The Southern enhanced surface is not a “coating”, it is an abraded rough surface of the most stable of the Titanium Oxides. This is the same dense form of titanium oxide common to “machined” surface implants.

A. The first experimentation with this Southern Enhanced surface was in 1992. After extensive validation it was put into widespread clinical use in 1997. It is achieved by a subtractive process in which Alumina particles (A12O3) are blasted onto the implant.

B. The particle size of 110µm is supported by the work of Soskolne (Israel) and Wennerberg (Sweden) on the one hand and Ronald (Norway) on the other. Based on their research, greatest bone to titanium bond strength is obtained with abrasion particles greater than 75µm and less than 170µm.

C. Szmukler-Moncler has analyzed and compared the popular implant surfaces in publications and a presentation at the AO, San Francisco 2004. He reports that the Southern Surface is remarkably consistent and free of contaminants whilst those that are acid etched or oxidized are shown to be highly variable.

D. There is consensus in the literature that “moderately rough” surfaces pose no risks for the patient and are therefore safe to use. Moderately rough was defined by Albrektsson as S1.0 to 2.0µm (Applied Osseointegration Research, Vol 5, 2006). The Southern surface has S1 = 1.43mm in one published study and S2 = 1.55mm on implants analyzed by Prof Ann Wennerberg in 2006.

Dr Mats Wikström, Chief of Clinics, Brånemark Centre Göteborg, in 2007 concluded that the Southern surface is one of the three best documented moderately rough surfaces on the market.

One RCT and two retrospective studies have shown successful outcomes for the Southern surface with over 10 years follow-up. Five and 8-year results of the RCT have been included in Cochrane Collaboration systematic reviews.