1	reflecting, reflect until you see that.
00:00:02.110> 00:00:07.460	
Okay, so now you have your two anterior	
sites prepped with the two millimeter	00:00:48.050> 00:00:50.840
2	It's not going to be as distinct on the
00:00:07.470> 00:00:08.880	15
twist drills, right?	00:00:50.850> 00:00:51.840
	live patient, right?
3	
00:00:08.910> 00:00:10.080	16 00:00:51.970> 00:00:53.020
We're not finishing these.	Because you're actually going to have
4	
00:00:10.090> 00:00:15.720	17
We're not finishing these preparations or	00:00:53.030> 00:00:54.060
placing these implants until we find the	something coming out of there.
5	10
5 00:00:15.730> 00:00:20.140	18 00:00:54.410> 00:00:55.760
posterior sites and find out exactly	You're not going to see a hole there.
where our implants are going to go in	
	19
6	00:00:55.810> 00:00:59.500
00:00:20.150> 00:00:21.440	You're going to see like some tissue
these distal sites.	coming out of the mandible.
7	20
00:00:22.070> 00:00:27.740	00:00:59.870> 00:01:03.740
So what you want to do is reflect the	And so you'll see it around this area
	right here, all right?
8	
00:00:27.750> 00:00:30.440	21 00:01:04.250> 00:01:10.560
tissue back until you find the mental foramen.	And so obviously you want to make sure
9	you avoid compressing or damaging any of
00:00:31.050> 00:00:33.300	,
Now, you can use this periosteal elevator.	22
	00:01:10.570> 00:01:11.700
10 00:00:33.430> 00:00:38.400	the stuff that's in here.
I prefer to use a bigger periosteal	23
elevator just so you reduce the chance of	00:01:12.130> 00:01:13.640
	And so you're going to be placing your
11	
00:00:38.410> 00:00:39.120	24
damaging the nerve.	00:01:13.650> 00:01:16.120
12	implant distally, right?
00:00:39.890> 00:00:42.320	25
But you can just reflect back, just keep	00:01:16.170> 00:01:19.020
	So it's going to be like this, okay?
13	
00:00:42.330> 00:00:47.820	

26	39
00:01:19.690> 00:01:24.600	00:02:02.010> 00:02:03.540
And you got to keep in mind that	So six millimeters anterior to this.
sometimes in the mental foramen or inside	
	40
27	00:02:03.590> 00:02:04.460
00:01:24.610> 00:01:27.300	You want to measure that out.
this area right here, there's an anterior loop.	
20	
28 00:01:27.310> 00:01:30.720	00:02:04.550> 00:02:07.120
So the nerve comes from back here and	If you have a perioprobe, you want to use that.
So the herve comes norm back here and	42
29	00:02:07.430> 00:02:08.780
00:01:30.730> 00:01:31.540	I'm just going to use this right here.
exits here.	
	43
30	00:02:09.130> 00:02:11.160
00:01:31.610> 00:01:33.020	So six millimeters, I can kind of eyeball it.
But sometimes the nerve does a little	
	44
31	00:02:12.230> 00:02:13.640
00:01:33.030> 00:01:36.340	Six millimeters is like right here.
curve anterior and then it comes out.	
	45
32	00:02:16.630> 00:02:18.900
00:01:36.670> 00:01:38.180	And so what you can use, you can use a
So we want to avoid that.	
22	46 00:02:18.910> 00:02:21.420
33 00:01:38.350> 00:01:42.680	
The average anterior loop is like two and	pencil, you know, sterilized pencil.
a half millimeters, something like that.	47
	00:02:21.810> 00:02:23.200
34	You can use a surgical marker.
00:01:42.790> 00:01:46.680	
So you do want to look at a cone beam	48
just to make sure what your patient's	00:02:23.210> 00:02:29.040
	What I'm going to use right now because
35	I've got it and just to make it really
00:01:46.690> 00:01:47.760	
anterior loop looks like.	49
	00:02:29.050> 00:02:34.580
36	easy for you to see is I'm going to mark
00:01:48.310> 00:01:52.920	with this little round burr six
But one rule of thumb that I use is to	50
37	50 00:02:34.590> 00:02:36.180
00:01:52.930> 00:01:58.360	millimeters anterior to the foramen.
just place my implant so that it's kind	
of pointed so that I'm aiming it six	51
	00:02:42.510> 00:02:44.760
38	All right, so I marked six millimeters anterior.
00:01:58.370> 00:02:01.920	
millimeters anterior to this, all right?	
, 3	

52	64
00:02:45.710> 00:02:51.440	00:03:34.610> 00:03:35.740
	Give me just one second.
And so now I know that I want to aim my	
distal implant towards this little	65
52	
53	00:03:40.370> 00:03:43.460
00:02:51.450> 00:02:54.040	All right, so now I got my lance pilot drill.
marking, all right?	
	66
54	00:03:44.170> 00:03:46.920
00:02:54.910> 00:02:58.480	And this part is, this part's very
And so what I like to do, if it was an	07
	67
55	00:03:46.930> 00:03:47.660
00:02:58.490> 00:03:05.000	technique sensitive.
extraction and implant placement site, I	
like to aim by using the extraction sites.	68
	00:03:47.870> 00:03:50.080
56	You can use a denture guide.
00:03:05.370> 00:03:10.380	
So I might say, okay, I'm going to place	69
it kind of through the extraction site of	00:03:50.210> 00:03:53.800
	You can use a 3D printed guide.
57	
00:03:10.390> 00:03:14.460	70
the canine or into the premolar and then	00:03:54.050> 00:03:55.040
it's going to go through the canine	I mean, use whatever you want.
	74
58	
00:03:14.470> 00:03:16.660	00:03:55.050> 00:04:00.220
extraction site towards the apical portion.	I'm just telling you what, what I do and
	it's working out okay for me.
59	70
00:03:16.930> 00:03:18.480	72
But in this case, it's a healed site.	00:04:00.510> 00:04:03.980
co.	But yeah, I would use, I would use like a
60	clear denture guide.
00:03:18.650> 00:03:22.660	70
So I'm just going to place my implant	73
straight in here and aim it right there.	00:04:04.050> 00:04:07.920
61	If you're just getting started, use a
61	clear duplicate denture with a trough, a
00:03:23.530> 00:03:28.600	74
All right, and I want to be aware of this	
angle, the angle between these two.	00:04:07.930> 00:04:11.160
co.	lingual trough, and then you're better
62	able to approximate these things.
00:03:29.150> 00:03:32.020	75
So let's go ahead and prepare this	75
implant site right here.	00:04:11.630> 00:04:14.140
62	So here's my side view.
63	76
00:03:32.790> 00:03:34.220	
I'm going to switch off my drill.	00:04:14.450> 00:04:17.060
	So I start it here and then I bring it up

77 00:04:17.070> 00:04:19.140 here just so I kind of confirm the angle.	00:05:02.940> 00:05:04.810 Okay, that looks like, I don't know, it
78 00:04:20.990> 00:04:22.520 All right, if I place it like this,	91 00:05:04.820> 00:05:07.050 looks like it could be like 25 degree angle or something.
79	92
00:04:22.890> 00:04:24.760	00:05:07.680> 00:05:09.170
that's like a 15 degree angle.	But I think that's looking pretty good.
80	93
00:04:25.050> 00:04:25.700	00:05:09.260> 00:05:12.470
I don't want that.	Let's see if we're aimed towards that marking.
81	94
00:04:25.830> 00:04:27.280	00:05:12.660> 00:05:13.710
I want a 30 degree angle, right?	Yeah, we're aimed towards that marking.
82	95
00:04:27.490> 00:04:28.980	00:05:13.880> 00:05:15.950
Because you want to get as far distally	If anything, we're just a little bit shy
83 00:04:28.990> 00:04:29.560 as you can.	96 00:05:15.960> 00:05:22.130 of, we're like a little bit even further from the mental frame and the nerve than
84	97
00:04:32.250> 00:04:33.780	00:05:22.140> 00:05:22.670
So see right there.	we need to be.
85	98
00:04:34.890> 00:04:36.840	00:05:22.840> 00:05:24.130
That looks like approximately a 30 degree angle.	But it's always better to play it safe.
86	99
00:04:37.090> 00:04:37.900	00:05:25.500> 00:05:27.590
I'm going to get started.	All right, so I'm going to go ahead and
87	keep preparing.
00:04:38.490> 00:04:40.880	100
Remember, I'm getting started and then	00:05:28.140> 00:05:30.750
I'm going to re -evaluate.	I'm going to angle this just a little bit
88 00:04:55.940> 00:04:59.670 So now that I prepped it, I'm going to put this back in and I'm going to re	more because our angle is just a little 101 00:05:30.760> 00:05:33.250
89 00:04:59.680> 00:05:00.830 -evaluate my angles.	bit conservative. 102 00:05:34.400> 00:05:39.530 I find that, at least in my situation, I
90	

103 00:05:39.540> 00:05:43.770 under -prepare the angles.	00:06:26.150> 00:06:27.420 You need the twist drills.
104 00:05:43.960> 00:05:45.910 What I mean by that is, when I'm aiming	117 00:06:27.930> 00:06:32.160 So I'm going to take this out and put my little parallel pin in there.
105	118
00:05:45.920> 00:05:49.090	00:06:36.370> 00:06:42.740
for like a 30 degree angle, I do like a	Okay, and now I'm going to go ahead and
20 or 25 degree angle.	prepare this sight right here with a two
106 00:05:51.160> 00:05:54.610 All right, so let's go ahead and reflect it back so you still see your little	119 00:06:42.750> 00:06:43.600 millimeter twist drill.
107	120
00:05:54.620> 00:05:55.230	00:06:55.240> 00:06:57.350
markings there.	Trying to give you the best angle possible.
108	121
00:05:57.260> 00:06:00.590	00:06:57.740> 00:07:00.870
And, all right, ready, let's do it.	We're trying to give you the best view possible.
109	122
00:06:02.640> 00:06:03.950	00:07:02.580> 00:07:06.400
I'm just going to take it a little bit further.	All right, I'm going to prepare this one
110	123
00:06:07.970> 00:06:10.220	00:07:06.410> 00:07:07.560
All right, so that's looking better to me.	for an 11 .5 as well.
111	124
00:06:10.270> 00:06:12.600	00:07:27.660> 00:07:29.870
So I'm going to take the twist drill now.	All right, so now you can evaluate the
112	125
00:06:13.810> 00:06:15.760	00:07:29.880> 00:07:30.370
And what you should probably do at this	angle again.
113	126
00:06:15.770> 00:06:18.660	00:07:31.320> 00:07:32.390
point is switch these front ones out.	What do you think about that?
114	127
00:06:20.950> 00:06:22.560	00:07:32.960> 00:07:34.230
Switch these front ones out to	Is that like a 30 degree angle?
115	128
00:06:22.570> 00:06:26.080	00:07:38.470> 00:07:39.560
paralleling pins because you need these now.	Yeah, all right.
116	129 00:07:39.630> 00:07:41.960

So let's move on to prepping the other side.	143
	00:08:20.490> 00:08:22.220
130	And then this tissue is going to reflect fine.
00:07:43.510> 00:07:47.380	
So now I'm going to take my periosteal	144
	00:08:22.330> 00:08:23.180
131	This tissue is going to reflect fine.
00:07:47.390> 00:07:48.040	145
elevator again.	145 00:08:23.430> 00:08:26.460
132	And then you're going to find that tissue
00:07:48.390> 00:07:49.220	right here, it stays kind of stuck.
Let me get this out of here.	
	146
133	00:08:26.590> 00:08:31.660
00:07:49.890> 00:07:51.760	And you reflect more, you'll be able to
And take my periosteal elevator again.	see distinctly that that tissue is stuck
134	147
00:07:52.490> 00:07:54.940	00:08:31.670> 00:08:32.900
And I want to reflect this tissue back	because it's coming out of the mental foramen.
135	148
00:07:54.950> 00:07:57.160	00:08:33.770> 00:08:36.020
until I find the mental foramen.	All right, and what did we say our rule was?
136	149
00:08:00.570> 00:08:01.600	00:08:36.490> 00:08:43.560
Reflecting it back.	We're placing six millimeters anterior to
	the mental foramen to try to avoid any
137	4.50
00:08:02.950> 00:08:03.660	
There it is.	00:08:43.570> 00:08:45.120
138	anterior loop complications.
00:08:04.550> 00:08:06.400	151
It's pretty obvious on this model again,	00:08:45.870> 00:08:47.300
	But again, I'm just going to say it again
139	
00:08:06.610> 00:08:10.180	152
but like I said, in a real patient you're	00:08:47.310> 00:08:50.520
going to have stuff coming out of there	just because it's so important, look at
	your cone beam, see what the anterior
140	152
00:08:10.190> 00:08:11.180	153 00:08:50.530> 00:08:51.960
and it's not going to be obvious.	loop for your patient looks like.
141	
00:08:11.470> 00:08:14.680	154
So the best way to find it is actually do	00:08:52.310> 00:08:53.320
	An anterior loop might be three
142	
00:08:14.690> 00:08:20.180	155
not reflect here, but reflect in front of	00:08:53.330> 00:08:55.020
it and behind it.	millimeters or it might be one millimeter.
	•

156	So in real life, you're using a
00:08:55.510> 00:08:57.860	
So six millimeters, placing implant,	170
	00:09:32.470> 00:09:33.200
157	Minnesota, right?
00:08:58.370> 00:09:01.380	171
sorry, pointing the implant six millimeters anterior is a decent rule of	171 00:09:33.330> 00:09:34.240
	A Minnesota right here.
158	
00:09:01.390> 00:09:02.660	172
thumb, but it doesn't work all the time.	00:09:34.630> 00:09:38.880
	And your assistant can use a periosteal
159	elevator and just kind of retract the
00:09:03.970> 00:09:05.540	170
All right, so let's go ahead and mark	173 00:09:38.890> 00:09:41.100
160	lingual tissue just so you can have a
00:09:05.550> 00:09:07.240	better view.
that six millimeter point.	
	174
161	00:09:44.190> 00:09:46.540
00:09:08.350> 00:09:10.740	But yeah, so I'm using my fingers right now.
Remember, you should use like a pencil or	
100	
162 00:09:10.750> 00:09:12.280	00:09:47.190> 00:09:49.660
a surgical marker.	All right, so remember, if we place it
	176
163	00:09:49.670> 00:09:55.180
00:09:13.170> 00:09:15.500	straight up and down, I can aim it here,
I'm just going to show you by marking on	but we're not going to get any good AP spread.
00:09:15.510> 00:09:15.980 the mandible.	00:09:55.190> 00:10:00.900
	So we're placing it back here and aiming it at 30 degrees towards that little
165	
00:09:17.310> 00:09:20.460	178
All right, so let's do six millimeters anterior.	00:10:00.910> 00:10:03.160
	bullseye that we made.
166	
00:09:23.090> 00:09:24.880	
All right, so that's six millimeters anterior.	00:10:04.510> 00:10:06.520
167	All right, so let's go for it.
00:09:25.890> 00:09:28.880	180
And so now I'm going to aim my implant at	00:10:19.080> 00:10:24.130
	All right, so now I'm going to take my
168	Lance pilot drill out of the drill, out
00:09:28.890> 00:09:29.460	
that site.	181
160	00:10:24.140> 00:10:24.750
169 00:09:31.230> 00:09:32.460	of the contra angle.
00.03.31.230 00.03.32.400	

182	And this one, I'm going to take a 2mm
00:10:25.400> 00:10:28.170	
	196
I'm going to put it right here so we can	00:11:04.510> 00:11:07.320
183	
	short and put it in here.
00:10:28.180> 00:10:29.310	107
evaluate our angle.	197
	00:11:09.810> 00:11:11.500
184	You might not have a long and a short in
00:10:39.230> 00:10:40.300	100
So we should look at it like that.	198
105	00:11:11.510> 00:11:13.460
185	your kit, but it's fine.
00:10:40.350> 00:10:40.960	
How does that look to you?	199
	00:11:13.530> 00:11:14.640
186	This one, this one actually doesn't need
00:10:41.030> 00:10:41.920	
Does it look like 30 degrees?	200
	00:11:14.650> 00:11:15.320
187	to be in here right now.
00:10:43.170> 00:10:44.360	
Looks pretty close to me.	201
	00:11:15.370> 00:11:16.380
188	You can just, you know what?
00:10:46.550> 00:10:48.600	
And does it look like we're aimed at that sight?	202
	00:11:16.390> 00:11:18.320
189	Why don't we just work with one drill?
00:10:48.790> 00:10:48.900	
Yep.	203
	00:11:18.890> 00:11:20.120
190	This one doesn't need to be in here
00:10:49.750> 00:10:51.080	
Staying away from the mental foramen?	204
	00:11:20.130> 00:11:26.780
191	because the angle that I care about is
00:10:51.310> 00:10:51.520	comparing this distal implant angle to
Yep.	
	205
192	00:11:26.790> 00:11:30.440
00:10:52.490> 00:10:53.540	this anterior implant angle because we
All right, so let's keep going.	know these two are parallel already, right?
193	206
00:10:54.290> 00:10:58.560	00:11:36.600> 00:11:44.160
We're going to take our 2mm and we're	So I'm going to put it back into the
going to take that one to depth.	preparation and I'm looking again from
194	207
00:10:59.510> 00:11:02.620	00:11:44.170> 00:11:45.940
So our 2mm long is over here.	the side, approximating 30 degrees.
Ĭ	
195	208
00:11:02.650> 00:11:04.500	00:11:46.350> 00:11:47.780

And let's go ahead and take it to the	Take an intraoperative cone beam just to
209 00:11:47.790> 00:11:51.060 depth for an 11 .5mm implant.	222 00:12:43.810> 00:12:48.480 triple check where you're at and you can triple check how close to the nerve you
210	223
00:12:04.810> 00:12:08.660	00:12:48.490> 00:12:49.580
All right, so now I have the two distal	are in that cone beam.
211	224
00:12:08.670> 00:12:09.280	00:12:49.710> 00:12:50.660
sites prepared.	That would be really helpful.
212 00:12:10.230> 00:12:11.420 I'm going to put that in there. 213	225 00:12:53.010> 00:12:56.480 You can also take a pano right now.
00:12:16.840> 00:12:22.210	226
The two anterior sites prepared, the two	00:12:57.010> 00:12:59.280
distal sites prepared, and I'm pretty	Just have the patient recover a little
214	227
00:12:22.220> 00:12:22.990	00:12:59.290> 00:13:00.500
happy with how it looks.	bit and walk on over to the pano.
215	228
00:12:23.200> 00:12:23.770	00:13:01.610> 00:13:03.240
What do you think?	That's a way to just feel really good
216	229
00:12:25.000> 00:12:25.390	00:13:03.250> 00:13:06.680
Yeah?	about the sites before you move forward.
217	230
00:12:27.850> 00:12:30.960	00:13:06.690> 00:13:08.840
All right, so now what you can do at this	Right now, things are still changeable,
218	231
00:12:30.970> 00:12:35.780	00:13:09.090> 00:13:13.560
step is if you have a cone beam, you can	but once you go ahead and place the
take an intraoperative cone beam.	implants, it's a lot harder to change.
219 00:12:36.510> 00:12:40.240 I think that's a good idea, especially if you're just starting to get comfortable	232 00:13:14.150> 00:13:15.520 Make sure you're happy right now.
220 00:12:40.250> 00:12:40.840 with this procedure.	233 00:13:16.790> 00:13:19.720 Switch sides at this point to this side. 234
221 00:12:41.130> 00:12:43.800	234 00:13:20.150> 00:13:24.940 If you're working on the patient's left,

switch over to the patient's right and	
235 00:13:24.950> 00:13:26.380 check the implant angulations.	
236 00:13:27.090> 00:13:30.620 Ask your assistants, ask your friends, so	
237 00:13:30.630> 00:13:32.220 you can see that my angles line up pretty good.	
238 00:13:33.070> 00:13:33.800 That's pretty great.	
239 00:13:33.870> 00:13:34.480 I'm happy with it.	
240 00:13:35.090> 00:13:37.820 Anyway, after some imaging, if you have	
241 00:13:37.830> 00:13:40.780 it, then let's go on to the next step.	