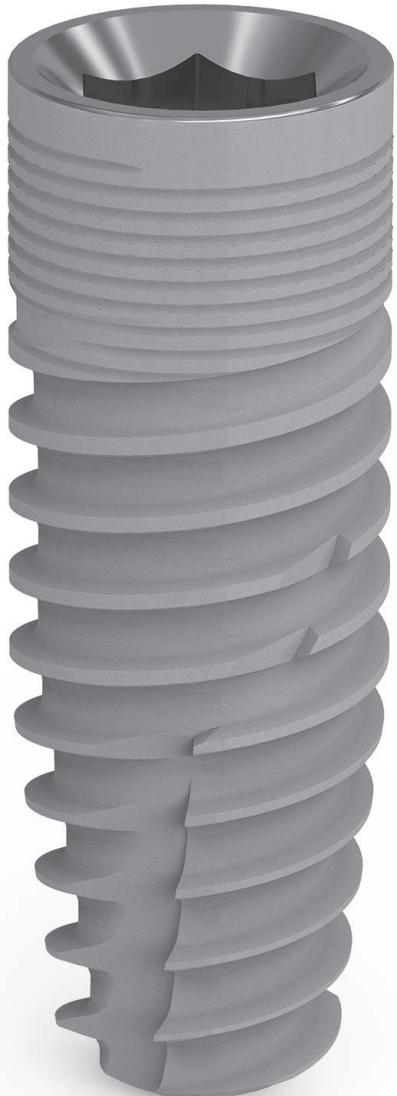


ZiNiC[®]MTX

Conical implants with internal hex connection





Conical implants with internal hex connection





Important information

Please read carefully before using Ziacom® products

General information

This document contains basic information on the use of original Ziacom® dental implant systems, hereafter referred to as "Ziacom® dental implants" or simply "Ziacom® products". This document has been created as a quick guide for clinicians responsible for treatment, hereafter the "user", and therefore, is neither an alternative nor a substitute for specialised training or professional clinical experience.

Ziacom® products must be used according to a suitable treatment plan and in strict compliance with the manufacturer's surgical and prosthetic protocols. Carefully read the product-specific surgical and prosthetic protocols and the instructions for use and maintenance before using any Ziacom® product. You can find this information on our website, www.ziacom.com, or request it from your nearest authorised Ziacom® distributor.

Liability, safety and warranty

The instructions for the use and handling of Ziacom® products are based on internationally published literature, current clinical standards and our clinical experience so they should be understood as general guidance. The handling and use of Ziacom® products is the sole responsibility of the user as it is outside the control of Ziacom Implants SLU. Ziacom Implants SLU, its subsidiaries and/or its authorised distributors disclaim all responsibility, whether explicit or implicit, total or partial, for possible damage or injury caused by poor handling of the product or any other situation not considered in their protocols and manuals for the correct use of their products.

The user must ensure that the Ziacom® product is appropriate for the intended procedure and end purpose. Neither these instructions for use nor the work or handling protocols for the products release the user from this obligation. Ziacom® products must be used, handled and applied by clinicians with the appropriate training and qualifications required according to current legislation in each country.

The total or partial use, handling and/or application of Ziacom® products at any stage of their implementation by personnel who are unqualified or lack the necessary training will automatically void any type of warranty and may cause severe damage to the patient's health.

Ziacom® products are part of their own system, with their own design characteristics and work protocols, including dental implants, abutments or prosthetic components and surgical or prosthetic instruments. The use of Ziacom® products in combination with elements or components from other manufacturers could result in treatment failure, damage to tissues or bone structures, inadequate aesthetic outcomes and severe damage to the patient's health. Therefore, only original Ziacom® products should be used.

The clinician in charge of the treatment is solely responsible for ensuring the use of original Ziacom® products and that they are used according to the corresponding instructions for use and handling protocols throughout the implant procedure. The use of any other non-original Ziacom® components, instruments or products, whether alone or in combination with any original Ziacom® products, will immediately void the warranty of the original Ziacom® products.

See the Ziacom Implants SLU Warranty Programme (available on the website or by contacting Ziacom Implants SLU, its subsidiaries or authorised distributors).

Warning. Not all Ziacom® products are available in all countries. Check availability in your country.

The Ziacom® brand and the names of other products and services, including their logos, that are mentioned in this document or on the website www.ziacom.com are registered trademarks of Ziacom Medical Group SL.

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Zinic® MTX conical implants with internal hex connection

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The Company

Together for health

Ziacom® has been working for more than 20 years to improve the **oral health** and well-being of patients around the world by **designing and manufacturing innovative**, high-quality dental implant, prosthetic component, surgical instrument and biomaterial solutions.

The company was founded in 2004 with **100% Spanish capital** and began its activity as a manufacturer of dental implants and attachments for several European companies before later launching its own **brand of implant systems** in 2006.

Ziacom® quality

Commitment to **quality and innovation** has been part of the values and the essence of Ziacom® since the beginning.

That is why we use state-of-the-art technology in **every stage of our products' production cycle**, from **design and manufacture** to **quality assurance, cleaning and packaging**. All of our products are also manufactured using only **high-quality raw materials** after applying **strict controls** to select our main suppliers.

Ziacom Implants SLU is a **licensed manufacturer of medical devices** and an **AEMPS (Spanish Agency of Medicines and Medical Devices)** 6425-PS marketing authorisation holder. Our **quality management**

In 2015, Ziacom® introduced its **diversification strategy** with the development of **new business lines** and new product lines and the launch of a **new portfolio**, which helped the company achieve a **15% share of the Spanish market** in 2016 with the sale of more than 230.000 implants.

In 2022, the company began an **ambitious growth plan** with new goals of **international expansion**, broadening and **diversification** of its portfolio of **products and services** and a change in corporate identity.

system is certified in accordance with the requirements of ISO standards 9001:2015 and 13485:2018, and is also GMP 21 CFR 820 compliant.



Thanks to our ceaseless endeavours to offer our clients unsurpassable quality, all our implants have a **lifetime guarantee**.

See the General Conditions for Accessing the Warranty for Ziacom® products.

Grade 5 ELI (extra-low interstitial) titanium

Zinic® MTX / Zinic® SX implants by Ziacom® are made using **Grade 5 ELI titanium (medical grade) Ti 6Al 4V** which provides improved mechanical properties.

Thanks to the **Grade 5 ELI titanium**, our implants meet the requirements of standards ASTM F136 and ISO 5832-3 and comply with the requirements of EU Regulation 2017/745, attaining the corresponding CE marking from notified body 0051.



FDA Approved*

*See approved models

Ziacom® dental implants are all sterilised using beta-ray radiation at 25 kGy, apart from the DSQ orthodontic implants, which are supplied **non-sterile**.

IMPORTANT

All the products (except dental implants) listed in this Ziacom® catalogue are supplied non-sterile and must be sterilised before use.



Investment in innovation and training

In order to always offer the very best solutions for the **well-being of every patient**, and thanks to the experience and dedication of our **highly-qualified professionals** and **innovative Technological Centre**, our R&D&I team works incessantly in the field of **research and innovation** to **improve** our products and develop **new solutions** to meet the demands and needs of both patients and dentists.

We also invest in **research** and **ongoing training** as a way of providing **scientific support to the sector** and we firmly believe in training **young professionals** to best ensure **advances in the dentistry field**.

We therefore work closely with **training centres, universities and scientific bodies** to create a practical and specialised teaching

environment to promote and strengthen their knowledge, abilities and professional growth.

In order to enhance our investment in the training and **development of dental professionals**, we have **specific areas at our facilities for hands-on training and practicals, state-of-the-art** training equipment and also a **physical and virtual showroom** where professionals can see all our dental solutions first hand.

Ziacom® across the globe

We are committed to making oral health available to patients all over the world and have a solid **internal growth and expansion plan** to increase the company's **international presence** in those **areas where our products are already well-established** and to **expand into new areas**.

As part of our commitment to meet the specific **quality, regulatory and legal requirements of each country**, for both the registration and distribution of our products, we have **specific certifications** from each of the countries in which we trade.

In order to achieve this, we offer our **international associates** a **trusting and collaborative** partnership by adapting to their **local needs** and providing solutions that are specific to each market.

Regional headquarters

Ziacom Implants

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 +351 215 850 209

Ziacom Medical USA LLC

Miami - USA
333 S.E 2nd Avenue, Suite 2000
Miami, FL 33131 - USA
 +1(786) 224 - 0089

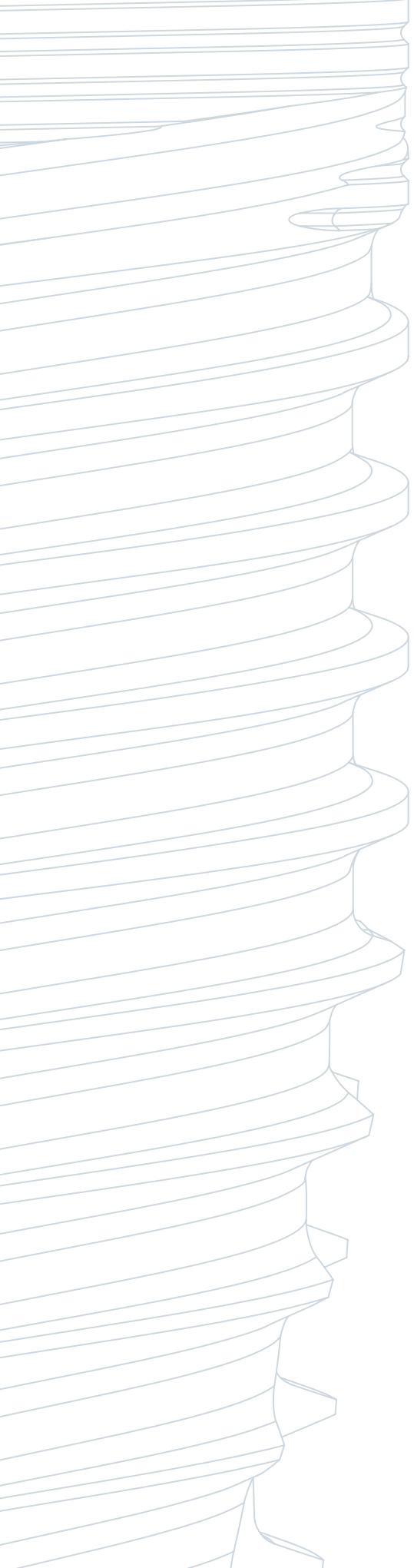
Ziacom ITS

Viale del Lavoro, 14
35010 Vigonza
Padova - ITALY
 +39 049 603310

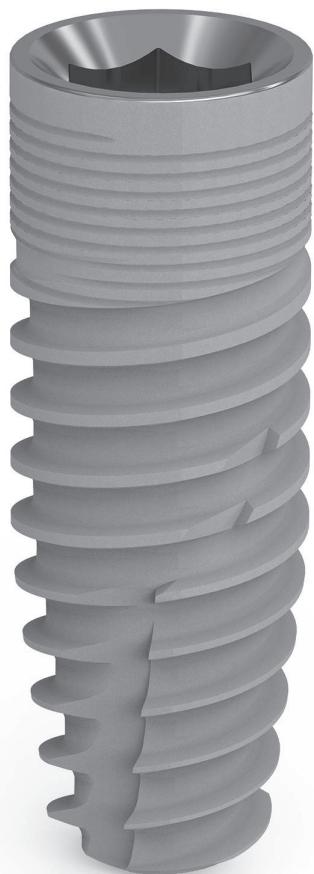
Ziacom Safe implant

Av. Iñaquito, Edificio Metropolitan,
Oficina 304
170507, Quito - ECUADOR
 +593 96 368 0879

Please see the up-to-date list of Ziacom® distributors at www.ziacom.com or email us at export@ziacom.com



ZINIC[®]MTX



Characteristics

CONNECTION

- Internal hex connection.
- 1.5 mm deep prosthesis hex: improves distribution of longitudinal forces.
- Tapered bevel: reduces leakage.
- Tapered friction: reduces micro-movement.
- Platform switching: soft tissue modelling and emergence profile shaping.

CORTICAL ZONE

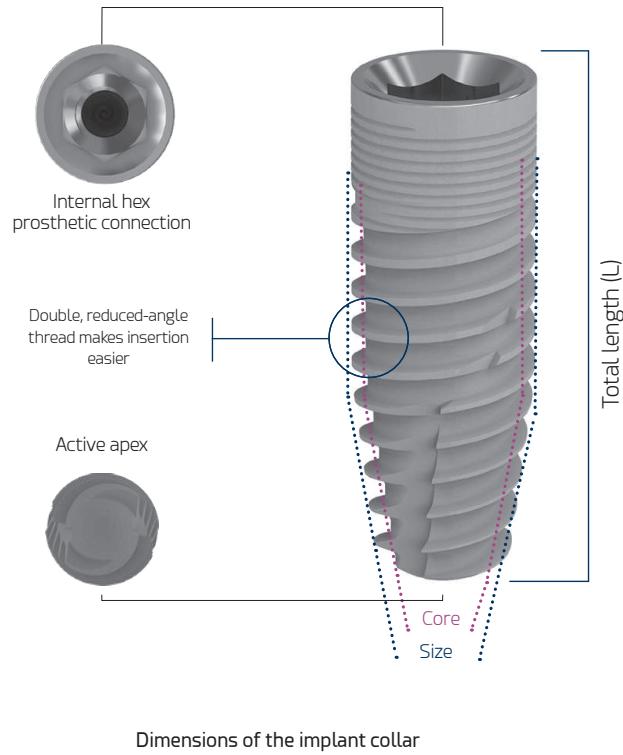
- Microthread design: preserves marginal bone.
- Microthread extension: improves load distribution.
- Macrodesign: optimal cortical compression.

BODY

- Reduced-angle active threads: improve stability during insertion and increase BIC (bone-to-implant contact).
- Double threaded: quick insertion and shorter surgical time.
- Self-tapping active apex: facilitates insertion with underdrilling.
- Transverse apical windows: collect remnants of bone during insertion.
- Optimised morphology: high primary stability.
- Atraumatic apex: no damage to anatomical structures.

CONICAL DESIGN

- Facilitates shaping in low density bone.
- Indicated for immediate loading.
- Indicated for cases of apical convergence and/or collapse.



Advantages

- Provides greater stability and reduces micro-movements.
- Precise and solid fit between implant and prosthesis, thus minimising the risk of loosening and ensuring a stable able to receive the dental prosthesis.
- Improved absorption and distribution of forces.
- Improved aesthetic than external connection.
- Effortless restoration.
- Reduced risk of bacterial microléakage.
- Reduced marginal ridge resorption.

Diameters and lengths

Ø DIAMETER	Ø PLATFORM	LENGTH (L)						
		6	7	8.5	10	11.5	13	14.5
● NP 3.30	3.20							
● RP 3.60								
● RP 4.00	3.50							
● RP 4.40								
● WP 4.80	4.50							

Dimensions in mm.

Surface treatments

■ Titansure surface

Implants inserted following surface treatment are known to benefit from improved osseointegration by increasing the bone-to-implant contact area. This is partly due to the implant's chemical composition and topographical characteristics.

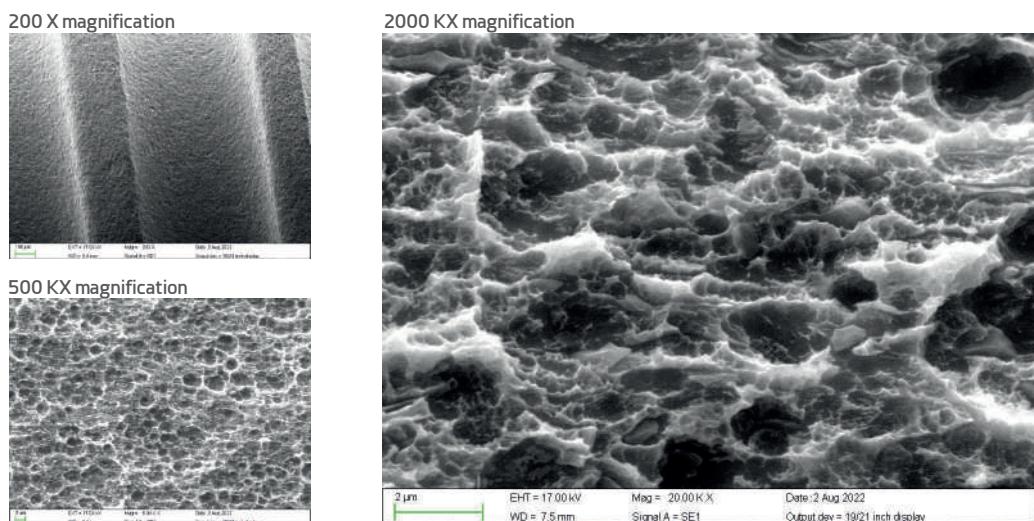
With its **Titansure** surface treatment, Ziacom[®] achieves contaminant-free surface topography and optimal average macro- and microporosity values, which are key specifications for achieving prompt and proper osseointegration and, in turn, extremely reliable and predictable implants.

■ ANALYSIS OF THE TITANSURE SURFACE TREATMENT

Titansure is an SLA surface treatment created through a subtraction process involving sandblasting with white aluminium oxide and double acid-etching with hydrofluoric acid and a sulphuric/phosphoric acid mix.

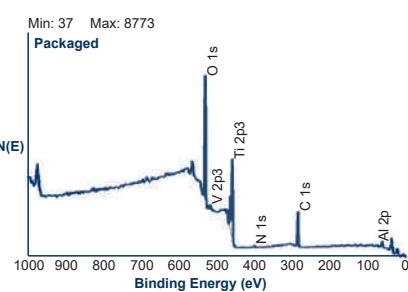
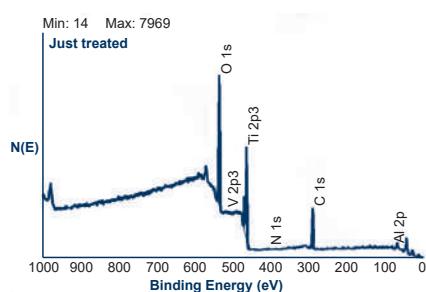
Surface morphology analysis

The implant surface topography was assessed using a scanning electron microscope (Zeiss EVO MA 10 SEM), with which the rough and porous surface was viewed, with numerous cavities with fine, sharp edges.



Surface elemental analysis

The chemical analysis of the XPS surface was performed using a Perkin Elmer PHI 5600 ESCA spectrometer, yielding these results.



Compositional analysis of implant surface

	O	Ti	C	N	Al	M
Newly treated	46.0	16.6	31.8	1.0	4.3	0.2
Packaged and sterile	45.6	16.7	32.8	0.7	4.0	0.2

Values shown in atomic percentage

Surface roughness analysis

The Sa and Sdr quantitative values present, calculated in areas of 90 x 120 micrometres are:

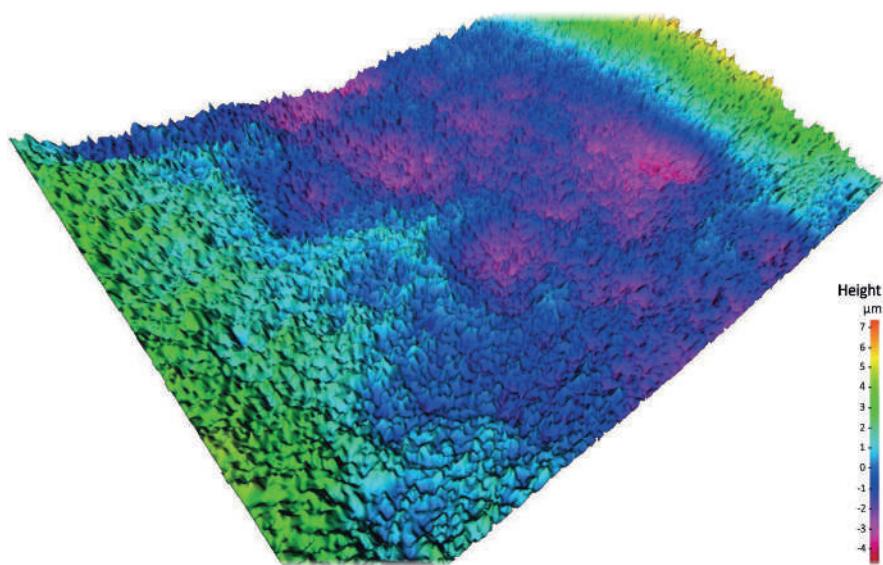
- Sa = 0.80 ± 0.02 micrometres.
- Sdr = $36 \pm 2\%$.

Ra (μm) (SD)	Rq (μm) (SD)	Rp (μm) (SD)	Rv (μm) (SD)
1.09 (± 0.19)	1.12 (± 0.15)	3.04 (± 0.72)	2.96 (± 0.41)

The 3D surface roughness (Sa), 3D root mean square height (Sq), maximum 3D peak height (Sp) and maximum 3D pit depth of the selected area (Sv) were also recorded.

Sa (μm) (SD)	Sq (μm) (SD)	Sp (μm) (SD)	Sv (μm) (SD)
0.80 (± 0.02)	1.01 (± 0.38)	4.56 (± 0.45)	4.00 (± 0.51)

Satisfactory values that are within the range considered appropriate to promote osseointegration on the surfaces of dental implants.



The article has been taken into account as a reference:

On Implant Surfaces, a Review of Current Knowledge and Opinions, by Wennerberg Albrektsson, Int. J. Implantes Orales Maxilofaciales, 2009, 24, 63-74.

■ OPTIMAL OSSEointegration

The **Titansure** surface has a three-dimensional surface structure with high peaks and broad troughs, which is known to be highly effective at promoting the coagulation cascade and the release of growth factors through platelet activation [Kim, H.; Choi, S.H.; Ryu, J.J.; Koh, S.Y.; Park, J.H.; Lee, I.S. The biocompatibility of SLA-treated titanium implants. Biomed. Mater. 2008, 3, 025011].

This type of surface may have an osteogenic effect thanks to its different topographical features at a micrometer and nanometer level, which has a very similar morphology to the osteoclastic bone resorption cavities [Le Guehenec, L.; Goyenvalle, E.; Lopez-Heredia, M.A.; Weiss, P.; Amouriq, Y.; Layrolle, P. Histomorphometric analysis of the osseointegration of four different implant surfaces in the femoral epiphyses of rabbits. Clin. Oral Implants Res. 2008, 19, 1103–1110].

For more information on the surface treatment, please see the literature available at
www.ziacom.es/biblioteca



Surface treatments

■ Titansure Active surface treatment

Ziacom[®] presents the **Titansure Active** surface treatment with bone bioactive liquid (BBL) as the latest innovation for the presentation of our dental implants. The **Titansure Active** surface treatment is a combination of Titansure with BBL (Bone Bioactive Liquid) technology, a patent acquired by Ziacom[®] and developed by the Biointelligent Technology Systems S.L research group led by Professor Maher Al-Atari Abou-Asi.

"BBL (Bone Bioactive Liquid) technology consists of a saline solution containing calcium chloride (CaCl₂) and magnesium chloride (MgCl₂·6H₂O) with a net negative charge and creates the ideal conditions for post-implant cell adhesion in the region with bone damage. What is more, surface treatment with BBL provides a significant increase in the density of hydroxyl groups on the surface of implants, thus improving their hydration considerably compared with other surfaces. This hydrophilic implant surface is precisely what enables active ion interaction with blood plasma and bone-forming cells long before the first mature osteogenic cells can attach to the surface. Finally, this yields improved intercellular communication and a greater final bone-to-implant contact area in a significantly shorter time, thereby markedly reducing the postoperative inflammatory process."

Dr. Prof. Maher Al Atari

■ SURFACE STUDIES OF BBL-TREATED IMPLANTS

In vitro research

Dental pulp pluripotent-like stem cell (DPPSC) and dental pulp mesenchymal stem cell (DPMSC) cultures were prepared on titanium discs sandblasted with aluminium oxide and acid etched in an osteoblast differentiation medium.

The samples were divided into two treatment groups:

- **Group A.** Titanium discs - Traditional, untreated surface
- **Group B.** Titanium discs - BBL-treated surface.

The surfaces were examined using energy-dispersive X-ray microanalysis (EDXMA) to determine the composition of surface elements.

Comparison of different elements in the two groups		
	Untreated surface	Treated surface Titansure Active
Carbon	32.22 ± 5.89	32.89 ± 1.76
Oxygen	14.34 ± 1.23	13.97 ± 1.45
Phosphorus	3.96 ± 2.8	3.89 ± 1.87
Calcium	5.86 ± 3.8	9.53 ± 4.04
Titanium	39.76 ± 1.65	41.34 ± 1.89
Ca/P	1.678	2.347

In vivo research

A study was conducted in the tibiae of 10 adult New Zealand rabbits after inserting four implants per rabbit (two in each tibia).

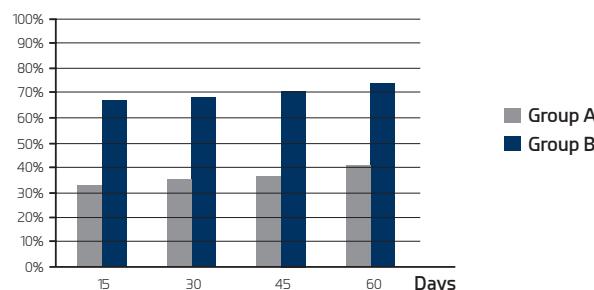
The subjects were assigned to two treatment groups with implants:

- **Group A.** Implants with a traditional, untreated surface
- **Group B.** Implants with a traditional, BBL-treated surface.

In general, group B had higher BIC (bone-to-implant contact) values than group A.

Histomorphometric analysis - Bone-to-implant contact (BIC)

Time of measurement	Group A Untreated surface (control) mean + SD	Group B Treated surface Titansure Active mean + SD
15 days	33.7 ± 2.3%	68.92 ± 0.3%
30 days	35.8 ± 1.8%	69.35 ± 2.2%
45 days	37.9 ± 1.2%	70.34 ± 1.1%
60 days	41.2 ± 0.8%	73.89 ± 1.9%

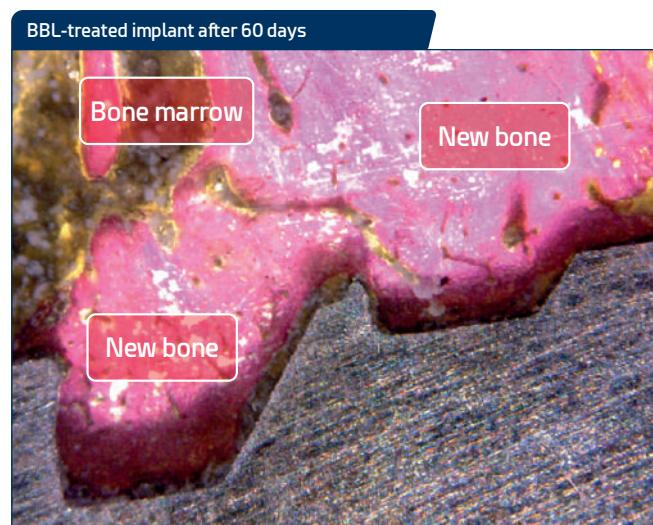
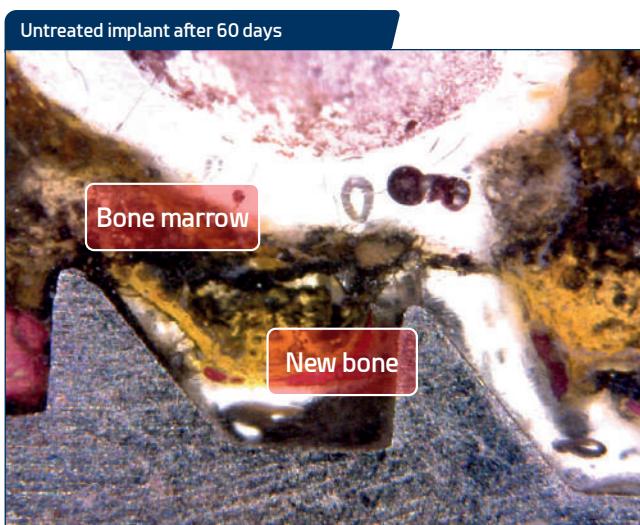
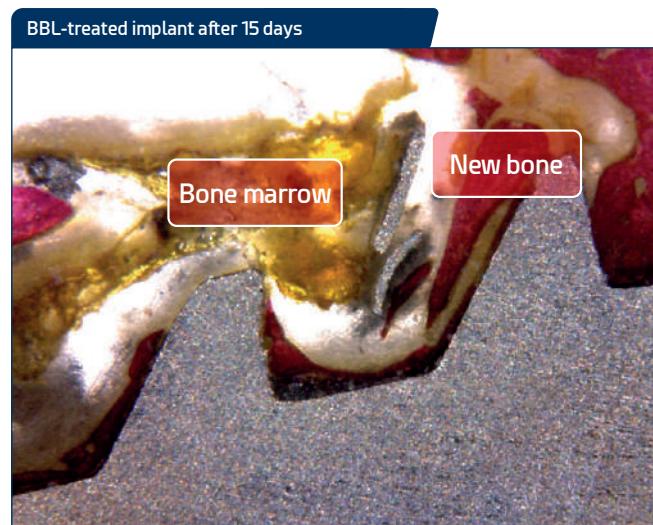
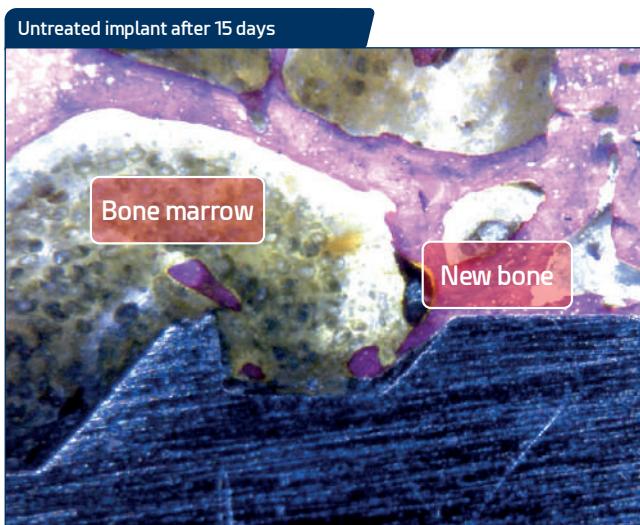


Conclusions

Within the scope of this study, the histomorphometric analysis demonstrated that the group B implants achieved quicker and more effective osseointegration than control group A. Nevertheless, an assessment of bone growth in the medullary portion of the subjects' tibiae revealed the new surface's potential for osteoinduction.

As explained by Dr. Sérgio Alexandre Gehrke, the histologist in charge of the study: "Within the limits of the study, data from the histomorphometric analysis of the implants with a treated surface (78.92 + 0.3%) highlighted a much quicker and more effective osseointegration compared to the control group (53.8 + 2.3% of BIC). Assessment of bone growth in the medullary portion of the rabbit tibiae showed the new test surface's potential for osteoinduction."

■ EVOLUTION OF OSSEointegration



NOTE

The images are of Ziacom® implants manufactured specifically for use in the study of BBL-treated implants

■ ZPlus Mount option

Options for the Zinic® MTX implant include the **ZPlus** mount, a multi-functional abutment made in grade 5 ELI titanium (medical grade), which allows easy handling of the implant during the surgical procedure and incorporates several usage functions. Additionally, the concept of the **ZPlus** Mount is based on reducing treatment costs, as it works equally well as as an implant mount, impression abutment, or abutment for provisional cemented or screwed restorations.

The **ZPlus** Mount is available in the Zinic® SX, Zinic® MTX, ZM4, ZM4 MT and ZM1 ranges.

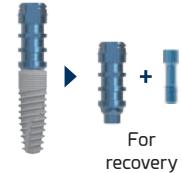
As indicated, the **ZPlus** Mount can be used as a provisional abutment. In such cases, the **ZPlus** should be sculpted extra-orally and adjusted on an analogue – preferably a lab model or clamp. Check also the structural integrity of the mount and screw, to ensure that they have not suffered any warping or damage due to excessive insertion torque or forced removal manoeuvre. Additionally, verify on an analogue that the **ZPlus** fixation screw is well fitted and that the connection is secure.

IMPORTANT:

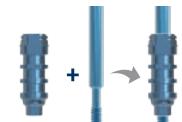
Always follow the surgical protocol when placing the implant. This will protect the mount and screw from possible damage which could prevent its being used later as an impression or provisional abutment. Use each **ZPlus** only with the implant to which it belongs. To avoid mix-ups, keep the **ZPlus** and screw with the patient's ID, listing the corresponding reference and batch number. The **ZPlus** has 3 flat sides. After finishing the implant placement procedure, ensure that one of these faces into the vestibular cavity.

Uses of the **ZPlus** mount

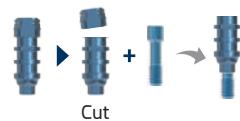
As an implant carrier



As an impression transfer



As a provisional abutment for cemented or screwed restorations



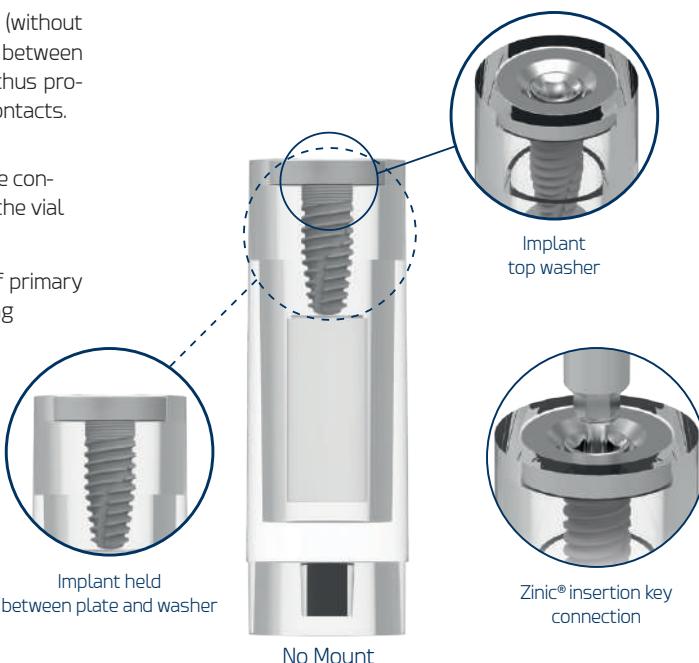
View of implant + Mount

■ Ziacom® No Mount

The Zinic® MTX implant is supplied in the Ziacom® No Mount vial (without implant holder), where a plastic vial holds the implant vertically between a plate below and a washer above (both made from titanium), thus providing stability while preventing any movements or unwanted contacts.

This packaging means that the pressure is applied directly to the connection so the implant can be safely and easily withdrawn from the vial and transferred to the surgical site.

In this way the Ziacom® No Mount implant eliminates the risk of primary stability reduction associated with over-instrumentation, avoiding implant manipulation during the Mount disassembly process, and also reduces the difficulty of placing the implant in posterior segments with reduced buccal opening.

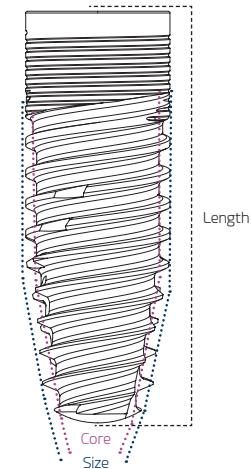


Zinic® MTX implant

Zinic® MTX references

■ Specifications of Zinic® MTX with ZPlus - Titansure

IMPLANT				
Zinic® MTX	Ø Size (mm)	Ø Core (mm)	Length (mm)	Ref. Titansure
3.30	2.80/1.70		8.5	ZSX3385M
			10.0	ZSX3310M
			115	ZSX3311M
			13.0	ZSX3313M
			14.5	ZSX3314M
3.60	3.10/1.80		8.5	ZSX3685M
			10.0	ZSX3610M
			115	ZSX3611M
			13.0	ZSX3613M
			14.5	ZSX3614M
4.00	3.40/2.10		6.0	ZSX4006M
			7.0	ZSX4007M
			8.5	ZSX4085M
			10.0	ZSX4010M
			115	ZSX4011M
			13.0	ZSX4013M
			14.5	ZSX4014M
4.40	3.80/2.30		6.0	ZSX4406M
			7.0	ZSX4407M
			8.5	ZSX4485M
			10.0	ZSX4410M
			115	ZSX4411M
			13.0	ZSX4413M
			14.5	ZSX4414M
4.80	4.10/2.40		6.0	ZSX4806M
			7.0	ZSX4807M
			8.5	ZSX4885M
			10.0	ZSX4810M
			115	ZSX4811M
			13.0	ZSX4813M



Cover screw*



Platf.	Length (L)	Reference
NP	4.20	ZNPT
RP	4.20	ZRPT
WP	4.20	ZWPT

Anodised NP RP WP



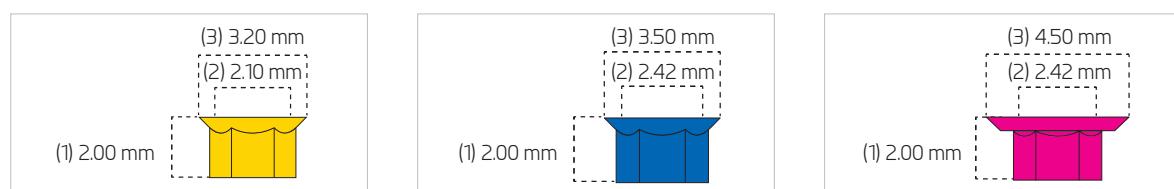
* Screw included with each implant.

Metric



Metric 1.60 (NP) and 1.80 (RP/WP).

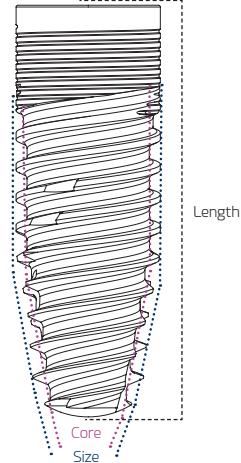
Platform



(1) Internal hex depth. (2) Distance between faces of the internal hex. (3) Diameter of working platform.

■ References Zinic® MTX with Ziacom® No Mount - Titansure/Titansure Active*

IMPLANT				
Ø Size (mm)	Ø Core (mm)	Length (mm)	Ref. Titansure	Ref. Titansure Active*
3.30	2.80/1.70	8.5	ZSX3385MF	ZSX3385MFA
		10.0	ZSX3310MF	ZSX3310MFA
		11.5	ZSX3311MF	ZSX3311MFA
		13.0	ZSX3313MF	ZSX3313MFA
		14.5	ZSX3314MF	ZSX3314MFA
3.60	3.10/180	8.5	ZSX3685MF	ZSX3685MFA
		10.0	ZSX3610MF	ZSX3610MFA
		11.5	ZSX3611MF	ZSX3611MFA
		13.0	ZSX3613MF	ZSX3613MFA
		14.5	ZSX3614MF	ZSX3614MFA
4.00	3.40/2.10	6.0	ZSX4006MF	ZSX4006MFA
		7.0	ZSX4007MF	ZSX4007MFA
		8.5	ZSX4085MF	ZSX4085MFA
		10.0	ZSX4010MF	ZSX4010MFA
		11.5	ZSX4011MF	ZSX4011MFA
		13.0	ZSX4013MF	ZSX4013MFA
		14.5	ZSX4014MF	ZSX4014MFA
4.40	3.80/2.30	6.0	ZSX4406MF	ZSX4406MFA
		7.0	ZSX4407MF	ZSX4407MFA
		8.5	ZSX4485MF	ZSX4485MFA
		10.0	ZSX4410MF	ZSX4410MFA
		11.5	ZSX4411MF	ZSX4411MFA
		13.0	ZSX4413MF	ZSX4413MFA
		14.5	ZSX4414MF	ZSX4414MFA
4.80	4.10/2.40	6.0	ZSX4806MF	ZSX4806MFA
		7.0	ZSX4807MF	ZSX4807MFA
		8.5	ZSX4885MF	ZSX4885MFA
		10.0	ZSX4810MF	ZSX4810MFA
		11.5	ZSX4811MF	ZSX4811MFA
		13.0	ZSX4813MF	ZSX4813MFA



Cover screw*



Platf.	Length (L)	Reference
■	4.20	ZNPT
●	4.20	ZRPT
■	4.20	ZWPT

Anodised ■ NP ■ RP ■ WP



* Screw included with each implant.

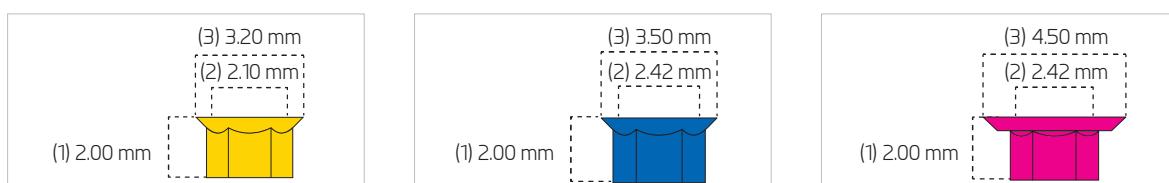
*Check availability according to each country

Metric



Metrics 1.60 (NP) and 1.80 (RP/WP).

Platform



(1) Internal hex depth. (2) Distance between faces of the internal hex. (3) Diameter of working platform.

Recommendations for use

All implant procedures the natural biomechanical stability of the oral cavity and allow the natural emergence of the dental crown through the soft tissue. The implantologist must assess the quantity and quality of bone currently in the implant area and consider the need for prior or simultaneous bone regeneration, as appropriate.

Ziacom[®] has a wide range of implants available to cover every restoration possibility. The circles on the dental chart shown represent the implant diameters and platforms recommended for each tooth position.

These recommendations are valid for the replacement of teeth with single restorations, bridges, hybrid work or overdentures.

Remember to maintain minimum distances between adjacent implants and between implants and teeth in order to preserve interdental papilla, bone vascularisation and natural emergence profiles.

Selection of the appropriate implant for each case is the sole responsibility of the implantologist. Ziacom[®] advises all clinicians to take into account the warnings based on scientific evidence which can be found in the product catalogues and our website.

■ CLARIFICATIONS ON DRILLING MEASUREMENTS AND TECHNIQUES

- **IMPLANT SIZE:** identifies the diameter and length of the implant.
- **IMPLANT BODY:** diameter of the implant core.
- **DRILL SIZE:** diameter and length of the drill bit.
- **DRILLING TECHNIQUE:** We have developed various drilling protocols to enable you to deal with different situations that arise in a schematic way when performing implant surgery.

Dental chart

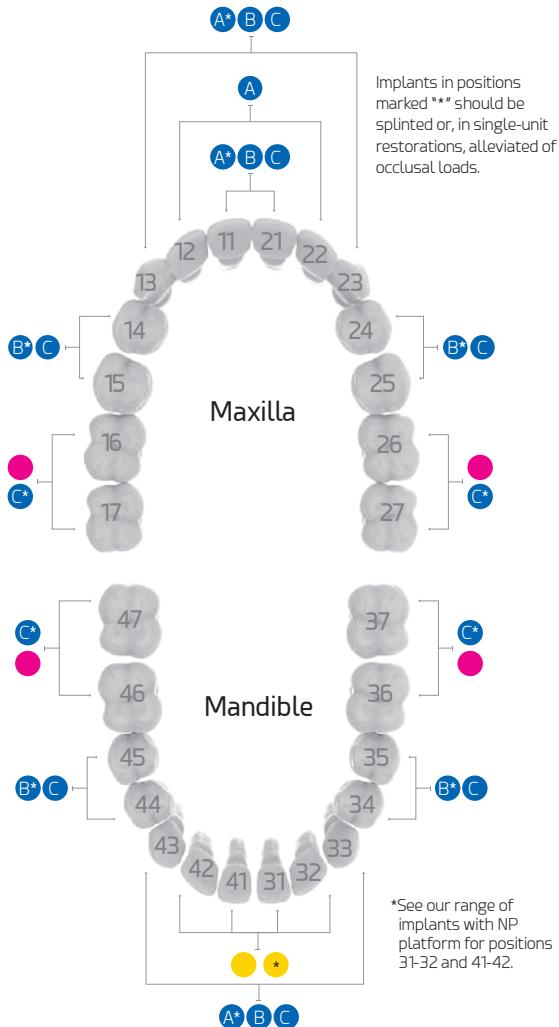
Implant diameter⁽¹⁾

● NP ● RP ● RP ● RP ● WP
 Ø3.30 mm Ø3.60 mm Ø4.00 mm Ø4.40 mm Ø4.80 mm

(1) Diameters available for analogue platforms.

Prosthetic Platform

● NP ● RP ● WP
 Ø3.20 mm Ø3.50 mm Ø4.50 mm



IMPORTANT

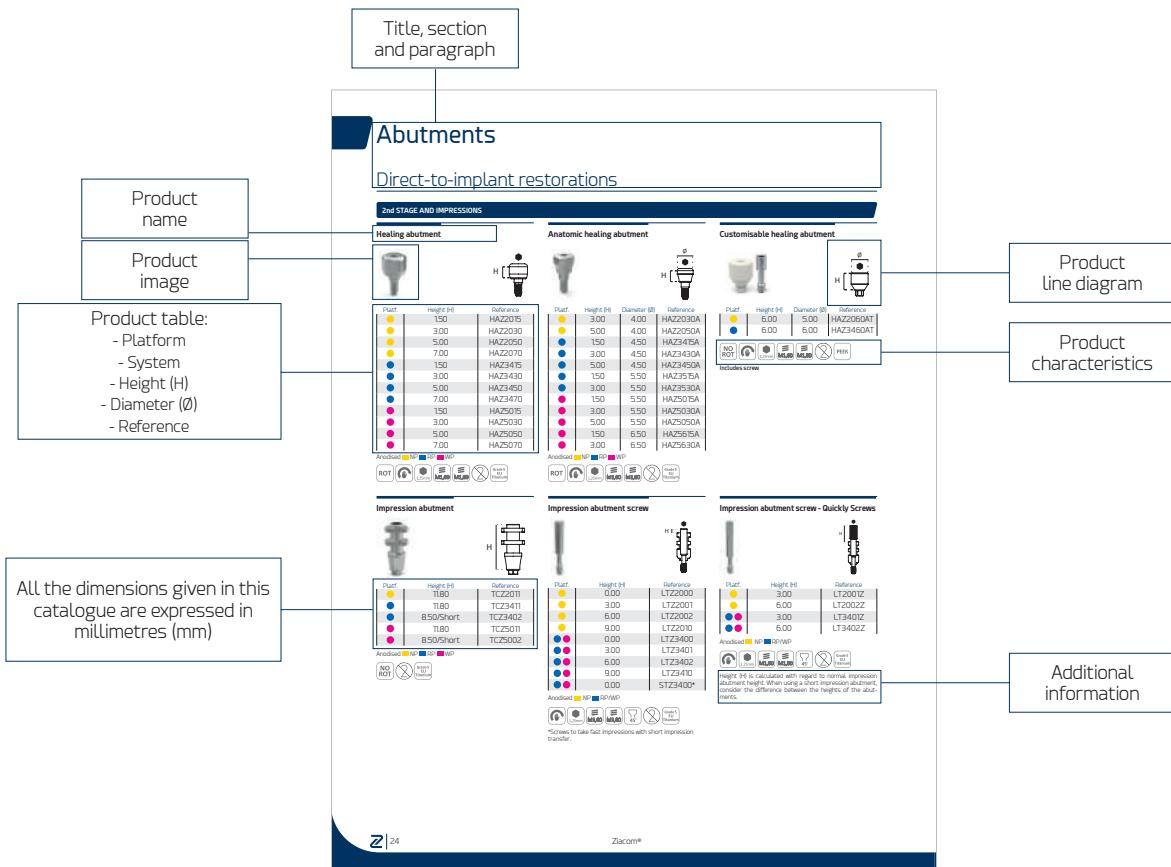
Short, 6.00mm and 7.00mm implants are ONLY recommended for use in combination with normal length splinted implants (≥ 10.00 mm).

For more information on implant size selection, see the literature available at www.ziacom.com/biblioteca



How to use this catalogue

Product data sheet



Symbology

Symbol	Meaning	Symbol	Meaning	Symbol	Meaning
	Rotatory element		Tx30 connection		Made from steel
	Non-rotatory element		Size in millimetres		Made from cobalt-chromium + castable plastic
	Use with manual torque (see table on p. 42)		45° screw support		Made from cobalt-chromium
	Maximum operating torque		90° screw support		Made from PEEK
	Ratchet torque range		Use in rotation with a CA		Made from castable plastic
	Galaxy connection		Maximum rotation speed		Made from plastic
	Screw connection		Maximum number of uses		Recommended sterilisation temperature
	Kirator connection		Single-use product		Unsterilised product
	Nature connection		Made from grade 5 ELI (extra-low interstitial) titanium		Use with abundant irrigation
	Basic connection		Made from grade 2 titanium		Maximum angle
	XDrive connection		Made from stainless steel		



ZINIC[®]MTX

Abutments

Direct-to-implant
reconstructions

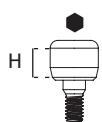


Abutments

Direct-to-implant restorations

2nd STAGE AND IMPRESSIONS

Healing abutment

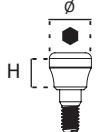


Platf.	Height (H)	Reference
■	1.50	HAZ2015
■	3.00	HAZ2030
■	5.00	HAZ2050
■	7.00	HAZ2070
●	1.50	HAZ3415
●	3.00	HAZ3430
●	5.00	HAZ3450
●	7.00	HAZ3470
●	1.50	HAZ5015
●	3.00	HAZ5030
●	5.00	HAZ5050
●	7.00	HAZ5070

Anodised ■ NP ● RP ■ WP



Anatomic healing abutment

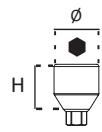


Platf.	Height (H)	Diameter (Ø)	Reference
■	3.00	4.00	HAZ2030A
■	5.00	4.00	HAZ2050A
●	1.50	4.50	HAZ3415A
●	3.00	4.50	HAZ3430A
●	5.00	4.50	HAZ3450A
●	1.50	5.50	HAZ3515A
●	3.00	5.50	HAZ3530A
●	1.50	5.50	HAZ5015A
●	3.00	5.50	HAZ5030A
●	5.00	5.50	HAZ5050A
●	1.50	6.50	HAZ5615A
●	3.00	6.50	HAZ5630A

Anodised ■ NP ● RP ■ WP



Customisable healing abutment

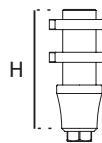


Platf.	Height (H)	Diameter (Ø)	Reference
■	6.00	5.00	HAZ2060AT
●	6.00	6.00	HAZ3460AT



Includes screw

Impression abutment

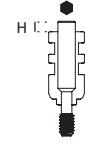


Platf.	Height (H)	Reference
■	11.80	TCZ2011
●	11.80	TCZ3411
●	8.50/Short	TCZ3402
●	11.80	TCZ5011
●	8.50/Short	TCZ5002

Anodised ■ NP ● RP ■ WP



Impression abutment screw



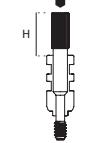
Platf.	Height (H)	Reference
■	0.00	LTZ2000
■	3.00	LTZ2001
■	6.00	LTZ2002
■	9.00	LTZ2010
●	0.00	LTZ3400
●	3.00	LTZ3401
●	6.00	LTZ3402
●	9.00	LTZ3410
●	0.00	STZ3400*

Anodised ■ NP ● RP/WP



*Screws to take fast impressions with short impression transfer.

Impression abutment screw - Quickly Screws



Platf.	Height (H)	Reference
■	3.00	LT2001Z
■	6.00	LT2002Z

Anodised ■ NP ● RP/WP



Height (H) is calculated with regard to normal impression abutment height. When using a short impression abutment, consider the difference between the heights of the abutments.

Pick-up impression abutment

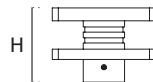


Platf.	Height (H)	Reference
Yellow	3.00	PUZ2001
Blue	3.00	PUZ3401
Pink	3.00	PUZ5001

Anodised NP RP WP



Pick-up impression transfer

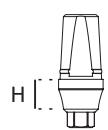


Platf.	Height (H)	Reference
Yellow, Blue, Pink	7.25	CPU3410

ROT Plastic

Pack of 4 units. DO NOT sterilise in an autoclave. Drillable.

Z2Plus Snap-On impression abutment

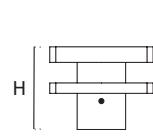


Platf.	Height (H)	Reference
Yellow	3.00	Z2NPZC10
Blue	150	Z2RPZC10
Pink	150	Z2WPZC10

Anodised NP RP WP



Z2Plus Snap-On impression transfer

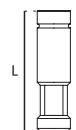


Platf.	Height (H)	Reference
Yellow, Blue	8.00	ZPU3400
Pink	8.00	ZPU5000



Pack of 4 units. DO NOT sterilise in an autoclave. Drillable.

Implant analogue



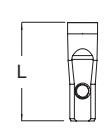
Platf.	Length (L)	Reference
Yellow	12.00	IAZ2000
Blue	12.00	IAZ3400
Pink	12.00	IAZ5000



IMPORTANT

Use the laboratory screw to tighten this impression abutment.

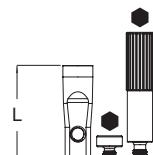
3D implant analogue - Individual



Platf.	Length (L)	Reference
Yellow	13.00	IAZ2008D
Blue	13.00	IAZ3408D
Pink	13.00	IAZ5008D



3D implant analogue - Pack

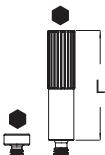


Platf.	Length (L)	Reference
Yellow	13.00	IAZ2008DC*
Blue	13.00	IAZ3408DC*
Pink	13.00	IAZ5008DC*



*Includes base screw Ref. DSIADI and lateral screw Ref. DSIADT for analogue connection.

Screws - 3D analogue



Type	Length (L)	Reference
Base screw (1)*	-	DSIADI
Lateral screw (2)*	15.00	DSIADT

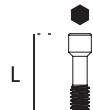


*Pack of 4 units.

Abutments

FIXING ELEMENTS

Clinical screw



Platf.	Length (L)	Reference
	8.00	DSZ2000
	7.85	DSZ3400

Anodised NP RP/WP

Kiran clinical screw

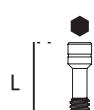


For ZiaCam Ti-Base or metal structures

Platf.	Length (L)	Reference
	8.00	DSZ2010
	7.85	DSZ3410

Special Kiran screw with surface treatment.

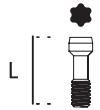
Laboratory screw



Platf.	Length (L)	Reference
	7.35	LBZ2000
	7.40	LBZ3400

NOT suitable for use as the final clinical screw.

Kiran Tx30 clinical screw



For ZiaCam Tx30 abutments and Ti-Base

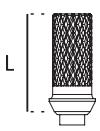
Platf.	Length (L)	Reference
	7.10	DSZ2010TX
	6.80	DSZ3410TX

Special Kiran Tx30 screw with surface treatment.

Use only with Tx30 screwdrivers.

PROVISIONAL

Provisional abutment



Rotatory

Platf.	Length (L)	Reference
	9.50	RUZT2010
	9.50	RUZT3410
	9.50	RUZT5010

Anodised NP RP WP

Provisional abutment

Aesthetic and immediate loading abutments



Rotatory

Platf.	Length (L)	Reference
	9.50	RUZP2010
	9.50	RUZP3410
	9.50	RUZP5010

Non-rotatory

Platf.	Length (L)	Reference
	9.50	NUZT2010
	9.50	NUZT3410
	9.50	NUZT5010

Anodised NP RP WP

Non-rotatory

Platf.	Length (L)	Reference
	9.50	NUZP2010
	9.50	NUZP3410
	9.50	NUZP5010

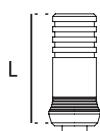
SCREWED
■ UCLA
UCLA

Rotatory

Pltf.	Length (L)	Reference
■	10.70	RUZ2000
●	10.70	RUZ3400
■	10.70	RUZ5000


Non-rotatory

Pltf.	Length (L)	Reference
■	10.70	NUZ2000
●	10.70	NUZ3400
■	10.70	NUZ5000


■ MACHINED BASE UCLA
Machined base abutment
+ Castable abutment

Rotatory

Pltf.	Length (L)	Reference
■	10.60	BRUZ20
●	10.60	BRUZ34
■	10.60	BRUZ50


Non-rotatory

Pltf.	Length (L)	Reference
■	10.60	BNUZ20
●	10.60	BNUZ34
■	10.60	BNUZ50



Abutments

SCREWED

■ Tx30 VARIABLE ROTATION ABUTMENT

Tx30 mechanised base abutment

+ 2 castable abutments (15° and 20°)



Rotatory

Platf.	15° Length (L)	20° Length (L)	Reference
●	11.40	11.20	BRUZ20TX
●	11.40	11.20	BRUZ34TX
●	11.40	11.20	BRUZ50TX



Tx30 mechanised base abutment

+ 2 castable abutments (20° and 25°)



Rotatory

Platf.	20° Length (L)	25° Length (L)	Reference
●	11.20	11.00	BRUZ20TX1
●	11.20	11.00	BRUZ34TX1
●	11.20	11.00	BRUZ50TX1



Non-rotatory

Platf.	15° Length (L)	20° Length (L)	Reference
●	11.40	11.20	BNUZ20TX
●	11.40	11.20	BNUZ34TX
●	11.40	11.20	BNUZ50TX



Non-rotatory

Platf.	20° Length (L)	25° Length (L)	Reference
●	11.20	11.00	BNUZ20TX1
●	11.20	11.00	BNUZ34TX1
●	11.20	11.00	BNUZ50TX1

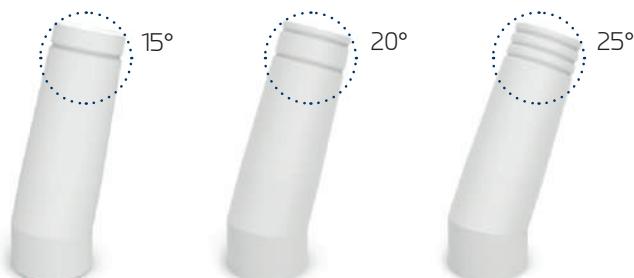


Includes special Kiran Tx30 screw with surface treatment Ref. DSZ2010TX (NP)/DSZ3410TX (RP/WP) for all Tx30 Variable Rotation abutments.

■ TX30 VARIABLE ROTATION ABUTMENT

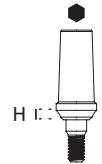
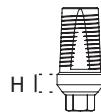
The Tx30 variable rotation abutment comprises a Cr-Co machined base that accepts 15°, 20° or 25° angled castable abutments and a Kiran clinical screw with a special Tx30 connection.

The Cr-Co base ensures a perfect fit and seal with the implant connection and the different angles of the castable abutments can be used to choose the best position for the correct emergence of the restoration screw access channel.



Identifying grooves for the castable angles



CEMENTED
Straight Abutment

Straight Abutment


Platf.	Height (H)	Reference
NP	1.50	STAZ2015
NP	2.50	STAZ2025
NP	3.50	STAZ2035
RP	1.50	STAZ3415
RP	2.50	STAZ3425
RP	3.50	STAZ3435
WP	1.50	STAZ5015
WP	2.50	STAZ5025
WP	3.50	STAZ5035

 Anodised  NP  RP  WP


Platf.	Height (H)	Reference
NP	1.50	STZ2015
NP	2.50	STZ2025
NP	3.50	STZ2035
RP	1.50	STZ3415
RP	2.50	STZ3425
RP	3.50	STZ3435
WP	1.50	STZ5015
WP	2.50	STZ5025
WP	3.50	STZ5035

 Anodised  NP  RP  WP

15° angled abutment

25° angled abutment


Platf.	Height (H)	Reference
NP	1.50	A1Z2015
NP	2.50	A2Z2015
RP	1.50	A1Z3415
RP	2.50	A2Z3415
WP	1.50	A1Z5015
WP	2.50	A2Z5015

 Anodised  NP  RP  WP


Platf.	Height (H)	Reference
NP	1.50	A1Z2025
NP	2.50	A2Z2025
RP	1.50	A1Z3425
RP	2.50	A2Z3425
WP	1.50	A1Z5025
WP	2.50	A2Z5025

 Anodised  NP  RP  WP


Abutments

Direct-to-implant restorations

OVERDENTURES

Kirator



Kirator abutment with applicator

Kirator abutment

Platf.	Height (H)	Reference
Yellow	1.00	LOZ2001
Yellow	2.00	LOZ2002
Yellow	3.00	LOZ2003
Yellow	4.00	LOZ2004
Yellow	5.00	LOZ2005
Yellow	6.00	LOZ2006
Blue	1.00	LOZ3401
Blue	2.00	LOZ3402
Blue	3.00	LOZ3403
Blue	4.00	LOZ3404
Blue	5.00	LOZ3405
Blue	6.00	LOZ3406
Magenta	1.00	LOZ5001
Magenta	2.00	LOZ5002
Magenta	3.00	LOZ5003
Magenta	4.00	LOZ5004

Golden surface treatment.

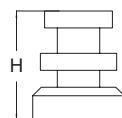
Insertion key Ref. LOSD01/LOSD02.



Includes the Kirator abutment with sterilisable polyoxymethylene applicator (Tecaform AH-POM-C).

Related abutments

Kirator impression transfer

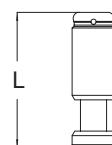


System	Height (H)	Reference
Kirator	6.50	TCRK3400



Pack of 4 units. DO NOT sterilise in an autoclave. Drillable.

Kirator analogue

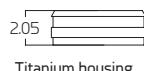


System	Length (L)	Reference
Kirator	13.00	IATORK01



Pack of 4 units. DO NOT sterilise in an autoclave. Drillable.

Kirator processing kit



2.05

Titanium housing

System	Reference
Kirator processing kit	TP8520

Kirator processing kit consisting of: Titanium housing with black relined cap, spacer and purple, clear and pink plastic caps.

Sterilise the metal coping in an autoclave. Plastic caps and the disc should be cold sterilised. See Instructions for Cleaning and Sterilising on the Ziacom® website.

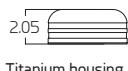
System	Retention (kg)	Reference
Kirator	Light/1.20 kg	TPK100
	Standard/1.80 kg	TPK200
	Strong/2.70 kg	TPK300

Pack of 4 plastic Kirator retainer caps.



NOT autoclavable – use cold steriliser. Maximum divergence of 22° between implants.

Kirator divergence processing kit



2.05

Titanium housing

System	Reference
Kirator processing kit	TP8520D

Kirator divergence processing kit comprising: Titanium housing with black relined cap, spacer and purple, transparent and pink plastic caps.

Sterilise the metal coping in an autoclave. Plastic caps and the disc should be cold sterilised. See Instructions for Cleaning and Sterilising on the Ziacom® website.

System	Retention (kg)	Reference
Kirator	Light/1.20 kg	TPK110
	Standard/1.80 kg	TPK220
	Strong/2.70 kg	TPK330

Pack of 4 plastic Kirator retainer caps - Divergent.



NOT autoclavable – use cold steriliser. Maximum divergence of 44° between implants.

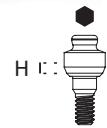
Example sequence



ZM-Equator



ZM-Equator abutment with applicator



ZM-Equator abutment

Platf.	Height (H)	Reference
Yellow	1.00	ZMZ2001
Yellow	2.00	ZMZ2002
Yellow	3.00	ZMZ2003
Yellow	4.00	ZMZ2004
Yellow	5.00	ZMZ2005
Yellow	6.00	ZMZ2006
Blue	1.00	ZMZ3401
Blue	2.00	ZMZ3402
Blue	3.00	ZMZ3403
Blue	4.00	ZMZ3404
Blue	5.00	ZMZ3405
Blue	6.00	ZMZ3406
Pink	1.00	ZMZ5001
Pink	2.00	ZMZ5002
Pink	3.00	ZMZ5003
Pink	4.00	ZMZ5004

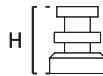
Golden surface treatment.



Includes ZM-Equator abutment with sterilisable polyoxymethylene plastic applicator (Tecaform AH-POM-C).

Related abutments

ZM-Equator impression transfer

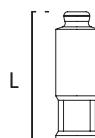


System	Height (H)	Reference
ZM-Equator	6.50	TCRK3410



Pack of 4 units. DO NOT sterilise in an autoclave. Drillable.

ZM-Equator analogue

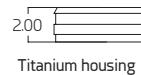


System	Length (L)	Reference
ZM-Equator	13.20	IAZM01



Stainless Steel

ZM-Equator processing kit



Titanium housing

System	Reference
ZM-Equator processing kit	ZM8520

ZM-Equator processing kit consisting of: Titanium housing with black lined cap, spacer and three plastic caps in purple, transparent and pink.

Sterilise the metal coping in an autoclave. Plastic caps and the disc should be cold sterilised. See Instructions for Cleaning and Sterilising on the Ziacom® website.

System	Retention (kg)	Reference
ZM-Equator	Light/120 kg	TZM100
ZM-Equator	Standard/180 kg	TZM200
ZM-Equator	Strong/2.70 kg	TZM300

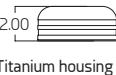
Pack of 4 plastic ZM-Equator retainer caps.



Grade 5 ELI Titanium Plastic

NOT autoclavable – use cold steriliser. Maximum divergence of 22° between implants.

ZM-Equator divergence processing kit



Titanium housing

System	Reference
ZM-Equator processing kit	ZM8520D

ZM-Equator divergence processing kit comprising: Titanium housing with black lined cap, spacer and three plastic caps in purple, transparent and pink.

Sterilise the metal coping in an autoclave. Plastic caps and the disc should be cold sterilised. See Instructions for Cleaning and Sterilising on the Ziacom® website.

System	Retention (kg)	Reference
ZM-Equator	Light/120 kg	TZM100
ZM-Equator	Standard/180 kg	TZM200
ZM-Equator	Strong/2.70 kg	TZM300

Pack of 4 plastic ZM-Equator retainer caps - Divergent.



Grade 5 ELI Titanium Plastic

NOT autoclavable – use cold steriliser. Maximum divergence of 44° between implants.

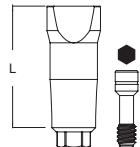
Example sequence



Abutments

DIGITAL CAD-CAM

ZiaCam scanbody to implant



See the literature available at www.ziacom.com/biblioteca for more information on the use of zirconium restoration interfaces or the use of abutments in the "Prosthetic procedure" manual.



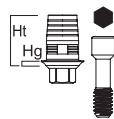
Platf.	Length (L)	Reference
Yellow	10.00	FNSYZ208T
Blue	10.00	FNSYZ348T
Pink	10.00	FNSYZ508T



Indicated for clinical and laboratory use.

All ZiaCam scanbodies to implant abutments include a screw reference LBZ2000 (NP)/LBZ3400 (RP/WP).

ZiaCam Ti-Base

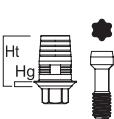


Rotatory

Platf.	Height (Hg/Ht)	Reference
Yellow	0.50/5.00	FRUZ201
Yellow	1.50/6.00	FRUZ202
Blue	0.50/5.00	FRUZ341
Blue	1.50/6.00	FRUZ342
Pink	0.50/5.00	FRUZ501
Pink	1.50/6.00	FRUZ502



ZiaCam Tx30 Ti-Base

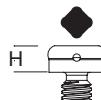


Rotatory

Platf.	Height (Hg/Ht)	Reference
Yellow	0.50/6.00	FRUZ20TX1
Yellow	1.50/7.00	FRUZ20TX2
Blue	0.50/6.00	FRUZ34TX1
Blue	1.50/7.00	FRUZ34TX2
Pink	0.50/6.00	FRUZ50TX1
Pink	1.50/7.00	FRUZ50TX2



Kirator. Toolbar abutment



Platf.	Height (H)	Reference
Universal	1.80	LOTB100

Golden surface treatment.



Non-rotatory

Platf.	Height (Hg/Ht)	Reference
Yellow	0.50/5.00	FNUZ201
Yellow	1.50/6.00	FNUZ202
Blue	0.50/5.00	FNUZ341
Blue	1.50/6.00	FNUZ342
Pink	0.50/5.00	FNUZ501
Pink	1.50/6.00	FNUZ502



All ZiaCam Ti-Base abutments come with a special Kiran screw with surface treatment Ref. DSZ2010 (NP)/DSZ3410 (RP/WP).

Non-rotatory

Platf.	Height (Hg/Ht)	Reference
Yellow	0.50/6.00	FNUZ20TX1
Yellow	1.50/7.00	FNUZ20TX2
Blue	0.50/6.00	FNUZ34TX1
Blue	1.50/7.00	FNUZ34TX2
Pink	0.50/6.00	FNUZ50TX1
Pink	1.50/7.00	FNUZ50TX2



All ZiaCam Tx30 Ti-Base abutments come with a special Kiran Tx30 screw with surface treatment Ref. DSZ2010TX (NP)/DSZ3410TX (RP/WP).

(1) Gingival heights of 150 mm have a maximum angle of 20° (all other heights have a maximum of 30°).

i

Abutments

Restorations using transepithelials



Abutments

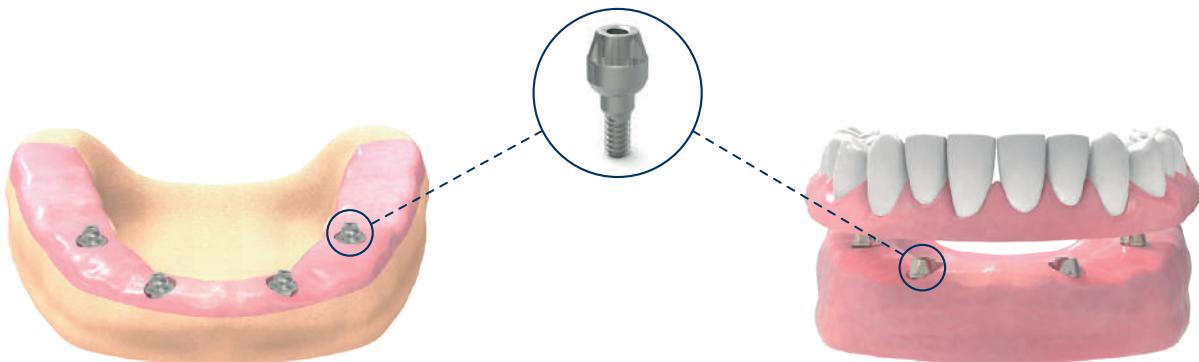
Restorations using transepithelials

■ Transepithelial abutments

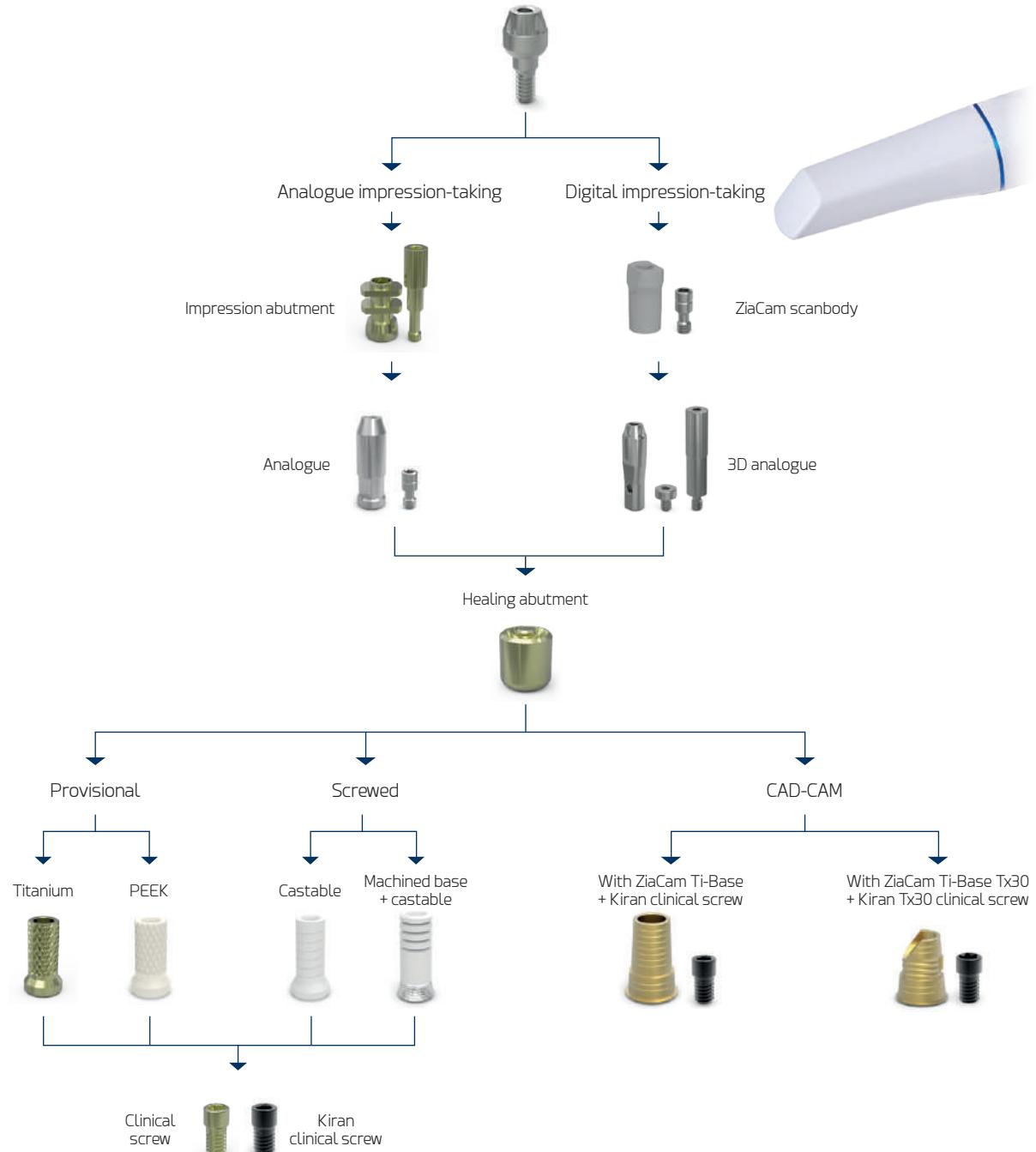
- Allows the peri-implant tissue to form from the initial 8 weeks.
- One abutment-one time allows gingival adhesion to the surface without the need for repeated detachments.
- Avoids loss of bone and soft tissues as there is no mechanical rupture of the peri-implant interface.
- The prosthetic working area is above the gingival level, making the soft tissue adhesive behaviour more predictable, maintaining a good seal.
- Less formation of micro-gaps at the implant-prosthesis junction.
- Increased crestal bone preservation.
- Prosthetic try-ins and definitive placement without anaesthesia.
- If the recommended torques are exceeded, the screw suffers the fracture at transepithelial level and not inside the implant.

■ Abutment heights

- Greater abutment height means more marginal bone is preserved in cement-retained prostheses.
- Higher abutments (≥ 2 mm) provide better soft tissue adaptation.
- Short abutments (< 2 mm) can compromise the soft tissues, resulting in greater crestal bone loss.
- Marginal bone loss will differ depending on the clinical decision on the abutment height. Generally, prosthetic abutments ≥ 2 mm will lead to better preservation of crestal bone.



■ Basic | Example of usage sequence



For more information on the use of abutments,
see the "Prosthetic procedure manual"
available at www.ziacom.com/biblioteca



Abutments

Basic abutment



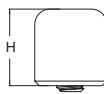
Platf.	Height (H)	Reference
Yellow	1.00	BASICZ201
Yellow	2.00	BASICZ202
Yellow	3.00	BASICZ203
Yellow	4.00	BASICZ204
Yellow	5.00	BASICZ205
Blue	1.00	BASICZ401
Blue	2.00	BASICZ402
Blue	3.00	BASICZ403
Blue	4.00	BASICZ404
Blue	5.00	BASICZ405
Pink	1.00	BASICZ501
Pink	2.00	BASICZ502
Pink	3.00	BASICZ503
Pink	4.00	BASICZ504

Insertion key Ref. MABA100/MABA110.



Includes the Basic abutment with sterilisable polyoxymethylene applicator (Tecaform AH-POM-C). 18° cone angle. 36° angle between abutments.

Basic healing abutment

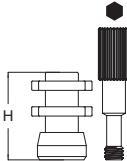


System	Height (H)	Reference
Basic	5.00	BAHAE34

Anodised surface



Basic impression abutment

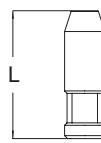


System	Height (H)	Reference
Basic	8.00	BATC134

Anodised surface



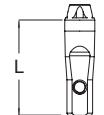
Basic analogue



System	Length (L)	Reference
Basic	13.00	BAIAE34



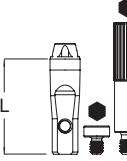
Basic 3D analogue - Individual



System	Length (L)	Reference
Basic	13.00	BAIA348D



Basic 3D analogue - Pack



System	Length (L)	Reference
Basic	13.00	BAIA348DC*



*Includes base screw Ref. DSIADI and lateral screw Ref. DSIADT for analogue connection.

Screws - 3D analogue



Type	Length (L)	Reference
Base screw (1)*	-	DSIADI
Lateral screw (2)*	15.00	DSIADT



*Pack of 4 units.

Basic clinical screw

		
System	Length (L)	Reference
Basic	4.30	BDSEI3400
Anodised surface		
    		

Kiran Basic clinical screw

		
System	Length (L)	Reference
Basic	4.30	BDSEI3410
Special Kiran screw with surface treatment.		
    		

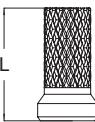
Basic laboratory screw

		
System	Length (L)	Reference
Basic	5.50	BDSEI3401
NOT suitable for use as the final clinical screw.		
    		

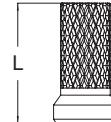
Kiran Tx30 Basic clinical screw

		
System	Length (L)	Reference
Basic	4.10	BDSEI34TX
Special Kiran Tx30 screw with surface treatment.		
    		

Basic provisional abutment

		
System	Length (L)	Reference
Basic	8.50	BARUT10
Anodised surface		
 		

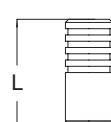
Basic provisional abutment

		
System	Length (L)	Reference
Basic	8.50	BARUP34
  		

Basic UCLA

		
System	Length (L)	Reference
Basic	9.00	BARUEX34
  		

Machined base abutment Basic + Castable abutment

		
System	Length (L)	Reference
Basic	11.00	BBRU34
  		

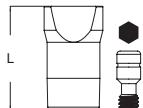


Basic

Abutments

DIGITAL CAD-CAM

ZiaCam scanbody to Basic abutment



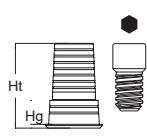
System	Length (L)	Reference
Basic	8.70	FNSYB18T



Indicated for clinical and laboratory use.

All ZiaCam scanbodies to Basic abutments include a screw
Ref. BDSEI3401

ZiaCam Ti-Base to Basic

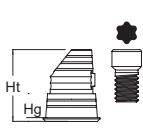


System	Height (Hg/Ht)	Reference
Basic	0.30/6.70	BFRU341



All Ti-Base ZiaCam to Basic abutments come with a special
Kiran screw with surface treatment Ref. BDSEI3410.

ZiaCam Ti-Base Tx30 to Basic



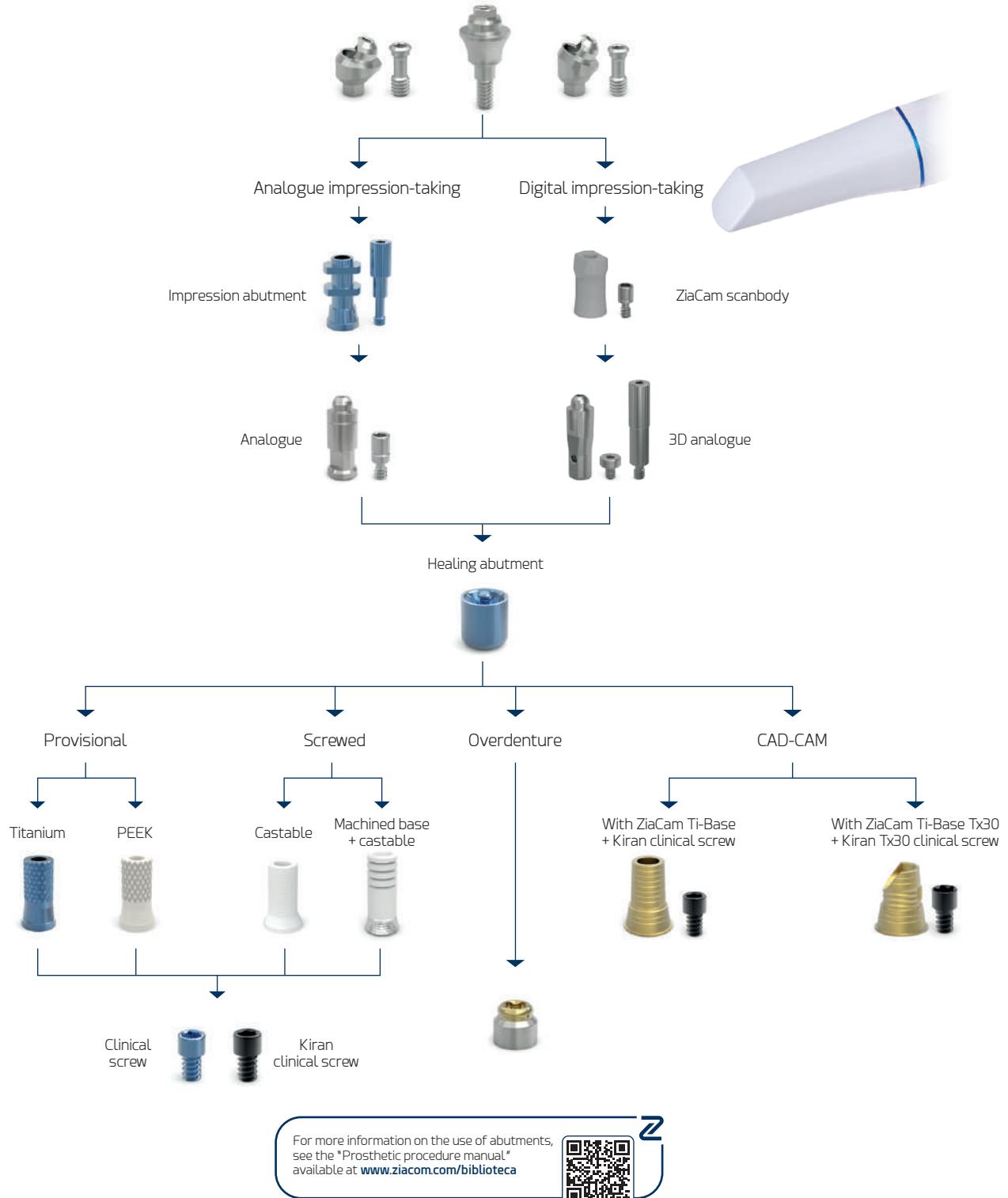
System	Height (Hg/Ht)	Reference
Basic	0.30/5.70	BFRU341TX



All ZiaCam Ti-Base Tx30 to Basic abutments come with
a special Kiran Tx30 screw with surface treatment Ref.
BDSEI34TX.

Restorations using transepithelials.

■ XDrive | Example of usage sequence



Abutments

XDrive straight abutment



Platf.	Height (H)	Reference
Yellow	1.00	XST00Z10
Yellow	2.00	XST00Z20
Yellow	3.00	XST00Z30
Yellow	4.00	XST00Z40
Yellow	5.00	XST00Z50
Blue	1.00	XST10Z10
Blue	2.00	XST10Z20
Blue	3.00	XST10Z30
Blue	4.00	XST10Z40
Blue	5.00	XST10Z50
Pink	1.00	XST20Z10
Pink	2.00	XST20Z20
Pink	3.00	XST20Z30
Pink	4.00	XST20Z40
Pink	5.00	XST20Z50

Insertion key Ref. MABA200/MABA210.



Includes XDrive abutment with sterilisable polyoxymethylene applicator (Tecaform AH-POM-C), 21° cone angle, 42° angle between abutments.



XDrive abutment with applicator

XDrive 3D analogue - Individual

System	Length (L)	Reference
XDrive	13.00	XIA3408D



XDrive 17° angled abutment



Platf.	Height (H)	Reference
Yellow	2.00	XA200Z17
Yellow	3.00	XA300Z17
Yellow	4.00	XA400Z17
Yellow	5.00	XA500Z17
Blue	2.00	XA210Z17
Blue	3.00	XA310Z17
Blue	4.00	XA410Z17
Blue	5.00	XA510Z17
Pink	2.00	XA220Z17
Pink	3.00	XA320Z17
Pink	4.00	XA420Z17
Pink	5.00	XA520Z17



All XDrive angled abutments come with a titanium positioner and screw.

XDrive 30° angled abutment



Platf.	Height (H)	Reference
Yellow	3.00	XA300Z30
Yellow	4.00	XA400Z30
Yellow	5.00	XA500Z30
Blue	3.00	XA310Z30
Blue	4.00	XA410Z30
Blue	5.00	XA510Z30
Pink	3.00	XA320Z30
Pink	4.00	XA420Z30
Pink	5.00	XA520Z30



XDrive healing abutment



System	Height (H)	Reference
XDrive	5.00	XH103400

Anodised surface



XDrive impression abutment



System	Height (H)	Reference
XDrive	10.50	XT103411

Anodised surface



Includes screw.

XDrive analogue



System	Length (L)	Reference
XDrive	13.00	XIA103400



XDrive 3D analogue - Pack

System	Length (L)	Reference
XDrive	13.00	XIA3408DC*



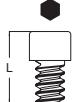
*Includes base screw Ref. DSIADI and lateral screw Ref. DSIADT for analogue connection.

Screws - 3D analogue

Type	Length (L)	Reference
Base screw (1)*	-	DSIADI
Lateral screw (2)*	15.00	DSIADT



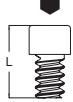
*Pack of 4 units.

XDrive clinical screw


System Length (L) Reference

XDrive	3.50	XDS103410
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Anodised surface


Kiran XDrive clinical screw


System Length (L) Reference

XDrive	3.50	XDS103411
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Special Kiran screw with surface treatment.

XDrive laboratory screw


System Length (L) Reference

XDrive	5.10	XLB103410
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NOT suitable for use as the final clinical screw.

Kiran Tx30 XDrive clinical screw

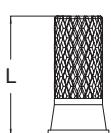

For ZiaCam Ti-Base or metal structures

System Length (L) Reference

XDrive	3.50	XDS3411TX
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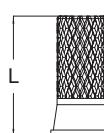
Kiran Tx30 special screw with surface treatment.

XDrive provisional abutment


System Length (L) Reference

XDrive	9.50	XST3410
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Anodised surface

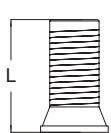

XDrive provisional abutment


System Length (L) Reference

XDrive	9.50	XSP3410
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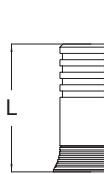


XDrive

XDrive UCLA abutment


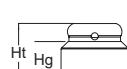
System Length (L) Reference

XDrive	8.00	XRU103400
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Machined base abutment XDrive + Castable abutment


System Length (L) Reference

XDrive	11.00	XBRU34
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Kirator XDrive abutment


System Height (Hg/Ht) Reference

XDrive	3.00/4.30	XLO3400
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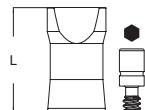
Kirator abutment with gold surface treatment.



Abutments

DIGITAL CAD-CAM

ZiaCam scanbody to XDrive abutment



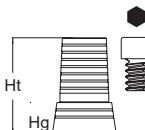
System	Length (L)	Reference
XDrive	8.70	FNSYX18T



Indicated for clinical and laboratory use.

All ZiaCam scanbodies to XDrive abutments include a screw Ref. XLB103410.

ZiaCam XDrive Ti-Base

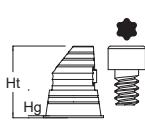


System	Height (Hg/Ht)	Reference
XDrive	0.15/6.70	XFRU341



Includes special Kiran screw with surface treatment Ref. XDS103411.

ZiaCam Ti-Base Tx30 XDrive



System	Height (Hg/Ht)	Reference
XDrive	0.15/5.70	XFRU341TX



Includes special Kiran Tx30 screw with surface treatment Ref. XDS3411TX.

Table of abutment torques

Element/Abutment	Instrument/Tool	Torque
Cover screws/Healing abutments	Hex screwdriver 1.25 mm	Manual
Impression abutment screws	Hex screwdriver 1.25 mm	Manual
Laboratory screws	Hex screwdriver 1.25 mm	Manual
Direct-to-implant clinical screws	Hex screwdriver 1.25 mm	30 Ncm
Kiran direct-to-implant clinical screws	Hex screwdriver 1.25 mm	30 Ncm
Nature abutments	Insertion keys: MANA100/MANA110/MANA120	30 Ncm
Clinical screws on Nature	Hex screwdriver 1.25 mm	30 Ncm
Kiran clinical screws on Nature	Hex screwdriver 1.25 mm	30 Ncm
Basic abutments	Insertion keys: MABA100/MABA110/MABA120	30 Ncm
XDrive abutments	Insertion keys: MABA200/MABA210/MABA220	30 Ncm
Clinical screws on Basic	Hex screwdriver 1.25 mm	25 Ncm
Kiran clinical screws on Basic	Hex screwdriver 1.25 mm	25 Ncm
Clinical screws on XDrive	Hex screwdriver 1.25 mm	20 Ncm
Kiran clinical screws on XDrive	Hex screwdriver 1.25 mm	20 Ncm
ZiaCam scanbody + screw	Hex screwdriver 1.25 mm	Manual
Kirator abutments	Insertion keys: LOSD01/LOSD02	30 Ncm
Tx30 abutment/screw (variable rotation)	Torx screwdriver Tx30	30 Ncm

WARNING

Exceeding the recommended tightening torque for screws and abutments compromises the prosthetic restoration and could damage the implant structure.



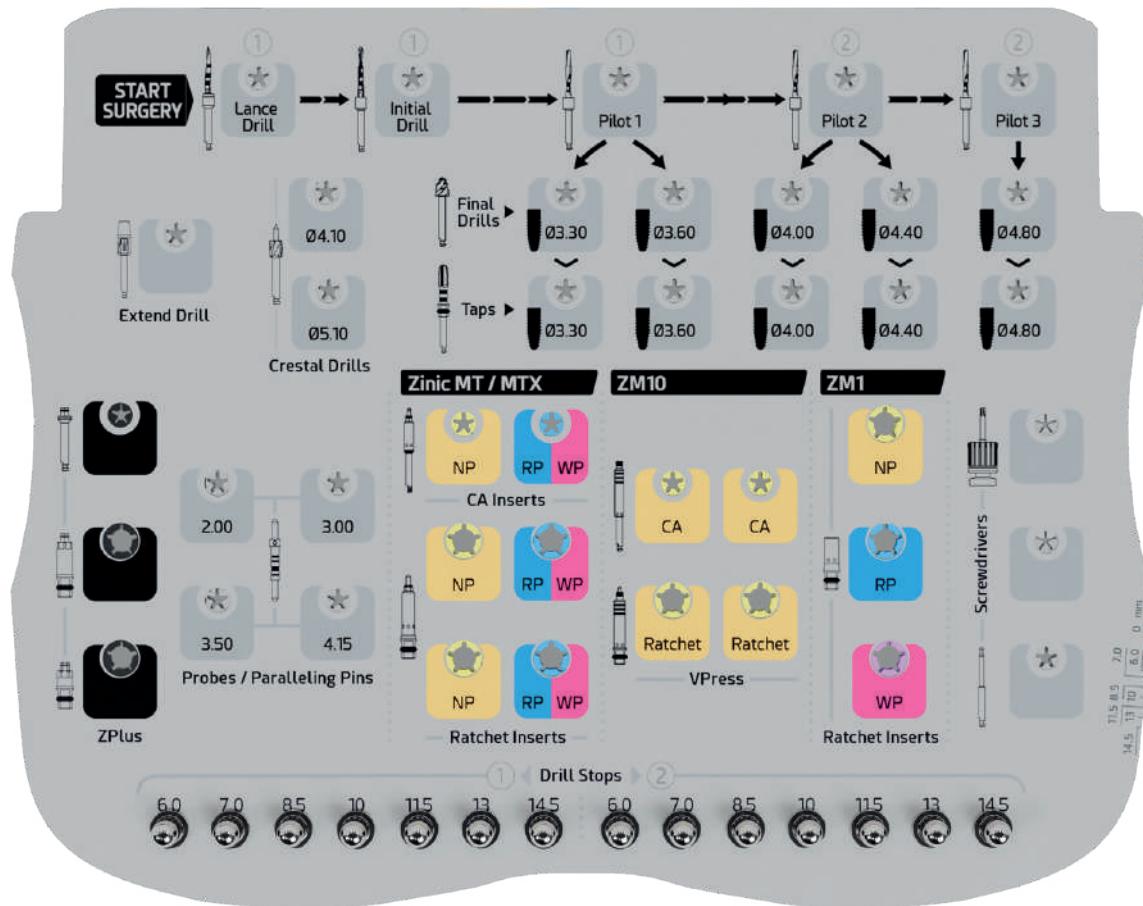
For immediate loading: DO NOT tighten manually, attach with the final torque. When using a screwdriver or adaptor for a contra-angle handpiece (CA), do not exceed a maximum speed of 25 rpm.

Surgical instruments



Surgical instruments

Universal Box surgical box



Universal Box contents available

Platf.	Contents	Reference
●●●	Empty	BOX450U
	Complete	BOX450UC



Material: Radel.

Ensure boxes do not touch the walls of the autoclave to avoid damage.



■ Surgical box contents

REF	Description	BOX450UC
SID001M	Lance drill Ø2.00 mm. Millimeter.	●
OSPD20M	Pilot Drill Ø1.60/2.00 mm. Millimeter.	●
OTD201C	Pilot Drill P1. Millimeter.	●
OTD301C	Pilot Drill P2. Millimeter.	●
OTD401C	Pilot Drill P3. Millimeter.	●
OTD203C	Final surgical drill F1	●
OTD303C	Final surgical drill F2	●
OTD403C	Final surgical drill F3	●
OTD503C	Final surgical drill F4	●
OTD603C	Final surgical drill F5	●
CLD34	Crestal surgical drill Ø4.10 mm.	●
CLD50	Crestal surgical drill Ø5.10 mm.	●
ZMPD160	Calibrated drill stop. 1. H6 mm.	●
ZMPD170	Calibrated drill stop. 1. H7 mm.	●
ZMPD185	Calibrated drill stop. 1. H8.5 mm.	●
ZMPD110	Calibrated drill stop. 1. H10 mm.	●
ZMPD115	Calibrated drill stop. 1. H11.5 mm.	●
ZMPD113	Calibrated drill stop. 1. H13 mm.	●
ZMPD114	Calibrated drill stop. 1. H14.5 mm.	●
ZMPD260	Calibrated drill stop. 2. H6 mm.	●
ZMPD270	Calibrated drill stop. 2. H7 mm.	●
ZMPD285	Calibrated drill stop. 2. H8.5 mm.	●
ZMPD210	Calibrated drill stop. 2. H10 mm.	●
ZMPD215	Calibrated drill stop. 2. H11.5 mm.	●
ZMPD213	Calibrated drill stop. 2. H13 mm.	●
ZMPD214	Calibrated drill stop. 2. H14.5 mm.	●
MTAP33MC	Surgical tap. Ø3.30 mm. Millimeter.	●
MTAP36MC	Surgical tap. Ø3.60 mm. Millimeter.	●
MTAP40MC	Surgical tap. Ø4.00 mm. Millimeter.	●
MTAP44MC	Surgical tap. Ø4.40 mm. Millimeter.	●
MTAP48MC	Surgical tap. Ø4.80 mm Millimeter.	●
MUR101MT	Probe/Paralleling pin Initial. Millimeter.	●
MUR201MT	Probe/Paralleling pin P1. Millimeter.	●
MUR301MT	Probe/Paralleling pin P2. Millimeter.	●
MUR401MT	Probe/Paralleling pin P3. Millimeter.	●
DEXT10	Drill extender	●
MESD	Screwdriver tip, Ø 1.25 mm Long.	●
LMSD	1.25 mm surgical screwdriver. Long.	●
SMSD	1.25 mm surgical screwdriver. Short.	●
TORK50	Regulable torque wrench	●

PLEASE NOTE

The surgical kit box does not include the insertion keys or ZPlus block key. These must be ordered separately, according to the implant system used, Znic®MTX / ZM10 / ZM1.

i

Znic®MTX

Surgical instruments

SURGICAL DRILLS

Lance drill



Platf.	Diameter (Ø)	Length (L)	Reference
●●●	2.00	16.30	SID001M

Millimeter: 6/7/8.5/10/11.5/13/14.5



Initial pilot drill



Platf.	Diameter (Ø)	Length (L)	Reference
●●●	1.60/2.00	17.50	OSPD20M

Millimeter: 6/7/8.5/10/11.5/13/14.5



Pilot drill

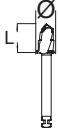


Platf.	Type	Diameter (Ø)	Length (L)	Reference
●	Pilot 1	2.20/3.00	17.50	OTD201C
●	Pilot 2	2.70/3.60	17.50	OTD301C
●	Pilot 3	2.90/4.25	17.50	OTD401C

Millimeter: 6/7/8.5/10/11.5/13/14.5



Final drill



Platf.	Type	Diameter (Ø)	Length (L)	Reference
●	Final 1	3.40	6.50	OTD203C
●	Final 2	3.90	6.50	OTD303C
●	Final 3	4.10	6.50	OTD403C
●	Final 4	4.30	6.50	OTD503C
●	Final 5	4.95	6.50	OTD603C



Crestal surgical drill

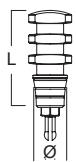


Platf.	Diameter (Ø)	Reference
Universal	4.10	CLD34
	5.10	CLD50



PIN

Paralleling pin



Plat.	Diameter (Ø)	Length (L)	Reference
Yellow	3.95	11.00	PMT1
Blue	4.50	11.00	PMT2

Anodised NP RP/WP

Grade 5
ELI
Titanium

STOPS

Calibrated drill stop



Plat.	Type	Length (L) Implant	Reference
Yellow	1	6.00	ZMPD160
		7.00	ZMPD170
		8.50	ZMPD185
		10.00	ZMPD110
		11.50	ZMPD115
		13.00	ZMPD113
		14.50	ZMPD114
	2	6.00	ZMPD260
		7.00	ZMPD270
		8.50	ZMPD285
		10.00	ZMPD210
		11.50	ZMPD215
		13.00	ZMPD213
		14.50	ZMPD214
Pack *	--	--	KZMPD100

* Complete pack of 14 calibrated stops.

Grade 5
ELI
Titanium

TAPS

Surgical tap. CA/Manual



Plat.	Diameter (Ø)	Reference
Yellow	3.30	MTAP33MC
Blue	3.60	MTAP36MC
Blue	4.00 *	MTAP40MC
Pink	4.40 *	MTAP44MC
Pink	4.80 *	MTAP48MC

Millimeter: 85/10/115/13/145

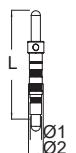
*Millimeter: 6/7/8.5/10/115/13/145



See surgical drilling protocol for more information on using tap.

PROBES

Probe/Paralleling pin



Plat.	Type	Diameters (Ø1-Ø2)	Length (L)	Reference
Yellow	Initial	1.60/2.00	27.00	MUR101MT
Blue	Pilot 1	2.20/3.00	27.00	MUR201MT
Blue	Pilot 2	2.70/3.60	27.00	MUR301MT
Pink	Pilot 3	2.90/4.25	27.00	MUR401MT

Millimeter: 6/7/8.5/10/115/13/145

Grade 5
ELI
Titanium

Surgical instruments

KEYS

ZPlus insertion key. Ratchet



Platf.	Length (L)	Reference
ZPlus	3.10/Mini	XSMIN *
	5.60/Short	TSMIN*
	10.60/Long	TLMIN*

● Hexagonal 2.4 mm / ■ Square 4x4 mm



*Ref. XSMIN/TSMIN/TLMIN are NOT included in the surgical box.

ZPlus insertion key. CA



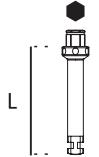
Platf.	Length (L)	Reference
ZPlus	15.90	01MMIN*
	23.90	02MMIN *

● Hexagonal 2.4 mm



*Ref. 01MMIN/02MMIN are NOT included in the surgical box.

Zinic® insertion key. Ratchet



Platf.	Length (L)	Reference
	5.00/Short	SMZ *
	15.00/Long	LMZ *
●	5.00/Short	SMZ1 *
● ●	15.00/Long	LMZ1 *

● Hexagonal NP 2.10 mm

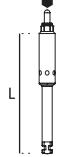
● Hexagonal RP/WP 2.42 mm

■ Square 4x4 mm



*Ref. SMZ/LMZ/SMZ1/LMZ1 are NOT included in the surgical box.

Zinic® Insertion key. CA



Platf.	Length (L)	Reference
●	19.50/Short	MMZ *
●	27.50/Long	MMZA *
● ●	19.50/Short	MMZ1 *
● ●	27.50/Long	MMZ1A *

● Hexagonal NP 2.10 mm

● Hexagonal RP/WP 2.42 mm

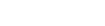


*Ref. MMZ/MMZA/MMZ1/MMZ1A are NOT included in the surgical box.

Drill extender



Platf.	Length (L)	Reference
Universal	12.00	DEXT10



SCREWDRIVERS

Screwdriver tip. CA



Platf.	Length (L)	Reference
Universal	20.00/Short	MESD01*
	25.00/Long	MESD

■ Hexagonal 1.25 mm



*Ref. MESD01 is NOT included in the surgical box.

Surgical screwdriver. Manual



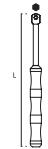
Platf.	Length (L)	Reference
Universal	2.80/Mini	XMSD *
	9.50/Short	SMSD
	14.50/Long	LMSD
	27.00/Extralong	XLMSD *

■ Hexagonal 1.25 mm



*Ref. XMSD/XLMSD are NOT included in the surgical box.

ZPlus block key



Platf.	Length (L)	Reference
ZPlus	90.00	01MOHW

■ Hexagonal 2.4 mm



RATCHET

Regulable torque wrench



Platf.	Length (L)	Reference
Universal	86.80	TORK50

■ Square 4x4 mm



Surgical instruments

Complementary instruments

ADAPTORS

Ratchet extension



Platf.	Length (L)	Reference
Universal	7.20	LAEX

■ Square 4x4 mm



NOT included in the surgical box.

Ratchet to CA adaptor



Platf.	Length (L)	Reference
Universal	7.20	MAEX

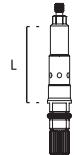
■ Square 4x4 mm



NOT included in the surgical box.

IMPLANT MOUNT

Implant mounts. Ratchet



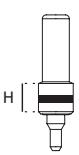
Platf.	Length (L)	Reference
■	15.70	MOUNT1
●	15.70	MOUNT2



NOT included in the surgical box.

LABORATORY TEST KIT

Laboratory test kit



Platf.	Height (H)	Reference
■	3.65	ZLAB20
●	3.65	ZLAB34

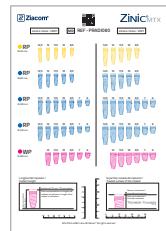


This product does not supersede the need for careful planning of each clinical case.

NOT included in the surgical box.

RADIOGRAPHIC TEMPLATE

Zinic® MTX radiographic template



Platf.	Model	Reference
■	Zinic® MTX	PRADIO80

Scales 1:1 and 1:1.25

Material: transparent acetate. Non-sterilisable material

See the literature available at
www.ziacom.com/biblioteca

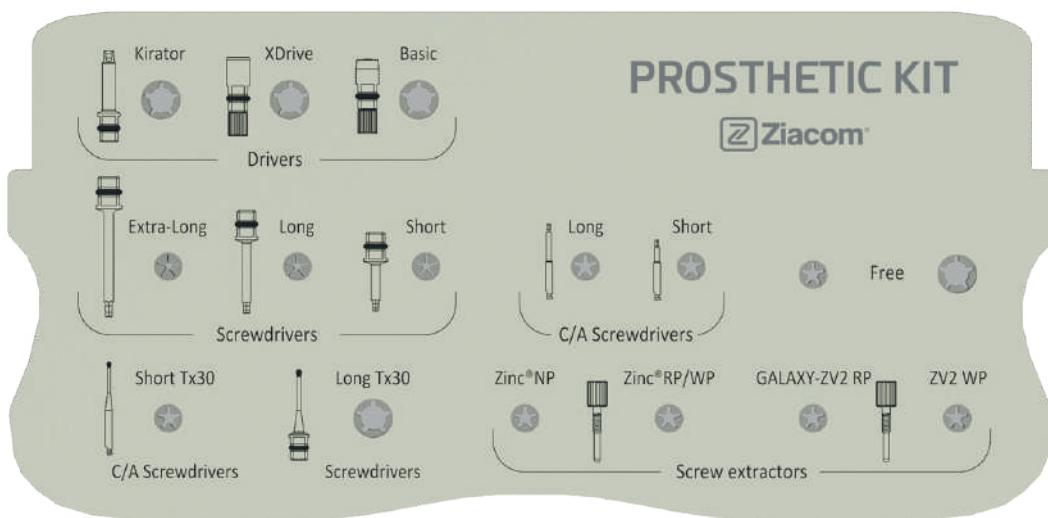


Prosthetic instruments



Prosthetic instruments

Prosthetic box



Contents of prosthetic boxes available

Contents	Reference
Empty	BOXPN
Basic	BOXPSN
Complete	BOXPCN



Material: Radel.

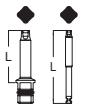
Ensure boxes do not touch the walls of the autoclave to avoid damage.



Contents of prosthetic boxes

REF	Description	BOXPSN	BOXPCN
LOS01	Kirator insertion key.	●	●
MABA100	Basic insertion key. Short.	●	●
MABA200	XDrive insertion key. Short.	●	●
MADW10	Screwdriver handle. 4x4.	●	●
SMSD1	Screwdriver tip. 125 mm. Short.	●	●
LMSD1	Screwdriver tip. 125 mm. Long.	●	●
XLMSD1	Screwdriver tip. 125 mm. Extra long.		●
MESD	Screwdriver tip. 125 mm. Long.	●	●
MESD01	Screwdriver tip. 125 mm. Short.	●	●
MESDTX	Tx30 screwdriver tip. Long.	●	●
LMSD1TX	Tx30 screwdriver tip. Long.	●	●
EDSZ20	ZPlus extractor screw. NP		●
EDSZ34	ZPlus extractor screw. RP/WP.		●
EDSG34*	Abutment extractor screw. RP		●
EDSG50 *	Abutment extractor screw. WP		●
TORK50	Regulable torque wrench	●	●

* Product not included in the Zinic® MTX system.

KEYS
Kirator insertion key


System	Length (L)	Reference
Kirator	13.60/Ratchet/Manual	LOSD01
	20.00/CA	LOSD02 *

◆ Square 2.11 mm / ■ Square 4x4 mm



*Ref. LOSD02 is NOT included in the prosthetic box.

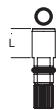
Basic insertion key. Ratchet


System	Length (L)	Reference
Basic	5.00/Short	MABA100
	13.00/Long	MABA110 *

◆ Basic / ■ Square 4x4 mm



*Ref. MABA110 is NOT included in the prosthetic box.

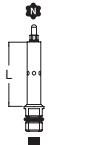
XDrive insertion key Ratchet


System	Length (L)	Reference
XDrive	6.00/Short	MABA200
	13.00/Long	MABA210 *

○ XDrive / ■ Square 4x4 mm



*Ref. MABA210 is NOT included in the prosthetic box.

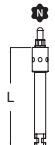
Nature insertion key. Ratchet


System	Length (L)	Reference
Nature	5.00/Short	MANA100*
	15.00/Long	MANA110*

■ Nature / ■ Square 4x4 mm



*Ref. MANA100/MANA110 are NOT included in the prosthetic box.

Nature insertion key. CA


System	Length (L)	Reference
Nature	20.50	MANA120*



*Ref. MABA210 is NOT included in the prosthetic box.

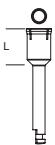
Basic insertion key. CA


System	Length (L)	Reference
Basic	7.00	MABA120*

◆ Basic



*Ref. MABA210 is NOT included in the prosthetic box.

XDrive insertion key CA


System	Length (L)	Reference
XDrive	7.00	MABA220*

○ XDrive

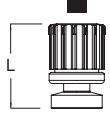


*Ref. MABA220 is NOT included in the prosthetics box.

Prosthetic instruments

SCREWDRIVERS

Screwdriver adapter handle



Platf.	Length (L)	Reference
Universal	12.90	MADW10
■ Square 4x4 mm		

Screwdriver tip. Ratchet



Platf.	Length (L)	Reference
Universal	9.50/Short	SMSD1
Universal	14.50/Long	LMSD1
Universal	27.00/Extralong	XLMSD1
■ Square 4x4 mm		

Screwdriver tip. CA



Platf.	Length (L)	Reference
Universal	20.00/Short	MESD01
Universal	25.00/Long	MESD
■ Square 4x4 mm		

Tx30 screwdriver tip. CA



System	Length (L)	Reference
Tx30	26.00/Short	MESD01TX *
	32.00/Long	MESDTX
■ Square 4x4 mm		

Do not exceed 30 Ncm as it could cause severe damage to the screwdriver and screw

* Ref. MESD01TX is NOT included in the prosthetics box.

Tx30 screwdriver tip. Ratchet



System	Length (L)	Reference
Tx30	12.00/Short	SMSD1TX *
	18.00/Long	LMSD1TX
■ Square 4x4 mm		

Do not exceed 30 Ncm as it could cause severe damage to the screwdriver and screw

* Ref. SMSD1TX is NOT included in the prosthetic box.

Tx30 prosthetic screwdriver. Manual



System	Length (L)	Reference
Tx30	12.00/Short	SMSDTX *
	18.00/Long	LMSDTX *
	27.00/Extralong	XLMSDTX*
■ Square 4x4 mm		

Do not exceed 30 Ncm as it could cause severe damage to the screwdriver and screw

* Ref. SMSDTX/LMSDTX/XLMSDTX are NOT included in the prosthetics box.

EXTRACTOR SCREW

ZPlus extractor screw



Platf.	Length (L)	Reference
	25.00	EDSZ20
	23.70	EDSZ34

Anodised ■ NP ■ RP/WP

Grade 5 ELI Titanium

Galaxy/ZV2 abutment extractor screw



Platf.	Length (L)	Reference
	25.00	EDSG34 *
	26.80	EDSG50 *

Anodised ■ RP ■ WP

Grade 5 ELI Titanium

RATCHET

Regulable torque wrench



Platf.	Length (L)	Reference
Universal	86.80	TORK50
■ Square 4x4 mm		

*Product not included in the Zinic® MTX system.

Complementary instruments

CA to ratchet adaptor



Platf.	Length (L)	Reference
Universal	12.00	MC10Z
■ Square 4x4 mm		
Stainless Steel		

NOT included in the prosthetic box.

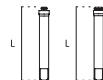
Extractor + Retainer inserter handle



Platf.	A Length (L)	B Length (L)	Reference
Kirator ZM-Equator	81.50	110.40	MBEI3610
Plastic			
Stainless Steel			

NOT included in the prosthetic box.

Retention inserter



Platf.	Length (L)	Reference
Kirator	32.00	MBEI3602
ZM-Equator	32.00	MBEI3603



Kirator / ZM-Equator plastic cap insertion tool.

NOT included in the prosthetic box.

Retentive joints instruments



Platf.	Dimensions	Reference
Universal	2x1	RREI0030

Pack of 10 units.



ZINIC[®]MTX

Surgical protocols

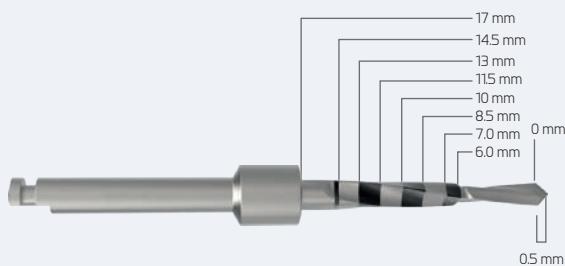


Surgical protocol

Features of the Zinic® MTX drilling system

■ Ziacom® drill system

Ziacom® implant system drills are made from stainless steel. A laser marking on the bur's shank identifies its inner and outer diameters and its length, while the horizontal laser marked bands on the active section corresponds to the different lengths of the implants (millimeter drills). The drill tip is 0.5mm long and this is not included in the different laser-marked lengths.



■ Ziacom® final drills

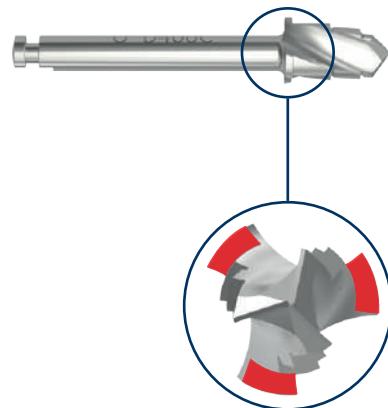
Its use is essential and mandatory in order to achieve an ideal finish of the prepared implant bed for smooth, safe and precision insertion. In this way, overtorquing of the implant can be avoided while it is placed into its final position.

■ FINAL DRILL STOP

A stop, consisting of three blades (see red areas marked on image) has been incorporated into the design of the final drills, between the active area and the shank, to limit the penetration of the drill.

IMPORTANT

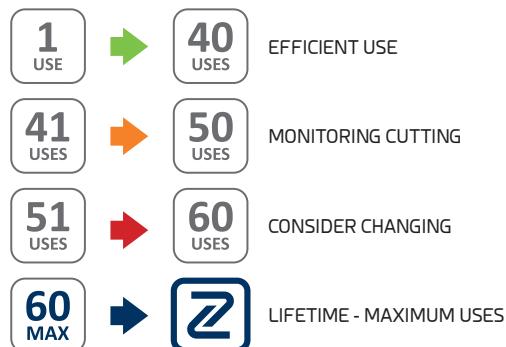
Take care not to drill beyond the stop, as this modifies the coronal anatomy of the surgical site.



■ ZACOM® DRILLS EFFICIENCY GUARANTEE

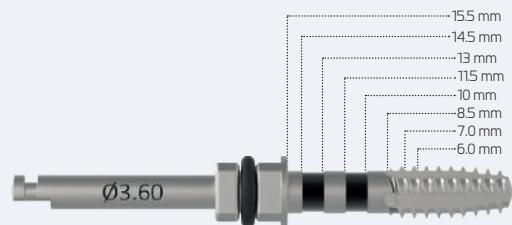
Surgical drills for Zinic® MTX implants from Ziacom® (**cortical drills, lance drill, initial drill, pilot drills and final drills**), have a **lifetime of up to 60 uses**. It is advisable to monitor the cutting status at all times, especially when reaching around 41 to 50 uses, since after 50 uses it is necessary to consider changing the drills before reaching 60 uses.

Bear in mind that, depending on the size of the implant, bone density and your surgical protocol, not all of the various drills will be used equally – it is recommended that you monitor the number of uses for each instrument.



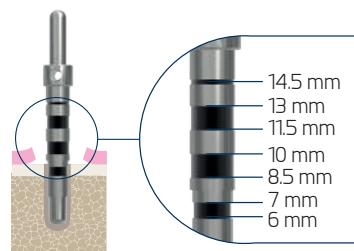
■ Ziacom® taps

Taps are available for contra-angle handpieces. The laser marking on the tap's shank identifies its diameter, while the horizontal laser marked bands on the active section corresponds to the different lengths.



■ Probe

Check the depth of the surgical site, especially when not using drill stops. To check the surgical bed axis, the paralleling pin pins are available in different diameters according to the drilling sequence.



■ Short and long insertion keys for ratchets and contra-angle handpieces

The insertion keys for contra-angle handpieces or ratchets have been designed for transporting implants from their No-Mount vial to the surgical site ready for insertion.



■ Drill stops

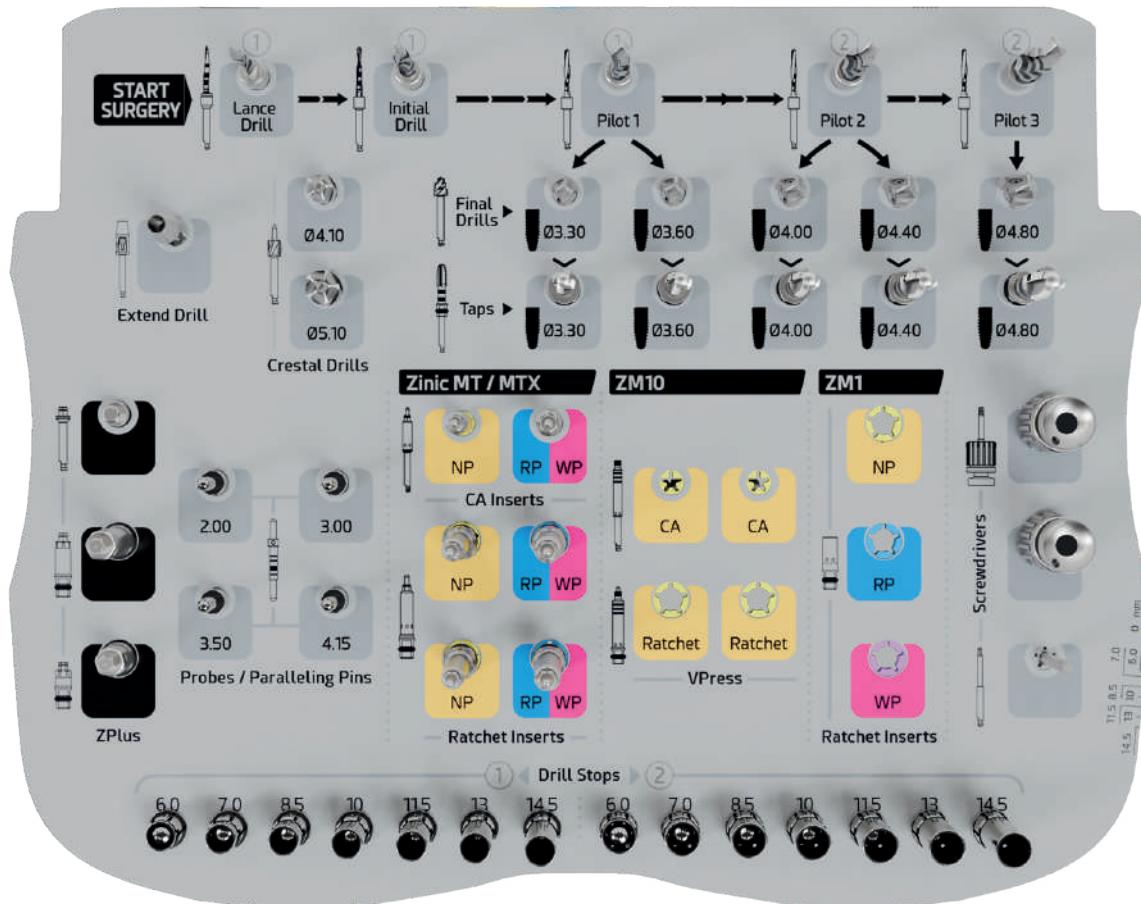
These are a surgical accessory that attach to drills and facilitate the work as they determine the depth of the osteotomy, providing extra assurance when preparing the surgical site.



Surgical protocol

Features of the Zinic® MTX drilling system

■ Internal view of the Universal Box surgical box



Recommendations on the maximum implant insertion torque



The recommended insertion torque ranges between **35** and **50 Ncm** on a case-by-case basis.

To avoid deforming the insertion key and/or implant connection, insertions performed with a contra-angle handpiece (CA) must respect the recommended maximum rpm (25 rpm) and maximum torque (50 Ncm).

If the implant cannot be fully inserted using the recommended maximum torque, withdraw the implant, repeat the drilling and then re-insert it.

Check the final insertion torque with the adjustable dynamometric ratchet Ref. TORK50 or a contra-angle handpiece.

Exceeding the maximum torque (50 Ncm) when inserting the implant may result in:

- Irreversible deformations in the implant's internal connection.
- Irreversible deformations in the implant insertion instruments.
- Difficulty or impossibility in dismounting the instrument/implant assembly.

■ Zinic® MTX implant

It is important to note that the drilling protocol for Zinic® MTX implants using stepped drills varies significantly based on the implant diameter and the type of bone at the surgical site and therefore it is important to pay special attention to these two aspects.

Zinic®MT

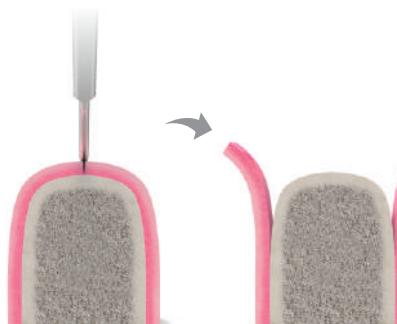
- **EXAMPLE:**
Zinic® MTX implant
Ø 4.00x11.50mm
● RP (Ø 4.00mm)
Platform Ø 3.50mm



High-density drilling protocol steps (D1 - D2*)

PRELIMINARY STEP | Opening the gum

Make an incision and raise the flap.



STEP 1 | Lance drill

Start the implant site drilling sequence using the Lance Drill Ref. SID001M. Be aware of the laser marking on the drill to indicate the length, or use drill stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.



STEP 2 | Initial Drill

Continue the drilling sequence using Initial Drill Ref. OSPD20M until the total length of the chosen implant is reached. Be aware of the laser marking on the drill that indicates the length, or use the drill stop Ref. ZMPD115. Monitor the direction and inclination of the drilling, exerting pressure intermittently, always in a vertical direction, taking care not to generate excessive pressure on the bone. If necessary, use drill extender Ref. DEXT10.



STEP 3 | Initial Drill Probe/Paralleling pin

Check the depth of the surgical site and the insertion axis by inserting the Initial Drill Probe/Paralleling pin Ref. MUR101MT. Repeat this step as many times as necessary during the surgery.



Surgical protocol

STEP 4 | Pilot Drill 1



Continue the drilling sequence using Pilot Drill 1 Ref. OTD201C, until the full length of the chosen implant is reached. Be aware of the laser marking on the drill to indicate the length, or use drill stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

NOTE

Once this step has been completed, to fit an implant with diameter:
• Ø3.30 mm > Final Drill 1 Ref. OTD203C + Tap MTAP33MC
• Ø3.60 mm > Final Drill 2 Ref. OTD303C + Tap MTAP36MC

STEP 6 | Pilot Drill 2



Continue the drilling sequence using Pilot Drill 2 Ref. OTD301C, until the full length of the chosen implant is reached. Be aware of the laser marking on the drill to indicate the length, or use drill stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

NOTE

Once this step has been completed, to fit an implant with diameter:
• Ø4.00 mm > Final Drill 3 Ref. OTD403C + Tap MTAP40MC
• Ø4.40 mm > Final Drill 4 Ref. OTD503C + Tap MTAP44MC

STEP 8 | Final Drill 3



Continue the drilling sequence using Final Drill 3 Ref. OTD403C, up to the length corresponding to the cortical bone thickness, according to individual clinical case. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

STEP 5 | Pilot Probe/Paralleling pin 1



Check the depth of the surgical site and the insertion axis by inserting the Pilot Probe/Paralleling pin 1 Ref. MUR201MT. Repeat this step as many times as necessary during the surgery.

STEP 7 | Pilot Probe/Paralleling pin 2



Check the depth of the surgical site and the insertion axis by inserting the Pilot Probe/Paralleling pin 2 Ref. MUR301MT. Repeat this step as many times as necessary during the surgery.

STEP 9 | Surgical tap Ø4.00



Place the Ø4.00mm surgical tap, Ref. MTAP40MC in the surgical site. Apply firm pressure and start to turn slowly. Once threads engage, continue to screw the tap in without pressure to the planned depth. If excessive resistance is met, turn 90° anti-clockwise after each complete turn. To remove the tap, turn it anti-clockwise. While using the tap, it is recommended that you pass it along the entire length of the implant.

■ Important notes: Type D2* Bone Density

In the case of type D2 bone density, the surgical drilling protocol indicated for type D1 bone density should be followed, leaving out the use of the Surgical Tap on any of the implant diameters. Nevertheless, it is up to the discretion of the professional to decide on full or partial use the Surgical Tap, based on their clinical experience and the identification of the density of the existing bone at the site. This is particularly relevant in cases where the bone density varies significantly along the whole length of the osteotomy for the implant.

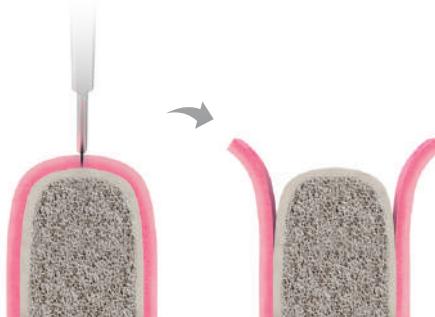


Surgical protocol

Low-density drilling protocol steps (D3 - D4**)

PRELIMINARY STEP | Opening the gum

Make an incision and raise the flap.



STEP 1 | Lance Drill



Start the implant site drilling sequence using the Lance Drill Ref. SID001M. Be aware of the laser marking on the drill to indicate the length, or use drill stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.



STEP 2 | Initial drill



Continue the drilling sequence using Initial Drill Ref. OSPD20M until the total length of the chosen implant is reached. Be aware of the laser marking on the drill that indicates the length, or use the drill stop Ref. ZMPD115. Monitor the direction and inclination of the drilling, exerting pressure intermittently, always in a vertical direction, taking care not to generate excessive pressure on the bone. If necessary, use drill extender Ref. DEXT10.



NOTE

Once this step has been completed, to fit an implant with diameter:
• Ø3.30 mm > Final Drill 1 Ref. OTD203C
• Ø3.30 mm > Final Drill 2 Ref. OTD303C

STEP 3 | Initial Drill Probe/Paralleling pin



Check the depth of the surgical site and the insertion axis by inserting the Initial Drill Probe/Paralleling pin Ref. MUR101MT. Repeat this step as many times as necessary during the surgery.

STEP 4 | Pilot drill 1



Continue the drilling sequence using Pilot Drill 1 Ref. OTD201C, until the full length of the chosen implant is reached. Be aware of the laser marking on the drill to indicate the length, or use drill stop Ref. ZMPD115. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.



NOTE

Once this step has been completed, to fit an implant with diameter:
• Ø3.30 mm > Final Drill 3 Ref. OTD403C
• Ø4.40 mm > Final Drill 4 Ref. OTD503C

STEP 5 | Pilot Probe/Paralleling pin 1



Check the depth of the surgical site and the insertion axis by inserting the Pilot Probe/Paralleling pin 1 Ref. MUR201MT. Repeat this step as many times as necessary during the surgery.

STEP 7 | Final Drill 3

Continue the drilling sequence using Pilot Drill 3 Ref. OTD403C up to the length corresponding to the cortical bone thickness, according to individual clinical case. Control the direction and angle of drilling by applying intermittent pressure vertically, taking care not to exert too much pressure on the bone. If necessary, use drill extender Ref. DEXT10.

**■ Important notes: Type D4** Bone Density**

In the case of type D4 bone density, the surgical drilling protocol indicated for type D3 bone density should be followed, leaving out the use of the last Final Drill for all implant diameters. Nevertheless, it is up to the discretion of the professional to decide to use the last Final Drill fully or partially, based on their clinical experience and the identification of the density of the existing bone at the site. This is particularly relevant in cases where the bone density varies significantly along the length of the osteotomy for the implant.

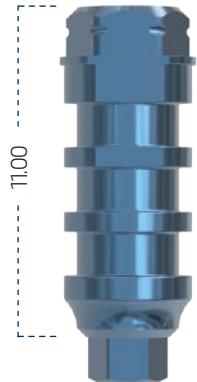
Surgical protocol

Implant placement with ZPlus Mount | **Titansure**

ZPlus Mount

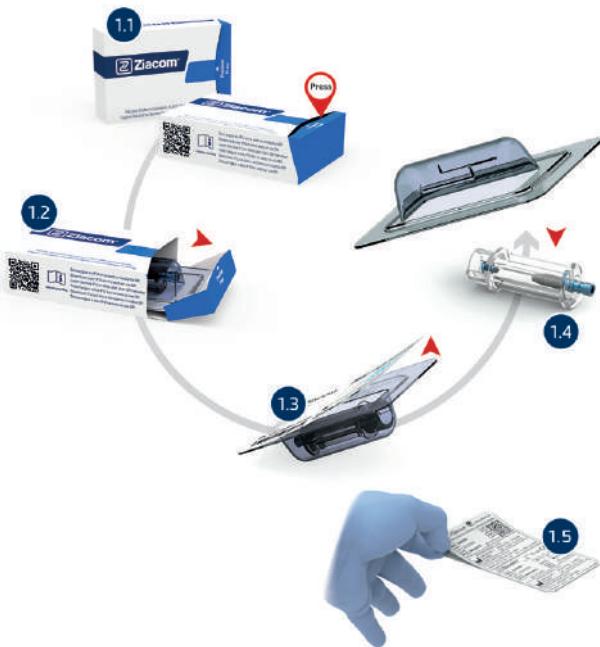
Surface treatment

Titansure



STEP 1 | Unpacking the implant

- 11 Press the word "PRESS" and open the carton.
- 12 Remove the top of the carton and take out the blister pack.
- 13 Carefully remove the seal from the blister pack.
- 14 Turn the vial containing the implant out onto a sterile cloth in the operating area.
- 15 Remember to remove the label from the implant and to stick it onto the patient's implant card and medical record to ensure that the product is traceable.



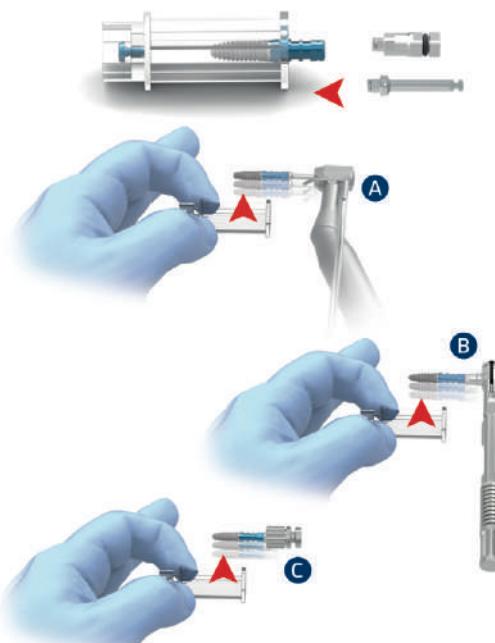
STEP 2 | Choosing the right insertion instrument

Based on the specific clinical situation and access to the surgical site, one of three different instruments can be selected to insert the implant:

- A Contra-angle:** use the ZPlus insertion key. CA insertion key of the desired length Ref. 01MMIN / 02MMIN and insert it into the contra-angle.
- B Torque wrench Ref. TORK50:** use the ZPlus insertion key. Ratchet/Manual of the desired length Ref. XSMIN / TSMIN / TLMIN and insert it into the ratchet set to function "IN", which is identified with an arrow.
- C Screw insertion key handle 4x4 Ref. MADW10:** use the ZPlus insertion key. Ratchet/Manual of the desired length Ref. XSMIN / TSMIN / TLMIN and insert it into the screwdriver handle.

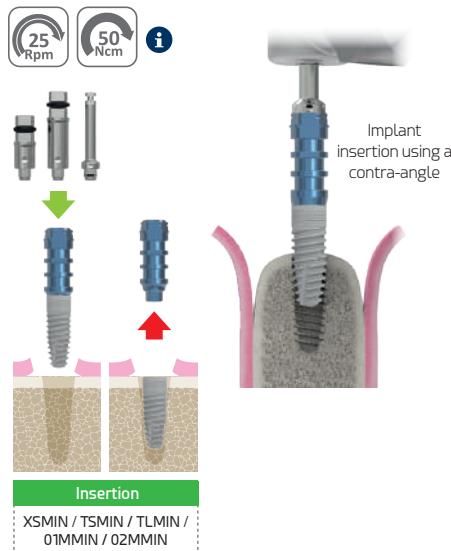
STEP 3 | Removing the implant from its vial

Hold the vial containing the implant in one hand and insert the selected ZPlus insertion key with the other hand. Remove the implant-mount assembly by lifting it vertically out of the vial.



Zinic® MTX implant insertion with ZPlus Mount

STEP 4 | Inserting the implant

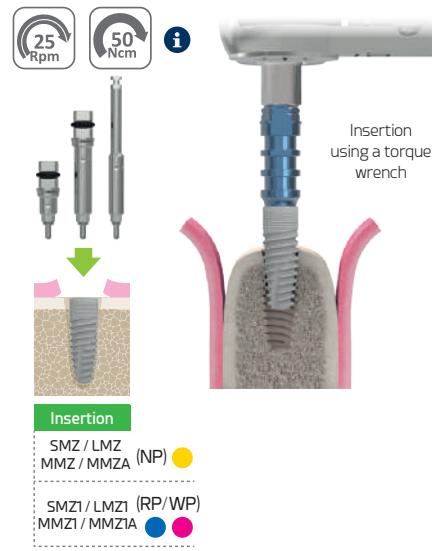


Insert the implant into the surgical site, controlling both the direction and angle of the implant. When inserting the implant with a contra-angle, use a maximum speed of 25 rpm. The recommended insertion torque ranges from 35 to 50 Ncm, according to each case, and is not limited to a single torque.

If resistance is met during insertion, turn the implant slightly anti-clockwise and then continue to insert after waiting a few seconds. Repeat this process as many times as necessary.

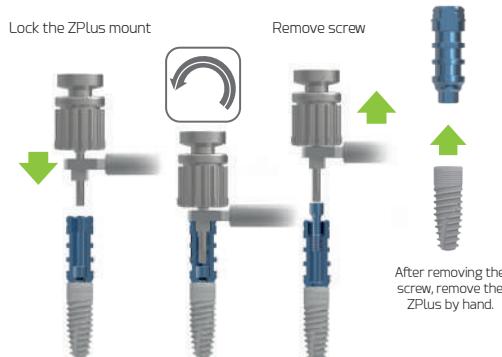
The Ziacom® surgical protocol establishes crestal positioning of the implant platform.

The ZPlus has 3 flat sides. After inserting the implant, make sure that one of these flat sides faces the vestibular direction.



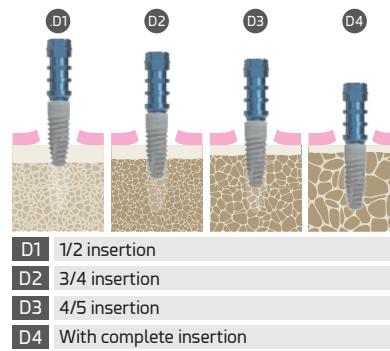
STEP 5A | Extracting the ZPlus Mount

Lock the ZPlus mount using block key Ref. 01MOHW and remove the screw using manual surgical screwdriver Ref. SMSD / LMSD. After removing the screw, remove the ZPlus by hand.



STEP 5B | Extracting the ZPlus Mount

In order to prevent the ZPlus mount from warping or cold welding with the implant, the point of insertion at which the mount should be extracted will depend on the type of bone.



IMPORTANT

The maximum insertion torque for the dental implants is 50 Ncm. Exceeding the maximum insertion torque for the implants may cause severe damage to the dental implant, its connection, the Mount and the clinical screw included. Check the specifications in the surgical protocol for removal of the Mount, according to the type of implant connection and the bone type.

Surgical protocol

STEP 5C | Extracting the ZPlus Mount



Step 1

After removing the clinical screw, insert the extractor screw



Step 2

Turn the screwdriver clockwise until the extractor screw makes contact with the implant and then turn an extra quarter turn to unlock the mount



Step 3

After unlocking the mount, remove the extractor screw

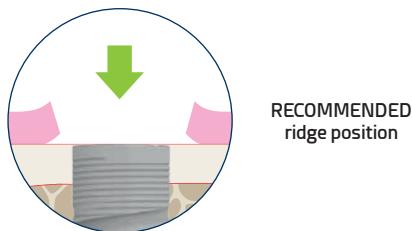
In the event of jamming or cold welding between the ZPlus and the implant after insertion, do not handle the mount with instruments in a way that could reduce primary stability. Only use the Ziacom® extractor screw Ref. EDSZ34 (RP/WP).

On inserting the extractor screw using manual surgical screwdriver Ref. SMSD / LMSD and manual torque, in a clockwise direction, the apex makes contact with the implant, unlocking the mount and releasing it for removal.



STEP 6 | Crestal placement of the implant

The Ziacom® Zinic® MTX implant platform should be placed at bone ridge level.



Implant insertion with Ziacom® Titansure No Mount

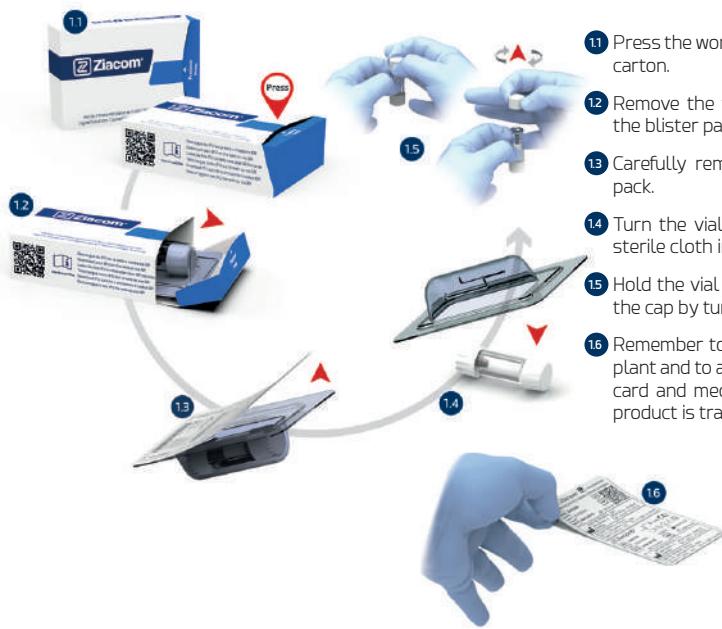
Ziacom® No Mount

Surface treatment

Titansure



STEP 1 | Unpacking the implant



- 11 Press the word "PRESS" and open the implant carton.
- 12 Remove the top of the carton and take out the blister pack.
- 13 Carefully remove the seal from the blister pack.
- 14 Turn the vial containing the implant onto a sterile cloth in the operating area.
- 15 Hold the vial upright with one hand. Remove the cap by turning and lifting it.
- 16 Remember to remove the label from the implant and to adhere it to the patient's implant card and medical record to ensure that the product is traceable.

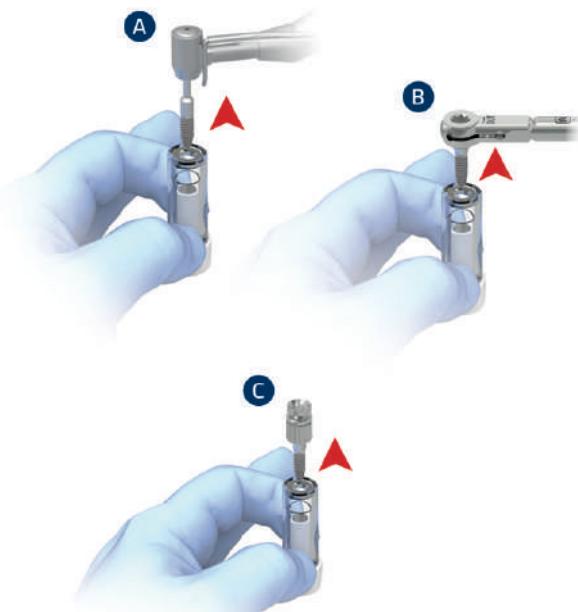
STEP 2 | Choosing the right insertion instrument

Based on the specific clinical situation and access to the surgical site, one of three different instruments can be selected to insert the implant:

- A Contra-angle:** select the Zinic® CA Ref. MMZ1 insert it into the contra-angle.
- B Torque wrench Ref. TORK50:** use the Zinic® insertion key. Ratchet/Manual of the desired length Ref. SMZ1 / LMZ1 and insert it into the ratchet set to function "IN", which is identified with an arrow.
- C Screwdriver handle 4x4 Ref. MADW10:** select the Zinic® Ratchet/Manual of the desired length Ref. SMZ1 / LMZ1 and insert it into the screwdriver handle.

STEP 3 | Removing the implant from its vial

Hold the vial containing the implant upright in one hand and insert the selected insertion key into the implant with the other hand. Remove the implant by lifting it vertically out of the vial.



Surgical protocol

Implant insertion with Ziacom® No Mount | Titansure Active*

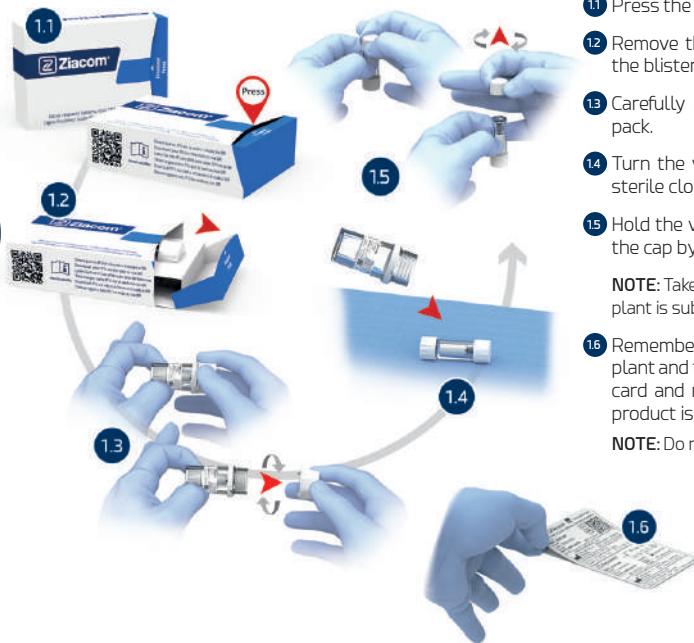
Ziacom® No Mount

Surface treatment

Titansure
Active



STEP 1 | Unpacking the implant



- 11 Press the word "PRESS" and open the carton.
- 12 Remove the top of the carton and take out the blister pack.
- 13 Carefully remove the seal from the blister pack.
- 14 Turn the vial containing the implant onto a sterile cloth in the operating area.
- 15 Hold the vial upright with one hand. Remove the cap by turning and lifting it.

NOTE: Take care when opening the vial as the implant is submerged in a bioactive liquid.

- 16 Remember to remove the label from the implant and to adhere it to the patient's implant card and medical record to ensure that the product is traceable.

NOTE: Do not reuse any leftover liquid.

STEP 2 | Choosing the right insertion instrument

Based on the specific clinical situation and access to the surgical site, one of three different instruments can be selected to insert the implant:

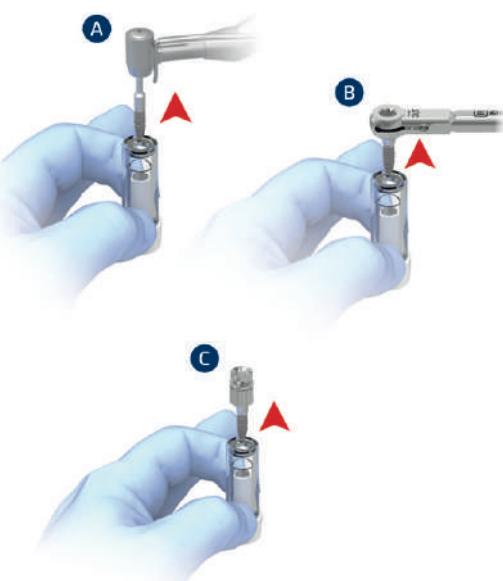
- A Contra-angle:** select the Zinic® CA Ref. MMZ1 insert it into the contra-angle.
- B Torque wrench Ref. TORK50:** use the Zinic® insertion key. Ratchet/Manual of the desired length Ref. SMZ1 / LMZ1 and insert it into the ratchet set to function "IN", which is identified with an arrow.
- C Screwdriver handle 4x4 Ref. MADW10:** select the Zinic® Ratchet/Manual of the desired length Ref. SMZ1 / LMZ1 and insert it into the screwdriver handle.

STEP 3 | Removing the implant from its vial

Hold the vial containing the implant upright in one hand and insert the selected insertion key into the implant with the other hand. Remove the implant by lifting it vertically out of the vial.

NOTE

Take care not to spill the bioactive liquid.



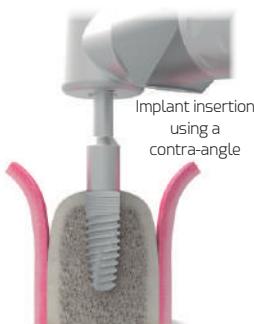
*Check availability according to each country.

Zinic® MTX No Mount implant insertion

STEP 4 | Inserting the implant

Ziacom® implants are available without a mount. This blister pack format allows dentists to comfortably remove the implant from the vial and place it in the surgical site using a direct instrument in one single step, thereby saving time during the operation. The No-Mount implant facilitates instrumentation in reduced spaces and allows better visibility of the surgical site.

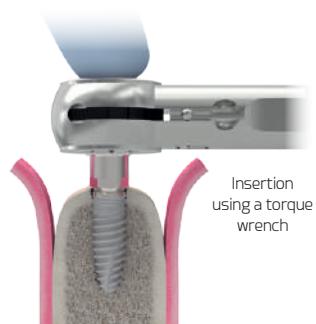
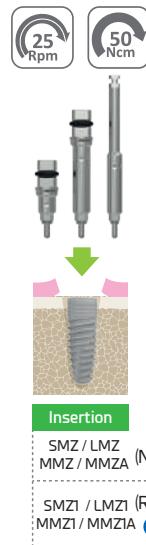
The new Zinic® direct-to-implant insertion keys with Ref. SMZ/LMZ/MMZ/MMZA (NP) and SMZ1/LMZ1/MMZ1/MMZ1A (RP/WP) have a centring device on their clamping part to avoid damaging the connection, and a washer on the active end to allow the implant to be quickly and safely moved to the surgical site.



Insert the implant into the surgical site, controlling both the direction and angle of the implant. When inserting the implant with a contra-angle, use a maximum speed of 25 rpm. The recommended insertion torque ranges from 35 to 50 Ncm, according to each case, and is not limited to a single torque.

If resistance is met during insertion, turn the implant slightly anti-clockwise and then continue to insert after waiting a few seconds. Repeat this process as many times as necessary.

The Ziacom® surgical protocol establishes crestal positioning of the implant platform.



Insertion using a torque wrench

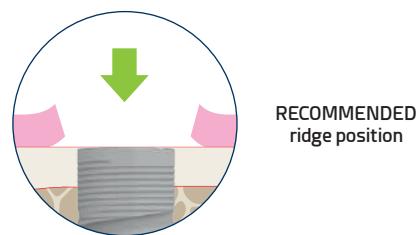


IMPORTANT

The maximum insertion torque for the dental implants is 50 Ncm. Exceeding the maximum insertion torque indicated for the implants may cause severe damage to the dental implant and its connection. Check the specifications in the surgical protocol according to the type of implant connection and the bone type.

STEP 5 | Crestal placement of the implant

The Ziacom® Zinic® MTX implant platform should be placed at bone ridge level.



Surgical protocol

■ Soft tissue conditioning

STEP 1 | Placing the cover screw



Remove the cover screw anti-clockwise using manual surgical screwdriver Ref. SMSD / LMSD. Move the cover screw towards the implant while taking care not to drop it and cause its accidental ingestion. Insert the screw into the implant until it locks, applying manual torque in a clockwise direction. Placement of the cover screw during the first surgical phase requires that, after the osseointegration period, the second surgical phase should be performed or the implant should be exposed to fit the chosen abutment.

Based on each individual case, you can choose not to place a cover screw but instead to directly attach a healing abutment.



STEP 2 | Closing the soft tissue

Close and suture the soft tissue, carefully lining up the flaps.



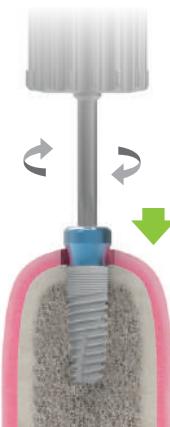
STEP 3 | Exposing and extracting the cover screw



Locate the implant and make an incision to expose the cover screw or use tissue punch Ref. MPU34 on the soft tissue. Remove the screw using manual surgical screwdriver Ref. SMSD or LMSD.



STEP 4 | Placing the healing abutment



Insert the chosen healing abutment using manual surgical screwdriver Ref. SMSD or LMSD.

The choice of healing abutment will depend on each individual case. It should match the implant platform and also the height of the gingival tissue in order to prevent occlusion of the abutment. If the abutment is too tall, it may subject the implant to premature loading, compromising the osseointegration process.



■ Bone types

Misch classification (1988)



TYPE D1 BONE

- Dense cortical and dense trabecular bone.
- > 1250 HU



TYPE D2 BONE

- Porous cortical and dense trabecular bone.
- 850 - 1250 HU



TYPE D3 BONE

- Porous cortical and fine trabecular bone.
- 350 - 850 HU



TYPE D4 BONE

- Thin crestal cortical and fine trabecular bone.
- 150 - 350 HU

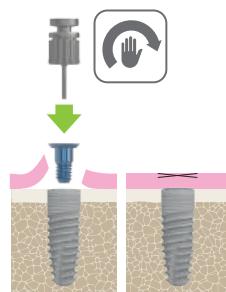
HU = Hounsfield Units

IMPORTANT

In order to simplify the surgical drilling protocols, we have created quick drilling guides, in which the criteria for bone types are amalgamated, with types D1-D2 considered "High-Density" bone, and D3-D4 bone types as "Low-Density" bone.

■ Handling of cover screw

Place the cover screw in the screwdriver. Move the cover screw towards the implant while taking care not to drop it and cause its accidental ingestion. Insert it into the implant applying manual torque in a clockwise direction.



■ Considerations for temporisation and immediate loading

Immediate temporisation and immediate loading are procedures that involve the placement of the prosthesis within 72 hours after implant surgery. The fundamental difference between these procedures is whether or not the prosthesis will have a functional load.

Adequate primary stability of the implant at the time of insertion is crucial to consider placing a provisional or immediately loaded prosthesis. This stability can be objectively measured by the insertion torque, which must be equal to or greater than 40-45 Ncm or by analysing the resonance frequency (ISQ value), which should be greater than or equal to 70.

■ IMMEDIATE TEMPORISATION

Immediate temporisation involves thorough monitoring of occlusion, both in central (closed) position, and during lateral or dynamic movements that occur during mastication. By freeing the provisional from any contact in these situations, the transfer of forces to the implant is prevented.

The main objectives of immediate temporisation are:

- Immediate closure of edentulous spaces in aesthetic areas.
- Guided regeneration of the gingival emergence profile due to the presence of the provisional crown or bridge.

■ IMMEDIATE LOADING

The principle of immediate loading involves the controlled transfer of contact from the moment of placement of the restoration while the restoration is in occlusion; therefore we distinguish between:

- Progressive immediate loading, using an acrylic provisional restoration as the initial restoration (released in dynamic occlusion).
- Definitive immediate loading, with rigid material and active occlusion from day one.

Both processes involve risks to the success of the osseointegration of the implant, so it is up to the practitioner, based on clinical experience and the case in question, whether or not to place an immediate provisional restoration and/or immediate loading.

Surgical protocol

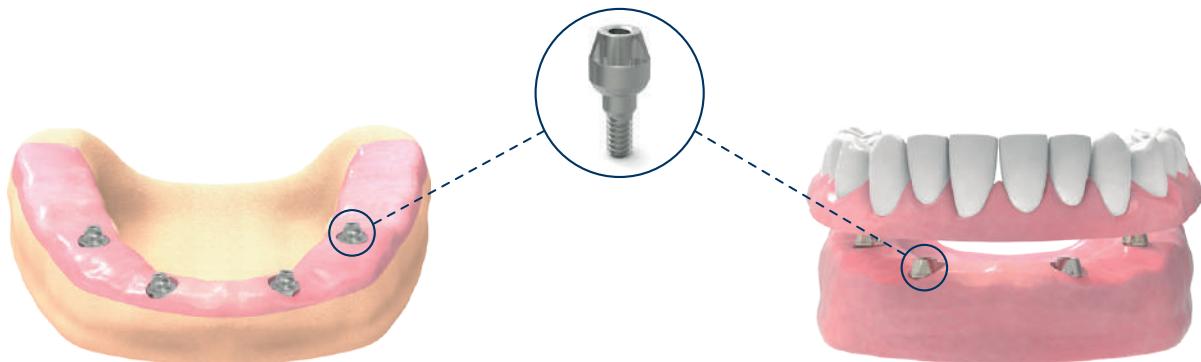
Restorations using transepithelials

■ Transepithelial abutments

- Allows the peri-implant tissue to form from the initial 8 weeks.
- One abutment-one time allows gingival adhesion to its surface as repeated detachments are not necessary.
- Avoids loss of bone and soft tissues as there is no mechanical rupture of the peri-implant interface.
- The prosthetic working area is above the gingival level, making the soft tissue adhesive behaviour more predictable, maintaining a good seal.
- Less formation of micro-gaps at the implant-prosthesis junction.
- Increased crestal bone preservation.
- Prosthetic try-ins and definitive placement without anaesthesia.
- If the recommended torques are exceeded, the screw suffers the fracture at transepithelial level and not inside the implant.

■ Abutment heights

- Greater abutment height means more marginal bone is preserved in cement-retained prostheses.
- Higher abutments ($\geq 2\text{mm}$) provide better soft tissue adaptation.
- Short abutments ($< 2\text{ mm}$) can compromise the soft tissues, resulting in greater crestal bone loss.
- Marginal bone loss will differ depending on the clinical decision on the abutment height. Generally, prosthetic abutments $\geq 2\text{mm}$ will lead to better preservation of crestal bone.



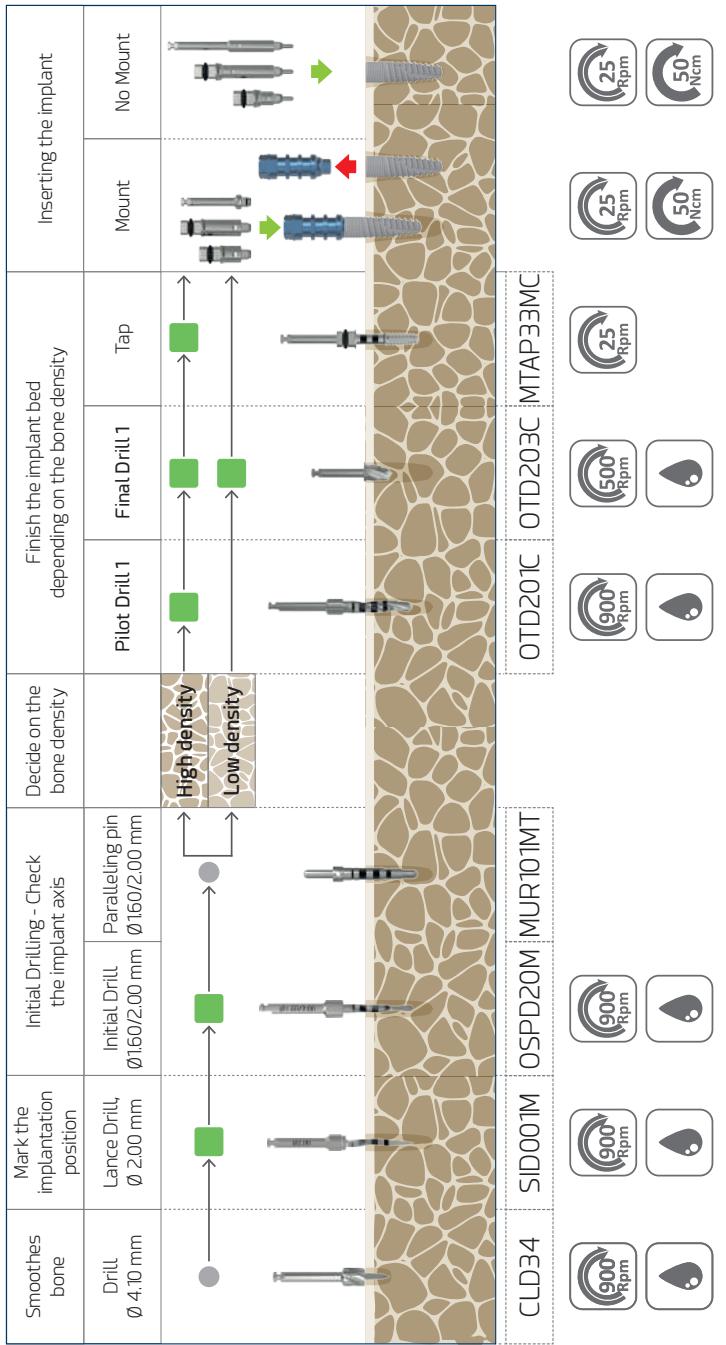
These surgical guides have been designed with a simplified surgical protocol to perform simple and efficient drilling of the surgical site.

ZPlus / Ziacom® No Mount - Drilling Protocol



Detailed speeds are recommended

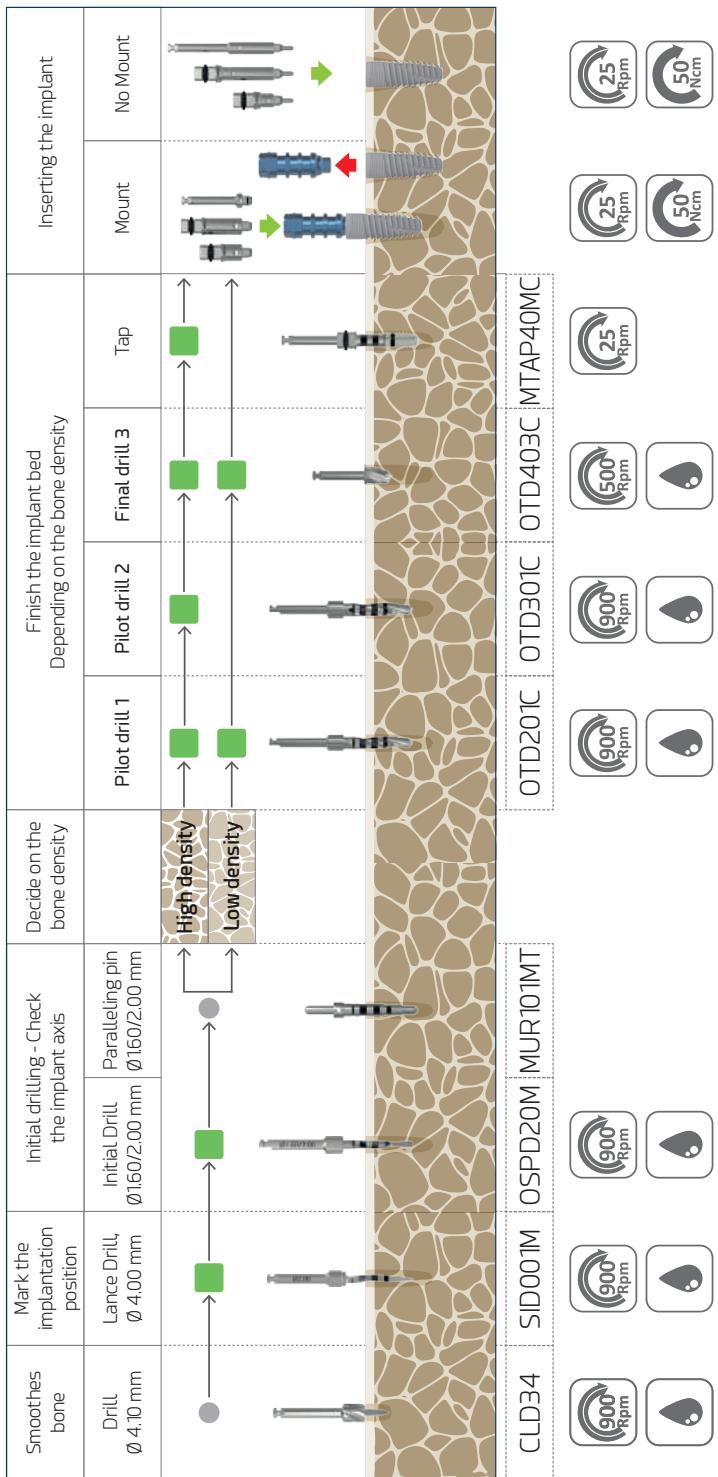
Znic®MTX Ø3.30 (Example of preparation of the implant bed with Znic®MTX implant Ø3.30x15)



Key
● Optional ■ Sequential

Znic®MTX Ø4.00

(Example of preparation of the implant bed with Znic®MTX implant Ø4.00x15)



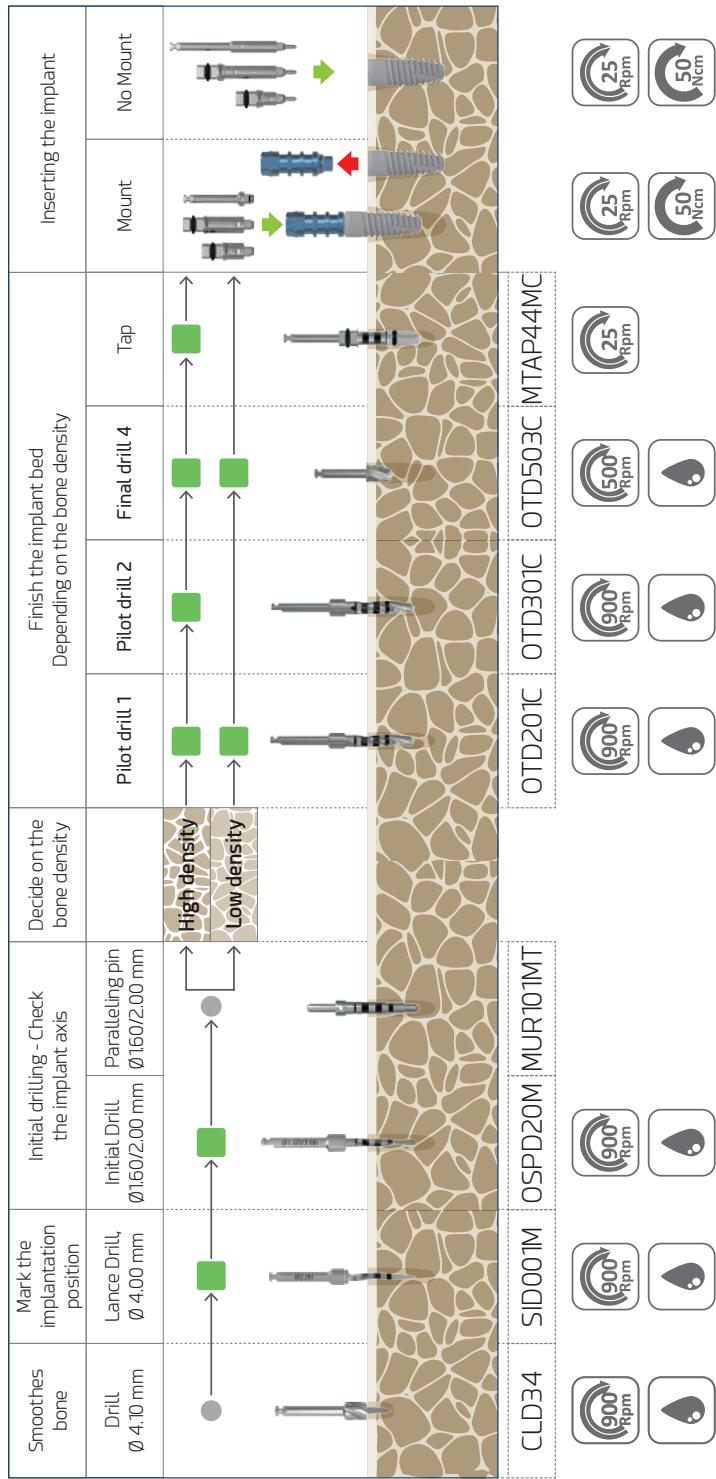
Key

● Optional ■ Sequential

Simplified surgical protocol

Znic[®]MTX Ø4.40

(Example of preparation of the implant bed with Znic[®]MTX implant Ø4.40x115)

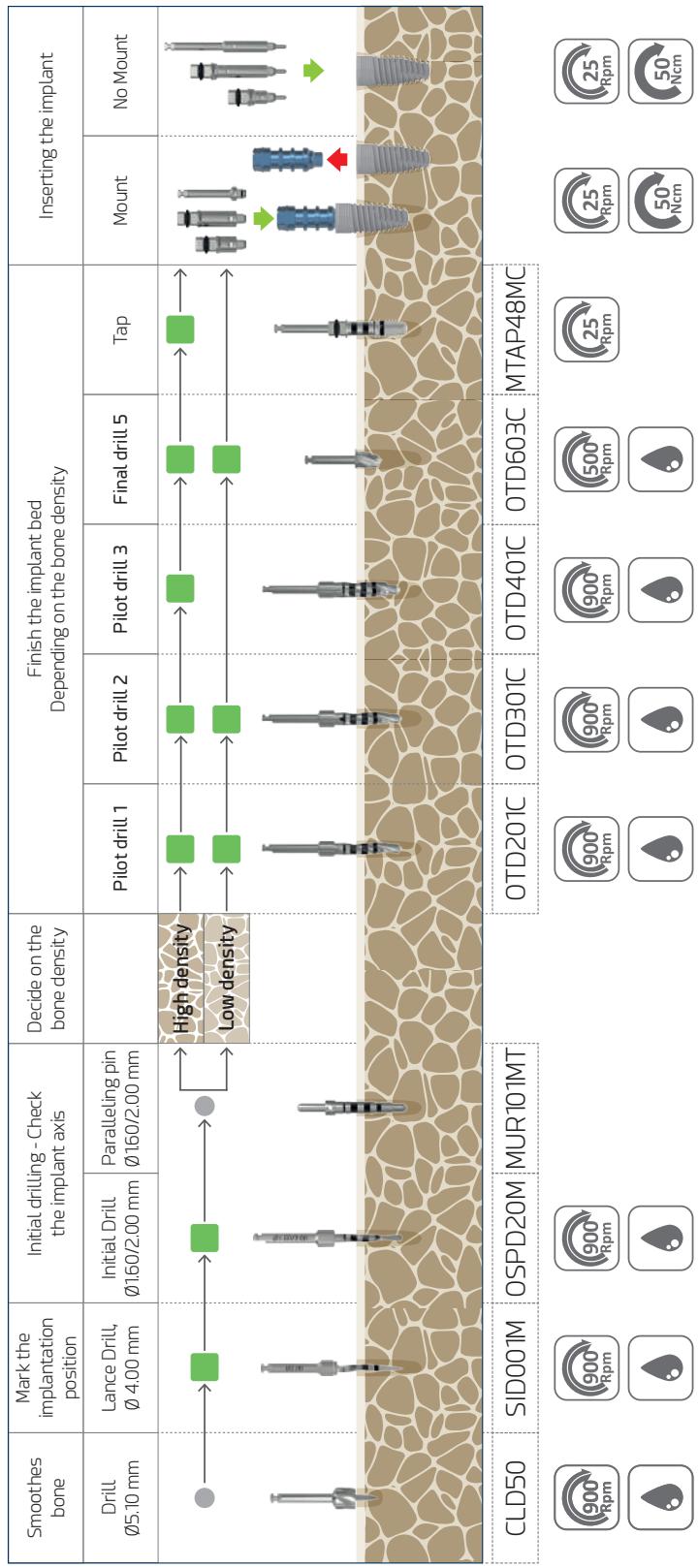


Key

- Optional
- Sequential

Znic®MTX Ø4.80

(Example of preparation of the implant bed with Znic®MTX implant Ø4.80x15)



Key

- Optional
- Sequential

Simplified surgical protocol

General recommendations

■ Points to consider during the procedure

1

Surgical drills must be inserted into the contra-angle handpiece with the motor stopped, ensuring that they are seated and rotate properly before starting drilling. Treat drills with the utmost care; the slightest damage to the tips could compromise their effective operation.

2

Damaged instruments must be disposed of according to local regulations.

3

Implantologists should keep one of the identification labels supplied with the product in the patient's records so that the product can be traced correctly.

4

Each instrument must only be used for the specific use recommended by the manufacturer.

Before using the Ziacom® Zinic® MTX system, make sure to consult the surgical and prosthetic protocols published in this catalogue, as well as the other documents available in the "Reference literature" section of our website www.ziacom.com/biblioteca which set out the procedures, protocols and instructions for use.



Cleaning,
disinfection
and sterilisation



Cleaning, disinfection and sterilisation

The protocols described in this section must only be carried out by personnel qualified to clean, disinfect and sterilise the dental materials specified herein.

Cleaning and disinfection instructions

Applicable for surgical and prosthetic instruments and boxes.

■ Disassembly

1. Disassemble* the instruments that need to be cleaned and disinfected, such as manual ratchets, drills or drill stops.
2. Remove all the different components from the surgical or prosthetic kit box for correct cleaning.

■ Cleaning and disinfection

For disinfection of instruments and surgical kit boxes:

1. Submerge the instruments in a detergent/disinfectant solution** suitable for dental instruments to help eliminate any adhered biological residues. If an ultrasound bath is available***, confirm that the detergent/disinfectant solution is indicated for use with this type of equipment.
2. Manually remove any biological residues with a non-metallic brush and pH-neutral detergent.
3. Rinse with copious water.
4. When cleaning surgical and prosthetic kit boxes, always use a pH-neutral detergent and non-abrasive tools to avoid damaging the surface of the boxes.
5. Dry the materials with disposable, lint-free, cellulose cloths or compressed air.

For disinfection of plastic caps and the protective disk:

1. Submerge for 10 minutes in a neat benzalkonium chloride solution.
2. Rinse with distilled water.
3. Dry the caps and disk prior to use.

■ Inspection

1. Check that the instruments are perfectly clean; if not, repeat the cleaning and disinfection steps.
2. Discard any instruments with imperfections and replace them before the next surgery.
3. Check that the instruments and surgical and prosthetic kit boxes are perfectly dry before reassembling the parts and proceeding with sterilisation.

* See the assembly and disassembly manuals at www.ziacom.com/biblioteca

** Follow the instructions from the disinfectant's manufacturer to determine the correct concentrations and times.

*** Follow the instructions from the ultrasound bath's manufacturer to determine the correct temperature, concentration and times.

Sterilisation instructions for steam autoclaves

Applicable to orthodontic implants, abutments, kit, surgical and prosthetic boxes, pins, fixing screws and mesh membranes.

1. Place the material in individual sterilisation pouches and seal the pouches. For joint sterilisation, place the instruments in their surgical kit box, place the box in a sterilisation pouch and seal the pouch.
2. Place the pouches to be sterilised in the autoclave.
3. Sterilise in a steam autoclave at 134°C/273°F (max. 137°C/276°F) for 4 min (minimum) at 2 atm. Dynamometric torque wrenches must be sterilised in 3 vacuum cycles at 132°C/270°F for at least ≥ 4 minutes and vacuum dried for at least 20 minutes.

For the United States only: The validated and recommended sterilisation cycle for the US must be performed in a steam autoclave at 132°C/270°F for at least 15 minutes with a drying time of at least 15–30 minutes.

IMPORTANT

Make sure the drying stage is allowed to run to completion, otherwise the products may be damp.

Check the sterilisation equipment if the materials or sterilisation pouches are damp at the end of the sterilisation cycle.

Perform the necessary maintenance actions on the autoclave according to the established periodicity and following the manufacturer's instructions.

i

Storage of Ziacom® products

- Store the products in their original packaging in a clean, dry place until they are to be used.
- After sterilisation, keep the products in the sealed sterilisation pouches in a clean, dry location.
- Never exceed the use by date indicated by the manufacturer of the sterilisation pouches.
- Always follow the instructions of the manufacturer of the sterilisation pouches.

General recommendations

- Never use damaged or dirty material; never reuse single-use products. The user is responsible for following the instructions described in this document correctly.
- Pay attention to piercing or sharp elements. Gloves should be worn when cleaning the materials to avoid accidents during handling.
- Follow the safety instructions indicated by the manufacturer of the disinfectant.
- The product's sterility cannot be guaranteed if the sterilisation pouch is open, damaged or damp.
- Respect all stages of the sterilisation process. If the materials or sterilisation pouches contain traces of water or moisture, check the autoclave and repeat the sterilisation.
- Orthodontic abutments and implants are supplied UNSTERILISED and must always be sterilised before use.
- Instruments and surgical and prosthetic kit boxes are supplied UNSTERILISED and must always be sterilised before use and cleaned and disinfected after use.
- Sterilisation, cleaning and disinfection processes gradually deteriorate the instruments. Inspect the instruments thoroughly to detect any signs of deterioration.
- Avoid contact between products made from different materials (steel, titanium, etc.) during the cleaning, disinfection and sterilisation processes.
- Ziacom Implants SLU recommends these instructions are implemented for the correct maintenance and safety of their products; accordingly, the company refuses any liability for any damage to the products that could arise if the user applies alternative cleaning, disinfection and sterilisation procedures.

See the latest version of
the cleaning, disinfection and
sterilisation instructions at
www.ziacom.com/biblioteca





See the updated general conditions of sale at www.ziacom.com.

Check the availability of each product in your country.

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