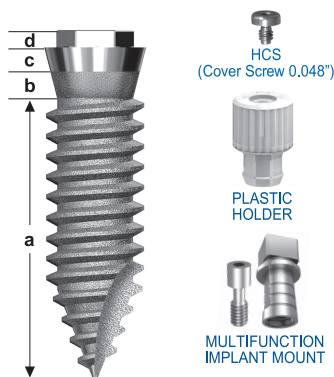


HEXIMPLANT

3.75 / 4.00 / 5.00 mm Ø



PRODUCT DATA SHEET

J.J.G. Evolution Implant System (Patent pending). Exclusive design for immediate, early or late loading. Original implant specially designed to meet the essential concepts in Osseointegration: "immobilization, fixation and primary stability". The exclusive self-advancing / self-tapping thread design, placed in a small-sized socket, creates a close implant-to-bone contact thus ensuring maximum primary stability. Implants are manufactured in titanium alloy Grade 5. (66% more resistant than titanium Grade 2).

Heximplant implant presentation

DIAMETER		LENGTHS (mm.)			
Ø 3.75 mm.	-	10	11.5	13	15
Ø 4.00 mm.	8	10	11.5	13	15
Ø 5.00 mm.	8	10	11.5	13	15

Sterilized by Gamma Radiation. They are packed in double tamper-resistant container that preserves sterility and facilitates handling, patient chart label included.

Implant mount can be used as transfer and titanium prosthetic abutment with fastening screw.

THE IMPLANT IS DIVIDED INTO FOUR SEGMENTS:

- **Intraosseous segment (a):** The diameter of the tip gradually narrows ending in a sharp end for easy insertion of the implant.
- **Conical mid-segment (collar) (b):** 1 mm in height. Etched surface for better positioning of the epithelial attachment and the biological width.

- **Conical mid-segment (collar) (c):** 1 mm in height. Highly polished to facilitate hygiene.
- **Prosthetic segment (d):** On the upper coronary plane a hex body stands out, 0.7 mm in height and 2.7 mm between surfaces, with a threaded cavity where the different prosthetic pieces are fixed. It is compatible with most prosthetic abutments with an internal counterhex in the base. (Platform 4.1 mm).

CRITERIA FOR PATIENT SELECTION:

- Healthy patients, suitable for surgery.
- Clinical, X-ray and computed-tomography studies, making of computed tomographic and surgical guides.

SURGICAL INSTRUMENTATION REQUIRED:



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HEXIMPLANT

3.75 / 4.00 / 5.00 mm Ø

SURGICAL PROTOCOL:

- Determine number and position of implants to be placed.
- Expose the crest of the bone through incision of soft tissue with a punch or small flap, according to anatomical characteristics.
- Begin with a 2.00mm-diameter spade drill or drill through the cortical bone and then some millimeters into the medullary tissue. Confirm previous diagnosis on bone density.
- Proceed with the usual sequence increasing gradually the drill diameters until the indicated diameters for each case according to Chart 2 are reached.
- This technique is an innovation in the need to make a small socket. The diameter of the used drills varies according to bone density as per the information on Chart 2.
- Drills must reach a depth corresponding to the measures listed in Chart 3. According to this, the turns and the apical segment of the implant are inserted into intact bone, ensuring "immobilization, fixation, and primary stability".

CHART N° 2: Final diameter values of drills according to bone density (Lekholm and Zarb Classification).

IMPLANT & DIAMETER	CLASS 1	CLASS 2	CLASS 3	CLASS 4
Heximplant 3.75 mm	3.50 mm	3.30 mm	3.00 mm	3.00 mm
Heximplant 4.00 mm	3.50 mm	3.50 mm	3.00 mm	3.30 mm
Heximplant 5.00 mm	4.50 mm	4.30 mm	4.00 mm	4.00 mm

CHART N° 3: Depth of sockets according to the length of the implants.

- 8.00 mm. implants _____ 6.00 mm.
- 10.00 mm. implants _____ 7.00 mm.
- 11.50 mm. implants _____ 8.50 mm.
- 13.00 mm. implants _____ 10.00 mm.
- 15.00 mm. implants _____ 12.00 mm.
- After drilling is finished, using the plastic holder, position implant on the surgical socket.
- First thread by hand or placing an implant mount driver (Catalog #: IMDS). It must be operated at low RPM. If resistance offered by bone tissue stops manual or implant mount driver operation, use the ratchet wrench (Catalog #: RW) or the open end wrench (Catalog #: OEW4) until complete implant insertion is achieved.
- Once the implant placement is finished, remove the implant mount using a screwdriver (Catalog #: THDL48) and,

depending if it is a one or two-stage surgery, a healing abutment is threaded over the implant (Catalog #: HHA2, HHA3, HHA5) to a height matching the gingival thickness or a cover screw (Catalog #: HCS) included in the original container.

- In the case of immediate loading, the prosthetic abutment is threaded on the implant chosen.
- The provisional plastic prostheses must be placed in subocclusion without any side contact.
- Cement provisional prostheses with permanent cement and avoid removing them during the osseointegration process. For bruxer patients, make a miorelaxation plate.
- The osseointegration process lasts about two months for the jaw and about three months for the maxilla.
- Once the required time has passed, remove the provisional prosthesis. Make the final prosthesis following the usual methods and using the chosen materials.

General considerations: For additional information, please refer to the Implant System's Manual, printed version, or view the electronic version visiting www.odontit.com

Do not reuse
 See product data sheet
 Sterilized by Gamma radiation
 Do not sterilize
 Do not use if container is damaged
R only Sale restricted to health professionals