

Instructions for Use

Unipost Dental Implants

The implant placement procedure should be performed by a properly trained surgeon. Patients should have no contraindications for the procedure, should be fully informed of the benefits and risks and should have executed an appropriate consent form. A suitably equipped operating theatre should be used and auxiliary personnel should be competently trained. The patient should be correctly prepped and draped and a sterile field containing all instruments in place for the duration of the procedure. All medications and anesthetics should be properly maintained during and after the procedure and the patient's vital signs monitored. 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 or Tapered implant socket is usually prepared in the selected, suitable bone site with the correct incremental use of the drill and tap set.

The D shaped 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 bone expansion instrument is next used to deepen the developing socket and create labial bone expansion in the 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 socket former is removed, the socket is ready to receive the implant.

The implant must be sterilized before use. 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 is carried with a titanium instrument, placed into the prepared socket and tapped into position using a titanium seating instrument. The Screw implant is removed with one of the four pentagon 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. A post guide is used to determine which prosthetic post 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 screw driver. 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 post-operative instructions and medications. A 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 in the 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 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 onto the body of the implant extending the groove apically to pass over the post-implant joint. All abutments should be cemented with Resiment or Panavia 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 retraction is achieved and conventional impression and laboratory steps are followed for the fabrication of the prosthesis which, when completed, will be cemented.

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 manufacturer's written procedure of wrapped hollow items. This sterilization phase of the process is at a temperature between 134-137 degrees centigrade for a minimum of three minutes at a pressure of 2.25 Bar, which is the universally accepted standard.

CAUTION:

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

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