Cover Screws

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Description

Cover Screws are components that cover the implant platform and prevent tissue overgrowth during the healing phase of the implant. The threaded portion of the Cover Screw fits inside the internal thread of the implant, while the head of the Cover Screw covers the top surface of the implant (the implant head).

The Cover Screw Nobel Biocare N1™ TCC features two parts: the main body and the internal screw.

Nobel Biocare products are intended and available to be used in a variety of configurations. For further information refer to Nobel Biocare publication Compatibility Information by navigating to ifu.nobelbiocare.com.

Intended Use/Intended Purpose

Cover Screws

Dental implant Cover Screws are to be used in the upper or lower jaw connected to the endosseous implant to protect the internal threads and implant head during the healing phase.

Indications

To be used when applicable together with the implant during healing in order to protect the implant platform and internal threads from overgrowth of bone.

Contraindications

It is contraindicated to use Cover Screws in:

- Patients who are medically unfit for an oral surgical procedure.
- Patients in whom adequate sizes, numbers, or desirable positions of implants are not reachable to achieve safe support of static and dynamic loads.
- Patients allergic or hypersensitive to commercially pure titanium or titanium alloy Ti-6Al-4V (titanium, aluminum, vanadium) and DLC (Diamond Like Carbon) coating.

For contraindications specific to the implants, refer to the applicable Nobel Biocare Instructions for Use for the Implant Systems.

Materials

Cover Screw for implants with Internal Conical Connection, Internal Tri-Channel and External Hex, connection

Screw: Titanium alloy composed of Titanium-6 Aluminium-4 Vanadium ELI (Extra Low Interstitial) Alloy. Detailed chemical composition of the Titanium alloy is Titanium balanced with 5.50 - 6.50 wt.% Aluminium, 3.5-4.5 wt.% Vanadium, max. 0.25 wt.% Iron, max. 0.13 wt.% Oxygen, max. 0.08 wt.% Carbon, max. 0.05 wt.% Nitrogen, max. 0.012 wt.% Hydrogen, (max. -maximum value).

Cover Screws for the Nobel Biocare N1 Implant System

Screw: Titanium alloy composed of Titanium-6 Aluminium-4 Vanadium ELI (Extra Low Interstitial) Alloy. Detailed chemical composition of the Titanium alloy is Titanium balanced with 5.50 - 6.50 wt.% Aluminium, 3.5-4.5 wt.% Vanadium, max. 0.25 wt.% Iron, max. 0.13 wt.% Oxygen, max. 0.08 wt.% Carbon, max. 0.05 wt.% Nitrogen, max. 0.012 wt.% Hydrogen, (max. -maximum value). Screw is partly coated by Diamond like Carbon Coating. The coating is metal containing carbon coating, containing tungsten carbide and carbon with chromium interlayer between substrate and Diamond like Carbon coating.

Plug: Titanium alloy composed of Titanium-6 Aluminium-4 Vanadium ELI (Extra Low Interstitial) Alloy. Detailed chemical composition of the Titanium alloy is Titanium balanced with 5.50 - 6.50 wt.% Aluminium, 3.5-4.5 wt.% Vanadium, max. 0.25 wt.% Iron, max. 0.13 wt.% Oxygen, max. 0.08 wt.% Carbon, max. 0.05 wt.% Nitrogen, max. 0.012 wt.% Hydrogen, (max. -maximum value).

Cautions

General

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.

Cover screws 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 cover screws 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.

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, and 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

Care and maintenance of sterile instruments are crucial for successful treatment. Sterilized instruments not only safeguard 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, a dental dam, or throat shields).

After the implant placement, the surgeon's evaluation of bone quality and primary stability will determine when the 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 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.

Surgical Procedure and/or Handling Procedure

1. Select the appropriate Cover Screw based on the implant connection and platform type.

2. Connect the Cover Screw to the implant and hand tighten using an Omnigrip™ Mini Screwdriver, depending on the connection type (see Figure A).

Caution Tighten the Cover Screw only finger-tight to avoid excessive loads that might damage the Cover Screw parts.

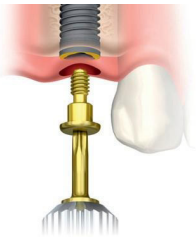

Figure A – Tightening the Cover Screw

3. To remove the Cover Screw, untighten the screw by hand using the appropriate screwdriver.

4. In the event the Cover Screw becomes stuck or is broken, abutment screw retrieval instruments can be used. Refer to Nobel Biocare publication Compatibility Information by navigating to ifu.nobelbiocare.com for the compatible instruments and Nobel Biocare IFU1043 for further details.

Table 1 – Cover Screws with Compatible Abutment Screw Retrieval Instruments

Cover Screw	Abutment Screw Retrieval Instruments
Cover Screw Brånemark System® NP	Abutment Screw Retrieval Reverse Drill 3.0/NP Abutment Screw Retrieval Instrument 3.0/NP
Cover Screw Brånemark System® RP	Abutment Screw Retrieval Reverse Drill RP/WP/6.0 Abutment Screw Retrieval Instrument RP/WP/6.0
Cover Screw Brånemark System® WP	Abutment Screw Retrieval Reverse Drill RP/WP/6.0 Abutment Screw Retrieval Instrument RP/WP/6.0
Cover Screw Conical Connection 3.0	Abutment Screw Retrieval Reverse Drill CC 3.0/NP & TCC NP/RP Abutment Screw Retrieval Instrument CC 3.0/NP & TCC NP/RP
Cover Screw Conical Connection NP	Abutment Screw Retrieval Reverse Drill CC 3.0/NP & TCC NP/RP Abutment Screw Retrieval Instrument CC 3.0/NP & TCC NP/RP
Cover Screw Conical Connection RP	Abutment Screw Retrieval Reverse Drill RP/WP/6.0 Abutment Screw Retrieval Instrument RP/WP/6.0
Cover Screw Conical Connection WP	Abutment Screw Retrieval Reverse Drill RP/WP/6.0 Abutment Screw Retrieval Instrument RP/WP/6.0
Cover Screw NobelReplace® NP	Abutment Screw Retrieval Reverse Drill 3.0/NP Abutment Screw Retrieval Instrument 3.0/NP
Cover Screw NobelReplace® RP	Abutment Screw Retrieval Reverse Drill RP/WP/6.0 Abutment Screw Retrieval Instrument RP/WP/6.0
Cover Screw NobelReplace® WP	Abutment Screw Retrieval Reverse Drill RP/WP/6.0 Abutment Screw Retrieval Instrument RP/WP/6.0
Cover Screw NobelReplace® 6.0	Abutment Screw Retrieval Reverse Drill RP/WP/6.0 Abutment Screw Retrieval Instrument RP/WP/6.0
Cover Screw Nobel Biocare N1™ TCC NP	Abutment Screw Retrieval Reverse Drill CC 3.0/NP & TCC NP/RP Abutment Screw Retrieval Instrument CC 3.0/NP & TCC NP/RP
Cover Screw Nobel Biocare N1™ TCC RP	Abutment Screw Retrieval Reverse Drill CC 3.0/NP & TCC NP/RP Abutment Screw Retrieval Instrument CC 3.0/NP & TCC NP/RP

Sterility and Reusability Information

Cover Screws have been sterilized using irradiation and are intended for single. 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 Cover Screws are single use products and must not be reprocessed. Reprocessing could cause loss of mechanical, chemical and/or biological characteristics. Reuse could cause local or systemic infection.

Magnetic Resonance (MR) Safety Information

These products are fabricated from a metal material which can be affected by MR energy. For further information refer to Nobel Biocare publication **Magnetic Resonance (MR) Safety Information** by navigating to ifu.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
Distributed in USA by	Nobel Biocare USA, LLC 22715 Savi Ranch Parkway Yorba Linda, CA, 92887 USA

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

Legal Statements

Symbols Glossary

Please refer to the packaging label for the applicable symbols related to the product. On the packaging label you may encounter various symbols to convey a specific information about the product and/or its use. For further information refer to Nobel Biocare publication to the **Symbols Glossary** by navigating to ifu.nobelbiocare.com.