

Bone Reduction Guide Package



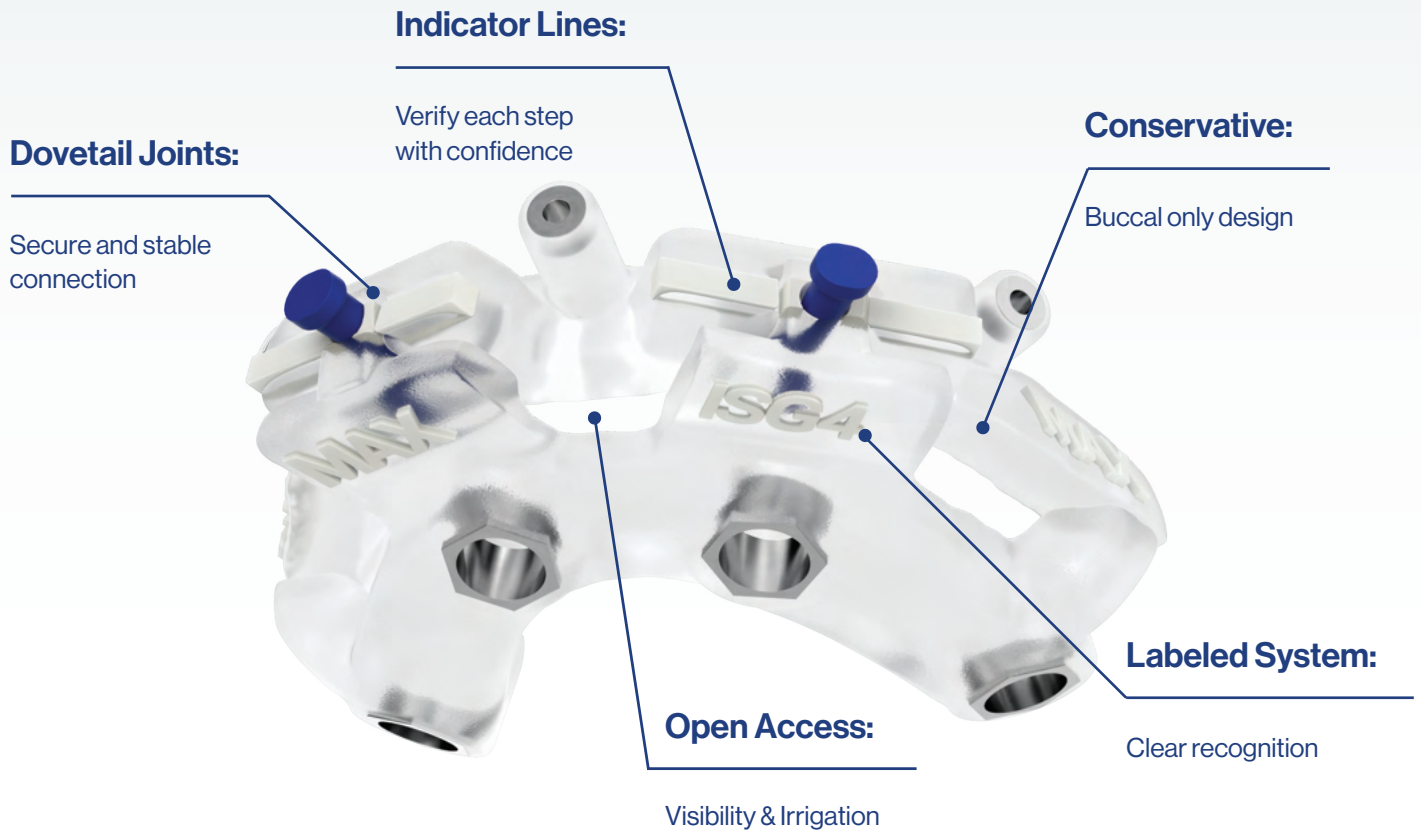


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Primary Features

The Implant Concierge Bone Reduction Guide delivers accuracy due to its anatomical 3-point verification system. The horizontal design is both low profile and strong.



Overview

The Bone Reduction Guide Package is a sequential guided approach to ensure predictable bone reduction, implant placement, and provisional delivery with confidence. This comprehensive manual provides detailed step-by-step instructions to utilize the Bone Reduction Package.

Required Items:

Surgical:

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

Provisional:

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



Components

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. The inspection windows allow you to anatomically verify that the Delivery Guide is seated accurately.



Bone Reduction Guide #2

The Bone Reduction Guide seats intimately on the buccal bone and serves as the foundation for each guide to connect using dovetail joints.



Multi-Purpose Guide #3

The Multi-Purpose Guide can serve up to three different functions. It verifies that the bone reduction is adequate. It provides rotational guidance to deliver the multi-unit abutments, and serves as a vertical spacer to maintain the VDO with indexes to assist the positioning of the Passive Fit Bridge.



Implant Surgical Guide #4

The Implant Surgical Guide provides depth and direction control for each implant osteotomy. If applicable, implant timing marks may be included to indicate rotational placement of the implant.



Blue Pins

The Blue Pins are used to ensure the guides are aligned and secure to each other and to protect the screw access channel on your temporary cylinders.



Block Out Gaskets

Block Out Gaskets are pre-trimmed gaskets that are placed over the temporary cylinders to ensure that the Passive Fit Bridge does not lock onto the Multi-Purpose Guide or anatomy.



Bone Reduction Model

The printed model allows you to stage the delivery of the guides to visualize the planned bone reduction. It can also serve as an analog model if ordered.



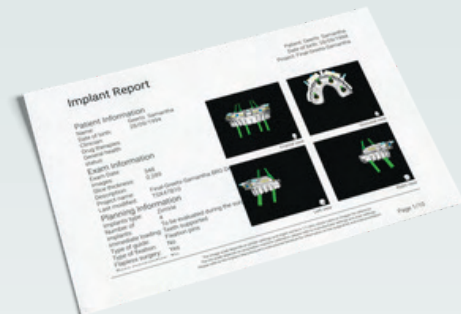
Surgical Protocol

The Surgical Protocol provides case specific notes from your finalized plan, the implant manufacturer's drilling protocol and anchor pin information.



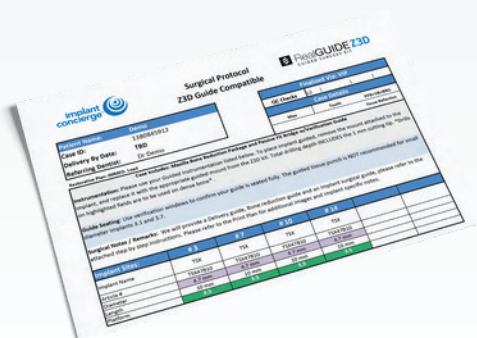
Implant Report

The Implant Report is generated by the RealGUIDE® software. It includes information regarding the implants, abutments and bone density measurements.



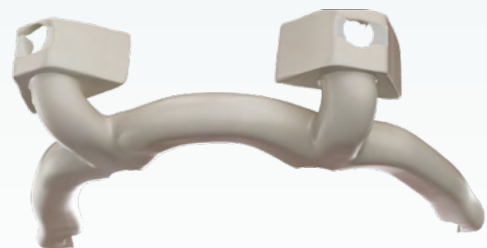
Provisional Component List

The Provisional Component List provides information regarding restorative components needed to order for surgery.



Intra-Oral Photogrammetry: Scan Bar

The patient-specific integrated photogrammetry Scan Bar enables a predictable and efficient workflow to capture a digital full arch impression and design an immediate screw retained provisional using an intra-oral scanner.



Screw-Retained Bridge

The Screw-Retained Bridge (SRB) is a printed nano-ceramic surgery-ready provisional intended immediate load scenarios that is seated directly to the Multi-Unit Abutments (MUAs).



PFB Lab Duplicate

The PFB Lab Duplicate is optional. It is an "unfinished" nano-ceramic replica of the Passive Fit Bridge. Send the PFB Lab Duplicate to the restoring doctor or lab to assist in fabricating the final prosthesis.



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.



Bite Verification Appliance

The Bite Verification Appliance allows you to correctly align the Passive Fit Bridge or Immediate Denture to the opposing dentition.





Deliver Bone Reduction Guide

Soft Tissue Reflection

- 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 seat properly
- Adequate soft tissue reflection must be achieved to ensure accurate seating of the Bone Reduction Guide



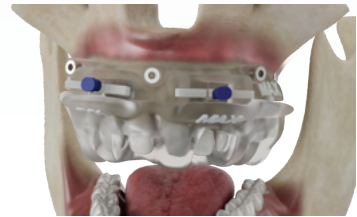
Position Bone Reduction

- Verify the Bone Reduction Guide [#2] fits intimately onto the buccal bone
- Ensure that no soft tissue is between the guide and the buccal bone



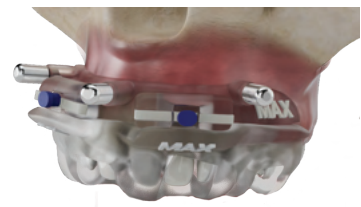
Connect Delivery Guide to Bone Reduction Guide

- Seat the Delivery Guide [#1] onto the dentition
- Utilize the anatomical verification windows to ensure that the Delivery Guide [#1] is fully seated
- Connect the Bone Reduction Guide [#2] to the Delivery Guide [#1]
- Ensure the indicator lines are aligned and secure the guides with the Blue Pins.



Deliver Anchor Pins

- Do not drill all anchor pin osteotomies at the same time
- Keep constant apical pressure on the delivery guide while drilling each anchor pin osteotomy
- Drill the anchor pin osteotomy that is closest to the midline first
- Insert the anchor pin until it reaches depth
- Repeat for each anchor pin site alternating bilaterally





Extractions & Alveoloplasty

Remove Delivery Guide

- Remove the Blue Pins
- Carefully remove the Delivery Guide [#1] from the Bone Reduction Guide [#2]



Extract Teeth

- Extract teeth as indicated on the Surgical Protocol
- Do not use the Bone Reduction Guide [#2] as a leverage bar



Alveoloplasty

- Minimizing contact with the Bone Reduction Guide [#2]. Reduce the alveolar crest until level with the guide
- Minimize excessive contact with the Bone Reduction Guide [#2]



Connect Multi-Purpose Guide

- Connect the Multi-Purpose Guide [#3] to the Bone Reduction Guide [#2]
- Verify the indicator lines are aligned
- If indicator lines are not aligned, additional alveoloplasty is required
- Use the Blue Pins to secure guides together



Remove Multi-Purpose Guide

- Remove the Blue Pins
- Remove the Multi-Purpose Guide [#3] from the Bone Reduction Guide [#2]





Implant Osteotomies & Placement

Connect Implant Surgical Guide

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



Implant Osteotomies

- Carefully review and follow the Surgical Protocol and implant manufacturer guidelines



Implant Placement

- Fully guided cases will allow implant placement through the guide as indicated on the Surgical Protocol
- Ensure proper rotation of the implant mount is aligned to the guide markers (if provided)
- Non-fully guided cases will require removal of the Implant Surgical Guide [#4] before placing the implants



Remove Implant Surgical Guide

- Remove the Blue Pins
- Remove the Implant Surgical Guide [#4]
- If the implant is placed sub-crestal, remove the bone around the implant shoulder to allow abutment to seat

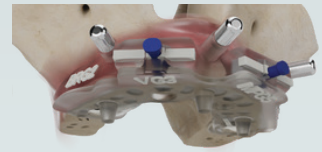




Screw-Retained Bridge Photogrammetry: Scan Bar

Connect Multi-Purpose Guide (MPG)

- Connect the Multi-Purpose Guide [#3] to the Bone Reduction Guide [#2]
- Verify the indicator lines are aligned
- Use the Blue Pins to secure the guides together



Deliver Multi-Unit Abutments

- Deliver the multi-unit abutments (MUAs) as indicated on the Provisional Component List
- For angled implants, align the MUA hex driver with the indicator line on the Multi-Purpose Guide [#3]
- If the abutment does not fully seat, you may need to profile the bone around the implant shoulder
- Tighten the abutments according to manufacturer's torque recommendations



Verify Seat of MUAs with Radiograph

- Take a radiograph to verify proper seat of the multi-unit abutments (MUA)



Remove Multi-Purpose Guide

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



Deliver Multi-Unit Scan Bodies

- Deliver the multi-unit scan bodies ensuring they are fully seated



Deliver Scan Bar

- Connect the Scan Bar to the Bone Reduction Guide [#2]
- Verify that the indicator lines are aligned
- Use the Blue Pins to secure the Scan Bar
- If the Scan Bar touches a scan body, adjust with a bur to maintain a clearance of 1-2 mm



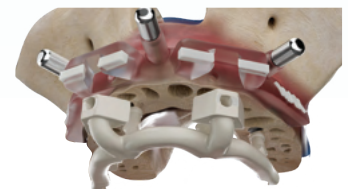
Capture Scan Bar and Scan Bodies

- Capture an intraoral scan of the Scan Bar and scan bodies
- Ensure there are no voids



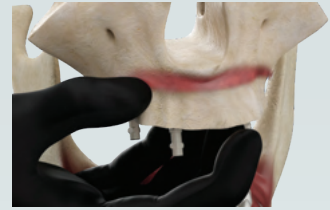
Remove Scan Bar

- Remove the Blue Pins
- Remove the Scan Bar
- Do not remove the scan bodies



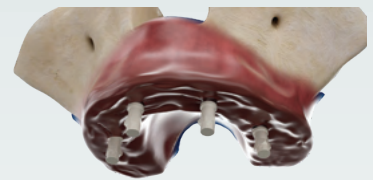
Remove Bone Reduction Guide

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



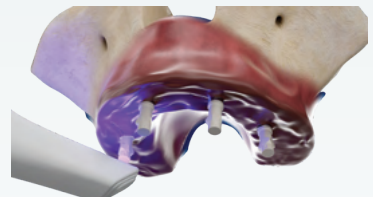
Suture Tissue

- Apply bone graft, if needed
- Suture the tissue around the Multi-Unit Abutments (MUA) and scan bodies



Capture Scan Bodies and Soft Tissue

- Capture an intraoral scan of the scan bodies and surrounding tissue
- Ensure there are no voids



Remove Scan Bodies & Deliver Healing Caps

- Remove the scan bodies
- Seat healing caps over the Multi-Unit Abutments (MUA)



Send Files to Implant Concierge

- Open the Implant Concierge Platform
- Upload your .STL files using the Red Action buttons



Implant Concierge to Design Screw-Retained Bridge

- Implant Concierge will confirm receipt of .STL files
- Implant Concierge will design the Screw-Retained Bridge
- The provisional bridge .STL file will be uploaded

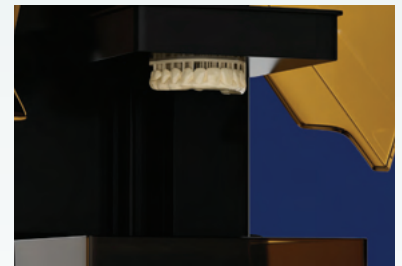


30 - 60 Min

Print Screw Retained Bridge

- Print Screw-Retained Bridge in office or local lab

Note: Implant Concierge can also print and ship



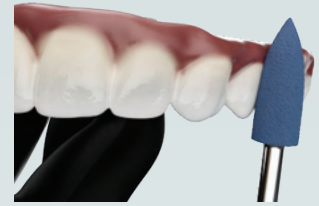
Stain and Glaze Screw-Retained Bridge

- Stain and glaze Screw-Retained Bridge
- Ensure screw access channels are free of debris



Polish Screw-Retained Bridge

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



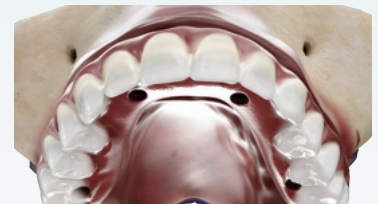
Remove Healing Caps

- Remove the Healing Caps



Deliver Screw-Retained Bridge

- Seat the Screw-Retained Bridge
- Initially, hand tighten each prosthetic screw in a star pattern
- Torque the prosthetic screws according to manufacturer's recommendations



Adjust Occlusion

- Adjust occlusion to achieve bilateral contacts

Note: It is common for bite to be slightly open immediately after surgery. Final occlusal adjustments should be made 24 – 36 hours after surgery.







Scan for info
or start a case

For more information, visit ZimVie.com

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