

NobelGuide® for NobelParallel™ Conical Connection

Instructions for use



Important: Please read.

Disclaimer of liability:

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Description:

The guided surgery system is designed for dental implant treatment of edentulous and partially edentulous jaws including patients missing a single tooth. The system enables a predictable and if indicated minimal invasive endosseous implant installation procedure according to a case planning done by the clinician. The NobelParallel™ CC Guided Surgery Kit contains the specific guided surgery tooling which is used in conjunction with the NobelGuide® surgical template to guide the surgical tooling for surgical access, guided implant site preparation, guided screw tapping and guided implant insertion of NobelParallel™ CC implants based on the NobelClinician® treatment plan.

The NobelParallel™ CC Guided Surgery Kit contains the following specific guided surgery tooling:

- Guided Drill Guides used to transfer the direction given by the sleeves embedded in the surgical template to drill to various diameters.
- Handle for Guided Drill Guide extends the existing handle on the Guided Drill Guides for easier handling and better accessibility in the surgical situation.
- Guided Implant Mounts (NobelParallel™ CC) used to facilitate implant placement through the surgical template sleeve. The Guided Implant Mounts have an outer diameter that matches the internal dimensions of the sleeves.
- Guided Template Abutments used in the first 1–2 preparations in order to keep the surgical template in the exact position when preparing and placing the remaining implants.
- Guided Tissue Punch used to remove the soft tissue cleanly, without leaving any soft tissue “tags” for flapless guided surgery.

The kit also contains the following components:

- Unigrip™ Screwdriver
- Guided Anchor Pins
- Torque Wrench Surgical
- Torque Wrench Prosthetic Adaptor
- Connection to Handpiece
- Drill Extension Shaft

Guided Start Drill, Guided Twist/Step Drills, Guided Screw Taps and Guided Counterbores are ordered separately.

Intended use:

The NobelGuide® guided surgery system is intended to transfer a treatment planning done by the clinician into a physical/clinical reality. The system is intended to facilitate implant installation with high predictability and contribute to better restoration of these implants placed in both mandible and maxilla.

Indications:

The guided surgery concept is indicated for the treatment of edentulous and partially edentulous jaws (including patients missing a single tooth) for placement of implant fixtures, if indicated in combination with immediate function to restore esthetics and functionality (e.g. masticatory, speech). The following prerequisites must be fulfilled:

- Adequate amount jawbone.
- The quality of jawbone must be judged as adequate.
- Adequate mouth opening (minimum 40 mm) to accommodate guided surgery tooling.
- Exclusion of compromised diseases in conflict with dental implant treatment.
- Adequate compliance.

Note: For Contraindications, Warnings and Cautions for NobelParallel™ CC implants, please refer to the applicable NobelParallel™ CC implant Instructions for Use.

Contraindications:

It is contraindicated to place NobelParallel™ CC implants in patients:

- Who are medically unfit for an oral surgical procedure.
- With inadequate bone volume unless an augmentation procedure can be performed.
- In whom adequate sizes, numbers or desirable position of implants are not achieved to provide safe support of functional or eventually parafunctional loads.
- Allergic or hypersensitivity to commercially pure titanium (grade 4), stainless steel or surgical template material acrylate-based photopolymer.

Warnings:

- Failure to recognize actual lengths of drills relative to radiographic measurements can result in permanent injury to nerves or other vital structures. Drilling beyond the depth intended for lower jaw surgery may potentially result in permanent numbness to the lower lip and chin or lead to a hemorrhage in the floor of the mouth.
- Besides the mandatory precautions for any surgery such as asepsis, during drilling in the jawbone, one must avoid damage to the nerves and vessels by referring to anatomical knowledge and preoperative radiographs.

Cautions:

General:

One hundred percent implant success cannot be guaranteed. Especially, nonobservance of the indicated limitations of use and working steps may result in failure.

Treatment by means of implants may lead to loss of bone, biologic or mechanical failures including fatigue fracture of implants.

Close cooperation between surgeon, restorative dentist and dental laboratory technician is essential for a successful implant treatment.

It is strongly recommended that clinicians, new as well as experienced implant users, always go through special training before undertaking a new treatment method. Nobel Biocare offers a wide range of courses for various levels of knowledge and experience. For more info please visit www.nobelbiocare.com.

It is strongly recommended that NobelParallel™ CC implants are used only with Nobel Biocare surgical instruments and prosthetic components, as combining components that are not dimensioned for correct mating can lead to mechanical and/or instrumental failure, damage to tissue or unsatisfactory esthetic results.

Working the first time with a colleague, experienced with the new device/treatment method, avoids eventual complications. Nobel Biocare has a global network of mentors available for this purpose.

Before surgery:

Careful clinical and radiological examination of the patient has to be performed prior to surgery to determine the psychological and physical status of the patient.

Pre-operative hard tissue or soft tissue deficits may yield a compromised esthetic result or unfavorable implant angulations.

Before performing guided surgery, the delivered surgical template must be carefully inspected and cleared by the clinician performing the surgery. Optimal fit on stone model and in patient's mouth needs to be verified. In if doubt, please contact Nobel Biocare technical support.

At surgery:

Particular caution should be used when placing narrow platform implants in the posterior region due to risk of prosthetic overload.

All instruments and tooling used in surgery must be maintained in good condition and care must be taken that instrumentation does not damage implants or other components.

Because of the small size of the devices, care must be taken that they are not swallowed or aspirated by the patient.

After implant installation, the surgeon's evaluation of bone quality and initial stability will determine when implants may be loaded. Lack of adequate quantity and/or quality of remaining bone, infection and generalized diseases may be potential causes for failure of osseointegration both immediately after surgery, or after osseointegration is initially achieved.

After surgery:

To secure the long-term treatment outcome it is advised to provide comprehensive regular patient follow up after implant treatment and to inform about appropriate oral hygiene.

Surgical procedures:

If applicable, anchor the surgical template using an adequate number of anchor pins placed with strategic positioning and orientation to secure the surgical template in the correct position. During surgery maximum attention must be paid to secure the surgical template is in the correct position in the patient's mouth and that it does not move in

any direction from the correct position when being manipulated with instruments (e.g. lateral shift through inadequate handling of twist drills in “knife-edge ridge” situations or shift/deformation of surgical template due to excessive vertical force application during implant installation). In situations where two or more neighboring implants are placed, regardless if it is a free-end situation or a situation with one or more distal teeth for support of the surgical template, it is recommended to use at least one anchor pin in this area. If necessary, place implants in a staggered approach.

1. If a flapless procedure is chosen, it is recommended to use the Guided Soft Tissue Punch before any other instruments are used to generate a clean cut. The surgical template can be temporarily detached after punching to carefully remove the punched soft tissue. The surgical template is carefully repositioned and the anchor pins replaced into the existing anchorage holes in the bone.

If a (mini) flap procedure is chosen, it is recommended that the surgical template is first repositioned and the anchor pins placed prior to any manipulations of the soft tissue. Remove the anchor pins and surgical template, perform the incision, respecting the position of the implants and elevate the flap. If required, carefully modify the surgical template by relieving as much material as required to accommodate the flap, rinsing with sterile saline solution prior to carefully repositioning.

2. During drilling procedures bone quality should be considered. (See Table 1 for recommended drill sequences based on bone quality to ensure optimal primary stability when applying Immediate Function). Use the Guided Start Drill prior to the Guided Twist Drill 2 mm (with the appropriate Guided Drill Guide to \varnothing 2 mm) to create a start point for the following drill. Then select the appropriate Guided Drill Guide based on the sleeve size and the Guided Twist/Step Drill. The Handle for Guided Drill Guide can be used for easier handling of the Guided Drill Guide. Drilling must proceed at high speed (maximum 800 rpm for Guided Twist/Step Drills) under constant and profuse external irrigation with sterile saline solution. An in-and-out drilling motion, over the complete extent of the osteotomy is needed when preparing the site to avoid overheating. The Drill Extension Shaft can be used if required for easier access.

Table 1

Recommended drill sequence based on bone quality. Drill data are stated in mm and the drill diameters listed within brackets (–) are optional.

Implant diameter	Soft Bone Type IV	Medium Bone Type II–III	Dense Bone Type I
\varnothing 3.75	2.0 (2.4/2.8)	2.0 2.4/2.8 Guided Counterbore 3.75 (Guided Screw Tap 3.75)	2.0 2.4/2.8 2.8/3.2 Guided Counterbore 3.75 Guided Screw Tap 3.75
\varnothing 4.3	2.0 2.4/2.8 (3.2/3.6)	2.0 2.4/2.8 3.2/3.6 Guided Counterbore 4.3 (Guided Screw Tap 4.3)	2.0 2.4/2.8 3.2/3.6 Guided Counterbore 4.3 Guided Screw Tap 4.3
\varnothing 5.0	2.0 2.4/2.8 3.2/3.6 (3.8/4.2)	2.0 2.4/2.8 3.2/3.6 3.8/4.2 Guided Counterbore 5.0 (Guided Screw Tap 5.0)	2.0 2.4/2.8 3.2/3.6 3.8/4.2 Guided Counterbore 5.0 Guided Screw Tap 5.0
\varnothing 5.5	2.0 2.4/2.8 3.2/3.6 4.2/4.6 (4.2/5.0)	2.0 2.4/2.8 3.2/3.6 4.2/5.0 Guided Counterbore 5.5 (Guided Screw Tap 5.5)	2.0 2.4/2.8 3.2/3.6 4.2/5.0 Guided Counterbore 5.5 Guided Screw Tap 5.5

Caution: Guided Twist/Step Drills are identified by the (10+) designation on the shaft. This indicates the drills are 10 mm longer than the “freehand” Twist/Step Drills to

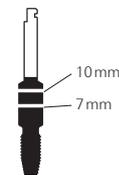
compensate for the height of the surgical template and the Guided Drill Guide. The depth marks on the Guided Twist/Step Drills correspond to 7, 10, and 13 mm implants for 7–13 mm drills and 7, 10, 13, 15 and 18 mm for 7–18 mm drills (A). The level should be measured with the Guided Drill Guide in place. Drills extend 1 mm longer than the implant when seated. Allow for this additional length when drilling near vital anatomical structures.

A

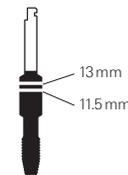


3. Prepare implant site.
4. Medium and dense bone protocol: to be used when implant will not be fully seated.
 - Select the Guided Counterbore matching the diameter of the implant. Place the Guided Counterbore directly in the guided sleeve of the surgical template and drill to the built-in drill stop at maximum speed of 800 rpm with copious irrigation.
 - Select the Guided Screw Tap matching the diameter and length of the implant. Place the Guided Screw Tap directly into the guided sleeve of the surgical template and prepare the site to the desired depth based on the implant dimensions using low speed (20–45 rpm) with copious irrigation. **B:1** shows depth markings which correspond to full depth tapping of 7 mm and 10 mm for \varnothing 3.75, \varnothing 4.3, \varnothing 5.0 and \varnothing 5.5 implants. **B:2** shows depth markings which correspond to full depth tapping of 11.5 mm and 13 mm for \varnothing 3.75, \varnothing 4.3, \varnothing 5.0 and \varnothing 5.5 implants. **B:3** shows depth markings which correspond to full depth tapping of 15 mm and 18 mm for \varnothing 3.75, \varnothing 4.3 and \varnothing 5.0 implants only and **B:4** shows depth markings which correspond to full depth tapping of 11.5 mm and 15 mm \varnothing 5.5 for implants only.
 - Switch the drill device to reverse mode and remove the Guided Screw Tap.

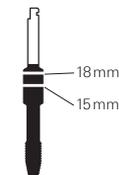
B:1



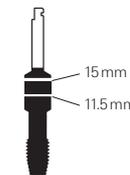
B:2



B:3



B:4



5. Open the implant package. Connect the Guided Implant Mount NobelParallel™ CC to the implant using the Unigrip™ Screwdriver. Insert the Connection to Handpiece in the drilling unit handpiece and pick up the mounted implant. NobelParallel™ CC implants are ideally installed with low speed, maximum 25 rpm, using the drilling device. Place and tighten the implant using maximum **45 Ncm** installation torque. Stop tightening the implant when the Guided Implant Mount touches the surgical template. The Guided Implant Mount NobelParallel™ CC includes a vertical stop. Secure that the Guided Implant Mount in kept in the center of the guided sleeve during the entire insertion process.

Caution: Never exceed insertion torque of **45 Ncm** for NobelParallel™ CC Implants. Over tightening an implant may lead to damage of the implant, fracture or necrosis of the bone site.

6. If the implant gets stuck during implant installation or **45 Ncm** is achieved before fully seated, rotate the implant counter clockwise using the drilling device (reverse mode) or the Manual Torque Wrench and remove from the site. Replace the implant in the inner casing before proceeding further (refer to the Medium and dense bone protocol section). Without removing the surgical template, continue with implant installation until desired position is achieved. For Immediate Function, the implant should be able to withstand a final torque of **35–45 Ncm**.
7. In partially edentulous and edentulous situations the Guided Implant Mount can be replaced by the Guided Template Abutment on the first 1–2 implants. Release the Guided Implant Mount using the Unigrip™ Screwdriver and remove the implant mount. Anchor the surgical template using the Guided Template Abutment, tightening manually using the Unigrip™ Screwdriver. Ensure the surgical template maintains its initial correct position for the next implant site preparation.
8. Prepare and install the remaining implant sites.
9. Once all implants are installed, remove Guided Implants Mounts and Guided Template Abutments using the Unigrip™ Screwdriver. Remove anchor pins, if applicable and remove the surgical template.
10. Final implant installation torque can be measured following surgical template removed using the Torque Wrench Surgical.
11. Depending on the surgical protocol of choice, place a cover screw using the Unigrip™ Screwdriver or an abutment using the Torque Wrench Prosthetic Adaptor and suture.

For additional information on surgical procedures please consult the “Procedures & products” treatment guidelines for NobelGuide® available at www.nobelbiocare.com or request the latest printed version from a Nobel Biocare representative.

For additional information on the NobelGuide® surgical templates and related surgical procedures, please refer to the Instructions for Use NobelGuide® Surgical Template.

For additional information on the NobelParallel™ CC implant please refer to the NobelParallel™ CC Instructions for Use.

For additional information on the NobelClinician® Software please refer to the NobelClinician® Instructions for Use.

Materials:

All components contained in the NobelParallel™ CC Guided Surgery Kits, as listed in the “Description” section, are made from stainless steel.

Cleaning and sterilization instructions:

The device is delivered non-sterile and intended for re-use. This device must be cleaned and sterilized prior to use.

For USA: Seal single device in a pouch and steam sterilize at 270°F (132°C) for 3 minutes.

For outside USA: Seal single device in a pouch and steam sterilize at 132°C–135°C (270°F–275°F) for 3 minutes.

Alternative UK: Seal single device in a pouch and steam sterilize at 134°C–135°C (273°F–275°F) for 3 minutes.

Caution: Use of non-sterile device may lead to infection of tissues or infectious diseases

Full set of recommended parameters are provided in “Cleaning & Sterilization Guidelines including MRI Information of Nobel Biocare Products” available at www.nobelbiocare.com/sterilization or request latest printed version from a Nobel Biocare representative.

MR safety information:

Note: For Implant MR safety information please refer to applicable Implant IFU.

Please note that the product has not been evaluated for safety and compatibility in the MR environment. The product has not been tested for heating or migration in the MR environment.

For additional information on Magnetic Resonance Imaging, please consult the “Cleaning & Sterilization Guidelines including MRI Information of Nobel Biocare Products” available at www.nobelbiocare.com or request latest printed version from a Nobel Biocare representative.

Storage and handling:

The product must be stored in a dry place in the original packaging at room temperature and not exposed to direct sunlight. Incorrect storage may influence device characteristics leading to failure.

After sterilization, place the devices in a dry and dark place such as a closed cupboard or drawer. Follow the instructions of the manufacturer of the sterilization pouch regarding storage conditions and expiration date of sterilized goods.

Disposal:

Disposal of the device shall follow local regulations and environmental requirements, taking different contamination levels into account.



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Prescription device: Rx only

Caution: Federal law restricts this device to sale by or on the order of a licensed physician or dentist.



Rx Only



Non-sterile



Consult instructions for use



Use-by date

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