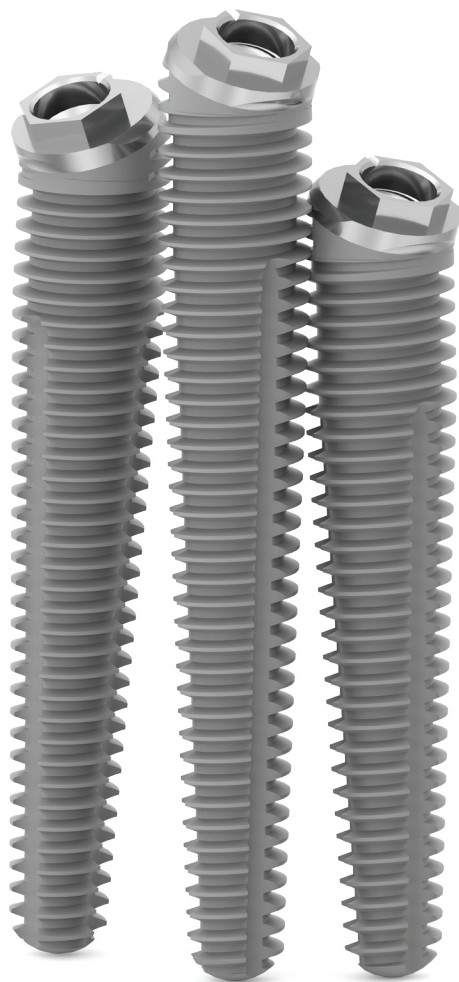


Nazalus implant

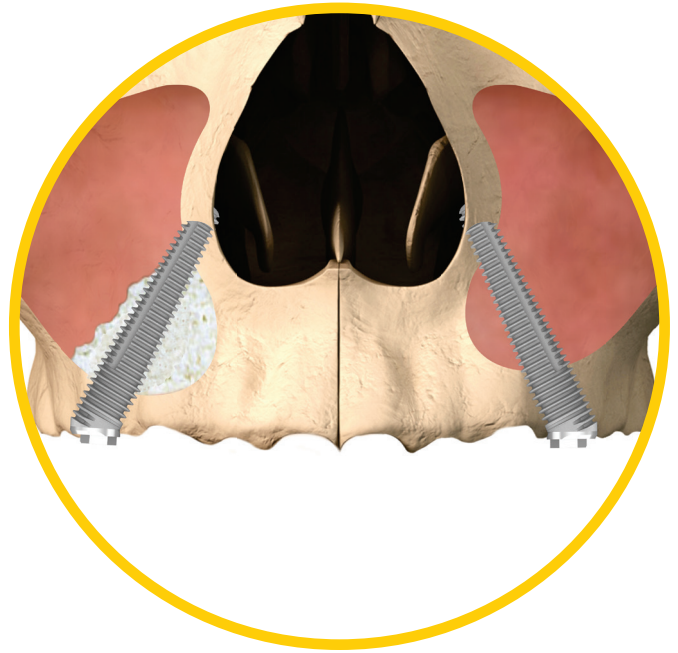
Optimising predictable aesthetics
with an innovative implant design



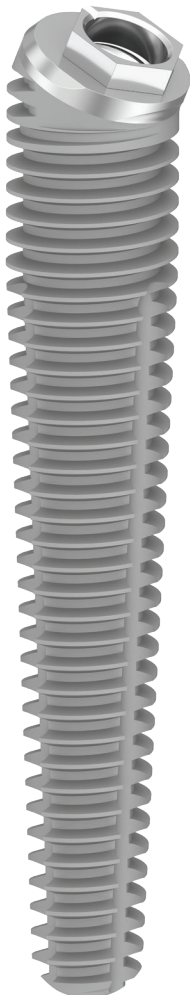
The Nazalus implant

Specifically designed to overcome anatomical challenges, the nazalus technique is made possible due to extra-long implant lengths that span across the sinus to engage the lateral nasal wall.

The Co-Axis® feature allows a 24° prosthetic angulation correction at subcrestal level ensuring that the prosthetic angle is not compromised whilst increasing AP spread.



The Nazalus implant difference



Co-Axis® Enabled

24° angled platform to utilise existing bone while maintaining restorative platform at an angle that ensures an optimal aesthetic result. Eliminating the need for angled abutments.



External Hex Connection

Enabling an implant level angle correction of 24°.



Increased Parallelism and AP Spread

Allows for simplified restorations in multiple implant cases.



Longer Tapered Body

Enabling the use of the maxillary bone surrounding the nasal cavity.



Different Lengths

Available in 18 mm, 20 mm, 22 mm and 24 mm implant lengths.



Sinergy Surface

Over 20 years of documented clinical results, manufactured from grade 4 commercially pure titanium (> 920 MPa).

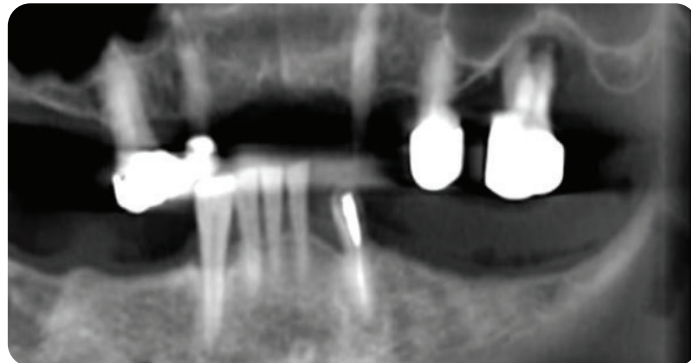
Atrophic upper jaw rehabilitation using long trans-sinus angulated Nazalus implants

Clinical treatment by: **Dr Pietro Ferraris**
(Italy)

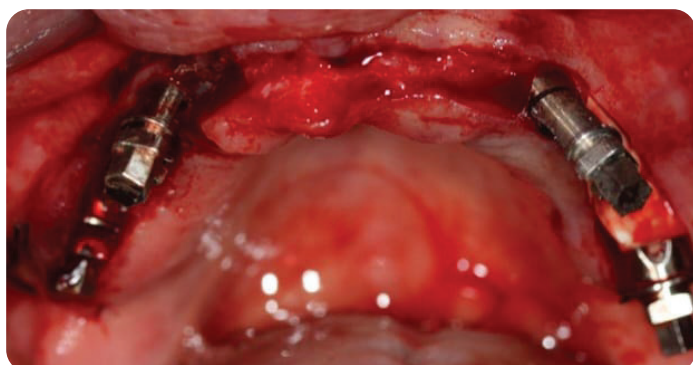
Due to inadequacies in the available maxilla bone's quantity and quality, full arch rehabilitation can be challenging especially when immediate loading is considered. Bone augmentation or sinus floor elevation is often prescribed, followed by delayed placement. Nazalus implants must engage 3 cortical plates and are designed for either trans-sinus placement or in combination with a sinus lift procedure and are equipped with an angled platform to improve fixation at the alveolar process without compromising the prosthetic orientation.



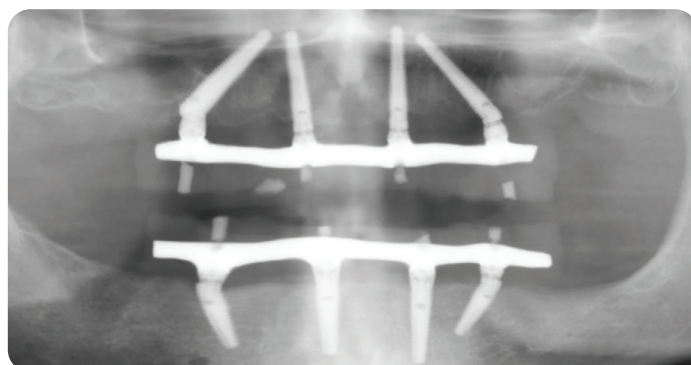
1. Patient presents with severe maxillary atrophy and failing dentition requiring full rehabilitation.



2. Prosthetically driven treatment plan, includes to extracting the remaining dentition and restoring the maxilla using 2 Nazalus implants along with 2 Co-Axis® External Hex implants in the anterior region.



3. The maxilla is restored using 2 Nazalus implants along with 2 Co-Axis® External Hex implants in the anterior region.



4. Both the upper and lower jaw is restored following the all-on-4 approach. The use of Co-Axis® ensures an optimal prosthetic axis. The Nazalus implants engage the lateral nasal wall allowing an immediate load protocol to be followed.



5. The Co-Axis® implants provide optimal prosthetic emergence. 6 month follow-up shows healthy tissue.



6. A bar supported Zirconia bridge is provided as a final prosthesis for both the upper and lower jaws providing the patient with full functionality and a highly aesthetic result.

“Southern's Nazalus implant improves our methodology for the treatment of severe atrophic maxilla to follow immediate loading protocols.”

Dr Pietro Ferraris
(Italy)

“The Nazalus implant is a 24° (Co-Axis®) Subcrestal Angle Correction® implant for successful and optimal long-term results.”

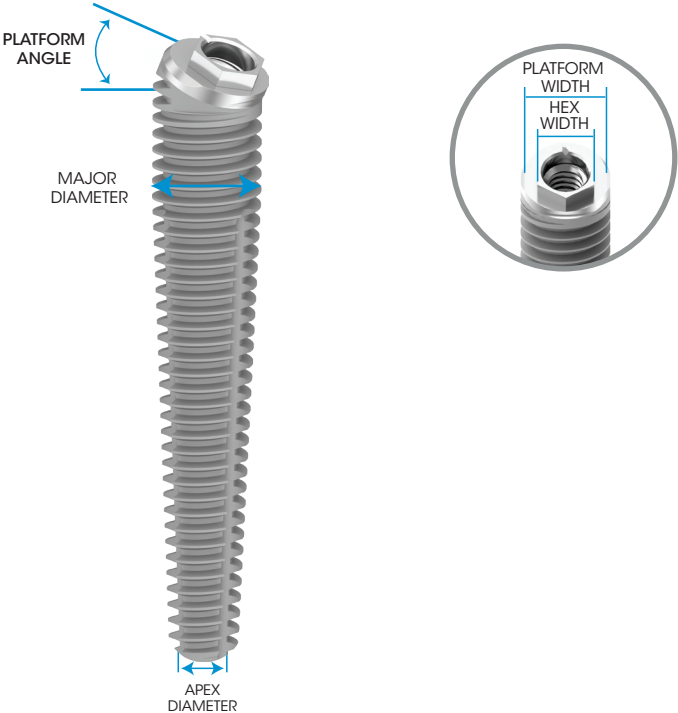
Dr Giovanni Nicoli
(Italy)

“The Nazalus implant simplifies treatment without compromising available bone or critical area around the sinus area.”

Dr Rudi Mukherjee
(UK)

Implant Range

PRODUCT CODE	MAJOR DIAMETER	PLATFORM WIDTH	PROSTHETIC PLATFORM	PROSTHETICS	HEX WIDTH	APEX DIAMETER	PLATFORM ANGLE	IMPLANT LENGTHS		
								20	22	24
IBR24D-xx	4.0	3.9	4.0		2.54	2.6	24°	✓	✓	✓



References

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2. Zaninovich, M., 2020. Clinical guidelines for rehabilitation of the severely atrophic maxilla using extended-length subcrestal angulated implants and modified trans-sinus nasal protocol: A case report. International Journal of Oral Implantology, 13(3), pp.291-98.
3. Vandeweghe S, Hawker P, De Bruyn H. An Up to 12-Year Retrospective Follow-Up on Immediately Loaded, Surface-Modified Implants in the Edentulous Mandible. Clin Implant Dent Relat Res. 2016 Apr;18(2):323-31.
4. Vandeweghe S, Ferreira D, Vermeersch L, Mariën M, De Bruyn H. Long-term retrospective follow-up of turned and moderately rough implants in the edentulous jaw. Clin Oral Implants Res. 2016 Apr;27(4):421-6.

For more information scan the below



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