Directa luxator extraction instruments

Implantology Starts at the Time of Extraction

If there is sufficient bone available, the placement of implants is a relatively simple and straightforward surgical procedure of modern dentistry. However, if there is massive loss of bone due to periapical or periodontal pathosis, implants can only be placed with bone augmentation. The augmentation can be done prior to implantation or simultaneously.

In some cases it is the extraction procedure itself that causes the loss of mostly the buccal wall of the alveolar socket. This also makes it very difficult to place the implant. Careful removal of the tooth from the alveolar socket how-

ever will leave the bony walls intact (Fig.1). Even without augmentation materials (eg beta tricalcium phosphate) there will be good wound healing resulting in good bone height and width about at the level of the alveolar ridge. Directa luxators are ideal instruments for such a careful tooth removal.

The action of the Luxat-

tor is based on the possibil-

ity of bone expansion. The

Luxator is introduced in a ro-

tating fashion parallel to the

long axis down the periodon-

tal ligament (Fig.2, 3). The

shape of its blade allows the

instrument to be advanced to

the apical third of the root

(Fig.4). This is not a forceful

movement and will lead to an

enlargement of the alveolar

socket so the tooth can be eas-

ily removed with a slight rota-

tional movement with forceps.

Conical roots will sometimes

literally “jump” out of the

socket.

Luxator instruments come

in a wide variety of shapes (eg

contrangle, inverted curved,

different size blades) so it is

always possible to work paral-

lel to the long axis of the root.

One can even expand the bone

from the distal of the root.

Luxators have large and ergonomically formed plastic handles that help make the instrument comfortable and efficient to use.

Your patients will be thank-

ful for the atraumatic extrac-

tion even if you don’t place an

implant at a later time. They will experience less discomfort operatively and postop-

eratively.

For more information about Luxator visit www.directadental.com.

‘Your patients will be thankful for the atraumatic extraction even if you don’t place an implant at a later time. They will experience less discomfort operatively and postoperatively’

About the author

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Fig. 1 Intact extraction socket

Fig. 2 Luxator parallel to the long axis of the root in the periodontal ligament

Fig. 3 Using the Luxator instrument

Fig. 4 Luxator in the apical third of the alveolar socket

Fig. 5 Use similar to an elevator but different mode of action

In case of very wide cavities

Quick, safe and predictable

A pre-curved, one-piece sectional matrix and wedge that provides for quick, safe and predictable composite restorations, with a tight contact and cervical sealing. Designed to be inserted either buccally or lingually, the matrix reaches from the base of the wedge to just a few millimeters above the occlusal surface. To form the contact point the matrix has a pre-contoured indentation, which mimics natural contours.

In case of larger boxes

The light cure matrix fixation FenderMate Fix laterally supports FenderMate in case of larger boxes. Excellent results with minimal finishing required. Now, FenderMate is the choice for most situations!

FenderMate” Fix

To be used with FenderMate in case of very wide cavities

The fastest sectional matrix?

Tight cervical seal & contact in seconds!

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