

# Sendax Mini-Dental Implant System

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As appeared in Kisco Perspectives

Our patients present us with various problems and they turn to us to offer them solutions for the dental problems that plague them every day. When the patient calls our office, most of us have trained our front desk personnel to determine if this is an acute problem or a chronic problem. We all understand that tooth aches, broken teeth, and swellings are acute problems. How would you characterize a denture sore or a loose denture? Not to be a sales person but in my office that denture problem is an acute problem especially if it is a new patient. This new denture patient is generally someone who has turned to their regular dentist to solve a long standing problem and as we all know, the chronic problem of denture looseness and denture sores are problems that just seem not to go away. We have all seen these patients return time and time again to our offices and only to frustration on the part of the doctor and the patient. So we have defined the problem; a denture patient that we can not solve their chief complaint of looseness and/or soreness. What is the solution for these chronic patients? Implants have offered us a wonderful way to help these patients and conventional root form implants are fabulous. They give our patients a great solution for these chronic problems. Root form implants have limitations related to cost, anatomical considerations, health of the patient and the dentist's technical ability. There is also the concept of the length of time for integration and when root form implants can be used. Even though there is much discussion about immediate function of conventional root form implants, these are limited to single tooth restorations and multiple placement with a fixed prosthesis. Many patients just cannot afford a multiple root form implant-supported fixed lower denture. We now have a solution for these chronic denture problems: Sendax Mini Dental Implants. The IMTEC Corporation has a unique concept for immediate fixation of a patient's denture. This is an implant that is minimally invasive, one stage, and immediate load, therefore immediate function. There is an "O-Ball" design on the implant that works with the MDI "Keeper Cap" that can be easily used with a new or existing denture. The implant is made from Titanium Alloy which is stronger than grade IV CP titanium. They come in three sizes and two different thread designs, one for the maxilla and one for the mandible. The surgery is quite easy to understand and to do. I would recommend that you take one of their courses or one of mine to get a background in this protocol. It has been said many times that if you feel comfortable doing surgery in your office, then placement of conventional implants can be learned. If you can take out a tooth, then you can place an implant. The IMTEC system implants are easier to place and become involved with. The instrumentation is minimal and the cost of the system is much less. You do not need an electric hand piece because you can use your conventional slow speed. Many times the patient will come to our office with a non satisfactory denture and I am ready to offer the solution of the IMTEC system. We must always remember our informed consent. The **BRAN**theory: **B**enefits of treatment, **R**isks of treatment, **A**lternative treatments, and **NO** treatment at all. "If you eat BRAN, everything, will come out ok!" An all important point is that you can not make a bad ill fitting denture work properly with any form of implant. The implants are designed to work with a proper fitting denture and the most important aspect of that is the occlusion. If the implants are subject to improper occlusal forces, they will fail. Your dentures must fit correctly and the implants will offer additional stabilization and increased function. When a patient comes in with an ill-fitting denture you must recommend new better fitting dentures before recommending implants. The way we manage this is by saying, "I am going to make you the best dentures that I can, and if we find that you are still having problems with looseness or soreness, then we may have to go with the IMTEC implants. But before we can do that, the dentures have to be done first. I have fallen into the trap of: "Doc, can we try the implants first? These teeth are only 5 years old." Sometimes the answer is NO, and it is better to pass then to have placed implants that fail because you were trying to be a nice guy. When that happens, we usually turn out to be a "bad" dentist because the implants did not work. Follow the IMTEC protocol exactly as the company describes and do not skip any of the steps when it comes to placement. During placement if the implant is not rock solid then remove it because it will not work. I do all of these cases with just infiltration procedures and always have complete "numbness" for the patient's comfort. Make sure that your patients are also comfortable post operatively by using the appropriate "pain killers", but you will be surprised how comfortable these patients are after the procedures. We give our patients a Motrin 600mg just before the procedure and then one right after. If your patient is having what seems to be extensive pain, then this is a sign that something is not correct and you need to evaluate what is going on. The night of the procedure the patient is called and they are also seen



the next day to insure there are no problems that we need to address right away. The patient comfort is the most important thing because a happy denture patient refers other denture patients who are having the same kind of problems.



**Implant sites marked with a denture marking stick.**



**IMTECs in place with the "keepers" on top, remember the block out tubes "ask me how I know"  
In the maxilla sometimes it is necessary to make a flap to know exactly where the bone is located.**



**Implant keepers in the denture after refining.**



**Tissue completely healed 3 weeks after insertion.**



**You must check the occlusion carefully making sure not to over-load the implants.**



**A very happy denture patient who previously could not comfortably wear her denture.**

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