

TIPS & TECHNIQUES

RealGUIDE™ Z3D Guided Surgery Kit - designed for Zimmer Biomet's TSV®, Trabecular Metal™ and Eztetic® Dental Implants

FULLY GUIDED!

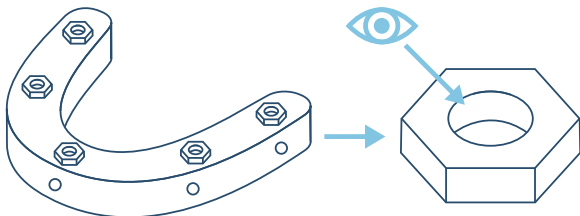
PLANNING CONSIDERATIONS

- Consider interarch space when planning implant lengths in the posterior. Use the Bite Gauge before acquiring the CT scans to plan for the appropriate implant length in the posterior.
- All systems that utilize Surgical Guides will require long drills to accommodate the additional vertical length required to pass through the Surgical Guide and soft tissue.

PREPARATION FOR SURGERY

- Inspect the inside of each Guide Sleeve to ensure it is free of any fabrication material or bonding agent (**Figure 1**).
- It is always suggested to try in the surgical guide a few days before the scheduled surgery to ensure a stable fit.

Figure 1

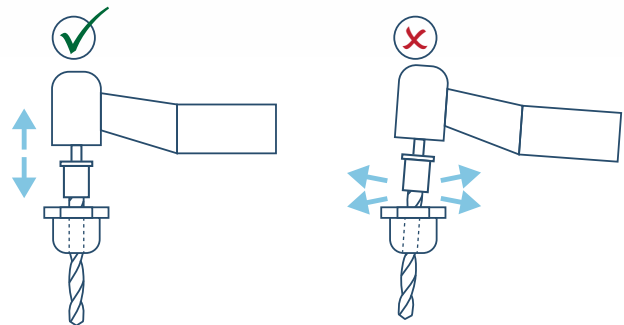


SURGERY

- For flapless cases, depending on the gingiva thickness and condition, use the Tissue Punch prior to fixation of the Surgical Guide. Remove the Surgical Guide and tissue plugs. Then, replace and fixate the Surgical Guide.
- Surgical Guide fixation is required for tissue and bone supported cases to minimize Surgical Guide movement during surgery.
- All instruments should be advanced as far as possible through the Guide Sleeve and into the osteotomy prior to activation. This will provide engagement between the drill guide body and Guide Sleeve and will limit the possibility of damaging either the instruments or the sleeves.



Figure 2



- Use copious irrigation on instruments and sites prior to and during drilling to provide lubrication and cooling when passing through the Guide Sleeve(s) as well as to remove debris from the surgical site.
- Avoid applying lateral force on the instrumentation during use, as this may cause damage or premature wear (**Figure 2**).
- Confirm each Drill Stop fully contacts the Guide Sleeve during drilling.

Figure 3

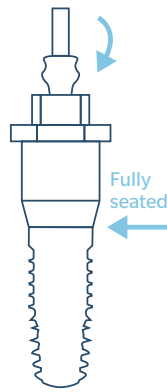
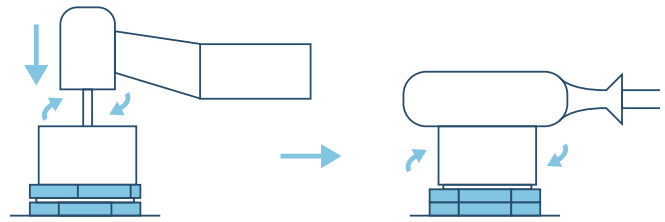


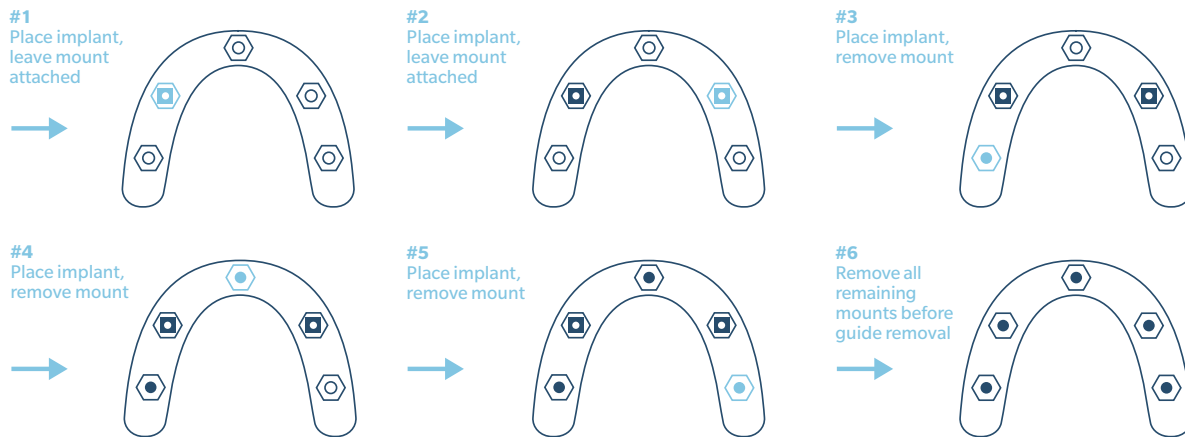
Figure 4



- When removing the FMT and connecting the Implant Mount, use dental forceps to hold the hex of each mount to prevent the implant from rotating and ensure the Implant Mount screw is finger-tight.
- The Implant Mounts must be fully engaged within the implant prior to tightening the Implant Mount Screw (**Figure 3**).
- Place all implants close to the final vertical position with the Handpiece, then use Hand Ratchet to achieve final vertical position and hex orientation (**Figure 4**).
- Sequence the placement of the implants in an alternating cross-arch pattern, moving from one side to the other so as to not compress the soft tissue.

- For cases requiring more than two (2) implants, removal of the subsequent Implant Mounts immediately following implant placement will reduce divergent forces on the Surgical Guide (**Figure 5**).
- When removing Implant Mounts, remove along the path of insertion and avoid applying lateral force. If necessary, a slight counterclockwise torque can be applied to the Implant Mount with the Torque Wrench to assist with Implant Mount removal.
- Apply a steady axial downward force during implant placement. Placement of Trabecular Metal Implants will require a slightly greater force.

Figure 5



MORE INFORMATION
ABOUT THE RealGUIDE™ Z3D
GUIDED SURGERY KIT AT
ZBDGUIDEDSURGERY.COM

Contact us

at 1-800-342-5454 or visit zbdguidedurgery.com



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