














GuidedSMILE CHROME Edentulous - Case Contents / General Use Instruction

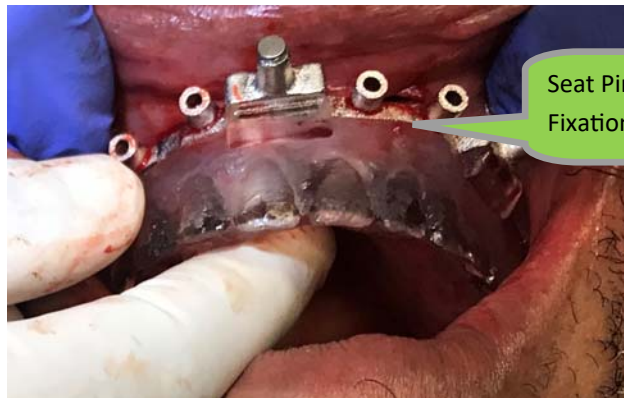
✓	Description of contents (contents in red)	Image of contents
	Pin Guide - assembly (w/ fixation base shown)	
	Fixation Base / Bone Reduction Guide	
	Osteotomy Guide	
	Prosthetic Carrier / Abutment Positioner	
	GuidedSMILE Nano-Ceramic Prosthetic	
	GSI Report: Instructions	GSI REPORT

✓	Description of contents	Image of contents
	RAPID Appliance (shown on carrier & fixation base)	
	Fixation kit: 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 - Edentulous Patient

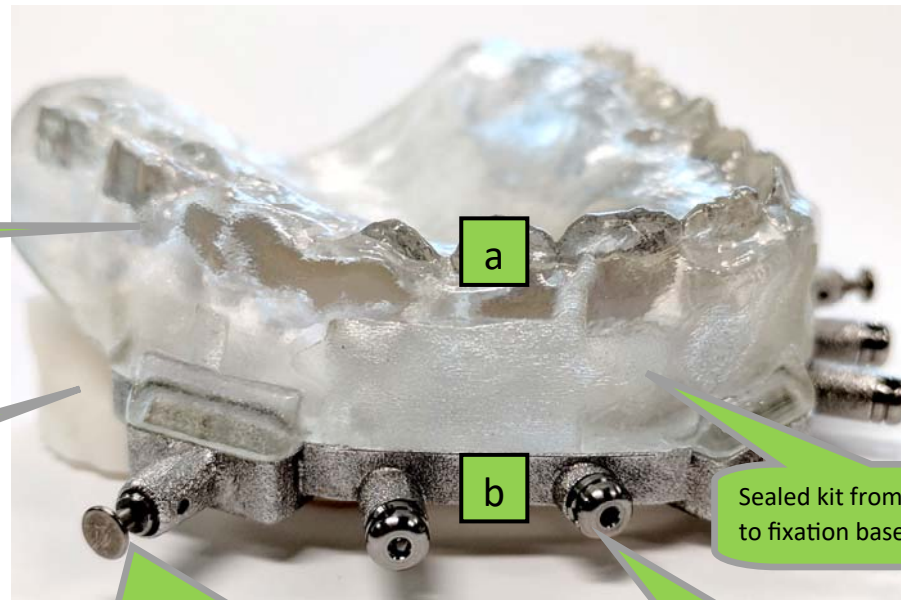


Seat Pin Guide w/
Fixation Base Assembled

Pin Guide

Fixation Base

Pins & Drills come
in two lengths !!



a

b

Swiss Lock / male-female connection

Sealed kit from pin guide
to fixation base

Anchor Pins (3 or 4)

Description

The Pin Guide is the plastic device that connects to the Fixation Base (CR/CO) via 2-3 Swiss Lock attachments. The Pin Guide's function is to deliver the Fixation Base by using the patient's ridge and palate as support. The Pin Guide must be successfully oriented into place to achieve a successful surgery.

Pre Surgical Checks

- * Passively assemble the Pin Guide (a) & Chrome Fixation Base (b) to feel the relationship between the two.
- * Push in all the Swiss Locks, with Pin Guide fully seated
- * Info: the Pin Guide is a duplicate of either the patient's existing denture or a scan appliance.

Surgical Steps

- ◇ Seat Pin Guide (a) similar to seating a denture. This step is very important and sets the *foundation* for the remaining steps. If guide is not fully seating, make adjustments similar to adjusting a complete denture. Once seated, the patient should be able to occlude naturally. Slight occlusal adjustment may be needed. Reseat w/ Fixation Base (b).
- ◇ Remove the Pin Guide/Fixation Base assembly and numb the patient. Once injections are complete, seat the pin guide and keep pressure until the anesthesia swelling has dissipated and the denture is fully seated again. Verify that the denture is in the correct midline position, visually check for even blanching *and occlusion*, and remove.
- ◇ Lay labial facial flap from the crest of the ridge. Once complete, return the guide to the mouth, hold firmly and ask patient to bite. Drill the facial holes for the pins. Must use the provided Drill and Pins as they are calibrated with the guidetubes and plan. Drill to depth and place the pins. Use a mallet only after all drills are hand inserted on edentulous cases—avoid torqueing the guide. Once all the sites are drilled and pins are placed, disengage the Swiss Lock plungers to remove the Pin Guide from fixation base.
- ◇ The fixation base remains in place for the entire surgery & parts pick-up.

Bone Reduction Guide / Fixation Base

Note:
Fixation Base
remains
away from
bone

Model pre-reduction
and post-flapping

Guided does not contact bone.
GuidedSMILE is fully pin supported

Swiss Lock X 3

Swiss locks for 'locking'
guide parts together

Pins heads are hexed

Post extraction model

Hex means angled
abutments and driver
indication for flat side

Description

The Fixation Base serves several purposes including support for the Osteotomy Guide, Nano-Ceramic, and final RAPID appliance pick-up. This guide is also the bone reduction guide. The Fixation Base must be secure and stable.

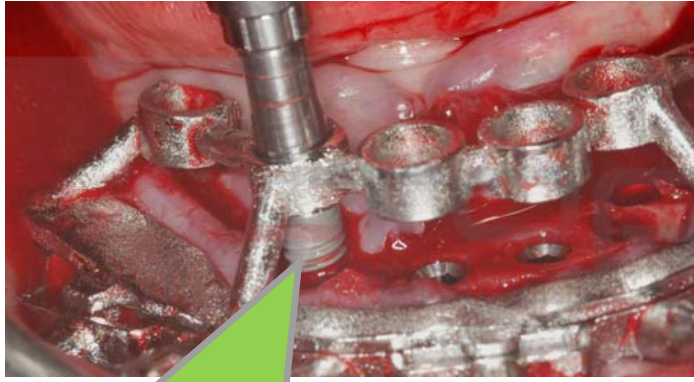
Pre Surgical Checks

- * 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 guided is fully supported by the pins.
- * Check to verify that the pins easily pass through each of the chrome channels and bone sites.

Surgical Steps

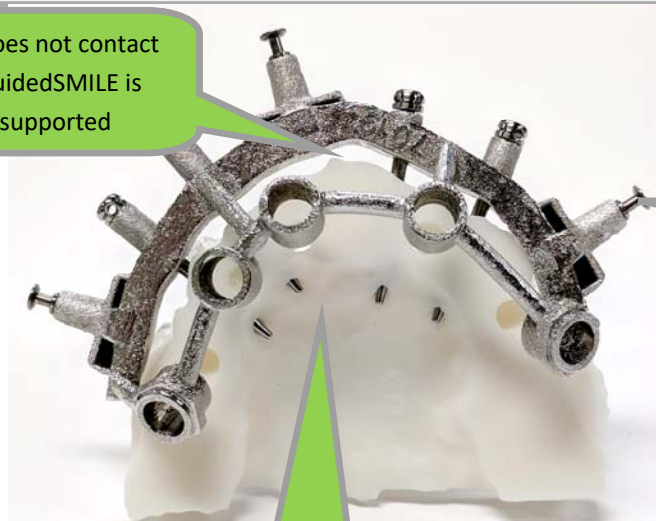
- ◇ With Fixation Base seated, extract teeth and reduce the bone to the top of the Fixation Base. Use tools of choice: rongeurs, burs, surgical saw, piezo
- ◇ If the Fixation Base was removed to perform extractions (try to avoid every removing the Fixation Base before surgery is complete), insert Fixation Base using finger pressure on each pin until they are mostly seated, then use the surgical mallet, ensure full seat of each pin.
- ◇ If posterior area has a step up due to bone reduction, use a bur to create a sloped transition. From reduced bone to non reduced bone.

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



Swiss Lock X 3

Pins are designed trans-cortical

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.

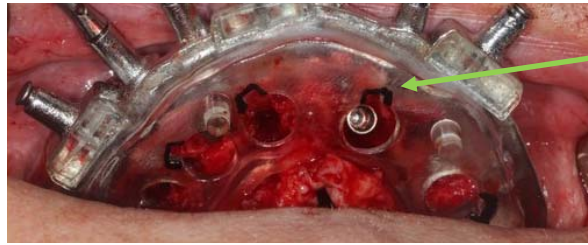
Pre Surgical Checks

- * 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

CARRIER GUIDE / ABUTMENT ORIENTETION GUIDE

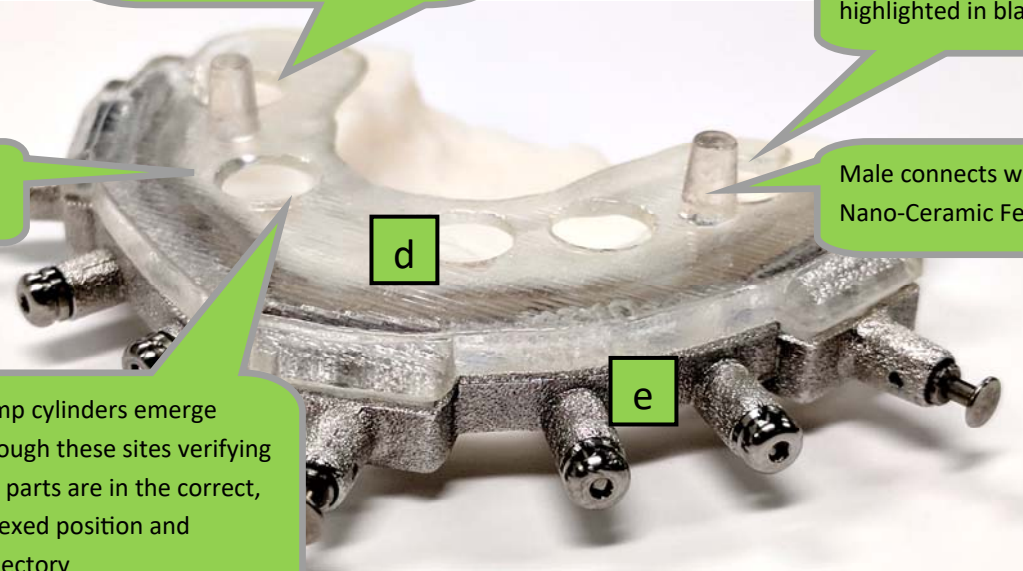


Square notch access: directs driver to MUA screws. Ensures MUA's are in the correct rotation.



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

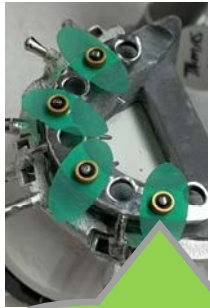
Pre Surgical Checks

- * 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.

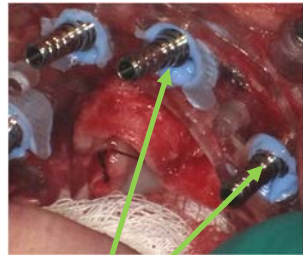
Surgical Steps

- ◇ 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.

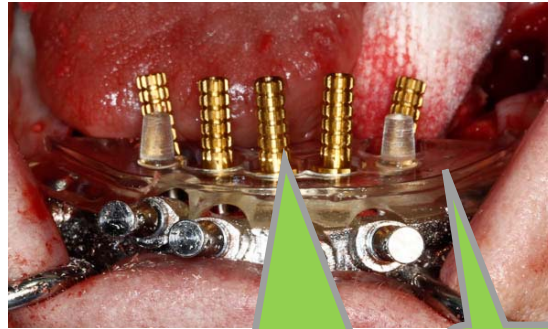
NANO-CERAMIC PICK-UP & OPTIONAL RAPID APPLIANCE



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



MUA & temporary cylinders are seated through carrier.

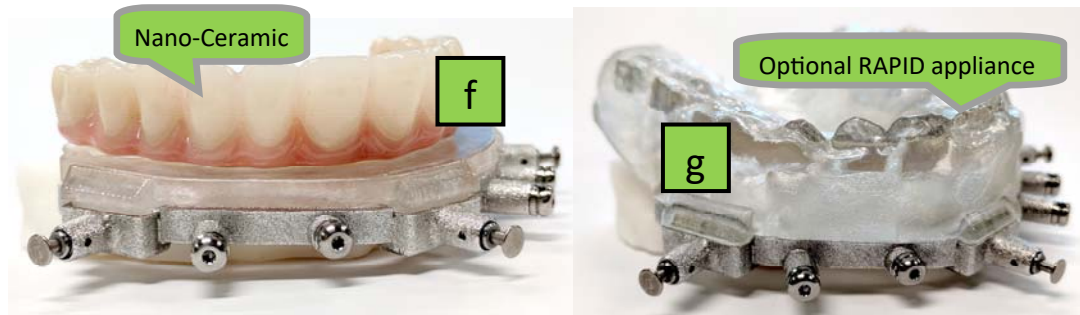


Carrier Guide



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

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

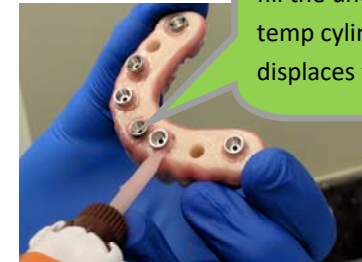


Nano-Ceramic

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.