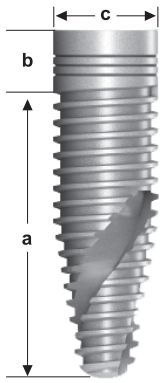
# SMARTGRIP
THE SMART IMPLANT

## SMARTGRIP Internal Hex
3.50 / 4.00 / 4.70 mm Ø




COVER SCREW
**OPTIONAL**

## PRODUCT DATA SHEET

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).

**Smartgrip implant presentation**

| DIAMETERS | LENGTHS (mm.) | | | | |
|---|---|---|---|---|---|
| Ø 3.50 mm. | - | 10 | 11.5 | 13 | 15 |
| Ø 4.00 mm. | 8 | 10 | 11.5 | 13 | 15 |
| Ø 4.70 mm. | 8 | 10 | 11.5 | 13 | - |

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

THE IMPLANT IS DIVIDED INTO THREE SEGMENTS:

• **Intraosseous segment (a):** The diameter of the tip gradually narrows ending in a semi-sharp end for easy insertion of the implant.

• **Conical mid-segment (collar) (b):** 2 mm in height with microturns. Treated surface for better positioning of the epithelial attachment and the biological width.

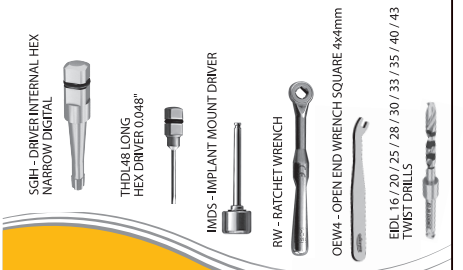
• **Internal connection segment (c):** Compatible internal hexagon.

Features a threaded cavity where the different prosthetic parts are fixed. It is compatible with most prosthetic abutments for the internal hexagon system (compatible platform 4.0 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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odontit IMPLANT SYSTEMS

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 N° 1 are reached.
- This technique is an innovation in the need to make a small socket. The diameter of the used drills varies according to the bone densities listed in Chart N° 1.
- Drills must reach a depth corresponding to 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 (Lekhom and Zarb Classification).

| IMPLANT & DIAMETER | CLASS 1 | CLASS 2 | CLASS 3 | CLASS 4 |
|---|---|---|---|---|
| Smartgrip 3.50 mm | 3.30 mm | 3.00 mm | 2.80 mm | 2.80 mm |
| Smartgrip 4.00 mm | 3.50 mm | 3.50 mm | 3.30 mm | 3.30 mm |
| Smartgrip 4.70 mm | 4.30 mm | 4.30 mm | 4.00 mm | 4.00 mm |

**CHART N° 2:** 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.

- Position over bone crest using screwdriver or contra-angle tip (Catalog #: SGIH). First, hand tighten it, and then tighten using the Open end wrench (Catalog #: OEW4) or the Ratchet wrench (Catalog #: RW) or with the implant mount driver at low speed. Introduce implant by self-tapping, to the correct position. Whether the surgery is performed in one or two stages, submerged or semi-submerged technique.
- Suture gingival tissue.

PROSTHETIC PROTOCOL:

- In the case of immediate loading, the prosthetic abutment is threaded on the implant chosen.
- The provisional plastic prostheses must be placed in sub-occlusion 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
STERILE R Sterilized by Gamma radiation
Do not resterilize
Do not use if container is damaged
℞ only Sale restricted to health professionals

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