SOUTHERNIMPLANTS

Tri-MAX Surgical Manual



Bright Ideas in Dental Implants

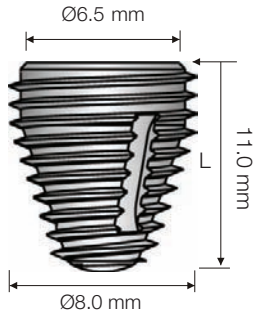
Tri-MAX (Internal Tri-Nex) Surgical Sequence

Surgical Ø8.0 mm
Prosthetic Ø6.0 mm

Surgical Ø9.0 mm
Prosthetic Ø6.0 mm

Tri-MAX Ø8.0 mm and Ø9.0 mm are available in 9 mm and 11 mm lengths and feature a Ø6.0 mm prosthetic platform.

Tri-MAX implants use Ø6.0 mm prosthetic components.



Design Features

The Tri-MAX Implant features a body with a larger-than-conventional diameter to fill a molar site, ultimately achieving primary stability by engaging the perimeter of the bony wall. The Tri-MAX Implant has a tapered body, an enhanced surface and is designed to fit the natural shape of the molar socket. The Tri-MAX Implant provides an optimal fit in the multi-rooted immediate extraction site, minimizing bone loss and reducing treatment time.

Surgical Sequence

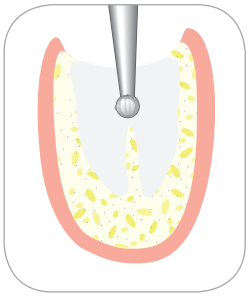
(ø8 mm x 11 mm Tri-MAX)

Step 1

The tooth is removed atraumatically ensuring the structural integrity of the sinus floor. The buccal plate and the sinus (Maxilla) must be intact and no major grafting should be required. It is recommended that the Tri-MAX be seated 2 mm subcrestal, relative to the lowest part of the crest.

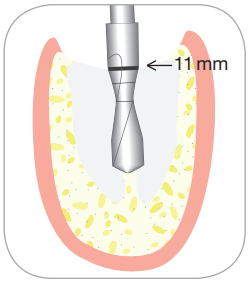
Step 2

Utilizing a Round Bur (D-RB), the osteotomy is initiated by drilling in the center of the remaining intra-radicular bone.



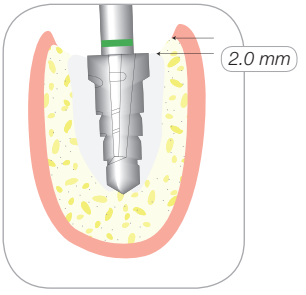
Step 3

The osteotomy is widened with a Ø3 mm Twist Drill (D-30T-MAX) to the required depth. The Twist Drills have markings at the length of 9 and 11 mm and should be inserted at 1000-2000 rpm.



Step 4

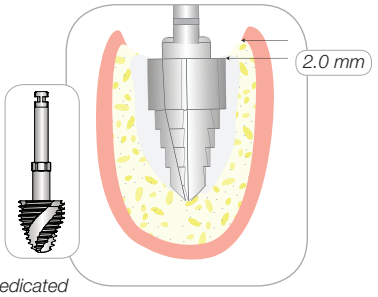
The osteotomy site is widened utilizing a Ø6 mm by 8.5 mm length Tapered Drill (D-60TP-8.5) at approximately 500-800rpm. **Care must be taken to maintain the integrity of the buccal plate while widening the osteotomy.** It is important to maintain a 2 mm clearance between the Tri-MAX implant and the buccal plate.



Step 5

The final Ø8 mm by 11 mm Tapered Drill (D-80TP-11), which is slightly smaller than the implant selected, is then inserted to the required depth at approximately 500-800 rpm to provide the final osteotomy shape.

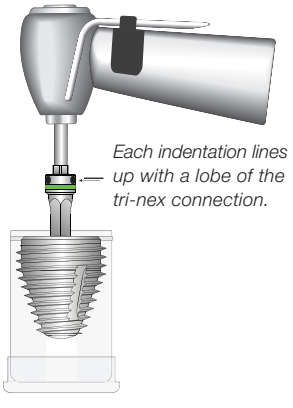
Note: A Profile Gauge can be used to determine the proper site preparation prior to implant placement.



Dedicated Bone Taps are available.

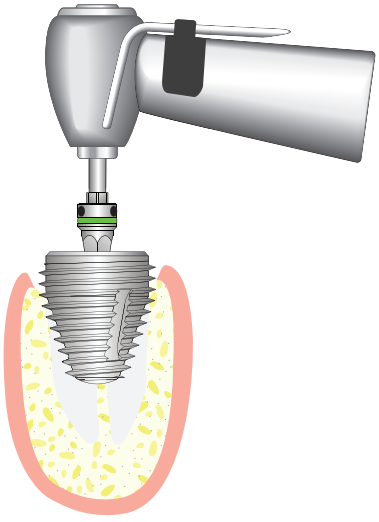
Step 6

The Tri-MAX implant is carefully removed from its upright sterile vial utilizing the insertion tool (I-HLH-60) pre-attached to the handpiece and is carried to the osteotomy site.



Each indentation lines up with a lobe of the tri-nex connection.

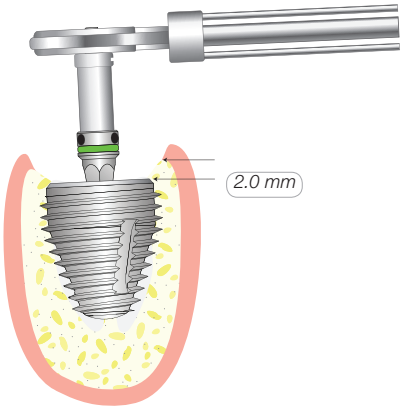
Step 7
The implant is then inserted at 15-20 rpm at approximately 45 Ncm (depending on bone quality). The insertion tool (I-HLH-60) is disengaged from the handpiece and remains joined to the implant.



Step 8
Once the implant is placed, The Ratchet Wrench (I-RATCHET-2) is used to fully seat the implant. The Converter to Wrench (I-WI-C-S) is inserted into the Ratchet Wrench (I-RATCHET-2) to engage the insertion tool.

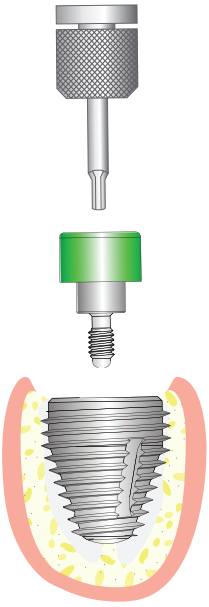
It is recommended that the implant be seated 2 mm sub-crestal relative to the lowest part of the crest.

Once the implant is fully seated, the Ratchet Wrench/Converter to Wrench/Insertion Tool Assembly is removed from the implant.

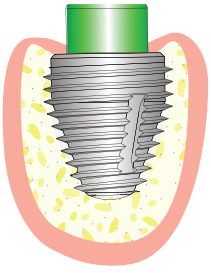


Step 9
The Healing Abutment is placed with the Unigrip Driver (I-UGI).

Note: The Healing Abutments are packaged separatley.



Step 10
The flap margins are positioned around the Healing Abutment and sutured in a tension-free manner. In some cases sutures might not be necessary.



Considerations

Implant Indications

MAX Implants are intended to be implanted into the maxillary and mandibular molar region where adequate bone is available. The MAX Implants provide support for fixed or removable dental prostheses in a single tooth, partially edentulous prostheses, or full arch prostheses. The MAX Implants further add the option for immediate temporization on single and splinted multiple unit restorations when excellent primary stability is achieved and with appropriate occlusal loading, to restore chewing function.

Contraindications

Implant placement is contraindicated in patients with inadequate quality and/or quantity of bone, as well as patients with medical disorders unfit for general oral surgery procedures, e.g., blood dyscrasias, and bone dyscrasias. Additional contraindications include, but are not limited to, individuals with localized or systemic factors that could interfere with the healing process, e.g., infections, steroid therapy, smoking, and bruxism.

Note: Improper treatment planning and/or implant placement might result in implant failure and potential loss of the surrounding bone.

Healing Period

Any inadvertent loading of the implant should be avoided, especially during the first 6 weeks of healing to achieve optimal osseointegration.

Immediate Restoration

MAX Implants may be immediately temporized on single and splinted multiple unit restorations when excellent primary stability is achieved and with appropriate occlusal loading. Whenever possible these restorations should be out of occlusion in both centric and eccentric positions. The patient should adhere to a soft diet and place minimal forces on these restorations for 6 to 8 weeks.

Delayed Restoration

The healing period is generally 3-4 months in the mandible and 4-6 months in the maxilla, however, healing periods for each patient vary.

After the appropriate healing period the Cover Screw is removed, the Healing Abutment is placed and the gingiva is slightly sutured around. In some cases sutures might not be necessary. The Healing Abutment remains in place for approximately 2 weeks. Impressions can then be taken and the prosthetic protocol may proceed.

Please consult the Southern Implants Prosthetic Manual.