

The MAX Range

The immediate placement of a conventional dental implant into a molar extraction socket **poses a number of difficulties**. Most significantly, the size and shape of the multi-rooted socket is not suited for the optimal placement of a typical implant, often resulting in compromised implant positioning, poor primary stability or the inability to place an implant at all.

This may result in a waiting period of 3-4 months to allow for healing before attempting to place an implant. Often, the healed site presents with reduced bone height, resulting in the need for bone augmentation procedures, especially in the maxilla. This leads to further lengthening of treatment time with **increased cost and complexity**.

An alternative approach has been to place a 6mm diameter implant into one socket of such a multi-rooted site, typically the palatal socket. Problems associated with this approach include adverse bio-mechanical forces, a poor emergence profile and an unavoidable buccal overhang of the restoration.

The concept of the MAX implant design provides for an implant and a surgical protocol, which makes immediate placement of the implant into a multi-rooted molar socket attainable, thus obviating the multiple problems highlighted.



- The MAX implant features a body with a larger than conventional diameter, achieving primary stability from engagement of the buttresses of bone that protrude from the perimeter bony wall of the molar socket.
- The greater taper of the MAX implant body allows for maximum engagement of the inter-radicular bone within the molar socket.
- In the case of a molar tooth with tapering root form, the implant has a natural fit to the socket shape. The tapered geometry of the implant facilitates excellent primary stability.
- The MAX implant won an AO presentation award for innovation in 2008, the SABS Design Excellence Award in 2010, and was the first FDA approved dental implant for the immediate placement into a molar socket.