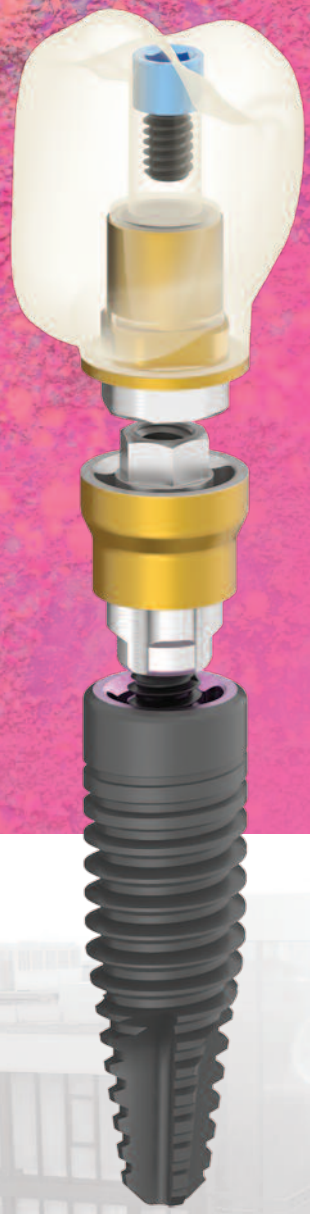
BLOOD, BONE & BIOLOGY

3B's to enhance your outcomes 9 times!



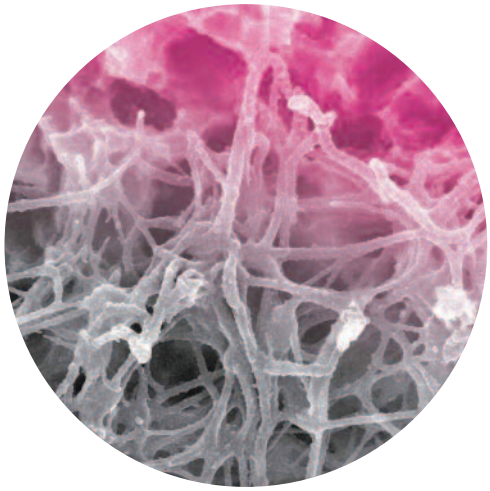
bti®
Human Technology

Exclusive Canadian partner for BTI® Biotechnology Institute

SYNCA

1-800-667-9622
www.synca.com

BIOTECHNOLOGY INSTITUTE



ORAL IMPLANTOLOGY

BTI designs and manufactures the most versatile dental implant system on the market, a system that adapts to all bone conditions of the patient. BTI has developed the UnicCa® surface, chemically modified with calcium ions to improve osseointegration.

REGENERATIVE MEDICINE

BTI is a scientific world leader in regenerative medicine for the development and patenting of Plasma Rich in Growth Factors (ENDORET® PRGF®) technology and its various applications in multiple fields of medicine such as oral and maxillofacial surgery, traumatology, dermatology, rheumatology, ophthalmology, sports medicine and cosmetic medicine.

TABLE OF CONTENT

RESEARCH IS BTI®'S DNA

BTI is a company which is largely focused on the research and development of new solutions in the area of biomedicine. The research carried out has a clear translational component, seeking to apply the knowledge acquired in the laboratory to daily clinical practice, with the aim of improving patient care and quality of life.

The quality and thoroughness of the research developed by the company is endorsed by the publication of its results in the most important international scientific journals.

DR. EDUARDO ANITUA
MD • DDS • PHD

BTI Biotechnology Institute was founded in 1999 by Dr. Eduardo Anitua, President and Chief Scientific Officer of the company and recently named as the most influential Spanish researcher in the world in Dentistry according to the Stanford University ranking.

Director of the Eduardo Anitua Institute, Basic and Applied Research Institute and the Clinic and Training Centre for Oral Implantology and Regenerative Therapy. Scientific Director of BTI (Biotechnology Institute)

MD Degree in Medicine & Surgery by the University of Salamanca, 1979; Doctor of medicine and surgery.

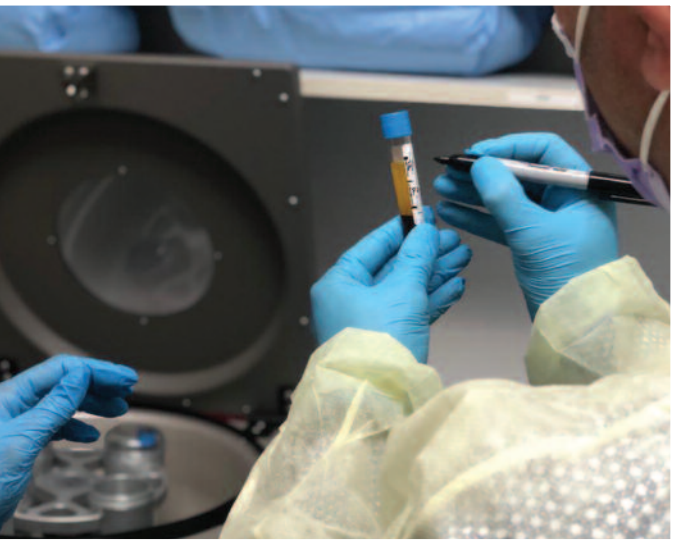
Stomatology Specialist at the University of the Basque Country, continuing his studies during stays in the United States (Philadelphia, New York, Miami, San Francisco, Chicago) and in Europe (Italy, Germany, France, and of course, Spain).

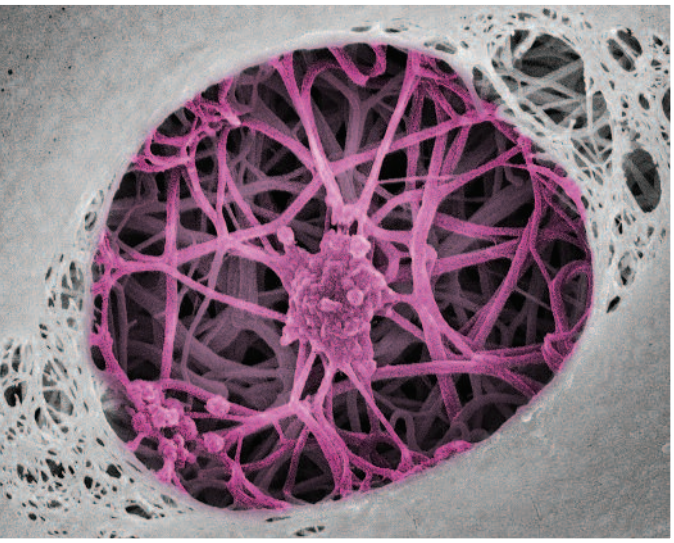
He has spoken at conferences at various Spanish and international Universities, and given the post-graduate course in implants at the universities of Seville, Murcia, Barcelona and Madrid. He has led more than 500 courses and conferences at congresses (in Europe, USA, South America, Asia) on implants, prostheses, dental aesthetics and tissue regeneration.

Director of the programme "Continuing Education Program on Oral Implantology and Rehabilitation" given in Spain, Mexico, Portugal, Italy and Germany for the last 22 years.

Guest lecturer at the schools of dental medicine at the Universities of: Guatemala, Intercontinental of Mexico, Javeriana of Colombia, Republic of Argentina, Uruguay, Portugal (Porto and Lisbon Faculties), Pennsylvania, Harvard, Boston and Tuffs. Director of Dental Dialogue.

ENDORET® (PRGF®)





ENDORET® TECHNOLOGY WHAT IS IT?

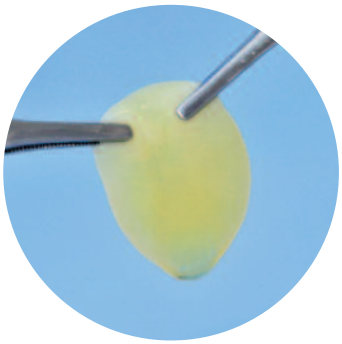
ENDORET is a biomedical technology aimed at stimulating tissue regeneration by applying autologous proteins.

Hundreds of endogenous proteins affect the tissue repair processes, including angiogenesis, chemotaxis and cell proliferation. No exogenic agent can effectively govern all these processes.

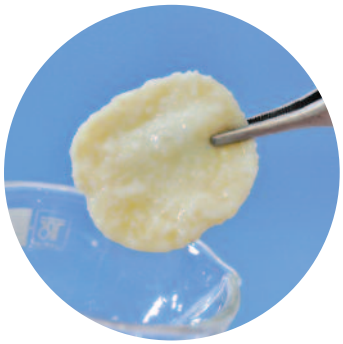
ENDORET technology provides the necessary means for obtaining plasma rich in growth factors from whole blood.

VERSATILE SOLUTION BASED ON PLASMA RICH IN GROWTH FACTORS

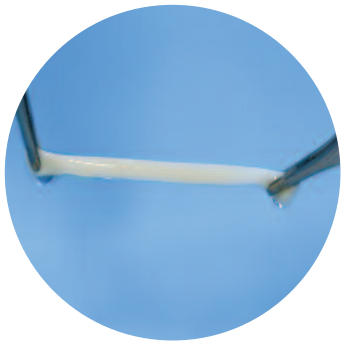
LIQUID



CLOT



AUTOLOGOUS BONE GRAFT



FIBRIN MEMBRANE

BENEFITS AND APPLICATIONS:
1. INCREASED PREDICTABILITY

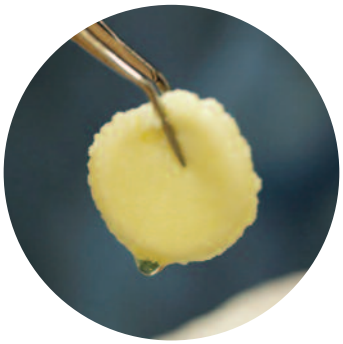
BTI implants wetted with ENDORET® have a high survival rate with increased trabecular thickness and maturity of the bone

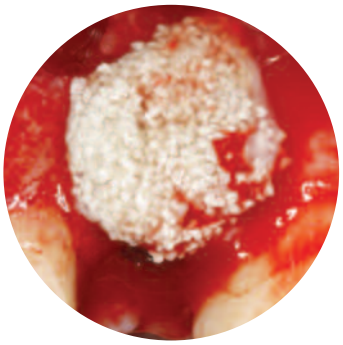
When the surface of the implants is wetted with ENDORET liquid, a fibrin membrane is formed and adheres to the surface of the implant, releasing growth factors and improving the osseointegration. The nano-rough surface of BTI implants is specially designed to boost the biological effects of ENDORET.

[2] Studies available upon request

2. PREPARATION OF GRAFTS

ENDORET can be used to agglutinate a biomaterial, making it easier to handle and improving its osteoconductive and biological properties.

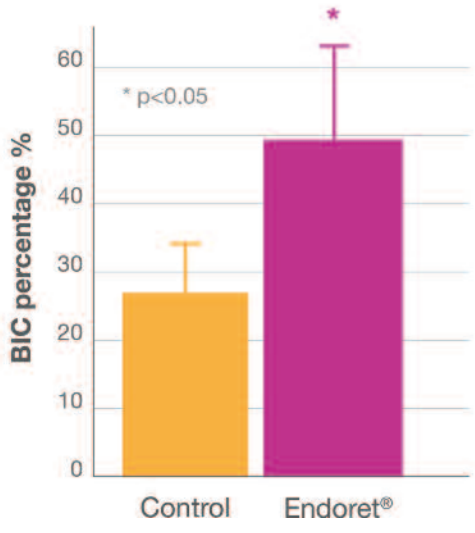


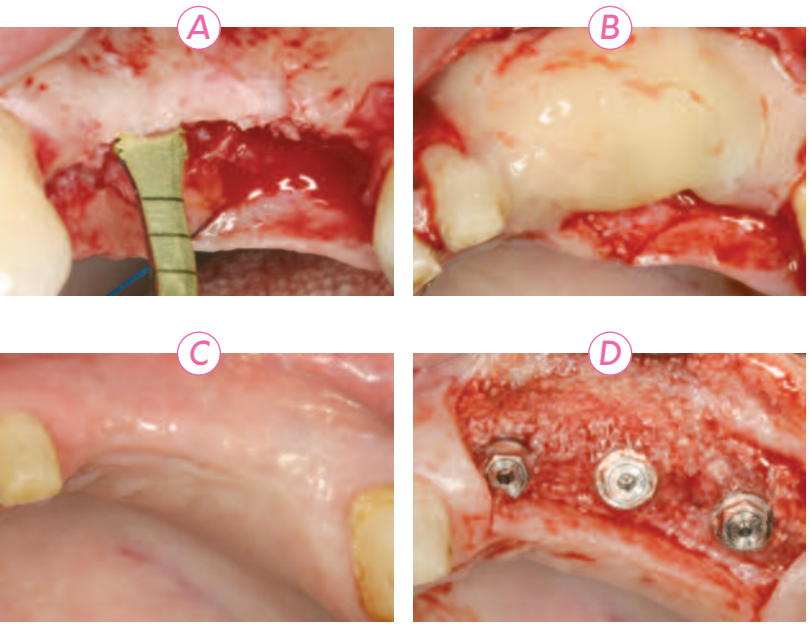


SURVIVAL RATES REPORTED IN CLINICAL STUDIES:

- Up to 5 years follow-up study 5787 implants. **99.2%** (2)
- Up to 5 years follow-up study 1139 immediate load implants. **99.3%** (2)
- Up to 8 years follow-up study 1287 short implants. **99.3%** (2)
- 10-12 years follow-up study 111 short implants. **98.9%** (2)

HISTOMORPHOMETRIC EVALUATION OF THE BONE-IMPLANT CONTACT SURFACE (BIC) AFTER TWO MONTHS IN GOATS (2)





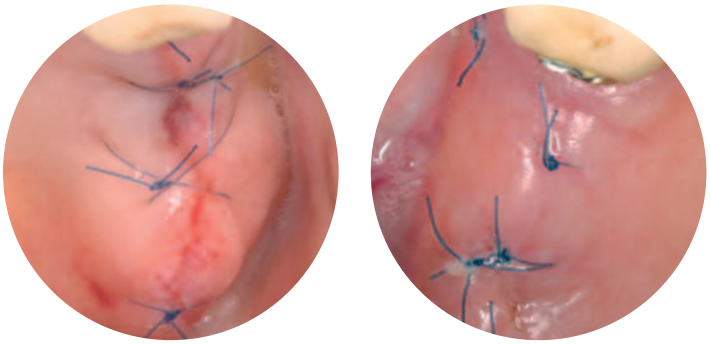
3. TREATMENT OF ATROPHIC MAXILLAE

A. Lateral bone augmentation

The alveolar ridge expansion and the alveolar ridge split techniques in combination with ENDORET can achieve an average bone expansion of 3.35 mm.

The use of ENDORET in combination with the block graft improves the tissue healing, avoiding the exposure of the graft and improves the post-operative recovery of the patient.

A) Longitudinal corticotomy with ultrasound tip
B) Use of bone grafts and fibrin membranes
C) After 3 months
D) After 6 months

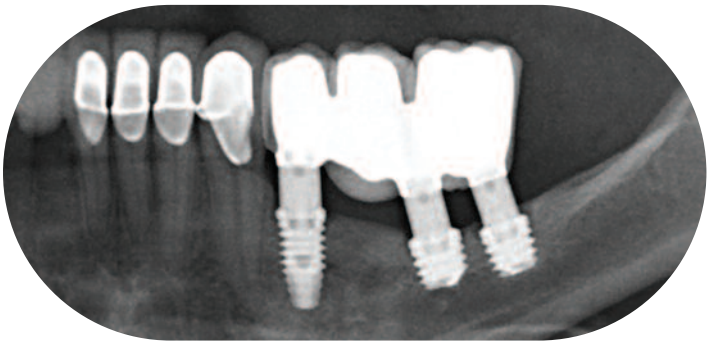


CONTROL WITH ENDORET

B. Sinus elevation

ENDORET INCREASES THE FORMATION OF MATURE BONE

ENDORET reduces inflammation and pain. It increases the new bone formation. ENDORET is effective in the treatment of performations in the Schneider membrane.



C. Vertical bone regeneration

The combination of Endoret graft with short and extra-short implants makes possible the rehabilitation of atrophic mandible without the need of more aggressive techniques.

4. PERIODONTAL REGENERATION

ENDORET may be beneficial in the field of the mucogingival surgery.

TREATMENT OF GINGIVAL DEFECTS

SURGICAL INTRUMENTS for ENDORET® (PRGF®)

Adson forceps

Forceps with tungsten carbide tips that are used in surgery for holding, securing, bringing together or compressing tissues, with minimum trauma.

De Bakey dissection forceps

Atraumatic forceps with tungsten carbide tips, used in surgery to secure soft tissue firmly without causing any harm.

Bone compactor CH1

Indicated for compacting bone around an implant postextraction.

Bone compactor CH2
&
Sinus elevation kit (CH3)

Ideal for compacting bone in a traumatic sinus elevation.

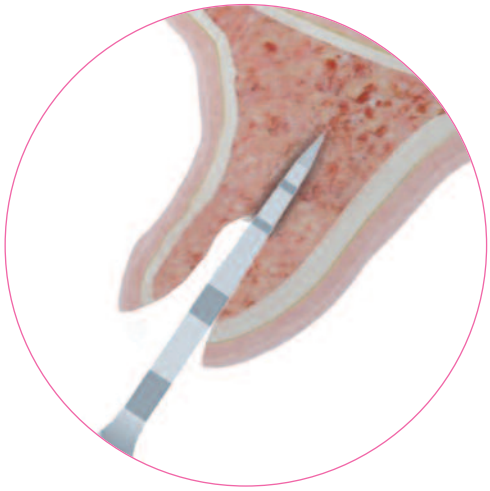
BIOLOGICAL DRILLING

BASIC INTRODUCTION TO BIOLOGICAL DRILLING

The aim of drilling for the insertion of a dental implant is to make a neo-alveolus suitable for the morphology of the implant that will be placed there, using drills that remove the bone from the receiving socket. The preparation of the receiving socket must be as conservative as possible to avoid damaging the bone cells that will be responsible for the osseointegration of the implant once it has been inserted.

The majority of the implant systems on the market use high speed drilling with irrigation to avoid overheating the bone and to preserve cell viability, as well as reducing the time required to prepare the neoalveolus.

At BTI, we have been developing a protocol for low speed drilling since 2004. We have called it 'biological drilling', and it allows us to prepare the receiving socket of the implant conservatively, at the same time making it possible to collect autologous bone obtained from the drilling that can later be used as particulate grafts in surgery.



BTI®'S DRILLING SYSTEM

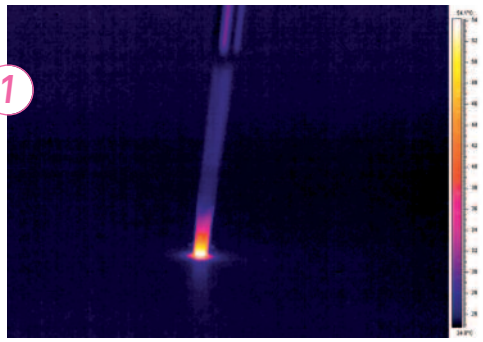
The first drill in the biological drilling sequence is the initial drill. It is a drill with a very active tip and high capacity to penetrate the cortical bone, which achieves precise drilling and exact positioning of the starting point for the drilling, particularly in narrow crests. In addition, its lanceolate morphology gives it better directional control than can be obtained with a conventional round drill. With this drill we can also drill laterally in the event it is necessary to correct the drilling position, as its lateral cutting gives us this possibility.

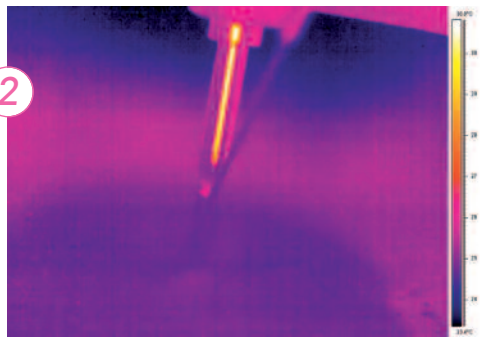
BIOLOGICAL DRILLING

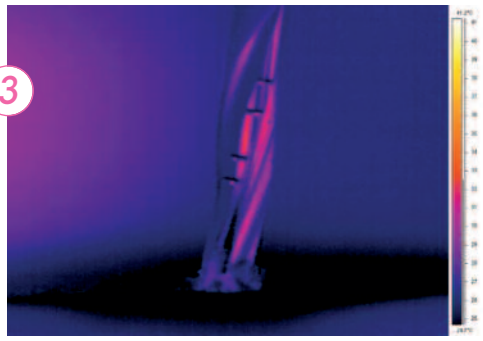
The initial drill also permits lateral drilling in the event that we wish to modify the location of the neoalveolus by half a millimetre. It is the only drill in the whole system that cuts laterally.

This drill will be used at high speed (between 800 and 1000 depending on the bone density), irrigated with saline solution or sterile pyrogen-free water. It is the only drill that will be used at high speed in the whole biological drilling protocol.

All of the drilling to increase the diameter is done at low speed (50-150 revolutions per minute), without irrigation. Eliminating the irrigation of the drilling does not cause significant temperature increases in the bone bed because the procedure is so slow, so the bone cells of the receiving socket are completely preserved.







1. Without irrigation (1,500 rpm)

Drilling without irrigation at 1,000 - 1,500 rpm will produce a rapid rise in temperature even with small diameter drills, causing overheating and necrosis of the bone.

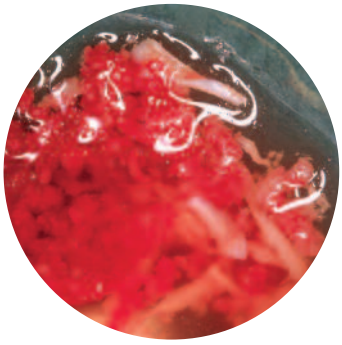
2. With irrigation (1,500 rpm)

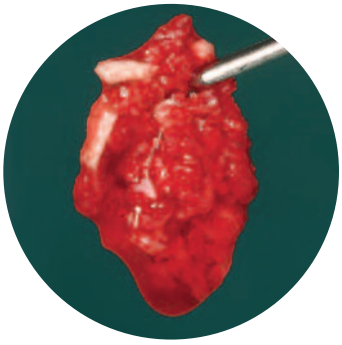
If used properly, irrigation will keep the temperature at 29-30ºC, preventing overheating.

3. Without irrigation (125 rpm)

When drilling at low speed without irrigation, the thermal increase will be minimal, even with large diameter drills. If the drilling is done gradually, and the cortical is perforated with aggressive drilling with irrigation, the rest of the drilling can be done without irrigation.

The bone volume collected using biological drilling enables us to make particulate bone grafts easily, which can be used in other areas of the same procedure.





LINE OF BTI IMPLANTS

PLATFORMS

Ø 3.0mm

3.0

- The right solution for treating patients with horizontal bone atrophies
- It limits the need for bone augmentation and decreases the surgical time

Ø 3.5mm

CORE

Due to the result of latest developments, the CORE line - a set of implants, with 6 different diameters and several lengths - allows you to resolve the majority of implant treatments requested in dental clinics.

Ø 4.1mm

UNIVERSAL PLUS

The implants of the UNIVERSAL PLUS platform are indicated for immediate placement in a post-extraction socket and are ideal for bridge abutments in areas of canines and pre-molars. They can also be used individually in central upper and molar areas, but above all when there is a significant biomechanical requirement and it is necessary to be more stringent with the maintenance of soft tissue.

Ø 5.5mm

WIDE

The implants of the WIDE platform are ideal for obtaining good initial stability and good stress distribution for upper and lower molars. They are particularly useful in cases of post-extraction implant placements and in single molars, above all in the upper maxilla.

THE WIDEST AND MOST VERSATILE RANGE ON THE MARKET

Various prosthodontic platforms depending on the prosthetic solution we want to obtain and various implant sizes depending on the bone substrate we have. The implant system adapts to the residual bone volume of your patient.

THE PERFECT TEAM: ENDORET® (PRGF®) + UNICCA® IMPLANTS

The combination of ENDORET® technology, the pioneer in obtaining plasma rich in growth factors that stimulates and accelerates tissue healing and regeneration, and the nanoroughness surface of the UnicCa® range of implants achieves higher osseointegration rates in less time and reduces bacterial colonization.

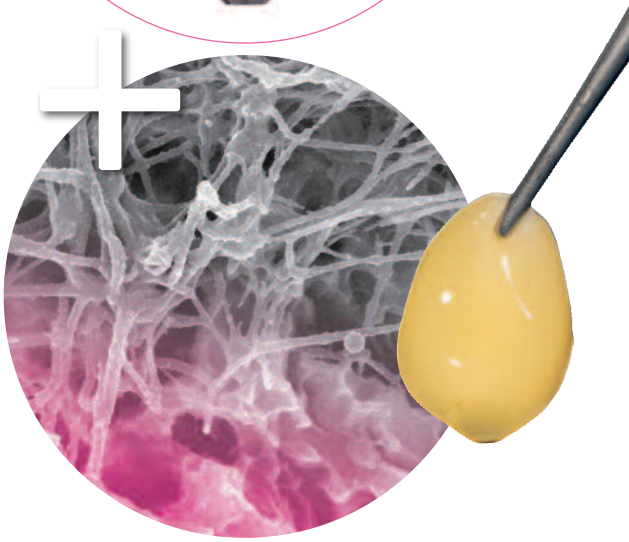
GUARANTEED SOLUTION FOR EXTREME RESORPTION CASES

Horizontal atrophy

Narrow implants (3.0) for provoking ridge expansions and increasing the volume of the bone substrate without having to perform less predictable surgeries.

Vertical atrophy

SHORT and EXTRA-SHORT implants allowing to perform surgeries in maxillary regions with a lack of alveolar bone height.



UNICCA® SURFACE

UNICCA® TECHNOLOGY WHAT IS IT?

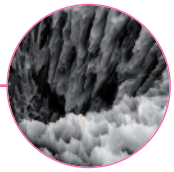
UnicCa® is the surface of all BTI implants that consists of a chemical modification with calcium ions over its triple roughness.

UNICCA® SURFACE, CERTIFIED PURENESS

BTI UnicCa® is the first implant system in the market awarded with the CleanImplant Foundation Mark, as a guarantee of the highest quality of its materials and surface.

NECK

ATTENUATED ROUGHNESS:
Enhances marginal tissue retention, reducing bacterial colonization.



THREADS

HIGH ROUGHNESS:
Allows bone anchorage outside of the threads.

VALLEYS

MEDIUM ROUGHNESS:
Guides the bone growth between the threads maintaining the implant's mechanical properties.

TRUSTED QUALITY
BTI
UnicCa
CLEAN
IMPLANT
2017 - 2023

CHEMICAL MODIFICATION WITH CALCIUM IONS

THE RESULTS OF THE UNICCA® SURFACE

1. UNICCA® IS ELECTROPOSITIVE, CLEAN AND SUPERHYDROPHILIC

-> **bene it**: it immediately initiates the regenerative process [1].

2. UNICCA® IMPROVES PERI - IMPLANT BONE STABILITY

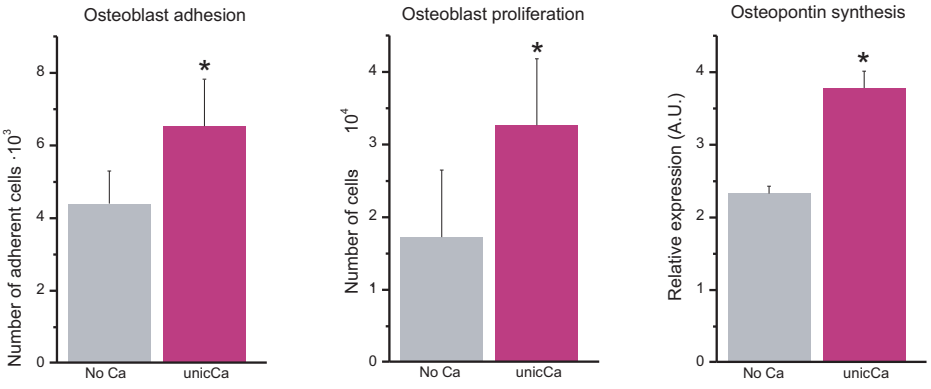
-> **bene it**: reduces implant failure. [1]

3. UNICCA® MINIMIZES BACTERIAL ADHESION

-> bene it: the attenuated roughness in the coronal area along with the use of Endoret® (PRGF®) significantly reduces the bacterial colonization (in vitro study). [1]

4. UNICCA® STIMULATES OSTEOGENIC ACTIVITY

-> **bene it**: bone forming cells synthetize significantly, resulting in a greater extracellular matrix (in vivo and in vitro studies) [1]



Surfaces subjected to human osteoblast cell tests. Adhesion measured at 3 hours, proliferation at 4 days, synthesis at 7 days.

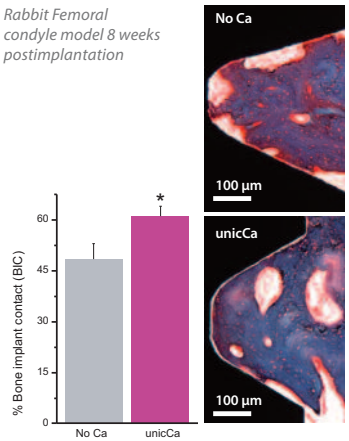
** shows statistically significant differences (p<0.05, Student T-Test)*

5. UNICCA IS OSTEOGENIC: INDUCES THE FORMATION OF BONE TISSUE

-> **bene it**: accelerates and improves osseointegration (in vivo studies). [1]

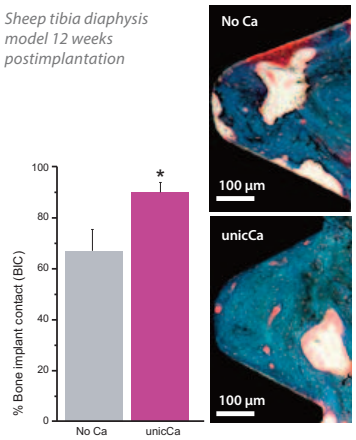
IN LOW DENSITY BONE [1]

Rabbit Femoral condyle model 8 weeks postimplantation



IN POORLY VASCULARIZED BONE [1]

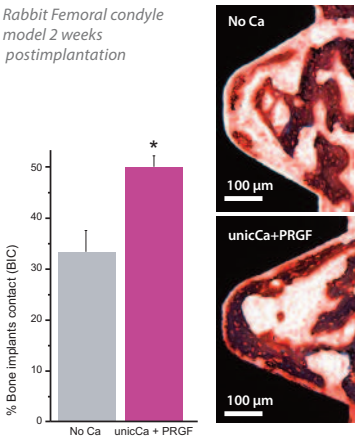
Sheep tibia diaphysis model 12 weeks postimplantation



COMBINATION OF UNICCA® WITH ENDORET® (PRGF®) [1]

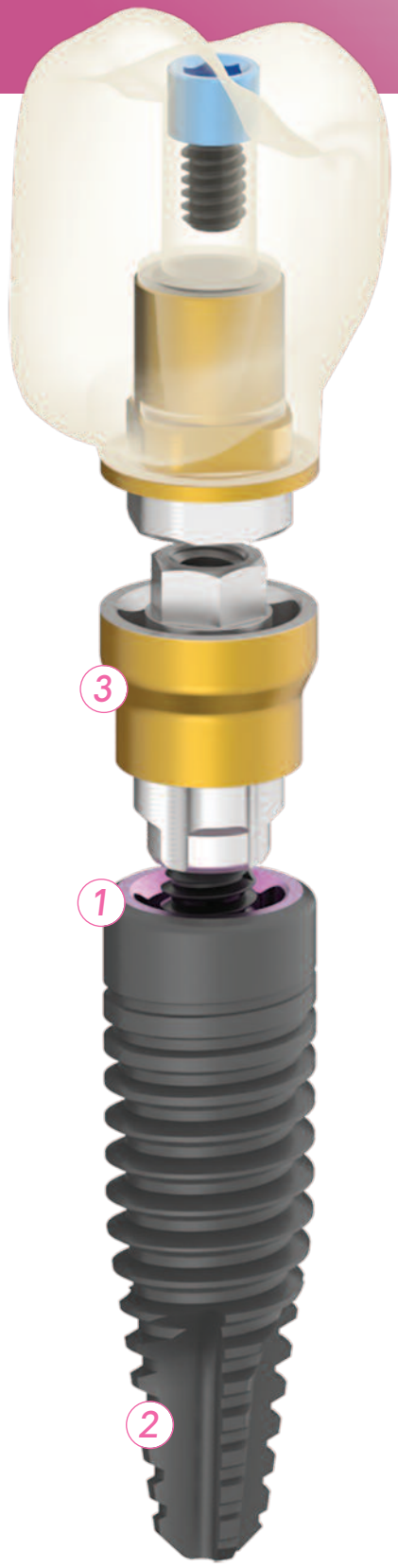
Accelerates early osseointegration

Rabbit Femoral condyle model 2 weeks postimplantation



[1] Studies available upon request

CORE IMPLANTS



THE CORE OF YOUR CLINICAL DECISIONS

1. Common connection & prosthetic platform

An internal tetralobe with a prosthetic emergence that is 3.5mm in diameter, that allows the attachments used to be unified. They favour greater stability of the peri-implant tissues, also making them the choice for restoring limited interdental spaces.

2. Conical shape

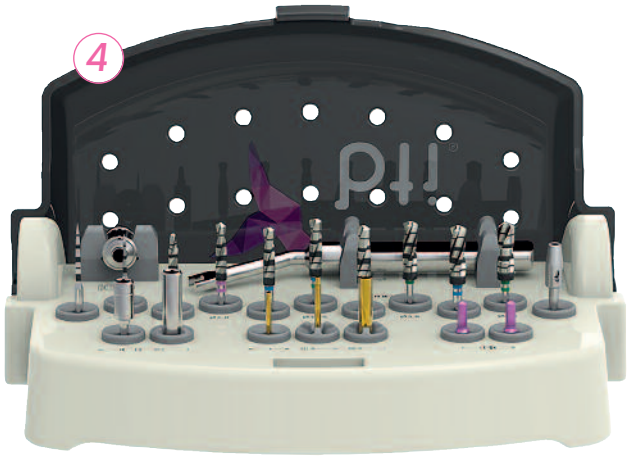
Facilitates the surgical intervention in any bone type thanks to its apex with great advance capacity. It also makes it possible to achieve primary stability in post-extraction sockets.

3. BioBlock® system

CORE incorporates BioBlock®, a biomechanical concept to guarantee hermetic and biological sealing, which favours preservation of the marginal bone around the implants. Using expanded transepithelial abutments, platform changes are performed with wider emergence profiles.

4. Reduced components

CORE implants imply a reduction in time and costs in clinical practise, requiring less drills and a simple surgical box to keep them in.

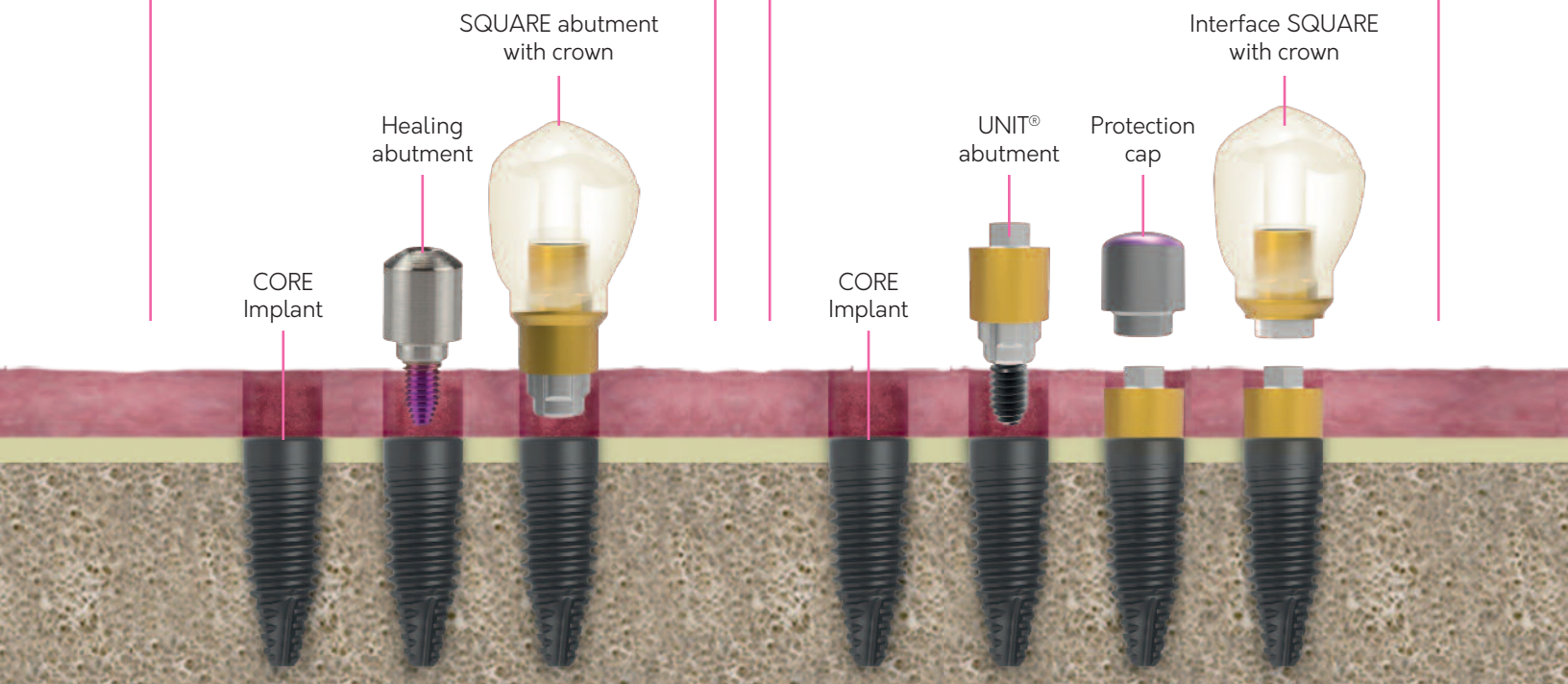


CORE DIAMETERS

CORE LENGHTS

PROSTHETIC RESTORATIONS

Over the implant: SINGLE or MULTIPLE



Over trans-epithelial: UNIT® or MULTI-IM®

3.0 IMPLANTS

SIMPLIFIED TREATMENTS WITH "3.0" NARROWEST IMPLANTS

Ø 2.5mm indication:

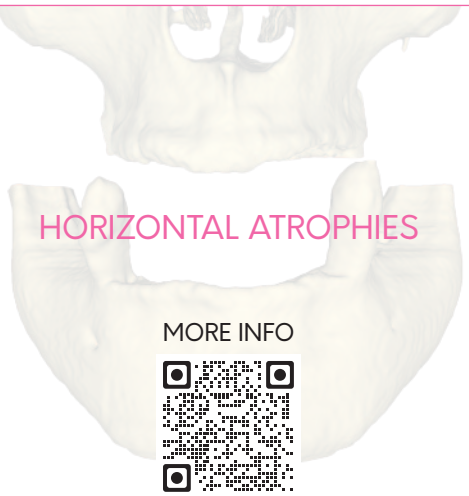
Screw retained multiple restorations with the use of Multi-Im transepithelials. (Never single or direct to implant restorations.)

Ø 3.0mm indication:

Recommended for multiple restorations. It could be used in out of occlusion single restorations of lower and lateral upper incisors OR teeth agenesis.

Ø 3.3mm indication:

- Multiple restorations
- Single restorations (in occlusion)

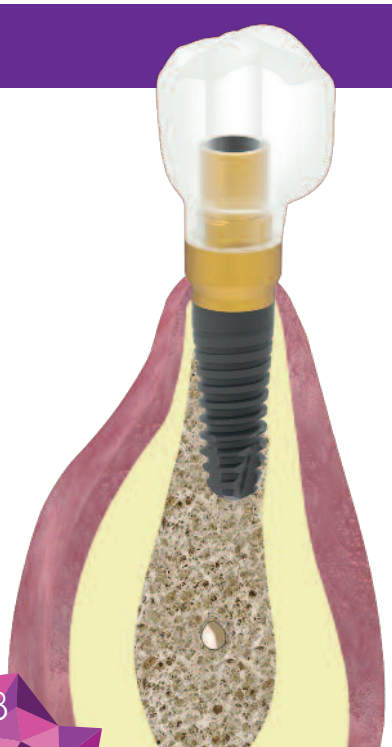


HORIZONTAL ATROPHIES

MORE INFO

SOLUTIONS FOR

HORIZONTAL ATROPHIES



The 3.0 family of implants enable the treatment of total and partial edentulisms where **bone volume is moderate**, without previously having to undertake bone augmentation.

(see p.20)

In cases of severe atrophies,, the expansion technique may be carried out less invasively, using the motorized EXPANDERS KIT & ENDORET® (PRGF®) to achieve the adequate bone volume without having to resort to complex and less predictable surgeries.

BTI: Biotechnology Institute

SHORT & X-SHORTS

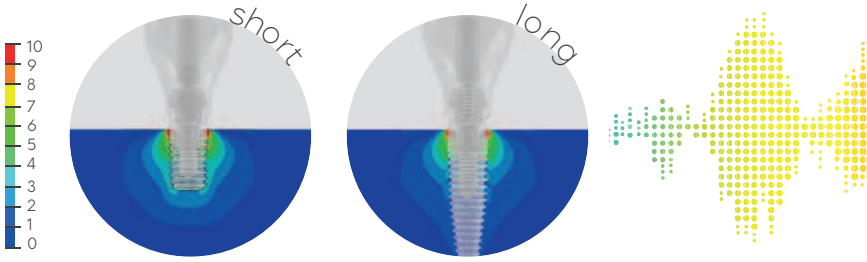
SIMPLIFIED TREATMENTS WITH SHORT & X-SHORT IMPLANTS

Less is more!

- Atraumatic solution for severe atrophies in both jaws
- Simple and fast implant site preparation
- Predictable surgery, with no need for complex and invasive technique

The key is in the biomechanics

Biomechanical studies back the use of SHORT implants, in comparison with longer implants, proving the capacity to dissipate the generated tensions both from vertical and lateral loads, in the first millimeters of the neck.



SOLUTIONS FOR
VERTICAL ATROPHIES

SHORT implants enable the treatment of edentulism **with moderate atrophies** in one surgical step:

- With no maxillary sinus lift
- With no risk in lower jaw because of the proximity to the dentary nerve

(see p.21)

For the severe atrophies, the FRONT CUTTING DRILL & ENDORET® (PRGF®) simplify the surgical approach of the lower jaw and maxillary sinus (vertical bone growth technique, trans-alveolar sinus lift).

KEXCO

EXPANDER KIT AND COMPACTOR KIT

Expanders

Compactors

Long expanders

The BTI expanders and compactors are indicated for alveolar ridge expansion in the upper and lower maxilla. Also for bone compactation and atraumatic sinus elevation. They can be used jointly with the BTI drills.

They can be used with a motor or manually. When used with the motor with the CPI22HEX, they must not exceed a torque of 25 Ncm. Material: commercially pure titanium.

INDICATIONS:

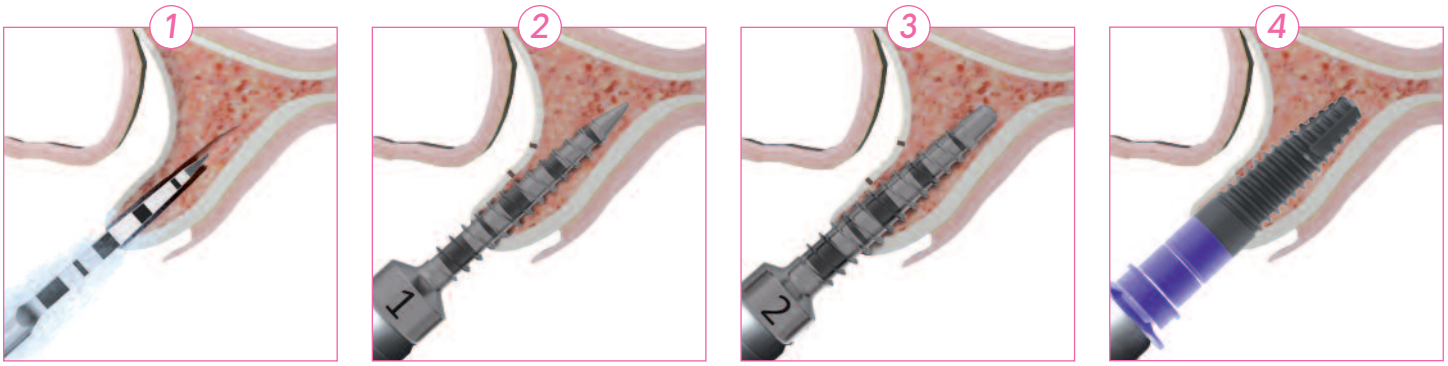
Alveolar ridge expansion in bone type I, II and III. In both anterior and posterior areas in the upper maxilla or mandible. Condensation or compaction of the bone to place implants in bone Type IV in posterior areas of the maxilla or mandible.

Short compactors

The short compactors are specific for the treatment of posterior areas of the upper maxilla and they are specially designed for patients with a limited oral opening.

They have depth marks at 8.5 mm, 10 mm and 11.5 mm.

Alveolar ridge expansion



FRONT CUTTING DRILL

AN IDEAL SOLUTION FOR COMPLICATED SURGERIES

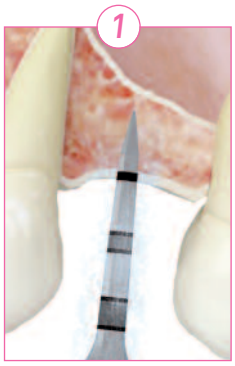
A clinical drilling technique

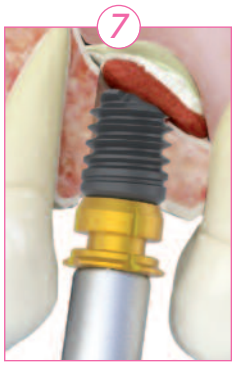
The front cutting drill was designed to achieve maximum settlement for extrashort implants and to work on the cortical bone in transalveolar sinus elevations and in proximity to the dental nerve.

They come in six diameters to be used in the appropriate drilling procedure depending on the implant diameter. The different depth marks are useful to know the exact location of the drill in accordance with the height of the remaining bone.

Transalveolar sinus elevation

1. Initial drill respecting a 1.5 mm safety margin.
2. The drilling diameter is increased in accordance with the choice of implant.
3. Front cutting drill, wearing down the sinus cortical bone to make a small hole to insert the graft material.
4. Insertion of a Endoret® (PRGF®) fibrin membrane inside the sinus using a bone compactor, before continuing to open the cortical bone in order to detach the Schneider membrane.
5. Complete opening of the crestal window using the drill, with no risk of damaging the sinus membrane.
6. Insertion of graft material (autologous and biomaterial) inside the sinus, until the desired diameter is achieved to insert implants.
7. Insertion of the implant in the prepared alveolus, supported on the sinus cortical and with the apex inside and surrounded by graft material.

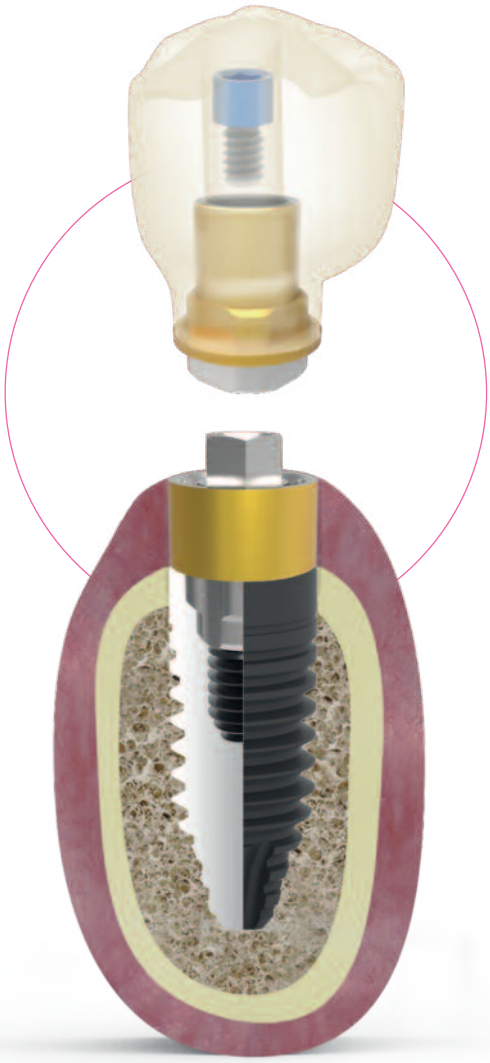




THE BEST CLINICAL DECISION FOR THE PREVENTION OF PERI-IMPLANTITIS AND THE SUCCESS OF IMPLANT TREATMENTS

The prosthesis is joined to the implant by an intermediate transepithelial, screwed into the implant.

The surface of each integral component (implant and transepithelial) is adapted specifically to the different tissues it will interact with.



Biological seal

The bond between the tissue and the transepithelial is established at the moment it is inserted. The prosthesis can be removed easily without damaging this junction, as the prosthetic platform is located at the gingival level.

Prosthetic versatility and reversibility

BTI transepithelials ensure the reversibility of the screw-retained prosthesis, enabling the height to be modified in situations of gingival morphology alterations.

Biomechanical improvement

By using 2 screws, the BioBlock® concept ensures a better distribution of the stress in the joining components, optimising the mechanical behaviour.

Guarantee of hermetic seal

The right design and high-precision machining of the BTI transepithelials connection provides a hermetic seal at the implant-platform level and therefore prevents bacterial invasion.

Instant stability

The surface topography of the BTI implant system (triple roughness modified with calcium ions) maximises the initial anchoring of the implant to the bone.

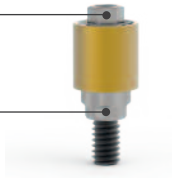
UNIT® TRANSEPITHELIAL

SINGLE RESTORATIONS

Internal connection
to the prosthesis

STRAIGHT UNIT

Same gingival and prosthetic emergence



Connection with the implant

Six-lobed | Hexagonal | Tetra-lobed

EXPANDED UNIT

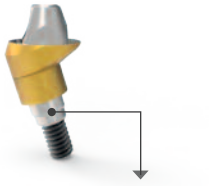
Change in platform for a wider prosthetic emergence

UNITARIO ANGLED

With rotational components

Correction of disparallelisms

17º - 30º



Non-rotational connection
with the implant

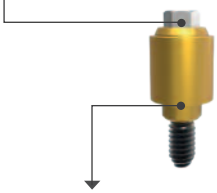
MULTI-IM® TRANSEPITHELIAL

MULTIPLE RESTORATIONS

Rotating connection
to the prosthesis

STRAIGHT MULTI-IM

Same gingival and prosthetic emergence



Rotating connection
to the implant

EXPANDED MULTI-IM

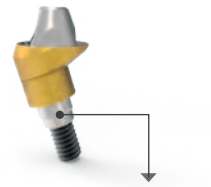
Change in platform for a wider prosthetic emergence

ANGLED MULTIPLE

With rotational components

Correction of disparallelisms

17º - 30º

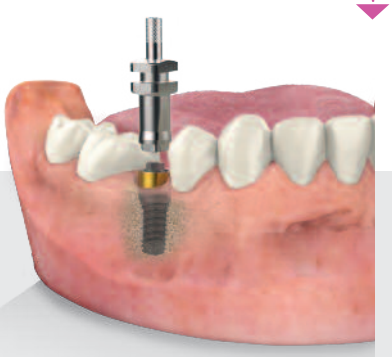


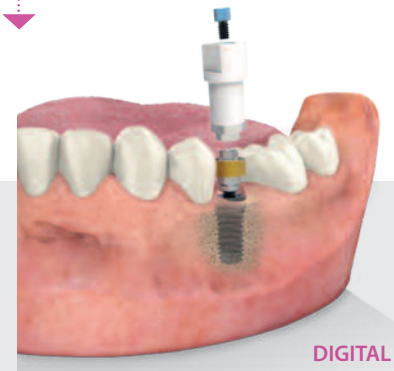
Non-rotational connection
with the implant

UNIT® - WORKFLOW

Conventional workflow

Digital workflow

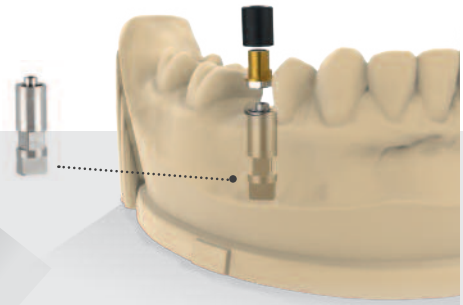




IMPRESSION MAKING

DIGITAL IMPRESSION
TAKING AND SCANNING

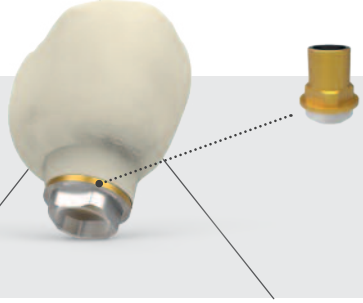
COMPUTER
DESIGN

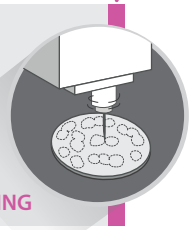


LABORATORY MODEL

MODEL IMPRESSION AND
ANALOGUE INSERTION

CONVENTIONAL
MANUFACTURING PROCESS



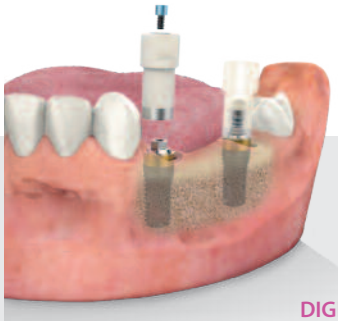


MACHINING

MULTI-IM® - WORKFLOW

Conventional workflow

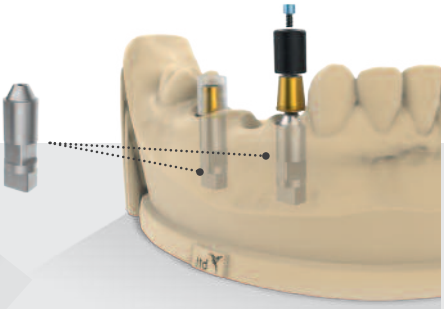
Digital workflow

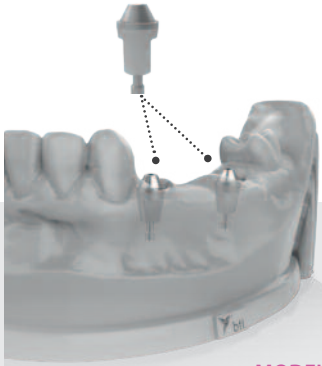


IMPRESSION MAKING

DIGITAL IMPRESSION
TAKING AND SCANNING

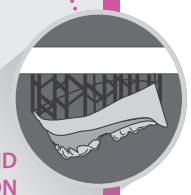
COMPUTER
DESIGN

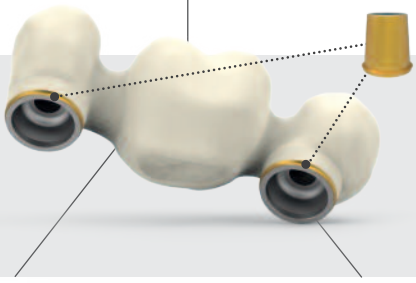




LABORATORY MODEL

MODEL IMPRESSION AND
ANALOGUE INSERTION





CONVENTIONAL
MANUFACTURING PROCESS

MACHINING

ABUTMENTS WITH TI-GOLDEN

TI-GOLDEN SURFACE TREATMENT

BTI prosthetic components are evolving to improve the quality of the prosthetic work. TI-GOLDEN is a treatment that gives biological and aesthetic advantages to the restoration.

Golden finish:

The golden colour achieves a significantly aesthetic improvement by transmitting a greater warmth to the gingival tissues.

At gingival level:

Improved union of hemidesmosones to the new surface, improving the biological seal.

BIOCOMPATIBILITY WITH GINGIVAL FIBROBLASTS / INCREASED GX1

NOTE: in vitro studies

SCREWS WITH TI-BLACK

TI-BLACK SURFACE TREATMENT

These screws incorporate a new tungsten carbide surface treatment that decreases the friction coefficient and improves the glide, which gives them similar properties to gold in terms of preload and resistance to fatigue.

Advantages:

- Greater preload for the same torque
- Possibility of the screws coming loose reduced to a minimum
- Preload similar to gold, reducing the cost
- The lifetime of the screw is extended, as it is more resistant to fatigue

SURGICAL KIT (KCQ5)

For CORE implants

Surgical kit for CORE implants, containing the need components for insertion this line.

SURGICAL KIT (KCQ1)

For all BTI implants

Complete surgical kit, including all the components necessary to insert the whole range of BTI implants.

All the necessary devices for the insertion of an implant, from the preparation of the socket, with the drills and the platform positioners, to the elements for securing the implant in the site using suitable tools to transmit the final torque.

PROSTHETIC KIT (KP1)

A kit designed to achieve an adequate torque in each of the elements that need to be screw-retained, for carrying out the prosthetic work.

- 2 - Square screwdriver tip (17mm & 24mm)
- 2 - Large hexagonal screwdriver tip (17mm & 24mm)
- 2 - Screwdriver handles
- 1 - Multitorque wrench for prostheses

CAD/CAM SOLUTIONS

PANTHERA DENTAL: DENTAL PROSTHETIC PRODUCTS

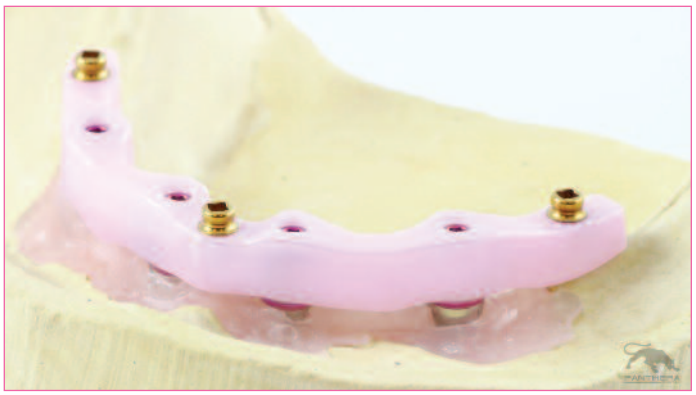
Synca is proud to partner with Panthera Dental for CAD/CAM solutions compatible with BTI® implants.

4.0 Industrial and Digital Manufacturing

Panthera Dental has built a robust industrial and digital manufacturing business following Industry 4.0 principles allowing Panthera to produce with the highest quality and the fastest lead time in the industry and provide real-time production workflow information to customers.

Metal Bars

Zirconia Bars



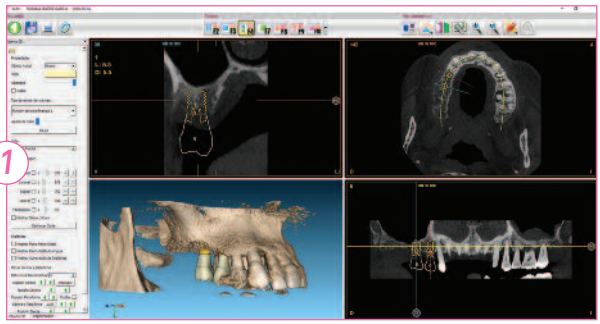
Custom Abutments

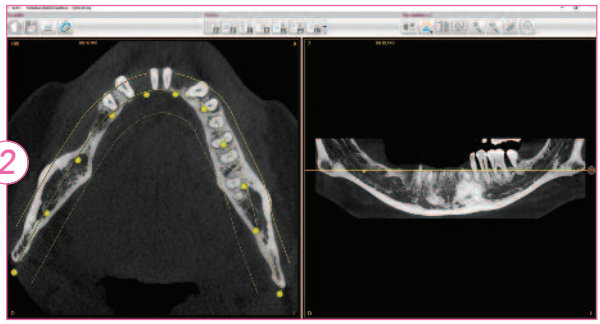
Angulated Screw Channels

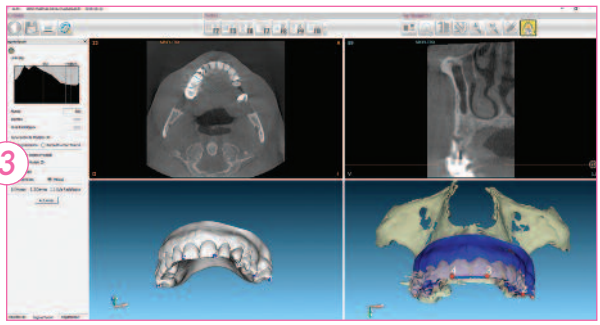
BTI SCAN 4®

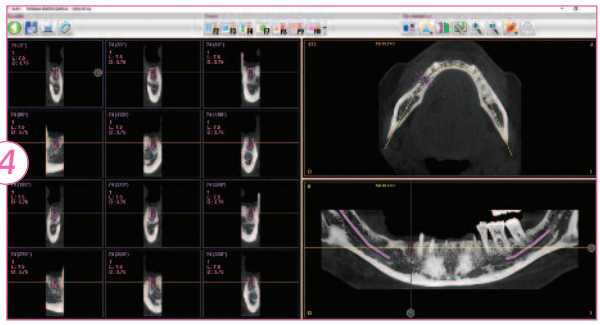
SYNCA

ORAL IMPLANTOLOGY PLANNING SOFTWARE









BTI SCAN® 4 is a software designed to achieve an efficient diagnosis and digital planning of treatments to ensure greater quality and predictability of implantology surgeries.

This tool will help your patients visualize and understand the treatment plan through the 3D simulation and rendering offered by this system, and will help you reach an accurate and safe diagnosis that will enable you to decide on the length, width and exact location of both the implants and the prosthetic components, as well as of the teeth.

1. Virtual design of the prosthesis

You will be able to complete your plans from start to end, appropriately choosing the prosthetic components derived from transepithelial abutments. BTI SCAN® 4 will allow for both placing and rotating the complete implant from different perspectives.

2. Free-hand drawing of the dental arch curve

A new way to generate the dental arch curve by clicking points. Simple and accurate.

3. Registration of the plaster model

The user may align the plaster model imported in STL format against the 3D generated in the scanner, thus achieving an improved placement of the implants.

4. Radial view

This new perspective will result in gains in predictability and knowledge about the tissue, as they allow for visualizing the living environment surrounding the placed or still to be placed implant.

KEXIM SYSTEM

THE SOLUTION FOR IMPLANT RE-TREATMENT

Whether for biological or mechanical reasons, implant extractions are a challenge for implantology professionals, especially when they want to preserve the implant bone bed as much as possible to go on to perform immediate insertions.

Atraumatic system

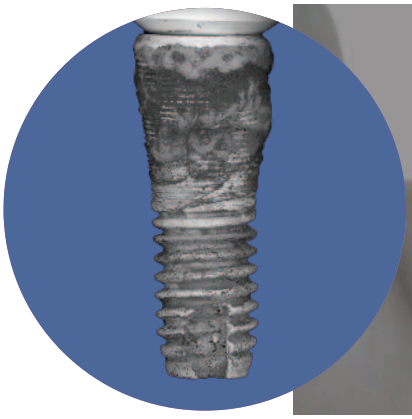
- KEXIM enables atraumatic extraction of implants in less time and with greater predictability
- Using KEXIM preserves as much alveolar bone volume as possible in explantations[1]
- It is minimally invasive to the bed making it possible, in many cases, to insert implants immediately after explantation, reducing waiting times and costs of second operations for the patient
- Compatible with more than 35 implant systems!

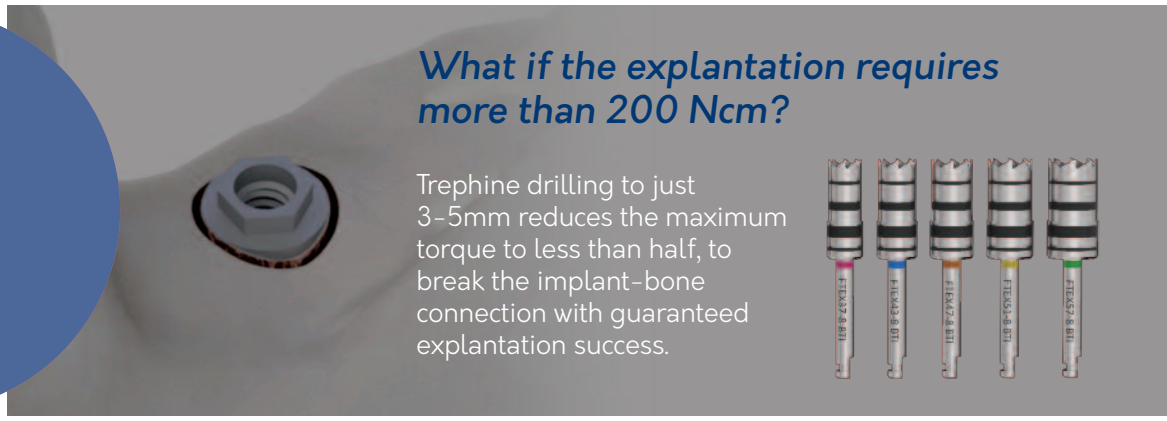
98.5% success rate[1]

BTI® performed more than 260 explantations where in addition to verified compatibility, the real extraction torque of each implant was assessed, 95% were below 200 Ncm.

[1] Studies available upon request

PERI-IMPLANTITIS: A GROWING PROBLEM IN IMPLANT DENTISTRY





What if the explantation requires more than 200 Ncm?

Trephine drilling to just 3-5mm reduces the maximum torque to less than half, to break the implant-bone connection with guaranteed explantation success.

PERI-IMPLANTITIS

A new approach for prevention and treatment

Find out the new guidelines in the pathology-management of increasing incidence of peri-implantitis.

THE POST-EXTRACTION ALVEOLUS

A biological approach

Master the regenerative approach to the post-extraction alveolus based on the use of Endoret® (PRGF®) technology.

SHORT AND EXTRA-SHORT IMPLANTS

Learn specific and innovative techniques for treating vertical atrophy in both the maxilla & mandible with short & extra short implants.

SURGICAL MANUAL

Oral implantology

This surgical manual presents a summary of basic information on applied anatomy and biological concepts regarding osseointegration;

PREDICTABLE PROSTHESIS ON IMPLANTS – Key points and techniques

In this book, we summarise the prosthetic options and simplify the clinical practice guide with the aim to attain the right aesthetics together.

INTERNATIONAL COURSES (IN SPAIN)

PROGRAM

- The approach to implantology according to the knowledge and techniques of the Biotechnology Institute.
- Live surgeries of complex rehabilitations with Dr. E. Anitua.
- Diagnosis and digital treatment planning.
- A biological approach to implant osteotomy drilling technique without irrigation and implants insertion protocols.
- ENDORET® technology: growth factors, scientific bases and clinical works.
- Advanced surgical techniques: treatment of atrophic jaws (expansion and split techniques, sinus lift, vertical growth,...).
- Innovative concepts in biomechanics (short implants, immediate loading,...).
- Surgical technique for sinus lift: indications and protocol for sinus lift complications and complications management in sinus lift. Alternative approach to sinus lift (short implants and crestal approach).
- Immediate loading and complex rehabilitation using the BTI technique.
- Indications and protocols for immediate loading.
- Planning single tooth, partial and full edentulism rehabilitation.

CERTIFICATION

Participants will receive a Certificate of Attendance (40 CEU credits).

Sponsored by:
BTI of North America

Approved PACE Program Provider FAGD/MAGD. Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement (4/1/2019 to 3/31/2022).

HANDS-ON

- ENDORET® technology: obtaining protocol.
- ENDORET® manipulation: obtaining grafts and fibrin membranes.
- Drilling protocol and implant placement and extraction on models.
- Treatment planning using BTI Scan® 4 software.
- Block Grafts.

SYNCA

OBJECTIVE

The BTI seminar includes a 5 day intensive course presenting a new Biological Approach to Implantology based on the most recent data and techniques developed by the Biotechnology Institute.

The educational objective of the course is to offer the attendees an innovative working method and predictable protocols which are the result of advanced scientific research and extensive clinical experience. The seminars are based on a complete and multi-disciplinary approach starting from the treatment planning phase to bone regeneration techniques. They also focus on necessary protocols for the treatment of complex rehabilitations through live surgeries in closed circuit, practical workshops and specialized conferences coordinated by Dr. E. Anitua and his team of experts.

Doctors attending the seminars will obtain customized training and will be exposed to the modern facilities offered by the prestigious BTI TRAINING CENTER "Instituto Eduardo Anitua" in Vitoria-Gasteiz (SPAIN)."

REGISTRATION

abhi.b@synca.com

$6370 / attendant

Includes:

- Professional information folders
- Research articles
- Transfer from and to the international airport of Bilbao
- 1 day tour in La Rioja (vine region)
- 7 nights accommodation (breakfast included)
- Coffee breaks, lunches, welcome and farewell events

Cancellation must be made in writing 40 days prior to the event for full tuition refund, after that date there will be a $1,950 cancellation fee. A $130 administrative fee will be charged for substituting a registrant. Registrant will receive a full refund if the course is cancelled due to covid-19 restrictions.

BTI® IMPLANT CODES

3.0 Platform
Ø 3,0 mm

Ø 2.5		Ø 3.0		Ø 3.3	
Art. - Nr.	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**
IIP3CA2555	5.5 mm	IIP3CA3055	5.5 mm	IIP3CA3355	5.5 mm
IIP3CA2565	6.5 mm	IIP3CA3065	6.5 mm	IIP3CA3365	6.5 mm
IIP3CA2575	7.5 mm	IIP3CA3075	7.5 mm	IIP3CA3375	7.5 mm
IIP3CA2585	8.5 mm	IIP3CA3085	8.5 mm	IIP3CA3385	8.5 mm
IIP3CA2510	10 mm	IIP3CA3010	10 mm	IIP3CA3310	10 mm
IIP3CA2511	11.5 mm	IIP3CA3011	11.5 mm	IIP3CA3311	11.5 mm
IIP3CA2513	13 mm	IIP3CA3013	13 mm	IIP3CA3313	13 mm

Narrow/CORE Platform
Ø 3,5 mm

Ø 3.3		Ø 3.5		Ø 3.75		Ø 4.00		Ø 4.25		Ø 4.75	
Art. - Nr.	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**
IIPECA3355	5.5 mm	IIPECA3545	4.5 mm	IIPECA3745	4.5 mm	IIPECA4045	4.5 mm	IIPECA4245	4.5 mm	IIPECA4745	4.5 mm
IIPECA3365	6.5 mm	IIPECA3555	5.5 mm	IIPECA3755	5.5 mm	IIPECA4055	5.5 mm	IIPECA4255	5.5 mm	IIPECA4755	5.5 mm
IIPECA3375	7.5 mm	IIPECA3565	6.5 mm	IIPECA3765	6.5 mm	IIPECA4065	6.5 mm	IIPECA4265	6.5 mm	IIPECA4765	6.5 mm
IIPECA3385	8.5 mm	IIPECA3575	7.5 mm	IIPECA3775	7.5 mm	IIPECA4075	7.5 mm	IIPECA4275	7.5 mm	IIPECA4775	7.5 mm
IIPECA3310	10 mm	IIPECA3585	8.5 mm	IIPECA3785	8.5 mm	IIPECA4085	8.5 mm	IIPECA4285	8.5 mm	IIPECA4785	8.5 mm
IIPECA3311	11.5 mm	IIPECA3510	10 mm	IIPECA3710	10 mm	IIPECA4010	10 mm	IIPECA4210	10 mm	IIPECA4710	10 mm
IIPECA3313	13 mm	IIPECA3511	11.5 mm	IIPECA3711	11.5 mm	IIPECA4011	11.5 mm	IIPECA4211	11.5 mm	IIPECA4711	11.5 mm
IIPECA3315	15 mm	IIPECA3513	13 mm	IIPECA3713	13 mm	IIPECA4013	13 mm	IIPECA4213	13 mm		
		IIPECA3515	15 mm	IIPECA3715	15 mm						

Universal Plus Platform
Ø 4,1 mm

Ø 4.5		Ø 5.0		Ø 5.5		Ø 6.0	
Art. - Nr.	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**
IIPSCA4545	4.5 mm	IIPSCA5045	4.5 mm	IIPSCA5545	4.5 mm	IIPSCA6045	4.5 mm
IIPSCA4555	5.5 mm	IIPSCA5055	5.5 mm	IIPSCA5555	5.5 mm	IIPSCA6055	5.5 mm
IIPSCA4565	6.5 mm	IIPSCA5065	6.5 mm	IIPSCA5565	6.5 mm	IIPSCA6065	6.5 mm
IIPSCA4575	7.5 mm	IIPSCA5075	7.5 mm	IIPSCA5575	7.5 mm	IIPSCA6075	7.5 mm
IIPSCA4585	8.5 mm	IIPSCA5085	8.5 mm	IIPSCA5585	8.5 mm	IIPSCA6085	8.5 mm
IIPSCA4510	10 mm	IIPSCA5010	10 mm	IIPSCA5510	10 mm	IIPSCA6010	10 mm
IIPSCA4511	11.5 mm	IIPSCA5011	11.5 mm	IIPSCA5511	11.5 mm	IIPSCA6011	11.5 mm
IIPSCA4513	13 mm	IIPSCA5013	13 mm	IIPSCA5513	13 mm		
IIPSCA4515	15 mm	IIPSCA5015	15 mm				

Wide Platform
Ø 5,5 mm.

Ø 5.5		Ø 6.0		Ø 6.25	
Art. - Nr.	**Length**	**Art. - Nr.**	**Length**	**Art. - Nr.**	**Length**
IIPACA5555	5.5 mm	IIPACA6055	5.5 mm	IIPACA6255	5.5 mm
IIPACA5565	6.5 mm	IIPACA6065	6.5 mm	IIPACA6265	6.5 mm
IIPACA5575	7.5 mm	IIPACA6075	7.5 mm	IIPACA6275	7.5 mm
IIPACA5585	8.5 mm	IIPACA6085	8.5 mm	IIPACA6285	8.5 mm
IIPACA5510	10 mm	IIPACA6010	10 mm		
IIPACA5511	11.5 mm	IIPACA6011	11.5 mm		
IIPACA5513	13 mm	IIPACA6013	13 mm		
IIPACA5515	15 mm				

DOWNLOAD THE QUICK REFERENCE PROSTHETIC CATALOGUE HERE

bti
Human
Technology

SYNCA

MORE INFO

THE PERFECT TEAM TO BOOST YOUR RESULTS!

Improve osseointegration and decrease the risk of peri-implantitis

+ CORE® IMPLANTS
ENDORET® (PRGF®)

1-800-667-9622 | www.synca.com

bti®
Human
Technology

Exclusive Canadian partner for BTI® Biotechnology Institute

SYNCA

1-800-667-9622 | www.synca.com |