



# BONE REDUCTION GUIDE PACKAGE

# Implant Concierge Bone Reduction Guide Package



- Dovetail Joints: Secure and stable connection
- Indicator Lines: Verify each step with confidence
- Anatomical Verification: Precise fit to anatomy
- Conservative: Buccal only design
- Labeled System: Clear recognition
- Horizontal Design: Low profile and strong

# **Required Items**

#### **Surgical**

- Guided Surgical Kit
- Anchor Pin Drills and Pins
- Bone Reduction Instruments
- Bone Profiler
- Abutment Driver
- Contra-angle Driver

#### **Provisional**

- Dual-Cure Luting Material
- Polishing Bur
- Carbide Bur
- Healing Caps
- MUA Abutments
- Temporary Cylinders



#### **Bone Reduction Guide Package**



**Delivery Guide #1** 

The Delivery Guide is designed to intimately fit onto the existing teeth for terminally dentate cases or the alveolar crest for fully edentulous cases. This guide contains inspection windows that allow you to anatomically verify that the Delivery Guide is accurately seated.



Bone Reduction Guide #2

The Bone Reduction Guide is your foundation guide. All other guides and provisional appliances are designed to connect to this guide. The guide must fit intimately to the buccal bone and will include the female dovetail connection.



Multi-Purpose Guide #3 (MPG) Based upon the name, the Multi-Purpose Guide (MPG) can serve up to three different functions. 1) It helps anatomically verify that the bone reduction is adequate 2) Provides guidance to help deliver the multi-unit abutments and 3) is a vertical spacer with indexes to assist the positioning of the Passive Fit Bridge (PFB).



Implant Surgical Guide #4

The Implant Surgical Guide includes the metal sleeves that provide the direction and depth control for each implant osteotomy. The male dovetail connectors fit into the Bone Reduction Guide and is secured vertically with the blue pins. It may also include timing marks to indicate rotational placement of the implant.

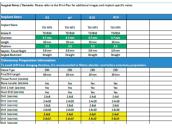
#### **Bone Reduction Guide Package**



The 3D printed model allows you to stage the delivery of the different guides and to visually see the planned reduction level of bone. It also serves as a 3D analog model.

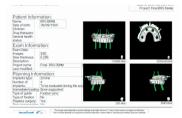


The Blue Pins can be used for two purposes. First, use the Blue Pins to ensure that the different guides are aligned vertically and secure a stable connection. You can also use the Blue Pins to protect the screw access channel on your temporary cylinders.



**Surgical Protocol** 

The Surgical Protocol provides important case specific notes documented during your Virtual Implant Planning (VIP) session, the implant manufacturer's drilling protocol and anchor pin information.



**Implant Report** 

The Implant Report is automatically generated by RealGUIDE<sup>™</sup> software. Information regarding the planned implants, abutments, sagittal views, axial views and bone density measurements are included.

## **Full Arch Passive Fit Bridge**

_		Comp	onents Li	st		
implant concierge		ZimVie				
Patient Name:	Demo		1	Guide Support		
Case ID:	1380845912			Max	Tooth	PF8+V8+8R
Delivery By Date:	Jul 25, 2022			PFB		
Referring Dentist:	Dr. Demo			OEM	Engaging	
				A1		
Implant Site	#3	#7	# 10	# 14		
Implant Name	TSV MTX	TSV MTX	TSV MTX	TSV MTX		
Article #	TSV4810	TSV4B10	TSV4B10	TSV4810		
Diameter	4.1 mm	4.1 mm	4.1 mm	4.1 mm		
Length	10 mm	10 mm	10 mm	10 mm		
Restorative connection	3.5	3.5	3.5	3.5		
Approx. Tissue Height						
<b>Restorative</b> Compo	nents					
Platform	3.5	3.5	3.5	3.5		
Abutment						
Article #						

**Provisional Component List** 

The Provisional Component List includes implant information as well as the restorative abutments virtually planned for the case. Use this list to order your components and have your inventory ready for the surgery.



Full Arch Passive Fit Bridge (PFB)

The Full Arch Passive Fit Bridge (PFB) is a PMMA surgeryready provisional intended for a chair-side immediate pickup. It is designed with injection ports on the buccal gingiva and occlusal openings to allow the dual cure material to lute to the temporary cylinders. The PFB works in harmony with the Bone Reduction Guide and Multi-Purpose Guide.



**Bite Verification Appliance** 



**PFB Lab Duplicate** 

The Bite Verification Appliance allows you to correctly align the Passive Fit Bridge to the opposing dentition or denture in both the horizontal (midline) and vertical space.

The PFB Lab Duplicate an exact "**unfinished**" PMMA copy of the Passive Fit Bridge (PFB). If added to the package, be sure to order an extra set of temporary cylinders and prosthetic screws. Send the PFB Lab Duplicate to the restoring doctor or lab to assist in the fabrication of the final prosthesis.

# **Full Arch Passive Fit Bridge**



Block Out Gaskets are pre-trimmed oval-shaped rubber dams. The gaskets are placed over the temporary cylinders to ensure that the PFB does not lock onto the Multi-Purpose Guide or anatomy.



**Immediate Denture** 

The Immediate Denture is optional. It can be used if primary implant stability is not achieved or an immediate fixed restoration is not indicated. It can also be used for a chairside conversion, if desired.

# **Deliver Bone Reduction Guide**



# **Deliver Bone Reduction Guide**



**Soft Tissue Reflection** 



Connect Delivery Guide to Bone Reduction Guide



Position Bone Reduction Guide: Option 1



Position Bone Reduction Guide: Option 2



Deliver Anchor Pins

- Do not extract teeth YET. Only extract teeth if indicated on the surgical protocol sheet
- Reflect the soft tissue from the buccal alveolar bone extending apically to allow the Bone Reduction Guide to properly seat
- Adequate soft tissue reflection must be achieved to ensure accurate seating of Bone Reduction Guide
- Extra-orally, Connect Delivery Guide [#1] to Bone Reduction Guide [#2]
- · Verify Indicator lines are aligned
- · Use Blue Pins to secure guides together
- Position Delivery Guide [#1] and Bone Reduction Guide [#2] onto anatomy
- Utilize anatomical verification windows to ensure Delivery Guide [#1] is fully seated
- Verify that the Bone Reduction Guide [#2] intimately fits to the buccal bone
- Verify Indicator Lines are aligned and Blue Pins are engaged
- Use Option #2 if not able to deliver guides while connected due to anatomical challenges
- First, seat Delivery Guide [#1] utilizing verification windows to ensure it is fully seated
- Second, connect Bone Reduction Guide [#2] to Delivery Guide [#1]
- Verify Indicator Lines are aligned and Blue Pins are engaged
- · Do not drill all anchor pin osteotomies at the same time!
- · Drill anchor pin osteotomy that is closest to the midline
- · Insert anchor pin until it reaches depth
- Repeat for each anchor pin site alternating from side to side

**Extractions & Alveoloplasty** 



#### **Extractions & Alveloplasty**



**Remove Delivery Guide** 



Extract Teeth



Alveoloplasty



Connect Multi-Purpose Guide



Remove Multi-Purpose Guide

- Remove Blue Pins
- Carefully remove Delivery Guide [#1] from Bone Reduction Guide [#2]
- · Extract teeth as indicated on the Surgical Protocol
- Make sure you do not use the Bone Reduction Guide [#2] as a leverage bar
- Reduce the alveolar crest until level with the contour of Bone Reduction Guide [#2]
- Minimize contact with Bone Reduction Guide [#2]
- Connect Multi-Purpose Guide [#3] to Bone Reduction Guide [#2]
- · Verify Indicator Lines are aligned
- If indicator lines are not aligned, additional alveoloplasty is required
- · Use Blue Pins to secure guides together
- Remove Blue Pins
- Remove Multi-Purpose Guide [#3] from Bone Reduction Guide
  [#2]

# Implant Osteotomies & Placement



## **Implant Osteotomies and Placement**



Connect Implant Surgical Guide

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**Implant Osteotomies** 

Implant Placement



Remove Implant Surgical Guide

- Connect Implant Surgical Guide [#4] to Bone Reduction Guide [#2]
- · Verify Indicator lines are aligned
- . Use Blue Pins to secure guides together

- Carefully review and follow Surgical Protocol
- · Always follow implant manufacturer guidelines

- Fully guided cases will allow implant placement through the guide as indicated on the Surgical Protocol
- Ensure proper rotation of implant is aligned to guide markers if provided
- Non-fully guided cases will require removal of Surgical Guide [#4] before placing implants
- . Remove Blue Pins
- Remove Implant Surgical Guide [#4]
- If the implant is placed sub-crestal, remove bone around implant shoulder to allow abutment to seat





Connect Multi-Purpose Guide (MPG)



**Deliver Multi-Unit Abutments** 

- Connect MPG [#3] to Bone Reduction Guide [#2]
- Verify Indicator lines are aligned
- Use Blue Pins to secure guides together
- Deliver multi-unit abutments (MUA) as indicated in the Provisional Component List
- For angled implants, use carrier to align the MUA hex driver with the indicator line on the Multi-Purpose Guide [#4]
- Tighten abutments according to manufacturer's torque recommendations
- If abutment does not fully seat, you may need to profile the bone around the implant shoulder



- Verify Seat of MUAs with Radiograph
- Take radiograph to verify proper seat of the multi-unit abutments (MUA)



**Deliver Temporary Cylinders** 

- · Place two temporary cylinders bilaterally
- · Hand tighten cylinders
- Try in Passive Fit Bridge (PFB) to ensure a passive draw
- · Adjust PFB if needed
- · Repeat step with each temporary cylinder
- Duplicate adjustments made to PFB for PFB Lab Duplicate



**Place Rubber Dam Gaskets** 



. Ensure that gaskets do not interfere with the MPG [#4] indexes



Place Passive Fit Bridge (PFB) • Position PFB over the indexes of the MPG Guide [#3]



**Trim Temp Cylinders** 

- · Mark temporary cylinders to match the contour of PFB
- · Remove and trim the temporary cylinders
- Deliver temporary cylinders



Protect Screw Access Channel

 Use material of choice to block out the screw access channel opening



**Bite Verification Appliance** 



Inject Material-Lute Cylinders



**Cure Material** 



Inject Material-Lute Cylinders



**Cure Material** 

- Have patient occlude into Bite Verification Appliance
- Verify mid-line is in correct position
- If mid-line is not aligned, remove indexes from Multi-Purpose Guide [#3] and position in ideal alignment

- Ensure patient is in occlusion
- · Inject material through buccal hole to lute to temporary cylinder
- · Repeat for each temporary cylinder

· Follow material manufacturer's curing recommendations

- · Inject material through occlusal surface to lute to temporary cylinder
- · Repeat for each temporary cylinder

Follow material manufacturer's curing recommendations



Remove Passive Fit Bridge (PFB)

. Remove prosthetic screws and remove the PFB

. Make sure the temporary cylinders are secured to PFB



PFB Lab Duplicate Optional





Remove Multi-Purpose Guide

- Remove Blue Pins
- Remove Multi-Purpose Guide [#3]



**Deliver Healing Caps** 

. Seat healing caps over the multi-unit abutments with hand pressure



Remove Bone Reduction Guide

- Remove Anchor Pins and then Bone Reduction Guide [#2]
- Evaluate surgical site and smooth sharp edges if needed



Bone Grafting and Suturing



**Fill Voids** 

- · Apply bone graft if needed
- · Suture tissue around healing caps

- Check intaglio, buccal and cameo surface for voids
- · If voids are present, fill with pick-up material and cure
- · Create a convex contour for hygienic purposes



**Remove Excess Material** 

- · Remove bulk material with a carbide bur
- · Use a course rubber point for smoothing



- Polish Passive Fit Bridge (PFB)
  - Remove Healing Caps

Deliver Passive Fit Bridge (PFB)

· Use a fine rubber point or/and a wheel to polish all surfaces

Remove Healing Caps

- Seat PFB onto MUA's.
- . Ensure no tissue is trapped
- . Initially, hand tighten each prosthetic screw in a star pattern
- Tighten prosthetic screws according to manufacturer's recommendations



**Adjust Occlusion** 

- . Check occlusion to ensure no acrylic is holding bite open
- · Adjust occlusion to achieve bilateral contacts
- . Fill in the screw access holes with cotton and material of choice
- Note: It is common for bite to be slightly open immediately after surgery. Final occlusal adjustments should be made 24 – 36 hours after surgery















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