GNLNXY

Conical connection implants











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).

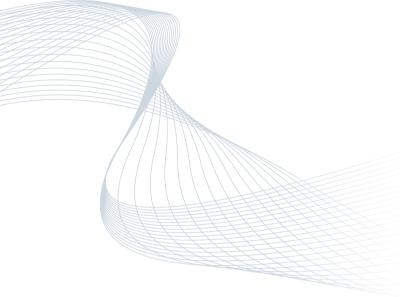
Warning. Not all Ziacom® products are available in all counties. Check availability in your country.

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Together for health



Index

The Company

Together for health

Ziacom® quality

Zitium® titanium	06
Investment in innovation and training	07
Ziacom® around the world	07
- Regional headquarter	07
- Subsidiaries	07
Galaxy conical connection implants	
Galaxy implant	10
Characteristics	10
Advantages	10
Diameters and lengths	11
Surface treatments	12
- Titansure surface treatment	12
- Titansure Active surface treatment	14
Product presentation	16
Galaxy references	17
Recommendations for use	18
How to use this catalogue	19
Product sheet	19
Symbology	19
Abutments Direct-to-implant restorations	22
Abutments Restorations using transepithelials	30
Surgical instruments	40
Prosthetic instruments	46
Surgical protocol	50
Cleaning, disinfection and sterilisation	62

06

06

06

The Company

Together for health

Ziacom® has been working for more than 20 years to improve the oral health and well-being of patients around the world by designing and manufacturing innovative, high-quality dental implant, prosthetic component, surgical instrument and biomaterial solutions.

The company was founded in 2004 with 100% Spanish capital and began its activity as a manufacturer of dental implants and attachments for several European companies before launching its own brand of implant systems in 2006.

In 2015. Ziacom® introduced its diversification strategy with the development of **new business lines** and new product lines and the launch of a new portfolio, which helped the company achieve a 15% share of the Spanish market in 2016 with the sale of more than 230.000 implants.

In 2022, the company started up on an **ambitious growth plan** with new goals of international expansion, broadening and diversification of its portfolio of products and services and a Corporate Identity restyle.

Ziacom® quality

Commitment to quality and innovation has been part of the values and the essence of Ziacom® since the beginning.

The reason why we used state-of-the-art technology in every stage of our products' production cycle, from design and manufacture to quality assurance, cleaning and packaging. All of our products are also manufactured using only high-quality raw materials after applying strict controls to select our main suppliers.

Ziacom Medical SL is a licensed manufacturer of medical devices and an AEMPS (Spanish Agency for Medicines and Medical Devices) 6425-PS marketing authorisation holder. Our quality management system is certified in accordance with the requirements of ISO standards 9001:2015 and 13485:2018. and is also GMP 21 CFR 820 compliant.

UARANTEE HARANTEE LIFETIME 15 YEARS Prosthetic abutments Dental implants

Thanks to our ceaseless endeavours to offer our clients an unsurpassable quality, all our implants have a lifetime guarantee.

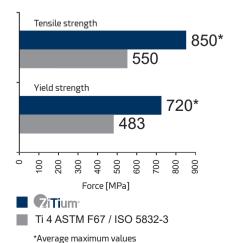
See the General Conditions for Accessing the Guarantee for Ziacom® products.

7itium® titanium

Ziacom® Galaxy implants are manufactured using extra-high-strength grade 4 Zitium® titanium which gives them considerably improved yield strength and mechanical properties.

Thanks to Zitium® titanium, our implants meet the requirements of ASTM F67 and ISO 5832-3 and are certified in accordance with Council Directive 93/42/EEC and its amendment Directive 2007/47/EC by notified body 0051.

Properties of Zitium® titanium















Ziacom® implants are all sterilised using beta ray radiation at 25 kGy, apart from the DSQ orthodontic implants, which are supplied

unsterilised.

All the products (except dental implants) listed in this Ziacom® catalogue are supplied unsterilised and must be sterilised before use.





Investment in innovation and training

In order to always offer the very best solutions for the **well-being of every patient**, and thanks to the experience and dedication of our **highly-qualified professionals** and **innovative Technological Centre**, our R&D&I team works incessantly in the field of **research and innovation** to **improve** our products and develop **new solutions** to meet the demands and needs of both patients and dentists.

We also invest in **research** and **ongoing training** as a way of providing **scientific support to the sector** and we firmly believe in training **young professionals** to ensure the best **advances in dentistry field**.

We therefore work closely with **training centres**, **universities and scientific bodies** to create a practical and specialised teaching environment to promote and strengthen their knowledge, abilities and professional growth.

In order to enhance our investment in the training and **development of dental professionals**, we have **specific areas at our facilities** for **hands-on training and practicals**, **state-of-the-art** training equipment and also a **physical and virtual showroom** where professionals can see all our dental solutions first hand.

Ziacom® around the world

We are committed to making oral health available to patients all over the world and have a solid **internal growth and expansion plan** to increase the company's **international presence** in those **areas where we our products are already available** and to add **new growth areas**.

In order to achieve this, we offer our **international associates** a **trusting and collaborative** partnership by adapting to their **local needs** and providing solutions that are specific to each market.

As part of our commitment to meet the specific **quality**, **regulatory and legal requirements of each country**, for both the registration and distribution of our products, we have **specific certifications** from each of the countries in which we trade.

Regional headquarter

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Please see the up-to-date list of Ziacom® distributors at www.ziacom.com or email us at export@ziacom.com



Conical connection implants



GALAXY implant

Characteristics

CONNECTION

- 11° conical connection with double internal hex.
- · Single platform for all diameters.
- · Platform switch.

CORTICAL ZONE

- · Microrings.
- Inverted cone cortical macro-design.

CONICAL BODY

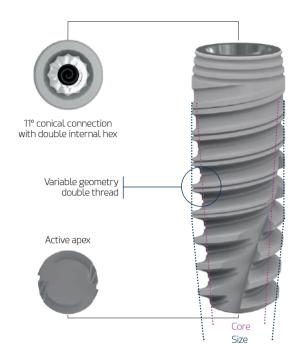
- · Double threaded
- · Variable geometry:
 - » Coronal thick trapezoidal thread.
 - » Middle thinner trapezoidal thread.
 - » Apex V-shaped thread.

APEX

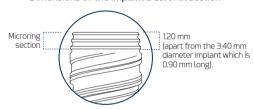
- · Oblique apical windows.
- · Self-tapping active apex.
- Atraumatic rounded apex.

INDICATIONS

- · Bones of very poor quality.
- · Immediate loading.
- Immediate postextraction implant placement.
- · Aesthetic anterior segment.



Dimensions of the implant's coronal section



Advantages

- · Better sealing against leaks which means less bacterial load.
- · Better distribution of forces directed towards the implant and not the connection.
- · If the recommended torques are exceeded, the screw suffers the fracture, not the implant.
- · Greater preservation of the crestal bone.
- · Lower incidence of peri-implantitis.
- · Better survival rate of conical connection implants.
- The conical connection prevents micromovement and microfiltration at the implant-abutment interface.
- The single platform provides a significant simplification of prosthetic procedures.
- The reverse taper neck mitigates cortical stress during surgery.
- The thread design confers a very high primary stability even in poor quality bone.
- The active apex facilitates insertion axis correction in postextraction alveoli.

Ziacom®



Diameters and lengths

					LENGTH (L)			
Ø DIAMETER	Ø PLATFORM	6	7	8.5	10	11.5	13	14.5
RP 3.40								
RP 3.70								
RP 4.00	2.85							Cooperation III
RP 4.30								Constitution of the consti
RP 4.80								

Dimensions in mm.

GALAXY implant

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.

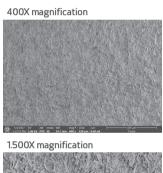
With our **Titansure** surface treatment, at Ziacom® we have obtained a contaminant-free surface topography and optimal average macroand microporosity values, which are key specifications for achieving prompt and proper osseointegration and, in turn, extremely reliable and predictable implants.

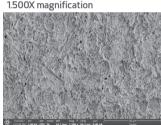
■ TITANSURE SURFACE ANALYSIS

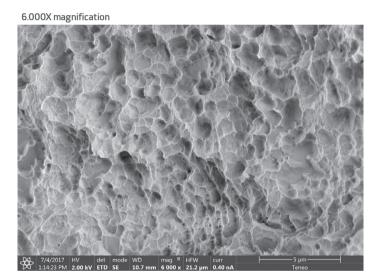
Titansure is an SLA surface treatment created through a subtraction process involving sandblasting with white aluminium oxide and double acid etching with hydrofluoric acid and a sulphuric/phosphoric acid mix.

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.

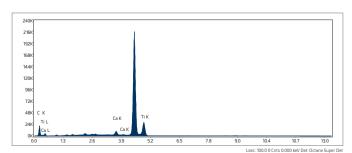






Surface elemental analysis

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 (%)
CK	9.32 (10.23)
AI 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 (%)).



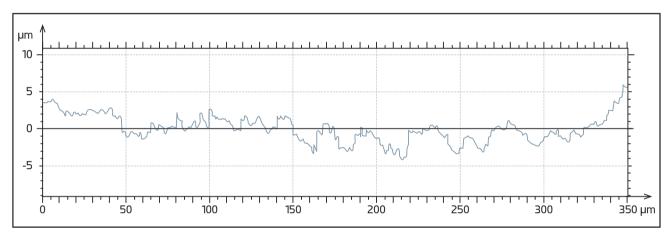
Surface roughness analysis

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



Galaxy 13 Z

GALAXY implant

Surface treatments

■ Titansure Active surface treatment

Ziacom® presents the **Tibansure Active** surface treatment with bone bioactive liquid (BBL) as the latest innovation for the presentation of our dental implants. The **Tibansure Active** surface treatment is a combination of **Tibansure** 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 (MgCl2.6H2O) 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 Tibansure 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

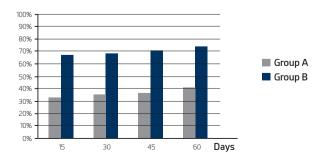
A study was conducted in the tibiae of 10 adult New Zealand rabbits after inserting four implants per rabbit (two in each tibia).

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 $\ensuremath{\mathrm{A}}\xspace.$

Histomorphometric analysis - Bone-to-implant contact (BIC)						
Time of measurement	Group A Untreated surface (Control) mean + SD	Group B Treated surface Tibansure 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%				



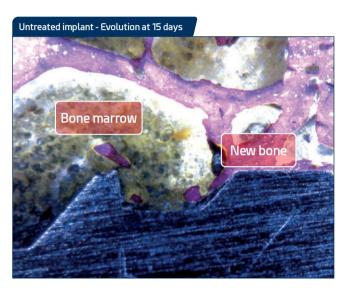


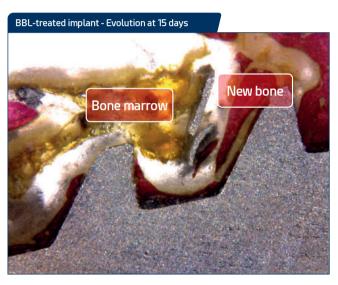
Conclusions

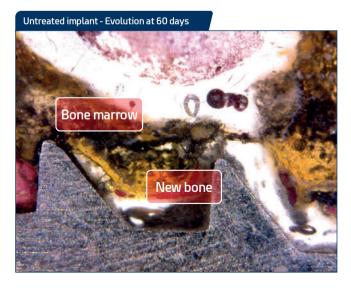
Within the scope of this study, the histomorphometric analysis demonstrated that the group B implants achieved quicker and more effective osseointegration than control group A. Nevertheless, an assessment of bone growth in the medullary portion of the subjects' tibiae revealed the new surface's potential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

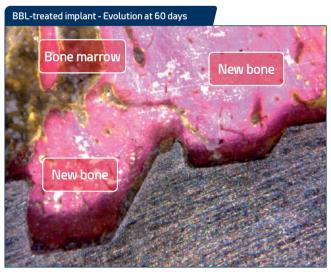
As explained by Dr. Sérgio Alexandre Gehrke, the histologist in charge of the study: "Within the study's limits, data from the histomorphometric analysis of the implants with a BBL-treated surface (78.92 + 0.3%) highlighted a much quicker and more effective osseointegration compared to the control group (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









NOTE

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

GALAXY implant

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.



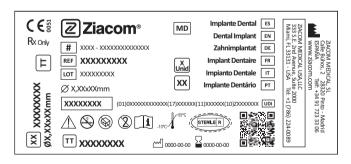
IMPORTANT

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



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 marking and notified body number.

MD Medical device indicator.

Model code.

REF Product name.

LOT Product batch number

UDI Unique device identifier

protective outer packaging. Sterilised by radiation.

One single sterile barrier system with

One single sterile barrier system. Sterilised by radiation.

Temperature limit.

Caution, consult accompanying documents.

Do not resterilize.

Do not use if package is damaged.

Single-use product.

 \prod_{i}

See instructions for use.

Product expiration date.

Date of manufacture.

Date of manufacture.

Product manufacturer.

TT Titansure surface treatment.

TTA Titansure Active surface treatment.

Rx Only Prescription only.

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.

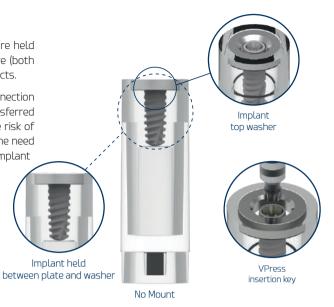




■ Ziacom® No Mount

Galaxy 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.

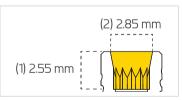
This packaging means that the pressure is applied directly to the connection so the implant can be safely and easily withdrawn from the vial and transferred to the surgical site. Therefore, Ziacom® No Mount implants eliminate the risk of reducing the primary stability caused by over instrumentation, squash the need to handle the implant when removing it from the mount, and simplify implant insertion in posterior areas with limited access.



Galaxy references

			0			
			8.5	GLY3485	GLY3485A	_
			10.0	GLY3410	GLY3410A	
	3.40	2.00/3.15	11.5	GLY3411	GLY3411A	=
	1		13.0	GLY3413	GLY3413A	***
			14.5	GLY3414	GLY3414A	
CALAXY			8.5	GLY3785	GLY3785A	_
			10.0	GLY3710	GLY3710A	
	3.70	2.20/3.70	11.5	GLY3711	GLY3711A	
			13.0	GLY3713	GLY3713A	-
			14.5	GLY3714	GLY3714A	400
			6.0	GLY4006	GLY4006A	
			7.0	GLY4007	GLY4007A	
		4.00 2.40/3.90	8.5	GLY4085	GLY4085A	(*************************************
	4.00		10.0	GLY4010	GLY4010A	
			11.5	GLY4011	GLY4011A	
			13.0	GLY4013	GLY4013A	
			14.5	GLY4014	GLY4014A	
		2.60/4.05	6.0	GLY4306	GLY4306A	
			7.0	GLY4307	GLY4307A	
			8.5	GLY4385	GLY4385A	
	4.30		10.0	GLY4310	GLY4310A	
			11.5	GLY4311	GLY4311A	3
			13.0	GLY4313	GLY4313A	-
			14.5	GLY4314	GLY4314A	
			6.0	GLY4806	GLY4806A	
490			7.0	GLY4807	GLY4807A	
	4.80	1.80 2.90/4.40	8.5	GLY4885	GLY4885A	
	4.00	L.3U/4.4U	10.0	GLY4810	GLY4810A	
			11.5	GLY4811	GLY4811A	-
			13.0	GLY4813	GLY4813A	

Platform



Single platform for all implants: (1) Height of inner cone (2) Diameter of the working platform

Metric



Unique metric of 1.60

Cover screw*



Anodised <u></u>







^{*} Screw included with each implant.

Galaxy 17 Z

GALAXY implant

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 inverted trapeziums 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: drill bit diameter.
- 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.

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

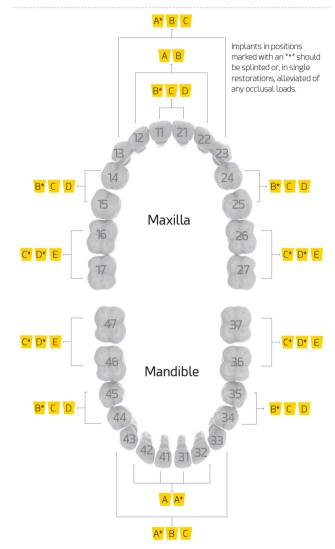


Periodontal chart



Implant diameter





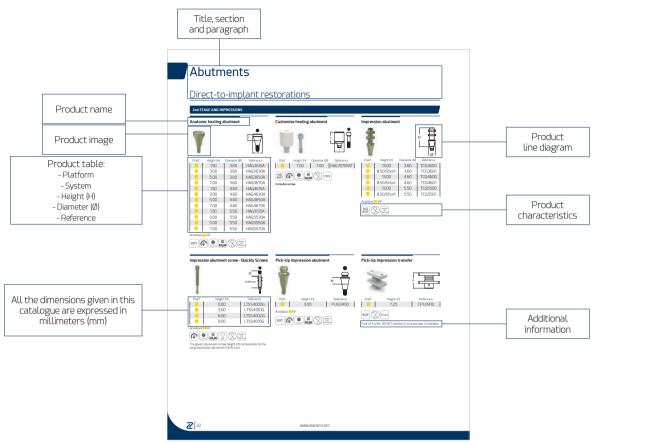
IMPORTANT

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

Ziacom®

How to use this catalogue

Product sheet



Symbology

Symbol	Meaning	Symbol	Meaning	Symbol	Meaning
ROT	Rotatory element	MX,XX	Size in millimeters	Co-Cr +castable	Made from cobalt chromium + castable plastic
NO	Non-rotatory element	45°	45° screw support	Cobalt Chromium	Made from cobalt chromium
	Use with manual torque (see table on page 38)	90°	90° screw support	PEEK	Made from PEEK
XX	Maximum operating torque		Use in rotation with a CA	Full castable	Made from castable plastic
Ncm 10 20 30 40 50 60 70	Ratchet torque range	XX	Maximum rotation speed	Plastic	Made from plastic
Galaxy	Galaxy connection	XX USES	Maximum number of uses	\$\$\$	Recommended sterilisation temperature
1,25mm	Screw connection		Single-use product	Non	Unsterilised product
Kirator	Kirator connection	Grade 5 ELI Titanium	Made from grade 5 ELI (extra-low interstitial) titanium		Use with abundant irrigation
Basic	Basic connection	Grade 2 Titanium	Made from grade 2 titanium	$\bigcap_{XX_{\circ}}$	Use with abundant irrigation
XDrive	XDrive connection	Stainless Steel	Made from stainless steel		
	Tx30 connection	Steel	Made from steel		

Galaxy 19



Abutments Direct-to-implant restorations



Abutments

Direct-to-implant restorations

2nd STAGE AND IMPRESSIONS

Anatomic healing abutment

Height (H)

1.50

3.00

5.00

7.00



Platf.



ή	
	_ Ø _
Ref	ference

HAG3615A

HAG3630A

HAG3650A

HAG3670A

HAG5570A

	1		H
Platf.	Height (H)	Diameter (Ø)	Reference
	7.00	7.00	HAG7070RAT
NO ROT Includes s	1,25mm M1,6	PEE PEE	K

Customize healing abutment

Impression abutment



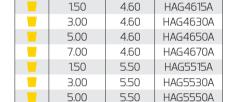


Platf.	Height (H)	Diameter (Ø)	Reference
	13.00	3.60	TCG3600
	8.50/Short	3.60	TCG3601
	13.00	4.60	TCG4600
	8.50/Short	4.60	TCG4601
	13.00	5.50	TCG5500
	8.50/Short	5.50	TCG5501

Anodised RP







Diameter (Ø)

3.60

3.60

3.60

3.60

Anodised RP





7.00





5.50

Impression abutment screw - Quickly Screws



Platf.	Height (H)	Reference
	0.00	LTSS4000G
	3.00	LTSS4001G
	6.00	LTSS4002G
	9.00	LTSS4010G

Anodised RP





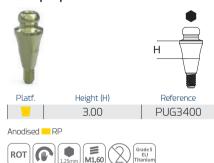




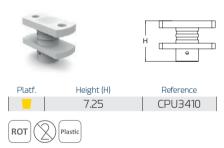


The given impression screw height (H) corresponds to the long impression abutment (13.00 mm).

Pick-Up impression abutment



Pick-Up impression transfer



Pack of 4 units. DO NOT sterilise in an autoclave. Sculptable.



Z2Plus Snap-On impression abutment



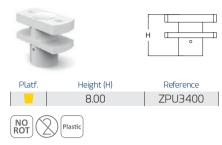
Anodised RP



IMPORTANT

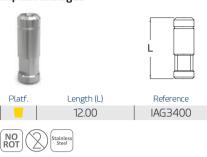
Use the laboratory screw to tighten this impression abutment.

Z2Plus Snap-On impression transfer



Pack of 4 units. DO NOT sterilise in an autoclave. Sculptable.

Implant analogue



3D implant analogue

inhrairr anarogue				
Platf.	Length (L)	Reference		
	12.00	IAG3400D		
NO ROT	Stainless Steel			

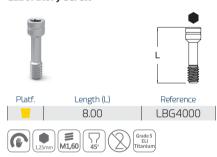
FIXING ELEMENTS

Kiran clinical screw



Special Kiran screw with surface treatment.

Laboratory screw



NOT apt for use as the final clinical screw.

Kiran Tx30 clinical screw



For abutments and Ti-Base ZiaCam Tx30
Platf. Length (L) Reference



Special Kiran Tx30 screw with surface treatment. Use only with Tx30 screwdrivers.

Galaxy 23 **Z**

Abutments

PROVISIONAL

Provisional abutment





Provisional abutment

Abutments for aesthetic and immediate loading



Rotatory



Rotatory

Platf.	Height (H)	Length (L)	Reference
	1.50	10.50	RUGT3615
	3.00	12.00	RUGT3630





Non-rotatory

Platf.	Height (H)	Length (L)	Reference
	1.50	10.50	RUGP3615
	3.00	12.00	RUGP3630
ROT	30 Ncm 1,25mm M1	,60 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PEEK

Non-rotatory

Platf.	Height (H)	Length (L)	Reference
	1.50	10.50	NUGT3615
	3.00	12.00	NUGT3630

Anodised RP



All provisional abutments come with an anodised screw.

Plati.	Height (H)	cengui (c)	Reference
	1.50	10.50	NUGP3615
	3.00	12.00	NUGP3630
NO ROT	30 1,25mm	,60 \(\frac{1}{45^\circ}\)	PEEK

SCREWED

■ MECHANISED BASE UCLA

Mechanised base abutment

+ Castable abutment





■ Tx30 VARIABLE ROTATION ABUTMENT

Tx30 mechanised base abutment

+ 2 castable abutments (15° and 20°)



Tx30 mechanised base abutment

+ 2 castable abutments (20° and 25°)









Rotatory

Platf.	Length (L)	Reference
	10.60	BRUG36
ROT	1,25mm M1,60 V45°	Co-Cr +castable

Non-rotatory

Platf.	Length (L)	Reference
	10.60	BNUG36
NO ROT	1,25mm M1,60 V 45°	Co-Cr +castable

All mechanised base UCLA abutments come with a special Kiran screw with surface treatment Ref. DSG4010.

Rotatory

Platf.	15° Length (L)	20° Length (L)	Reference
	11.40	11.20	BRUG36TX
ROT (3)	Som M	1,60	Co-Cr +castable 15°

Non-rotatory

Platf.	15° Length (L)	20° Length (L)	Reference
	11.40	11.20	BNUG36TX
NO ROT	BO M	1,60	Co-Cr +castable

Rotatory

Pl	atf.	20° Length (L)	25° Length (L)	Reference
		11.20	11.00	BRUG36TX1
RO'		M:	1,60 \(\frac{1}{45^\circ}\)	Co-Cr +castable

Non-rotatory

Platf.	20° Length (L)	25° Length (L)	Reference
	11.20	11.00	BNUG36TX1
NO ROT	Som M:	1,60	Co-Cr +castable

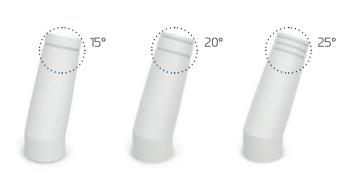
All Tx30 Variable Rotation abutments come with a special Kiran Tx30 screw with surface treatment Ref. DSG4010TX.



■ TX30 VARIABLE ROTATION ABUTMENT

The Tx30 variable rotation abutment comprises a Cr-Co mechanised base that accepts 15°, 20° or 25° angled castable abutments and a Kiran clinical screw with a special Tx30 connection.

The Cr-Co base ensures a perfect fit and seal with the implant connection and the different angles of the castable abutments can be used to choose the best position for the correct emergence of the restoration screw access channel.



Identifying grooves for the castable angles

Adjustable part

360°

Fixed part

CEMENTED

Anatomic straight abutment

Platf. Height (Hg/Ht) Length (L) Diameter (Ø)

9.00

10.50

9.00

10.50

8.50

10.00

1.50/2.50

3.00/4.00

1.50/2.50

3.00/4.00

1.50/2.00

3.00/3.50

Anodised RP





Reference

STG3615

STG3630

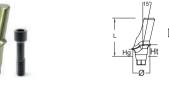
STG4615

STG4630

STG5515

STG5530





Anatomic 15° angled abutment

Platf.	Height (Hg/Ht)	Length (L)	Diameter (Ø)	Reference
	1.50/2.50	9.00	3.60	A1G3615
	3.00/4.00	10.50	3.60	A2G3615
	1.50/2.50	9.00	4.60	A1G4615
	3.00/4.00	10.50	4.60	A2G4615

Anodised RP



Anatomic 25° angled abutment





	Platf.	Height (Hg/Ht)	Length (L)	Diameter (Ø)	Reference
		1.50/2.50	9.00	3.60	A1G3625
		3.00/4.00	10.50	3.60	A2G3625
		1.50/2.50	9.00	4.60	A1G4625
I		3.00/4.00	10.50	4.60	A2G4625

Anodised RP



All cemented abutments come with a special Kiran screw with surface treatment Ref. DSG4010.

3.60

3.60

4.60

4.60

5.50

5.50

Galaxy 25 Z

Abutments

Direct-to-implant restorations

OVERDENTURE

Kirator



Kirator abutment

Platf.	Height (H)	Reference
	1.00	LOG4010
	2.00	LOG4020
	3.00	LOG4030
	4.00	LOG4040
	5.00	LOG4050
	6.00	LOG4060

Golden surface treatment

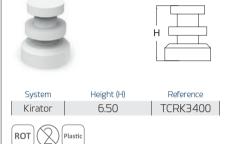
Insertion key Ref. LOSD01/LOSD02.



Includes the Kirator abutment with sterilisable polyoxymethylene applicator (Tecaform AH-POM-C).

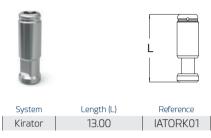
Related abutments

Kirator impression transfer



Pack of 4 units. DO NOT sterilise in an autoclave. Sculptable.

Kirator analogue





Kirator processing kit



System	Reference
Kirator processing kit	TP8520
tor processing kit consisting of: Titan	ium housing with

black relined cap, spacer and purple, transparent and pink plastic caps.

Sterilise the metal coping using the autoclave. Plastic caps and spacers should be cold disinfected. See Cleaning and Disinfection Instructions on the Ziacom® website.

System	Retention (Kg)	Reference
Kirator	Soft/1.20 kg	TPK100
	Standard/1.80 kg	TPK200
	Strong/2.70 kg	TPK300

Pack of 4 plastic Kirator retainer caps.



DO NOT sterilise in an autoclave. Maximum divergence of

Kirator divergence processing kit



System	Reference
Kirator processing kit	TP8520D

Kirator divergence processing kit comprising: Titanium housing with black relined cap, spacer and purple, transparent and pink plastic caps.

Sterilise the metal coping using the autoclave. Plastic caps and spacers should be cold disinfected. See Cleaning and Disinfection Instructions on the Ziacom® website

System	Retention (Kg)	Reference
	Soft/1.20 kg	TPK110*
Kirator	Standard/1.80 kg	TPK220*
	Strong/2.70 kg	TPK330*

Pack of 4 plastic Kirator retainer caps - divergent.



DO NOT sterilise in an autoclave. Maximum divergence of

Example sequence

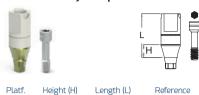


The references with *(TPK110/TPK220/TPK330) of the Kirator divergent processing pack are subject to availability.



DIGITAL CAD-CAM

ZiaCam scanbody to implant



10.00

3.00 Anodised RP



Indicated for the clinic.

All ZiaCam scanbody to implant abutments include a screw Ref. LBG4000.

For more information on the recommendations for the use of interfaces in zirconia restorations see the literature available at www.ziacom.com/biblioteca or the use of abutments see the "Prosthetic procedure" manual.



ZiaCam Ti-Base





Reference

FNUG305

FNUG315

FNUG330

FNUG405

FNUG415

FNUG430

FNSYG41T

Rotatory

Non-rotatory

Platf.	Height (Hg/Ht)	Diameter (Ø)	Reference	
	1.00/5.50	3.80	FRUG305	
	2.00/6.50	3.80	FRUG315	
	3.00/7.50	3.80	FRUG330	
	1.00/5.50	4.40	FRUG405	
	2.00/6.50	4.40	FRUG415	
	3.00/7.50	4.40	FRUG430	

3.80

3.80

3.80

4.40

4.40

4.40



Platf. Height (Hg/Ht) Diameter (Ø)

1.00/5.50

2.00/6.50

3.00/7.50

1.00/5.50

2.00/6.50

3.00/7.50

M1,60

All Ti-Base ZiaCam abutments come with a special Kiran screw with surface treatment Ref. DSG4010.

Tx30 ZiaCam Ti-Base





Rotatory

Platf.	Height (Hg/Ht)	Diameter (Ø)	Reference
	1.00/6.50	3.80	FRUG305TX
	2.00/7.50	3.80	FRUG315TX
	3.00/8.50	3.80	FRUG330TX (1)
	1.00/6.50	4.40	FRUG405TX
	2.00/7.50	4.40	FRUG415TX
	3.00/8.50	4.40	FRUG430TX (1)













Non-rotatory

Platf.	Height (Hg/Ht)	Diameter (Ø)	Reference
	1.00/6.50	3.80	FNUG305TX
	2.00/7.50	3.80	FNUG315TX
	3.00/8.50	3.80	FNUG330TX (1)
	1.00/6.50	4.40	FNUG405TX
	2.00/7.50	4.40	FNUG415TX
	3.00/8.50	4.40	FNUG430TX (1)





All Ti-Base ZiaCam Tx30 abutments come with a special Kiran Tx30 screw with surface treatment Ref. DSG4010TX.

(1) Gingival heights of 3.00 mm have a maximum angle of 20° (all other heights have a maximum of 30°).

Galaxy



Abutments Restorations using transepithelials



Abutments

Restorations using transepithelials

■ Transepithelial abutments

- · Allows the formation and maturation of peri-implant tissue from the first 8 weeks.
- · One abutment-one time, allows gingival adhesion to its surface as repeated disconnections are not necessary.
- It avoids the loss of bone and soft tissue as there is no mechanical rupture of the peri-implant interface.
- · The prosthetic working area is above the gingival level, making the adhesion behaviour of the soft tissue more predictable and maintaining a good seal.
- · Less formation of micro gaps at the implant/prosthetic component junction.
- · Greater crestal bone preservation.
- Prosthesis try-in and anaesthesia-free definitive placement.
- · If the recommended torques are exceeded, the screw fractures in the transepithelial and not inside the implant.

Attachment heights

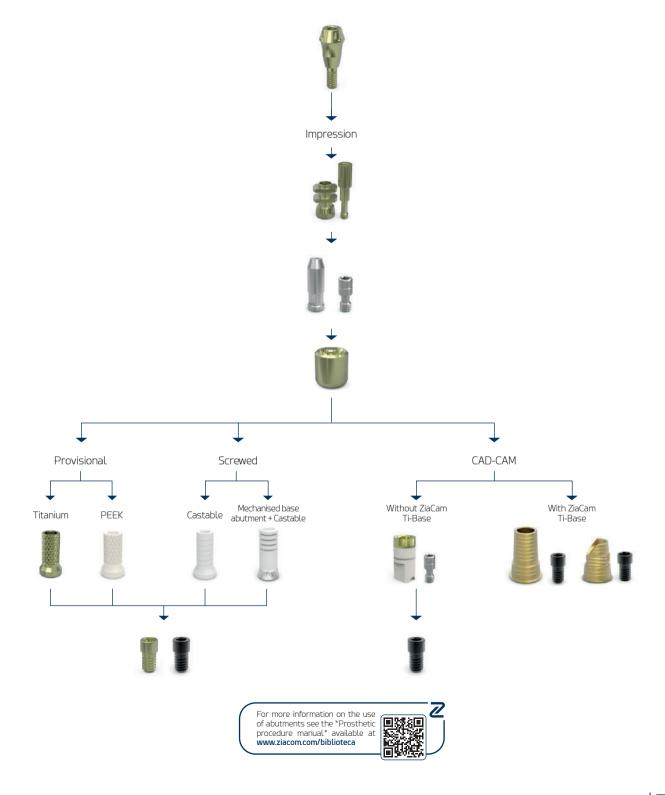
- · Higher abutment height equals greater marginal bone preservation in cemented prostheses.
- Taller abutments (≥ 2 mm) provide better soft tissue adaptation.
- Short abutments (< 2 mm) may compress the soft tissues resulting in greater crestal bone loss.
- Marginal bone loss will differ depending on the clinical decision on abutment height. Generally, for prosthetic abutments ≥ 2 mm there will be better crestal bone preservation.



Ziacom®



■ Basic | Demonstrative sequence of use



Galaxy 31 Z

Abutments

Basic abutment





Platf.	Height (H)	Reference
	1.50	BASICG415
	2.50	BASICG425
	3.50	BASICG435
	4.50	BASICG445
	5.50	BASICG455

Insertion key Ref. MABA100/MABA110











Includes the Basic abutment with sterilisable polyoxymethylene applicator (Tecaform AH-POM-C). 18° cone angle. 36° angle between abutments.

Basic abutment with applicator

Basic healing abutment





System	Height (H)	Reference
Basic	5.00	BAHAFX34

Anodised RP













Basic impression abutment





Rotatory

System	Height (H)	Reference
Basic	8.00	BATC134





Non-rotatory

System	Height (H)	Reference
Basic	8.00	BATN134

Anodised RP



 $\label{eq:All Basic} \textbf{All Basic impression abutments come with a screw}.$

Basic analogue





Rotatory

System	Length (L)	Reference
Basic	13.00	BAIAEX34



Non-rotatory

System	Length (L)	Reference
Basic	13.00	BAIANEX34
NO ROT	Stainless Steel	

Basic 3D analogue

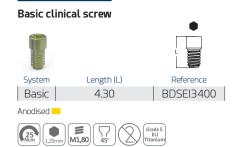
System	Length (L)	Reference
Basic	13.00	BAIAEX34D

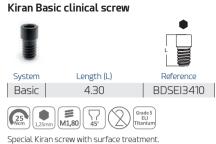


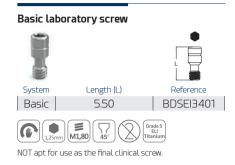




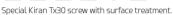












Length (L)

8.50

Reference

BARUT10

Basic provisional abutment

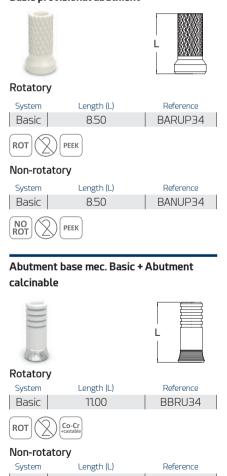
System

Basic

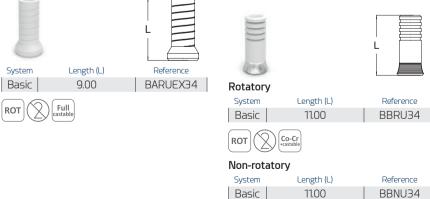
Anodised -ROT

Basic UCLA





Galaxy





33 2

Abutments

DIGITAL CAD-CAM

ZiaCam scanbody to Basic abutment



Rotatory

System	Length (L)	Reference
Basic	8.70	FNSYB11T
ROT	1,25mm M1,80 V 45°	PEEK Grade 5 ELI Titanium

Non-rotatory

System	Length (L)	Reference
Basic	8.70	FNSYB11NT
NO ROT	1,25mm M1,80 45°	PEEK Grade 5 ELI Titanium

Indicated for clinical use.

All ZiaCam scanbody to Basic abutments include a screw Ref. BDSEI3401.

ZiaCam to Basic Ti-Base



Rotatory

System	Height (Hg/Ht)	Reference
Basic	0.30/6.70	BFRU341



System	Height (Hg/Ht)	Reference
Basic	0.30/6.70	BFNU341
NO ROT	1,25mm 1,80 1,5° 1	Grade 5 ELI Titanium

All ZiaCam to Basic Ti-Bases come with a Kiran special screw with surface treatment Ref. BDSEI3410.

ZiaCam Tx30 to Basic Ti-Base





Rotatory

System	Height (Hg/Ht)	Reference
Basic	0.30/5.70	BFRU341TX
ROT 2	5m M1,80 \(\frac{1}{45^{\circ}} \)	Grade 5 ELI Titanium

Non-rotatory

System	Height (Hg/Ht)	Reference
Basic	0.30/5.70	BFNU341TX
NO ROT	M1,80 \(\frac{1}{45^{\circ}} \)	Grade 5 ELI Titanium

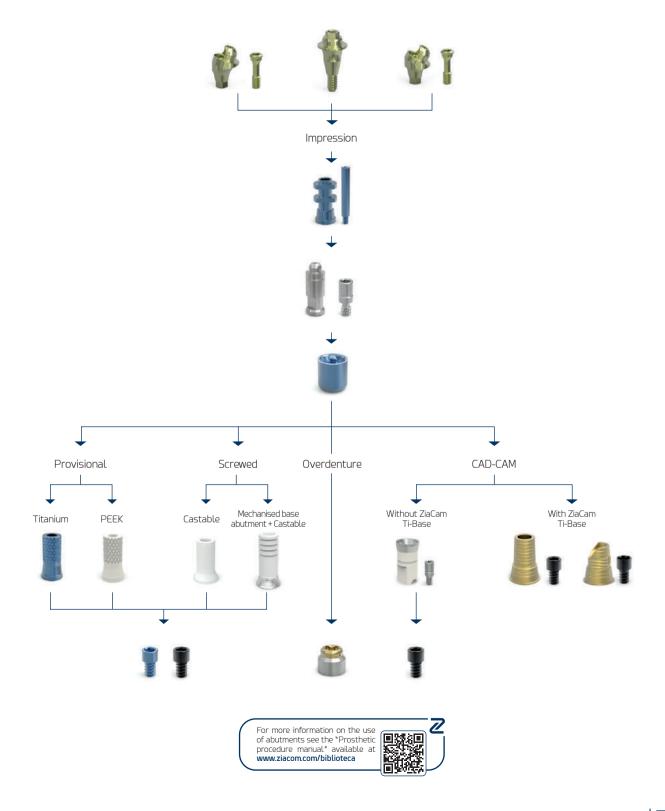
All ZiaCam Tx30 to Basic Ti-Bases come with a Kiran Tx30 special screw with surface treatment Ref. BDSEI34TX.

Z 34 Ziacom®



Restorations using transepithelials

■ XDrive | Demonstrative sequence of use



Galaxy 35 Z

Abutments

XDrive straight abutment





Platf.	Height (H)	Reference
	1.50	XST10G15
	2.50	XST10G25
	3.50	XST10G35
	4.50	XST10G45
	5.50	XST10G55

Insertion key Ref. MABA200/MABA210.

Anodised ==









Includes the XDrive abutment with sterilisable polyoxymethylene applicator (Tecaform AH-POM-C).

21° cone angle. 42° angle between abutments.



XDrive abutment with applicator

XDrive 17° angled abutment









Platf.	Height (H)	Reference
	2.50	XA210G17
	3.50	XA310G17
	4.50	XA410G17
	5.50	XA510G17

Anodised -









XDrive 30° angled abutment







Platf.	Height (H)	Reference
	3.50	XA310G30
	4.50	XA410G30
	5.50	XA510G30

Anodised ___









All angled XDrive abutments come with a stainless steel positioner and screw.

XDrive healing abutment





System	Height (H)	Reference
XDrive	5.00	XH103400
Anodised 	I	
ROT	1,25mm M1,40 Grade ELL Titani	e5 lum

XDrive impression abutment





System	Height (H)	Reference
XDrive	10.50	XT103411

Anodised



Includes screw.

XDrive analogue





System	Length (L)	Reference
XDrive	13.00	XIA103400
ROT	Stainless Steel	

XDrive 3D analogue

System	Length (L)	Reference
XDrive	13.00	XIA103400D





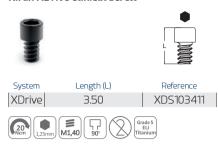






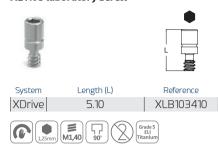


Kiran XDrive clinical screw



Special Kiran screw with surface treatment.

XDrive laboratory screw



NOT apt for use as the final clinical screw.

Kiran Tx30 XDrive clinical screw



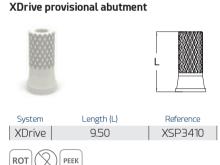


For Ti-Base ZiaCam or metal structures

System	Length (L)	Reference
XDrive	3.50	XDS3411TX
20 *	M1,40 90°	Grade 5 ELI Titanium

Special Kiran Tx30 screw with surface treatment.

VD:





XDrive provisional abutment





System	Length (L)	Reference
XDrive	9.50	XST3410

Anodised



XDrive mechanised base abutment

+ Castable abutment





Kirator XDrive abutment





XDrive UCLA



 System
 Length (L)
 Reference

 XDrive
 8.00
 XRU103400

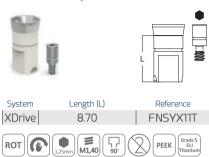
ROT Full castable

Galaxy 37

Abutments

DIGITAL CAD-CAM

ZiaCam scanbody to XDrive abutment



Indicated for clinical use.

All ZiaCam scanbody to XDrive abutments include a screw Ref. XLB103410.

ZiaCam XDrive Ti-Base





Includes Kiran special screw with surface treatment Ref. XDS103411.

M1,40

ZiaCam Tx30 XDrive Ti-Base



Includes Kiran Tx30 special screw with surface treatmen-Ref. XDS3411TX.

■ Table of abutment torques

Element/Abutment	Instrument/Tool	Torque
Cover screws/Healing abutments	Hex screwdriver 1.25 mm	Manual
Impression abutment screws	Hex screwdriver 1.25 mm	Manual
Laboratory screws	Hex screwdriver 1.25 mm	Manual
Direct-to-implant clinical screws	Hex screwdriver 1.25 mm	30 Ncm
Direct-to-implant Kiran clinical screws	Hex screwdriver 1.25 mm	30 Ncm
Basic/XDrive abutments	Insertion keys: MABA100/MABA110/MABA200/MABA210	30 Ncm
Clinical screws on Basic	Hex screwdriver 1.25 mm	25 Ncm
Kiran clinical screws on Basic	Hex screwdriver 1.25 mm	25 Ncm
Clinical screws on XDrive	Hex screwdriver 1.25 mm	20 Ncm
Kiran clinical screws on XDrive	Hex screwdriver 1.25 mm	20 Ncm
ZiaCam scanbody + screw	Hex screwdriver 1.25 mm	Manual
Kirator abutments	Insertion keys: LOSD01/LOSD02	30 Ncm
Tx30 abutment/screw (Variable Rotation)	Tx30 Torx screwdriver	30 Ncm

Exceeding the recommended tightening torque for screws and abutments compromises the prosthetic restoration and could damage the implant structure.

For immediate loading: DO NOT tighten manually, attach with the final torque. When using a screwdriver or adaptor for a contra-angle handpiece (CA), do not exceed a maximum speed of 25 rpm.

Ziacom®

Surgical instruments



Surgical instruments

Surgical box

■ Contents of Galaxy boxes available

Platf.	Contents	Reference	
	Empty	BOX910	
_	Basic, manual/CA	BOX900SGLY	
	Complete, manual/CA	BOX901GLY	



Material: radel.

Ensure boxes do not touch the walls of the autoclave to avoid damage.





■ Contents of surgical boxes		BOX900SGL)	BOX901GLY
REF	Description		
SID010	Lance drill. Ø2.00 mm	•	•
OSPD20G	Pilot drill. Ø1.6/2.00 mm. Millimeter	•	•
OSTD25G	Stepped surgical drill. Ø1.80/2.50 mm. Millimeter	•	•
OSTD33G	Stepped surgical drill. Ø2.15/2.60/3.30 mm. Millimeter	•	•
OSTD37G	Stepped surgical drill. Ø 2.50/3.10/3.70 mm. Millimeter	•	•
OSTD41G	Stepped surgical drill. Ø2.90/3.50/4.10 mm. Millimeter	•	
OSTD44G	Stepped surgical drill. Ø 3.40/3.90/4.40 mm. Millimeter	•	
CLD34	Crestal surgical drill. Ø 4.10 mm		•
CLD50	Crestal surgical drill. Ø5.10 mm		
PMT1G	Paralleling pin. Grade 5 ELI titanium		•
GTPD160	Calibrated drill stop. 1. H 6 mm. Grade 5 ELI titanium		•
GTPD170	Calibrated drill stop. 1. H 7 mm. Grade 5 ELI titanium		
GTPD185	Calibrated drill stop. 1. H 8.50 mm. Grade 5 ELI titanium		
GTPD110	Calibrated drill stop. 1. H 10 mm. Grade 5 ELI titanium		
GTPD115	Calibrated drill stop. 1. H 11.50 mm. Grade 5 ELI titanium		
GTPD113	Calibrated drill stop. 1. H 13 mm. Grade 5 ELI titanium		•
GTPD114	Calibrated drill stop. 1. H 14.5 mm. Grade 5 ELI titanium		•
GTPD260	Calibrated drill stop. 2. H 6 mm. Grade 5 ELI titanium		
GTPD270	Calibrated drill stop. 2. H 7 mm. Grade 5 ELI titanium		
GTPD285	Calibrated drill stop. 2. H 8.50 mm. Grade 5 ELI titanium		
GTPD210	Calibrated drill stop. 2. H 10 mm. Grade 5 ELI titanium		
GTPD215	Calibrated drill stop. 2. H 11.50 mm. Grade 5 ELI titanium		
GTPD213	Calibrated drill stop. 2. H 13 mm. Grade 5 ELI titanium		•
GTPD214	Calibrated drill stop. 2. H 14.5 mm. Grade 5 ELI titanium		•
GTAP34MC	Surgical tap. Ø3.40 mm. Millimeter. CA/Manual	•	•
GTAP37MC	Surgical tap. Ø3.70 mm. Millimeter. CA/Manual	•	•
GTAP40MC	Surgical tap. Ø4.00 mm. Millimeter. CA/Manual	•	•
GTAP43MC	Surgical tap. Ø4.30 mm. Millimeter. CA/Manual	•	•
GTAP48MC	Surgical tap. Ø4.80 mm. Millimeter. CA/Manual	•	•
MUR100G2	Probe/Paralleling pin. Millimeter. Grade 5 ELI titanium		•
MUR200G2	Probe/Paralleling pin. Millimeter. Grade 5 ELI titanium		•
	Probe/Paralleling pin. Millimeter. Grade 5 ELI titanium		•
MUR400G2	Probe/Paralleling pin. Millimeter. Grade 5 ELI titanium		•
SMRGV1	VPress insertion key. Short. Millimeter. CA	•	•
LMRGV1	VPress insertion key. Long. Millimeter. CA	•	•
SMRGV	VPress insertion key. Short. Millimeter. Ratchet	•	•
LMRGV	VPress insertion key. Long. Millimeter. Ratchet	•	•
DEXT10	Drill extender	•	•
MESD	Screwdriver tip. Ø1.25 mm	•	•
LMSD	Surgical screwdriver. Ø1.25 mm. Long. Manual	•	•
SMSD	Surgical screwdriver. Ø 1.25 mm. Short. Manual	•	•
	Regulable torque wrench. 10/20/30/40/50/60/70 Ncm	•	•









			푱
Platf.	Diameter (Ø)	Length (L)	Reference
	2.00	16.30	SID010



Instrument with DLC surface treatment.

Pilot drill



Platf. Diameter (Ø) Length (L)

Instrument with DLC surface treatment.

Millimeter: 6/7/8.5/10/11.5/13/14.5









Platf.	Diameter (Ø)	Length (L)	Reference
	1.80/2.50	17.50	OSTD25G
	2.15/3.30	17.50	OSTD33G
	2.50/3.70	17.50	OSTD37G
	2.90/4.10	17.50	OSTD41G
	3.40/4.40	17.50	OSTD44G

Millimeter: 6/7/8.5/10/11.5/13/14.5

Stepped surgical drill









Crestal surgical drill





Platf.	Diameter (Ø)	Reference
l lei seesi	4.10	CLD34
Universal	5.10	CLD50



Instrument with DLC surface treatment.

PIN

Paralleling pin





Platf.	Diameter (Ø)	Length (L)	Reference
	4.50	11.00	PMT1G

Anodised ___



STOPS

Calibrated drill stop





Platf.	Туре	Length (L) Implant	Reference
		6.00	GTPD160
		7.00	GTPD170
		8.50	GTPD185
	1	10.00	GTPD110
		11.50	GTPD115
		13.00	GTPD113
		14.50	GTPD114
		6.00	GTPD260
		7.00	GTPD270
		8.50	GTPD285
	2	10.00	GTPD210
		11.50	GTPD215
		13.00	GTPD213
		14.50	GTPD214
Pack *			KSTPG120

^{*} Complete pack of 14 calibrated stops.



TAPS

Surgical tap. CA/Manual





Diameter (Ø)	Reference
3.40	GTAP34MC
3.70	GTAP37MC
4.00	GTAP40MC
4.30	GTAP43MC
4.80	GTAP48MC
	3.40 3.70 4.00 4.30

Millimeter: 8.5/10/11.5/13/14.5





Instrument with DLC surface treatment.

41 2 Galaxy

Surgical instruments

PROBES Probe/Paralleling pin †|Ø1 Diameters (Ø1-Ø2) Length (L) Reference 1.60/2.00 26.00 MUR100G2 1.80/2.50 27.00 MUR200G2 2.10/3.30 26.00 MUR300G2 2.50/3.70 26.00 MUR400G2

Millimeter: 6/7/8.5/10/11.5/13/14.5







SCREWDRIVERS

Surgical screwdriver. Manual





Platf.		Length (L)	Reference
	Universal	2.80/Mini	XSMSD *
		9.50/Short	SMSD
		14.50/Long	LMSD
		27.00/Extralong	XLMSD *

Hexagonal 1.25 mm

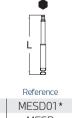


 * Ref. XSMSD/XLMSD are NOT included in the surgical box.

Screwdriver tip. CA

Instrument with DLC surface treatment.







Hexagonal 1.25 mm



^{*} Ref. MESD01 is NOT included in the surgical box.

RATCHETS

Regulable torque wrench





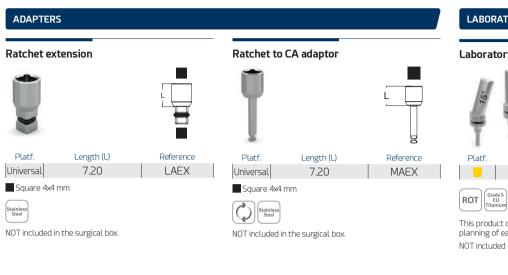
Square 4x4 mm







Complementary instruments





This product does not supersede the need for careful planning of each clinical case. $\label{eq:careful} % \begin{subarray}{ll} \end{subarray} %$

NOT included in the surgical box.

RADIOGRAPHIC TEMPLATE

Galaxy radiographic template



Platf.	Model	Reference
	Galaxy	PRADIO140

Scales 1:1 and 1:1.25

Material: transparent acetate. Non-sterilisable material.

See the literature available at www.ziacom.com/biblioteca

Galaxy 43 Z

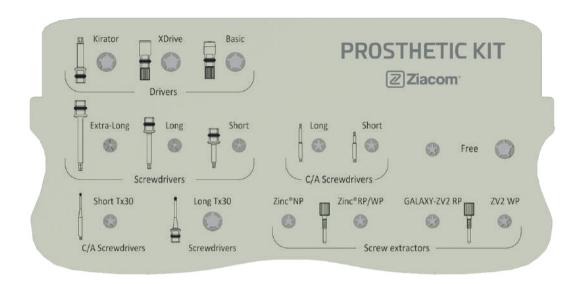


Prosthetic instruments



Prosthetic instruments

Prosthetic box



■ Contents of prosthetic boxes available

Contents	Reference
Empty	BOXPN
Basic	BOXPSN
Complete	BOXPCN



Material: Radel.

Ensure boxes do not touch the walls of the autoclave to avoid damage.



■ Contents of prosthetic boxes			S
REF	Description	BOXPSN	BOXPCN
LOSD01	Kirator insert key. Ratchet	•	•
MABA100	Basic insert key. Short. Ratchet. Grade 5 ELI titanium	•	•
MABA200	XDrive insert key. Short. Ratchet. Grade 5 ELI titanium	•	•
MADW10	Screwdriver adapter handle. 4x4. Manual	•	
SMSD1	Screwdriver tip. Ø1.25 mm. Short. Ratchet	•	
LMSD1	Screwdriver tip. Ø1.25 mm. Long. Ratchet	•	
XLMSD1	Screwdriver tip. Ø1.25 mm. Extralong. Ratchet		•
MESD	Screwdriver tip. Ø1.25 mm. Long. CA.	•	
MESD01	Screwdriver tip. Ø1.25 mm. Short. CA.	•	
MESDTX	Tx30 screwdriver tip. Long. CA.	•	
LMSD1TX	Tx30 screwdriver tip. Long. Ratchet	•	•
EDSZ20*	EDSZ20 * ZPlus extractor screw. Zinic®. NP. Grade 5 ELI titanium		
EDSZ34 * ZPlus extractor screw. Zinic®. RP/WP. Grade 5 ELI titanium			
EDSG34	EDSG34 Abutment extractor screw. Galaxy/ZV2. RP. Grade 5 ELI titanium		•
EDSG50 * Abutment extractor screw. ZV2. WP. Grade 5 ELI titanium			
TORK50	Regulable torque wrench. 10/20/30/40/50/60/70 Ncm	•	•

^{*} Product not included in the Galaxy system.



KEYS

Kirator insertion key





 System
 Length (L)
 Reference

 Kirator
 13.60/Ratchet/Manual
 LOSD01

 20.00/CA
 LOSD02 *

◆ Square 2.11 mm / ■ Square 4x4 mm





* Ref. LOSD02 is NOT included in the prosthetic box.

Length (L)

12.90

Basic insertion key. Ratchet







■ Basic / Square 4x4 mm





XDrive insertion key. Ratchet





 System
 Length (L)
 Reference

 XDrive
 6.00/Short
 MABA200

 13.00/Long
 MABA210 *

OXDrive / Square 4x4 mm



* Ref. MABA210. is NOT included in the prosthetic box.

SCREWDRIVERS

Screwdriver adapter handle





MADW10

Square 4x4 mm

Universal

Stainless Steel

Screwdriver tip. Ratchet



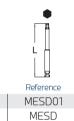


14.50/Long LMSD1 27.00/Extralong XLMSD1



Screwdriver tip. CA

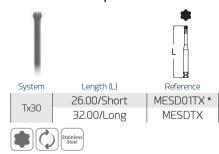






Universal

Tx30 screwdriver tip. CA



* Ref. MESD01TX is NOT included in the prosthetic box.

Tx30 screwdriver tip. Ratchet



Square 4x4 mm



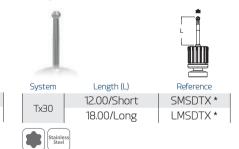
* Ref. SMSD1TX is NOT included in the prosthetic box.

Tx30 prosthetic screwdriver. Manual

Length (L)

20.00/Short

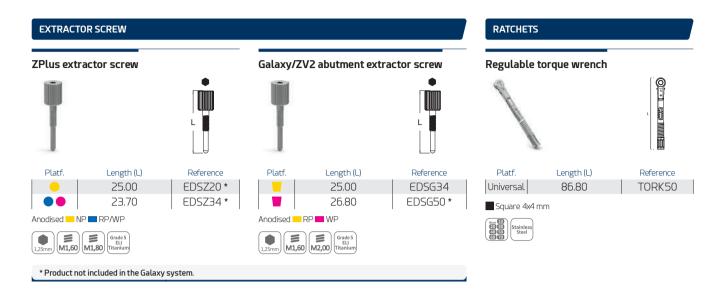
25.00/Long



* Ref. SMSDTX/LMSDTX are NOT included in the prosthetic box.

Galaxy 47

Prosthetic instruments



Complementary instruments



Retentive joints instruments



Platf.	Measure	Reference
Universal	2x1	RREI0030

Pack of 10 units.

Z 48 Ziacom®

Surgical protocol



Surgical protocol

Characteristics of the Galaxy drilling system

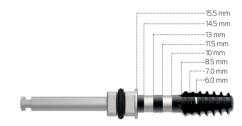
■ Ziacom® drill system - DLC surface

The drills for the Ziacom® implant systems are made from stainless steel coated with a diamond-like carbon (DLC) surface treatment which bestows them greater corrosion resistance during sterilisation, a low friction coefficient and increased wear resistance, thus increasing the service life of their cutting edge. Furthermore, they have a matte finish and therefore anti-reflective properties. A laser marking on the drill's shank identifies its inner and outer diameters and its length, while the horizontal laser marked bands on the active section corresponds to the different lengths of the implants (milimeter drills). The drill tip is 0.5 mm long and is not included in the laser marked measurements.



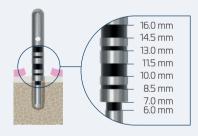
■ Ziacom® taps - DLC surface

Taps are available for contra-angle handpieces. The laser marking on the tap's shank identifies its diameter, while the horizontal laser marked bands on the active section corresponds to the different lengths.



■ Probe

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



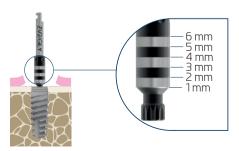
■ VPress insertion keys - DLC surface

The VPress insertion key for contra-angle handpieces or ratchets has been especially designed for transporting Galaxy implants from their No Mount vial to the surgical site ready for insertion.

Short and long insertion keys for ratchets and contra-angle handpieces



Depth within the implant platform marked on the insertion keys





■ Drill stops

They are a surgical accessory that can be attached to the drills, thus facilitating the work by determining the depth of the osteotomy and providing additional safety in the preparation of the surgical site.



■ Details inside the Galaxy surgical box



Recommendation on the maximum insertion torque of the implant



The recommended insertion torque ranges between 35 and 50 Ncm on a case-by-case basis.

To avoid deforming the key and/or implant connection, insertions performed with a contra-angle handpiece (CA) must respect the recommended maximum rpm (25 rpm) and maximum torque (50 Ncm).

If the implant cannot be fully inserted using the recommended maximum torque, withdraw the implant, repeat the drilling and then re-insert it.

Control the final insertion torque with the adjustable dynamometric ratchet Ref. TORK50 or a contra-angle handpiece.

Exceeding the maximum torque (50 Ncm) when inserting the implant can cause:

- · Irreversible deformations in the implant's internal connection.
- · Irreversible deformations in the implant insertion instruments.
- Difficulty or impossibility in dismounting the instrument/implant assembly.

Galaxv

Surgical protocol

Implant insertion using Ziacom® No Mount | Titansure

Ziacom[®] No Mount

Surface treatment

Titansure



STEP 1 | Implant unpacking

- 1) Press the word "PRESS" and tear open the carton..
- 12 Remove the flap from the carton and pull out the blister.
- 13 Carefully remove the blister seal.
- 1.4 Drop the implant vial onto a sterile cloth in the surgical area.
- 15 Hold the vial with one hand in a vertical position. Remove the cap by turning it vertically.
- Remember to remove the implant label in order to adhere it to the patient's implant card and medical record to allow the product to be traced.



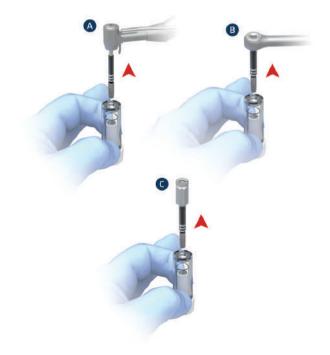
STEP 2 | Choice of insertion instrument

Depending on the clinical situation and access to the area, three different instruments can be chosen to insert the implant:

- (Ref. SMRGV1 or LMRGV1) and insert it into the contra-angle.
- B Ratchet Ref. TORK50. Use VPress insertion key. Ratchet/Manual of the length of your choice (Ref. SMRGV or LMRGV) and insert it into the ratchet in function "IN".
- © Screwdriver handle 4x4 Ref. MADW10. Use VPress insertion key. Ratchet/ Manual of the length of your choice (Ref. SMRGV or LMRGV) and insert it into the screwdriver handle.

STEP 3 | Remove the implant from the vial

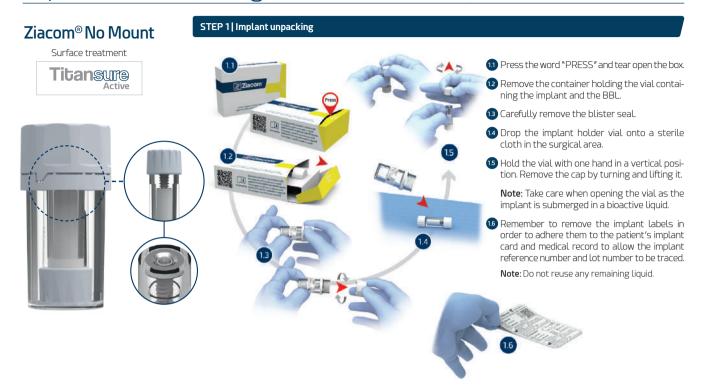
Hold the implant carrier vial in one hand and insert the selected insertion key into the implant with the other hand. Remove the implant by pulling up the vial vertically.



Z | 52 Ziacom®



Implant insertion using Ziacom® No Mount | Titansure Active



STEP 2 | Choice of insertion instrument

Depending on the clinical situation and access to the area, three different instruments can be chosen to insert the implant:

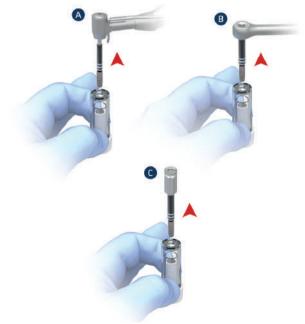
- (Ref. SMRGV1 or LMRGV1) and insert it into the contra-angle.
- B Ratchet Ref. TORK50. Use VPress insertion key. Ratchet/Manual of the length of your choice (Ref. SMRGV or LMRGV) and insert it into the ratchet in function "IN".
- Screwdriver handle 4x4 Ref. MADW10. Use VPress insertion key. Ratchet/ Manual of the length of your choice (Ref. SMRGV or LMRGV) and insert it into the screwdriver handle.

STEP 3 | Remove the implant from the vial

Hold the implant carrier vial in one hand and insert the selected insertion key into the implant with the other hand. Remove the implant by pulling up the vial vertically.

Note:

Take care when opening the vial. The Bioactive Liquid may spill. Any remaining Bioactive Liquid cannot be reused.



Galaxy 53 **Z**

Surgical protocol

Galaxy implant insertion

STEP 4 | Implant insertion





When inserting with contra-angle, use a maximum speed of 25 Rpm.

The recommended insertion torque is between 35 and 50 Ncm.

If there is resistance during insertion, it is recommended that the implant be rotated in the opposite direction to the insertion direction and after seconds of pause continue with insertion. Repeat this process as many times as necessary.





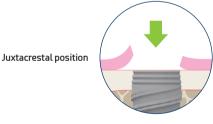
IMPORTANT



The maximum torque for insertion of the dental implants is **50 Ncm**. Exceeding the maximum insertion torque indicated for the implants can cause serious damage to the dental implant, its connection, the Mount and the clinical screw included. Refer to the surgical protocol for specific Mount removal considerations, according to implant connection type and bone type.

STEP 5 | Crestal placement of implant

The drilling protocols are described so that the platform of the Galaxy implants is in a juxtacrestal position. However, it is recommended to leave the platform at a subcrestal level of +1.5mm.





RECOMMENDED subcrestal position

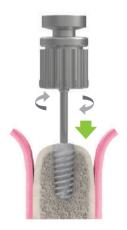
■ Subcrestal position

- Improves mucosal preservation.
- Improves the thickness of keratinised tissue.
- Suggests improved bone preservation when combined with conical connection.
- · Helps to obtain an ideal emergence profile in aesthetic areas.
- Prevents the implant surface from being exposed, which can facilitate bacterial growth.
- · Prevents fibrous connective tissue formation at the implant interface.
- · Better preservation of the crestal bone.
- Allows the use of taller abutments. Recommended for preserving bone tissue in thin biotype gingiva (≤1.0 mm).
- · Reduces the risk of peri-implant pathologies.



■ Soft tissue conditioning

STEP 1 | Cover screw placement



Insert manual surgical screwdriver Ref. SMSD or LMSD into the cover screw. Approach it to the implant avoiding the fall and accidental screw swallowing. Insert it into the implant until it locks, with manual torque and clockwise.

A second surgery is required to place a cover screw in order to uncover the implant and fit the required abutment.

Depending on the individual case, the professional may decide not to fit a cover screw but to directly fit a healing abutment.



STEP 2 | Soft tissue closure

Close and suture the soft tissue, fitting the flaps carefully.



STEP 3 | Uncovering and removing the cover screw

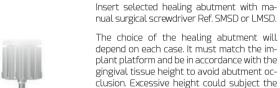


Locate the implant and make an incision until the cover screw is exposed or use the tissue punch Ref. MPU34 on the soft tissue. Remove the screw with the manual surgical screwdriver Ref. SMSD or LMSD.





STEP 4 | Healing abutment placement



implant to premature loading, compromising

the osseointegration process.





55 2 Galaxy

Surgical protocol

Bone types

Misch classification (1988)



TYPE **D1** BONE

- Dense cortical and dense trabecular bone
- > 1250 HU



- · Porous cortex and dense trabecular bone
- 850 1250 HU



TYPE D3 BONE

- Porous cortex and thin trabecular bone
- 350 850 HU



TYPF **D4** RONE

- Sparse crestal cortex and thin trabecular bone
- 150 350 HU

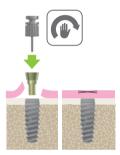
HU = Hounsfield Units

IMPORTANT NOTE

In order to simplify the surgical drilling protocols we have created quick drilling guides, in which the criteria for D1-D2 bones as "High Density" bones and D3-D4 bones as "Low Density" bones are unified.

Handling cover screw

Place the cover screw in the screwdriver. Move it towards the implant while taking care that it does not fall and become accidentally ingested. Place the screw in the implant applying manual torque in a clockwise direction.



Considerations on provisionalisation and immediate loading

Immediate provisionalisation and immediate loading are procedures that involve the placement of the prosthesis within 72 hours after implant surgery. The fundamental difference between these procedures is whether or not the prosthesis will be functionally loaded.

Adequate primary stability of the implant at the time of insertion is crucial to consider placement of a provisional prosthesis or immediate loading. This stability can be measured objectively by insertion torque, which should be equal to or greater than 40-45 Ncm or by analysis of the resonance frequency (ISQ value), which should be equal to or greater than 70.

■ IMMEDIATE PROVISIONALISATION

Immediate provisionalisation implies an exhaustive control of the occlusion, both in the centric (closing) position and during lateral or dynamic movements that occur during mastication. By freeing the provisional from any kind of contact in these situations, the transmission of forces to the implant is prevented.

The main objectives of immediate provisionalisation are:

- Immediate closure of edentulous spaces in aesthetic areas.
- · Guided regeneration of the gingival emergence profile thanks to the presence of the temporary crown or bridge.

■ IMMEDIATE LOADING

The principle of immediate loading involves, in a controlled manner, the transmission of contacts from the moment of placement of the restoration while the restoration is in occlusion, therefore we distinguish between:

- Immediate progressive loading, using a temporary acrylic restoration as the first restoration (released in dynamic occlusion).
- · Definitive immediate loading, with rigid material and active occlusion from day one.

Both processes involve risks in the success of the osseointegration of the implant, so it is up to the professional, based on their clinical experience and the case in question, to decide whether or not to place immediate provisionalisation and/or immediate loading.

Ziacom®



Restorations using transepithelials

■ Transepithelial abutments

- Allows the formation and maturation of peri-implant tissue from the first 8 weeks.
- · One abutment-one time, allows gingival adhesion to its surface as repeated disconnections are not necessary.
- It avoids the loss of bone and soft tissue as there is no mechanical rupture of the peri-implant interface.
- The prosthetic working area is above the gingival level, making the adhesion behaviour of the soft tissue more predictable and maintaining a good seal.
- Less formation of micro gaps at the implant/prosthetic component junction.
- · Greater crestal bone preservation.
- · Prosthesis try-in and anaesthesia-free definitive placement.
- · If the recommended torques are exceeded, the screw fractures in the transepithelial and not inside the implant.

Attachment heights

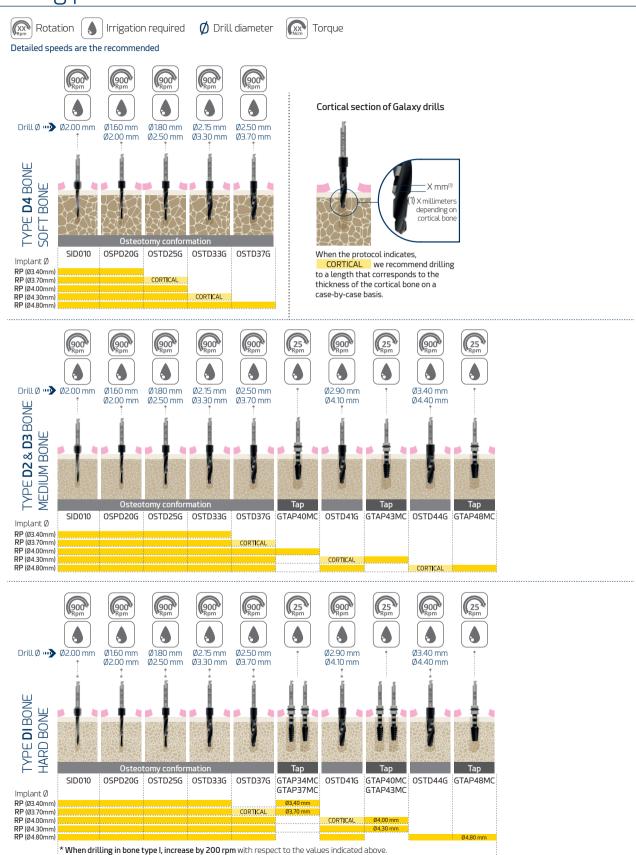
- · Higher abutment height equals greater marginal bone preservation in cemented prostheses.
- Taller abutments (≥ 2 mm) provide better soft tissue adaptation.
- Short abutments (< 2 mm) may compress the soft tissues resulting in greater crestal bone loss.
- Marginal bone loss will differ depending on the clinical decision on abutment height. Generally, for prosthetic abutments ≥ 2 mm there will be better crestal bone preservation.



Galaxy 57

Simplified surgical protocol

Drilling protocol - Ziacom® No Mount





General recommendations

■ To consider during the intervention

- The surgical drills must be inserted in the contra-angle handpieces when the motor is stopped and ensure they are attached and rotate correctly before starting to drill. Treat the drills with the utmost care; the slightest damage to the tips could compromise their effective operation.
- 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.
- Each instrument must only be used for the specific use recommended by the manufacturer.

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 Galaxy system by Ziacom®.



Galaxy 59 **Z**



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.

7 62 Ziacom®



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.



Galaxy 63 Z





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

Check the availability of each product in your country.

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