



Curriculum vitae

Dr. Abdelsalam Elaskary

Dr. Abdelsalam Elaskary is the founder of the vestibular socket therapy treatment protocol (VST), the owner of the Elaskary & Associates clinic and educational institute located in Alexandria, Egypt.

He currently is a visiting lecturer at the University of New York (NYU) and the president of the Arab society of oral implantology (ASOI) in Cairo.

Dr. Abdelsalam Elaskary authored three text

books in the field of dental implantology and oral reconstruction, all published by John Wiley and translated into several languages:

- "Reconstructive Aesthetic Implant Surgery"
- "Fundamentals of Esthetic Implant Dentistry"
- "Advances of Esthetic Implant Dentistry"

He as well authored numerous articles in the field of implant dentistry.

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Vestibular Socket Therapy Kit developed by Dr. Elaskary



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Vestibular Socket Therapy Kit developed by Dr. Elaskary

"The vestibular socket therapy is a novel clinical protocol to treat wide varieties of fresh extraction sites (thin, or a deficient labial plate of bone, severely compromised, actively infected) with immediate implant placement, the protocol is designed to repair socket osseous environment and place an immediate implant at the same surgical setting thus providing immediacy and predictable outcome.

The VST protocol offers shortened treatment time, reduces the number of surgical interventions to only one, preserves the original socket orifice topography during the steps of the treatment until the treatment completion, and allows for the complete socket rehabilitation of the actively infected sockets with immediate implant placement and bone regeneration."

> Dr. Abdelsalam Elaskary, Private Practice of Periodontology and Implantology, Alexandria, Egypt



Vestibular Socket Therapy Kit developed by Dr. Elaskary

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consisting of

- 14611.10 Vestibular elevator, Elaskary, 4 mm / 8 mm, sharp, DE
- 14147.04 Membrane holding forceps, Elaskary, 4 mm, curved over surface
- 14627.30 Bone curette with irrigation connection, Elaskary, 3 mm, DE
- 12969.10 Hammerhead periotome, Elaskary, DE, Ø 10 mm
- 13991.00 Forklift vestibular retractor, Elaskary, DE
- 14148.04 Soft tissue graft holding forceps, 4 mm, smooth, curved
- 14514.03 Scalpel blade holder, straight, Ø 8 mm
- 14751.18 Micro needle holder, Barraquer, TC, 0,8 mm, curved, 18 cm
- 14096.17 Forceps, Cooley, atraumatic, 0,8 mm, straight, 17,5 cm
- 3547.16 Scissors, Kelly, toothed, angled, 16 cm
- 76459.01 p.i.c.®-tray, 271 x 175 x 34 mm, for

Vestibular socket therapy kit Dr. Elaskary

Clinical pictures of Vestibular Socket Therapy developed by Dr. Elaskary

Bone curette with irrigation connection: This is a unique instrument for the first time in the world to combine a curette with an irrigation tip that helps the optimal socket lavage, it combines the socket curettage with the socket irrigation at the same time.

Forklift vestibular retractor:

The optimal tool to elevate the vestibular tissues to expand your surgical view, it allows a complete visualization of the surgical field and the delivery of the grafting materials.





Clinical pictures of Vestibular Socket Therapy developed by Dr. Elaskary

Hammerhead periotome:

The new generation periotome that is optimally designed to mimic the original tooth and socket curvature thus minimizing the likelihood of tissue perforation or laceration. This is the first tool worldwide to implement this new fantastic design, it gives you great confidence and minimize your stress when doing tissue releasing.

Membrane holding forceps:

A membrane holder with

angulation that allows

access incision.

a completely new delivery

the vertical delivery of the

membrane via the vestibular





Vestibular elevator:

This instrument is carefully designed to detach the periosteum with zero possibility of perforating the tissues, while leaving no remaining tissue adherent to the underlying bone, also it represents a new vision of periosteal reflection.

Soft tissue graft holding forceps: Another unique instrument that allows the accurate holding

of the connective tissue graft against the socket office in order to allow its optimal stabilization and suturing of the graft, no more wobbling or slippage of the connective tissue.





