

MAKING THE WORLD A HEALTHIER PLACE

MEDICAL PROTOCOL

supporting the implantation of SDS ceramic implants

2021

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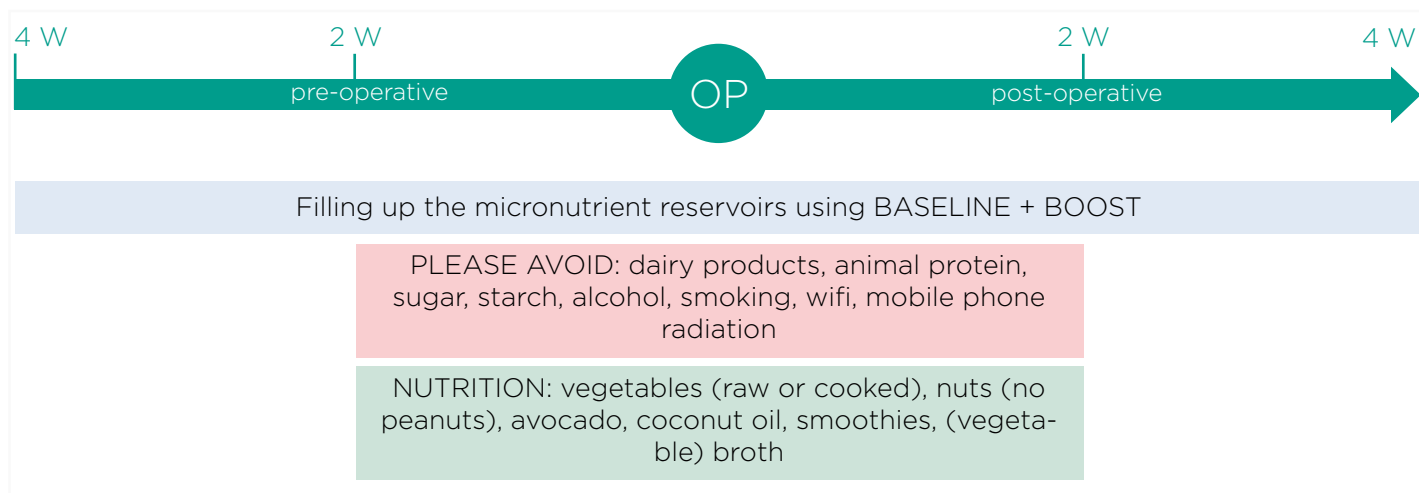
This protocol provides a brief overview of the most important therapies and algorithms that should be implemented before, during and after immediate implantation in patients with compromised health to ensure the best possible healing process.

A detailed protocol is described in THE SWISS BIOHEALTH CONCEPT (scan the QR code for the download). For late implantation without immediate restoration



Scan the QR code to receive THE SWISS BIOHEALTH CONCEPT as PDF file.

in healthy patients, the established protocol in each dental office is sufficient.



4 weeks before until 4 weeks after immediate implantation

Filling up the micronutrient reservoirs, optimally using BASELINE + BOOST, at least:

In the morning

- 5.000 to 10.000 I.E. vitamin D3 (target level 60 - 80 ng/ml)
- 50 - 100 µg vitamin K2/mk7
- 1 - 6 g vitamin C (Esther-C)
- 3 capsules Omega 3 (750 mg)

In the evening

- 1 - 2 g magnesium citrate
- 3 capsules omega 3 (750 mg)
- 2 capsules zinc citrate/- gluconate (100 mg)

2 weeks before until 2 weeks after immediate implantation

PLEASE AVOID: dairy products, animal protein, sugar, starch, alcohol, smoking, wifi, mobile phone radiation

NUTRITION: vegetables (raw or cooked), nuts (no peanuts), avocado, coconut oil, smoothies, (vegetable) broth

1-2 days before immediate implantation: controlling the LDL and D3 level

LDL > 1.2 g/l is associated with an increased risk of infection and complications (high LDL is not a risk factor, but a risk indicator)

- if > 1.2 g/l, then be more cautious, consider corticosteroids, longer observation time, more controls, consider antibiotics i.v.

Vitamin D3 level should be at least 70 ng/ml.

- if < 40 ng/ml: pre-op 200.000 I.E., for 7 days post-op 100.000 I.U., then reduce to 10.000 I.U., control after 1 month.

1 day before the immediate implantation: removal of all metals under protection measures.

Day of immediate implantation

1. Provide an intravenous access
 - 2 x 4 mg (2 ml) dexamethasone via 3-way valve, administer undiluted slowly (sometimes tingling in the genital area)
 - 1,2 g Augmentin® (for women/ teenagers) respectively 2,4 g Augmentin® (for men) dissolved in 100 ml physiological saline solution for approx. 15 - 20 min.
 - 15 g vitamin C in 250 ml physiological saline solution for 30 - 40 min.
 - 500 to 1.000 ml Ringer's solution (better than physiological saline solution) during the entire surgery with the addition of
 - 1 ampoule (10 ml) magnesium sulfate 20% 8 mmol
 - 1 ampoule (2 ml) sodium bicarbonate 8,4%
 - 1 ampoule (2 ml) vitamin B12 1 mg
 - 2 ampoules (4 ml) procaine 1%
 - The last 15 - 30 minutes Perfalgan® infusion (for minor surgery) or Novalgin® infusion (for extensive surgery)
2. Take blood for PRF (1.200 U/ 8 min.)
 - Glass tubes for A-PRF (solid matrix, solid)
 - Plastic tubes for I-PRF (liquid matrix, liquid)
 - Spread some metronidazole (powder available in pharmacies) onto the matrices as protection against contamination.
- before beginning the operation, inject approx. 2 ml of liquid (I-PRF) per quadrant into the region of surgery (caution: aspirate first).
3. OP sequence:
 - Women: 4. > 1. > 3. > 2. quadrant
 - Men: 3. > 2. > 4. > 1. quadrant
 - Extraction of endodontic teeth of the molar area > then extraction of the endodontic teeth of the premolar-/front area
 - Cavitations
 - Administer ozone into alveoli and cavitation defects for 1 - 2 min. stage 7
 - Implantation
4. After completing the surgery in each quadrant, inject into the buccal fold:
 - 1 ampoule (2 ml) dexamethasone
 - 1 ampoule (2 ml) procaine (1%) mixed with 1 ampoule (2 ml) Traumeel®
5. Arnica tissue, cooling mask, etc.



Scan the QR code for the video "Intravenous access" at YouTube.

First post-operative day

- see above: dexamethasone, antibiotics, vitamin C infusion
- if necessary, dexamethasone and procaine into the buccal fold

Second post-operative day

- see above: dexamethasone, antibiotics, vitamin C infusion
- if necessary, dexamethasone and procaine into the buccal fold

From 4 weeks to at least 3 months after surgery:

Maintain micronutrient levels optimally using BASELINE, at least:

In the morning

- 5.000 to 10.000 I.E. vitamin D3 (target level 60 - 80 ng/ml)
- 50 - 100 mcg vitamin K2/mk7
- 1 - 2 g vitamin C (Esther-C)

In the evening

- 1 - 2 g magnesium citrate
- 3 capsules Omega 3 (750 mg)
- 2 capsules zinc citrate/- gluconate (100 mg)

Avoiding complications:

- Take micronutrients see above regularly and lifelong
- Test D3 and LDL levels regularly
- Lifetime detoxification: drink 2-3 liters of water/day, sweating (sports, sauna), take 20 chlorella pellets in the morning and 20 pellets in the evening, vitamin C infusions 1x per month
- Avoid/reduce EMF (electromagnetic fields), i.e. mobile phone and wifi
- Avoid stress
- Lots of sports, enough sleep
- Little alcohol, natural vegetable fats, natural vegetable proteins, no sugar, no gluten



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