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# INSTRUCTIONS FOR USE
# PROSTHETIC COMPONENTS

The following instructions for use concern prosthetic components, screws, instruments, cutters and Anteea accessories. Read carefully before use. The paragraphs in which the product is not mentioned are to be considered valid for all types of Anteea prosthesis listed below, unless otherwise specified (e.g. Locator® attachments).

## 1.1 INTENDED USE

The Anteea prosthetic structures have been designed to be used for the prosthesis of the implants, while the laboratory accessories are suitable for taking dental impressions and reconstructing in the laboratory the model that represents the area of the mouth involved in the prosthetic implant restoration. These devices can be paired, unless otherwise stated, only with Anteea devices, detailed in the catalog and on the company website www.anteea.com.
The combination with different devices could cause a clinical case failure.

## 1.2 WARNINGS AND RISKS IN THE USE OF THE MEDICAL DEVICE

The use of these medical devices is reserved exclusively for personnel trained with the necessary operating qualifications and who have read this instruction leaflet. Improper or incorrect use of the devices can cause damage to the components or injury to the patient. Before any surgery, an accurate medical history of the patient must be performed (clinical and radiographic analysis are necessary). Do not use if the packaging is damaged. Before use on the patient, the device must be cleaned and sterilized by following the instructions in the "INDICATIONS FOR USE" paragraph.
Anteea devices have not been evaluated for safety and compatibility in environments with magnetic resonance imaging (MRI). They have not been tested for heating, migration or the possibility of creating artifacts in the MRI image in environments with magnetic resonance imaging (MRI). The safety of devices in environments with magnetic resonance imaging (MRI) is unknown. Magnetic resonance imaging scanning in a patient who has these devices can cause patient injury.
As for the attachment system for Locator® implants, it is not appropriate where a completely rigid connection is required. The use of a single implant is not recommended in the presence of a divergence of more than 20 degrees from the vertical.

## 1.3 INFORMATION TO THE PATIENT

The patient must be informed by the doctor about all aspects of the intervention. The patient must also be instructed to maintain correct oral hygiene and to carry out check-ups if unexpected situations arise relating to the intervention and the device inserted. In addition, the patient must be instructed, when appropriate, that during the post-operative procedure, mechanical loads in the implant area must be avoided.
Regarding Locator® attachments, patients should be made aware of the following:
- Locator® attachments should be cleaned daily to prevent
plaque formation, using a nylon brush with soft bristles or brush with a tuft tip, a non-abrasive toothpaste to clean the stumps and copings and the interdental toothbrush to polish the stumps.
- Granular particles in abrasive toothpastes can scratch the surfaces of prostheses and cause plaque build-up.
- Abundant irrigation is recommended to empty the debris inside the Locator® inserts.
- The copings / retainers are made of a soft plastic material (nylon) to allow the removal of the dentures.
- Copings / retainers are subject to wear in normal use and therefore replacement is required periodically.

## 1.4 CONTRAINDICATIONS AND RISKS

The device must not be used in the following cases:
- on non-bone site
- on a necrotic or infected site
- in case of degenerative bone disease
- proven or suspected allergy to titanium or alloys
However, implantology and bone regeneration procedures are not recommended in the following cases:
- poor bone quality
- suspected site infection
- inadequate oral hygiene
- poor patient cooperation
- heavy smoking abuse
- general pathological conditions (AIDS, cancer, diabetes, osteoporosis etc.). In the case of treatment with medicines that act on phospho-calcium metabolism, the use of the device must be carefully evaluated. Evaluate the possible danger of galvanic reactions due to the presence of different types of alloys in the oral cavity. In the intraoral use of the devices, it is essential to ensure protection against the risks of aspiration and / or swallowing of the components.

## 1.5 INDICATIONS FOR USE

Prosthetic components and laboratory accessories are supplied in NON-STERILE packaging therefore, before use, they must be properly cleaned and sterilized. The cleaning and sterilization processes are necessary to safeguard the health of patients and all the people who work in the office.

### Cleaning

Cleaning can be done manually with hot water and a special non-aggressive detergent, using plastic or nylon brushes (never steel wool or metal brushes). When using the chosen detergent, follow the manufacturer's specific recommendations for use. Ultrasonic appliances can also be used for cleaning. It is recommended to check every single device after the washing cycle to verify that any residues have been completely removed. Do not leave the pieces wet after rinsing to avoid the formation of traces of oxidation.

### Sterilization

The recommended sterilization method depends on the type of device. The different methods are shown below.

### Sterilization of plastic devices

Do not autoclave plastic devices and do not expose them to heat sources to avoid deformation or loss of elasticity. Copings or components made of plastic or nylon material (such as Locator® copings) must be sterilized / disinfected using a liquid chemical sterilizer, compatible with the material with which they are made. To ensure that these products are sterilized / disinfected (all microorganisms including Clostridium sporogenes and Bacillus subtilis are eliminated), they must be soaked in the liquid sterilizer at room temperature for a minimum of 3 hours.
The plastic coping of the "Transfer-abutment" device is supplied non-sterile. DO NOT sterilize the plastic coping and do not expose it to heat sources above 80 ° C (about 176 ° F), to avoid deformation or loss of elasticity. The plastic coping must be disinfected before use with common disinfectants for plastic products (comply with the manufacturer's instructions).
Only the devices for which it is expressly indicated to be made of PEEK material can be sterilized in an autoclave, see paragraph "Autoclave sterilization of metal and PEEK devices".

### Autoclave sterilization of metal, PEEK (Polyether ether ketone) and POM (Polyoxymethylene) devices

As sterilization method, autoclave / steam sterilization is recommended: the recommended standard time * is 20 minutes at a temperature of 121 ° C (about 250 ° F) and pressure of 1.1 bar. Failure to comply with these indications can lead to the onset of cross infections and the failure of the intervention.
* Times and temperatures may vary depending on the nature and load of your appliance. Always follow the instructions provided by the manufacturer of the appliance. It is recommended to be careful to package the different types of components separately. Sterilized envelopes must be stored in a dry place, protected from dust and not exposed to direct sources of heat or sunlight. Exceeded the maximum storage time (from 30 to 60 days depending on the type of bag used) it is necessary to re-sterilize the devices.

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Even after use, having to proceed with the conventional disposal of the devices, it is necessary to clean and sterilize them.
Anteea prosthetics and laboratory accessories are designed as DISPOSABLE.
In reuse there is in fact the risk that potential mechanical damage, due to previous uses, could compromise their insertion and use.
Disposable means that each individual device must be used exclusively for a single patient and only in the context of the surgical intervention for which it was designed. It may be necessary to test the device in the mouth before actual use. This practice is lawful and does not alter the concept of disposable, provided that the same device is used always and only for the same patient and within the same surgery and on the same site created. In the case of reuse by the doctor of the medical device, this must be considered an off-label use and in such cases Anteea declines any responsibility.
To fix the prosthesis and accessories, the following torques / torques must be respected. For more details refer to the catalog or the company website www.anteea.com
The screwing of the prosthetic part and laboratory accessories must be performed with the aid of the special screwdrivers.

| PRIMARY SCREWS | | | | |
|---|---|---|---|---|
| M 1.4 | M 1.6 | M 1.8 | M 2 | M 2,5 |
| 12 Ncm | 25 Ncm | 30 Ncm | 35 Ncm | 35 Ncm |
| A-SERIE<br>BH-SERIE<br>N-SERIE<br>TH-SERIE | A-SERIE<br>B-SERIE<br>C-SERIE<br>D-SERIE<br>FX-SERIE<br>N-SERIE<br>OS-SERIE<br>TH-SERIE | AK-SERIE<br>AL-SERIE<br>BT-SERIE<br>BH-SERIE<br>LP-SERIE<br>MS-SERIE<br>R-SERIE<br>SK-SERIE<br>SO-SERIE<br>Z-SERIE | A-SERIE<br>B-SERIE<br>I-SERIE<br>MO-SERIE<br>N-SERIE<br>NE-SERIE<br>OS-SERIE<br>O-SERIE<br>R-SERIE<br>S-SERIE<br>SO-SERIE<br>SK-SERIE<br>WS-SERIE | B-SERIE |

| SECONDARY SCREWS | | | |
|---|---|---|---|
| M 1.4 | M 1.6 | M 1.8 | M 2 |
| 12 Ncm | 20 Ncm | 25 Ncm | 30 Ncm |
| A-SERIE<br>AL-SERIE<br>B-SERIE<br>BE-SERIE<br>BH-SERIE<br>C-SERIE<br>D-SERIE<br>MO-SERIE<br>MS-SERIE<br>N-SERIE<br>O-SERIE<br>OS-SERIE<br>R-SERIE<br>SK-SERIE<br>SO-SERIE<br>TH-SERIE<br>Z-SERIE | AL-SERIE<br>AK-SERIE<br>FX-SERIE | Z-SERIE | LE-SERIE<br>NE-SERIE<br>S-SERIE |

| HEALING SCREWS | | | | |
|---|---|---|---|---|
| M 1.4 | M 1.6 | M 1.8 | M 2 | M 2,5 |
| 10 Ncm | 20 Ncm | 25 Ncm | 30 Ncm | 30 Ncm |
| A-SERIE<br>BH-SERIE<br>N-SERIE | A-SERIE<br>B-SERIE<br>C-SERIE<br>D-SERIE<br>FX-SERIE<br>N-SERIE<br>OS-SERIE<br>TH-SERIE | AK-SERIE<br>AL-SERIE<br>BT-SERIE<br>BH-SERIE<br>LP-SERIE<br>MS-SERIE<br>R-SERIE<br>SK-SERIE<br>SO-SERIE<br>Z-SERIE | B-SERIE<br>MO-SERIE<br>O-SERIE<br>OS-SERIE<br>R-SERIE<br>S-SERIE<br>SO-SERIE<br>SK-SERIE<br>WS-SERIE | B-SERIE |

Torques higher than those recommended can cause the abutment and / or implant to break.
Torques lower than the recommended values can cause loosening of the abutment, with consequent possible breakage of the same and / or of the implant.
It is highly recommended to fasten the final prosthesis to the implant using an ever new screw, to avoid damaging the implant / prosthetic connection, which can occur by using, for example, screws already used in the laboratory.
It is also recommended to check the nal positioning of the prosthetic structure made by radiography.

### 1.6 REFUNDS
Anteea does not accept as returned goods devices that have the packaging open, with broken seals or that do not comply with the company's sales specifications.

### 1.7 STORAGE PRECAUTIONS
Store in a dry, clean and dust-protected place. Do not expose to direct heat sources or sunlight.

### 1.8 GENERIC SURGICAL PROCEDURE
Preliminary checks:
- Check that the packaging is intact and not damaged.
- Proceed with cleaning and sterilization as indicated in the paragraph

### "INDICATIONS FOR USE".
- Check that the device has been properly cleaned and sterilized before use on the patient.
- Check that everything that can come into contact with the device
during the clinical procedure it is also clean and sterile.

### Surgical indications
The procedural advice to be followed and the complete list of all Anteea codes are shown in the catalog, in the brochures and on the website www.anteea.com
The use of the device must be carried out in a surgically suitable environment and handling during the operation must take place through the use of gloves or appropriate instruments which are also sterile. A specific treatment plan based on the patient's state of health and the intervention to be performed must be studied. For successful procedure, soft tissue management is a critical factor. It is necessary to study the intervention and tissue preservation technique that best suits the patient's needs and clinical picture. The use of protective glasses is recommended.
The screwing of the prosthetic part and laboratory accessories must be performed with the aid of the special screwdrivers. The torque exercised must not exceed the maximum torque declared by Anteea.
It is recommended to always make sure that the screwdriver and the device are connected correctly, to avoid lever movements and therefore increase the risk of fracture.

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## 1. COMPONENTS FOR INDIRECT OR BONDING TECHNIQUE:
The indirect or gluing technique consists in taking the impression by inserting a particular prosthetic component called "transfer" inside the implants to reproduce the exact position on the plaster model. The impression and the transfers are sent to the dental laboratory where the abutments will be made, any provisional, in the opinion of the dentist, for further conditioning and for the application of a progressive load, and the final prosthesis. The structure is bi-component, for all connections and for all materials. Specifically, this type of method involves the use of a bonding link, made of Gr5 titanium, to be tightened directly on the implant and on which to cement single elements or Implant Bridge like Toronto Bridge type, thanks to the help of a specific cement. The geometry of the cannulas confers a well-defined and univocal angular insertion phase, as well as ensuring a uniform and effective distribution of the cement with the advantage of drastically reducing cases of decementation. The screw rest is always on the Titanium connector (never on the prosthesis), just as the link rest is on the fixture. Also in this case it is possible to manage the inclined screw channel method and to realize in house, with special Anteea open libraries, devices with gluing technique. The Anteea libraries for gluing technique has been specifically designed to increase the fit of the prosthetic element to be glued, with particular attention to the Model Free technique.

## 2. COMPONENTS FOR DIRECT OR SCREWED TECHNIQUE:
The direct or screwed technique consists in inserting the stump directly into the patient's mouth and in its processing in situ. The impression taking and the preparation of the prosthesis take place following the same method used for the stumps of natural teeth.
Metal: the structure is monobloc (or integral), that is milled entirely from solid.
Zirconia and resins: the structure is monobloc for EXTERNAL CONNECTIONS and bi-component for INTERNAL CONNECTIONS.
In practice, the internal connection is replicated by a special gr5 Titanium connector (IC Base) to be inserted subsequently (by interlocking) in a calibrated housing, milled on the prosthesis (normally an external hexagon for the abutments, and a cylindrical seat for the bridges screwed). The support of the screw remains on the prosthesis (not on the connector), so the stop channel is reinforced by about 1mm in height, compared to the channel milled on the metal prostheses, to avoid breakage during the tightening phase. Similarly, it is always the prosthesis (and never the connector) that rests on the fixture.

## 3. COMPONENTS FOR M.U.A. (MULTI UNIT ABUTMENT) OR M.S.A. (MULTI SYSTEM ABUTMENT):
They are components that are part of a multi-prosthetic system, to make screwed bridges, screwed bars and "toronto bridges". The variety, precision and ductility of the screwed prosthetic components allows to correct in a simple, immediate and effective way the disparallelism between the various implants for a tension-free insertion (passive-fit) of the prosthesis.

## 4. OVERDENTURE PROSTHESIS COMPONENTS:
Overdenture on implants represents a relatively simple therapeutic option with a good cost-benefit ratio for many patients. In some cases it is not necessary to make a new prosthesis as it is possible to use the patient's prosthesis. Overdenture on implants can also be used as a temporary prosthesis.
The overdenture can be fixed to the implant in the following ways:
1. Equator;
2. Connektor;
3. Ball abutment;
4. Abutment for bar.

Ball abutments are traditionally used in the jaw, on two implants. The overdenture fixed on a bar can have a rigid (multiple implants) or resilient (two implants) structure.
The connektor abutment is indicated in the case of total or partial prostheses supported by implants in the upper or lower arch. The self-positioning design allows patients to easily apply the prosthesis.

NB the technical and use specifications of all types of components are the same as described below.
For any further information, please contact info@anteea.com

## ANALOGS:
Description: The analogue is a steel component that reproduces, in the impression taking phase, the position and shape of the implant seat on the plaster model, on which to develop the final prosthesis.
Use: Insert the Analog on the Transfer by locking it with the relative screw. Obtain the mold containing the Analogue and then remove the screw and the transfer replacing it with the stump to be prepared or with the base for the prosthesis or the prosthesis itself made with CAD-CAM techniques.

## TRANSFER:
Description: These components generally made of grade 5 titanium, have the function of transferring the exact position of the implant connection from the mouth to the dental model, in terms of height, inclination and indexing, they are supplied complete with the relative screws to fix them to the dental implants.
TRANSFER OPEN TRAY - Use: Connect the Transfer to the system by tightening it with the relative screw. Take the impression with an individual spoon drilled at the single implant. When the impression material has completed the hardening process, first unscrew and remove the screw and then the individual spoon containing the Transfer. Send everything to the lab.
TRANSFER CLOSED TRAY - Use: Connect the Transfer to the system by tightening it with the relative screw. Place the coping over the transfer and then wet it with adhesive. Take the impression with a closed individual spoon. When the impression material has completed the hardening process, remove the spoon containing the copings and reposition the Transfer. Send everything to the lab.
TRANSFER-ABUTMENT
1 - Position the abutment on the implant and tighten the screw. Place the plastic coping on the die and then wet it with adhesive. Proceed with the impression with the individual spoon closed. By removing the impression, the coping is released from the stump and remains within the impression. Remove the stump from the implant and send the impression and the removed stump to the dental laboratory for the preparation of the prosthesis.
2 - Once the prosthesis has been prepared, fix the abutment to the implant using a new retention screw.

## TEMPORARY ABUTMENT:
The temporary abutment is a component made of Grade 5 titanium. It is used for prosthetic restorations prepared by the dentist to the chair, its use serves as a support for screwed provisionals whether they are crowns, bridges or prostheses.

## CASTABLE ABUTMENT:
The castable abutment, made of PMMA (Polymethylmethacrylate), is used for prosthetic restorations prepared by the dental technician in the laboratory. They are used to obtain individual abutments for cemented prostheses or the casting of bars for overdentures or structures for screwed bridge type Toronto Bridge.

## ANATOMICAL ABUTMENT:
Grade 5 titanium abutment available in different heights and diameters. The peculiarity of this stump that makes it "aesthetic" is the collar that reproduces the gingival profile, reducing the preparation time and the risk of exposure of the titanium following the reabsorption of the tissues. Suitable for restorations in the anterior and posterior group and indicated for single and multiple reconstructions.

## MILLABLE ABUTMENT:
Made of Grade 5 titanium, it is the ideal solution for those who want to create a customized abutment by milling it from solid. It is the solution to the disparallelisms between multiple implants if the angle between the implant axis and abutment cannot be resolved with preformed abutments. It offers the advantage of a valuable aesthetic result and personalized milling allows a more precise positioning and a finer orientation.

## ANGLED ABUTMENT:
This abutment made of Grade 5 Titanium, with its "inclined" design is indicated to correct disparallelisms. Its angle from 17 ° to 55 ° makes it particularly suitable for restorations in the anterior and posterior group and for single and multiple reconstructions.

## DUAL SYSTEM
## BONDING CONVERTER ABUTMENT:
Anteea DualSistem grade 5 titanium bonding converters were created to give those working in the implant sector (Odontologist - Dental Technician - Drilling Centers) a complete system for making dental prostheses on implants, using the CAD bonding modeling technique of interfaces, or manually with the lost wax casting technique. The product is sold with screws and a burn-out, which allows to always have the thicknesses programmed for gluing both from the file generated by the converter scan and with the lost wax casting technique. The Dual Sistem system allows to carry out restorations in Titanium, Zirconia, Laser-Melting (SLM), pressed ceramics and all new generation ceramic materials. The system offers a convenient alternative for crowns and bridges in noble metal-based alloy, without sacrificing the standard of connection precision and the compatibility of the implant house chosen by the customer. There are numerous advantages that this stump offers, including simple and effective modeling thanks to the castable pillar, the ability to customize the emergence profile. High standards of precision and compatibility in the connection phase. There are undeniable time savings in the individual modeling phase, the procedures in the preparation of pre-packaged abdutments, virtual construction and precision milling with cad-cam system.
There is also the possibility of direct and personalized control in your laboratory of the shape and height of the abdutment with consequent quality. Furthermore, a lower casting cost of the alloy must be considered.

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**SCANBODY:**
This component made of PEEK (Polyetheretherketone), Titanium or Aluminium is a special device for detecting, with the help of scanners, whether they are tabletop or intra-oral, the exact position of the endosseous implant that the professional inserted to the patient. The aim is to physically or virtually reconstruct the exact reproduction of the oral cavity that the dental prosthesis must receive. The scan body is needed and is used to detect the position of the implant for the construction of abutments in digital format via CAD software.

**BASE FOR PRESS**
**(TITANIUM BONDING CONVERTER)**
The Bases for Press are hybrid abutments, whose Peek superstructure adheres perfectly to a titanium base without creating micro-gaps. These bases combine the properties of a temporary abutment with those of a definitive one and therefore it is no longer necessary to replace the abutment. In this way, soft tissues are not repeatedly traumatized and treatment times and costs are reduced.

**CASTABLE ABUTMENT**
It is used to create customized prosthetic products by casting. It is made of a particular easily workable plastic that leaves very few melt residues. Carry out the appropriate modeling by operating in the laboratory with the help of the casts made according to the impressions taken on the patient. Proceed with the casting of the castable and the refining of the structure obtained, which will be fixed to the implant by means of the retention screws.

**DUAL SISTEM - TITANIUM BASE**
They are used to create prosthetic products using various techniques such as casting (if there was castable), gluing, CAD-CAM techniques. The titanium base allows you to have a good finish and a precise implant-prosthetic connection. Carry out the appropriate modeling and finishing of the stump made. Fasten the abutment obtained on the implant using the retention screw provided. Finally fix the prosthesis on the stump.

**SCREW CAP**
Temporary component useful to cover the M.U.A. abutments, during the healing of the implants to avoid contamination in the implant site. The cap must be screwed to the stump by means of the relative retention screw.

**TEMPORARY ABUTMENT M.S.A.**
After adapting it in the laboratory, screw the cylinder over the M.U.A. The cylinder forms the connection structure with the prosthesis made in the laboratory.

**DRIVER**
It is used to remove the implant from the vial and insert it on the site created. The connection between the device and the implant is made by means of a retention screw (the assembly device and the relative screw are usually supplied in the wing with the sterile implant). When sold individually it is instead supplied non-sterile and therefore must be properly cleaned and sterilized before use.

**CONNEKTOR® ABUTMENT**
The Connektor Abutment system is designed for use with overdentures or partial dental prostheses, held in whole or in part by endosseous implants in the jaw or jaw. Connektor components are not suitable where a totally rigid connection is required. Similarly, its use is not recommended on a single system with an inclination greater than 20 degrees.

**PROTECTION ANALOG**
Protects during modification of the prosthesis - Protects the connection while the abutment, the implant bridge or the implant bar (on the implant or at the level of Multi-unit abutments) are modified

**BALL ABUTMENT**
Efficient solution for overdentures, allows up to 30 degrees of divergence from the implant angle and provides a secure attachment of overdentures. It offers extreme prosthetic flexibility for full arch prostheses, available in different heights according to the variable height of the tissues.

**COMBY CHROME**
**(BONDING CONVERTER)**
This stump made of Cobalt Chrome alloy, is sold with screw and its corresponding castable pillar; represents the evolution of old lost wax castings. The fusion in the dental field has always represented a real challenge between man and metal, both in the management of the coatings and in the control of the phenomena of expansion or contraction. With the advent of modern implantology and with the technological evolution of the materials and tools available, the craftsmanship of the dental technician is evolving, replaced by series production and cad-cam systems with Digital Workflow. In the past, the bases for overcasting or UCLA were produced exclusively in gold. Today's market no longer accepts these expensive prosthetic solutions, but the demand for over-meltable, economically advantageous hybrid solutions is increasingly pressing.
The Comby Chrome base offers the possibility of overcasting base steel or base alloys allowing to combine the freedom of modeling the anatomical part of the castable portion with the precision and solidity of an industrially produced implant connection.
One of the characteristics of our bases for overcasting is that of leaving the closing edge uncovered between the stump in cobalt chrome and the castable cylinder in PMMA (Polymethylmethacrylate).
The devices can be classified as invasive intended for long-term use and are used in the oral cavity up to the pharynx and therefore fall into class IIA.
The table alongside illustrates the characteristics of the Cobalt Chrome alloy used by Anteea.

## COBALT CHROME DENTAL ALLOY

**REFERENCE ANALYSIS**

| | |
|---|---|
| **Cobalt (Co)** | **66%** |
| **Chromium (Cr)** | **27%** |
| **Molybdenum (Mo)** | **6%** |

***Other metals may be present such as C, P, S, Fe, Mn, etc.***
***The concentration by weight of these elements is lower than the reported limits in the supplement ordered to the C.U. 02/20/1992. General series n ° 50.***
***It cannot be classified as dangerous to health or not subject to recognized exposure limits.***
***The League is absolutely free of Nickel (Ni) and Beryllium (Be)***

**PHYSICAL AND MECHANICAL PROPERTIES**

| | |
|---|---|
| **Solidus-liquidus temperature** | **1307 ÷ 1417 °C** |
| **Coefficient of thermal expansion** | **(25 ÷ 500 °C) 14,3 x 10-6 K-1 – (25 ÷ 600 °C) 14,5 x 10-6 K-1** |
| **Fusion point** | **1470 °C** |
| **Density** | **8,4 g/cmc** |
| **Vickers hardness** | **255 HV10** |
| **Percentage elongation at break** | **11 %** |
| **Unit yield strength** | **(Rp0.2) 395 MPa** |
| **Elasticity module** | **233 GPa** |
| **Maximum cooking temperature** | **980°C** |
| **Color** | **White** |

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# INSTRUCTIONS FOR USE
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## COMBY CHROME

The bases provide support for single-element or multi-element, mandibular or maxillary screwed structures. The bases for overcasting in CoCr and gold alloy are intended for use with dental implants in the jaw or jaw, partially or completely edentulous, to support single or multiple screwed prostheses. Fasten the prosthesis to the implant using the relative screw, following the tightening torques indicated by Anteea. The bases for overcasting consist of a base in metal alloy, combined with a castable cylinder suitable for casting that leaves no residue. It is possible to shorten this modeling auxiliary device up to the height of the occlusal plane, according to the individual cases. It is essential, for the success of the clinical case, to insert an adequate number of implants, and to evaluate on the basis of the most appropriate position, diameter and length, in order to guarantee a correct distribution of the chewing load on the relative prosthesis made with the bases and then on the implants.
Waxing and coating. The waxing of the structure can be carried out using standard techniques. A minimum thickness of 0.4 mm must be guaranteed to the structure to ensure an adequate result after casting. The connection geometry and the platform must be kept clean in order to ensure the absence of molten material on the area.
Before coating, thoroughly clean the surfaces. The use of a phosphate-based (non-gypsum-based) coating is recommended for metal casting. Make sure to avoid the inclusion of air bubbles inside the compound. When processing the coating material, follow the manufacturer's instructions. Respect exactly the recommended mixing ratio, times and heating temperatures.
Melting, Casting and Cooling
The CoCr bases are designed to be overcast with CoCr alloys. Vacuum induction melting is recommended for the casting of CoCr alloys. Follow the instructions provided by the manufacturer of the metal alloy intended for overcasting. To prevent molten products from being subjected to excessive thermal stress, allow them to cool slowly down to room temperature.
Removal of the coating, finishing and any welding Proceed to remove the coating by sandblasting with glass balls at a maximum pressure of 2 bar, which allows to avoid alterations and damages to the connection area between the prosthesis and the implant. The structure can be finished with ceramic abrasive tools or with tungsten carbide-based cutters. It is recommended to connect the structure to an analog during nishing. If CoCr alloys are used, it is possible to weld the structure to the bases in the marginal region, by means of laser welding. This operation is to be considered optional. Welding is not required in the case of casting of noble alloys.
Fit test
Make sure that the structure is passive on the model. If necessary, check the passivity also intraorally, after adequate cleaning and sterilization.
ceramization
Before proceeding with the ceramic coating, check the compatibility of the CET value of the ceramic material to be applied on the structure with respect to the CET value of the base metal. The application of an opacifying compound is recommended before modeling with ceramic.
Once the prosthesis is obtained, secure it to the implant using the relative screw, following the tightening torques indicated by Anteea.

## WELDING ABUTMENTS

They are stumps intended for the construction of prosthetic structures by intraoral welding. We recommend the use of intraoral welding devices specifically designed for this purpose and equipped with the necessary certifications. The use of protective glasses is recommended by both the doctor and the patient.
The abutments provide support for structures screwed onto multiple elements, mandibular or maxillary. Each stump is available with fins arranged at various angles and heights. The structure is made by welding the wings of the stumps adjacent to each other.
Surgical procedure: A first phase consists in choosing the abutments that best suit the patient's morphology. The stumps must be chosen so as to obtain a good overlap of the wings and minimizing the space between them.
Subsequently, the wings are shaped by modeling them, using pliers, in order to guarantee support between them. The wings can be shortened if the overlap is excessive. Before proceeding with the welding, it is recommended to check the adhesion between the wings, it is important that both wings rest simultaneously on the adjacent stumps in order to avoid tensions in the final structure. The structure can therefore be welded; it is recommended to check the contact between the wings and the electrode to avoid the formation of sparks and / or electrical discharges. We recommend a welding energy of 280 J.
In the case of complete arches, it is recommended to start welding from the anterior sector in order to discharge any tensions along the ends of the prosthesis.
In case of excessively spaced implants it is possible to apply an extension between the wings of the two stumps.
The retention screws dedicated to this method are made with a long head protruding from the stumps.
Once the final prosthesis has been made, it is possible to shorten the retention screws: once part of the head has been cut with appropriate tools, it is necessary to obtain a shear tax.
The screw can then be tightened with the appropriate shear driver made by Anteea for this purpose. If you do not want to change the screw, you can use a normal retention screw compatible with the implant connection in use. The screw must be tightened respecting the torque indicated by Anteea.
Welding procedure: the welds must be carried out in the order indicated below in order not to generate residual tensions that could affect the passivity on the systems.
Pay attention to the positioning of the clamp on the medical device making sure that there is contact between the electrodes and the components to be welded. It is suggested to exert a compression force of about 200N between the two electrodes of the clamp. For a good welding result, the use of a double impulse mode is suggested.
Perform the welding of special components for close systems, where provided, setting the welding energy to 180 J. This operation must be performed on site with all the elements positioned correctly.
Weld all the elements read, set the welder to a welding energy of 270 J. This operation can also be performed outside the oral cavity by removing the bar from the structure, taking care not to alter its length.
Carry out the welding at the ball joints, set the welding machine to a welding energy of 255 J. This operation must be carried out on site with all the elements of the structure positioned correctly.
Solder between rings and die. The rings must be welded individually making sure to position the pliers in contact with the only ring concerned and using an energy equal to 210J. If the two rings are one resting on the other, it is suggested to carry out further welding by resting the clamp on both rings and using an energy equal to 300 J.
This operation must be performed on site with all the elements of the structure positioned correctly.

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# INSTRUCTIONS FOR USE
# **PROSTHETIC COMPONENTS**

### 1.9 POST surgery CARE
It is necessary to educate the patient on the need for regular oral hygiene. During the post-operative course, mechanical loads must be avoided in the intervention area.
It is important that the patient undergoes periodic checks that include speci c tests such as radiological evaluation.

### 1.10 DISPOSAL
After removing the medical device, if provided, proceed with its disposal always referring to the local laws concerning the disposal of special medical waste at risk of contamination. Anteea recommends to always clean and sterilize the device before disposing of it.

### 1.11 TRACEABILITY
All Anteea medical devices are identified by the code and the batch number, to ensure the traceability of the products. In the case of purchase of the devices with the kit configuration, the traceability of the device lot is guaranteed by the identification lot of the kit, shown on the external label of the kit received and in the order / shipping documents. For devices intended to remain in the patient's mouth for a long time, in the package you can find, in addition to the external label, an internal label with detachable parts containing traceability information. These labels must be applied by the doctor, one on the patient's medical record and one on the "Implant Passport", which is recommended to be delivered to the patient.

### 1.12 LIMITATION OF LIABILITY
Anteea products are designed to be used according to the instructions described above. No part of the Anteea product must be replaced with a part of a manufacturer other than Anteea, even if it were visually and dimensionally comparable to the original product. The use of products from other manufacturers together with Anteea products could lead to adverse reactions that cannot be assessed and / or foreseen, putting the patient, the user or a third party at risk.
The non-recommended use of non-original or unforeseen products in the design phase in combination with Anteea products will void any guarantee and any other obligation, expressed or implied, by Anteea. The doctor, user of Anteea brand products has the duty to determine whether a product is suitable or not for the specific patient and the particular circumstances.
Anteea declines any responsibility, express or implied, for direct, indirect, punitive or other damages deriving from or connected to any errors of evaluation or professional practice made in the use of the products themselves. The user is also obliged to keep himself regularly updated on the latest developments relating to Anteea products and their applications. In case of doubt, the user must contact Anteea. Since the use of the product takes place under the control of the requesting doctor, this assumes full responsibility for it. Anteea declines any responsibility for any resulting damages.

**Manufacturer**

**0425**
**CE marked product compliant with directive CE 745/2017**

**Read the warnings carefully**

**Read the instructions for use**

**Do not reuse**

LOT **Lot code**

REF **Product code**

**Non sterile symbol**

**Expiration date**

**Do not use if the packaging is damaged**

**Keep away from sunlight**

**Do not disperse into the environment after use**

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