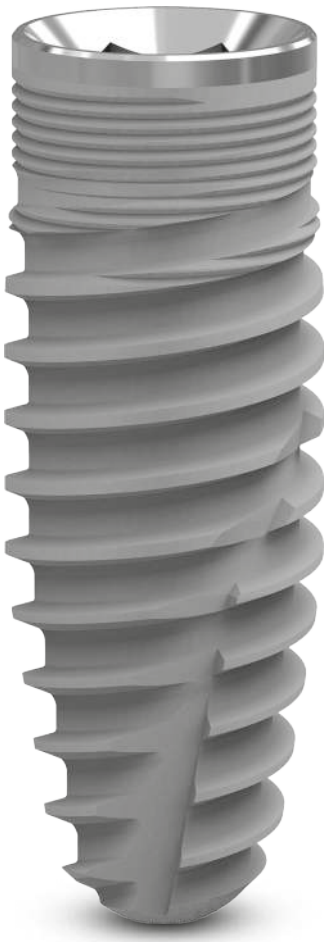
SURGICAL PROCEDURE

ZiNiC® MT

Conical implants with internal hex connection



Ziacom®

ZiNiC® MT

Surgical procedure manual

Ziacom®

Important information

Please read carefully before using Ziacom® products

General information

This document contains basic information on the use of original Ziacom® dental implant systems, hereafter referred to as Ziacom® dental implants or simply Ziacom® products. This document has been created as quick guide for clinicians responsible for treatment, hereafter the "user", and, therefore, is neither an alternative nor a substitute for specialized training or professional clinical experience.

Ziacom® products must be used according to a suitable treatment plan and adhering strictly to the surgical and prosthetic protocols established by the manufacturer. Read the product-specific surgical and prosthetic protocols as well as the instructions for use and maintenance before using each Ziacom® product. You can find this information on our website, www.ziacom.com, or request it from your nearest authorised Ziacom® distributor.

Liability, safety and guarantee.

The instructions for the use and handling of Ziacom® products are based on internationally published literature, current clinical standards and our clinical experience, so they should be understood as general guiding information. The handling and use of Ziacom® products is the sole responsibility of the user as it is outside the control of Ziacom Medical SL. Ziacom Medical SL, their affiliates and/or their authorised distributors disclaim all responsibility, whether explicit or implicit, total or partial, for possible damage or injury caused by poor handling of the product or any other situation not considered in their protocols and manuals for the correct use of their products.

The user must ensure that the Ziacom® product is appropriate for the intended procedure and end purpose. Neither these instructions for use nor the work or handling protocols for the products release the user from this obligation. Ziacom® products must be used, handled and applied by professionals with the appropriate training and qualifications required according to current legislation in each country.

The total or partial use, handling and/or application of Ziacom® products at any stage of their implementation by personnel who are unqualified or lack the necessary training will automatically void any type of warranty and may cause severe damage to the patient's health.

Ziacom® products are part of their own system, with their own design characteristics and work protocols, including dental implants, abutments or prosthetic components and surgical or prosthetic instruments. The use of Ziacom® products in combination with elements or components from other manufacturers could result in treatment failure, damage to tissues or bone structures, inadequate aesthetic outcomes and severe damage to the patient's health. Therefore, only original Ziacom® products should be used.

The clinician in charge of the treatment is solely responsible for ensuring the use of original Ziacom® products and that they are used according to the corresponding instructions for use and handling protocols throughout the implant procedure. The use of any other non-original Ziacom® components, instruments or products, whether alone or in combination with any original Ziacom® products, will immediately void the warranty of the original Ziacom® products.

See the Ziacom Medical SL Warranty Programme (available on the website or by contacting Ziacom Medical SL, their affiliates or authorised distributors).

Warning. Not all Ziacom® products are available in all counties. Check availability in your country.

Together for **health**

Index

Characteristics

CONNECTION

- Internal hex connection.
- 1.5 mm deep prosthesis hex: improves distribution of lengthinal forces.
- Conical bevel: reduces infiltration.
- Conical friction: reduces micromovements.
- Platform switching: soft tissue modelling and emergence profile shaping.

CORTICAL ZONE

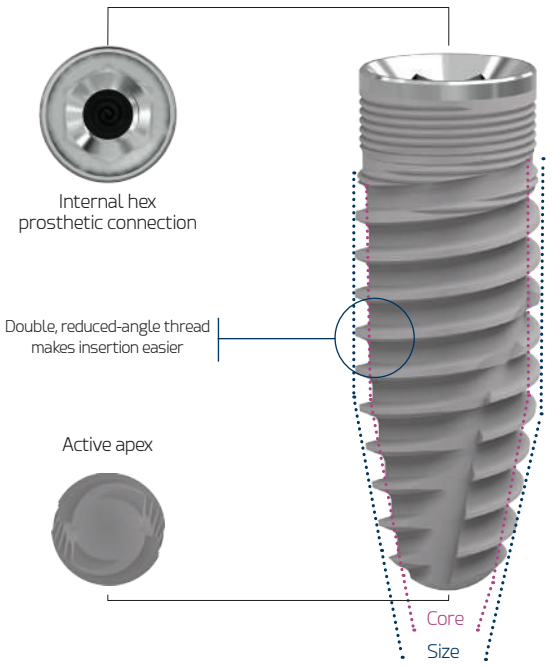
- 0.4 mm machined ring: allows the prosthetic gap to be raised with respect to the bone crest in average/thick biotypes; avoids exposing the treated surface of irregular crests.
- Microthread design: preserves marginal bone.
- Microthread extension: improves load distribution.
- Macrodesign: optimal cortical compression.

BODY

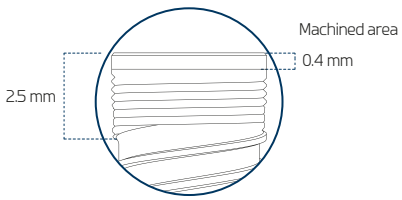
- Reduced-angle active threads: improve stability during insertion and increase BIC (bone-to-implant contact).
- Double threaded: quick insertion and shorter surgical time.
- Self-tapping active apex: facilitates insertion with undersized drilling technique.
- Transverse apical windows: collect remnants of bone during insertion.
- Optimised morphology: high primary stability.
- Atraumatic apex: no damage to anatomical structures.

CONICAL DESIGN

- Facilitates shaping in low density bone.
- Indicated for immediate loading.
- Indicated for cases of apical convergence and/or collapse.



Dimensions of the implant's neck/collar



Diameters and lengths

		LENGTH (L)						
Ø DIAMETER	Ø PLATFORM	6	7	8.5	10	11.5	13	14.5
NP 3.30	3.20			N 	N 	N 	N 	N 
RP 3.60	3.50							N 
RP 4.00		N 	N 					N 
RP 4.40		N 	N 					N 
WP 4.80	4.50	N 	N 					

Dimensions in mm.

N New product. Check availability.

Surface treatments

Titansure surface

Implants inserted following surface treatment are known to benefit from improved osseointegration by increasing the bone-to-implant contact area. This is partly due to the implant's chemical composition and topographical characteristics.

With our **Titansure** surface treatment, at Ziacom Medical we have obtained a contaminant-free surface topography and optimal average macro- and microporosity values, which are key specifications for achieving prompt and proper osseointegration and, in turn, extremely reliable and predictable implants.

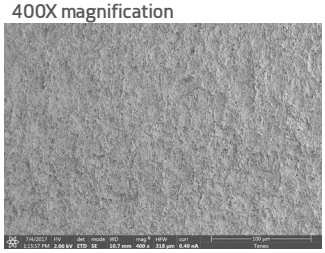
TITANSURE SURFACE ANALYSIS

Titansure is an SLA surface treatment created through a subtraction process involving sandblasting with white aluminium oxide and double acid etching with hydrofluoric acid and a sulphuric/phosphoric acid mix.

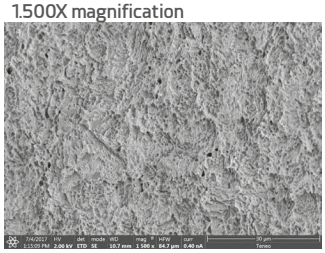
Surface morphology analysis

With the aid of a scanning electron microscope (FEI TENEO, Thermo Fisher Scientific Inc., Waltham, MA, USA), we can see the rough, porous surface creating numerous cavities with thin, sharp edges.

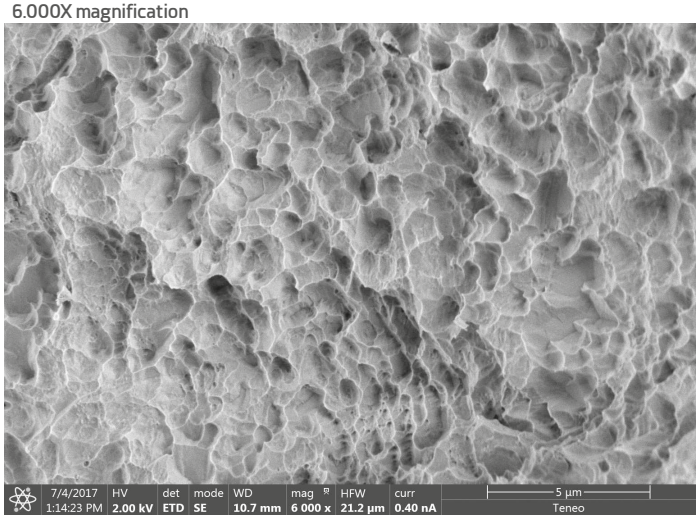
400X magnification



1.500X magnification

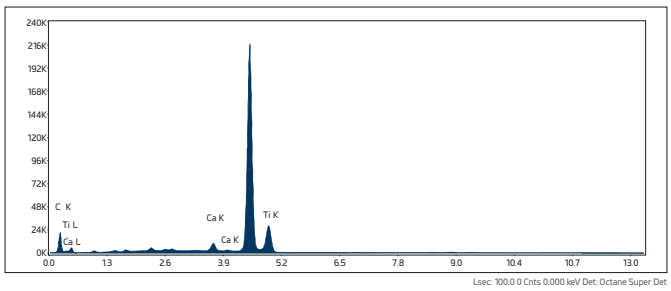


6.000X magnification



Surface elemental analysis

We used an energy-dispersive X-ray spectrometer (Octane Super, Edax-Ametek, Mahwah, NJ, USA) to analyse the chemical composition at the surface.



Compositional analysis of implant surface

ELEMENT	WEIGHT (%)
C K	9.32 (10.23)
Al K	-
Ti K	89.53 (11.77)

No aluminum was detected

Results are expressed as the mean and standard deviation of the mass percentage (WEIGHT (%)).

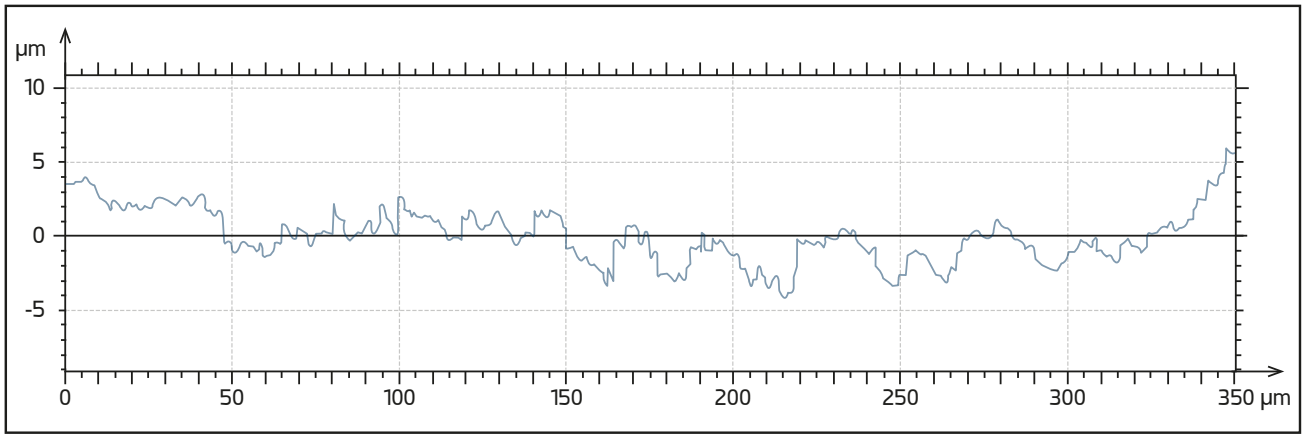
Surface roughness analysis

The roughness study was conducted with a Sensofar S NEOX interferometric-confocal microscope (Sensofar Medical, Terrasa, Spain) and SensoMAP Premium 7.4 software. The quantitative roughness profile parameters applied were: average roughness (Ra), root-mean-square roughness (Rq), maximum profile peak height roughness (Rp) and maximum profile valley depth roughness (Rv).

Ra (µm) (SD)	Rq (µm) (SD)	Rp (µm) (SD)	Rv (µm) (SD)
0.82 (0.10)	0.97 (0.08)	1.84 (0.04)	2.21 (0.01)

The 3D surface roughness (Sa), 3D root mean square height (Sq), maximum 3D peak height (Sp) and maximum 3D pit depth of the selected area (Sv) were also recorded.

Sa (µm) (SD)	Sq (µm) (SD)	Sp (µm) (SD)	Sv (µm) (SD)
0.76 (0.01)	0.97 (0.01)	4.20 (0.12)	4.62 (0.20)



The data were extracted from:

Rizo-Gorrita, M.; Fernandez-Asian, I.; Garcia-de-Frenza, A.; Vazquez-Pachon, C.; Serrera-Figallo, M.; Torres-Lagares, D.; Gutierrez-Perez, J. Influence of Three Dental Implant Surfaces on Cell Viability and Bone Behavior. An In Vitro and a Histometric Study in a Rabbit Model. Appl. Sci. 2020. 10(14), 4790

■ OPTIMAL OSSEOINTEGRATION

The **Titansure** surface has a three-dimensional surface structure with high peaks and broad troughs, which is known to be highly effective at promoting the coagulation cascade and the release of growth factors through platelet activation [Kim, H.; Choi, S.H.; Ryu, J.J.; Koh, S.Y.; Park, J.H.; Lee, I.S. The biocompatibility of SLA-treated titanium implants. Biomed. Mater. 2008. 3. 025011.].

This type of surface may have an osteogenic effect thanks to its different topographical features at a micrometer and nanometer level, which has a very similar morphology to the osteoclastic bone resorption cavities [Le Guehennec, L.; Goyenvalle, E.; Lopez-Heredia, M.A.; Weiss, P.; Amouriq, Y.; Layrolle, P. Histomorphometric analysis of the osseointegration of four different implant surfaces in the femoral epiphyses of rabbits. Clin. Oral Implants Res. 2008. 19. 1103–1110].

For more information on the surface treatment see the literature available at **www.ziacom.com/biblioteca**

Surface treatments

Titansure Active surface treatment

Ziacom® presents the **Titansure Active** surface treatment with bone bioactive liquid (BBL) as the latest innovation for the presentation of our dental implants. The **Titansure Active** surface treatment is a combination of **Titansure** with BBL technology (Bone Bioactive Liquid), a patent acquired by Ziacom® and developed by the Biointelligence Systems research group led by Professor Maher Al-Atari Abou-Asi.

"BBL technology consists of a saline solution containing calcium chloride (CaCl2) and magnesium chloride (MgCl2.6H20) with a net negative charge and creates the ideal conditions for post-implant cell adhesion in the region with bone damage. What is more, surface treatment with BBL provides a significant increase in the density of hydroxyl groups on the surface of implants, thus improving their hydration considerably compared with other surfaces. This hydrophilic implant surface is precisely what enables active ion interaction with blood plasma and bone-forming cells long before the first steam cells can attach to the surface. Finally, this yields improved intercellular communication and a greater final bone-to-implant contact area in a significantly shorter time, thereby markedly reducing the postoperative inflammatory process."

Dr. Prof. Maher Al Atari

SURFACE STUDIES OF BBL-TREATED IMPLANTS

In vitro research

Dental pulp pluripotent-like stem cell (DPPSC) and dental pulp mesenchymal stem cell (DPMSC) cultures were prepared on titanium discs sandblasted with aluminium oxide and acid etched in an osteoblast differentiation medium.

The samples were divided into two treatment groups:

- **Group A.** Titanium discs - Traditional, untreated surface.
- **Group B.** Titanium discs - BBL-treated surface.

The surfaces were examined using energy-dispersive X-ray microanalysis (EDXMA) to determine the composition of surface elements.

Comparison of different elements in the two groups		
	Untreated surface	Treated surface **Titansure Active**
Carbon	32.22 ± 5.89	32.89 ± 1.76
Oxygen	14.34 ± 1.23	13.97 ± 1.45
Phosphorus	3.96 ± 2.8	3.89 ± 1.87
Calcium	5.86 ± 3.8	9.53 ± 4.04
Titanium	39.76 ± 1.65	41.34 ± 1.89
Ca/P	1.678	2.347

In vivo research

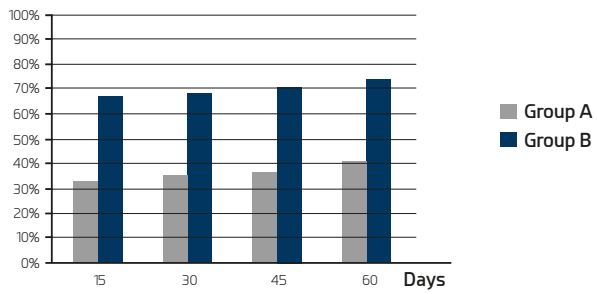
A study was conducted in the tibiae of 10 adult New Zealand rabbits after inserting four implants per rabbit (two in each tibia).

The subjects were assigned to two treatment groups with implants:

- **Group A.** Implants with a traditional, untreated surface.
- **Group B.** Implants with a traditional, BBL-treated surface.

In general, group B had higher BIC (bone-to-implant contact) values than group A.

Histomorphometric analysis - Bone-to-implant contact (BIC)		
Time of measurement	Group A Untreated surface (Control) mean + SD	Group B Treated surface **Titansure Active** mean + SD
15 days	33.7 ± 2.3%	68.92 ± 0.3%
30 days	35.8 ± 1.8%	69.35 ± 2.2%
45 days	37.9 ± 1.2%	70.34 ± 1.1%
60 days	41.2 ± 0.8%	73.89 ± 1.9%



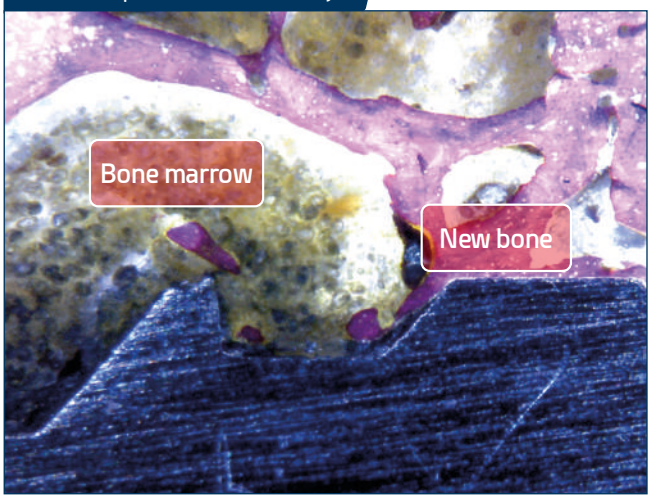
Conclusions

Within the scope of this study, the histomorphometric analysis demonstrated that the group B implants achieved quicker and more effective osseointegration than control group A. Nevertheless, an assessment of bone growth in the medullary portion of the subjects' tibiae revealed the new surface's potential for osteoinduction.

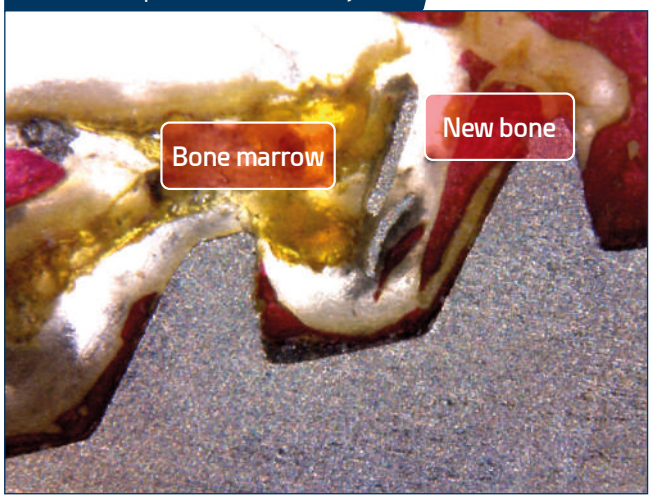
As explained by Dr. Sérgio Alexandre Gehrke, the histologist in charge of the study: "Within the study's limits, data from the histomorphometric analysis of the implants with a BBL-treated surface (78.92 + 0.3%) highlighted a much quicker and more effective osseointegration compared to the control group (53.8 + 2.3% of BIC). Assessment of bone growth in the medullary portion of the rabbits' tibiae showed the new test surface's potential for osteoinduction."

EVOLUTION OF OSSEOINTEGRATION

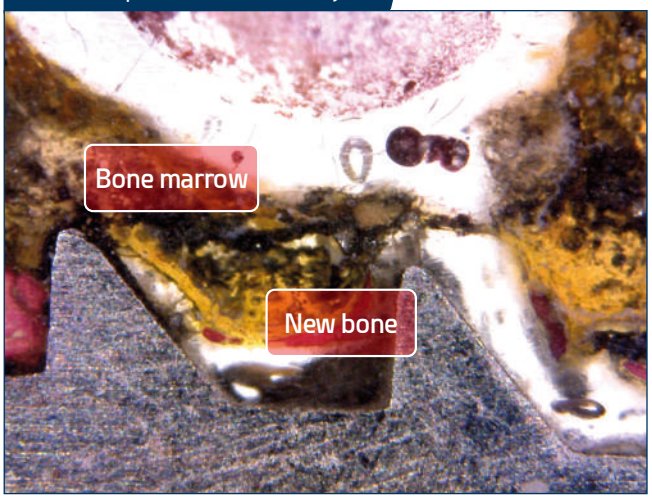
Untreated implant - Evolution at 15 days



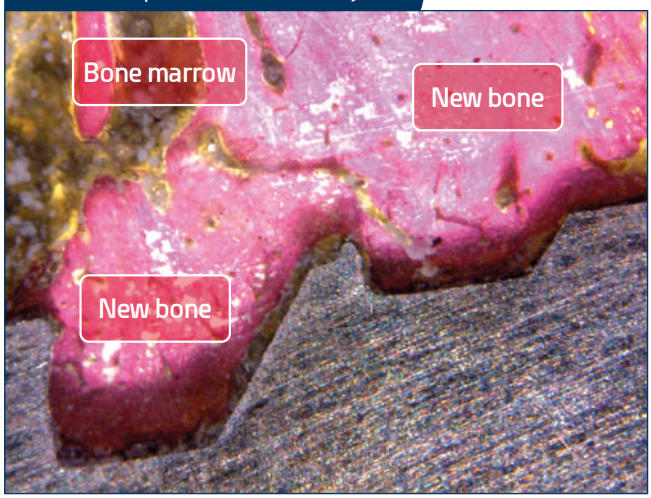
BBL-treated implant - Evolution at 15 days



Untreated implant - Evolution at 60 days



BBL-treated implant - Evolution at 60 days



NOTE
The images are of Ziacom® implants manufactured specifically for use in the study of BBL-treated implants.

Product presentation

Packaging tailored to the type of surface

Ziacom® offers two different types of product packaging depending on the type of implant surface:

Blister packaging
Available for implants with **Titansure** surface treatment. The blisters are heat-sealed and include identification labels for product traceability and a flap for easy opening in the clinic but while preventing accidental opening.

Bottle packaging
Available for implants with **Titansure Active** surface treatment. The sealed bottle contains bone bioactive liquid (BBL) to ensure the perfect preservation of the implant's properties. The bottles include identification labels for product traceability.

Titansure

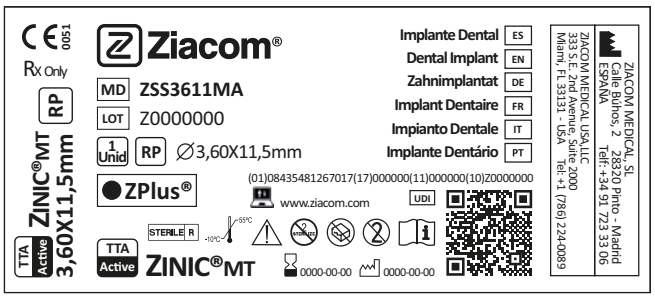
Titansure Active N

IMPORTANT
Do not open the sterile container until just before inserting the implant.

N New product. Check availability.

Outer identification label

Ziacom® implants are supplied in a sealed cardboard box that includes a product identification label with a description of their main characteristics.



Description of the symbology used

CE xxxx	MDD CE certification and notified body
MD	Name of the medical device
LOT	Number of product batch
	Patient information website
UDI	Unique device identification
STERILE R	Sterilised using radiation
	Temperature restriction
	Caution, consult accompanying documents
	Do not resterilise
	Do not use if the packaging is damaged
	Non-reusable product
	Consult the instructions for use
	Expiry date of the product
	Date of manufacture
	Product manufacturer
TT	Titansure surface treatment
TTA Active	Titansure Active surface treatment
Rx Only	Caution: federal law prohibits dispensing without prescription

For full details on the product presentation and instructions for use (IFU) see **www.ziacom.com/ifus** or scan the QR code on the box.

ZPlus Mount option

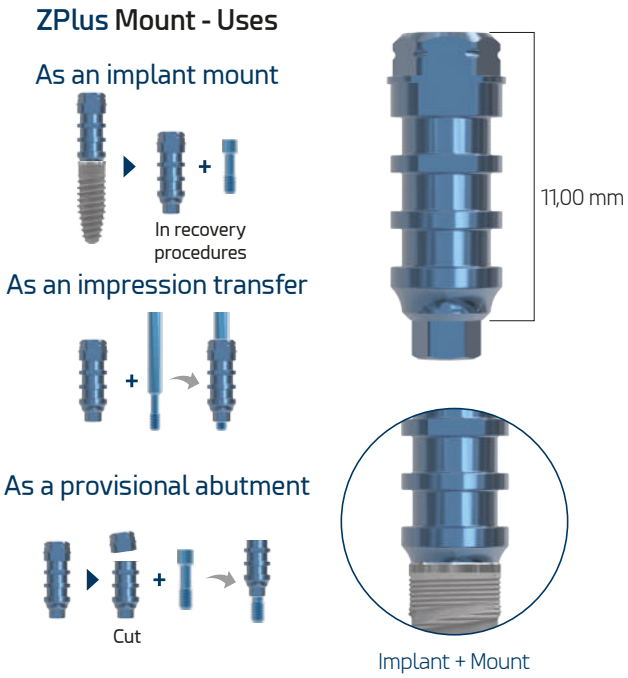
Options for the Zinic® MT include the ZPlus mount, a multi-functional abutment made in grade 5 ELI titanium (sanitary grade), which allows easy handling of the implant during the procedure. Additionally, the ZPlus mount concept is based on reducing treatment costs, as it works equally well as an implant mount, impression abutment, or provisional abutment for cement-screwed.

The ZPlus mount is available for the following implant ranges Zinic®, Zinic® MT, ZM4. ZM4 MT and ZM1.

As we said, the ZPlus mount may be used as a provisional abutment, in which case it should be sculpted extra-orally and adjusted on an analogue, preferably a lab model or clamp. Check also the structural integrity of the mount and screw, to ensure that they have not suffered any deformation or damage due to excessive insertion torque or forced removal manoeuvre. Additionally, verify on an analogue that the ZPlus fixing screw is well fitted and that the connection is secure.

IMPORTANT

Always follow the surgical protocol when inserting the implant. This will protect the mount and screw from possible damage which could prevent it being used later as an impression abutment and/or provisional abutment. Use each ZPlus only with the implant to which it belongs. To avoid mix-ups, keep the ZPlus and screw with the patient's ID, detailing the corresponding reference and batch number. The ZPlus has 3 flat sides. After finishing the implant procedure, ensure that one of the flat sides faces into the vestibular cavity.

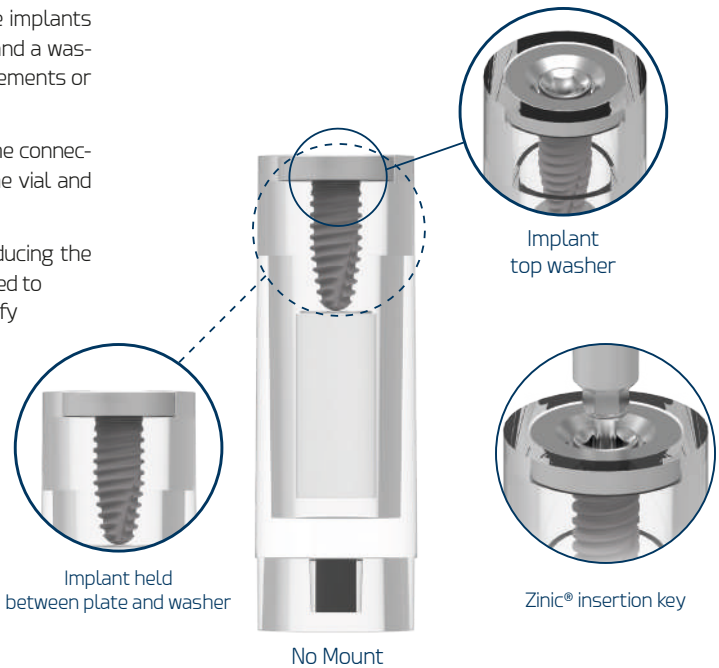


Ziacom® No Mount option

Zinic® MT implants are supplied in Ziacom® No Mount vials; the implants are held vertically inside a plastic vial between a plate below and a washer above (both made from titanium), thus preventing any movements or unwanted contacts.

This packaging means that the pressure is applied directly to the connection so the implant can be safely and easily withdrawn from the vial and transferred to the surgical site.

Therefore, Ziacom® No Mount implants eliminate the risk of reducing the primary stability caused by over instrumentation, squash the need to handle the implant when removing it from the mount, and simplify implant insertion in posterior areas with limited access.



Zinic® MT references

Zinic® MT with ZPlus - Titansure / Titansure Active references

IMPLANT

Ø (mm)	Ø Core (mm)	Length (mm)	Ref. Titansure	Ref. Titansure Active
3.30	2.80/1.70	8.5	ZSS3385M	ZSS3385MA
		10.0	ZSS3310M	ZSS3310MA
		11.5	ZSS3311M	ZSS3311MA
		13.0	ZSS3313M	ZSS3313MA
		14.5	ZSS3314M	ZSS3314MA
3.60	3.10/1.80	8.5	ZSS3685M	ZSS3685MA
		10.0	ZSS3610M	ZSS3610MA
		11.5	ZSS3611M	ZSS3611MA
		13.0	ZSS3613M	ZSS3613MA
		14.5	ZSS3614M	ZSS3614MA
4.00	3.40/2.10	6.0	ZSS4006M	ZSS4006MA
		7.0	ZSS4007M	ZSS4007MA
		8.5	ZSS4085M	ZSS4085MA
		10.0	ZSS4010M	ZSS4010MA
		11.5	ZSS4011M	ZSS4011MA
		13.0	ZSS4013M	ZSS4013MA
		14.5	ZSS4014M	ZSS4014MA
4.40	3.80/2.30	6.0	ZSS4406M	ZSS4406MA
		7.0	ZSS4407M	ZSS4407MA
		8.5	ZSS4485M	ZSS4485MA
		10.0	ZSS4410M	ZSS4410MA
		11.5	ZSS4411M	ZSS4411MA
		13.0	ZSS4413M	ZSS4413MA
		14.5	ZSS4414M	ZSS4414MA
4.80	4.10/2.40	6.0	ZSS4806M	ZSS4806MA
		7.0	ZSS4807M	ZSS4807MA
		8.5	ZSS4885M	ZSS4885MA
		10.0	ZSS4810M	ZSS4810MA
		11.5	ZSS4811M	ZSS4811MA
		13.0	ZSS4813M	ZSS4813MA

Metric

M1,60 M1,80

Metrics 1.60 (NP) and 1.80 (RP/WP).

Cover screw*

L

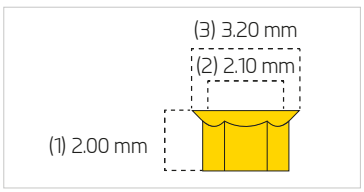
Platf.	Length (L)	Reference
●	4.20	ZNPT
●	4.20	ZRPT
●	4.20	ZWPT

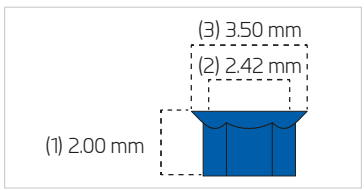
Anodised NP RP WP

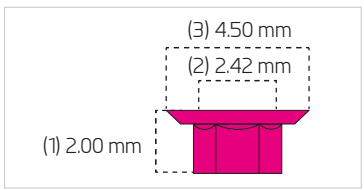
ROT 1,25mm M1,60 M1,80 Grade 5 ELI Titanium

* Screw included with each implant.

Platform







(1) Internal hex depth. (2) Distance between faces of the internal hex. (3) Diameter of working platform.

Zinic® MT with Ziacom® No Mount - Titansure / Titansure Active references

IMPLANT

Ø (mm)	Ø Core (mm)	Length (mm)	Ref. Titansure	Ref. Titansure Active	
3.30	2.80/1.70	8.5	ZSS3385MF	ZSS3385MFA	
		10.0	ZSS3310MF	ZSS3310MFA	
		11.5	ZSS3311MF	ZSS3311MFA	
		13.0	ZSS3313MF	ZSS3313MFA	
		14.5	ZSS3314MF	ZSS3314MFA	
3.60	3.10/1.80	8.5	ZSS3685MF	ZSS3685MFA	
		10.0	ZSS3610MF	ZSS3610MFA	
		11.5	ZSS3611MF	ZSS3611MFA	
		13.0	ZSS3613MF	ZSS3613MFA	
		14.5	ZSS3614MF	ZSS3614MFA	
4.00	3.40/2.10	6.0	ZSS4006MF	ZSS4006MFA	
		7.0	ZSS4007MF	ZSS4007MFA	
		8.5	ZSS4085MF	ZSS4085MFA	
		10.0	ZSS4010MF	ZSS4010MFA	
		11.5	ZSS4011MF	ZSS4011MFA	
		13.0	ZSS4013MF	ZSS4013MFA	
		14.5	ZSS4014MF	ZSS4014MFA	
4.40	3.80/2.30	6.0	ZSS4406MF	ZSS4406MFA	
		7.0	ZSS4407MF	ZSS4407MFA	
		8.5	ZSS4485MF	ZSS4485MFA	
		10.0	ZSS4410MF	ZSS4410MFA	
		11.5	ZSS4411MF	ZSS4411MFA	
		13.0	ZSS4413MF	ZSS4413MFA	
		14.5	ZSS4414MF	ZSS4414MFA	
4.80	4.10/2.40	6.0	ZSS4806MF	ZSS4806MFA	
		7.0	ZSS4807MF	ZSS4807MFA	
		8.5	ZSS4885MF	ZSS4885MFA	
		10.0	ZSS4810MF	ZSS4810MFA	
		11.5	ZSS4811MF	ZSS4811MFA	
		13.0	ZSS4813MF	ZSS4813MFA	

Metric

M1,60 M1,80

Metrics 1.60 (NP) and 1.80 (RP/WP).

Cover screw*

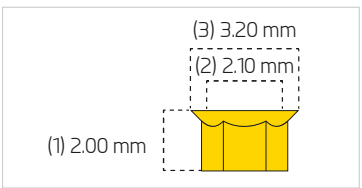
Platf.	Length (L)	Reference
●	4.20	ZNPT
●	4.20	ZRPT
●	4.20	ZWPT

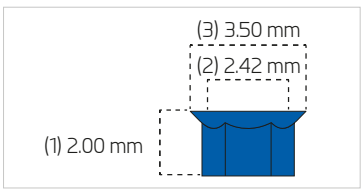
Anodised ■ NP ■ RP ■ WP

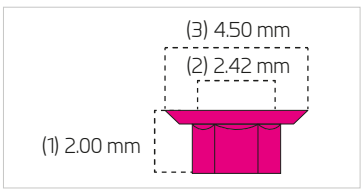
ROT 1,25mm M1,60 M1,80 Grade 5 ELI Titanium

* Screw included with each implant.

Platform







(1) Internal hex depth. (2) Distance between faces of the internal hex. (3) Diameter of working platform.

Recommendations for use

All implant treatments must respect the natural biomechanical stability of the oral cavity and allow the natural emergence of the dental crown through the soft tissue. The implantologist must assess the quantity and quality of bone currently in the implant area and consider the need for prior or simultaneous bone regeneration, as appropriate.

Ziacom® has a wide range of implants available to cover every reconstruction possibility. The circles on the periodontal chart represent the implant diameters and platforms recommended for each tooth position.

These recommendations are valid for the replacement of teeth with single restorations, bridges, hybrid work or overdentures.

Remember to maintain minimum distances between adjacent implants and between implants and teeth in order to preserve interdental papilla, bone vascularisation and natural emergence profiles.

Selection of the appropriate implant for each case is the sole responsibility of the implantologist. Ziacom® advises all clinicians to take into account the warnings based on scientific evidence which can be found in the product catalogues and our website.

CLARIFICATIONS ON DRILLING MEASUREMENTS AND TECHNIQUES

- **IMPLANT SIZE:** identifies the diameter and length of the implant.
- **IMPLANT BODY:** diameter of the implant core.
- **DRILL SIZE:** diameter and length of the drill bit.
- **DRILLING TECHNIQUE:** we have developed various drilling protocols to enable you to deal with different situations that arise in a schematic way when performing implant surgery.

Periodontal chart

ZiNiC®MT

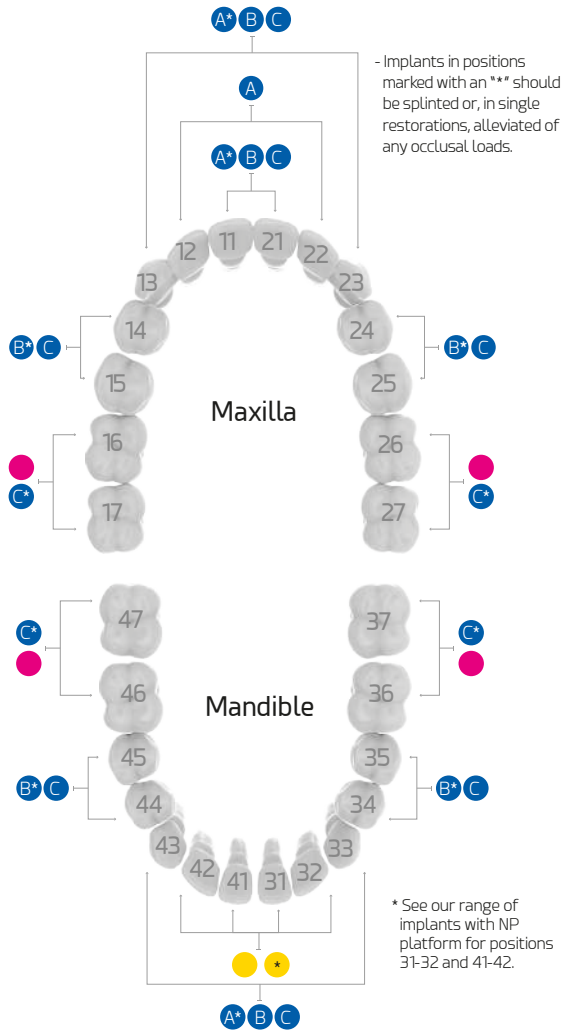
Implant diameter (1)

NP	A RP	B RP	C RP	WP
Ø3.30 mm	Ø3.60 mm	Ø4.00 mm	Ø4.40 mm	Ø4.80 mm

(1) Diameters available for analogue platforms.

Implant crown diameter

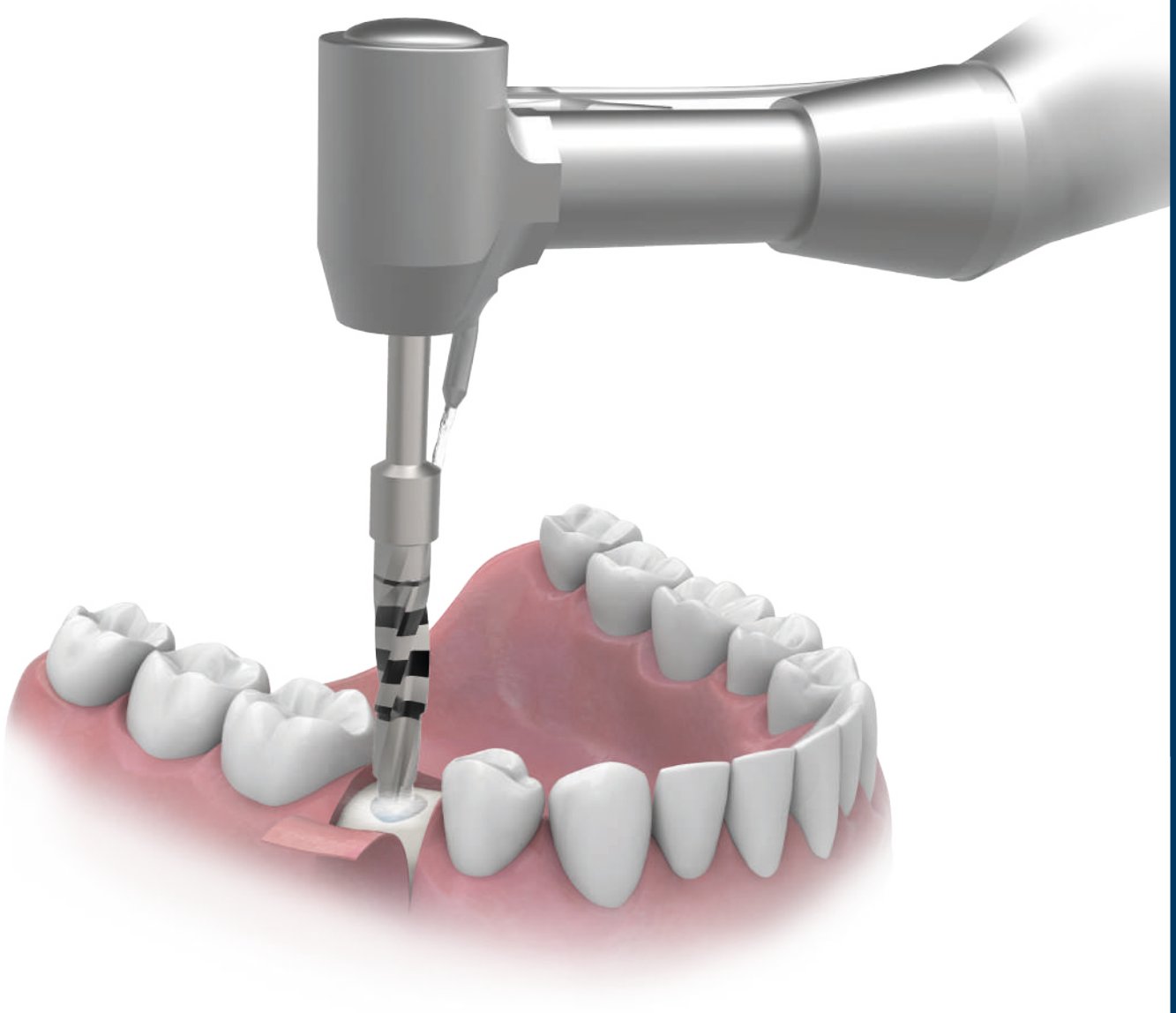
NP	RP	WP
Ø3.20 mm	Ø3.50 mm	Ø4.50 mm



IMPORTANT
Short, 6.00 and 7.00 mm implants are ONLY recommended for splinted use in combination with normal length implants (≥ 10.00 mm).

For more information on implant size selection see the literature available at **www.ziacom.com/biblioteca**

Surgical protocol



Surgical protocol

General considerations

Ziacom® drill system

Ziacom® implant system drills are made from stainless steel. The drills should be handled carefully to avoid any damage that could compromise their effectiveness. It is important to make sure the drills are in good condition. If you are unsure about the condition of any instrument, do not use it.

DRILLING SEQUENCE INDICATIONS

- Drills must be inserted into the contra-angle handpiece with the motor stopped, ensuring that they are seated and rotate properly before starting drilling.
- Drills should be used with external irrigation.
- The speed and torque recommended for each drill should be respected. (See surgical protocol).
- Position the drill at the chosen implant insertion site before starting drilling.
- Perform controlled tapping movements, drilling the bone to the desired depth, guided by the reference depth laser marking.
- Remove the drill from the surgical site with the motor running.

NOTES

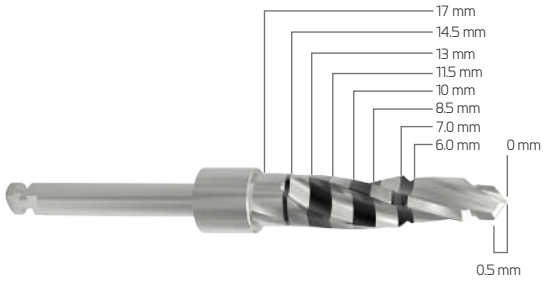
- Do not continue drilling without irrigation.
- If using a drill extender, supplement irrigation manually.
- For surgical and cortical drills, a maximum of 45 uses is recommended per drill. Exceeding the recommended number of uses puts the implant osseointegration process at risk.
- If any damage to the drill is observed, do not use it and replace with a new drill.
- Sterilise the instruments after each use in accordance with the cleaning and sterilisation instructions (page 40). The drills should be handled carefully to avoid any damage that could compromise their effectiveness. It is important to make sure the drills are in good condition. If you are unsure about the condition of any instrument, do not use it.

Surgical drills

The Ziacom® surgical drill length measurement system is simple and guides you during the surgical site drilling process.

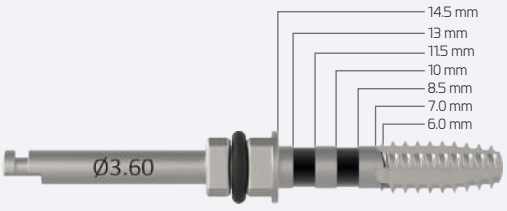
The laser marking on the drill shank identifies its diameter, while the horizontal laser-marked band on the active section corresponds to the length of the different implants (mm-graduated drills).

The drill tip is 0.5 mm long and this is not included in the different laser-marked lengths. When placing the implant using a flapless procedure, measure the thickness of the soft tissue with a periodontal probe and add this measurement to the drilling depth.



Surgical taps

Use of the surgical tap to make each implant's thread is dependent on the type of bone. Taps for use with contra-angle handpieces and manual tools are available. The choice of tap will depend on the individual case and the professional's preference. The laser marking on the tap shank identifies its diameter, while the horizontal laser-marked band on the active section corresponds to the length of the different implants.



Drill stops

The Ziacom® drill stop system has been created to simplify the drilling sequence, ensuring osteotomy depth control.

The stops have two laser markings. The first represents the length of the implant to be inserted, and therefore the drilling depth, and the second indicates which drill is to be used.

WARNING

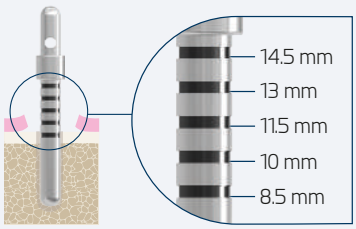
When using a drill with a stop, the length of the drill tip should be taken into consideration as the stops are calibrated to the actual length of the laser markings, not including the length of the drill tip.

The drill stops use a friction locking system. To assemble, place the grooved area of the stop over the drill tip and push it up until it is seated against the drill and locks with friction, as shown in the drawing below. The laser-marked line on the drill and the stop should line up with the selected length.

Step 1 Step 2 Step 3

Probe

Check the depth of the surgical site, especially when not using drill stops. To check the surgical bed axis, the paralleling pins are available in different diameters according to the drilling sequence.



Surgical protocol

Zinic® MT implant

It is important to note that the drilling protocol for Zinic® MT implants using stepped drills varies significantly based on the implant diameter and the type of bone at the surgical site and therefore it is important to pay special attention to these two aspects.

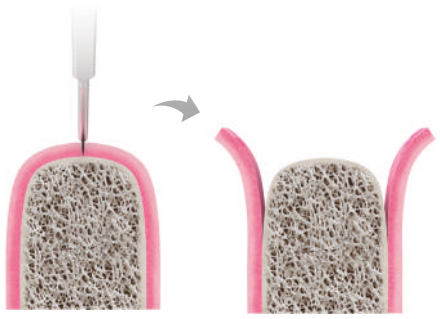
ZiNiC® MT

- **EXAMPLE:**
  Zinic® MT implant
  Ø4.00x11.50mm
  RP (Ø 4.00 mm)
  Platform Ø 3.50mm

Steps for drilling protocol in soft bone (IV)

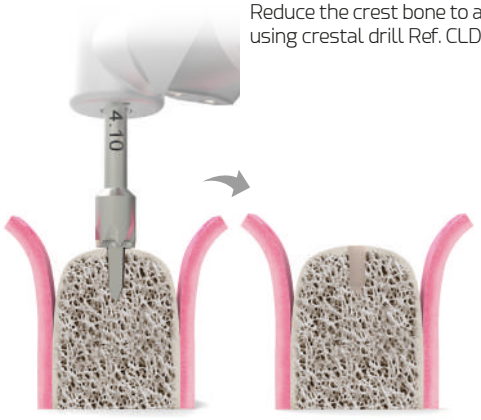
PRELIMINARY STEP | Opening the gum

Make an incision and raise the flap.



STEP 1 | Crestal drill

Reduce the crest bone to a smooth surface using crestal drill Ref. CLD34.



STEP 2 | Lance drill

Start the implant site drilling sequence using mm-graduated lance drill Ref. SID001M with stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 3 | Pilot drill Ø1.60/2.00

Continue the drilling sequence using pilot drill Ref. OSPD20M until the length of the chosen implant is reached. Use the length-indicating laser mark on the drill or use stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 4 | Probe/Paralleling pin Ø2.00/1.60

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR10MT.

STEP 5 | Stepped surgical drill Ø2.00/2.80

Continue the drilling sequence using stepped surgical drill Ref. OSTD28M until the length of the chosen implant is reached. Use the length-indicating laser mark on the drill or use stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 6 | Probe/Paralleling pin Ø1.80/2.50

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR20MT. Repeat this step as many times as necessary during the surgery.

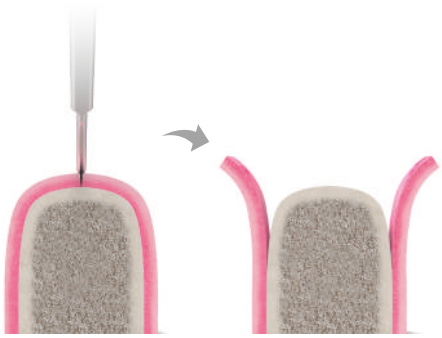
STEP 7 | Stepped surgical drill Ø2.20/3.10

Continue the drilling sequence using stepped surgical drill Ref. OSTD31M until the length of the chosen implant is reached. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

Steps for drilling protocol in medium bone (II & III)

PRELIMINARY STEP | Opening the gum

Make an incision and raise the flap.



STEP 1 | Crestal drill

Reduce the crest bone to a smooth surface using crestal drill Ref. CLD34.

Surgical protocol

STEP 2 | Lance drill

Start the implant site drilling sequence using mm-graduated lance drill Ref. SID001M with stop Ref. ZMPD115.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 3 | Pilot drill Ø1.60/2.00

Continue the drilling sequence using pilot drill Ref. OSPD20M until the length of the chosen implant is reached.

Use the length-indicating laser mark on the drill or use stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 4 | Stepped surgical drill Ø2.00/2.80

Continue the drilling sequence using stepped surgical drill Ref. OSTD28M until the length of the chosen implant is reached.

Use the length-indicating laser mark on the drill or use stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 5 | Probe/Paralleling pin Ø1.80/2.50

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR20MT. Repeat this step as many times as necessary during the surgery.

STEP 6 | Stepped surgical drill Ø2.20/3.10

Continue the drilling sequence using stepped surgical drill Ref. OSTD31M until the length of the chosen implant is reached.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 7 | Probe/Paralleling pin Ø2.20/3.10

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR30MT. Repeat this step as many times as necessary during the surgery.

STEP 8 | Stepped surgical drill Ø2.40/3.40

Continue the drilling sequence using stepped surgical drill Ref. OSTD34M until the length of the chosen implant is reached.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

600 Rpm

STEP 9 | Stepped surgical drill Ø2.60/3.80

Continue the drilling sequence using surgical drill Ref. OSTD38M until the length of the chosen implant is reached.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

900 Rpm

STEP 10 | Cortical drill

Use cortical drill Ref. OTD01ST to shape the coronal area of the implant site. Insert the drill up to its laser mark, always applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary for this step, use drill extender Ref. DEXT10.

Use of the cortical drill will depend on the type* of bone:

300 Rpm

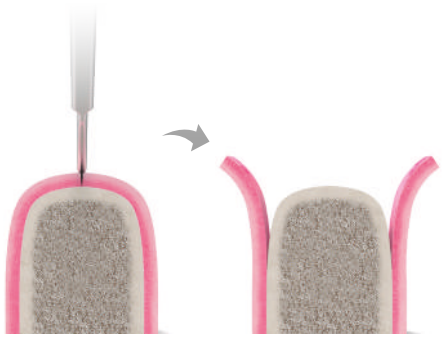
Type I	Mandatory
Type II	Depends on cortical thickness
Type III - IV	Not required

*Based on the Lekholm and Zarb 1985 bone quality classification

Steps for drilling protocol in hard bone (I)

PRELIMINARY STEP | Opening the gum

Make an incision and raise the flap.



STEP 1 | Lance drill

Start the implant site drilling sequence using mm-graduated lance drill Ref. SID001M with stop Ref. ZMPD115.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

900 Rpm

Surgical protocol

STEP 2 | Pilot drill Ø1.60/2.00

Continue the drilling sequence using pilot drill Ref. OSPD20M until the length of the chosen implant is reached. Use the length-indicating laser mark on the drill or use stop Ref. ZMPD115.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 3 | Probe/Paralleling pin Ø1.60/2.00

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR10MT. Repeat this step as many times as necessary during the surgery.

STEP 4 | Stepped surgical drill Ø2.00/2.80

Continue the drilling sequence using stepped surgical drill Ref. OSTD28M until the length of the chosen implant is reached.

Use the length-indicating laser mark on the drill or use stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 5 | Probe/Paralleling pin Ø1.80/2.50

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR20MT. Repeat this step as many times as necessary during the surgery.

STEP 6 | Stepped surgical drill Ø2.20/3.10

Continue the drilling sequence using stepped surgical drill Ref. OSTD31M until the length of the chosen implant is reached.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 7 | Probe/Paralleling pin Ø3.30/2.10

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR30MT. Repeat this step as many times as necessary during the surgery.

STEP 8 | Stepped surgical drill Ø2.40/3.40

Continue the drilling sequence using stepped surgical drill Ref. OSTD34M until the length of the chosen implant is reached.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

900 Rpm

STEP 9 | Probe/Paralleling pin Ø3.70/2.50

Check the depth of the surgical site and the insertion axis by inserting probe/paralleling pin Ref. MUR40MT. Repeat this step as many times as necessary during the surgery.

STEP 10 | Stepped surgical drill Ø2.60/3.80

Continue the drilling sequence using stepped surgical drill Ref. OSTD38M until the length of the chosen implant is reached.

Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

900 Rpm

STEP 11 | Cortical drill

Use cortical drill Ref. OTD01ST to shape the coronal area of the implant site. Insert the drill up to its laser mark, always applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary for this step, use drill extender Ref. DEXT10.

Use of the cortical drill will depend on the type* of bone:

300 Rpm

Type I	Mandatory
Type II	Depends on cortical thickness
Type III - IV	Not required

*Based on the Lekholm and Zarb 1985 bone quality classification

STEP 12 | Surgical tap Ø4.00

Place surgical tap Ø4.00 mm Ref. MTAP-40MC in the prepared surgical site. Apply firm pressure and start to turn slowly. Once threads engage, continue to screw the tap in without pressure to the planned depth. If excessive resistance is met, turn 90º anti-clockwise after each complete turn.

To remove the tap, turn it anti-clockwise. Use of the tap will depend on the type of bone and the chosen implant diameter.

25 Rpm

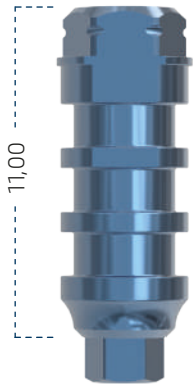
Surgical protocol

Implant insertion using ZPlus Mount | **Titansure**

ZPlus Mount

Surface treatment

Titansure



STEP 1 | Unpacking the implant

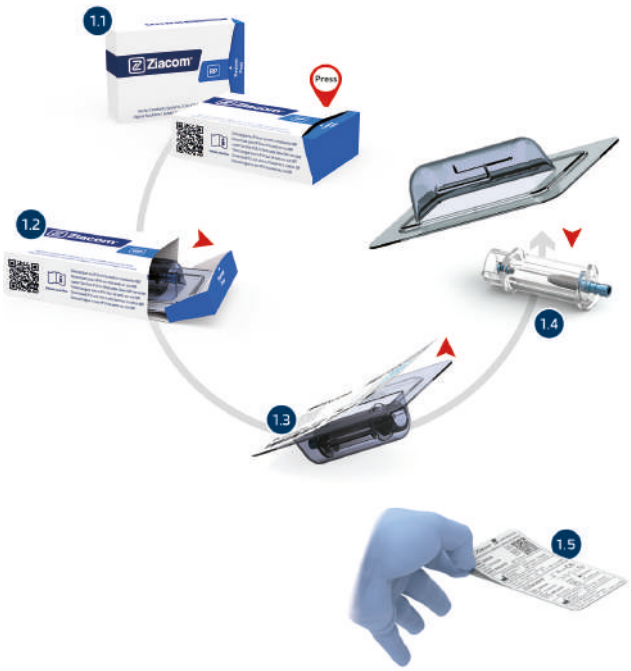
1.1 Press the word "PRESS" and open the implant carton.

1.2 Remove the top of the carton and take out the blister pack.

1.3 Carefully remove the seal from the blister pack.

1.4 Turn the vial containing the implant out onto a sterile cloth in the operating area.

1.5 Remember to remove the label from the implant and to adhere it to the patient's implant card and medical record to ensure that the product is traceable.



STEP 2 | Choosing the right placement instrument

Based on the specific clinical situation and access to the surgical site, one of three different instruments can be selected to insert the implant:

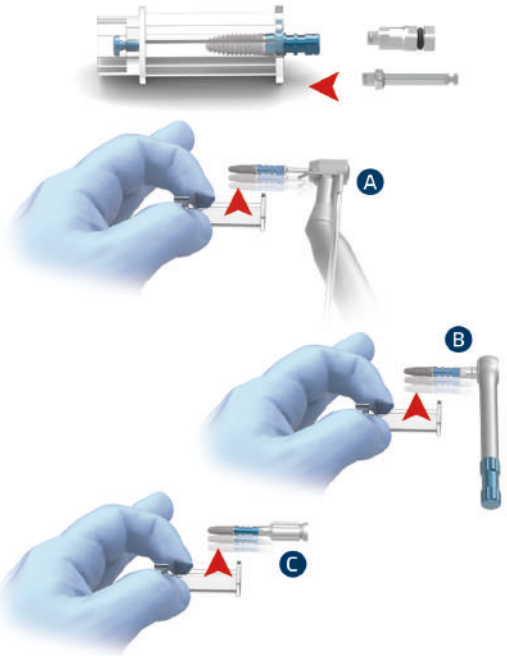
A **Contra-angle:** select the ZPlus CA insertion key of the desired length (**Ref. 01MMIN / 02MMIN**) and insert it into the contra-angle.

B **Ratchet Ref. RATC50**: select the ZPlus Ratchet/Manual insertion key of the desired length (**Ref. XSMIN / TSMIN / TLMIN**) and insert it into the ratchet set to function "IN", which is identified with an arrow.

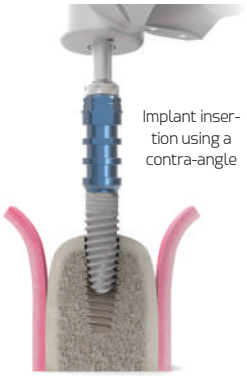
C **Screwdriver handle 4x4 Ref. MADW10**: select the ZPlus Ratchet/Manual insertion key of the desired length (**Ref. XSMIN / TSMIN / TLMIN**) and insert it into the screwdriver handle.

STEP 3 | Removing the implant from its vial

Hold the vial containing the implant in one hand and insert the selected insertion key into the ZPlus mount with the other hand. Remove the implant-mount assembly by lifting it vertically out of the vial.



STEP 4 | Inserting the implant

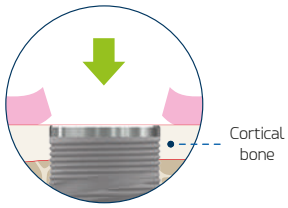


Insert the implant into the surgical site, controlling both the direction and angle of the implant. When inserting the implant with a contra-angle, use a maximum speed of 25 rpm. The recommended insertion torque ranges from 35 to 50 Ncm, according to each case, and is not limited to a single torque.

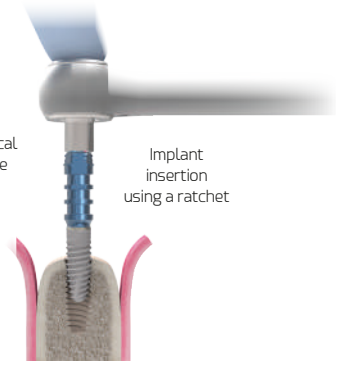
If resistance is met during insertion, turn the implant slightly anti-clockwise and then continue to insert after waiting a few seconds. Repeat this process as many times as necessary.

The Ziacom® surgical protocol establishes crestal positioning of the implant platform.

The ZPlus mount has 3 flat sides. After inserting the implant, make sure that one of these flat sides faces the vestibular direction.

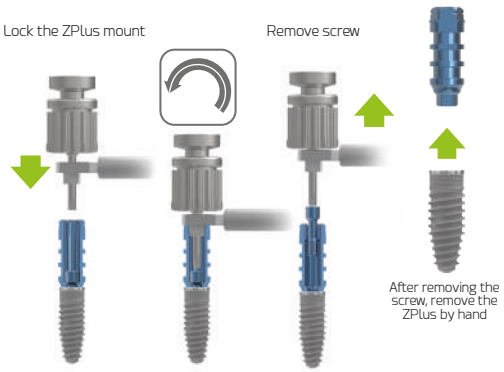


The Ziacom® surgical protocol establishes crestal positioning of the implant platform.



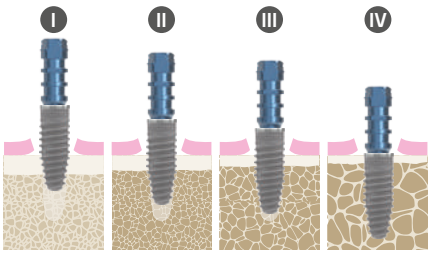
STEP 5 | Extracting the ZPlus Mount

Lock the ZPlus mount using locking key **Ref. 01MOHW** and remove the screw using manual surgical screwdriver **Ref. SMSD / LMSD**. After removing the screw, remove the ZPlus by hand.



STEP 5A | Extracting the ZPlus Mount

In order to prevent the ZPlus mount from becoming deformed or from cold welding with the implant, the point of insertion at which the mount should be extracted will depend on the type of bone.



Type I	1/2 insertion
Type II	3/4 insertion
Type III	4/5 insertion
Type IV	Complete insertion

*Based on the Lekholm and Zarb 1985 bone quality classification

STEP 5B | Extracting the ZPlus Mount

Step 1

After removing the clinical screw, insert the extractor screw.

Step 2

Turn the screwdriver clockwise until the extractor screw makes contact with the implant and then turn an extra quarter turn to unlock the mount

Step 3

After unlocking the mount, remove the extractor screw

In the event of galling or cold welding between the ZPlus mount and the implant after insertion: do not handle the mount with instruments in a way that could reduce primary stability. Only use the Ziacom® extractor screw **Ref. EDSZ34 (RP/WP)**.

On inserting the extractor screw using manual surgical screwdriver **Ref. SMSD / LMSD** and manual torque, in a clockwise direction, the apex makes contact with the implant, unlocking the mount and releasing it for removal.

Surgical protocol

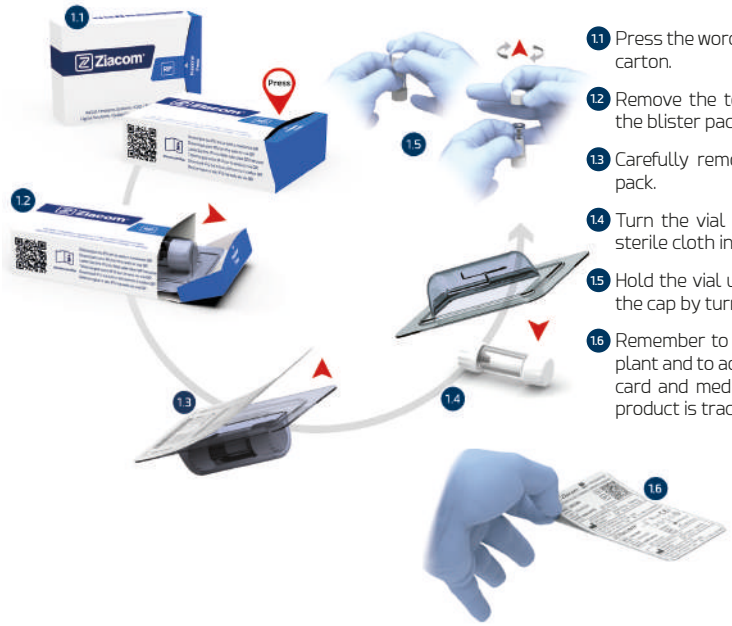
Implant insertion using Ziacom® No Mount | **Titansure**

Ziacom® No Mount

Surface treatment

Titansure

STEP 1 | Unpacking the implant



1.1 Press the word "PRESS" and open the implant carton.

1.2 Remove the top of the carton and take out the blister pack.

1.3 Carefully remove the seal from the blister pack.

1.4 Turn the vial containing the implant onto a sterile cloth in the operating area.

1.5 Hold the vial upright with one hand. Remove the cap by turning and lifting it.

1.6 Remember to remove the label from the implant and to adhere it to the patient's implant card and medical record to ensure that the product is traceable.

STEP 2 | Choosing the right placement instrument

Based on the specific clinical situation and access to the surgical site, one of three different instruments can be selected to insert the implant:

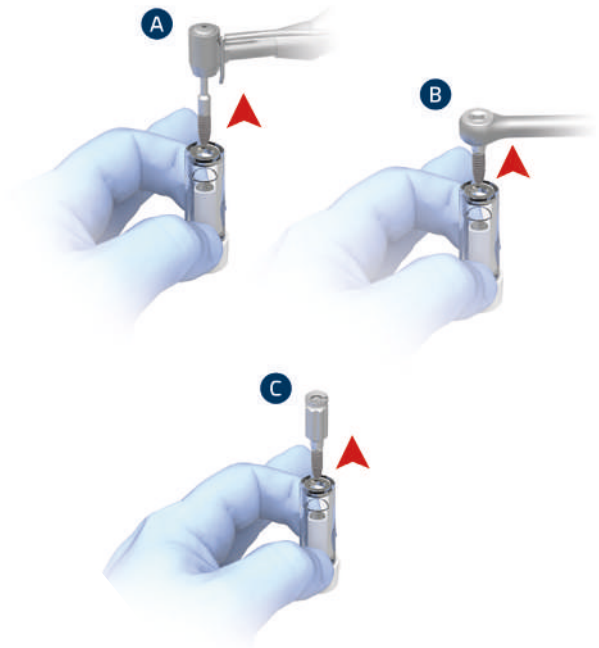
A **Contra-angle:** select the Zinic® CA insertion key **Ref. MMZ1** and insert it into the contra-angle.

B **Ratchet Ref. RATC50:** select the Zinic® Ratchet/Manual insertion key of the desired length (**Ref. SMZ1 / LMZ1**) and insert it into the ratchet set to function "IN", which is identified with an arrow.

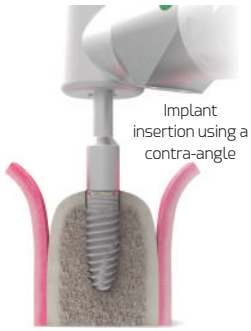
C **Screwdriver handle 4x4 Ref. MADW10:** select the Zinic® Ratchet/Manual insertion key of the desired length (**Ref. SMZ1 / LMZ1**) and insert it into the screwdriver handle.

STEP 3 | Removing the implant from its vial

Hold the vial containing the implant upright in one hand and insert the selected insertion key into the implant with the other hand. Remove the implant by lifting it vertically out of the vial.



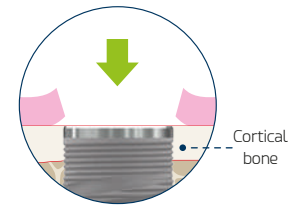
STEP 4 | Inserting the implant



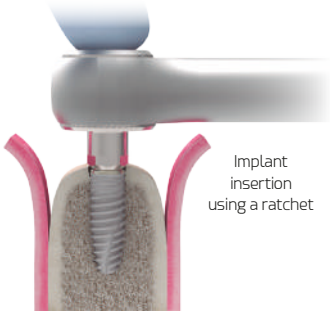
When inserting the implant with a contra-angle, use a maximum speed of 25 rpm.

The recommended insertion torque ranges from 35 to 50 Ncm.

If resistance is met during insertion, turn the implant anti-clockwise and then continue to insert after waiting a few seconds. Repeat this process as many times as necessary.

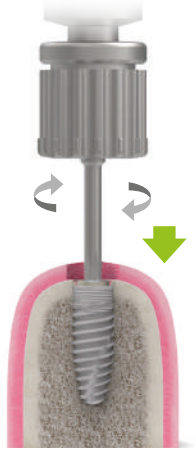


The Ziacom® surgical protocol establishes crestal positioning of the implant platform.



Soft tissue conditioning

STEP 1 | Placing the cover screw



Remove the cover screw anti-clockwise using manual surgical screwdriver Ref. SMSD / LMSD.

Move the cover screw towards the implant while taking care not to drop it and cause its accidental ingestion. Insert the screw into the implant until it locks, applying manual torque in a clockwise direction. Placement of the cover screw during the first surgical phase requires that, after the osseointegration period, the second surgical phase should be performed or the implant should be exposed to fit the chosen abutment.

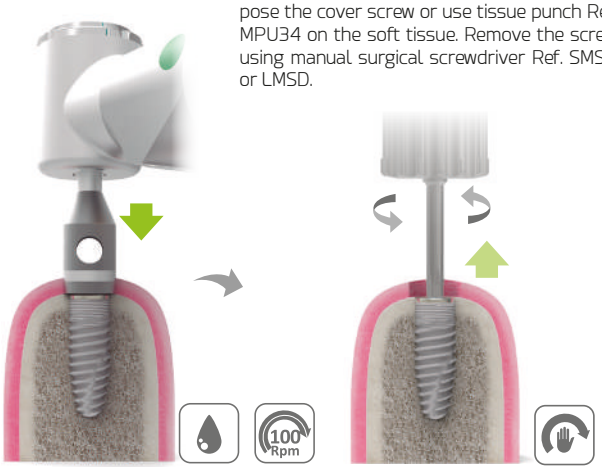
Based on each individual case, you can choose not to place a cover screw but instead to directly attach a healing abutment.

STEP 2 | Closing the soft tissue

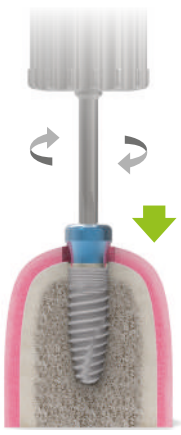
Close and suture the soft tissue, carefully lining up the flaps.

STEP 3 | Exposing and extracting the cover screw

Locate the implant and make an incision to expose the cover screw or use tissue punch Ref. MPU34 on the soft tissue. Remove the screw using manual surgical screwdriver Ref. SMSD or LMSD.



STEP 4 | Placing the healing abutment



Insert the chosen healing abutment using manual surgical screwdriver Ref. SMSD or LMSD.

The choice of healing abutment will depend on each individual case. It should match the implant platform and also the height of the gingival tissue in order to prevent occlusion of the abutment. If the abutment is too tall, it may subject the implant to premature loading, compromising the osseointegration process.

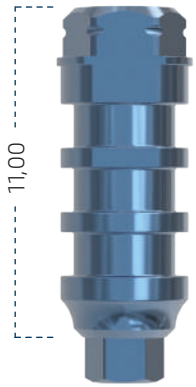
Surgical protocol

Implant insertion using ZPlus Mount | **Titansure Active**

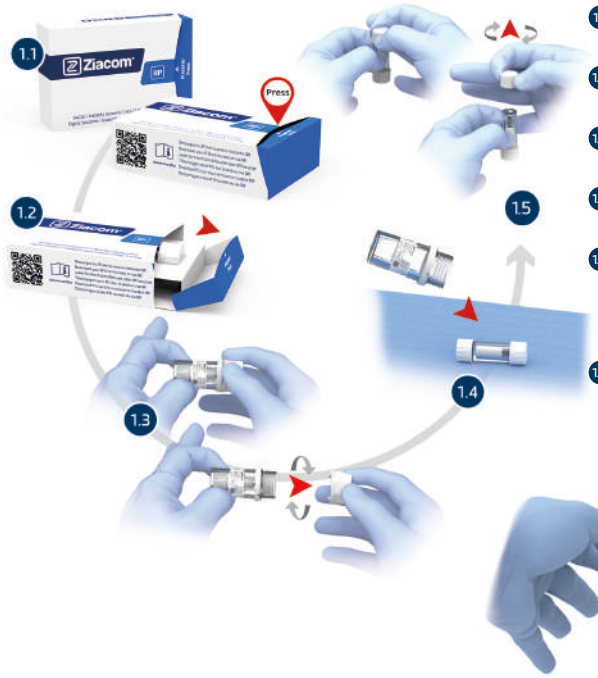
ZPlus Mount

Surface treatment

Titansure Active



STEP 1 | Unpacking the implant



1.1 Press the word "PRESS" and open the implant carton.

1.2 Remove the pack containing the vial with the implant and Bone Bioactive Liquid (BBL).

1.3 Hold the vial horizontally and remove the cap by turning it anti-clockwise.

1.4 Turn the vial containing the implant onto a sterile cloth in the operating area.

1.5 Hold the vial upright with one hand. Remove the cap by turning and lifting it.

Note: take care when opening the vial as the implant is submerged in a bioactive liquid.

1.6 Remember to remove the labels from the implant and to adhere them to the patient's Implant Card and medical record to ensure that the implant reference and lot numbers are traceable.

Note: do not reuse any leftover liquid.

STEP 2 | Choosing the right placement instrument

Based on the specific clinical situation and access to the surgical site, one of three different instruments can be selected to insert the implant:

A **Contra-angle:** select the ZPlus CA insertion key of the desired length (**Ref. 01MMIN / 02MMIN**) and insert it into the contra-angle.

B **Ratchet Ref. RATC50**: select the ZPlus Ratchet/Manual insertion key of the desired length (**Ref. XSMIN / TSMIN / TLMIN**) and insert it into the ratchet set to function "IN", which is identified with an arrow.

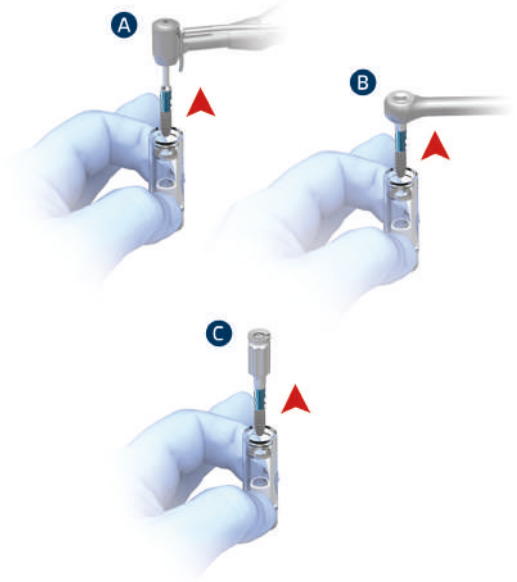
C **Screwdriver handle 4x4 Ref. MADW10**: select the ZPlus Ratchet/Manual insertion key of the desired length (**Ref. XSMIN / TSMIN / TLMIN**) and insert it into the screwdriver handle.

STEP 3 | Removing the implant from its vial

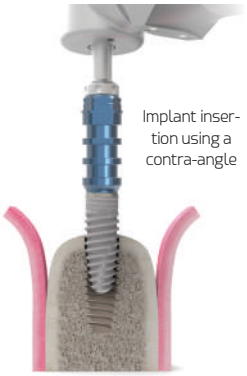
Hold the vial containing the implant in one hand and insert the selected insertion key into the ZPlus mount with the other hand. Remove the implant-mount assembly by lifting it vertically out of the vial.

NOTE

Take care when opening the vial so as not to spill the Bioactive Liquid. Leftover Bioactive Liquid cannot be reused.



STEP 4 | Inserting the implant

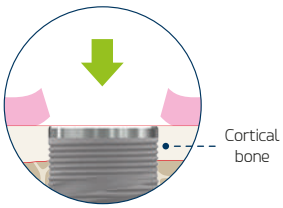


Insert the implant into the surgical site, controlling both the direction and angle of the implant. When inserting the implant with a contra-angle, use a maximum speed of 25 rpm. The recommended insertion torque ranges from 35 to 50 Ncm, according to each case, and is not limited to a single torque.

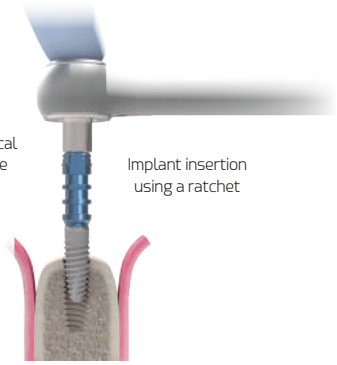
If resistance is met during insertion, turn the implant slightly anti-clockwise and then continue to insert after waiting a few seconds. Repeat this process as many times as necessary.

The Ziacom® surgical protocol establishes crestal positioning of the implant platform.

The ZPlus mount has 3 flat sides. After inserting the implant, make sure that one of these flat sides faces the vestibular direction.

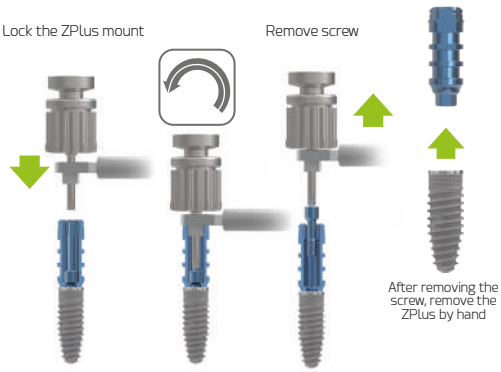


The Ziacom® surgical protocol establishes crestal positioning of the implant platform.



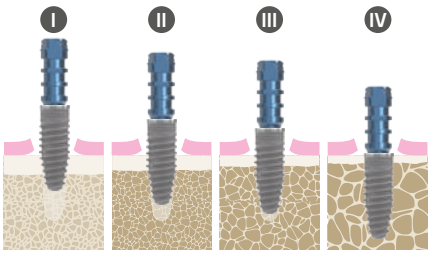
STEP 5 | Extracting the ZPlus Mount

Lock the ZPlus mount using locking key **Ref. 01MOHW** and remove the screw using manual surgical screwdriver **Ref. SMSD / LMSD**. After removing the screw, remove the ZPlus by hand.



STEP 5A | Extracting the ZPlus Mount

In order to prevent the ZPlus mount from becoming deformed or from cold welding with the implant, the point of insertion at which the mount should be extracted will depend on the type of bone.



Type I	1/2 insertion
Type II	3/4 insertion
Type III	4/5 insertion
Type IV	Complete insertion

*Based on the Lekholm and Zarb 1985 bone quality classification

STEP 5B | Extracting the ZPlus Mount

Step 1

After removing the clinical screw, insert the extractor screw.

Step 2

Turn the screwdriver clockwise until the extractor screw makes contact with the implant and then turn an extra quarter turn to unlock the mount

Step 3

After unlocking the mount, remove the extractor screw

In the event of galling or cold welding between the ZPlus mount and the implant after insertion: do not handle the mount with instruments in a way that could reduce primary stability. Only use the Ziacom® extractor screw **Ref. EDSZ34 (RP/WP)**.

On inserting the extractor screw using manual surgical screwdriver **Ref. SMSD / LMSD** and manual torque, in a clockwise direction, the apex makes contact with the implant, unlocking the mount and releasing it for removal.

Surgical protocol

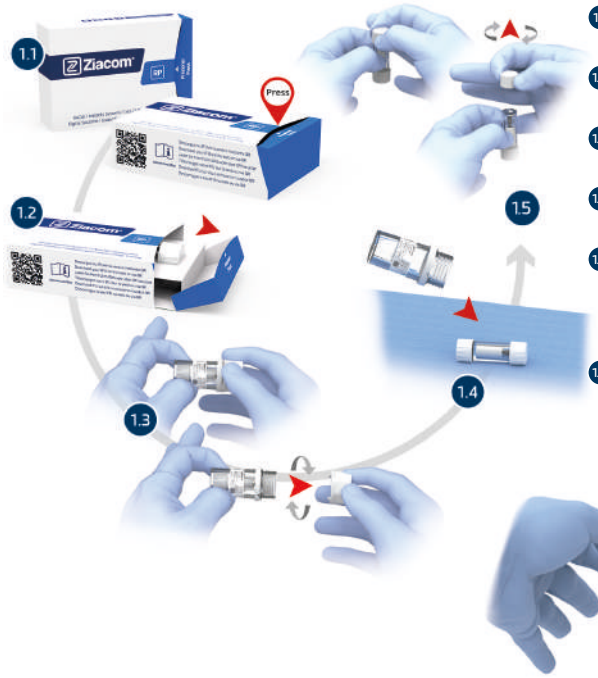
Implant insertion using Ziacom® No Mount | **Titansure Active**

Ziacom® No Mount

Surface treatment

Titansure Active

STEP 1 | Unpacking the implant



1.1 Press the word "PRESS" and open the implant carton.

1.2 Remove the pack containing the vial with the implant and Bone Bioactive Liquid (BBL).

1.3 Hold the vial horizontally and remove the cap by turning it anti-clockwise.

1.4 Turn the vial containing the implant onto a sterile cloth in the operating area.

1.5 Hold the vial upright with one hand. Remove the cap by turning and lifting it.

Note: take care when opening the vial as the implant is submerged in a bioactive liquid.

1.6 Remember to remove the labels from the implant and to adhere them to the patient's Implant Card and medical record to ensure that the implant reference and lot numbers are traceable.

Note: do not reuse any leftover liquid.

STEP 2 | Choosing the right placement instrument

Based on the specific clinical situation and access to the surgical site, one of three different instruments can be selected to insert the implant:

A **Contra-angle:** select the Zinic® CA insertion key **Ref. MMZ1** and insert it into the contra-angle.

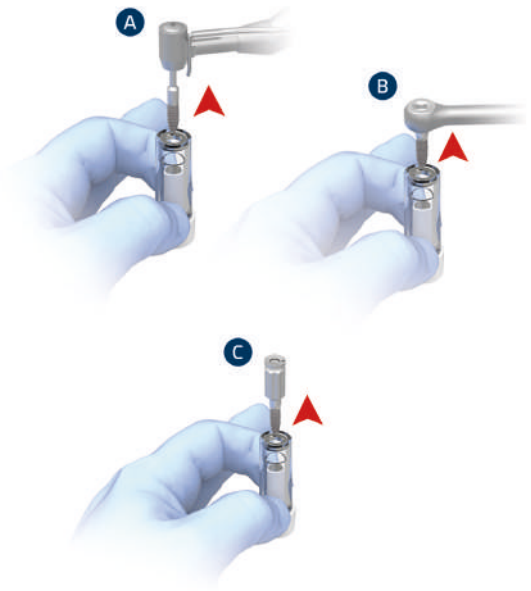
B **Ratchet Ref. RATC50:** select the Zinic® Ratchet/Manual insertion key of the desired length (**Ref. SMZ1 / LMZ1**) and insert it into the ratchet set to function "IN", which is identified with an arrow.

C **Screwdriver handle 4x4 Ref. MADW10:** select the Zinic® Ratchet/Manual insertion key of the desired length (**Ref. SMZ1 / LMZ1**) and insert it into the screwdriver handle.

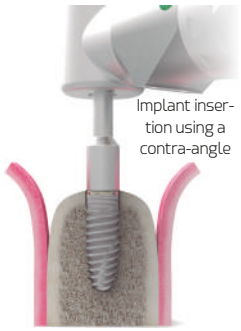
STEP 3 | Removing the implant from its vial

Hold the vial containing the implant upright in one hand and insert the selected insertion key into the implant with the other hand. Remove the implant by lifting it vertically out of the vial.

NOTE
Take care not to spill the bioactive liquid.



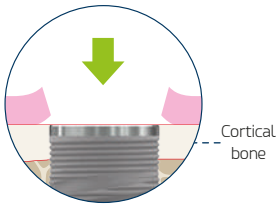
STEP 4 | Inserting the implant



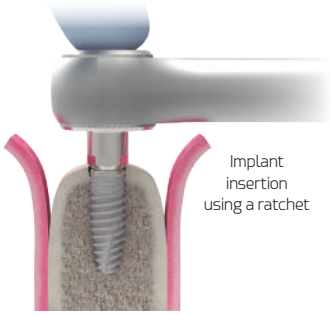
When inserting the implant with a contra-angle, use a maximum speed of 25 rpm.

The recommended insertion torque ranges from 35 to 50 Ncm.

If resistance is met during insertion, turn the implant anti-clockwise and then continue to insert after waiting a few seconds. Repeat this process as many times as necessary.

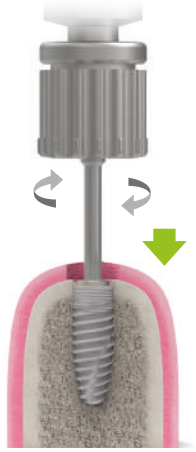


The Ziacom® surgical protocol establishes crestal positioning of the implant platform.



Soft tissue conditioning

STEP 1 | Placing the cover screw



Remove the cover screw anti-clockwise using manual surgical screwdriver Ref. SMSD / LMSD.

Move the cover screw towards the implant while taking care not to drop it and cause its accidental ingestion. Insert the screw into the implant until it locks, applying manual torque in a clockwise direction. Placement of the cover screw during the first surgical phase requires that, after the osseointegration period, the second surgical phase should be performed or the implant should be exposed to fit the chosen abutment.

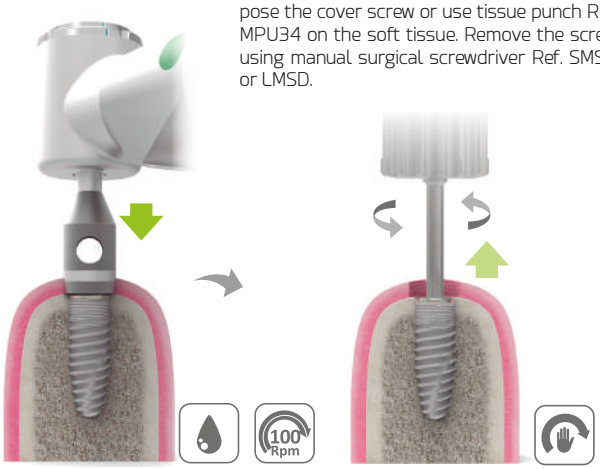
Based on each individual case, you can choose not to place a cover screw but instead to directly attach a healing abutment.

STEP 2 | Closing the soft tissue

Close and suture the soft tissue, carefully lining up the flaps.

STEP 3 | Exposing and extracting the cover screw

Locate the implant and make an incision to expose the cover screw or use tissue punch Ref. MPU34 on the soft tissue. Remove the screw using manual surgical screwdriver Ref. SMSD or LMSD.



STEP 4 | Placing the healing abutment

Insert the chosen healing abutment using manual surgical screwdriver Ref. SMSD or LMSD.

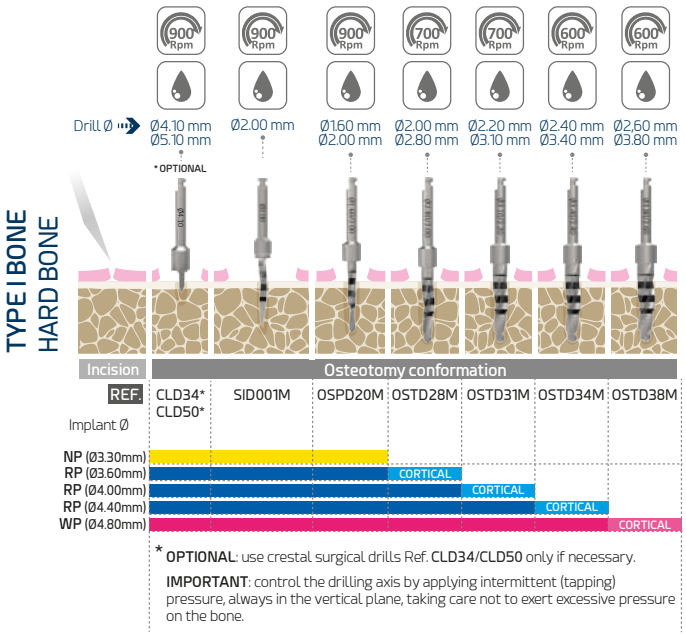
The choice of healing abutment will depend on each individual case. It should match the implant platform and also the height of the gingival tissue in order to prevent occlusion of the abutment. If the abutment is too tall, it may subject the implant to premature loading, compromising the osseointegration process.

Simplified surgical protocol

Drilling protocol - ZPlus / Ziacom® No Mount

Rotation | Irrigation required | Ø Drill diameter | Torque

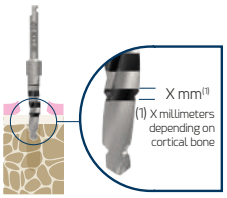
The specified speeds are recommended



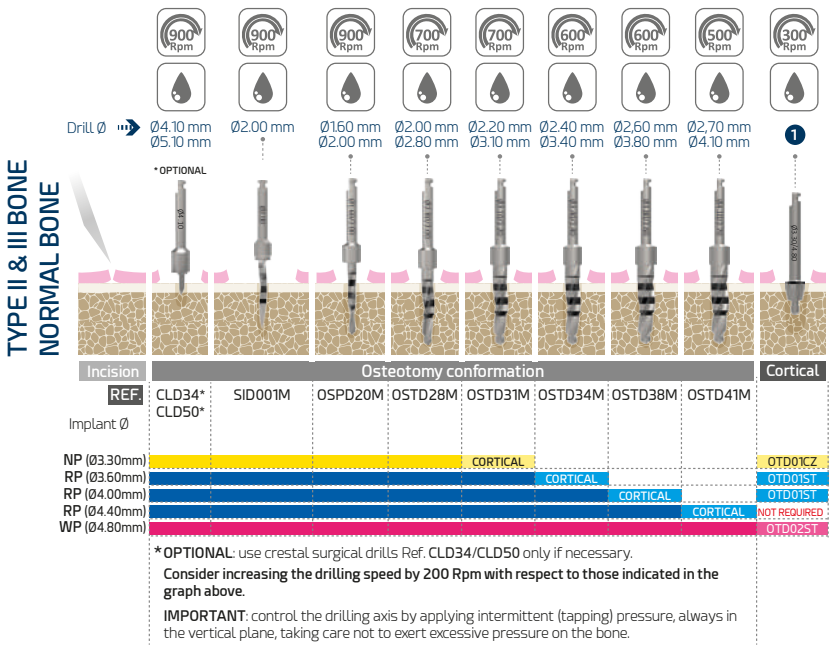
* **OPTIONAL**: use crestal surgical drills Ref. **CLD34/CLD50** only if necessary.

IMPORTANT: control the drilling axis by applying intermittent (tapping) pressure, always in the vertical plane, taking care not to exert excessive pressure on the bone.

CORTICAL DRILLING



Whenever the protocol indicates CORTICAL, drilling to the depth corresponding to the cortical bone thickness is recommended on a case-by-case basis.



* **OPTIONAL**: use crestal surgical drills Ref. **CLD34/CLD50** only if necessary.

Consider increasing the drilling speed by 200 Rpm with respect to those indicated in the graph above.

IMPORTANT: control the drilling axis by applying intermittent (tapping) pressure, always in the vertical plane, taking care not to exert excessive pressure on the bone.

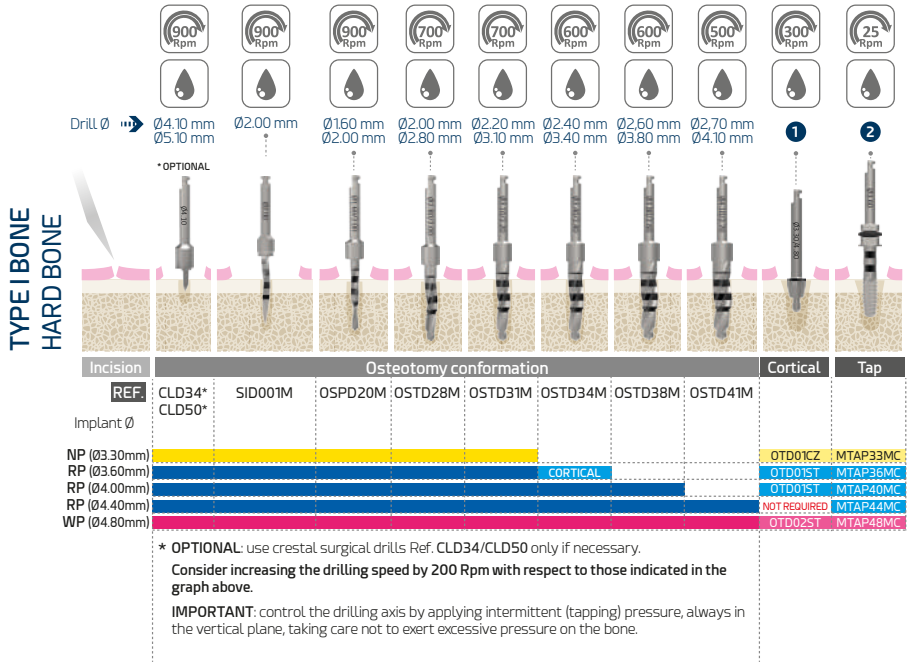
CORTICAL DRILL USAGE

Cortical drill usage will be compulsory whenever this is indicated in the protocol and will depend on bone type.

Drilling protocol - ZPlus / Ziacom® No Mount

Rotation | Irrigation required | Ø Drill diameter | Torque

The specified speeds are recommended

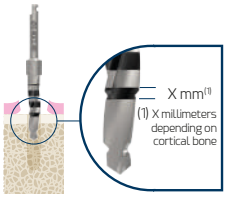


* **OPTIONAL**: use crestal surgical drills Ref. **CLD34/CLD50** only if necessary.

Consider increasing the drilling speed by 200 Rpm with respect to those indicated in the graph above.

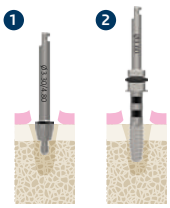
IMPORTANT: control the drilling axis by applying intermittent (tapping) pressure, always in the vertical plane, taking care not to exert excessive pressure on the bone.

CORTICAL DRILLING



Whenever the protocol indicates CORTICAL, drilling to the depth corresponding to the cortical bone thickness is recommended on a case-by-case basis.

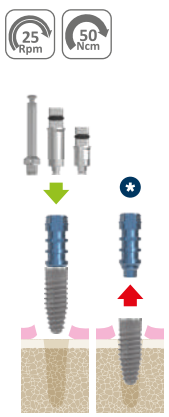
CORTICAL DRILL AND SURGICAL TAP USAGE



Cortical drill and surgical tap usage will be compulsory whenever this is indicated in the protocol and will depend on bone type.

Implant insertion - ZPlus

Insertion

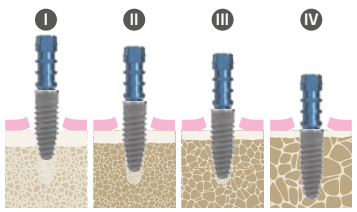


Insertion

XSMIN / TSMIN
TLMIN / 1MMINX
02MMIN

Removing the mount

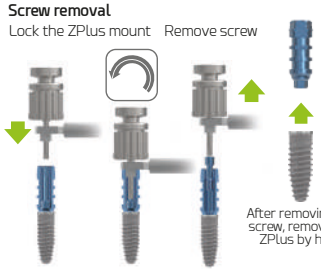
Insertion point at which to remove the mount according to bone type



Type I	1/2 insertion
Type II	3/4 insertion
Type III	4/5 insertion
Type IV	Complete insertion

Screw removal

Lock the ZPlus mount Remove screw



REF. SMSD/LMSD with 01MOHW

IMPORTANT

Important: if the ZPlus has seized on the implant, use the extractor screw to remove it: with **NP** platform, use Ref. **EDSZ20** and with **RP/WP** platform, use Ref. **EDSZ34**

Recommendations for ZPlus Mount

In the event of galling or cold welding between the ZPlus mount and the implant after insertion, do not handle the mount with instruments in a way that could reduce primary stability. Use only the Ziacom® extractor screw Ref. **EDSZ20** (NP) or **EDSZ34** (RP/WP).

On inserting the extractor screw (using a 1.25-mm screwdriver and manual torque) in a clockwise direction, the apex makes contact with the implant, unlocking the mount and releasing it for removal.

Direct insertion

Insertion

SMZ / LMZ
MMZ / MMZA (NP)

SMZ1 / LMZ1
MMZ1 / MMZ1A (RP/WP)

Simplified surgical protocol

Implant insertion - Ziacom® No Mount

About Ziacom® No Mount

Ziacom® implants are available without a mount. This blister pack format allows dentists to comfortably remove the implant from the vial and place it in the surgical site using a direct instrument in one single step, thereby saving time during the operation. The No Mount implant facilitates instrumentation in reduced spaces and allows better visibility of the surgical site.

The new direct-to-implant Zinic® insertion keys with Ref. **SMZ/LMZ/MMZ/MMZA** (**NP**) and **SMZ1/LMZ1/MMZ1/MMZ1A** (**RP/WP**) have a centring device on their rotatory part to avoid damaging the connection and a washer on the active end to allow the implant to be quickly and safely moved to the surgical site.

Direct insertion

Insertion

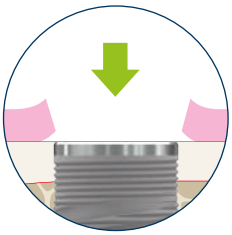
SMZ / LMZ
MMZ / MMZA (NP)

SMZ1 / LMZ1 (RP/WP)
MMZ1 / MMZ1A

Crestal placement

The Ziacom® implant platform should be placed at bone crest level.

RECOMMENDED
subcrestal position



Bone types

Lekholm and Zarb classification (1985)

TYPE IV BONE - SOFT BONE

- Thin cortical layer surrounding a low-density trabecular bone.

TYPE II & III BONE - MEDIUM BONE

- Type II: thick layer of compact bone surrounding a dense trabecular bone.
- Type III: thin cortical layer surrounding a dense trabecular bone.

TYPE I BONE - HARD BONE

- Composed almost entirely of homogeneous compact bone.

General recommendations

Consider during intervention

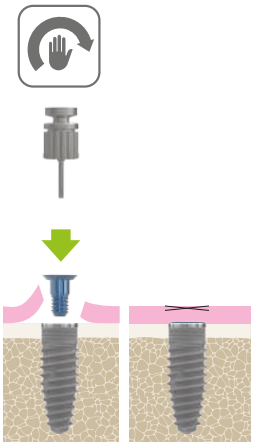
Surgical drills must be inserted into the contra-angle handpiece with the motor stopped, ensuring that they are seated and rotate properly before starting drilling. Treat drills with the utmost care; the slightest damage to the tips could compromise their effective operation.

Each instrument should only be used for the specific use recommended by the manufacturer.

Damaged instruments must be disposed of according to local regulations.

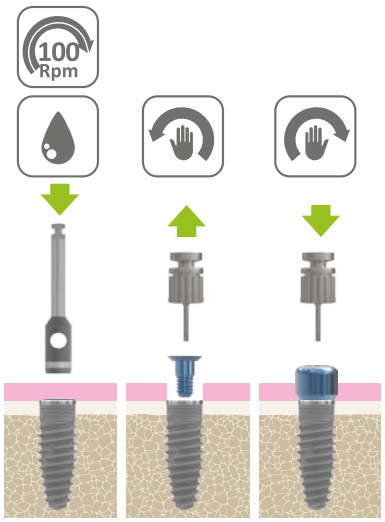
Implantologists should keep one of the identification labels supplied with the product in the patient's file so that it may be traced correctly.

Handling of cover screw



Remove the cover screw from its vial using the hex screwdriver in a counter-clockwise direction. Move the cover screw towards the implant while taking care not to drop it and cause its accidental ingestion. Insert the cover screw into the implant and tighten it using manual torque in a clockwise direction.

Preparation for second surgical phase



Placement of healing abutment

The healing abutment should correspond to the implant platform, considering the option of applying the platform switch technique with anatomical abutments and be in accordance with the height of the gingival tissue to avoid abutment occlusion. Excessive height could expose the implant to premature loading, compromising the osseointegration process.

IMPORTANT WARNINGS

About implant insertion

Excessive compression of the bone can lead to failure of implant osseointegration.

Failure to follow the steps described in the surgical sequence may result in:

- Lack of primary stability due to loss of supporting bone.
- Difficulties during implant insertion.

Exceeding the torque (50 Ncm) when inserting the implant may result in:

- Irreversible deformation of the implant's internal/external connection.
- Irreversible deformation of the implant insertion instrument.
- Difficulty disassembling the instrument/implant assembly.

Maximum insertion torque and speed

The recommended insertion torque ranges from **35** to **50 Ncm**, according to each case, and is not limited to a single torque.

The implant should be inserted with controlled torque based on the bone density and quality of the implant placement site:

Without partial or complete **disassembly of the implant Mount**, in **type III** and **IV bone, respectively**, with recommended torque of **35** to **50 Ncm** to avoid deformation of the Mount or cold welding between the Mount and the implant.

With partial or complete **disassembly of the implant Mount** and using a direct-to-implant key, in **type I** and **II bone**, respectively, with recommended torque of **35** to **50 Ncm** to avoid deformation of the connection and excessive bone compression.

Insertion instrument or CA screwdrivers: use a maximum speed of:

Zinic® MT implants

The Ziacom® surgical protocol establishes the crestal position of the implant platform.

To avoid cortical stress and deformation of the key and/or implant connection, and also to avoid galling between the implant and the Mount, the recommended maximum speed (**25 Rpm**) and maximum torque (**50 Ncm**) must be respected when inserting with a contra-angle (CA) handpiece.

When using a ratchet, it is necessary to monitor resistance during insertion. If there is any resistance, the implant should be removed by turning it twice (to release the bone from the tension created and free the thread) and then, after a few seconds, the implant should be inserted again, repeating this process as many times as is necessary.

Always consult the surgical and prosthetic protocols published in this catalogue, as well as the other documents available in the "Reference literature" section of our website **www.ziacom.com/biblioteca** which explained the procedures, protocols and instructions for use before using the Zinic® MT system by Ziacom®.

ZiNiC®MT

Cleaning, disinfection and sterilisation

Cleaning, disinfection and sterilisation

The protocols described in this section must only be carried out by personnel qualified to clean, disinfect and sterilise the dental materials specified here in.

Cleaning and disinfection instructions

Applicable for instruments, surgical and prosthetic boxes and plastic retainer caps.

Disassembly

1. Dismount* the appropriate instruments, for example manual ratchets, drills or drill stops.
2. Remove the various components from the surgical or prosthetic box for correct cleaning.

Cleaning and disinfection

For disinfecting instruments and surgical boxes:

1. Submerge the instruments in a detergent/disinfectant solution** suitable for dental instruments to help eliminate any adhered biological residues. If an ultrasound bath is available***, confirm that the detergent/disinfectant solution is indicated for use with this type of equipment.
2. Manually remove any biological residues with a non-metallic brush and pH-neutral detergent.
3. Rinse with copious water.
4. When cleaning the surgical and prosthetic boxes, always use a pH-neutral detergent and non-abrasive utensils to avoid damaging the surface of the boxes.
5. Dry the materials with disposable cellulose, lint-free clothes or compressed air.

For disinfecting plastic caps and spacers:

1. Submerge in a neat benzalkonium chloride solution for 10 minutes.
2. Rinse with distilled water.
3. Dry the caps and spacer before use.

Inspection

1. Check that the instruments are perfectly clean; if not, repeat the cleaning and disinfection steps.
2. Discard any instruments with imperfections and replace them before the next procedure.
3. Check that the instruments and the surgical and prosthetic boxes are perfectly dry before reassembling the parts and proceeding to their sterilisation.

* See the assembly disassembly manuals at **www.ziacom.com/biblioteca**

** Follow the instructions from the disinfectant's manufacturer to determine the correct concentrations and times.

*** Follow the instructions from the ultrasound bath's manufacturer to determine the correct temperature, concentration and times.

Sterilisation instructions for steam autoclave

Applicable to orthodontic implants, abutments, and surgical and prosthetic instruments and boxes.

1. Introduce each material separately in individual sterilisation bags, then seal the bags. For joint sterilisation, place the instruments in their surgical box, introduce the box into a sterilisation bag and seal the bag.
2. Place the bags to be sterilised in the autoclave.
3. Sterilise in a steam autoclave at 134°C/273°F (max. 137°C/276°F) for 4 min (minimum) and at 2 atm. Torque wrenches must be sterilised in 3 vacuum cycles at 132°C/270°F for a minimum of 1.5 minutes and vacuum-dried for a minimum of 20 minutes.

For the United States only: The validated and recommended sterilisation cycle for the US must be performed in a steam autoclave at 132°C/270°F for at least 15 min and with the drying time of at least 15 - 30 min.

IMPORTANT
Make sure the drying stage is allowed to run to completion, otherwise the products may be damp.
Check the sterilisation equipment if the materials or sterilisation bags are damp at the end of the sterilisation cycle.
Perform the necessary maintenance actions on the autoclave according to the established periodicity and following the manufacturer's instructions.

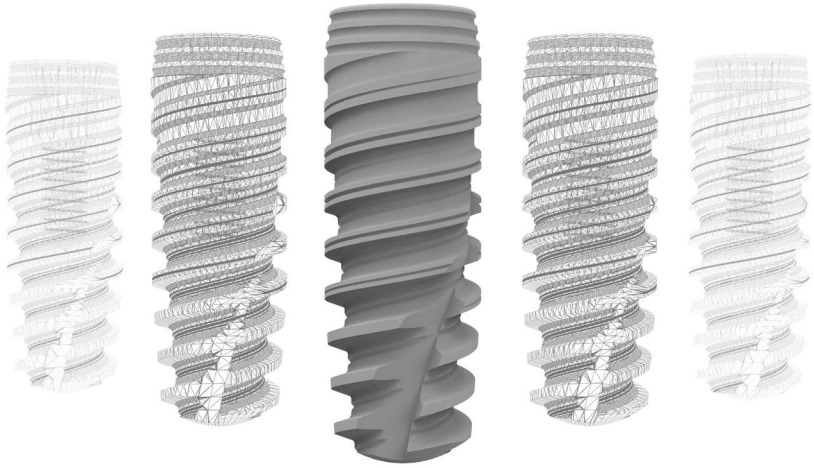
Storage of Ziacom® products

- Store the products in their original packaging and in a clean, dry location until they are used.
- After sterilisation, keep the products in the sealed sterilisation bags and in a clean, dry location.
- Never exceed the use by date indicated by the manufacturer of the sterilisation bags.
- Always follow the indications of the manufacturer of the sterilisation bags.

General recommendations

- Never use damaged or dirty material; never reuse single-use products. The user is responsible for following the instructions described in this document correctly.
- The attention to piercing or sharp elements. Gloves should be worn when cleaning the materials to avoid accidents during handling.
- Follow the safety instructions indicated by the manufacturer of the disinfectant agent.
- The product's sterility cannot be guaranteed if the sterilisation bag is open, damaged or damp.
- Respect all stages of the sterilisation process. If the materials or sterilisation bags contain traces of water or moisture, check the autoclave and repeat the sterilisation.
- Orthodontic abutments and implants are supplied UNSTERILISED and must always be sterilised before use.
- Instruments and surgical and prosthetic boxes are supplied UNSTERILISED and must always be sterilised before use and cleaned and disinfected after use.
- The sterilisation, cleaning and disinfection processes gradually deteriorate the instruments. Inspect the instruments thoroughly to detect any signs of deterioration.
- Avoid contact between products made from different materials (steel, titanium, etc.) during the cleaning, disinfection and sterilisation processes.
- Ziacom Medical SL recommends these instructions are implemented for the correct maintenance and safety of their products; accordingly, the company refuses any liability for any damage to the products that could arise if the user applies alternative cleaning, disinfection and sterilisation procedures.

See **www.ziacom.com/biblioteca** for the latest version of the cleaning, disinfection and sterilisation instructions.



See the latest version of the general conditions of sale on our website **www.ziacom.com**.

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See the latest version of the catalogues available at **www.ziacom.com**.

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