

# Osseodensification



Combined Molar Septum  
Expansion/Densah Lift

Combined Upper Molar Septum Expansion with Sinus Lift Protocol

**Overview:** Indicated for upper molar sites with a minimum of 4mm wide septum

1. Utilize CBCT imaging to measure ridge width and distance to the sinus floor.
2. Flapless atraumatic tooth extraction with minimum trauma to preserve septum.
3. Osseodensification instrumentation using Densah Burs in CCW (800-1500 RPM) to expand the septum and lift the sinus membrane simultaneously.
4. Implant Placement.
5. Graft the socket around the implant with the appropriate bone graft materials.
6. Seal the socket with a large/wide healing abutment.

Step 1:

Diagnosis:

Utilize CBCT imaging to assess and measure alveolar ridge width and the height to the sinus floor.

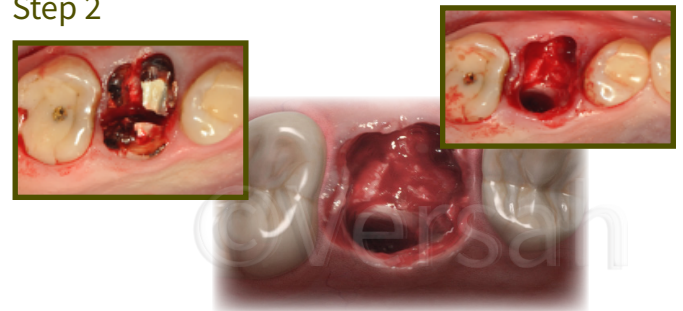
Step 1



Step 2:

Flapless surgical extraction is indicated. Separate molar roots with minimum trauma to preserve the septum.

Step 2



Step 3:

Instrumentation:

Run the Densah® Bur in OD Mode (CCW) drilling speed of 800-1500 RPM with copious irrigation. Use the subsequent larger Densah® Burs in full increments to increase bone plasticity and to expand the osteotomy and lift the sinus membrane. For example, use Densah® Bur 2.0 after the pilot, then expand and enter the sinus with Densah® Bur 3.0, then move to Densah® Bur 4.0 before introducing Densah® Bur 5.0 if needed. As the bur diameter increases, the septal bone expands and the sinus membrane should be lifted up to 3mm with autogenous bone graft.

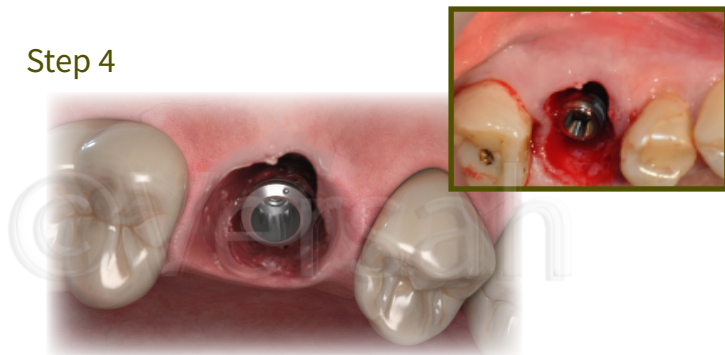
**If additional lift of more than 3mm is needed, propel allograft with the final bur running in CCW at 150 RPM with no irrigation (see Sinus Lift Protocol II).**

Depending on the implant geometry, follow the corresponding densifying reference guide.

Step 3

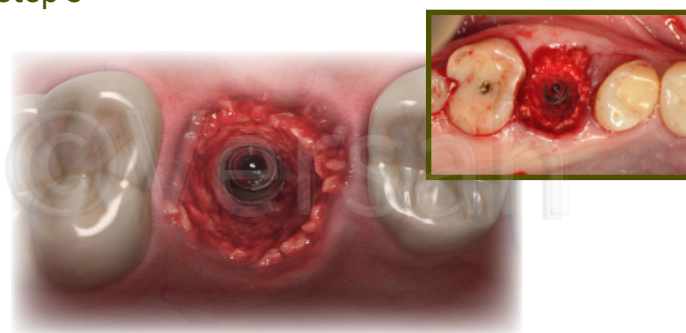


Step 4



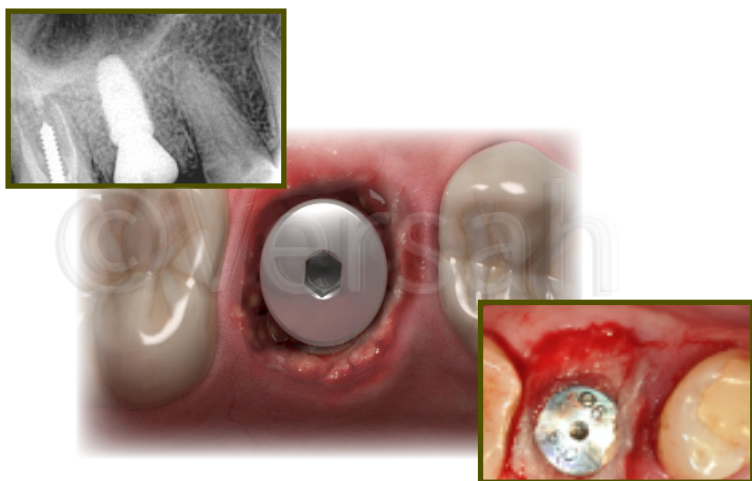
Step 4:  
Place implant at either the crestal or subcrestal level depending on its restorative connection type.

Step 5

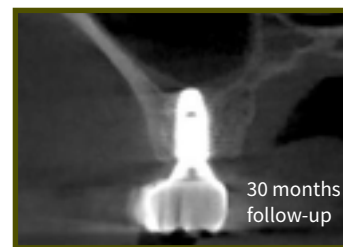


Step 5:  
Fill the socket gap with a bone graft material if needed, preferably using an allograft putty or allograft particulate with a 70/30 cancellous/cortical ratio.

Step 6



Step 6:  
Seal the socket with a **customized or standardized large healing abutment.**



Case Courtesy of Dr. Samvel Bleyan