

PRODUCT DATA SHEET

J.J.G. Evolution Implant System (Patent pending).

Exclusive design for immediate 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).

• **Prosthetic segment (c):** Includes a square for the positioning of the Evolution Ball Driver. (Catalog #: SBO for \varnothing 2.20 / Catalog #: ENTCL (short) or ENTL (long) for \varnothing 3.00 / Catalog #: EMTC (short) EMTL (long) for \varnothing 3.75). It also includes a conical end body of variable length depending on the diameter of the implant. In every case, includes horizontal circular lines for crown retention.

CRITERIA FOR PATIENT SELECTION:

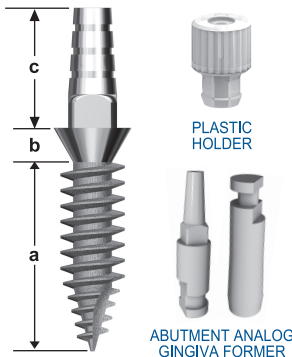
- Healthy patients, suitable for surgery.
- Clinical, X-ray and computed-tomography studies, making of computed tomographic and surgical guides.

SURGICAL INSTRUMENTATION REQUIRED:



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EVOLUTION MONOBLOCK 2.20/3.00/3.75 mm \varnothing



Monoblock implant presentation:

DIAMETERS	LENGTHS (mm.)			
	10	11.5	13	15
\varnothing 2.20 mm.	10	11.5	13	15
\varnothing 3.00 mm.	10	11.5	13	15
\varnothing 3.75 mm.	10	11.5	13	15

Sterilized by Gamma Radiation.

Supplied in a double container to preserve sterility and allow for easy handling. Implant and plastic holder included. It comes with gingival shaper and plastic abutment analog (only available for Monoblock, diameter 3.00 and 3.75).

THE IMPLANT IS DIVIDED INTO THREE 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):** 2 mm in height. Smooth surface for better positioning of the epithelial attachment and the biological width.

EVOLUTION MONOBLOCK 2.20 / 3.00 / 3.75 mm \varnothing

SURGICAL-PROSTHETIC 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.
- Start with a 1.50 or 2.00 mm diameter spade drill. (Catalog #: FL15 / FL 20) through the cortical bone and then some millimeters into the medullary tissue. Confirm previous diagnosis on bone density.
- This technique is an innovation in the need to make a small socket. Drill diameters vary according to bone densities, as listed in Chart N° 1°
- Drills must reach a depth not exceeding the measures listed in Chart N° 2. 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° 1: Final diameter values of drills according to bone density (Lekholm and Zarb Classification):

IMPLANT & DIAMETER	CLASS 1	CLASS 2	CLASS 3	CLASS 4
Monoblock 2.20 mm	2.00 mm	2.00 mm	1.60 mm	1.60 mm
Monoblock 3.00 mm	2.50 mm	2.50 mm	2.00 mm	2.00 mm
Monoblock 3.75 mm	2.80 mm	2.80 mm	2.50 mm	2.50 mm

CHART N° 2: Depth of sockets according to the length of the implants..

- 10.00 mm. implant _____ 7.00 mm.
- 11.50 mm. implant _____ 8.50 mm.
- 13.00 mm. implant _____ 10.00 mm.
- 15.00 mm. implant _____ 12.00 mm.
- After drilling is finished, position implant in wrench (2.20 mm Catalog #: SBO / 3.00 mm, Catalog #: ENTL / ENTCL or 3.75, Catalog #: EMTL / EMTC). Then arrange it on the socket.
- Presentarlo sobre el alvéolo quirúrgico. First thread by hand or placing the wrench in the 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. Check for parallelism when placing multiple implants.

PROSTHETIC PROTOCOL:

- The conical body prosthetic segment adapts to the interocclusal and parallelism needs, carving it with diamond stones and copious irrigation.
- Before suturing the flap, if this is the case, the gingival shaper is adapted over the prosthetic section (Catalog #: CG375 or CG 300). It will shape gingival tissues avoiding

gingival hypertrophy over the prosthetic step. The gingival shaper comes inside the provisional crown.

- The provisional plastic prostheses must be placed in subocclusion without any side contact..

Cement provisional prostheses with permanent cement and try not to remove them during the osseointegration period. For bruxer patients, make a miorelaxation plate.

- Once the required time has passed, remove the provisional prosthesis. Permanent prostheses are prepared using usual methods and materials of choice.

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

