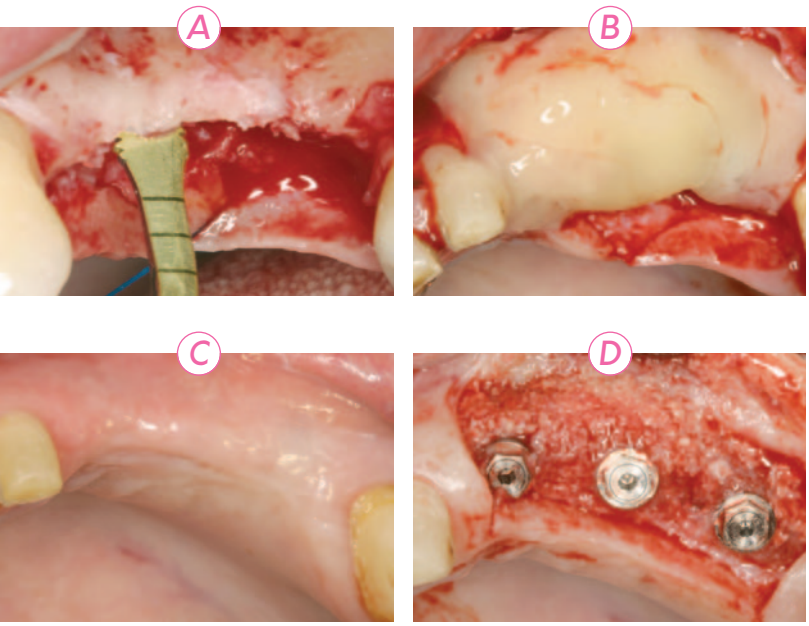


SURVIVAL RATES REPORTED IN CLINICAL STUDIES:

- Up to 5 years follow-up study 5787 implants. **99.2%** [2]
- Up to 5 years follow-up study 1139 immediate load implants. **99.3%** [2]
- Up to 8 years follow-up study 1287 short implants. **99.3%** [2]
- 10-12 years follow-up study 111 short implants. **98.9%** [2]

HISTOMORPHOMETRIC EVALUATION OF THE BONE-IMPLANT CONTACT SURFACE (BIC) AFTER TWO MONTHS IN GOATS [2]





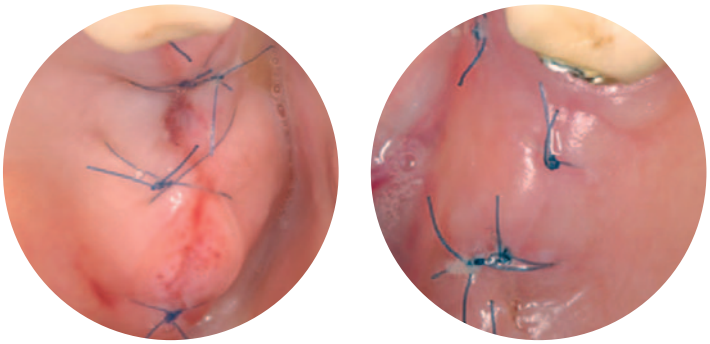
A) Longitudinal corticotomy with ultrasound tip
B) Use of bone grafts and fibrin membranes
C) After 3 months
D) After 6 months

3. TREATMENT OF ATROPHIC MAXILLAE

A. Lateral bone augmentation

The alveolar ridge expansion and the alveolar ridge split techniques in combination with ENDORET can achieve an average bone expansion of 3.35 mm.

The use of ENDORET in combination with the block graft improves the tissue healing, avoiding the exposure of the graft and improves the post-operative recovery of the patient.

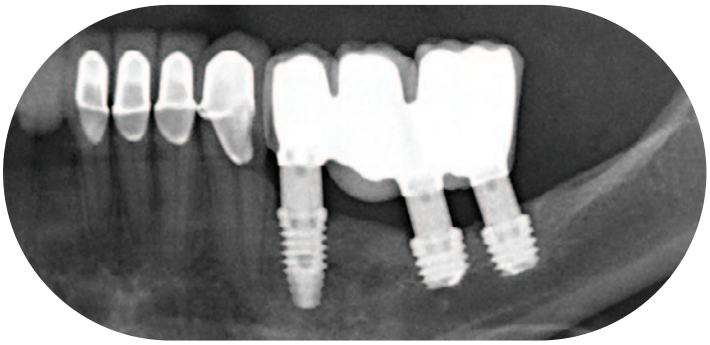


CONTROL WITH ENDORET

B. Sinus elevation

ENDORET INCREASES THE FORMATION OF MATURE BONE

ENDORET reduces inflammation and pain. It increases the new bone formation. ENDORET is effective in the treatment of performations in the Schneider membrane.



C. Vertical bone regeneration

The combination of Endoret graft with short and extra-short implants makes possible the rehabilitation of atrophic mandible without the need of more aggressive techniques.

4. PERIODONTAL REGENERATION

ENDORET may be beneficial in the field of the mucogingival surgery.

TREATMENT OF GINGIVAL DEFECTS

SURGICAL INTRUMENTS for ENDORET® (PRGF®)

Adson forceps

Forceps with tungsten carbide tips that are used in surgery for holding, securing, bringing together or compressing tissues, with minimum trauma.

De Bakey dissection forceps

Atraumatic forceps with tungsten carbide tips, used in surgery to secure soft tissue firmly without causing any harm.

Bone compactor CH1

Indicated for compacting bone around an implant postextraction.

Bone compactor CH2
&
Sinus elevation kit (CH3)

Ideal for compacting bone in a traumatic sinus elevation.

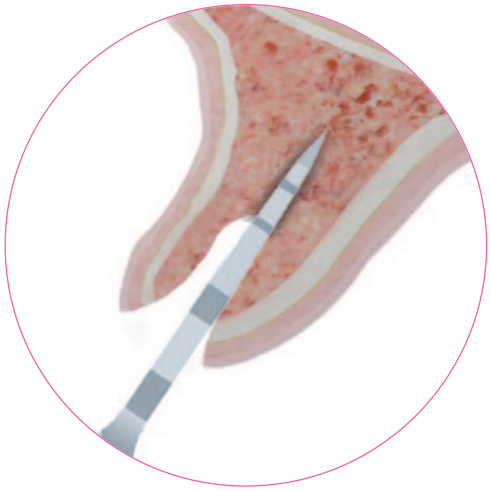
BIOLOGICAL DRILLING

BASIC INTRODUCTION TO BIOLOGICAL DRILLING

The aim of drilling for the insertion of a dental implant is to make a neo-alveolus suitable for the morphology of the implant that will be placed there, using drills that remove the bone from the receiving socket. The preparation of the receiving socket must be as conservative as possible to avoid damaging the bone cells that will be responsible for the osseointegration of the implant once it has been inserted.

The majority of the implant systems on the market use high speed drilling with irrigation to avoid overheating the bone and to preserve cell viability, as well as reducing the time required to prepare the neoalveolus.

At BTI, we have been developing a protocol for low speed drilling since 2004. We have called it 'biological drilling', and it allows us to prepare the receiving socket of the implant conservatively, at the same time making it possible to collect autologous bone obtained from the drilling that can later be used as particulate grafts in surgery.



BTI®'S DRILLING SYSTEM

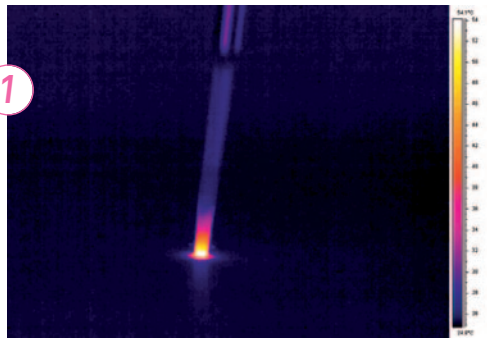
The first drill in the biological drilling sequence is the initial drill. It is a drill with a very active tip and high capacity to penetrate the cortical bone, which achieves precise drilling and exact positioning of the starting point for the drilling, particularly in narrow crests. In addition, its lanceolate morphology gives it better directional control than can be obtained with a conventional round drill. With this drill we can also drill laterally in the event it is necessary to correct the drilling position, as its lateral cutting gives us this possibility.

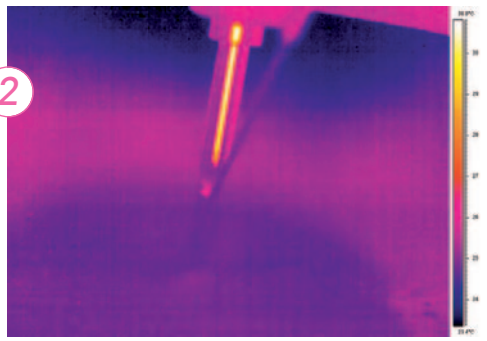
BIOLOGICAL DRILLING

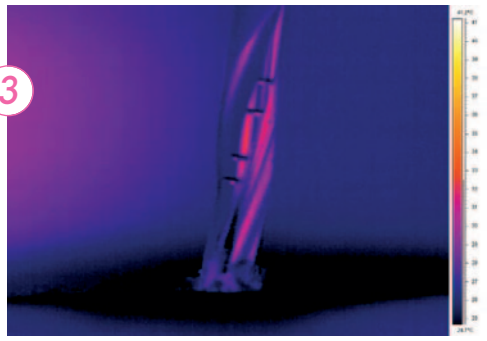
The initial drill also permits lateral drilling in the event that we wish to modify the location of the neoalveolus by half a millimetre. It is the only drill in the whole system that cuts laterally.

This drill will be used at high speed (between 800 and 1000 depending on the bone density), irrigated with saline solution or sterile pyrogen-free water. It is the only drill that will be used at high speed in the whole biological drilling protocol.

All of the drilling to increase the diameter is done at low speed (50-150 revolutions per minute), without irrigation. Eliminating the irrigation of the drilling does not cause significant temperature increases in the bone bed because the procedure is so slow, so the bone cells of the receiving socket are completely preserved.







1. Without irrigation (1,500 rpm)

Drilling without irrigation at 1,000 - 1,500 rpm will produce a rapid rise in temperature even with small diameter drills, causing overheating and necrosis of the bone.

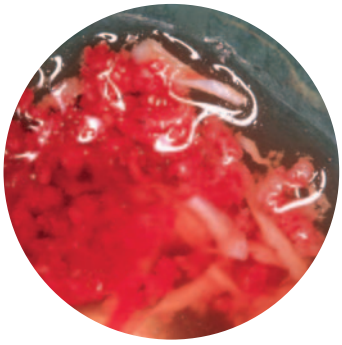
2. With irrigation (1,500 rpm)

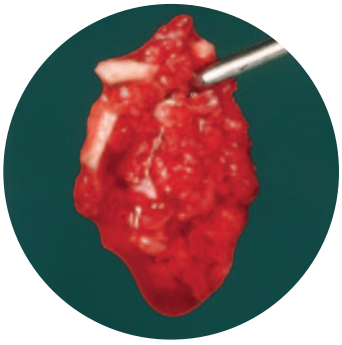
If used properly, irrigation will keep the temperature at 29-30ºC, preventing overheating.

3. Without irrigation (125 rpm)

When drilling at low speed without irrigation, the thermal increase will be minimal, even with large diameter drills. If the drilling is done gradually, and the cortical is perforated with aggressive drilling with irrigation, the rest of the drilling can be done without irrigation.

The bone volume collected using biological drilling enables us to make particulate bone grafts easily, which can be used in other areas of the same procedure.





UNICCA® SURFACE

UNICCA® TECHNOLOGY WHAT IS IT?

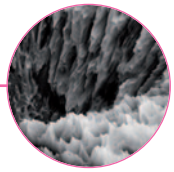
UnicCa® is the surface of all BTI implants that consists of a chemical modification with calcium ions over its triple roughness.

UNICCA® SURFACE, CERTIFIED PURENESS

BTI UnicCa® is the first implant system in the market awarded with the CleanImplant Foundation Mark, as a guarantee of the highest quality of its materials and surface.

NECK

ATTENUATED ROUGHNESS:
Enhances marginal tissue retention, reducing bacterial colonization.



THREADS

HIGH ROUGHNESS:
Allows bone anchorage outside of the threads.

VALLEYS

MEDIUM ROUGHNESS:
Guides the bone growth between the threads maintaining the implant's mechanical properties.

CHEMICAL MODIFICATION WITH CALCIUM IONS

THE RESULTS OF THE UNICCA® SURFACE

1. UNICCA® IS ELECTROPOSITIVE, CLEAN AND SUPERHYDROPHILIC

-> **bene it**: it immediately initiates the regenerative process [1].

2. UNICCA® IMPROVES PERI - IMPLANT BONE STABILITY

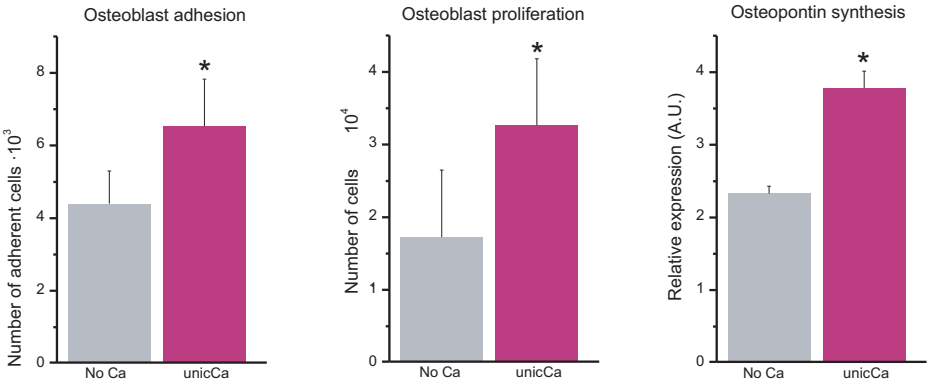
-> **bene it**: reduces implant failure. [1]

3. UNICCA® MINIMIZES BACTERIAL ADHESION

-> bene it: the attenuated roughness in the coronal area along with the use of Endoret® (PRGF®) significantly reduces the bacterial colonization (in vitro study). [1]

4. UNICCA® STIMULATES OSTEOGENIC ACTIVITY

-> **bene it**: bone forming cells synthetize significantly, resulting in a greater extracellular matrix (in vivo and in vitro studies) [1]



Surfaces subjected to human osteoblast cell tests. Adhesion measured at 3 hours, proliferation at 4 days, synthesis at 7 days.

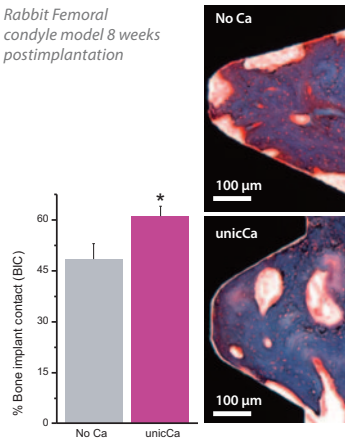
** shows statistically significant differences (p<0.05, Student T-Test)*

5. UNICCA IS OSTEOGENIC: INDUCES THE FORMATION OF BONE TISSUE

-> **bene it**: accelerates and improves osseointegration (in vivo studies). [1]

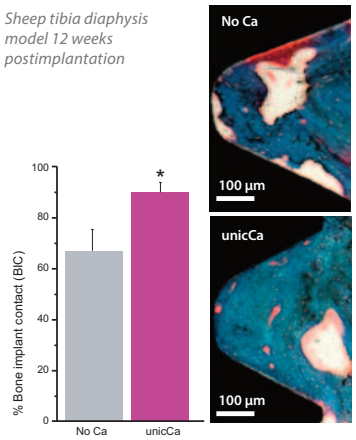
IN LOW DENSITY BONE [1]

Rabbit Femoral condyle model 8 weeks postimplantation



IN POORLY VASCULARIZED BONE [1]

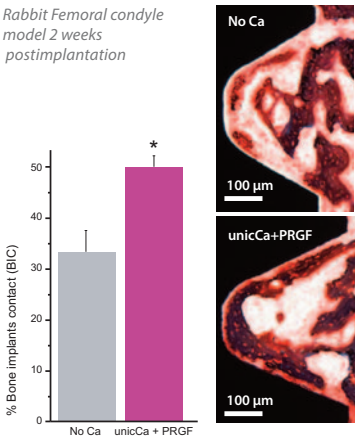
Sheep tibia diaphysis model 12 weeks postimplantation



COMBINATION OF UNICCA® WITH ENDORET® (PRGF®) [1]

Accelerates early osseointegration

Rabbit Femoral condyle model 2 weeks postimplantation



[1] Studies available upon request

LINE OF BTI IMPLANTS

PLATFORMS

Ø 3.0mm

3.0

- The right solution for treating patients with horizontal bone atrophies
- It limits the need for bone augmentation and decreases the surgical time

Ø 3.5mm

CORE

Due to the result of latest developments, the CORE line - a set of implants, with 6 different diameters and several lengths - allows you to resolve the majority of implant treatments requested in dental clinics.

Ø 3.5mm

CORE-X

- Accelerated treatment for low-density bone and post-extraction sockets
- Improved primary stability and osseocondensation
- Optimised osseointegration, thanks to the UnicCa® surface
- Prosthetic simplicity. One connection for the entire range

Ø 4.1mm

UNIVERSAL PLUS

The implants of the UNIVERSAL PLUS platform are indicated for immediate placement in a post-extraction socket and are ideal for bridge abutments in areas of canines and pre-molars. They can also be used individually in central upper and molar areas, but above all when there is a significant biomechanical requirement and it is necessary to be more stringent with the maintenance of soft tissue.

CORE-X IMPLANTS

NEW!

ACCELERATED TREATMENT FOR LOW-DENSITY BONE AND POST-EXTRACTION SOCKETS

FOR 3 REASONS:

1. Improved primary stability and osseocondensation.
2. Optimised osseointegration, thanks to the UnicCa® surface.
3. Prosthetic simplicity. One connection for the entire range.

IMPLANT MORPHOLOGY

Connection

Same BTI CORE® connection, with a 3.5mm platform, flat, tetralobulated and without edges, which allows for perfect stress distribution. It also uses the same prosthetic components as the BTI CORE® range, with extensively tested biomechanical behaviour.

INCREASED CAPACITY FOR OSTEO-CONDENSATION

Surface

The surface of BTI implants is characterised by a triple roughness, attenuated on the neck, moderate on the body and increased on the threads, chemically modified with calcium ions. This provides improved osseointegration of the implant and minimises bacterial adhesion.

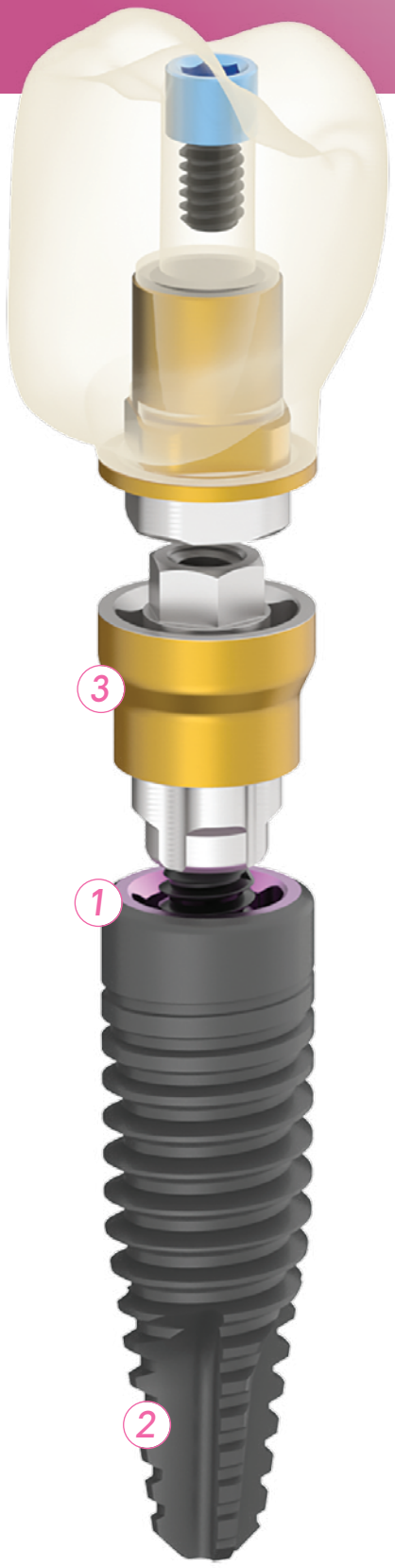
Deeper Thread

Deeper threads for better penetration into the bone.

Apex

The CORE-X® apex has a high advancement capability and increases apical fixation, providing a much more progressive insertion from the start of implant insertion into soft bone.

CORE IMPLANTS



THE CORE OF YOUR CLINICAL DECISIONS

1. Common connection & prosthetic platform

An internal tetralobe with a prosthetic emergence that is 3.5mm in diameter, that allows the attachments used to be unified. They favour greater stability of the peri-implant tissues, also making them the choice for restoring limited interdental spaces.

2. Conical shape

Facilitates the surgical intervention in any bone type thanks to its apex with great advance capacity. It also makes it possible to achieve primary stability in post-extraction sockets.

3. BioBlock® system

CORE incorporates BioBlock®, a biomechanical concept to guarantee hermetic and biological sealing, which favours preservation of the marginal bone around the implants. Using expanded transepithelial abutments, platform changes are performed with wider emergence profiles.

4. Reduced components

CORE implants imply a reduction in time and costs in clinical practise, requiring less drills and a simple surgical box to keep them in.

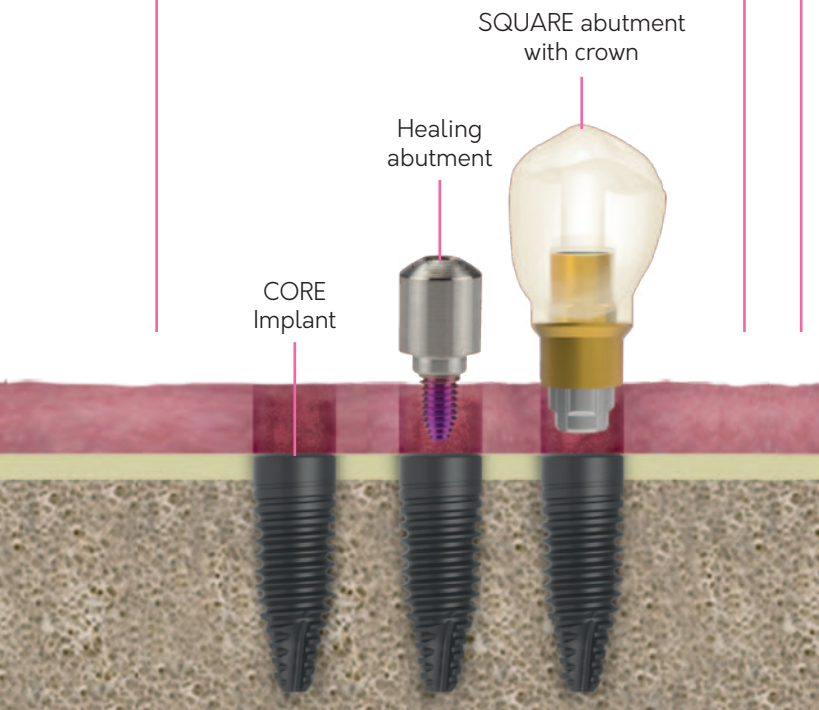
BTI: Biotechnology Institute

CORE DIAMETERS

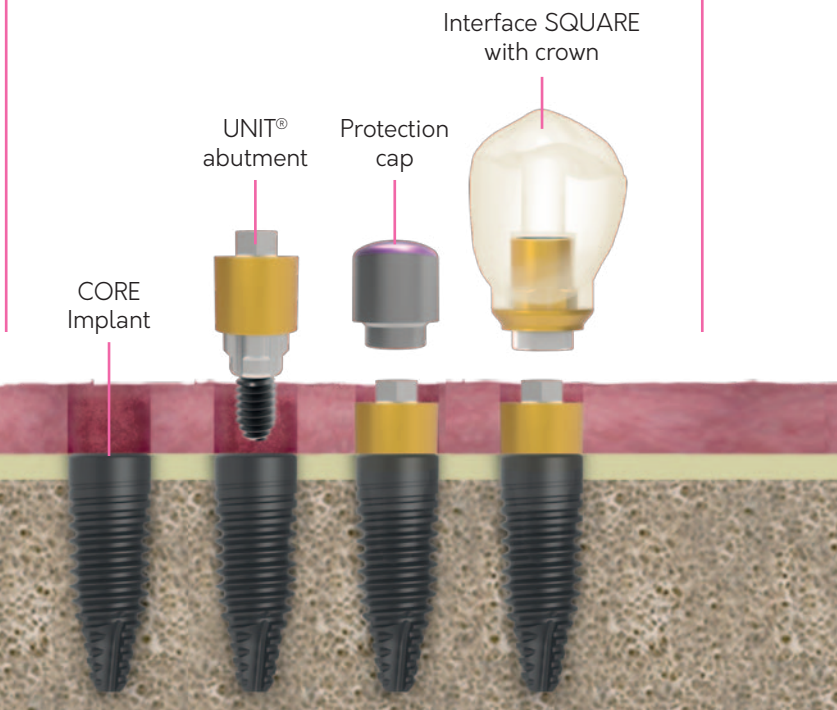
CORE LENGHTS

PROSTHETIC RESTORATIONS

Over the implant: SINGLE or MULTIPLE



Over trans-epithelial: UNIT® or MULTI-IM®



3.0 IMPLANTS

SIMPLIFIED TREATMENTS WITH "3.0" NARROWEST IMPLANTS

Ø 2.5mm indication:

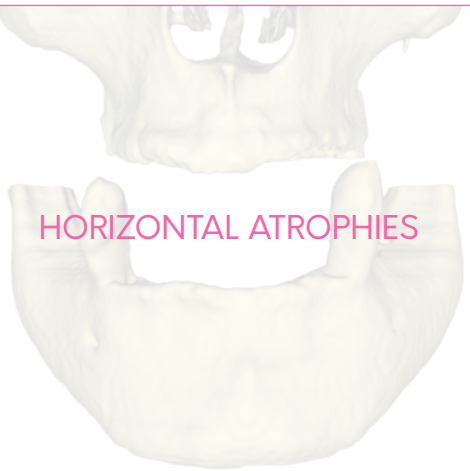
Screw retained multiple restorations with the use of Multi-Im transepithelials. (Never single or direct to implant restorations.)

Ø 3.0mm indication:

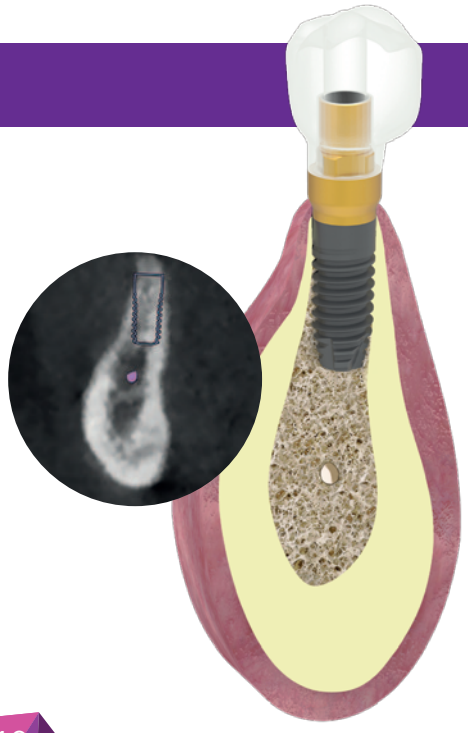
Recommended for multiple restorations. It could be used in out of occlusion single restorations of lower and lateral upper incisors OR teeth agenesis.

Ø 3.3mm indication:

- Multiple restorations
- Single restorations (in occlusion)



SOLUTIONS FOR HORIZONTAL ATROPHIES



The 3.0 family of implants enable the treatment of total and partial edentulisms where **bone volume is moderate**, without previously having to undertake bone augmentation.

(see p.20)

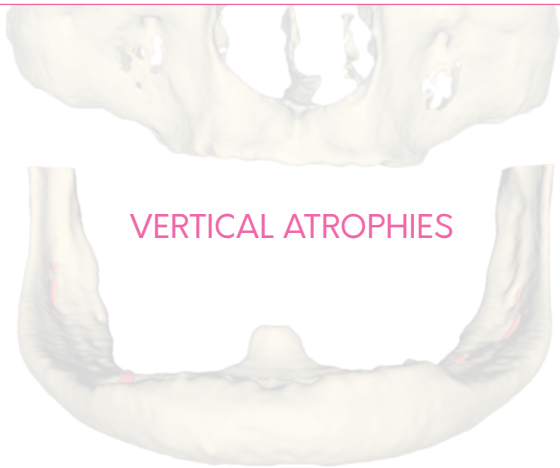
In cases of severe atrophies, the expansion technique may be carried out less invasively, using the motorized EXPANDERS KIT & ENDORET® to achieve the adequate bone volume without having to resort to complex and less predictable surgeries.

SHORT & X-SHORTS

SIMPLIFIED TREATMENTS WITH SHORT & X-SHORT IMPLANTS

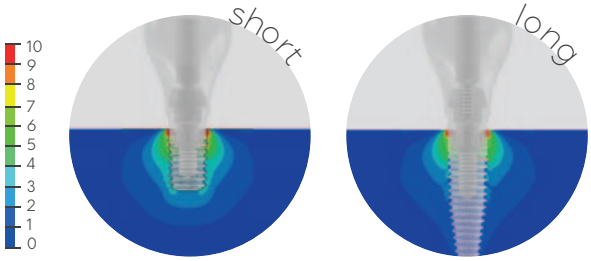
Less is more!

- Atraumatic solution for severe atrophies in both jaws
- Simple and fast implant site preparation
- Predictable surgery, with no need for complex and invasive technique

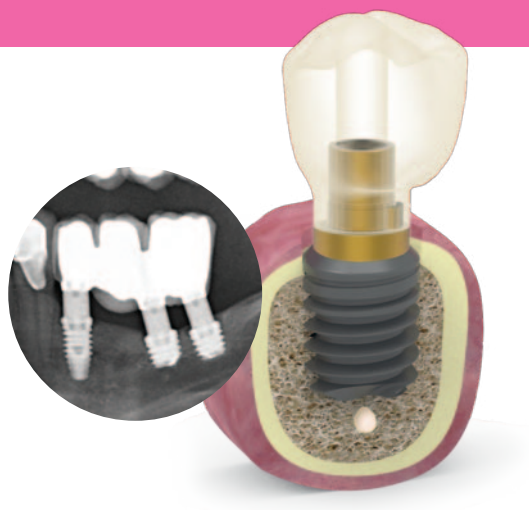


The key is in the biomechanics

Biomechanical studies back the use of SHORT implants, in comparison with longer implants, proving the capacity to dissipate the generated tensions both from vertical and lateral loads, in the first millimeters of the neck.



SOLUTIONS FOR
VERTICAL ATROPHIES



SHORT implants enable the treatment of edentulism **with moderate atrophies** in one surgical step:

- With no maxillary sinus lift
- With no risk in lower jaw because of the proximity to the dentary nerve

(see p.21)

For the severe atrophies, the FRONT CUTTING DRILL & ENDORET® (PRGF®) simplify the surgical approach of the lower jaw and maxillary sinus (vertical bone growth technique, trans-alveolar sinus lift).

EXPANDER KIT AND COMPACTOR KIT

Expanders

Compactors

Long expanders

The BTI expanders and compactors are indicated for alveolar ridge expansion in the upper and lower maxilla. Also for bone compactation and atraumatic sinus elevation. They can be used jointly with the BTI drills.

They can be used with a motor or manually. When used with the motor with the CPI22HEX, they must not exceed a torque of 25 Ncm. Material: commercially pure titanium.

INDICATIONS:

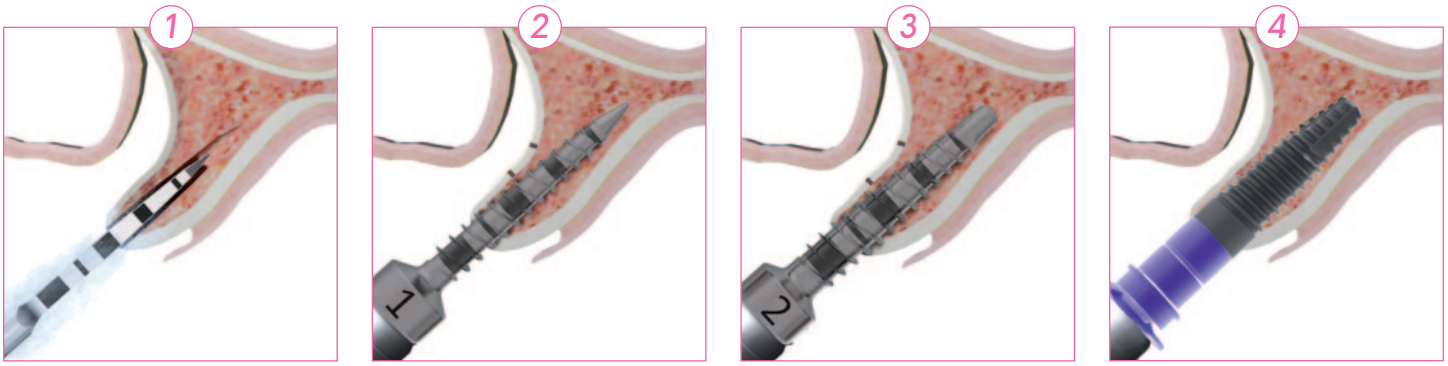
Alveolar ridge expansion in bone type I, II and III. In both anterior and posterior areas in the upper maxilla or mandible. Condensation or compaction of the bone to place implants in bone Type IV in posterior areas of the maxilla or mandible.

Short compactors

The short compactors are specific for the treatment of posterior areas of the upper maxilla and they are specially designed for patients with a limited oral opening.

They have depth marks at 8.5 mm, 10 mm and 11.5 mm.

Alveolar ridge expansion



FRONT CUTTING DRILL

AN IDEAL SOLUTION FOR COMPLICATED SURGERIES

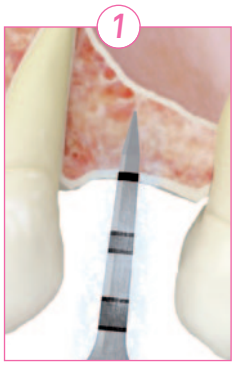
A clinical drilling technique

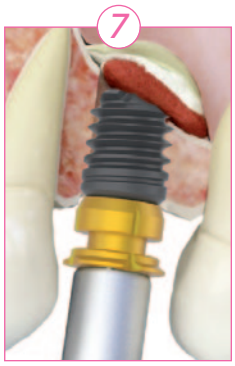
The front cutting drill was designed to achieve maximum settlement for extrashort implants and to work on the cortical bone in transalveolar sinus elevations and in proximity to the dental nerve.

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

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. Front cutting drill, wearing down the sinus cortical bone to make a small hole to insert the graft material.
4. Insertion of a Endoret® (PRGF®) fibrin membrane inside the sinus using a bone compactor, before continuing to open the cortical bone in order to detach the Schneider membrane.
5. Complete opening of the crestal window using the drill, with no risk of damaging the sinus membrane.
6. Insertion of graft material (autologous and biomaterial) inside the sinus, until the desired diameter is achieved to insert implants.
7. Insertion of the implant in the prepared alveolus, supported on the sinus cortical and with the apex inside and surrounded by graft material.



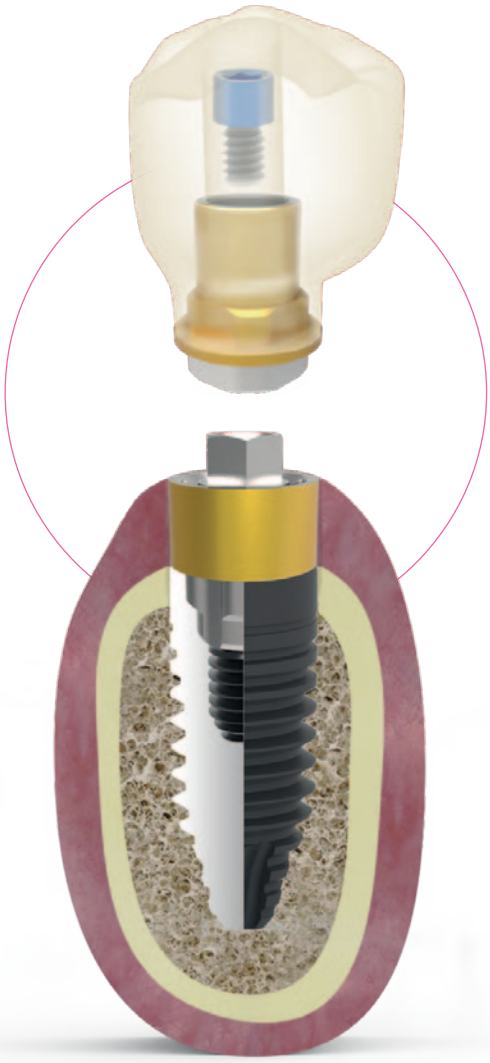


BIOBLOCK® SYSTEM

THE BEST CLINICAL DECISION FOR THE PREVENTION OF PERI-IMPLANTITIS AND THE SUCCESS OF IMPLANT TREATMENTS

The prosthesis is joined to the implant by an intermediate transepithelial, screwed into the implant.

The surface of each integral component (implant and transepithelial) is adapted specifically to the different tissues it will interact with.



Biological seal

The bond between the tissue and the transepithelial is established at the moment it is inserted. The prosthesis can be removed easily without damaging this junction, as the prosthetic platform is located at the gingival level.

Prosthetic versatility and reversibility

BTI transepithelials ensure the reversibility of the screw-retained prosthesis, enabling the height to be modified in situations of gingival morphology alterations.

Biomechanical improvement

By using 2 screws, the BioBlock® concept ensures a better distribution of the stress in the joining components, optimising the mechanical behaviour.

Guarantee of hermetic seal

The right design and high-precision machining of the BTI transepithelials connection provides a hermetic seal at the implant-platform level and therefore prevents bacterial invasion.

Instant stability

The surface topography of the BTI implant system (triple roughness modified with calcium ions) maximises the initial anchoring of the implant to the bone.

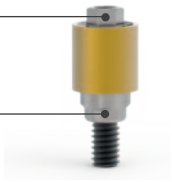
UNIT® TRANSEPITHELIAL

SINGLE RESTORATIONS

Internal connection
to the prosthesis

STRAIGHT UNIT

Same gingival and prosthetic emergence



Connection with the implant

Six-lobed | Hexagonal | Tetra-lobed

EXPANDED UNIT

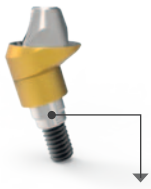
Change in platform for a wider prosthetic emergence

UNITARIO ANGLED

With rotational components

Correction of disparallelisms

17º - 30º



Non-rotational connection
with the implant

MULTI-IM® TRANSEPITHELIAL

MULTIPLE RESTORATIONS

Rotating connection
to the prosthesis

STRAIGHT MULTI-IM

Same gingival and prosthetic emergence

Rotating connection
to the implant

EXPANDED MULTI-IM

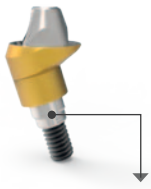
Change in platform for a wider prosthetic emergence

ANGLED MULTIPLE

With rotational components

Correction of disparallelisms

17º - 30º

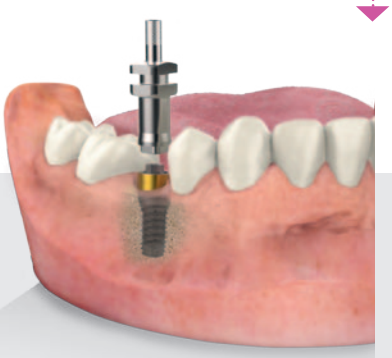


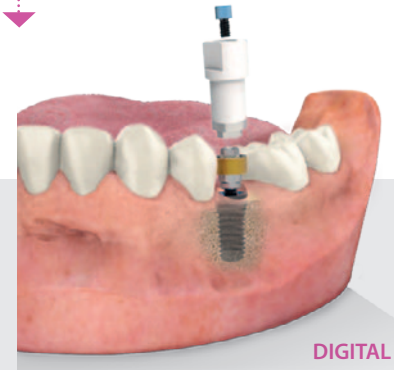
Non-rotational connection
with the implant

UNIT® - WORKFLOW

Conventional workflow

Digital workflow

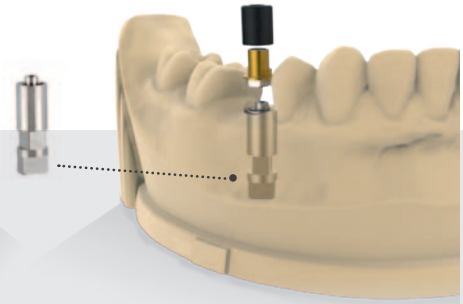




IMPRESSION MAKING

DIGITAL IMPRESSION
TAKING AND SCANNING

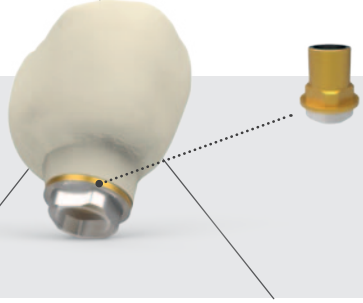
COMPUTER
DESIGN

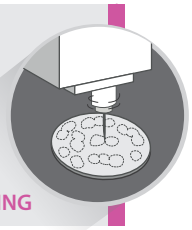


LABORATORY MODEL

MODEL IMPRESSION AND
ANALOGUE INSERTION

CONVENTIONAL
MANUFACTURING PROCESS



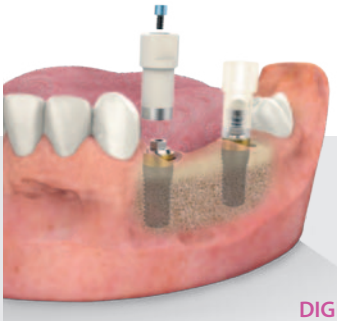


MACHINING

MULTI-IM® - WORKFLOW

Conventional workflow

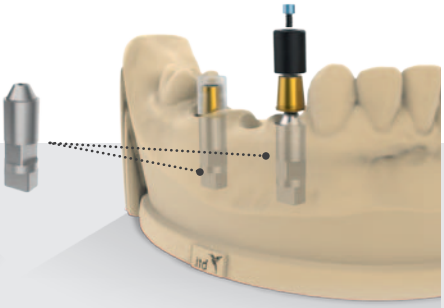
Digital workflow

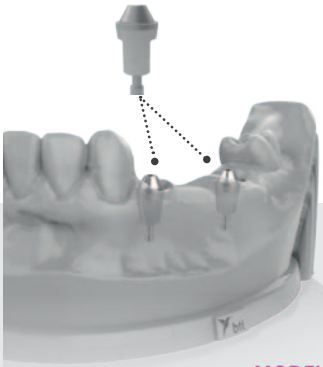


IMPRESSION MAKING

DIGITAL IMPRESSION TAKING AND SCANNING

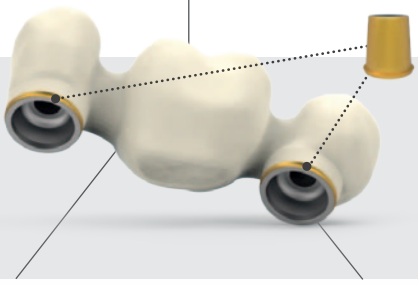
COMPUTER DESIGN





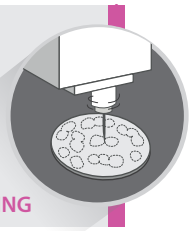
LABORATORY MODEL

MODEL IMPRESSION AND ANALOGUE INSERTION



CONVENTIONAL MANUFACTURING PROCESS

MACHINING



SURGICAL KIT (KCQ5)

For CORE implants

Surgical kit for CORE implants, containing the need components for insertion this line.

SURGICAL KIT (KCQ1)

For all BTI implants

Complete surgical kit, including all the components necessary to insert the whole range of BTI implants.

All the necessary devices for the insertion of an implant, from the preparation of the socket, with the drills and the platform positioners, to the elements for securing the implant in the site using suitable tools to transmit the final torque.

PROSTHETIC KIT (KP1)

A kit designed to achieve an adequate torque in each of the elements that need to be screw-retained, for carrying out the prosthetic work.

- 2 - Square screwdriver tip (17mm & 24mm)
- 2 - Large hexagonal screwdriver tip (17mm & 24mm)
- 2 - Screwdriver handles
- 1 - Multitorque wrench for prostheses

STOP & GUIDE®

SYNCA

NEW!

GUIDED SURGERY THAT GOES BEYOND YOUR EXPECTATIONS

IN 5 WAYS:

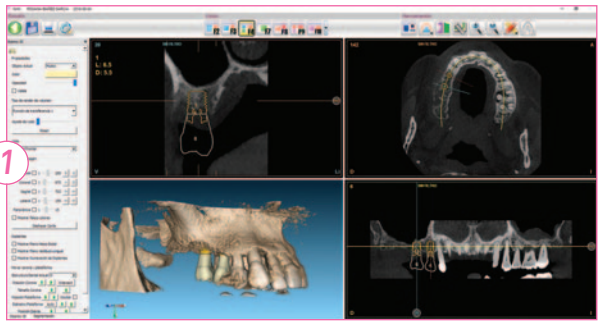
1. Adaptable to different guided surgery protocols: piloted, semi-guided or fully guided.
2. No friction between drills and guide sleeve, no overheating and no release of particles.
3. No specific drills and a very small surgical box.
4. Full control of drilling depth.
5. Your conventional driver-guided drilling sequence.

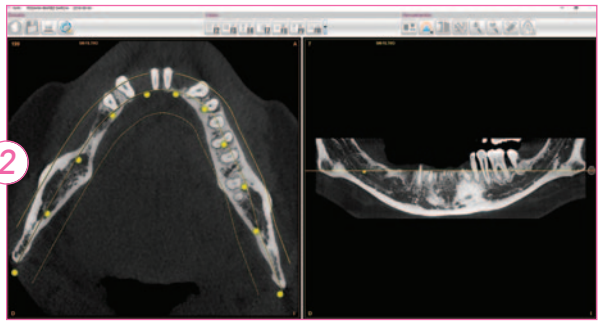
STOP & GUIDE® VIDEO

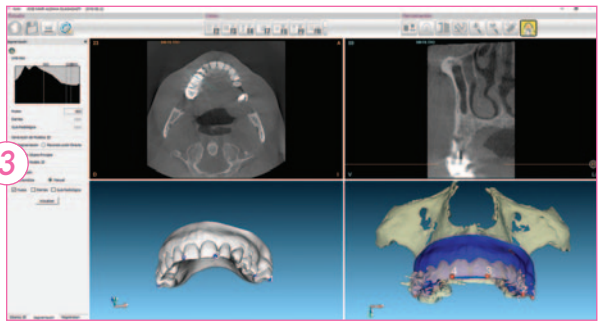
SURGERY, MORE PRECISE AND PREDICTABLE EVERY DAY!

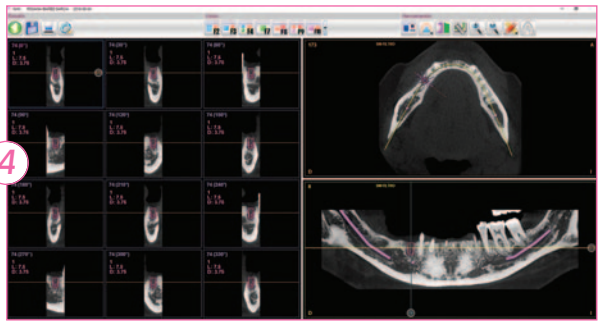
BTI SCAN 4®

ORAL IMPLANTOLOGY PLANNING SOFTWARE









BTI SCAN® 4 is a software designed to achieve an efficient diagnosis and digital planning of treatments to ensure greater quality and predictability of implantology surgeries.

This tool will help your patients visualize and understand the treatment plan through the 3D simulation and rendering offered by this system, and will help you reach an accurate and safe diagnosis that will enable you to decide on the length, width and exact location of both the implants and the prosthetic components, as well as of the teeth.

1. Virtual design of the prosthesis

You will be able to complete your plans from start to end, appropriately choosing the prosthetic components derived from transepithelial abutments. BTI SCAN® 4 will allow for both placing and rotating the complete implant from different perspectives.

2. Free-hand drawing of the dental arch curve

A new way to generate the dental arch curve by clicking points. Simple and accurate.

3. Registration of the plaster model

The user may align the plaster model imported in STL format against the 3D generated in the scanner, thus achieving an improved placement of the implants.

4. Radial view

This new perspective will result in gains in predictability and knowledge about the tissue, as they allow for visualizing the living environment surrounding the placed or still to be placed implant.

KEXIM SYSTEM

THE SOLUTION FOR IMPLANT RE-TREATMENT

Whether for biological or mechanical reasons, implant extractions are a challenge for implantology professionals, especially when they want to preserve the implant bone bed as much as possible to go on to perform immediate insertions.

Atraumatic system

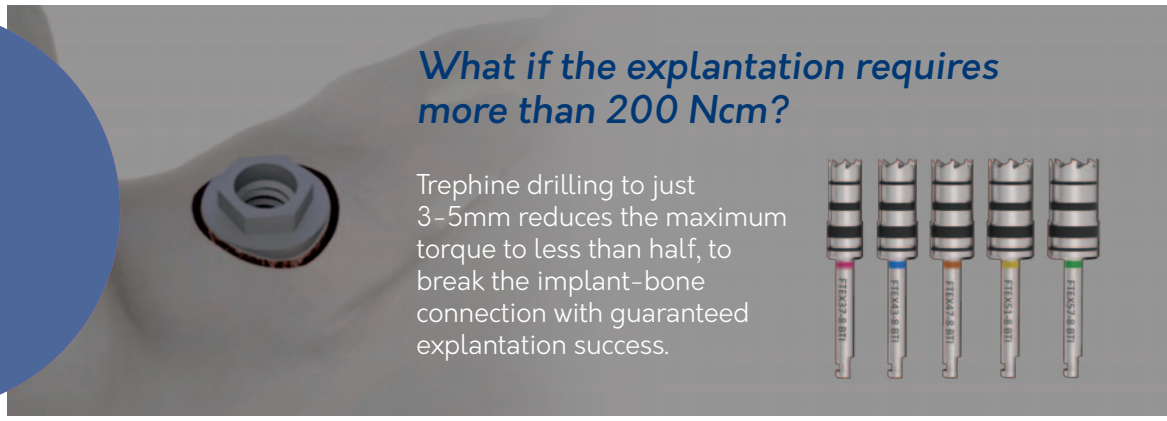
- KEXIM enables atraumatic extraction of implants in less time and with greater predictability
- Using KEXIM preserves as much alveolar bone volume as possible in explantations[1]
- It is minimally invasive to the bed making it possible, in many cases, to insert implants immediately after explantation, reducing waiting times and costs of second operations for the patient
- Compatible with more than 35 implant systems!

98.5% success rate[1]

BTI® performed more than 260 explantations where in addition to verified compatibility, the real extraction torque of each implant was assessed, 95% were below 200 Ncm.

[1] Studies available upon request

PERI-IMPLANTITIS: A GROWING PROBLEM IN IMPLANT DENTISTRY



What if the explantation requires more than 200 Ncm?

Trephine drilling to just 3-5mm reduces the maximum torque to less than half, to break the implant-bone connection with guaranteed explantation success.

BTI BOOKS

PERI-IMPLANTITIS
A new approach for prevention and treatment

Find out the new guidelines in the pathology-management of increasing incidence of peri-implantitis.

THE POST-EXTRACTION ALVEOLUS
A biological approach

Master the regenerative approach to the post-extraction alveolus based on the use of Endoret® (PRGF®) technology.

SHORT AND EXTRA-SHORT IMPLANTS

Learn specific and innovative techniques for treating vertical atrophy in both the maxilla & mandible with short & extra short implants.

SURGICAL MANUAL
Oral implantology

This surgical manual presents a summary of basic information on applied anatomy and biological concepts regarding osseointegration;

PREDICTABLE PROSTHESIS ON IMPLANTS – Key points and techniques

In this book, we summarise the prosthetic options and simplify the clinical practice guide with the aim to attain the right aesthetics together.

5-DAY COURSE IN SPAIN

SYNCA

A BIOLOGICAL APPROACH TO IMPLANTOLOGY

With Dr. Eduardo Anitua MD • DDS • PHD

TOP 2% of the most cited and influential researchers in the world!

*Learn simplified and predictable treatment approaches for **HORIZONTAL** & **VERTICAL** atrophies*

- Horizontal & vertical growth using PRGF
- Biomechanics of short, x-short implants & immediate loading
- Treatment of atrophic jaws
- Planning single, partial and full edentulism rehabilitation
- Expansion, splitting
- Complication management
- Immediate loading and complex rehabilitation
- Alternative approach to sinus lift with short & x-short implants

PACE
ACADEMY of GENERAL DENTISTRY
PROGRAM APPROVAL FOR CONTINUING EDUCATION

*Including **LIVE** surgeries of complex rehabilitations with Dr. E. Anitua*

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COURSE INCLUDES:

(Tuition Fee: $6370)

- 40 CEU credits
- Professional information packs, research articles
- Transfer from and to Bilbao international airport
- 6 nights accommodation (breakfast included)

BTI® IMPLANT CODES

25 anniversary 1999-2024

bti Human Technology

3.0 Platform Ø 3.0mm

Ø 2.5		Ø 3.0		Ø 3.3	
Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length
IIP3CA2555	5.5mm	IIP3CA3055	5.5mm	IIP3CA3355	5.5mm
IIP3CA2565	6.5mm	IIP3CA3065	6.5mm	IIP3CA3365	6.5mm
IIP3CA2575	7.5mm	IIP3CA3075	7.5mm	IIP3CA3375	7.5mm
IIP3CA2585	8.5mm	IIP3CA3085	8.5mm	IIP3CA3385	8.5mm
IIP3CA2510	10mm	IIP3CA3010	10mm	IIP3CA3310	10mm
IIP3CA2511	11.5mm	IIP3CA3011	11.5mm	IIP3CA3311	11.5mm
IIP3CA2513	13mm	IIP3CA3013	13mm	IIP3CA3313	13mm

Narrow/CORE Platform Ø 3.5mm

Ø 3.3		Ø 3.5		Ø 3.75		Ø 4.0		Ø 4.25		Ø 4.75	
Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length
IIPECA3355	5.5mm	IIPECA3545	4.5mm	IIPECA3745	4.5mm	IIPECA4045	4.5mm	IIPECA4245	4.5mm	IIPECA4745	4.5mm
IIPECA3365	6.5mm	IIPECA3555	5.5mm	IIPECA3755	5.5mm	IIPECA4055	5.5mm	IIPECA4255	5.5mm	IIPECA4755	5.5mm
IIPECA3375	7.5mm	IIPECA3565	6.5mm	IIPECA3765	6.5mm	IIPECA4065	6.5mm	IIPECA4265	6.5mm	IIPECA4765	6.5mm
IIPECA3385	8.5mm	IIPECA3575	7.5mm	IIPECA3775	7.5mm	IIPECA4075	7.5mm	IIPECA4275	7.5mm	IIPECA4775	7.5mm
IIPECA3310	10mm	IIPECA3585	8.5mm	IIPECA3785	8.5mm	IIPECA4085	8.5mm	IIPECA4285	8.5mm	IIPECA4785	8.5mm
IIPECA3311	11.5mm	IIPECA3510	10mm	IIPECA3710	10mm	IIPECA4010	10mm	IIPECA4210	10mm	IIPECA4710	10mm
IIPECA3313	13mm	IIPECA3511	11.5mm	IIPECA3711	11.5mm	IIPECA4011	11.5mm	IIPECA4211	11.5mm	IIPECA4711	11.5mm
IIPECA3315	15mm	IIPECA3513	13mm	IIPECA3713	13mm	IIPECA4013	13mm	IIPECA4213	13mm		
		IIPECA3515	15mm	IIPECA3715	15mm						

Narrow/CORE-X Platform Ø 3.5mm

Ø 3.75		Ø 4.0		Ø 4.25		Ø 4.5		Ø 4.75	
Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length
IIPEXCA3745	4.5mm	IIPEXCA4045	4.5mm	IIPEXCA4245	4.5mm	IIPEXCA4545	4.5mm	IIPEXCA4745	4.5mm
IIPEXCA3755	5.5mm	IIPEXCA4055	5.5mm	IIPEXCA4255	5.5mm	IIPEXCA4555	5.5mm	IIPEXCA4755	5.5mm
IIPEXCA3765	6.5mm	IIPEXCA4065	6.5mm	IIPEXCA4265	6.5mm	IIPEXCA4565	6.5mm	IIPEXCA4765	6.5mm
IIPEXCA3775	7.5mm	IIPEXCA4075	7.5mm	IIPEXCA4275	7.5mm	IIPEXCA4575	7.5mm	IIPEXCA4775	7.5mm
IIPEXCA3785	8.5mm	IIPEXCA4085	8.5mm	IIPEXCA4285	8.5mm	IIPEXCA4585	8.5mm	IIPEXCA4785	8.5mm
IIPEXCA3710	10mm	IIPEXCA4010	10mm	IIPEXCA4210	10mm	IIPEXCA4510	10mm	IIPEXCA4710	10mm
IIPEXCA3711	11.5mm	IIPEXCA4011	11.5mm	IIPEXCA4211	11.5mm	IIPEXCA4511	11.5mm	IIPEXCA4711	11.5mm
IIPEXCA3713	13mm	IIPEXCA4013	13mm	IIPEXCA4213	13mm				

Universal Plus Platform Ø 4.1mm

Ø 4.5		Ø 5.0		Ø 5.5		Ø 6.0	
Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length	Art.- Nr.	Length
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IIPSCA4555	5.5mm	IIPSCA5055	5.5mm	IIPSCA5555	5.5mm	IIPSCA6055	5.5mm
IIPSCA4565	6.5mm	IIPSCA5065	6.5mm	IIPSCA5565	6.5mm	IIPSCA6065	6.5mm
IIPSCA4575	7.5mm	IIPSCA5075	7.5mm	IIPSCA5575	7.5mm	IIPSCA6075	7.5mm
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IIPSCA4510	10mm	IIPSCA5010	10mm	IIPSCA5510	10mm	IIPSCA6010	10mm
IIPSCA4511	11.5mm	IIPSCA5011	11.5mm	IIPSCA5511	11.5mm	IIPSCA6011	11.5mm
IIPSCA4513	13mm	IIPSCA5013	13mm	IIPSCA5513	13mm		
IIPSCA4515	15mm	IIPSCA5015	15mm				

DOWNLOAD THE QUICK REFERENCE PROSTHETIC CATALOGUE HERE