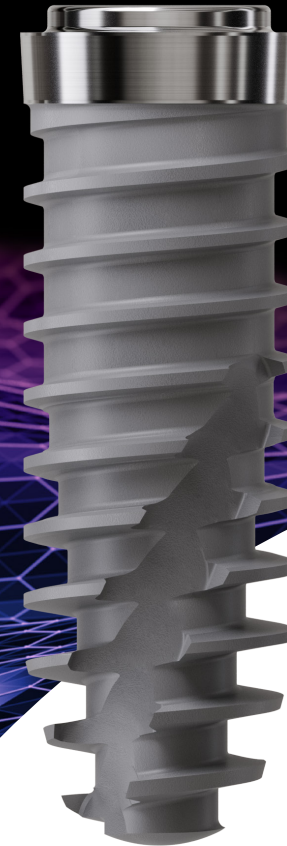


The NEVO Case Book

Showcasing Gentle Strength Across Indications



**Stronger.
Healthier.
Gentler.**



Welcome to The NEVO Case Book

A collection of real clinical experiences showcasing the versatility and reliability of Thommen Medical's NEVO implant.

Today's patients expect more: effective, minimally invasive treatments with faster healing and lasting results. With NEVO, we've developed the world's first Gentle Implant – combining powerful performance with a patient-friendly approach.

NEVO is designed for predictable outcomes, also in complex cases:

- Gentle yet stable insertion with advanced core body, thread and tip design
- Rapid Healing with the INICELL[®] surface
- Tissue preservation through the TISSUEGARD[®] collar
- Long-term stability with the EVERGUARD[®] connection

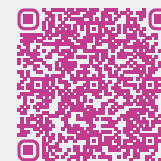
In this book, you will find a wide range of clinical cases across indications and techniques. They illustrate the many ways NEVO supports clinicians in their daily practice.

Enjoy the cases. Join the NEVOlution.



2

Scan to find
out more



The Case Collection

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Immediate Flapless Guided Placement of a NEVO Implant

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Switzerland



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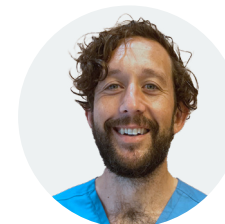
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The Case Collection

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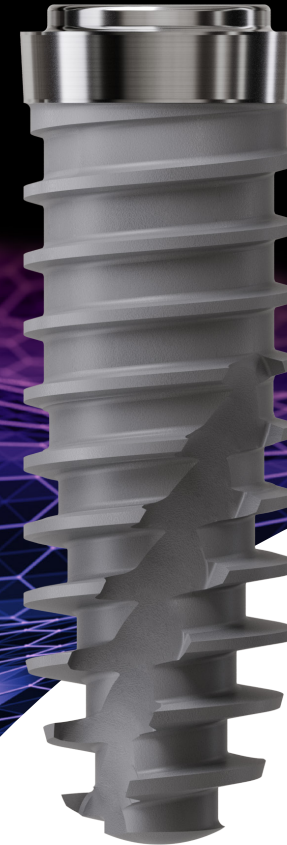
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Dr. Giancarlo Bianca,
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Immediate Implantation in the Extraction Socket



Immediate Flapless Guided Placement of a NEVO Implant



Dr. Thomas Hitz,
Switzerland

Dr. Thomas Hitz

Dr. Thomas Hitz completed his dental studies at the University of Zurich (UZH) and subsequently pursued postgraduate training from 2009 to 2012. His clinical and academic focus during this period was on reconstructive and esthetic dentistry as well as implantology.

He has established two private practices in Frauenfeld and Weinfelden, Switzerland, where he combines clinical expertise with a strong commitment to evidence-based dentistry, with a particular focus on reconstructive, esthetic, and minimally invasive dental treatments. Dr. Hitz is a member of the board of trustees of the Alliance for Implant Dentistry (AID) and a member of the Swiss Dental Association (SSO).

“With NEVO, I get excellent primary stability and tactile feedback.”



Vincent Fehmer, MDT,
Dental technician,
Switzerland

Vincent Fehmer, MDT

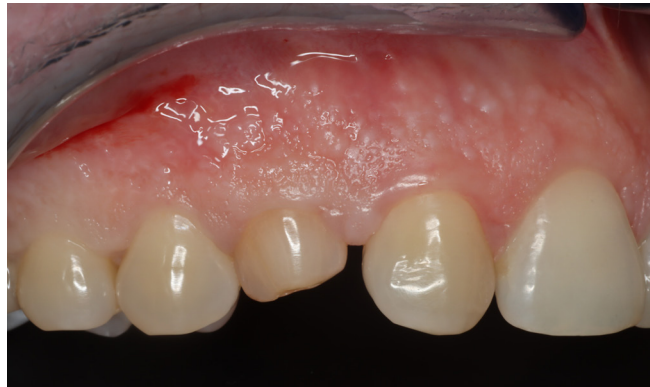
Vincent Fehmer, MDT, trained as a dental technician in Stuttgart, Germany, graduating in 2002, and subsequently completed scholarships in the UK and the USA at Oral Design-certified laboratories. From 2009 to 2014, he served as Head Dental Technician at the Clinic for Fixed and Removable Prosthodontics in Zurich, and since 2015 he has been based in Geneva, running his own laboratory in Lausanne. Vincent Fehmer is a highly regarded international lecturer, a Fellow of the International Team for Implantology (ITI), and an active member of the European Academy of Esthetic Dentistry (EAED). He has published over 75 peer-reviewed articles on fixed prosthodontics and digital dentistry and serves as Editor-in-Chief of The International Journal of Esthetic Dentistry and the QDT Yearbook, which he has been leading since 2023.



The Baseline Situation

Root resorption in primary canine

A female patient in her mid-40s with good oral health presented with increasing mobility in primary canine 53. Radiographic and clinical examination confirmed root resorption.





The Treatment Strategy

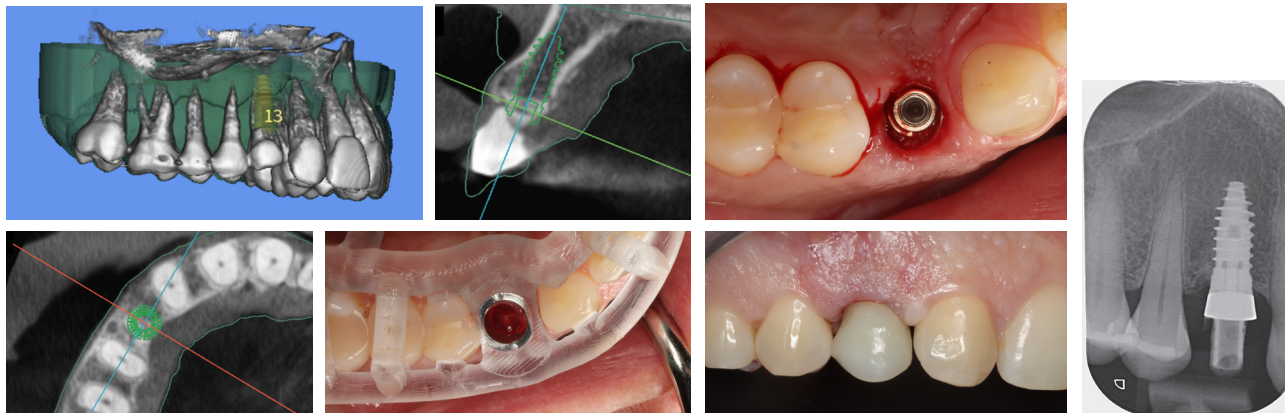
1 NEVO Implant placement and temporary crown insertion

Digital planning for a NEVO RC INICELL® implant (PF 4.0, L 9.5) in SMOP software (Swissmeda)

Extraction of tooth

Guided flapless immediate implantation in position 13

Insertion of temporary crown on adapted VARIOtemp abutment

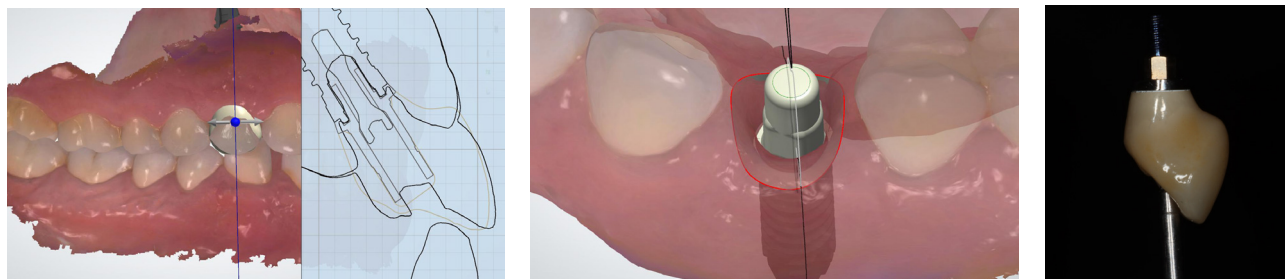


2 Definitive crown placement

Intraoral scan of temporary restoration

Digital planning of definitive crown shape and emergence profile

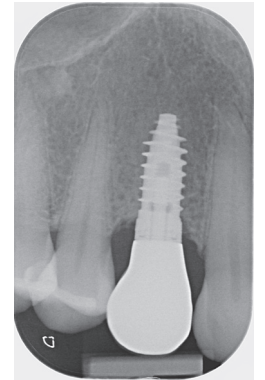
Insertion of definitive zirconia crown with minimal veneering, on a VARIOflex titanium abutment





The Outcome

The final result shows excellent esthetics with seamless integration into the smile line. A cleanable, well-contoured emergence profile supports long-term hygiene and maintenance, alongside healthy, stable peri-implant soft tissues. The presented workflow proved itself as highly predictable, delivering reliable esthetic and functional results.



L, length; PF, platform; RC, regular collar.

Immediate Implant Placement With NEVO in the Posterior Region



Dr. Alfonso Gil, Spain
www.clinicadentalalbia.com

Dr. Alfonso Gil

Dr. Alfonso Gil is a distinguished dentist based in Bilbao, Spain, where he also serves as director of the education center Advanced Esthetic Seminars. He completed multiple specializations, including a specialization in Periodontology at the University of Southern California in Los Angeles from 2013 to 2016, a PhD at the University International of Catalunya in 2019, and a specialization in Prosthodontics and a Master of Implantology from the Clinic of Reconstructive Dentistry at the University of Zurich from 2017 to 2022. Dr. Gil has published in numerous journals and has the prestigious role as Editor-in-Chief of the International Journal of Esthetic Dentistry. In addition, he serves as an associate faculty member at USC and UIC, an EAO Advisor, and a board member of SEPES.

“I particularly appreciate the strong clinical grip and precise handling during NEVO implant placement”



The Baseline Situation

Patient with a fractured premolar

A 48-year-old patient presented at the practice with a fractured premolar in the maxilla, seeking a reliable, fixed solution through implant treatment.





The Treatment Strategy

1 Immediate implant placement & grafting

Extraction of tooth in multiple pieces

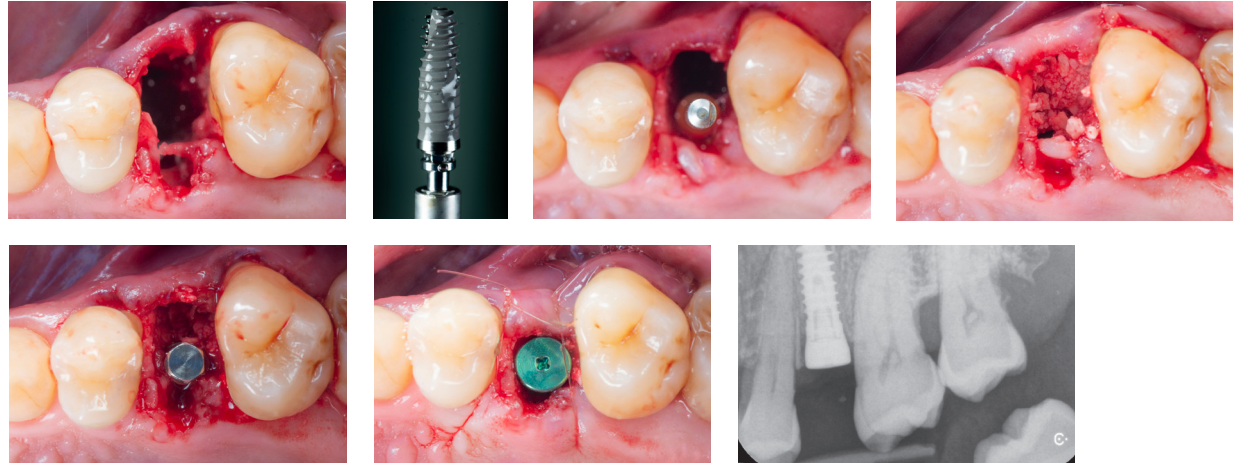
Identification of a missing buccal plate (dehiscence) of 4 mm

Placement of a NEVO RC INICELL® implant (PF 4.0, L 12.5 mm) in an ideal prosthetic position, carefully avoiding the sinus (Insertion torque: 30 Ncm)

Grafting of the buccal gap with a bovine bone substitute (Bio Oss granulates)

Placement of a small resorbable collagen membrane, followed by suturing on the buccal side with PGA 6-0s sutures

Transcrestal healing with healing abutment



2 Intraoral scanning

Intraoral scanning with primescan

Inhouse fabrication of a veneered lithium disilicate crown cemented on a ti-base



3 Crown delivery

Delivery of the screw-retained restoration

Closure of the screw channel with composite





The Outcome

The implant healed successfully, and within only three appointments, it was fully restored. The patient is pleased with the esthetic results, and clinical examination shows healthy bone and tissue levels.



ISQ, implant stability quotient; L, length; Ncm, Newton centimeter; PF, platform; PGA, polyglycolic acid; RC, regular collar; ti-base; titanium base.



NEVO Implantation in the Posterior Region With Bone Augmentation and Hyaluronic Acid

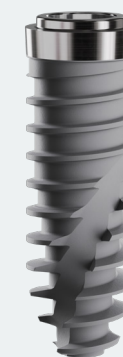


Dr. Pamela Glöckler,
Germany

Dr. Pamela Glöckler

Dr. Pamela Glöckler completed her dental studies in Hamburg, Germany, in 2014 and subsequently participated in a humanitarian project for children in Brazil. From 2014 to 2018, she completed her specialty training in Oral Surgery at Asklepios Heidberg Nord and worked in various private oral and maxillofacial surgery practices. She earned her doctorate in 2017 and was recognized as a specialist in Oral Surgery in 2018. In 2019, Dr. Glöckler was elected as a delegate to the Hamburg Chamber of Dentists, serving on the Committee for Late Dentition and as deputy member of the Examination Board for Dental Assistants. Her certified areas of expertise include periodontology, with a focus on esthetic and surgical periodontology, as well as implantology.

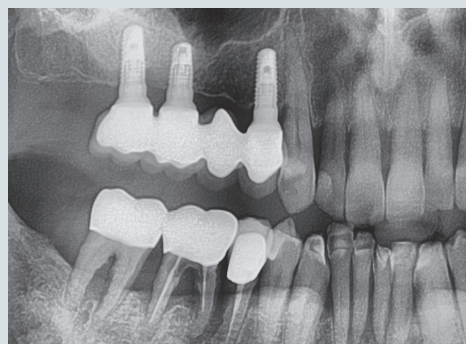
“The combination of the implant design for high primary stability and the INICELL® surface for rapid osseointegration made the NEVO implant the ideal choice for this immediate case”



The Baseline Situation

Patient with severe periodontal damage

A 66-year-old male patient, a non-smoker with no significant medical history, presented with instability in masticatory function in the right posterior region. Clinical examination revealed severe periodontal damage to teeth 46 and 47, with a mobility grade of III. Both teeth were deemed non-restorable, and extraction was recommended. The remaining teeth and implants were provided with professional preventive and periodontal therapy.





The Treatment Strategy

1 Guided immediate implant placement with bone augmentation

Atraumatic extraction of teeth 46 and 47 using sulcular incisions and a periosteum

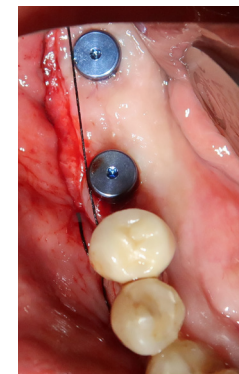
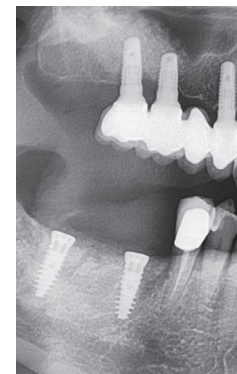
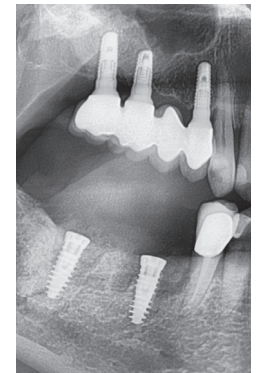
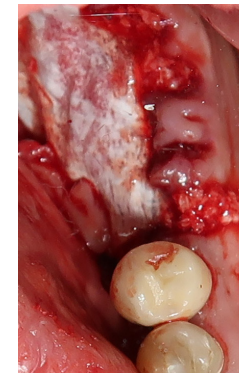
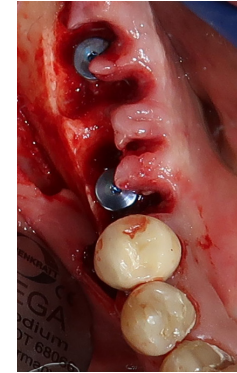
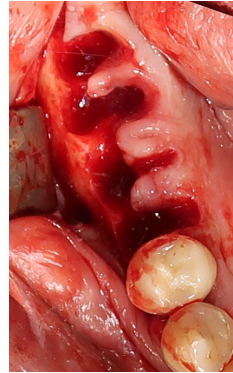
Guided placement of two NEVO RC INICELL® implants (PF 4.5) into the fresh extraction sockets at the interradicular septum

Filling of peri-implant gaps with a mixture of autologous bone chips, porcine bone substitute material (Purgo Biologics Inc., Korea), and hyaDENT BG hyaluronic acid (BioScience, Germany)

Augmentation of the buccal and crestal bone along the soft tissue contours to compensate for expected remodeling and support primary stability

Coverage of the augmented area with a Smartbrane membrane (RegeDent, Switzerland) rehydrated with hyaluronic acid

Tension-free wound closure using sutures to ensure a saliva-proof seal



2 Prosthetic restoration

After an initial healing period of 16 weeks, radiographic and clinical evaluations confirmed stable bone conditions and successful osseointegration, allowing for prosthetic restoration



The Outcome

This case demonstrates the effectiveness of immediate implantation combined with bone augmentation in the posterior region. The stable osseointegration of the implants and healthy soft tissue outcome confirm the success of the treatment approach. The combination of NEVO's performance and the use of hyaluronic acid for tissue regeneration contributed to optimal bone stability and tissue healing.

RC, regular collar, PF, Platform.



Immediate Rehabilitation of a Lower First Molar With NEVO



Dr. Tamás Chikány,
Hungary

Dr. Tamás Chikány

Dr. Tamás Chikány graduated summa cum laude from Semmelweis University in 2009. Beginning in 2010, he conducted doctoral research on peri-implant inflammation while simultaneously contributing to teaching and patient care. He regularly delivers professional courses and lectures at scientific conferences, and since 2016 he has also served as a guest lecturer and voluntary assistant doctor at the University of Szeged. Since 2017, Dr. Chikány has overseen curriculum development for implantology and periodontology courses within the Dentale Training Team and is a board member of the Hungarian Society of Implantology. He is co-owner and clinical director of the Intellident dental clinic and education center in Budapest.

“NEVO combines the original benefits of a really good prosthetic solution with enhanced surgical capabilities and better primary stability”



The Baseline Situation

Molar tooth with hopeless prognosis

A 46-year-old female patient was referred to the dental office with a lower first molar tooth with hopeless prognosis.





The Treatment Strategy

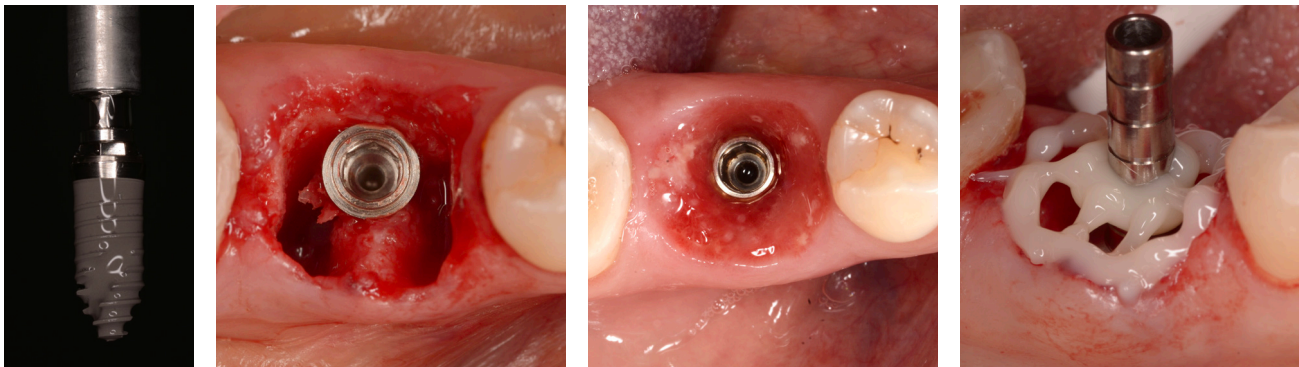
1 Immediate Implantation in interradicular septum

Atraumatic extraction of the tooth

Immediate placement of a NEVO RC INICELL® implant (PF 4.5, L 9.5) in the interradicular septum, with adequate primary stability

Filling of the root area with a xenograft (Smartgraft, REGEDENT)

Chairside fabrication of an individualized sealing socket abutment



2 Prosthetic restoration

Taking of a digital impression 4 months post-operatively

Fabrication of a final full-contour zirconia crown on dynamic titanium base*





The Outcome

The procedure led to a maintained mucosal contour, resulting in a cleanable soft-tissue environment around the final crown.



L, length; PF, platform; RC, regular collar. *The final crown was created by Adam Kapai DMD.

Immediate Implantation in the Extraction Socket

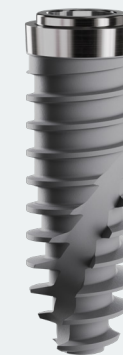


Dr. Samantha Rawdin,
N.Y., USA
www.gallery57dental.com

Dr. Samantha Rawdin

Dr. Samantha Rawdin, DMD is a prosthodontist specializing in reconstructive and esthetic dentistry. She completed a fellowship in implant dentistry at Columbia University College of Dental Medicine, as well as a three-year postdoctoral prosthodontic residency at Montefiore Medical Center/Albert Einstein College of Medicine. She earned her doctoral degree from Midwestern University in Arizona and completed her undergraduate studies at the University of Michigan. Dr. Rawdin is a diplomate of the American College of Prosthodontists, a Fellow of the Greater NY Academy of Prosthodontics, Fellow and Program Chair of the NGS Academy of Multidisciplinary Dentistry, and a member of the American Dental Association and the New York County Dental Society. Quelle: Prosthodontist New York | Meet Dr. Samantha Rawdin, DMD

“What impressed me the most about NEVO is the ease of insertion into an immediate extraction site”



The Baseline Situation

Patient with a vertical tooth fracture

A 73-year-old male presented with a vertical root fracture on tooth number 14. His medical history is notable for hypothyroidism, hypercholesterolemia, and a history of smoking.





The Treatment Strategy

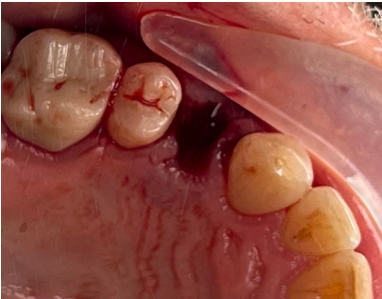
1 Tooth extraction

500mg azithromycin was given as premedication

Sectioning and atraumatic extraction of tooth

Thorough curetting of socket

CBCT to confirm adequate bone volume



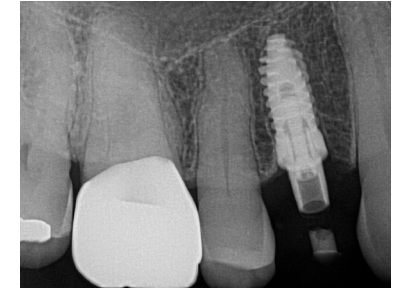
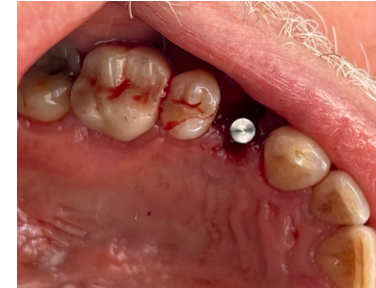
2 Immediate implant placement

Placement of a NEVO RC INICELL® implant (PF 4.0, L 9.5 mm) directly into extraction socket (Insertion torque: 35 Ncm). No additional drilling was required

Placement of a scan abutment followed by intraoral scan

Milling and luting of a PMMA provisional to a Ti-Base

Placement of immediate provisional, keeping it out of occlusion in maximum intercuspation positions and excursions





The Outcome

Following the final restoration, the patient expressed satisfaction with the esthetic results. The surrounding tissue appears healthy, and radiographic examination confirms stable bone levels.



CBCT, cone beam computed tomography; ISQ, implant stability quotient; L, length; Ncm, newton centimeter; PF, platform; PMMA, polymethyl methacrylate; RC, regular collar; Ti, titanium.



Rehabilitation of Tooth 36 With Immediate NEVO Implantation in a Dialysis Patient

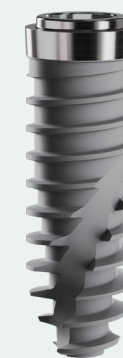


Dr. Christopher Köttgen, Germany

Dr. Christopher Köttgen

Dr. Christopher Köttgen established a private practice in Mainz, Germany, specializing in implantology, periodontology, functional diagnostics, and restorative dentistry. He worked for three years in the renowned practices of Prof. Wachtel and Prof. Hürzeler & Dr. Zuhr, gaining extensive clinical experience. Dr. Köttgen has published numerous articles in journals on periodontology, implantology, prophylaxis, and aesthetics, and regularly delivers international lectures on implants in the esthetic zone.

“NEVO’s implant design allows me to achieve excellent primary stability, making it particularly well-suited for immediate placement cases”



The Baseline Situation

Dialysis patient with apical cyst

The patient, a 57-year-old male undergoing dialysis every other day while awaiting a kidney transplant, was informed of the availability of a new kidney. To move forward with the transplant, all potential sources of infection had to be addressed. Therefore, tooth 36 had to be removed due to an apical cyst. Immediate implantation was selected as a solution to close the gap, as delaying until after the kidney transplant would have pushed the possibility of implant placement much further into the future, due to the immunosuppressive medications the patient would require post-transplant.



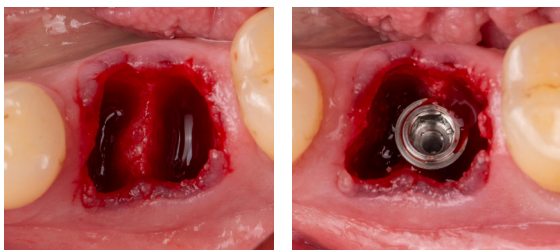


The Treatment Strategy

1 Tooth extraction and immediate implant placement

Extraction of tooth 36

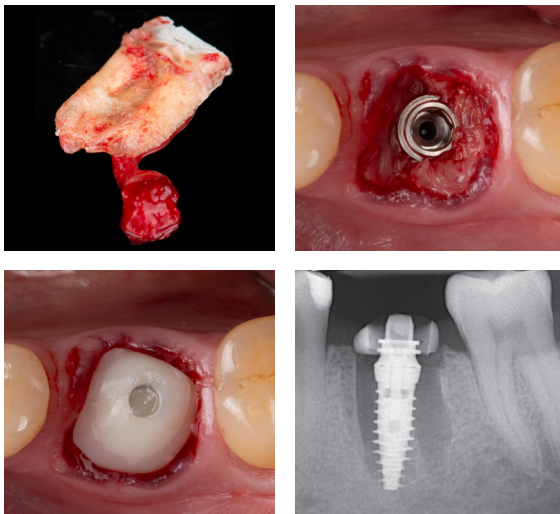
Immediate placement of a NEVO RC INICELL® implant (insertion torque 35 Ncm)



2 PRF treatment and soft tissue management

PRF clots used for socket preservation without any foreign grafting material

A custom-made gingiva former was placed to protect the blood clot and promote soft tissue healing

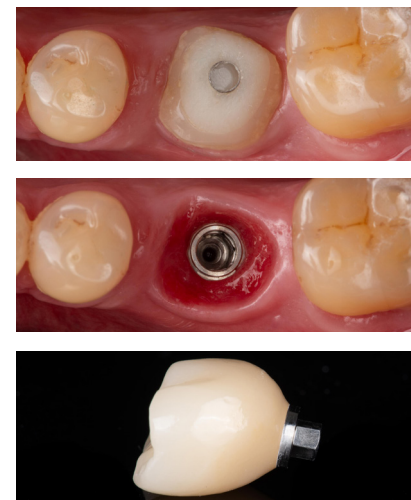


3 Healing and final restoration

Healing period of 10 weeks

After healing, digital scanning was performed for the final restoration

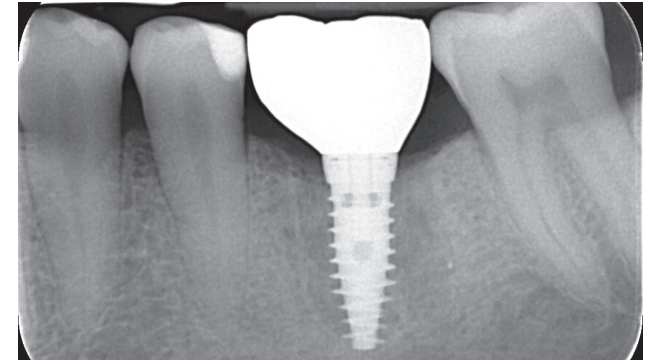
Placement of the final crown





The Outcome

The implant integrated successfully with healthy soft tissue, stable bone levels, and no complications. The patient was very satisfied with the functional restoration.



Ncm, newton centimeter; PRF; Platelet-Rich Fibrin; RC, regular collar.

Flapless Immediate Implantation of NEVO in the Anterior Maxilla

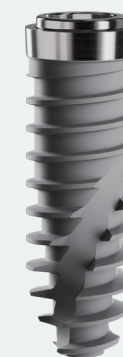


Dr. Laurent Marchand,
Switzerland
www.zmz-obach.ch

Dr. Laurent Marchand

Dr. Laurent Marchand earned his federal license and Master of Dental Medicine at the University of Berne. He subsequently gained extensive experience as an associate dentist and completed specialized training in fixed and removable prosthodontics as well as oral surgery at the University of Geneva and in renowned private practices. His clinical focus includes digital dentistry, fixed prosthodontics, and implantology. After working as a prosthodontic specialist in western Switzerland, Dr. Marchand now leads his own practice in Solothurn, Switzerland. He is a member of the Swiss Society of Reconstructive Dentistry (SSRD) and lectures at national and international congresses.

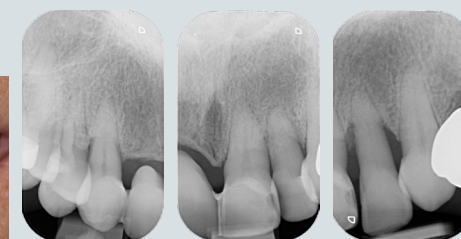
“NEVO combines excellent primary stability during immediate implant placement with the established EVERGUARD® connection for reliable prosthetic stability”



The Baseline Situation

Periodontitis patient with pronounced tooth mobility

A 60-year-old female patient presented with an unsatisfactory esthetic appearance and a history of progressive periodontitis over several years. She had resin-bonded bridges (13-x and x-21), and teeth 13, 21, and 22 exhibited pronounced mobility. Clinical examination revealed generalized advanced horizontal bone loss, with pronounced bucco-oral bone loss in regio 11/12, making implantation in that area challenging. In addition, the buccal bone plate at tooth 22 was absent.





The Treatment Strategy

1 Surgical Phase

Atraumatic extraction of teeth 13, 21 and 22

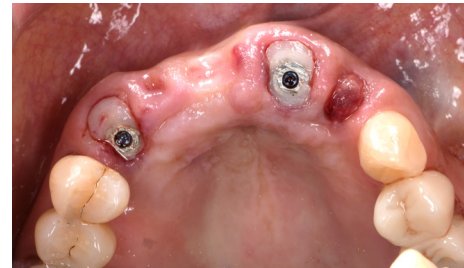
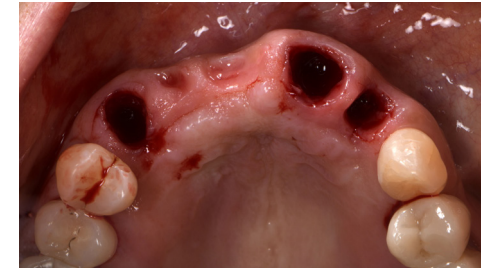
Flapless and freehand immediate implantation of two NEVO RC INICELL® implants (PF 4.5. L11 mm) at positions 13 & 21

Alveolar ridge preservation in regio 22 (Smartgraft & Smartbrane, Regedent)

Bone augmentation of the 'jumping gaps' (Smartgraft, Regedent)*

Stabilization of the soft tissue with individualized healing caps

Sealing of healing caps with cross-linked hyaluronic acid (hyaDENT BG, Regedent)





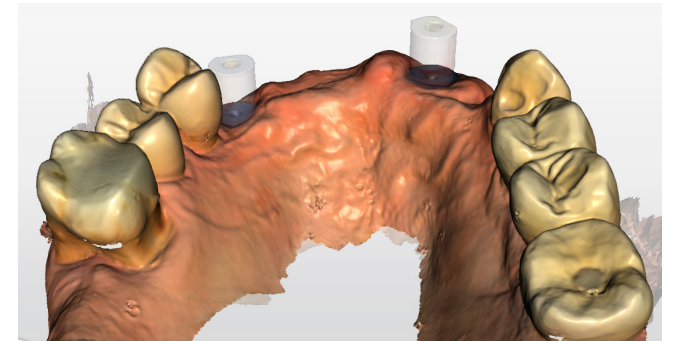
The Treatment Strategy

2 Prosthetic Phase**

Digital impression with scanbodies after uneventful healing phase of 8 weeks (ISQ Values: 77/79 and 78/81)

Full-ceramic screw-retained restoration from tooth 13-x-x-21-x, mounted on titanium adhesive bases with a zirconia framework and buccal microveneering†

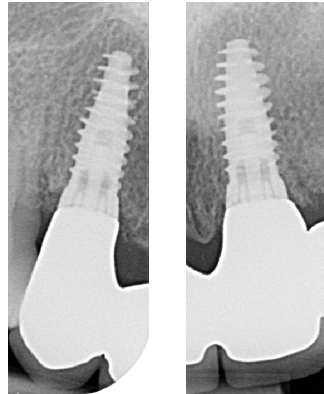
Crafting of submucosal aspects of the reconstruction in polished zirconia, without a glazing layer





The Outcome

After a treatment period of nine weeks, radiographs confirmed an optimal situation with stable peri-implant bone levels. The suprastructure fit perfectly, resulting in a harmonious and symmetrical esthetic outcome. Furthermore, the patient's chewing function was greatly improved, with no remaining issues of tooth mobility.



ISQ, implant stability quotient; L, length; PF, platform; RC, regular collar.

*Jumping gap refers to the implant's future buccal wall

**In collaboration with Degoumois Dental laboratory

†Microveneering involves the application of a very thin layer of ceramic material to the surface of a dental restoration to enhance its esthetic appearance and durability.

Guided Immediate Placement of NEVO Implants for a Bridge in the Esthetic Zone



Dr. Stijn Kregting
Netherlands

Dr. Stijn Kregting

Dr. Stijn Kregting, DMD, graduated from the Academic Centre for Dentistry Amsterdam (ACTA) in 2011 and has been a registered implantologist with the Dutch Association for Oral Implantology (NVOI) since 2019. He is co-owner of Centrum Implantologie Castricum in the Netherlands, an innovative referral practice dedicated to implantology, digital workflows, and esthetic restorative dentistry, combining cutting-edge techniques with a patient-centered approach.

“With NEVO, I have more confidence in having a high primary stability in challenging clinical scenarios”



The Baseline Situation

Patient with a loose bridge on teeth 11-22

A patient with a 30-year-old dental bridge on teeth 11-22 presented after the bridge had come loose for approximately the tenth time. Examination revealed secondary caries and a small apical granuloma on tooth 22.



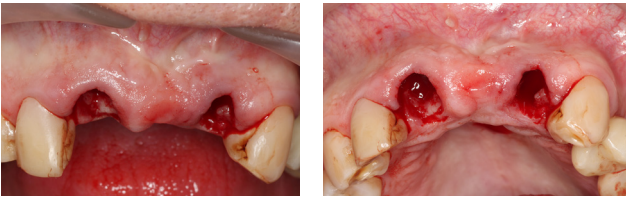


The Treatment Strategy

1 Tooth extraction

Atraumatic extraction of teeth 11 and 22

Removal of granuloma and endo cement debris



3 Final restoration

Placement of screw-retained final restoration after 5 months of uneventful healing

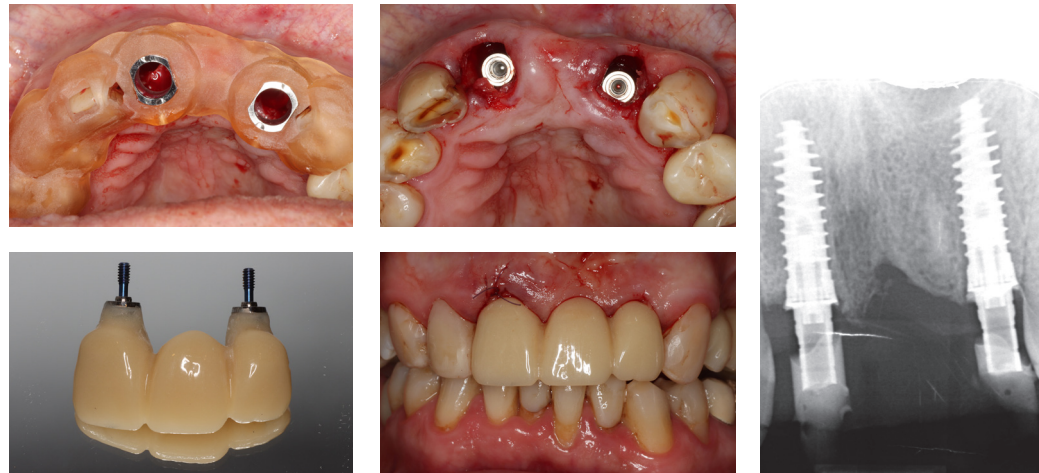


2 Immediate implant placement & provisional

Fully guided drilling and placement of two NEVO RC INICELL® implants (PF 4.0, L 12.5 mm) directly into extraction socket

Capturing of the temporary with primer and flowable composite Filling up of the buccal gap with "sticky bone" and PRF

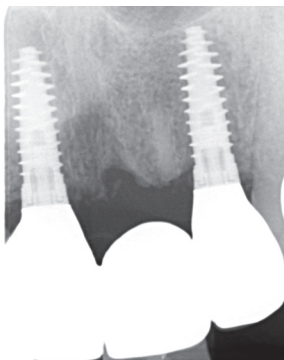
Placement of temporary bridge with 20 Ncm





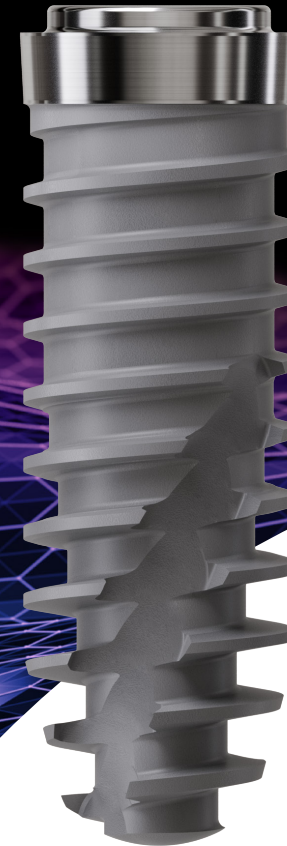
The Outcome

After the final restoration, the patient was very pleased with the esthetic outcome. The adjacent tissue looks healthy, and X-rays show stable bone levels.



L, length; Ncm, newton centimeter; PF, platform; PRF, platelet-rich fibrin; RC, regular collar.

Delayed Implantation in the Healed Ridge



NEVO Implantation in the Healed Ridge of the Lower Posterior Mandible



Dr. Stefan Bienz,
Switzerland

Dr. Stefan Bienz

Dr. Stefan P. Bienz completed his dental studies with a Master's degree at the Center for Dental Medicine, University of Zurich, Switzerland, in 2011. In 2018, he concluded a three-year specialty training program at the Clinic for Reconstructive Dentistry at the University of Zurich. He also earned a Master's in Oral Implantology at the same institution. Clinically, Dr. Bienz focuses on complex and esthetic cases, encompassing all aspects of hard and soft tissue regeneration, implantology, and reconstructive dentistry. His scientific expertise lies in hard and soft tissue regeneration. He is a member of the Swiss Society of Reconstructive Dentistry (SSRD) and currently serves as a part-time senior research assistant at the Clinic for Reconstructive Dentistry, Center for Dental Medicine, University of Zurich, as well as a partner in a private practice in Zollikon, Zurich.

“NEVO performed well in this case, enabling easier attainment of the final vertical position in the healed site with hard bone conditions, due to its superior cutting properties”



The Baseline Situation

Patient with insufficient FDP in the posterior lower jaw

A 71-year-old systemically healthy, non-smoking patient presented during a routine recall session with the dental hygienist. During the examination, an insufficient FDP was noted in the region of 34-35-x-x-38. The FDP had debonded from the two mesial abutment teeth, and caries was diagnosed along the crown margin of tooth 35.





The Treatment Strategy

1 Preparatory steps

Preparation of eggshell provisional

Removal of the insufficient FDP

Reevaluation of abutment teeth:

- 34: Showing sufficient coronal tooth substance but an insufficient root canal filling
- 35: Diagnosed with insufficient coronal tooth substance and deemed non-restorable
- 38: Vital and with sufficient healthy coronal tooth substance

Extraction of tooth 35

Revision of root canal treatment on tooth 34 over two sessions

Follow-up 8 weeks after extraction of tooth 35





The Treatment Strategy

2 Implant placement with GBR

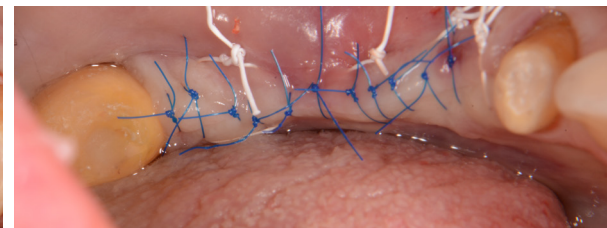
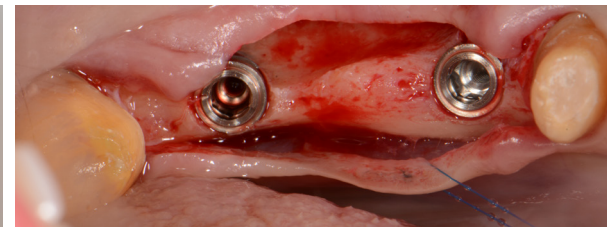
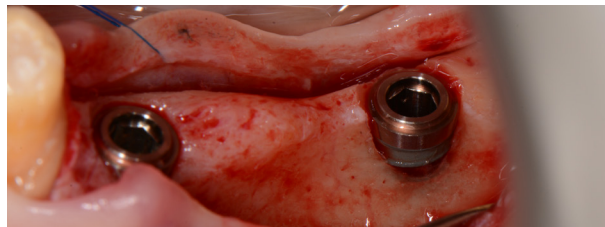
Elevation of a mucoperiosteal flap without vertical releasing incisions, followed by placement of two NEVO RC INICELL® implants (PF 4.0, L 8 mm) with good primary stability

Performance of GBR due to a thin buccal bone wall at 35 and a dehiscence defect at 37

Placement of DBBM and a collagen membrane, secured with resorbable pins on the buccal aspect

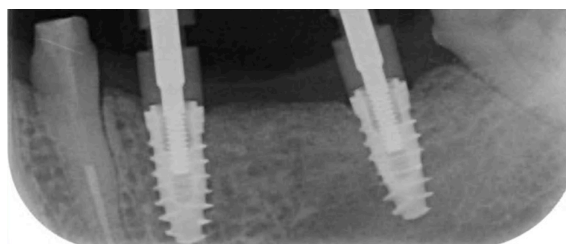
Performance of periosteal releasing incisions to achieve tension-free primary wound closure

Cementing the provisional FDP after modifying the pontic area to allow space for swelling



3 Final restoration after 3 months

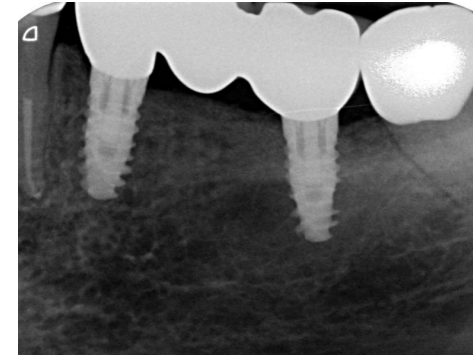
Taking of final impression after 3 months of healing





The Outcome

The treatment resulted in the successful placement of an implant-supported bridge between teeth 35 and 37, along with new crowns on teeth 34 and 38. This comprehensive approach not only achieved an esthetically pleasing outcome but also promoted healthy surrounding tissues and stable bone levels.



DBBM, Deproteinized Bovine Bone Material; FDP, fixed dental prosthesis; GBR, guided bone regeneration; L, length; PF, platform; RC, regular collar.

Implantation of NEVO and Horizontal Bone Augmentation for the Rehabilitation of Tooth 15



Dr. Florian Kläy,
Switzerland

Dr. Florian Kläy

Dr. Florian Kläy is a dentist specializing in implantology, oral surgery, and reconstructive dentistry. He completed his dental studies and doctoral degree at the University of Bern. Dr. Kläy's professional career includes positions in private practices and at the University of Bern, where he completed his specialty training in implantology, oral surgery, and reconstructive dentistry. Since 2014, he has been a partner in a dental practice in Solothurn. Actively engaged in dental education, Dr. Kläy has taught terminal anesthesia for dental hygienists since 2013 and oral surgery since 2022. He regularly pursues continuing education in implantology and oral surgery, applying his expertise with dedication in both clinical practice and teaching.

“NEVO provided a great feeling during insertion, with a straightforward drilling protocol and excellent primary stability”



The Baseline Situation

Patient with significant loss of tooth structure

A 48-year-old male patient presented with significant loss of tooth structure due to caries. He had no notable medical conditions, was a non-smoker, and showed no signs of periodontitis.

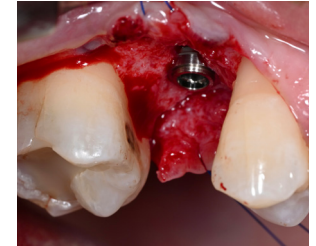
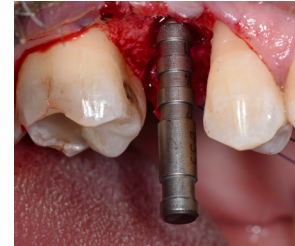
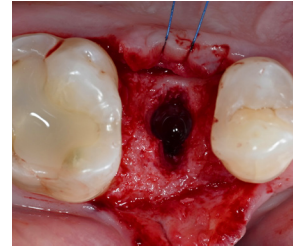




The Treatment Strategy

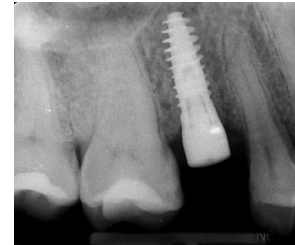
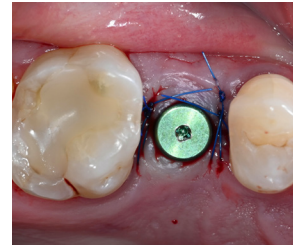
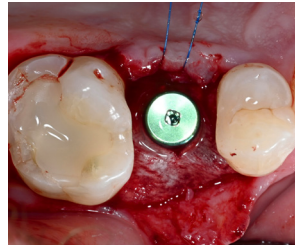
1 Type 3 implantation into healed ridge

Extraction of tooth, followed by 13 weeks healing time
Subcrestal implantation of a NEVO RC INICELL® implant (PF 4.0, L 11 mm) into the healed ridge with an insertion torque of 33 Ncm. Bone type was classified as class 3



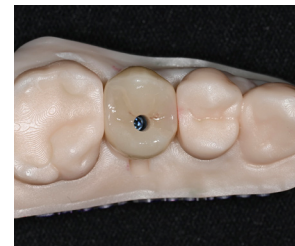
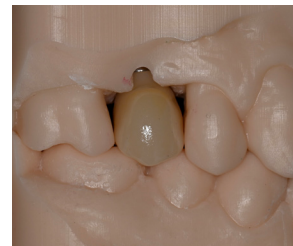
2 Horizontal bone augmentation

Horizontal augmentation procedure to enhance the horizontal ridge width for optimal implant support



3 Final restoration

Placement of final crown after 5 months of healing

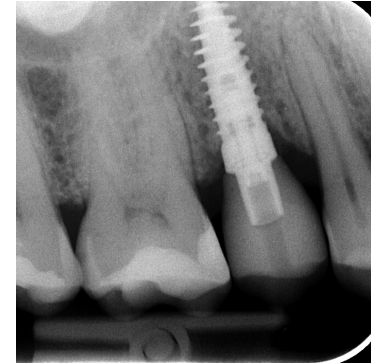




The Outcome

The treatment resulted in successful rehabilitation of tooth 15, with healthy soft tissue surrounding the implant.

Radiographic evaluations indicated stable bone levels, demonstrating adequate integration of the NEVO implant. Overall, the patient exhibited satisfaction with the results, reflecting a successful treatment strategy.



L, length; PF, platform; RC, regular collar.

Rehabilitation of a Lower Molar Tooth With NEVO in a Healed Site



Dr. Christian Ramel,
Switzerland

Dr. Christian Ramel

Dr. Christian Ramel completed his dental studies and doctoral degree at the University of Zurich. His clinical expertise includes esthetic and cosmetic dentistry, implantology, reconstructive dentistry, soft tissue plastic surgery, and all-ceramic restorations. Dr. Ramel is a member of several professional societies, including the Swiss Society for Reconstructive Dentistry (SSRD), the Swiss Dental Association (SSO), and the Swiss Society for Implantology (SGI). He has published multiple publications and received several awards for his work. Dr. Ramel currently practices in an independent group practice.

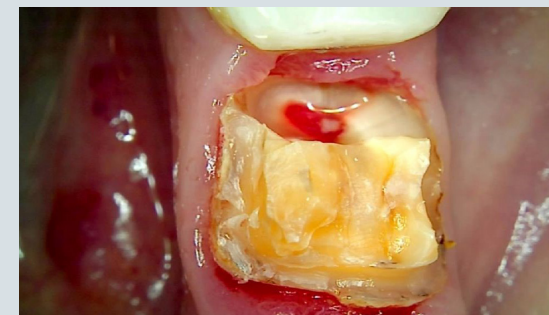
“NEVO implants offer a seamless insertion experience, instilling confidence even in standard situations. Their convincing performance in challenging as well as standard cases encourages me to consider exclusively using NEVO implants, simplifying my inventory and ensuring readiness for all types of cases.”



The Baseline Situation

Patient with profound caries on a lower molar tooth

A 65-year-old female patient presented with tooth loss due to profound caries. Extraction was opted for, as root canal treatment, crown lengthening, and a new crown would have been required, which would have incurred costs nearly equivalent to those of an implant.





The Treatment Strategy

1 Tooth extraction

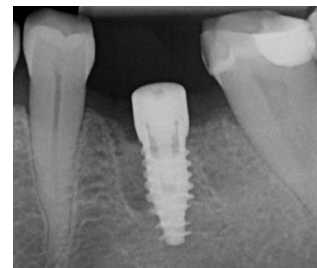
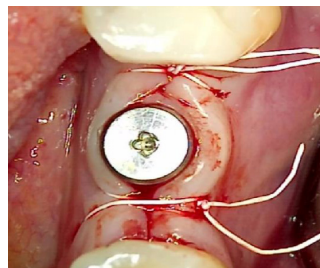
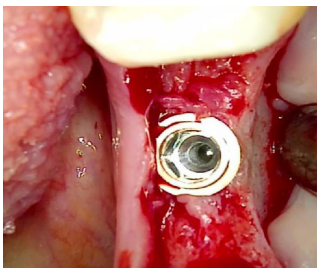
Extraction of tooth

3 months of uneventful healing



2 Implant placement after healing phase

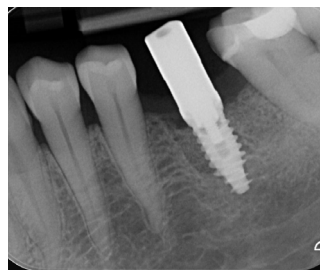
Placement of NEVO RC INICELL® (PF 5.0, L 9.5) into healed ridge



3 Final restoration after 2 months

Taking of final impression 2 months after implant placement

Crown made of Lithium Disilicate and Zirconia on a Tibase





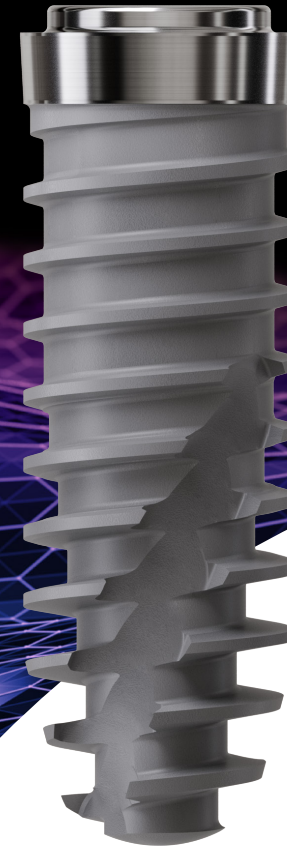
The Outcome

This case led to a successful restoration of function in the molar region. The soft tissue healed well with healthy contours around the implant, and radiographs confirmed stable bone levels. The patient was very satisfied with the final result.



L, length; PF, platform; RC, regular collar; Tibase, titanium base.

Full Arch Restoration



Fully Digital Mandibular Rehabilitation with NEVO in Type 1 Bone

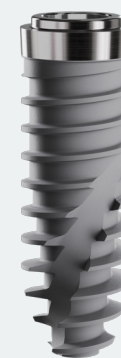


Dr. Mathieu Rousset,
France

Dr. Mathieu Rousset

Dr. Mathieu Rousset is a leading dental professional who operates in his private practice in Brive la Gaillarde in France. With additional qualifications in biomaterials, oral surgery, and computer-assisted dentistry, he has refined his practice to specialize exclusively in implantology. Dr. Rousset has established the training center AMPIO within his practice, through which he teaches implantology with a focus on guided surgery and digital dentistry. In addition, he holds a teaching position in digital dentistry at the DIUE d'Implantologie in Corte, emphasizing his passion for sharing knowledge and shaping the future of dental professionals.

“This case demonstrates that the innovative design of NEVO is well-suited for cases involving high-density bone”



The Baseline Situation

Patient with edentulous mandible

A 64-year-old male patient with a history of wearing a prosthesis in the completely edentulous mandible presented at the dental office seeking a fixed solution. The bone quality was classified as Type 1 [Lekholm & Zarb 1985], which can present challenges during implant placement due to its high density.



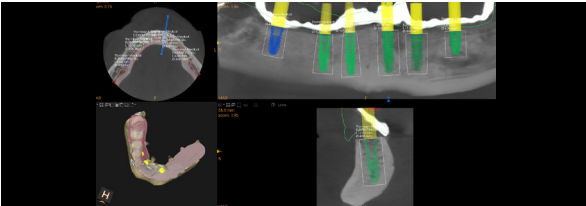


The Treatment Strategy

1 Preoperative Planning

Performance of dual scan followed by detailed planning phase*

Design of a stackable surgical guide system consisting of the position guide, the base guide, and the drilling guide (RealGUIDE™)

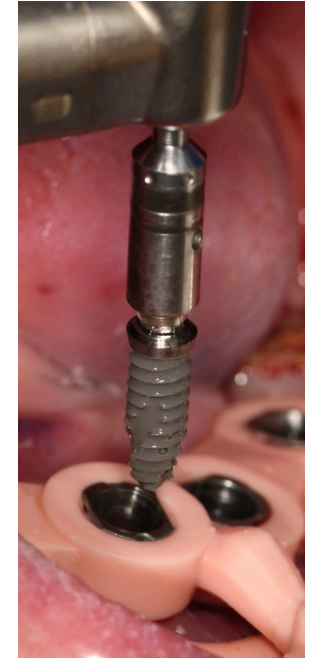
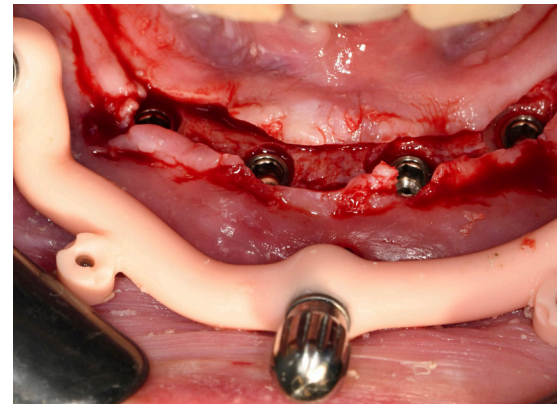


2 Surgical Procedure

Stabilization of the base guide with three anchor pins (MIS)

Drilling of implant beds through the guide (Use of hard bone protocol – drilling with the final VECTODrill™ over the full implant body length)

Insertion of 4 NEVO RC INICELL® implants through the guide





The Treatment Strategy

3 Temporary Prosthetic Procedure

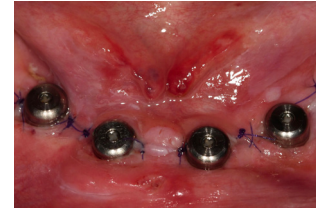
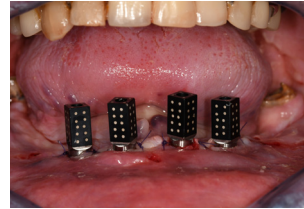
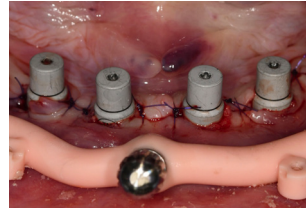
Performed immediately after surgery

Insertion of scan bodies and suturing of the flap to make an optical impression. Base guide was kept for the optical impression, allowing the dental technician precise repositioning

Additional photogrammetry to achieve the highest possible accuracy

Chairside printing of the temporary full arch bridge

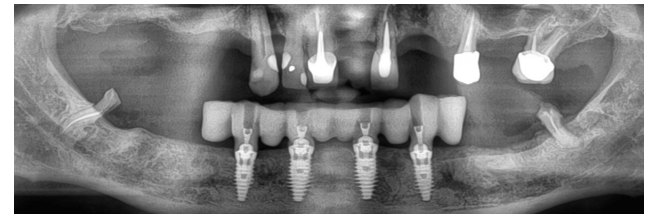
Installation of temporary bridge 6 hours after surgery



4 Final Prosthetic Procedure

Final impression three months after surgery

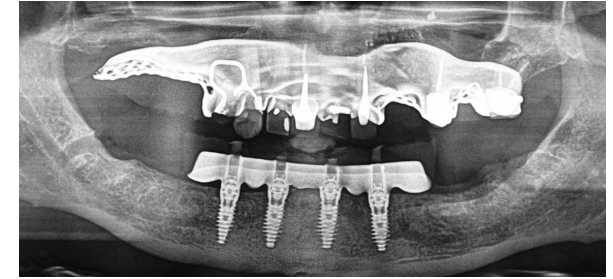
Placement of final full-arch bridge





The Outcome

The postoperative period progressed smoothly, with the patient showing excellent healing. Clinical and radiographic evaluations confirmed healthy soft tissues and stable bone levels around the implants.



RC, regular collar

*Planning was performed with ELEMENT implants due to limited availability of NEVO in the planning software ahead of its full market release. ELEMENT and NEVO implants share the exact same outer implant body contour.

Immediate Full Arch Restoration with NEVO in the Upper Jaw



Dr. Roberto Sleiter,
Switzerland

Dr. Roberto Sleiter

Dr. Sleiter is a specialist in Oral Surgery with extensive clinical and academic experience. After earning his doctorate in 1994, he worked as an assistant at the Universities of Zurich, Bern, and Basel, focusing on complete prosthetics, jaw function disorders, prosthodontics, and oral surgery. He completed his specialty training in Oral Surgery in 2002 and opened his own practice the following year. In addition, Dr. Sleiter serves as a senior attending physician in the Department of Oral Surgery at the University of Basel.

“I chose NEVO in this case due to its excellent primary stability, making it suitable for immediate implantation and loading”



The Baseline Situation

Patient with advanced periodontitis in the upper jaw

A female patient presented with a request to completely restore her upper teeth. Conservative treatment was no longer sufficient due to advanced periodontitis, tartar formation, and increased tooth mobility. The patient asked for fixed teeth and an improved appearance in the upper jaw.





The Treatment Strategy

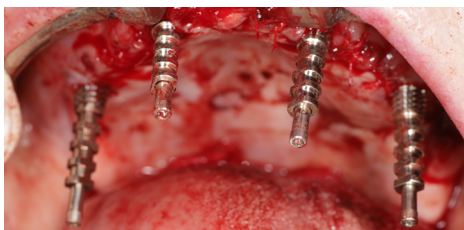
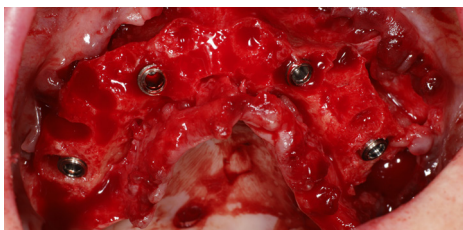
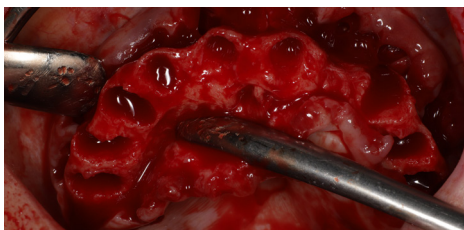
1 Full arch restoration

Removal of all teeth in the upper jaw

Strategic placement of four NEVO INICELL® implants (PF 4.0, L 11 mm) to create a stable base for the prosthesis

Temporary bridge fabrication and fitting immediately after implant placement, allowing the patient to go home with a fixed, esthetically pleasing denture

Regular monitoring during the 4-month healing phase



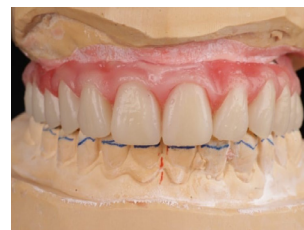
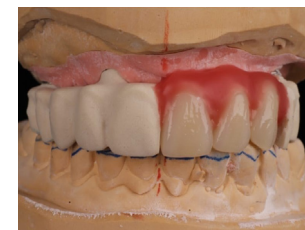
2 Finalized restoration

Fabrication of final restoration after 4 months when the implants had fully healed

Use of a reinforced framework to maximize stability and longevity

Extension of final bridge on VARIOmulti Abutments to optimize functionality and comfort when chewing

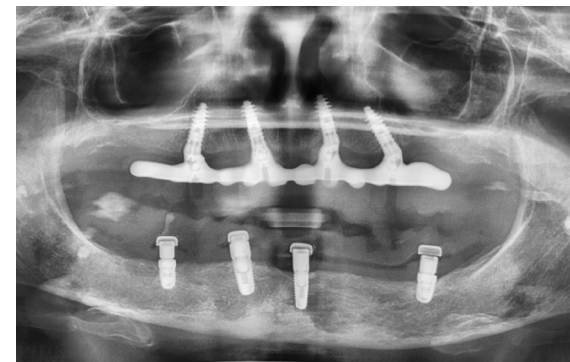
Refinement of esthetics as per the patient's wishes





The Outcome

The patient was delighted with the final result. The final fixed denture provided improved functionality and outstanding esthetics. She expressed her gratitude and committed to regular professional tooth cleaning. The combination of function, stability, and esthetics gave this patient a new lease of life and boosted her self-confidence.



L, length; PF, platform.

Immediate Loading with NEVO Implants for a Full Arch Rehabilitation in the Maxilla

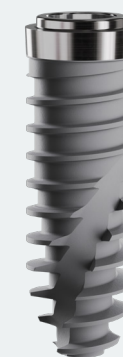


Dr. Giancarlo Bianca,
France

Dr. Giancarlo Bianca

Dr. Bianca graduated from the Marseille Dental School in 1992 and obtained a university degree in surgical implantology from the University of Paris in 1997. He is a teacher in the European Advanced Oral Implantology program at the University of Corsica. In his daily surgical practice and academic research, he is particularly interested in the biocompatibility of titanium and especially ceramic implants. He is also dedicated to minimally invasive surgical techniques that improve safety and reduce post-operative trauma, particularly immediate computer-assisted implantation (IIAO).

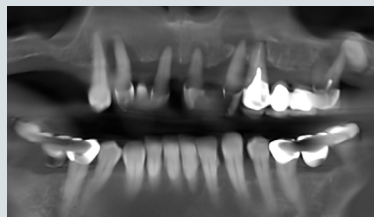
“The drilling protocol for placing NEVO implants is extremely simple and rapid to ensure optimal stabilization in cases of extreme resorption in the maxilla”



The Baseline Situation

Patient with severe periodontitis

A female patient with a history of severe periodontitis presented seeking a fixed solution for her upper jaw. Clinical evaluation revealed significant deficiencies in both bone and soft tissue, posing challenges for the planned restoration.





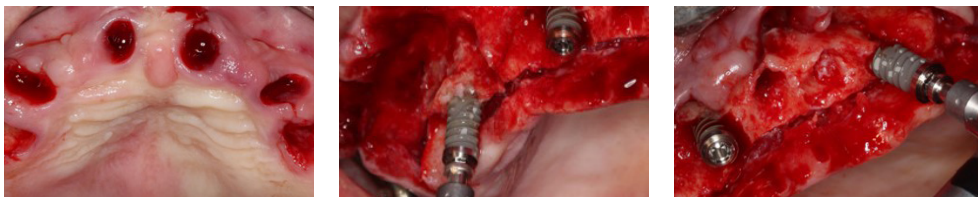
The Treatment Strategy

1 Immediate implantation

Extraction of teeth

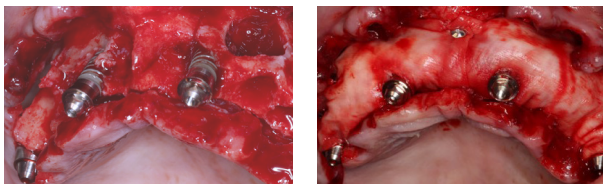
Preparation of implant sites with zirconia VECTOdrills™

Implantation of 4 NEVO RC INICELL® implants (PF 4.0, L 12.5 mm Insertion torque: 40 Ncm)



2 Bone augmentation

Bone augmentation procedure using the Poncho GBR technique



3 Immediate provisional

Placement of a temporary bridge immediately after implant placement



4 Final restoration

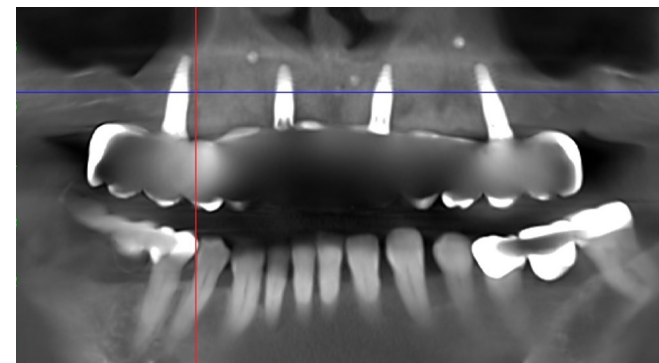
Placement of screw-retained zirconia monolithic full-arch bridge





The Outcome

The final outcome was successful, with stable bone levels and well-healed soft tissue. The NEVO implants integrated effectively, and the final screw-retained zirconia bridge provided excellent functional and esthetic results, leaving the patient satisfied with the overall treatment.



GBR, guided bone regeneration; L, length; Ncm, newton centimetre; PF, platform; RC, regular collar.

You want to experience NEVO's powerful yet gentle approach for successful implantation and enduring patient satisfaction?

Contact your Thommen Medical Support now!



NEVO

**The First
Gentle Implant.**

Headquarters

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