

Zygoma Implant RP



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Description

This Instructions for Use (IFU) describes the Nobel Biocare Zygoma Implant RP and supporting components, which is comprised of the Zygoma Implants RP (including the copackaged Implant Mount), the copackaged Zygoma Implant Cover Screw, and the Zygoma instrumentation which is required during the surgical and handling procedure to prepare the implant site and to place the implant.

Zygoma Implants RP and Zygoma Implant Cover Screws

Zygoma Implants RP are threaded dental implants for use in the zygomatic bone for anchoring or supporting dental prostheses. The implants are available in various lengths and in a single diameter. The implant has the following features:

The threaded part of the Zygoma Implant RP has a diameter of 4.4 mm in the upper threaded section and 3.9 mm in the lower threaded section.

The implant macroshape is characterized by an expanding parallel body and a round, non- threaded apex with vent. The angulated 45° head of Zygoma Implants RP have an opening opposite the implant platform (Figure A) to use standard Brånemark System prosthetic components.

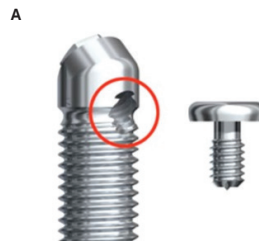


Figure A – Zygoma Implant RP with Opening Opposite the Implant Platform and Cover Screw

- The Zygoma Implant RP features an external hex connection in the Regular Platform (RP), which is compatible with Nobel Biocare’s Brånemark System Zygoma Multi-unit Abutments 0° and 17°, Zygoma Implant Cover Screw and Brånemark System Zygoma Implant Cover Screw, as well as with standard Brånemark System prosthetic components (RP).
- The Zygoma Implant RP features a machined surface.

Table 1 – Compatibility with Zygoma Implants

Article #	Product Name	Cover Screw	Implant Mount and related screw	Impression Copings and related guide pin	Healing Abutment	final abutments straight and corresponding screws	final abutments angulated and corresponding screw	Implant Bridges and Implant Bar Overdentures and corresponding screws	Zygoma Handle, Connection to handpiece Other
28862	Zygoma Implant RP 30 mm	Zygoma Implant Cover Screw: 28989 Brånemark System Zygoma Implant Cover Screw: 32424	Zygoma Implant Mount	Brånemark System® Zygoma Impression Coping Open Tray Ø4 mm	Brånemark System® Zygoma Healing Abutment Ø4x3 mm	Zygoma Abutment Multi-unit RP 3 mm	Zygoma 17° Abutment Multi-unit RP 2 mm	Nobel Procera Implant Bar Overdenture Titanium	Zygoma Handle Connection to Handpiece
28863	Zygoma Implant RP 35 mm		Zygoma Fixture Mount Screw M2specx6,6 mm (implant mount is pre-assembled to the implant)	Guide Pin Zygoma 20 mm RP	Brånemark System® Zygoma Healing Abutment Ø4x5 mm	Zygoma Abutment Multi-unit RP 5 mm	Zygoma 17° Abutment Multi-unit RP 3 mm	Procera Implant Bridge Ti Impl Level	Unigrip Screw Drivers (to implant mount screw)
28864	Zygoma Implant RP 40 mm								
28865	Zygoma Implant RP 42.5 mm								
28866	Zygoma Implant RP 45 mm								
28867	Zygoma Implant RP 47.5 mm								
28868	Zygoma Implant RP 50 mm								
28869	Zygoma Implant RP 52.5 mm								

Table 2 – Compatibility with Tooling Accessories or Other Devices

Article No.	Product Name	Implants	Device Type/3rd-level Family	Handpiece
28989	Zygoma Implant Cover Screw	Zygoma RP implant Family	Zygoma Implant Cover Screw	Cover Screw Driver Brånemark System Hexagon
32424	Brånemark System® Zygoma Implant Cover Screw	NobelZygoma 45° Implant Family		
29162	Brånemark System® Zygoma Surgical Kit	NobelZygoma 0° Implant Family	Brånemark System Zygoma Surgical Kit	Zygoma Handle Zygoma Drill Guard Zygoma Drill Guard Short Zygoma Depth Indicator Straight Zygoma Depth Indicator Angled
32628	Bmk Syst Zygoma Twist Drill 2.9 mm		Brånemark System Zygoma Twist Drills	Interface defined by ISO 1797
32629	Bmk Syst Zygoma Twist Drill 2.9 mm short			
32631	Bmk Syst Zygoma Twist Drill 3.5 mm			
32632	Bmk Syst Zygoma Twist Drill 3.5 mm short			
32630	Bmk Syst Zygoma Pilot Drill 3.5 mm		Pilot drills	Interface defined by ISO 1797
32791	Bmk Syst Zygoma Pilot Drill 3.5 mm short			
37786	Zygoma Handle		Manual Implant Driver	N/A
37787	Zygoma Drill Guard		Drill Guard	N/A
37788	Zygoma Drill Guard Short			
37789	Zygoma Depth Indicator Straight		Depth Indicator	N/A
37790	Zygoma Depth Indicator Angled			
DIA 578-0	Brånemark System® Zygoma Round Bur		Round bur	Interface defined by ISO 1797

- The Zygoma Implant RP is co-packaged with an Implant Mount attached to the head of the implant. The Zygoma Handle connects to the Implant Mount and is used to pick up and insert the implant into the osteotomy.
- The Zygoma Implant RP is also co-packaged with the Zygoma Implant Cover Screw, which is used to cover the implant and prevent tissue overgrowth during the healing process. The Cover Screw Driver Brånemark System® Hexagon is used to tighten the Zygoma Implant Cover Screw.

- Brånemark System® Zygoma Implant Cover Screw is used to cover the implant and prevent tissue overgrowth during the healing process. The Cover Screw Driver Brånemark System® Hexagon is used to tighten the Cover Screw.

Refer to Nobel Biocare Instructions for Use (IFU) IFU1085 for further information regarding the Cover Screw Driver Brånemark System® Hexagon. This IFU is available for download at ifu.nobelbiocare.com.

Zygoma Instrumentation

The following instrumentation is required during the surgical and handling procedures to place Zygoma Implants:

- The Brånemark System® Zygoma Round Bur, Brånemark System® Zygoma Pilot Drills, and Brånemark System® Zygoma Twist Drills are required to prepare the osteotomy for placement of Zygoma Implants. The drills are available in different diameters and lengths in order to widen the osteotomy step-by-step to the appropriate diameter and depth.
- Zygoma Drill Guards and Drill Guards Short are used during preparation of the osteotomy as a protective shield between the rotating drill shaft and adjacent soft tissues.
- Zygoma Depth Indicators Straight and Angled are used to verify the depth of the osteotomy. They feature numbered length scales on the handle and shaft to verify the depth of the osteotomy and to support selection of the appropriate Zygoma Implant length.
- The Zygoma Handle connects to the Implant Mount and is used to pick up and insert the Zygoma Implant into the osteotomy.
- Screwdrivers Manual Unigrip are used to tighten and/or loosen the abutment screws or clinical screws used to connect the abutment to the Zygoma Implant RP.
- The Connection to Handpiece connects to a contra-angle handpiece and is used to pick up the Zygoma Implant and to place the implant into the osteotomy.

Refer to Nobel Biocare IFU1085 for further information regarding the Screwdrivers Manual Unigrip.

Refer to Nobel Biocare IFU1090 for further information regarding the Connection to Handpiece.

Refer to Nobel Biocare IFU1075 for further information regarding the Multi-unit abutments and compatible prosthetic components.

Brånemark System Zygoma Surgical Kit

The Brånemark System Zygoma Surgical Kit is an assembly of different surgical instruments for Zygoma implant site preparation. The Brånemark System Zygoma Surgical Kit consists of the components listed in Table 3. Each component is also available for sale separately.

Table 1 and 2 present an overview of the available Zygoma Implants RP, the compatible cover screws, abutments, abutment screws, and screwdriver.

Table 3 – Brånemark System Zygoma Surgical Kit components

Product Name	Included Instruments
Brånemark System® Zygoma Surgical Kit	Zygoma Handle
	Zygoma Drill Guard
	Zygoma Drill Guard Short
	Zygoma Depth Indicator Straight
	Zygoma Depth Indicator Angled

Intended Use/Intended Purpose

Zygoma Implants RP

Intended for use as a dental implant in the zygomatic bone for anchoring or supporting dental prostheses to restore chewing function.

Cover Screws

Intended to be temporarily connected to an endosseous dental implant to protect the implant connection interface during bone healing.

Brånemark System® Zygoma Surgical Kit

Intended for use to facilitate the preparation of an osteotomy and subsequent placement of a zygomatic dental implant.

Brånemark System® Zygoma Twist Drills and Pilot Drills

Intended for use to prepare or support the preparation of an osteotomy for placement of an endosseous dental implant.

Zygoma Handle

Intended for use to insert or remove dental implants during dental implant surgery.

Zygoma Drill Guards and Drill Guards Short

Intended for use to guide drilling instruments during preparation of an osteotomy.

Zygoma Depth Indicators Straight and Angled

Intended for use to verify the depth of an osteotomy during dental implant surgery.

Brånemark System® Zygoma Round Bur

Intended for use to prepare or support the preparation of an osteotomy for placement of an endosseous dental implant.

Indications

Zygoma Implants RP

Zygoma Implants RP are indicated only for multi-unit constructions, through rigid splinting of a minimum of two Zygoma RP implants. For full-mouth rehabilitation, they are used together with at least two standard endosseous dental implants in the anterior maxilla. Restorations which can be supported by Zygoma RP Implants range from fixed/removable full dental arch applications to partially edentulous maxilla with uni- or bilateral loss of premolars and molars.

Zygoma Implants RP and the corresponding surgical technique should only be used in patients with highly reduced amount and poor quality of remaining maxillary bone. Patients with an extensive history of known sinusitis may be considered for treatment with Zygoma RP Implants based on a balanced risk-benefit evaluation.

Cover Screws

The Zygoma Implant Cover Screw is indicated for use with Zygoma Implants.

Brånemark System® Zygoma Surgical Kit

Same as intended use.

Brånemark System® Zygoma Twist Drills

Brånemark System® Zygoma Twist Drills are indicated for use to prepare an osteotomy in the zygomatic bone to support the placement of Nobel Biocare zygomatic dental implants.

Brånemark System® Zygoma Pilot Drills

Brånemark System® Zygoma Pilot Drills are indicated for use to prepare an osteotomy in the zygomatic bone to support the placement of Nobel Biocare zygomatic dental implants.

Zygoma Handle

The Zygoma Handle is indicated for use to manually pick up and insert a Zygoma Implant into an osteotomy.

Zygoma Drill Guards and Drill Guards Short

Zygoma Drill Guards and Drill Guards Short are indicated for use during preparation of an osteotomy in the zygomatic bone as a protective shield between the rotating drill shaft and adjacent soft tissues.

Zygoma Depth Indicators Straight and Angled

Zygoma Depth Indicators Straight and Angled are indicated for use to verify the depth of the osteotomy and to support selection of the appropriate Zygoma Implant length.

Brånemark System® Zygoma Round Bur

Brånemark System® Zygoma Round Bur are indicated for use to prepare an osteotomy in the zygomatic bone to support the placement of Nobel Biocare zygomatic dental implants.

Contraindications

It is contraindicated to use Zygoma Implants RP, the Cover Screws, and the Zygoma instrumentation in:

- Patients who are medically unfit for an oral surgical procedure.
- Patients with inadequate bone volume for zygomatic and conventional endosseous implants.
- Patients in whom adequate sizes, numbers or desirable positions of implants are not reachable to achieve safe support of functional or eventually parafunctional loads.
- Patients who are allergic or hypersensitive to commercially pure titanium (grade 1), titanium alloy Ti-6Al-4V, stainless steel, DLC (Diamond Like Carbon) coating.

It is contraindicated to use Zygoma instrumentation with zygoma implants not manufactured by Nobel Biocare.

For contraindications specific to the Zygoma Implants RP, Cover Screws, and Zygoma instrumentation, refer to the Nobel Biocare Instructions for Use for the component (IFU1004, IFU1016 and 1003).

Materials

- Zygoma Implants RP: Commercially pure titanium grade 1 (Nitrogen, max: 0.03, Carbon, max: 0.08, Hydrogen max: 0.015, Iron, max: 0.20, Oxygen max: 0.18, Titanium: Balance) per ASTM F67.
- Cover Screws: Titanium alloy Ti-6AL-4V (90% titanium, 6% aluminum, 4% vanadium) per ASTM F136 and ISO 5832-3.

- Brånemark System™ Zygoma Pilot Drill: Stainless steel 1.4197 according to ASTM F899.
- Brånemark System™ Zygoma Twist Drills: Stainless steel, DLC (Diamond Like Carbon) coating per 1.4197 Type 420F Mod according to ASTM A895 and ISO 5832-1.
- Brånemark System™ Zygoma Round Bur: Stainless steel 1.4197 according to ASTM F899.
- Zygoma Drill Guard and Drill Guard Short, Zygoma Depth Indicators Straight and Angled, and Connection to Handpiece: Stainless steel 1.4301 according to ASTM F899.
- Zygoma Handle: Stainless steel 1.4301 according to ASTM F899.
- Brånemark System® Zygoma Surgical Kit is composed of 5 components:
 - Zygoma Handle with adapter is made of stainless steel AISI 304 composition according to ASTM F899.
 - Depth Indicator Straight is made of stainless steel AISI 304 composition according to ASTM F899.
 - Depth Indicator Angulated is made of stainless steel AISI 304 composition according to ASTM F899.
 - Drill Guard is made of stainless steel AISI 304 composition according to ASTM F899.
 - Drill Guard Short is made of stainless steel AISI 304 composition according to ASTM F899.

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 jaw bone, one must avoid damage to nerves and vessels by referring to anatomical knowledge and preoperative radiographs.

Cautions

General

One hundred percent implant success cannot be guaranteed. In particular, non-observance of the product's indications for use and the surgical/handling procedure(s) 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.

Zygoma RP Implants and instruments must only be used with compatible Nobel Biocare instruments and components. Use of instruments or components that are not intended to be used in combination with Zygoma RP Implants and instruments can lead to product failure, damage to tissue, or unsatisfactory esthetic results.

When using a new device/treatment method for the first time, working with a colleague who is experienced with the new device/treatment method may help avoid possible complications. Nobel Biocare has a global network of mentors available for this purpose.

It is especially important to achieve proper stress distribution through adaptation and fitting of the bridge, by adjusting the occlusion to the opposing jaw. In addition, avoid excessive transverse loading forces, particularly in immediate loading cases.

Before Surgery

Careful psychological and physiological evaluation, followed by clinical and radiological examination must be performed on the patient prior to surgery to determine the suitability of the patient for treatment.

Special attention must be given to patients who have local or systemic factors that could interfere with the healing process of either bone or soft tissue or the osseointegration process (e.g. cigarette smoking, poor oral hygiene, uncontrolled diabetes, oro-facial radiotherapy, steroid therapy, infections in the neighboring bone). Special caution is advised in patients who receive bisphosphonate therapy.

In general, implant placement and prosthetic design must accommodate individual patient conditions. In case of bruxism, other parafunctional habits or unfavorable jaw relationships, reappraisal of the treatment option may be considered.

The device has not been evaluated in pediatric/adolescent patients and is not recommended for use in children. Routine treatment is not recommended until the end of the juvenile jaw bone growth phase has been properly documented.

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

All components, instruments and tooling used during the clinical and/or laboratory procedure must be maintained in good condition and care must be taken that instrumentation does not damage implants or other components.

At Surgery

It is highly recommended to perform a medical CT scan or a CBCT (cone beam CT) analysis prior to the final treatment decision. The patient must have clinically symptom-free sinuses, no pathology in associated bone and soft tissue and completed all necessary dental treatment.

Care and maintenance of sterile instruments are crucial for a successful treatment. Sterilized instruments not only safeguard your patients and staff against infection but are also essential for the outcome of the total treatment.

Because of the small sizes of the devices, care must be taken that they are not swallowed or aspirated by the patient. It is appropriate to use specific supporting tools to prevent aspiration of loose parts (e.g. gauze, dental dam, or throat shield).

The implants may be tilted up to 45° relative to the occlusal plane. When used with angulations between 30° and 45°, the following applies: The tilted implant must be splinted; a minimum of 4 implants must be used when supporting a fixed prosthesis in a fully edentulous arch.

After the implant placement, the surgeon's evaluation of bone quality and primary 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.

Bending moments: Forces that cause bending moments are known to be the most unfavorable, as they can potentially jeopardize the long-term stability of an implant-supported restoration. In order to decrease bending moments, the distribution of forces should be optimized by cross-arch stabilization, minimizing distal cantilevers, having a balanced occlusion as well as decreased cuspal inclination of the prosthetic teeth.

If modifying the restoration, use copious irrigation and appropriate protection equipment. Avoid inhalation of dust.

After Surgery

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

Intended Users and Patient Groups

Zygoma Implants RP, Cover Screws, and Zygoma instrumentation are to be used by dental health care professionals.

Zygoma Implants RP, Cover Screws, and Zygoma instrumentation are to be used in patients subject to dental implant treatment.

Clinical Benefits and Undesirable Side Effects

Clinical Benefits Associated with Zygoma Implants RP, Cover Screws, and Zygoma instrumentation

Zygoma Implants RP, Cover Screws, and Zygoma instrumentation are a component of treatment with a dental implant system and/or dental crowns and bridges. As a clinical benefit of treatment, patients can expect to have their missing teeth replaced and/or crowns restored.

Undesirable Side Effects Associated with Zygoma Implants RP, Cover Screws, and Zygoma instrumentation

The placement of a dental implant constitutes an invasive treatment which may be associated with typical side effects such as inflammation, infection, bleeding, hematoma, pain, and swelling. Drilling into the jaw or subsequent placement of the implant may also lead (in rare cases) to fenestration, to bone fracture, damage/perforation of neighboring structures/restorations, sinusitis, or sensory/motor disturbances, depending on the location. During placement of an implant and components the pharyngeal (gag) reflex may be triggered in patients with a sensitive reflex. During the submerged healing period, bone may grow over the cover screw. In some cases, cover screws may get exposed prematurely.

Dental implants are the substructure of a multi-component system that replaces teeth and as a result, the implant recipient may experience side effects similar to those associated with teeth, such as mucositis, calculus, peri-implantitis, fistulas, ulcers, soft tissue hyperplasia, soft and/or hard tissue recession/loss. Some patients may experience discoloration in the mucosal area such as graying.

Where required per the European Medical Device Regulation (MDR; EU 2017/745) a Summary of Safety and Clinical Performance document (SSCP) is available for the Zygoma Implants RP and Cover Screw. The SSCP can be obtained at the following website:

ec.europa.eu/tools/eudamed/¹

¹ Website available upon launch of the European Database on Medical Devices (EUDAMED)

Notice regarding serious incidents

For a patient/user/third party in the European Union and in countries with an identical regulatory regime (Regulation 2017/745/EU on Medical Devices); if, during the use of this device or as a result of its use, a serious incident has occurred, please report it to the manufacturer and to your national authority. The contact information for the manufacturer of this device to report a serious incident is as follows:

Nobel Biocare AB
www.nobelbiocare.com/complaint-form

Surgical Procedure

Surgical procedure

Implant Position

The Zygoma Implants RP typically pierces the oral mucosa in the premolar region (Figure B1) and passes through the sinus along the lateral wall of the maxilla. Depending on the contour of the lateral maxillary wall, the mid-portion of the implant may also pass lateral to the lateral wall. The implant tip enters the base of the body of the zygoma (the superior-lateral corner of the maxillary sinus), travels through the zygoma and pierces through its lateral cortex. The implant trajectory is usually parallel to the zygomatic buttress (Figure B2).

B1

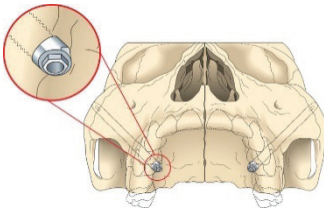


Figure B1 – Premolar implant position

B2



Figure B2 – Implant position

Note It is recommended to have at least two Zygoma implants of every length available. Identifying the required implant length is a clinical process during the preparation of the osteotomy.

To maintain continuity by using the same prosthetic components NobelSpeedy implants with external hex connection are generally used for the pre-maxillary implant position.

Anatomical Landmarks

1. To begin exposure of the lateral maxillary wall, a full thickness mucoperiosteal flap is reflected following a crestal incision with bilateral distal vertical releasing incisions over the tuberosity areas.

Figure C highlights the following landmarks which may be used in keeping oriented during the anatomic dissection:

- a. Posterior wall of the maxillary sinus

- b. Zygomatic-maxillary buttress
 - c. Infra-orbital foramen
 - d. Fronto-zygomatic notch
- C

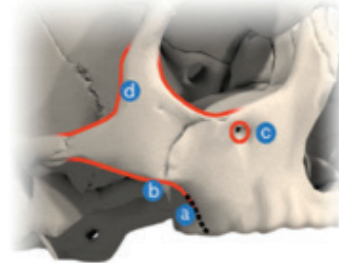


Figure C – Landmarks which may be used in keeping oriented during the anatomic dissection.

2. For direct visualization of the lateral maxillary wall as well as the fronto-zygomatic notch area, a retractor is placed in the fronto-zygomatic notch with lateral retraction exposing the areas highlighted (Figure D).
3. To assist in direct visualization of the drills during the preparation of the osteotomy, a "window" is made through the lateral maxillary wall as shown. Attempt to keep the Schneiderian membrane intact, if possible (Figure D).

D

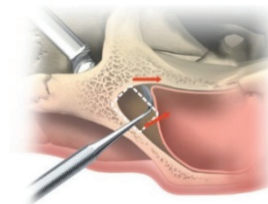


Figure D – Direct visualization of anatomical structures

The recommended drill sequences for Zygoma RP (Figure E)

- a. Brånemark System™ Zygoma Round Bur
- b. Brånemark System™ Zygoma Twist Drill 2.9 mm
- c. Widening of the osteotomy with Brånemark System™ Zygoma Pilot Drill 3.5 mm
- d. Brånemark System™ Zygoma Twist Drill 3.5 mm.

E

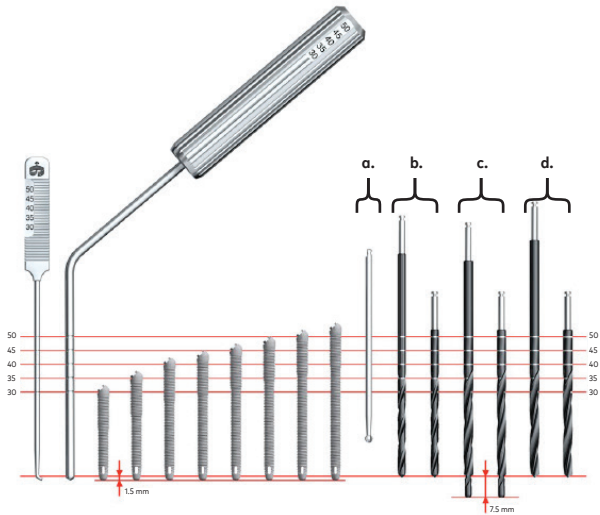


Figure E – Drill sequence a.-d. (long drills and short drills available)

Note All drills and components are marked to prepare the site to the correct depth and obtain a secure and predictable position.

Caution The Pilot Drills extend up to 7.5 mm longer than the implant when seated. Allow for this additional length when drilling near vital anatomical structures (please see Figure E).

Caution The ratio of the contra-angle handpiece used is 20:1 at a speed of maximum 2000 rpm. Drill under constant and profuse irrigation with in and out motion using a sterile saline at room temperature.

Caution Due to the length of the drills avoid lateral pressure on drills during implant-site preparation. Lateral pressure may cause drill fracture.

Caution Verify that drills lock in the contra-angle handpiece before starting any drilling. A loose drill may accidentally harm the patient or members of the surgical team.

Caution Verify that all interconnecting instruments lock properly before intraoral use to prevent accidental swallowing or aspiration.

Use of Drill Guard

Caution The Drill Guard may be used during the preparation of the osteotomy to avoid contact of the rotating drill with the adjacent soft tissues (Figure F). Injury to the tongue, corner of the lips and or other soft tissues may occur if the drill shaft is unprotected.

F



Figure F – Use of a Drill Guard

Identify implant trajectory and starting point for drilling

4. Identify the trajectory of the implant by placing the round bur over the lateral wall of the maxilla. Begin the trajectory of the implant at the first-second bicuspid area on the maxillary crest, follow the posterior maxillary wall and end at the lateral cortex of the zygomatic bone slightly inferior to the fronto-zygomatic notch (Figure G).

G

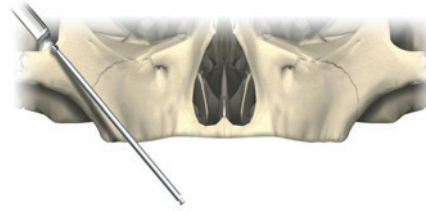


Figure G – Identification of the trajectory of the Zygoma implant

Make entrance mark with round bur (Figure H)

5. Make the palatal/crestal mark for the implant entrance with the round bur.
6. Penetrate and pass the round bur through the sinus while checking the direction of the bur through the sinus window.
7. Make an entrance mark in the posterior-superior roof of the sinus to allow seating of the 2.9 mm drill without chatter.

H

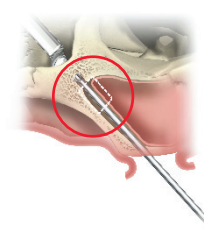


Figure H – Preparation of entrance mark

Use of Drill with Brånemark System™ Twist Drill 2.9 mm

8. Continue with the Brånemark System™ Twist Drill 2.9 mm until it penetrates the outer cortical layer of the zygomatic bone at the incisura (Figure I).

I

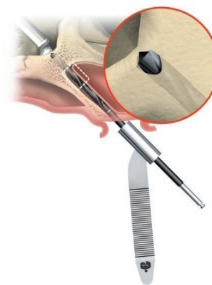


Figure I – Drill with Brånemark System™ Twist Drill 2.9 mm

Caution It is imperative to protect the soft tissue at the zygomatic bone penetration site by using the drill guard; and to have full control of the area where the drill penetrates at the level of the zygoma.

Determine implant length

9. Use the Zygoma Depth Indicator Straight to determine the required implant length (Figure J).

J



Figure J – Determination of implant length

Widen osteotomy with Pilot Drill 3.5 mm

10. Use the Pilot Drill 3.5 mm (Ø 2.9/3.5 mm) to find the penetration of the sinus roof previously made by the Brånemark System™ Twist Drill 2.9 mm. It makes a partial 3.5 mm osteotomy through the Zygoma body (Figure K).

K



Figure K – Widen Osteotomy with Brånemark System™ Zygoma Pilot Drill 3.5 mm

Final osteotomy with Brånemark System™ Twist Drill 3.5 mm

11. Complete the osteotomy with the Brånemark System™ Twist Drill 3.5 mm (Figure L).

L

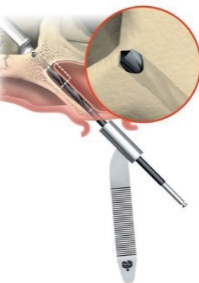


Figure L – Final osteotomy with Brånemark System™ Twist Drill 3.5 mm

Caution Ensure correct angulation and avoid drill wobble, as this can inadvertently widen the preparation site.

Caution If the sinus membrane cannot be kept intact during osteotomy preparation, carefully irrigate away debris when inserting the implant. Any mucosal remnants in the bone site may prevent osseointegration of the implant.

Verification of the drill depth

12. Verify the drill depth of the prepared osteotomy with the Zygoma Depth Indicator Angled to ensure that the selected implant length will fully be seated without apical bone interference (Figure M).

M

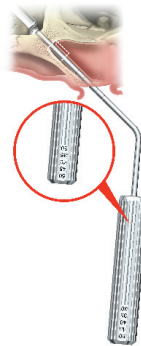


Figure M – Verification of the drill depth

Implant pick-up and insertion

13. Engage the implant mount (already pre-mounted on the implant) with the Connection to Handpiece and pick up the implant (Figure N1).

N1



Figure N1 – Implant pick-up

14. Implant placement: The implant may be inserted using the drilling unit with 20 Ncm insertion torque (Figure N2) or using the Zygoma handle for manual insertion (Figure N3).

N2

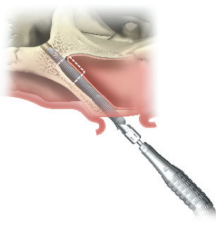


Figure N2 – Implant insertion (handpiece)

N3



Figure N3 – Implant insertion (manual)

Increasing the insertion torque up to maximum 50 Ncm may be used for the complete seating of the implant (Figure N2).

Caution Exceeding 50 Ncm of insertion torque may lead to damage to the implant, the implant mount or lead to necrosis of the zygomatic bone.

The Zygoma handle (Figure N3) may be used to tighten the implant manually to the correct final position. Engage the connecting part directly to the implant mount.

Note Through the “window” of the lateral maxillary wall, visualize the apex of the implant as it travels through the maxillary sinus to ensure its engaging into the zygomatic bone.

15. Perform copious irrigation of the apical portion of the implant (the subperiosteal portion of the zygomatic bone) prior to the removal of the retractor from the fronto-zygomatic notch.
16. Verifying the correct position of the implant platform: Place the Screwdriver Manual Unigrip into the implant mount screw (Figure O). The shaft of the Unigrip driver should be perpendicular to the crest of the maxilla to ensure the proper position of the Zygoma Implant RP platform. Remove the implant mount.

O

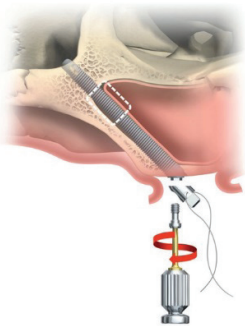


Figure O – Verifying the correct position of the implant platform

17. The premaxillary implants are placed following the conventional protocol for placement of implants.
18. Depending on surgical protocol of choice, place a cover screw or abutment and suture.

For Immediate Function, the implant should be able to withstand a final torque between 35-45 Ncm.

Caution Tighten the Cover screw only finger-tight to avoid excessive loads.

19. For two-stage protocol relieve the denture over the implants (Figure P).

P

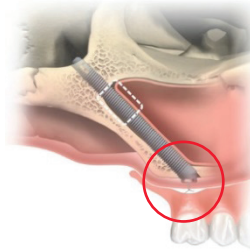


Figure P – Relieving the denture to create space above the implant

Sterility and Reusability Information

Zygoma Implants RP and Zygoma Implant Cover Screws have been sterilized using irradiation and are intended for single use only. Do not use after the labeled expiration date.

Warning Do not use device if the packaging has been damaged or previously opened as the device sterility and/or integrity may be compromised.

Caution Zygoma Implants RP and Zygoma Implant Cover Screws are single use product(s) and must not be reprocessed. Reprocessing could cause loss of mechanical, chemical and/or biological characteristics. Reuse could cause local or systemic infection.

Brånemark System® Zygoma Twist Drills, Pilot Drills and Round Bur are delivered non-sterile and are intended for single use only. Prior to use clean and sterilize the product following the manual or automated procedure in the Cleaning and Sterilization Instructions.

Warning Use of non-sterile device may lead to infection of tissues or infectious diseases.

Caution Brånemark System® Zygoma Twist Drills, Pilot Drills and Round Bur are a single use product and must not be reprocessed. Reprocessing could cause loss of mechanical, chemical and/or biological characteristics. Reuse could cause local or systemic infection.

Warning Do not use device if the packaging has been damaged.

Brånemark System® Zygoma Surgical Kit, Zygoma Handle, Zygoma Drill Guards and Drill Guards Short and Zygoma Depth Indicators Straight and Angled are delivered non-sterile and are intended for reuse. Prior to use clean and sterilize the product following the manual or automated procedure in the Cleaning and Sterilization Instructions.

Warning Use of non-sterile device may lead to infection of tissues or infectious diseases.

Brånemark System® Zygoma Surgical Kit, Zygoma Handle, Zygoma Drill Guards and Drill Guards Short and Zygoma Depth Indicators Straight and Angled shall be inspected before each reuse to ensure that the integrity and performance continues to be maintained. The instrument shall be discarded if any wear, abrasion, deformations, or corrosion is visible.

Warning Do not use device if the packaging has been damaged.

Note Zygoma Implant RP can be processed as individual devices as described in the Cleaning and Sterilization Instructions below, or together with other devices in a PureSet tray following the cleaning and sterilization instructions in Nobel Biocare Instructions for Use (IFU) IFU1067. This IFU is available on ifu.nobelbiocare.com.

Cleaning and Sterilization Instructions

Brånemark System® Zygoma Twist Drills, Pilot Drills and Round Bur are delivered non-sterile by Nobel Biocare and are intended for single use. Prior to use, the devices must be cleaned and sterilized by the user.

Brånemark System® Zygoma Surgical Kit, Zygoma Handle, Zygoma Drill Guards and Drill Guards Short and Zygoma Depth Indicators Straight and Angled are delivered non-sterile by Nobel Biocare and are intended for reuse. Prior to each use, the devices must be cleaned and sterilized by the user.

The devices can be cleaned manually, or in an automatic washer. Each device must then be individually sealed in a sterilization pouch and sterilized.

The following cleaning and sterilization processes have been validated according to international standards and guidelines as applicable:

- Manual and Automated Cleaning: AAMI TIR 12
- Sterilization: AAMI ST79 and ISO 17665 -1

According to EN ISO 17664, it is the responsibility of the user/processor to ensure that the processing/reprocessing is performed using equipment, materials and personnel which are suitable to ensure the effectiveness of the processes. Any deviation from the following instructions should be validated by the user/processor to ensure the effectiveness of the process.

Note The manufacturer's instructions for use for any detergent / cleaning solution and/or equipment and accessories used to clean and/or dry the device(s) must be strictly followed where applicable.

Note The Brånemark System® Zygoma Twist Drills, Pilot Drills, Round Bur, Brånemark System® Zygoma Surgical Kit, Zygoma Handle, Zygoma Drill Guards and Drill Guards Short and Zygoma Depth Indicators Straight and Angled have been validated to withstand these cleaning and sterilization procedures.

Caution Do not deviate from the following reprocessing instructions.

Initial Treatment at Point of Use Prior to Reprocessing

1. Discard single-use instruments and worn reusable instruments immediately after use.
2. Remove excess soil and debris from reusable devices to be reprocessed using absorbent paper wipes. Use a dental probe to remove soil and debris from cavities, where applicable.
3. Rinse the devices with cold running tap water.

Containment and Transportation/ Shipping to Reprocessing Area

1. After removal of excess soil and debris, store the devices in a container which is suitable to protect the devices during transportation and to avoid any contamination of personnel or the environment.
2. Transport the devices to the reprocessing area as soon as practical. If transfer to the processing area is likely to be delayed, consider covering the devices with a damp cloth or store it in a closed container to avoid drying of soil and/or debris.

Note Reusable devices should be reprocessed by initiating the prescribed automated or manual cleaning and drying procedures within 1 hour of use, to ensure the efficacy of the reprocessing.

3. If the devices are shipped to an outside facility for reprocessing, they must be contained in a transportation or shipping container which is suitable to protect the devices during transportation and to prevent contamination of personnel or the environment.

Automated Cleaning and Drying (Including Pre-cleaning)

Pre-cleaning

1. Immerse the device in 0.5 % lukewarm enzymatic cleaning agent (e.g. Neodisher Medizym) for a minimum of 5 minutes.
2. Fill lumina (where applicable) with 0.5 % lukewarm enzymatic cleaning agent (e.g. Neodisher Medizym) using a 20 ml syringe.
3. Brush the outer surfaces with a soft bristled nylon brush (e.g. Medsafe MED – 100.33) for a minimum of 20 seconds until all visible soil is removed.
4. Brush the inner surfaces, lumina and cavities (where applicable) with an appropriately sized bottle brush (e.g. 1.2 mm/2.0 mm/5.0 mm diameter) for a minimum of 20 seconds until all visible soil is removed.
5. Thoroughly rinse all outer and inner surfaces, lumina and cavities (where applicable) with cold running tap water for a minimum of 10 seconds to remove all cleaning solution.
6. Rinse lumina (where applicable) with 20 ml tap water using a 20 ml syringe.

Automated Cleaning and Drying

The following washer was used in the Nobel Biocare validation: Miele G7836 CD with the Vario TD program/MMM GmbH Type: Uniclean PL-II 15-2 EL.

Note It is recommended to perform the automated cleaning and drying with a maximum load of 11 individual devices.

1. Place the devices in a suitable rack or load carrier (e.g. metal sieve basket).
2. Load the devices into the washer. Ensure the rack or load carrier is oriented in a horizontal position.
3. Perform automatic cleaning. The following parameters are based on the Vario TD program on the Miele G7836 CD washer:
 - Minimum of 2 minutes pre-cleaning with cold tap water
 - Draining
 - Minimum of 5 minutes cleaning with a minimum of 55°C (131°F) tap water and an 0.5 % mildly alkaline detergent (e.g. Neodisher Mediclean)
 - Draining
 - Minimum of 3 minutes neutralization with cold desalinated water
 - Draining
 - Minimum of 2 minutes rinsing with cold desalinated water
 - Draining
4. Run drying cycle at a minimum of 50°C (122°F) for a minimum of 10 minutes
5. Dry with compressed air or clean and lint-free single use wipes, if any residual moisture remains after the drying cycle.

Visual Inspection

After cleaning and drying, inspect the device for unacceptable deterioration such as corrosion, discoloration, pitting, or cracked seals and properly discard any devices that fail the inspection.

Manual Cleaning and Drying

1. Immerse the device for a minimum of 5 minutes in a sterile 0.9% NaCl solution.
2. Scrub the outer surfaces of the device with soft-bristled nylon brush for a minimum of [20 seconds] until all visible soil is removed.
3. Flush the inner surfaces, lumina and cavities (where applicable) with 20 ml of lukewarm enzymatic cleaning solution (e.g. Cydezyme ASP/Neodisher Medizym; maximum of 45°C (113°F)) using an irrigation needle connected to a 20 ml syringe.
4. Brush the inner surfaces, lumina and cavities (where applicable) with an appropriately sized bottle brush (e.g. 1.2 mm/2.0 mm/5.0 mm diameter) for a minimum of 10 seconds until all visible soil is removed.
5. Thoroughly rinse the outer surfaces and lumina of the device with cold running tap water for a minimum of 10 seconds to remove all cleaning solution.
6. Immerse the device in an ultrasonic bath (e.g. Bandelin; frequency 35 kHz, effective ultrasonic power 300 W_{eff}) containing an 0.5% enzymatic cleaning agent (e.g. Cydezyme ASP/Neodisher Medizym) and treat for a minimum of 5 minutes at a minimum of 40°C (104°F)/maximum 45°C (113°F).
7. Flush the inner surfaces, lumina and cavities (where applicable) with [20 ml] of lukewarm tap water 20 ml using an irrigation needle connected to a 20 ml syringe.
8. Thoroughly rinse the outer surfaces of the device with purified or sterile water for a minimum of 10 seconds to remove all cleaning agent.
9. Dry with compressed air or clean and lint-free single use wipes.

Visual Inspection

After cleaning and drying, inspect the device for unacceptable deterioration such as corrosion, discoloration, pitting, cracked seals and properly discard any devices that fail the inspection.

Sterilization

The following steam sterilizers were used in the Nobel Biocare validation: Systec HX- 320/Selectomat PL/666-1 CL (pre-vacuum cycle); Amsco Century Sterilizer/Selectomat PL/666-1 CL (gravity cycle).

Note When using Systec HX- 320, Amsco Century Sterilizer, it is recommended to perform sterilization with a maximum load of 11 devices individually sealed in sterilization pouches. When using Selectomat PL/666-1 CL, it is recommended to perform sterilization with a maximum load of 1 container with 8.6 kg of metal and 2 packages of linen.

1. Seal each device in a suitable sterilization pouch. The sterilization pouch should fulfill the following requirements:
 - EN ISO 11607 and/or DIN 58953-7.
 - Suitable for steam sterilization (temperature resistance up to at least 137°C (279°F), sufficient steam permeability).

- Sufficient protection of the instruments as well as of the sterilization packaging to mechanical damage.
- Table 4 presents examples of suitable sterilization pouches.

Table 4 – Recommended Sterilization Pouches

Method	Recommended Sterilization Pouch
Gravity Cycle	SPSmedical Self-Seal sterilization pouch Striking pouch (Wipak)
Pre-vacuum Cycle	SteriCLIN® pouch Striking pouch (Wipak)

2. Label the sterilization pouch with the information necessary to identify the device (e.g. the product name with article number and lot/batch number (if applicable)).
3. Place the sealed sterilization pouch into the autoclave/sterilizer. Ensure that the sterilization pouch is oriented in a horizontal position.
4. Sterilize the device. Both the gravity displacement cycle and pre-vacuum (top dynamic air removal) cycle can be applied, using the following recommended parameters (Table 4):

Table 5 – Recommended Sterilization Cycles

Cycle	Minimum Temperature	Minimum Sterilization Time	Minimum Drying Time (In Chamber)	Minimum Pressure
Gravity cycle ¹	132°C (270°F)	15 minutes	20 minutes	≥2868.2 mbar ⁴
Pre-vacuum cycle ¹	132°C (270°F)	4 minutes		
Pre-vacuum cycle ²	134°C (273°F)	3 minutes		≥3042 mbar ⁵
Pre-vacuum cycle ³	134°C (273°F)	18 minutes		

¹ Validated sterilization processes to achieve a Sterility Assurance Level (SAL) of 10⁻⁶ in accordance to EN ISO 17665-1.

² Recommendation of the Welsh Health Technical Memorandum (WHTM) 01-01 Part C.

³ Recommendation of the World Health Organization (WHO) for steam sterilization of instruments with potential TSE/CJD contamination. Ensure that the packaging and monitoring systems (chemical/biological indicators) used for this cycle are validated for these conditions.

⁴ Saturated steam pressure at 132°C as per required by EN ISO 17665-2.

⁵ Saturated steam pressure at 134°C as per required by EN ISO 17665-2.

Note Autoclave/sterilizer design and performance can affect the efficacy of the sterilization process. Healthcare facilities should therefore validate the processes that they use, employing the actual equipment and operators that routinely process the devices. All autoclaves/sterilizers should comply with the requirements of, and be validated, maintained and checked in accordance to EN 13060, EN 285, EN ISO 17665-1, and/or AAMI ST79, or to the applicable national standard. The autoclave/sterilizer manufacturer's instructions for use must be strictly followed.

Storage and Maintenance

After sterilization, place the labeled and sealed sterilization pouch in a dry and dark place. Follow the instructions provided by the manufacturer of the sterilization pouch regarding the storage conditions and expiration date of the sterilized device.

Containment and Transportation/ Shipping to Point of Use

The container and/or outer packaging used to transport or ship the processed/reprocessed device back to the point of use must be suitable to protect and safeguard the sterility of the devices during transportation, taking the device packaging and the required transportation or shipping process (intrafacility transportation or shipping to an external site) into account.

Magnetic Resonance (MR) Safety Information

MRI Safety Information



Non-clinical testing has demonstrated the Zygoma RP and Cover Screws are MR conditional. A patient with this device can be safely scanned in an MR system meeting the following conditions mentioned here below. Failure to follow these conditions may result in injury to the patient.

Nominal value(s) of Static Magnetic Field [T]	1.5-Tesla (1.5 T)	3-Tesla (3 T)
Maximum Spatial Field Gradient [T/m and gauss/cm]	Maximum spatial field gradient of 58.9 T/m (5,890 G/cm).	
RF Excitation	Circularly Polarized (CP)	
RF Transmit Coil Type	Whole body transmit coil	
Maximum Whole-Body SAR [W/kg]	Inferior to the shoulders: 2.0 W/kg Superior to the shoulders: 0.2 W/kg	Inferior to the xyphoid: 2.0 W/kg Superior to the xyphoid: 0.2 W/kg
Limits on Scan Duration	Under the scan conditions defined above, the dental implant systems are expected to produce a maximum temperature rise less than 6.0 °C after 15 minutes of continuous scanning.	
MR Image Artifact	In non-clinical testing, the image artifact caused by the dental implant systems extend radially approximately 2.4 cm from the devices or device assemblies when imaged in a 3T MRI system.	
Caution	Configurations with more than 2 Zygoma implants have not been evaluated for safety and compatibility in the MR environment. They have not been tested for heating, migration, or image artifact in the MR environment. The safety of configurations with more than 2 Zygoma implants in the MR environment is unknown. Scanning a patient who has this configuration may result in patient injury.	

Implant placement with intention to restore at prosthetic level with PIBs or IBOs (multiple tooth restorations): Please consult IFU for NobelProcera® Implant Bridge Titanium and Zirconia, NobelProcera® Crown and Bridge, NobelProcera® HT ML FCZ, and NobelProcera® Implant Bar Overdenture for use as part of a bridge configuration.

The Zygoma Implants RP, Cover Screws, and Zygoma instrumentation have not been evaluated for safety and compatibility in the MR environment. They have not been tested for heating, migration, or image artifact in the MR environment. The safety of Zygoma Implants RP, Cover Screws, and Zygoma instrumentation in the MR environment is unknown. Scanning a patient who has these devices may result in patient injury.

Performance Requirements and Limitations

To achieve the desired performance, Zygoma Implants RP, Cover Screws, and Zygoma instrumentation must only be used with the products described in this Instructions for Use and/or in the Instructions for Use for other compatible Nobel Biocare products, and in accordance with the Intended Use for each product. To confirm the compatibility of products which are intended to be used in conjunction with Zygoma Implants RP, Cover Screws, and Zygoma instrumentation, check the color coding, dimensions, lengths, connection type and/or any direct marking as applicable on the products or product labeling.

Facilities and Training

It is strongly recommended that new and experienced users of Nobel Biocare products always go through special training before using a new product for the first time. Nobel Biocare offers a wide range of courses for various levels of knowledge and experience. For more information, please visit www.nobelbiocare.com.

Storage, Handling and Transportation






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

Disposal

Safely discard potentially contaminated or no longer usable medical devices as healthcare (clinical) waste in accordance with local healthcare guidelines, country and government legislation or policy.

Separation, re-cycling or disposal of packaging material shall follow local country and government legislation on packaging and packaging waste, where applicable.

Manufacturer and Distributor Information

 Manufacturer	Nobel Biocare AB PO Box 5190, 402 26 Västra Hamngatan 1 Göteborg 411 17 Sweden www.nobelbiocare.com
UK responsible person <div style="border: 1px solid black; display: inline-block; padding: 2px;">UK</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">RP</div>	Nobel Biocare UK Ltd 4 Longwalk Road Stockley Park Uxbridge UB11 1FE United Kingdom
Distributed in Turkey by	EOT Dental Sağlık Ürünleri ve Dış Ticaret A.Ş Nispetiye Mah. Aytar Cad. Metro İş Merkezi No: 10/7 Beşiktaş İSTANBUL Phone: +90 2123614901, Fax: +90 2123614904
Distributed in Australia by	Nobel Biocare Australia Pty Ltd Level 4, 7 Eden Park Drive Macquarie Park, NSW 2113 Australia Phone: +61 1800 804 597
Distributed in New Zealand by	Nobel Biocare New Zealand Ltd 33 Spartan Road Takanini, Auckland, 2105 New Zealand Phone: +64 0800 441 657
CE Mark for Class I Devices	
CE Mark for Class [Ir/Im/Imr/Is/Ila/Ilb] Devices	
UKCA Mark for Class I Devices	
UKCA Mark for Class [Im/Is/Ila/Ilb] Devices	

Note Refer to the product label to determine the applicable conformity marking for each device.

Basic UDI-DI Information

Product	Basic UDI-DI Number
Zygoma Implant RP 30 mm	7332747000000016C
Zygoma Implant RP 35 mm	
Zygoma Implant RP 40 mm	
Zygoma Implant RP 42.5 mm	
Zygoma Implant RP 45 mm	
Zygoma Implant RP 47.5 mm	
Zygoma Implant RP 50 mm	
Zygoma Implant RP 52.5 mm	
Zygoma Implant Cover Screw	73327470000001326U
Brånemark System Zygoma Implant Cover Screw	73327470000001326U
Brånemark System® Zygoma Surgical Kit	73327470000001937G
Bmk Syst Zygoma Twist Drill 2.9 mm	73327470000001206M
Bmk Syst Zygoma Twist Drill 2.9 mm short	
Bmk Syst Zygoma Twist Drill 3.5 mm	
Bmk Syst Zygoma Twist Drill 3.5 mm short	
Bmk Syst Zygoma Pilot Drill 3.5 mm	
Bmk Syst Zygoma Pilot Drill 3.5 mm short	
Zygoma Handle	73327470000001587E
Zygoma Drill Guard	733274700000015272
Zygoma Drill Guard Short	

Zygoma Depth Indicator Straight	73327470000001606Z
Zygoma Depth Indicator Angled	
Bartkiewicz, Agnieszka13:38:4629.01.2024Mancini, Flavia15:34:50Brånemark System® Zygoma Round Bur	73327470000001206M


















































Legal Statements

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Symbols Glossary

The following symbols may be present on the device labeling or in information accompanying the device. Refer to the device labeling or accompanying information for the applicable symbols.

							
Authorized Representative in the European Community/ European Union	UK Responsible Person	Authorised Representative in Switzerland	Sterilized using Ethylene Oxide	Sterilized using irradiation	Sterilized using steam or dry heat		
							
Batch code	Catalogue number	Unique Device Identifier	Serial number	Medical device	Magnetic resonance safe		
							
Caution	Magnetic resonance conditional	Non-sterile	Contains hazardous substances	Contains or presence of DEHP phthalate	Contains or presence of natural rubber latex	Contains or presence of phthalate	Contains biological material of animal origin
					Rx only		
CE mark	CE mark with Notified Body number	UKCA mark	UKCA mark with Approved Body number	Consult instructions for use	For prescription use only	symbol.glossary.nobelbiocare.com ifu.nobelbiocare.com	
							
Date of manufacture	Manufacturer	Use-by date	Upper limit of temperature	Temperature limit	Do not resterilize	Do not re-use	Non-pyrogenic
							
Date	Tooth number	Patient number	Patient identification	Health care centre or doctor	Patient information website	EU Importer	Swiss Importer
							
Double sterile barrier system	Single sterile barrier system	Single sterile barrier system with protective packaging inside	Single sterile barrier system with protective packaging outside	Do not use if package is damaged and consult instructions for use	Keep away from sunlight	Keep dry	