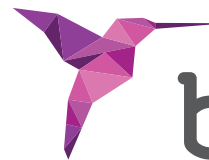


BTI SOLUTIONS FOR ATROPHIC MAXILLAE

TINY® AND NARROW
EXPANDERS
SHORT AND EXTRA-SHORT



bti®

Human
Technology



Human Technology

A SPECIFIC SOLUTION...

FOR EACH PROBLEM

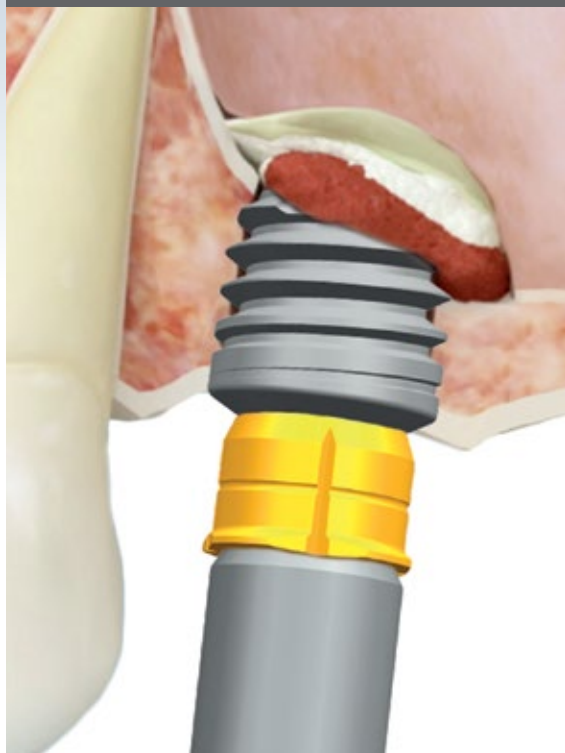
TRANSVERSAL ATROPHY

BTI puts at your disposal **TINY IMPLANTS AND EXPANDER IMPLANTS**, ideal solutions both for inserting narrow implants when there is no other option, and to increase the volume of the bone substrate when it is necessary to place an implant, without having to resort to much more invasive and less predictable surgery.

VERTICAL ATROPHY

BTI puts at your disposal **SHORT AND EXTRA-SHORT IMPLANTS**, ideal solutions to solve cases with a lack of bone substrate, without having to resort to much more invasive and less predictable surgery, both in the superior maxilla, avoiding sinus elevations, and in the inferior maxilla, when the distance to the dental nerve is not sufficient.

BTI HELPS YOU TO SOLVE
IMPLANT SURGERIES IN
PATIENTS WITH SEVERE
MAXILLARY ATROPHIES, WITH
BOTH TRANSVERSAL AND
VERTICAL RESORPTIONS.



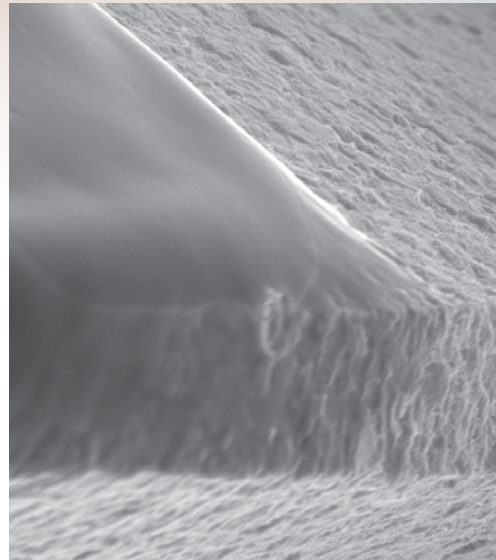
TINY AND NARROW INTERNA IMPLANTS

INDISPENSABLE in situations with severe bone resorption where:

- It is not possible to insert a universal implant of a greater diameter
- The prosthetic space is reduced and requires a smaller emergence.

A GUARANTEE FOR ORAL IMPLANTOLOGY

- This implant with a conical, helical apex and with a minimum surface area (great advancing capacity in comparison to others in the market) avoids apical compression, makes it easier to position the implant on the right axis and obtains the minimum stability necessary.
- Thanks to its narrow platform, we obtain an adequate prosthetic emergence for the teeth to be restored.



ELECTRON MICROSCOPY IMAGE BY BTI ▶

Bioactivable surface thanks to PRGF®-Endoret® technology and treated up to the platform improves and shortens the osseointegration period.

CONNECTION
EXTERNA



CONNECTION
INTERNA



AN IMPLANTOLOGICAL INDICATION FOR EACH DIAMETER

2.5 mm diameter.

NARROW CRESTS

- Used as support for provisional prostheses during the osseointegration period of the other implants and to avoid cantilevers in very narrow crests, where it would not be possible to insert implants with a larger diameter.

3.5 mm diameter.

IMMEDIATE POST-EXTRACTION

- Immediate load on inferior incisors, and in cases of immediate post-extraction.
- In low-quality bones, its use will be particularly indicated as it is an implant that provides more initial stability, has a greater osseointegration surface and a better load distribution.
- In premolars, if it is a requirement of the space.

3.75 mm diameter.

BODY SEALING OF THE ALVEOLUS

- Post-extraction in incisors, canine teeth and premolars, as they allow an adequate sealing of the alveolus. The reduction of the emergence profile, implicit in this implant, encourages the adaptation of the soft tissues, minimizing the possibilities of recession.

3 - 3.3 mm diameter.

SINGLE UNIT IMPLANTS

- They can be placed as single units in the position of inferior, superior lateral incisors and ageneses.



● ideal implant position

Recommendable locations for Tiny® single units and narrow platform:

SUPERIOR:

- Lateral incisors.
- Premolars.

INFERIOR:

- Central incisors.
- Lateral incisors.
- Premolars.



EXPANDER IMPLANTS

- The expander implants by BTI are the perfect alternative and complement for conventional bone expansions.
- Available in two diameters and two lengths for different clinical situations.

CONNECTION EXPANDER



Diameter 2.5 mm.

Length (mm.) | 6.5 | 8.5 | 11.5 |

Diameter 3 mm.

Length (mm.) | 8.5 | 11.5 |

A SOLUTION TO AVOID VERY INVASIVE SURGERY

- They are implants that are inserted in the bone crest when there is not enough width to fit a definitive TINY® implant, avoiding having to carry out very invasive and highly unpredictable surgery.
- An increase in bone volume necessary to insert wider implants and to change the angulation of an implant in a severely resorbed crest, in the event of being necessary, is achieved.



- ▶ *These implants have a specific superficial treatment that retains the plasma coagulum to achieve an adequate bone apposition while allowing easy deinsertion.*

EXPANDER AND COMPACTOR KIT

Progressive motorized expanders that enable the shifting of the vestibular table and consequently the implant placement, in both the anterior and the posterior area of maxillae and mandible. Compactors for the bone type IV in posterior areas.



- KEXCO** ▶ *The kit consist of:*
- Short initial drill*
 - Expander Kit*
 - Compactor Kit*
 - Autoclave use plastic box*

SHORT AND EXTRA-SHORT IMPLANTS

Ideal solutions to solve cases with a lack of bone substrate, without having to resort to much more invasive and less predictable surgery.

- Superior maxilla: avoiding sinus elevations.
- Inferior maxilla: when the distance to the dental nerve is not sufficient.

REDUCED LENGTH (FROM 5.5 TO 8.5 MM.)*, BUT WITHOUT LOSING SURGICAL PREDICTABILITY

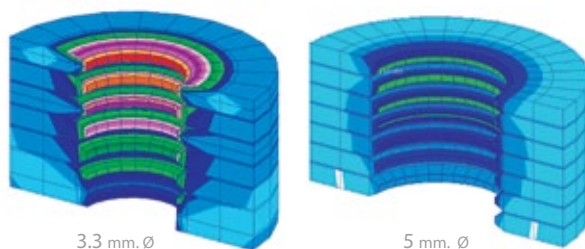
- They have an apex modified to contain the highest number of complete threads.
- Thanks to its precise diameters, the stress is distributed adequately in the first threads, making it possible to reduce the length without reducing surgical predictability.



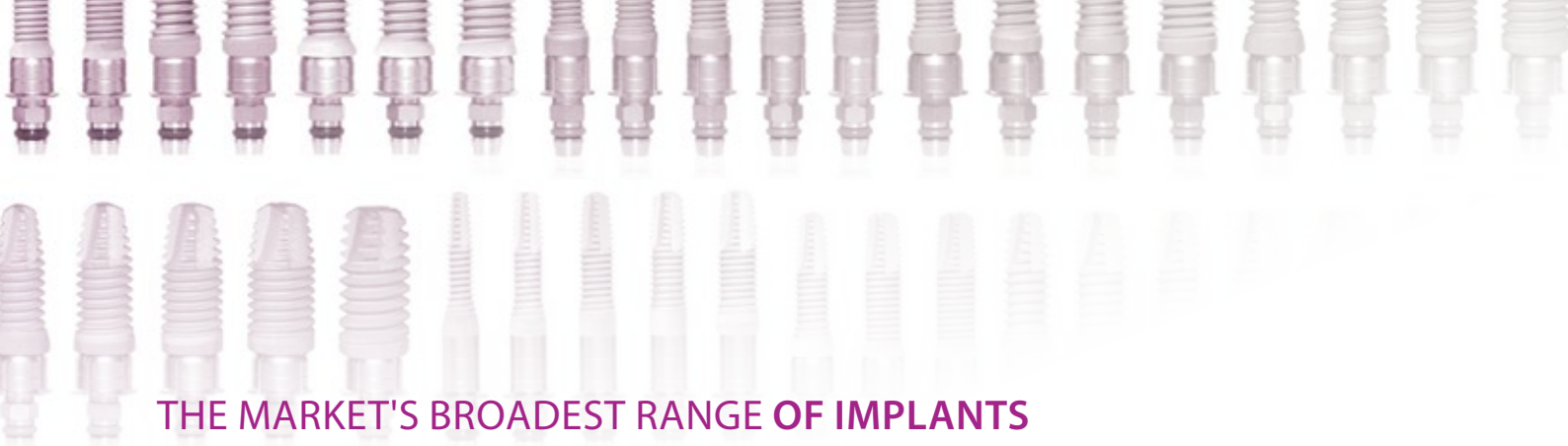
* BTI has a 4.5 mm long implant, within the Tiny® range.



STRESS DISTRIBUTION GRAPH



◀ Under the same load, the accumulated stress will be lower as the implant diameter increases. In a wide implant the stress accumulates in the first threads.



THE MARKET'S BROADEST RANGE OF IMPLANTS

The availability of lengths depends on the diameter of the implant and its platform.

TABLE ACCORDING TO THE IMPLANT WIDTH:

● TINY
 ● NARROW
 ● UNIVERSAL®
 ● UNIVERSAL PLUS®
 ● WIDE

Length 4.5 mm.

Diameter Ø (mm.) | 3.75 ● |

Length 5.5 mm.

Diameter Ø (mm.) | 3.5 ●● | 3.75 ●●● | 4.0 ● | 4.25 ● | 4.5 ● | 5 ●● | 5.5 ●● | 6.0 ● | 6.25 ● |

Length 6.5 mm.

Diameter Ø (mm.) | 3.5 ●●● | 3.75 ●● | 4.0 ● | 4.25 ● | 4.5 ● | 5 ●● | 5.5 ●● | 6.0 ● | 6.25 ● |

Length 7.5 mm.

Diameter Ø (mm.) | 3.3 ● | 3.5 ●● | 3.75 ●● | 4.0 ● | 4.25 ● | 4.5 ● | 5.0 ●● | 5.5 ●● | 6.0 ● | 6.25 ● |

Length 8.5 mm.

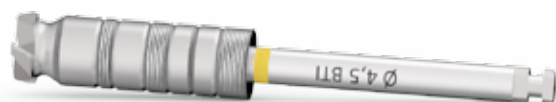
Diameter Ø (mm.) | 2.5 ● | 3.0 ● | 3.3 ●● | 3.5 ●● | 3.75 ●● | 4.0 ● | 4.25 ● | 4.5 ● | 5.0 ●● | 5.5 ●● | 6.0 ● | 6.25 ● |

FRONTAL CUTTING BIT: A BTI SOLUTION TO ACHIEVE EXCELLENT PRIMARY STABILITY

For an adequate instrumentation of the alveolus, BTI recommends the use of the frontal cutting bit, a tool specially designed for the apical preparation of this area, allowing a better advancement of the extra-short implant.

The aim of this frontal cutting bit is to:

- Achieve excellent primary stability.
- Protect the compromised anatomical structures such as Schneider's membrane.
- Protect the dental nerve.





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NOTE: consult your distributor for the availability of the product in the different markets.

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iPad / Tablets version (**Customer Area**)