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A LYRA COMPANY

From the reinforced temporary bridge to the ***ALL IN BAR®*** permanent bridge

PROTOCOL CHARACTERISTICS

FROM THE REINFORCED TEMPORARY BRIDGE TO THE ALL'IN BAR® PERMANENT BRIDGE

For over 10 years, we have been optimising the immediate loading of all our reconstructions by rigidifying our bridges with winged copings.

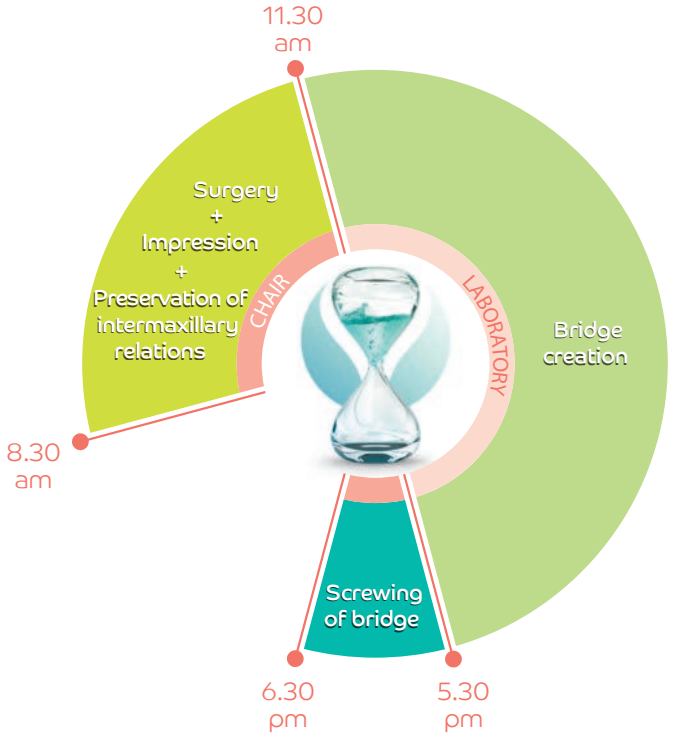
In addition to excellent osseointegration, the discovery of the complete permanence of the ALL'IN BAR® frameworks has enabled us to improve the resistance of these bridges over 10 years.

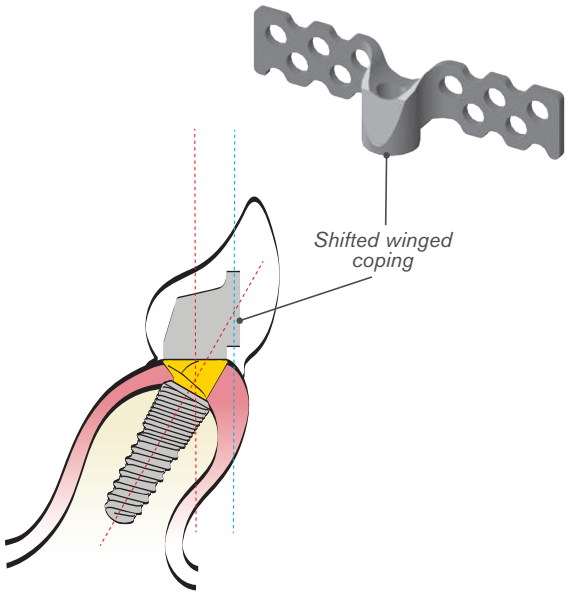
Following many design evolutions, reliability is now assured and they have become permanent bridges (with no temporary stage), matched with a precise protocol to perfectly control implementation.
The ALL'IN BAR® bridge is the only permanent bridge which is completely passive, because it does not require impression or transfer when implants are already osseointegrated.

ALL'IN BAR® PROTOCOL CHARACTERISTICS

Simplification of surgery and management of complex bone conditions

We have three angled trans-screwed abutments available (right, 17° and 30° angled) and four types of grade 5 titanium winged copings (centred or shifted, short or long) allowing many combinations.
In this way, insertion of implants is performed according to the bone rather than to the prosthetic corridor (axis, emergence, etc.).





Global *ALL*^{IN}*BAR*® protocol

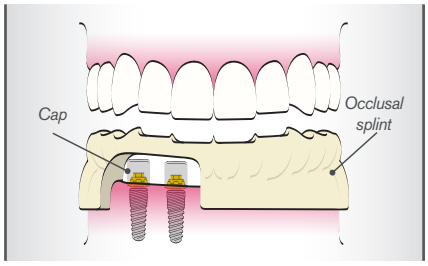
To enable us to receive patients at 8.30 am and screw the permanent bridge by 6.30 pm, each step is optimised around a global protocol (impression, preservation of intermaxillary relations, prefabricated elements, etc.).

Example: preservation of intermaxillary relations

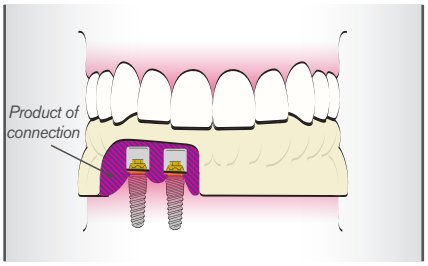
Objective 'no occlusal alteration' at delivery to:
- not lose prevalidated intermaxillary relations, often so difficult to establish,
- eliminate dangerous, hard to reproduce, mandibular manipulations during surgery,
- not damage or weaken teeth with occlusal grinding,
- gain extra time during the evening of delivery.

Cap

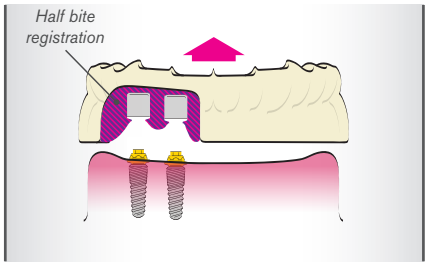
1st half arch



Positioning of the occlusal splint and caps

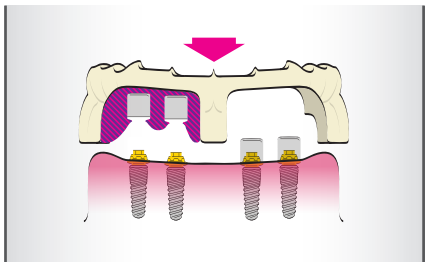


Bonding to silicone, polyether or resin

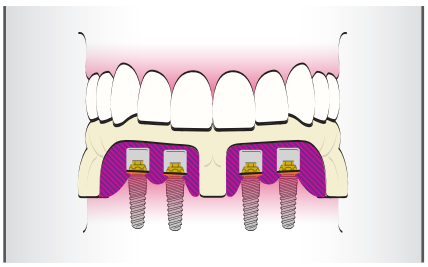


Unclipping the half bite registration

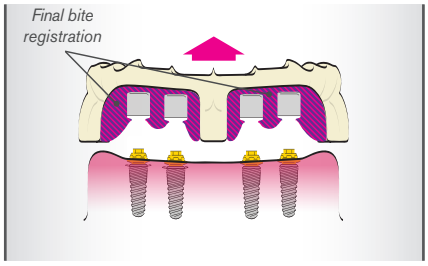
2nd half arch



Reclipping the modified half arch with occlusal caps clipped in place



Bonding to silicone, polyether or resin



Unclipping the direct Tetra abutment bite registration

Completion of bridge in 6 hours

The framework is completed in the laboratory using pincers for 15 to 25 minutes.
The resin work is traditional, with plaster cast and flasking.
Next, two techniques are possible: injected molded resin or pressed resin for polymerisation.

Gingival adjustment visit and maintenance visits

If required, the gingival bridge surface is re-adjusted in the laboratory after 4 to 6 months.
Next, for molded resin bridges, cleaning/polishing every two years is recommended.
These regular, billed visits, presented during the initial estimate, will be well accepted as they guarantee keeping the bridge in good condition.

ALL^IN BAR®, the permanent bridge thanks to the following characteristics:

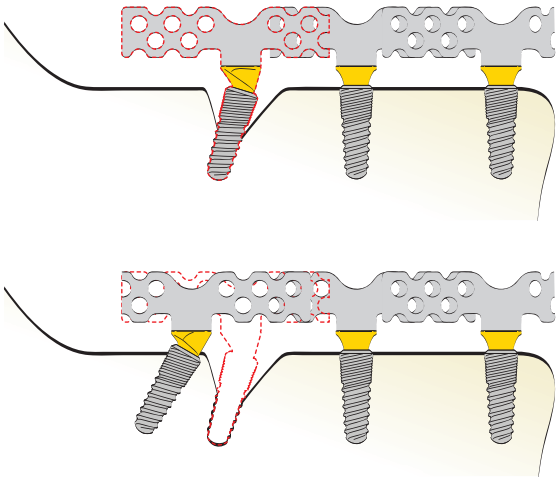
1	Virtually unbreakable rigid structure
2	Permanent nano-hybrid composite teeth specifically designed to be implant-supported
3	Specific resins, molded or pressed technique
4	Lingualised occlusion
5	Palatal screw access holes
6	No occlusal adjustment of pre-fabricated teeth

Nearly ten years of clinical and academic experience

To date, all bridges are functioning and patient acceptance is outstanding.
All lost implants (due to lack of osseointegration or peri-implantitis) were able to be replaced immediately without changing the bridge.
No troubles with the framework were reported.
Thanks to the 6 points of the global permanent solution, reliability is now total.
However, not to have long-term risks with bimaxillary reconstructions, certain patients (those with bruxomania, etc.) should be avoided.

Safety and peace of mind

Wouldn't it be major progress and a great advantage to be able to replace an implant (in case of lack of osseointegration or peri-implantitis) with another implant immediately, just by changing one coping?
All in just one and a half hour in the chair and two hours in the laboratory.
We regularly save entire bridges with the ALL^IN BAR® solution.



Moving towards a new patient base for complete implant-supported bridges

The absence of temporary prostheses and optimisation of steps allows completion of the ALL^IN BAR® protocol in 8 hours.
This considerable gain in time (a minimum of 10 hours) as well as the relatively low cost (savings from temporary prostheses, etc.) allow us to offer the complete set of implants/standard bridge at a particularly attractive cost.

THE ALTERNATIVE SOLUTION OF ALL-ON-4/6
+ passive + serene + economical

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