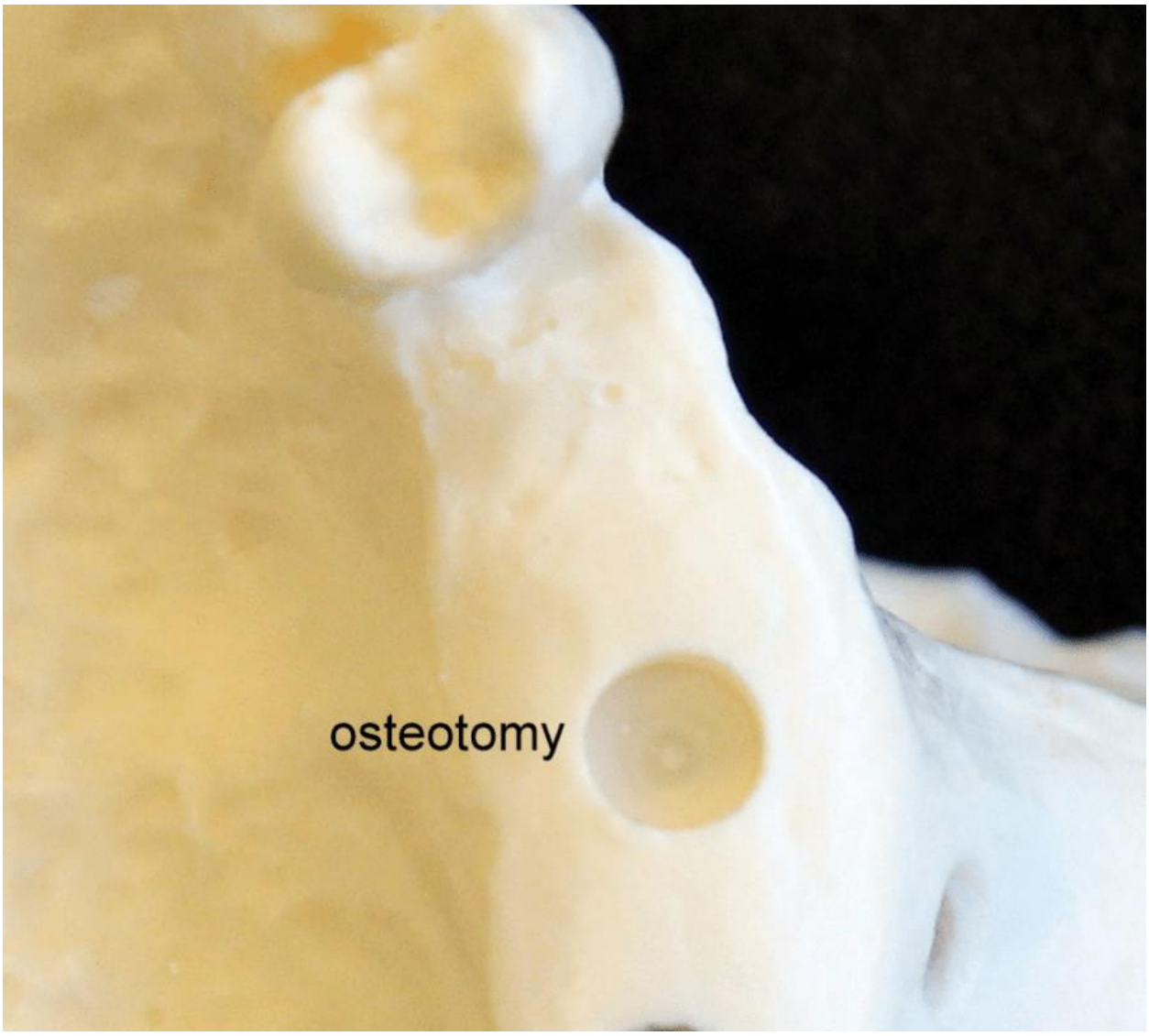
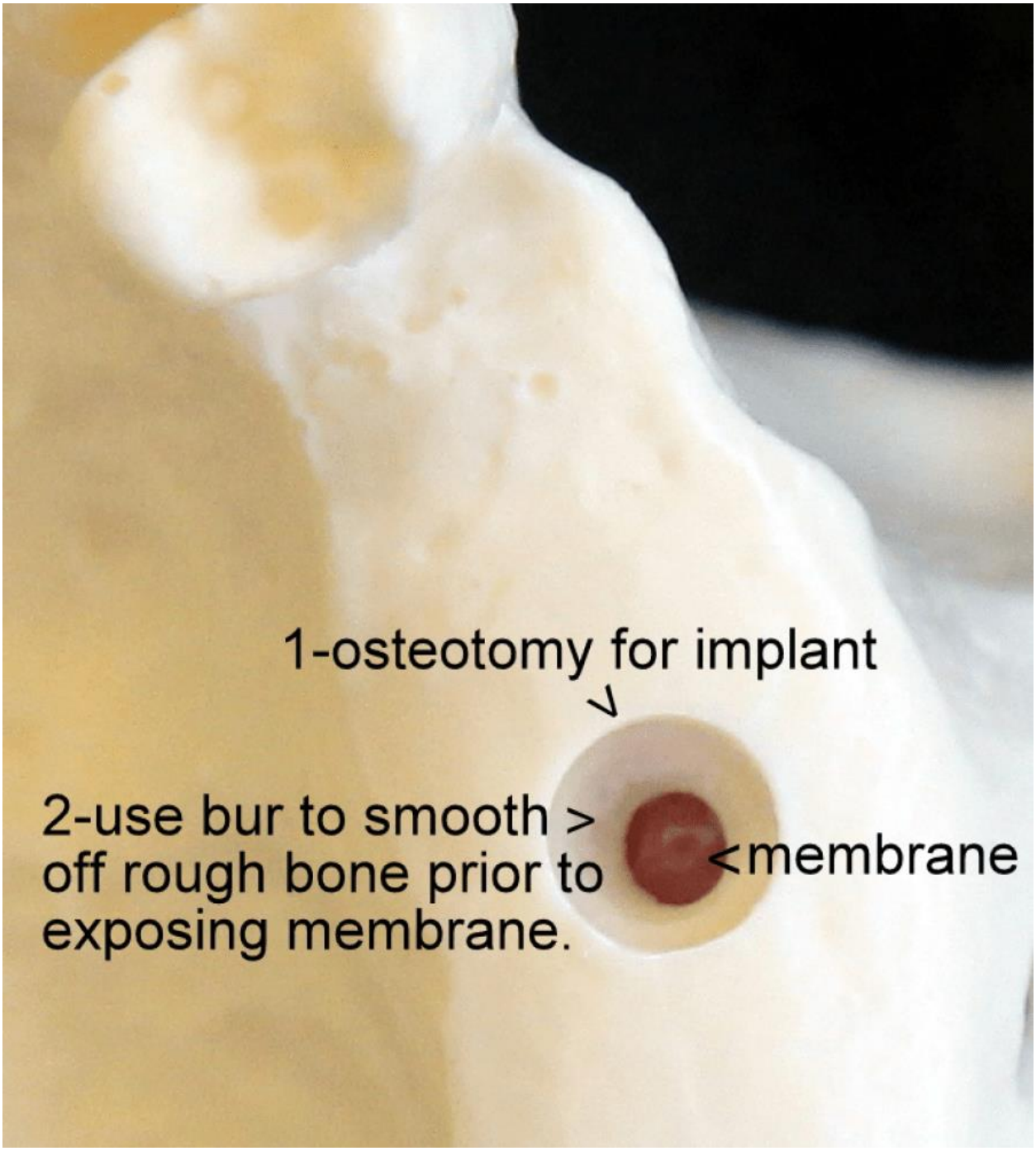
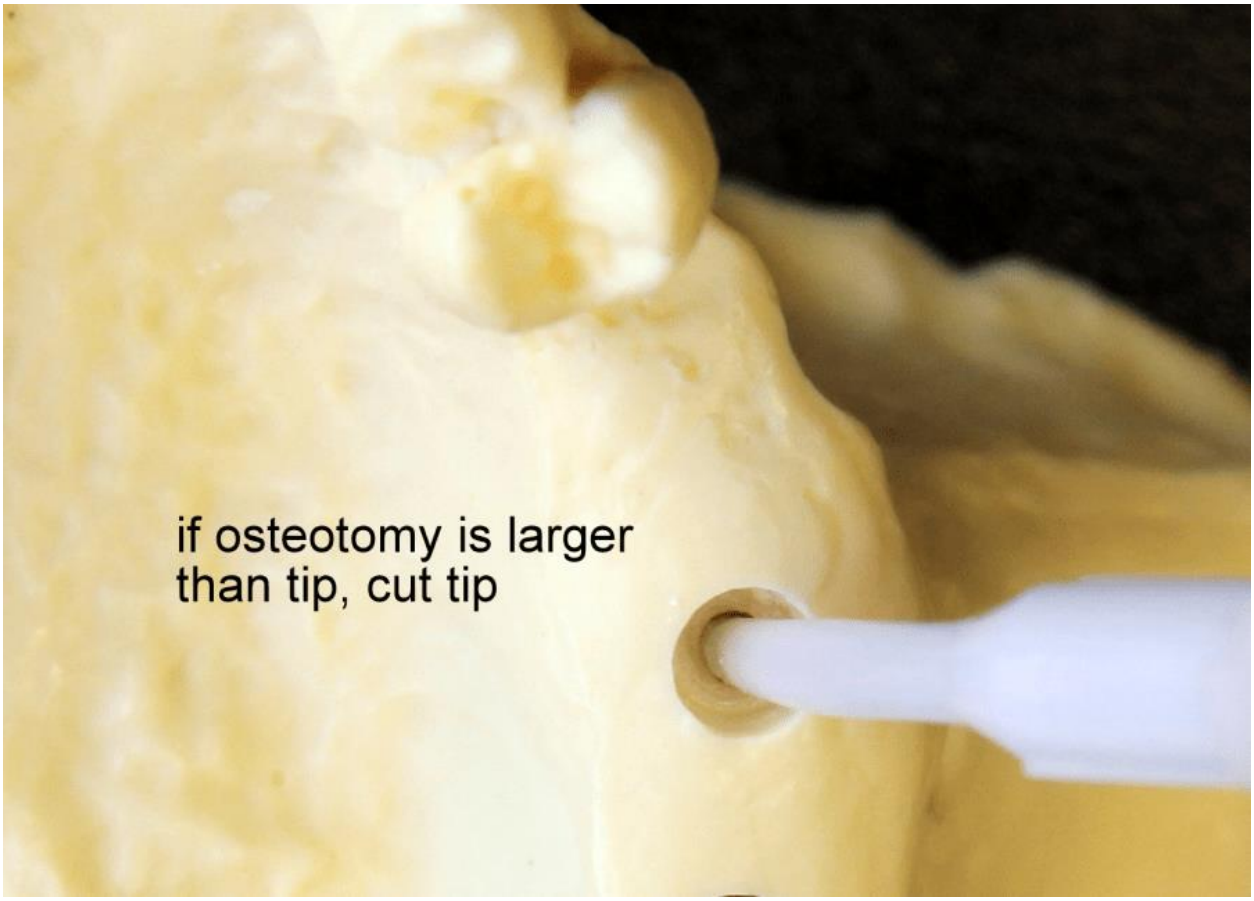
Steiner Sinus Bump Technique

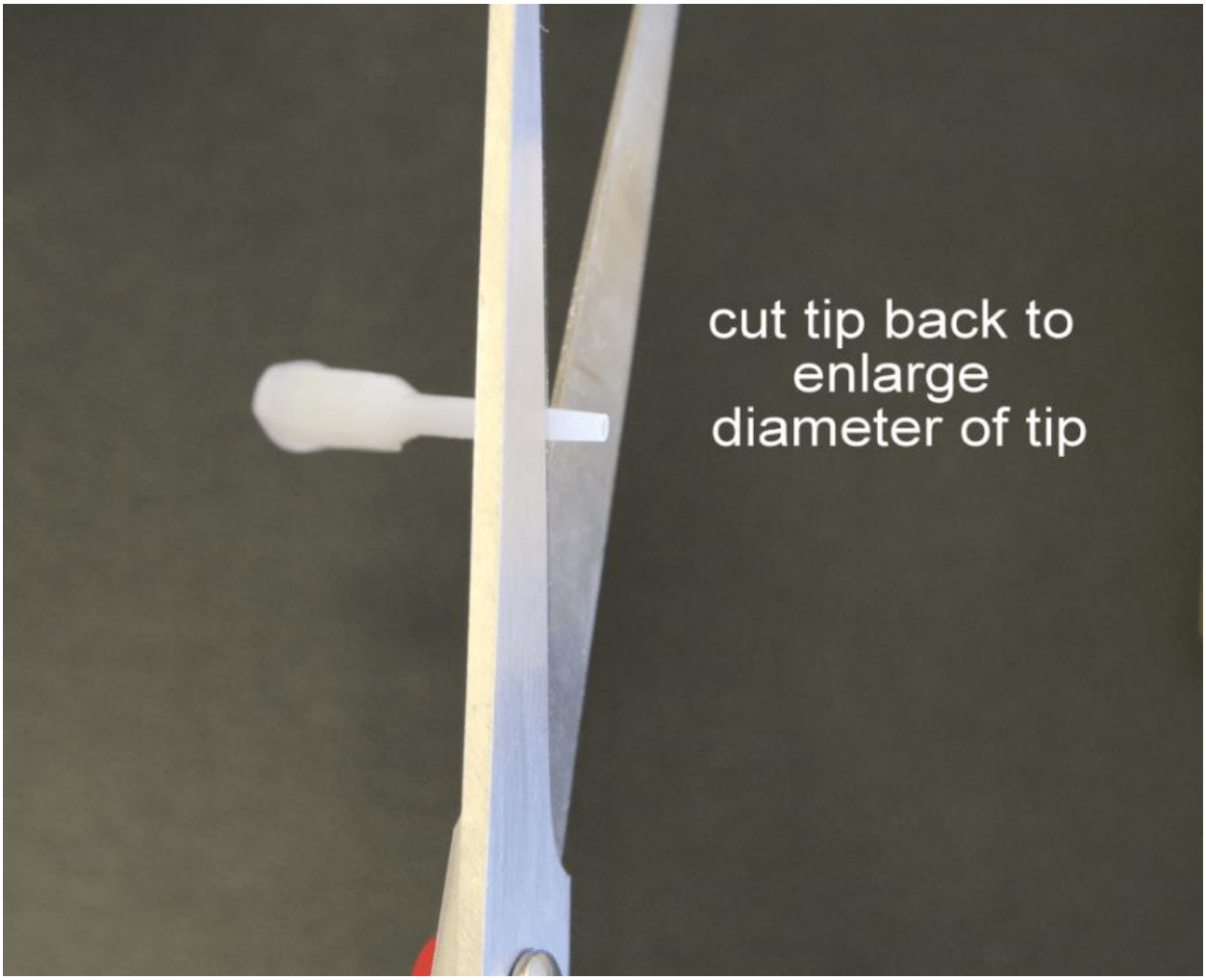


Create the osteotomy. Drill without causing an opening into to sinus.

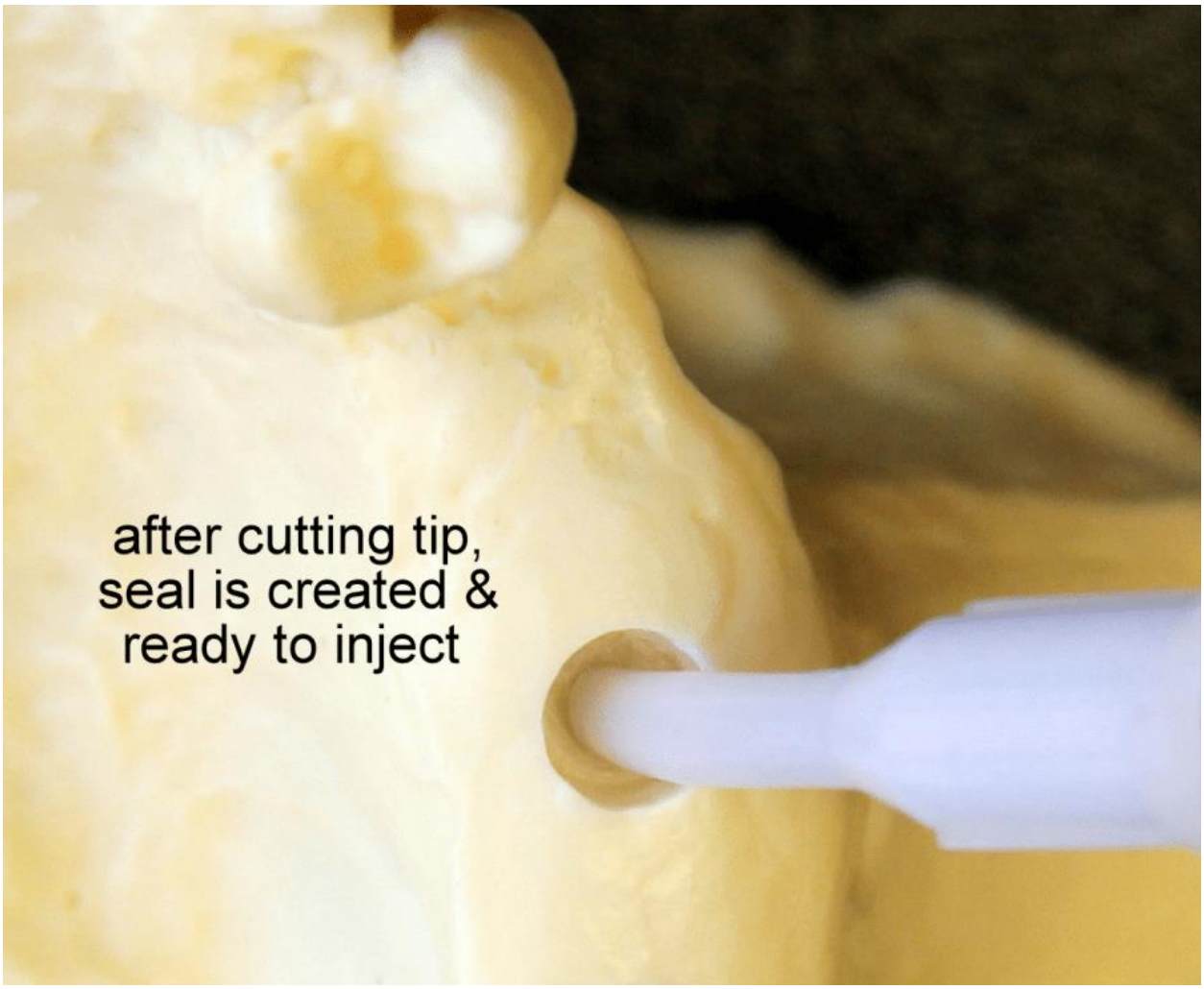


At this point, we recommend you use a small round #6 bur, multi-fluted, or a fine round diamond bur to remove the remaining bone and to create a smooth seal for the syringe tip. Use a very light touch to avoid over drilling into and tearing of the membrane.


if osteotomy is larger
than tip, cut tip



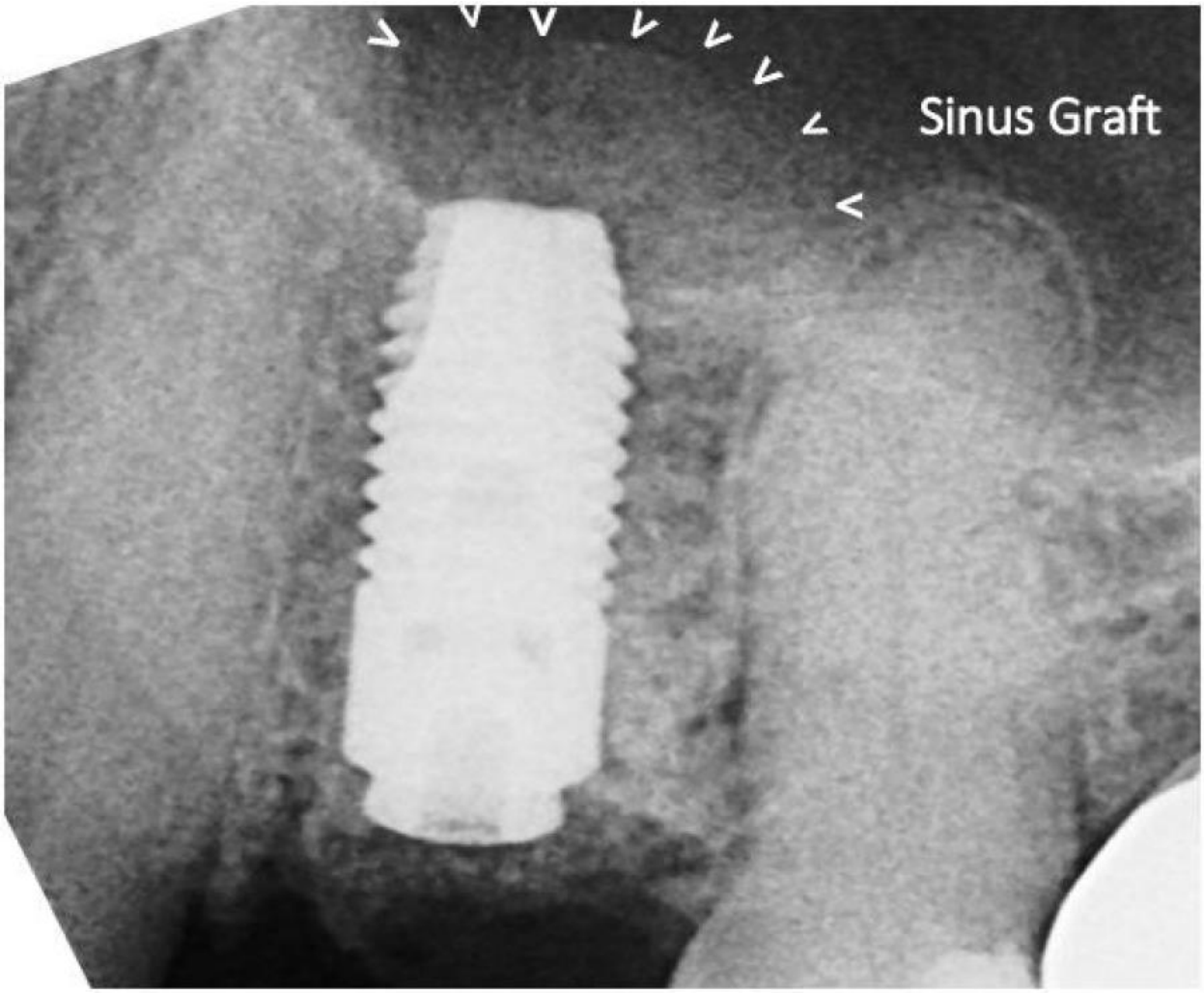
If the membrane exposure is larger than the tip, cut the tip so it contacts the bone but does not enter the sinus as shown here.



After the tip has been cut, the tip will lay against the bone creating a seal. Express Sinus Graft™ to hydraulically lift the sinus membrane.

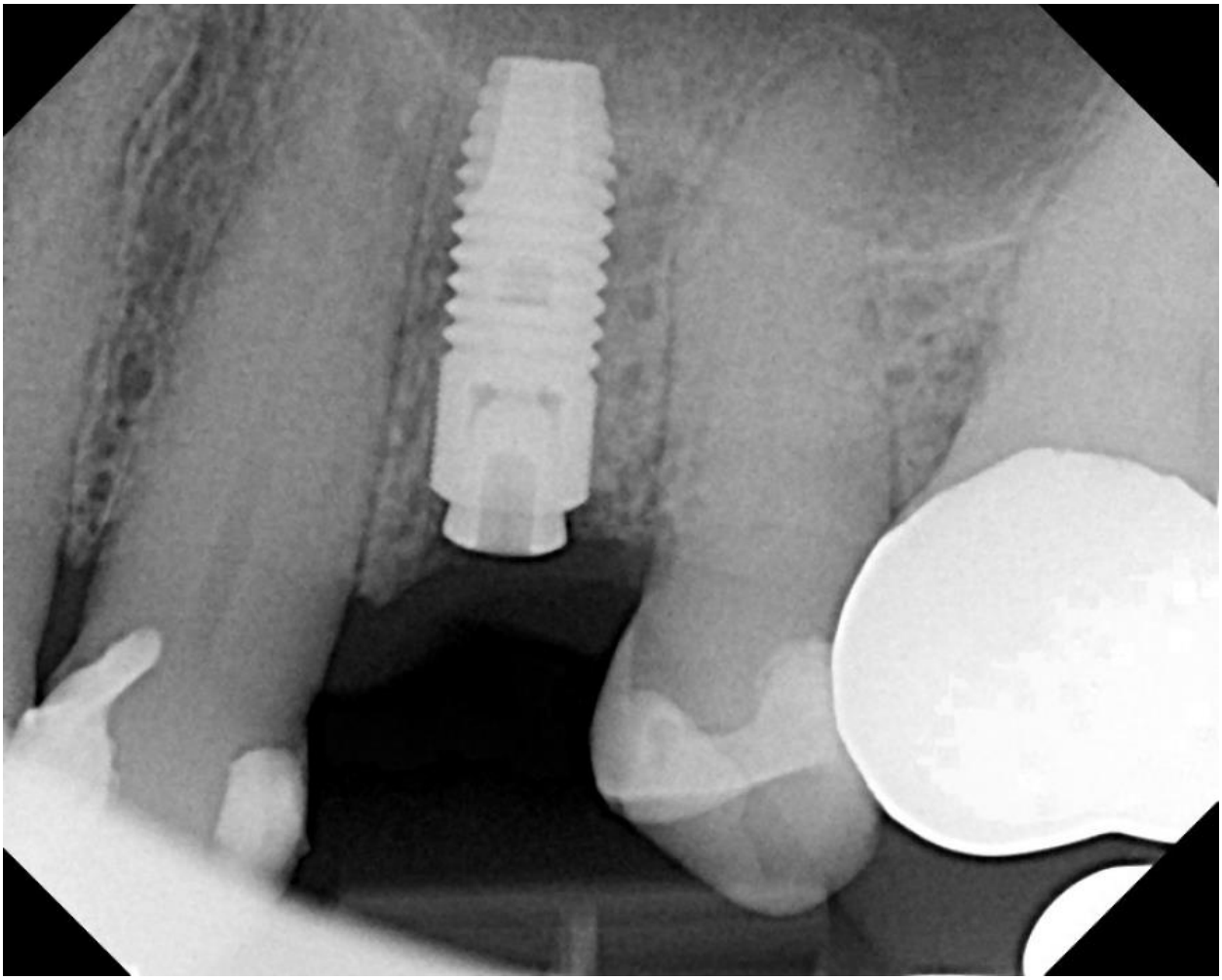
See Clinical Cases Below:

Tooth #12 is extracted. An extra long round, multi-fluted, or fine round diamond is used to remove bone form the bottom of the socket and expose the membrane. Only a very small penetration is needed.

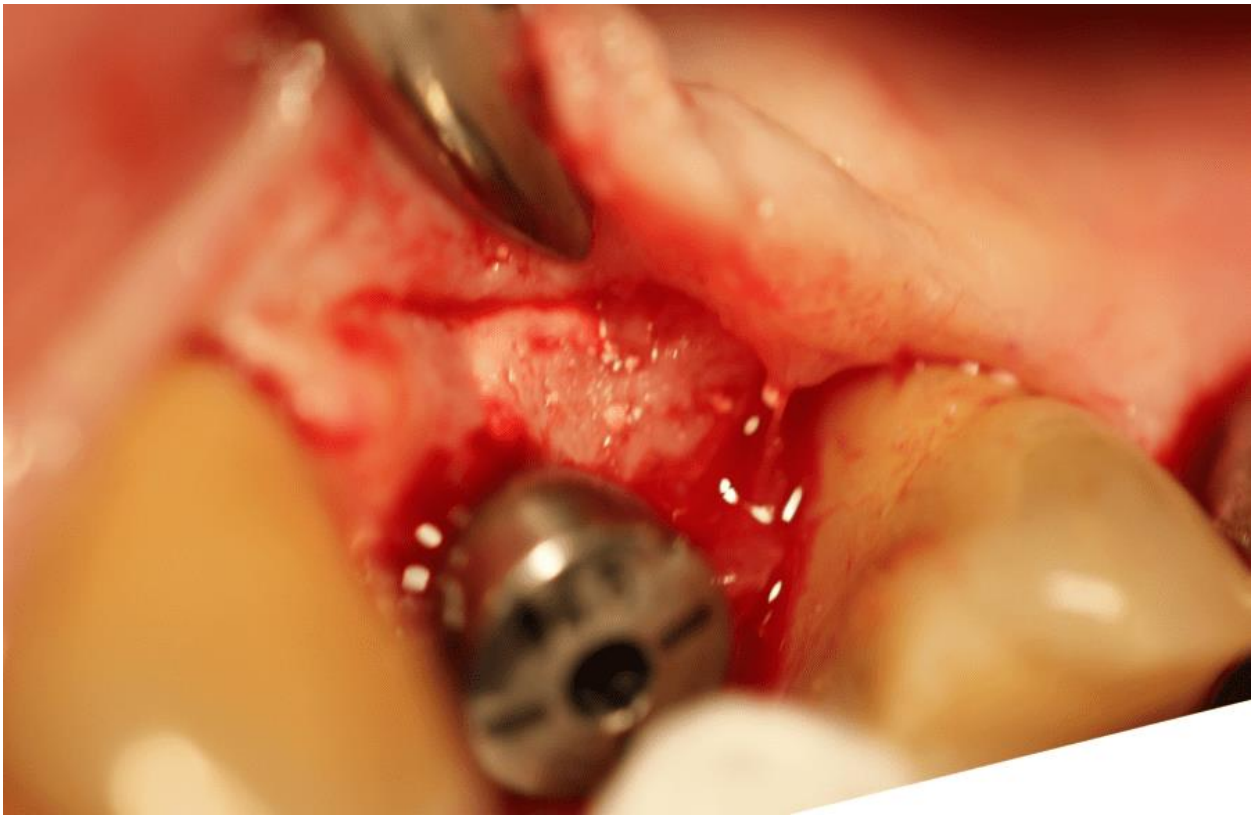


The above picture is the day of surgery.

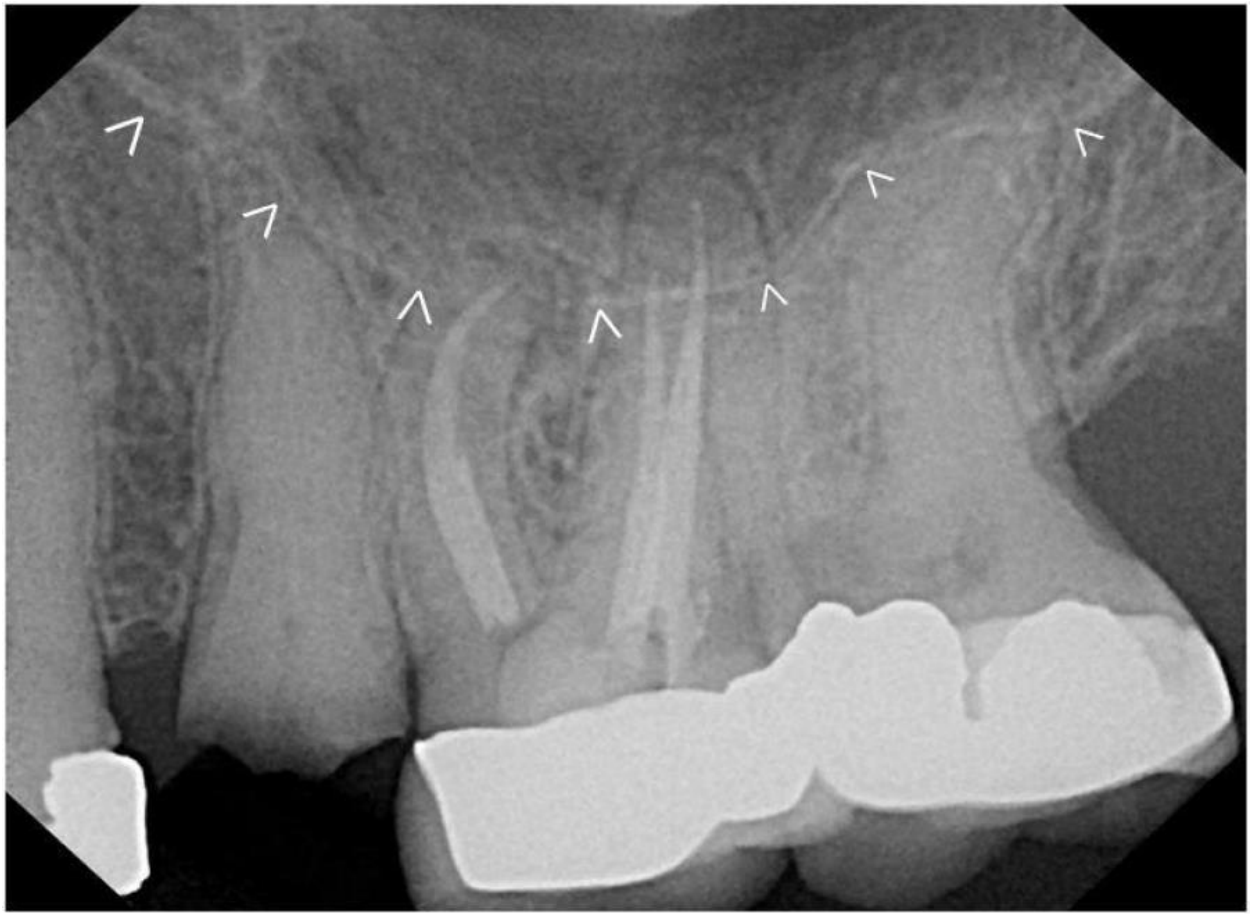
If it is not possible to visualize the bottom of the osteotomy, use a perio probe or an endo plugger to expose the bottom of the osteotomy. If a soft area is found, the membrane is exposed and no further drilling is needed. Do not manipulate the membrane. Insert the Sinus Graft™ tip and inject Sinus Graft™ to lift the membrane. If the bottom of the osteotomy is not smooth, Sinus Graft™ may flow back out of the osteotomy. In that case, smooth the floor of the osteotomy to get a seal with the tip and bone and inject the graft material. For a sinus bump, one syringe will be adequate, but the sinus membrane can be lifted as much as is desired by injecting more graft material.



The above radiograph is from the healing abutment appointment. This shows that the regenerated bone fills the floor of the sinus and the membrane is above the view of the radiograph.

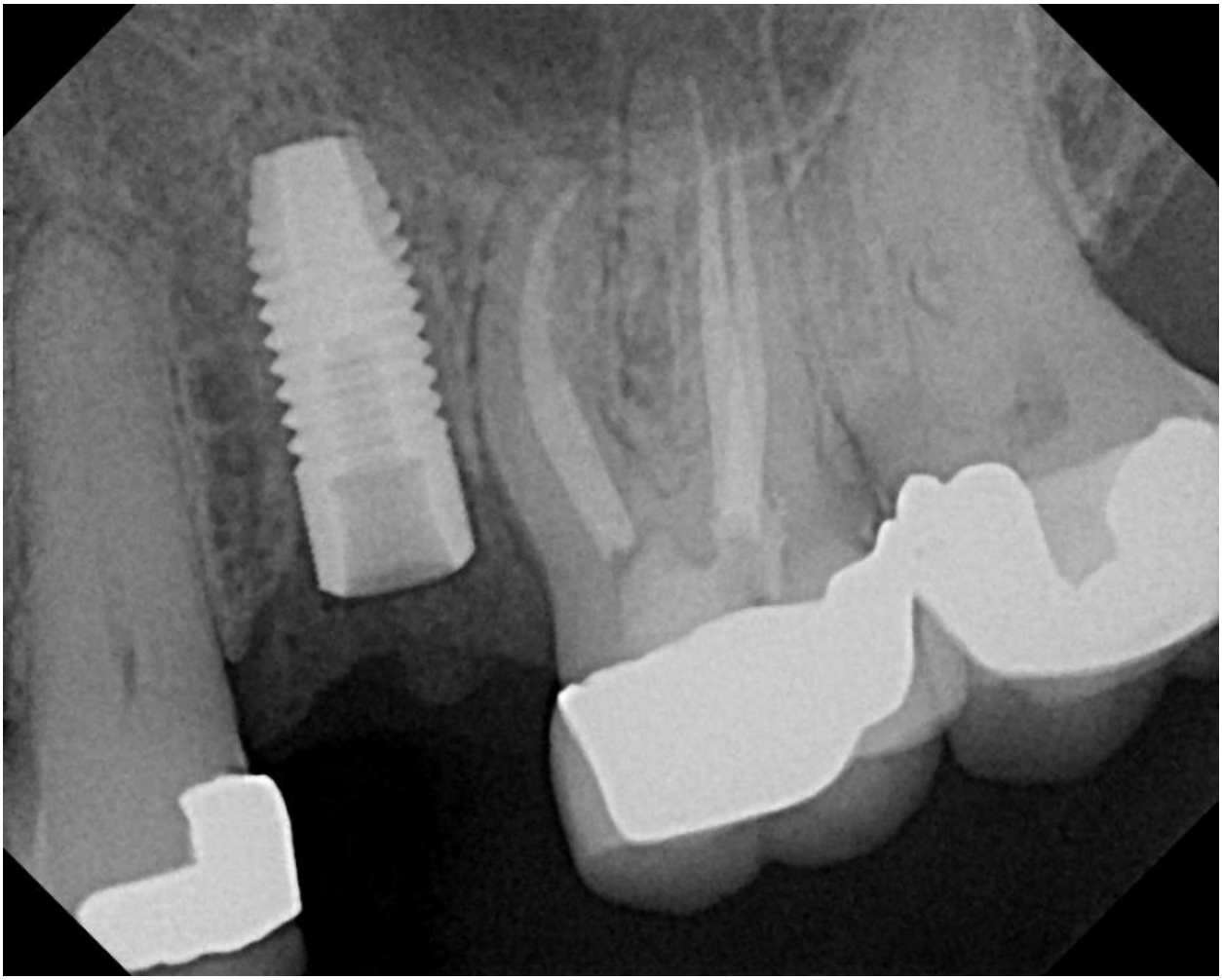


This same case required regeneration of the buccal wall which is shown at the healing abutment appointment. Socket Graft™ was mixed with OsseoConduct™ βTCP granules.

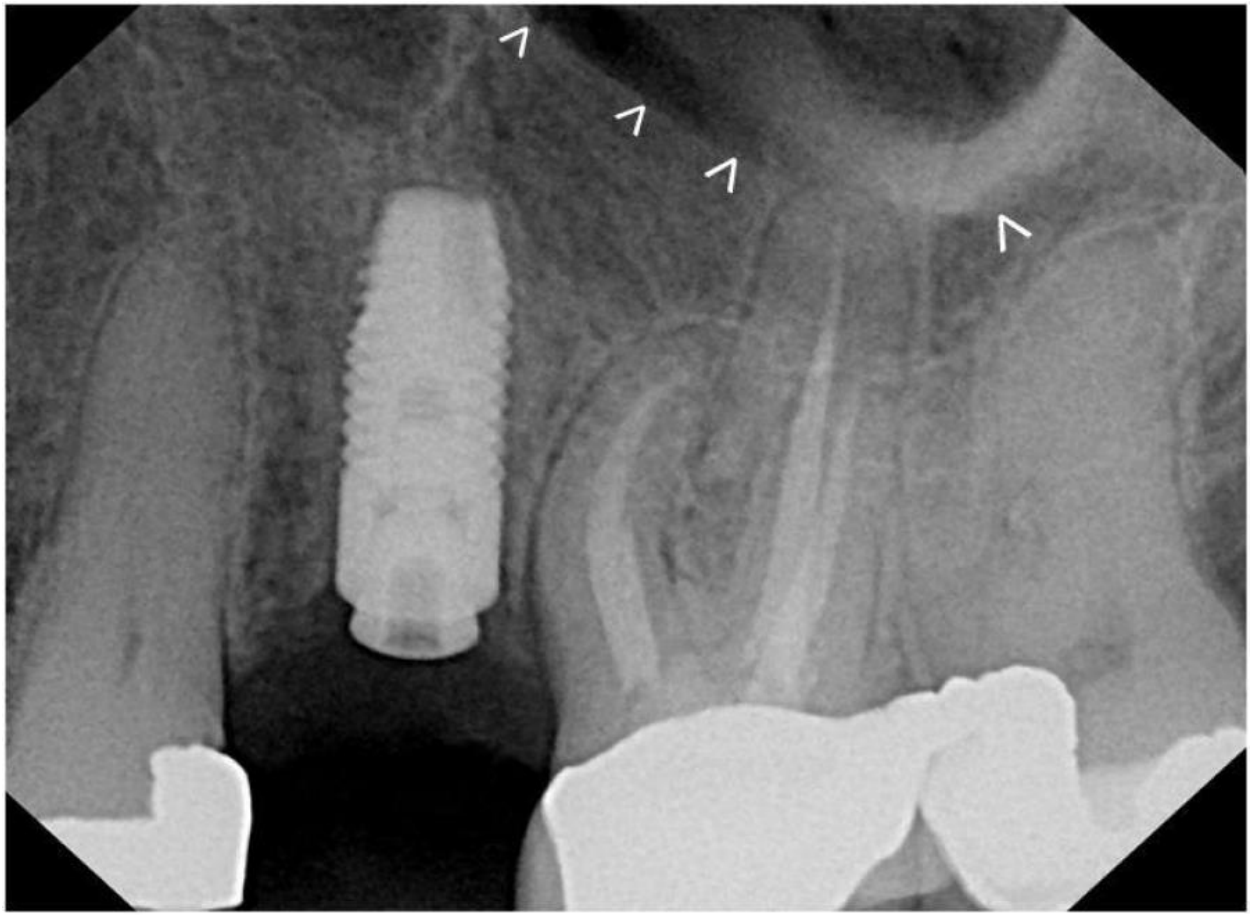


Tooth #13 is unrestorable. Because it is adjacent to tooth #14, a delayed implant placement is planned. The tooth was extracted and grafted with Socket Graft™.

An osteotomy is prepared to near the floor of the sinus.



Exposure of the membrane is completed and Sinus Graft™ has been injected lifting the membrane above the view of the radiograph.



At the healing abutment appointment the floor of the sinus is identified with arrows.