

Clinical Procedure Manual

SINGLE AND BRIDGE RESTORATIONS

Single Restoration



The Procedure

Note: Implant systems that have a conical internal connection (Nobel Biocare) do not require specific clocking position for abutment seating. Implant systems with an alternative connection (Straumann - CrossFit®) will require a marking or transfer jig to assure for proper timing between the abutment and restoration.

Impression

Make an implant level impression utilizing the implant manufacturer's components (impression coping and analog) and recommended procedures. Send the impression to the lab with the opposing cast, accurate interocclusal record and shade for the definitive restoration.

Healing Abutment or Provisional

We recommend proper healing abutment selection - reference RODO® Implant Healing Abutment Selection Guide. Fabrication of an implant supported provisional restoration is recommended when using Smileoc® to shape and contour the soft tissue to facilitate seating of the final restoration.

Delivery

The laboratory will return the final restoration, abutment and Smileloc.



Nobel Biocare - Conical connection.



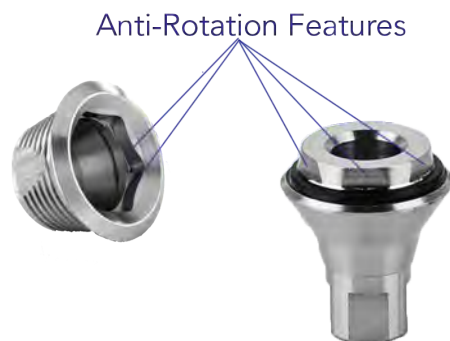
Straumann RC CrossFit® connection with transfer jig.



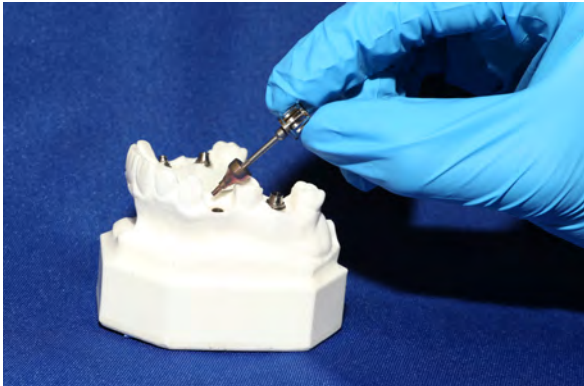
The Regular RODO Abutment System has two components; the abutment screw and base. The Drivers engages the screw for tightening.



If the seal becomes dislodged from the abutment, it can easily be placed back into the abutment groove with a Seal Seater. Use care not to damage the seal.



The hexagon feature on the Coping and on the Abutment provide for anti-rotation.



Remove the provisional restoration or healing abutment. Irrigate and dry the internal aspect of the implant.



Regular Abutment



Wide Abutment

For Regular RODO Abutments, the RODO Abutment Socket Driver is required to torque the Abutment to the Implant. For Wide RODO Abutments, T6 Torx Driver is required.

NOTE: Ensure you have the appropriate driver adapter for your particular torque wrench.

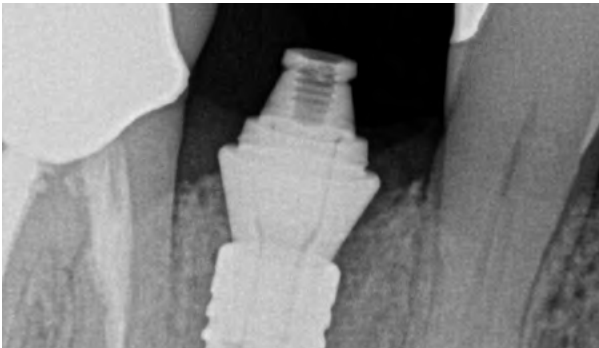


When restoring on Straumann RC Bone Level Implant, locate marking on abutment. Marking should be made on buccal side by dental lab.

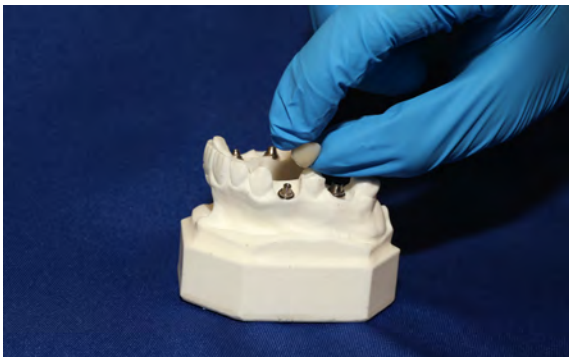


When the Abutment is seated into implant, tighten the Abutment to the torque specified by the manufacturer using a torque wrench. After tightened, remove the Driver.

Note: Ensure the Driver is fully seated and perfectly aligned with the long axis to avoid damaging or stripping of the Abutment Screw.



After tightening the Abutment to the recommended torque, confirm that the Abutment is fully seated on the implant through clinical or radiographic verification.



After verifying Abutment is fully seated on implant, place restoration on Abutment without Smileloc.



Carefully confirm full seating of the restoration onto the Abutment. Adjust interproximal contacts to allow full seating of the restoration as tight contacts can prevent crown from fully seating and locking onto Smileloc outer arms. After restoration seating is confirmed, check, adjust and polish occlusal contacts as needed.

Note: Proceed to the next step only when full seating of the restoration is confirmed.



LOCKED



UNLOCKED

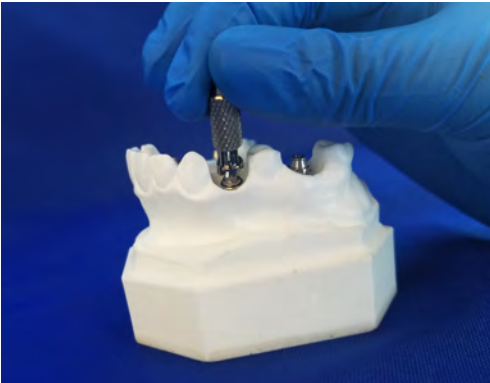
Open new Smileloc package, which comes preset in its locked configuration. The Smileloc should be used in locked configuration, when the inner and outer arms are extended (left). When the arms are collapsed, the locking feature will be disabled and the Smileloc can no longer be used (right).

Note: If difficulty is encountered fully seating a crown with Smileloc, Extended Range (ER) Smilelocs are recommended.

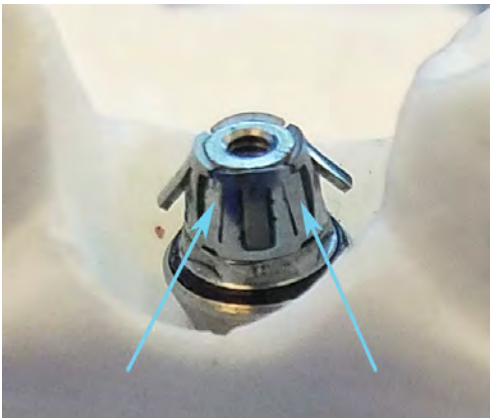


Using the Smileloc Seater, pick-up the Smileloc for transfer onto the Abutment.

Note: Refer to Smileloc Seater User Instruction



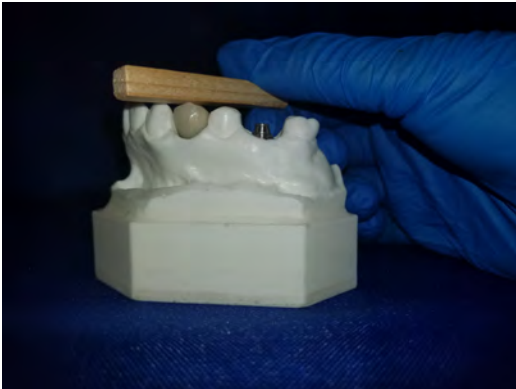
Carefully position the Smileloc onto the top of the Abutment parallel to the long axis of the Abutment. Seat the Smileloc onto the Abutment with apical pressure. An audible “click” will be heard when the inner arms lock under the head of the Abutment.



Examination of the Smileloc after seating will show the inner arms locked under the head of the Abutment, and the outer arms extended for placement of the restoration. Inspect each Smileloc arm to ensure they are free of debris, rinse and dry as needed.



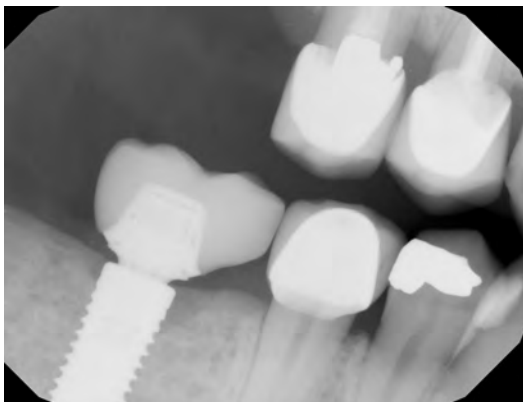
Place the restoration onto the Abutment with apical pressure.



Use a bite stick positioned in varying angles to assist full seating of the restoration and allow the outer arms to lock into the coping.



After final seating of the restoration, confirm occlusal contacts and adjust as needed. A peri-apical radiograph can be taken to confirm full seating of the restoration. During the radiographic procedure, the paralleling technique should be used to provide proper evaluation.

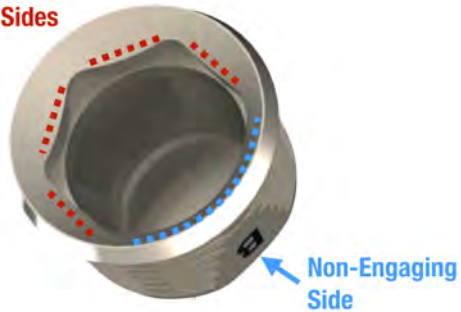


Peri-apical radiograph of a fully seated restoration on the Abutment.

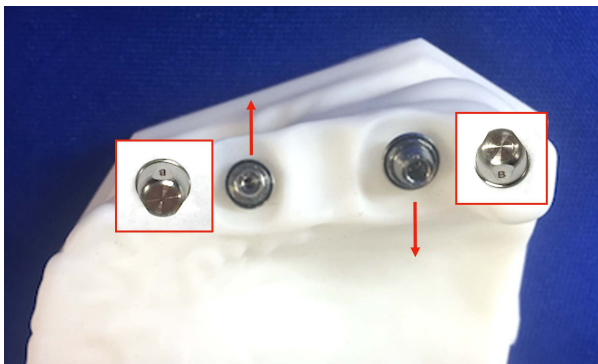
Bridge Restoration



4 Coping Internal Engaging Sides



For bridge restorations use Regular and Wide Ti Copings for Bridge. Bridge Copings have one non-engaging side on internal anti-rotation feature, marked on outside of Coping with a "B".



Orient non-engaging side of each Coping in the direction of implant divergence (as depicted by the red arrows on the image to the left).

The remaining steps for processing a bridge prosthesis are the same as for single crowns. When locking bridge restoration on patient it is recommended to use Smileloc Extended Range, which has additional forgiveness needed to lock multi-unit restorations.

Refer to Instructions for Use IFU 0001 for full product details.

RODO Medical Inc. 6399 San Ignacio Ave., Suite 100 San Jose, CA 95119
www.rodomedical.com | info@rodomedical.com | 408.245.7636

