



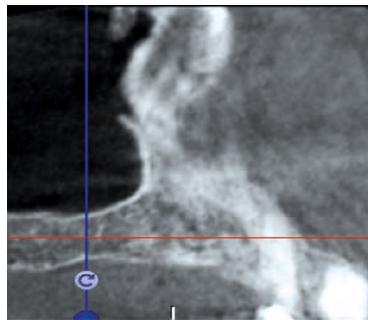
GUIDELINES SINUS LIFT



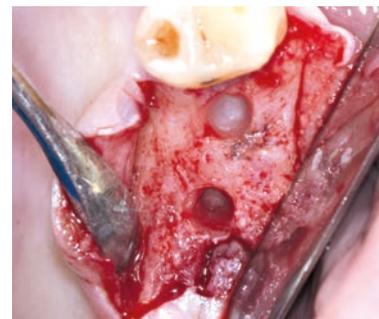
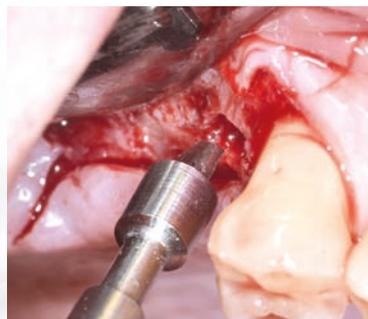
2025

SINUS LIFT

The **crestal sinus lift** technique allows **atraumatic, simple and safe resolution** of vertical bone defects in the lateral-posterior sectors of the upper jaw.



2 It consists of **lifting without tearing** the Schneiderian membrane via the crest, in order to transform the sinus cavity into mineralised tissue capable of encasing and supporting implants, even through the insertion of biomaterials.



Using **dedicated sequential drills**, the sinus lift kit provides **all clinicians with a highly predictable technique** supported by a very large case history.

INDICATIONS FOR SURGERY

A complete patient history and a careful examination of occlusal, periodontal and bone tissue conditions are essential.

Pre-surgical planning must be accurate: particular attention must be paid to studying the morphology of the sinus, precisely determining the height and thickness of the alveolar crest.

In addition to the evaluation of surgical aspects and specific risk factors, the planning must include a prosthetic planning phase to ensure aesthetic and functional results.



The kit includes **two** sets of instruments, depending on the available bone height.

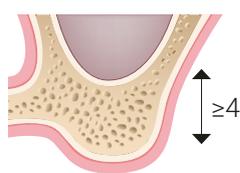


drill extension	DE
ratchet body lift	RBL



STANDARD

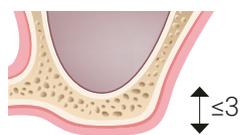
If the height between the bone crest and the maxillary sinus floor **exceeds 4 mm**



standard pilot drill	SPD
standard initial drill	SPI
standard drill h. 5 mm	SD5
standard drill h. 6 mm	SD6
standard drill h. 7 mm	SD7
standard drill h. 8 mm	SD8
standard drill h. 9 mm	SD9
standard drill h. 10 mm	SD10
standard drill h. 11 mm	SD11
standard body lift	SBL

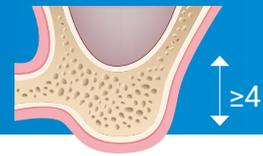
ADVANCED

If the height between the bone crest and the maxillary sinus floor is **between 1 and 3 mm**



advanced pilot drill	APD
advanced initial drill	AID
advanced drill 2 mm	AD2
advanced drill 3 mm	AD3
advanced drill 4 mm	AD4
advanced body lift	ABL

SURGICAL SEQUENCE

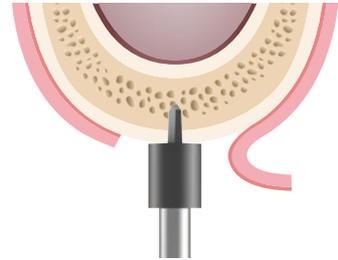


BONE HEIGHT **GREATER THAN 4 mm**

STANDARD SINUS LIFT

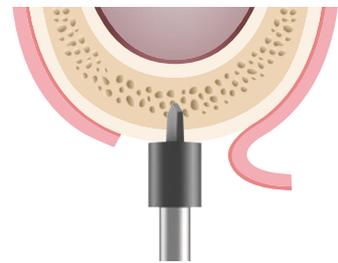
1.

After exposure of the bone crest, use the **pilot drill (SPD)** at 300 rpm to create the pilot hole for the subsequent drills.



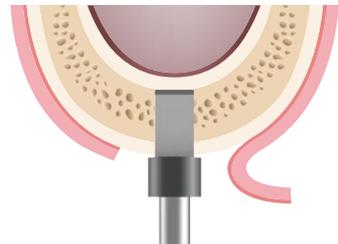
2.

Use the **initial drill (SPI)** at 300 rpm to enlarge the initial preparation.

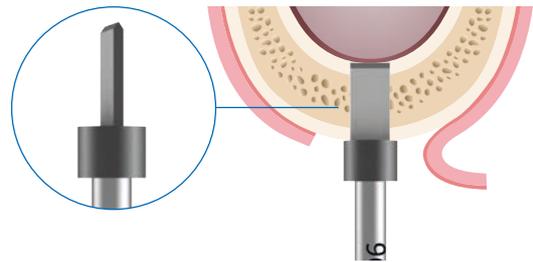


3.

Pass the **drills** in sequence starting from **SD5, mm by mm**, until the cortical bone close to the Schneiderian membrane is **removed**. The drills should be used with caution at a maximum of 300 rpm; it is advisable to **stabilise the handpiece** using both hands, each placed at one end of the instrument.

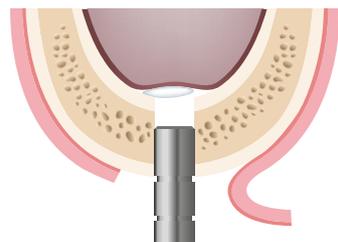


The **particular cut** of the machining part is able to **erode the cortex without tearing soft tissue**, allowing the membrane to be exposed without risk.



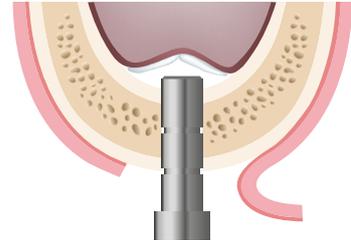
4.

Once the osteotomy is completed, use the **SBL body lift** to insert a small collagen sponge soaked in saline to protect the membrane; stop at the first notch on the instrument. The **compression of the fluids** applied will allow the membrane **to be detached atraumatically**.



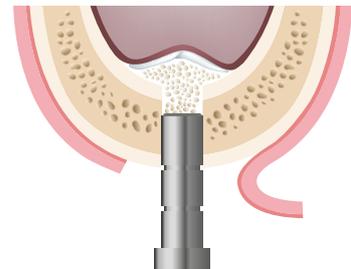
5.

Insert **additional collagen** using the **SBL body lift** up to the **second notch** on the instrument, to **continue lifting** the membrane.



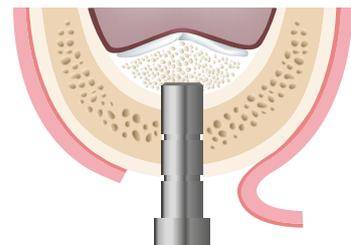
6.

Use the **SBL body lift** to insert the **well-hydrated graft** material slowly and gradually to lift the membrane and simultaneously fill the cavity created. Stop at the **first notch** on the instrument.



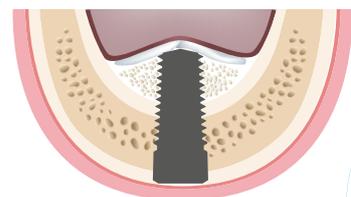
7.

Insert additional biomaterial using the **SBL body lift** up to the **second notch** on the instrument in order to lift the membrane and simultaneously fill the created cavity.
If necessary, repeat to reach the last reference notch at 10 mm.
Take an **X-ray with the body lift inserted** to assess the height of the graft and verify that the quantity of biomaterial is sufficient for implant insertion.



8.

If the clinical conditions exist, proceed with **insertion of the implant**.
If the site preparation requires a diameter of more than 3 mm, use the drills provided for in the protocol of the chosen implant, bearing in mind that the depth of the osteotomy must be equal to that of the residual bone height before the lift procedure.



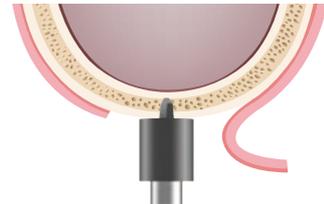


BONE HEIGHT **BETWEEN 1 AND 3 mm**

ADVANCED SINUS LIFT

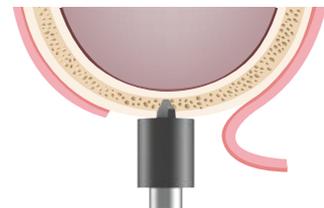
1.

After exposure of the bone crest, use the **pilot drill (APD)** at 300 rpm to create the pilot hole for the subsequent drills.



2.

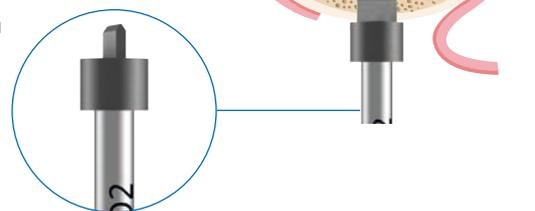
Use the **initial drill (AID)** at 300 rpm to enlarge the initial preparation.



3.

Pass the **drills** in sequence starting from **AD2**, mm by mm, until the **cortical bone** close to the Schneiderian membrane is removed. The **particular cut** of the machining part is able to erode the cortex **without tearing** soft **tissue**, allowing the membrane to be exposed without risk.

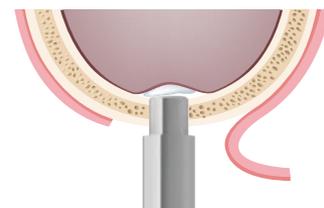
The drills should be used with caution at a maximum of 300 rpm; it is advisable to **stabilise the handpiece** using both hands, each placed at one end of the instrument.



4.

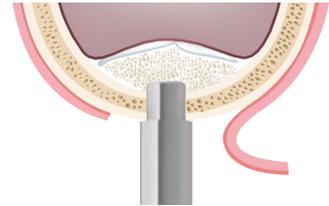
Once the osteotomy is completed, use the **ABL body lift** to insert a small **collagen** sponge soaked in saline to protect the membrane.

The **compression of the fluids** applied will allow the membrane **to be detached atraumatically**.



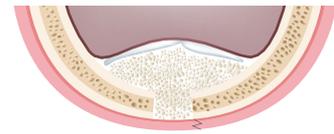
5.

Proceed as described in steps 5-6-7 of the standard procedure, using the **ABL body lift** to insert the well-hydrated biomaterial slowly and gradually to **lift the membrane** simultaneously fill the cavity created.



6.

Proceed with flap closure and **wait for the site to heal completely (6-9 months)** before proceeding with the implant insertion.





IESS Group is the new international company established in 2021 from the merging of **Geass** and **iRES Group** and which expanded further in 2022 with the entry of Multysystem.

In addition to one of **the sector's most extensive product portfolios**, IESS Group also provides a **wide range of services** designed to support the dentist in all professional aspects.

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