Manufactured by:
Suncoast Dental
4500 140th Avenue N, Suite 112
Clearwater, FL 33762 USA
Tele: +1-(888)-360-5550 and
+1-(727)-536-4880

EC REP **EU Authorized Representative:**
D L Associates
31 Windrush Ave, Langley
Berkshire SL3 8EA UK
Telephone: +44 (0) 1753 770010
Email: implink01@aol.com

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Unipost Implant System
Instructions for Dental Implant Placement

The implant placement procedure should be done by a properly trained surgeon. The patient should have **no contra-indications** for the procedure, be **fully informed** of the benefits and risks and have executed an appropriate consent form. A suitably equipped operatory should be used and the auxiliary personnel should be competently trained in surgical and sterilization procedures. The patient must be correctly prepped and draped and a sterile field containing all instruments be in place for the duration of the procedure. All medications and anesthetics should be maintained during and after the procedure and the patients' vital signs monitored. (A pre-operative protocol should be followed). The implants will be exposed during healing and no second stage exposure surgery will be required. Minimal incisions are used without reflection of periosteal flaps. If wider exposure is needed or movement of attached gingiva is desired, split thickness tissue flaps are used. The Screw, Tapered and Press implant socket is usually prepared in the selected, suitable bone site with the correct incremental use of the drill and tap set.

The D socket is achieved with bone manipulation. A #15 scalpel, a #1557 bur or one of the bone expansion instruments is used for initial crestal bone penetration. The correct channel former is next used to deepen the developing socket and create labial bone expansion in a D shape. During this and the following steps, the surgeon must support the palatal or lingual wall to brace it and mold the labial wall of bone to the instrument shape without allowing this wall to fracture. The next instruments employed are the correct set of socket formers which are used in the order of thin, medium and full, in the same manner as described above. When the full size is removed, the socket is ready to receive the implant.

The implant must be sterilized before use **(see sterilization procedure referenced below)**. Remove the peelpack from the plastic cover and steam autoclave prior to the implant placement. A circulating assistant should open the peelpack and drop the inner sterile package containing the implant onto the sterile field.

Scissors are used to cut away the top of the package to expose the implant. The **D implant** and **P implant** is carried with a titanium instrument, placed into the prepared socket and tapped to position using a titanium seating instrument. The **S implant** and the **T implant** are removed with one of the implant drivers contained in the surgical kit, carried to the prepared socket and screwed into position with a slow (5 - 25 rpm) handpiece drive, a ratchet drive, or hand driven instrument. If any soft tissue opening exists, the tissue is closed around the exposed implant neck with a 3-0 resorbable suture. ***(The following instructions do not apply to the ITO one-piece implant or the ITI two-piece implant).*** A post guide is used to determine the prosthetic post which will be used during the restorative phase. The healing screw is placed into the implant and seated with **counter-clockwise rotations** with the HT.10 hex driver in a slow (5 - 25 rpm) handpiece or with the screwdriver. Any prosthetic device is relieved to not allow any contact or trauma to the implant during a 4 - 6 month healing period. A periodontal type dressing may be placed following a post-operative radiograph and the patient is discharged with appropriate instructions and medications. A post-surgical visit usually occurs in 7 - 14 days for evaluation and post-operative care.

Following an uncomplicated healing period of 4 months for the mandible and 6 months for the maxilla, the healing screw is removed **clockwise** and the correct post is screwed **counter-clockwise** into the cleaned female part of the implant. If an angled post is used, it will be properly aligned during this phase. If a ball post is used the prosthetics can be done. If a crown or an overdenture casting is to be used, the post and implant neck will be prepared with tungsten carbide and diamond burs to form a conventional preparation. The vertical groove in the post will be tapered and extended into the body of the implant extending the groove apically to pass over the post-implant joint. All posts (abutments) should be cemented with Resiment or Panavia (metal on metal) resin cement. The margin will be properly positioned to the gingiva for health and the creation of the proper emergence profile of the crown. Appropriate gingival refraction is achieved and conventional impression and laboratory steps are followed for the fabrication of the prosthesis which, when completed, will be cemented.

Do Not Reuse this Product – Reuse of this device presents a potential risk of corrosion, which may lead to device failure. Reuse of this device may also present potential risk of cross-contamination, which may lead to infection or transmission of blood born pathogens to patients and users.

Contra-indications:
*Small Children *Pregnant Women *Women who are nursing *Smokers *Inadequate diet or dental hygiene *Patients with serious medical problems or poor general health, uncontrolled bleeding disorders, drug or alcohol abuse weakened immune system, current local infection, metabolic bone disease that affects bone or wound healing, uncontrollable endocrine disorder or titanium sensitivity.

Potential Risks:
*Fracturing of Bone *Bone loss *Tissue Trauma or Soft Tissue Irregularities *Nerve Trauma *Infection *Aspiration or Swallowing of Implant * Pain *Complications Associated with Anesthesia and/or Dental Surgery.

Sterilization Procedure For Implants Prior to Use

1. Remove outer wrapping of the implant and inspect inner wrapper to ensure its integrity. If the wrapping is damaged, return to the supplier for replacement.

2. Sterilize inner wrapper with its contents in a vacuum autoclave in accordance with the manufacturer's written procedure of wrapped hollow items. This sterilization phase of the process is at a temperature between 134(minimum-137 degrees Centigrade (273 degrees Fahrenheit) for a full cycle time of three minutes and a minimum drying time of 20 minutes.

CAUTION: Hollow and wrapped implants CANNOT be considered sterile unless they have been processed in a vacuum sterilizer.

Note: *"Tatum Surgical" is a trade name of Suncoast Dental.*