monolith

1The Zeramex product family

Klaus Pettinger and Wolfgang Weisser want to motivate their dental technician colleagues to produce individual abutments. It's worth it, say the two dental technicians. In their two-part article they show why.

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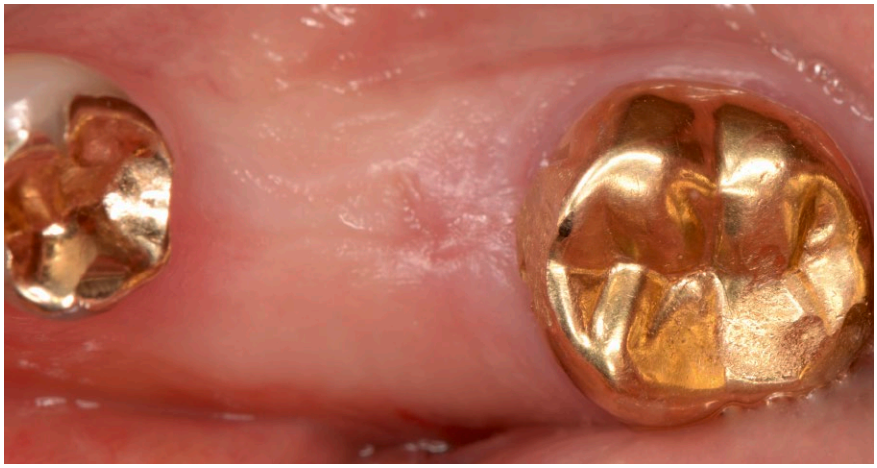
The authors have been in the business for a long time - and what's more: they have many years of experience in implant-supported dentures. Both experts have made ceramic implants their great passion (Fig.**1**). Klaus Pettinger is even one of the pioneers in this area. Wolfgang Weisser was able to benefit from his specialist knowledge. Together they often plan and discuss the handling and pitfalls of ceramic implants. Consequently, the idea arose to describe the monolithic abutment procedure step by step in a specialist article.

The patient case

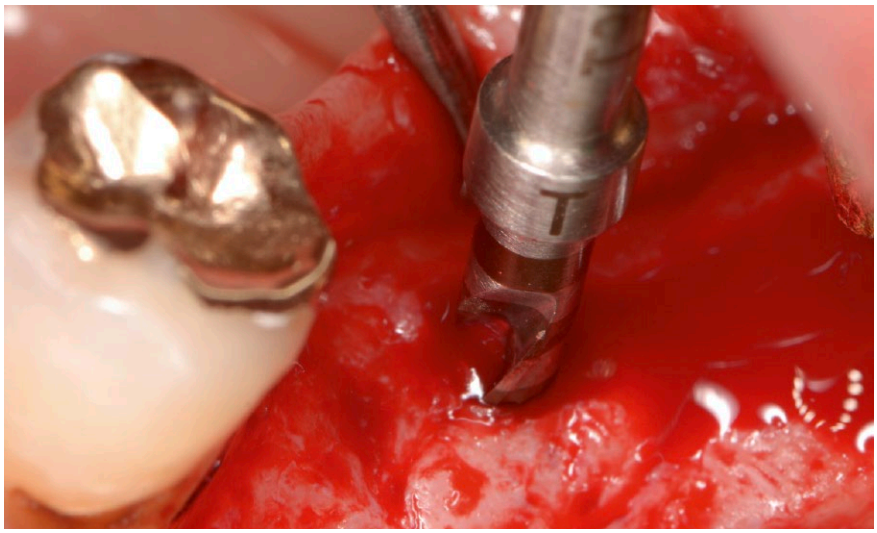
The loss of the tooth in region 36 (Fig.**2**) had caused the patient some inconvenience: food residues collected in this gap. cke, which the man found very disturbing. He came to the practice of Dr. Michael Schneider in Schorndorf with the desire to close this gap.

After a detailed anamnesis by the dentist, it was agreed to insert a ceramic implant and to remove all metal restorations from the lower jaw during this treatment phase. The renovation should be carried out with metal-free reconstructions.

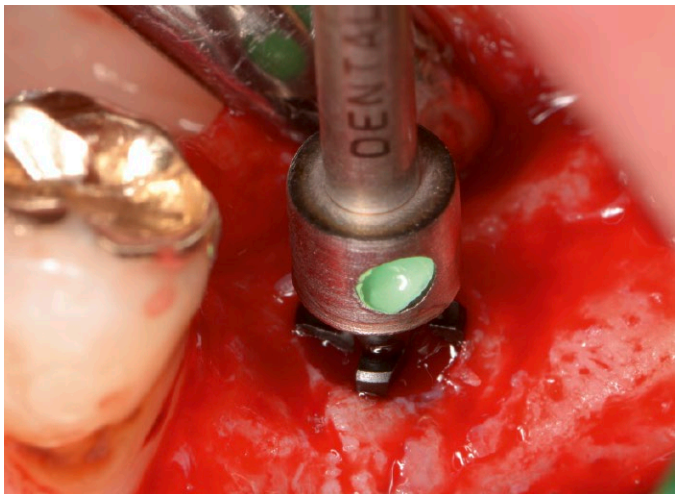
The surgical procedure The initial situation shows the opening to expose the bone - carried out with a pilot hole (A) with the Zeradrill Pilot 2.3 mm and then via the EP drill with the Zeradrill W10 with a 5.5 mm drill in preparation for the thread cut (Fig .**3**).

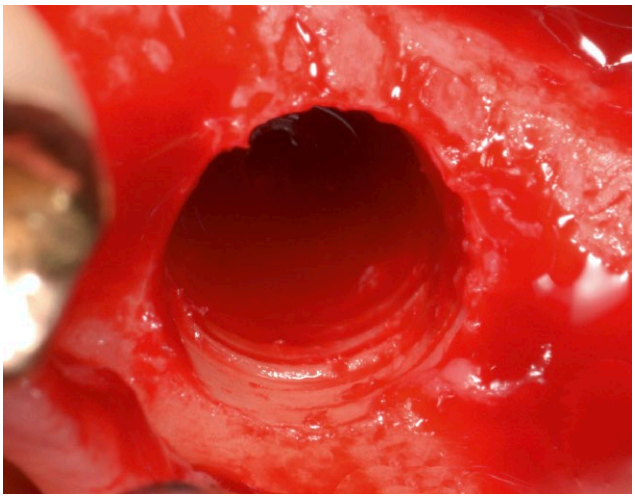


2initial situation



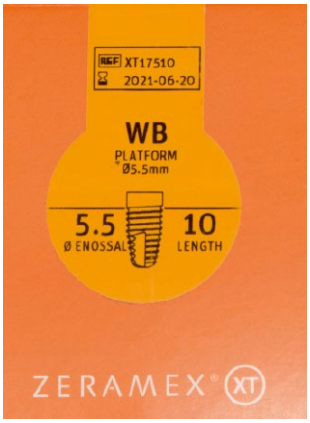
3Pilot drilling Zeradrill PilotØ2.3mm

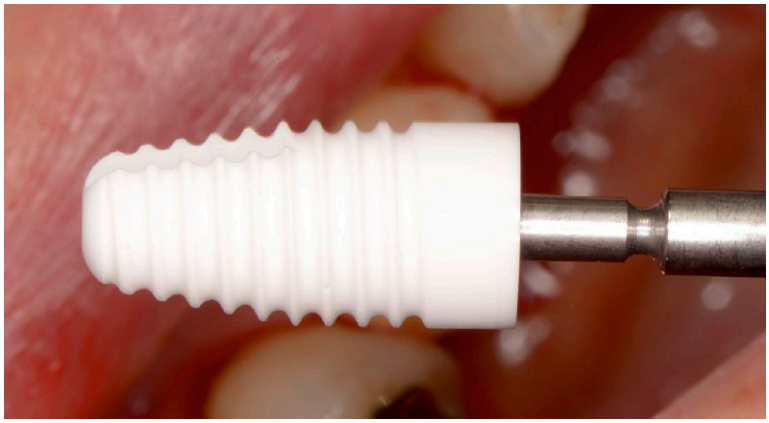




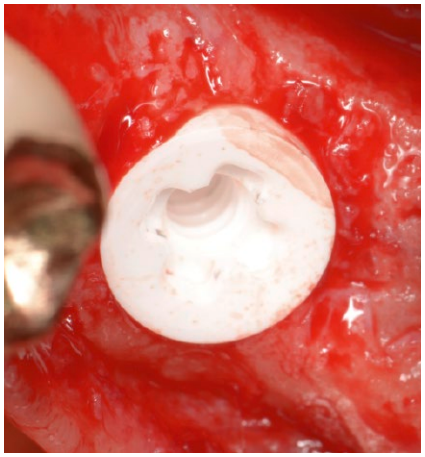
4Expansion hole Ø4.2mm andØ5.5mm
5Thread cut with Zeratap wideØ5.5mm

The thread was then cut with Zeratap wide at 5.5 mm (Fig. **4** and**5**) after surgical Protocol. In this step, everything is prepared for inserting the implant.

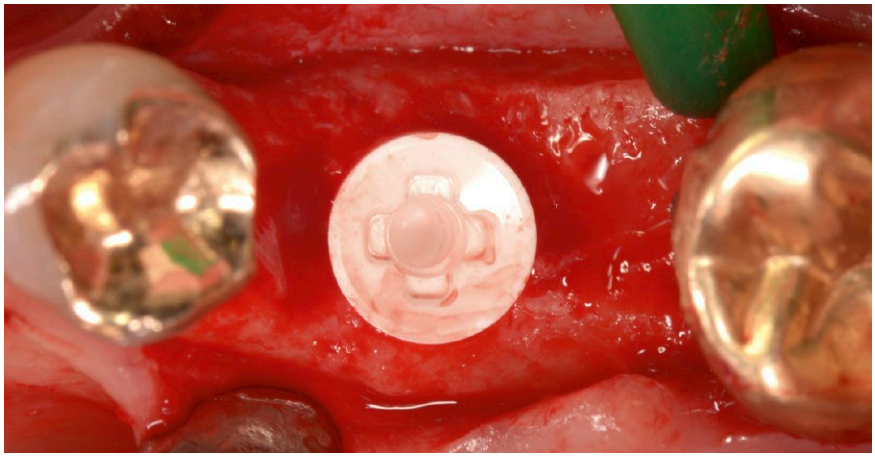




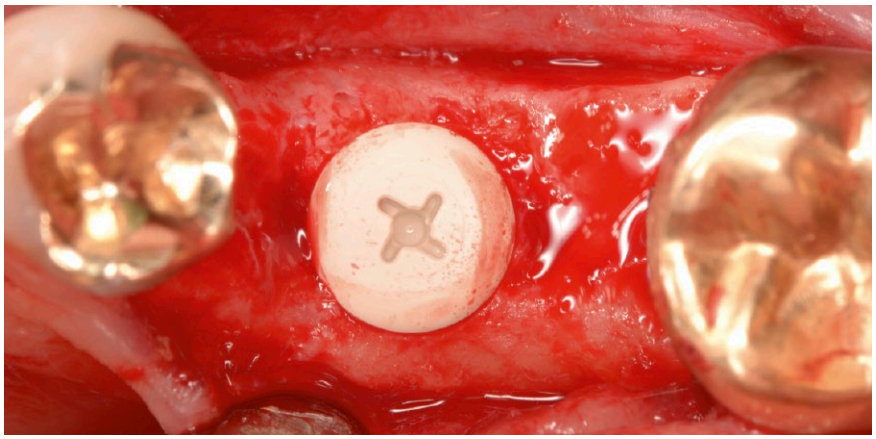
6and**7**XT 17510 on pickup



8th Supracrestal set



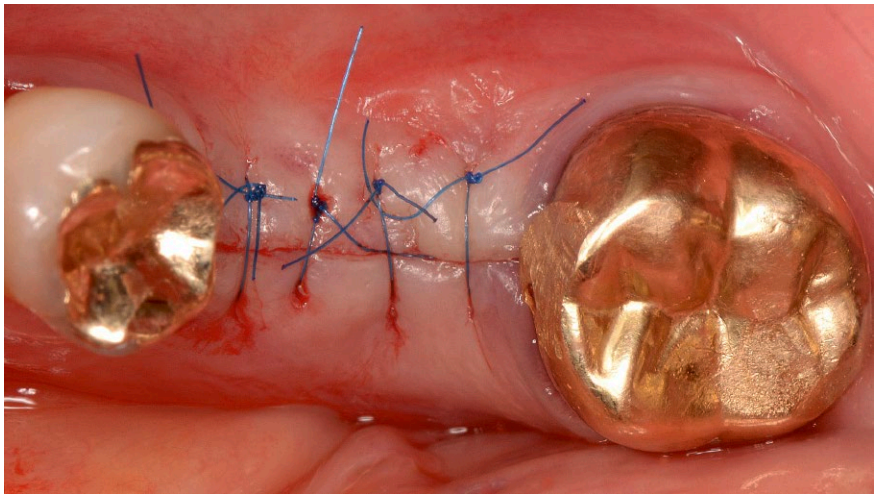
9Perfectly aligned retention recording



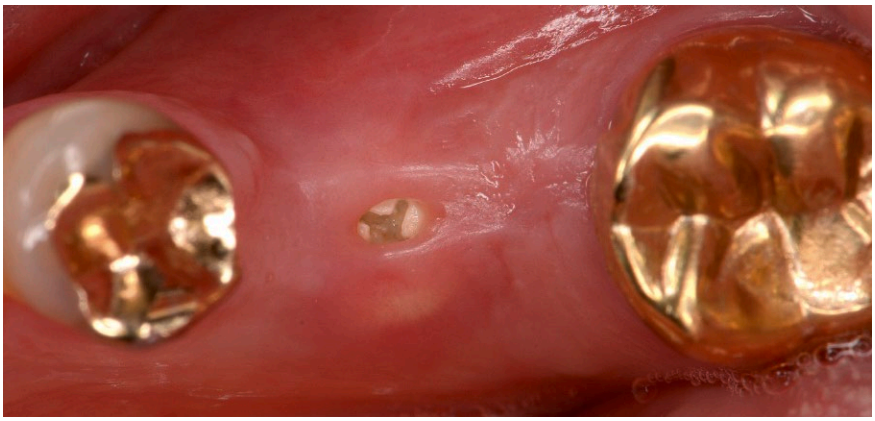
10Closure with Healing Cap WB37500

With the pickup (Fig.**6**and**7**) the Wide implant with a length of 10 mm and a diameter of 5.5 mm is used, Dr. Micheal Schneider always likes to set Bon Level, which is why he chooses the XT from Zeramex supracrestal (Fig.**8th**) decided.
If the retention holder is perfectly aligned, angled standard abutments can be used later in the restoration (Fig.**9**). You can clearly see the concave platform - a ten degree cone.

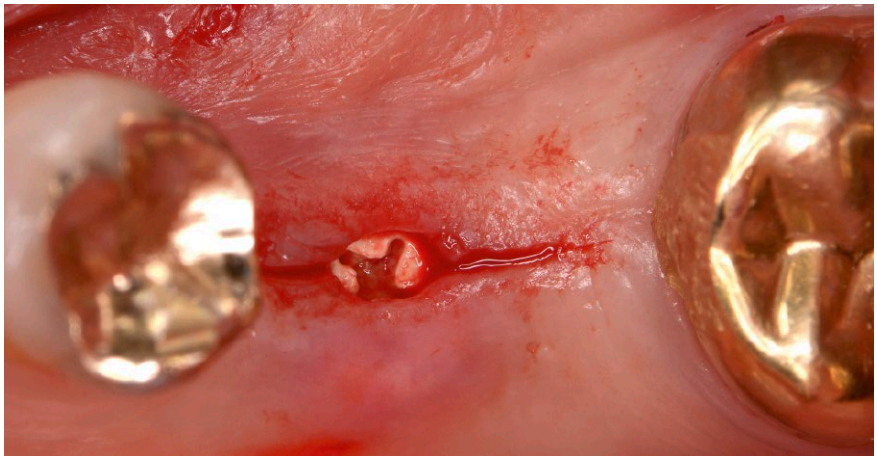
After inserting the XT 17510, the wound is treated with the Healing Cap WB 37500 (Fig.**10**) locked – with one from Dr. Tailors preferred thin suture material (Fig.**11**), which is very pleasant for the patient.
After the healing phase, you can see a slightly fenestrated gingiva above the healing cap (Fig.**12**).



11Wound closure with thin suture material

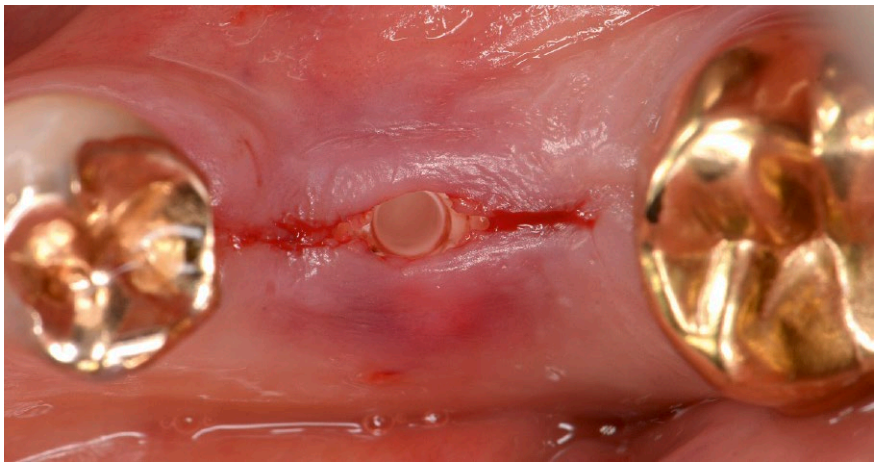


12Slightly fenestrated gingiva via healing cap

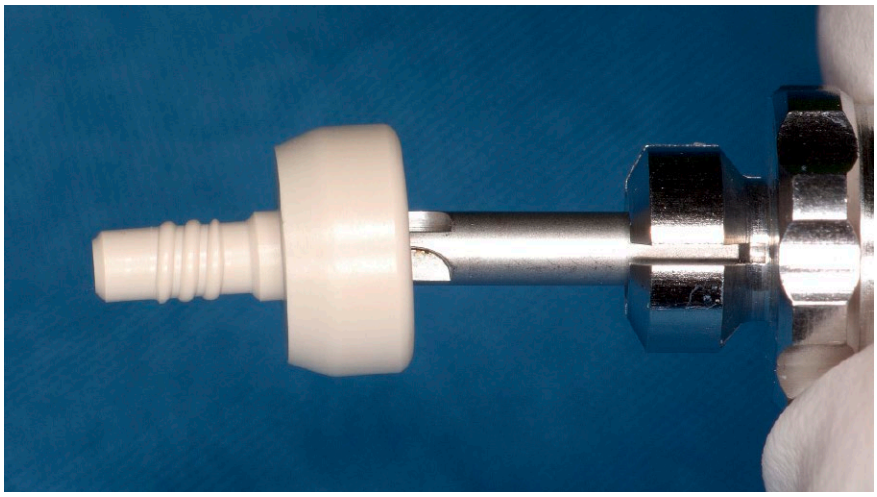


13Opening incision for placement of the healing cap

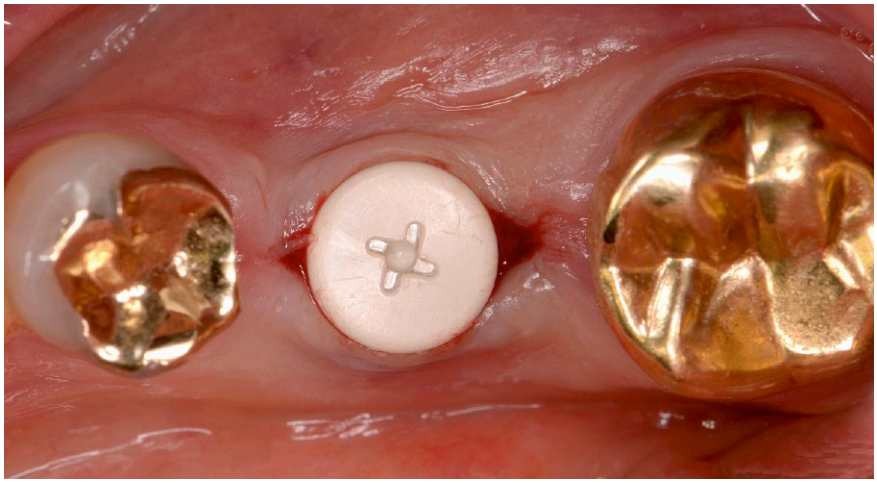
The opening is made through the incision for the placement of the healing cap (Fig.**13**). The practitioner removes the healing cap (Fig.**14**), the implant is cleaned and placed with the healing cap WB 37503 (Fig.**15**) provided. You can see the situation very nicely (Fig.**16**). It would also be possible to create a custom healing cap to prepare the space for the later custom abutment.



14Removed healing cap



15Gingiva former WB37503



16Inserted healing abutment

The second part of the article deals with taking the impression and inserting the individual abutment.s

You can read the sequel in the September issue