



**SOUTHERNIMPLANTS®**  
Innovative Treatment Solutions

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<b>Português</b>	<b>INSTRUÇÕES DE UTILIZAÇÃO: Pilares cónicos compactos da Southern Implants®</b>



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**Intended use**

Southern Implants® dental implant abutments are intended to be used in the Maxilla or Mandible for supporting a prosthesis on endosseous implants in order to restore chewing function for the patient.

**Intended user**

Dental Technicians, Maxillo-facial Surgeons, General Dentists, Orthodontists, Periodontist, Prosthodontists and other appropriately trained and experienced implant users.

**Intended environment**

The Compact Conical abutments are intended to be used in a clinical environment such as an operating theater or a dentist consultation room.

**Intended patient population**

This device is used in the dental restoration of partially or fully edentulous patients in the upper or lower jaw. Restorations may comprise, partial or full bridges, multi-unit cases and may be fixed or removable.

**Description**

The Compact Conical is a pre-manufactured abutment that is connected directly to an endosseous implant and is used in multiple unit reconstructions when it is desirable to raise the prosthetic interface to a more coronal position than that of an implant head, for a screw retained restoration. Compact Conical abutments are indicated for multi-unit cases only.

These abutments are Titanium Nitride (TiN) coated and available in straight, 17° & 30° angles.

**Note:** Angled compact conical abutments are not available for all implant interfaces, please consult product catalogues. Angled Compact Conical abutments are not indicated to be used with Southern Implants Zygomatic implant ranges.

The Compact Conical abutments are provided sterile.

**Indications for use**

Southern Implants Dental Implants are intended for both one- and two-stage surgical procedures in the following situations and with the following clinical protocols:

- replacing single and multiple missing teeth in the mandible and maxilla,
- immediate placement in extraction sites and in situations with a partially or completely healed alveolar ridge,
- immediate loading in all indications, except in single tooth situations on implants shorter than 8 mm or in soft bone (type IV) where implant stability may be difficult to obtain and immediate loading may not be appropriate.

**Contraindications**

Do not use in patients:

- who are medically unfit for dental implant procedures
- where adequate numbers of implants could not be placed to achieve full functional support of the prosthesis,
- who are allergic or have hypersensitivity to pure titanium or titanium alloy (Ti-6Al-4V), gold, palladium, platinum or iridium.
- who are under the age of 18, have poor bone quality, blood disorders, infected implant site, vascular impairment, uncontrolled diabetes, drug or alcohol abuse, chronic high dose steroid therapy, anti-coagulant therapy, metabolic bone disease, radiotherapy treatment.

**Warnings**

THESE INSTRUCTIONS ARE NOT INTENDED AS A SUBSTITUTE FOR ADEQUATE TRAINING.

- For the safe and effective use of dental implants it is 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.

**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 including:

- A comprehensive medical and dental history.
- Visual and radiological inspection to determine adequate bone dimensions, anatomical landmarks, occlusal conditions & periodontal health.
- Bruxism and unfavourable jaw relations must be taken into account.
- Proper pre-operative planning with a good team approach between well trained surgeons, restorative dentists and lab technicians is essential for successful implant treatment.
- 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.

**During surgery**

Care must be taken that parts are not swallowed during any of the procedures, a rubber-dam application is recommended when appropriate. Care must be taken to apply the correct tightening torque of abutments and abutment screws.

**Post-surgery**

Regular patient follow-up, and proper oral hygiene must be achieved to ensure favourable long-term results.

**Compatibility information**

SI implants should be restored with SI components. In the SI range there are 5 implant connections, the implant code and connection type, can be identified by specific abbreviations in the product codes. Range identifiers are summarised in table A.

**Table A (\*) is indicative of various lengths available.**

Implant connection type	Compatible prosthetic device	
	Non-Angled	Angled
External Hex (EX)	Parts labelled, APMC(*), ABNMCZ(*), AMCZ(*), ABAMCZ(*) ABBBMCZ(*)	Parts labelled, ABNMC17d, AMC17d-3, AMC30d-4, ABAMC17d-3, ABAMC30d-4, ABBBMC17d-3, ABBBMC30d-4
Tri-Nex (EL) (Lobe)	Parts labelled, MC-L-(ø)-(*), MCN-L-50-(*)	Parts labelled, MCL-(ø)-17d, MCL-(ø)-30d

Deep Conical (DC)	Parts labelled, MC-DC(ø)-(*)	Parts labelled, MC-DC(ø)-20d, MC-DC(ø)-30d
Internal Hex (M)	Parts labelled MC-M-(*), (used with ø3.75, 4.2 & 5.0 mm platforms)	Parts labelled MC-M-20d, MC-M-30d, (used with ø3.75, 4.2 & 5.0 mm platforms)
Internal Hex Provata (M) (Z)	Parts labelled MC-M-(*), (used with ø4.0, 5.0 & 6.0 mm platforms)	Parts labelled MC-M-20d, MC-M-30d, (used with ø4.0, 5.0 & 6.0 mm platforms)
	Parts labelled MC-Z-(*), (used with ø7.0, 8.0 & 9.0 mm platforms)	N/A

### Storage, cleaning & sterilisation

The implants, cover screws and healing abutments are supplied sterile (sterilised by gamma irradiation) and intended for single-use prior to the expiration date (see packaging label). Sterility is assured unless the container or seal is damaged or opened. If packaging is damaged do not use the product and contact your Southern representative/ or return to Southern Implants. Do not reuse implants, cover screws, temporary abutments and abutments. Re-using these components may result in:

- Damage on the surface or critical dimensions, which may result in performance and compatibility degradation.
- Adds the risk of cross-patient infection and contamination if single-use items are reused.

Southern Implants does not accept any responsibility for complications associated with reused components.

### Cleaning and disinfection

An implant restoration is a single- or multiple-tooth implant crown, bridge or substructure, attached to a Southern Implants abutment or multiple abutments.

Before intraoral use the final restoration needs to be cleaned and disinfected, as per restorative material manufacturer's instructions.

### Sterilisation

Southern Implants recommends the following procedure to sterilise the restoration prior to use:

Methods to sterilise the restoration and abutment screw

1. Pre-vacuum sterilisation method: Steam sterilise the abutments at 132°C (270°F) at 180-220kPa for 4 minutes. Dry for at least 20 minutes in the chamber. Only an approved wrap or pouch for steam sterilisation must be used.
2. Pre-vacuum sterilisation method: Wrapped, steam sterilise at 135°C (275°F) for 3 minutes. Dry for 20 minutes in the chamber. Use a wrap or pouch that is cleared for the indicated steam sterilisation cycle.

**NOTE:** Users in the USA must ensure that the steriliser, wrap or pouch, and all steriliser accessories are cleared by the FDA, for the intended sterilisation cycle.

### First Clinical procedure:

#### For straight Compact Conical abutments:

1. Select and connect appropriate abutment to the implant, using the abutment driver indicated in Table B.
2. Torque the Compact conical abutment to the implant, to the value indicated in Table C.

**Table B**

Abutment driver	
Handheld	I-AD
Handpiece	I-HAD
Wrench	I-WI-A

#### For angled Compact Conical abutments: (17° & 30°)

1. Place the abutment screw in the abutment prior to bringing it to the implant. (It is not possible to seat the abutment on top of the implant and thereafter to introduce the abutment screw.)
2. For Angled Compact Conical abutments (17° and 30°) use handle (supplied with the abutment), to position the abutment about 2 mm above the implant.
3. Screw the abutment screw into the implant until the abutment is pulled down to about 1 mm above the implant (refer to figure below). Now seat the abutment down on the implant.



4. Torque the angled Compact Conical abutment to the Implant, to the value indicated in Table C

**NOTE:** Angled Compact Conical abutments are supplied with a Titanium screw. (Screws are also available separately, consult product catalogue for codes. Gold angled Compact Conical screws must be torqued to 20 Ncm only.)

**Table C**

Compact Conical abutment to Implant.	Torque value
External Hex	
ø3.0 mm	20 Ncm
ø3.25, 4.0, 5.0, 6.0, 7.0, 8.0 and 9.0 mm	32 Ncm
Tri-Nex	
ø3.5mm	32 Ncm
ø4.3, 5.0, 6.0, 7.0, 8.0 and 9.0 mm	32 Ncm
DC	
ø3.0 mm	15 Ncm
ø3.5, 4.0 mm	20 Ncm
ø5.0 mm	32 Ncm
Internal Hex (M-Series & Provata)	
ø3.75, 4.2, 5.0 mm M-Series	32 Ncm
ø4.0, 5.0, 6.0, 7.0, 8.0 and 9.0 mm Provata Implant:	32 Ncm

**The following steps are the same for both straight and angled Compact Conical abutments.**

5. Verify the correct seating of the abutments using radiographic imaging.
6. Connect impression copings to the Compact Conical abutments.
7. Take an open or closed tray impression and remove / transfer the impression copings to the impression.
8. Connect the healing cap or temporary restoration direct to the Compact Conical abutments.

**Laboratory procedures**

1. Attach the laboratory analogues to the impression coping in the impression.
2. Fabricate a working model with removable gingival mask or soft tissue material.
3. Fabricate the restoration, consult product catalogue for prosthetic abutments options.

**Materials**

Compact Conical abutment: Titanium or Titanium alloy (Ti-6AL-4V)  
 Abutment screws: Titanium alloy Ti-90%, Al-6%, V-4%  
 Gold alloy Au-61%, Ag-16.5%, Pt-13.5%, Cu-9%

**Clinical procedures**

The clinician receives the restoration from the laboratory.

1. Remove the healing abutments or temporary restoration.
2. Clean, disinfect and sterilise the restoration.
3. Insert the restoration into the patient's mouth.
4. Position the restoration on the Compact Conical abutment, making sure that the retentive elements of the abutment connections are properly aligned.

**Table D**

Driver type	External Hex	DC	Tri-Nex	Internal Hex
1.22 mm / 1.27 mm Universal driver	✓	✓		✓
1.22 mm hex driver	✓	✓		
1.27 mm hex driver				✓
Unigrip driver	✓		✓	

5. Fix the restoration to the Compact Conical abutment with the prosthetic screw (Table E) and appropriate driver (Table D). Torque the screw down to 10-15 Ncm.
6. Verify the correct seating of the restoration using radiographic image.
7. Do not exceed the recommended torque value as this may result in failure of the screw, abutment or implant. Do not torque less than the recommended value, this may result in loosening of the abutment that can lead to abutment or implant failure.
8. Close the screw access hole.
9. Cement the final prosthesis if applicable.

**Table E**

Prosthetic screw connection	1.22 mm hex	Slotted	Unigrip
Screws	TSH1 / GSH1	TSS1 / GSS1	TSU1 / GSU1

**Clinical benefits**

Through this procedure patients can expect to have their missing teeth replaced and/ or crowns restored.

**Healing**

The healing time required for osseointegration depends on the individual and treatment protocol. It is the responsibility of the practitioner to decide when the implant can be restored. Good primary stability will govern if immediate loading can be done.

**Implant care and maintenance**

Potential implant patients should establish an adequate oral hygiene regime prior to Implant therapy. Proper post operative oral hygiene and implant maintenance instructions must be discussed with the patient, as this will determine the longevity and health of the Implants. The patient should maintain regular prophylaxis and evaluation appointments.

**Side effects**

Potential Side Effects and Temporary symptoms: Pain, swelling, phonetic difficulties, gingival inflammation. More persistent symptoms: The risks and complications with implants include, but are not limited to: (1) allergic reaction(s) to implant and/or abutment material; (2) breakage of the implant and/or abutment; (3) loosening of the abutment screw and/or retaining screw; (4) infection requiring revision of the dental implant; (5) nerve damage that could cause permanent weakness, numbness, or pain; (6) histologic responses possibly involving macrophages and/or fibroblasts; (7) formation of fat emboli; (8) loosening of the implant requiring revision surgery; (9) perforation of the maxillary sinus; (10) perforation of the labial and lingual plates; and (11) bone loss possibly resulting in revision or removal.

**Breakage**

Implant and abutment fractures can occur when applied loads exceed the tensile or compressive strength of the material. Potential overloading conditions may result from; deficiencies in implant numbers, lengths and/or diameters to adequately support a restoration, excessive cantilever length, incomplete abutment seating, abutment angles greater than 30 degrees, occlusal interferences causing excessive lateral forces, patient parafunction (e.g., bruxing, clenching), loss or changes in dentition or functionality, inadequate prosthesis fit, and physical trauma. Additional treatment may be necessary when any of the above conditions are present to reduce the possibility of hardware complications or failure.

**Changes in performance**

It is the responsibility of the clinician to instruct the patient on all appropriate contraindications, side effects, and precautions as well as the need to seek the services of a trained dental professional if there are any changes in the performance of the implant (e.g., looseness of the prosthesis, infection or exudate around the implant, pain, or any other unusual symptoms that the patient has not been told to expect).

**MR Conditional**

Non-clinical testing and MRI simulations were performed to evaluate the dental implant system offered by Southern Implants. Non-clinical testing demonstrates that these products are MR Conditional. A patient with an implant from a Southern Implants System can be scanned safely in an MR system under the following conditions:

- Static magnetic field of 1.5 Tesla and 3 Tesla only
- Maximum spatial gradient magnetic field of 4,000 gauss/cm (40 T/m)
- Maximum MR system reported whole body averaged specific absorption rate (SAR) of 2 W/kg and head average SAR of 3.2 W/kg, for 15 minutes of scanning (i.e., per pulse sequence) in the normal operating mode

The scanning conditions defined above will produce a maximum temperature increase of 4.9 °C in implants from Southern Implants systems after 15 minutes of continuous scanning (i.e., per pulse sequence).

In non-clinical testing, the image artifact caused by implants from Southern Implant System extends approximately 10 mm from this device when imaged with a gradient echo pulse sequence and a 3 Tesla MR system.

### Disposal

Disposal of the device and its packaging; Follow local regulations and environmental requirements, taking different contamination levels into account. When disposing of spent items, take care of sharp drills and instruments. Sufficient PPE must be used at all times.

### Disclaimer of liability

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.

### Notice regarding serious incidents

Any serious incident that has occurred in relation with the device must be reported to the manufacturer of the device and the competent authority in the member state in which the user and / or patient is established.

The contact information for the manufacturer of this device to report a serious incident is as follows: [sicomplaints@southernimplants.com](mailto:sicomplaints@southernimplants.com)

### Basic UDI

Product	Basic-UDI Number
Basic-UDI for Metal Abutments	600954403872

### Related literature & catalogues

CAT-2004- Tri-Nex Implants Product Catalogue  
 CAT-2020- External Hex Implants Product Catalogue  
 CAT-2042- Deep Conical Implants Product Catalogue  
 CAT-2043- Internal Hex Implants Product Catalogue  
 CAT-2060- PROVATA® Implants Product Catalogue  
 CAT-2069- INVERTA® Implants Product Catalogue  
 CAT-2070- Zygomatic Implants Product Catalogue

### Symbols and Warnings

 Manufacturer: Southern Implant 1 Albert Rd, P.O Box 605 IRENE, 0062, South Africa. Tel: +27 12 667 1046	 2797	 Rx ONLY Prescription device*	 STERILE R Sterilization using Irradiation	 NON-STERILE Non-sterile	 ! Caution	 i Consult instruction for use	 Hourglass icon Use by date (mm-yy)	 2 Do not reuse	 2 Do not re-sterilize	 LOT Batch code	 Do not use if package is damaged	 MD Medical Device
* Prescription device: Rx only. Caution: Federal Law restricts this device to sale by or on the order of a licenced physician or dentist.						Canada licence exemption: Please note that not all products may have been licensed in accordance with Canadian law.						
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