**Osseodensification**

Molar Septum Expansion Protocol with the Densah® Burs®

**Protocol 5 of 6**

- SEPARATE MOLAR ROOTS AT THE FURCATION WITHOUT COMPROMISING THE INTEGRITY OF THE SEPTUM
- USE PILOT DRILL IN CLOCKWISE MODE TO A DEPTH THAT IS 1MM DEEPER THAN THE PLANNED IMPLANT LENGTH
- USE THE SUBSEQUENT DENSAH® BURS IN SMALLER INCREMENTS TO EXPAND THE OSTEOTOMY AND TO INCREASE BONE PLASTICITY
- IMPLANT PLACEMENT SHOULD BE EITHER AT THE CREST OR SUB-CREST LEVEL
- FILL THE GAP WITH A BONE GRAFT MATERIAL IF NEEDED; PREFERABLY AN ALLOGRAFT WITH A 70/30 CANCELLOUS/CORTICAL RATIO

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**Step 1:**

*Separate molar roots at the furcation without compromising the integrity of the septum.* Perform atraumatic mesial and distal root extraction. Degranulate tissue to expose septum area.

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**Step 2:**

*Use a pilot drill that is 1.3 mm -1.5 mm, in clockwise mode, in the center of the septum to a depth that is 1mm deeper than the planned implant length.*

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**Step 3:**

Depending upon the implant type and diameter, follow the corresponding Densifying Reference Guide starting with the smallest Densah® Bur to 1mm deeper than the intended implant length. Run the Densah® Burs in OD mode (counterclockwise, drill speed 800-1500 rpm with copious irrigation). **Use the subsequent Densah® Burs in smaller increments to increase bone plasticity and to expand the osteotomy.** For example, use Densah® Bur (2.0) after the pilot then expand with Densah Bur® (2.3) then move to Densah® Bur (2.5) before introducing the Densah Bur (3.0). As it is in ridge expansion cases with Osseodensification, you may over-expand the osteotomy so the last Densah® Bur diameter is slightly larger than the planned implant major diameter. As the bur diameter increases, the bone expands to reach the final osteotomy diameter.
Step 4:
**Implant placement should be either at the crest level or sub-crest level** depending on its connection type.

Step 5:
**Fill the gap with a bone graft material if needed; preferably an allograft with a 70/30 cancellous/cortical ratio.** Seal the gap with biologics or a collagen plug and a large healing abutment and possibly place interrupted suture on top.

Step 6:
Assess healing and soft tissue closure 6-8 weeks post placement.

Case courtesy of Dr. Samvel Bleyan