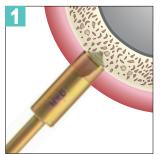
C.M.C TECHNIQUE (Crestal approach with Membrane Control)

Indication: GBR is needed in sinus area and Sinus Lift of more than 4mm is required

Features

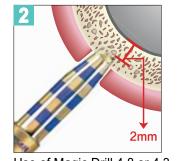
- Technique was developed using sound biological and mechanical as well as physical logic which ensures safe, precise, and consistent sinus lifting.
 - 2. Application of GBR with closed defect concept.
- Advantages 1. Able to hold and detach the membrane to a desired height
 - 2. No membrane perforation since the instrument does not come into direct contact with the sinus membrane
 - 3. Minimally invasive surgery and easy protocol for all dentists
 - 4. Short chair time and cost-effective
 - 5. The instrument can be used regardless of the height of residual bone.
- Precautions 1. Tapping force must be gentle
 - 2. If instrument does not advance, drill must be used to remove a portion of bone
 - 3. When the instrument advances into the maxillary sinus, proceed slowly while further advancing (very slowly) until the membrane is elevated to the desired height.

Step1. CMC Tech Preparation Stage

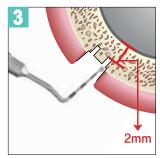


Magic Marking Drill

In case of residual bone height less than 2mm, s kip this step and apply Magic Sinus Lifter without using Marking Drill.



Use of Magic Drill 4.8 or 4.3 Use of Magic Drill 4.8 or 4.3 up to 2mm below the sinus floor.

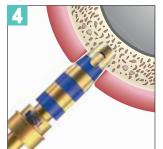


Use of Spoon Excavator

Use the Excavator to remove the bone core (where Magic Drill was used) and measure the depth of the hole.

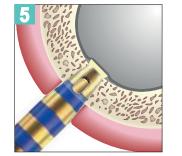


Step2. Sinus lifting with C.M.C Tech



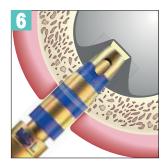
C.M.C Tech begins with Magic Sinus Lifter

Apply gentle tapping only. Strong strikes will make an irregular sinus floor bone-block which may lead to sinus perforation.



Fractured bone block bigger than diameter of Sinus Lifter

The outer bevel shape of the Sinus Lifter creates a bone block that is circumferentially larger than the apex of the instrument, ensuring that the instrument does not come into contact with the membrane.



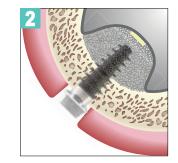
Sinus membrane detached

Care should be taken to advance the instrument very slowly into the maxillary sinus in order to adjust elevating force. The 3mm empty space of the apex of the lifter enables direct control of the bone-block and consequently the membrane, which is connected to the bone-block.

Step3. Bone Grafting and Placement Stage

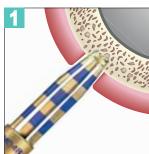


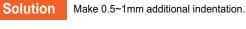
Remove the Sinus Lifter, slightly moving it mesiodistally. Place bone grafting material of 0.05 ~ 0.06cc per mm of membrane lift.

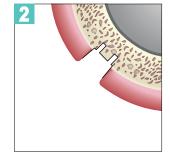


Fixture placement: If residual bone height is less than 3mm, implantation should be made without applying any pressure on the fixture.

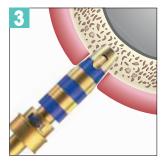
* Reason: Presence of hard cortical bone on the sinus floor



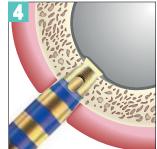




Place a stopper onto the drill and make an indentation of 0.5mm to 1mm more.



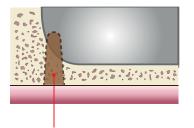
Insert the Sinus Lifter into the newly prepared space and perform repeat for step 1. gentle tapping.



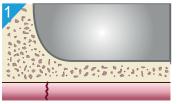
If this method is not successful,

Application of C.M.C Tech at area of inclined bone

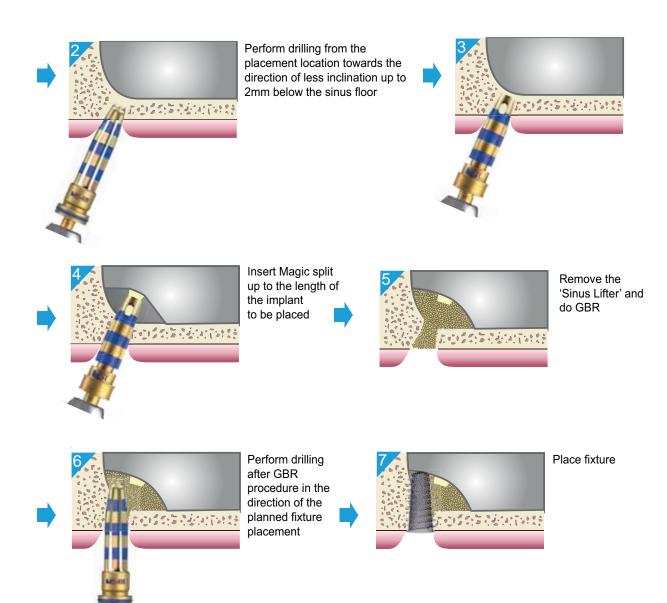
The direction of sinus lifting should be in line with the direction which GBR is to be performed. Conversely, the implant placement direction could be different than the sinus lifting direction according to the diagnosis and surgical plan determined by the surgeon.







Insert a cut 'Endo file' (about 4mm) into the placement area and take X-ray to check for relationship between the inclination and the placement location (IMPORTANT)



Application of C.M.C Tech at area with thick mucosa

