# IMPLANT LINE

IMPLASSIC FTP

## CONTENT INDEX

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| BWS <sup>®</sup> SURFACE  | 1  |
|---|----|
| TECHNICAL FEATURES AND<br>PACKAGING   | 2  |
| SURGICAL PROCEDURE AND<br>REFERENCE CODES   | 3  |
| READING DEPTH NOTCHES<br>and SHARP DRILLS   | 4  |
| STOP INSERTION AND REMOVAL<br>PROCEDURE   | 5  |
| SURGICAL TRAY   | 6  |
| SCREWDRIVER Features and Measures   | 8  |
| IMPLANTS INSERTION<br>PROCEDURE   | 9  |
| SURGICAL INSTRUMENTS  | 10 |
| HEALING ABUTMENT PROSTHETIC CONNECTION  | 11 |
| Components for<br>prosthetic conometry  | 12 |
| OVERVIEW PROSTHETIC<br>COMPONENTS   | 13 |
| PROSTHETIC DIGITAL<br>COMPONENTS  | 16 |
| OVERVIEW PROSTHETIC COMPONENTS<br>FOR TORONTO BRIDGE,<br>SCREWED BRIDGE AND FULL ARCH | 17 |

| INSTRUMENTS  | 18 |
|--|----|
| PRELIMINARY INDICATIONS<br>FOR SURGICAL INSTRUMENT USE | 19 |
| INSTRUMENTS FOR SURGERY<br>WARNING and LEGENDS         | 20 |
| BIBLIOGRAPHY   | 21 |



BWS<sup>®</sup> a surface with over 20 years of history CONSTANT OVER TIME

The capacity of BWS® to retain fibrin, lets osteoblasts migrate from the bone to the implant surface and reproduce there, generating new bone in direct contact with the titanium (contact Osseointegration).

> Bone tissue grown in direct contact with the surface BWS®

The process of sandblasting and acid etching the implant surface makes it possible to obtain optimal values of roughness creating the strongest fibrin adhesion to the surface and facilitating the bone healing process by significantly reducing the time.

After the surface treatment and the classic washings, Dental Tech implants are additionally cleaned with Argon Cold Plasma to minimize carbon contamination. Subsequently, minute controls are performed on the fixture with scanning electron microscopes (SEM).







# BWS<sup>®</sup>

- Packaging in controlled environments
- Clean room ISO 7
- Packaging impermeable to micro-organisms
- Gamma ray sterilisation process guarantee the creation of products that are extremely safe for users and their patients

2µm |----|

EHT=18.00 kV WD=13 mm Mag=6.50 K X

Photo No.=6159 Detector= SE1

. . . . . . . . .

WD: 10.6470 mm

Det: SE Detector View field: 62.05 µm

20 μm SEM HV: 20.00 kV

SEM MAG: 4.82 kx

VEGA\\TESCAN Dental Tech

BW S<sup>®</sup> SURFAC E

1

### TECHNICAL FEATURES



Conometric connection at 6°, with hexagonal position index and screw through, extremely precise and stable.



Smooth collar 0,75mm. The eccentric course between implant and connection diameter offers an anatomical path to the prosthetic component.



The geometric peculiarity of the cortical spiral allows to obtain an high primary stability, even in the presence of a few millimeters of bone.



Thanks to the flat shape of the central loop, the FTP implant allows the condensation of the bone matrix during the insertion of the fixture.



Apical spiral with progressive course allow greater directionality in insertion, in addition to the high primary stability in poor quality bone.



The atraumatic apex, without cutting areas, makes the implant suitable even in cases where it is necessary to safeguard anatomical structures, such as maxillary sinus and alveolar nerve.

Protective implant cap supported by a titanium ring. (Surgical colour code)

SILII SO I

# Transparent ampoule

Protective closure screw cap. (Prosthetic colour code)

2

ORA Dental Implant GHBH endosseous implants are supplied in sterile packaging which, if undamaged, guarantees the implant is protected from

PACKAGING

guarantees the implant is protected from external agents and, if stored correctly, their sterility.

### SURGICAL PROCEDURE AND REFERENCE CODES



L

L

3.6

3.1



★ It is reccomanded if the cortical bone is very persistent.

Warning All DRP drills are 0,8 mm longer than the implant. In the planning stage and while drilling in proximity to vital anatomical structures, this added length must be considered.

### READING DEPTH NOTCHES AND SHARP DRILLS



Implants lenght

DRILL STOP



### STOP INSERTION AND REMOVAL PROCEDURE

STOP INSERTION

Hold the drill by the stalk and insert the stop, with the retentive flaps facing towards the drill, until it comes into contact with the metal stop located on the drill itself. (Fig. 3 -2 - 1)

#### STOP REMOVAL

Hold the stop and remove the drill, pulling on the side of the stalk.





The Stop insertion with the wings facing the tip of the drill is incorrect. (Fig. 4)



## DEPTH STOP FOR DIFFERENT LENGTHS

#### ADVANTAGES

• Optimum control of depth during Preparation of the surgical site, even in conditions of poor visibility in the operative field;

- Reduction of surgical risk;
- Reduction of operator stress;
- Greater patient safety;

• Facilitates the insertion and removal of the drill stop and increased safety during surgery for the doctor and assistant, the cutting portion of the instrument is never touched by the operators.

SURGICAL TRAY - "TRAY IM"

REF TRAY IM

DIMENSIONS 176x143 mm - h 63,5 mm



COMPARTMENT INSIDE DYNAMOMETRIC RATCHET 20.001



O SURGICAL TRAY

SURGICAL TRAY - "TRAY M"



### SCREW DRIVERS FEATURES AND MEASURES



#### WITH MANUAL SCREWDRIVER

Insert the screwdriver (IMAFTP-001IMAFTP-002IMAFTP003), connected to the handwheel (AMC016), into the implant making a slight rotation to allow good matching of the two hexagons (implant screwdriver) and remove the implant. (Fig. 1)

Begin insertion of the implant in the alveolar surgical site using the manual screwdriver. Where bone density permits, it is possible complete insertion of the implant using the manual wrenches. (Fig. 2)



Fig.1



Fig.2 To remove, exercise a slight lateral movement, right and left, in order to free the conometric matching.

#### WITH DIRECT CONTRA-ANGLE SCREWDRIVER

Insert the direct manual contra-angle screwdriver into the implant with a slight rotating motion to allow the correct coupling of the two hexagons (implant - screwdriver) and remove the implant. (Fig. 3)

Begin insertion of the implant in the alveolar surgery (Fig. 4) after having set the following parameters on the surgical unit:

- 1) Bi-phase procedure (submerged) RPM 20-15 Torque max. 40-35 Ncm
- 2) Monophasic procedure realized with submerged implants and healing screws, with deferred load RPM 20-15 Torque max. 45-40 Ncm
- 3) Monophasic procedure with immediate load/prosthesis RPM 20-15 Torque is incremental from 20 to 70 Ncm

If a surgical unit with good torque control is available, both in quantity and quality, it is possible to terminate insertion of the implant with the contra-angle; if the opposite is true, insert the device in the alveolar surgery as long as the power of the machine permits and complete the insertion manually proceeding as follows.

#### FINAL SCREWDRIVER

Ensure that the tool is inserted in the position suitable for screwing and turn until the implant reaches the desired position. (Fig. 5)

Complete the insertion of the implant using the dynamometric wrench connected to the direct screwdriver of the ratchets. At times it is necessary to use the extensions, short REF. PMC115 and long REF. 110026 to connect to the tools described above. (Fig. 6)



Fig.3



Fig.4

To remove, exercise a slight lateral movement, right and left, in order to free the conometric matching.



Fig.5



Fig.6 To remove, exercise a slight lateral movement, right and left, in order to free the conometric matching.

### SURG IC AL I N S T R U M E N T S



| -               | Lenght (L) mm | REF     |
|-----------------|---------------|---------|
| Ĩ               | 21            | EXPFTP  |
| Ti <sub>5</sub> | 28            | EXPFTPL |







|      | Lenght (L) mm | REF     |
|------|---------------|---------|
| inox | 7             | ISO 370 |



| _ |      | EXTENSION     |        |
|---|------|---------------|--------|
|   |      | Lenght (L) mm | REF    |
|   |      | 7             | PMC115 |
|   | inox | 12,5          | 110026 |



| <u> </u> |      | HEX SCREWDRIVE | R           |        | i | 1      | HEX CA DRIVER |       |         |
|----------|------|----------------|-------------|--------|---|--------|---------------|-------|---------|
| (IIII)   |      | Lenght (L) mm  |             | REF    |   |        | [             |       |         |
|          | _    | 4,5            | Micro       | GMX100 |   |        | Lenght (L) mm |       | REF     |
| , T U    |      | 11,5           | Extra Short | GMM250 |   |        | 8,3           | Short | GCG0024 |
| -        | inox | 13,5           | Long        | 001152 |   | (inox) | 14,3          | Long  | GCG0030 |
| <u>v</u> |      |                | -           |        | * |        |               |       |         |



### HEALING ABUTMENT PROSTHETIC CONNECTION

**ORA Dental Implant GHBH's** FTP implant line offers clinicians versatility of use that makes this type of implant suitable for any surgical indication.

The 6° conometric connection with hexagonal position index and through screw, allows an accurate and stable matching of the prosthetic components.



|    | IMPLASSIC FTP |                         |  |
|----|---------------|-------------------------|--|
|    | Ømm           | Lenght mm               |  |
|    | 3.75          | 16 - 13 - 11,5 - 10     |  |
| 17 | 4.25          | 16 - 13 - 11,5 - 10 - 8 |  |
|    | 4.75          | 13 - 11,5 - 10 - 8      |  |
| -  |               |                         |  |

#### Important Warning

/!\

Excessive torques can compromise the hexagonal shape of the screws and screwing tools, causing impediments, even irreversible, during operating and prosthetic phases. The recommended tightening torques for the screws are summarized in the following table:

| SCREW DESCRIPTION                   | INSTRUMENT  | TORQUE Ncm       |
|-------------------------------------|---|------------------|
| Surgical Screw                      | Manual screwdrivers   | manually 10/8Ncm |
| Healing Abutment                    | Manual screwdrivers   | manually 10/8Ncm |
| Transfer Screw                      | Manual screwdrivers   | manually 10/8Ncm |
| Fixing Screw Abutment MUA<br>(M1,4) | Manual screwdrivers   | manually 10/8Ncm |
| Scan Abutment screws                | Man ual screwdrivers  | manually 10/8Ncm |
| Fixing Screw Abutment               | Adaptor for<br>dynamometric ratchet<br>Contra-Angle Screwdriver | 20Ncm            |



Given the importance of tightening torque, it is recommended to always monitor the perfect functionality of the tightening tools, evaluating carefully the tools and subjecting them to constant maintenance. It is always recommended to start thigtening the screws using manual screwdrivers and, only for the determination of the correct tightening torque, for screws that have a specific torque, use the appropriate tools to impress the indicated torque.



| ANATOMIC HEALIN<br>ABUTMENT | ١G |    |           |
|-----------------------------|----|----|-----------|
| Height (HT) mm              | H1 | H2 | REF       |
| 4                           | 2  | 2  | VGFTP4050 |
| 6                           | 3  | 3  | VGFTP6050 |

Ti₅



#### CYLINDRICAL HEALING ABUTMENT

| Height (H) mm | REF       |
|---------------|-----------|
| 4             | VGFTP3540 |
| 6             | VGFTP3560 |

Ti₅

### COMPONENTS FOR PROSTHETIC CONOMETRY



### OVERVIEW PROSTHETIC COMPONENTS



### OVERVIEW PROSTHETIC COMPONENTS



### OVERVIEW PROSTHETIC COMPONENTS



### PROSTHETIC DIGITAL COMPONENTS



Digital CAD-CAM Intraoral Scan and Laboratory Scan. For single cemented and screwed elements - multiple cemented elements.

#### DIGITAL ANALOG



| REF       |
|-----------|
| AGFTP37DG |

Analog for digital models, specific for applications through the manufacture of models made with 3D printing/prototyping. The characteristic shape with rounded edges, allows easy insertion into the model seat, without interference and friction with the resinous material of the models. The apical screw allows to always obtain a total working stability. This prosthetic component must be used through the ORA Libraries.









#### DIGITAL ANALOG - INDICATIONS OF USE



WARNING DO NOT orient the Scan Abutment in the unsuitable and aligned secondary position

 $\wedge$ 

It is necessary to match up the smaller portion of the Scan Abutment, which is <u>always</u> oriented on the hexagonal side of the connection, with the side of the external square shape of the analogous digital body.

### OVERVIEW PROSTHETIC COMPONENTS FOR TORONTO BRIDGE, SCREWED BRIDGE AND FULL ARCH



#### ABUTMENT MUA DIGITAL COMPONENTS

#### SCAN MUA



Screw included (REF VPCEM)

Suitable for digital CAD-CAM technique, for intraoral and laboratory scans. For <u>multiple</u> screwed elements.



Analog for digital models, specific for applications through the manufacture of models made with 3D printing/prototyping. The characteristic shape with rounded edges, allows easy insertion into the model seat, without interference and friction with the resinous material of the models. The apical screw allows to always obtain a

The apical screw allows to always obtain a total working stability. This prosthetic component must be used

This prosthetic component must be used through the ORA Libraries.

#### BONDING BASE FOR ABUTMENT MUA



Suitable for digital CAD-CAM technique, for intraoral and laboratory scans. For <u>multiple</u> screwed elements.

### IN STRUMENTS



The dynamometric ratchet, after each use, must be disassembled for cleaning. This maintenance operation does not require any tools.

Completely unscrew the screw (A), remove the whole pawl (B) and then the flexible dynamometric bar (C). Once disassembled, clean according to the instructions for use and maintenance attached to the device, brush with non-metallic rigid bristles, even in hollow areas with pipe cleaner for a complete removal of biological residues.

Once the cleaning and disinfection phase has been completed, reassemble the ratchet using the reverse disassembly procedure, making sure to match the pin (D) in the housing dedicated.

#### TIGHTENING TOOLS FOR DYNAMOMETRIC RATCHET



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