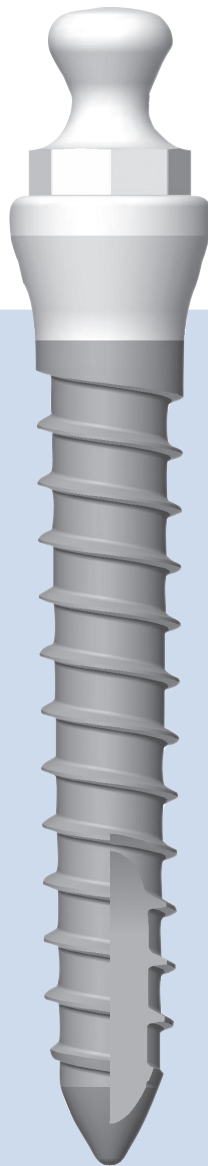


SIMPLE - ECONOMICAL - PRACTICAL

M.I.B. - MINI IMPLANT BALL



*Removable prosthesis
stabilisation*

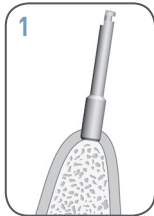
anthogyr

A global solution for dental implantology

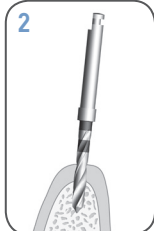
INDICATIONS

This implant allows the stabilisation of a whole removable mandibular or maxillary prosthesis. Its use will have to take into account the following precautionary measures : the estimation of the different forces, the precise evaluation of the bone volume and the rebasing of the removable prosthesis before the implant insertion. These implants maintain the prosthesis in place. In no case they are meant to support the occlusion charges. The rebasing will have to be done regularly in order not to loose the mucous supports.

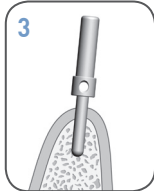
SURGICAL STEPS :



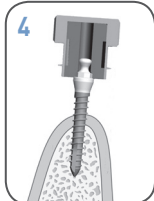
1.Incision made with the gingival cutter. According to the visibility required and the bone volume, the opening of the flap is advised. In presence of a thin ridge, the use of a round bur may be necessary and shall be used in order to mark the bone before the next step (speed from 1000 à 1200 rpm).



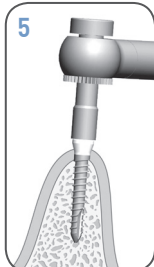
2.Drilling with the Ø2 mm drill up to 2/3 of the implant length with a speed of 1000 to 1200 rpm with a «coma-like» drilling. Depending on the bone density, the depth can be adapted in order to optimize the primary retention of the implant.



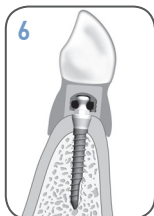
3.Assessment of the parallelism. The guide can be maintained in order to help the drilling to follow.



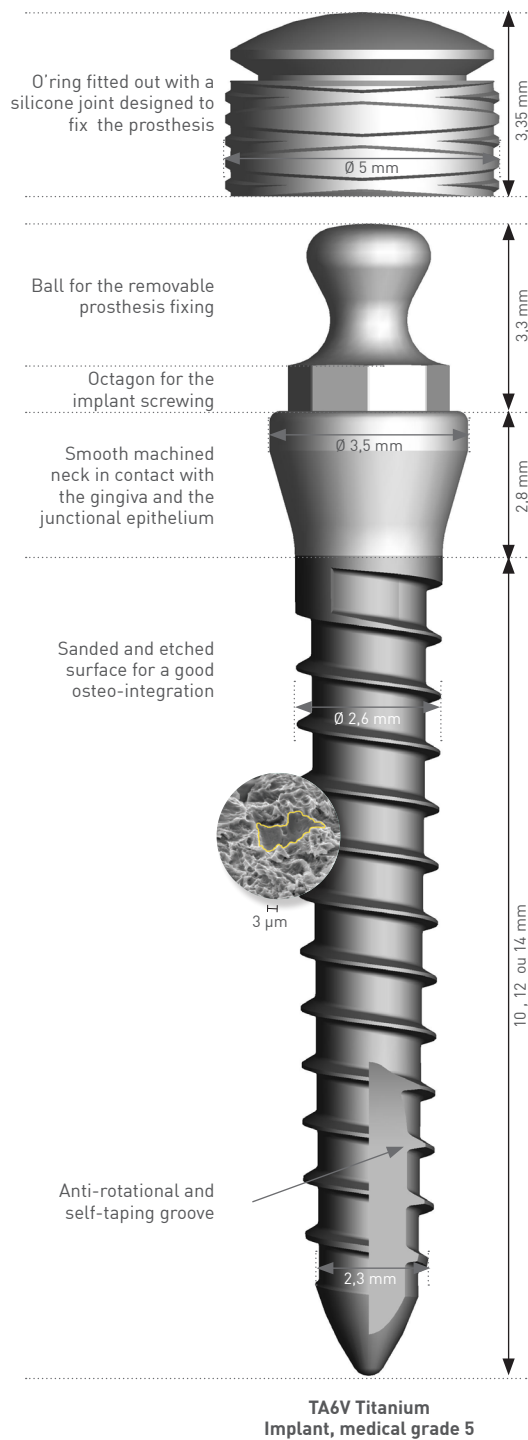
4.Pre-tightening of the MIB implant with the implant holder. Tighten the implant with a slight vertical pressure toward the apical end. This protocol starts the auto-tapping process. As soon as the tightening resistance is becoming too strong, proceed to the next step.



5.End the tightening of the implant with the click - and tightening - wrenches. The ideal in depth burying of the MIB must let the implant's head go over the gingival without any threading or apparent part of the implant's neck. The implant can be buried till its shows a primary stability good enough for immediate loading. If the tightening of the implant is blocked before its complete insertion, take out the implant by reversing the direction of rotation. Introduce the drill an proceed to a little more drilling, before placing the implant again.



6. Implant and prosthesis in place.



TA6V Titanium Implant, medical grade 5

REFERENCES

Implants :

- Lg 10 mm: ref. MIB V 26100 (per unit)
ref. MIB V 26100 4 (by 4)
- Lg 12 mm: ref. MIB V 26120 (per unit)
ref. MIB V 26120 4 (by 4)
- Lg 14 mm: ref. MIB V 26140 (per unit)
ref. MIB V 26140 4 (by 4)



Separating ring

ref. IN MIB 002



Analog

ref. IN MIB 003



O'Ring female attachment

ref. HO 04840 (supplied with a 50 shores O'Ring)



Available separately by :
- 5 O'Ring 50 shores ref. H001415 50
- 5 O'Ring 60 shores ref. H001415 60

Kit

ref. IN KTMIBMINI

Including :

Click wrench

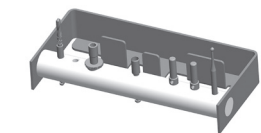
ref. IN CC



Rack

ref. IN SQ MIB

Accessories of the rack:



- 1 round bur
ref. IN FB 20



- 1 drill Ø 2 mm
ref. IN FHI 20 130



- 1 O'ring wrench
ref. IN COIO



- 2 paralleling pins
ref. IN JPA



- 1 gingival cutter
ref. IN MIB 001

