





2017 PRODUCT CATALOGOsteosinus
& Bone substitutes



Since 1987

Since 25 years, IDI firm (Implants Diffusion International), in collaboration with a team of researchers, engineers and dental surgeons, has regularly developed new products intended to implantology.

Implants Diffusion International invests a great deal in the research of new technologies such as RBS drill, state of surface SMA +Tio₂,
Osteosinus...

"WE DEVELOP AND MANUFACTURE IN FRANCE"

The IDI lines are developped and manufactured in the Paris region, France by professionals fully committed to meet the practitioners expectations. IDI applies a strict Quality policy to each manufacturing step. The IDI company is certified according to the applicable standards: ISO 13485, ISO 9001, CE.

The next decade will see the launching of numerous innovations emerging from our Research and Development Department.

Gérard Boukhris - President

THE QUALITY COMMITMENT OF THE IDI COMPANY/

THE LIFETIME WARRANTY

IDI - Implants Diffusion International - develops, manufactures and distributes the largest range of dental implants all over the world, as well as implantology and dental surgery equipment. IDI products are manufactured in France exclusively. They're resulting from the essential work of the Research and Development Department. For IDI, to be close to practitioners, hospitals and implantology training centres is a great deal, because they take part to the constant innovation.

The IDI teams, concerned with the trust relationship that they enter into with the practitioners, decided to offer **lifetime warranties to all the implant lines of the IDI brand.**

Proud of our implant quality, we supply an accurate customer service to assist you in your daily practice in order to meet your highest requirements. The "General conditions" and the warranty protocol may be downloaded from the www.idi-dental.com website, section: Documentations/Quality.

IDI puts the customer relationship at the heart of its concerns every day. The IDI teams are regularly trained in the latest cutting-edge techniques and in all the products necessary to the implantologists.

Our product Quality is a key asset to a stress-free practice.



Important considerations about IDI System

Tightening torques

PRODUCTS	Values (Ncm)	Comments
Implants	≤75	Use the ratchet
Closing cap	5 to 10	
Healing cap	5 to 10	
IDUnit : abutment	25	Use the manual screwdriver*
IDUnit : retaining screw	15	ose me manuai screwanver
Retaining screw	25	
Manual screwdriver	5 to 25	
Screwdriver with dental shank	25	Use the contra angle or the torque wrench*

^{*} Distortion of the screwdriver at 45 N.cm to preserve the implant and its prosthetic component.



Osteosinus & Bone substitutes

OSTEOSINUS /

BONE SUBSTITUTES /



Osteosinus

Rectisinus

Angulosinus

Forsinus

Trepanosinus

Diskosinus

- Technique by using the Trepanosinus
- Technique by using the Forsinus
- Bone management

The Osteosinus /

"The Osteosinus system of IDI firm - Implants Diffusion International - is an easy and reliable technique when we want to place an implant in a sinusal area. It permits to each dentist to perform a sinus floor elevation by crestal approach. Drills manufactured for the bone preparation are accute and lasting. The RBS system for the bone harvesting is terrific."

Dr Rainer B. (Germany)



Consistent use of a depth stop over many years when harvesting bone surgically enabled the development of this technique. The technique has proved itself in a wide range of applications for more than fifteen years thanks to the rbs depth stop drills from Implants Diffusion International.

Osteotomes, trephines and drills included in the Osteosinus system have also benefited from this technology.

The Osteosinus concept facilitates sinus floor elevation and ensures that It is stress-free.

Clinical studies have indicated that an intact sinus membrane is essential for successful grafting.

A sinus bone graft can either be harvested laterally (sinus lift) or crestally.

In many cases crestal sinus floor elevation completed with the Osteosinus is a practical alternative to a sinus lift.

Indications for the Osteosinus

it is mainly recommended for sinus floor elevation for placing one or two implants.

THE OSTEOSINUS 1 SET

Osteosinus (osteotome holder)

P/N OST 1

Diskosinus diameter 3 mm (bladed wheels for enlarging the bone base)

P/N D3

Osteosinus monobloc

P/N OSTM

Surgical stand

P/N PLS

Base plate

P/N BIC 1



6 Rectisinus

(straight osteotome with colour-coded depth stop)

DIAMETER	LENGTH	P/N
	in mm	
Ø 3 mm —		—— RL 33
Ø 3 mm —	4	RL 43
Ø 3 mm —	5	—— RL 53
Ø 3 mm —	6	—— RL 63
Ø 3 mm —	7	—— RL 73
Ø 3 mm —	8	—— RL 83

6 Trepanosinus

(trephine drill with colour-coded depth stop)

DIAMETER	LENGTH	P/N
	in mm	
Ø 3 mm —		—— TL 33
Ø 3 mm —	4	—— TL 43
Ø 3 mm —	5	—— TL 53
Ø 3 mm —	6	—— TL 63
Ø 3 mm —	7	—— TL 73
Ø 3 mm —	8	—— TL 83

6 Angulosinus

(angled osteotome with colour-coded depth stop)

DIAMETER	LENGTH	P/N
	in mm	
Ø 3 mm —		— AL 33
Ø 3 mm —	4	— AL 43
Ø 3 mm —	5	—— AL 53
Ø 3 mm —	6	— AL 63
Ø 3 mm ——	7	— AL 73
Ø 3 mm —	8	— AL 83

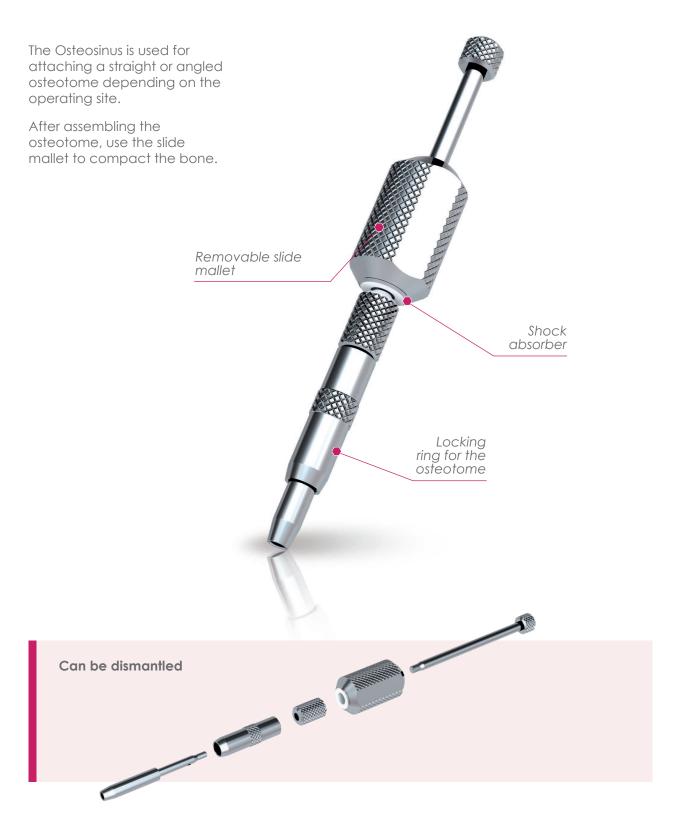
6 Forsinus

(drill with colour-coded depth stop)

DIAMETER	LENGTH in mm	P/N
Ø 3 mm —		—— FL 33
Ø 3 mm —	4	—— FL 43
Ø 3 mm —	5	—— FL 53
Ø 3 mm —	6	—— FL 63
Ø 3 mm —	7	—— FL 73
Ø 3 mm —	8	—— FL 83

Important: The instruments with a 3 mm diameter are used for standard implants (3,5 to 4,4 mm \varnothing).

OSTEOSINUS

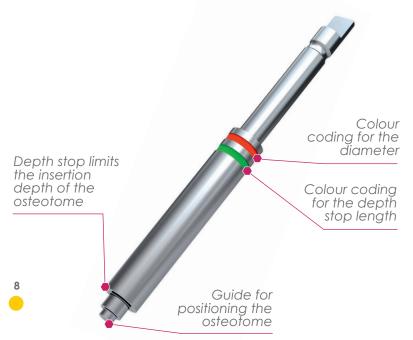


RECTISINUS



This set contains six straight osteotomes with a colourcoded depth stop, Ø 3 mm, length 3 mm, 4 mm, 5 mm, 6 mm, 7 mm, 8 mm.

Insert the Rectisinus into the osteotome, position the guide in the operating site and compact the bone using the slide mallet.



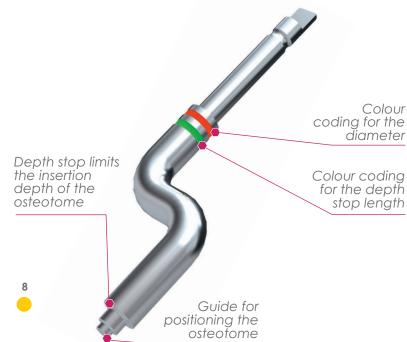
Lengths and colour-coded table for a 3 mm Ø

COLOR

ANGULOSINUS

This set contains six angled osteotomes with a colourcoded depth stop, Ø 3 mm, length 3-4-5-6-7 and 8 mm.

Insert the angulosinus into the osteotome, position the guide in the operating site and compact the bone using the slide mallet.



Lengths and colour-coded table for a 3 mm Ø

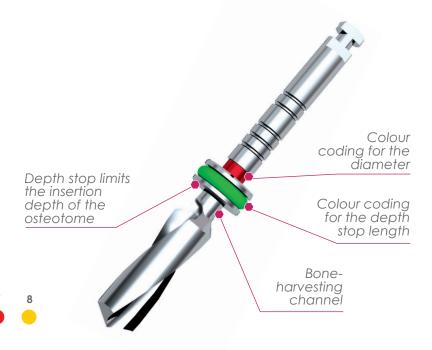
LENGTH 3 COLOR

FORSINUS

This set contains six drills with a bone-harvesting channel and colour-coded depth stop, Ø 3 mm, length 3mm, 4 mm, 5mm, 6mm, 7mm, 8mm.

Use the drill at 150 rpm without water cooling or drill with irrigation at 650 rpm.

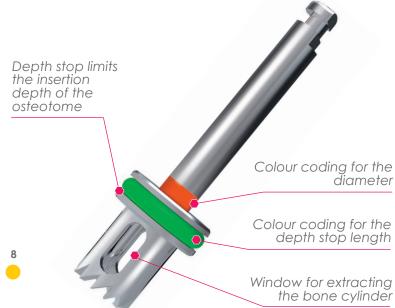
Lengths and colour-coded table for a 3 mm Ø



TREPANOSINUS

This set contains six trephines with a colour-coded depth stop, Ø 3 mm, length 3 mm, 4 mm, 5 mm, 6 mm, 7 mm and 8 mm.

Use the trephine at 70 rpm without water cooling.



Lengths and colour-coded table for a 3 mm Ø

LENGTH 3

DISKOSINUS

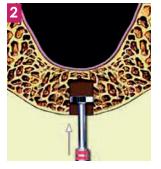


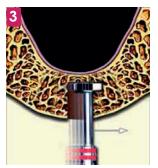
This set contains a small bladed wheel, Ø 3 mm (red ring)

The wheel is used after the Forsinus drill with the same diameter. Using a circular movement the bladed wheel enlarges the bone base below the sinus and provides it with increased resilience when using the osteotome.











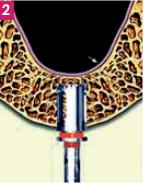




TECHNIQUE BY USING THE TREPANOSINUS



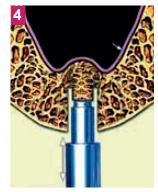
Select a suitable section on the X-ray of the implant site and measure the bone availability (here: 8 mm).



Use a 7 mm long trephine Trepanosinus (red ring on top) with a bone availability of 8 mm.

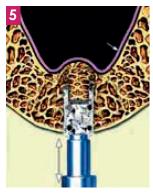


Remove the trephine.

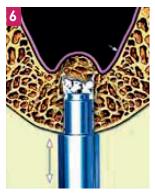


Depending on the composition of the operating site, select a straight or angled 8 mm long Osteosinus (yellow ring on top), attach it and use it to compact the bone cylinder.

Sometimes because of a very resistant bone, it is necessary to start compacting with a surgical hammer.



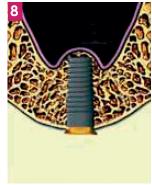
Fill the cavity with the bone substitute.



Continue compacting the bone. The bone material gradually elevates the sinus membrane.



Place the implant after compacting approx. 2 cubic centimeters of the bone material.



Allow a healing period of approx. 8 months during which osseointegration is completed.

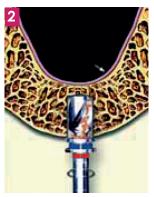
NB: we recommend checking osseointegration with a scanner before loading the implant.

TECHNIQUE BY USING THE FORSINUS





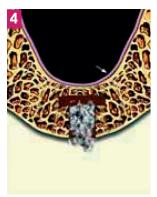
Select a suitable section on the X-ray of the implant site and measure the bone availability (here: 7 mm)



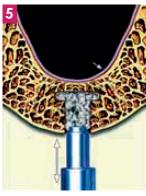
Use the 6 mm long forsinus drill (red ring on top) with a bone availability of 7 mm.



Use the diskosinus bladed wheel, rotating it slowly with a circular movement, to enlarge the bone base below the sinus and provide it which increased resilience.



Fill the cavity with bone material.



Attach a 7 mm long osteotome (red ring on top) to the Osteosinus and use the instruments to compact the bone. Sometimes for a very resistant bone, it is necessary to start compacting with a surgical hammer.



Repeat the procedure until 1,5 to 2 cubic centimeters of bone material has been inserted. This gently elevates the sinus membrane without tearing it.



Then place the implant.



Allow a healing period of approx 8 months during which osseointegration is completed.

NB: we recommend checking osseointegration with a scanner before loading the implant.

BONE MANAGEMENT

Ridge spreading condensing

- 4 ridge spreaders with gradual diameters :
- 1.5-2-2.5 and 3 mm (on the lower edge) 2-2.3-3.4 and 3.9 mm (under the depth stop)
- Length: 20 mm, round edge
- Colour coding for safety purpose
- To set all types of implants to 4 mm diameter
- Avoid the use of sharp drills on very narrow sites (the periodontal ligament is respected)
- For lateral or vertical condensation
- Gradual insertion (maximum 5 rpm) always with a 1/64 contra-angle.

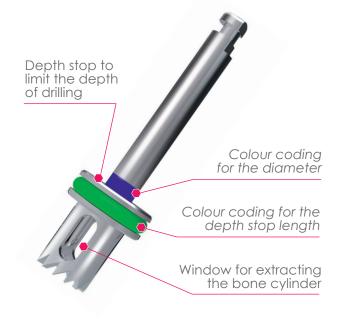


Trephines

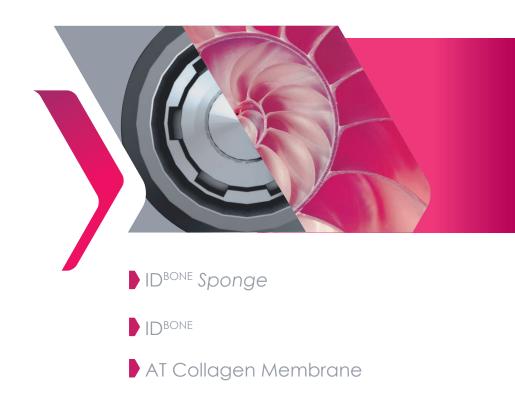
Very sharp trephines in surgical stainless steel for bone explantation.

Equipped with depth stops and lateral windows for an easy clearing of the recovered bone.

DIAMETER	LENGTH	P/N
	in mm	
Ø 3 mm	_3_	TL 33
Ø 3 mm	—	TL 43
	4	
Ø 3 mm		TL 53
Ø 3 mm	6	TL 63
Ø 3 mm	—7 —	TL 73
Ø 3 mm	8	TL 83
Ø 4 mm	3	TL 34
Ø 4 mm	-4-	TL 44
Ø 4 mm		TL 54
Ø 4 mm	6	TL 64
Ø 4 mm	—7 —	TL 74
Ø 4 mm	8	TL 84
	_	

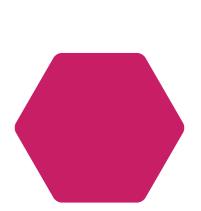


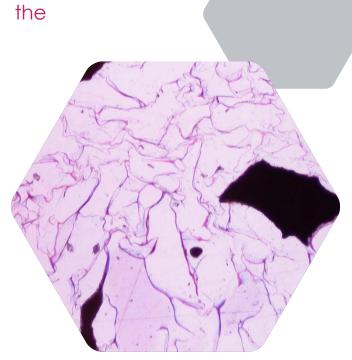
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Bone substitutes /

"As a result of many years of research, IDI - Implants Diffusion International, in collaboration with practitioners, selected the best performing products for you dedicated to bone filling and bone regeneration: the IDBONE Sponge, the IDBONE and the AT Collagen membrane."





These products were tested and validated by a panel of professionals, and guarantee you optimal results.

The ID^{BONE} is a powdered filling material It avoids the additional use of a regeneration composed of hydroxyapatite. The particular feature of this bone substitute is to have a high porosity that optimizes its bioconductive effect.

membrane. The product consistency enables a perfect adaptation to recipient site as well as a great tightness of the sinus mucosa if it is slightly torn.

The AT Collagen membrane will enable you to obtain an optimal barrier, and may be used in addition to the IDBone.

The IDBONE Sponge – that has the consistency of a "marshmallow" - draws special attention to itself thanks to its easy-to-use feature. This bone substitute matrix makes any kind of graft being simple to achieve and with reproducible results.

Important

This product was designed and produced in conformance with European regulations (directive, CE labelling) and the applicable international standards.

DBONE Sponge

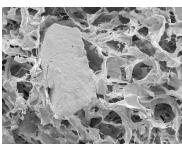


PRESENTATION

Bone tissue is naturally capable of self-remodelling and regeneration. However, in many clinical situations an additional supply of bone substance is required.

IDBONE Sponge which is one of the biphasic ceramics has an optimum degree of compatibility and functionality as well as hydrophilic and handling properties which makes it a material of choice in many applications. IDBONE Sponge technology has been optimised and successfully used in dental and orthopaedic surgeries.

ID^{BONE} Sponge is a haemostatic, resorbable, osteoconductive bone substitute matrix.



SEM: ID^{BONE} Sponge bone substitute granule and collagenous matrix.

INDICATIONS

IDBONE Sponge is indicated for use in bone augmentation and reconstruction:

- Filling of bone defects.
- Reconstruction of the alveolar ridge.
- In combination with guided tissue regeneration products or guided bone regeneration products for filling bone defects and sinuses in preparation for implants.
- In combination with guided bone regeneration products for peri-implant reconstruction.

A facilitating bone substitute matrix.



IDBONE Sponge is comprised of a dispersed granular biphasic synthetic bone substitute in a collagen matrix (types I and III).

DBONE Sponge

ADVANTAGES

- A malleable material that can be cut before use.
- Excellent hydrophilic qualities.

The combination of collagen and a biphasic bone substitute:

- Collagen enables the creation of a structure: contributes to the migration of cells and the colonisation of all the material.
- During collagen breakdown amino acids metabolised by cells, are released.

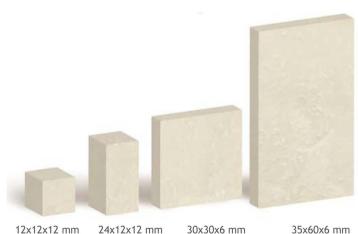
The unique composition of $\ensuremath{\mathsf{ID^{BONE}}}$ Sponge gives it the following properties:

- Dry placement or mixed with physiological saline solution and blood.
- Resorption of collagen in 1 month and remodelling of the bone substitute by cells in 3 months.
- The stability of the matrix enables it to serve as a support (ex: antibiotic, PRF, etc.).

Size grading & References:

- Size grading: 80 - 200 μm

Dimensions (mm)	References
12x12x12	IDBSA
24x12x12	IDBSB
30x30x6	IDBSC
35x60x6	IDBSD



Product safety

The collagen used is xenogenic and a-cellular. This product presents no risk of prion disease. In addition, the collagen extraction process integrates validated steps for the inactivation of bacteria, viruses and prions.

IDBONE Sponge is developed and patented for several applications.

Produced by BIOM'UP, France.

Di

Methodology

Correction of a maxillary bone defect by sinuslift with the use of IDBONE Sponge.

Realisation of a muco-periosteal flap with anterior oblique vertical incision enabling to expose the canine fossa.





Use a large ball bur (for resin prosthesis) to open the maxilla sinus in its lower part. This enables to see the light-blue sinus mucosa without perforating it.



With a fine excavator, start detaching the sinus mucosa. This detachment is extended both to the lower part and backwards with different shapes and sizes of detachment instruments.



Place a Codman compress, saturated with betadin, allowing to keep the sinus mucosa up. Once the compress is positioned, the implants may be placed.



The IDBONE Sponge filling material may be inserted with tweezers; Position it till it is near the edge of the sinus opening previously created.





IDBONE Sponge

Clinical applications

Peri-implant filling

 ID^{BONE} Sponge can be used in ridge widening (1). ID^{BONE} Sponge is placed in the ridge widening zone (2). The implant is then placed in the zone containing ID^{BONE} Sponge (3). Perfect tissue healing is already visible after 5 months (4).









Apical resection

The bone cyst is approached from the apical zone (1). After opening the site and getting rid of the inflammatory tissue, the apical extremity of the root and infections is cut. IDBONE Sponge is placed in the cleaned cavity (2) (3) and will enable filling of the defect caused by the removal of the cyst (4).





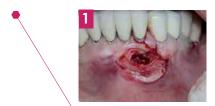




Sinus Floor elevation

Two types of approaches (crestal and lateral approach)

The ID^{BONE} Sponge membrane is placed then introduced in the bone defect under the sinus mucosa (1) (2). ID^{BONE} Sponge is used to fill the bone defect (3). The implant is then placed in the same time as the bone graft (4).









IDBONE



PRESENTATION

IDBONE is a synthetic bone substitute with exceptionally high porosity (90%) and totally interconnected. Thanks to this porosity and its chemical composition (beta-TCP), when implanted in bone, IDBONE is replaced in 6 or 7 months by neoformed bone tissue.

Global ID^{BONE} porosity is close to 90%. Both macroporosity and microporosity are present.

The macroporous component is made up of largesized pores (0.2 to 0.5 mm), all interconnected.

This interconnected macroporosity allows bone tissue to penetrate into the heart of the biomaterial (osseointegration by osseoconduction).

The next step is the start of the ID^{BONE} bone remodeling process, during which bone cells will be fragmenting and digesting the biomaterial while they produce new bone replacement tissue.

INDICATIONS

ID^{BONE} is indicated to deal following cases:

- Sinus graft.
- Bone loss correction.
- Filling alveoli.
- Periodontology.

ID^{BONE} is entirely composed of beta-TCP.

Beta-TCP, or beta-tricalcium phosphate, belongs to the same chemical family as the mineral substance of bone, so that osseointegration is complete when it is placed in a bone site.

ADVANTAGES

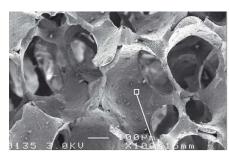
Security:

- Synthetic, no infectious immune risks.
- Clinical background.
- Ready to use.

Efficiency:

- Rapid osseointegration.
- Rapid revascularisation to core of graft.
- Rapid resorption by neoformed bone remodeling.

Synthetic bone substitute with high porosity.



The microporous component is made up of small-sized pores (1 to 5 μ m), which are found between TCP grains which merged when the material ceramized (see adjacent scanning electror microscope image).



INSERM U922-Angers (Pr D. Chappard)

The ID^{BONE} composition is similar to the mineral phase of bone.

The ID^{BONE} pores dimension is compatible with the cells of human bone.

The ID^{BONE} has been marketed since 2008 and benefits from a significant clinical background.

Produced by Kasios, France.



Size grading & references:

IDBONE is packaged in boxes of 5 double cups, (individually sterile).

Description	References	Packaging
ID ^{BONE} 150 - 500 µm (Designed for periodontal indications)	IDB 1501	Box of 5 cups x1 cc sterile
ID ^{BONE} 1000 - 2000 µm (Recommended for sinus lift)	IDB 10001	Box of 5 cups x1 cc sterile

Methodology

1/ Preparation: Mixture with autologous blood and/or bone. 2/ Application With a spatula into a cavity to fill. 3/ A membrane can be added. 4/ Suture.







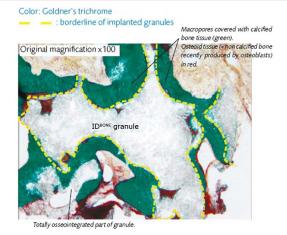


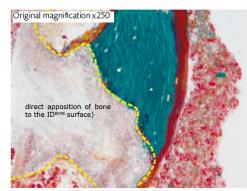


Histology

Bone cores were sampled at D+3 months from the sinuses previously filled with IDBONE.

In all cases, the same degree of bone remodeling was seen (see imagery below). Please note on the second picture the perfect onlay of bone to biomaterial, evidence of its osseointegration.





INSERM U922-Angers (Pr D. Chappard)

AT Collagen Membrane



Reabsorbable membrane for guided tissue regeneration.

PRESENTATION

Collagen reticulated with barrier effect non-allergenic and lyophilized.

The Collagen AT membrane is made of pure, high quality collagen, equine origin, manufactured under a strictly controlled production process according to CE Health Regulations.

ADVANTAGES

- Barrier effect, reabsorption within 180 days.
- Adaptability by adhesion to surrounding tissue.
- Micro roughness surface that allows the stabilization of the membrane without suture.
- Associated with some grafting materials: Hydroxiapatita, lyophilized bone, etc. Optimal barrier effects are obtained.
- The product is sterilized by gamma radiation and packaged in a heat-sealed double envelope, therefore guaranteeing its preservation and providing maximum sterilization.

Indications

- For Guided Tissue Regeneration in implantology.
- For the prevention of post-surgical bone dehiscence.
- For use in periodontal surgical procedures.

Clinical case - Example of use

Sinus Lift with an AT Collagen Membrane.











Reference:

Dimensions (mm)	References	Packaging
22x22	COLLAGENE AT	Box of 6 membranes (individually packaged)

Produced in Italy.



23/25 rue Émile Zola - 93100 Montreuil - France Tél. : +33 (0)1 48 70 70 48 - Fax : +33 (0)1 48 70 44 58



