English

# INSTRUCTIONS FOR USE: Straumann® ZAGA™ Zygomatic Implants


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## Description

The Straumann® Zygomatic implant system includes the Straumann® Zygomatic implant, ZAGA™ Round and the Straumann® Zygomatic implant, ZAGA™ Flat. They are extra-long (up to 60 mm) to enable bone anchorage in the zygoma and have a 55° head angle. They are made from biocompatible, commercially pure, grade 4 titanium and are available in a range of lengths to be used with a range of prosthetic components. The apical threaded region of the implants is roughened for bone anchorage, while the coronal region has a smooth machined surface. This implant system is delivered pre-mounted with a fixture mount. All implants are appropriate for immediate loading when good primary stability is achieved and with appropriate occlusal loading.

## Intended use

The Zygomatic implants are intended to treat partially or fully edentulous patients with severely resorbed or absent maxillae for whom conventional implants are not an option as a means of fixing a permanent or removable dental or maxillofacial prosthesis.

## Indications for use

Straumann® Zygomatic Implants are intended to be implanted in the upper jaw arch to provide support for fixed dental prostheses in patients with partially or fully edentulous maxillae. All implants are appropriate for immediate loading when good primary stability is achieved and with appropriate occlusal loading. This implant system is not intended, nor should it be used, in conjunction with an angled abutment. These implants are not intended for single unit loading.

## Intended user

Maxillofacial Surgeons, General Dentists, Orthodontists, Periodontists, Prosthodontists and other appropriately trained and experienced implant users.

## Intended environment

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

## Intended patient population

Patients that have lost one tooth or multiple teeth.

## Compatibility information

Use only original Southern Implants components to restore Straumann® Zygomatic ranges. Use components that correspond to the connection type, and prosthetic platform when restoring Zygomatic implants.

| **Straumann® Zygomatic ZAGA™ Implants** | | | | | |
|---|---|---|---|---|---|
| Straumann® Zygomatic Implant ZAGA™ Flat | | Straumann® Zygomatic Implant ZAGA™ Round | Cover Screw and Driver | Abutment and Driver | Prosthetic Screw and Driver |
| CH-ZC-30.0 | CH-ZF-30.0 | CH-ZT-30.0 | CH-CS (cover screw)<br>I-CS-HD (driver) | CH-SRA-xx* (straight Screw-Retained Abutment)<br>046.401<br>046.411 (driver) | I-HD-M (driver) |
| CH-ZC-32.5 | CH-ZF-32.5 | CH-ZT-32.5 | | | |
| CH-ZC-35.0 | CH-ZF-35.0 | CH-ZT-35.0 | | | |
| CH-ZC-37.5 | CH-ZF-37.5 | CH-ZT-37.5 | | | |
| CH-ZC-40.0 | CH-ZF-40.0 | CH-ZT-40.0 | | | |
| CH-ZC-42.5 | CH-ZF-42.5 | CH-ZT-42.5 | | | |
| CH-ZC-45.0 | CH-ZF-45.0 | CH-ZT-45.0 | | | |
| CH-ZC-47.5 | CH-ZF-47.5 | CH-ZT-47.5 | | | |
| CH-ZC-50.0 | CH-ZF-50.0 | CH-ZT-50.0 | | | |
| CH-ZC-52.5 | CH-ZF-52.5 | CH-ZT-52.5 | | | |
| CH-ZC-55.0 | CH-ZF-55.0 | CH-ZT-55.0 | | | |
| CH-ZC-57.5 | CH-ZF-57.5 | CH-ZT-57.5 | | | |
| CH-ZC-60.0 | CH-ZF-60.0 | CH-ZT-60.0 | | | |

*xx denotes the abutment collar height

## Clinical benefits associated with Zygomatic implants

Patients can expect to have their missing teeth replaced and/or crowns restored.

## Preoperative examination and planning

A full medical and dental history must be taken, with emphasis on the presence of soft and 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.
- Determine bone volume and condition.
- Determine jaw relationships.
- Zygomatic implants are recommended for the posterior (premolar/molar) region, one implant on each side, with at least two standard dental implants in the anterior region to support a fixed restoration.
- Where there is insufficient bone for good stability of anterior implants, a quad Zygomatic protocol is indicated. This involves two Zygomatic implants per Zygoma with one of these implants angled to emerge in the anterior region and the other to emerge in the posterior region.

## Before surgery

All components, instruments and tooling used during the clinical or laboratory procedure must be maintained in good condition and care must be taken that instrumentation does not damage implants or other components.

## During surgery

Care must be taken that parts are not swallowed or aspirated 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.

## Post surgery

Regular patient follow-up and proper oral hygiene must be achieved and are essential for favourable long-term results.

## Storage, cleaning and 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 Straumann representative or return to Southern Implants. Do not reuse implants, cover screws, temporary abutments or abutments. Re-using these components may result in damage to the surface or critical dimensions, which may result in performance and compatibility degradation. Southern Implants does not accept any responsibility for complications associated with reused components. The devices must be stored in a dry place at room temperature and not exposed to direct sunlight. Incorrect storage may influence device characteristics.

## 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), gold, palladium, platinum or iridium.
- with inadequate bone volume or quality for zygomatic or conventional implants.
- where adequate numbers of implants cannot be placed to achieve full functional support for a prosthesis.
- who have undergone irradiation of maxillary bone.
- who are under the age of 18, 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 and sinus pathology.

## Warnings

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

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

- Products must be secured against aspiration when handled intraorally. Aspiration of products may lead to infection or unplanned physical injury.

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 Zygomatic implants in bone tissue which has been irradiated as part of cancer therapy may result in the following:

- delayed or failed osseointegration of implants due to reduced bone vascularity, clinically expressed as osteoradionecrosis.
- tissue dehiscence and osteoradionecrosis.
- 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.

It is important to be aware and avoid damage to vital structures such as nerves, veins and arteries. Injuries to vital anatomical structures may cause serious complications such as injury to the eye, nerve damage and excessive bleeding. It is essential to protect the infraorbital nerve. Failing to identify actual measurements relative to the radiographic data could lead to complications.

## Cautions

New and experienced implant users should do training before using a new system or attempting 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 orofacial 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 and adequacy of bone.
- bruxism and unfavourable jaw relations must be taken into account.
- proper preoperative planning with a good team approach between well trained surgeons, restorative dentists and lab technicians is essential for successful implant treatment.
- minimising the trauma to the host tissue increases the potential for successful osseointegration.
- electrosurgery should not be attempted around metal implants as they are conductive.

## 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.

## Precaution: maintaining sterility protocol

1. Care must be taken to maintain the sterility of the implant by proper opening of the packaging and handling of the implant.
2. The outer rigid carton box and the outside of the inner plastic tray-lid are not sterile; do not touch the outside with sterile gloves and do not place the carton box or inner plastic tray-lid onto the sterile field.
3. The packaging for the implant is the same as that for previous Southern Implants Zygomatic implants in that there is no secondary rigid container inside the sterile tray. Instead, there is a stainless steel clip that supports the implant and fixture mount, keeping the implant from contact with the container.
4. Inside the carton box are the sealed inner plastic blister and peel back TYVEK lid. The sealed blister is to be opened by an assistant (with non-sterile gloves): remove the TYVEK lid and do not touch the sterile implant.
5. Follow instructions illustrated in Figure 1 to Figure 4 to remove the sterile implant, maintain sterility and to attach the fixture mount and implant to the handpiece.
6. Maintain the sterility of the implant, after opening the tray and removing the implant, until placement in the surgical site.

NOTE: white gloves and background represent non-sterile items. Blue gloves and background represent sterile items.


*Figure 1: To open implant package in the non-sterile field, with non-sterile gloves, tear the tamper-proof label. With non-sterile gloves remove the inner plastic blister.*

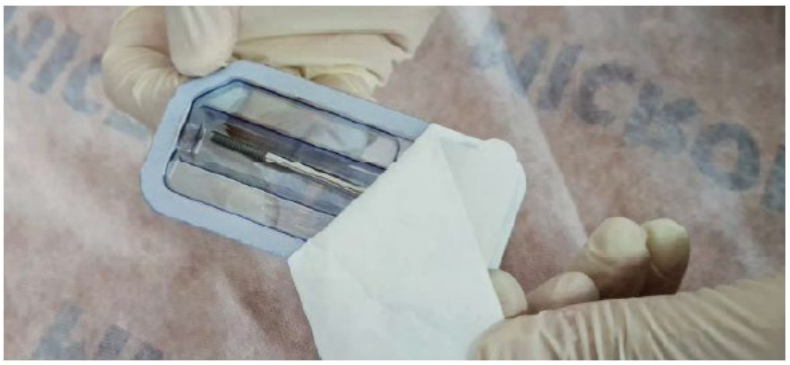


*Figure 2: With non-sterile gloves, peel the TYVEK lid off of the plastic blister.*

*Figure 3: The assistant presents the open tray to the surgeon. Without touching the outside of the blister, the surgeon removes the implant holder with sterile gloves. Take care to not touch the implant.*

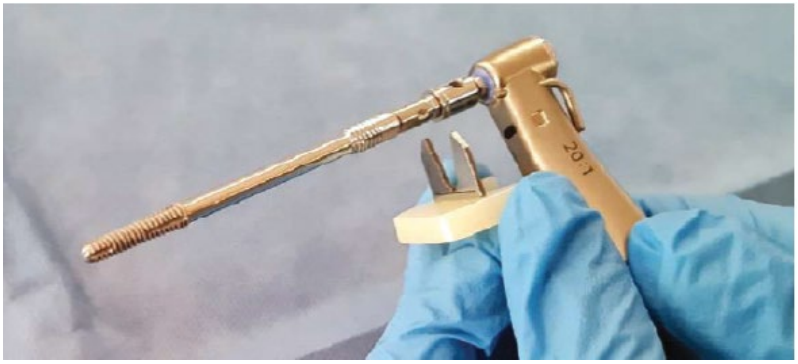


*Figure 4: The surgeon engages the I-CON-X placement tool onto the fixture mount. Using an upward force, the implant is removed from the holder. The implant is now ready for placement.*

## Surgical procedure for Straumann® Zygomatic implants, ZAGA™ Round (CH-ZT)

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 mobilisation beyond the infraorbital margin. In unilateral cases a hemimaxillary 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 channel retractor is placed on the upper border of the zygomatic arch.

1. A small sinus window is cut on the lateral aspect of the maxillary sinus and the block of the bone is removed (Figure 5). The lining of the sinus is reflected, attempting to keep it intact if possible. Thorough reflection of the lining is essential.

2. Begin the entrance point of the implant (site preparation) for the Straumann® Zygomatic implant, ZAGA™ Round (CH-ZT) at the first-second premolar area on the maxillary crest and follow the posterior maxillary wall. Aim to end just in front of the fronto-zygomatic notch.

3. The entrance point on the alveolus is made using a round burr (D-ZYG-RB)* or a needle drill (026.0054) and continued through the wall of the maxillary sinus to the cavity seen through the sinus window (Figure 6) (D-ZYG-RB recommended drill speed: 1000-1500 rpm; 026.0054 maximum drill speed: 800 rpm).

4. The implant site is established by means of the Ø2.9 mm twist drill (D-ZYG-29/ D-ZYG-29S/ D-ZYG-CH-29/ D-ZYG-CH-29S) and continued into the zygoma (Figure 7) (D-ZYG-29/ D-ZYG-29S/ D-ZYG-CH-29/ D-ZYG-CH-29S recommended drill speed: 1000-1500 rpm). For poor bone density cases, a Ø2.7 mm twist drill may be used in place of the Ø2.9 mm drill (D-ZYG-27/ D-ZYG-27S/ D-ZYG-CH-27/ D-ZYG-CH-27S).

   **CAUTION**: inappropriate use of the Ø2.7 mm drill instead of the Ø2.9 mm drill may result in excessive placement torque, stripping of the implant/fixture mount, failure of the fixture mount screw or damage to the insertion tools. 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.

5. The Ø3.5 D-35T-M15 drill is then used to enlarge the hole in the alveolar ridge (Figure 8) (D-35T-M15 recommended drill speed: 1000-1500rpm). Do not use this drill in soft bone as the implant will prepare the alveolar site as it is pushed through in the next step.

6. The depth of the prepared implant site and the implant head angulation are gauged by use of the angled depth gauge (CH-I-DG/ I-ZYG-DG-1) (Figure 9).

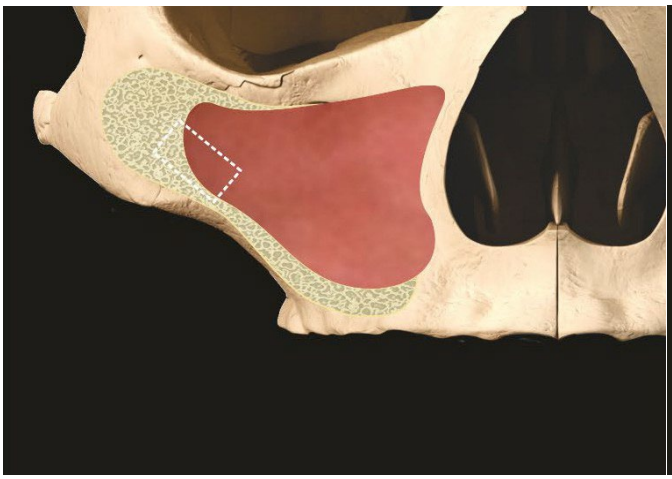


*Figure 5*

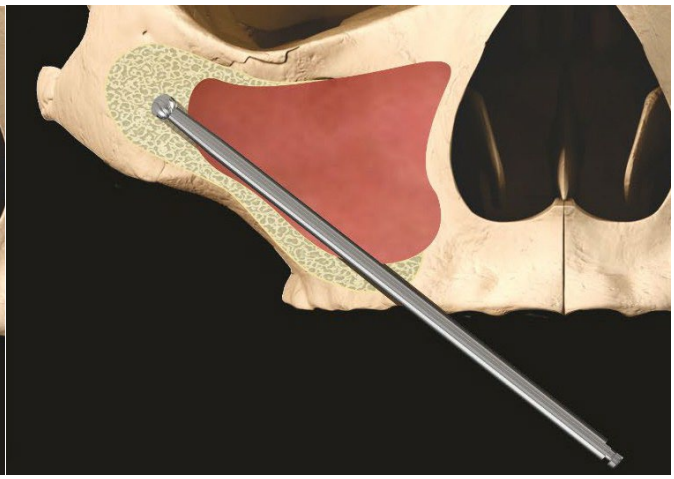


*Figure 6*

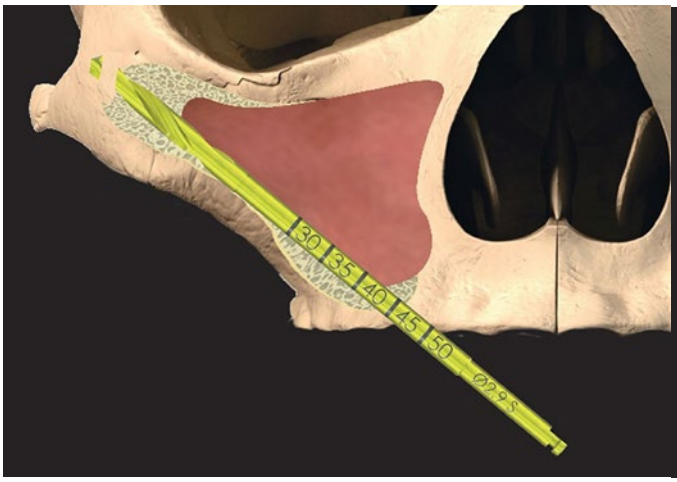



*Figure 7*

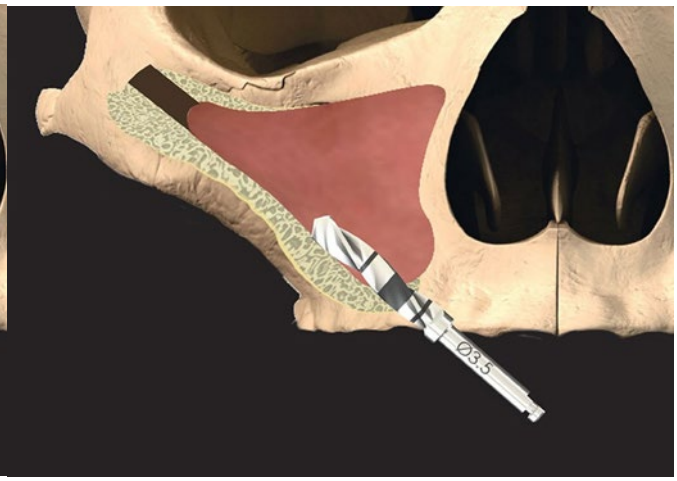



*Figure 8*

7. Before inserting the implant, ensure that the implant site is free of soft tissue remnants. The handpiece with connector (I-CON-X) is used for the initial insertion of the implant, with the torque control set at 50 Ncm at 15 rpm. Push the Straumann® Zygomatic Implant, ZAGA™ Round (CH-ZT) straight through the alveolar preparation. You will only need to start screwing when the apex reaches the zygoma, thus reducing the insertion time. When the handpiece torques out, switch to the onion driver (I-ZYG-INS-2/ I-IMP-INS-2) (Figure 10).

   **Avoid applying bending moments to the fixture mount while inserting the implant. Check the fixture mount screw for loosening periodically and retighten if necessary.**

8. 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 0.8 mm axial movement. Insertion is complete when the head is in the correct prosthodontic position and angle.

9. The fixture mount screw is then loosened with the dedicated screwdriver and the fixture mount is removed (Figure 11).

10. Should sufficient primary stability not be achieved for the implant, a cover screw (CH-CS) is placed with the dedicated driver (I-CS-HD) for a two-stage protocol. For immediate loading, a screw-retained abutment (CH-SRA) with an appropriate gingival height is picked up and placed with the dedicated screwdriver (046.401/ 046.411) (Figure 12). Suturing is then carried out according to the surgeon's preference.

    **CAUTION**: Tighten the cover screw (CH-CS) only finger tight to avoid excessive loads. Tighten the screw retained abutment (CH-SRA) to the recommended torque of 35 Ncm.

*Alternative drill: 103.190 Neodent

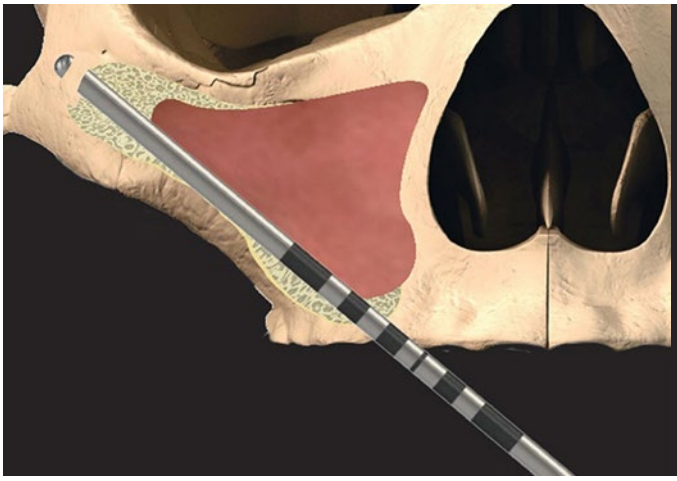


*Figure 9*

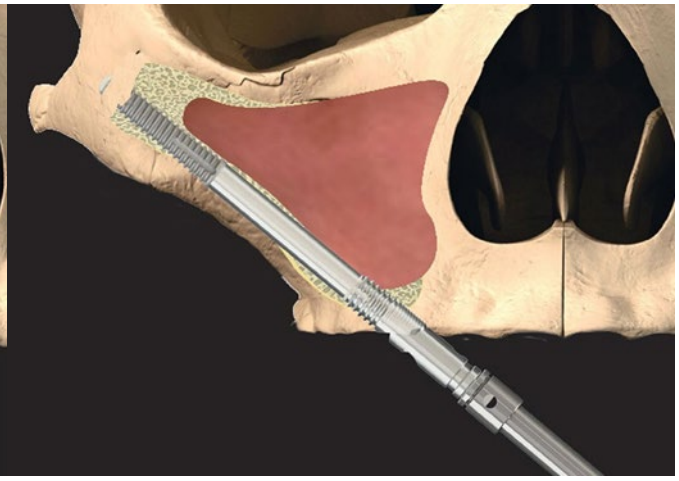


*Figure 10*

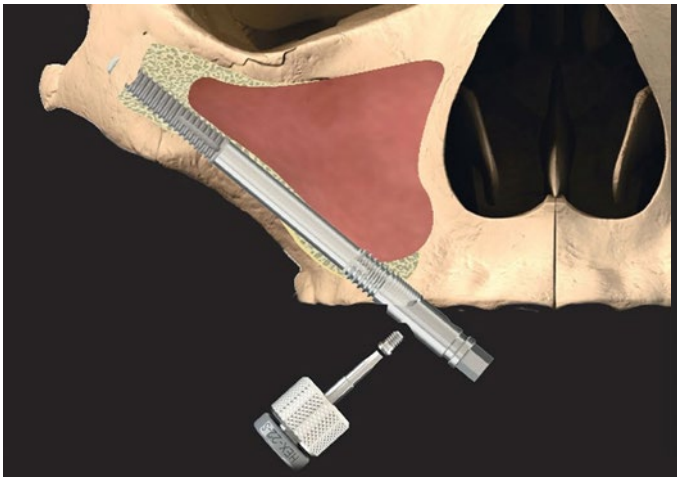


*Figure 11*

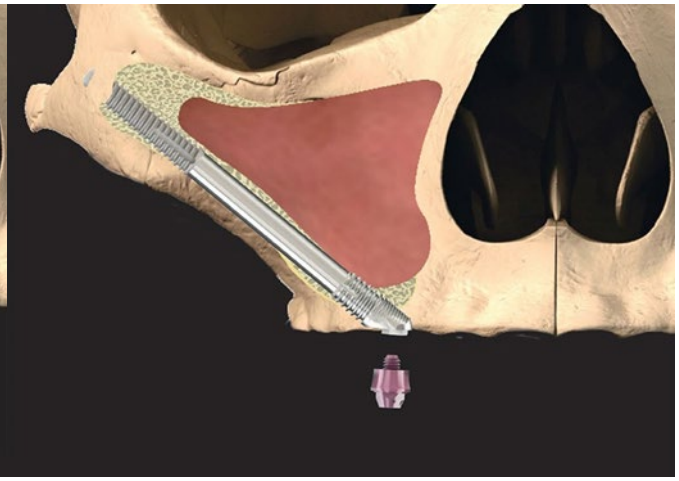


*Figure 12*

## Surgical procedure for Straumann® Zygomatic implants, ZAGA™ Flat (CH-ZC and CH-ZF)

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 mobilisation beyond the infraorbital margin. In unilateral cases a hemimaxillary 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 channel retractor is placed on the upper border of the zygomatic arch.

1. A small sinus window is cut on the lateral aspect of the maxillary sinus and the block of the bone is removed (Figure 13). The lining of the sinus is reflected, attempting to keep it intact. Thorough reflection of the lining is essential.

2. Begin the entrance point of the implant (site preparation) for the Straumann® Zygomatic implant, ZAGA™ Flat (CH-ZC or CH-ZF) at the first-second premolar area on the maxillary crest and follow the posterior maxillary wall. Aim to end just in front of the fronto-zygomatic notch.

3. The entrance point on the alveolus is made using a round burr (D-ZYG-RB)* or a needle drill (026.0054) and continued through the wall of the maxillary sinus to the cavity seen through the sinus window (Figure 14) (D-ZYG-RB recommended drill speed: 1000-1500 rpm; 026.0054 maximum drill speed: 800 rpm).

4. The implant site is established by means of the Ø2.9 mm twist drill (D-ZYG-29/ D-ZYG-29S/ D-ZYG-CH-29/ D-ZYG-CH-29S) and continued into the zygoma (Figure 15). (D-ZYG-29/ D-ZYG-29S/ D-ZYG-CH-29/

D-ZYG-CH-29S recommended drill speed: 1000-1500 rpm). For poor bone density cases, a Ø2.7 mm twist drill may be used in place of the Ø2.9 mm drill (D-ZYG-27/ D-ZYG-27S/ D-ZYG-CH-27/ D-ZYG-CH-27S).

**CAUTION**: inappropriate use of the Ø2.7 mm drill instead of the Ø2.9 mm drill may result in excessive placement torque, stripping of the implant/fixture mount, failure of the fixture mount screw or damage to the insertion tools. 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.

5. Use the ZAGA™ Side Cut Burr (CH-D-CM) to create and/or enlarge the groove made in the alveolar ridge in order to place the implant with the buccal face sitting flush with the alveolar bone outer surface (Figure 16) (CH-D-CM recommended drill speed: 800 rpm).

6. The depth of the prepared implant site and the implant head angulation are gauged by the use of the angled depth gauge (CH-I-DG/ I-ZYG-DG-1) (Figure 17).

7. Before inserting the implant, ensure that the implant site is free of soft tissue remnants. The handpiece with connector (I-CON-X) is used for the initial insertion of the implant, with the torque control set at 50 Ncm at 15 rpm. Push the Straumann® Zygomatic implant, ZAGA™ Flat (CH-ZC or CH-ZF) straight through the alveolar preparation. You will only need to start screwing when the apex reaches the zygoma, thus reducing the insertion time. When the handpiece torques out, switch to the onion driver (I-ZYG-INS-2/ I-IMP-INS-2) (Figure 18).

   **Avoid applying bending moments to the fixture mount while inserting the implant. Check the fixture mount screw for loosening periodically and retighten if necessary.**

8. 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 0.8 mm axial movement. Insertion is complete when the head is in the correct prosthodontic position and angle.

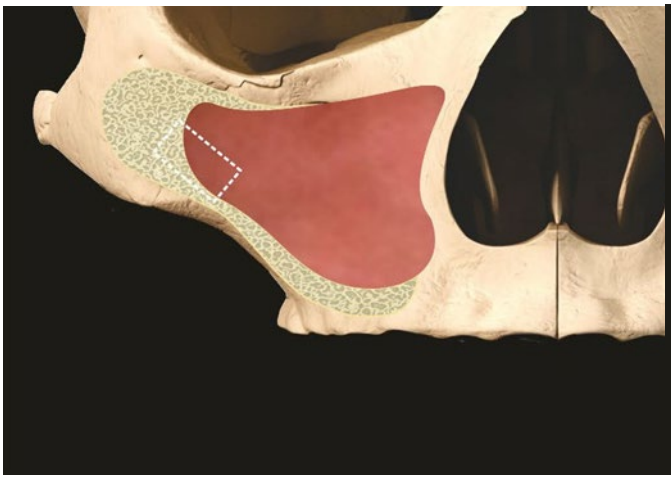


*Figure 13*

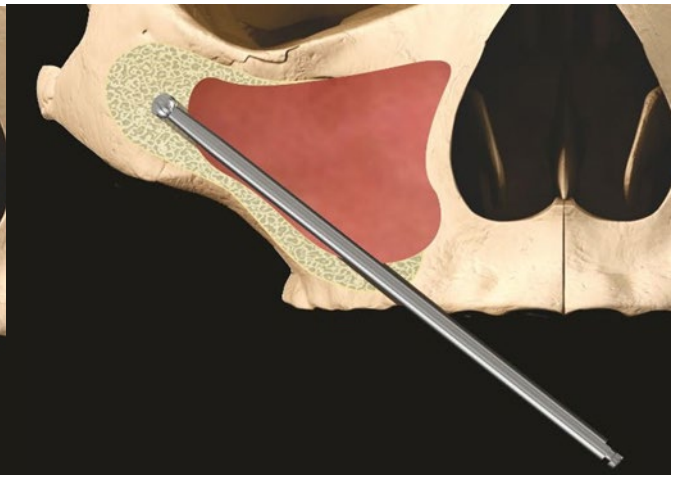


*Figure 14*

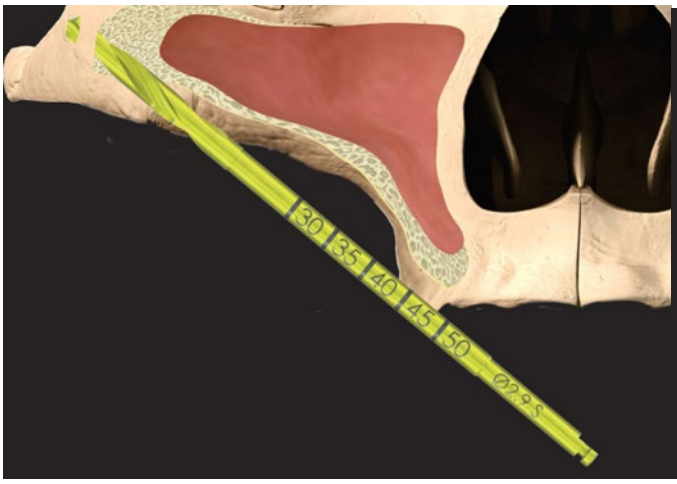



*Figure 15*

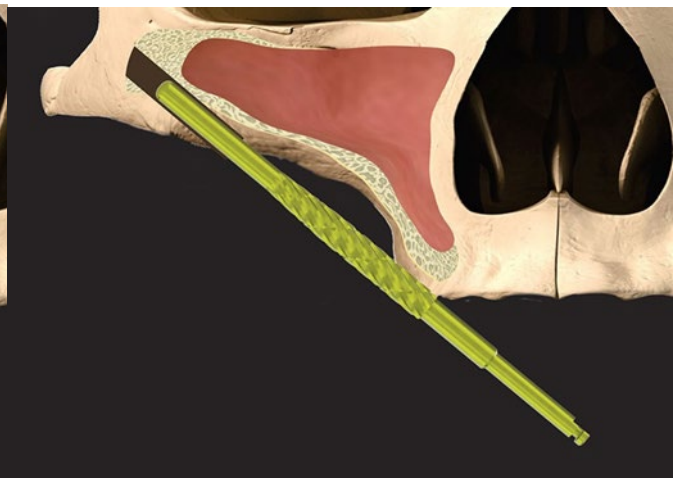


*Figure 16*

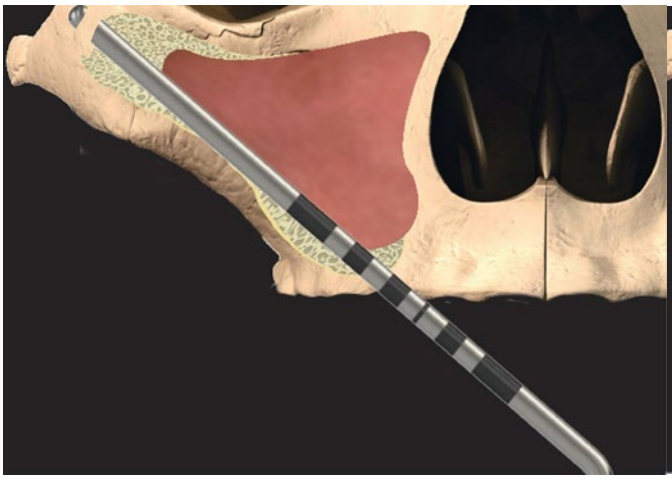
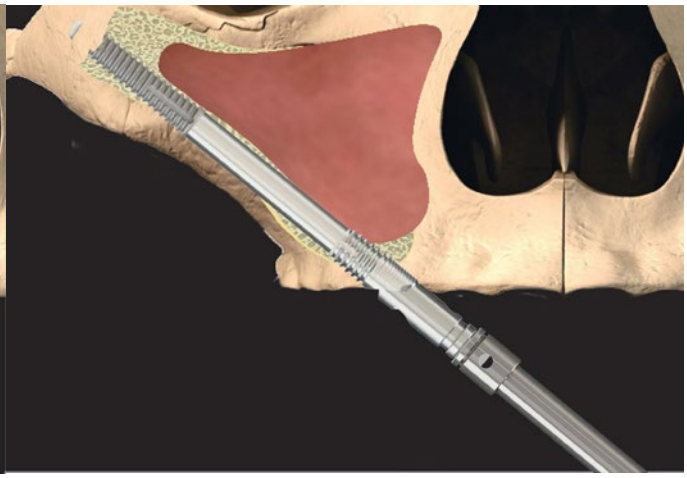


*Figure 17*



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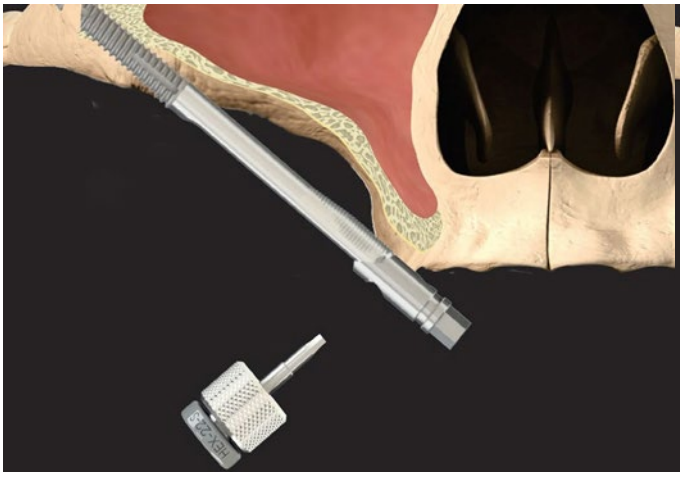

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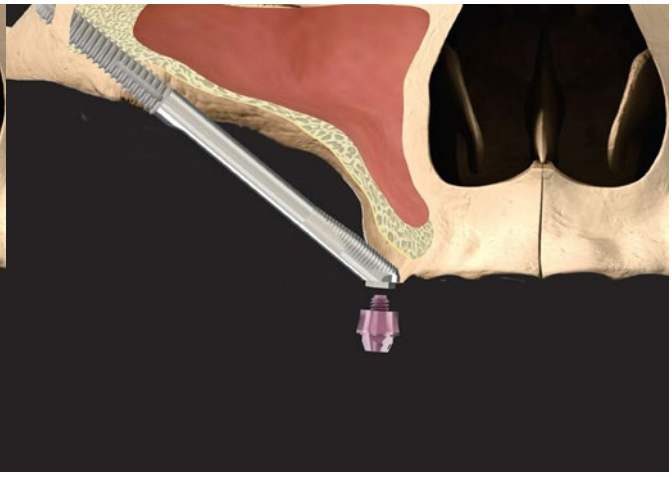


*Figure 20*

9. The fixture mount screw is then loosened with the dedicated screwdriver and the fixture mount is removed (Figure 19).

10. Should sufficient primary stability not be achieved for the implant, a cover screw (CH-CS) is placed with the dedicated driver (I-CS-HD) for a two-stage protocol. For immediate loading, a screw-retained abutment (CH-SRA) with an appropriate gingival height is picked up and placed with the dedicated screwdriver (046.401/ 046.411) (Figure 20). Suturing is then carried out according to the surgeon's preference.

    **CAUTION**: tighten the cover screw (CH-CS) only finger tight to avoid excessive loads. Tighten the screw-retained abutment (CH-SRA) to the recommended torque of 35 Ncm.

* Alternative drill: 103.190 Neodent

### 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°, occlusal interferences causing excessive lateral forces, patient parafunction (e.g. bruxing or 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 patent has not been told to expect).

### 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 postoperative, 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.

### 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.

### Materials
| | |
|---|---|
| Straumann® Zygomatic Implant: | Commercially pure titanium (grade 4, ASTM F67 and ISO 5832-2, UTS ≥ 900MPa) |

### 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.

### Magnetic Resonance (MR) Safety
Nonclinical testing has demonstrated that the Southern Implants® dental implants, metallic abutments and prosthetic screws are MR conditional.

A patient with these devices can be safely scanned in a MR system meeting the following conditions:

- Static magnetic field of 1.5 Tesla and 3.0 Tesla only.
- Maximum spatial gradient magnetic field of 3000 Gauss/cm (30 T/m).
- Maximum MR system reported SAR corresponding to Normal Operating mode for all landmarks (Head SAR of 2 W/kg for head landmark, 1 W/kg whole body (for landmarks within 30 cm of the implant) or 2 W/kg whole body (for landmarks more than 30 cm from the implant), and appropriate partial body SAR for other landmarks). For

imaging landmarks above the thorax, 15 min of scanning at normal operating mode for landmarks greater than 30 cm from the implant with a whole body SAR of 1W/kg for imaging landmarks within 30 cm of the implant.

- In the non-clinical testing, the image artifact caused by the device extends approximately 20 mm from the Southern Implants dental implants, abutments and prosthetic screws, when imaged with a gradient echo pulse sequence and a 3.0 Tesla MRI system.

Removable restorations should be taken out prior to scanning, as is done for watches, jewellery etc. Should there be no MR symbol on the product label, please note that this device has not been evaluated for safety and compatibility in the MR environment. This device has not been tested for heating or migration in the MR environment.

## 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.

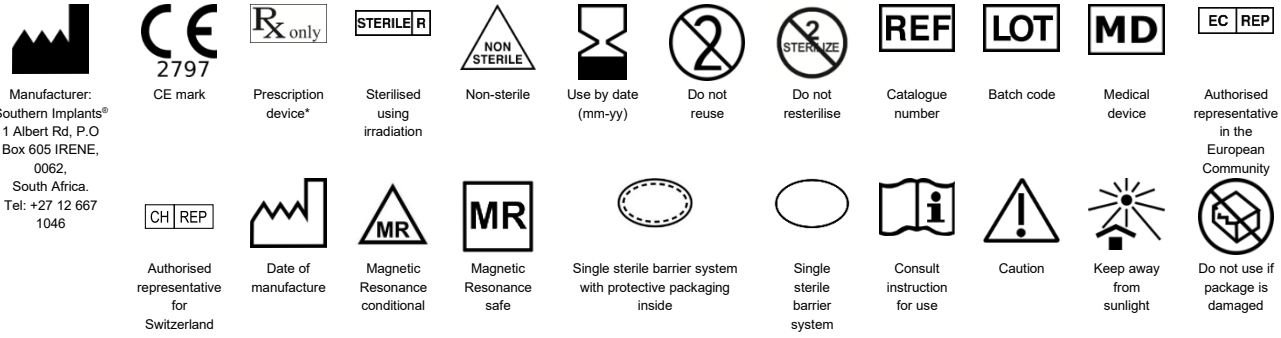
## Basic UDI

| Product | Basic-UDI Number |
|---|---|
| Basic-UDI for Zygomatic Implants | 60095440387194 |

## Related literature and catalogues

CAT-8047-STR-HC - Straumann® ZAGA™ Screw-Retained Abutments
CAT-8048-STR - Straumann® ZAGA™ Drills & Handpiece Devices
CAT-8051-STR-HC - Straumann® ZAGA™ Cover Screws
CAT-8080-STR - Straumann® ZAGA™ Reusable Instruments
CAT-8082-STR - Straumann® ZAGA™ Instrument Trays
CAT-8083-STR - Straumann® ZAGA™ General Use Instruments

## Symbols and warnings




* 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.