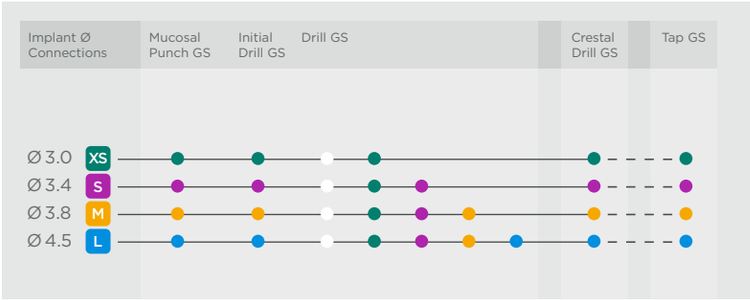
DS Implants™

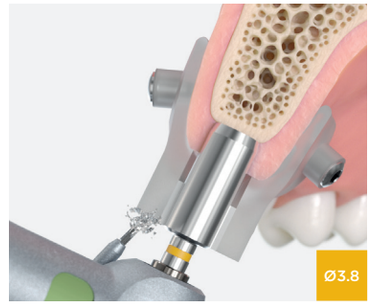
Quick guide – DS OmniTaper™ Guided Surgery

Implant site preparation – OmniTaper EV Ø3.8 x 11mm



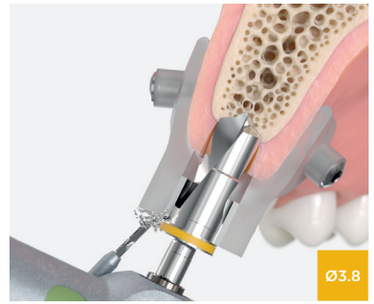
Drilling protocol

- Recommended drilling protocol for soft, medium and dense bone qualities.
- The Initial Drill GS is used for marking and to create a starting point.
- In case of dense cortical bone (type D I), the OmniTaper Tap GS must be used.



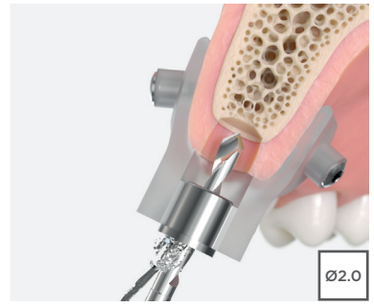
Mucosal punching

- Insert the OmniTaper Mucosal Punch GS of the planned implant diameter into the guide, while rotating, until it comes lightly in contact with the bone.



Initial drilling

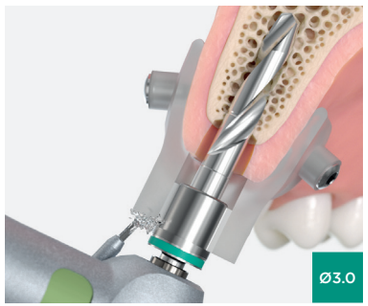
- Use the OmniTaper Initial Drill GS to remove the soft and hard tissue and to prepare the shape of the bone for the first full-length drill.

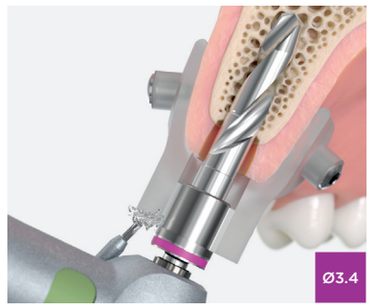


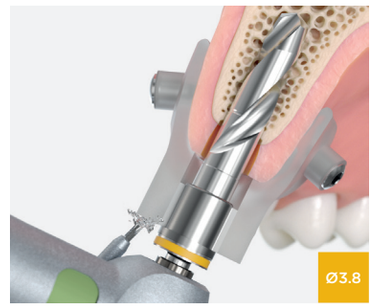
Pilot drilling

- Use the OmniTaper Drill GS Ø2.0 to prepare the pilot hole.
- Lower the drill sleeve fully into the guide sleeve of the surgical guide. Do not activate the rotation until this point.
- Drill rapidly but without excessive pressure until you reach the drill stop. The still rotating drill is withdrawn after reaching the desired depth.
- Stop drilling when returning to the starting point and carefully remove the drill and sleeve.

All drilling, except for the Punch, should be performed at a maximum speed of max. 800 rpm with profuse irrigation. Use the hole below the guide sleeve in the Simplant SAFE Guide for adequate cooling.







Expansion drilling

- After the pilot drilling, the implant site is prepared to the planned implant diameter using OmniTaper Drills GS of the planned implant length in ascending order.

Cutting instruments should be replaced after 10 uses or if they are damaged or blunt. Drill sleeves for guided implant installation must be replaced after the surgical procedure as they are designed for single use only. If they are used more than once, anatomical structures may be injured.

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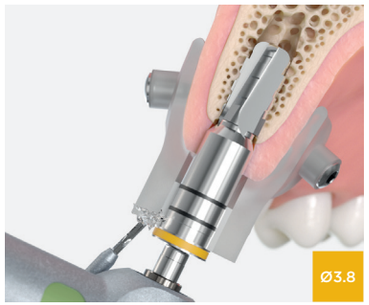
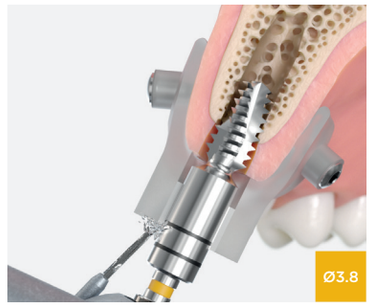


Crestal bone preparation

- Use the OmniTaper Crestal Drill GS that matches the implant diameter to prepare the crestal region of the implant site.
- Crestal preparation of the osteotomy is depending on the bone quality/density:

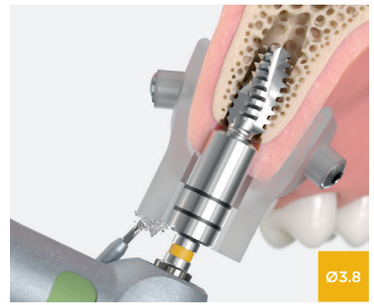
  6mm preparation in type D I bone

  2mm preparation in type D IV bone



Tapping (optional)

- Use the OmniTaper Tap GS after crestal preparation in cortical bone of class D I.
- The maximum rotary speed is 15 rpm and the maximum torque is 50 Ncm.
- Unlike the drills previously used, the tap is not equipped with a depth stop.



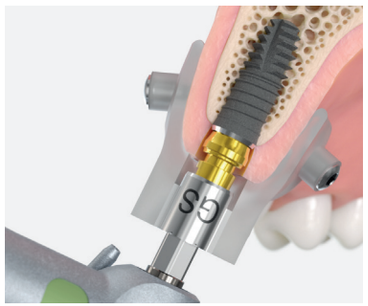
Tapping (optional)

- Once the upper part of the cylindrical shaft is in-plane with the top margin of the guide sleeve, the maximum preparation depth has reached.
- Remove the tap from the osteotomy in a counterclockwise direction.

Machine Implant pick-up

- Attach the Implant Driver TempBase to the contra angle.
- Make sure that the implant driver is fully seated into the TempBase.

Since the tap does not have a mechanical depth stop, the visual control of the maximum preparation depth must be observed. If the tap is screwed in too deeply, there is a risk of damaging anatomical structures and nerves.

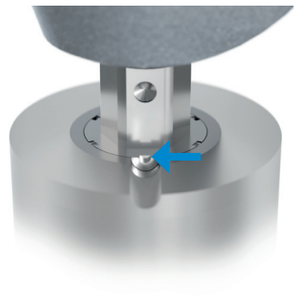


Implant installation

- Use the OmniTaper Driver TempBase GS to place the implant at 15 rpm and maximum 50 Ncm.
- The planned implant position is reached when the cylindrical section of the implant driver is level with the guide sleeve.

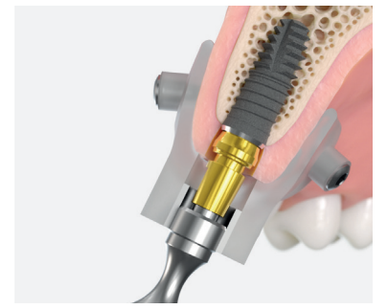
Implant installation Atlantis abutment

- Identify the index markings on the OmniTaper Driver TempBase GS. The correct position is reached when one of the six index markings aligns with notch in the Simplant Guide.



- The alignment between driver and guide ensures optimal placement of pre-surgically planned and produced Atlantis abutments. It also means that the implant rotation can be planned e.g. according to indexed angled stock abutments

The dimple on the hexagonal part on the shaft is only for extra orientation during rotation and one of six possible positions to align with the guide notch.



Securing the surgical guide with Stabilization Abutments

- Primarily intended for mucosa-supported surgical guides with unsufficient stability.
- After placing the first implant with the guide the stabilization abutment is inserted into the TempBase and secures the guide to prevent it from moving and rotating between preparations of multiple implant sites.

If the implant is placed deeper than planned, there is the risk of damaging anatomical structures.

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