



Hook-type sinus retractor

acc. to Lindorf

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The newly developed, patented KLS Martin hook-type sinus retractor according to Lindorf offers a completely new working method for sinus lift procedures: it is now possible to keep the cheek soft tissues and the mucosal flap securely out of the way with a single instrument. This gives the surgeon a significantly better overview of the surgical site and ensures contamination-free placement of the augmentation material. Besides, a single assistant is sufficient for the entire intervention.



Numerous methods and instruments have been developed for use in sinus lift procedures in implant surgery, especially for bone and maxillary sinus mucosa dissection. However, what had nonetheless been missing so far, in the opinion of users, was a suitable retractor providing surgeons with a good overview of the surgical site.

This is why we decided to develop such an instrument in collaboration with Professor Lindorf. Designed for access via the facial wall of the maxillary sinus, the new retractor comes in a broad, anatomical design to ensure that the cheek soft tissues and the mucosal flap can all be kept securely out of the way with a single instrument. Whereas several retractors were usually required for this purpose, the newly developed hook-type retractor enables surgeons to work single-handedly, maintaining a good overview with ease and reliably preventing contamination of the augmentation material at the same time.



Dr. med. Dr. med. dent. Dr. med. habil. Professor Helmut H. Lindorf
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Plastic-aesthetic surgery • Periodontology • Implantology

The basic form of the instrument is that of a bent circular segment. It is perfectly adapted to the anatomy of the facial and dorsal maxillary sinus wall in the region of the zygomaticoalveolar crest, as indicated by the angle in the retractor's application surface and the fact that this surface is bent downwards for secure retraction of the soft tissues. Besides, a mandrel is fitted to the retractor in the corner of the angled section, intended for insertion into a small drill hole (twist drill Ø 2.0/ 2.3 mm from the respective implant system) to be created high on the zygomaticoalveolar crest. Mandrel insertion is then done under visual control for easy and exact positioning of the retractor. Once applied in this way, the retractor is firmly locked in place and can be held effortlessly with a single hand. The small perforation for the mandrel does not interfere with the sinus lift procedure, since it is located well above the area where dissection of the maxillary sinus mucosa takes place.

In line with anatomical requirements, the new sinus retractor is available in a left-side and a right-side version.



Drilling a hole (twist drill Ø 2.0/2.3 mm from the respective implant system) in the zygomaticoalveolar crest



Sinus lift preparation



Sinus floor augmentation



1/2

Lindorf
38-527-01
19.5 cm, 7 1/2"
Hook-type sinus retractor, left side



1/2

Lindorf
38-527-02
19.5 cm, 7 1/2"
Hook-type sinus retractor, right side

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