FIVE

by Leader Medica



# CATALOG

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The FIVE implant owes its name to the number of implant diameters now available and is designed to gather, in just one implant, all the technical and clinical performances of the two Leader Medica implant lines with a screw conical connection . Just one connection for all the five implant diameters facilitates the prosthetic phase. The new thread is designed to fit all types of bone densities and guarantee the best primary stability. Five implant diameters are available to satisfy all different clinical situations and help the correct choice of the implant, depending on the bone thickness. A truncated cone-shaped implant body with a bigger apical area to increase the self-tapping capability of the implant. Two superficial coatings with a machined neck or total body are available to position the implant on the crestal bone or under the crestal bone according to the different clinical needs. A new and complete surgical kit, simple and well-designed to meet practicality and ergonomics. The FIVE implant is one of the implant lines designed and produced by Leader Medica; it is the reference implant for simple and predictive implantology.

# COMPANY

Leader Medica was founded in 1995 and is based in Padua. In collaboration with Academics, researchers and private professionals of the dental sector, the company designs, produces and trades titanium medical products in the fields of Orthopedics, Traumatology, Maxillofacial Surgery, Neurosurgery and Implant Dentistry which is the true core of the business. All production processes are carried out at the Company, from the raw materials to the manufacturing and packaging that takes place in the cleanroom. Leader Medica has always been attentive to the Patient's needs and that is why they have adopted raw materials and industrial procedures that exclude the presence of Aluminum in the finished product to avoid interactions with the body.




The presence in international markets and the close collaboration with medical specialists have shown that Leader Medica is a player and a world-class partner for those professionals who want to provide their patients with certified and guaranteed materials.

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# PRODUC

The entire production process of the FIVE implant is managed at the production site of Leader Medica, based in Padua.

The different operational phases are all planned and managed at the company, which guarantees their quality and standardization. In particular, the process includes the following phases:

**1)** Design, 3D simulation, F.E.M. simulation and prototyping

**2)** Technical tests of resistance and functionality carried out in collaboration with the Department of Mechanical Engineering at Polytechnic University of Milan

**3)** Production of the implants and their prosthetic parts by using CNC precision lathes and performing dimensional checks of all produced parts, including prosthetic parts

**4)** Acid-etched process for getting perfect superficial roughness

**5)** Decontamination by a cold plasma reactor using a mixture of argon and nitrogen

**6)** Electronic microscope checks carried out in collaboration with the Engineering Department at the University of Padua

**7)** Sterilization by means of Beta Rays at a specialized and certified laboratory

**8)** Packaging and storage



The UNI EN 13485:2016 certification of the entire production process obtained from independent certifying agencies, confirms the qualitative superiority of Leader Medica products.

ISO 13485 CE 0426 ITALCERT

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# TION



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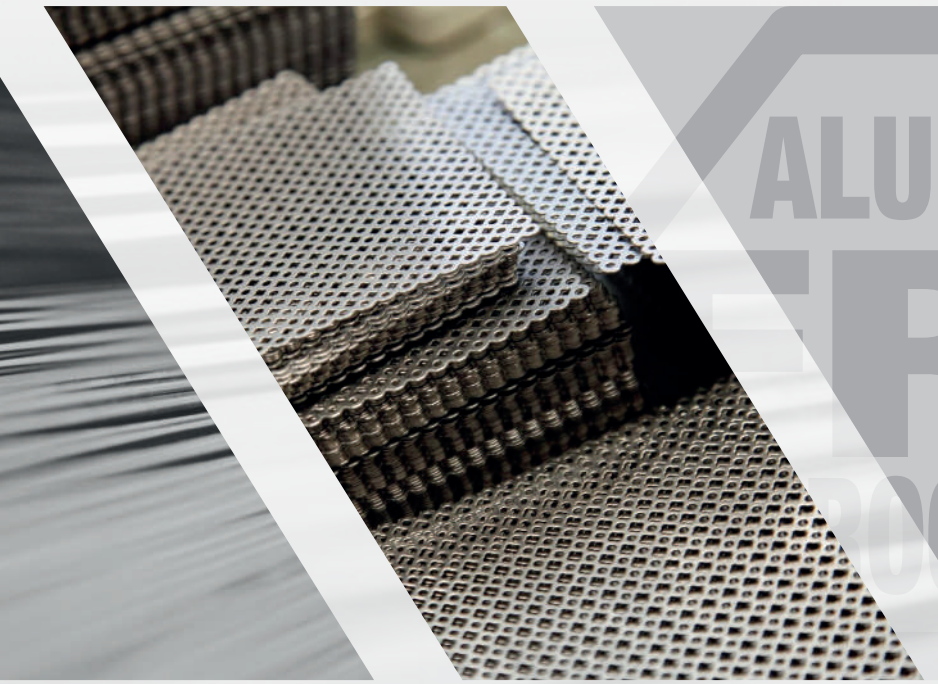
# RAW MAT

Leader Medica has always been careful to select the best raw materials in the market. Titanium is purchased from certified suppliers that guarantee both its provenance and working in Germany and the United States. All received materials are inspected again at the company to make sure that they correspond to high production and design standards. Implants are made of cold worked Grade 4 Titanium (99% pure); this special working guarantees its high mechanical resistance. Moreover, the Leader Medica research laboratory has developed an industrial Aluminum Free Processing which ensures that even traces of aluminum are not present on any part of the implant's surface. This is a further guarantee for patients since aluminum is not biocompatible and is toxic to the body.



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# ERIALS



ALUMINIUM
FREE
PROCESSING

LEADER MEDICA

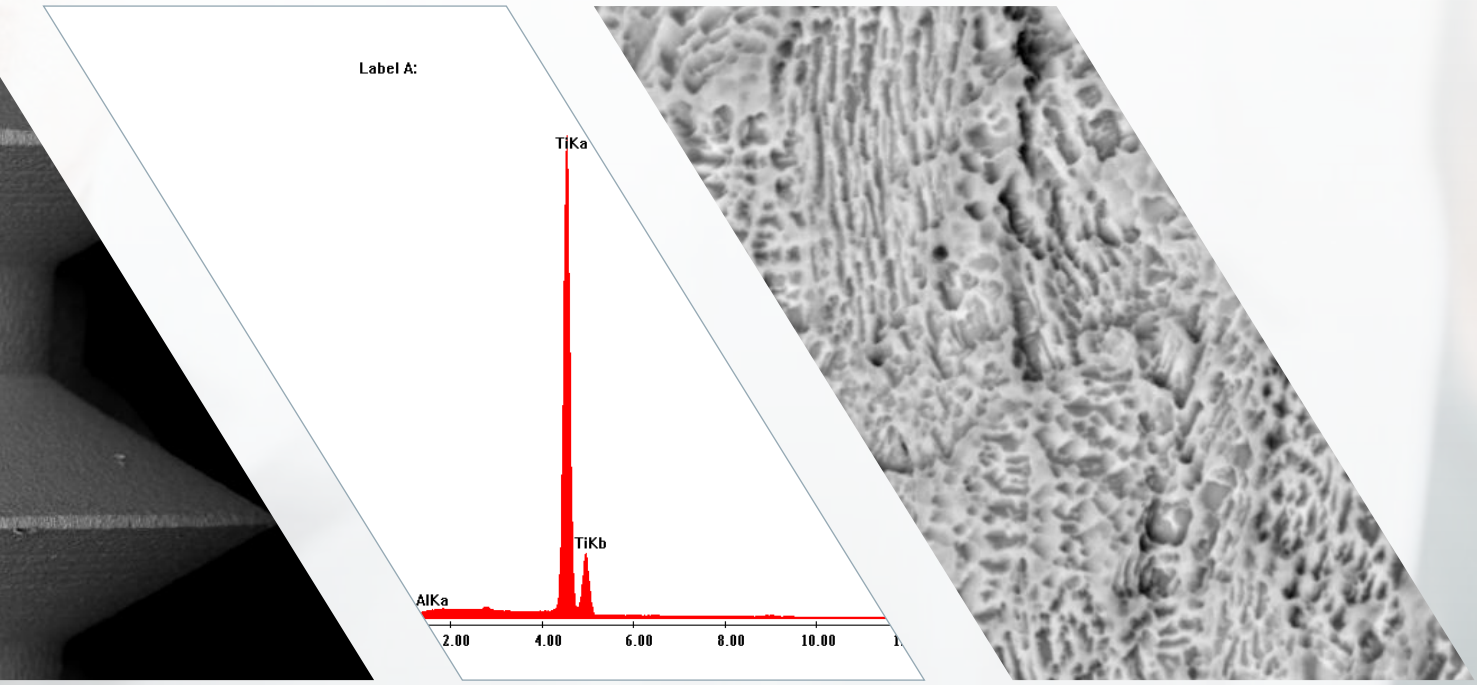
# ALUMINIU



The dental implant is a small screw made from titanium (a biocompatible metal) with a high technological and productive content. On the market there are different types of titanium divided into degrees of material purity. Grades 1,2,3 and 4 are called "99.9% commercially pure titanium", from grade 5 to 23 we have titanium alloys, which therefore contain other chemical elements among which aluminum, iron and Vanadium. It is widely documented in international literature how aluminum is a non-biocompatible, neurotoxic element that appears to be involved in some serious diseases such as Alzheimer's. While many companies employ titanium alloys of grade 5 or 23 for the production of dental implants, Leader Medica uses, as a precaution, pure Titanium grade 4, therefore free from contaminants, such as aluminum. Leader Medica also does not adopt any industrial process, for example in the process of surface roughening, with components based on aluminum. For these reasons, Leader Medica, as it has been ascertained by the chemical-physical analyses carried out with an electronic microscope by Professor Luca Peruzzo at the CNR of Padua, certifies the implant as Aluminum Free Processing and the international license will be delivered after the intervention.

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# MFREE



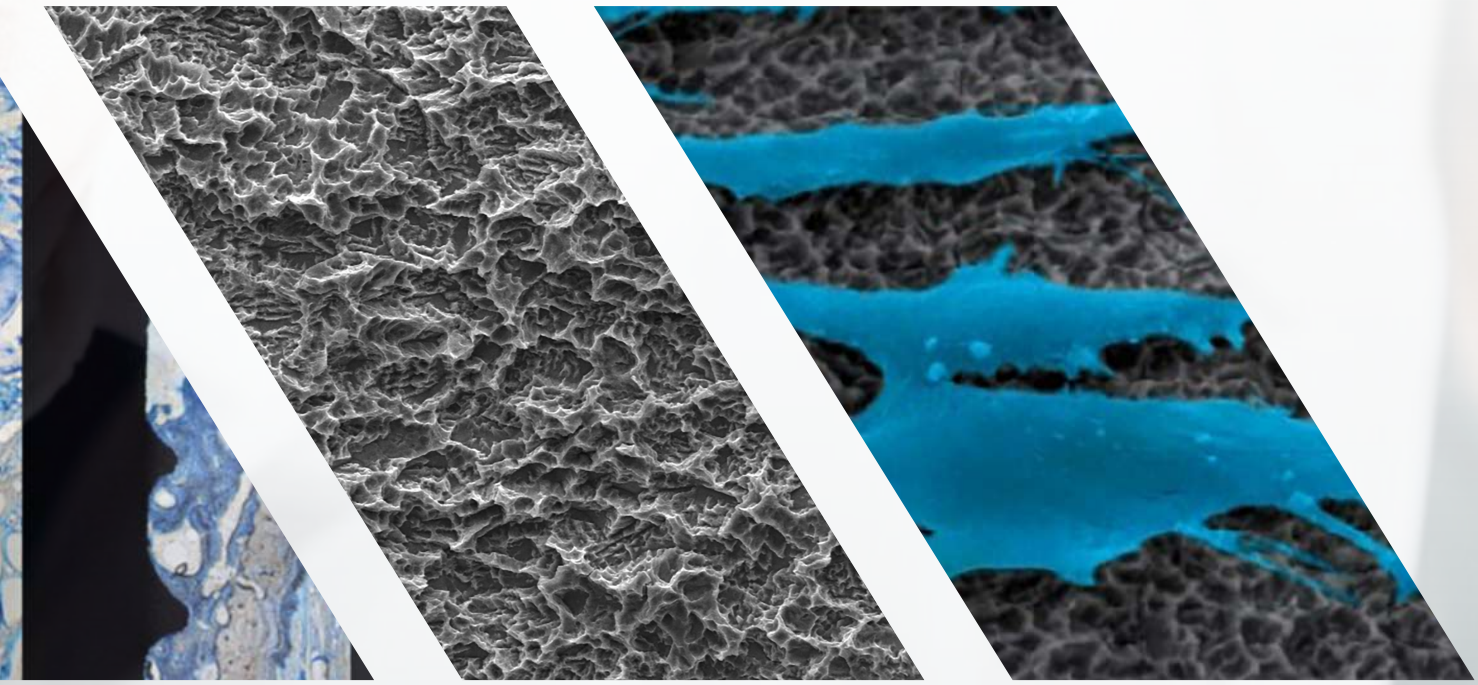

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# SURFACE

All of Leader Medica's implant lines are made with a double acid-etched process that eliminates "sandblasting," a possible source of aluminum's superficial contamination. This treatment is extensively documented in international literature and allows for a superficial roughness of Ra=1.3 µm, which is considered excellent in the activation of cellular differentiation processes and favors the growth of bone cells. High BIC values on the surface allow for faster applications of the FIVE implants in the mandible and jaw. The excellent results of the surface made by Leader Medica are confirmed and recently published[1a] by the prestigious International Research Group led by Prof. Daniele Botticelli and Prof. Mauro Ferri. The experimental research was carried out at the Research Centers of Fundación ARDEC Colombia, ARIMINUM Rimini, University of Havana (Cuba) and University of São Paulo (Brazil). The ARDEC Academy, in its article published in Clin Implant Dent Relat Res. 2019; was ranked as the first private research group in the world and the fourth one in the general ranking.



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# IMPLANTS

The FIVE implant is made in Grade 4 Titanium 99.9%.
There are five available diameters: 3.4, 3.75, 4.1, 4.5, 5.0 mm with lengths varying from 7 mm to 15 mm.
The implant body is cylindrical at the coronal area, conical in the center and apex. This shape helps the surgeon to correctly manage the intraradicular bone spaces and guarantees the best possible primary stability[1-4].



The D.S.A. connection (Double Seal Action) is at double geometry: the coronal area is conical with a 22-degree angle which guides the insertion of the transfer and abutment, increasing the bacterial seal[9]. The internal section is hexagonal and stabilizes the abutment and helps reposition the prosthesis at 60° intervals.

The constant size of the internal hexagon enables "Platform Switching". As the implant diameter increases, it changes from a switch of 0.30 mm, for an implant diameter Ø 3.4 mm, to 1.10 mm for diameters larger than 5.0 mm, which assures lower bone reabsorption and helps maintain the peri-implant soft tissue[10-17], to the benefit of the long term aesthetic result[18-21].

The variable geometry of the threads enables modulating the implant primary stability during insertion, in all bone hardness conditions[22-26].
The micro-threading on the coronal area reduces bone reabsorption[27-32] and therefore improves the long-term performance. The apical incisions (from three to four depending on the implant diameter and length) mean the implant is self-tapping and easy to insert, and also guarantees excellent anti-rotation effect.

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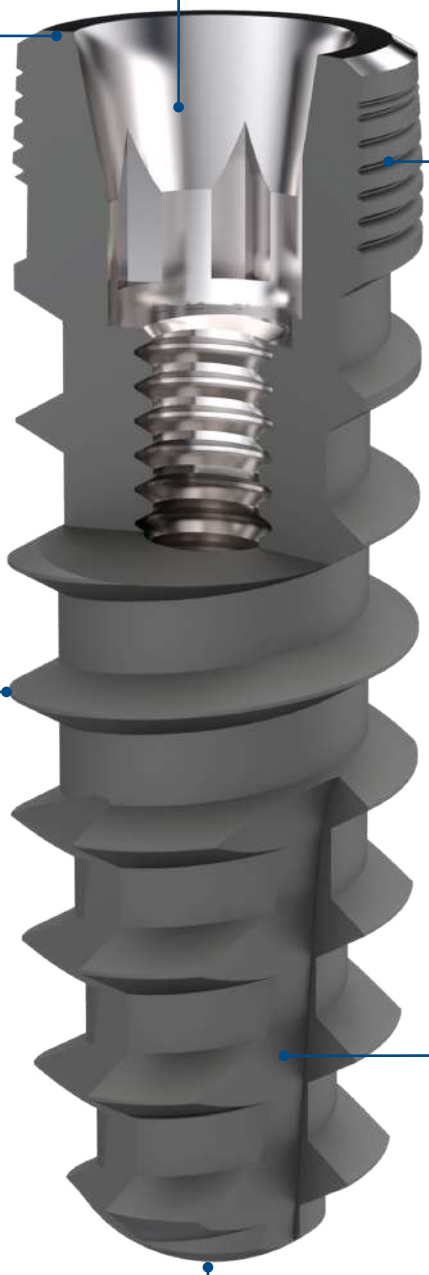
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### DSA connection

The Double Seal Action is a double geometry: the coronal area is conical with an 11-degree angle and lets the proper insertion of the prothesis while also guaranteeing the best bacterial seal between the abutment and the implant[9]. The inner part is hexagonal and is used to stabilize the abutment and position the prosthesis at 60° degrees intervals.

### Platform switching

The constant size of the connection for all diameters makes it possible for the prothesis switch from 0.3 mm to 1.1 mm according to the implant diameter in order to allow less peri-implant bone resorption and consequently the maintenance of soft tissues[10-27] for improving the aesthetic performance over the long period[18-21].



### Coronal morphology

Machined in the first 0.5 mm and constant pitch microthread, which reduces bone resorption[27-32] and the accumulation of plaque.

### Thread

Different depth and constant pitch, the apical threads are 0.1. mm deeper and provide a larger contact surface between the bone and the implant. The threads angle is 30°.

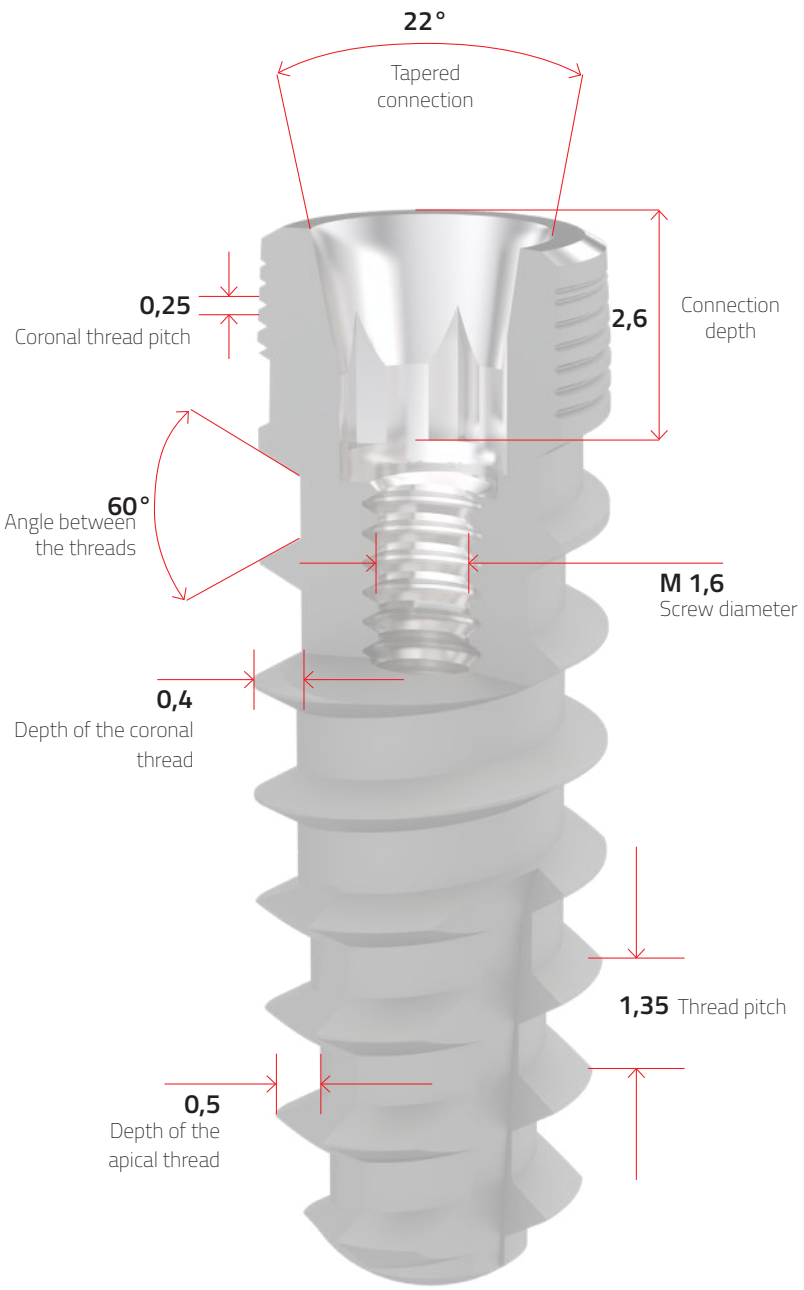
### Apical incisions

Three or four incisions, depending on the diameter and the height of the implant, make the implant "self tapping" and facilitate its insertion. They also have excellent anti-rotation features.

### Apex

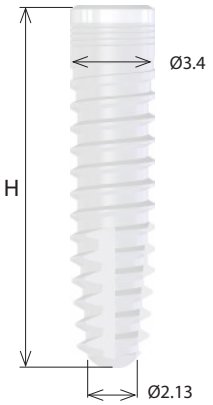
Rounded to protect the critical anatomic structures, such as the mandibular nerve or the Schneiderian membrane.

# TECHNICAL FEATURES OF THE IMPLANT



Ø3.4






ALUMINIUM FREE PROCESSING

| | code | H [mm] |
|---|---|---|
|  | **TTI3485**<br>**TTI3485L** | 8,5 |
|  | **TTI3410**<br>**TTI3410L** | 10 |
|  | **TTI3411**<br>**TTI3411L** | 11,5 |

| | code | H [mm] |
|---|---|---|
|  | **TTI3413**<br>**TTI3413L** | 13 |
|  | **TTI3415**<br>**TTI3415L** | 15 |

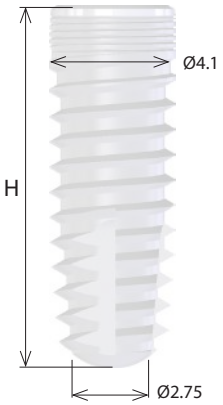





| | code | H [mm] |
|---|---|---|
|  | **TTI3707**<br>**TTI3707L** | 7,0 |
|  | **TTI3785**<br>**TTI3785L** | 8,5 |
|  | **TTI3710**<br>**TTI3710L** | 10 |

| | code | H [mm] |
|---|---|---|
|  | **TTI3711**<br>**TTI3711L** | 11,5 |
|  | **TTI3713**<br>**TTI3713L** | 13 |
|  | **TTI3715**<br>**TTI3715L** | 15 |

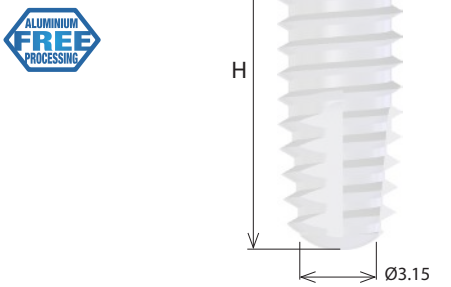





ALUMINIUM FREE PROCESSING

| | code | H [mm] |
|---|---|---|
|  | **TTI4107**<br>**TTI4107L** | 7,0 |
|  | **TTI4185**<br>**TTI4185L** | 8,5 |
|  | **TTI4110**<br>**TTI4110L** | 10 |

| | code | H [mm] |
|---|---|---|
|  | **TTI4111**<br>**TTI4111L** | 11,5 |
|  | **TTI4113**<br>**TTI4113L** | 13 |
|  | **TTI4115**<br>**TTI4115L** | 15 |






| | code | H [mm] |
|---|---|---|
|  | **TTI4507**<br>**TTI4507L** | 7,0 |
|  | **TTI4585**<br>**TTI4585L** | 8,5 |
|  | **TTI4510**<br>**TTI4510L** | 10 |

| | code | H [mm] |
|---|---|---|
|  | **TTI4511**<br>**TTI4511L** | 11,5 |
|  | **TTI4513**<br>**TTI4513L** | 13 |
|  | **TTI4515**<br>**TTI4515L** | 15 |

Ø5.0






ALUMINIUM FREE PROCESSING

| | code | H [mm] |
|---|---|---|
|  | **TTI5007**<br>**TTI5007L** | 7,0 |
|  | **TTI5085**<br>**TTI5085L** | 8,5 |
|  | **TTI5010**<br>**TTI5010L** | 10 |

| | code | H [mm] |
|---|---|---|
|  | **TTI5011**<br>**TTI5011L** | 11,5 |
|  | **TTI5013**<br>**TTI5013L** | 13 |
|  | **TTI5015**<br>**TTI5015L** | 15 |

# POSITIONING OF THE FIVE IMPLANT



Fig1



Fig2

The FIVE implant comes in two superficial coating versions:
A Total Body and B Small Machined.
The FIVE Total Body implant version was designed for positioning it under the crestal bone of the implant (see the Fig. 1) thanks to its conometric connection that is fundamental for this purpose.
This surgical choice is necessary when the implant needs to be positioned in post-extraction sites, in sites with serious bone defects or in more visible areas (i.e. 11-21) where the maximum preservation of the bone level is required for a long time. Therefore, it will be possible, by following the surgical protocol given on page 24, to position the implant 1 or 2 mm below the reference bone peaks.

The FIVE Small Machined implant version is to be positioned on the crestal bone, the Bone Level given in Fig. 2, and it is recommended in all cases where this protocol is clinically needed or a bone reabsorption is foreseen. The presence of a polished machined neck is useful in preventing the accumulation of plaque on the rough surface that might be uncovered as well as possible peri-implantitis.
The code of these implants includes L.

# PROTOCOLS

The FIVE implant is designed for flexible use both in clinical situations with medium density bones (i.e. D3 and D4 according to Carl Mish's classification) and with dense and compact bones such as in the interforaminal region area as well as with the jaw bone where the implant site must be prepared by following the entire surgical protocol. The FIVE implant with the polished machined neck version is designed for being positioned in the crestal bone (bone level) and the following surgical sequences refer to that clinical protocol. If it is clinically necessary to position the plant at 1 or 2 mm under the level of the crestal bone, the implant site must be prepared by using a drill without drill stop, following the depth notches to get the desired height and position the implant in the new site. We recommend checking the correct depth of the site after preparation, using the gauge depth provided with the surgical kit. The implant must be inserted with a torque included between 35 N.cm and 55 N.cm, which can be either manual and/or controlled by the micromotor. Greater insertion torques can damage the inner hexagon of the connection and make it difficult to remove the insertion driver. The surgical protocol is applied in the case of a bone with a density included between D1 and D2. If the bone density is lower than D3 or D4, the threadformer doesn't need to be used and the site doesn't need to be prepared by using a final drill with a diameter smaller than the implant to be inserted. We recommend not exceeding the number of revolutions, especially with the final drill so that the bone won't be overheated, and the cell vitality will be preserved at it is essential to activate the osseointegration process.

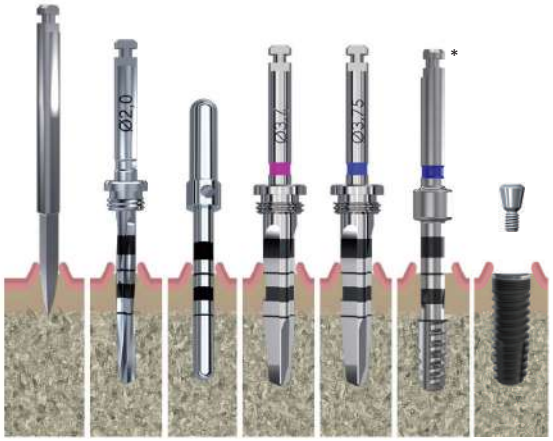



Do not use the final drill for bone types D3 and D4.
The drilling sequence is demonstrated with a 11,5mm implant.
*In case of D1 bone, bone tap is recommended.
Implant recommended insertion torque 40-50 N*cm
Short drills without stop are available.

# PROTOCOLS

| Drilling Speed (RPM) | 800 | 800 | | 200-400 | 200-400 | 40 | 15-25 |
|---|---|---|---|---|---|---|---|
| Diameter | Ø 2,0 | Ø 2,0 | | Ø 3,4 | Ø 3,75 | Ø 3,75 | |

Ø3.75




| Drilling Speed (RPM) | 800 | 800 | | 200-400 | 200-400 | 200-400 | 40 | 15-25 |
|---|---|---|---|---|---|---|---|---|
| Diameter | Ø 2,0 | Ø 2,0 | | Ø 3,4 | Ø 3,75 | Ø 4,1 | Ø 4,1 | |

Ø4.1



| Drilling Speed (RPM) | 800 | 800 | 200-400 | 200-400 | 200-400 | 200-400 | 40 | 15-25 |
|---|---|---|---|---|---|---|---|---|
| Diameter | Ø 2,0 | Ø 2,0 | Ø 3,4 | Ø 3,75 | Ø 4,1 | Ø 4,5 | Ø 4,5 | |

Ø4.5




| Drilling Speed (RPM) | 800 | 800 | 200-400 | 200-400 | 200-400 | 200-400 | 200-400 | 40 | 15-25 |
|---|---|---|---|---|---|---|---|---|---|
| Diameter | Ø 2,0 | Ø 2,0 | Ø 3,4 | Ø 3,75 | Ø 4,1 | Ø 4,5 | Ø 5,0 | Ø 5,0 | |

Ø5.0



# PACKAGING

The FIVE, implants, Cold Plasma Argon/ nitrogen decontaminated, are packed in the clean room under a laminar flow hood in their proper vials and then sterilized by Beta Rays.

The implant is kept in a colored grade 4 titanium O-ring that identifies the diameter and facilitates its removal, avoiding contact with the plastic vial walls. The cap screw on the vial bottom can be easily removed by gently pressing the screwdriver whose conical tip "locks" the screw head.

The FIVE implants are mountless designed. The implant is picked up by the practical friction-cone coupling device both manual and for contra-angle that makes implant removal easy after inserting it in the site.

Traditional systems equipped with a mounter need screwdrivers and wrenches that are often difficult to use, especially in reduced mesial/molar spaces or with difficult patients.

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## HOW TO OPEN THE PACKAGING

Open the box by tearing off the strip. Take out the contents. Read the use instructions. Tear the Tyvec cover. The sterile vial must be put on the sterile support and opened by using sterile gloves. 4 adhesive stickers can be put on the patient's chart and on the FIVE implant passport.



**cod. TFIINS**



**cod. TFIDR**
If it is needed, use the TCHR adapter on page 43.




(Fig. 1)

## IMPLANT REMOVAL

Remove the top cap. Press slightly on the connection to extract the implant from the vial. Two methods can be used: with the contra-angle accessory (code TFIINS) or with the manual accessory (code TFIDR).

The reference notch, indicated by the **red arrow**, must be completely inside the connection (see the Fig.1).



## REMOVAL OF THE CAP SCREW

Remove the bottom cap. Extract the cap screw by pressing the TCR12C screwdriver into the connection and screwing by hand with a recommended torque of 15 N*cm.

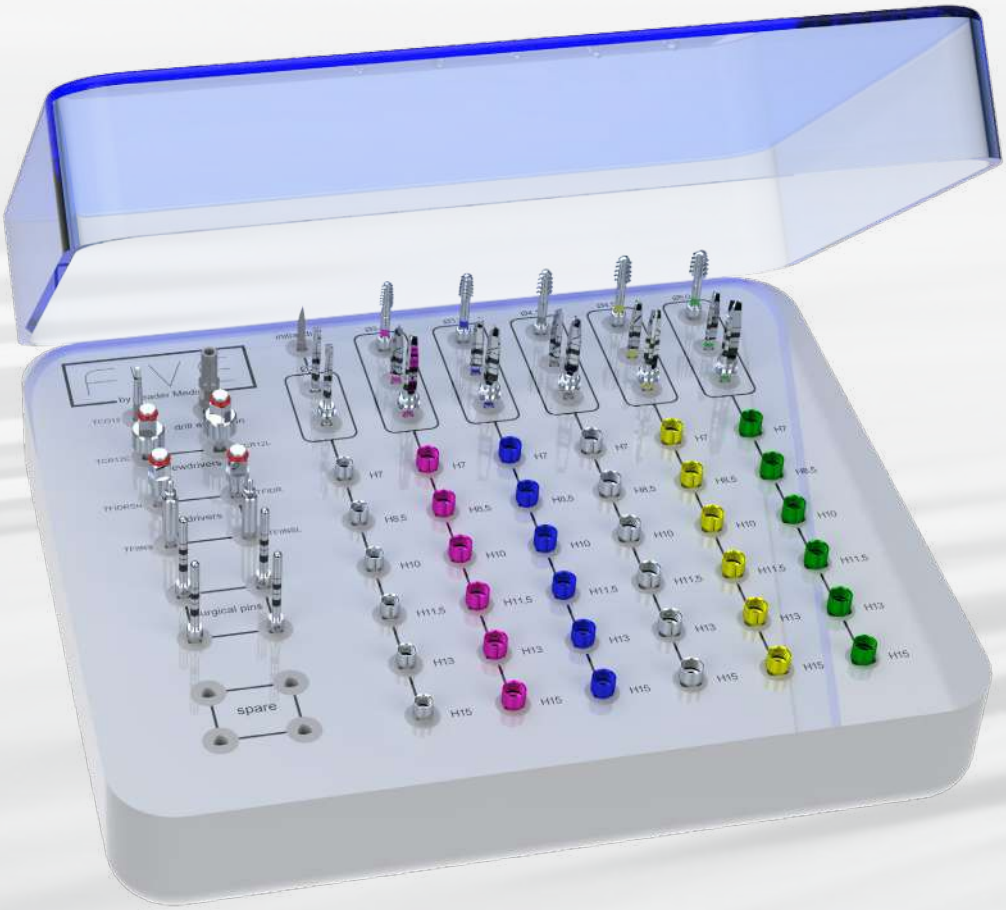
# SURGICAL

The FIVE ] surgical kit is made of Radel®, a plastic material suitable to harmlessly undergo sterilization cycles and not generate oxidizing currents among the different metal components of the kit. The use of permanent retaining O-rings (with grommetless technology) eliminates the accumulation of blood residuals and organic contaminants that are usually found, even after a proper washing, in "old generation" surgical kits. The FIVE surgical kit complies with the Best Practice regulations in the sterilization field. The color code identifies the surgical sequence and the relevant implant diameters. Laser marking of all components and the relevant serigraphy on the housing hole allow for easy identification when returning the components back to the kit.

The FIVE surgical kit provides straight flute drills that allow for the best directionality. Their design is suitable to collect the bone produced during corticotomy. The drills are equipped with a screwable stop to protect the most delicate anatomical structures at the most risk during all surgical phases[38-43].

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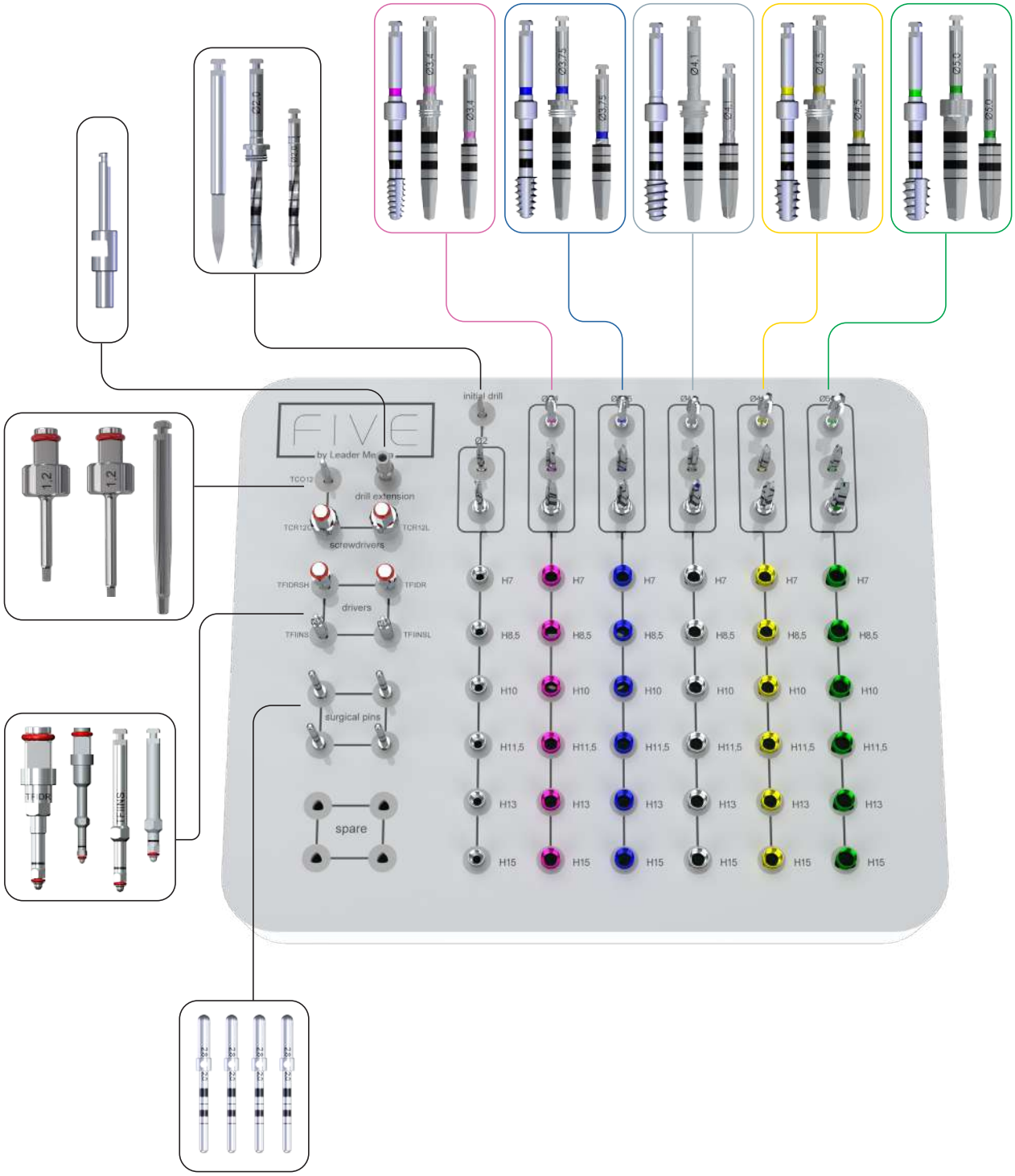
# KIT




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# SURGICAL KIT

## Accessory arrangement



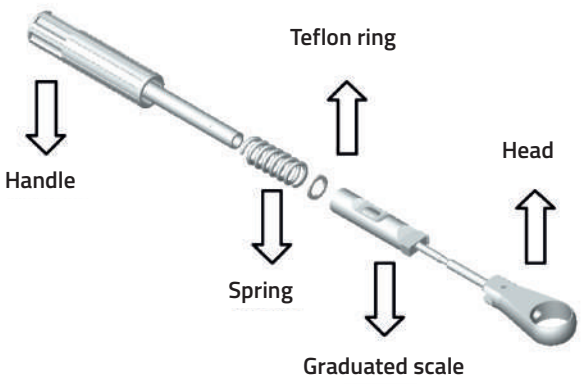
**Wash:**
Immerse the drills and the surgical accessories in a solution of water and specific cleaner. Leave for a few minutes before rinsing them properly with water and removing all residuals with a soft brush. Immerse the tools in an ultrasonic bath with an enzymatic cleaner for 5 minutes and pay attention that the drill blades don't touch one another. Then rub the tools with a soft brush and rinse properly with water. Check that everything is properly cleaned. The surgical tray must be washed, brushed and rinsed with water and some cleaner to eliminate any organic residuals.

**Sterilization:**
Place all the washed components in the relevant kit holes and pour some ethyl alcohol on the drills and the tray to eliminate both scale and cleaner residuals. This operation is IMPORTANT to avoid the formation of stains on the drills and increase their life. Wrap the tray in a double bag and make sure that the outer bag is not torn, place in a steam autoclave for 40 minutes at 132-135° C.
Let it dry for 30 minutes.

**Maintenance of the ratchet:**
All tools must be cleaned (ultrasound equipment is recommended) and sterilized before use according to the UNI EN 556-1:2002 regulation. Use oil suitable for contra-angles/micromotors to lubricate the threads internally. Clean and sterilize using specific materials and avoid cleaners containing the following:
- Oxalic acid
- Highly-concentrated chlorine
- Sodium hypochlorite

Immediately after a surgical operation, insert the tools in the disinfecting solution to prevent the incrustation of blood and other organic residuals.
Do not return a tool back if it is wet. Do not sterilize or clean or disinfect tools made of different metals in the same cleaning cycle.

Unscrew the handle and pay special attention not to lose the Teflon ring.
Remove the graduated scale and the spring inserted in the handle.
Clean each part of the device and make sure that the spring turns are properly cleaned.
Reassemble the device by inserting the components as given: insert the spring in the handle, insert the Teflon ring, screw the handle with the head of the wrench and insert the graduated scale between the two parts.





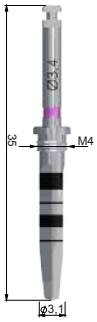
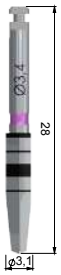
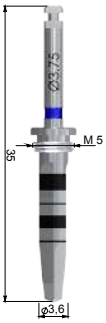
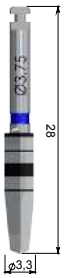
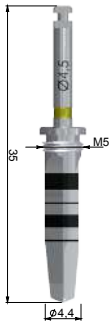
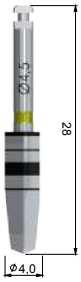
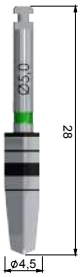

# DRILLS

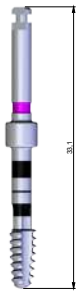
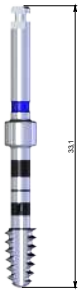
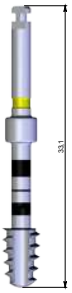
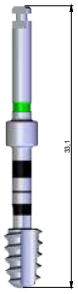
The drills of the FIVE, kit are designed, produced and sharpened at Leader Medica. They ensure higher cut precision and longer duration (up to 50 cycles of use) compared to other drills in the market. The "straight blade" design provides a higher precision of cutting and control. Along the blades, it is possible to collect the bone produced during a corticotomy that can later be useful for a regeneration surgery or in post-extraction sites. The drills are made in AISI 630 steel and equipped with screwable colored stops made in titanium. All drills have a color code, diameter and code marked with laser. The height notches start from 7 mm and go to 15 mm to meet all available implants. The notch marking does not consider the tip length which adds a length up to 1.4 mm in the 5.0 mm diameter drill. (See fig. 1 page 39).

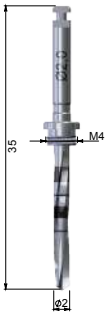
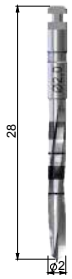
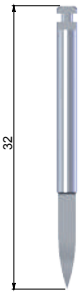
made in italy



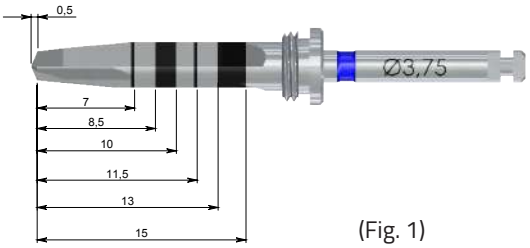

LEADER MEDICA

| | code | Ø [mm] | description | code | description | | code | Ø [mm] | description |
|---|---|---|---|---|---|---|---|---|---|
|  | **TTIFR34** | 3,4 | Conical drill |  | **TSTOPC34XX** | Stop |  | **TTIFR34SH** | 3,4 | Short conical drill (Not included) |
|  | **TTIFR37** | 3,75 | Conical drill |  | **TSTOPC37XX** | Stop |  | **TTIFR37SH** | 3,75 | Short conical drill (Not included) |
|  | **TTIFR41** | 4.1 | Conical drill |  | **TSTOPC41XX** | Stop |  | **TTIFR41SH** | 4.1 | Short conical drill (Not included) |
|  | **TTIFR45** | 4,5 | Conical drill |  | **TSTOPC45XX** | Stop |  | **TTIFR45SH** | 4,5 | Short conical drill (Not included) |
|  | **TTIFR50** | 5,0 | Conical drill |  | **TSTOPC50XX** | Stop |  | **TTIFR50SH** | 5,0 | Short conical drill (Not included) |

| | code | Ø [mm] | description |
|---|---|---|---|
|  | **TTIMS34** | 3,4 | Bone Tap |
|  | **TTIMS37** | 3,75 | Bone Tap |
|  | **TTIMS41** | 4.1 | Bone Tap |
|  | **TTIMS45** | 4,5 | Bone Tap |
|  | **TTIMS50** | 5,0 | Bone Tap |

| | code | Ø [mm] | description |
|---|---|---|---|
|  | **TFR20** | 2,0 | Cylindric drill |
|  | **TFR20SH** | 2,0 | Short cylindric drill (Not included) |
|  | **TFRLANC** | | Spade drill |

| code | description |
|---|---|
|  | |
| **TSTOPC20XX** | Stop |




(Fig. 1)

# ACCESS

The FIVE kit surgical accessories are designed to provide the surgeon with all the essential tools needed to use the FIVE implants in any surgical condition. Drivers are available to extract and insert both manual and contra-angle implants of different heights, screwdrivers all having the same size of the hexagon (1.2 mm) suitable both for a ratchet connection and a manual operation with two different heights and a dynamometric ratchet suitable for checking the correct torque for inserting the implant and abutment screws. The accessories are made of AISI 420 steel and keep their connection precision for several work cycles if they are used within the recommended torque.

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# ORIES




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| | code | description |
|---|---|---|
|  | **TFIDR** | Ratchet driver |
|  | **TFIINS** | Contra-angle driver |
|  | **TCR12L** | Ratchet screwdriver |
|  | **TCO12** | Micromotor screwdriver exagon 1.2mm |
|  | **TMRTX** | Micromotor screwdriver torx connection (Not included on Kit) |

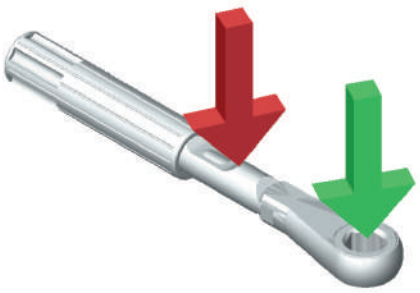
| | code | description |
|---|---|---|
|  | **TFIDRSH** | Ratchet driver short |
|  | **TFIINSL** | Micromotor driver long |
|  | **TCR12C** | Ratchet screwdriver short |
|  | **TIND** | Direction indicator 7-15mm |
|  | **TDRTXL** | Hand screwdriver long torx connection (Not included on Kit) |

| code | description |
|---|---|
| **TDINA** | Torque ratchet 20-55 N*cm |




| code | description |
|---|---|
| **TMPRF** | Depht gauge 7-15cm |





**Operating direction**

After inserting the driver in its seat, adjust the torque to apply by screwing or unscrewing the upper side of the wrench up to get the proper N*cm. Regulate to the scale end to use the wrench as a fixed ratchet.

For properly using the dynamometric wrench, when torque is appliedto the driver, we recommend placing the finger in the position marked by the green arrow and not in the position marked by the red arrow.

| code | description |
|---|---|
| **TPRFR** | Drill extension<br>use only with drills |



| code | description |
|---|---|
| **TCHR** | Handgrip for square connection<br>(Not included on Kit) |



# PROSTH

The FIVE prostheses range includes a complete line for: Cemented prosthesis, Overdenture and Multiple screwed prosthesis, equipped with analog, transfer and healing screws of different lengths[33-37].

The constant internal hexagon size of the implant connection enables using the abutment for all the available diameters, thus providing laboratories and dental technicians with a much simpler choice of prosthesis components.

All the prostheses components include the screws to be used exclusively for final closing of the abutment in the patient, and not for the laboratory tests. The same screwdriver is used for all the prosthesis components, of any diameter available, including: healing screws, cap screws and transfer screws.

Upon request, mathematics are provided for each prosthetic component, for use in software-assisted modeling procedures, for the most used programs in laboratories.

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# ESES

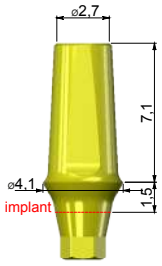
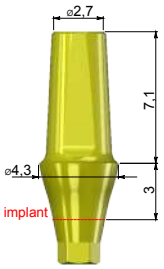
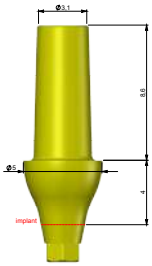
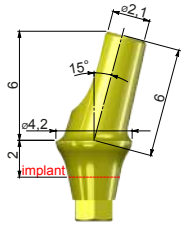
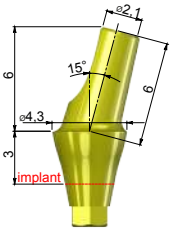
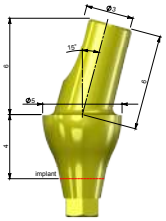
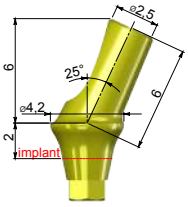
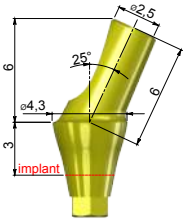
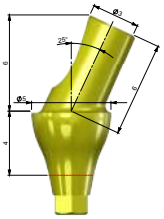
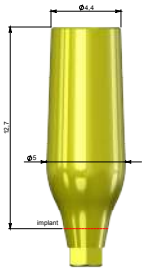


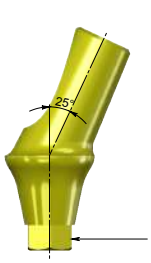
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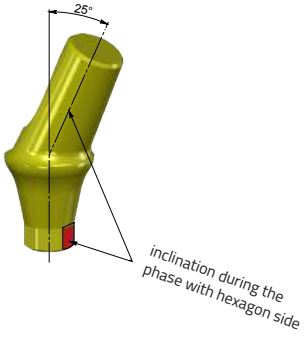
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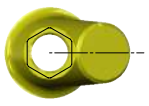


LEADER MEDICA

| | code | H | description |
|---|---|---|---|
|  | **TSKMD15** | 1,5 | |
|  | **TSKMD30** | 3 | |
|  | **TSKMD40** | 4 | Straight abutment (TSKVPR included) |
|  | **TSKMA152** | 2 | |
|  | **TSKMA153** | 3 | |
|  | **TSKMA154** | 4 | 15° angled abutment (TSKVPR included) |
|  | **TSKMA252** | 2 | |
|  | **TSKMA253** | 3 | |
|  | **TSKMA254** | 4 | 25° angled abutment (TSKVPR included) |
|  | **TSKMDF** | 0 | Straight abutment Feather edge (TSKVPR included) |







**TSKVPR**
Abutment screw

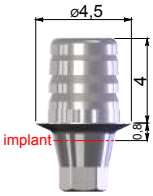


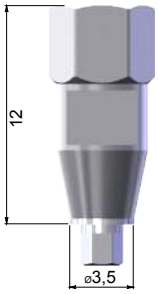
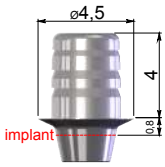
**TSKVPRTX**
Abutment torx screw (optional)

# CAD—CAM



# ABUTMENTS

| | code | description | H |
|---|---|---|---|
|  | **TSKCAM** | Cad-Cam abutment<br>(TSKVPR included) | |
|  | **TSKCAD** | T-base with exagon<br>cobalt chrome<br>(TSKVPR included) | 0,8 |
|  | **TISBACR** | T-base for MFA<br>cobalt chrome<br>(TIS 100003 included) | |
|  | **TISAN** | Analog for MFA | |

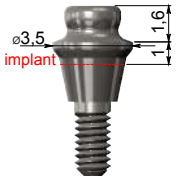
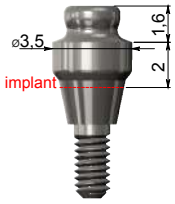
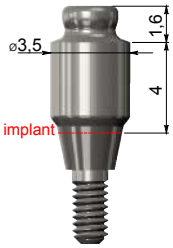
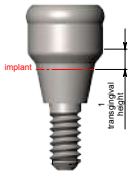
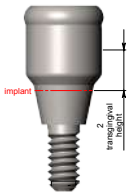
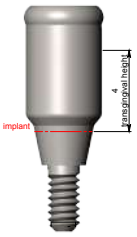
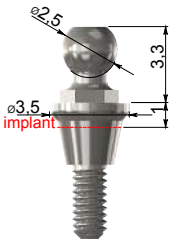
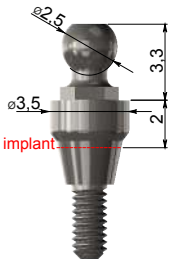
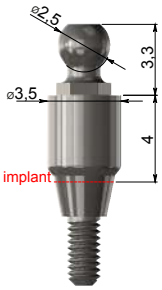
| | code | description | H |
|---|---|---|---|
|  | **TSKINTRA** | Scan Body<br>(TSKVPR included) | |
|  | **TSKRCAD** | T-base without exagon<br>cobalt chrome<br>(TSKVPR included) | 0,8 |
|  | **TISBATI** | T-base for MFA<br>titanium<br>(TIS 100003 included) | |
|  | **TISINTRA** | Scan Body for MFA<br>(TIS 100003 included) | |

# REMOVABLE



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# PROSTHESIS

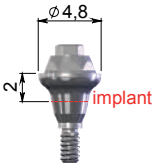
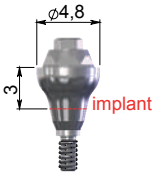
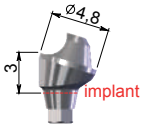
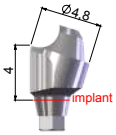
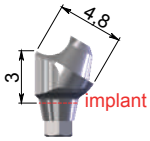
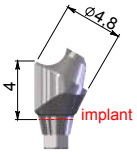
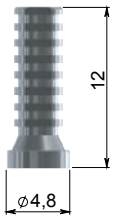
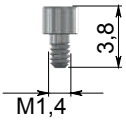
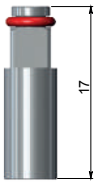
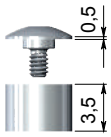
| | code | H | | code | H | | code | H | description |
|---|---|---|---|---|---|---|---|---|---|
|  | **TSKEQ1** | 1 |  | **TSKEQ2** | 2 |  | **TSKEQ4** | 4 | Equator abutment + CN052 |
|  | **TSKLQ1** | 1 |  | **TSKLQ2** | 2 |  | **TSKLQ4** | 4 | Locator abutment + LM8527 |
|  | **TSKMS1** | 1 |  | **TSKMS2** | 2 |  | **TSKMS4** | 4 | Ball abutment + CN001 |
|  | **CA008** | |  | **CA011-50** | |  | **LM8510** | | |
|  | **CN052**<br>Cap for Equator abutment | |  | **CN001**<br>Cap for ball abutment | |  | **LM8527**<br>Cap for Locator abutment | | |
|  | **771CEF**<br>Ball abutment screwdriver | |  | **774CHE**<br>Equator abutment screwdriver | |  | **777CLQ**<br>Locator abutment screwdriver | | |

# MFA ABUTM



LEADER MEDICA

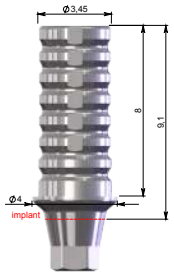
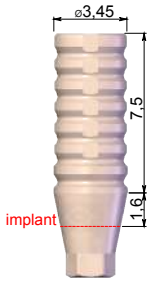
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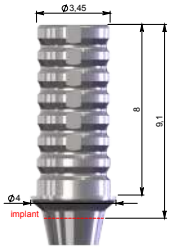
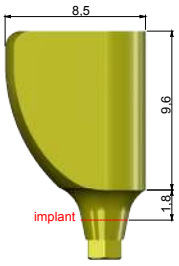
| | code | H |
|---|---|---|
|  | **TSK001**<br>Straight MFA | 1 |
|  | **TSK002**<br>Straight MFA | 2 |
|  | **TSK003**<br>Straight MFA | 3 |
|  | **TSK173**<br>17° angled MFA<br>(TSK100001<br>included) | 3 |
|  | **TSK174**<br>17° angled MFA<br>(TSK100001 included) | 4 |
|  | **TPOMFA**<br>Driver for<br>angled MFA | |
|  | **TSK303**<br>30° angled MFA<br>(TSK100001<br>included) | 3 |
|  | **TSK304**<br>30° angled MFA<br>(TSK100001<br>included) | 4 |
|  | **TSK100001**<br>MFA<br>prosthetic screw | |
|  | **TIS100222**<br>Temporary<br>abutment<br>of MFA<br>(TIS100003 included) | |
|  | **TIS900002**<br>MFA castable<br>abutment<br>(TIS100003 included) | |
|  | **TIS100003**<br>M 1.4 MFA<br>prosthetic screw | |
|  | **TCRMFA**<br>Screwdriver<br>for stright MFA | |
|  | **TIS100304**<br>MFA<br>healing screw | 4 |

# TEMPORARY AND MI



# LLABLE ABUTMENTS

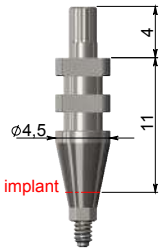
| | code | description | H |
|---|---|---|---|
|  | **TSKMPN** | Temporary abutment with hexagon (TSKVPR included) | 1,1 |
|  | **TSKCRCAD** | Castable abutment with Cr-Co base, no exagon (TSKVPR included) | 1,8 |
|  | **TSKPEEK** | Peek abutment | 1,6 |
|  | **TSKVPR** | Abutment screw | |

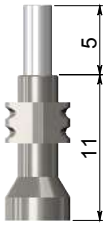
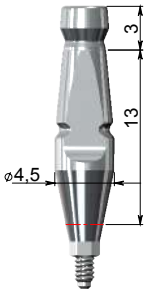
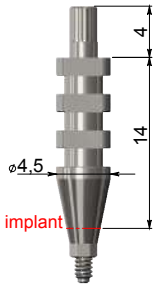
| | code | description | H |
|---|---|---|---|
|  | **TSKMPR** | Temporary abutment without hexagon (TSKVPR included) | 1,1 |
|  | **TSKCNCAD** | Castable abutment with Cr-Co base, with exagon (TSKVPR included) | 0,8 |
|  | **TSKMF** | Millable abutment (TSKVPR included) | 1,8 |
|  | **TSKVPRTX** | Abutment torx screw | |

# TRANSFER AND



# ANALOGS

| | code | description | Ø |
|---|---|---|---|
|  | **TIS900001** | MFA analog | |
|  | **TSKANCAD** | Universal analogue for Five implant | 4,0 |
|   | **TSKTRSH** | Pick-up technique short transfer (screw included) | |

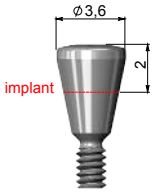
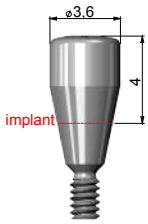
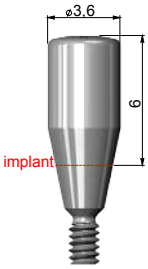
| | code | description |
|---|---|---|
|   | **TIS900003** | Transfer MFA (screw included) |
|   | **TSKTRST** | Closed tray transfer (screw included) |
|   | **TSKTR** | Pick-up technique transfer (screw included) |

# HEALING SCREWS

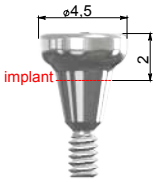
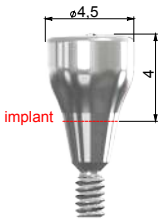
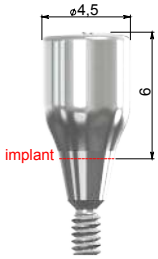
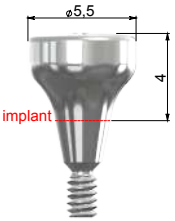
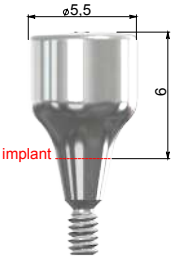



LEADER MEDICA

# Healing screws

| | code | description | H |
|---|---|---|---|
|  | **TSKVG2** | Healing screw<br>Ø 3,6 | 2 |
|  | **TSKVG4** | Healing screw<br>Ø 3,6 | 4 |
|  | **TSKVG6** | Healing screw<br>Ø 3,6 | 6 |



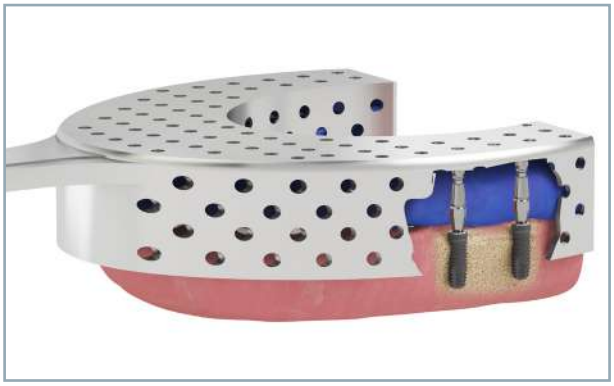

| | code | description | H |
|---|---|---|---|
|  | **TSKVG452** | Healing screw<br>Ø 4,5 | 2 |
|  | **TSKVG454** | Healing screw<br>Ø 4,5 | 4 |
|  | **TSKVG456** | Healing screw<br>Ø 4,5 | 6 |
|  | **TSKVG552** | Healing screw<br>Ø 5,5 | 2 |
|  | **TSKVG554** | Healing screw<br>Ø 5,5 | 4 |
|  | **TSKVG556** | Healing screw<br>Ø 5,5 | 6 |

# PROTHESIS

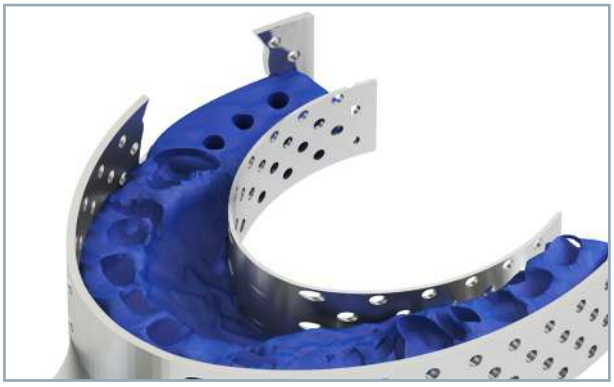
## CLOSED TRAY PROTOCOL (with standard tray)



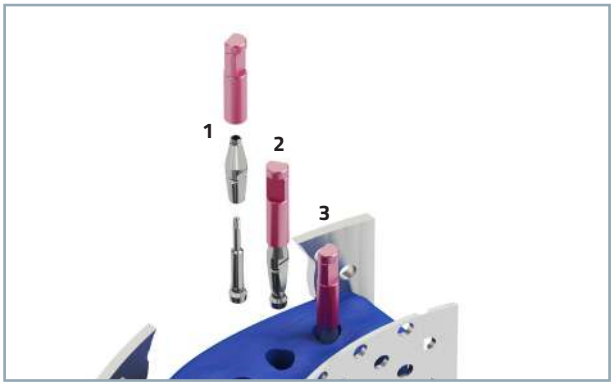

**1** Remove the recovery screw, place the TSKTRST transfer connected to the implant and tighten the screw manually and also using the short TCR12C screwdriver. Check the screw is firmly tightened, preferably by taking an intra-oral X-ray.



**2** Place the standard cast tray containing the appropriate cast material(which must be elastic so it can be removed from the transfers) and check that all the transfers are covered.



**3** After the necessary time for the cast material to harden, slide out the tray.



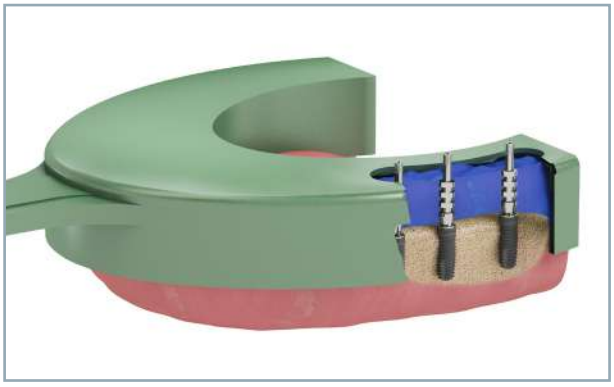

**4** Unscrew the transfer screw from the implant, remove the transfer and connect it with its analog, and reposition the transfer+analog in the same seat where it was previously placed. Number the transfers if necessary. Consign to the laboratory for them to make the plaster cast.

# PROTOCOLS

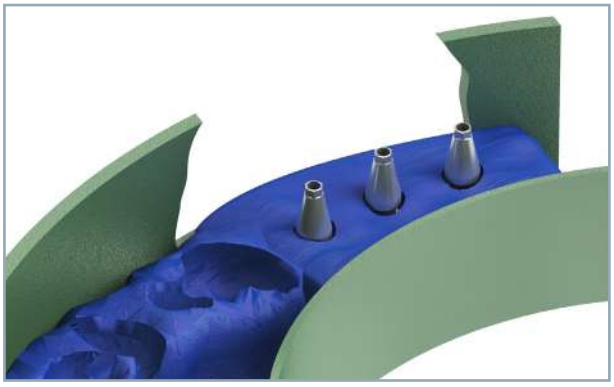
## OPEN TRAY PROTOCOL (with individual cast-tray)



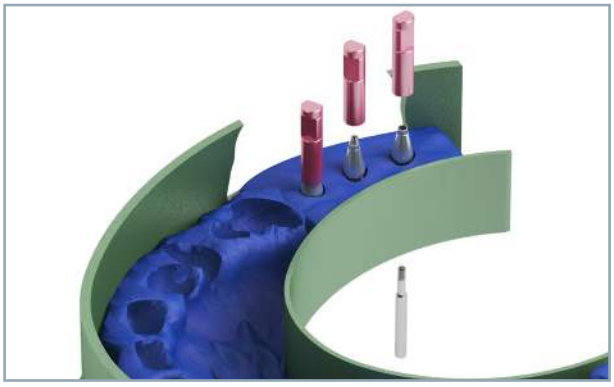

**1** Remove the recovery screw, place the TSKTR transfer connected to the implant and tighten the screw manually and also using the short TCR12C screwdriver. Check the screw is firmly tightened, preferably by taking an intra-oral X-ray.



**2** Prepare the individual cast tray, drilling in line with the closing screw. Place the cast tray containing the appropriate cast material (use a rigid material). For greater precision, it is advisable to fill the spaces along the transfer base with a precision material. Check the screws jut out of the cast tray.



**3** After the necessary hardening time, unscrew the transfer screws (using the TCR12C screwdriver). When the cast tray is removed the transfers are also removed, which remain embedded in the cast material.



**4** Screw the analogs to their transfers using the previously unscrewed screw. Consign to the laboratory for them to make the plaster cast.

# PROTHESIS

## ALL ON FOUR PROTOCOL WITH M.F.A.



**1** Insert the implants, 4 if in the maxilla, 6 if in the mandible, following the All-on 4 protocol. The correct position, distance and inclination of the implants will ensure the best results in terms of prosthesis, function and long-life.



**2** For easier positioning of the distal MFA use the TPOMFA driver. Ensure the angled MFA are correctly positioned, check the best parallelism between all 4 MFA using the TPOMFA driver. Tighten the screw using the screwdriver with the ratchet attachment TCR12L at 25 N*cm. To screw down the straight MFA use the TCRMFA spanner (page 53) with ratchet attachment. Ensure they are correctly tightened at 25 N*cm.



**3** To take the cast, use the TIS900003 transfers, screwing them simultaneously onto all the MFA, and take the pick-up cast following the protocol on page 61.



**4** Screw on the prosthesis using the 4 TIS100003, screws, supplied with the TIS900002 abutments, previously modelled by the laboratory and incorporated into the prosthesis. If the temporary TIS100222 abutments are used, prepare a prosthesis with through holes of the correct diameter, rebase in the mouth and file any projections.

# PROTOCOLS

## RECOVERY SCREWS



**1** After identifying the implant seat, cut the flap, unscrew the cap screw that closes the implant. Choose the most appropriate recovery screw from the three available diameters of 3.6, 4.5, 5.5 according to the diameter of the crown to be used, and define the three available heights of 2, 4, 6 mm according to the thickness of the gums. The recovery screw must jut out from the tissue by at least 1 mm.

**2** Screw down the recovery screw using the TCR12C screwdriver, without drilling. Stitch the flap around the recovery screw. Leave in place for at least 7 days until the tissues are completely healed and remodelled. Proceed with the cast taking techniques (pages 60-61).

## EQUATOR ABUTMENTS



**3** Abutments with Equator connections enable fixing movable prostheses unparalleled between the implants by up to 50°. The pink CN052 cap, supplied with the Equator abutment, has a holding capacity of 25 N, and is housed in the specific container that is fixed onto the patient's prosthesis in line with the implant projection.

## BALL ABUTMENTS



**4** Abutments with ball attachments enable fixing movable prostheses unparalleled between the implants by up to 28°. The pink CN001 cap, supplied with the abutment, has a holding capacity of 25 N, and is housed in the specific container that is fixed onto the patient's prosthesis in line with the implant projection. Check it is correctly closed at 25 N*cm.

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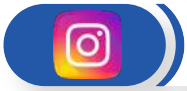
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