














GuidedSMILE CHROME Dentate - Case Contents / General Use Instruction

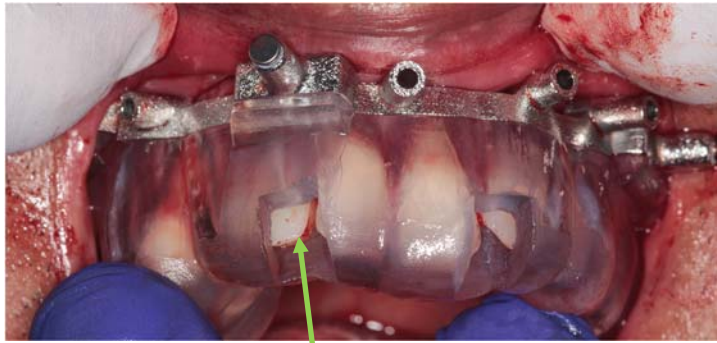
✓	Description of contents	Image of contents
	Pin Guide	
	Fixation Base / Bone Reduction Guide	
	Osteotomy Guide	
	Prosthetic Carrier / Abutment Positioner	
	GuidedSMILE Nano-Ceramic Prosthetic	
	GSI Report: Instructions	GSI REPORT

✓	Description of contents	Image of contents
	RAPID Appliance (shown on carrier & fixation base)	
	Fixation kit: 2 Drill & Pin Lengths! Three to Four pins and corresponding drill* *Included with case unless notified	
	Conversion kit: Injectable Quick-Up bisacryl & block-out gaskets (green to the right) or temp cylinder block out material.* *Included with case unless notified	
	Verified with fully guided kit Kit _____	
✓	Optional Items	
	Immediate just-in-case denture	
	Multiunit abutments: See GSI report for details	
	Temporary cylinders: See GSI report for details	
	Implants: See GSI report for details	



Approved by _____ Date _____

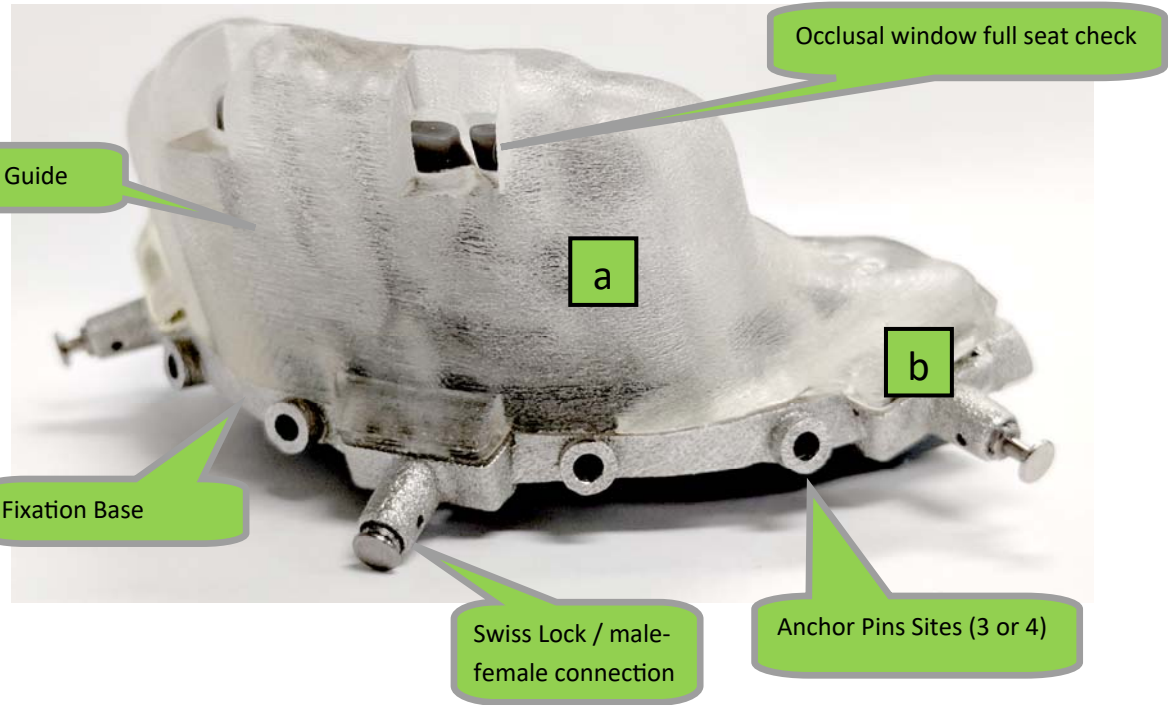
Pin Guide - Dentate Patient



Occlusal window full seat check



Pins & Drills come in two lengths !!



Description

The Pin Guide is the plastic device that connects to the Fixation Base via 3 Swiss Lock attachments. The Pin Guide's function is to deliver the Fixation Base by using the patient's remaining dentition as anchors. The Pin Guide must be successfully oriented into place to achieve a successful surgery.

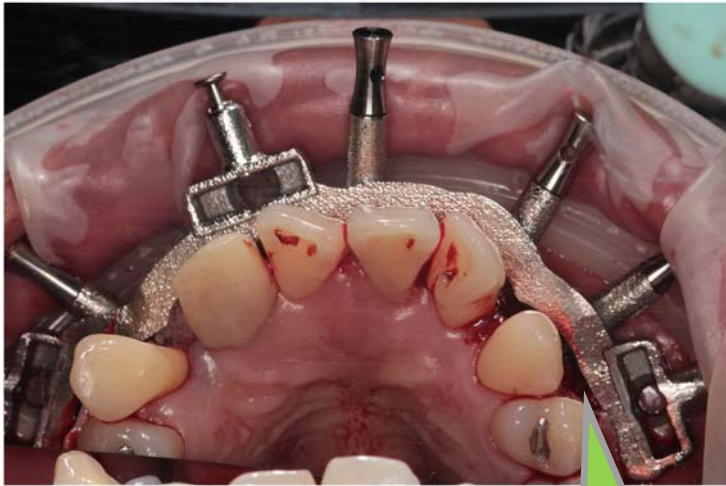
Pre Surgical Checks

- * Assemble the Pin Guide (a) & Chrome Fixation Base (b) & passively assemble to feel the relationship between the two.
- * Push in all three Swiss Locks, with plastic guide *fully seated*.
- * Place Pin Guide assembly on the tooth model to observe how the tooth structure contacts the guide in the windows.
- * Notice which teeth the guide uses for support. Guides may require some teeth to be extracted prior to seating.
- * Remove from model, disassemble and flip to the next page.

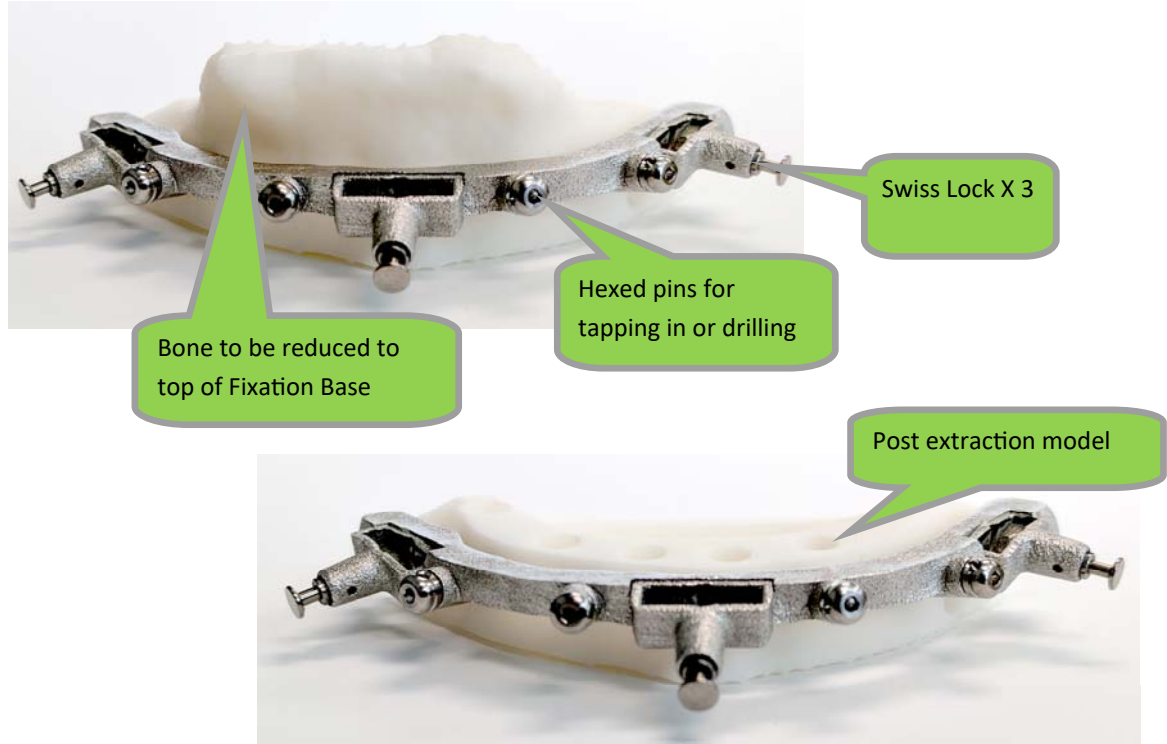
Surgical Steps

- ◇ Seat Pin Guide (a) w/ Fixation Base (b), and use the windows to ensure full seat. This step is very important and sets the *foundation* for the remaining steps. If guide is not fully seating review these questions: did the patient have restorations since planning?; did the plan call for some extractions prior to beginning?; is the tissue holding up the guide? If no to these questions, adjust the guide until seated, then remove.
- ◇ Lay full facial, and partial lingual flap. Once complete, return the guide to the mouth and drill the facial holes for the pins, holding the Pin Guide *firmly in place*. Must use the provided Pins and Drills as they are calibrated with the guide tubes and plan. Drill to depth and place the pins. Use a mallet if needed to ensure full seating. It is important to use the mallet only after all drills are hand inserted. Once all the sites are drilled and pins are placed, pull out the Swiss Lock plungers to remove the Pin Guide.

Bone Reduction Guide / Fixation Base



Note: Fixation Base remains away from bone



Description

The Fixation Base serves several purposes including bone leveling, support for the Osteotomy Guide, Nano-Ceramic, and final RAPID appliance pick-up. The Fixation Base must be secured by the Swiss Locks and stable.

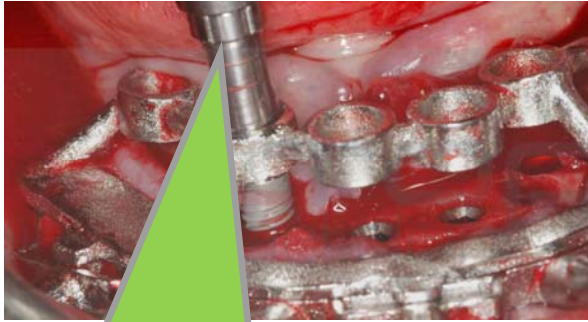
Pre Surgical Checks

- * Pin the Fixation Base to the reduced bone model and feel the transition from guide to bone.
- * Notice that this guide does not contact bone. The guide is fully supported by the pins.
- * Check to verify that the pins easily pass through each of the anchorage sites.

Surgical Steps

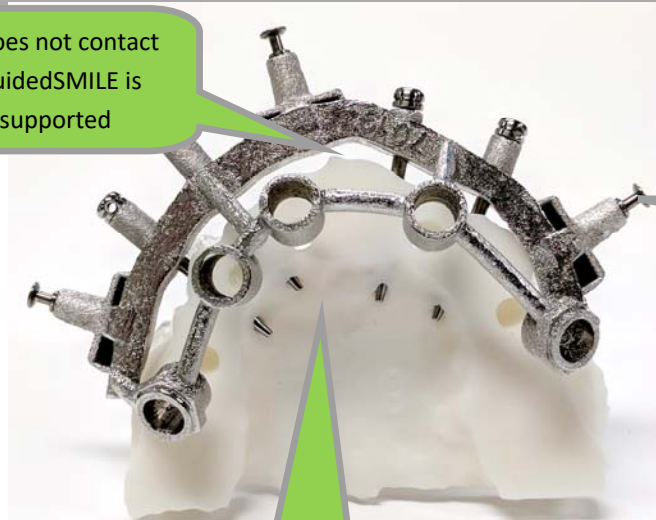
- ◇ Extract teeth and reduce the bone to the top of the Fixation Base. Ensure a smooth, horizontal plane of bone following the upper plane of the fixation base. This must be a smooth transition or the Carrier Guide (next page) will not seat.
- ◇ If the Fixation Base was removed to perform extractions, insert Fixation Base using finger pressure on each pin until they are mostly seated, then use the surgical mallet to ensure full seat of each pin if needed.
- ◇ If posterior area has a step up due to bone reduction, use a bur to create a sloped transition.

Osteotomy Guide



Osteotomy Guide accepts guided kit tools. Check fit of tool prior to surgery. Most allow implants to be placed through the guide.

Guide does not contact bone. GuidedSMILE is fully pin supported



Pins are designed trans-cortical

Swiss Lock X 3

Implant indexing indication. Match guide hex with implant timing.



Description

Osteotomy guide controls the doctor's fully guided kit. GuidedSMILE complements nearly all fully guided kits. Follow kit provider's protocol.

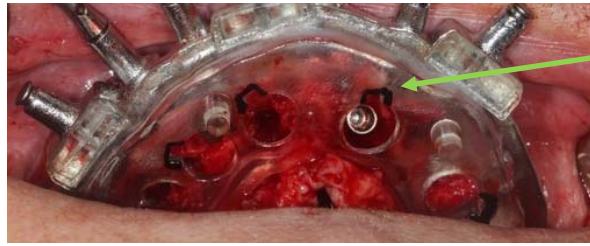
Pre Surgical Checks

- * Using the Swiss Locks, connect the Osteotomy Guide to the bone guide and ensure a passive connection.
- * Test the Fully Guided Kit parts and ensure passive fit of each site.
- * Study the enclosed GSI report for tool sequence, abutment rotation, images of Fixation Base, parts, etc.

Surgical Steps

- ◇ Insert Osteotomy Guide into the anchored Fixation Base. Use the Swiss Lock attachments to ensure the guided is fully seated.
- ◇ Perform osteotomy drilling and install implants according to specific implant company protocols.
- ◇ Place implants through the guide if fully guided kit allows. If tools torque, Osteotomy guide can be temporarily removed to relieve torquing pressure on the handpiece. Otherwise, remove osteotomy guide and place.
- ◇ Once all implants are seated, remove Osteotomy Guide.
- ◇ Allow the last 1/4 of the implant to be above the bone crest and hand torque to final position aligning the flat side of the implant to one or the flat sides on the Hex of the osteotomy guide.
- ◇ Zero degree abutments (straight implants) are round on the Osteotomy Guide. Angle abutments have a Hex sites.

CARRIER GUIDE / ABUTMENT ORIENTER

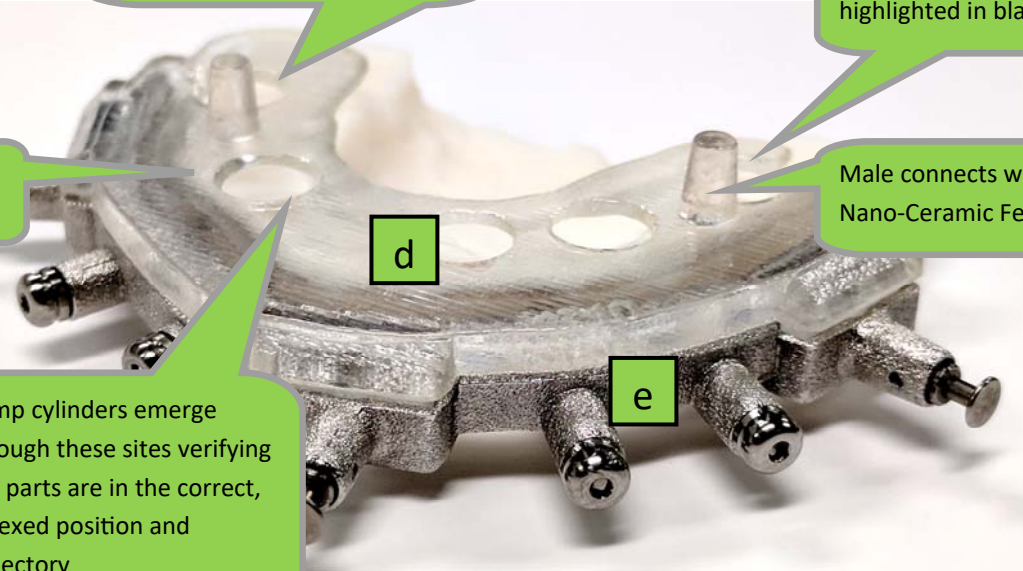


Square notch access: directs driver to MUA screws. Ensures MUA's are in the correct rotation.



Carrier Guide

Temp cylinders emerge through these sites verifying the parts are in the correct, indexed position and trajectory



Square notches are highlighted in black

Male connects with Nano-Ceramic Female

Description

Guides the multi-unit abutments in the correct direction

Pre Surgical Checks

- * Carrier fits into the Fixation (**d**) Base and is held into place with the Swiss Locks (**e**). Insert to test.
- * The carrier serves to ensure the MUA abutments are in the correct position, the temp cylinders are in the correct trajectory, and to direct the driver to the MUA screws.
- * Notice the direction of the square 'access' sites off each angled implant site. These squares provide the access for the driver. The driver will drop into the square and engage abutment the screw.

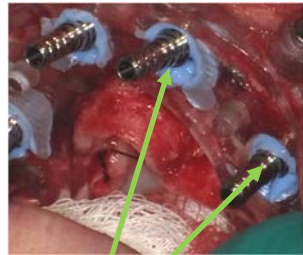
Surgical Steps

- ◇ At this point the implants are in place and in the correct rotation.
- ◇ Screw down the MUA abutments as indicated on the GSI report. There are images in the report that show the MUA screw access angle. The carrier (image above) also indicates the rotation of the MUA's. Once they are placed in the correct rotation, the drive will be able to engage their screws. If the MUA's do not line up with the squares, remove and rotate the implant into the proper direct / index, then seat the MUA's—see callouts above.
- ◇ With all MUA's seated, screw the Temp Cylinders to the MUA's and verify their correct position and trajectory using the Carrier and ultimately the Nano-Ceramic. The Temp Cylinders should emerge vertically and near the middle of the holes in the Nano. If they are close to an edge but not touching this may be acceptable. If there is contact you have a choice of rotating the implant or adjusting the Nano. This has implications for the final restoration screw access hole position.

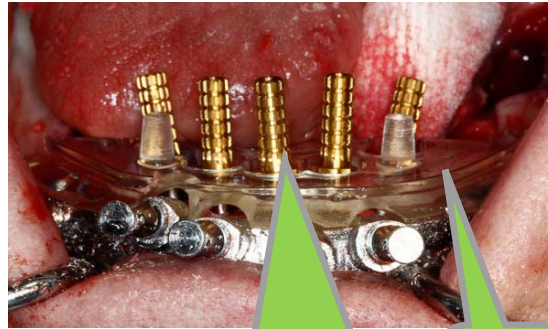
NANO-CERAMIC PICK-UP & OPTIONAL RAPID APPLIANCE



Block out using new Green Gaskets or block-out flowable!



MUA & temporary cylinders are seated through carrier.

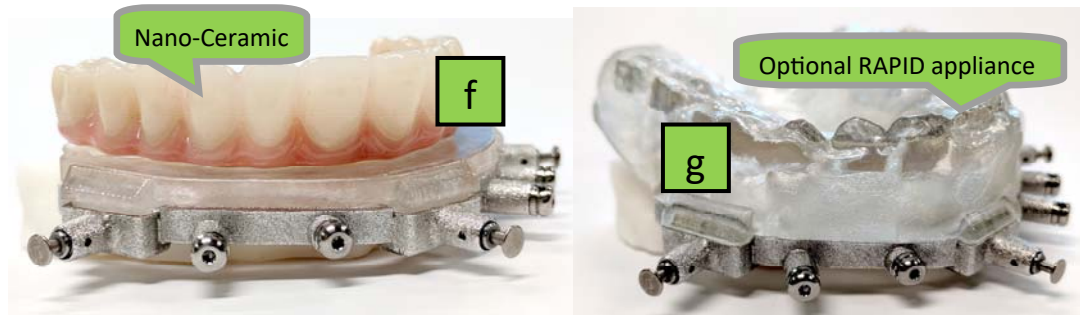


Carrier Guide



Blockout access holes with Teflon tape, cotton pellets, impression material plug

Note: Nano seats on the carrier. Carrier simulates tissue thickness

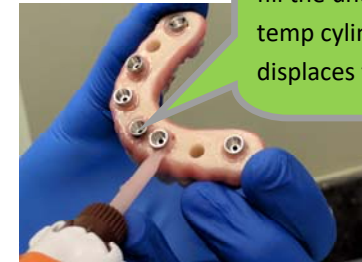


Nano-Ceramic

f

Optional RAPID appliance

g



Fill voids in Nano. Do not fill the undercut near the temp cylinders. This displaces too much

Description

Nano-Ceramic provisional is the temporary prosthetic. RAPID appliance is a duplicate of the Nano which is used to transfer the records to begin the final conversion to the definitive prosthetic.

Pre Surgical Checks

- * Seat the Nano-Ceramic (f) to the Carrier which is connected to the Fixation Base and ensure a passive fit.
- * Notice the thickness of the Carrier and how it simulates the tissue thickness of the patient - Approximately 3mm.

Surgical Steps

- ◇ With carrier in place, use provided gaskets or block-out material, either light body impression material or blockout provided/sold by ROE, to fill the gap between the temp cylinders and the carrier. If using a flowable material, fill the voids then quickly seat the Nano to flatten the Flowable to as not to open the bite.
- ◇ Block-out the Temp Cylinder screw access holes with Teflon tape or wax. Coat the inside of the access holes of the Nano with provided resin bonding agent so acrylic will bond. Seat the Nano-Ceramic onto the carrier pegs Backfill the voids around between the temporary cylinders and the Nano with Quick-Up. Do not allow any acrylic to enter the temp cylinders! Once fully set (self cure), unscrew the cylinders and remove the Nano. Trim the cylinders with a disc or bur, fill all the voids / holes in the Nano, adjust and polish to finish.
- ◇ Optional: Screw down the second set of temp cylinders. Insert the RAPID (g) appliance and repeat the pick-up process. The new iJIG has replaced the need for the RAPID (contact ROE for details)
- ◇ Remove the Fixation Base and carrier, place optional comfort caps, suture, deliver the Nano-ceramic prosthetic.