



B&B DENTAL
implant company



PROSTHETIC PROCEDURES

BASIC INFO

DURAVIT IMPLANT LINES
3P - EVOLUTION - WIDE

MULTI-USE ABUTMENT (screw-retained restoration)

INTENDED USE:

- Prosthesis, hybrid prosthesis or bridges,
- Toronto Bridge
- Bar-retained overdentures.

STRAIGHT MULTI-USE ABUTMENT

The Straight Multi-use abutment has a conical top with an external hexagon, that allows tightening it by mean of a Multi-use driver (manual or ratchet connection).



STRAIGHT ABUTMENTS

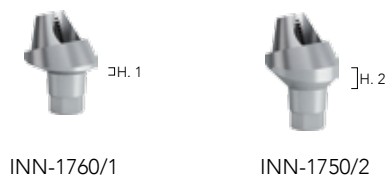


ANGLED MULTI-USE ABUTMENTS

The 17° and 30° Angled Multi-use abutments help to achieve parallelism for non-parallel implants. They can be connected easily by mean of a preassembled transporter. The package includes an angled abutment, fixation screw and the transporter.

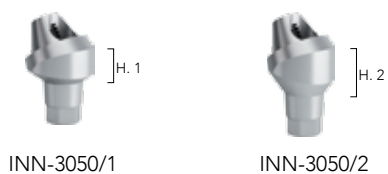
17° ANGLED ABUTMENTS

Complete with prosthetic Screw



30° ANGLED ABUTMENTS

Complete with prosthetic Screw



MULTI-USE ABUTMENT SCREW RETAINED-RESTORATION

SURGICAL ACCESSORIES



**HEALING CAP
SCREW**
INN-6030



**CLOSED TRAY
TRANSFER**
INN-00611



OPEN TRAY TRANSFER
INN-00610
Complete with transfer
screw
INN-00612

LABORATORY ACCESSORIES



**MULTY-USE
ANALOG**
INN-00586



**TEMPORARY
ABUTMENT**
INN-5144
Complete with
connecting
screw
INN-6051



INN-5145
Complete with
connecting
screw
INN-6051

LABORATORY INSTRUMENTS

MULTI-USE SCREW DRIVERS



ANGLED ABUTMENTS
INN-1750/2



MANUAL
00440M



RATCHET
INN-00637

BRIDGE SCREWABLE PROSTHESIS TAKING IMPRESSION



1 Position the Multi-use abutments in the implants.

Tighten them to 25 Ncm using the screw driver (ref. INN-00637) along with the torque ratchet.



2 Screw the close tray transfers onto the Multi-use abutments.



3 Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber).

Note:
Due to its low tensile strength, hydrocolloid is not suitable for this application.



4 Once the material is cured, carefully remove the tray.

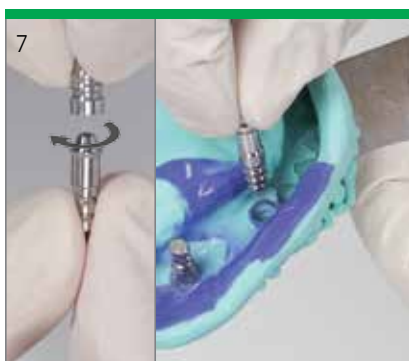
The Elastomer will take the conical shape of the close tray transfer for a safety reposition of the analog.



5 Unscrew close tray transfers from the mouth and send all to the dental technician.



6 Screw the healing caps onto the Multi-use abutments in order to keep the soft tissue open until the final restoration is inserted.



7 Screw the transfer onto the Multi-use analog.

Push the transfer and analog in the tray. It is now firmly seated in the impression tray.



8 A gingival mask should always be used to ensure that the emergence profile of the crown is optimally contoured. Fabricate the master cast using standard methods and type 4 dental stone (DIN 6873).



9

For optimal esthetic planning, model a full anatomical wax-up.



10

Make 2 silicon key over the full wax-up in order to fine the optimal shape of the customized temporary abutment.



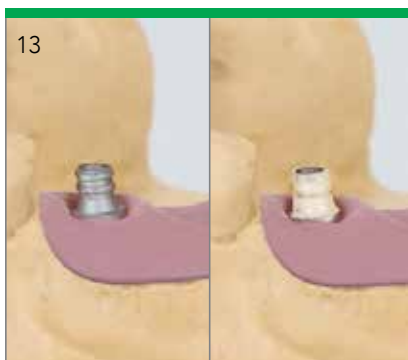
11

Place the temporary cilinder on the multiuse analog. This will aid in checking the gingiva height



12

Shorten the temporary abutment and then check the heights with the silicone key previously cut.



13

Sandblast and coat with opaque.



14

Fill the 2nd silicon key with acrylic resin and press it on the model and use a standard technique to fabricate the temporary crown (vacuum-formed sheet technique as shown here).



15

Remove excess acrylic.
Polish and clean the temporary restoration.
Reopen the screw channel.



16

Place the temporary restoration on the implant and tighten the screw with a torque of 25 Ncm.

BRIDGE SCREWABLE PROSTHESIS BUILD

9



Fabricate the master cast including a gingival mask.

10



For optimal esthetic planning, model a full anatomical wax-up.

11



Make a silicone key over the full wax-up in order to define the optimal shape of the customized titanium abutment.

12



Place the castable cylinder on the analogs and hand tighten the occlusal screws using the screw driver.

Note:
Do not over tighten the castable cylinder.

13



Shorten the castable cylinder to the height of the occlusal plane according to the individual situation.

14



Fabricate the superstructure on the abutments using standard modeling methods.

Make sure that the wax layer on the abutment is sufficiently thick (at least 0.7 mm).

15



Check the wax-up with the silicone key.

16



Check that the wax framework of the bridge is absolutely tension-free before investing the framework.

This is accomplished according to commonly known bridge techniques.



17

Invest the bridge framework according to standard methods without using wetting agents.



18

Gently divest the customized abutment with ultrasound, water jet, pickling acid or a glass fiber brush.



19

Control for tension-free fitting on the master cast by applying the Sheffield test.

If the bridge is not tension-free and wiggles, cut the bridge and resplint it tension free.



20

Sandblast



21

Do an additional try-on of the tension-free fit of the framework in the patient's mouth.



22

Veneer the superstructure.



23

Tighten the occlusal screws to 15 Ncm using the hexagonal screw driver along with the torque ratchet.