

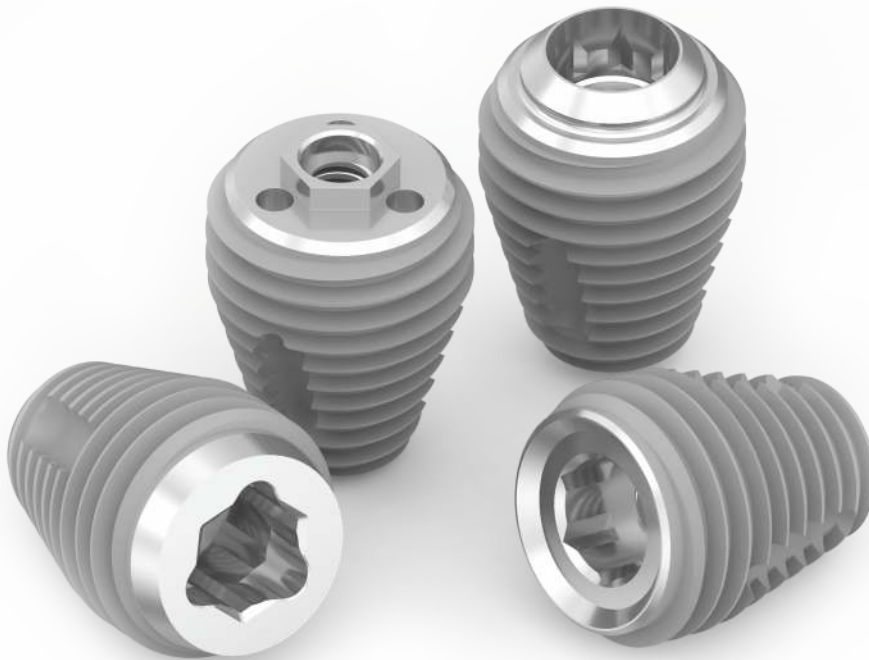


SOUTHERNIMPLANTS®

Innovative Treatment Solutions

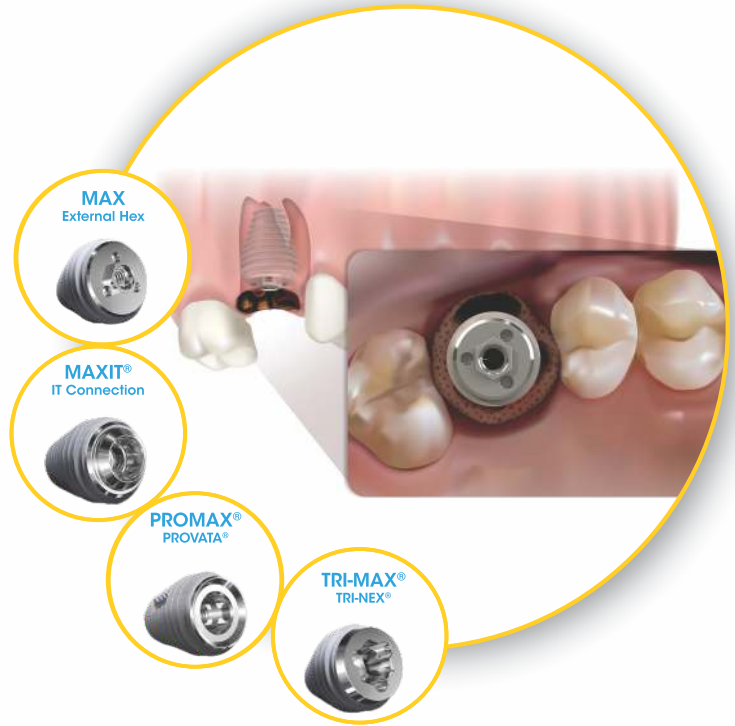
MAX implants

Immediate molar tooth
replacement



The MAX implant range

The MAX implant advances implantology by utilising a molar specific implant design and a dedicated surgical protocol, making immediate placement into a multi-rooted socket possible.



The MAX difference ⁽¹⁻⁵⁾

Interfaces

Available in four different interfaces.



Built-in platform shift

Prosthetic platform shift in each of the available configurations.



Machined surface collar

Bevelled machined collar minimising plaque adhesion.



Stability

Strong taper designed to achieve optimum primary stability.



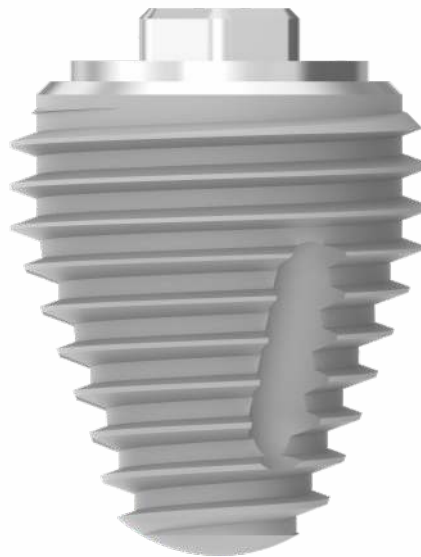
High strength titanium

Enables exceptional fatigue strength.



Apex

Rounded apex to avoid perforation of the sinus.



Immediate molar replacement therapy utilising a PROMAX[®] implant

Clinical Treatment By: **Prof PO Östman** PHD, DMD.
(Sweden)

A conventional implant is not suited for immediate placement in the molar extraction socket. As a result, waiting periods of three to four months are necessary to allow for healing of the socket prior to implant placement. The MAX implant features a unique thread and body shape designed to achieve primary stability from engagement with the interradicular bone.



1. Patient presents with a fractured molar which requires a restoration to be done to restore function. A pilot lance drill was used to initiate the osteotomy utilising the 'root as a guide' approach.



2. A 2 mm twist drill is used to drill to the desired depth.



3. Tapered drills were used to progressively enlarge the diameter of the osteotomy by drilling through the root and interradicular bone.



4. Any remnant tooth fragments were removed from the osteotomy site. A MAX tapered drill was used to finalise the "osteotomy" preparation.



5. A PROMAX-7-9 was placed with the insertion torque exceeding 45 Ncm.



6. Two year follow-up shows good integration (bone gain at the crest) and excellent soft tissue and aesthetic results with a full zirconia crown.

“Without this molar suited implant, I would not be able to offer immediate implant placement in molar extraction sites as repeatably and predictably as I do.”

Dr André Hattingh
(UK)

“I have been using MAX implants since 2010 and now I can say that it's my first choice for immediate post extraction implant therapy. Reducing treatment time and costs with optimal aesthetic outcomes.”

Dr Pietro Ferraris
(Italy)

“MAX appeals to my treatment methods as it provides immediate molar replacement opposed to the traditional graft and wait approach.”

Safa Tahmasebi
(USA)

Implant Ranges

MAX IMPLANT

RANGE	IMPLANT LENGTHS			
	6	7	9	11
MAX-6-xx	✓	✓	✓	✓
MSC-MAX-6-xx	✓	✓	✓	✓
MAX-7-xx		✓	✓	✓
MSC-MAX-7-xx		✓	✓	✓
MAX-8-xx		✓	✓	✓
MSC-MAX-8-xx		✓	✓	✓
MAX-9-xx		✓	✓	✓
MSC-MAX-9-xx		✓	✓	✓

PROMAX® IMPLANT

RANGE	IMPLANT LENGTHS		
	7	9	11
MSC-PROMAX6xx	✓	✓	✓
MSC-PROMAX7xx	✓	✓	✓
MSC-PROMAX8xx	✓	✓	✓
MSC-PROMAX9xx	✓	✓	✓

TRI-MAX® IMPLANT

RANGE	IMPLANT LENGTHS		
	7	9	11
TRI-MAX-7xx	✓	✓	✓
TRI-MAX-8xx	✓	✓	✓
TRI-MAX-8xx	✓	✓	✓

MAXIT® IMPLANT

RANGE	IMPLANT LENGTHS		
	7	9	11
MAXIT7-xxF	✓	✓	✓
MAXIT8-xxF	✓	✓	✓
MAXIT9-xxF	✓	✓	✓

NOTE: 'xx' refers to implant length.

References

- Hattingh AC, De Bruyn H, Ackerman A, Vanderweghe S. Immediate Placement of Ultrawide-Diameter Implants in Molar Sockets: Description of a Recommended Technique. Int J Periodontics Restorative Dent 2018;38:17-23. doi: 10.11607/prd.3433.
- Vanderweghe S, De Ferrere R, Tschakaloff A, De Bruyn H. A Wide-Body Implant as an Alternative for Sinus Lift or Bone Grafting. J Oral Maxillofac Surg 2011;69:e67-e74.
- Atieh MA, Alsabeeha NHM, Payne AGT, Schwass DR, Duncan WJ. Insertion torque of immediate wide-diameter implants: A finite analysis. Quintessence Int. 2012;43:e115-e126.
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- Hattingh, A., De Bruyn, H. and Vandeweghe, S., 2019. A retrospective study on ultra-wide diameter dental implants for immediate molar replacement. Clinical Implant Dentistry and Related Research, 21(5), pp.879-887.

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