

# Denture 4U Kit

HIOSSEN'S FIXED DENTURE KIT USER MANUAL



## Denture 40 Kit



Perform Denture 4U Treatment When there is vertical bone loss due to alveolar bone resorption



Denture 4U KIT 0° Posterior Guide can be used to treat patients who do not lack of vertical bone mass

Semi-Permanent use owned

to Fixed Full-Denture

• No need for re-lining which is

usually needed due to gum

• Unlike removable dentures,

there is no need to replace

abutment components.

### Place 4~6 Implants in tilted manner

- Avoid inferior alveolar nerve and gain stability by placing 4~6 implants in a tilted manner in cases where the patient lacks of bone volume.
- In cases where the implant are tilted, the cantilever length can be reduced, which disperses the load efficiently on just 4 implants and thus making denture treatment possible.

### Denture 4U Kit Line-up





### Up to 6 implants can be placed by using the Denture 4U KIT

to acquire high fixation power on the maxillary bone with soft osseous tissue

### **Excellent Aesthetics Compared** to Conventional Dentures

• Denture 4U enables placement of 4 implants in a way that they can properly disperse the pressure from masticatory movements, and therefore prevents alveolar bone resorption and involution. • Maintains shape and volume of the jawbone, which results into better esthetics than conventional dentures.

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Denture 4U KIT

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### Why is Denture 4U Kit Essential

 Most edentulous patients lack of vertical bone volume due to alveolar bone resorption.



### **Denture 4U Treatment**

• Placing long implants is possible in order to gain stability. • Place Implants in tilted manner in order to reduce cantilever length.

Beware of the alveolaris inferior nerve since the long implants are inserted with an inclined angle.

### Denture 4U KIT

- Guides the placement site of the 4~6 implants in edentulous cases.
- Adjusts the angle and distance

Implant placement is safe while avoiding the inferior alveolar nerve.

- **STEP 1** | Preparation
- **STEP 2** | 1-point Fixation (refer to p.5)
- STEP 3 | 2-point Fixation (refer to p.8)
- STEP 4 | Drilling (refer to p.8)
- STEP 5 | Reaming (refer to p.10)



### **STEP 1** | Preparation

\* Before the procedure, check the location and shape of inferior alveolar nerve, and involution of alveolar bone.

### **1** Bone Flattening

 Flatten the bone with the crest remover in order to set the conditions for Guide Positioning



### Crest remover

- Diameter: Ø5.0 Recommended speed
- Angled type : 1,200~1,500rpm
- Straight type : 15,000~30,000rpm

### 2 Check the median line

• Find and set the median line by checking the labial frenum or the mid line of the nose and chin.

### Guide 1 | Check labial frenum



Set the median line by checking the labial frenum.



Guide 2 | Check the midline of

Connect the midline of the nose and chin. The line will run over the alveolar bone, which will be the median line.

### **STEP 2** | 1-point Fixation

### 1 1-point fixation in Anterior region

2 Guide Positioning in

Anterior region

(adjust Anterior Guide)

Position the guide according

to the patient's dental arch.

• Use an Anchor Screw to firmly fix the guide on the bone.



### User Guide TIP

- the Anchor Screw.

- of the Anchor Screw.



### User Guide TIP

- widened up to 30°
- adjusted separately.





• First, try to fix the guide with an Anchor Screw . If the Anchor Screw can not be inserted because the bone quality is hard, use the Anchor Drill before placing

- Soft Bone : Possible to fix guide with Anchor Screw.

- Normal/Hard Bone : Fix the guide with Anchor Screw after drilling a hole with the Anchor Drill. \* Stop the engine when the mount driver reaches the guide in order to prevent tickover

### Select specifications for Anchor Screw

• Perform drilling with the 3mm Anchor Drill first,

before drilling with 11mm Anchor Drill.

\* There is no contact between the drill and the guide, if the surgeon performs the initial drill with the 11mm Anchor Drill.



• Position the guide and manually adjust • according to the patient's dental arch In order to fix position 1, tighten

• Based on first premolar, the most narrow space is 31mm, and from that point on, the angle can be

• Guide can be correctly positioned even on asymmetric dental arches, because each left & right side, anterior & posterior region can be



- **3** Guide Positioning in **Posterior region** (adjust Posterior Guide)
  - Adjust and fix the Posterior Guide according to the patient's dental arch.



\* The Posterior Guide enables adjustment of the Implant's placement angle, distance between Implants and the buccal/lingual angle. The surgeon can therefore place the Implants in the desired way without damaging the alveolar nerves.

### Usage Guide TP

• Adjust placement angle, distance between implants and buccal/lingual angle, and then tighten screw with hand driver to fix the adjustments.

### 1 | Adjust Placement Angle

Posterior guide can be changed during the surgery, but it is advised to select appropriate specification with CT image before the surgery.



### 2 | Adjust Distance between Implants

Adjust the distance with the help of the laser markings that come in 2mm units.



### 3 | Adjust the Buccal/Lingual Angle

Buccal/lingual angle can be adjusted up to  $\pm 35^{\circ}$ 



### 4 Check Surgery Safety (check alveolar nerve) \* Needs to be checked before drilling stage.

- Before the drilling stage, the location of the alveolar nerve needs to be checked after positioning the guide.
- Denture 4U Guide knobs can be removed. (Better Panorama images can be acquired with CT checker, when knobs are removed.)

### Usage Guide TP







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### Guide 1 | Check with Indicator



the mental foramen with naked eye. Safety can be checked with the indicator.

### Guide 2 | Check with Path Checker



Perform a full flap surgery in order to spot In case the mental foramen is not visible with the naked eye, place Path Checker and check location of the nerve with a CT image.

> Guide 2 | Locate with path checker Case for ordinary flap surgery



Place path checker inside the drilling hole and check drilling path on panorama or CT image.

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Readjust the guide in case the drilling path passes through the alveolar nerve. (Laser markings come in 2mm units)



Posterior Guide adjustment is completed so that drilling path does not pass over alveolar nerves.

### **STEP 3** | 2-point Fixation

### 1 2-point Fixation in **Posterior region**

 After placing the Guide positioning taking into consideration the alveolar nerve, the guide needs to be fixed on 2 points fixation in order to prevent movements of the guide.

\* Use Anchor Screws to fix Posterior Guide on 2 points. (The guide is then firmly fixed on 3 points, including the fixation in the Anterior region, and therefore drilling can be performed in a stable manner.)



### User Guide TIP

- First, try to fix the guide with an Anchor Screw. If the Anchor Screw can not be inserted because the bone quality is hard, use the Anchor Drill before placing the Anchor Screw.
- Soft Bone : Possible to fix guide with Anchor Screw.
- Normal/Hard Bone : Fix the guide with Anchor Screw after drilling a hole with the Anchor Drill.
- \* Stop the engine when the mount driver reaches the guide in order to prevent tickover of the Anchor Screw.

### **Choosing Anchor Screw Specification**

- When 2-point fixing guide in Posterior region choose the appropriate Anchor Screw, depending on the severity of the bone resorption. (11mm Anchor Screws are available, in order to provide stable fixation in regions with severe bone resorption).
- Perform drilling with the 3mm Anchor Drill first, before drilling with 11mm Anchor Drill.
- % If the surgeon performs the initial drill with the 11mm Anchor Drill, there is no contact between the Drill and the Guide.

### Usage Guide TIP



### 2 Drilling in Anterior region (Ø2.2)

· Perform drilling in Anterior region with Ø2.2 Twist Drill.





Posterior Guide is blocking the guide hole for Anterior region.  $\rightarrow$  Since the Posterior Guides need to be removed in the 2 cases above, firmly hold the Guide, which has then only 1-point fixation, and perform drilling.

### **STEP 4** | Drilling

### Drilling in Posterior region (Ø3.0)

· Perform Drilling in Posterior region with Ø3.0 Twist Drill.



Ø3.0 Twist Drill Length: 5,8mm Recommended rpm: 800rpm



• Place the drill carefully into the guide hole by referring to the marking line which is marked in the lateral side of the guide.

• Control the drilling depth by referring to the drill's marking line in the mesial direction. Use the 5mm drill first and then the 18mm dril in case the surgeon uses a 0° Guide or experiences interference from occluding teeth.

> Check mesial direction when referring to the markings.

### Tips for Preventing jumps of the drills

Set angle of the drill by taking the guide angle into consideration, and press the pedal as you advance carefully with the drill. (If your hand is relaxed and the drill angle matches with the guide hole angle, the drill will glide into the hole and drill as planned.)

> Ø2.2 Twist Drill Recommended rpm : 800rpm

### Checklist Before Anterior Drilling TIP

① Check whether the Dental arch's curve is the same in the Anterior and Posterior region.  $\rightarrow$  In case the Guide does not fit due to the curve difference, re-position the guide before performing drilling in the Anterior region.

② Check whether the Posterior Guide is blocking the guide hole for the Anterior region.  $\rightarrow$  In case it's blocked, remove the Posterior Guide first, and then perform drilling in Anterior region.



Perform drilling after removal of Posterior Guides.

### **STEP 5** | Reaming

- **1** Countersink Drilling (to prevent interference from Stoppers and **Prostheses**)
- Remove Denture 4U Guide and perform Countersink Drilling in order to prevent interference from Taper Drill Stoppers and Prostheses.





Interference from Initiate drilling Stoppers and performed with Prostheses Denture 4U Guide.

When implants need to be placed in a tilted way, there will be interference from the drill's stopper and prostheses.



interferences.

Countersink drilling In order to prevent



\* Refer to the lower line in the distal direction when Implant needs to be placed at bone level. Refer to the upper line in the distal direction when Implant needs to be placed 1mm subcrestal.

### 2 Drill hole expansion with Taper Drills

 Perform additional drilling with Taper KIT or 122 Taper KIT in order to have appropriate drill holes for the implant.



### **Taper KIT**

The tapered drills form optimal drill holes for tapered implants that gain good initial stability in the alveolar bone.



122 Taper KIT A Kit with simple drill protocol : 1 drilling in soft bone, and 2 drillings in normal and hard bone.

## Denture 4U Prosthetic PROCESS

### **Temporary Denture**





Abutment Placement





**Check Abutment Location** 





Inject Resin to attach



Final seating and finishing



Impression Taking & Try in



Create through holes



Place Temporary Cylinder

Seat Temporary Denture



Cut out excessive part of the Cylinder



Cut excessive parts of the Temporary Denture

\* Please refer to ET Prosthetics Manual for detailed fabrication protocol.

## Denture 4U Prosthetic PROCESS

### **Final Denture**



Impression Taking and Fabrication of Model



Select and place Cylinder



Framework Casting and Polishing



Align artificial teeth on Wax Rim

5

8



Framework Wax-up



Fabricate Wax Denture on Frame



Index Taking and Wax Wash



Framework cast



Fabricate Resin Denture



### Denture 4U KIT | OD4UK



Anchor Screw DØ1.65 L D4UAS5 5 8 D4UAS8 D4UAS11 11

DØ1.65 L D4UAD3 3 11 D4UAD11

D4UCS

L	D Ø3.0	
5	D4U2D3005	
18	D4U2D3018	

Path Checker	Simple Mo	
D4UPC		L
		Short ASMD
		<u> </u>

### Multi Abutment Outer Driver

MAOD





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### **Crest Remover**



### **Guided Initial Drill**



### Countersink



### Indicator

D4UI

MAMD



### ount Driver



### Multi Abutment Machine Driver



## Denture 4U KIT ORDER CODE

### Prosthetic | ET





Multi Angled

Abutment



Multi Abutment

NP-Cast Cylinder



Esthetic-low

Plastic Cylinder



Esthetic-low

Temporary Cylinder













### Multi Abutment

Multi

Abutment

G/H	1.0	2.0	3.0	4.0	5.0	
	ETMT <b>A501M</b>	ETMT <b>A502M</b>	ETMT <b>A503M</b>	ETMT <b>A504M</b>	ETMT <b>A505M</b>	
R	ETMTA501R	ETMT <b>A502R</b>	ETMT <b>A503R</b>	ETMT <b>A504R</b>	ETMTA505R	¥

### Multi Angled Abutment

and the second	0.242.42.62.02.42.42.02.42.42.62				
17°	G/H 2.5	3.0	4.0	5.0	
M	ETMA <b>217MHW</b>	ETMA <b>317MHW</b>	ETMA <b>417MHW</b>	-	
B	ETMA <b>217SHW</b>	ETMA <b>317SHW</b>	ETMA <b>417SHW</b>	-	
30°	G/H 3.5	4.0	5.0		
M	ETMA330MHW	ETMA430MHW	ETMA530MHW		
R	ETMA330SHW	ETMA430SHW	ETMA530SHW		
Contraction of the local sectors of the local secto					

### Multi Ti-Base

н	5°	10°	
4	TSMTB <b>0405GTH</b>	TSMTB0410GTH	
6	TSMTB0605GTH	MGW100	

### Esthetic-low Temporary Cylinder

Non-hex	
MTR <b>100</b>	- 8
	Non-hex 

### Multi Abutment NP-Cast Cylinder

Hex	Non-hex	
	<u></u>	- 📕
TSMN <b>500</b>	TSMN <b>500N</b>	

### Multi Ti-Base

TSMSBC

### Esthetic-low Temporary Cylinder (Narrow type)

Hex

Non-hex

NMTR200

NMTR200

ℜ Regular Non-hex

\* Please refer to the Product Catalog for information on ET & EK system.

### Esthetic-low Plastic Cylinder

Hex Non-hex MGR200 MGR100



Smiles that last a lifetime

Please contact your local sales representative or visit our website today to learn more about Hiossen and its products.

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