



CHAMPIONS® (R)EVOLUTION

Step-by-Step User Guide (Minimally Invasive Procedure)

Cavity Preparation | Implant Placement | Impression

Restoration in Dental Laboratory | Prosthodontic Restoration

1. CAVITY PREPARATION







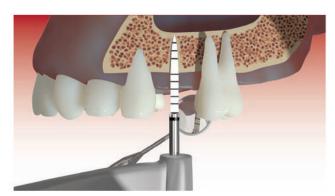
The mucosa thickness is measured with the yellow drill. In this case: 4 mm.



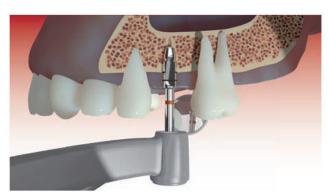
The bone cavity is prepared.



Bone cavity with a depth of 10 mm



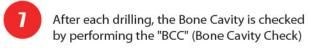
Depending on the bone density (D3-D1), the following drills are used: yellow, black, white, blue, brown. Please note: primary stability should be achieved in the D1-D2 bone through the spongy bone!



For placing a ø 3.5 mm implant, the crestal D1-/D2-bone is prepared with a ø 3.25 mm brown drill and a ø 3.7 mm orange drill.

Before placing a ø 4.0 mm implant the bone cavity is crestally widened to ø 4.5 mm.





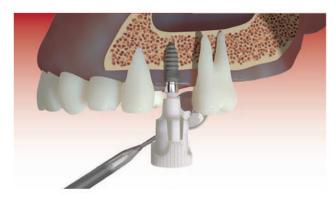


For "soft" bone and/ or thick gingiva > 4 mm, the ø 2.4 mm and ø 3.0 mm condensers are used to check whether primary stability at a torque of at least 30/40 Ncm can be achieved.

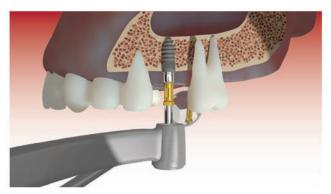


The Bone Cavity Check ("BCC") must be performed each time after using the condenser and between each drilling!

2. IMPLANT PLACEMENT



After taking the implant out of the sterile package – without touching the implant with your hands, start inserting the implant with the plastic Insertion Aid until you can't get any further.



There are two ways to implant: you can insert the Champions® implant with a surgical tool ...



... or with the Torque Wrench (with an Adapter).

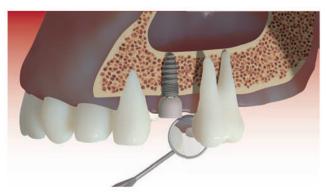
For both insertions methods, a final torque of 40 Ncm in the spongy bone is considered as optimal (see images 5 & 6).



Platform switching: the Champions® implant is inserted equicrestally or 1 mm subcrestally. X-rays are taken of the implant.



You can check whether the implant is anchored optimally into bone by means of a percussion sound, a periosteum check, or an Ostell check.







The Gingiva-Clix serves as "healing cap" to contour the gingiva around the implant.



After 7 weeks at the earliest, the Gingiva-Clix is ...



18 ... removed with a tool..

3. IMPRESSION - POSSIBILITY 1 WIN!® PEEK-IMPRESSION POST IN SHUTTLE





- For the impression, there are two possibilities: without removing the small screw (Art. 3085) ...
- ... fix/click the WIN!® PEEK-Impression Post (Art. 3122) in the Shuttle.



The Impression Post is moulded with an impression compound, e.g. Impregum ...

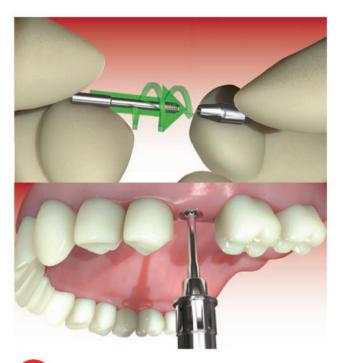


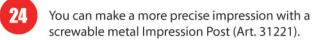
... An impression of the whole jaw is made with a closed impression tray.

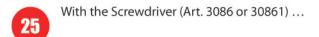


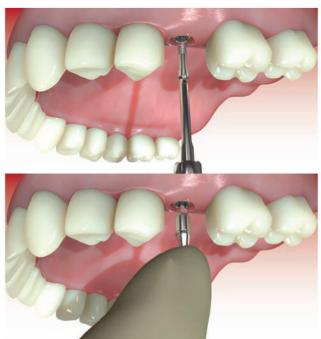
The Laboratory Analog is screwed with the Shuttle (Art. 3100). Then, click both of them in the WIN!® PEEK Impression Post of the impression.

3. IMPRESSION - POSSIBILITY 2 SCREWABLE IMPRESSION POST IN THE SHUTTLE









26 ... remove the small screw (Art. 3085) from the Shuttle/implant manually. The Shuttle remains in the implant.

27 Then, set the metal Impression Post, equipped with a long Screw (Art. 30850), until it is engaged. Care is to be taken that the Hexadapter is engaged in the hexagon piece.





Fix the long Screw (Art. 30850) manually. Place a white Impression Coping (disposable article!) on the metal Impression Post.



Mould the Impression Post and Impression Coping with an impression compound and make an impression with a closed Impression Tray.

4. RESTORATION IN DENTAL LABORATORY

The dentist will provide you with an impression, including a metal Impression Post (Art. 31220) and a long screw (Art. 30850) if a screwed impression has been made (see Possibility 2 below). You also need a Laboratory Analog Set (Art. 31218), which can be reused several times. The set includes: Laboratory Analog, Shuttle, and screw.

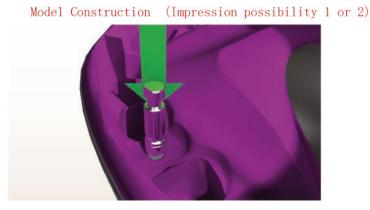
- *Applicable for: Impression Possibility 2
- ♦ Applicable for: Impression Possibility 1 and 2



*In the laboratory the Laboratory Analog Set (Laboratory Analog + Gingiva-Shuttle) and the metal Impression Post are assembled with the long screw (Art. 30850).



*Screw the Laboratory Analog + Shuttle + metal Impression Post correctly so that the assembly is securely fixed (use one of the two screws in the surgical kit).



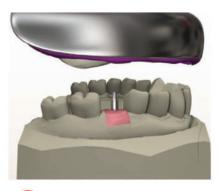
◆The assembly must be correctly positioned in the white Impression Coping in the impression (Art. 31218 Laboratory Analog Set). View of the situation when the assembly is fixed in the impression (see end of Possiblities 1 or 2 of the impression)



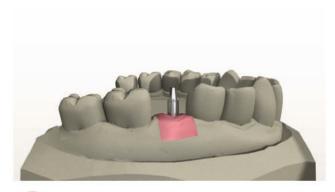
◆With a gingival mask, you mould around the Shuttle and 1 mm from the Laboratory Analog.



• ... and the cast model is made.



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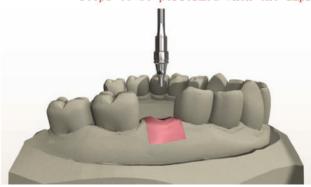




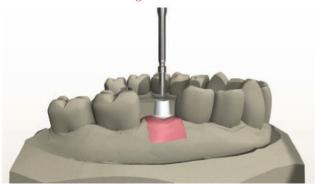
*The long Screw (Art. 30850) ...

*... can be manually removed with a screwdriver.

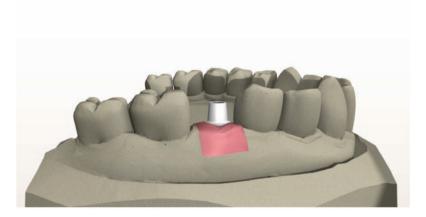
Steps to be performed when the impression is made according to Possibilities $1\ \mathrm{and}\ 2$



◆ The metal Impression Post and the Shuttle can be removed.
Possibility 1 with WIN!® PEEK: unscrew the small screw in the Shuttle and remove the Shuttle.
Possibility 2 with metal Impression
Post: remove the Shuttle.



◆An Abutment can be fixed with a small screw (Art. 3085).



◆The prosthodontic restoration can be fitted on the Abutment.

5. PROSTHODONTIC RESTORATION







... the Gingiva-Clix ...







The small screw (Art. 3085) is removed from ...



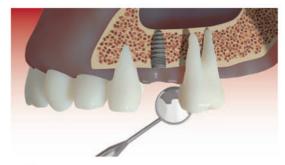
... the Champions® implant with Shuttle.



With the Shuttle-Extractor, the Shuttle is manually removed in the clockwise direction (rotation on the right).







Use a Torque Wrench only when the Shuttle cannot be removed manually!

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By screwing the Shuttle-Extractor on the bottom of the implant, the Shuttle can be gently removed.



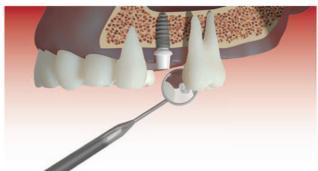


With a small Screw (Art. 3085), set the Abutment ...

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... in the "Hexadapter" of the Champions® implant ...





... at a torque of 30 Ncm.

55 Fixed Abutment.



56 Cemented crown



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