

## AEGIS COMMUNICATIONS

## SPECIAL REPORT

IMPLANTS AND REGENERATION MATERIALS

## Hiossen's ET Implant System: Better Bone-to-Implant Contact, Shorter Treatment Period

ith three offices and six doctors, Adam Foleck, DMD, runs a large general practice in the Norfolk, Virginia, area. While the other clinicians provide all aspects of dentistry, he receives the everincreasing amount of implant referrals and grafting procedures associated with implant placement. After all, he's got more than 20 years' experience placing dental implants.

Foleck, the current Secretary of the American Academy of Implant Dentistry, insists that because of this continuous flow of referrals for grafting and implant procedures it is essential to stay up to date on the latest products and technologies in this burgeoning field of dentistry.

"About 2 years ago, I started using Hiossen's ET Implant System. I was looking around and trying different systems when this caught my eye. I really liked the design of the surgical kit. The stoppers on the drills and the various lengths and sizes that were available made a lot of sense, as did the open-thread implant design and sandblasted and acid-etched (SA) surface. Also, the price was very fair in comparison to what I had been using," Foleck says.

The system features the ET III SA Implant. Its surface treatment exploits the excellent pluripotential capacity of osteoblastic cells, shortening bone healing time and improving the secondary attachment force for high initial stability.

"The implants I used in the past were threaded at the collar, and I started noticing necrosis of the bone at the crest. In some instances I was seeing more and more necrosis but couldn't quite pinpoint exactly what was causing it," Foleck explains. "The openthread design on the ET system reduces the amount of necrosis, and when I'm placing the implant, I don't feel like I'm creating stress on the crest of the ridge, like in the past with other systems. I've actually gotten very nice bone-to-implant contact when grafting around an implant and placing it at the same time. Since I've been placing these implants, I have yet to see the type of bone loss at the collar that I used to see."

The SA surface is conducive to

than they usually expect," Foleck exclaims. "Patients who have had implants anticipate waiting 4 to 6 months for their restorations to be complete and are elated to find that with the ET system, the amount of wait time before restoring these implants is dramatically less. Plus, this doesn't take away from the excellent results we continue to see, even 2 years later."

Another benefit of the ET Implant System, Foleck notes, is that it uses just two types of abutment connection specifications: the Mini connection for the 3.5-mm fixture, and the Standard connection for all other diameters. "This minimizes the amount of parts we have to order, which helps cut down

costs and makes it easier for our assistants," he adds.

Hiossen has also released the ET III NH Implant, which the company says has the same clinically effective SA surface but is enhanced with a nano-layer of bioresorbable apatite with super-hydrophilic properties. It has a high success rate in poor-quality bone and enhanced blood affinity and platelet adhesion. Foleck has been using this implant recently as well. "It is doing exactly what they said it was going to do when it's placed in the osteotomy.

It has terrific bone-to-implant contact, and I am very excited to continue to see the results."

"Change is always scary, but switching to Hiossen's ET Implant System has been one of the best changes we've made," Foleck concludes.

convenient placement and initial stability due to its optimal, helix cutting-edge body design. The implant has an early bone healing rate and early cell response rate, which allows for loading times as soon as 6 weeks after placement, according to Hiossen.

"We're able to load these implants in much less time than in the past, which gives patients their restoration much faster

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