THE 12 KEYS
TO BE SUCCESSFUL
IN THE PLACEMENT OF MINI-IMPLANTS

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1. CONFIRM THE OBJECTIVES OF THE TREATMENT,

Design systems of required forces and evaluate the factors that may interfere in the stable formation of the mini-implant-bone interface

Once the treatment objectives have been established and the required force systems designed, a detailed analysis of factors such as the age and history of the patient must be carried out to identify health problems that may interfere with the formation of an adequate mini-implant interface. – bone

2. DETERMINE THE ANATOMIC ZONE

Where the mini-implant is planned to be placed, and the average quantity and quality of bone tissue expected.

The main areas available for placing mini-implants are along the buttresses of the face; which represent thickening of bone of greater density as a result of functional stimuli on these areas. We have a total of 4 horizontal and 4 vertical buttresses. According to the anatomical location, the mini-implant can be placed INTER RADICULAR OR EXTRA ALVEOLAR.

3. EVALUATE TYPE AND AMOUNT OF MUCOSA

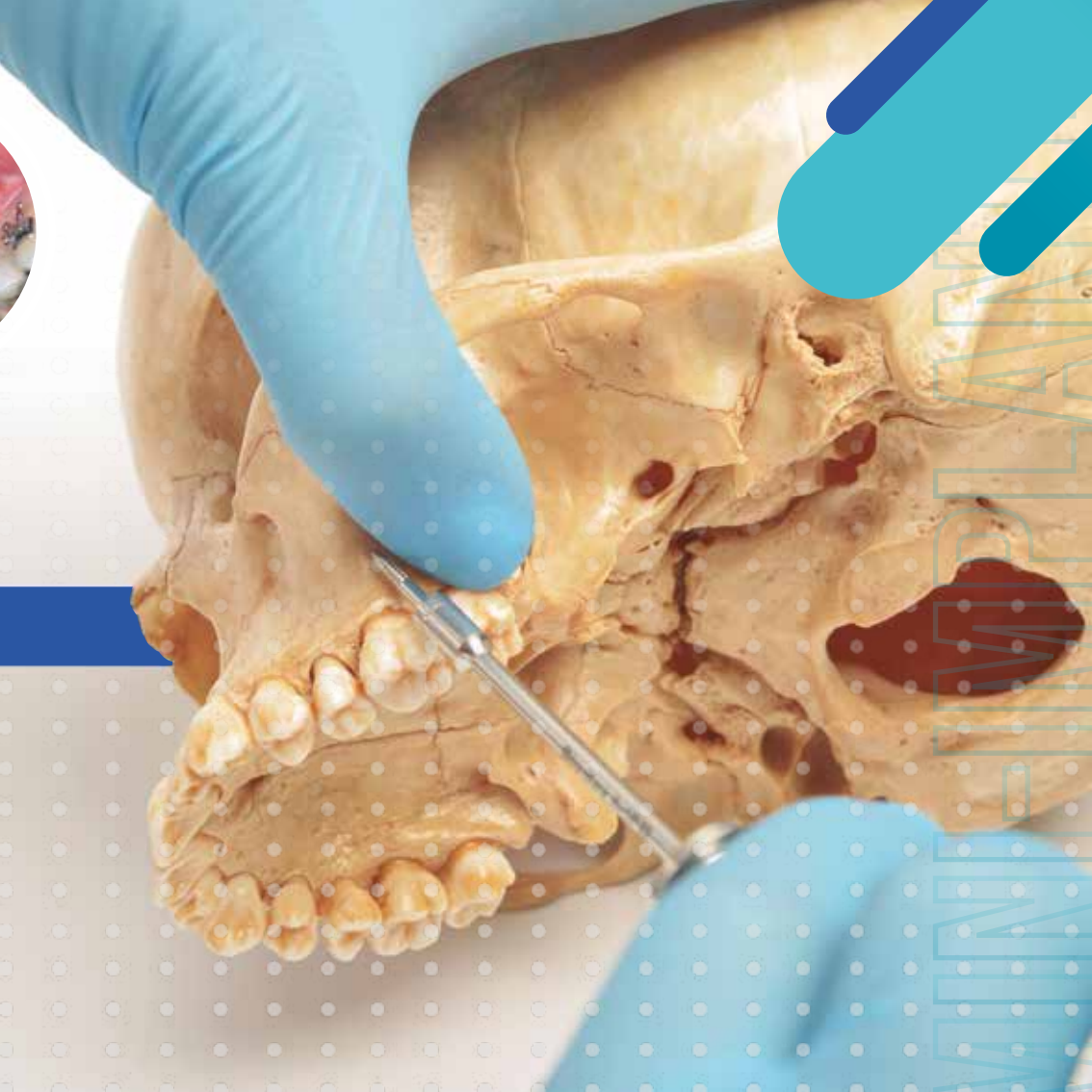
that covers the selected area.

In addition to the biomechanical needs, the quality and quantity of mucosa must be identified to select the transmucosal profile and characteristics of the extraosseous portion.

4. IDENTIFY THE NOBLE STRUCTURES

adjacent to the selected anatomical area.

Recognizing the noble structures adjacent to the area where the mini-implant will be placed, gives us security and helps us to program the placement of the mini-implant, preventing trauma and accidents during the procedure.



5. CLINICAL TABLE PREPARATION

Before starting the placement of the mini-implant, it should be confirmed that the clinical table has all the necessary elements for the phases described in the insertion protocols for each of the areas, following the step by step for the correct procedure of the mini-implants.

6. ESTABLISHTHE IDEAL POSITION CLINICAL TABLE PREPARATION

operator during procedure.

For each of the anatomical structures, a different position of the operator and some support points must be taken into account that facilitate the procedure with greater stability. Prolonged lack of forearm and / or hand support causes muscle fatigue; which in turn produces tremor and loss of stability of the hand.

7. CONFIRM THE THICKNESS OF THE FABRICS

soft, place them against the bone surface and make an initial mark of the insertion point.

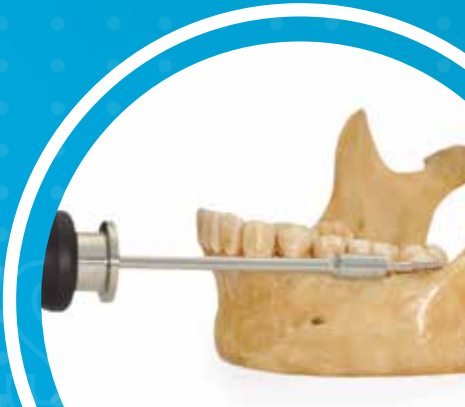
Before starting the mini-implant placement procedure, the thickness of the soft tissues should be confirmed by pressing them against the bone to prevent the mucosa from wrapping around the threaded body of the mini-implant, making it difficult to place. In this step, a marking is made on soft tissues, called the bleeding point, which serves as a guide to start the insertion procedure

8. PERFORM THE REQUIRED PREPARATION

of the bone surfaces, depending on the anatomical structure selected.

At the point marked in soft tissues we continue with the next step, which is the preparation of the bone surface. For each of the areas a different preparation of the bone surface is required, which ranges from making a simple mark or fingerprint in the bone with an explorer, in the case of alveolar processes, to the previous drilling carried out with a bur in the case high-density areas such as the zygomatic process of the upper jaw.

This step prevents the tip of the mini-implant from bending or fracturing.



9. INITIATE INSERTION AT THE DEFINED POINT

confirm insertion direction and insertion torque control.

When it comes to self-drilling mini-implants, placement should be started slowly, allowing the tip to pierce the cortex to continue placement. Once the perforation of the cortex has been achieved, the change of insertion direction can be started on occasions where it is required, as is the case with the “Bite and Bend” technique. Controlling insertion torque prevents mini-implant fracture

10. CONTROL PRIMARY STABILITY INITIATE INSERTION

and assess surrounding soft tissues.

Primary stability refers to a relative immobility of the mini-implant as a result of a mechanical lock that is established between the threaded body and the bone where it has been placed. Another factor to control in this step is the integrity of the soft tissues in cases where there is presence of lining mucosa, as is the case of mini-implants placed in the retromolar area and in the zygomatic alveolar ridge.

11. LOAD THE MINI-IMPLANT

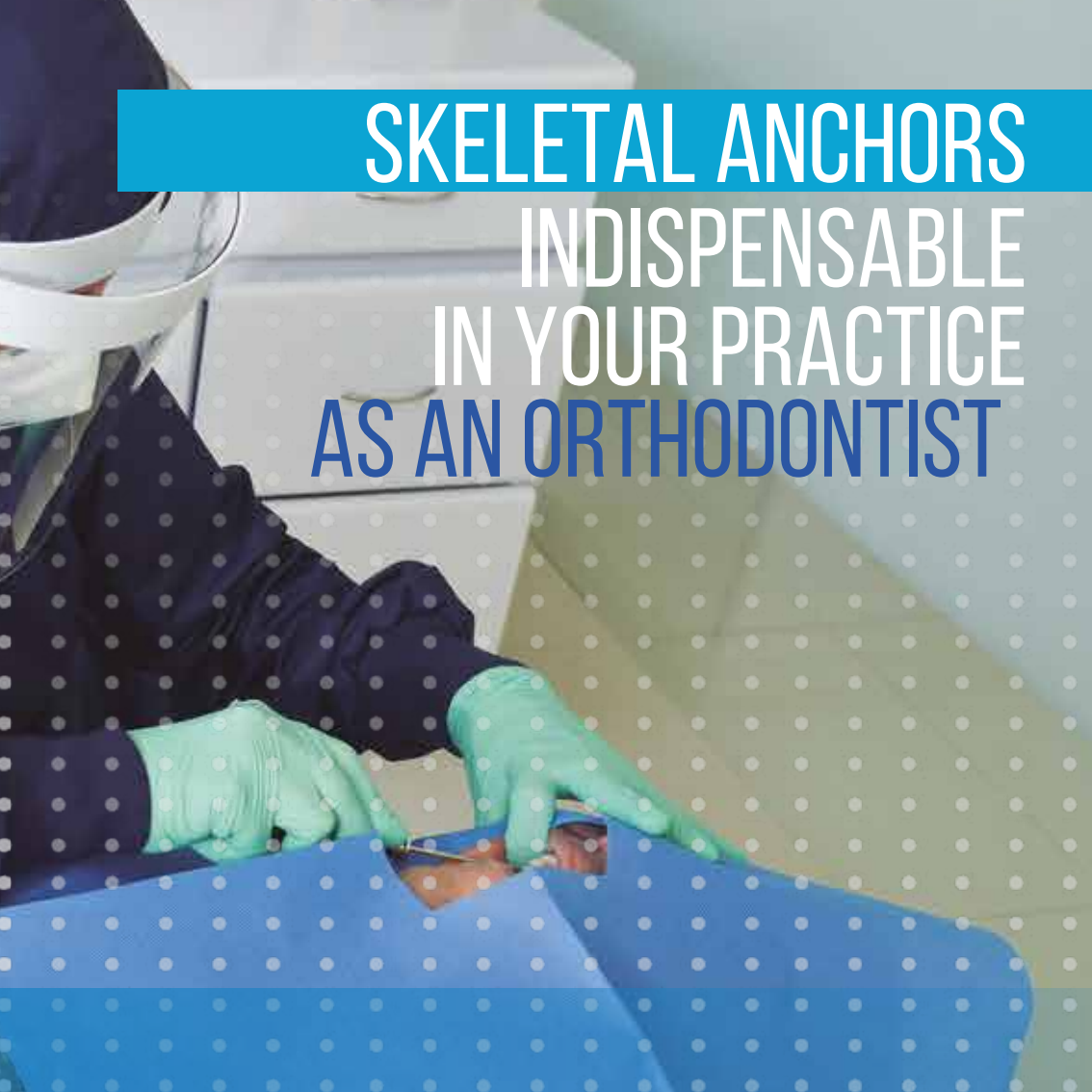
confirming the initial magnitude and effect of the applied force.

The initial loading of the mini-implant should be done during the same time as the placement procedure, and the magnitude of the applied force should be 30% of the total force required for the desired tooth movement. Another factor that must be controlled in this phase is the effect of the force applied on the mini-implant and therefore on the bone.

12. EXPLAIN TO THE PATIENT

possible complications and give recommendations.

Judiciously following the steps for the placement of the mini-implants, prevents in a high percentage the appearance of some complications; however, patients should be warned about the possible complications that may arise and given recommendations for each of them; This generates tranquility in patients in the event that any of them appear to them.



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