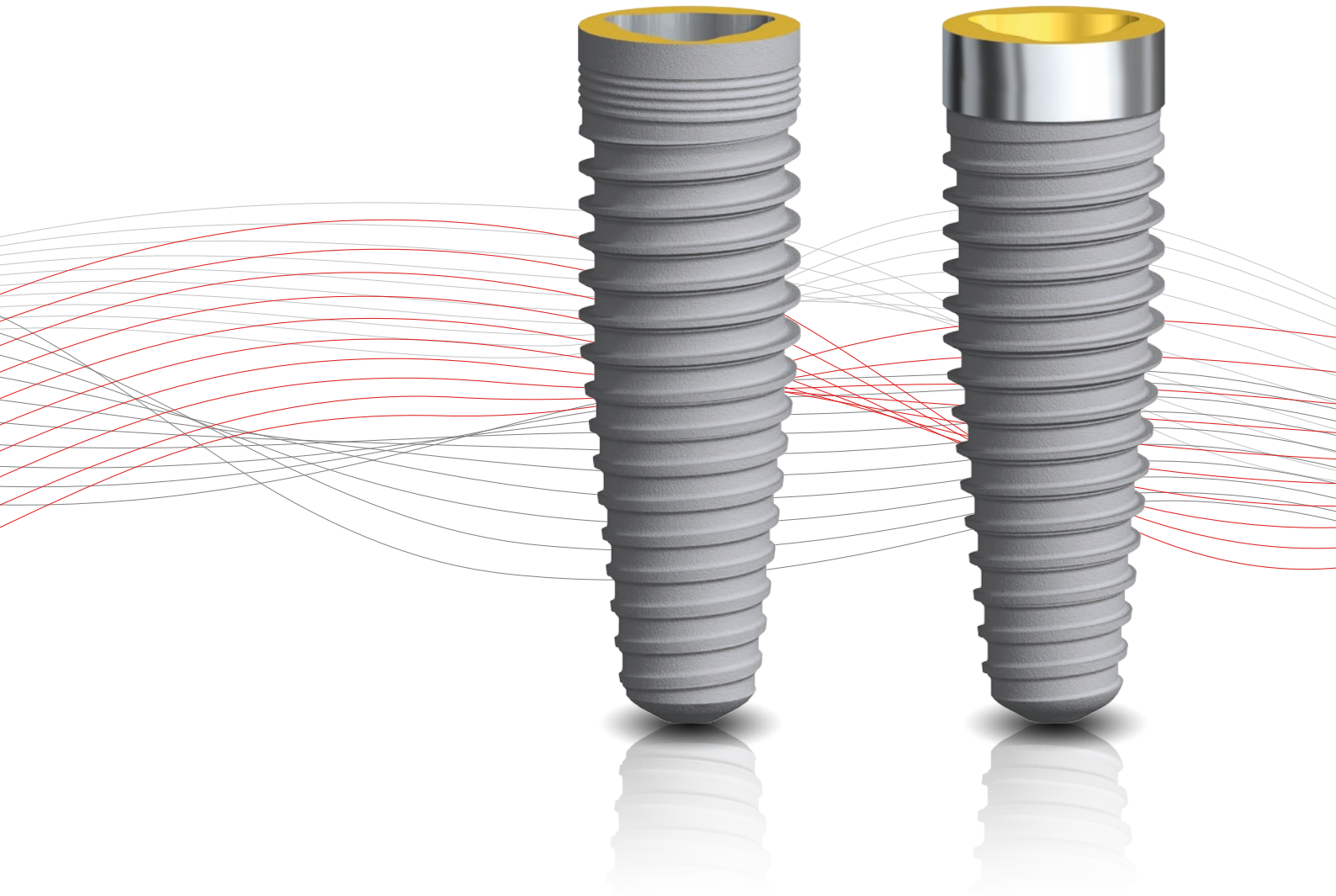
NobelReplace® and Replace Select™ Tapered
Procedures manual



Nobel Biocare®

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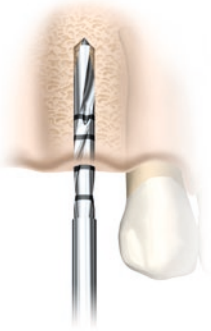
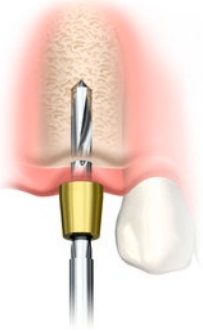
Flap technique

Drill with Tip Tapered ∅ 2 mm

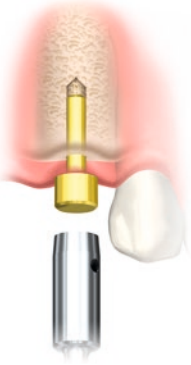


Flapless technique

Drill Guide/Drill with Tip Tapered ∅ 2 mm



Tissue Punch/Tissue Punch Guide



Tapered Drills

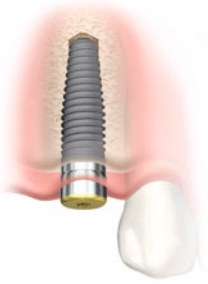
Dense Bone Drill
(if indicated)

Screw Tap
(if indicated)

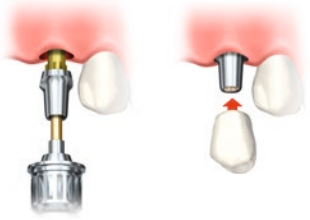
Drill sequence
Implant ∅ 3.5 mm: Drill ∅ 3.5 mm
Implant ∅ 4.3 mm: Drills ∅ 3.5 + ∅ 4.3 mm
Implant ∅ 5.0 mm: Drills ∅ 3.5 + ∅ 4.3 + ∅ 5.0 mm
Implant ∅ 6.0 mm: Drills ∅ 3.5 + ∅ 4.3 + ∅ 5.0 + ∅ 6.0 mm

Implant placement

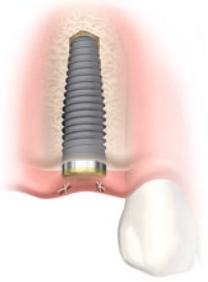
One-stage
delayed function



One-stage
Immediate Function

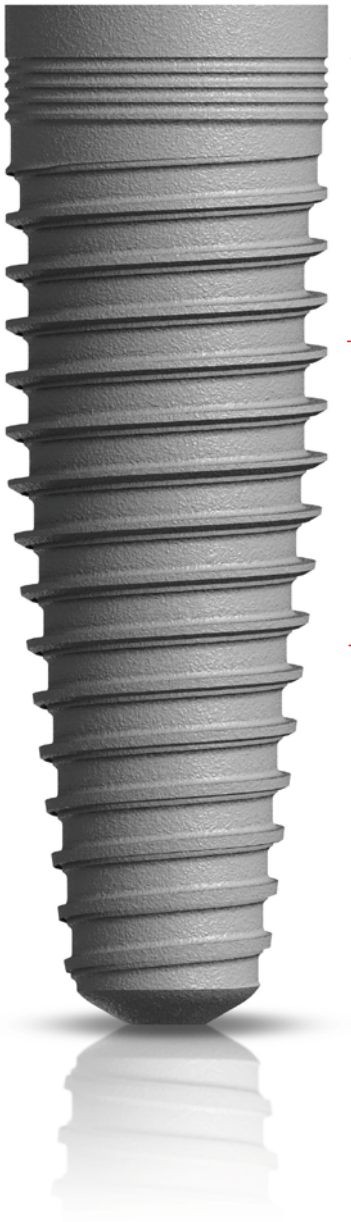


Two-stage
delayed function



Six options for high treatment flexibility

Cover your clinical needs with only one system. Whatever your patient requirements and personal preference, the six implant options ensure total treatment flexibility.



Broad range of restorative solutions
Prefabricated and CAD/CAM NobelProcera restorations to support all temporary and final solutions.

Established and clinically proven
The original tapered implant designed for high initial stability – ideal for Immediate Function in both extraction sockets and healed sites.

Efficient treatment flow
One surgery kit for all tapered implants, a step-by-step drilling protocol, and a consistent color-coding of all components simplify site preparation and ensure predictable outcomes in all indications.

Strong sealed connection

– Internal conical connection with hexagonal interlocking offers a tight seal and high mechanical strength.
– Built-in platform shifting designed to increase soft tissue volume for natural-looking esthetics.

NobelReplace Conical Connection
With TiUnite on collar

NobelReplace Conical Connection PMC*
With 0.75 mm machined collar

Highly tactile feel

– Easy-to-use connection with three interlocking channels for secure and accurate abutment placement.
– Get access to one of the largest pools of trained restorative clinicians in implant dentistry with preference for the tri-channel connection.

Replace Select Tapered
With 1.5 mm machined collar

Replace Select Tapered PMC*
With 0.75 mm machined collar

NobelReplace Tapered
With TiUnite on collar

NobelReplace Platform Shift
With TiUnite on collar and platform shifting

* PMC = Partially Machined Collar

Color-coding for accurate component identification

NobelReplace® Conical Connection
NobelReplace® Conical Connection PMC

Implants	Packaging	Surgical components	Implant drivers	Prosthetic components
Implant Ø 3.5 mm Platform NP				
Implant Ø 4.3 mm Platform RP				
Implant Ø 5.0 mm Platform RP				

NobelReplace® Tapered
Replace Select™ Tapered
Replace Select™ Tapered PMC

Implants	Packaging	Surgical components	Implant drivers	Prosthetic components
Implant Ø 3.5 mm Platform NP				
Implant Ø 4.3 mm Platform RP				
Implant Ø 5.0 mm Platform WP				
Implant Ø 6.0 mm Platform 6.0				

NobelReplace® Platform Shift

Implants	Packaging	Surgical components	Implant drivers	Prosthetic components
Implant Ø 4.3 mm Platform NP				
Implant Ø 5.0 mm Platform RP				
Implant Ø 6.0 mm Platform WP				

Important considerations for implant placement

NobelReplace and Replace Select Tapered are endosseus threaded dental implants made from biocompatible commercially pure grade 4 titanium with TiUnite surface.

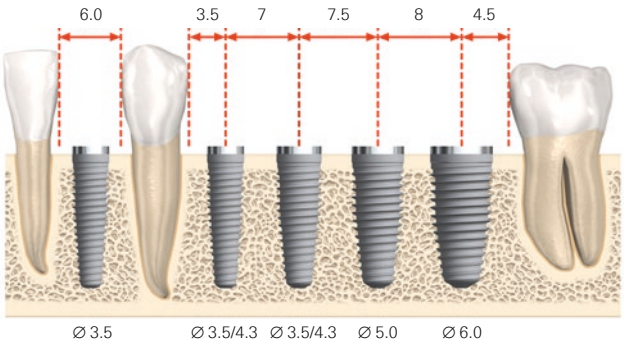
Indications
Oral implants are to be integrated in the jaw bone (osseointegration) and used for anchoring or supporting tooth replacements in either jaw. Restorations range from a single tooth to a fixed/removable full dental arch or overdenture applications to restore chewing function.

Contraindications
It is contraindicated placing dental implants in patients:
– Medically unfit for an oral surgical procedure.
– With inadequate bone volume unless an augmentation procedure can be considered.
– In whom adequate size, number or desirable position of implants cannot be achieved to provide safe support of functional or eventually parafunctional loads.

Implant ∅ 3.5 mm: Limited inter-dental space. Not enough alveolar bone for an RP implant.
Implant ∅ 4.3 mm: From single anterior tooth loss to full-arch restorations.

Implant ∅ 5.0 mm: Where additional loading can be expected. Wider diameter implant/abutment post to build a "molar-sized" crown. For higher initial stability in soft bone.
Implant ∅ 6.0 mm: Where additional loading can be expected. Wider diameter implant/abutment post to build a "molar-sized" crown.

Minimal distances
Approximate minimal distances between implants (in mm) for restorative simplicity taking the average size of the final restoration (incisors, canines, premolars and molars) into account.



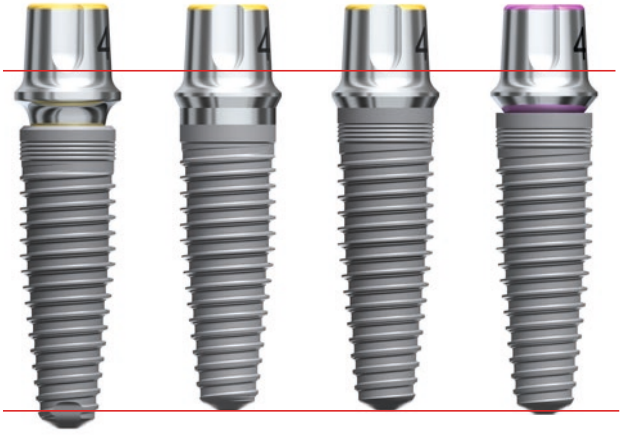
Planning for abutment margin depth before implant placement

Available abutment margin height needs to be considered during the planning of implant placement to assure appropriate seating depth of the implant relative to available soft tissue thickness and the planned emergence of the restoration.

Since the shortest available abutment margin heights vary depending on connection type and platform diameter, certain implants need to be placed deeper to maintain the same abutment margin depth relative to the soft tissue margin.

Example Snappy Abutment

Implant placement (Ø 4.3 mm × 13 mm) to achieve the same abutment margin depth relative to soft tissue with the shortest Snappy Abutment 4.0 RP available for each implant type



NobelReplace Conical Connection (incl. PMC)	Replace Select Tapered (incl. PMC)	NobelReplace Tapered	NobelReplace Platform Shift
Shortest available abutment margin height			
1.5 mm	0.5 mm	0.5 mm	0.75 mm

TiUnite® surface

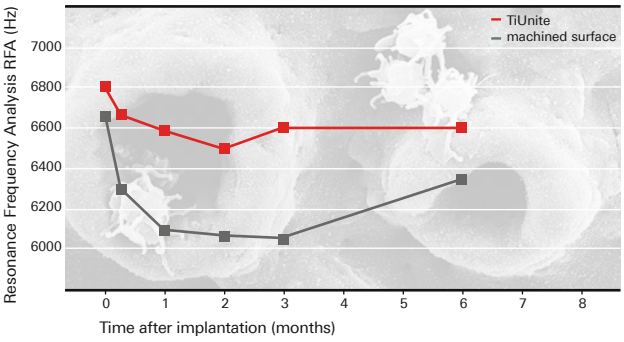
A unique surface

TiUnite is a moderately rough thickened titanium oxide layer with high crystallinity and phosphorus content. Its ceramic-like properties and micropores ensure high osteoconductivity and fast anchorage of newly formed bone.

Proven to perform

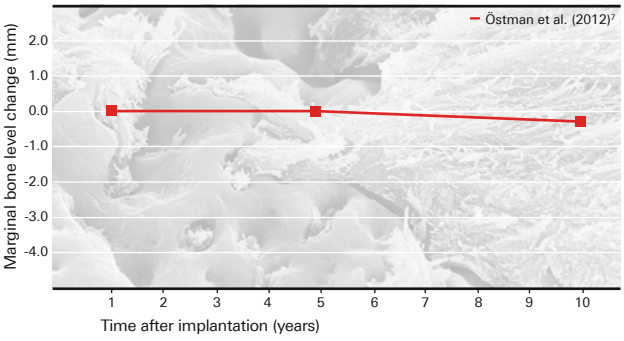
– Proven longevity with clinical follow-up data of 10 and more years.[6,7,11]
– High performance under the most challenging conditions including soft bone and immediate loading.[1,2,9,12,13,14,16]
– Stability maintained at a high level during the critical healing phase after implant insertion due to enhanced osseointegration and anchorage in surrounding bone.[3,4,5]
– Stable marginal bone levels after the initial bone remodeling phase and over the long term.[6,7,11,15]
– Cellular soft tissue adhesion behaves similarly to soft tissue around a natural tooth.[8]
– Long-term success with cumulative survival rates of 97.1 – 99.2% after 10 and more years.[6, 7,11]

High stability in the critical healing phase



Higher stability with immediately loaded implants with TiUnite surface than with the same implants with machined surface in the posterior maxilla.[3]

Stable marginal bone levels over the long term



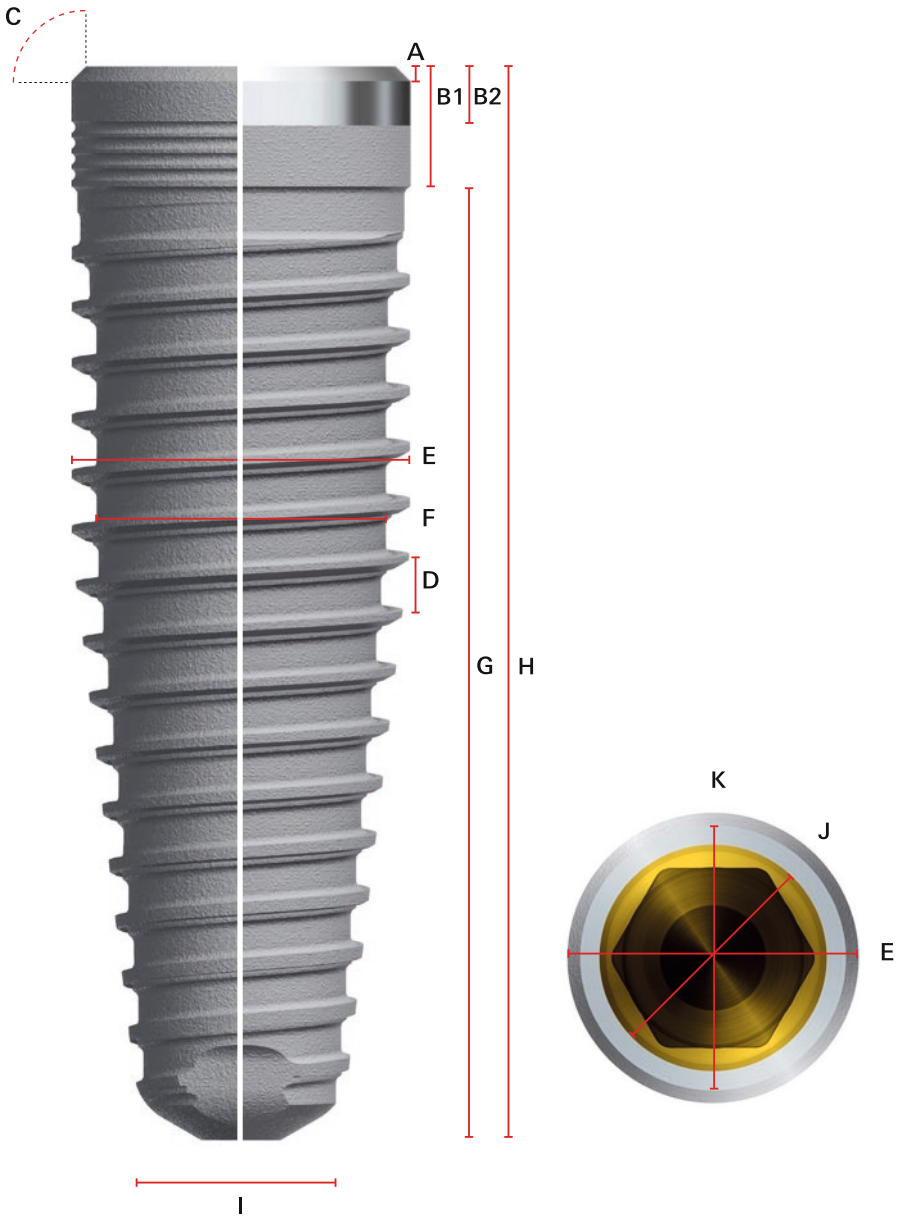
Stable marginal bone levels after initial remodeling. Baseline adjusted at year 1 to allow comparisons with other publications.

SEM images courtesy of Dr. Peter Schüpbach, Switzerland.

[1] Glauser R. Implants with an Oxidized Surface Placed Predominately in Soft Bone Quality and Subjected to Immediate Occlusal Loading: Results from a 7-Year Clinical Follow-Up. Clin Implant Dent Relat Res 2011 [Epub ahead of print]. [2] Liddelow G and Henry P. The immediately loaded single implant-retained mandibular overdenture: a 36-month prospective study. Int J Prosthodont 2010; 23:13-21. [3] Glauser R, Portmann M, Ruhstaller P, Lundgren AK, Hammerle CH, Gottlow J. Stability measurements of immediately loaded machined and oxidized implants in the posterior maxilla. A comparative clinical study using resonance frequency analysis. Applied Osseointegration Research 2001; 2:27-9. [4] Zechner W, Tangl S, Furst G, Tepper G, Thams U, Mailath G, Watzek G. Osseous healing characteristics of three different implant types. Clin Oral Implants Res 2003; 14:150-7. [5] Ivanoff CJ, Widmark G, Johansson C, Wennerberg A. Histologic evaluation of bone response to oxidized and turned titanium micro-implants in human jawbone. Int J Oral Maxillofac Implants 2003;18:341-8. [6] Degidi M, Nardi D, Piattelli A. 10-Year Follow-Up of Immediately Loaded Implants with TiUnite Porous Anodized Surface. Clin Implant Dent Relat Res 2012;14(6):828-38 [7] Östman PO, Hellman M, Sennerby L. Ten years later. Results from a prospective single-centre clinical study on 121oxidized (TiUnite) Brånemark implants in 46 patients. Clin Implant Dent Relat Res 2012 Dec;14(6):852-60 [8] Schüpbach P, Glauser R. The defense architecture of the human periimplant mucosa: a histological study. J Prosthet Dent 2007; 97(6 Suppl):15-25. [9] Mura P. Immediate Loading of Tapered Implants Placed in Postextraction Sockets: Retrospective Analysis of the 5-Year Clinical Outcome. Clin Implant Dent Relat Res 2010 [Epub ahead of print]. [10] Rieben AS, Alifanz J, Jannu AS. Survival rates of implants with a highly crystalline phosphate enriched surface – a literature review [#191], in 20th Annual Scientific Congress of the European Association for Osseointegration. 2011: Athens, Greece. [11] Glauser R. Eleven-year results of implants with an oxidized surface placed predominantly in soft bone and subjected to immediate occlusal loading. Clin Oral Impl Res 2012;23 suppl 7;140-1. [12] McAllister BS, Cherry JE, Kolinski ML, Parrish KD, Pumphrey DW, Schroering RL. Two-year Evaluation of a Variable-Thread Tapered Implant in Extraction Sites with Immediate Temporization: A Multicenter Clinical Trial. Int J Oral Maxillofac Implants 2012; 27:611-8. [13] Rocci A, Martignoni M, Gottlow J. Immediate loading of Brånemark System TiUnite and machined-surface implants in the posterior mandible a randomized open-ended clinical trial. Clin Implant Dent Relat Res 2003; 5 suppl 1:57-63. [14] Marzola R, Scotti R, Fazi G, Schincaglia GP. Immediate loading of two implants supporting a ball attachmentretained mandibular overdenture a prospective clinical study. Clin Implant Dent Relat Res 2007; 9:136-43. [15] Nickenig H, Wichmann M, Schlegel K, Nkenke E, Eitner S. Radiographic evaluation of marginal bone levels adjacent to parallel-screw cylinder machined-neck implants and rough-surfaced micro-threaded implants using digitized panoramic radiographs. Clin Oral Impl Res 2009;20:550-4. [16] Arnhart C, Kielbassa AM, Martinez-de Fuentes R, Goldstein M, Jackowski J, Lorenzoni M, Maiorana C, Mericske-Stern R, Pozzi A, Rompen E, Sanz M, Strub JR. Comparison of variable-thread tapered implant designs to a standard tapered implant design after immediate loading. A 3-year multicentre randomised controlled trial. Eur J Oral Implantol. 2012;5:123-36

Implant specifications

NobelReplace® Conical Connection
NobelReplace® Conical Connection PMC

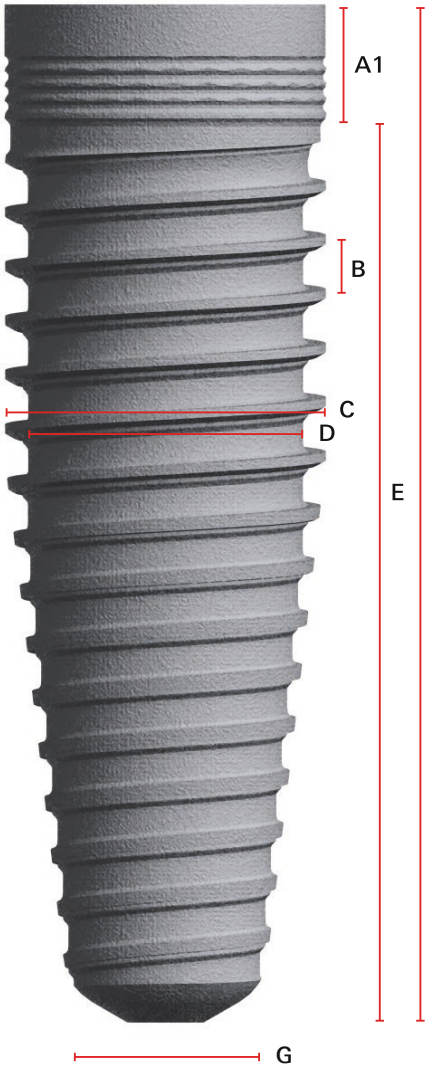


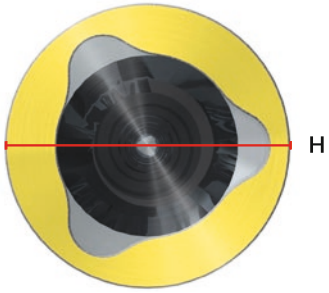
		A	B		C	D	E	F	G	H	I	J	K
Platform		**Bevel height**	**Collar height**		**Bevel angle**	**Thread pitch**	**Major diameter**	**Minor diameter**	**Thread height**	**Overall length**	**Tip diameter**	**Abut-ment interface**	**Bridge interface**
			B1	**B2**									
NP 3.5	3.5×8 mm	–	1.5	0.75	–	0.64	3.5	2.96	7.0	8.6	2.11	3.0	3.5
	3.5×10 mm	–	1.5	0.75	–	0.64	3.5	2.96	9.02	10.6	2.11	3.0	3.5
	3.5×11.5 mm	–	1.5	0.75	–	0.64	3.5	2.96	10.5	12.1	2.11	3.0	3.5
	3.5×13 mm	–	1.5	0.75	–	0.64	3.5	2.96	12.07	13.6	2.11	3.0	3.5
	3.5×16 mm	–	1.5	0.75	–	0.64	3.5	2.96	15.12	16.6	2.11	3.0	3.5
RP 4.3	4.3×8 mm	0.2	1.5	0.75	45°	0.71	4.3	3.67	7.0	8.6	2.56	3.4	3.9
	4.3×10 mm	0.2	1.5	0.75	45°	0.71	4.3	3.67	9.02	10.6	2.56	3.4	3.9
	4.3×11.5 mm	0.2	1.5	0.75	45°	0.71	4.3	3.67	10.5	12.1	2.56	3.4	3.9
	4.3×13 mm	0.2	1.5	0.75	45°	0.71	4.3	3.67	12.07	13.6	2.56	3.4	3.9
	4.3×16 mm	0.2	1.5	0.75	45°	0.71	4.3	3.67	15.12	16.6	2.56	3.4	3.9
RP 5.0	5.0×8 mm	0.55	1.5	0.75	45°	0.75	5.0	4.18	7.0	8.6	2.98	3.4	3.9
	5.0×10 mm	0.55	1.5	0.75	45°	0.75	5.0	4.18	9.02	10.6	2.98	3.4	3.9
	5.0×11.5 mm	0.55	1.5	0.75	45°	0.75	5.0	4.18	10.5	12.1	2.98	3.4	3.9
	5.0×13 mm	0.55	1.5	0.75	45°	0.75	5.0	4.18	12.07	13.6	2.98	3.4	3.9
	5.0×16 mm	0.55	1.5	0.75	45°	0.75	5.0	4.18	15.12	16.6	2.98	3.4	3.9

All measurements in mm.

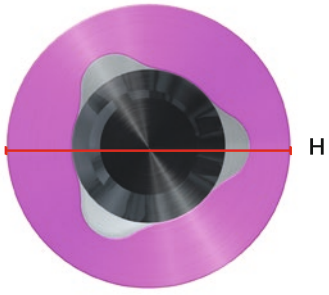
Sectional measurements do not necessarily add up to total length.

NobelReplace® Tapered
NobelReplace® Platform Shift



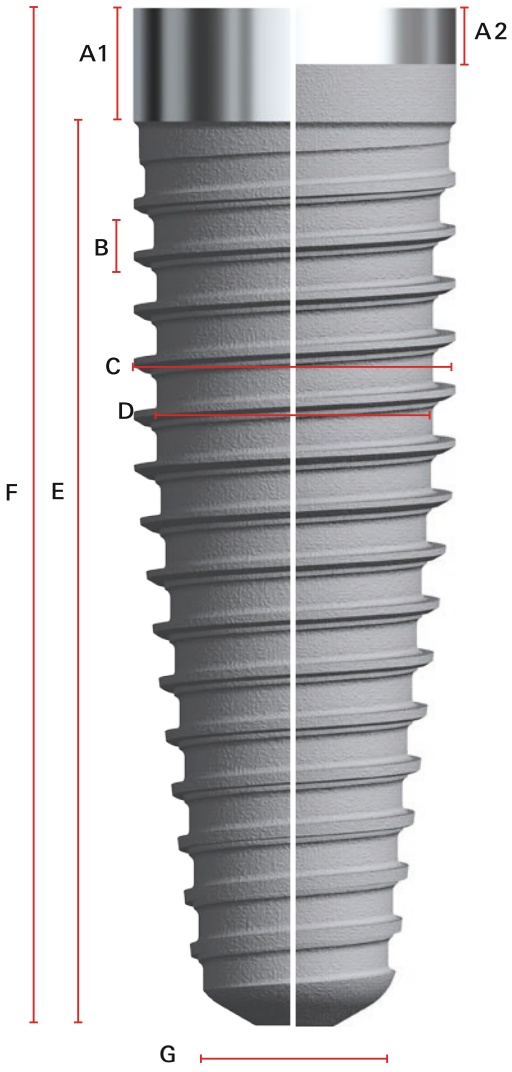


NobelReplace Tapered RP



NobelReplace Platform Shift NP

Replace Select™ Tapered
Replace Select™ Tapered PMC

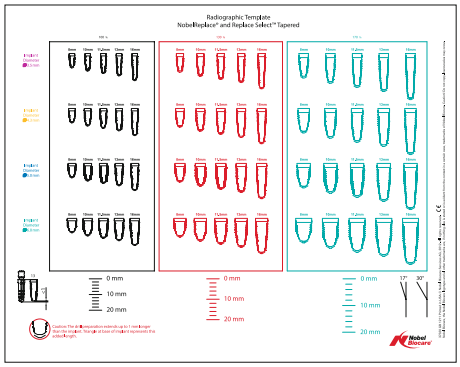


		A		B	C	D	E	F	G	H
Implant diameter		**Collar height**		**Thread pitch**	**Major diameter**	**Minor diameter**	**Thread height**	**Overall length**	**Tip diameter**	**Collar diameter**
		A1	**A2**							
3.5	3.5×8 mm	1.5	0.75	0.64	3.5	2.96	7.0	8.6	2.11	3.5
	3.5×10 mm	1.5	0.75	0.64	3.5	2.96	9.02	10.6	2.11	3.5
	3.5×11.5 mm	1.5	0.75	0.64	3.5	2.96	10.5	12.1	2.11	3.5
	3.5×13 mm	1.5	0.75	0.64	3.5	2.96	12.07	13.6	2.11	3.5
	3.5×16 mm	1.5	0.75	0.64	3.5	2.96	15.12	16.6	2.11	3.5
4.3	4.3×8 mm	1.5	0.75	0.71	4.3	3.67	7.0	8.6	2.56	4.3
	4.3×10 mm	1.5	0.75	0.71	4.3	3.67	9.02	10.6	2.56	4.3
	4.3×11.5 mm	1.5	0.75	0.71	4.3	3.67	10.5	12.1	2.56	4.3
	4.3×13 mm	1.5	0.75	0.71	4.3	3.67	12.07	13.6	2.56	4.3
	4.3×16 mm	1.5	0.75	0.71	4.3	3.67	15.12	16.6	2.56	4.3
5.0	5.0×8 mm	1.5	0.75	0.75	5.0	4.18	7.0	8.6	2.98	5.0
	5.0×10 mm	1.5	0.75	0.75	5.0	4.18	9.02	10.6	2.98	5.0
	5.0×11.5 mm	1.5	0.75	0.75	5.0	4.18	10.5	12.1	2.98	5.0
	5.0×13 mm	1.5	0.75	0.75	5.0	4.18	12.07	13.6	2.98	5.0
	5.0×16 mm	1.5	0.75	0.75	5.0	4.18	15.12	16.6	2.98	5.0
6.0	6.0×8 mm	1.5	0.75	0.79	5.9	4.97	7.0	8.6	3.54	6.0
	6.0×10 mm	1.5	0.75	0.79	5.9	4.97	9.02	10.6	3.54	6.0
	6.0×11.5 mm	1.5	0.75	0.79	5.9	4.97	10.5	12.1	3.54	6.0
	6.0×13 mm	1.5	0.75	0.79	5.9	4.97	12.07	13.6	3.54	6.0
	6.0×16 mm	1.5	0.75	0.79	5.9	4.97	15.12	16.6	3.54	6.0

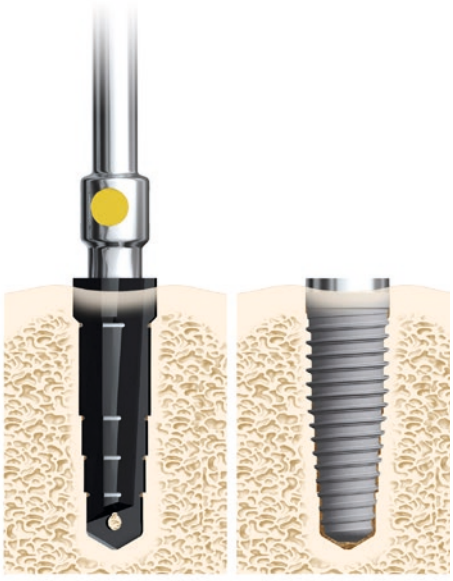
All measurements in mm.
Sectional measurements do not necessarily add up to total length.

Radiographic template

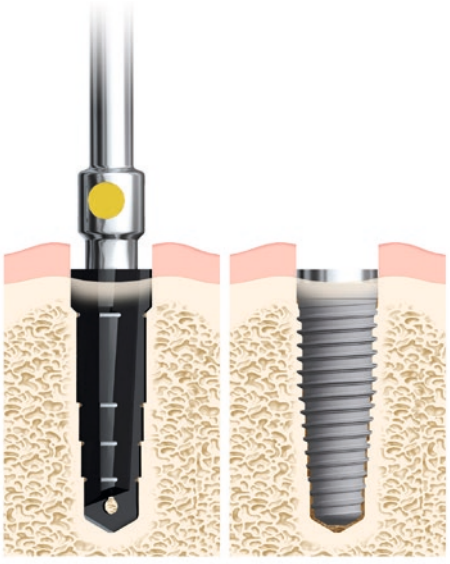
Used with radiographic imaging as a guide for selecting the correct implant size.



Surgical access



Standard flap procedure
Used when it is necessary:
– to observe the underlying alveolar bone and adjacent anatomical structures.
– to place bone and/or connective tissue grafts.



Flapless procedure
Used when:
– there is sufficient quantity and quality of alveolar bone and soft tissue.
– it is not necessary to raise a flap to safely direct drilling procedure in relation to the anatomy.

Notes:
– When using a flapless approach add soft tissue height to drill depth.
– Confirm available bone and significant anatomical landmarks, such as blood vessels, nerves, and concavities. Use conventional diagnostic tools, such as radiographic imaging, probing and palpation, and 3D imaging if indicated.

Drilling sequence

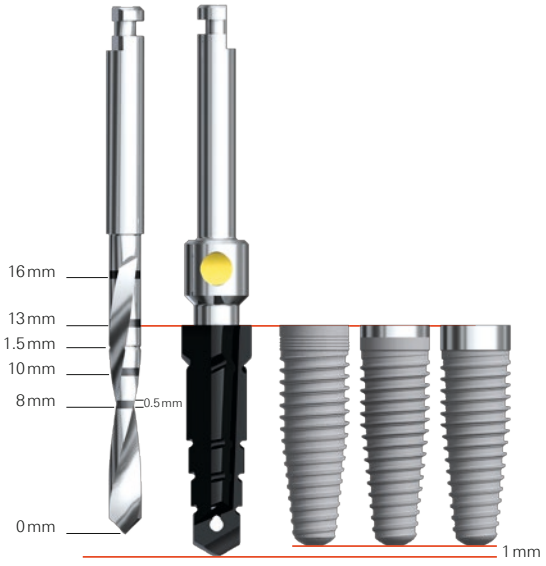
Drill technique
Reusable tapered drills and screw taps are made of stainless steel with an amorphous diamond coating. Drills are irrigated internally to prevent heat build-up and burning bone. They require a specific technique to prevent irrigation holes from becoming blocked with bone.

– Use an in-and-out motion and drill in bone for 1–2 seconds.
– Move the drill up without stopping handpiece motor. This also allows the irrigation to flush away debris.
– Proceed until desired depth reference line is reached.

Notes:
– If a drill becomes plugged, remove the drill from the handpiece and clear the irrigation hole using the needle provided in the surgical kit.
– Stop drilling if there is no irrigation.
– A drill extension shaft may be used to facilitate the procedure. If the drill extension shaft is used together with the drill, external irrigation at the contra-angle should be supplemented. Only use the drill extension shaft with drills.

Tip: Irrigate the site with saline solution (using a syringe) to remove bone chips before using the next drill.

Product reference lines



Caution: The drills are 1.5 mm and the implants are 0.6 mm longer than the lengths stated in the product names. This means that the drill preparation is up to 1 mm longer than the implant. Allow for this additional length when drilling near vital anatomical structures.

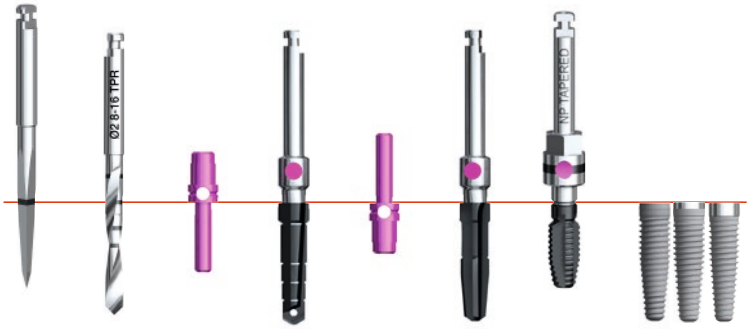
Disposable and reusable drills

Drill with Tip Tapered ∅ 2 mm is disposable and should be used for one surgery only. Do not re-sterilize a disposable drill.

Tapered drills, dense bone drills, and screw taps are re-usable and should be replaced after 20–30 uses, or when cutting efficiency declines. Worn-out and damaged drills need to be discarded and replaced with new sharp drills.

Drill protocols /Product reference lines

Implant
∅ 3.5 mm

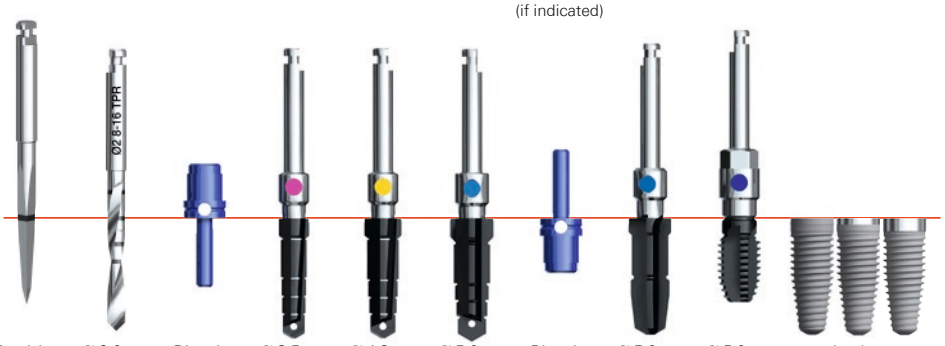


Precision drill (optional) | ∅ 2.0 mm Drill with tip Tapered | Direction indicator | ∅ 3.5 mm Tapered Drill | Direction indicator | ∅ 3.5 mm Dense Bone Drill for 13 and 16 mm (if indicated) | ∅ 3.5 mm Screw Tap Tapered (if indicated) | Implant

Implant
∅ 4.3 mm

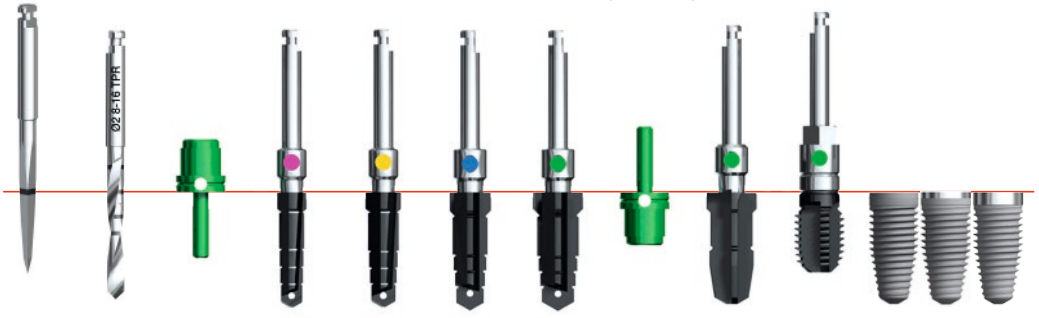
Precision drill (optional) | ∅ 2.0 mm Drill with tip Tapered | Direction indicator | ∅ 3.5 mm Tapered Drill | ∅ 4.3 mm Tapered Drill | Direction indicator | ∅ 4.3 mm Dense Bone Drill for 13 and 16 mm (if indicated) | ∅ 4.3 mm Screw Tap Tapered (if indicated) | Implant

Implant
∅ 5.0 mm



Precision drill (optional) | ∅ 2.0 mm Drill with tip Tapered | Direction indicator | ∅ 3.5 mm Tapered Drill | ∅ 4.3 mm Tapered Drill | ∅ 5.0 mm Tapered Drill | Direction indicator | ∅ 5.0 mm Dense Bone Drill for 13 and 16 mm (if indicated) | ∅ 5.0 mm Screw Tap Tapered (if indicated) | Implant

Implant
∅ 6.0 mm



Precision drill (optional) | ∅ 2.0 mm Drill with tip Tapered | Direction indicator | ∅ 3.5 mm Tapered Drill | ∅ 4.3 mm Tapered Drill | ∅ 5.0 mm Tapered Drill | ∅ 6.0 mm Tapered Drill | Direction indicator | ∅ 6.0 mm Dense Bone Drill for 13 and 16 mm (if indicated) | ∅ 6.0 mm Screw Tap Tapered (if indicated) | Implant

Flap procedure

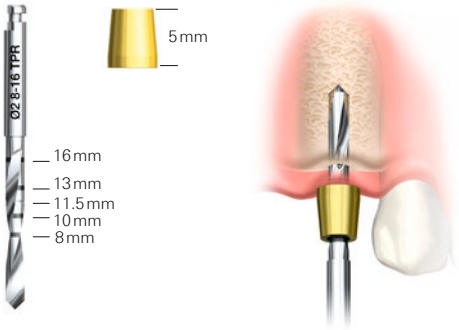
When using a flap procedure, make an incision and raise a flap.

Flapless procedure: option A

Determine implant position

– Drill through gingival tissue and into alveolar crest with the Drill with Tip Tapered Ø 2 mm.
– Use the Drill Guide to aid proper positioning.
– Drill to 16 mm drill line (measured in relation to the top of the drill guide) for all implant lengths, except 8 mm. For 8 mm implants, drill to 13 mm drill line.

Maximum speed 800 rpm

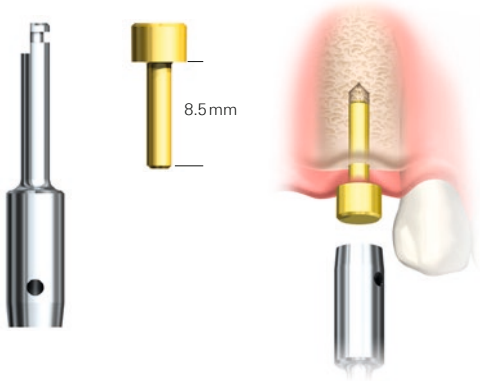


Punch the soft tissue

– Insert the appropriate size Tissue Punch Guide into the Ø 2 mm pilot hole.
– Connect the Tissue Punch to the contra-angle head and place the punch over the punch guide.
– Using high speed, cut through soft tissue down to the crest.
– Using a scalpel, cut around the tissue plug perpendicular to the alveolar crest to release the tissue plug from the alveolar crest.

Note: This technique is recommended only if there is a sufficient amount of attached mucosa. After punching, there should be at least 1 mm of attached mucosa available around the surgical entrance and later around the abutment.

Maximum speed 800 rpm

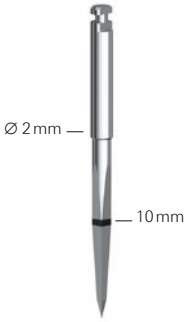


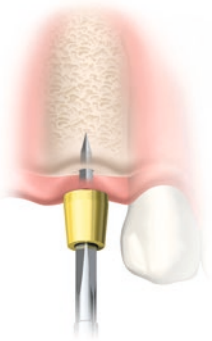
Flapless procedure: option B

Use precision drill

– To facilitate initial soft tissue penetration and creation of a crestal starting point (also after flap preparation), the Precision Drill can be used before Drill with Tip Tapered Ø 2 mm.
– Drill with the precision drill through soft tissue and into the alveolar crest.
– Use the Drill Guide to aid proper positioning when using the flapless approach.

Maximum speed 2000 rpm





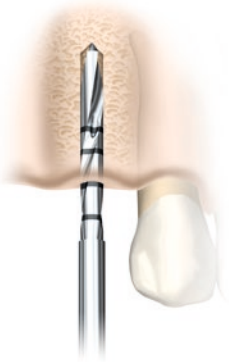
1 For all implant diameters: drill with Drill with Tip Tapered

– Drill to the appropriate depth using the Drill with Tip Tapered Ø 2 mm and copious irrigation.
– Flapless procedure: measure tissue thickness with probe. Add tissue thickness to drilling depth for correct site preparation. Be aware of anatomical landmarks.

Maximum speed 800 rpm

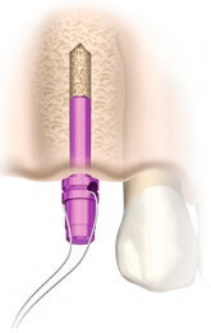
Note: When placing multiple implants, proceed to next implant site before continuing with next drill sequence.

Tip: Irrigate the site with saline solution (using a syringe) to remove bone chips before using the next drill.



2 For all implant diameters: check osteotomy direction

– Check correct direction and seating using Direction Indicator Tapered.
– If necessary, adjust site preparation.

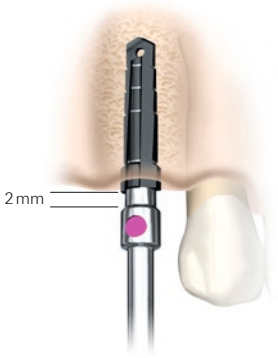


3 For all implant diameters: drill with Drill Tapered NP 3.5

– Drill to depth corresponding to length of the implant being placed. If unsure of exact drill depth, stop short.
– Flapless procedure: measure tissue thickness with probe. Add tissue thickness to drilling depth for correct site preparation. Be aware of anatomical landmarks.
– Check correct orientation and seating using Direction Indicator Tapered NP.
– If necessary, adjust site preparation.

Maximum speed 800 rpm

This is the final tapered drill for a 3.5 mm implant.



4 For implants ∅ 4.3, 5.0 and 6.0 mm: drill with Drill Tapered RP 4.3

– Continue site preparation using Drill Tapered RP 4.3.
– Check correct orientation and seating using Direction Indicator Tapered RP.

Maximum speed 800 rpm

This is the final tapered drill for a 4.3 mm implant.

5 For implants ∅ 5.0 and 6.0 mm: drill with Drill Tapered WP 5.0

– Continue site preparation using the Drill Tapered WP 5.0.
– Check correct orientation and seating using Direction Indicator Tapered WP.

Maximum speed 800 rpm

This is the final tapered drill for a 5.0 mm implant.

6 For implants ∅ 6.0 mm: drill with Drill Tapered 6.0

– Continue site preparation using the Drill Tapered 6.0.
– Check correct orientation and seating using Direction Indicator Tapered 6.0.

Maximum speed 800 rpm

This is the final tapered drill for a 6.0 mm implant.

Dense bone protocol

If the bone is dense or locally dense, the Dense Bone Drill Tapered and Screw Tap Tapered may be required.

Note: The dense bone drill is only needed for 13 mm and 16 mm implants. For implants shorter than 13 mm, the screw tap functions as a dense bone drill.

Design comparison

Dense Bone Drill Tapered Drill

1 Use dense bone drill

– Select the drill that matches the diameter and length (13 or 16 mm) of the final tapered drill.
– Drill one pass into the prepared site.

Caution: Always use a screw tap after using a dense bone drill.

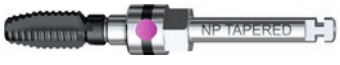
Maximum speed 800 rpm

2 Use screw tap

– Select the screw tap matching the diameter of the final tapered drill.
– Insert the screw tap into the prepared implant site using low speed (25 rpm).
– Apply firm pressure and begin rotating the screw tap slowly. When the threads engage, allow screw tap to feed without pressure.
– For 8 mm implants, proceed to the first height marking. For 10, 11.5, 13, and 16 mm implants, proceed to the second height marking (see picture).
– Switch the handpiece to reverse mode and back the screw tap out.

Low speed Max 45 Ncm

Caution: Use the Screw Tap Tapered NP (Art.No. 36717) for all 3.5 mm NobelReplace Tapered implants.



Implant insertion

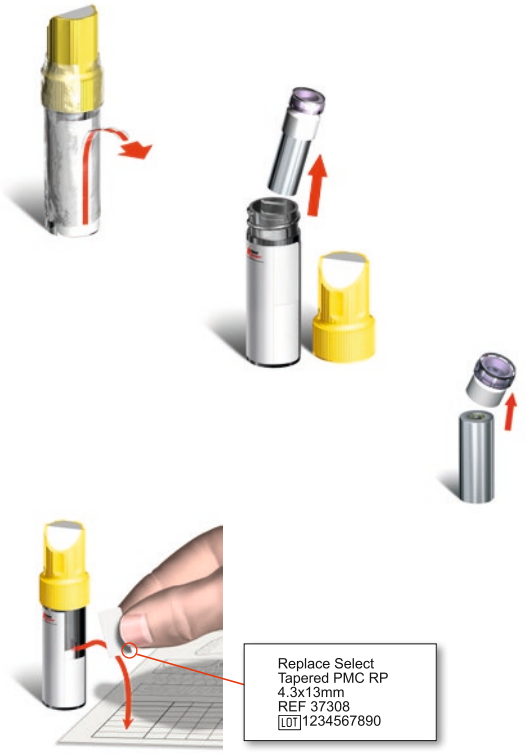
The following illustrations show Replace Select Tapered PMC RP implants. The same procedure applies to all NobelReplace Tapered, Replace Select Tapered and NobelReplace Platform Shift implants. For NobelReplace Conical Connection implants, a different implant driver is used.

1 Unpack implant

Each implant is packaged in a double aseptic vial system. The outer package has a printed label with product data including diameter and length. Its cap is color-coded to identify the implant diameter. The inner titanium casing is also marked with implant platform and size.

– Pull the red tab to disengage the plastic shrink-rap film and unscrew the color-coded lid.
– Take out the sterile inner titanium casing and lift off the plastic cap to gain access to implant.
– Record the implant size and LOT number on the patient's chart with the two peel-off labels from the outer vial.

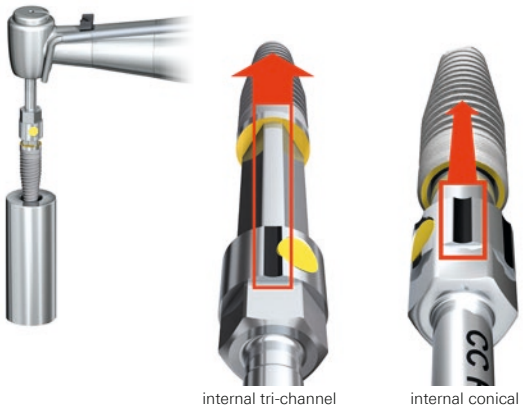
Note: Cover screw is co-packed with Replace Select implants and NobelReplace Conical Connection PMC (in the enclosed compartment on top of the titanium casing). No cover screw is co-packed with NobelReplace Tapered, NobelReplace Platform Shift and NobelReplace Conical Connection.



2 Pick up implant

– Connect the appropriate Implant Driver NobelReplace to the hand-piece.
– Pick up implant from inner casing by applying light pressure on the implant driver and carefully turning the casing counter-clockwise until implant driver is fully seated.

Tip: The implant drivers have markings to facilitate the insertion of the driver into the implant.



3 Insert implant

– Insert the implant into the osteotomy using low speed (25 rpm) and torque between 20–45 Ncm.
– Insert the implant until fully seated. Do not exceed 45 Ncm.
– Ensure that the implant driver is in alignment with the implant during insertion.
– Remove the driver with a gentle upward motion.

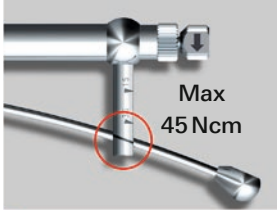
Low speed Max 45 Ncm

Caution: Overtightening the implant may compress surrounding bone and negatively affect the internal connection. If the implant does not seat to desired position at 45 Ncm, remove the implant from site, place it into the titanium casing, and proceed according to the dense bone protocol (see page 25). Then reinsert implant into site.

4 Adjust and tighten manually

– Connect the appropriate implant driver to the NobelReplace Manual Torque Wrench Surgical and place the implant to its final depth.
– For Immediate Function, the implant should be able to withstand a final tightening torque of 35–45 Ncm.

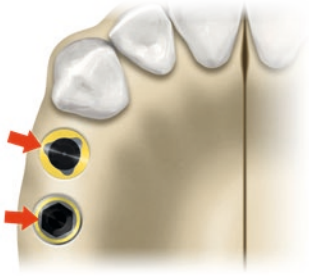
Caution:
– Do not exceed 45 Ncm.
– If insufficient stability is attained for Immediate Function, do not load the implant. Wait for sufficient conventional healing (one- or two-stage approach).
– Overtightening the implant may compress surrounding bone and negatively affect the internal connection. If the implant does not seat to desired position at 45 Ncm, remove the implant from site, place it into the titanium casing, and proceed according to the dense bone protocol (see page 25). Then reinsert implant into site.



5 Orient implant

For implants with internal tri-channel connection, make sure that one of the tri-channel lobes is pointing towards the buccal/facial wall. For implants with internal conical connection, make sure that one of the flat sides of the hexagon is parallel to the buccal side. This ensures ideal abutment orientation.

Tip: One of the black markings on the implant driver should point buccally.



6 Option: adjust final implant position with surgical driver

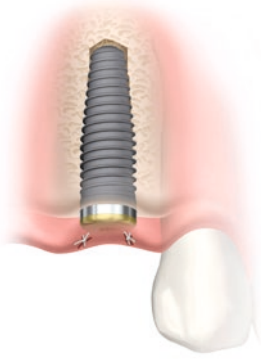
In anterior areas, especially in single-tooth applications, a Surgical Driver may be used to adjust the final position of the implant.

Caution: Overtightening the implant may compress surrounding bone and negatively affect the internal connection.

7 Place cover screw (for a two-stage surgical approach)

– Place the cover screw on top of the implant using a Screwdriver Unigrip. Make sure that the cover screw is fully seated to prevent bone in-growth between cover screw and implant platform. Final tightening has to be done manually.
– Close and suture tissue flap around the implant using desired technique.

Note: Cover screw is co-packed with Replace Select implants and NobelReplace Conical Connection PMC (in the enclosed compartment on top of the titanium casing).
No cover screw is co-packed with NobelReplace Tapered, NobelReplace Platform Shift and NobelReplace Conical Connection.

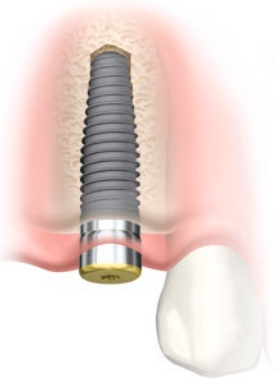


Finalization of implant surgery

There are three options for finalizing the implant surgery.

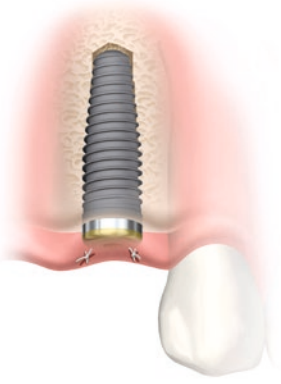
One-stage Immediate Function

Provisionalize implant for immediate esthetics and function, using Nobel Biocare temporary or final abutments.



One-stage delayed function

Use Screwdriver Unigrip to connect a healing abutment to implant. If applicable, suture back the soft tissue.

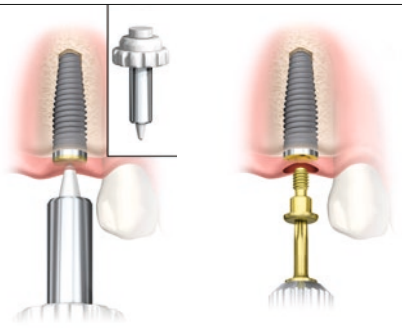


Two-stage delayed function

Use Screwdriver Unigrip to connect a cover screw to the implant. Suture tissue flap using desired technique.

Second-stage surgery

1 Uncover the implant
– Make an incision to expose cover screw or use the Soft Tissue Punch in case of sufficient amount of attached mucosa.
– Remove cover screw using a Screwdriver Manual Unigrip.

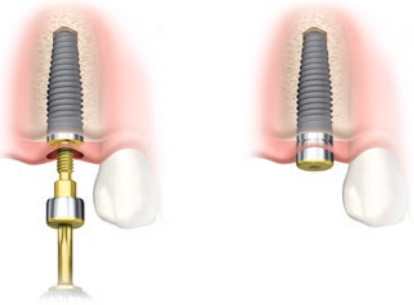


2 Remove bone overgrowth
– In cases of bone growing over the cover screw, remove the bone with a rotating instrument and/or a curette. Be careful not to damage the seating for the Screwdriver Manual Unigrip.
– After removing the cover screw, remove any bone around the implant platform that will hinder an abutment being fully seated on the implant platform. This is often the case when the implant has been placed below the bone crest. For bone removal, use the Bone Mill Guide and Bone Mill for the corresponding platform and implant type.
– The bone mill can be handled either manually (with handle for machine instruments) or with the drilling machine.

Caution:
– The NobelReplace Platform Shift implants require the use of the new Bone Mill and Bone Mill Guide NobelReplace (see chapter Surgical components for article numbers).
– The NobelReplace Conical Connection implants require the use of the new Bone Mill and Bone Mill Guide Conical Connection (see chapter Surgical components for article numbers).

3 Connect healing abutment
– Connect suitable healing abutment to implant using Screwdriver Manual Unigrip.
– In case of a prepared flap, suture back the soft tissue.

Alternative: If possible, connect the final abutment using corresponding screwdriver.



Temporary restorations

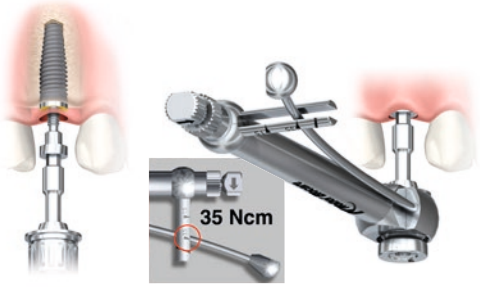
Temporary single-unit restoration, cement-retained (chair-side procedure)

The following illustrations show the use of the Immediate Temporary Abutment.

Provisionalization must be done in Immediate Function cases and is a common option for altering the soft tissue after a healing abutment has been used (soft tissue management).

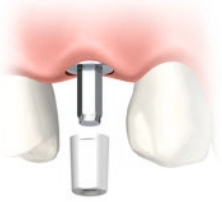
1 Connect abutment to implant

– Attach the abutment onto the implant and tighten to 35 Ncm with the Screwdriver Machine Multi-unit and Manual Torque Wrench Prosthetic.
– If the implant rotates while tightening the abutment, re-evaluate primary stability of the implant and consider a submerged approach.



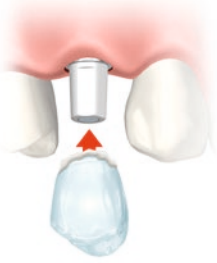
2 Adjust the abutment

– Adjust the abutment for height and clearance if necessary.
– Try-in plastic coping (supplied with the abutment) and relieve for clearance if necessary.



3 Fabricate and cement temporary crown

– Fabricate a temporary crown with traditional methods using either acrylic or composite.
– If the laboratory has made a prefabricated provisional crown, adjust it and reline it to the abutment.
– Cement using temporary cement.



Warning: Do not use polyurethane cement with plastic/temporary copings; the cement will not cure.

Caution: In a fresh/open wound, avoid getting any cement below the soft tissue or remove it carefully. Consider using rubber dam or other options to prevent excess cement.

Temporary multiple-unit restoration, cement-retained (chair-side procedure)

The following illustrations show the use of the QuickTemp Abutment Conical.

Provisionalization must be done in Immediate Function cases and is a common option for altering the soft tissue after a healing abutment has been used (soft tissue management).

1 Connect abutments to implants

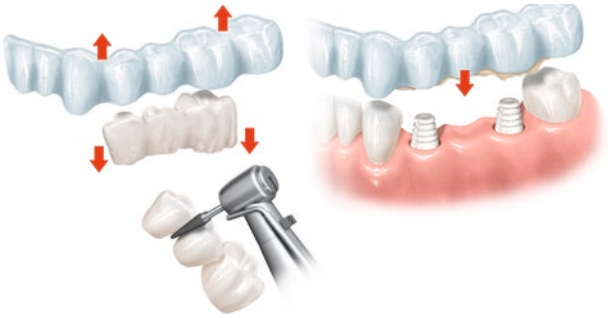
Attach the abutments onto the implants and tighten to 35 Ncm with the Screwdriver Unigrip and Manual Torque Wrench Prosthetic.

2 Try-in plastic copings

Try-in the plastic copings; they should securely snap onto the abutments.

3 Make a temporary bridge

– Fabricate a temporary bridge with traditional methods using either acrylic or composite.
– If the laboratory has made a pre-fabricated provisional bridge, adjust it and reline it to the abutments.



4 Cement bridge on abutments

Cement using temporary cement.

Warning: Do not use polyurethane cement with plastic/temporary copings; the cement will not cure.

Caution: In a fresh/open wound, avoid getting any cement below the soft tissue or remove it carefully. Consider using rubber dam or other options to prevent excess cement.

Temporary multiple-unit restoration, screw-retained (chair-side procedure)

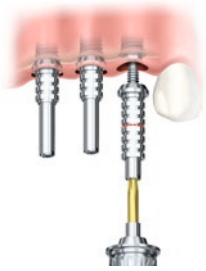
The following illustrations show the use of the Temporary Abutment Non-Engaging (for multiple splinted restorations). For individual implants, use engaging abutments.

Provisionalization must be done in Immediate Function cases and is a common option for altering the soft tissue after a healing abutment has been used (soft tissue management).

1 Connect abutments to implants

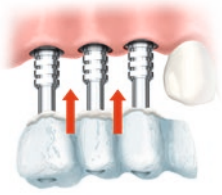
– Attach the abutments onto the implants and adjust for height and clearance if necessary.
– Fasten the abutments with guide pins that extend beyond the occlusal plane with the Screwdriver Manual Unigrip.

Note: Abutment screw is included with the abutment. Guide pin (available in two lengths: 20 mm [standard length] and 30 mm) has to be ordered separately.



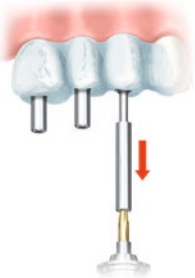
2 Make acrylic template

– Fabricate acrylic template for chair-side temporization.
– Make access holes to allow guide pins to protrude.
– If the laboratory has made a prefabricated provisional bridge, make access holes to allow guide pins to protrude (if not already done) and adjust it to the abutments.
– Fill template with acrylic or composite and seat over temporary abutments.



3 Adjust temporary restoration

– After seating, loosen the guide pins to remove the restoration.
– Trim and polish the restoration. It is important to have a smooth surface adjacent to the surrounding soft tissue.



4 Connect temporary restoration

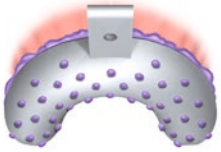
– Connect the provisional restoration with the supplied abutment screws.
– Tighten to 35 Ncm using Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip.
– Fill screw access holes with suitable material.

Final restorations

Clinical and laboratory procedures
The following illustrations show closed-tray impression taking for a single-unit restoration.

1 Place impression coping
– Place the Impression Coping Closed Tray over the implant. Use the Screwdriver Unigrip to tighten the screw.
– Block out the Unigrip hole on the guide pin, if applicable.
– A radiograph may be taken to verify proper seating of the impression coping.

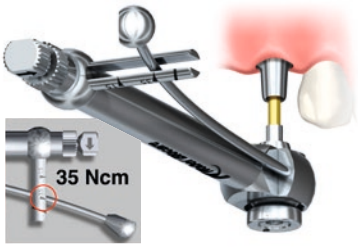
2 Take impression
– Inject a heavy body impression material (polyether material or polyvinylsiloxane) around each impression coping and into the tray. Record the impression.
– Remove the impression.
– Remove the impression coping and remove the block-out material. Thread the coping onto the corresponding implant replica.
– Place the impression coping implant replica assembly into its corresponding location in the impression and send it to the dental laboratory for model fabrication.



3 Laboratory procedures
A final restoration is fabricated using conventional procedures.

4 Connect restoration
– Place the abutment onto the implant.
– Tighten to 35 Ncm using Manual Torque Wrench Prosthetic and Screwdriver Machine Unigrip.
– Check restoration and cement using appropriate cement.
– Remove excess cement in accordance with normal procedures.
– Check occlusion.

Note: A radiograph can help to confirm accurate seating of the abutment.



Solutions for all indications

Nobel Biocare offers safe, reliable, and scientifically proven solutions for all clinical and budgetary needs. Restorations include prefabricated and individualized CAD/CAM abutments, single crowns to full-arch bridges, as well as implant bars overdenture. NobelProcera individualized precision-milled restorations deliver superior esthetics, strength, and consistent precision of fit in a full range of materials. For a complete overview of all prefabricated and individualized CAD/CAM restorations, see the Nobel Biocare product catalog.

- Alumina
- Zirconia
- Titanium
- Base Metal Alloy Cobalt Chromium
- Telio® CAD (full-contour long-term acrylic temporary)
- IPS e.max® CAD (full-contour crown)

Cement-retained solutions on abutments

NobelProcera® Crown on prefabricated or individualized CAD/CAM abutment

NobelProcera® Bridge on prefabricated or individualized CAD/CAM abutments

NobelProcera® Bridge on prefabricated or individualized CAD/CAM abutments

Screw-retained solutions on implants and Multi-unit Abutments

NobelProcera® screw-retained crown

NobelProcera® Implant Bridge (implant level)

NobelProcera® Implant Bridge on Multi-unit Abutments

Fixed and fixed-removable solutions for edentulous cases

Prosthesis on Locator® Abutments

NobelProcera® Implant Bar Overdenture with various attachment systems

NobelProcera® Implant Bridge on Multi-unit Abutments

All NobelProcera restorations need to be finalized by laboratory. Telio® and IPS e.max® are trademarks of Ivoclar Vivadent AG, Locator® of Zest Anchors Inc.

Flowchart NobelReplace® Conical Connection

Implant

NobelReplace® Conical Connection NP

Length mm	8	10	11.5	13	16
∅ 3.5 mm	36699	36700	36701	36702	36703

Cover screw not included

NobelReplace® Conical Connection PMC NP

Length mm	8	10	11.5	13	16
∅ 3.5 mm	37284	37285	37287	37288	37289

Cover screw included

NobelReplace® Conical Connection RP

Length mm	8	10	11.5	13	16
∅ 4.3 mm	36704	36705	36707	36708	36709

Cover screw not included

NobelReplace® Conical Connection PMC RP

Length mm	8	10	11.5	13	16
∅ 4.3 mm	37290	37291	37292	37293	37294

Cover screw included

Drill with Tip

∅ 2.0 mm	36117

Precision drill	36118

Drill

Length mm	∅ 3.5 mm
8	32075
10	29367
11.5	36113
13	29368
16	29369

NP drill +

Length mm	∅ 4.3 mm
8	32076
10	29370
11.5	36114
13	29371
16	29372

Dense Bone Drill

Length mm	13	16
∅ 3.5 mm	29377	29378

Screw Tap

∅ 3.5 mm	36717

Implant Driver

28 mm	36718
37 mm	36719

Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5	7
∅ 3.6 mm	36639	36640	36867
∅ 5.0 mm	36641	36642	36868

Healing Abutment Bridge

Height mm	3	5	7
∅ 4 mm	36864	36865	36866

Cover Screw	36649

Dense Bone Drill

Length mm	13	16
∅ 4.3 mm	29380	29381

Screw Tap

∅ 4.3 mm	32090

Implant Driver

28 mm	36720
37 mm	36721

Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5	7
∅ 3.6 mm	36643	36644	36872
∅ 5.0 mm	36645	36646	36873
∅ 6.0 mm	36647	36648	36874

Healing Abutment Bridge

Height mm	3	5	7
∅ 5 mm	36869	36870	36871

Cover Screw	36650

RP

NobelReplace® Conical Connection RP

Length mm	8	10	11.5	13	16
∅ 5.0 mm	36710	36711	36712	36713	36714

Cover screw not included

NobelReplace® Conical Connection PMC RP

Length mm	8	10	11.5	13	16
∅ 5.0 mm	37295	37296	37297	37298	37299

Cover screw included

Drill with Tip

∅ 2.0 mm	36117

Precision drill	36118

Drill

NP and RP drills +

Length mm	∅ 5.0 mm
8	32077
10	29373
11.5	36115
13	29374
16	29375

Dense Bone Drill

Length mm	13	16
∅ 5.0 mm	29383	29384

Screw Tap

∅ 5.0 mm	32091

Implant Driver

28 mm	36720
37 mm	36721

Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5	7
∅ 3.6 mm	36643	36644	36872
∅ 5.0 mm	36645	36646	36873
∅ 6.0 mm	36647	36648	36874

Healing Abutment Bridge

Height mm	3	5	7
∅ 5 mm	36869	36870	36871

Cover Screw	36650

Flowchart NobelReplace® and Replace Select™ Tapered

Implant

NP

Replace Select™ Tapered PMC NP

Length mm	8	10	11.5	13	16
∅ 3.5 mm	37300	37301	37302	37303	37304

Cover screw included

Replace Select™ Tapered NP

Length mm	8	10	11.5	13	16
∅ 3.5 mm	36104	29401	36105	29402	29403

Cover screw included

NobelReplace® Tapered NP

Length mm	8	10	11.5	13	16
∅ 3.5 mm	32211	32212	36100	32213	32214

Cover screw not included

RP

Replace Select™ Tapered PMC RP

Length mm	8	10	11.5	13	16
∅ 4.3 mm	37305	37306	37307	37308	37309

Cover screw included

Replace Select™ Tapered RP

Length mm	8	10	11.5	13	16
∅ 4.3 mm	36106	29413	36107	29414	29415

Cover screw included

NobelReplace® Tapered RP

Length mm	8	10	11.5	13	16
∅ 4.3 mm	32215	32216	36101	32217	32218

Cover screw not included

Drill with Tip

∅ 2.0 mm	36117

Precision drill	36118

Drill

Length mm	∅ 3.5 mm
8	32075
10	29367
11.5	36113
13	29368
16	29369

NP drill +

Length mm	∅ 4.3 mm
8	32076
10	29370
11.5	36114
13	29371
16	29372

Dense Bone Drill

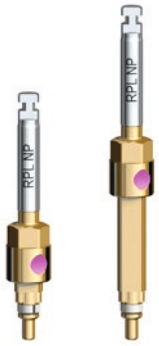
Length mm	13	16
∅ 3.5 mm	29377	29378

Screw Tap

∅ 3.5 mm	36717

Implant Driver

Short	36124
Long	36125



Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5
∅ 3.5 mm	29436	29437
∅ 4.5 mm	33449	33450

Cover Screw	29433

Dense Bone Drill

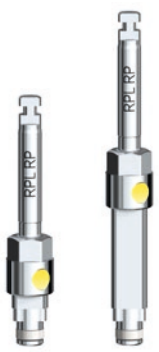
Length mm	13	16
∅ 4.3 mm	29380	29381

Screw Tap

∅ 4.3 mm	32090

Implant Driver

Short	36126
Long	36127



Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5
∅ 4.3 mm	33535	33536
∅ 5.3 mm	33451	33452

Cover Screw	29434

Implant

Replace Select™ Tapered PMC WP

Length mm	8	10	11.5	13	16
∅ 5.0 mm	37310	37311	37312	37313	37314

Cover screw included

Replace Select™ Tapered WP

Length mm	8	10	11.5	13	16
∅ 5.0 mm	36108	29423	36109	29424	29425

Cover screw included

NobelReplace® Tapered WP

Length mm	8	10	11.5	13	16
∅ 5.0 mm	32219	32220	36102	32221	32222

Cover screw not included

Replace Select™ Tapered PMC 6.0

Length mm	8	10	11.5	13	16
∅ 6.0 mm	37315	37316	37317	37318	37319

Cover screw included

Replace Select™ Tapered 6.0

Length mm	8	10	11.5	13	16
∅ 6.0 mm	36110	32949	36111	32950	–

Cover screw included

NobelReplace® Tapered 6.0

Length mm	8	10	11.5	13	16
∅ 6.0 mm	32223	32224	36103	32225	32226

Cover screw not included

Drill with Tip

∅ 2.0 mm	36117

Precision drill	36118

Drill

NP and RP drills +

Length mm	∅ 5.0 mm
8	32077
10	29373
11.5	36115
13	29374
16	29375

NP, RP and WP drills +

Length mm	∅ 6.0 mm
8	32078
10	29967
11.5	36116
13	29968
16	32249

Dense Bone Drill

Length mm	13	16
∅ 5.0 mm	29383	29384

Screw Tap

∅ 5.0 mm	32091

Implant Driver

Short	36128
Long	36129

Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5
∅ 5.0 mm	33453	33454
∅ 6.0 mm	29446	29447

Cover Screw	29435

Dense Bone Drill

Length mm	13	16
∅ 6.0 mm	29970	32250

Screw Tap

∅ 6.0 mm	32092

Implant Driver

Short	36130
Long	36131

Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5
∅ 6.0 mm	29998	29999
∅ 7.0 mm	33455	33457

Cover Screw	30087

Flowchart NobelReplace® Platform Shift

Implant

NobelReplace® Platform Shift NP

Length mm	8	10	11.5	13	16
∅ 4.3 mm	36841	36842	36843	36844	36895

Cover screw not included

NobelReplace® Platform Shift RP

Length mm	8	10	11.5	13	16
∅ 5.0 mm	36896	36897	36898	36899	36900

Cover screw not included

Drill with Tip

∅ 2.0 mm	36117

Precision drill	36118

Drill

NP drill +

Length mm	∅ 4.3 mm
8	32076
10	29370
11.5	36114
13	29371
16	29372

NP and RP drills +

Length mm	∅ 5.0 mm
8	32077
10	29373
11.5	36115
13	29374
16	29375

Dense Bone Drill

Length mm	13	16
∅ 4.3 mm	29380	29381

Screw Tap

∅ 4.3 mm	32090

Implant Driver

Short	36124
Long	36125

Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5
∅ 3.5 mm	29436	29437
∅ 4.5 mm	33449	33450

Cover Screw	29433

Dense Bone Drill

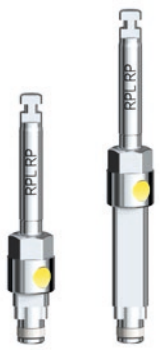
Length mm	13	16
∅ 5.0 mm	29383	29384

Screw Tap

∅ 5.0 mm	32091

Implant Driver

Short	36126
Long	36127



Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5
∅ 4.3 mm	33535	33536
∅ 5.3 mm	33451	33452

Cover Screw	29434

Implant

NobelReplace® Platform Shift WP

Length mm	8	10	11.5	13	16
∅ 6.0 mm	36901	36902	36903	36904	36905

Cover screw not included

Drill with Tip

∅ 2.0 mm	36117

Precision drill	36118

Drill

NP, RP and WP drills +

Length mm	∅ 6.0 mm
8	32078
10	29967
11.5	36116
13	29968
16	32249

Dense Bone Drill

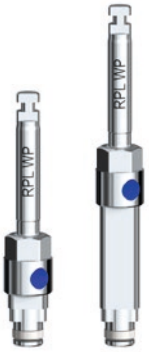
Length mm	13	16
∅ 6.0 mm	29970	32250

Screw Tap

∅ 6.0 mm	32092

Implant Driver

Short	36128
Long	36129



Healing Abutment / Cover Screw

Healing Abutment

Height mm	3	5
∅ 5.0 mm	33453	33454
∅ 6.0 mm	29446	29447

Cover Screw	29435

Additional surgical components

Tissue Punches	
Tissue Punch NP	29628
Tissue Punch RP	29629
Tissue Punch WP	29630
Tissue Punch 6.0	32672

Tissue Punch Guides	
Tissue Punch Guide NP	29631
Tissue Punch Guide RP	29632
Tissue Punch Guide WP	29633
Tissue Punch Guide 6.0	32673

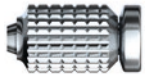
Drill Guides	
Drill Guide NP	29634
Drill Guide RP	29635
Drill Guide WP	29636
Drill Guide 6.0	32674

Soft Tissue Punches	
Soft Tissue Punch Ø 4.1 mm, 5/pkg	32Z2000
Soft Tissue Punch Ø 5.2 mm, 5/pkg	32Z2002
Soft Tissue Punch Ø 6.2 mm, 5/pkg	32Z2004

Direction Indicators	
Direction Indicator Tapered NP	32255
Direction Indicator Tapered RP	32256
Direction Indicator Tapered WP	32257
Direction Indicator Tapered 6.0	32258

Bone Mills and Guides	
Bone Mill Guide NobelReplace® NP	36608
Bone Mill Guide NobelReplace® RP	36609
Bone Mill Guide NobelReplace® WP	36610
Bone Mill Guide NobelReplace® 6.0	33509
Bone Mill with Guide NobelReplace® NP Ø 4.6 mm	36830
Bone Mill with Guide NobelReplace® RP Ø 5.3 mm	36831
Bone Mill with Guide NobelReplace® WP Ø 6.5 mm	36832
Bone Mill with Guide NobelReplace® 6.0 Ø 7.0 mm	33505
Bone Mill Guide Conical Connection NP	36723
Bone Mill Guide Conical Connection RP	36725
Bone Mill with Guide Conical Connection NP	36722
Bone Mill with Guide Conical Connection RP	36724

Handle for machine instruments	29161



Implant Retrieval Tool	36139

The implant retrieval tool can be used to remove tapered implants with internal tri-channel connection NP and RP in case the implant connection has been damaged and the ordinary implant driver cannot be used to remove the implant. It has an external hexagonal fitting that fits the Manual Torque Wrench Surgical (Art. No. 28839) including the Manual Torque Wrench Adapter (Art. No. 28840). The implant retrieval tool is for single use only and is delivered sterile.

Manual Torque Wrench	
Manual Torque Wrench Surgical	28839
Manual Torque Wrench Adapter Surgical	28840
Manual Torque Wrench Prosthetic	29165
Manual Torque Wrench Adapter Prosthetic	29167

Screwdrivers	
Screwdriver Machine Unigrip™ 20 mm	29151
Screwdriver Machine Unigrip™ 25 mm	29152
Screwdriver Machine Unigrip™ 30 mm	29153
Screwdriver Machine Unigrip™ 35 mm	29154
Screwdriver Manual Unigrip™ 20 mm	29148
Screwdriver Manual Unigrip™ 28 mm	29149
Screwdriver Manual Unigrip™ 36 mm	29150

Surgical Drape Kit 2-pack	12T7400

Irrigation Needle	2042

Drill Extension Shaft	29164

Surgical Driver	32180

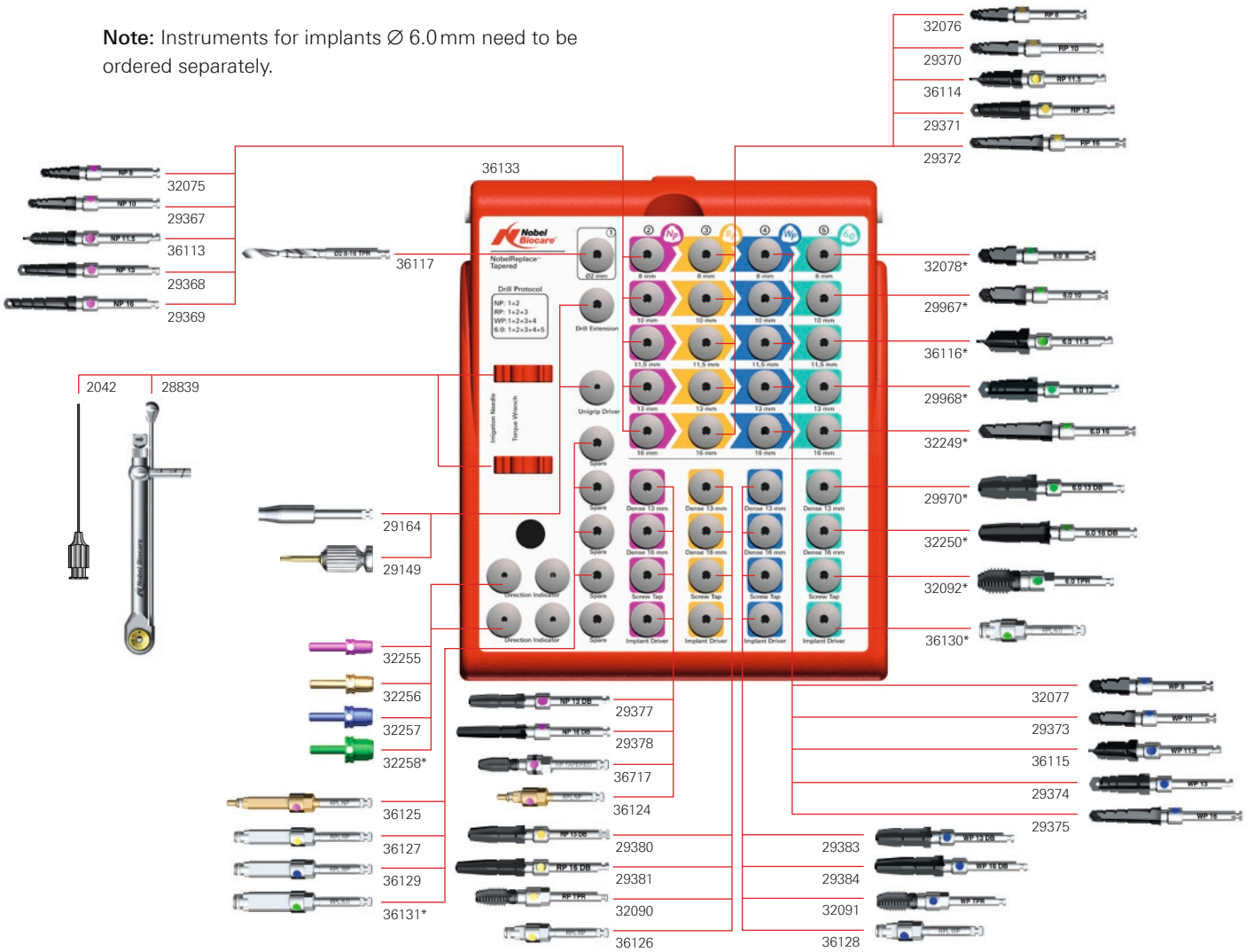
Nobel Biocare® Osteotome Kit	32321

Surgery kits

36894 NobelReplace® Tapered Surgery Kit

– Includes instruments to perform implant surgery for implants Ø 3.5, 4.3 and 5.0 mm.
– For NobelReplace Tapered, Replace Select Tapered, NobelReplace Platform Shift, NobelReplace Conical Connection, NobelDirect Groovy, NobelDirect Oval and NobelDirect Posterior.

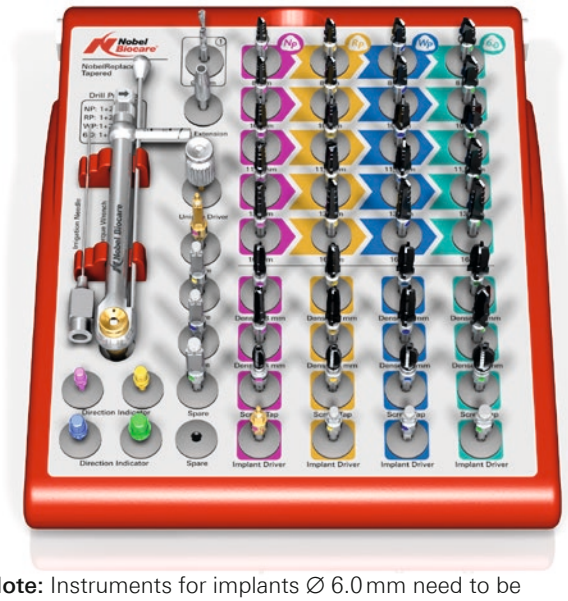
Note: Instruments for implants Ø 6.0 mm need to be ordered separately.



** Article not included in this kit.*

NobelReplace® Tapered Surgery Kit **36894**
(The articles below can also be purchased individually.)

Kit includes	
NobelReplace® Tapered Surgery Kit Box	36133
Drill with Tip Tapered 2 mm	36117
Drill Tapered NP 3.5 × 8 mm	32075
Drill Tapered NP 3.5 × 10 mm	29367
Drill Tapered NP 3.5 × 11.5 mm	36113
Drill Tapered NP 3.5 × 13 mm	29368
Drill Tapered NP 3.5 × 16 mm	29369
Drill Tapered RP 4.3 × 8 mm	32076
Drill Tapered RP 4.3 × 10 mm	29370
Drill Tapered RP 4.3 × 11.5 mm	36114
Drill Tapered RP 4.3 × 13 mm	29371
Drill Tapered RP 4.3 × 16 mm	29372
Drill Tapered WP 5.0 × 8 mm	32077
Drill Tapered WP 5.0 × 10 mm	29373
Drill Tapered WP 5.0 × 11.5 mm	36115
Drill Tapered WP 5.0 × 13 mm	29374
Drill Tapered WP 5.0 × 16 mm	29375
Dense Bone Drill Tapered NP 3.5 × 13 mm	29377
Dense Bone Drill Tapered NP 3.5 × 16 mm	29378
Dense Bone Drill Tapered RP 4.3 × 13 mm	29380
Dense Bone Drill Tapered RP 4.3 × 16 mm	29381
Dense Bone Drill Tapered WP 5.0 × 13 mm	29383
Dense Bone Drill Tapered WP 5.0 × 16 mm	29384
Screw Tap Tapered NP	36717
Screw Tap Tapered RP	32090
Screw Tap Tapered WP	32091
Manual Torque Wrench Surgical	28839
Implant Driver NobelReplace® NP Short	36124
Implant Driver NobelReplace® NP Long	36125
Implant Driver NobelReplace® RP Short	36126
Implant Driver NobelReplace® RP Long	36127
Implant Driver NobelReplace® WP Short	36128
Implant Driver NobelReplace® WP Long	36129



Note: Instruments for implants Ø 6.0 mm need to be ordered separately.

Screwdriver Manual Unigrip™ 28 mm	29149
Drill Extension Shaft	29164
Direction Indicator Tapered NP	32255
Direction Indicator Tapered RP	32256
Direction Indicator Tapered WP	32257
Irrigation Needle	2042

Precision Drill	36118
Implant/Prosthetic Organizer	29532
NobelReplace® Tapered Wall Chart	36716
NobelReplace® Tapered Radiographic Template	37320
Implant Sleeve Holder	29543

Implant Driver Kit Conical Connection **36915**
(The articles below can also be purchased individually.)

Kit includes	
Implant Driver Kit Box Conical Connection	36916
Implant Driver Conical Connection NP 28mm	36718
Implant Driver Conical Connection NP 37mm	36719
Implant Driver Conical Connection RP 28mm	36720
Implant Driver Conical Connection RP 37mm	36721

Nobel Biocare® Flapless Surgery Kit **32304**
(The articles below can also be purchased individually.)

Kit includes	
Nobel Biocare® Flapless Surgery Kit Box	32317
Tissue Punch NP	29628
Tissue Punch RP	29629
Tissue Punch WP	29630
Tissue Punch 6.0	32672
Tissue Punch Guide NP	29631
Tissue Punch Guide RP	29632
Tissue Punch Guide WP	29633
Tissue Punch Guide 6.0	32673
Drill Guide NP	29634
Drill Guide RP	29635
Drill Guide WP	29636
Drill Guide 6.0	32674

Prosthetic Kit **32309**
(The articles below can also be purchased individually.)

Kit includes	
Prosthetic Kit Box	32322
Manual Torque Wrench Prosthetic	29165
Screwdriver Machine Unigrip™ 20 mm	29151
Screwdriver Machine Unigrip™ 30 mm	29153
Screwdriver Machine Multi-unit 21 mm	29158

Temporary restorations

For the full assortment of abutments, see the Nobel Biocare product catalog.

Internal conical connection

Immediate Temporary Abutment CC NP 1.5 mm	36653
Immediate Temporary Abutment CC NP 3.0 mm	36655
Immediate Temporary Abutment CC RP 1.5 mm	36654
Immediate Temporary Abutment CC RP 3.0 mm	36656
Plastic Coping Immediate Temporary Abutment	31656
QuickTemp™ Abutment CC NP 1.5 mm	36659
QuickTemp™ Abutment CC NP 3.0 mm	36657
QuickTemp™ Abutment CC RP 1.5 mm	36660
QuickTemp™ Abutment CC RP 3.0 mm	36658
Plastic Coping QuickTemp™ Abutment Conical	33404
Temporary Abutment Non-Engaging CC NP	36661
Temporary Abutment Non-Engaging CC RP	36662
Temporary Abutment Engaging CC NP	36663
Temporary Abutment Engaging CC RP	36664

Internal tri-channel connection

Immediate Temporary Abutment NobelReplace® NP	31637
Immediate Temporary Abutment NobelReplace® RP	31639
Immediate Temporary Abutment NobelReplace® WP	31640
Immediate Temporary Abutment NobelReplace® 6.0	31641
Plastic Coping Immediate Temporary Abutment	31656
QuickTemp™ Abutment Conical NP	33398
QuickTemp™ Abutment Conical RP	33399
QuickTemp™ Abutment Conical WP	33400
Plastic Coping QuickTemp™ Abutment Conical	33404
Temporary Abutment Non-Engaging NobelReplace® NP	36835
Temporary Abutment Non-Engaging NobelReplace® RP	29037
Temporary Abutment Non-Engaging NobelReplace® WP	29039
Temporary Abutment Non-Engaging NobelReplace® 6.0	31457
Temporary Abutment Engaging NobelReplace® NP	36834
Temporary Abutment Engaging NobelReplace® RP	29036
Temporary Abutment Engaging NobelReplace® WP	29038
Temporary Abutment Engaging NobelReplace® 6.0	31456

Impression copings and implant replicas

Internal conical connection

Impression Copings Closed Tray

Impression Coping Closed Tray CC NP Ø3.6×13 mm	36538
Impression Coping Closed Tray CC NP Ø5.0×13 mm	36539
Impression Coping Closed Tray CC RP Ø3.6×13 mm	36540
Impression Coping Closed Tray CC RP Ø5.0×13 mm	36542
Impression Coping Closed Tray CC RP Ø6.0×13 mm	36544

Impression Copings Closed Tray Low Profile

Impression Coping Closed Tray CC Low Profile RP Ø3.6×9 mm	36541
Impression Coping Closed Tray CC Low Profile RP Ø5.0×9 mm	36543
Impression Coping Closed Tray CC Low Profile RP Ø6.0×9 mm	36545

Impression Copings Open Tray

Impression Coping Open Tray CC NP Ø3.6×10mm	36258
Impression Coping Open Tray CC NP Ø3.6×14mm	36260
Impression Coping Open Tray CC NP Ø5.0×10mm	36259
Impression Coping Open Tray CC NP Ø5.0×14mm	36261
Impression Coping Open Tray CC RP Ø3.6×10mm	36263
Impression Coping Open Tray CC RP Ø3.6×14mm	36262
Impression Coping Open Tray CC RP Ø5.0×10mm	36265
Impression Coping Open Tray CC RP Ø5.0×14mm	36264
Impression Coping Open Tray CC RP Ø6.0×10mm	36267
Impression Coping Open Tray CC RP Ø6.0×14mm	36266

Impression Copings Open Tray Bridge

Impression Coping Open Tray CC Bridge NP	36930
Impression Coping Open Tray CC Bridge RP	36931

Implant Replicas

Implant Replica CC NP	36697
Implant Replica CC RP	36698

Internal tri-channel connection

Impression Copings Closed Tray

Impression Coping Closed Tray NobelReplace® NP Ø3.5 mm	33537
Impression Coping Closed Tray NobelReplace® NP Ø4.5 mm	33470
Impression Coping Closed Tray NobelReplace® RP Ø4.3 mm	33540
Impression Coping Closed Tray NobelReplace® RP Ø5.3 mm	33471
Impression Coping Closed Tray NobelReplace® WP Ø5.0 mm	33472
Impression Coping Closed Tray NobelReplace® WP Ø6.0 mm	29494
Impression Coping Closed Tray NobelReplace® 6.0 Ø6.0 mm	30040
Impression Coping Closed Tray NobelReplace® 6.0 Ø7.0 mm	33473

Impression Copings Closed Tray Low Profile

Impression Coping Closed Tray Low Profile NobelReplace® NP Ø3.5 mm	33538
Impression Coping Closed Tray Low Profile NobelReplace® NP Ø4.5 mm	33474
Impression Coping Closed Tray Low Profile NobelReplace® RP Ø4.3 mm	33541
Impression Coping Closed Tray Low Profile NobelReplace® RP Ø5.3 mm	33475
Impression Coping Closed Tray Low Profile NobelReplace® WP Ø5.0 mm	33476
Impression Coping Closed Tray Low Profile NobelReplace® WP Ø6.0 mm	32178
Impression Coping Closed Tray Low Profile NobelReplace® 6.0 Ø6.0 mm	32179
Impression Coping Closed Tray Low Profile NobelReplace® 6.0 Ø7.0 mm	33477

Impression Copings Closed Tray Plastic

Impression Coping Closed Tray Plastic NobelReplace® NP Ø3.5 mm	35390
Impression Coping Closed Tray Plastic NobelReplace® NP Ø4.5 mm	35395
Impression Coping Closed Tray Plastic NobelReplace® RP Ø4.3 mm	35406
Impression Coping Closed Tray Plastic NobelReplace® RP Ø5.3 mm	35396
Impression Coping Closed Tray Plastic NobelReplace® WP Ø5.0 mm	35397
Impression Coping Closed Tray Plastic NobelReplace® WP Ø6.0 mm	35391
Impression Coping Closed Tray Plastic NobelReplace® 6.0 Ø6.0 mm	35394
Impression Coping Closed Tray Plastic NobelReplace® 6.0 Ø7.0 mm	35399

Impression Copings Open Tray

Impression Coping Open Tray NobelReplace® NP Ø3.5 mm	29485
Impression Coping Open Tray NobelReplace® NP Ø4.5 mm	33466
Impression Coping Open Tray NobelReplace® RP Ø4.3 mm	33539
Impression Coping Open Tray NobelReplace® RP Ø5.3 mm	33467
Impression Coping Open Tray NobelReplace® WP Ø5.0 mm	33468
Impression Coping Open Tray NobelReplace® WP Ø6.0 mm	29493
Impression Coping Open Tray NobelReplace® 6.0 Ø6.0 mm	30039
Impression Coping Open Tray NobelReplace® 6.0 Ø7.0 mm	33469

Implant Replicas

Implant Replica NobelReplace® NP	29498
Implant Replica NobelReplace® NP 20/pkg	29499
Implant Replica NobelReplace® RP	29500
Implant Replica NobelReplace® RP 20/pkg	29501
Implant Replica NobelReplace® WP	29502
Implant Replica NobelReplace® WP 20/pkg	29503
Implant Replica NobelReplace® 6.0	29995

Drill motors

OsseoCare Pro – setting a smarter standard
The OsseoCare Pro combines unique handling features and an intuitive iPad® based interface – providing highest treatment efficiency and security.

With Contra-angle CA 20:1 L Micro-Series	1700470-001
With Contra-angle CA 20:1 L Micro-Series Kirschner-Meyer	1700471-001

OsseoCare – precision in your hands
The powerful drill motor for a reliable treatment.

With Contra-angle CA 20:1 L Micro-Series	1700472-001
With Contra-angle CA 20:1 L Micro-Series Kirschner-Meyer	1700473-001
With Contra-angle CA 20:1 L Micro-Series (with software for US & Canadian market)	1700474-001
With Contra-angle CA 20:1 L Micro-Series Kirschner-Meyer (with software for US & Canadian market)	1700475-001

Accessories

Irrigation Line (10/pkg)	1500984-010
Irrigation Clip (10/pkg)	1303711-010
Irrigations System Kirschner-Meyer 20:1 L (10/pkg)	1501621-010
Irrigation Line Kirschner-Meyer (10/pkg)	1501635-010
Handpiece / Motor Holder	1301575-001
Gallows for irrigation fluid	1303393-001
Contra-angle CA 20:1 L Micro-Series	1600873-001
Contra-angle CA 20:1 L Micro-Series Kirschner-Meyer	1600874-001
Motor MX-i LED®	1600875-001
Cable for MX-i LED®	1600606-001
Foot Control	1600631-001
Safety Fuse Ø5×20 250V (10/pkg)	1301560-010
Holder for iPad® 1	1305283-001
Holder for iPad® 2	1305284-001
Holder for iPad® 3	1305504-001
Screwdriver for iPad® Holder	1305947-001
Sterile Protection Film (10/pkg)	1501746-010

Contra-Angle for external irrigation

Kirschner Meyer hand-piece for external and internal irrigation

iPad® is a trademark of Apple Inc, MX-i LED® of Bien Air Dental SA.

Manual torque wrench

For the surgeon, the torque required to place implants provides insight into the initial stability of the implant. For restorative procedures, tightening the abutment and prosthetic screws to recommended torque specifications will more effectively control screw-joint integrity during patient function.

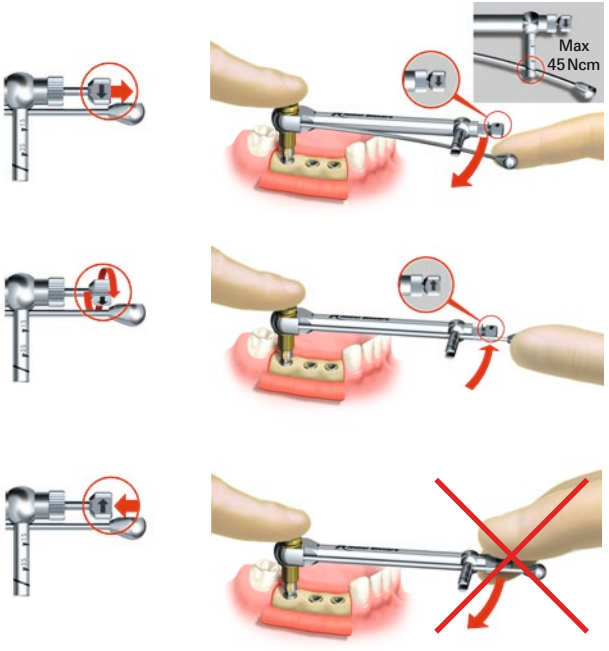
The manual torque wrench is a convenient tool for achieving the desired torque.

Manual Torque Wrench – Surgical
Intended for tightening or adjusting implant position.
– Insert Implant Driver NobelReplace or Conical Connection.

Manual Torque Wrench – Prosthetic
Intended for retaining screws with a tightening torque of 15–35 Ncm. Compatible with all machine screwdrivers.
– Insert the applicable driver.

Use of Manual Torque Wrench Surgical
– Assemble the torque wrench by inserting the implant driver.
– To tighten an implant, adjust the direction indicator so that the arrow is pointing toward the level arm and rotate clockwise.
– To loosen an implant, adjust the direction indicator so that the arrow is pointing away from the level arm and rotate counterclockwise.

Warning: Using the wrench body instead of the level arm may result in excessive torque being transferred to the screw and/or implant site.



Osteotomes

The osteotomes are intended to be used in soft bone.

After initial twist-drill preparation to identified depth, the osteotomes are used to manually form the site by compressing the bone laterally, resulting in a denser bone-to-implant interface, rather than removing valuable bone from the surgical site.

Nobel Biocare osteotomes incorporate a universal design and can be used with Brånemark System, NobelReplace Tapered and Straight, Replace Select Tapered and Straight, NobelActive, NobelSpeedy, and NobelDirect implants.

Procedure

– Mark and drill the initial pilot holes with Drill Ø 2 mm to full depth.
– Insert tip of osteotome Ø 2.5 mm into pilot hole and push the instrument into the bone while rotating it, avoiding side-to-side or off-axis leverage. In denser bone, it may be necessary to use a mallet to tap the osteotome to the proper depth.
– Leave the osteotome in place for about 10 seconds to allow the bone to relax.
– Remove the osteotome by simultaneously rotating the tool and withdrawing it.
– Using the same technique, continue with osteotomes Ø 3.0–5.0 mm to enlarge the site sequentially to the desired width and depth.

Note: The osteotome seating depths and diameters can vary from the standard procedure based on the judgement of the surgeon. In some situations, a stepped procedure may be used where the final osteotome is not seated to the full depth. This allows the tip of the implant to engage before the self-tapping delivery is begun.

The depth markings on the osteotomes correspond to the actual lengths: 8, 10, 13 and 16 mm.

Cleaning and sterilization

Sterile components

The devices delivered sterile have a “Sterile” marking on the label. Opened packages of components that have never entered the oral cavity of a patient may be cleaned and sterilized/autoclaved again following the procedures stated below.

Note: Implants should never be re-sterilized.

Implants

Implants are delivered sterile, are for single-use only, and must be used prior to the labeled expiration date. Do not use implants if the packaging has been damaged or previously opened.

Drill with Tip Tapered ∅ 2 mm

The drill is disposable, delivered sterile, and should be discarded after use.

Abutments and plastic copings

Multi-unit Abutment, Snappy Abutment, QuickTemp Abutment, and Immediate Temporary Abutment are delivered sterile. If re-sterilization is required, sterilize single devices sealed in pouches for 3 minutes at 132–137 °C / 270–279 °F. See current cleaning and sterilization guidelines for details: www.nobelbiocare.com/sterilization.

Notes:

– For re-sterilization of straight Multi-unit Abutment, remove plastic holder prior to procedure.
– Sterile plastic copings are for single-use only and should not be re-sterilized.

Non-sterile components

Care and maintenance of reusable instruments and drills are crucial for successful treatment. Well-maintained instruments not only safeguard your patients and staff against infection, but are also essential for the outcome of the total treatment.

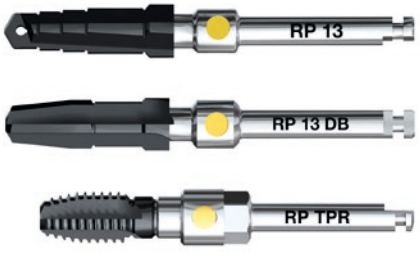
See current cleaning and sterilization guidelines for details: www.nobelbiocare.com/sterilization

Tapered drills and screw taps

Drills, dense bone drills, and screw taps for NobelReplace Tapered and Replace Select Tapered implants are reusable and should be replaced after 20–30 uses, or when cutting efficiency declines. Worn-out and damaged drills need to be discarded and replaced with new sharp drills.

The tapered implant drills are to be cooled internally via irrigation and require specific cleaning procedures prior to sterilization.

See current cleaning and sterilization guidelines for details: www.nobelbiocare.com/sterilization



Contra-angle

For cleaning and sterilization procedures, see specific instructions from respective manufacturer.

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