

STRAUMANN® **MINI** IMPLANT SYSTEM

Mini Implant. Maximum trust.



Product overview



MINI IMPLANT. MAXIMUM **TRUST.**

Smiling, laughing, and eating naturally are simple pleasures that greatly enhance quality of life—pleasures every edentulous patient hopes to preserve.

Now you can offer edentulous patients with reduced horizontal bone availability a less invasive*, immediate solution for removable overdenture fixation. Rely on a trusted brand backed by premium quality and long-term scientific evidence.

Less invasive* treatment plans, faster healing and less postoperative discomfort can help ease patient concerns and support greater acceptance.

* if GBR can be avoided



ROXOLID® PROVEN QUALITY



SLA® LONG-TERM SCIENTIFIC EVIDENCE



OPTILOC® DURABILITY AND EFFICIENCY

- Increase patient acceptance for implant treatment by eliminating bone augmentation
- Offer more quality of life to more edentulous patients
- Differentiate your practice with new gold standard material Roxolid® and see an increased practice revenue stream
- Trust in Mini Implants

MINI IMPLANT SYSTEM

1 OPTILOC®

→ Less space needed

Together, PEEK** and ADLC* materials work in synergy to deliver:

- excellent wear resistance
- exceptional long-term performance
- low maintenance
- low friction between abutment and matrix

2 ADDITIONAL GINGIVA HEIGHTS

- Flexibility and confidence during implant insertion—thanks to a design that adapts to bone availability and gingival thickness****.
- The Optiloc® component remains securely in its optimal position—supporting healthy soft tissue conditioning and a reliable connection.****

3 APICALLY TAPERED IMPLANT BODY DESIGN

- Enables implant placement with undersized osteotomy, ensuring high primary stability.

4 ROXOLID®

- High material strength and biocompatibility
- Peace of mind with mini implants

5 SLA®

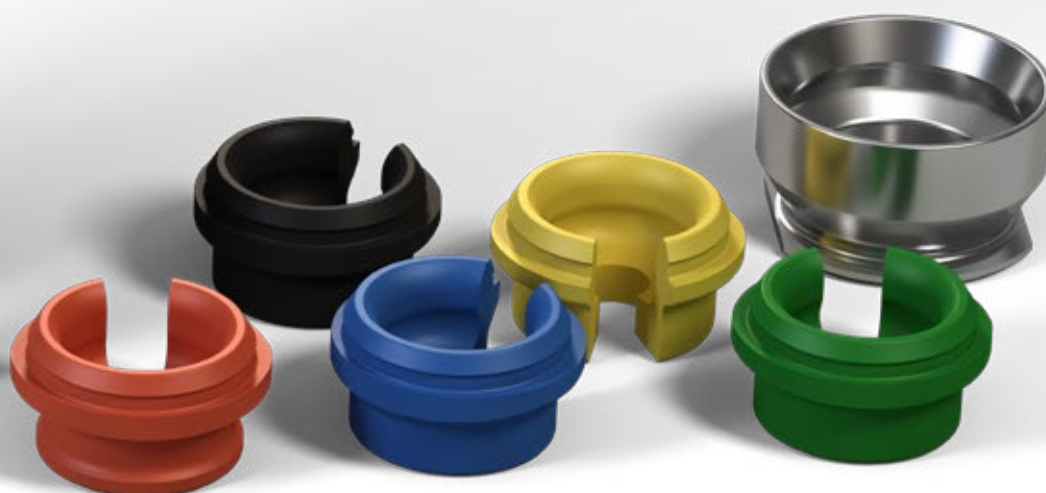
- Predictable in osseointegration
- Backed by scientific evidence
- Low prevalence of peri-implantitis
- Bone preservation



* ADLC: Amorphous diamond-like carbon ** PEEK: Poly Ether Ether Ketone *** Subject to the guarantee conditions of Institut Straumann AG (see brochure 15X.360) Matrices and retention inserts are not covered by the guarantee as these are subject to natural wear and tear. **** User Manual Mini Implant System 702403 and data on file.



CHOICE OF 6 RETENTION STRENGTHS	
	extra light
	light
	medium
	strong
	extra strong
	ultra strong

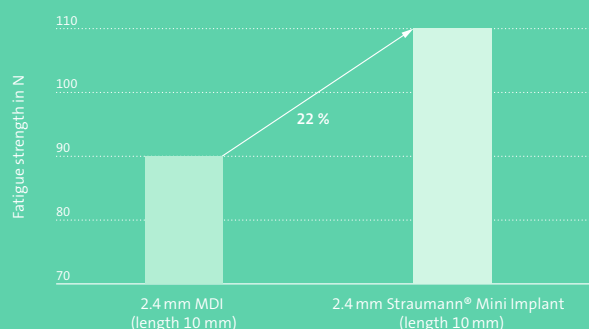


A DESIGN YOU CAN TRUST



ROXOLID® – Proven quality

- Higher mechanical strength compared to titanium¹
- The successful use of Roxolid® has been documented in numerous clinical trials with up to 5-year follow-ups²

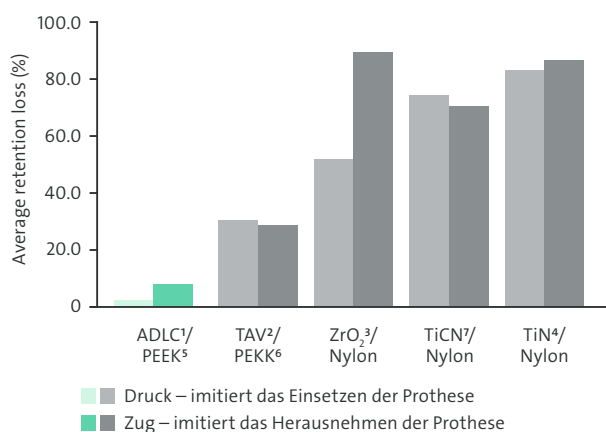
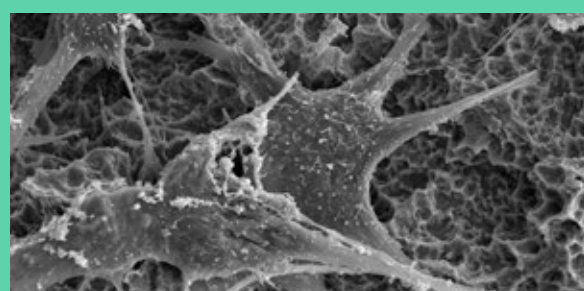


Source: data on file, according to ISO 14801, conditions 2016
Straumann® Mini Implants, made from Roxolid® show a 22% higher fatigue strength than competitor mini implants.



SLA® – Long-term scientific evidence

- High and consistent survival rates between 95.1% and 98.8% documented by different studies after 5- and 10-year follow-ups³⁻⁹
- Very low prevalence of periimplantitis (1.8%) over the 10-year follow-up period⁴
- Average bone loss of 0.5–1 mm after mid and long terms (baseline defined as implant loading time)^{4, 5}



OPTILOC® – DURABILITY AND EFFICIENCY

- Space-saving design
- Reduced maintenance
- ADLC combined with PEEK

ADLC-COATED ABUTMENTS COMBINED WITH PEEK RETENTION INSERTS: A RELIABLE CONNECTION THAT ENDURES

Retention loss of straight abutments after 10,000 cycles in phosphate-buffered saline (pH 7.4) at room temperature. Data represents difference between the basal (100 cycles) and final (10'000 cycles) measurements (Fmax) presented as percentage change (source: Straumann, data on file).

¹ Amorphous diamond-like carbon, ² Titanium Aluminum Vanadium, ³ Zirconium dioxide, ⁴ Titanium Nitride, ⁵ Polyether ether ketone, ⁶ Polyetherketoneketone, ⁷ Titanium Carbonitride,

* 2 implants with straight abutments placed in different angulations (0°, 7°, 12°)

STRAUMANN® MINI IMPLANTS ROXOLID® SLA®

Art. No.		Article
Straumann® Mini Implants		
042.9445		Mini Implant Ø 2.4 mm, GH 2.8 mm, SLA®, ADLC, 10 mm
042.9455		Mini Implant Ø 2.4 mm, GH 2.8 mm, SLA®, ADLC, 12 mm
042.9465		Mini Implant Ø 2.4 mm, GH 2.8 mm, SLA®, ADLC, 14 mm
042.9505		Mini Implant Ø 2.4 mm, GH 3.8 mm, SLA®, 10 mm
042.9515		Mini Implant Ø 2.4 mm, GH 3.8 mm, SLA®, 12 mm
042.9525		Mini Implant Ø 2.4 mm, GH 4.8 mm, SLA®, 10 mm
042.9535		Mini Implant Ø 2.4 mm, GH 4.8 mm, SLA®, 12 mm

OPTILOC® PROCESSING PACKAGE, RETENTION INSERTS AND MATRIX HOUSINGS

Auxiliary Parts		
046.796		Paralleling Post for Mini Implants, sterile
170.1		Optiloc® Adapter for handpiece, L 26mm
170.2		Optiloc® Adapter for ratchet, L 17mm
027.0007S		Needle Drill, long, single use
027.0011S		2.2 mm BLT Pilot Drill long, single use, TAN
2102.0024-OPT		Optiloc® Model Analog, blue, 4 pcs.
2102.0012-OPT		Optiloc® Impression Coping, red, 4 pcs.

Matrix Housings		
2102.0001-OPT		Optiloc® Matrix Housing, titanium, 4 pcs.

Art. No.		Article
Processing Package		
5202.0001-OPT		Optiloc® Processing Package Optiloc® Matrix Housing, titanium, 2 pcs. Optiloc® Retention Insert White - Light, 2 pcs. Optiloc® Retention Insert Yellow - Medium, 2 pcs. Optiloc® Retention Insert Green - Strong, 2 pcs. Optiloc® Processing Collar, silicone, 2 pcs.
Retention Inserts		
2102.0003-OPT		Optiloc® Retention Insert Red - Extra-Light, 4 pcs.
2102.0004-OPT		Optiloc® Retention Insert White - Light, 4 pcs.
2102.0005-OPT		Optiloc® Retention Insert Yellow - Medium, 4 pcs.
2102.0006-OPT		Optiloc® Retention Insert Green - Strong, 4 pcs.
2102.0007-OPT		Optiloc® Retention Insert Blue - Extra-Strong, 4 pcs.
2102.0008-OPT		Optiloc® Retention Insert Black - Ultra-Strong, 4 pcs.

OPTILOC® TOOLS AND AUXILIARY PARTS

Art. No.		Article
5102.0000-OPT		Optiloc® Equipment Box with 3 Instruments Optiloc® Laboratory Instrument Optiloc® Retention Insert Instrument Optiloc® Matrix Housing Extraction Instrument
2102.0023-OPT		Optiloc® Block Out Spacer white, 4 pcs.
2102.0011-OPT		Optiloc® Processing Collar, silicone, 10 pcs.
3202.0001-OPT		Optiloc® Retention Insert Instrument
3202.0002-OPT		Optiloc® Laboratory Instrument
3202.0003-OPT		Optiloc® Matrix Housing Extraction Instrument
046.795		X-ray Reference Foil for Mini Implants

STRAUMANN® MINI IMPLANT SYSTEM

REFERENCES

1 Norm ASTM F67 (states min. tensile strength of annealed titanium). 2 <http://www.straumann.com/science-roxolid.html>. 3 Fischer K, Stenberg T.: Prospective 10-year cohort study based on a randomized controlled trial (RCT) on implant-supported full-arch maxillary prostheses. Part 1: sandblasted and acid-etched implants and mucosal tissue. Clin Implant Dent Relat Res. 2012 Dec;14(6):808-15. 4 van Velzen FJ, Ofec R, Schulten EA, Ten Bruggenkate CM. 10-year survival rate and the incidence of peri-implant disease of 374 titanium dental implants with an SLA surface: a prospective cohort study in 177 fully and partially edentulous patients. Clin Oral Implants Res. 2015 Oct;26(10):1121-8. 5 Cochran DL, Jackson JM, Bernard JP, ten Bruggenkate CM, Buser D, Taylor TD, Weingart D, Schoolfield JD, Jones AA, Oates TW Jr. A 5-year prospective multicenter study of early loaded titanium implants with a sandblasted and acid-etched surface. Int J Oral Maxillofac Implants. 2011 Nov-Dec;26(6):1324-32. 6 Cochran D, Oates T, Morton D, Jones A, Buser D, Peters F. Clinical field trial examining an implant with a sand-blasted, acid-etched surface. J Periodontol. 2007 Jun;78(6):974-82. 7 Bornstein MM, Schmid B, Belser UC, Lussi A, Buser D. Early loading of non-submerged titanium implants with a sandblasted and acid-etched surface. 5-year results of a prospective study in partially edentulous patients. Clin Oral Implants Res. 2005 Dec;16(6):631-8. 8 Rocuzzo M, Aglietta M, Bunino M, Bonino L. Early loading of sandblasted and acid-etched implants: a randomized-controlled double-blind split-mouth study. Five-year results. Clin Oral Implants Res. 2008 Feb;19(2):148-52. 9 Derks J, Schaller D, Håkansson J, Wennström JL, Tomasi C, Berglundh T. Effectiveness of Implant Therapy Analyzed in a Swedish Population: Prevalence of Peri-implantitis. J Dent Res. 2016 Jan;95(1):43-9. doi

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