






# ImplanTize CDMPACT

## SURGICAL PROTOCOL



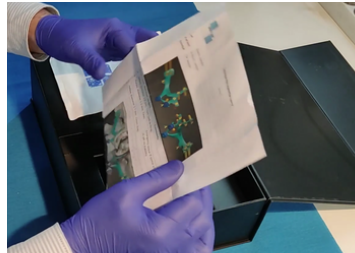
Before placing an Implantize Compact, the Scanning protocol should be followed for better design implant.



# Packaging

Implantize Compact packaging is composed by the following items:

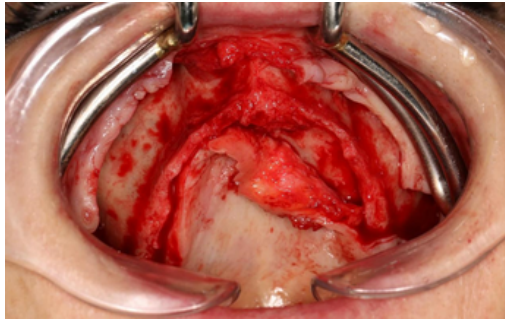
- Implantize Compact Blister
  - Implantize Compact;
  - Surgical guide;
  - Fixation screws;
- Printed bone biomodel (mimetizing the needed osteotomy);
- Technical file;
- Medical device declaration.



# Incision

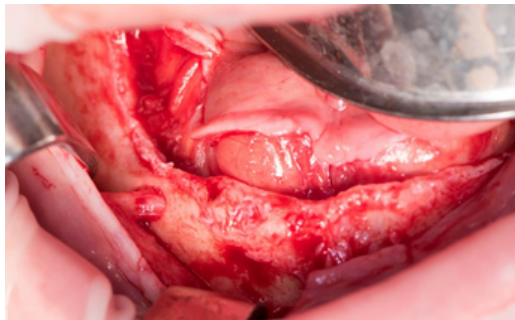
- **Maxilla**

- Supra crestal horse shoe incision design with two relief incisions for zygoma access.



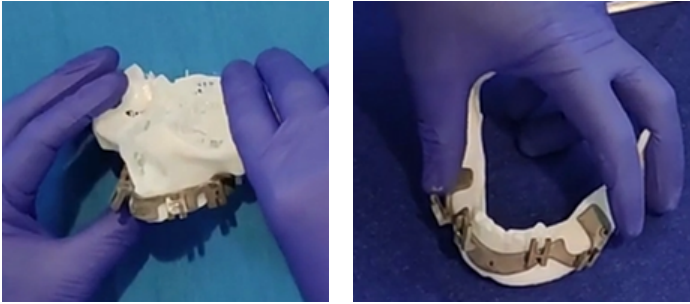
- **Mandible**

- Supra crestal incision with relief towards anterior border of the ramus with exposure of the dental nerve.

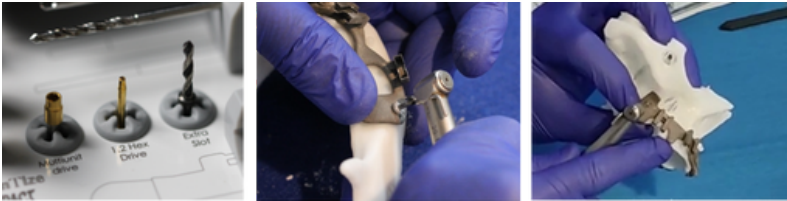


# Placing the surgical guide

- Place the guide on the buccal bone and search the place where it get stable.



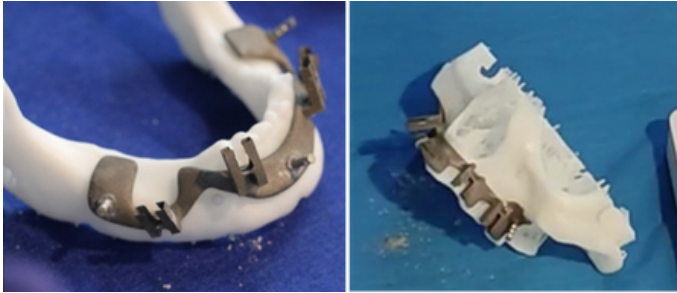
- Use 2.0 drill to drill through the holes.



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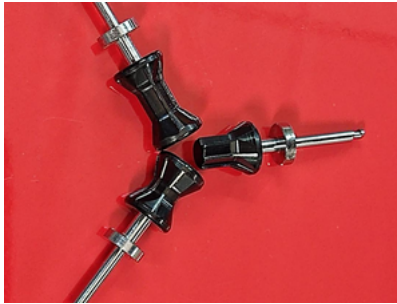
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- Place the 3 pins existing in the kit.



# Drilling

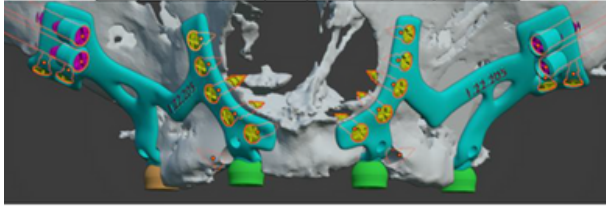
- There are 3 osteotomy burs that should be used according to the technical file.



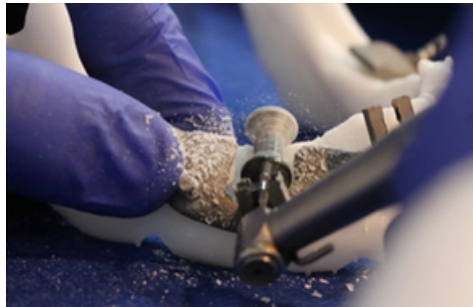
- Technical file color system for the bur selection: Each color corresponds to a different type of bur design.

	
	
	
No preparation needed	

- The implant design, on the technical file, displays one color for each connection. To inform the bur to be selected for that location.



- Ostotomy should be done using 1000rpm program.
- It is very important to use irrigation, during osteotomy, to avoid bone over heating.



- After the osteotomy, remove the surgical guide pins and the guide.

# Implant placement

- After removing the guide, implant should be unscrewed from the box, with drive 1.2 hex + wrench adaptor (photo) and make a passivity try in. If some interference exists that doesn't allow good fitting of the implant, bone should be trimmed in this area until a good fitting be achieved.



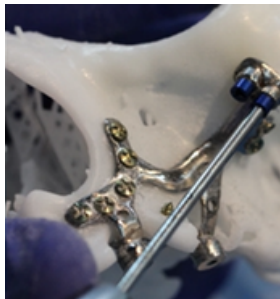
- **Maxila**

- After passive seating we need to place fixation screws, starting by the 2.0 screws on pyramidal apophysis, then the pyriform apophysis and finally the palate screw. All this screws are self perforating, So it doesn't need to be drilled.

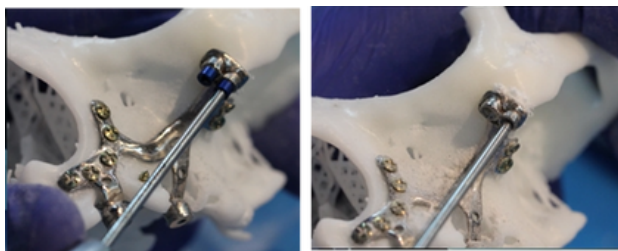




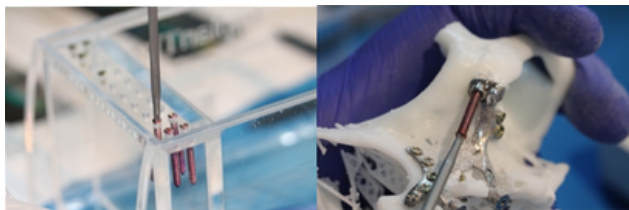
- The 2.0 long drill, should be used on a straight handpiece to make the bone preparation through the blue guides screwed on the zygoma screw hole, always using irrigation.



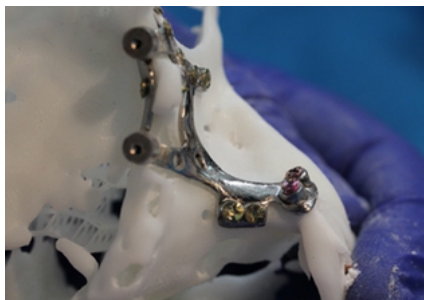
- Remove the guide and test the 2.7mm screw, if the torque is too high, remove the screw and use drill again till the end without the blue guide, if still the torque is high, pass the 2.3mm drill once.



- Screw the 2.7mm screws till they engage on the threads of the plate (screw lock system).



- During zygoma fixation, please confirm if the implant doesn't moved ways from its correct position.



- **Mandible**

- After passive seating we start with the screws from the retromolar area, in the number of 3;
- Then the 3 screws of the mentalis area;
- After the 2 screws from the ramus;
- And finally the buccal and the lingual screw in the middle of the implant.

Note: although this is self perforating screws, due to the corticalization of the mandible, a 1.3 drill may need to be used to drill the bone through the hole on the plate. In this case do not insert the total length of the drill.

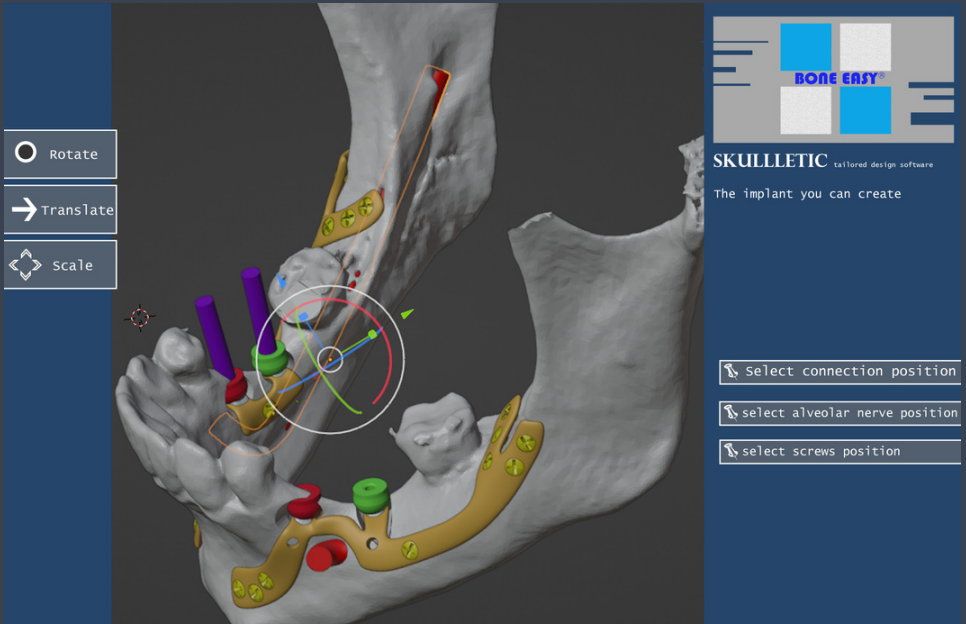
Insert the screw manually.



- Insert the multiunit abutments.
- Torque: 35N

## Closure

- Make some periosteum cut to release the tension of the flaps and close with sutures.
- Carefully look to occlusion when doing the prosthesis loading.



TAILORED DESIGN SOFTWARE

**COMING SOON**

**DECEMBER 2022**