

# One day: flapless surgery and immediate loading

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The 38-year-old patient came to our observation with the request to rehabilitate the element 3.6, missing for a long time. The patient's need was to receive the surgery in less time and with an immediate loading prosthesis. As this type of rehabilitation is often approached, we chose to insert two implants to support the prosthetic crown thus minimizing the risk of rotation of the prosthesis: one of the advantages of using Prama is that it makes this type of prosthetic approach much more aesthetic, since the coronal convergence of the implant leaves much more room available for soft tissues, in favour of the peri-implant gingival volumes and the good outcome of the entire rehabilitation.

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**“The use of Prama immediately loaded associated with flapless technique represents both the most modern and conservative approach in the panorama of implant rehabilitation therapies. The 2.80 mm high convergent neck allows visual control during insertion since in most cases the connection emerges juxta-gingival, not into the socket, and soft tissues firmly surround the platform.**

**The association of Prama implant with the flapless technique has given really relevant results from every point of view: surgical, biological and prosthetic but above all it has fed the passionate side of this work eliminating some constraints and giving us the possibility of a subjective interpretation that we were missing a little.”**

(cit. Dr. Gioacchino Cannizzaro and D.T. Paolo Viola)

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1. Edentulous area to restore.
2. Flapless surgery: "one drill-one implant" technique.
3. Prama implants during the insertion (3a) and inserted (3b).

3b



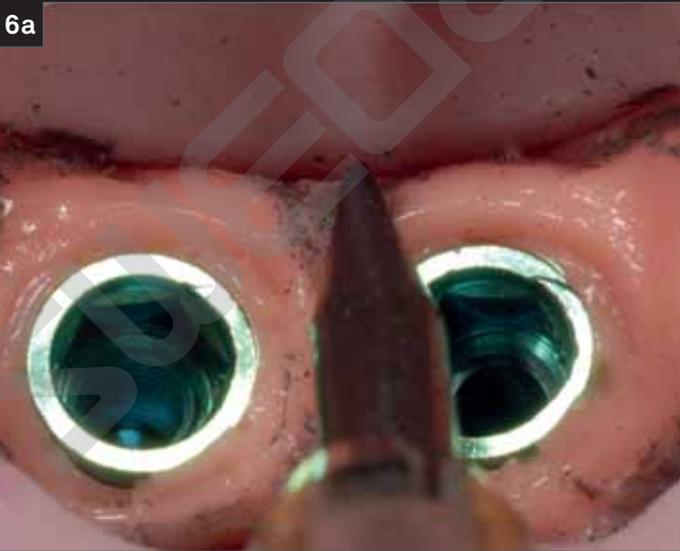
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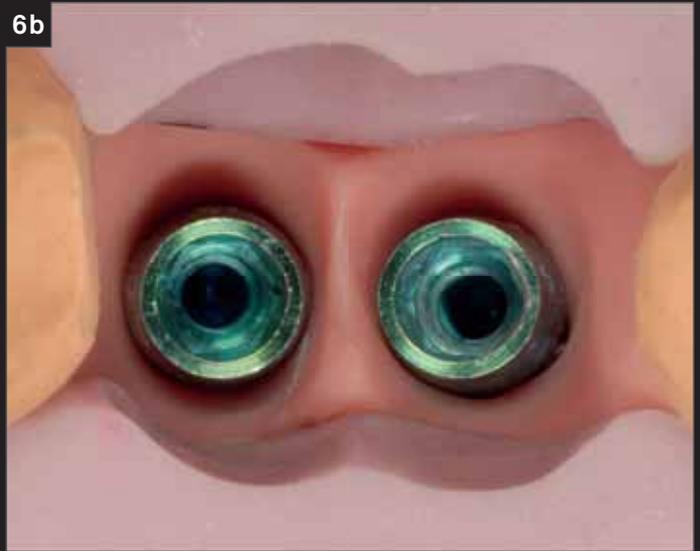
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6a



6b



4. Laboratory phases for the preparation of the prosthetic crown.
5. Biological space to be restored.
6. Identification and setting of emergence profiles.



7. Straight prosthetic posts.
8. Reduction of the posts adjusting them to the anatomy of the prosthetic crown.
9. Anatomy of the metal structure, that partially embraces the neck of the two implants, thus recovering the necessary vertical dimension.

10



11



10. Final morphology of the rehabilitation with the ceramic coating.

11. Alveolar accesses after 24 hours: the neo-vascularization and the favorable progression of healing are well visible.

12a



12b



13



12. Final prosthesis in place and checked.

13. Radiograph at 4 years that highlighted the maintenance of the bone peri-implant level.

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