

Co-Axis® Dental Implants

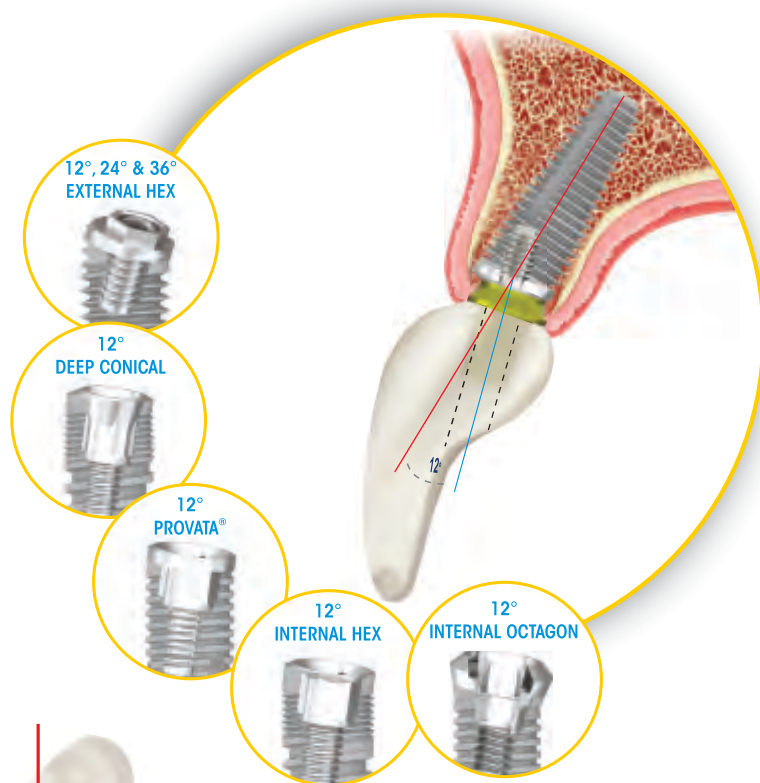


Sub-Crestal Angle Correction™
for optimal restorative emergence



The Co-Axis® implant range

Co-Axis® incorporates an innovative Subcrestal Angle Correction™ that allows for preferred screw-retained restorations.



The Co-Axis® Difference⁽¹⁻³⁾

Increase patient acceptance
Co-Axis® versatility leads to wider treatment options.



Platform shift
Allows less pressure on buccal soft tissue resulting in increased mid-facial soft tissue.



Reduced need for bone grafting
Saving costs and increasing patient acceptance.



Increased parallelism
Allowing simplified resoration in multi-implant cases.



Screw retained restorations
Preventing labially placed screw access holes.



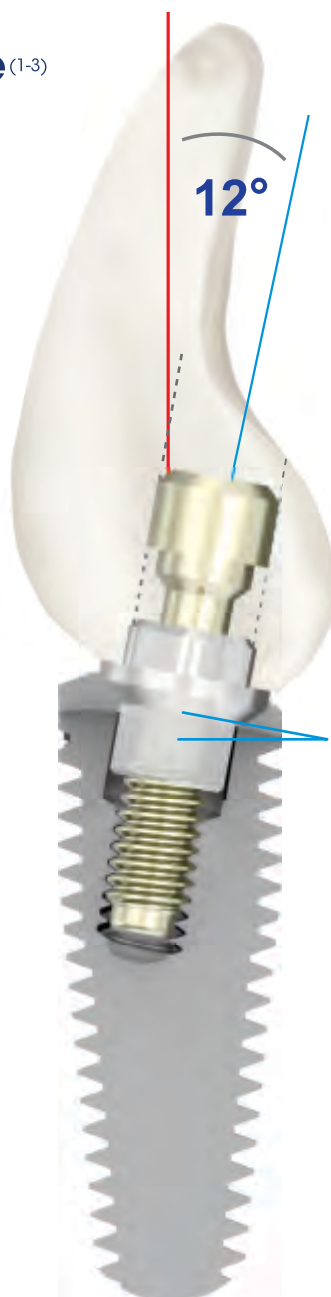
Decreased retaining screw fractures
Co-Axis® decreases retaining screws stress, resulting in less prosthetic failures.



Increased versatility
12°, 24° and 36° variants and a choice between 5 implant ranges.



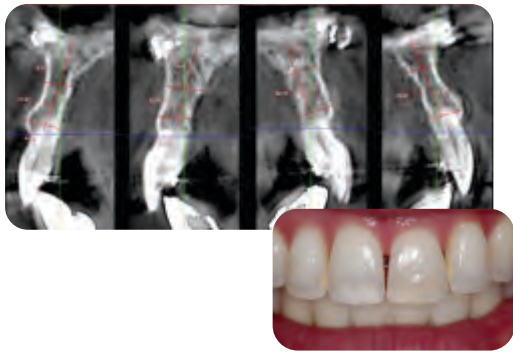
Decreases prosthetic stack
Decreasing the need for angled abutments, allows less pressure on buccal soft bone tissue.



Utilizing the Co-Axis® implant to achieve predictable and highly aesthetic outcomes

Clinical Treatment By:
Dr Nicholas Egbert

The anatomical limitations of the anterior maxilla often result in implants being placed at a labially inclined angle. This necessitates the use of angle correcting or cement-retained prosthesis that may compromise aesthetic outcomes and create soft tissue complications. Utilizing Co-Axis® aims to mitigate this risk.



1. Patient presents with severe root resorption of all maxillary incisors. Treatment planning indicates the need for Co-Axis® implants for optimal surgical primary stability and prosthetic emergence.



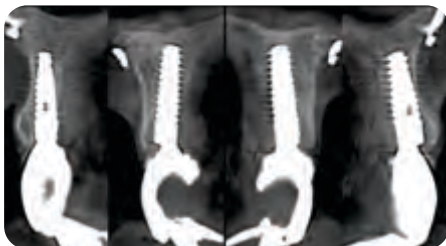
2. 12° Co-Axis® Deep Conical implants were placed in tooth #'s: 8, 9 & 10. A Ø3.0mm Deep Conical implant was placed in tooth position #7, as no Co-Axis® was necessary since the bone and tooth axes were coincidental.



3. A CAD/CAM PMMA screw-retained bridge on passive abutments was placed to obturate the gap for cancellous bone grafting and maintaining soft tissue contour.



4. Soft tissue inspection shows healthy gingival tissue and contoured emergence fit for the final prosthesis.



5. Final restoration and CBCT at 12 months follow-up showing implant integration and no labial bone loss.



"The Co-Axis® implant range enables clinicians to provide better surgical and prosthetic outcomes for their patients"

- **Graham Blackbeard**
(MD, Southern Implants)

"Co-Axis® is the smartest concept in accelerated implant treatment - could never work without it!"

- **Dr Costa Nicolopoulos**
(SameDay Dental Implants Clinic)

"The gain in soft tissue in the anterior zone using Co-Axis® helps with maintaining a good outcome long term.

If you have not tried Co-Axis® implants, I recommend you do!"

- **Prof Dr Pär-Olov Östman**
(Ghent University, Sweden)

References

1. Chu, S.J., Saito, H., Östman, P.O., Levin, B.P., Reynolds, M.A. and Tarnow, D.P., 2020. Immediate tooth replacement therapy in postextraction sockets: A comparative prospective study on the effect of variable platform-switched subcrestal angle correction implants. *Int. J. Periodontics Restor. Dent*, 40, pp.509-517.
2. Levin, B.P., Saito, H., Reynolds, M.A. and Chu, S.J., 2020. Changes in peri-implant soft tissue thickness with bone grafting and dermis allograft. Part II: A comparative retrospective case series using a subcrestal angle correction implant design. *Int J Periodontics Restorative Dent*, 40(4), pp.539-547.
3. 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 (Berlin, Germany)*, 13(3), pp.291-298.

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