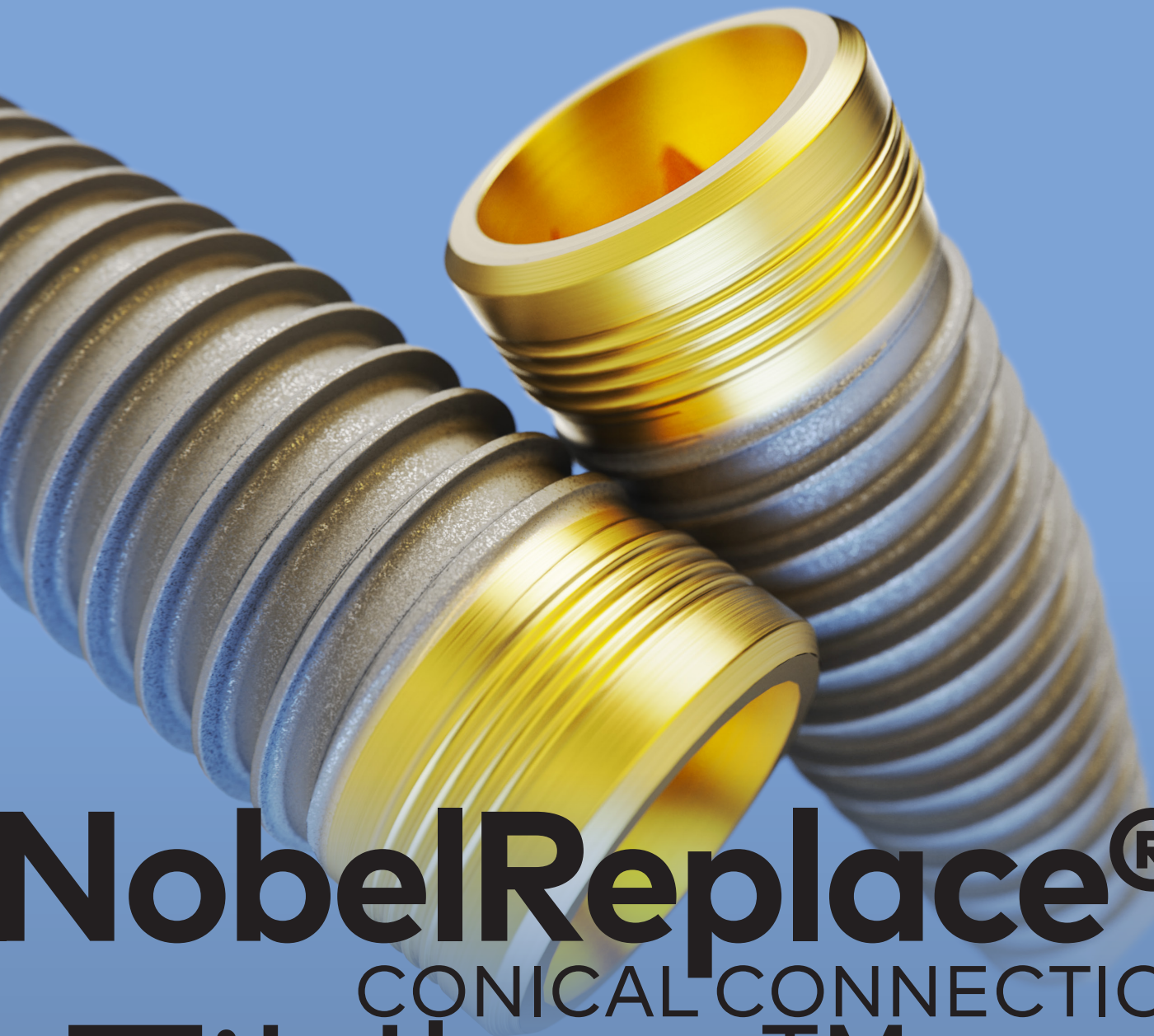
Procedures manual

Nobel Biocare™



NobelReplace®

CONICAL CONNECTION

TiUltra™

WE FOLLOW NO ONE.

The scope of this surgical procedures manual is to provide a comprehensive overview of the surgical steps and options during the placement of NobelReplace® CC TiUltra™ implants. This surgical procedures manual does not replace the Instructions For Use (IFU). Please review the Instructions For Use, including Indications For Use, Contraindications, Warnings and Cautions before using the products. Instructions For Use are available at:

ifu.nobelbiocare.com

For a full list of article numbers and for ordering information, refer to the Product overview - Conical Connection implants and prosthetics available at nobelbiocare.com or contact a Nobel Biocare representative.

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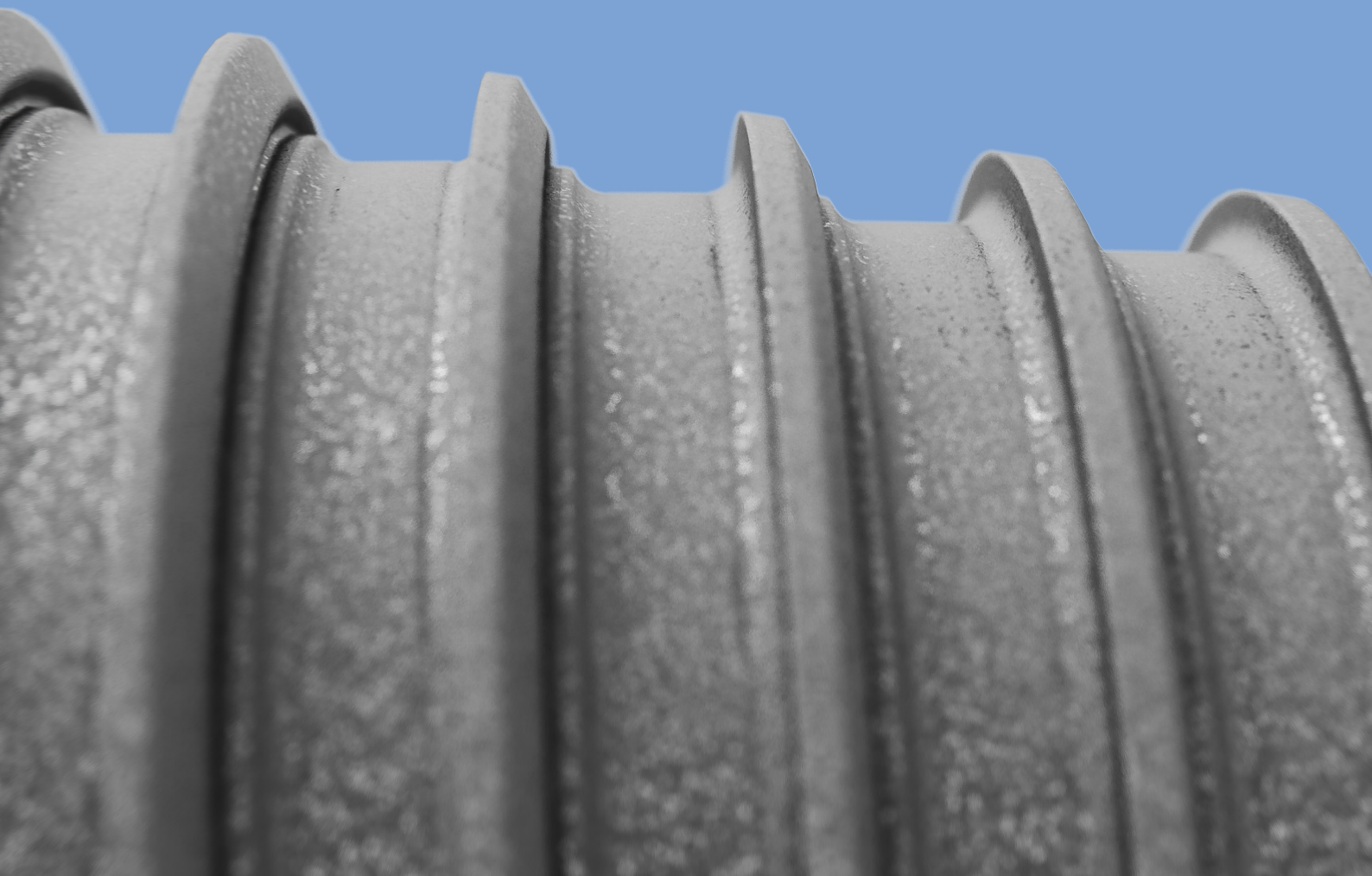
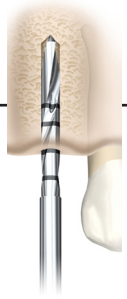
Contents



Introduction

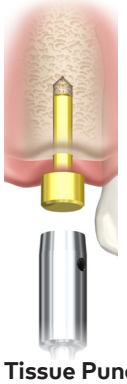
Quick guide

Flap technique

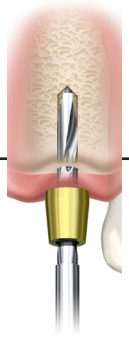


Drill with Tip
Tapered Ø 2 mm

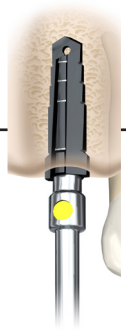
Flapless technique



Tissue Punch/
Tissue Punch Guide



Drill Guide/
Drill with Tip
Tapered Ø 2 mm

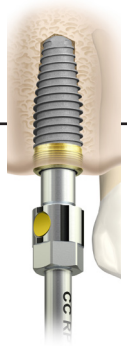


Tapered Drills

Dense Bone Drill
(if indicated)

Screw Tap
(if indicated)

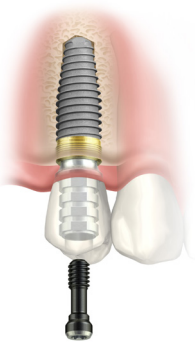
Note The illustrations show the drill sequence for NobelReplace CC TiUltra RP 4.3 in medium bone. For other implant diameters and bone densities, see drill protocols on page 14.



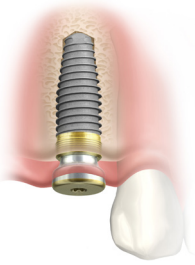
Implant placement
(if indicated)

Implant level

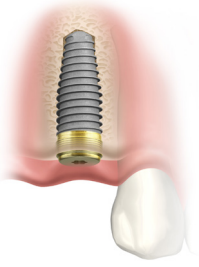
One-stage Immediate Function



One-stage early/ delayed function



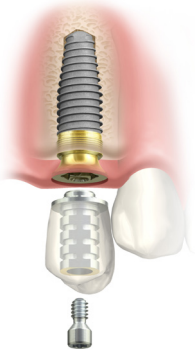
Two-stage early/ delayed function



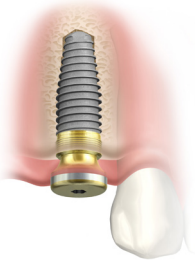
Abutment level

On1 concept/ Multi-unit Abutment

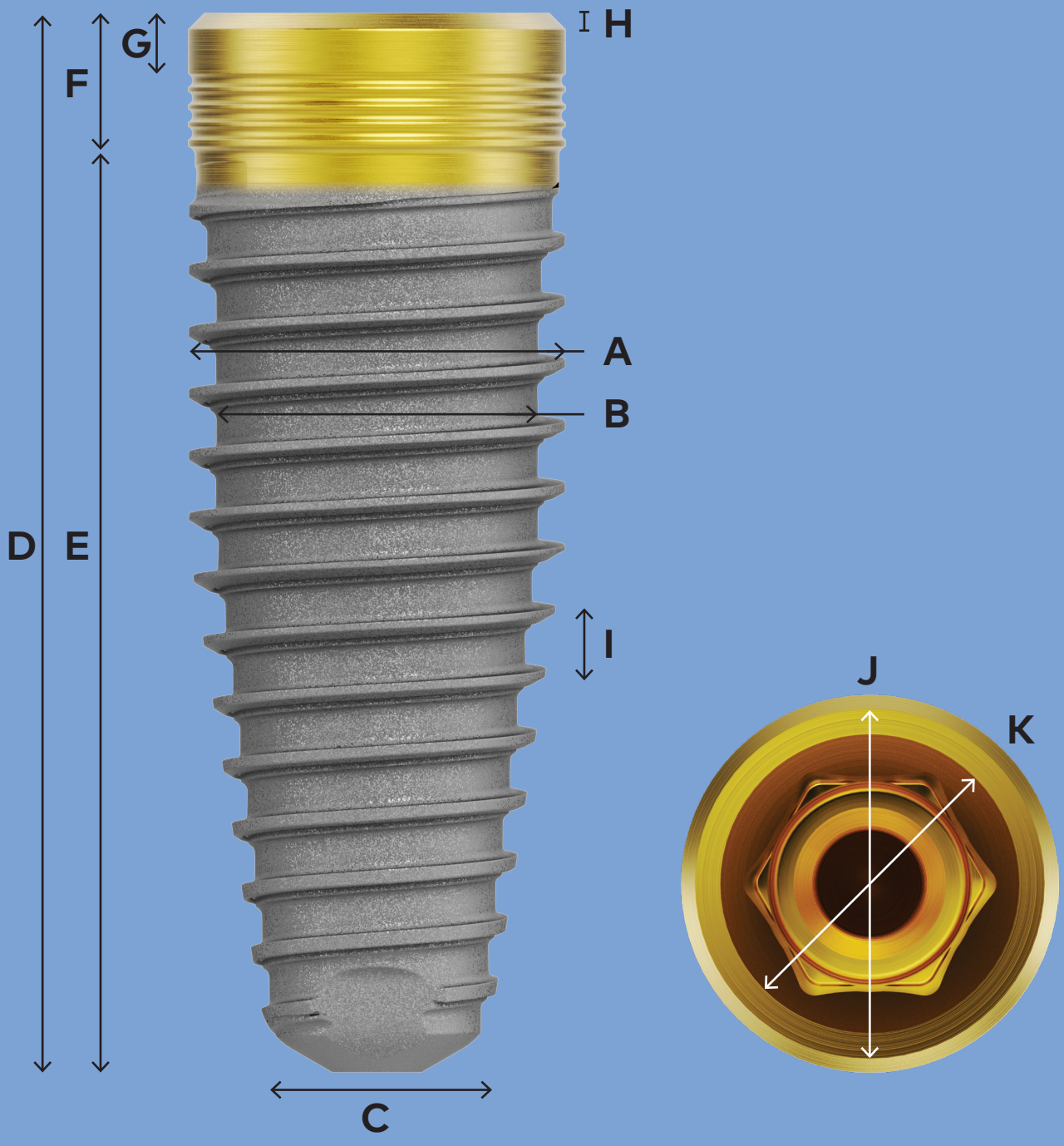
One-stage Immediate Function

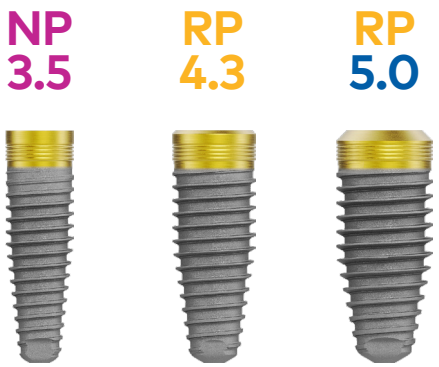


One-stage early/ delayed function



Implant
specifications





Platform		A Major diameter	B Minor diameter	C Tip diameter	D Overall length	E Thread height	F Collar height 1	G Collar height 2	H Bevel height	I Thread pitch	J Bridge interface	K Abutment interface
NP 3.5	3.5 × 8 mm	3.5	2.96	2.11	8.6	7.0	1.5	0.75	-	0.64	3.5	3.0
	3.5 × 10 mm	3.5	2.96	2.11	10.6	9.02	1.5	0.75	-	0.64	3.5	3.0
	3.5 × 11.5 mm	3.5	2.96	2.11	12.1	10.5	1.5	0.75	-	0.64	3.5	3.0
	3.5 × 13 mm	3.5	2.96	2.11	13.6	12.07	1.5	0.75	-	0.64	3.5	3.0
	3.5 × 16 mm	3.5	2.96	2.11	16.6	15.12	1.5	0.75	-	0.64	3.5	3.0
RP 4.3	4.3 × 8 mm	4.3	3.67	2.56	8.6	7.0	1.5	0.75	0.2	0.71	3.9	3.4
	4.3 × 10 mm	4.3	3.67	2.56	10.6	9.02	1.5	0.75	0.2	0.71	3.9	3.4
	4.3 × 11.5 mm	4.3	3.67	2.56	12.1	10.5	1.5	0.75	0.2	0.71	3.9	3.4
	4.3 × 13 mm	4.3	3.67	2.56	13.6	12.07	1.5	0.75	0.2	0.71	3.9	3.4
	4.3 × 16 mm	4.3	3.67	2.56	16.6	15.12	1.5	0.75	0.2	0.71	3.9	3.4
RP 5.0	5.0 × 8 mm	5.0	4.18	2.98	8.6	7.0	1.5	0.75	0.55	0.75	3.9	3.4
	5.0 × 10 mm	5.0	4.18	2.98	10.6	9.02	1.5	0.75	0.55	0.75	3.9	3.4
	5.0 × 11.5 mm	5.0	4.18	2.98	12.1	10.5	1.5	0.75	0.55	0.75	3.9	3.4
	5.0 × 13 mm	5.0	4.18	2.98	13.6	12.07	1.5	0.75	0.55	0.75	3.9	3.4
	5.0 × 16 mm	5.0	4.18	2.98	16.6	15.12	1.5	0.75	0.55	0.75	3.9	3.4

All measurements in millimeters.
*Please note that actual implant length is 0.5 mm shorter than indicated in name.

Surgical procedure

Important considerations

NobelReplace CC TiUltra implants are endosseous dental implants.

Implant Ø 3.5 mm Limited inter-dental space. Not enough alveolar bone for an RP implant.

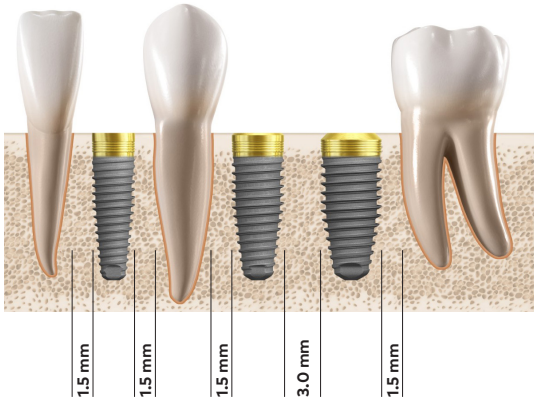
Implant Ø 4.3 mm From single anterior tooth loss to full-arch restorations.

Implant Ø 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.

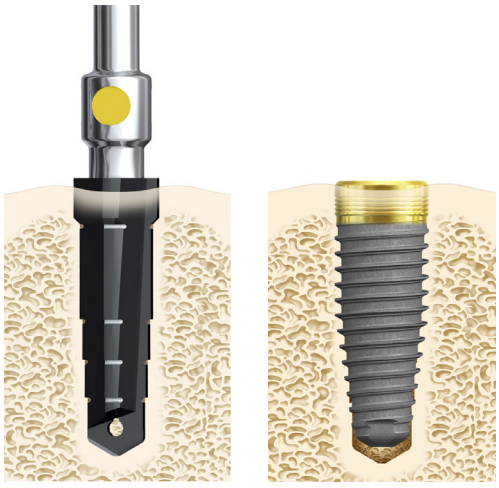
Caution Particular caution should be used when placing narrow platform implants in the posterior region due to risk of prosthetic overload.

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.



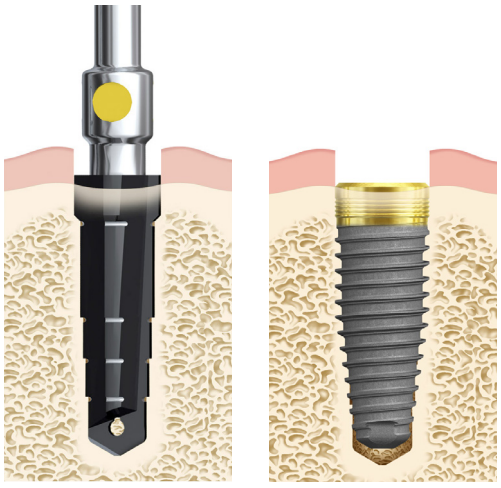
Surgical access



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

May be 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.

Tip When using a flapless approach, add soft tissue height to drill depth.

Warning Besides the mandatory precautions for any surgery such as asepsis, during drilling in the jaw bone, one must avoid damage to nerves and vessels by referring to anatomical knowledge and preoperative radiographs.

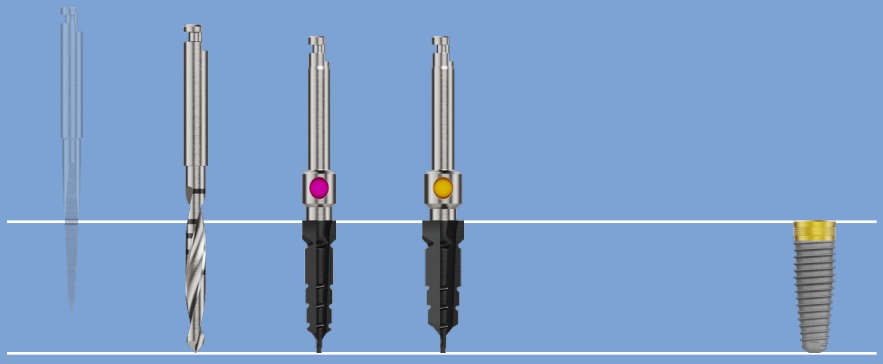
Warning Failure to recognize actual lengths of drills relative to radiographic measurements can result in permanent injury to nerves or other vital structures.

Caution Tapered Drills extend up to 1 mm longer than the implant when seated. Allow for this additional length when drilling near vital anatomical structures.

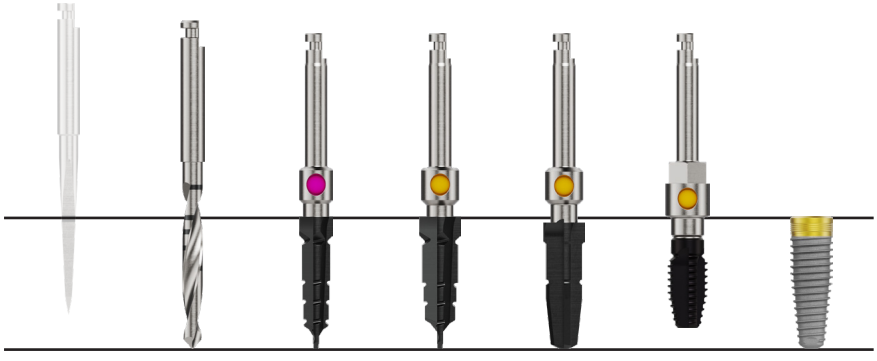
DRILL sequence

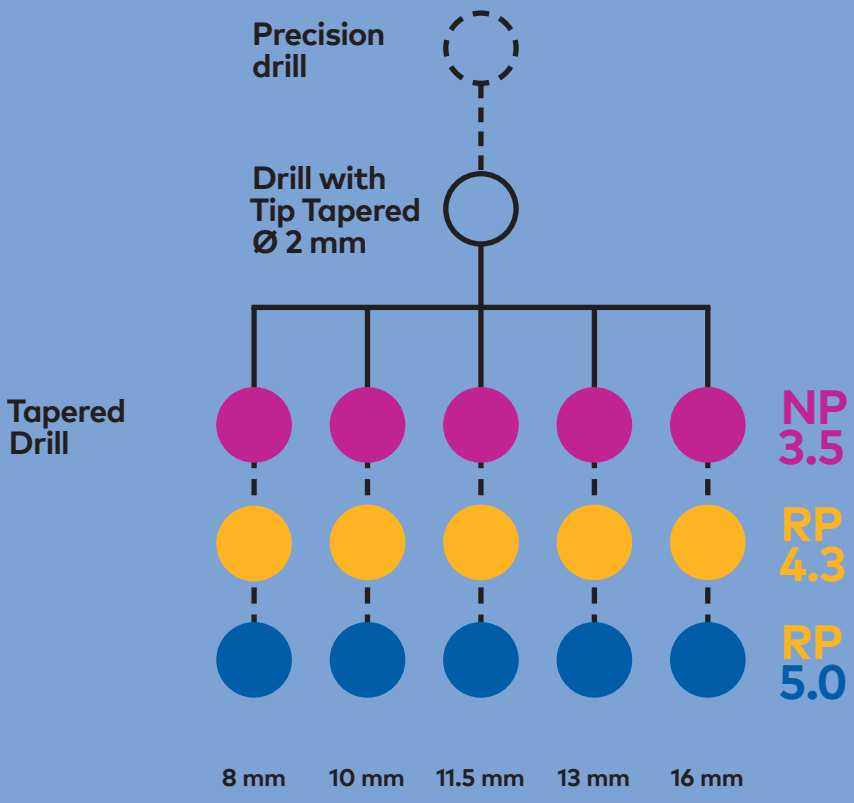
Demonstration of the drill protocol for a Ø 4.3 × 13 mm implant in soft, medium and dense bone.

Soft & medium bone



Dense bone



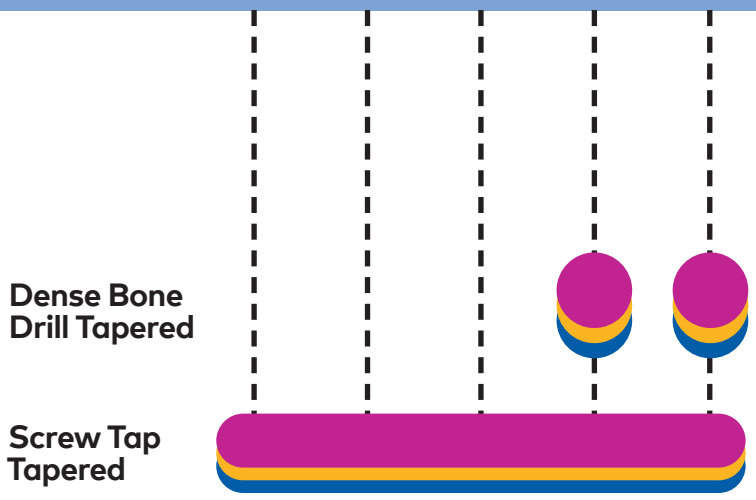


Recommended drill sequence based on bone quality*

During drilling procedures, bone quality should be considered. Recommended drill sequences are based on bone quality to ensure optimal primary stability when applying one-stage Immediate Function procedures. Drills are used to the full drilling depth.

Drilling must proceed at high speed (max. 800 rpm for Drill with Tip Tapered Ø 2 mm and Drill Tapered) under constant and profuse irrigation by sterile saline at room temperature.

* According to classification by Lekholm U, Zarb GA. Patient selection and preparation. In: Brånemark PI, Zarb GA, Albrektsson T, editors: Tissue-integrated prostheses: Osseointegration in clinical dentistry. Quintessence, Chicago, 1985, pp 199-209.



Dense bone

The Dense Bone Drill Tapered is only needed for 13 mm and 16 mm implants. With shorter implants, the dense bone protocol is to use the Screw Tap matching the diameter of the implant.

Flapless procedure

Choose between the following two options and continue with step 4 "check osteotomy direction" on page 18.

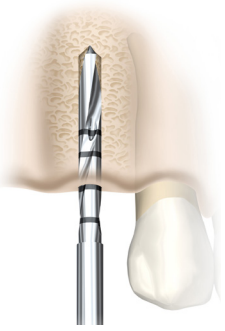
Option A

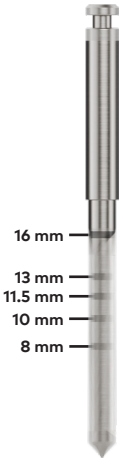
– Drill to the appropriate depth using the Drill with Tip Tapered Ø 2 mm. A drill stop can be used.

Maximum speed 800 rpm

Tip Measure the soft tissue thickness with a probe.

Note The marks on the Drill with Tip Tapered Ø 2 mm indicate actual millimeter length and correspond to the implant collar. Final vertical positioning depends on several parameters, including esthetics, tissue thickness and available vertical space.



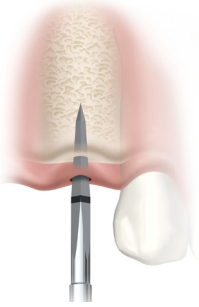


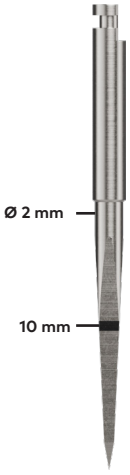
Option B

– To facilitate initial soft tissue penetration and creation of a crestal starting point (also after flap preparation), the Precision Drill can be used before the Drill with Tip Tapered Ø 2 mm.

– Drill with the Precision Drill through soft tissue and into the alveolar crest.

Maximum speed 800 rpm





Flap procedure

The following illustrations show the drill sequence for NobelReplace CC TiUltra RP 4.3 in soft bone. For other implant diameters and bone densities, see page 15.

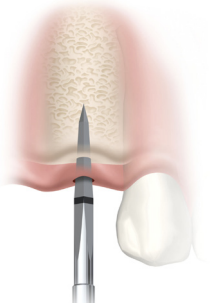
1 Raise a flap

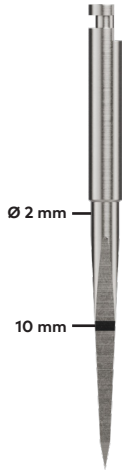
When using a flap procedure, make an incision and raise a flap.

2 Drill with Precision Drill

To facilitate creation of a crestal starting point, the Precision Drill can be used before Drill with Tip Tapered Ø 2 mm.

Maximum speed 800 rpm

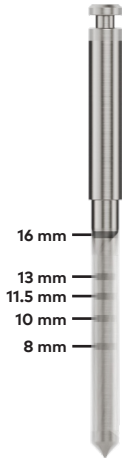




3 Drill with Drill with Tip Tapered Ø 2 mm

Drill to the appropriate depth using the Drill with Tip Tapered Ø 2 mm. A drill stop can be used.

Maximum speed 800 rpm

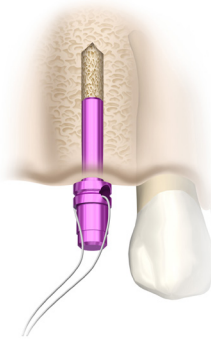


4 Check osteotomy direction (optional)

Check correct direction using Direction Indicator Tapered.

Tips

- If applicable, take a radiograph to verify correct direction.
- When placing multiple implants, proceed to the next implant site before continuing to the next drill sequence.



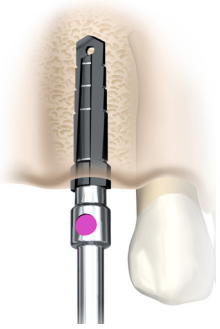
5 For all implant diameters: Drill with Tip Tapered Ø 2 mm and respective Tapered Drills

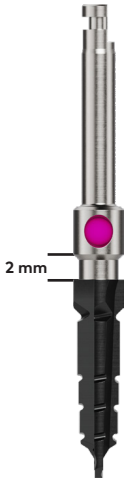
- Drill to depth corresponding to length of the implant being placed. If unsure of exact drill depth, stop short.
- Flapless procedure: measure tissue thickness with probe. Add tissue thickness to drilling depth for correct site preparation. Be aware of anatomical landmarks.
- Check correct orientation 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.

Note All Drill Tapered have a 2 mm height indicator to facilitate vertical implant positioning.



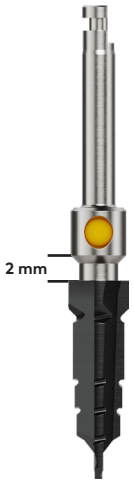


6 For implants Ø 4.3 and 5.0 mm:
Drill with Drill Tapered RP 4.3

– 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.

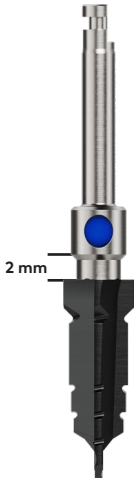


7 For implants Ø 5.0:
Drill with Drill Tapered RP 4.3

– Continue site preparation using 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 RP 5.0 mm implant.



Dense bone protocol

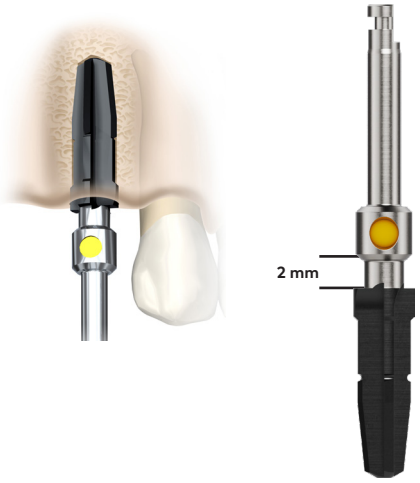
If the bone is dense or locally dense, the Dense Bone Drill Tapered and Screw Tap Tapered may be required.

Tip 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.

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.

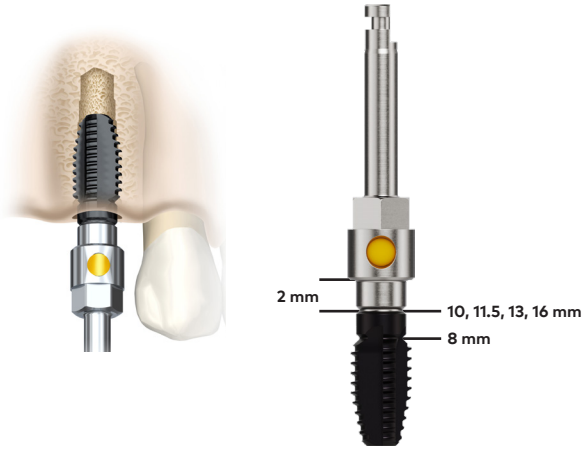
Maximum speed 800 rpm



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 25 rpm / Max. torque 45 Ncm



Implant insertion

1 Unpack implant

Each implant comes in a double sterile solution: the implant held in an inner titanium vial (a) that is packed in plastic vial with screw lid, which acts as first sterile barrier (b). The plastic vial with screw top lid is packed in a blister sealed with a lid, which is the second sterile barrier (c). The blister is packed together with an implant card (d) and patient record labels (e) in a cardboard box (f).

The cardboard box and the blister have a printed label with product data including diameter and length.

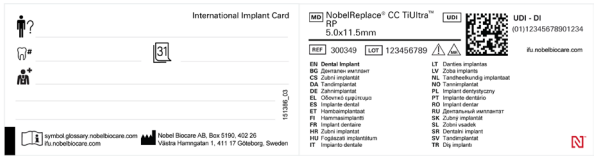
The vial is laser marked with implant data including name, diameter and length (a). The inner titanium vial cap is color coded to identify the implant diameter.

- Open the box and ensure the implant card and patient record labels are removed.
- Peel off the sealed blister lid in order to open it and allow the plastic vial on the sterile field.
- Unscrew the lid and take out the sterile titanium vial, then lift off the color-coded cap to gain access to the implant.
- Record the implant size and LOT number on the patient's profile records with the provided peel-off labels available in the box. After surgery, provide the implant card, completed with the implant information, to the patient to keep for future reference.

All NobelReplace CC TiUltra implants are delivered without a cover screw.

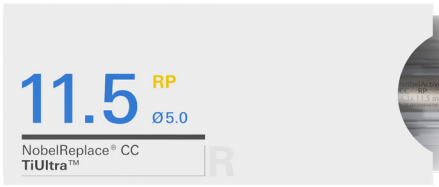
Caution To help ensure a successful long term-treatment outcome, it is advised to provide comprehensive regular patient follow up after implant treatment and to inform about appropriate oral hygiene.

a) Inner vial **b) Plastic vial** **c) Blister**



d) Implant card

e) Patient record labels



f) Cardboard box

The color of the implant vial cap refers to the diameter of the implant.

2 Choose insertion instrument

The implants are ideally installed with low speed, max. 25 rpm, using a drilling device.

a) With a drilling unit and contra-angle

b) With Manual Torque Wrench Surgical (optional)

Note It is possible to start the implant insertion manually, using the Manual Torque Wrench Surgical.

Caution Never exceed insertion torque of 45 Ncm. Overtightening an implant may lead to damage of the implant, fracture or necrosis of the bone site. If a Surgical Driver is used to insert the implant, special care needs to be taken to avoid over tightening.

a) Drilling unit with contra-angle

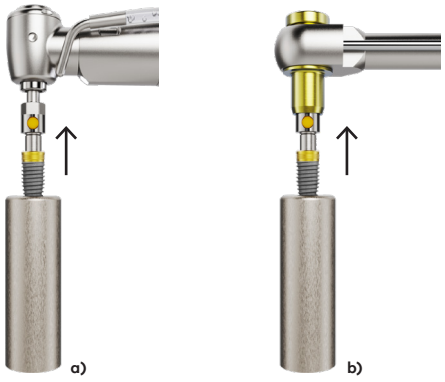
b) Manual Torque Wrench Surgical

3 Pick up implant

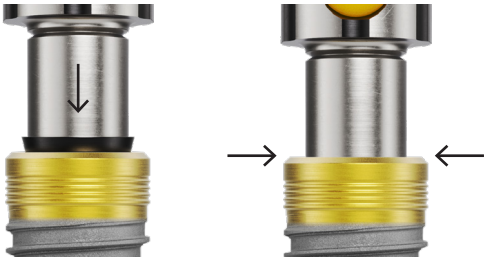
– Connect the appropriate Implant Driver to the insertion instrument.

– Pick up the implant from the inner casing by applying light pressure on the Implant Driver and carefully turning the casing counterclock-wise until the Implant Driver is fully seated.

Tip The Implant Drivers have markings to facilitate the insertion of the driver into the implant.



Tip Make sure that the Implant Driver is fully seated.



4 Machined implant placement

– Begin inserting the implant into the osteotomy.
– When using a drilling unit, start inserting the implant using low speed.

Low speed 25 rpm / Max. torque 45 Ncm

Caution Never exceed insertion torque of 45 Ncm for the implants. Overtightening an implant may lead to damage of the implant, fracture or necrosis of the bone site. If a Surgical Driver is used to insert the implant, special care needs to be taken to avoid overtightening.

Note If the implant gets stuck during implant installation or 45 Ncm of insertion torque is achieved before it is fully seated, rotate the implant counterclockwise using a drilling device (reverse mode) or Manual Torque Wrench and remove the implant from the site. Replace the implant back into the inner casing before proceeding further.

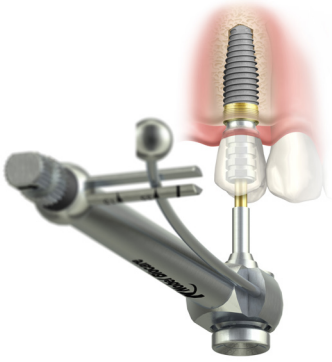
Caution Please note the NobelReplace CC TiUltra implant platform color is yellow for all implant sizes and does not reflect Nobel Biocare's platform color-coding.

Tip Use Screw Tap to widen the osteotomy as outlined in step 2 (page 20) of the drill section.

Tip Pick up and insert the implant again as outlined in steps 3 and 4 above.

5 Manual implant placement

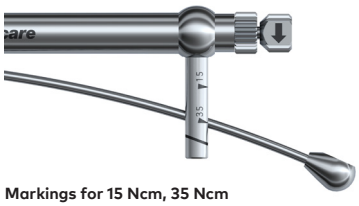
- Connect the Manual Torque Wrench Surgical to the Manual Torque Wrench Adapter and place the implant to final depth.
- For Immediate Function, the implant should withstand a final insertion torque of at least 35 Ncm. Do not exceed 45 Ncm.
- Remove Implant Driver.
- If the Implant Driver is difficult to remove, slightly rotate it counterclockwise before disengaging.



If experiencing strong resistance

Excessive torque while inserting the implant must be avoided. It can cause deformation of the implant or connection and may result in excessive compression of the bone.

If strong resistance (max. 45 Ncm) is encountered at any point during insertion, remove the implant and place it back into the inner casing. Widen the implant site according to the drill protocol or use Screw Tap matching the diameter of the implant.

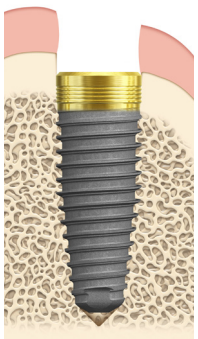


Markings for 15 Ncm, 35 Ncm and 45 Ncm.

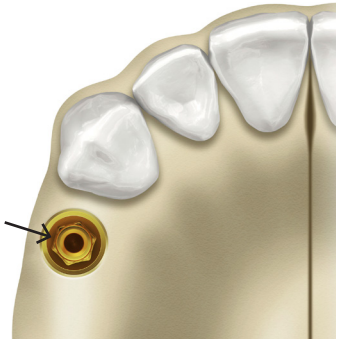
6 Final implant placement (optional)

- For maximum esthetic results, place the implant at the level of the buccal bone or 0.5 – 1 mm below (a).
- When placing the implant, align one of the black hex indicators on the implant driver parallel to the buccal wall. This ensures that one of the flat sides of the hexagon is parallel to the buccal side (b), ensuring preferred prosthetic abutment orientation.

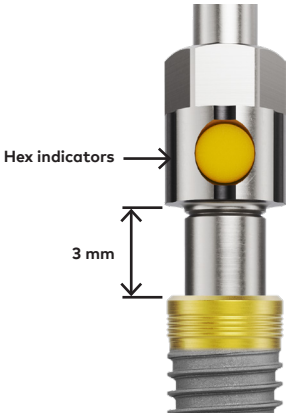
Note The Implant Driver has a 3 mm height indicator to facilitate vertical implant positioning and six black lines correlating to the flat sides of the implant hexagon (c).



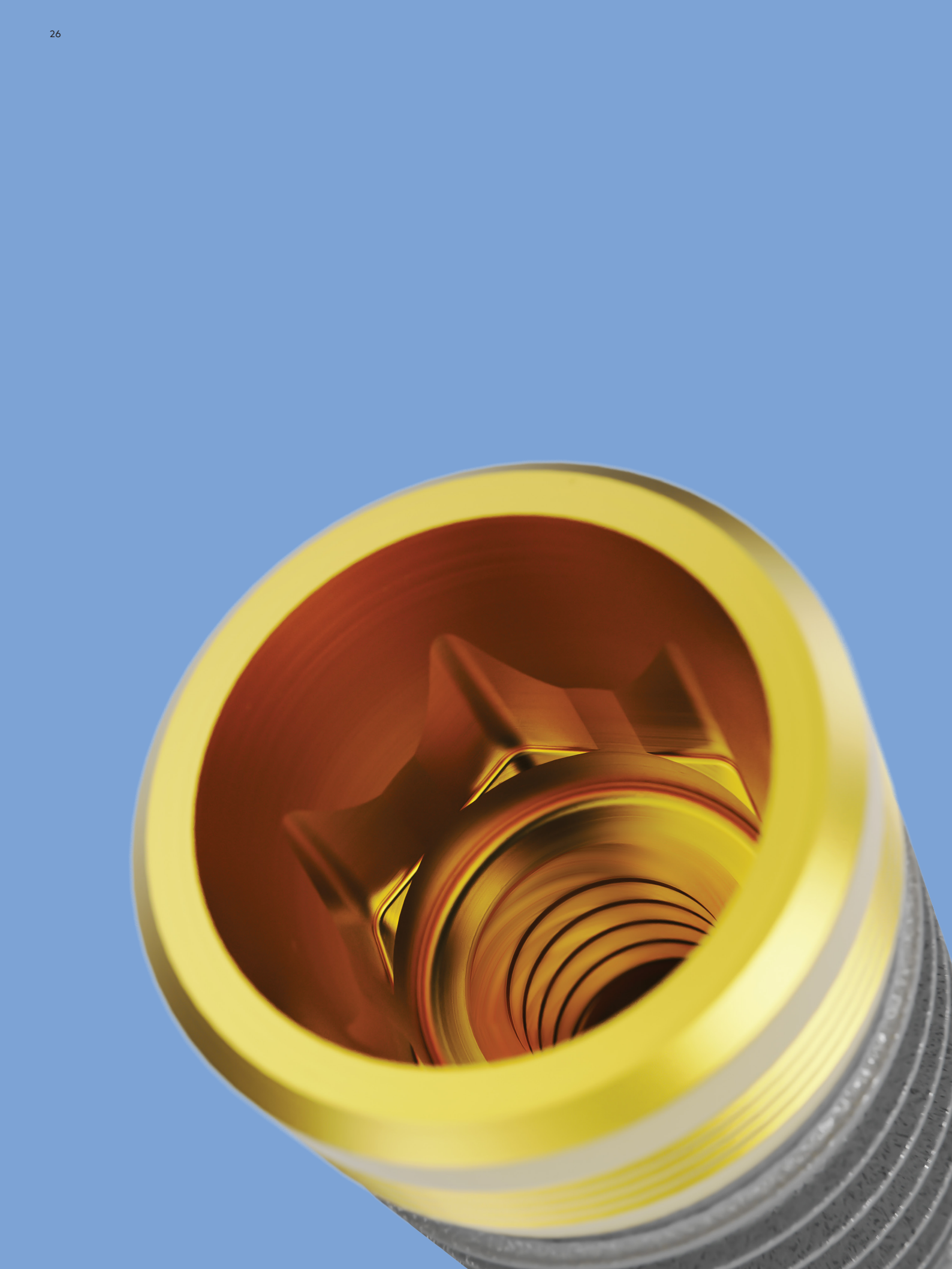
a)



b)



c)



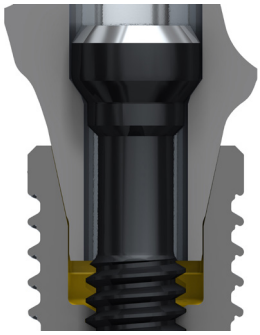
Restorative procedure

Important considerations

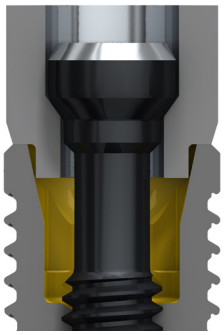
Reference images show NobelParallel CC. Same applies to NobelReplace CC TiUltra.

Prosthetic interface

- Dual-function prosthetic connection: internal conical connection for abutments and external platform for implant-level bridge restorations.
- Built-in platform shift.



Conical seal for abutments



Shoulder seating for NobelProcera Implant Bridge

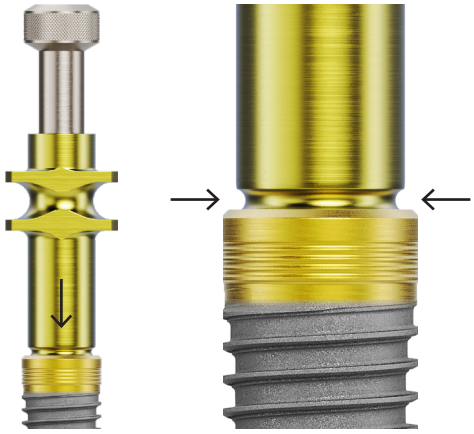
Multiple-unit restorations

When restoring with a NobelProcera Implant Bridge, or any other full-arch solution, Healing Abutments Bridge and Impression Copings Bridge must be used for placement, uncovering and impression taking.

Impression coping seating

Proper seating of the impression coping is essential for a correct impression.

To verify that the impression copings are properly seated, check that the groove on the impression coping sits right at the level of the implant shoulder. Use a perpendicular radiograph if necessary.

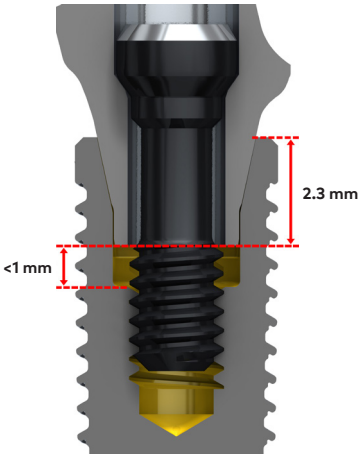


Abutment seating

Correct positioning of the abutment is essential for the prosthetic outcome and long-lasting function. Verify correct vertical abutment seating by using radiographic imaging.

- Position the abutment into the implant head and make sure the hexagonal extension engages properly by gently turning and pushing.
- Make sure the abutment feels secure in place horizontally and vertically.
- Tighten the screw, but not to full torque.
- Take a radiograph to verify proper and full abutment seating:
  - No apparent bone interference
  - Alignment of long axes of implant and abutment
  - No gap in conical interface
- Space at the bottom of the connection should appear parallel and measure less than 1 mm.
- Tighten the abutment screw to final torque. Tightening torque for NP and RP abutments is 35 Ncm.

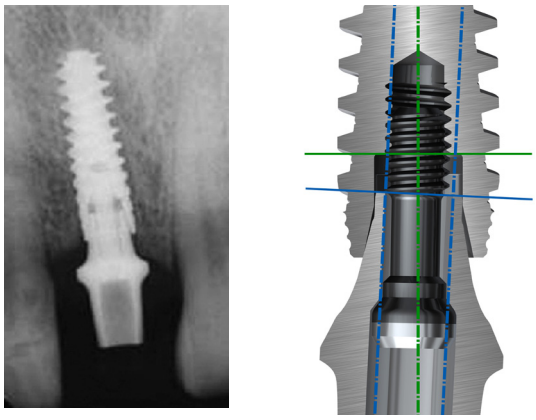
Note This surgical procedures manual does not replace the Instructions For Use (IFU). Please review the Instructions For Use, including Indications For Use, Contraindications, Warnings and Cautions before using all products.



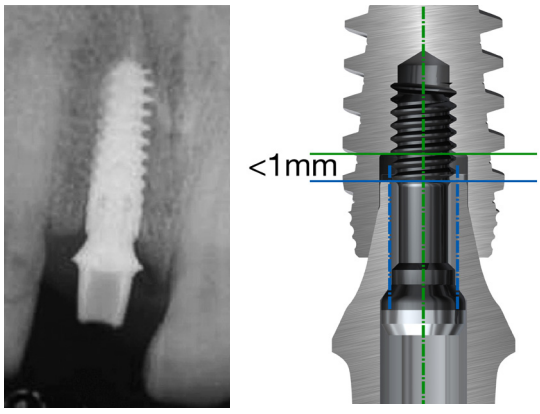
Final abutment position with space less than 1 mm

Reference images show NobelActive. Same applies to NobelParallel CC TiUltra.

Example 1

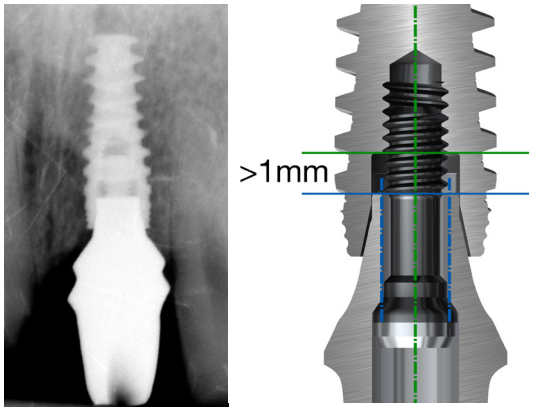


Abutment not fully seated due to interfering bone. Long axes are not aligned. Gap in conical interface. Bottom space is not parallel and is larger than 1 mm.

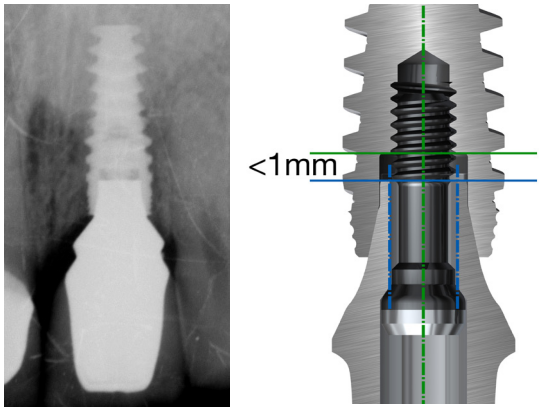


Abutment fully seated. All above parameters are verified.

Example 2



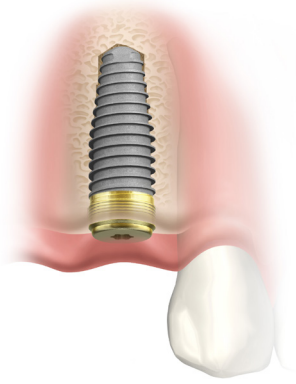
Abutment seems to be aligned with implant but space is larger than 1 mm.

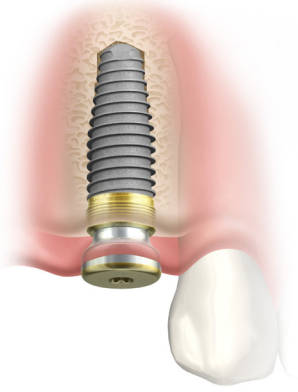


Abutment is fully seated.

Finalization of implant surgery and temporary restorations

There are three options for finalizing the implant surgery.





Two-stage early/delayed function

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

One-stage early/delayed function

Place the On1 Base Xeal and connect the On1 Healing Cap to it, or connect a healing abutment directly to the implant. If applicable, suture back the soft tissue.

For further information on this option, please check On1 concept Quick guide

One-stage Immediate Function

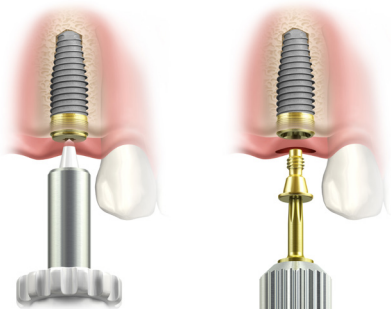
Provisionalize the implant for immediate esthetics and function, using Nobel Biocare On1 Temporary Abutments or implant-level temporary abutments.

Tip If the final restoration is an implant-level NobelProcera Implant Bridge, non-engaging Universal Abutment or non-engaging GoldAdapt Abutment, use a Healing Abutment Bridge to prevent tissue overgrowth on the horizontal implant platform.

Two-stage early/delayed function

1 Uncover the implant

- Make an incision to expose the cover screw or use the Soft Tissue Punch if there is a sufficient amount of attached mucosa.
- Remove the cover screw using the Screwdriver Manual UniGrip.



2 Remove bone overgrowth

Should bone grow over the cover screw, remove the bone with a rotating instrument and/or a curette. Be careful not to damage the seating of the Screwdriver Manual UniGrip.

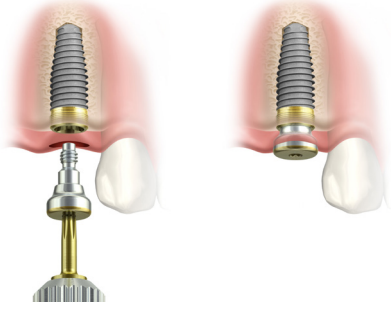
3 Remove bone around the implant platform with a Bone Mill

- 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.
- The Bone Mill can be handled either manually (with the handle for machine instruments) or with the drilling unit.

4 Connect healing abutment

- Connect a suitable healing abutment to the implant using the Screwdriver Manual UniGrip.
- If a flap is prepared, suture back the soft tissue.

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



One-stage Immediate Function procedures

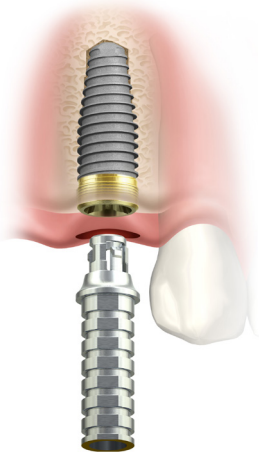
Implant level, temporary single-unit restoration

The following illustrations show the use of the Temporary Snap Abutment Engaging (for single-unit restorations).

In cases where the implant has reached an insertion torque of a minimum 35 Ncm it allows the use of the one-stage Immediate Function procedures to temporarily restore a single-unit restoration with a temporary abutment.

1 Connect abutment to implant

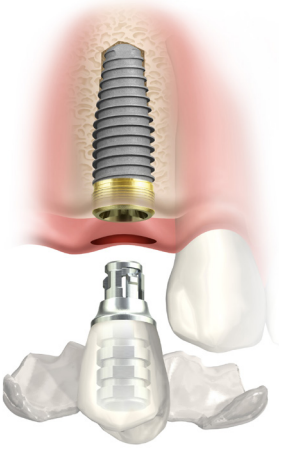
- Attach the abutment to the implant, check inter-occlusal space and adjust for height and clearance if necessary.
- Modifications of the abutment can be performed with a carborundum disk or carbide bur. Extraoral modification of abutment is recommended.
- Place the abutment onto the implant and block the screw channel. Do not insert the screw: as the abutment is retained by the retention elements.



2 Fabricate the temporary crown with a TempShell (Option A)

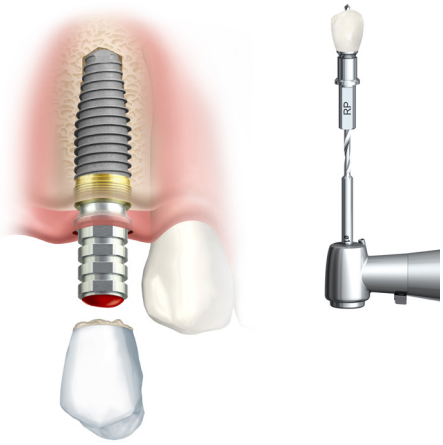
- Use a TempShell to convert it into an individualized provisional restoration designed prior to surgery.
- Try-in the fit of the temporary crown seating the wings on the neighboring teeth.
- Apply a small amount of acrylic or composite into the crown and reposition it in the patient's mouth.
- Let the acrylic or composite cure and pick up the restoration.
- Finalize the crown – fill the shell with the acrylic/composite, remove the wings and polish the restoration. It is important to have a smooth surface adjacent to the surrounding soft tissue.
- Create the screw access hole using the Apical Drill and Protection Analog/Drill Guide.

OR



2 Fabricate the temporary crown conventionally (Option B)

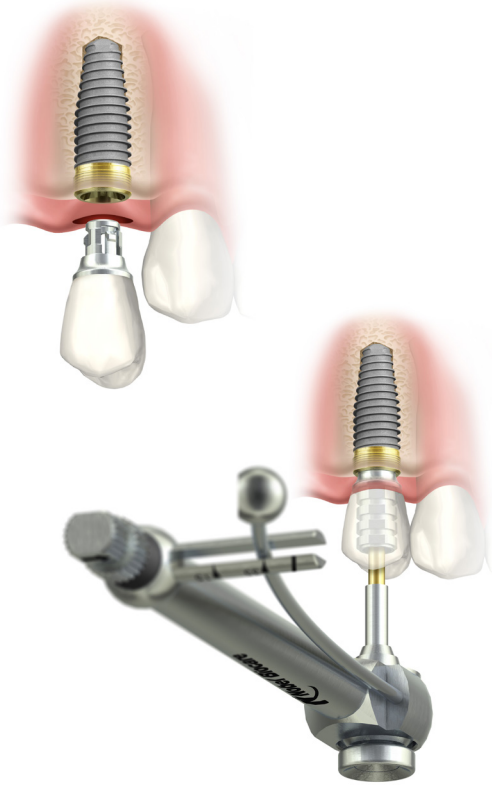
- Using the acrylic mold, create the temporary crown, filling it with dental acrylic or composite material, and seat it over the temporary abutment.
- Follow the material manufacturer's instructions regarding curing.
- Finalize the restoration following the conventional procedure. It is important to have a smooth surface adjacent to the surrounding soft tissue.
- Create the screw access hole using the Apical Drill and Protection Analog/Drill Guide.



3 Connect temporary restoration

- Connect the restoration and tighten it to 35 Ncm using the clinical screw and Screwdriver UniGrip.
- Block the screw access hole using Teflon tape and close it with composite.
- Fill the screw access hole with suitable material.

Caution Never exceed the recommended maximum tightening torque for the abutment screw. Overtightening of the abutment screw may lead to a screw fracture.



Implant level, temporary multiple-unit restoration

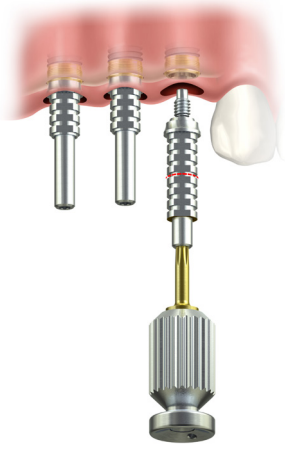
The following illustrations show the use of the Temporary Abutment Non-Engaging (for multiple splinted restorations). For individual implants, use engaging abutments.

In cases where the implants have reached an insertion torque of minimum **35 Ncm** it allows the use of the one-stage Immediate Function procedures to temporarily restore a multiple-unit restoration with temporary abutments.

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.

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



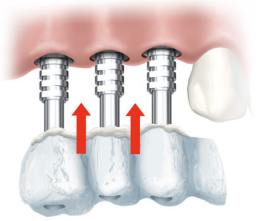
2 Fabricate the temporary bridge using a TempShell (Option A)

- Use a TempShell to convert it into an individualized provisional restoration designed prior to surgery.
- Try-in the fit of the temporary bridge seating the wings on the neighboring teeth.
- Apply a small amount of acrylic or composite into the bridge and reposition it in the patient's mouth.
- Let the acrylic or composite cure and pick up the restoration.
- Finalize the bridge – fill the shell with the acrylic/composite, remove the wings and polish the restoration. It is important to have a smooth surface adjacent to the surrounding soft tissue.
- Create the screw access hole using the Apical Drill and Protection Analog/Drill Guide.

OR

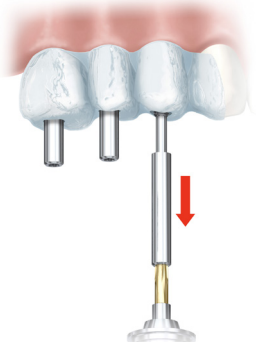
2 Fabricate the temporary bridge using the conventional procedure (Option B)

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



3 Adjust temporary restoration

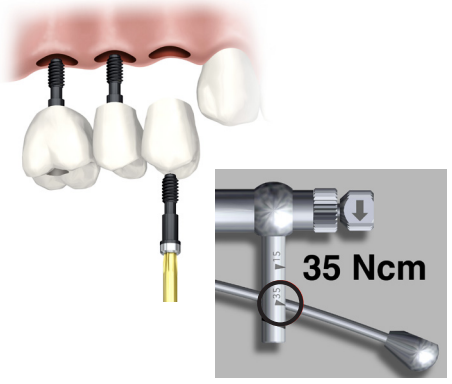
- After seating, loosen the guide pins to remove the restoration.
- Trim and polish the restoration. It is important to have a smooth surface adjacent to the surrounding soft tissue.

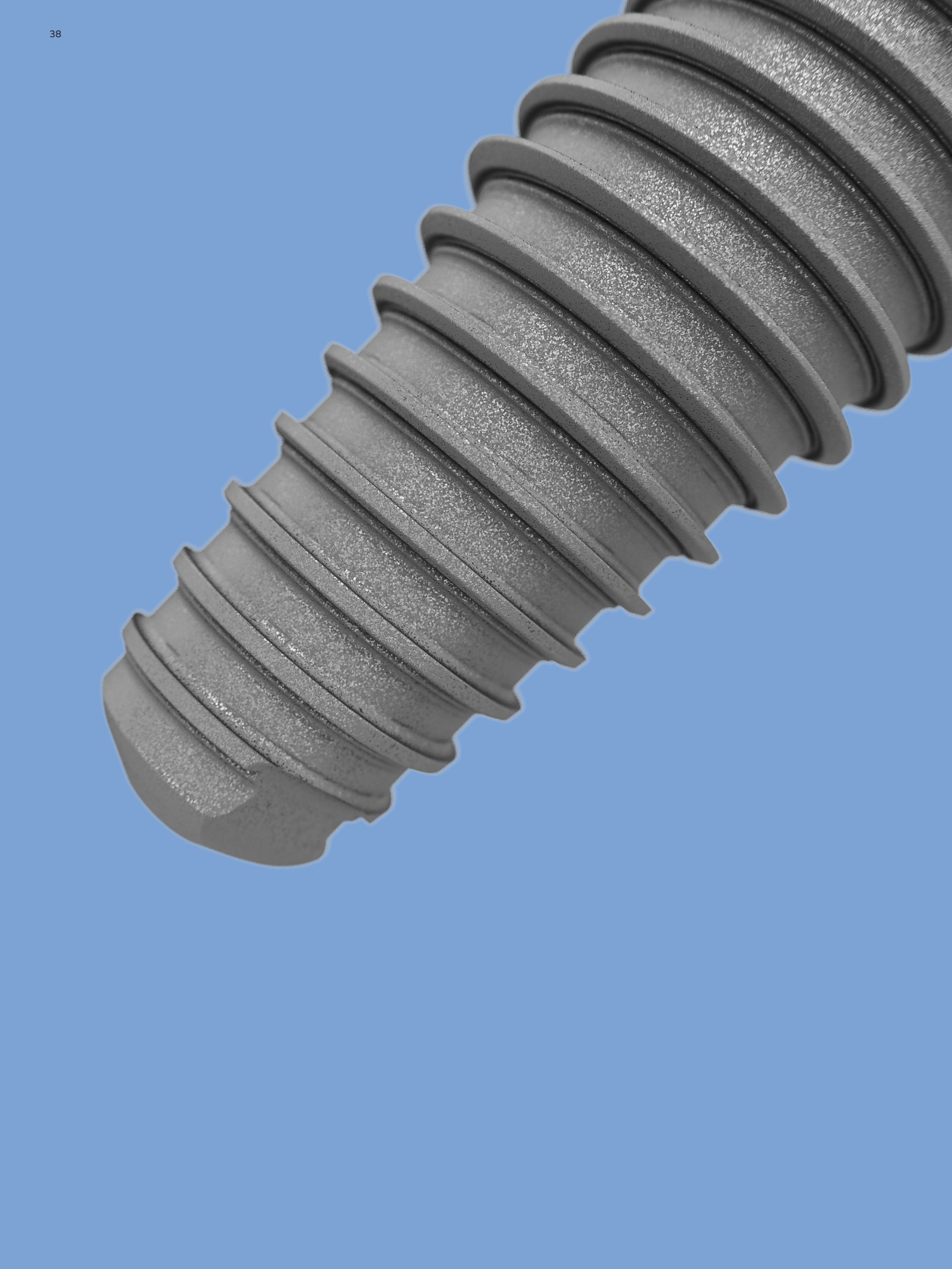


4 Connect temporary restoration

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

Caution Never exceed the recommended maximum tightening torque for the abutment screw. Overtightening of the abutment may lead to a screw fracture.





PureSet™

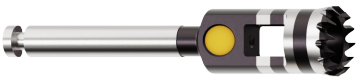
Wallchart 40

Drill Tapered NP 3.5
8 mm 32075
10 mm 29367
11.5 mm 36113
13 mm 29368
16 mm 29369

Drill Tapered RP 4.3
8 mm 32076
10 mm 29370
11.5 mm 36114
13 mm 29371
16 mm 29372

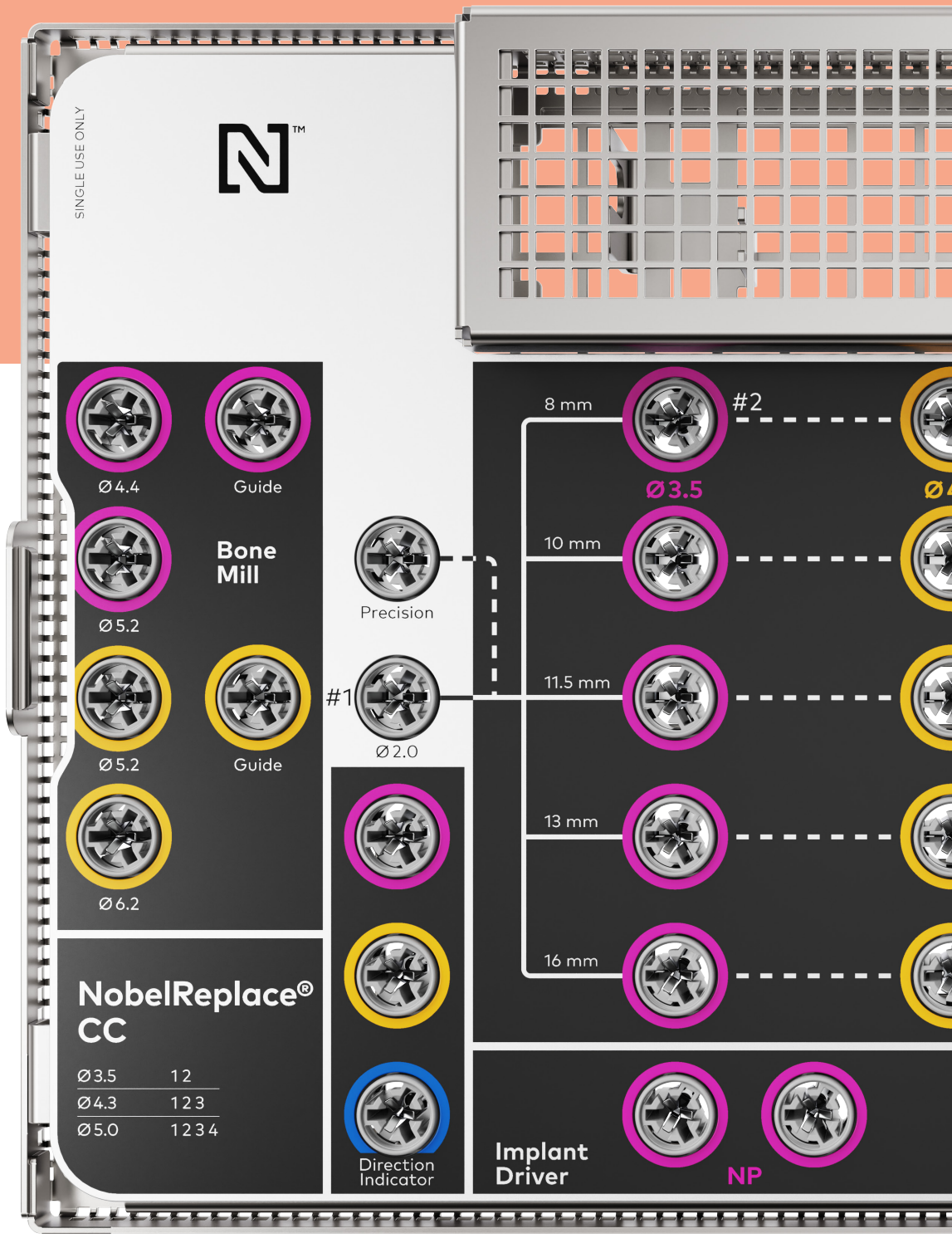
Precision Drill
36118

Drill with Tip Tapered Ø 2 mm
36117



Bone Mill (with Guide) CC
NP Ø 4.4 37863
NP Ø 5.2 37864
RP Ø 5.2 37866
RP Ø 6.2 37867

Bone Mill Guide CC
NP 37865
RP 37868



NobelReplace CC PureSet Tray
PUR0300

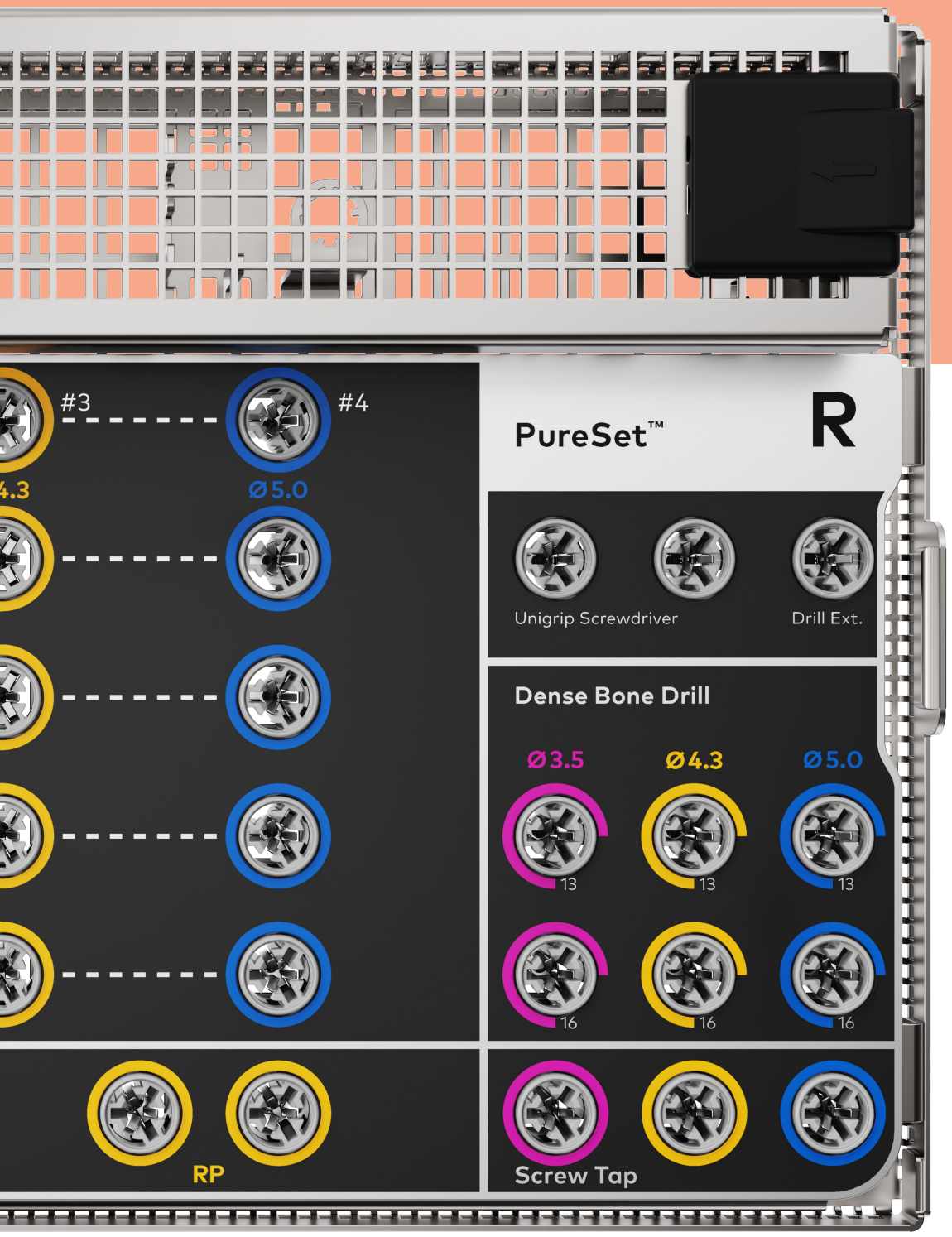
Wallchart

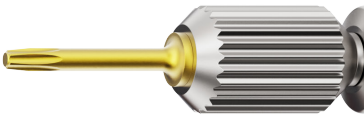
Direction Indicator Tapered
NP 32255
RP 32256
WP 32257

Implant Driver NP
28 mm 36718
37 mm 36719

Drill Tapered WP 5.0
8 mm 32077
10 mm 29373
11.5 mm 36115
13 mm 29374
16 mm 29375

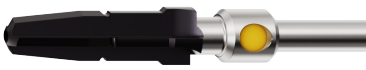
NobelReplace Manual Torque Wrench Surgical
28839





Screwdriver Manual Unigrip 28 mm
29149*

Shank Extension
KI589B.204.



Dense Bone Drill Tapered

13 mm
NP 3.5 29377
RP 4.3 29380
WP 5.0 29383

16 mm
NP 3.5 29378
RP 4.3 29381
WP 5.0 29384

Implant Driver RP
28 mm 36720
37 mm 36721

Screw Tap Tapered
NP 3.5 36717
RP 4.3 32090
WP 5.0 32091

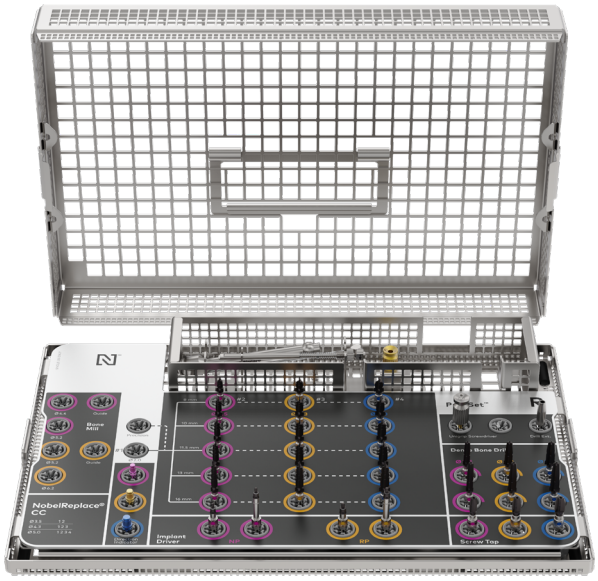
*Available in other lengths

NobelReplace CC PureSet 87296

(The articles below can also be purchased individually)

NobelReplace CC PureSet Tray	PUR0300
Implant Driver Conical Connection NP 28 mm	36718
Implant Driver Conical Connection NP 37 mm	36719
Implant Driver Conical Connection RP 28 mm	36720
Implant Driver Conical Connection RP 37 mm	36721
NobelReplace Manual Torque Wrench Surgical	28839
Screwdriver Manual Unigrip 28 mm	29149
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 × 8 mm	32077
Drill Tapered WP 5 × 10 mm	29373
Drill Tapered WP 5.0 × 11.5 mm	36115
Drill Tapered WP 5 × 13 mm	29374
Drill Tapered WP 5 × 16 mm	29375
Dense Bone Drill Tapered 3.5 × 13 mm	29377
Dense Bone Drill Tapered 3.5 × 16 mm	29378
Dense Bone Drill Tapered 4.3 × 13 mm	29380
Dense Bone Drill Tapered 4.3 × 16 mm	29381
Dense Bone Drill Tapered 5 × 13 mm	29383
Dense Bone Drill Tapered 5 × 16 mm	29384
Screw Tap Tapered NP	36717
Screw Tap Tapered RP	32090
Screw Tap Tapered WP	32091
Irrigation Needle	2042
Direction Indicator Tapered NP	32255
Direction Indicator Tapered RP	32256
Direction Indicator Tapered WP	32257
Radiographic Template NobelReplace Tapered	37320
NobelReplace CC PureSet Wall Chart	300567
Implant Package Organizer	300352

Note Precision Drill and Drill with Tip Tapered Ø 2 mm are available for separate purchase and are not included in the kit.

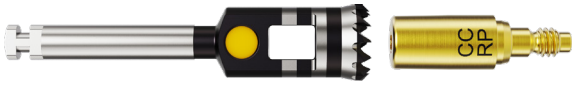


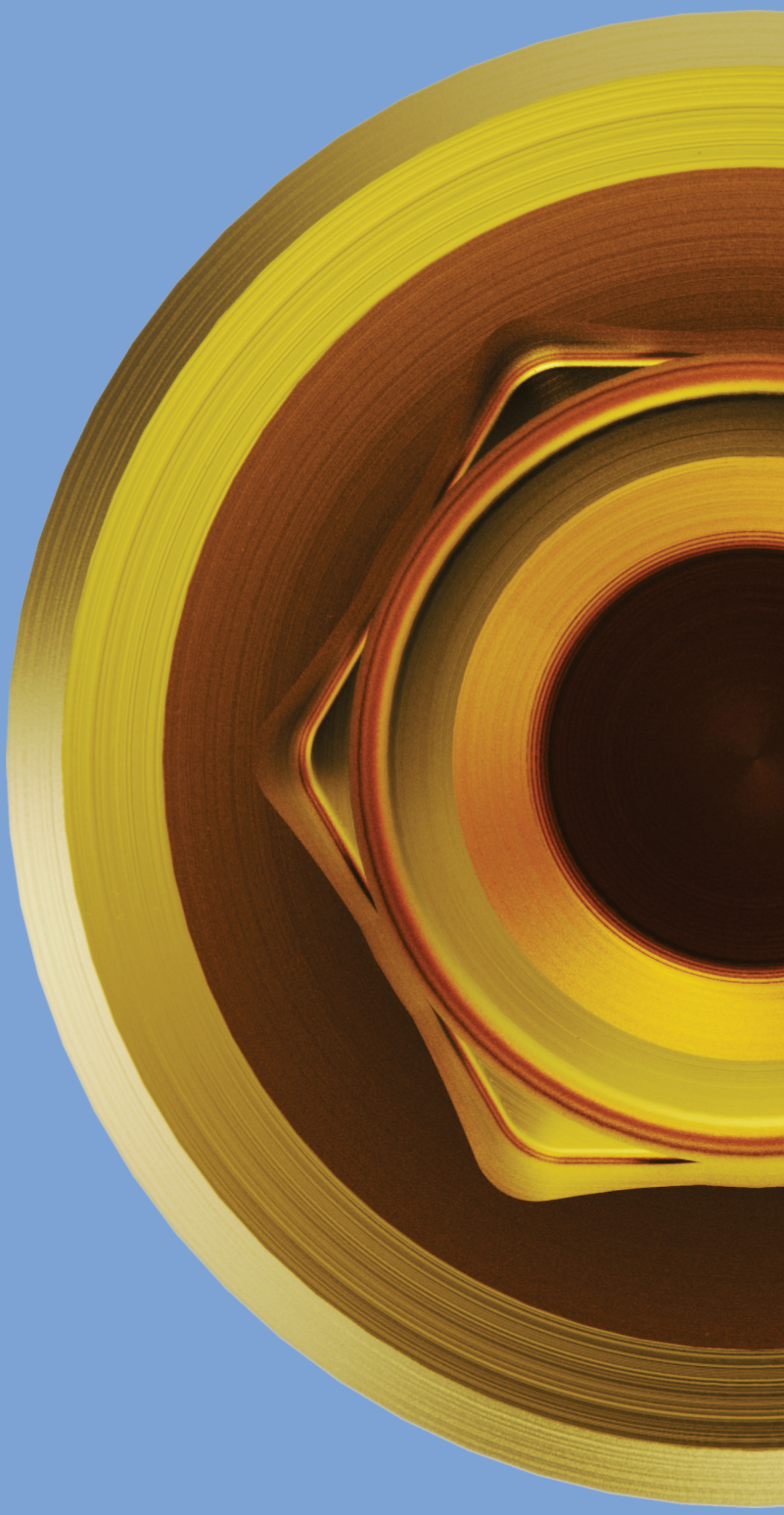
Bone Mill with Guide Conical Connection

(To be accommodated in the PureSet)

Bone Mill with Guide Conical Connection NP Ø 4.4	37863
Bone Mill with Guide Conical Connection NP Ø 5.2	37864
Bone Mill with Guide Conical Connection RP Ø 5.2	37866
Bone Mill with Guide Conical Connection RP Ø 6.2	37867

For more information regarding the product portfolio see the 'Product Overview - Conical Connection Implants & Prosthetics'.





Appendices

Manual Torque Wrench

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

Manual Torque Wrench – Surgical

Manual Torque Wrenches Surgical are indicated for use with Nobel Biocare dental implant drivers to ensure that the desired torque is achieved during implant placement. They are also indicated to be used with implant retrieval instruments and abutment screw retrieval instruments. Manual Torque Wrenches Surgical can be used as an alternative to machine torque wrenches.

- Indicating torque values 15 Ncm and 35 Ncm
- Insert Implant Driver Conical Connection

Manual Torque Wrench – Prosthetic

Manual Torque Wrenches Prosthetic are indicated for use with Nobel Biocare abutments and abutment screws to ensure that the desired torque is achieved during placement or removal of the abutment or screw. Manual Torque Wrenches Prosthetic can be used as an alternative to machine torque wrenches.

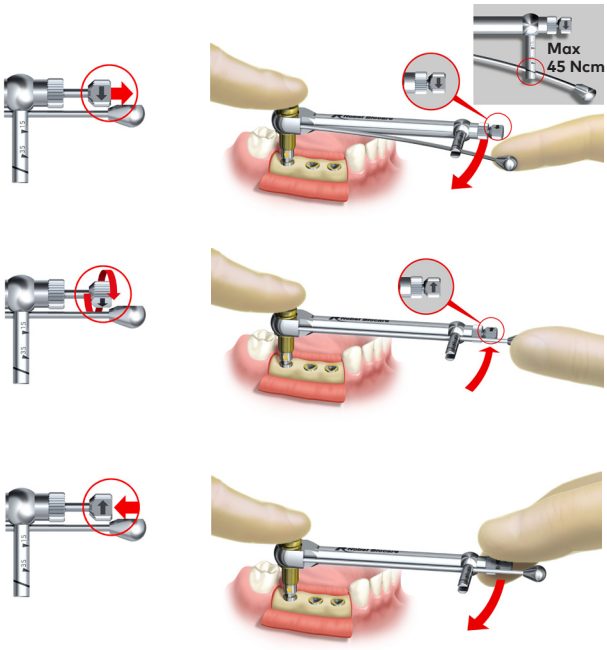
- Indicating torque values 15 Ncm and 35 Ncm
- Compatible with all machine screwdrivers
- Insert the applicable driver

Use of the Manual Torque Wrench Surgical

- Select the corresponding Manual Torque Wrench Adapter Surgical and insert the corresponding Implant Driver into the adapter.
- 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 If force is applied to the main body of the Manual Torque Wrench Surgical and not to the lever arm, the applied torque cannot be measured. High forces may cause over compression of the bone leading to bone resorption, especially in case of a thin buccal/lingual marginal bone crest.

After use, disassemble the Manual Torque Wrench by removing the adapter and the rod from the wrench body. Please follow the steps described in the IFU for Manual Torque Wrenches Surgical and Prosthetic.



Cleaning and sterilization

Sterile components

Refer to the Instructions For Use (IFU1010) for NobelReplace CC TiUltra for detailed cleaning and sterilization instructions.

ifu.nobelbiocare.com

Note Implants must never be resterilized or reused.

Implants

Caution NobelReplace CC TiUltra are delivered sterile for single use only. Do not use after the labeled expiration date.

Warning Do not use device if the packaging has been damaged or previously opened.

Warning Use of non-sterile device may lead to infection of tissues or infectious diseases.

Caution NobelReplace Conical Connection TiUltra implants are a single use product and must not be reprocessed. Reprocessing could cause loss of mechanical, chemical and/or biological characteristics. Reuse could cause local or systemic infection.

Drills and Screw Taps

Delivered sterile and for single use only:

- Precision drill

Delivered sterile and reusable:

- Tapered drills
- Dense bone drills
- Screw tap tapered

Non-sterile components

Caution Care and maintenance of sterile instruments are crucial for a successful treatment. Sterilized instruments not only safeguard your patients and staff against infection but are also essential for the outcome of the total treatment.

Refer to the Instructions For Use (IFU1067) for PureSet for detailed cleaning and sterilization instructions.

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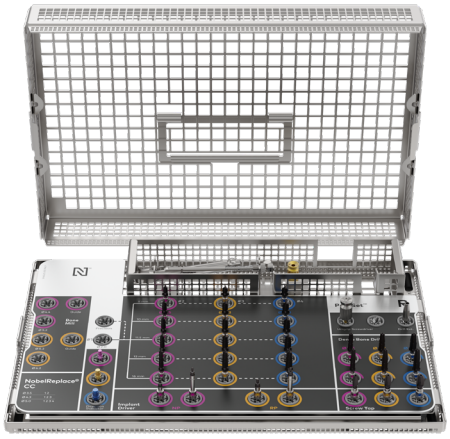

Abutments and plastic copings

Refer to the Instructions For Use (IFU1093) for the abutment or coping for detailed cleaning and sterilization instructions.

ifu.nobelbiocare.com

Note If modifications have been made to the abutment, clean the abutment prior to sterilization.

Caution Plastic copings is a single use product and must not be reprocessed. Reprocessing could cause loss of mechanical, chemical and/or biological characteristics. Reuse could cause local or systemic infection.

Order online

Order our complete range of implants and prefabricated prosthetics 24 hours a day through the Nobel Biocare online store.

nobelbiocare.com/store

Order by phone

Call our customer service team or contact your sales representative.

nobelbiocare.com/contact

Lifetime warranty

The warranty covers all Nobel Biocare implants including prefabricated prosthetic components.

nobelbiocare.com/warranty

nobelbiocare.com/nobelreplacecc

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