



Bright Ideas in Dental Implants



MAX (External Hexagon) Surgical Sequence

Surgical Ø8.0 mm

Prosthetic Ø6.5 mm

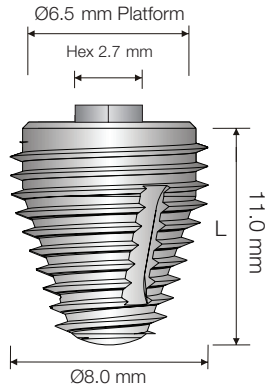
Surgical Ø9.0 mm

Prosthetic Ø7.5 mm

MAX Ø8.0 mm is available in 7 mm, 9 mm and 11 mm lengths and features a Ø6.5 mm prosthetic platform.

MAX Ø9.0 mm is available in 7 mm, 9 mm and 11 mm lengths and features a Ø7.5 mm prosthetic platform.

MAX 8.0 mm implants use Ø6.0 mm prosthetic components.
MAX 9.0 mm implants use Ø7.5 mm prosthetic components.



Design Features

The MAX Implant (External Hex) features a body with a larger-than-conventional diameter to fill a molar site, ultimately achieving primary stability by engaging the perimeter of the bony wall. The MAX Implant has a tapered body, an enhanced surface and is designed to fit the natural shape of the molar socket. The MAX Implant provides an optimal fit in the multi-rooted immediate extraction site, minimizing bone loss and reducing treatment time.

Surgical Sequence

(Ø8 mm x 11 mm MAX)

Step 1

The tooth is removed atraumatically ensuring the structural integrity of the sinus floor. The buccal plate and the sinus (Maxilla) must be intact and no major grafting should be required. It is recommended that the MAX be seated 2 mm subcrestal, relative to the lowest part of the crest.

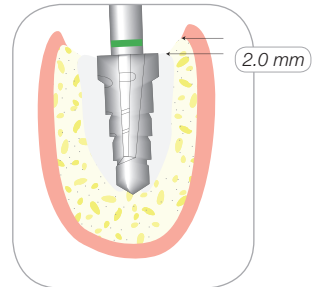


Step 4

The osteotomy site is widened utilizing a Ø6 mm by 8.5 mm length Tapered Drill (D-60TP-8.5) at approximately 500-800rpm.

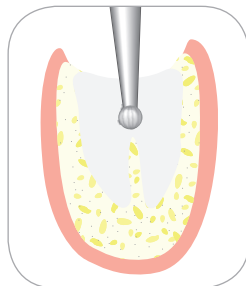
Care must be taken to maintain the integrity of the buccal plate while widening the osteotomy.

It is important to maintain a 2 mm clearance between the MAX implant and the buccal plate.



Step 2

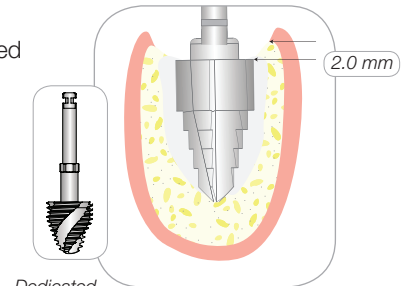
Utilizing a Round Bur (D-RB), the osteotomy is initiated by drilling in the center of the remaining intra-radicular bone.



Step 5

The final Ø8 mm by 11 mm Tapered Drill (D-80TP-11), which is slightly smaller than the implant selected, is then inserted to the required depth at approximately 500-800 rpm to provide the final osteotomy shape.

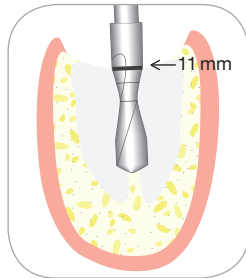
Note: A Profile Gauge can be used to determine the proper site preparation prior to implant placement.



Dedicated Bone Taps are available.

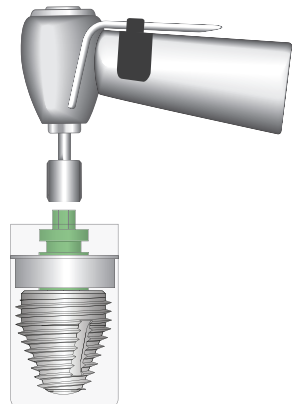
Step 3

The osteotomy is widened with a Ø3 mm Twist Drill (D-30T-MAX) to the required depth. The Twist Drills have markings at the length of 7, 9 and 11 mm and should be inserted at 1000-2000 rpm.



Step 6

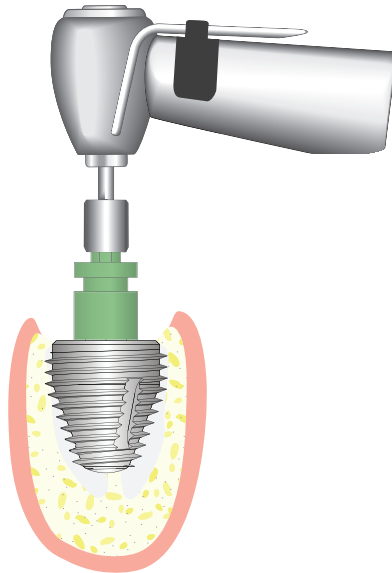
The MAX is supplied with a fixture mount. At this point, the Handpiece Connector (I-CON-X) is inserted into the handpiece and placed over the fixture mount. The implant is then carefully removed from its sterile vial and carried to the osteotomy site.





Step 7

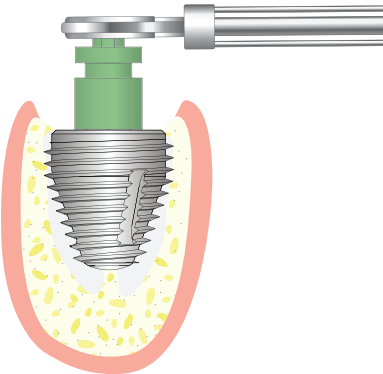
The implant is then inserted at 15-20 rpm at approximately 45 Ncm (depending on bone quality).



Step 8

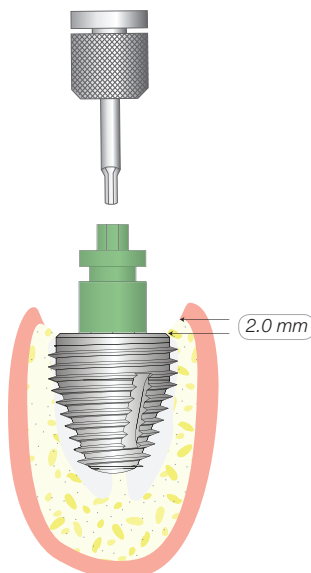
Once the implant is placed, the Ratchet Wrench (I-RATCHET-2) is used to fully seat the implant. The handpiece/ Handpiece Connector (I-CON-X) assembly is removed from the fixture mount and the Ratchet Wrench (I-RATCHET-2) is attached for final seating.

It is recommended that the implant be seated 2 mm sub-crestal relative to the lowest part of the crest.



Step 9

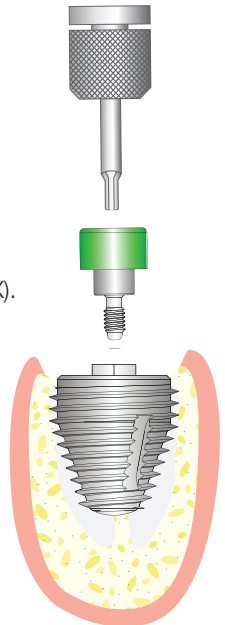
Once the implant is fully seated, the fixture mount is removed with the .048" Hex Driver (I-HDT).



Step 10

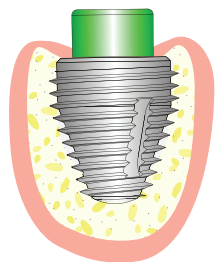
The Healing Abutment is placed using the .048" Hex Driver (I-HDT-X).

Note: The Healing Abutments are packaged separately.



Step 11

The flap margins are positioned around the Healing Abutment and sutured in a tension-free manner. In some cases sutures might not be necessary.



Considerations

Implant Indications

MAX Implants are intended to be implanted into the maxillary and mandibular molar region where adequate bone is available. The MAX Implants provide support for fixed or removable dental prostheses in a single tooth, partially edentulous prostheses, or full arch prostheses. The MAX Implants further add the option for immediate temporization on single and splinted multiple unit restorations when excellent primary stability is achieved and with appropriate occlusal loading, to restore chewing function.

Contraindications

Implant placement is contraindicated in patients with inadequate quality and/or quantity of bone, as well as patients with medical disorders unfit for general oral surgery procedures, e.g., blood dyscrasias, and bone dyscrasias. Additional contraindications include, but are not limited to, individuals with localized or systemic factors that could interfere with the healing process, e.g., infections, steroid therapy, smoking, and bruxism.

Note: Improper treatment planning and/or implant placement might result in implant failure and potential loss of the surrounding bone.

Healing Period

Any inadvertent loading of the implant should be avoided, especially during the first 6 weeks of healing to achieve optimal osseointegration.

Immediate Restoration

MAX Implants may be immediately temporized on single and splinted multiple unit restorations when excellent primary stability is achieved and with appropriate occlusal loading. Whenever possible these restorations should be out of occlusion in both centric and eccentric positions. The patient should adhere to a soft diet and place minimal forces on these restorations for 6 to 8 weeks.

Delayed Restoration

The healing period is generally 3-4 months in the mandible and 4-6 months in the maxilla, however, healing periods for each patient vary.

After the appropriate healing period the Cover Screw is removed, the Healing Abutment is placed and the gingiva is slightly sutured around. In some cases sutures might not be necessary. The Healing Abutment remains in place for approximately 2 weeks. Impressions can then be taken and the prosthetic protocol may proceed.

Please consult the Southern Implants Prosthetic Manual.