






Fixed Prosthetics Manual

combining the successful features in implantology



your comfort is our goal!

Implants	
Instruments	
Prosthetic components	
Digital/ CAD/CAM	
Additional products	

Dutch quality is a choice



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General

General

The prosthetic procedure shall be presented on simple examples of different types of prosthetic constructions on Dyna Helix and Dyna Octalock implants. For prosthetic constructions on Dyna implants see the push-in implant manual.

Sterilisation

All prosthetic components are supplied clean but not sterile. Operator is obliged to sterilize them or disinfect in appropriate manner according to the instructions for use.

Hygiene aspects

Every construction made on implants should include in its design hygiene aspects. This means that the patient should be able to keep the prosthesis clean. It is the dentist task to assess patient's ability and motivation to perform everyday hygiene and afterwards decide on type of the prosthesis. On the other hand it is the technician task to produce a construction keeping in mind the hygiene aspects for the patient e.g. interproximal spaces to be easily accessible with interproximal brushes. Proper hygiene is *conditio sine qua non* for predictable functioning of the implant supported prostheses.



Implant-abutment connection

The Dyna Octalock® implant-abutment connection has been designed to achieve 0 degree rotation in the clinical use, as well as to enable easy transfer of the situation in the patients mouth to the lab model. The use of the octagon and conical connection has been carefully chosen. Any antirotation is of no use when there exists a significant freedom of movement between an abutment and an implant. many systems present on the market, nowadays, have a rotational freedom of 4 to 12 degrees*. This may influence clinical performance of any prosthetic construction and prevents an accurate transfer of the implant position intra orally to the model. Only a 0 degree rotational freedom can guarantee a reliable and save connection. Dyna Octalock® connection has been designed to make the transfer procedure as accurate as possible.

* Int J Prosthodont. ;9 (2):149-60 8639238 (P,S,E,B), The effect of implant/abutment hexagonal misfit on screw joint stability. P P Binon, Department of Restorative Dentistry, School of Dentistry, University of California at an Francisco, USA.



General

Implant-abutment connection

The Dyna Octalock® press-fit connection has a 0 degree rotation. This is realized by slightly tapered walls of the external abutment octagon. Due to this modification by means of micro deformation, abutments and impression copings are prevented from any rotation once seated and screwed in the implant with a torque of 35Ncm. This 0 degree rotational freedom results in a perfect, trouble-free transfer from mouth to the model and vice versa. This means in terms of practical usage, no more problems with taking impressions. The fixed prosthesis is made in the lab by using a titanium analogue on the same abutment as the one placed later in the mouth of the patient, and therefore, it will always have a perfect fit.

The conical octagon in combination with the conical upperpart realizes a press-fit connection with a perfect seal to the outside environment. Choosing two different angulations always results in an almost 100% closed connection between the implant and the abutment. At the same time this conical connection provides a stable fit in the implant, which makes the whole construction very solid and generates the ideal distribution of the applied forces. Dynamique loading tests according to EN ISO 14801:2016 show appropriate levels of fatigue strength. The conical shape of the universal fixation screw prevents it from loosening and fracturing if tightened with 35 Ncm before the final prosthetic treatment. This provides high stability and makes the whole system self centring. Due to friction forces, only a small amount of the applied torque will be transferred to the thread of the screw resulting in a considerable tension relaxation. This, in combination with the conical connection, makes it almost impossible to overload, and break the screw during normal physiological use.

The internal octagon has been introduced for several reasons:

- Increase of the implant wall strength (comparing with the hexagon design) – allowing for the same diameter of the fixating screw and the hexagon/octagon wall, the minimal thickness of the implant wall for hexagon design is about 20-25% thinner than for analogue situation with octagon design.
- Simplicity - each abutment fits all implant diameters using just one universal fixation screw.
- Improved aesthetics – the octa has been chosen to be internal instead of external so that no space is lost from the connection upwards. In this way it is possible to use a very low abutment in all those situations where the gingiva thickness is insufficient, so that no compromise in aesthetics has to be made.
- Security – the connection joins the best features of the other renowned implants systems in one, giving the security of equal force distribution, break protection and the best aesthetics.
- Function - in case an angled abutment is indicated, the position of the implant can be adjusted per 45°. Using a hexagon this is 60° and with a triangle just 120°. This can affect the esthetics concerning the height of the position of the implant (CEG).

Abutment Height

The proper height of the transmucosal part of the abutments is very important for the final result. It determines not only the proper function of the whole prosthetic construction but aesthetic outcome as well.

When choosing proper abutment height as well for removable and fixed constructions it is helpful to determine the gingiva height (GH = distance between gingival margin and the implant.). This should be done after healing period (full gingiva maturation) using grooves on the healing abutment (2mm, 4mm and 6mm).

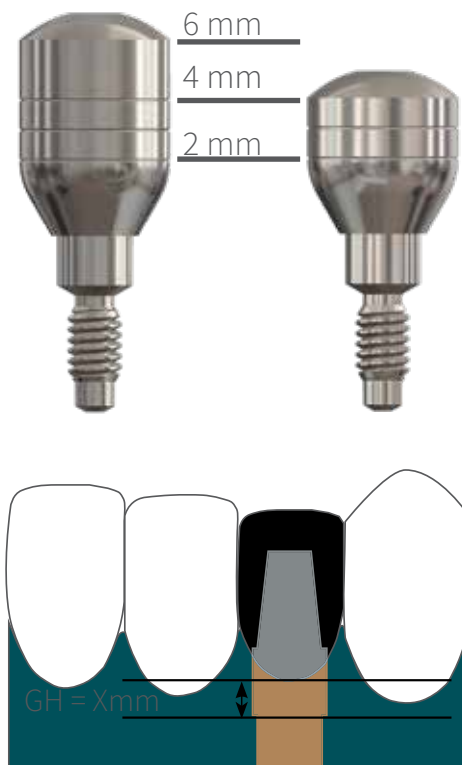
For overdentures it is important to choose the lowest abutment possible (the higher the abutment the higher the lateral-leverage forces on the implant). Therefore, in some cases it would be indicated to do gingiva correction rather than choose higher abutments!

When choosing the right abutment hygiene should be taken into consideration. It is extremely important to enable the patient proper cleaning of the prosthetic construction. Therefore, in some situations too short abutment may be an obstacle for good hygiene (especially for bar overdentures).

Bite relation can also influence the abutment choice. In cases when there is not sufficient space between the maxilla and the mandible using certain types of abutments or even type of restoration may be impossible or strongly contraindicated!

For fixed constructions it is the general rule to choose the abutment to realize the future margin of the crown subgingival.

Every situation should be judged individually and the prospective decision should be a balanced choice between local bite relations, implant mechanics, patient's motivation and hygiene aspects.



Considering hygiene requirements we recommend the following:

Abutment	Height above the gingiva
Magnet	~ 1,5 mm
Bar	~ 0,5 - 1,0 mm
Ball	~ 0,5 - 1,0 mm
Straight, Angled, etc.	Outline subgingival

General

Abutment fixation with a Torque Wrench

All final abutments must always be fixed onto the implants with 35 Ncm using the torque wrench instrument and the Dyna Hex screwdriver. Every abutment/implant connection should be checked for fit by X-ray photo. This will prevent undesired loosening and/or fracture.

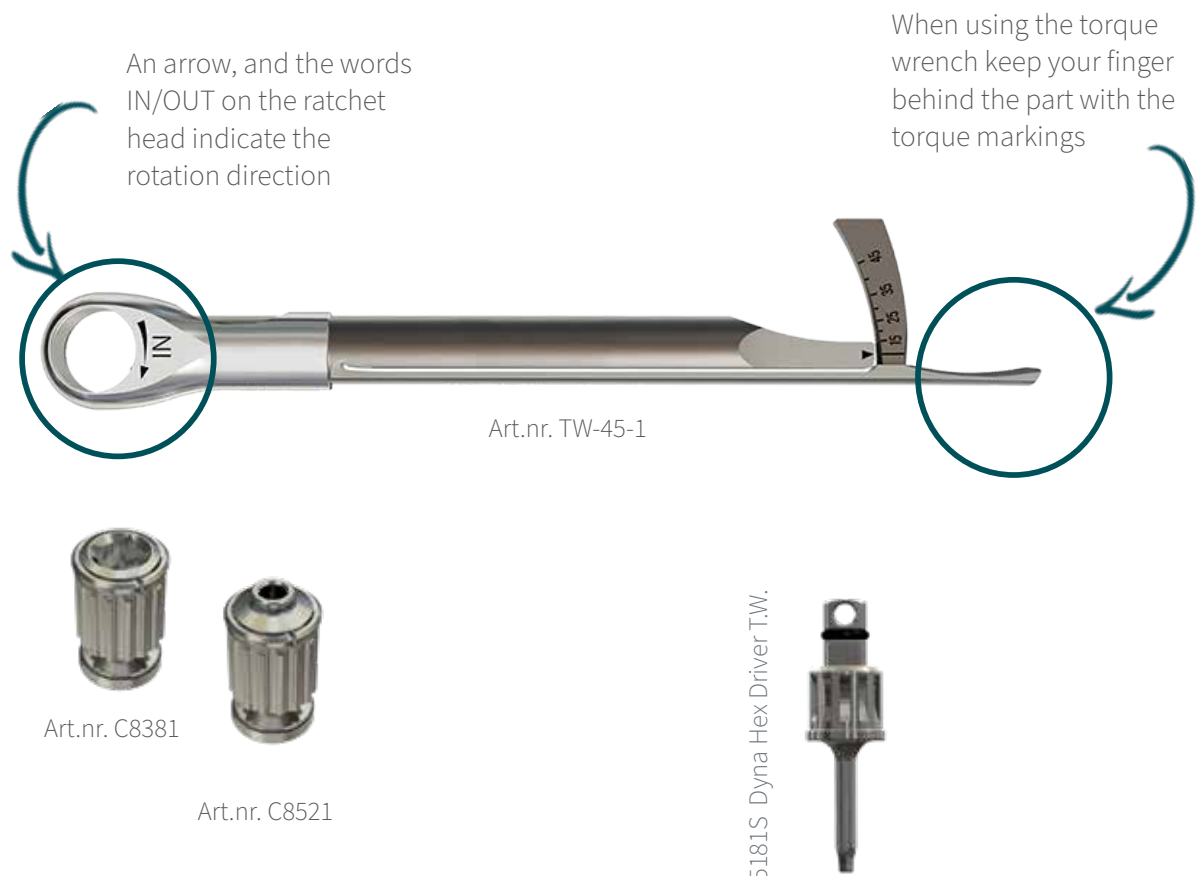
The abutment must be screwed into the implant without any debris between. Check the torque by means of the Dyna Torque wrench before final cementation of the crown or bridge.

A Torque Wrench is a special instrument used to screw Dyna abutments to the torque of 15, 30 or 35Ncm*. It should be used with all Dyna abutments to prevent unscrewing. (see also instruction for use delivered with the Torque Wrench).

Apply **15 Ncm** indication for all cover screws, healing abutments and the Multi-Unit Prosthetic Screw Hexagon/CADCAM Bar screw Dyna Multi-Unit.

Apply **30 Ncm** indication for all final abutments placed on extension level

Note: A Torque Wrench should be calibrated once a year for proper torque.






Impression methods

Open Tray Technique

Impressions can be taken as well at implant level as well for several supra-structures at abutment level. The several methods are described by means of the chosen supra-structure. Because the implant-abutment connection is all equal for all Dyna Octa push-in and Dyna Helix one and two phase implants the amount of different impression abutments is limited. All Impression abutments fit all Dyna Helix® and Dyna Octalock® Push-in implants.

Impression Coping					
Open tray		With octa		Without octa	
Art. no	81IC1	81IC2		81IC0	82IC2
					
Height on PF 4.0	9,25	12,25		9,25	12,25

With octa:

Impression coping octa short (81IC1)

Impression coping octa (81IC2)

Without octa:

Impression coping octa short (81IC0)

Impression coping octa (82IC2)

The impression copings without octa (81IC0 and 82IC2) can also be used on extension level extension abutments (art.nrs. 82EL2 till 6/ 89EL2 till 6). You would however need extension level abutment screw 82ES0 or 82ES1 instead of 81IS1/2 to fixate the coping on the abutment.

Closed Tray Technique



For closed tray technique an impression coping with octa is available:

Impression coping octa CIT (fixed) with octa (82UI2).

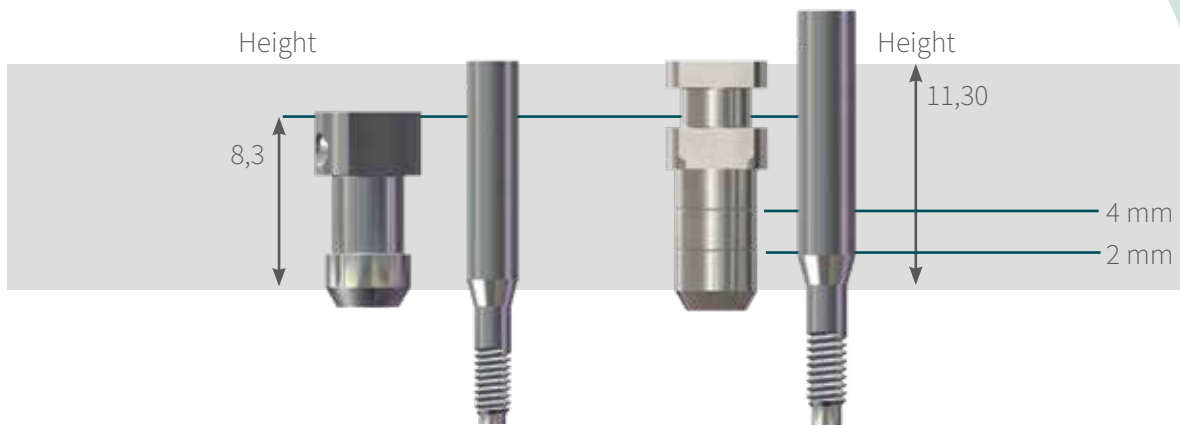
When no transfer of the internal octagon is needed, 2 other options are available:

Impression coping octa CIT (82EI0)

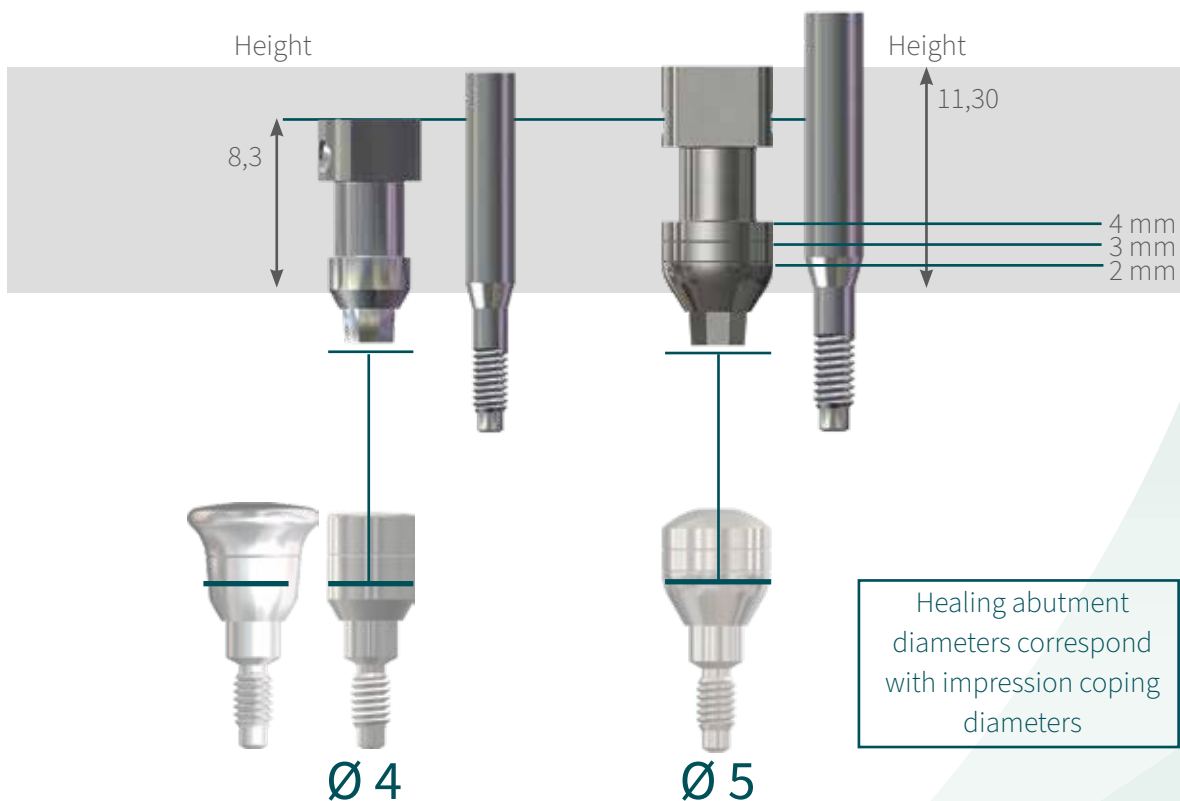
Impression coping octa CIT (82EI08), 8 mm height

Impression Coping Octa CIT			
Closed tray	With octa	Without octa	
Art. no	82UI2	82EI0	82EI08
			
	Torque 35Ncm		Hand-tight
Height on PF 4.0	8	5	8

Hand-tight



Torque 35Ncm



Tighten the impression copings with the Dyna Hex Screwdriver. See for further details the procedure in the fixed construction part. Techniques for removable constructions are described in specific manuals for each kind of attachment.

Tighten the impression copings octa CIT with finger pressure and take a functional impression. Unthread the impression copings. Tighten the copings on to the implant analogues (type depending on impression taken on implant level, transmucosal implant or extension level). Put the copings back in the impression.

Technique

Temporary Solutions

Dyna Direct Temporary abutments enable immediate function and realize fewer patient visits. It is an easy procedure saving time for the dental surgeon as well as the patient.

The Dyna Direct Temporary abutment is available in two versions:

- Dyna Direct Temporary abutment octa straight for crowns (art.no. 89TA2 incl. cap)
- Dyna Direct Temporary abutment octa conical for crown and bridge (art.no. 89TA3 incl. cap)

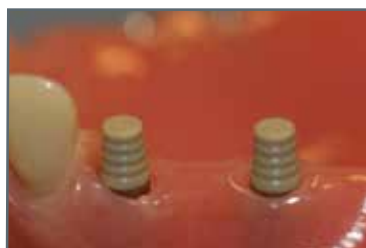


Dyna Direct Temporary Solutions octa conical for crown and bridge

The Abutment is mounted into the implant and tightened with the Hex driver with a torque of 35 Ncm. The cap is tried in and relieved for clearance if necessary. The receptor sites for the Hex driver are blocked out with wax so they do not become filled with restorative materials or cement.



A temporary bridge is fabricated with traditional methods using either acrylic or composite. Cement using temporary cement.



Dyna Direct Temporary Solutions octa straight for crowns

This abutment is used for single tooth implant chair-side restorations.



The abutment is mounted into the implant and tightened with the Square driver (art.no. 10ST1) with a torque of 35 Ncm.



The abutment is adjusted for height and clearance if necessary



The cap is tried in and relieved for clearance if necessary.



A temporary crown is fabricated with traditional methods using either acrylic or composite. Cement the crown using temporary cement.



Warning:
Do not use polyurethane cements. The cement will not cure.

Technique

Fixed Solutions

Crown & Bridge restorations open tray technique

- Straight abutments (Ti-6Al-4V Eli)
- Angled abutments (Ti-6Al-4V Eli)
- Temporary abutments (Ti-6Al-4V Eli)
- Universal abutments (POM)
- Anatomic abutments Titanium (Ti-6Al-4V Eli)
- TiBase abutments Titanium (Ti-6Al-4V Eli)

For Multi Unit restorations also check the Multi Unit manual.



Universal abutment made or modified by the laboratory



DENTIST

Make a full arch alginate impression of the healing abutments and edentulous areas. Send it to the laboratory for fabricating an open tray impression tray.



LABORATORY

Pour the impression in dental stone and separate cast after it sets. Block the space over, and around the abutments to simulate the position of impression copings that will be used. Fabricate the custom tray as usual. Create openings above the abutments to allow access to fixation screws (open tray technique).



DENTIST

Determine the height of the final abutment using the mm markings on the (Ø5mm) healing abutments.

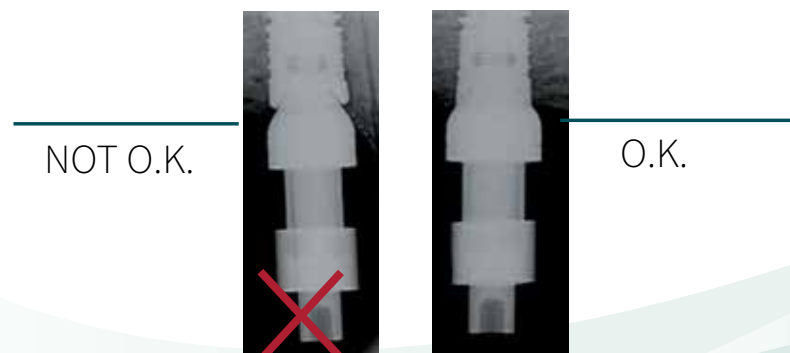
The Healing abutment Ø 6mm with a height of 6mm has only one marking at 3mm and is used for preparing the sulcus for the Dyna Angled and Anatomic abutments.



Remove the healing abutments and tighten the impression transfers with torque wrench to 35 Ncm.



Verify the connection with X-ray photo.



Verify the custom tray intra-orally. The screw should penetrate through the top of the tray without any hindrance.

Cover the access opening with a softened piece of baseplate wax. Carefully try in the tray and let the screws penetrate through the wax, creating small access holes.

Make the impression with elastomeric material (either on implant or extension level).



NOTE:

When taking the impression press with your finger tips on the wax so that the fixation screws are “pushed through”. In this way it will be possible to unscrew them easily after material set.

Unthread the screws from the transfers and remove gently the tray from the mouth. Make an opposing arch impression. Retighten the healing abutments. Make a bite registration at the vertical dimension of occlusion. Send all parts to the dental laboratory.

LABORATORY

Attach the laboratory implant analogue.
Pass the screw through the impression material in the Impression abutment and thread it into the analogue with the Dyna Hex screwdriver as tight as possible (preferable 35 Ncm). Prevent a gap between Laboratory Implant analogue and the Impression abutment!



Make gingiva mask. Pour in the working cast. Unscrew the fixation screws and free the tray.
Mount the working cast and opposing model in an articulator.



Choose proper final abutments. The titanium Straight, Angled (18°), Anatomic abutments must be adjusted individually for redesigning the chamfer line to follow the gum contour and to realize an anti-rotation for the crown. Tighten the chosen abutment on the Laboratory Implant Analogue with the universal Fixation screw at 35Ncm! Adjust the abutment(s) individually. In case of bridges take into account the parallelism.

In case the individual shape can not be realized with the custom made abutments the plastic universal abutment is chosen. (81UP1S) With this abutment any shape can be realized by waxing up the abutment. When the Universal full plastic abutment is chosen, the precision press-fit will be less but it can be casted in any alloy desired. This versatile abutment expands the prosthetic possibilities and may be used in almost all clinical situations. Custom fabrication from the top of the implant is a great advantage in those cases where optimal emergence profile and crown design is necessary. Prosthetic correction of the implant divergence or unfavourable angulation improvement is easy to realize. Both screw-type and cemented constructions can be produced with help of this universal abutment.

Tighten the chosen Universal abutment onto the Laboratory analogue with the Universal Fixation screw by means of the Dyna Hex screwdriver and a Torq Wrench at 35 Ncm.

Realize the desired shape of the abutment in wax or acrylic. Unscrew the universal fixation screw and gently remove the construction. Attach the casting sprues and cast as crown & bridge work.



NOTE:

Because of the press fit-connection it may be difficult to remove the universal abutment. Unscrew and tighten the abutment before modelation

The castable sleeve can be prepared and adjusted to every desirable shape.



NOTE:
Incorporate anti-rotation elements for the crown on to the abutments

Material: POM, to cast in any desired precious and non-precious alloy
melting interval 1340°C -1470°C,
thermal expansion coefficient (25-500°C) 13.0µm/m.K,

POM needs to be burned out during 20 minutes with a minimum temperature of 260 and maximum of 300°C. Heating cycle of the oven is recommended on a maximum of 30°C per minute. If burning out is done faster than recommended there is a risk of burning POM causing porous castings.



DENTIST

In Case of multi units constructions it is recommended to try in the abutments intra-orally. If necessary make adjustments.

LABORATORY

Fabricate the crown following standard laboratory procedures. Finish and carefully polish the final work.



DENTIST

Replace the healing abutment with final abutments and tighten it with torque wrench to 35Ncm. Fill-up the screw opening with a filling material (for example Voco clip). Insert the finished crown into the patient's mouth and place it on the abutment. Make final adjustments to the occlusion. Cement the work temporarily.

Instruct the patient in the use and care of the prosthesis, and provide adequate hygiene information and training. After a period of undisturbed functioning for minimally two weeks check the torque of 35 Ncm by means of a Torque Wrench. Finally cement the crown semi-permanently.





Cemented constructions abutment directly modified chairside

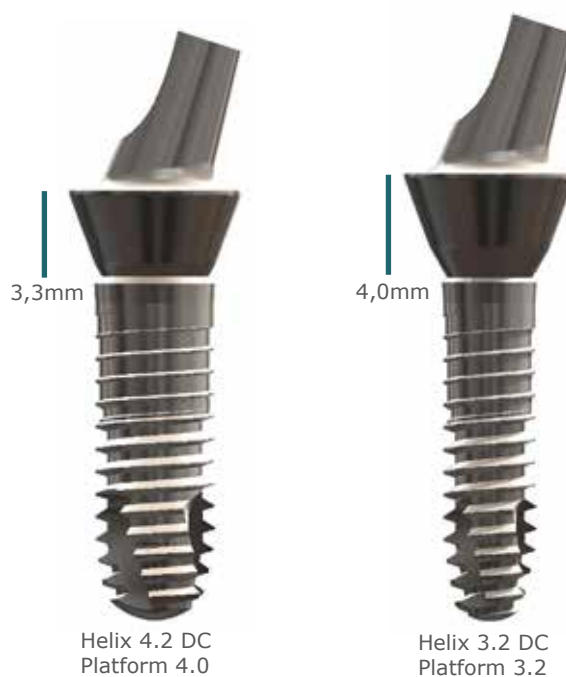
DENTIST

Determine the height of the final abutment using the mm markings on the (Ø 5mm) healing abutments.

The Healing abutment Ø 6mm with a height of 6mm has only one marking at 3mm and is used for preparing the sulcus for the Dyna Angled and Anatomic abutments.

Order the Titanium Straight, the Angulated (18°) or Anatomic abutment in the height desired. The Straight and Angulated abutments are available in a convex shaped or a concave shaped version.

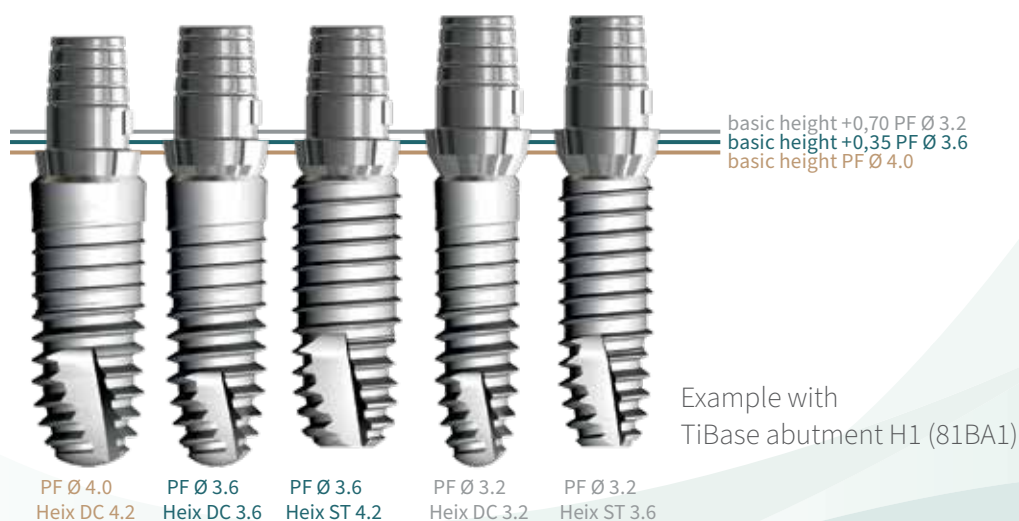
A 81AA3 on a Dyna Helix 4.2 DC implant can bridge a gingiva of 3.3mm. But on a Dyna Helix 3.2 DC implant that same abutment can bridge 4.0mm



Art. nr.

Art. nr.		Platform in Ø					
		Platform 4.0		Platform 3.6		Platform 3.2	
		Dyna Helix 5.0 DC		Dyna Helix 3.6 DC		Dyna Helix 3.2 DC	
		Dyna Helix 4.2 DC					
		Dyna Helix 5.0 ST		Dyna Helix 4.2 ST		Dyna Helix 3.6 ST	
		Dyna Helix 3.6 TM					
		Gingiva height in mm					
		Convex shape	Concave shape	Convex shape	Concave shape	Convex shape	Concave shape
81ST1T	Straight abutment CS 1		1,0		1,35		1,7
81ST2*	Straight abutment	1,5		1,85		2,2	
81ST2T	Straight abutment CS 2		2,0		2,35		2,7
81ST3	Straight abutment	2,5		2,85		3,2	
81ST3T	Straight abutment CS 3		3,0		3,35		3,7
81ST4*	Straight abutment	3,5		3,85		4,2	
81AA1T	Angled abutment CS 18° 1		1,0		1,35		1,7
81AA1	Angled abutment 18°	1,3		1,65		2,0	
81AA2T	Angled abutment CS 18° 2		2,0		2,35		2,7
81AA2	Angled abutment 18°	2,3		2,65		3,0	
81AA3T	Angled abutment CS 18° 3		3,0		3,35		3,7
81AA3	Angled abutment 18°	3,3		3,65		4,0	

* no longer available



For Dyna Helix TM implants special Straight and Angled abutments 0 mm are available (81ST0 / 81AA0)

Remove the healing abutments and tighten the abutment with torque wrench to 35Ncm. Verify the connection with X-ray photo.

Individually adjust the abutment intra-orally for redesigning the chamfer line to follow the gum contour and to realize an antirotation for the crown. Fill out the opening in the abutment with a soft composite material (e.g. Clip Voco, GmbH)

Carefully try in the (custom) tray. Make a full arch impression (no alginate! - we recommend using vinyl polysiloxane material) Make sure the margin (outline) is clearly visible in the impression. Make interocclusal records and an impression of the opposing arch. Produce a temporary.



LABORATORY

Make gingiva mask. Pour the impression in dental stone and separate cast after it sets. After pouring the opposing arch impression, utilizing the interocclusal records, mount the cast in the articulator.

Apply a dye spacer. Produce a wax-according to routine crown-and-bridge procedures. Cast it. Follow conventional laboratory techniques to fit and finish the cast.



NOTE:

We recommend trying in the metal structure.

Apply porcelain to the metal according to routine laboratory procedures.

DENTIST

Remove the provisional restoration from the patient's mouth. Check the torque of 35Ncm by means of a Torque Wrench. Seat the crown and verify fit, bite relation aesthetics and phonetics. Cement the crown semi-permanently. Provide the patient with oral hygiene instructions prior to release.

NOTE:

We advise cementing the crown first with the temporary cement and after a period of problem-free functioning to check the torque at 35 Ncm. Then cement it semi/permanent. Trying in the metal is advisable. For the best result we recommend also producing temporary crown (see also anti rotation).

Cemented constructions abutment modified by the laboratory

DENTIST

Make a full arch alginate impression of the healing abutments and edentulous areas. Send it to the lab for pouring in a working cast and impression tray.

LABORATORY

Pour the impression in dental stone and separate cast after it sets. Block the space over, and around the abutments to simulate the position of impression copings that will be used. Fabricate the custom tray as usual. Create openings above the abutments to allow access to fixation screws (open tray technique).



DENTIST

Remove the healing abutments and tighten the impression transfers (with OCTA) with torque wrench to 35Ncm. Verify the connection with X-ray photo. Verify intra-orally the custom tray. The screw should penetrate through the top of the tray without any hindrance.



DENTIST

Cover the access opening with softened piece of base plate wax. Carefully try in the tray and let the screws penetrate through the wax, creating small access holes. Make the impression with elastomeric material

NOTE:

When taking the impression press with your finger tips on the wax so that the fixation screws are “pushed through” it. In this way it will be possible to unscrew them easily after material sets.



Unthread the screws from the transfers and remove gently the tray from the mouth. Make an opposing arch impression. Retighten the healing abutments. Make a bite registration at the vertical dimension of occlusion. Send all parts to the dental laboratory.

LABORATORY

Attach the laboratory implant analogue(35 Ncm).

Pass the screw through the impression material in the Impression abutment and thread it into the analogue with the Dyna Hex screwdriver as tight as possible. Do not change the position of the transfer in the impression. Prevent a gap between Laboratory Implant analogue and the Impression abutment!

Make gingiva mask. Pour in the working cast. Unscrew the fixation screws and free the tray.

Mount the working cast and opposing model in an articulator.

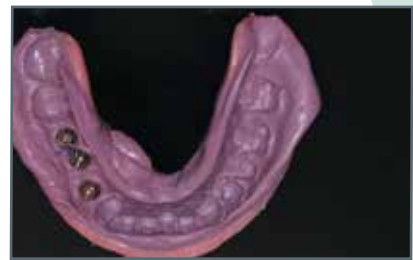
Attach the Straight, Angled abutments onto the laboratory analogues. Individually adjust the abutments following the contour of the mucosa and assure an antirotation for the crown. Wax up the Crown construction and cast in the desired alloy. Finish the construction in metal. In case zirconium is desired, scan the construction or send it to a Dyna Cyrtina scancentre.

Verify the fit intra-orally before applying the ceramic or any other veneer technique.

Follow up the usual way of production the crown and bridge works on implants.

NOTE

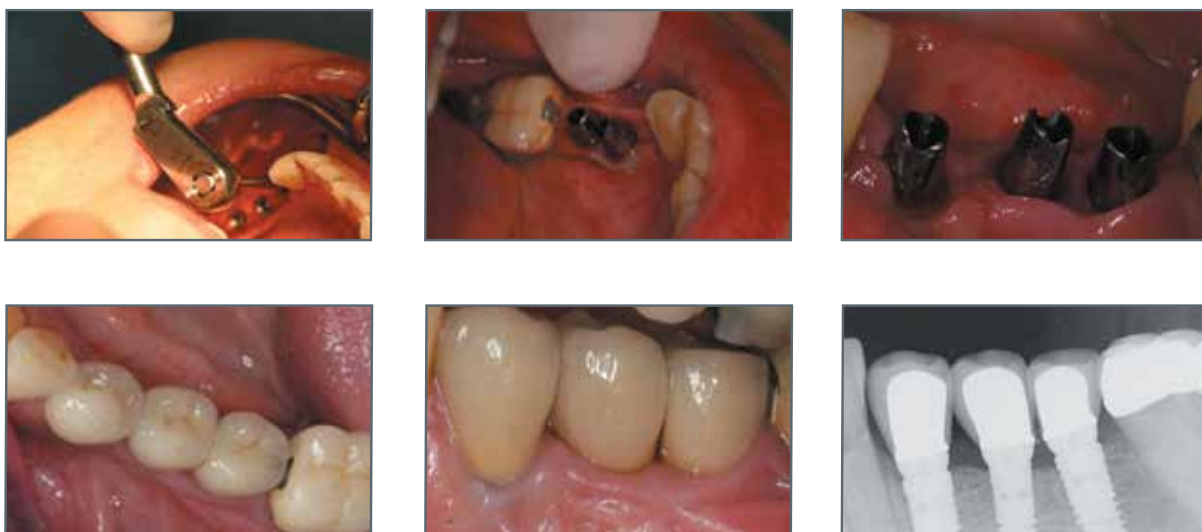
in Case of multi-unit constructions a transfer Jig is recommended. to simplify position of the abutments intra- Orally



DENTIST

Remove the Healing abutments and screw the metal or ceramic bridge with the Fixation screws at 35 Ncm. Verify the fit (x-ray) and occlusion.

Remove the provisional restoration from the patient's mouth. Seat the bridge and verify fit, bite relation aesthetics and phonetics. Make necessary adjustments. Fixate the bridge with the Dyna fixation screws at 35Ncm. Close the screw entrees. Provide the patient with oral hygiene instructions prior to release.



Individually manufactured mesostructures or provisional restorations with the Dyna TiBase abutment

The Dyna TiBase abutment octa includes an abutment screw and is available in a regular (81BA), a 1mm higher (81BA1) and a Helix TM (81BA0) version.

The scanbody from Sirona (www.dentsplysirona.com) can be used in combination with the Dyna TiBase abutment octa. All parts are non-sterile and intended for single use only. Individually manufactured mesostructures or provisional restorations can be glued onto the TiBase. The glued parts are screwed onto the Dyna Helix implant with the abutment screw in the patient's mouth.

The scanbody is used only to scan the position of the implant for creating the design in for example the inLab 3D software.



Materials

TiBase, abutment screw Ti6Al4V, medical grade 5

Scanbody ABS (Cyclocac GPM 5500 /WH4A015F)

Indications for use

The Dyna TiBase abutment is attached to an implant as prosthetic titanium base for adhesion to mesostructures to restore function and aesthetics in the oral cavity.

Contra-indications are:

Insufficient oral hygiene

Insufficient space available

Bruxism

For restorations with angulation correction of more than 20° to the implant axis.

For individual tooth restorations with free end saddle.

For restorations whose length exceeds a ratio of 1:1.25 in comparison to the length of the implant.

SCANNING

1. Mount the Dyna TiBase abutment octa on the Dyna laboratory implant analog octa in the master model and screw it tight using the supplied abutment screw.

2. Plug a scanbody onto the Dyna TiBase abutment octa so that it is seated free of gaps, and therefore flush while watching out for the intended guide groove. The scanbody is scannable without powder or scan spray. Use scanbody for Bluecam L (6431303) or scanbody for Omnicam L (6431329)

3. Acquire the situation alternatively with inEos X5, inEos Blue, CEREC 3 or CEREC AC (www.dentsplysirona.com)

4. Use for example CEREC SW/inLab SW software to design the individual shape of the mesostructure and mill the shape from one of the materials allowed for this purpose (e.g. inCoris ZI meso or CEREC Zirconia meso) (www.dentsplysirona.com).

Be sure to observe the information on design, postprocessing and sintering of zirconia provided in the Operating Instructions for meso blocks.



PROCESSING

The diameter of the abutment must not be reduced e.g. by grinding. Shortening it is not recommended. The contact surfaces of the abutment to the implant should not be sand-blasted or otherwise processed. Only the surfaces of the abutment intended for gluing with a mesostructure must be sandblasted (50µm aluminum oxide, max. 2.0 bar) and then cleaned (with alcohol or steam). The abutment should be fastened in a Dyna laboratory implant analog octa to protect the internal connection.

Use e.g. "PANAVIA™ F2.0" (www.kuraray-dental.de) as an adhesive extraorally to connect the Dyna TiBase abutment octa and the sintered mesostructure. Other glues are required for attaching different materials. Observe the operating instructions for the material used.

For easier handling during the gluing process, it is recommended that the abutment be screwed into a laboratory implant analogue or a polishing tool.

Cover the hex head of the abutment screw with wax.

Mix the glue according to the manufacturer's instructions and apply it to the Dyna TiBase abutment octa.

Push the sintered mesostructure in as far as it will go. Make sure it latches into the rotation and position stops.

Remove excess glue immediately.

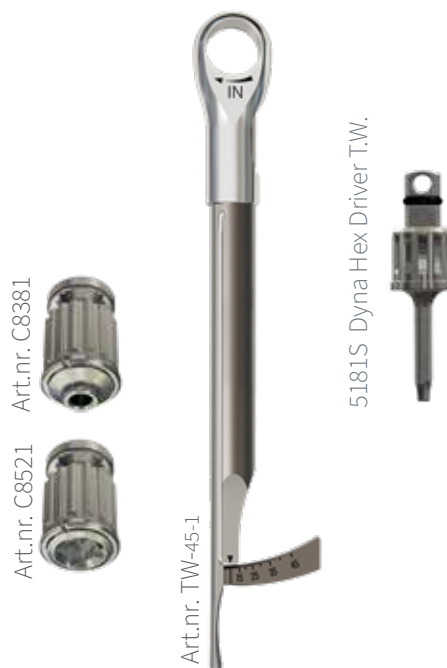
Apply the Airblocker ("Oxyguard") to the junction where the ceramic and titanium surfaces meet and to the screw funnel for final hardening.

Remove residue with a rubber polisher after hardening.



Information for the dentist

Use a Torque Wrench to screw the restoration onto the implant with a tightening torque of 35 Ncm



ScanPost for implant-supported restorations

Dyna also has a TiBase ScanPost (81BAL) available. For the final restoration, the original TiBase abutment (81BA) must be used.

INTRA-ORAL SCANNING

1. Attach an aspiration protection to the post and Scanbody.
2. Prepare the patient for the intraoral scan with CEREC AC or CEREC Bluecam. Make sure that the correct scanbody type was selected in the software.
3. Insert the TiBase ScanPost and fix it with 35 Ncm. Check the TiBase ScanPost for proper seating in the implant, taking an X-ray exposure if necessary.
4. Mount the scanbody on top of the post. Make sure that the scanbody is pushed onto the post completely and that the markings on the scanbody and the post line up. Only the gray “Scanbodies for the Omnicam” should be used with CEREC Omnicam. CEREC Bluecam users should use only the white “scanbodies for the Bluecam”.
5. CEREC Bluecam only: Use CEREC Optispray. It is not necessary to coat the scanbody. It is advantageous to apply a thin coating of CEREC Optispray to the scanbody. Avoid coating until a blue coloration results.
6. Take the scan. Make sure that the upper side of the scanbody was captured well and completely. The sides of the scanbody do not have to be scanned.
7. Unplug the scanbody and dispose of it.
8. Loosen the fixing screw and remove the post.
9. CEREC Bluecam only: If necessary, use CEREC Optispray once again to take scans of the gingiva.








A dentist using Cerec® software in your dental practice. Use:
NB RS 3.5 for TiBase abutments 81BA and 81BA1
SSO 4.8 L for TiBase abutment 81BA0

For laboratory use, get the Dyna TiBase library via our website or sales department





Abutment options

Temporary and Universal

Temporary abutments			
	Description	Height on PF4.0	Art. no.
	Temporary abutment without octa, incl. fixation screw		81TA0
	Temporary abutment with octa, incl. fixation screw		81TA1
	Direct temporary abutment with octa, straight, for crowns. incl. cap		89TA2
	Direct temporary abutment with octa, conical, for crowns and bridges. incl. cap		89TA3

Universal abutment			
	Description	Height on PF4.0	Art. no.
	Universal (castable) Plastic abutment octa (POM), incl. fixation screw		81UP1S

TiBase

TiBase abutments			
	Description	PF for crown	Art. no.
	TiBase abutment octa H0, incl. fixation screw	4.0	81BA
	TiBase abutment octa H1, incl. fixation screw	4.3	81BA1
	TiBase abutment octa TM, incl. fixation screw	4.8	81BA0
	TiBase scanpost octa H0, incl. fixation screw - <i>only for use in combination with 81BA</i>		81BAL

Platform size for crown

Ø 4.0



Ø 4.3



Ø 4.8



Straight and Angled



concave shaped



convex shaped

Abutments Fixed crowns Concave shaped									
	Straight Abutments CS				Angled 18° Abutments CS				
Art. no	81ST0	81ST1T	81ST2T	81ST3T	81AA0	81AA1T	81AA2T	81AA3T	
Height on PF 4.0	0	1	2	3	0	1	2	3	

Abutments Fixed crowns Convex shaped (these are sold out)									
	Straight Abutments				Angled 18° Abutments				
Art. no	81ST0	81ST2*	81ST3	81ST4*	81AA0	81AA1	81AA2	81AA3	
Height on PF 4.0	0	1,5	2,5	3,5	0	1,3	2,3	3,3	


* no longer available

Universal abutment screw

Almost all abutments for fixed constructions are delivered with the fixation screw 81AS0.



Anatomic Straight and Angled

Anatomic Abutments Fixed crowns							
Straight	Molar		Incisive		Premolar		
Art. no	81AN12	81AN20	81AN21	81AN22	81AN30	81AN31	81AN32
							
Height on PF 4.0	25	5	15	25	5	15	25

Anatomic Abutments Fixed crowns				
Angled 18°	Incisive		Premolar	
Art. no	81ANA21	81ANA22	81ANA30	81ANA31 81ANA32
				
Height on PF 4.0	15	25	5	15 25

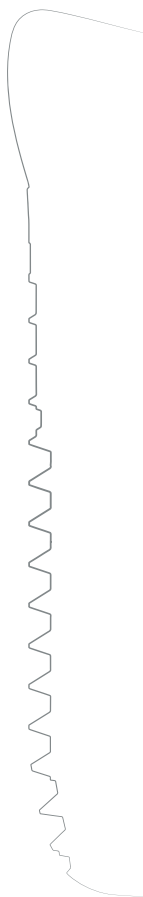
Top view Titanium Anatomic abutments



Custom made

Of course Dyna is also able to produce custom made devices on Dyna Helix, Dyna Octalock , Dyna push-in implants and other implant brands . Please contact us directly for our latest offers.





Dyna Dental Engineering B.V.
Vang 9
4661 TX Halsteren
The Netherlands

T. +31 (0)164 25 89 80
E. sales@dynadental.com
W. www.dynadental.com