MAKING THE WORLD A HEALTHIER PLACE

Ceramic implants
SDS1.1 und SDS2.0

SDS SWISS DENTAL SOLUTIONS

designed by Dr. Ulrich Volz
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The innovation leader for immunologically neutral implant restorations

SDS - Swiss Dental Solutions Ceramic Implants

SDS ceramic implants - conceived and developed in the dental practice - thereby offering patients excellent aesthetics, stability, precision, osseointegration and health. Combined with state-of-the-art surfaces, the Dynamic Thread® implant design makes the ideal solution possible for all bone classes. Strictly metal-free, SDS implants stand for the highest level of biocompatibility. The zirconia SDS uses, is the material of choice for biological and immunological implantology.

CERAMICS ARE EASIER - BUT DIFFERENT

Today we are able to place most SDS implants immediately (immediate implantation and immediate finalization using long-term provisional prosthetics). You too can benefit from the expert knowledge of the SDS company owner and head of SWISS BIOHEALTH CLINIC, Dr. Ulrich Volz. From over 20 years of experience and 20,000 personally placed ceramic implants, special treatment protocols have been developed which we routinely provide in our own training centre, SWISS BIOHEALTH EDUCATION, including the surgical “ALL IN ONE” concept.

The SWISS BIOHEALTH CONCEPT

The SWISS BIOHEALTH CONCEPT describes the unique symbiosis between biological medicine and biological dentistry, which is exclusively oriented towards the success of treatment. Over the last 30 years Dr. Ulrich Volz has brought together some of the best dentists and medical practitioners as for example Dr. Dietrich Klinghardt and has developed the SWISS BIOHEALTH CONCEPT under his leadership. Our SWISS BIOHEALTH CONCEPT is demonstrably able to strengthen the immune system and to alleviate or even eliminate the course of chronic diseases. Today, the need for a strengthened immune system is more present than ever before.

The “ALL IN ONE” concept

In only one session or sequence, most dental problems can be eliminated once and for all. After all, it is only when all potential interfering factors such as metal osteonecroses, endodontically treated teeth and other interfering factors are completely eradicated that the immune system is able to do a perfect job, reliably healing the implants and eliminating any system stress. This is all the more important because ceramic implants are completely neutral and therefore only integrate when implanted into healthy bone tissue with a functional immune system.

The integration of titanium implants is associated with the release of inflammation mediators, just as occurs during chronic inflammation so that even compromised bone can be treated. Nevertheless, according to the Consensus Conference in 2006, after just five years more than 80% of titanium implants are affected by gingivitis and more than 50% are complicated by inflammation of the bone.*

*(periimplant mucositis in 80% - periimplantitis in > 56% of all cases. Consensus of the sixth European Workshop on Periodontology of 2006).

The HEALTH of the patient is in the foreground at SDS.
Dynamic Thread® and SDS implant engineering

The SDS team can look back on over 20 years of experience in ceramic implants, which is key to its work in the development and production of SDS implants. Through performing tens of thousands of implant procedures over the years, our development team has increased our understanding of the properties, possibilities and limits of zirconia.

Implant thread, upper region

The upper region of the implant thread is equipped with a micro-thread and therefore meets the requirements of cortical bone, which does not tolerate compression. At the same time, the use of a micro-thread results in an increased core diameter in the area of peak implant load, improving implant stability. The bone level for tissue-level insertion is approximately at the height of the green arrow. The red arrow shows the implant area that is exposed to the highest loads according to ISO 14801 during simulated bone recession.

Implant thread, lower region

The lower region of the implant thread is equipped with “Dynamic Thread®”. This self-tapping thread has 2.5 times the thread depth in the bone-condensing area, thereby providing a very large surface area for osseointegration, even in difficult bone. By combining a drilling protocol that varies according to bone class and appropriately adapted form drills, SDS implants with Dynamic Thread® offer good primary stability and reliable osseointegration in all bone classes. In class III and IV soft bone, this is achieved using optimum bone compression. In contrast, hollow spaces in class I and II hard bone are created in a circular arrangement around the implant core, which then fill with blood, stem cells and bone chips, allowing for quick callus formation.
Zirconia is not ductile

Unlike titanium, zirconia ceramics are less flexible and therefore cannot twist in the bone as a result of mastication, as is otherwise the case with titanium implants. This allows the bone to taper sharply on the zirconia implants. In many cases, which can normally only be resolved by bone augmentation, we have developed new treatment protocols with A-PRF, and can therefore dispense with bone replacement material to a large extent. A pointed alveolar ridge should also never be leveled before implantation, because the gingiva or papilla will also be leveled to the same extent!

Zirconia epithelial connection

Soft tissue adheres to the zirconia material, as already proven 30 years ago in human histology studies by the Hamburg-based Dr. Rudelt. This has also been demonstrated by current studies conducted by Prof. Khirn and the Oliva family. And concepts such as "One Abutment - One Time" also refer to this property. For the first time, we now have available to us an implant material which both grows into the bone/cementoskeleton and allows soft tissue to adhere to it. As a result, a defined implant-abutment transition is no longer required.

Conclusions

Ceramic implants should not be narrower at the implant-abutment transition (as is the case with titanium implants), but instead should be broader, as with SDS implants. This is because the projecting tulip stabilizes the gingiva by adhering at this point. Ceramic implants must always be used at tissue level, otherwise the valuable bond will be disturbed and destroyed. In this way, the soft tissue and the natural red aesthetics are preserved to the best extent possible.

Apart from that, the color and soft tissue properties mean that it is no longer necessary to position implants deeply (at bone level). During the prosthetic restoration, the zirconia-epithelial connection must never be destroyed by the electrosurgery device or by retraction cord placement.

Zirconia - the first choice implant material

In addition to mechanical sensitivity, zirconia as an implant material has the additional disadvantage of not being able to dissipate the heat that forms on the boundary surface, therefore increasing the risk of overheating and destroying the bone, particularly in bone class I. For this reason, we do not use any cylindrical implants or a shape-fitting preparation using thread cutters for SDS implant shapes and drilling protocols. In our newest generation products, we make use of the advantages of stepped-type screw implants: in class I cavity preparations, they immediately "fall" to a depth much greater than 50% of their length and are placed in their final position with only a few rotations, with only the 0.15 mm thread tips contacting the bone.

Create optimally vascularised bone

In bone classes III and IV, the Dynamic Thread® compresses the bone in the same way as a bone condenser, thus enabling an excellent primary stability. In conjunction with the drilling protocol arranged by bone class, the Dynamic Thread® forms lacunae for stem cells in hard bone. The overextended preparation for hard bone classes works together with the extreme thread depths of the SDS Dynamic Thread® to create a hollow space for bone chips, blood from the surgery site and stem cells. This enables callus formation to take place up to 30 times faster. The arising lamellar bone is supplied with blood far better than the appositional bone that is created when the implant comes into direct contact with the bone. A positive side effect of this is that there is no contact between the implant and the bone in this hollow space, meaning that there is no friction giving rise to heat!

Preserving papilla height

When using titanium implants in rampy alveolar ridges, it is necessary to augment or reduce the alveolar ridge (red arrow). This must be done massively. Loss of papillary height. Shown on the one hand, the bone is permitted to taper sharply with a ceramic implant and, on the other hand, the implant-abutment transition is fluid, the entire papillary height can often be retained without necessitating augmentation.

Properties of SDS ceramic implants
Material
SDS1 implants made of the continuously improved material TZP-A (Tetragonal Zirconia Polycrystal) use a continuously optimised production process to achieve all new mechanical strength properties in this material segment. SDS1 implants are provided with an enhanced surface.

Design features
SDS1 implants are furnished with a Dynamic Thread®, which has proven ideal for use with all bone classes. The Dynamic Thread® performs convincingly in all situations, including with immediate implants, in the ALL IN ONE concept, which is an integral part of the SWISS BIOHEALTH CONCEPT®. The upper segment of the abutment, also known as the “abutment post”, is designed so that one-piece SDS1 implants have excellent healing properties with a long-term provisional restoration. We recommend a long-term provisional restoration which is formed “chair-side” over a previously deep-drawn cast made with Luxatemp and then bonded with Durelon®. Details can be found in the Prosthetics Manual and our media library at www.swissdentalsolutions.com.

The abutment can also be ground deep into the tulip area with a red ring diamond at max. rotation, water cooling and gentle pressure to adapt to the contour of the gingiva. Details on the grinding can be found in the Prosthetics Manual and our media library at www.swissdentalsolutions.com.

In addition, the SDS1 abutment also has an interior screw thread for attaching insertion tools. This enables fast transfer into the oral cavity.

SDS1 - The Hybrid Ceramic Implant System made of TZP-A (Tetragonal Zirconia Polycrystal) combines the advantages of one and two-piece zirconia implants
**SDS1.1 product overview, applications and indications**

- **Thread 3.2 mm**
  - Length in mm: 11
  - Ø Tulip 4.2 mm
  - Indication: Exclusively for upper lateral incisors, lower incisors

- **Thread 3.8 mm**
  - Length in mm: 8, 11, 14, 17
  - Ø Tulip 5.0 mm
  - Indication: Medium-wide teeth

- **Thread 4.6 mm**
  - Length in mm: 8, 11, 14, 17
  - Ø Tulip 6.0 mm
  - Indication: Wide teeth

- **Thread 5.4 mm**
  - Length in mm: 11
  - Ø Tulip 6.0 mm
  - Indication: Wide teeth

**Biological range**
- Micro-thread with 0.04 mm thread depth
- Dynamic Thread® with 2.5-fold thread depth

**Implant diameter**
- Shoulder height

**Implant length**
- Post height

**Tulip width**
SDS1.1-ov “oval”

This implant series helps you to meet the requirements of the patient’s individual anatomical conditions as well as improving the emergence profile of crowns and bridges.

**SDS1.1-ov „oval“**

This implant series helps you to meet the requirements of the patient’s individual anatomical conditions as well as improving the emergence profile of crowns and bridges.

**SDS1.1_4.6-ov**

- Ø Thread 4.6 mm
- SDS1.1_4611-ov Length in mm 11
- SDS1.1_4614-ov Length in mm 14
- Ø Tulip 4.6 mm x 6.0 mm

**Short indication**

Premolars upper/ lower

**Detailed indication**

Preferred region, if gap is narrow

**SDS1.1_4.6-ov_6x8**

- Ø Thread 4.6 mm
- SDS1.1_4611-ov_6x8 Length in mm 11
- SDS1.1_4614-ov_6x8 Length in mm 14
- Ø Tulip 6.0 mm x 8.0 mm

**Short indication**

Central molars upper/ lower

**Detailed indication**

Central position molars upper, mostly late implantation, but also immediate implantation with a healthy interradicular septum

**SDS1.1_5.4-ov**

- Ø Thread 5.4 mm
- SDS1.1_5411-ov Length in mm 11
- SDS1.1_5414-ov Length in mm 14
- Ø Tulip 6.0 mm x 8.0 mm

**Short indication**

Central position molars lower/ upper

**Detailed indication**

Central position molars lower, mostly late implantation, but also immediate implantation with a healthy interradicular septum

**SDS1.1_5.4-ov_6x8**

- Ø Thread 4.6 mm
- SDS1.1_5411-ov_6x8 Length in mm 11
- SDS1.1_5414-ov_6x8 Length in mm 14
- Ø Tulip 6.0 mm x 8.0 mm

**Short indication**

Central position molars lower/ upper

**Detailed indication**

Central position molars lower, mostly late implantation, but also immediate implantation with a healthy interradicular septum
SDS1.1-ba “balcony”

The “balcony” improves the emergence profile. This implant series helps you to specifically restore upper/ lower premolars by immediate implant placement particularly in the case of asymmetrical implant positions.

SDS1.1-3.8-ba
Ø Thread 3.8 mm
SDS1.1_3811-ba Length in mm 11
SDS1.1_3814-ba Length in mm 14
Ø Tulip 5.0 mm x 6.0 mm
Short indication
Premolars upper/ lower
Detailed indication
Immediate implantation of premolar region, with asymmetrical implant position, balcony improves emergence profile

SDS1.1-4.6-ba
Ø Thread 4.6 mm
SDS1.1_4611-ba Length in mm 11
SDS1.1_4614-ba Length in mm 14
Ø Tulip 6.0 mm x 8.0 mm
Short indication
Molars upper/ lower
Detailed indication
Immediate implantation of molar region, with asymmetrical implant position, balcony improves emergence profile
SDS2.0 – The two-piece implant system made of TZP-A (Tetragonal Zirconia Polycrystal)

Material
SDS2.0 implants made of the continuously improved material TZP-A (Tetragonal Zirconia Polycrystal) use an optimized production process to achieve all new mechanical strength properties in this material segment. SDS2.0 implants are provided with an enhanced surface.

Design features
SDS2.0 - The two-piece implant system is based on over 20 years of experience in the development of ceramic implants. The load-bearing upper part of the implant and the implant/implant-post connection have been designed very robustly. The connection is not in the implant, but in the lower part of the abutment, the so-called tulip. After cementing and fastening, the result is a very stable one-piece implant that accommodates the crown at tissue level. The step-shaped implant construction and the proven self-tapping Dynamic Thread® have proven convincing for all bone classes and indications. 

The two-piece design enables protected healing with its high success rates, especially in the posterior region and in "free-end" situations.

Three different standard implant posts
Angles 15°, straight and straight +1.5 mm are available. Two different screw types (titanium and PEEK metal-free) can be selected.

Flexibility
Comparable drilling protocols enable the surgeon to switch intraoperatively between the one-piece SDS1 and the two-piece SDS2.0 implant depending on the situation.

SDS2.0 "two-piece"
The two-piece implant series is used when leverage forces must be avoided (low primary stability, limited bone contact, free-end position) during both immediate and late implantation. The detailed indications can be found in the indication descriptions.
SDS2.0 product overview, applications and indications

**SDS2.0_3.8**
- Ø Thread 3.8 mm
- Length in mm: 8, 11, 14
- Ø Tulip 5.0 mm
- Indication: Narrow - medium-wide teeth

**SDS2.0_4.6**
- Ø Thread 4.6 mm
- Length in mm: 8, 11, 14
- Ø Tulip 6.0 mm
- Indication: Wide teeth

**SDS2.0_5.4**
- Ø Thread 5.4 mm
- Length in mm: 8, 11, 14
- Ø Tulip 6.0 mm
- Indication: Immediate implants for very wide teeth

**SDS2.0_7.0**
- Ø Thread 7.0 mm
- Length in mm: 11
- Ø Tulip 7.0 mm
- Indication: Immediate implants for taproots

**Biological range**
Micro-thread with 0.04 mm thread depth

**Dynamic Thread®** with 2.5-fold thread depth

**Tulip width**
This implant series helps you to specifically restore lower/upper premolars and lower/upper central molars. The detailed indications can be found in the indication descriptions.
SDS2.0-ba “balcony”

The “balcony” improves the emergence profile. This implant series helps you to specifically restore premolars, especially upper 4s and upper/lower molars. The detailed indications can be found in the indication descriptions.

**Short indication**
- Premolars upper/lower
- Molars upper/lower

**Detailed indication**
- Immediate implantation of premolar region, with asymmetrical implant position, balcony improves emergence profile
- Immediate implantation of molar region, with asymmetrical implant position, balcony improves emergence profile
SDS2.0-și “sinus”
Biological sinus lift without bone replacement material. The SDS-SINUSIMPLANT, specifically for external sinus lifts without bone replacement material.
Please note the following indications, prerequisites and the surgical protocol for this implant series (see pages 50 and 51)

SDS2.0-și product overview, applications and indications

<table>
<thead>
<tr>
<th>Thread (mm)</th>
<th>Length (mm)</th>
<th>Tulip (mm)</th>
<th>Disk (mm)</th>
<th>Indication</th>
</tr>
</thead>
</table>
| 3.8         | 8           | 3.8       |           | External sinus lift (without bone replacement material) exclusively:
|             |             |           |           | the premolar region: minimum 3 mm - maximum 5 mm residual bone |
| 4.6         | 8           | 4.6       |           | External sinus lift (without bone replacement material), minimum 3 mm - maximum 5 mm residual bone |
SDS2.0-sh “short” The implant series “short” is especially for cases with reduced vertical bone height in the lower jaw, to centrally restore premolars and molars.

SDS2.0-sh product overview, applications and indications

**SDS2.0_4.6-sh**
- Ø Thread 4.6 mm
- Ø Tulip 4.6 mm
- Length in mm 6
- **Indication**
  - At least 6 mm residual bone
  - Observe distance to the antagonists/crown height, late-/immediate placement, premolar region, no immediate restoration

**SDS2.0_5.4-sh**
- Ø Thread 5.4 mm
- Ø Tulip 5.4 mm
- Length in mm 6
- **Indication**
  - At least 6 mm residual bone
  - Observe distance to the antagonists/crown height, late-/immediate placement, premolar-/molar region, no immediate restoration
SDS2.0 parts and components

SDS2.0-AB-S “Standard implant posts”

More precisely, the different standard implant posts are only “abutment posts” because the lower part of the abutment is already integrated into the implant shoulder.

SDS standard implant posts are always cemented with Ketac™Cem Automix.

A standard titanium or PEEK screw is used exclusively for fixing during cementation.

When planning your prosthetics, please note that the crown must rest on the shoulder of the implant.

The detailed treatment protocol can be found in the SDS Prosthetics Manual and online in our media library at www.swissdental solutions.com.
SDS Surgical tray

Strictly metal-free
A metal-free implant kit with all-ceramic zirconia drills made of ATZ ceramic. The rotating instruments made of ATZ ceramic feature a long service life. The surgical tray, with its clear design, is arranged according to bone classes (IV-III-II-I), making it easier to comply with differing drilling protocols.
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<td>ISO 5.4 / 2.0</td>
</tr>
<tr>
<td>50</td>
<td>Insertion tool</td>
<td>SDS1.1 / 2.0, short</td>
<td>ISO 5.4 / 2.0_short</td>
</tr>
</tbody>
</table>

**SDS Surgical tray**
Suitable for all bone classes

Most conventional implant systems will generate higher insertion torques in increasingly harder bone. Biologically, this is absolutely contraindicated and counterproductive. The more pressure on poorly perfused bone will lead to resorption ("MAMMOTO'S LAW"). The SDS Drilling Protocol takes into consideration both biology and MAMMOTO'S LAW as it generates decreasing insertion torques in increasingly harder bone. This is accomplished by using drills and drilling protocols adapted to different bone classes, thus protecting the bone and supporting its vascularization. This is crucial for long-term preservation of any tissue!

Drilling protocols

It is recommended to keep these drilling sequences on hand during surgery; this will ensure that the protocol is adhered to flawlessly. Conversely, depending on the bone density, the implant bed can be optimally adapted to any non-standard situation. The images show each of the drilling sequences - from the round bur to the form drill - projected onto the implant, illustrating the remaining thread depth for stabilization. The headline above the image indicates the implant type and its application with respect to different bone densities.

Proper use

Drilling should be performed intermittently and under constant external cooling with pre-cooled (5°C/41° F) sterile physiological saline solution. The external cooling prevents the bone tissue from heating up too much. In addition, bone chips can be removed or rinsed away. Ensure that the drill does not jam during use (increased risk of fracture). The preparation is carried out under low pressure to the desired depth at a speed of 300 - 600 rpm. The speed should be maintained to avoid instrument fractures.

Bio-Logic drilling protocol

SDS1.1_3.2 bone class III and II
### SDS1.1_3.8 bone class IV and III

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Speed Range</th>
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<tbody>
<tr>
<td>SDSrb230</td>
<td>6,000 rpm</td>
</tr>
<tr>
<td>SDSpd250</td>
<td>1,000 rpm</td>
</tr>
<tr>
<td>SDSsd300dt</td>
<td>300-600 rpm</td>
</tr>
<tr>
<td>SDScs500</td>
<td>300-600 rpm</td>
</tr>
<tr>
<td>SDS2.0_CS-500</td>
<td>300-600 rpm</td>
</tr>
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</table>

### SDS1.1 (Dynamic Thread®) Ø 3.8 mm: bone class VI

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Speed Range</th>
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<tbody>
<tr>
<td>SDSrb230</td>
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<tr>
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<tr>
<td>SDScs500</td>
<td>300-600 rpm</td>
</tr>
<tr>
<td>SDSsd350C</td>
<td>300-600 rpm</td>
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</table>

### SDS1.1 (Dynamic Thread®) Ø 3.8 mm: bone class I

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<thead>
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<th>Product Code</th>
<th>Speed Range</th>
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<td>SDSsd300dt</td>
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<td>SDScs500</td>
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### SDS1.1_3.8 bone class II and I

<table>
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<tbody>
<tr>
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<td>SDScs500</td>
<td>300-600 rpm</td>
</tr>
<tr>
<td>SDSsd350C</td>
<td>300-600 rpm</td>
</tr>
</tbody>
</table>
SDS1.1_4.6 bone class IV and III

Recommended speed

SDSr230 6,000 rpm
SDSpd250 1,000 rpm
SDScs600 300-600 rpm
SDSsd300dt 300-600 rpm
SDSsd380dt 300-600 rpm
SDS2.0_CS600 300-600 rpm

SDS1.1 (Dynamic Thread®) Ø 4.6 mm: bone class VI

SDS1.1 (Dynamic Thread®) Ø 4.6 mm: bone class III

Recommended speed

SDSr230 1,500 rpm
SDSpd250 500 rpm
SDScs600 300-600 rpm
SDSsd300dt 300-600 rpm
SDSsd380dt 300-600 rpm
SDS2.0_CS600 300-600 rpm

SDS1.1 (Dynamic Thread®) Ø 4.6 mm: bone class II

SDS1.1 (Dynamic Thread®) Ø 4.6 mm: bone class I

Recommended speed

SDSr230 1,500 rpm
SDSpd250 500 rpm
SDScs600 300-600 rpm
SDSsd300dt 300-600 rpm
SDSsd380dt 300-600 rpm
SDS2.0_CS600 300-600 rpm
SDS1.1_5.4 bone class IV and III

**Recommended speed**
- SDSrb230 6,000 rpm
- SDSpd250 1,000 rpm
- SDSsd300dt 300-600 rpm
- SDSsd380dt 300-600 rpm
- SDSsd460dt 300-600 rpm
- SDS2.0_CS600+ 300-600 rpm

SDS1.1 (Dynamic Thread®) Ø 5.4 mm: bone class VI

**Recommended speed**
- SDSrb230 6,000 rpm
- SDSpd250 1,000 rpm
- SDSsd300dt 300-600 rpm
- SDSsd380dt 300-600 rpm
- SDSsd460dt 300-600 rpm
- SDSsd470rd 300-600 rpm
- SDSsd510C 300-600 rpm

SDS1.1_5.4 bone class II and I

**Recommended speed**
- SDSrb230 6,000 rpm
- SDSpd250 1,000 rpm
- SDSsd300dt 300-600 rpm
- SDSsd380dt 300-600 rpm
- SDSsd460dt 300-600 rpm
- SDS2.0_CS600+ 300-600 rpm
- SDSsd470rd 300-600 rpm
- SDSsd510C 300-600 rpm
SDS2.0_3.8 bone class IV and III

SDS2.0 (Dynamic Thread®) Ø 3.8 mm: bone class VI

Recommended speed:

<table>
<thead>
<tr>
<th>Tool</th>
<th>Speed (rpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDSrb230</td>
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<tr>
<td>SDScs500</td>
<td>300-600</td>
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<td>SDSsd300dt</td>
<td>300-600</td>
</tr>
<tr>
<td>SDS2.0_CS-500</td>
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</table>

SDS2.0 (Dynamic Thread®) Ø 3.8 mm: bone class V

Recommended speed:

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<th>Tool</th>
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<tr>
<td>SDSsd300dt</td>
<td>300-600</td>
</tr>
<tr>
<td>SDS2.0_CS-500</td>
<td>300-600</td>
</tr>
</tbody>
</table>

SDS2.0 (Dynamic Thread®) Ø 3.8 mm: bone class III

Recommended speed:

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<thead>
<tr>
<th>Tool</th>
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<tbody>
<tr>
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<tr>
<td>SDSsd300dt</td>
<td>300-600</td>
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<td>SDS2.0_CS-500</td>
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SDS2.0 (Dynamic Thread®) Ø 3.8 mm: bone class II

Recommended speed:

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<thead>
<tr>
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<th>Speed (rpm)</th>
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<tbody>
<tr>
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<tr>
<td>SDSpd250</td>
<td>1,000</td>
</tr>
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<td>SDSsd300dt</td>
<td>300-600</td>
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<tr>
<td>SDS2.0_CS-500</td>
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</tr>
</tbody>
</table>

SDS2.0 (Dynamic Thread®) Ø 3.8 mm: bone class I
SDS2.0_4.6 bone class IV and III

<table>
<thead>
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<td>SDSsd380dt</td>
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SDS2.0_4.6 bone class II and I

<table>
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<td>SDSsd370rd</td>
<td>300-600 rpm</td>
</tr>
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<td>SDSsd430C</td>
<td>300-600 rpm</td>
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</table>
SDS2.0_5.4 bone class IV and III

SDSrb230 6.000 rpm
SDSpd250 1.000 rpm
SDScs600 300-600 rpm
SDSsd300dt 300-600 rpm
SDSsd380dt 300-600 rpm
SDSsd460dt 300-600 rpm
SDS2.0_CS600+ 300-600 rpm

SDS2.0_5.4 bone class II and I

SDSrb230 6.000 rpm
SDSpd250 1.000 rpm
SDScs600 300-600 rpm
SDSsd300dt 300-600 rpm
SDSsd380dt 300-600 rpm
SDSsd460dt 300-600 rpm
SDS2.0_CS600+ 300-600 rpm
SDSsd470rd 300-600 rpm
SDSsd510C 300-600 rpm

Recommended speed

SDS2.0 (Dynamic Thread®) Ø 5.4 mm: bone class VI

SDS2.0 (Dynamic Thread®) Ø 5.4 mm: bone class III

Knochen

Gingiva

Knochen

Gingiva

Knochen

Gingiva
Prerequisites

- Safe mastery of common sinus lift techniques (internal/external sinus lift) and possible complications
- Experience with PRF membranes/"Brushing technique"/Piezo-Surgery/apical mattress sutures
- Experience with SDS implants
- 3-dimensional X-ray imaging (OCT/CT)
- Maxillary sinus is not infected
- Intact Schneiderian membrane
- At least 3 mm of residual bone required in the region of the maxillary sinus floor to provide sufficient primary stability
- Maximum 5 mm of residual bone required in the region of the maxillary sinus floor

Surgical protocol

- Prepare the immune system
- Adjust LDL and vitamin D3 levels
- High-dose vitamin C injections, single shots (800 mg Augmentin + 8 mg Dexamethasone) over 3 days (-1, OP, +1)
- Incision into the alveolar ridge with marginal gingival incision into adjacent teeth to avoid a vertical incision
- Application of the "Brushing technique" to avoid slitting the periosteum
- Thinning out the vestibular bone in the area of the window with the Safe-scraper® and simultaneous recovery of cortical chips
- Removal of the bone window using piezo surgery without perforating the Schneiderian membrane
- Elevation of the Schneiderian membrane (far to the medial, dorsal and palatal side-> to generate max cavity volume)
- There should not be any tension on the membrane with explosive forces on the sinus implant
- Implant osteotomy according to drilling protocol
- Reinforcement of membrane with one layer of A-PRF™ insertion of the sinus implant

- Placement of the bony vestibular window cover over the disc to increase the “shadow effect”
- Filling of the cavity with more A-PRF™ membranes and cortical chips from the Safe-scraper®
- Sealing of the window (exclusively with cortical bone chips), covering with one to two A-PRF™ membranes
- Saliva-impervious and tension-free wound closure with two-layer suturing technique (epithelial mattress sutures and single button or continuous sutures)
- Monofilic,atraumatic + resorbable suture material (preferably PGCS Atramat®)

Surgical protocol

- SDS2.0-si surgical protocol for external sinus lift with SDS implants
- SDS2.0 3811-si Ø 3.8 mm: all bone classes
- SDS2.0 4611-si Ø 4.6 mm: all bone classes

SDS2.0_si surgical protocol for external sinus lift with SDS implants

- SDS2.0 3811-si Ø 3.8 mm: all bone classes
- SDS2.0 4611-si Ø 4.6 mm: all bone classes
SDS2.0_sh Drilling protocol for all bone classes

**Recommended speed**

<table>
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<tr>
<th>Drill</th>
<th>Speed (rpm)</th>
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<tbody>
<tr>
<td>SDS2.0 6.0-sh</td>
<td>6.000 rpm</td>
</tr>
<tr>
<td>SDS2.0 4.6-sh</td>
<td>1.000 rpm</td>
</tr>
<tr>
<td>SDS2.0 5.4-sh</td>
<td>300-600 rpm</td>
</tr>
<tr>
<td>SDS2.0 CS-500</td>
<td>300-600 rpm</td>
</tr>
<tr>
<td>SDS2.0 CS600</td>
<td>300-600 rpm</td>
</tr>
<tr>
<td>SDS2.0 CS600+</td>
<td>300-600 rpm</td>
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</table>

**Knochen**

**Gingiva**

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THE SWISS BIOHEALTH CONCEPT
THE SWISS BIOHEALTH CONCEPT
and its success factors

With his 28+ years experience in biological dentistry Dr. Volz developed his ALL IN ONE CONCEPT: In only one session or sequence, all dental problems are eliminated at the same time. After all, it is only when all potential interfering factors such as metals, osteonecroses, endodontically treated teeth and other interfering factors are completely eradicated that the immune system is able to do a perfect job, reliably healing the implants and eliminating any system stress. This is all the more important because ceramic implants are completely neutral and therefore only integrate when implanted into healthy bone tissue with a functional immune system. Titanium implants integrate as a result of the release of inflammation mediators such as TNFa and IL1b, just as occurs during chronic inflammation, meaning that integration can also occur with compromised bone. Nevertheless, according to the Consensus Conference 2006, after only 5 years, more than 80% of titanium implants are affected by gingivitis and more than 50% are complicated by inflammation of the bone.* Peri-implantitis can hardly be observed in the case of zirconia ceramic implants and justifies their requirement for a more extensive preparation, i.e. the patients should start to “boost” their immune system with vitamins and minerals no later than 4 weeks prior to the surgery and maintain these levels following surgery (specifically their vitamin D3 and LDL levels). These measures significantly support the healing of the ceramic implants.

The diagram below shows an example of how THE SWISS BIOHEALTH CONCEPT treatment is performed and what the patient needs to do in the weeks before and after the treatment. The diagram is based on the BTP BIOLOGICAL TREATMENT PROTOCOL developed by internationally recognized specialists in their fields of biological medicine and dentistry.

* (peri-implant mucositis in 80% – peri-implantitis in > 56% of all cases. Consensus of the 6th European Workshop on Periodontology of 2006).

The biological treatment concept with ceramic implants

VITAL Products

In recent years, THE SWISS BIOHEALTH CONCEPT has not only demonstrated in the SDS-run SWISS BIOHEALTH CLINIC, but also in many other clinics using this concept, that an optimally functioning immune system plays a decisive role in maintaining and restoring a normal state of health. An intact immune system can often lead to much faster and better treatment results, e.g. in the case of major surgical procedures or the treatment of serious illnesses.

Together with Dr. Dietrich Klinghardt and Dr. Dominik Nischwitz, Dr. Ulrich Volz developed SWISS BIOHEALTH VITAL food supplements – evenly with the objective of achieving maximal treatment success and improving overall patient health. We place particular emphasis on offering only the best quality dietary supplements, specifically when selecting the primary ingredients.

Our philosophy is premium quality for everyone - and no compromise! Quality is so important because, unlike medicines, food supplements are not subject to strict regulations and laws. We have set ourselves a standard to which we adhere to for all SWISS BIOHEALTH VITAL PRODUCTS.

All our products are of premium quality and free of any harmful ingredients. The following ingredients are excluded from our products:

- Artificial colors and flavors
- Harmful preservatives
- Gluten
- Lactose
- Harmful microorganisms, toxins and contaminants

Virtually all SWISS BIOHEALTH VITAL PRODUCTS are free of animal additives, as these may negatively impact their quality. Even the capsule casings are tested for harmful substances. A high bioavailability is a feature of all our dietary supplements. This means that your body can easily absorb them. Nutrients reach the places in the body where they are most needed.

The biological treatment concept with ceramic implants

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