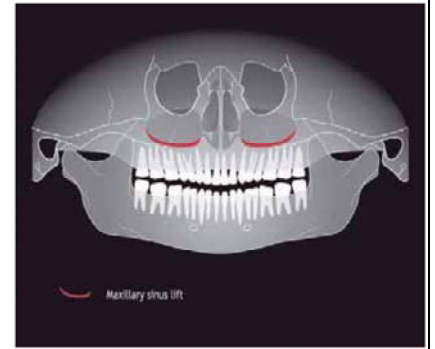


## Guideline: Lateral sinus lift



The sinus cavity naturally tends to increase in volume with time. Having identified the bone deficit, a flap must be performed with a scalpel under local anesthesia.

The **vestibular bone window** is operated with the **SL1 diamond tip** by a horizontal incision, followed by two vertical lines, then a second horizontal incision. The angles of this window are then smoothed with the **SL1** and/or the **SL2** in order not to damage the Schneider's membrane.

Once the bone block has been prepared, the **elevation of the membrane** is assured with the **SL3 tip**. It is introduced between the cortical bone and the membrane (or the bone block, according to the method) and separates them approximately 2.5 mm apart from the edge. The **SL4** and **SL5 tips** are then used in apical, mesial and then distal position to elevate the edges deeper. It is important during this operation to keep good contact with the edges of the vestibular bone window.

The **filling of sinus** is then performed. Autogenous bone shavings harvested during the operation can be mixed with biomaterials. The bone filling material is then introduced into the bone window and over the whole site. Before suturing the site, collagen or Gore-Tex® or even Vicryl® membranes can be placed to protect and maintain the filling material. Finally, depending on the case, **implants are inserted** approximately three months after the operation.

The following tip index charts specify the different clinical applications of each one.

