Osseointegrated implants are now an indispensable part of prosthetic rehabilitation options. With the globalization of medical infrastructures and higher standards of living, implant applications continue to increase.

Southern Implants has been a manufacturer and distributor of implants since 1987. Today, the Southern group is a leading biomedical engineering entity, with major intellectual property and capabilities in implantable devices, arthroplasties and tissue regeneration. Top-end professional users, who want more choices, have driven the Southern Implants product range to enormous and exciting heights. Striving for excellence and meeting customer needs has led to our wide product range characterized by numerous unique and innovative products, which include:

- Multiple interfaces, both internal and external, to suit customer preference.
- The MAX implant, a specialised implant, specifically designed for immediate molar tooth replacement.
- Co-Axis™, the first angled-top, tapered, screw-form implant, available in angulations of 12°, 24° and 36°.
- The Zygomatic and Oncology implants, optimized for prosthetic versatility.
- Products engineered for primary stability and suitable for immediate loading.

My sincere thanks to all specialists, dentists and technicians who give continual feedback, suggestions and input. Our products are an interpretation of your needs.

Graham Blackbeard
Managing Director, Southern Implants
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Further information available on our website
www.southernimplants.com

Images are for illustration purposes only and do not necessarily accurately represent the product.
Please note:

- Images are for illustration purposes only and do not necessarily accurately represent the product.
- All dimensions in this catalogue are in mm, unless otherwise specified.
- Not all products are cleared for sale in all countries.
INDICATIONS AND INTENDED USE
Southern Zygomatic Implants are intended to be implanted in the zygomatic arch (zygomatic bone) to provide support for fixed or removable dental prostheses in patients with partially or fully edentulous maxilla.

CONSIDERATIONS

BONE QUALITY AND QUANTITY
Choose the appropriate length implant for the placement site. Take care to avoid anatomical structures such as the orbit and orbital nerve.

Take note of the implant path (trans-sinus/through the sinus wall/extra-sinus/extra-maxillary) when determining the correct drill sequence.

LOADING TIMES
Healing period is generally 3-4 months in the mandible and 4-6 months in the maxilla; however, healing periods may vary for each patient. When a shorter healing time or immediate loading is being considered, the assessment must be based on the individual clinical situation (i.e. bone quality, bone quantity, primary stability achieved, loading conditions, design of super-structure, etc.)

Implants may be immediately temporized on splinted multiple-unit restorations, if good primary stability was achieved.

Immediately temporized restorations should be kept out of occlusion.

The patient should adhere to a soft diet and place minimal forces on the restoration for 6-12 weeks.

TROUBLESHOOTING

Implant mobility: If the fixture is very loose, consider removal and replacement with a wider diameter fixture (if possible), without further drilling or consider replacement in a new site adjacent to the first.

Exposed threads: If surface roughened implant threads are exposed in the coronal region, perform a bone augmentation procedure.

ADDITIONAL INFORMATION

PROSTHETIC PLANNING
The Zygomatic Implant uses a subset of the Ø4 External Hex prosthetic range. This is a broad and versatile collection, capable of solving most clinical indications. Please consult the various “Instructions for use” for more information.

INSTRUMENT CARE & STERILIZATION
Please consult the Southern Implants Cleaning and Sterilization Procedure Guidelines (CAT-1039) for guidance concerning the maintenance of drills, instruments, and surgical trays.

TOOLING
Southern Implants Zygomatic twist drills are made of Grade 5 Titanium Alloy.
CONTRAINDICATIONS

Do not use in patients:

- Who are medically unfit for oral surgical procedures.
- Who are allergic or have hypersensitivity to pure titanium or titanium alloy (Ti-6AL-4V).
- With inadequate bone volume for zygomatic and conventional implants.
- Where adequate numbers of implants could not be placed to achieve full functional support for a prosthesis.
- Who have undergone irradiation of maxillary bone.

WARNINGS

These instructions are not intended as a substitute for adequate training.

For the safe and effective use of Zygomatic and dental implants it is strongly suggested that specialised training be undertaken, including hands-on training to learn proper technique, biomechanical requirements and radiographic evaluations.

Responsibility for proper patient selection, adequate training, experience in the placement of implants, and providing appropriate information for informed consent rests with the practitioner. Improper technique can result in implant failure, damage to nerves/vessels and/or loss of supporting bone.

Implant failure increases when implants are placed in irradiated bone as radiotherapy can result in progressive fibrosis of vessels and soft tissue, leading to diminished healing capacity. Additionally, use of the implant in bone tissues which have been irradiated as part of cancer therapy may result in the following:

1. Delayed or failed osseointegration of implants due to reduced bone vascularity, clinically expressed as osteoradionecrosis
2. Tissue dehiscence and osteoradionecrosis
3. Implant failure and loss

Implant treatment of irradiated patients is dependent upon issues like the timing of implant placement in relation to the radiation therapy, anatomic site chosen for implant placement and radiation dosage at that site and consequent risk of osteoradionecrosis.

This product is part of the Southern Implants product range and should only be used with the associated original products and according to the recommendations as in the individual product catalogues. The user of this product has to study the development of the Southern Implants product range and take full responsibility for the correct indications and use of this product. Southern implants does not assume liability for damage due to incorrect use.

Please note that some Southern Implants products may not be cleared or released for sale in all markets.

CAUTIONS

New and experienced Implant users should do training before using a new system or attempt to do a new treatment method. Take special care when treating patients who have local or systemic factors that could affect the healing of the bone and soft tissue. (I.e. poor oral hygiene, uncontrolled diabetes, are on steroid therapy, smokers, infection in the nearby bone and patients who had oro-facial radiotherapy.)

Thorough screening of prospective implant candidates must be performed:

- A comprehensive medical and dental history.
- Visual and radiological inspection to determine adequate bone dimensions, anatomical landmarks, occlusal conditions, periodontal status, and adequacy of bone.
- Bruxism and unfavourable jaw relations must be taken into consideration.

Proper pre-operative planning with a good team approach between well trained surgeons, restorative dentists and lab technicians is essential for successful implant treatment.

Zygomatic Implants are recommended for the posterior (pre-molar/molar) region. A minimum of 4 implants (combination of zygomatic type and/or conventional implants) must be placed to support a fixed prosthesis in a fully edentulous arch, or 3 implants for a partially edentulous prosthesis.

Minimizing the trauma to the host tissue increases the potential for successful osseointegration.

Electro-surgery should not be attempted around metal implants, as they are conductive.

Implant treatment is not recommended in juvenile patients, until the mature jaw bone growth phase has been reached.

BEFORE SURGERY

A full medical and dental history must be taken, with emphasis on the presence of soft and or hard tissue pathology. The patient must have clinically symptom-free sinuses and no pathology in surrounding bone or soft tissue.

It is recommended that a CT scan and or CBCT analysis be performed as part of the planning process in order to:

- Detect the presence of any pathology in the maxillary sinuses,
- Bone volume and condition,
- Jaw relationships.

AT SURGERY

Care must be taken that parts are not swallowed during any of the procedures, thus rubber-dam application is recommended when appropriate.

Care must be taken to apply the correct tightening torque of abutments and abutment screws.

SURGICAL PROCEDURE

Assess bone quality during drilling procedures and follow the appropriate drill sequence to ensure optimal primary stability.

Drill at high speed (1000 - 2000 rpm) with copious irrigation (saline at room temperature). Drill with continuous back and forth motion, to avoid overheating of the bone.

Caution: Never exceed insertion torque of 150 Ncm when placing these implants. Over tightening an implant may lead to damage of the implant or fracture or necrosis of the bone.
If a Surgical Driver is used to insert the implant, special care needs to be taken to avoid over torque.

If the implant gets stuck during implant placement or 150 Ncm of insertion torque is achieved before fully seated, rotate the implant counter clockwise with manual torque wrench and remove implant from site. Adjust the osteotomy before placing the implant again.

DEPTH MEASUREMENT SYSTEM
The marks on the Twist/Tapered shaping drills indicate actual millimeter lengths and correspond to the implant length.

Caution: The drill preparation twist drills extend approximately 1mm longer than the implant.

POTENTIAL ADVERSE EFFECTS
Dental implant therapy has normal contradictions and risks that is extensively documented in the dental implant literature.

POST-PLACEMENT PROCEDURES
Regular patient follow-up, and proper oral hygiene are essential for favourable long-term results.

The following considerations should be re-viewed prior to the restorative phase:
- Quantity, quality and health of soft and hard tissues
- Implant stability
- Implant position and abutment selection
- Occlusal analysis
- Oral hygiene assessment

PACKAGING
1) Implants: The outer packaging consists of a rigid, clear box which acts as protection for the inner packaging. The inner packaging consists of a clear plastic-formed bubble-type base with a “peel-back” lid. The contents of this inner package are sterile. Labeling Information is located on the surface of the peel-back lid and on the outside of the rigid box. Within the inner packaging the implant is being held in place by a clip. Sterility is assured unless the container or seal is damaged or opened.

2) Other sterile components are packed in a peel pouch and sterilized by gamma irradiation. Labeling information is located on the bottom half of the pouch, inside the packet. Sterility is assured unless the pouch is damaged or opened.

3) Other non-sterile components used in the laboratory are supplied clean but not sterile. These are: laboratory analogues, some Ti abutments, CIA abutments, TIB abutments, cast waxing sleeves and gold abutments with plastic sleeves. Labeling information is located on the bottom half of the pouch, inside the packet.

STERILIZATION
All dental implants and some abutments are shipped sterile and intended for single use, prior to the expiration date (see packaging label). Again, sterility is assured unless the container or seal is damaged or opened. DO NOT re-sterilize or autoclave these components.

Do not reuse Implants, Cover Screws, Temporary Abutments and some Abutments. These are single-use products. Re-using these components may result in damage on the surface or critical dimensions. The removal of proteins from the metal (such as titanium) is extremely difficult and if not properly removed, can lead to secondary infections.

Products provided non-sterile must be cleaned and sterilized prior to use, according to the guidelines in CAT1039 and the Surgical Manual.

CLEANING
- Refer to CAT-1039
- Used instruments should be soaked immediately in instrument cleaning solution to avoid the drying of blood, saliva and tissue residue.
- Used surgical trays including grommets must be cleaned with suitable disinfectants.
- Multiple-part instruments must be disassembled prior to cleaning and sterilization.
- Internal debris/residue of instruments must be removed with a soft brush.
- Instruments should be inspected, cleaned separately and discarded if damaged.
- Best results are achieved if surgical instruments are cleaned by material type.
- Instruments and trays can be cleaned and disinfected in a dedicated instrument washer or alternatively by hand, followed by an ultrasonic bath with a detergent appropriate for surgical instruments.
- Instruments and trays must be rinsed and dried thoroughly.

STORAGE AND HANDLING
Devices should be stored at room temperature. Refer to the individual product packaging label and the corresponding manual (CAT-2004, CAT-2005, CAT-2020) for special handling instructions.

DISPOSAL
Disposal of the device and its packaging shall follow local regulations and environmental requirements, taking different contamination levels into account.
CAUTION: (USA ONLY)
United States Federal Law restricts this device to sale to, or on the order of, a licensed dentist or physician.

For Technical Assistance or additional product literature, please contact:

Southern Implants (Pty) Ltd
P O Box 605
Irene 0062
South Africa
Tel: +27 12 667 1046
www.southernimplants.com
Implants are pre-mounted and available in lengths of:

<table>
<thead>
<tr>
<th>ITEM CODE</th>
<th>IMPLANT LENGTHS (IN mm)</th>
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<tr>
<td>ZYG-55-</td>
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</tr>
<tr>
<td>ONC-55-</td>
<td>27.5N / 32.5N / 37.5N / 42.5N / 47.5N</td>
</tr>
<tr>
<td>ZYGAN-</td>
<td>30 / 35 / 37.5 / 40 / 42.5 / 45 / 47.5 / 50 / 52.5 / 55 / 60</td>
</tr>
<tr>
<td>ZYGEX-</td>
<td>30 / 35 / 37.5 / 40 / 42.5 / 45 / 47.5 / 50 / 52.5 / 55</td>
</tr>
</tbody>
</table>

Cover Screw  
SCU2  
Ø4.5

Healing Abutments  
TB  
Ø5.5

2/3/4/5/6/8 lengths  
ZYGOMATIC, ONCOLOGY, ZYGAN & ZYGEX
Instrumentation Placement Tool Converters Drivers
I-CON-X / S I-WI-CST I-WI-SH I-CS-HD I-HD-M

Fixure Mount Driver For Handpiece (latch-type) inserts featuring the W&H hex Fixture Mount to Wrench Cover Screw Driver 0.9 Hex Hex Driver 1.22 Hex

* Most instruments are available in various lengths

NOTE: Refer to page 26 and CAT-1191 for more information on wrench insert converters.
PRODUCT RANGE

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</tr>
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</table>

Implant Drill Depth
Southern Implants is aware of a number of different protocols currently used by various centres around the world. The classic technique for zygomatic placement involved cutting a sinus window and placing the implant through the sinus. The sinus-slot technique, and exteriorized technique have since been developed, with the implant placed through the sinus wall and outside the sinus wall respectively. It has been suggested that the choice of technique should consider the ridge crest concavity and sinus anatomy (Chrcanovic et al 2013). The ZAGA approach classifies the anatomy into different types to determine the appropriate technique for Zygomatic placement (Aparicio et al 2013).

While the chosen placement technique and implant choice is up to the practitioner’s preference, this section illustrates the best Southern Implants Zygomatic implant for each technique, using the ZAGA approach.

<table>
<thead>
<tr>
<th>Anatomy</th>
<th>ZAGA classification</th>
<th>Implant path</th>
<th>Alternate placement technique</th>
<th>ZYG</th>
<th>ZYGAN</th>
<th>ZYGEX</th>
<th>ONC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior maxillary wall is very flat</td>
<td>ZAGA 0</td>
<td>Intra-sinus</td>
<td>Classic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anterior maxillary wall is slightly concave</td>
<td>ZAGA 1</td>
<td>Intra-extra</td>
<td>Classic/sinus-slot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anterior maxillary wall is concave</td>
<td>ZAGA 2</td>
<td>Extra-intra</td>
<td>Sinus-slot/exteriorized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anterior maxillary wall is very concave</td>
<td>ZAGA 3</td>
<td>Extra-sinus</td>
<td>Exteriorized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maxilla and alveolar bone show extreme atrophy OR maxilla has been resected</td>
<td>ZAGA 4</td>
<td>Extra-maxillary</td>
<td>Extra-alveolar</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The Quad protocol, is placing a pair (2) implants in one zygoma. The ZYGAN or ZYGEX are best due to their narrow apex.
CLASSIFICATION OF ANATOMY

ZAGA TYPE 0 *(Classic Technique)*
The anterior maxillary wall is very flat. The implant head is located on the alveolar crest. The implant body has an intra-sinus path. The implant comes in contact with bone at the alveolar crest and zygoma, and sometimes at the internal side of the sinus wall.

ZAGA TYPE 1 *(Classic or Sinus-slot Technique)*
The anterior maxillary wall is slightly concave. The implant head is located on the alveolar crest. The drill has performed the osteotomy slightly through the wall. Most of the implant body has an intra-sinus path. The implant comes in contact with bone at the alveolar crest, lateral sinus wall, and zygoma.

ZAGA TYPE 2 *(Sinus-slot or Exteriorized Technique)*
The anterior maxillary wall is concave. The implant head is located on the alveolar crest. The drill has performed the osteotomy through the wall and the implant can be seen through it and most of the body has an extra-sinus path. The implant comes in contact with bone at the alveolar crest, lateral sinus wall and zygoma.

ZAGA TYPE 3 *(Exteriorized Technique)*
The anterior maxillary wall is very concave. The implant head is located on the alveolar crest. Most of the body has an extra-sinus path. The middle part of the implant body is not touching the most concave part of the wall. The implant contacts bone in the coronal alveolar and apical zygoma.
ZAGA TYPE 4  Resected Maxilla (*Extra-alveolar Technique*)

The maxilla and alveolar bone show extreme vertical and horizontal atrophy. The implant head is located buccally of the alveolar crest. There is no minimum osteotomy at this level. The drill has arrived at the apical zygomatic entrance following a path outside the sinus wall. The implant contacts bone in the zygoma and part of the lateral sinus wall.

**TECHNIQUE of James Chow and others**

Lateral wall of sinus displaced inwards, graft material and membrane used to encapsulate entire implant body.
A crestal incision is made from just anterior to the maxillary tuberosity on one side to the same point on the other side. Three vertical releasing incisions are made in the second molar regions and the midline. These 3 incisions facilitate flap mobilization beyond the infraorbital margin. In unilateral cases a hemi-maxillary approach is used. The buccal mucoperiosteal flaps are raised to expose the infraorbital nerve, the body of the zygoma and the zygomatic arch. A palatal flap is raised to expose the alveolar bone. The periosteum in the region of the upper molar teeth is incised to enhance flap mobility. A modified channel retractor (I-ZYG-RET) is placed on the upper border of the zygomatic arch.

1) If using the classic technique, a small sinus window is cut on the lateral aspect of the maxillary sinus and the block of the bone is removed. The lining of the sinus is reflected, attempting to keep it intact. Thorough reflection of the lining is essential.

2) The entrance point for the chosen Zygomatic Implant site preparation is on the maxillary crest at the first-second pre-molar area. Begin site preparation using a round bur (D-ZYG-RB) and continue by following the wall of the maxillary sinus (the path will be inside, outside or through the maxillary wall depending on the ZAGA anatomy type) to the entrance point on the zygoma.

3) The implant site is established by means of the Ø2.9mm twist drill (D-ZYG-29), and continued into the zygoma. In the Classic Technique the sinus window gives view to the correctly positioned penetration of the drills into the zygoma. Emergence of the drill out the zygoma is palpated on the cheek of the patient.

4) The Ø3.5 counterbore (D-ZYG-CS) is then used to further prepare the hole if required (see Drill Sequence for recommended drills for each implant and technique choice).

Note with ZYGAN or ZYGEX: When placing through the sinus wall, the counterbore drill must be used to prepare the site of the smooth mid-section to Ø3.5, whilst keeping the apex prepared to Ø2.9. If the smooth mid-section will not encounter bone (i.e. Classic/Exteriorized technique) this step can be skipped.
5) The site preparation is then completed with the correct final drill (D-ZYG-35 or D-35T) if required (see Drill Sequence for recommended drills for each implant and technique choice).

Finally, an oval cut can be made (using the D-35T), extending slightly buccal to the palatal alveolar emergence hole, to allow for the prosthodontic restoration of the implant head.

6) The depth of the prepared implant site is gauged by the use of the angled depth gauge (I-ZYG-DG-1).

7) The implant head angulation is gauged by the use of the try in direction indicators (ZYG-TR-55).

8) Before inserting the implant, ensure that the implant site is free of soft tissue remnants. The Hand-Piece with connector (I-CON-X) is used for the initial insertion of the implant, with the torque control set at 50Ncm at 15rpm. When the handpiece torques out, switch to the rachet and torque adjustment wrench (I-TWS & I-TWS-B45 / 100) in conjunction with the wrench inset converter (I-WI-SH) or the insertion tool (I-ZYG-INS-1).

Note with the ZYGAN or ZYGEX: The narrow-apex versions can be pushed straight through the alveolar preparation. You will only need to start rotating the implant when the apex reaches the zygoma, thus reducing the insertion time.

Avoid applying bending moments to the fixture mount while inserting the implant. Check the fixture mount screw for loosening periodically and re-tighten if necessary.
9) The implant must follow the prepared path of insertion. Any soft tissue that may have been picked up on the implant threads while moving through the alveolus and sinus must be cleared off before the implant enters the zygomatic placement site. One revolution of the implant results in 0.6mm axial movement. Insertion is complete when the head is in the correct prosthetic position and angle. The fixture mount screw is then loosened with the I-HD driver and the fixture mount is removed.

Warning:
It is very important to be aware and avoid damage to vital structures like nerves, veins and arteries. Injuries to vital anatomical structures could cause serious complications like injury to the eye, nerve damage and excessive bleeding.

It is essential to protect the infra-orbital nerve. Failing to identify actual measurements relative to the radiographic data will lead to complications.

10) The cover screw (SCU2) is picked up and placed with the I-CS-HD driver, or an immediate restorative protocol is carried out. Suturing is then carried out according to the surgeon’s preference.
SITE PREPARATION SEQUENCE

**ZYGOMATIC**

- Sinus-slot technique (through sinus wall)
- Classic/Exteriorized technique (Trans-sinus/extra-sinus)
- Extra-alveolar technique (Extra-maxillary)

**ZYGAN**

- Sinus-slot technique (through sinus wall)
- Classic/Exteriorized technique (Trans-sinus/extra-sinus)
- Extra-alveolar technique (Extra-maxillary)

NOT RECOMMENDED
ZYGEX

Sinus-slot technique (through sinus wall)

NOT RECOMMENDED

Classic/Exteriorized technique (Trans-sinus/extra-sinus)

Extra-alveolar technique (Extra-maxillary)

ONC

Sinus-slot technique (through sinus wall)

NOT RECOMMENDED

Classic/Exteriorized technique (Trans-sinus/extra-sinus)

Extra-alveolar technique (Extra-maxillary)
**DRILL INFORMATION**

<table>
<thead>
<tr>
<th>Round Burr</th>
<th>2.9mm</th>
<th>3.5mm</th>
<th>Counter-Sink</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-ZYG-RB</td>
<td>D-ZYG-29</td>
<td>D-ZYG-35</td>
<td>D-ZYG-CS</td>
</tr>
</tbody>
</table>

**Drilling**

- Use an intermittent motion during drilling with irrigation, this allows debris to be flushed away.
- Proceed until desired depth is reached.
- Do not exceed 1500rpm when drilling.
- Copious amount of irrigation is recommended throughout the drilling protocols.

**Note:**

- Drills should be used for one surgery only.
- D-ZYG-RB is made of stainless steel.
- All other zygomatic drills are made from Titanium grade 5, Anodized yellow.

**Caution:**

- Avoid lateral pressure on the drills during drilling procedures.
- Lateral pressure to the drill can cause drill fracture.
- Verify the drill is securely locked into the hand piece before drilling procedures start.
INSTRUMENT INFORMATION

Retractor (Optional)

I-ZYG-RET-1

Insertion Tools

I-ZYG-INS-1
To fit square on Fixture Mount

I-ZYG-INS-2
To fit hex on Fixture Mount

Depth Gauge

Bone Mill

CODE
I-BM-57

Bone Mill Protector Cap

CODE
I-BM-CAP

I-BM-CAP
Bone Mill Protector Cap for Ø4.0mm implants

I-BM-57

* For Polishing Protector Caps refer to CAT-1010
INSTRUMENT INFORMATION

Ratchet & Torque Attachment Wrench

- **I-TWS**
- **I-TWS-B45** maximum torque 45Ncm
- **I-TWS-B100** maximum torque 100Ncm

Refer to CAT-1051 & CAT-1186 for alternative torque wrenches.

Wrench Insert Converters

- **I-FME-XS / M / L**
- **I-WI-CST** Fixture Mount extension (hex top)
- **I-WI-SS** For Handpiece (latch-type) inserts featuring the W&H hex
- **I-WI-SH** Fixture Mount to Wrench (Square)
- **I-WI-SL** Fixture Mount to Wrench (Hex)
- **For handpiece (latch type) inserts without W&H hex**
DRIVER INFORMATION

Drivers

<table>
<thead>
<tr>
<th>COVER SCREW DRIVERS</th>
<th>HEALING ABUTMENT &amp; PROSTHETIC SCREW DRIVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HANDHELD</td>
<td>HANDHELD</td>
</tr>
<tr>
<td>HANDPIECE</td>
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</tr>
<tr>
<td>WRENCH</td>
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</tr>
<tr>
<td>0.9 I-CS-HD/L</td>
<td>1.22 I-HD-S/M/L</td>
</tr>
<tr>
<td>I-HHD-09</td>
<td>I-HHD-22S/M/L</td>
</tr>
<tr>
<td>I-WI-09</td>
<td>I-WI-22S/M/L</td>
</tr>
</tbody>
</table>

Abutment Drivers (for straight Compact Conical Abutments)

<table>
<thead>
<tr>
<th>HANDHELD</th>
<th>HANDPIECE</th>
<th>WRENCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-AD</td>
<td>I-HAD</td>
<td>I-WI-A</td>
</tr>
</tbody>
</table>

Driver Information for 1 Series Screws

<table>
<thead>
<tr>
<th>HANDHELD</th>
<th>HANDPIECE</th>
<th>WRENCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIGRP</td>
<td>UNIGRP</td>
<td>UNIGRP</td>
</tr>
<tr>
<td>I-UGI-S/M/L</td>
<td>I-HUG-S/M/L</td>
<td>I-WI-UG-S/M/L</td>
</tr>
</tbody>
</table>

Refer to CAT-1203 for alternative slotted 1 Series drivers

Southern Implants 1 Series Screws

Head Diameter 2.25mm
10-15Ncm

<table>
<thead>
<tr>
<th>Hex</th>
<th>Titanium</th>
<th>Gold</th>
<th>Brass</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH1</td>
<td>GSH1</td>
<td>BSH1*</td>
<td></td>
</tr>
<tr>
<td>TSU1</td>
<td>GSU1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Screw Head Connections

NOTE:
- Due to design revisions and changes, screw tips may be flat or rounded.
- Always ensure that the correct screw is used for the relevant implant and component.

Refer to CAT-1003 for alternative slotted 1 Series screws
**Note:**

- I-ZYG-INS-1 drives on the Square of the fixture-mount. (Silver handle for easy identification.)
- I-ZYG-INS-2 drives on the Hex of the fixture mount the narrow Hex tip allows for more visibility of the implant head. (Black handle for easy identification.)

* Zygomatic “TRY-IN” Implants are suitable for use with both the new and previous generation implants.
I-PROS-EG Prosthetic Instrument Tray
(for Cleaning & Sterilization instructions see CAT-1039)

Please Note:
This instrumentation tray is to be customised by the user to be suitable for use with the preferred implant system and its surgical or prosthetic items.

* Most Instruments available in Short / Medium / Long.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dedicated space for Latch Drivers</td>
</tr>
<tr>
<td>2</td>
<td>Dedicated space for Hand Drivers</td>
</tr>
<tr>
<td>3</td>
<td>Dedicated space for Wrench Drivers</td>
</tr>
<tr>
<td>4</td>
<td>Dedicated space for Additional Items</td>
</tr>
<tr>
<td>5</td>
<td>Dedicated space for Torque Wrench and Adaptors</td>
</tr>
</tbody>
</table>
## IMPLANT DIMENSIONS AND INFORMATION

<table>
<thead>
<tr>
<th>PLATFORM LENGTH CODES</th>
<th>Apex Diameter</th>
<th>Prosthetic Diameter</th>
<th>Platform Angle</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZYG</td>
<td>3.4</td>
<td>4.3</td>
<td>55°</td>
<td>35</td>
</tr>
<tr>
<td>ZYGEX</td>
<td>4.0</td>
<td>4.3</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>ZYGAN</td>
<td>4.0</td>
<td>4.3</td>
<td></td>
<td>55</td>
</tr>
</tbody>
</table>

### IMPLANT LENGTH CODES

- APEX DIAMETER
- PLATFORM ANGLE
- THREAD PITCH
- HEX WIDTH
- THREAD LENGTH
- PLATFORM ANGLE
- PROSTHETIC DIAMETER

### PLATFORM ANGLE RANGES

- **30°**
- **37.5°**
- **45°**
- **52.5°**
- **60°**

### PLATFORM ANGLE RANGES

- **27.5°**
- **35°**
- **42.5°**
- **47.5°**
- **50°**

EXPLANATION OF SYMBOLS

The following symbols are used on our packaging labels and they indicate the following:

1. Manufacturer
2. Implant image
3. Implant details and size
4. Sterilization using Irradiation
   - Do not Resterilize
   - Consult instruction for use
   - Do not reuse
   - Caution
   - CE mark and notified body number
   - Expiry date
   - Sterile unless package is opened or damaged
5. 2D Bar coding
   - Contains the GTIN code.
6. Patient sticker for documentation purposes
   - (to be used by health care provider on patient file)
7. Prescription device

CAUTION: FEDERAL LAW restricts the device to sale by or on the order of a licenced health care provider.