



Anchor Placement

Clinical and radiographic examination and treatment plan will determine appropriate anchorage device selection and placement location. Locations should have adequate bone thickness for stabilization of the device and be chosen to avoid areas of tooth roots, nerves or other vital structures.

Areas for placement typically include the facial/buccal and lingual alveolar ridges of the mandible and maxilla which may include: the infrazygomatic crest, mandibular buccal shelf at the oblique ridge, mandibular retromolar area, mandibular symphysis or parasymphysis, maxillary or mandibular interseptal / interradicular bone, and edentulous ridge areas.



Pre-procedure view: Infrazygomatic crest

Anchor Screw Technique:

When placing an anchor screw, the screw should be placed perpendicular to the bone. A "flapless" or "mini-flap" technique can be employed. When placing the self-tapping screws, a pilot hole is drilled and care is taken to avoid tooth roots and nerves. The screw is tightened until the head sits flush with the underlying bone. A radiograph may be helpful to confirm correct position of the screw. The maximum load determined safe for use with the anchor screw is 300 grams. Anchor screws can be loaded 7-10 days after placement. Loading of the anchor screws should be applied directly perpendicular to the long axis of the screw.

NOTE: When self-drilling screws are used and significant resistance is met, simply work the screw back and forth to promote ease of placement.



Anchor Plate Technique:



Horizontal incision at infrazygomatic crest

(1) When placing an anchor plate, a horizontal or vertical incision is created at the area of planned placement. A periosteal elevator is used to gain bony exposure.



Plate contoured and placed on bone

(2) The appropriate anchor plate is selected to allow for proper positioning of the hook in accordance with the treatment plan. The plate is contoured using plate bending forceps to sit flush on the bone while the plate arm is bent to extend out of the soft tissue in a parallel plane with the alveolar ridge.



Plate secured to bone

(3) 1.5 mm screws should be placed through all screw holes to fix the plate securely to the bone.



Soft tissue closed with hook exposed

(4) The soft tissue is typically closed around the arm of the plate using resorbable suture, leaving the hook exposed. A radiograph may be helpful to confirm correct position of the plate. Adequate time should be allowed after placement, prior to loading, to allow for initial soft tissue healing at the incision site.

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