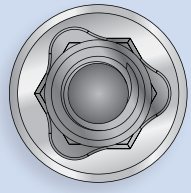
Tri-Nex 12º Dental Implant System



Tri-Nex Co-Axis Implants

Considerations

Instrument Care & Sterilization

SI INC
SOUTHERN IMPLANTS

Tri-Nex 12° Co-Axis Surgical Sequence

Surgical Ø4.3 mm
Prosthetic Ø3.5 mm

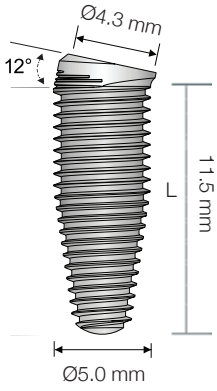
Surgical Ø5.0 mm
Prosthetic Ø4.3 mm

Tri-Nex 12° Co-Axis Ø4.3 mm is available in 10.5 mm, 12 mm, 13.5 mm, and 16.5 mm lengths and features a Ø3.5 mm prosthetic platform.

Tri-Nex 12° Co-Axis Ø5.0 mm is available in 10.5 mm, 12 mm, 13.5 mm, and 16.5 mm lengths and features a Ø4.3 mm prosthetic platform.

Tri-Nex 12° Co-Axis 4.3 mm implants use Ø3.5 mm prosthetic components.

Tri-Nex 12° Co-Axis 5.0 mm implants use Ø4.3 mm prosthetic components.



Design Features

The Tri-Nex Co-Axis features a 12° angle correction built into the implant, allowing placement in available bone and facilitating emergence of the restorative platform at the optimal prosthetic angle. With a tapered body and enhanced surface, the Tri-Nex 12° Co-Axis Implant is designed to increase primary stability when placed into immediate extraction sites. In addition, the elimination of an angled abutment frees up valuable restorative space. The result is an implant that provides a natural contour from the implant restorative platform to the emergence through the soft tissue.

Surgical Sequence

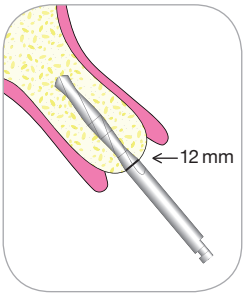
(12° Co-Axis Ø5 x 12 mm Tri-Nex)

Step 1

A full-thickness mucoperiosteal flap is elevated and the alveolar bone is exposed. The Round Bur (D-RB) is used to initiate the osteotomy by perforating the cortical plate at the desired location.

Step 2

The Ø2 mm Twist Drill (D-20T-TN) has markings at the lengths of 8.5, 10.5, 12, 13.5 and 16.5 mm and should be inserted to the required depth at 1000-2000 rpm, with copious irrigation.

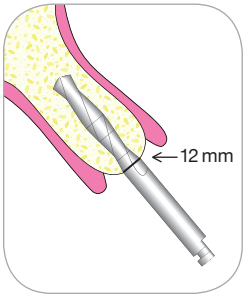


Step 3

It is recommended to insert the Direction Indicator (I-DI-12d) after using each Twist Drill to verify the alignment with adjacent teeth/implants and the opposing occlusion. A radiograph should be taken at this point.

Step 4

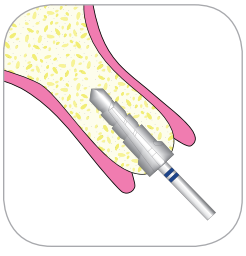
The osteotomy site is further widened with a Ø3 mm Twist Drill (D-30T-TN) to the required depth, at 1000-2000 rpm with copious irrigation.



Step 5

The final Ø5 mm by 12 mm Tapered Drill (D-L-50-11.5), which is slightly smaller than the implant selected, is inserted to the required depth at approximately 500 to 800 rpm.

Optional Bone Taps are available.

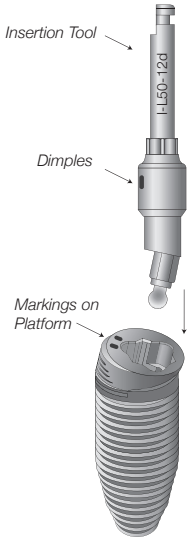


Implant/Insertion Tool Assembly

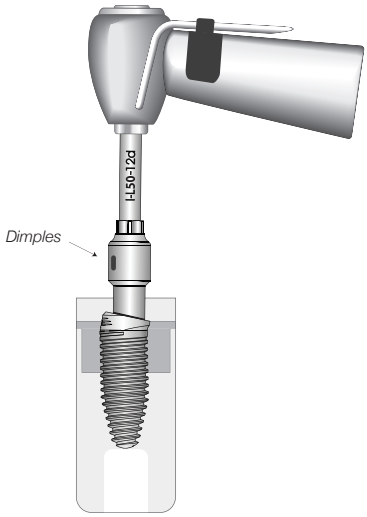
The Tri-Nex 12° Co-Axis implant is placed with an Insertion Tool that features a built-in 12° angle correction.

The dimple on the Insertion Tool is aligned with the marked lobe of the widest part of the implant platform. This results in a straight implant/fixture mount assembly.

Important: The dimples are located opposite to the shallowest part of the occlusal platform.

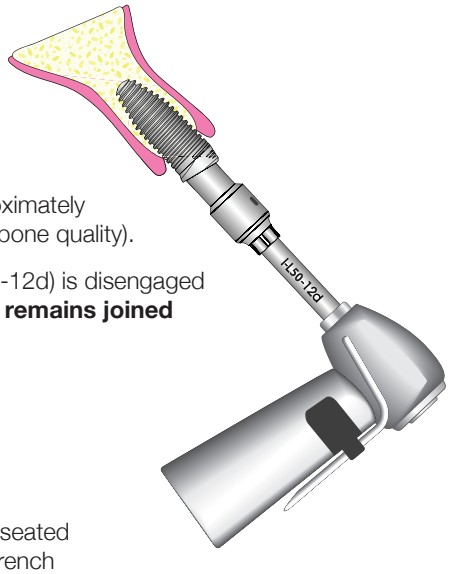


Step 6
With the Insertion Tool (I-L50-12d) attached to the handpiece, the implant is carefully removed from its sterile vial and carried to the osteotomy site.



Step 7
The implant is inserted at 15-20 rpm and approximately 45 Ncm (depending on bone quality).

The Insertion Tool (I-L50-12d) is disengaged from the handpiece and **remains joined** to the implant.

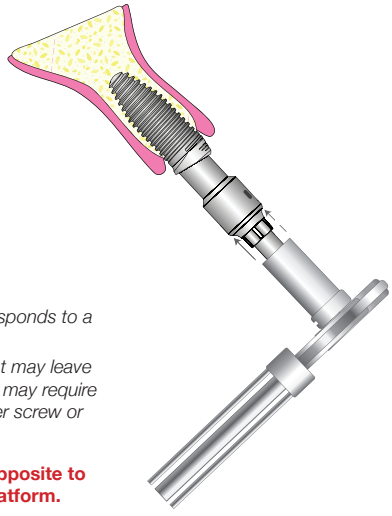


Step 8
The implant is then fully seated with the Converter to Wrench (I-WI-C-S) inserted into the Ratchet Wrench (I-RATCHET-2) and slipped over the Insertion Tool that remains joined to the implant.

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

Note:
1) *One 360° rotation of the implant corresponds to a 0.6 mm drop of the implant into bone.*
2) *The 12° angle correction of the implant may leave part of the implant below bone, which may require bone profiling prior to seating the cover screw or healing abutment.*

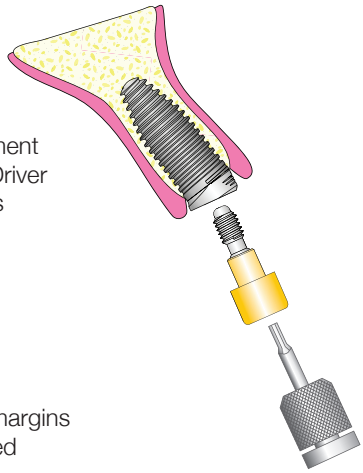
Reminder: The dimples are located opposite to the shallowest part of the occlusal platform.



Step 9
In a <u>one-stage</u> protocol the selected Healing Abutment is placed with the Unigrip Driver (I-UGI) and the flap margins are positioned around the healing abutment in a tension-free manner.

In a <u>two-stage</u> protocol the Cover Screw is placed with the Unigrip Driver (I-UGI) and the flap margins are repositioned and sutured in a tension-free manner.

Note: The Cover Screw/Healing Abutment are packaged separately.



Reminder: Tri-Nex 12° Co-Axis 4.3 mm implants use Ø3.5 mm prosthetic components.

Tri-Nex 12° Co-Axis 5.0 mm implants use Ø4.3 mm prosthetic components.

Tri-Nex 12º Co-Axis

Indications

The Tri-Nex 12º Co-Axis Implants are indicated where the long-axis of a conventional implant would not coincide with the long-axis of the restoration and would therefore result in a restorative compromise. The Tri-Nex 12º Co-Axis Implants are intended to be placed in the upper or lower arches to provide support for a fixed or removable dental prosthesis in a single tooth, partially edentulous, or full arch prosthesis. Tri-Nex 12º Co-Axis Implants further add the option for immediate temporization on single and splinted multiple unit restorations when good primary stability is achieved and with appropriate occlusal loading, to restore masticatory 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

The Tri-Nex 12º Co-Axis Implant 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. 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.

Instruments and Surgical Trays must be cleaned and sterilized prior to first and after each use based on established procedures. Proper instrument care is an important part of successful implant dentistry.

Pre-Cleaning

- Used instruments should be soaked immediately in instrument cleaning solution to avoid blood, saliva and tissue residue to dry.
- Used surgical trays including grommets must be cleaned with a suitable disinfectant.
- Multiple-part instruments must be disassembled prior to cleaning and sterilization.
- Internal debris/residue of instruments must be removed with a soft brush.
- Instruments should be inspected, cleaned separately and discarded if damaged.

Principal Cleaning

- Best results are achieved if surgical instruments are cleaned by material type.
- Instruments and trays can be cleaned and disinfected in a dedicated dishwasher or alternatively by hand, followed by an ultrasonic bath with a detergent appropriate for surgical instruments.
- Instruments and trays must be rinsed and dried thoroughly.

Packaging

- Instruments are placed in the tray and wrapped in sterilization paper or sterilization packs featuring indicating tape and date of sterilization.

Sterilization

- Instruments and tray are autoclaved at up to 134°C/273°F with a sufficient drying cycle to avoid instrument corrosion.

Drills

- Replacement of reusable drills after 20 uses or sterilizations is recommended to ensure optimal performance.
- Do not re-sterilize single use drills.

Surgical Motor & Handpiece

- Cleaning and maintenance instructions for W & H handpeice and motors can be found on www.w&h.com.