ANEW meets ‘most precise’ standards

Narrow-body implants ideal for patients who have limited inter-dental spaces, insufficient bone or require provisionalization during augmentation procedures

First used in 2000 and granted FDA approval in 2004 for long-term use as determined by health-care providers, the 1.8, 2.2 and 2.4 mm diameter ANEW implants from Dentatus have met the most precise implantology standards having undergone rigorous testing, research and clinical use by the profession.

ANEW Implants are widely recognized by clinicians and universities worldwide. These narrow-body implants provide effective remedy for many because they are ideal for patients who have limited inter-dental spaces, insufficient bone or require provisionalization during augmentation procedures.

Nearly 25 percent of patients who come in for implant treatment will not have enough bone to place a conventional diameter implant, Dentatus said. ANEW implants should also be considered when financial constraints might delay or prevent treatment. Every practitioner placing implants should consider including ANEW in his or her armamentarium so that all patients might take advantage of the benefits that implants afford.

ANEW Implants are the only one-piece narrow-body implants that have restorative options for screw-retained prosthesis, Dentatus said. ANEW boasts a number of features that set it apart from other implants, including a short-threaded external connector that tolerates substantial abutment angulation without stress. ANEW’s prosthetic components provide patients with a cosmetic, fixed chairside restoration at the time of placement so they never have to go without teeth. There are a variety of platforms available for restorative ease, presenting flexibility for optimal aesthetic solutions.

For instances of single-tooth replacement in narrow spaces, the availability of ANEW Implants provides patients who might have to proceed with a fixed or resin-bonded bridge the luxury of dental implants without preparation and/or reduction of the adjacent natural denition.

Another advantage to this modality is the maintenance of alveolar bone, which is documented to undergo resorption with other restorative options.

In 2012, Dr. Francois Fisslier and Dr. Carlos Munoz from the New York University Department of Implant Dentistry presented the following findings about papilla regeneration at the Academy of Osseointegration’s 27th annual meeting: “In this case series, nine patients received 10 [ANEW Narrow Diameter Implants (NDIs)], which were loaded for periods of six months to 10 years post-insertion. No implants or prostheses had to be removed or replaced during the follow-up period. Neither a surgical or prosthetic complication was seen on any of the 10 NDIs.

“The average mesial Papilla Index Score (PIS) was 2.4 and the average distal PIS was 2.7, indicating the NDIs regenerated at least 50 percent of the papilla in all cases (20/20 papilla).”

The non-hygroscopic screwcap allows for retrievability, so that during the healing period the restoration contours can be easily modified to the tissue architecture, thereby eliminat- ing a final “black triangle” result, Dentatus said.

Their effective adaptation and integration in bone has been shown to be on par with conventional implant fixtures and provide excellent support and retention. In 2007, Dr. Stuart Fromou and his colleagues published a study in the International Journal of Periodontics and Restorative Dentistry stating “40 ANEW Implants in patients for one to five years post-loading. No implant failures were reported, yielding a 100 percent survival rating.”

In 2005, the Journal of Oral and Maxillofacial Implants published Dr. Michael Rohrer’s histology study on Dentatus implants. Rohrer determined that the percentage of bone in contact with the body of Dentatus implants is “in the same range and sometimes higher than what is usually seen with conventional implants.”

The recommended surgical techniques allow for minimally invasive flapless placement and immediate loading. This eliminates most postoperative challenges and dramatically reduces the total time in treatment. These implants solve the problems of time, money and perceived pain for most patients who otherwise do not proceed with care, Dentatus said. Other indications for use:

Atrophic and thin ridges
For patients with atrophic and thin ridges who cannot or do not want to undergo lengthy augmentation procedures based on age, systemic disease or inadequate volume of bone, ANEW Implants are an economical and viable long-term solution.

Emergency repairs
One of the most difficult situations for the practitioner is the emergency intraoral repair of a broken bridge. With ANEW Implants on hand, those difficulties are a thing of the past, Dentatus said. Once the bridge is removed, the implant can be placed in the intercusp bone, stabilizing the bridge, returning the patient to a dentate state while a long-term treatment plan is determined.

Bone augmentation
Many implant treatment plans include some type of bone augmentation procedure. It may involve a sinus lift, replacement of the buccal plate and/or widening or heightening a ridge.

Selling an implant case involves overcoming a patient’s concerns; one of the major roadblocks is the patient’s perception of a long, drawn out treatment period. ANEW implants will give patients teeth during the entire treatment and avoids transmucosal loading of the graft while the patient is able to function with a fixed restoration.

ANEW Implants by Dentatus USA. (Photo/Provided by Dentatus)