ENGLISH - EN

Prosthodontic Procedure Aurea ® Evo

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TECHNICAL INFORMATION

SYMBOL	LEGEND
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	Caution!
	This is a medical device intended for use on patients.
	Implants are supplied sterilized. Sterilized by gamma irradiation. The sterile barrier is the outer blister sealed with Tyvek.
	If the packaging is damaged or has been opened accidentally, the sterility of the implants that are supplied sterilized may be compromised. Do not use the product and immediately inform the manufacturer at the email address garantiacalidad@phibo.com.
	The reuse and/or reprocessing of disposable products can lead to loss of functionality and/or safety of the product and, potentially, cause problems for the patient.
 'Do not re-sterilize'	Re-sterilization of disposable products can lead to loss of functionality and/or safety of the product and cause potential problems for the patient.
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	Medical devices must be safely disposed of in approved medical containers for such purposes, and in accordance with the requirements of current local regulations.
	The labeling of the products referred to in these instructions for use includes traceability with UDI encoding/unique identification of the device.
'IFU' 	These instructions for use are electronic and are not attached in paper format. They are intended for health professionals. The instructions can be downloaded from the Downloads section of the manufacturer's website at www.phibo.com.
 **0123**	CE 0123 represents certification by TUV SUD.

The information below is not sufficient for the use of Phibo® dental implants, but the person who manipulates it must have sufficient training and information on the dental implant technique for the use of Phibo® dental implants.

If you are not familiar with the clinical procedure described here, you can contact your advisor in the Phibo® business area and they will provide you with any information and/or training you may require to perform this procedure.

Consult the detailed information in the implant package insert before use. The instructions for use and maintenance of Phibo® products are listed in the documents and procedure manuals for the Phibo® implant system.

Phibo® prosthodontic components and instruments are supplied unsterilized. They must be cleaned, disinfected and sterilized before and after use, according to the process described in the document “Cleaning, Disinfection and Sterilization of Prosthodontic Components and Instruments” PROSPLD

IMPORTANT BEFORE USING PHIBO®

In its innovative and patented design, the Phibo® implant system incorporates advanced technological features, developed only for professionals who understand technology as an advantage and design as a benefit.

Phibo® complies with all the requirements established by European laws and guidelines relating to the manufacture and distribution of medical and health products. The Phibo® implant system is certified and authorized for sale by the corresponding European Notified Body. Phibo Dental Solutions, S.L. complies with the most rigorous international quality regulations for healthcare products, guaranteeing the perfect quality of its products, with the sole objective of constantly increasing customer satisfaction.

The use of other components or products not manufactured by Phibo Dental Solutions, S.L., that come into contact with the originals of the Phibo® implant system manufactured by Phibo Dental Solutions, S.L. according to the original design specifications, may cause serious damage to the patient's health as they are not contemplated for use with those referred to in the documentation provided by the manufacturer.

Any use of non-original components or instruments indicated in this procedure, which come into contact with those referred to, will automatically void any type of warranty on the products manufactured by Phibo Dental Solutions, S.L.

The use and application of the Phibo® dental implant system is beyond the manufacturer's control. The user is responsible for any damages that may be caused by the use of the product, releasing Phibo Dental Solutions, S.L. from liability for damages or losses resulting from improper handling or use.

The reuse of single-use products may result in potential deterioration of their features, which involves the risk of tissue infection, surgical or prosthodontic failure and/or deterioration of the patient's health.

Phibo® implant system documentation is periodically renewed according to the state of science and technology. Phibo® product users should request product information on a regular basis, in addition to attending regularly established product and technical training courses. The use and placement of Phibo® implants in unsuitable areas and the use of surgical instruments or prosthetic components not listed in this procedure can cause serious damage to the patient's health and total loss of product warranty. The Phibo® implant system is designed for teeth rehabilitation in a single or multiple way, according to the traditional clinical processes listed in this documentation, and cases with insufficient bone for implant placement, clinical risk cases such as sinus lift, fillings, advanced surgical techniques, unsuitable or severe cases of non-parallel implants, among others, are excluded from any warranty.

The Phibo® implant system is distributed internationally in different countries with different technical and health regulations and legislations, and there may be differences in the procedure content from one country to another. Please contact the exclusive Phibo® distributor in your country and request documentation regarding the products and their availability.

Phibo Dental Solutions, S.L. reserves the right to modify and evolve the products listed in this procedure without prior notice.

Phibo®, TSA®, TSH®, Avantblast®, ProUnic®, ProUnic Plus, are registered and/or commercial trademarks of Phibo Dental Solutions, S.L. Phibo® implants are protected by an international patent. Other products and accessories are protected by patents or patents pending.

Any illustrations that may appear in this document are not made to scale.

1. INTRODUCTION

The objective of this Prosthodontic Procedure is to allow for a global view of all attachments, establishing the procedure for the different prosthodontic restorations that can be performed on the Phibo® AUREA® EVO system, both for clinical and laboratory use. From single cases, multiple cases, fixed prostheses and complete restorations.

With the Phibo® AUREA®EVO system, you can make multiple options available in current Implantology.

The Phibo® AUREA®EVO implant system has a wide range of attachments that allow prosthodontic restorations on implants.

The availability of AUREA® EVO attachments with different transmucosal heights allows us to adapt the emergence profile of the crown to adjacent natural teeth and soft tissue thickness, respecting the modification of the platform to establish favorable biological spaces for the maintenance of the bone crest.

The cleaning, disinfection and sterilization protocol can be found in the document entitled PROSPLD.

2. IMPLANT-DEPENDENT PROCEDURES AND PROSTHODONTIC RESTORATIONS

DIRECT IMMEDIATE AESTHETICS

Temporary restoration without occlusal contact is performed during the surgical procedure itself, after the insertion of the implant. The temporary prosthesis is created in the laboratory or CAD-CAM manufacturing center based on the initial models and is adjusted and relined in the clinic.

INDIRECT IMMEDIATE AESTHETICS

Temporary restoration without occlusal contact within 24 hours after insertion of the implant. After the impression is taken, the temporary prosthesis is created in the laboratory or CAD-CAM manufacturing center. The prosthesis is then cemented and adjusted by occlusion in the clinic.

DIRECT IMMEDIATE LOADING

The temporary restoration with occlusal contact is performed during the surgical procedure itself, after the insertion of the implant. The temporary prosthesis is created in the laboratory or CAD-CAM manufacturing center based on the initial models and is adjusted and relined in the clinic.

We recommend using a primary stability indicator to verify that the values obtained are optimal to ensure

the effectiveness of this technique.

INDIRECT IMMEDIATE LOADING

Temporary or permanent restoration with occlusal contact within 24 hours after implant insertion. After the impression is taken, the temporary or permanent prosthesis is manufactured in the laboratory or CAD-CAM manufacturing center using the initial models and is adjusted and relined at the clinic.
In the case of bar-retained overdentures, if indicated, a second adjustment of the overdenture will be performed in the mouth.
We recommend using a primary stability indicator to verify that the values obtained are optimal to ensure the effectiveness of this technique.

EARLY LOADING

Temporary or permanent restoration with occlusal contact, after six weeks in the mandible and eight weeks in the maxilla, from implant insertion. Prosthetic procedure performed in the laboratory.
We recommend using a primary stability indicator to verify that the values obtained are optimal to ensure the effectiveness of this technique.

DELAYED LOADING

Temporary or permanent restoration with occlusal contact, after three months in the mandible and six months in the maxilla, from implant insertion. Prosthetic procedure performed in the laboratory.

3. TEMPORARY RESTORATIONS ON AUREA® EVO IMPLANTS

The objectives of temporary implant restoration are:

AESTHETIC OBJECTIVES

Creation of an appropriate emergence profile, which also depends on:

- The position of the implant
- Depth
- Emergence
- Direction
- Of the gingival biotype

BIOLOGICAL OBJECTIVES

- Formation of a peri-implant sulcus.
- Biological seal formation
- Organized bone apposition

BIOMECHANICAL OBJECTIVES

With the prosthesis slightly infraoccluded and without lateralities, the objective is to achieve a progressive and controlled function of:

- The axial load
- Bending

FUNCTIONAL OBJECTIVES

Functional adaptation of implants to load resistance, achieved by modifying temporary crowns according to bone quality.

Control of clinical and radiographic signs of the state of tissue maturation.

For restoration using a temporary prosthesis, the Phibo® AUREA® EVO implant system offers four alternatives as support:

- Restoration on a straight or angled AUREA® EVO abutment with a titanium cap for temporary units with retaining system and clinical screw.
- Restoration on AUREA® EVO temporary abutment.
- Restoration on AUREA® EVO or Angled Milling Abutment.
- AUREA® EVO temporary restoration using CAD-CAM.

All of these immediate loading options allow the mechanical and functional adaptation of bone and soft tissue (emergence profile) from the moment the implant is inserted, as well as the adaptation of soft tissue to the progressive load and protection of the biological seal.

If functional immediate load is not indicated, a temporary aesthetic restoration is performed, which favors the adaptation and biological sealing of soft tissue.

3.1 AUREA® EVO ABUTMENT TEMPORARY RESTORATIONS

Temporary mechanized titanium cap on AUREA® EVO and angled abutment for temporary units, both rotational and anti-rotational

GENERAL INDICATIONS

Fixed unitary and multiple restorations

APPLICABLE PROCEDURES

Aesthetic and direct immediate loading.

Indirect immediate loading.

OBJECTIVES

Soft tissue remodeling to create an emergence profile suitable for rehabilitation.

Stimulation of bone and mucosal tissue repair in immediate restorations, allowing mechanical adaptation, biological sealing, aesthetics and function of the peri-implant sulcus.

Immediate and progressive mechanical adaptation of bone tissue to functional load, formation of more structured osteoid tissue and early remodeling according to functional needs.

Creation of the biological space needed for the system, with platform modification.

CONTRAINDICATIONS

Immediate loading is contraindicated when the biomechanics of temporary rehabilitation cannot be controlled in patients with joint or occlusal pathologies.

When primary stability >60 ISQ is not achieved.

When the implant has been inserted with a torque lower than 35 N·cm.

RECOMMENDATIONS

The treatment is carried out after adequate diagnosis and planning of the case.

3.2 TEMPORARY RESTORATIONS ON AUREA®EVO TEMPORARY ABUTMENT

AUREA®EVO temporary machined titanium abutment for temporary restorations, with rotation and anti-rotation versions.

GENERAL INDICATIONS

Single and multiple fixed restorations

APPLICABLE PROCEDURES

Direct immediate aesthetics.

OBJECTIVES

Soft tissue remodeling to create an emergence profile suitable for restoration.

Stimulation of bone and gingival tissue repair in immediate restorations, allowing mechanical adaptation, biological sealing, aesthetics and effective function of the peri-implant sulcus.

Immediate and progressive mechanical adaptation of bone tissue to functional load, formation of more structured osteoid tissue and early remodeling according to functional needs.

Creation of the biological space needed for the system, with platform modification.

CONTRAINDICATIONS

Immediate loading is contraindicated when the biomechanics of temporary rehabilitation cannot be

controlled in patients with joint or occlusal pathologies.
When primary stability >60 ISQ is not achieved.
When the implant has been inserted with a torque lower than 35 N·cm.

RECOMMENDATIONS
The treatment is carried out after adequate diagnosis and planning of the case.

3.3 AUREA® EVO MILLABLE ABUTMENT TEMPORARY RESTORATIONS

Machined titanium abutment, straight and angulated version, with an anti-rotational connection and a smooth transition area. It is supplied with the abutment retention screw, set at a torque of 35 N·cm and is color-coded for the corresponding platform.
Fixed prostheses cemented on millable abutments are modeled after the titanium abutment.

GENERAL INDICATIONS
Single and multiple fixed restorations

APPLICABLE PROCEDURES
Aesthetics and direct immediate loading.
Indirect immediate loading.

INDICATIONS
To level the emergence height of the crown to the adjacent natural teeth and soft tissue thickness.
When the occlusal height from the implant exceeds 6 mm.
When it is necessary to adjust the height of the opposing arch and parallel the insertion axis of the prosthesis.
In fixed restorations with visibly non-parallel implants.
In single or multiple restorations where, due to the position of the implant, the entry hole of the retention screw in a screw-retained prosthesis affects the aesthetic outcome of the restoration.

CONTRAINDICATIONS
When the occlusal height from the implant is less than 4 mm.

PRECAUTIONS
Retention with prosthetic cement in cantilever or extension.
Cemented on screwed components.

ACCESSORIES AND MATERIAL

CLINIC

Phibo® 1.25 mm driver

Phibo® torque wrench

*Implant impression record.

*Impression material.

*Material not supplied by Phibo®

LABORATORY

AUREA® EVO implant analog

AUREA® EVO millable abutments

Phibo® 1.25 mm driver

OPERATING PROCEDURE

CLINIC.

IMPRESSION TAKING AND MOLDING

See the AUREA® EVO impression taking with impression carrier procedure.

LABORATORY

MILLABLE ABUTMENT SELECTION AND MODELING

Choose the type of millable abutment depending on:

- Implant non-parallelism
- Soft tissue height from the implant shoulder to the free gingival margin.
- Emergence profile of the prosthesis.

Insert the chosen abutment to the implant analog, adjusting the lobes with small turns, and manually screw the retention screw until the millable abutment is fixed on the AUREA® EVO implant analog.

Check the height of the millable abutment in relation to the opposing arc and the parallelism with adjacent teeth and/or abutments.

Shape the abutment by drilling if necessary.

PREPARATION OF THE PROSTHESIS

Seal the entry hole of the retention screw of the millable abutment with wax and prepare the abutment with the spacer.

Wax directly on the abutment after it has been shaped with the corresponding bur (if indicated), before applying the appropriate separator.

Model the structure for casting in wax or resin.

Perform the casting on metal.

Remove the structure casted into the cylinder
Reline and adjust the shoulder.
Apply ceramic coating without glazing, if applicable.
Remove the millable abutment from the model.

CLINIC
STRUCTURE SAMPLE
Remove the healing abutment from the implant.
Place the abutment or abutments on the acrylic resin positioning guide and thread the retention screw until the abutment is fixed, gently tightening by hand.
Mount the prosthesis structure on the abutment in the mouth.
Check the fit of the structure.

- o Adjustments of the abutment shoulder to the implant.
- o Passivity.
- o Relationship with the gingiva.
- o Contact points.
- o Occlusion.

Remove the structure from the mouth and assemble it back into the working model.
Replace the healing abutment.

STRUCTURE FINISHING
Finish the ceramic coating and glazing.

PLACEMENT OF MILLABLE ABUTMENT
Remove the healing abutment from the implant.
Place the abutment or abutments on the acrylic resin positioning guide and thread the retention screw until the abutment is fixed, gently tightening by hand.
Tighten the retention screw, which is color-coded, using the tip of the 1.25 mm driver and the torque wrench, at a torque of 35 N.cm.

4. AUREA® EVO AESTHETIC PROCEDURE AND DIRECT AND INDIRECT IMMEDIATE LOADING

4.1 AESTHETICS AND DIRECT IMMEDIATE LOADING

The objective of immediate aesthetic treatment is to place the temporary prosthesis without occlusal contact during the surgical procedure itself after implant insertion, while immediate loading involves including occlusal contact.
The preparation, relining and fitting of the temporary prosthesis is performed directly in the mouth. The

temporary prosthesis is fabricated in the laboratory before surgery or directly in the mouth in special cases of short crowns and/or bridges.

CLINICAL ACCESSORIES, MATERIAL AND INSTRUMENTS

AUREA® EVO or angled abutment or AUREA® EVO transmucosal abutments

Titanium cap for temporary units.

AUREA® EVO abutment clinical screw

AUREA® EVO abutment laboratory screw

AUREA® EVO abutment protective cap

Phibo® 1.25 mm driver

Phibo® 1.25mm ratchet driver bit

Phibo® torque ratchet

Phibo® 2.00 mm driver

Phibo® 2.00mm ratchet driver bit

*Self-curing resin for temporary units.

*Mixing cup and syringe dispenser.

*Laboratory pre-shaped resin crown or bridge, white or transparent.

*Instrument for modeling.

*Cutting-roughing and polishing instrument for handpieces.

* Material not supplied by Phibo®.

OPERATING PROCEDURE

SURGICAL SPLINT MANUFACTURE, TEMPORARY PROSTHESIS.

Perform a diagnostic wax-up with the models mounted on a semi-adjustable articulator.

Using this wax-up as a reference, fabricate the transparent surgical splint and the temporary prosthesis.

Drill holes in the surgical splint to guide the placement of the implants. Drill holes in the surgical stent to guide the placement of the implants.

Drill the holes on the occlusal side of the prosthesis for the passage of clinic and laboratory screws.

Placement of the AUREA® EVO or angled abutment and protective cap.

Select the AUREA® EVO abutment suitable for the thickness of the gingival tissue and occlusal emergence plane.

Secure the AUREA® EVO retention screw with a 2.00 mm manual driver and pass it through the coronal opening of the abutment until it protrudes at the other end.

Position the AUREA® EVO abutment using the carrier on the implant, without fitting the lobes, and adjusting them with small turns. Tighten the screw manually.

Tighten the abutment crew by applying a force of 25 N·cm centimeters (since this is a temporary restoration), using the torque wrench and the 2.00 mm tip.

Place the AUREA® EVO abutment healing cap and suture around it. The cap shapes and separates the soft tissue, thus preventing it from collapsing.

INSERTION OF TITANIUM CAP FOR TEMPORARY UNITS.

Manually insert the temporary cap (temporary restoration support) into the AUREA® EVO abutment or transmucosal abutment.

Check the stability of the cap.

Insert the laboratory screw through the cap and screw it manually to the manual fixation limit. The position of the laboratory screw allows us to check the insertion axis of the temporary prosthesis and the location of the entry hole of the clinical screw.

PROSTHESIS ADAPTATION

Insert the temporary prosthesis through the laboratory screw through the perforation performed at occlusal level (for molars and premolars) or palatine/lingual level (for incisors and canines), up to the level of the outer cone of the implant, cap and gum. Adjust the prosthesis and positioner to eliminate any interference.

Adjust the occlusion until the desired height is reached.

RELINE AND PLACEMENT OF PROSTHESIS

It is advisable to use a rubber dam to avoid contact between impression materials and soft tissue.

Remove the prosthesis, dry it well and apply a thin layer of acrylic inside the crown and around the cap.

Apply petroleum jelly around the prosthesis and surgical splint in the reline areas to prevent adhesions.

Insert the prosthesis with the laboratory screw and remove excess material before it sets. It is advisable to turn the screw to prevent it from sticking to the resin. If gaps appear between the prosthesis and the screw, reline it again.

Remove the screw and prosthesis manually once the material has set, applying slight axial force with a crown and bridge extractor.

Remove excess material and proceed with the final remodeling and polishing of the prosthesis to allow soft tissue healing and formation of the emergence profile. Insert the prosthesis into the mouth by applying light pressure until the retention is anchored.

Screw the prosthesis with the remaining clinical screw using manual torque.

Check the occlusion to ensure that there is no occlusal contact for immediate aesthetics, or make the appropriate occlusal adjustments for immediate loading.

Apply petroleum jelly to the hole in the prosthesis; protect the screw with cotton and cover it with temporary sealing material.

Note:

When placing the permanent prosthesis, the AUREA® EVO abutment initially worn by the patient with

the temporary prosthesis will be replaced by the selected permanent AUREA® EVO abutment or by another suitable abutment.
Rehabilitation can be performed using CAD-CAM. See CAD-CAM procedure.

4.2 INDIRECT IMMEDIATE LOADING

The objective of the procedure is to place a temporary restoration with occlusal contact within 24 hours after the implants are inserted.

INDICATIONS

When, due to its technical difficulty, the adaptation of the prosthesis made before the intervention has to be performed in the laboratory.
When, for any reason, the temporary prosthesis has to be made in the laboratory after surgery.

ATTACHMENTS, MATERIAL, AND INSTRUMENTS

CLINIC

AUREA®EVO abutment and transmucosal abutments.
Phibo® 1.25 mm driver
Phibo® 1.25 mm ratchet driver bit
Phibo® torque ratchet
AUREA® EVO abutment impression carrier
AUREA®EVO abutment protective cap.

LABORATORY

AUREA®EVO abutment analog
AUREA®EVO temporary abutment cap
AUREA®EVO abutment clinical screw
AUREA®EVO abutment laboratory screw
Phibo® 1.25 mm driver
Phibo® 2.00 mm driver
Phibo® 2.00mm ratchet driver bit
*Self-curing resin for temporary units
*Mixing cup and syringe dispenser
*Laboratory pre-shaped resin crown or bridge, white or transparent
*Modeling instrument.
*Rotation cutting-roughing and polishing instruments for handpieces (burs, discs, abrasive rubbers, etc.)

* Material not supplied by Phibo®.

OPERATING PROCEDURE

CLINIC

Select the AUREA® EVO abutment suitable for the thickness of the gingival tissue and occlusal emergence plane.

Position the AUREA® EVO abutment using the carrier on the implant, without fitting the lobes, and adjusting them with small turns. Tighten the screw manually.

Fix the impression carrier on the AUREA®EVO abutment and suture around it. The impression carrier shapes and separates the soft tissue, preventing it from collapsing.

Take the impression. It is advisable to use rubber dams to prevent silicone from contacting the suture.

Remove the tray with the impression carrier. Cover the AUREA®EVO abutment with the protective cap to prevent soft tissue collapse while the prosthesis is being made in the laboratory.

LABORATORY

Attach to the impression carrier retained in the impression AUREA®EVO abutment analog

Indications on analogues:

The AUREA®EVO abutment analog is suitable for modeling temporary or permanent restorations where:

- The gingiva that makes up the emergence profile of the temporary or permanent crown is not expected to show signs of recession.
- Non-parallelism is lower than that achieved by the sum of the angles of two adjacent or distant AUREA®EVO abutments.

IMPRESSION MOLDING

Once placed on the impression carrier of the AUREA®EVO abutment on the chosen analog, pour plaster into the impression to get the working model. We recommend the use of silicone gums or gingival masks around the analog to observe and ensure the perfect fit of accessories and prostheses, simulating soft tissue.

Once the plaster has set, the model is removed, prepared, conditioned and mounted on the articulator using the records taken. This model can be used to prepare temporary units and to manufacture the permanent prosthesis.

MANUFACTURE AND ADJUSTMENT OF TEMPORARY PROSTHESIS IN LABORATORY

Place the temporary cap on the AUREA®EVO abutment analog.

Apply coronal pressure until you it is anchored.

Check that the temporary cap is stable and still in this position and perfectly seated on the AUREA®EVO abutment analog.

Pass the screw through the temporary cap. Thread it by manual torque to the analog. The position of

the laboratory screw allows us to check the insertion axis of the temporary prosthesis and the location of the entry hole of the clinical screw.
Occlusal adjustment of the cap until the desired height is achieved.
Fabricate the temporary prosthesis using standard laboratory techniques.

CLINIC
Place the prosthesis in the mouth applying sufficient pressure to reach the final position for adjustment of the clinical screw.
Adjust the occlusion so that there are functional contacts.
Apply petroleum jelly to the hole in the prosthesis; protect the screw with cotton and cover it with temporary sealing material.

Note:
When placing the permanent prosthesis, the AUREA® EVO abutment initially worn by the patient with the temporary prosthesis will be replaced by the selected permanent AUREA®EVO abutment or by another suitable abutment.
Rehabilitation can be performed using CAD-CAM. See CAD-CAM procedure.

5. IMPRESSION TAKING.

TRANSFER TO MODEL
The impression can be taken by direct transfer to the AUREA®EVO implant or by direct transfer to the AUREA®EVO abutment and direct transfer to an AUREA®EVO angled implant. Both methods serve to transfer the implant from the biological environment to a laboratory working model.

5.1 IMPRESSION CARRIER ON AUREA®EVO AND ANGLED ABUTMENTS
Direct impression taking on the AUREA®EVO abutment
o Using the anti-rotation open-tray impression carrier on an AUREA®EVO abutment.
Direct impression taking on the AUREA®EVO angled abutment
o Using the metal anti-rotation open-tray impression carrier on the AUREA®EVO angled abutment.

FEATURES
• Metal carrier that is fixed to the abutment with a screw.
• Designed for optimal retention and position transfer.

USE
To take impressions on the AUREA®EVO and angled abutment, transfer the implant and AUREA®EVO

or angled abutment from the oral cavity. To the working model, without the need to remove the AUREA®EVO angled abutment from the mouth.

CONTRAINDICATIONS

Severe non-parallelism

RECOMMENDATIONS

• The fit must be checked when the abutment platform is subgingival.

• An anti-rotation check must be carried out on the AUREA®EVO abutment impression carrier.

ATTACHMENTS AND MATERIALS

CLINIC

• AUREA®EVO or angled abutment for Phibo AUREA® EVO implants.

• Metal impression carrier on the AUREA®EVO abutment or angled abutment for Phibo AUREA®EVO implants

• Abutment protective cap, metal impression carrier on the AUREA®EVO abutment or angled abutment for Phibo AUREA®EVO implants

• Phibo® 1.25 mm driver

• Phibo® 2.00 mm driver

• Phibo® 2.00mm ratchet driver bit

• *Standard or customized tray.

• *Impression material.

• *Exploration probe.

*Material not supplied by Phibo.

LABORATORY

• AUREA®EVO or angled abutment analog for Phibo AUREA® EVO implants.

• Phibo® 1.25 mm driver

• Phibo® 2.00 mm driver

OPERATING PROCEDURE

CLINIC

• Remove the healing abutment from the implant.

• Select the AUREA® EVO abutment suitable for the thickness of the gingival tissue and occlusal emergence plane.

• Secure the AUREA® EVO abutment retention screw with a 2.00 mm manual driver and pass it through the coronal opening of the abutment until it protrudes at the other end.

• Position the AUREA®EVO or angled abutment on the implant, fit the lobes, and adjust them with small turns. Tighten the screw manually.
• Tighten the AUREA®EVO abutment screw by applying a force of 35 N·cm using the torque wrench and the 2.00 mm ratchet tip.
• Fix the impression carrier of the AUREA®EVO abutment and screw it.
• Apply liquid impression material around the impression carrier and below the “T”.
• Immediately insert the tray into your mouth with the impression material.
• Remove the tray once the material has set, after removing the screw from the carrier by dragging the carrier.
• Place the protective cap on the AUREA®EVO abutment and implant shoulder and screw it manually with the 1.25 mm driver.
o Materials required for laboratory:
- Impression taken with metal impression carrier for AUREA®EVO abutment.
- AUREA®EVO or angled abutment analog.
- Bite registration.
- Opposing arch model (or opposing arch model impression).

LABORATORY
• Place the analogues to the impression carrier on the AUREA®EVO abutment.
• Pour gingival mask into the soft tissue area and wait for it to set.
• Pour plaster into the rest of the tray to get the working model.
• Remove the model from the impression.
• Cut out and condition the model.
• Mount the models on a semi-adjustable articulator.
o Examine:
- Implant and abutment position (angulation and parallelism).
- Available spaces and dimensions.
- Soft tissue height from the implant shoulder to the free gingival margin, for emergence profile preparation.
- Type of opposing arch.
- With the information obtained, choose the appropriate attachments to fabricate the prosthesis.

Note: The AUREA®EVO abutment analogue is suitable for preparing those temporary or permanent restorations in the model where the gum that makes up the emergence profile of the temporary or permanent crown does not have signs of recession.

LEVELING AND EMERGENCE OPTIONS FOR AUREA®EVO TRANSMUCOSAL ABUTMENT
• For standard AUREA®EVO transmucosal abutments.

• For AUREA®EVO transmucosal angled abutments.

FEATURES

• Machined titanium. With smooth transition area.

• Different heights of mucosal transition area, which enables two options to level the emergence height of the crown. Heights of 2, 3 and 4 mm for the straight abutment and heights of 1.5 and 2.5 mm for the AUREA®EVO angled abutment

• Configuration of the prosthesis starting from the smooth transition area in the transmucosal abutments and the implant shoulder in the AUREA®EVO or angled abutment, using the same components to manufacture the prosthesis, in all cases.

INDICATIONS

• Level the crown emergence to the adjacent natural teeth and soft tissue thickness.

• Other indications for the AUREA® EVO abutment.

ATTACHMENTS AND MATERIAL

CLINIC

• AUREA®EVO or transmucosal or angled abutment for Phibo AUREA® EVO implants.

• AUREA®EVO abutment impression carrier for Phibo AUREA® EVO implants.

• AUREA®EVO abutment protective cap for Phibo AUREA®EVO implants.

• Phibo 1.25 mm manual driver.

• Phibo® 1.25 mm ratchet driver bit

• Phibo® 2.00 mm driver

• Phibo® 2.00mm ratchet driver bit

• Phibo torque ratchet

• *Impression material.

• *Exploration probe.

*Material not supplied by Phibo.

LABORATORY

• AUREA®EVO or angled abutment analog for Phibo AUREA® EVO implants.

• Anti-rotation castable abutment for AUREA®EVO or angled abutment.

• AUREA®EVO or angled rotation screw-retained castable abutment.

• AUREA® EVO or angled abutment clinical screw.

• AUREA® EVO or angled abutment laboratory screw.

OPERATING PROCEDURE

CLINIC

PLACING THE AUREA®EVO ABUTMENT ON THE IMPLANT

• Remove the healing abutment from the implant.

• Select the AUREA®EVO or angled abutment for the thickness of the gingival tissue and occlusal emergence plane.

• Secure the AUREA® EVO abutment retention screw with a 2.00 mm manual driver and pass it through the coronal opening of the abutment until it protrudes at the other end.

• Position the AUREA®EVO or angled abutment on the implant, fit the lobes, and adjust them with small turns. Tighten the screw manually.

• Tighten AUREA®EVO abutment screw by applying a force of 35 N·cm using the torque wrench and the 1.25 mm ratchet tip.

• If no impression is taken during the same clinical session, fasten the AUREA®EVO or angled abutment protection cap by screwing.

LABORATORY

PROSTHESIS FABRICATION

Three options are available to fabricate the permanent prosthesis:

• Conventional prosthesis on castable abutment.

• Prosthesis made using CAD-CAM techniques.

• Customized prosthesis using Syntesis®® abutments

• Place the castable abutment on the AUREA®EVO abutment analog. Fix it gently using the laboratory screw.

• Check the adjustment of the soft tissue from the implant shoulder to the free gingival margin, for the preparation of the restoration emergence profile.

• Model the structure in wax or resin for casting onto the castable abutment.

• Cast the castable abutment.

• Remove the cast structure. Reline the implant shoulder support

• Test the metal structure, apply ceramic coating without glazing to check for anatomy, color and occlusion, or finish the prosthesis permanently if necessary.

CLINIC

STRUCTURE SAMPLE

• Remove the temporary healing cap from the AUREA®EVO or transmucosal abutment or the temporary prosthesis.

• Mount the prosthesis structure on the AUREA®EVO abutment in the mouth and fix it with the permanent screw of the structure:

o Check the fit of the structure.

 Adjustments of the abutment shoulder to the implant.
 Passivity.
 Relationship with the gingiva.
 Contact points.
 Occlusion.
• Loosen the permanent clinical screw and remove the structure.
• Replace the healing abutment, protective cap, or temporary prosthesis.

STRUCTURE FINISHING
• Finish the ceramic coating and glazing.

PLACEMENT OF PERMANENT PROSTHESIS.
• Remove the temporary cap from the AUREA®EVO or transmucosal abutment or temporary prosthesis.
• Place the permanent crown or bridge on the AUREA®EVO abutment.
• Insert the permanent clinical screw into the prosthesis with the 1.25 mm driver.
o Final inspection of:
 Adjustments of the abutment shoulder to the implant.
 Passivity.
 Relationship with the gingiva.
 Contact points.
 Occlusion.
• Tighten the permanent screw with a torque of 25 N·cm.
• Place cotton if there is a too much space and cover with temporary sealing material.

IMPORTANT
The procedure described on the AUREA®EVO abutment by placing the appropriate abutment and taking the impression on the abutment, can be carried out without prior placement of the permanent abutment, taking the impression directly on the implant and selecting the AUREA®EVO abutments.

5.2 IMPRESSION TAKING ON AUREA®EVO IMPLANT

FEATURES
• Titanium attachment.
• Attachments available for open-tray techniques.

USE
• Implant direct impression.

• Impressions are taken with open-tray and a long retention screw.

INDICATIONS

• In cases of visibly non-parallel implants.

• In all cases where accurate planning of the abutment type is not possible.

RELATIVE CONTRAINDICATIONS

• When the use of the AUREA®EVO abutment has been planned.

• When the distance and angulation between implants does not allow for the use of the metal carrier.

RECOMMENDATIONS

• The procedure for placing and fixing the impression carrier on the implant must be followed.

• In case of significant tissue thickness, it is advisable to perform an X-ray to monitor the placement of the carrier onto the implant shoulder.

ATTACHMENTS AND MATERIAL

CLINIC

• Metal impression carrier for AUREA®EVO implants.

• Phibo® 1.25 mm driver

• *Single tray.

• *Impression material.

• *Impression material adhesive.

*Material not supplied by Phibo.

LABORATORY

• AUREA®EVO implant analog.

• Phibo® 1.25 mm driver

OPERATING PROCEDURES

CLINIC

• Remove the healing abutment.

• Select the open-tray impression technique and attach the 1.25 mm driver to the retention screw. Pass it through the carrier until it protrudes at the bottom end.

• Attach the carrier and screw assembly to the implant head and manually tighten the retention screw.

• Check the stability of the carrier by moving it clockwise and counterclockwise.

• Check the adjustment of the carrier on the implant using a periapical radiograph.

• Air dry the carrier.

• Apply the impression material around the carrier.
• Insert the tray into the mouth with the rest of the impression material and wait for it to set.
• Open-tray technique: Remove the set screw and drag the tray with the carrier body.
• Remove the healing abutment.
o Materials required:
 Impression record.
 Impression carrier with the corresponding screw.
 Implant analog.
 Bite registration.
 Opposing arch model.

LABORATORY
• Open-tray technique: Place the implant analog on the body of the carrier retained in the impression material and secure it with the long retention screw.
• Pour gingival mask into the soft tissue area and wait for it to set.
• Pour plaster into the rest of the tray to get the final working model.
• Open-tray technique: Once the plaster has hardened, remove the retention screw and detach the model.
• Condition and place the model on the semi-adjustable articulator. Use the records taken before surgery.
o Examine:
 Implant position (angulation and parallelism).
 Available spaces and dimensions.
 Soft tissue height from the implant shoulder to the free gingival margin, for emergence profile preparation.
 Type of opposing arch.

With the information obtained, choose the optimal abutments to fabricate the prosthesis and the necessary attachments to manufacture the prosthesis in the laboratory.

6. AUREA ® EVO PERMANENT RESTORATIONS

6.1 PERMANENT SCREW-RETAINED RESTORATIONS

FEATURES
AUREA®EVO abutments are machined from titanium. Abutments and attachments are color-coded, in all or some of their components, depending on the platform for better distinction and classification:
• AUREA® EVO straight abutment

- AUREA® EVO angled abutment Available only for NP and RP platforms.

AUREA®EVO abutment and screw assembly, the screw is anodized in the color of the platform. It has four abutments of different heights for each platform.
All abutments for the NP, RP and WP platforms have smooth cylindrical transmucosal area heights that allow the emergence height of the crown to be leveled to adjacent natural teeth and soft tissue thickness AUREA®EVO angled abutment and screw assembly, the screw is anodized in the color of the platform. It has two abutments of different heights for each platform.
The final fixation torque to the implant is 35 N·cm.

INDICATIONS

• Base abutment to support single screw-retained crowns, fabricated with the conventional anti-rotation and wax-up castable abutment technique.
• Base abutment to support full and partial single fixed screw-retained restorations, fabricated with the conventional anti-rotation and wax-up castable abutment technique.
• Base abutment to support bar-retained overdenture implants, through conventional casting on the castable abutment or welded bar.
• Base abutment to support bar-retained overdenture implants, using the CAD-CAM technique
• Base abutment to support Syntesis customized abutments.

PRECAUTIONS

• The procedure requires precision in the insertion of the implant in the intermediate rehabilitation processes and in the adjustment of the fabricated prosthesis.

CONTRAINDICATIONS

• When the entry hole of the permanent clinical screw in the crown or bridge falls in areas of aesthetic compromise.

OPERATING PROCEDURES

CLINIC

IMPRESSION TAKING AND WORKING MODEL PREPARATION

• See the impression with AUREA®EVO abutment carrier or direct carrier procedure.

LABORATORY

PROSTHESIS FABRICATION IN LABORATORY

• Conventional prosthesis on castable abutment.
    - o Place the castable abutment on the AUREA®EVO abutment + AUREA®EVO abutment

analog on the working model. Fix it gently using the laboratory screw.

o Check the adjustment of the soft tissue from the implant shoulder to the free gingival margin, for the preparation of the restoration emergence profile.

o Model the structure in wax or resin for casting onto the castable abutment.

o Cast the castable abutment.

o Remove the cast structure. Reline the implant shoulder support

o Test the metal structure, apply ceramic coating without glazing to check for anatomy, color and occlusion, or finish the prosthesis permanently if necessary.

• CAD-CAM prosthesis technique

• Customized prosthesis using Syntesis® abutments

CLINIC

STRUCTURE SAMPLE

• Remove the healing abutment.

• Mount the AUREA®EVO abutment in the mouth and place the structure.

o Check the fit of the structure.

 Adjustments of the abutment shoulder to the implant.

 Passivity.

 Relationship with the gingiva.

 Contact points.

 Occlusion.

• Check adjustment using an X-Ray.

• Remove the structure.

• Remove the AUREA®EVO abutment

• Replace the healing abutment.

STRUCTURE FINISHING

• Finish the ceramic coating and glazing.

PLACING THE AUREA®EVO ABUTMENT ON THE IMPLANT

• Remove the healing abutment.

• Place the AUREA®EVO abutment, by engaging the lobes, and adjusting them with small turns.

• Screw the structure with the permanent clinical screw using the torque ratchet, at a torque of 35 N·cm.

The abutment will be retained in the implant through primary fixation.

• Place the permanent structure on the AUREA®EVO abutment.

• Screw the structure with the permanent clinical screw using the torque ratchet, at a torque of 35 N·cm.

o Check the fit of the structure.

 Adjustments of the abutment shoulder to the implant.
 Passivity.
 Relationship with the gingiva.
 Contact points.
 Occlusion.
 Check adjustment using an X-Ray.
• Seal the screw hole by placing cotton and temporary sealing material.

6.2 PERMANENT CEMENT-RETAINED RESTORATIONS

FEATURES

• Aurea Evo machined titanium millable and angled abutment with a smooth transition area. It is supplied with the abutment retention screw, set at a torque of 35 N·cm and is color-coded for the corresponding platform.
• The fixed prostheses cemented on the millable abutment are modeled after the titanium abutment itself.

INDICATIONS

• To level the emergence height of the crown to the adjacent natural teeth and soft tissue thickness.
• When the occlusal height from the implant is greater than 6 mm.
• When it is necessary to adjust the height of the opposing arch and parallelize the insertion axis of the prosthesis.
• In fixed restorations with visibly non-parallel implants.
• In single or multiple restorations where, due to the position of the implant, the entry hole of the retention screw in a screw-retained prosthesis compromises the restoration aesthetics.

CONTRAINDICATIONS

• When the occlusal height from the implant is less than 4 mm.

PRECAUTIONS

• Retention with prosthetic cement in cantilever or extension.
• Cemented on screwed components.

ATTACHMENTS AND MATERIAL

CLINIC

• Phibo® 1.25 mm driver
• Phibo torque wrench.
*Implant impression record.

*Impression material.

*Material not supplied by Phibo.

LABORATORY

• AUREA®EVO implant analog

• AUREA®EVO millable abutments.

• Phibo® 1.25 mm driver

OPERATING PROCEDURE

CLINIC

IMPRESSION TAKING AND PLASTER CAST

See the AUREA®EVO impression taking with implant direct metal impression carrier procedure.

LABORATORY

MILLABLE ABUTMENT SELECTION AND MODELING

• Choose the type of millable abutment depending on:

  o Implant non-parallelism.

  o Soft tissue height from the implant shoulder to the free gingival margin.

  o Emergence profile of the prosthesis.

• Insert the chosen abutment to the implant analog, adjusting the lobes with small turns, and manually screw the retention screw until the millable abutment is fixed on the AUREA®EVO implant analog.

• Check the height of the millable abutment in relation to the opposing arc and the parallelism with adjacent teeth and/or abutments.

• Shape the abutment by milling if necessary.

PREPARATION OF THE PROSTHESIS

• Seal the entry hole of the retention screw of the millable abutment with wax and prepare the abutment with the spacer.

CLINIC

STRUCTURE SAMPLE

• Remove the healing abutment from the implant.

• Place the abutment or abutments on the acrylic resin positioning guide and thread the retention screw until the abutment is fixed, gently tightening by hand.

• Mount the prosthesis structure on the abutment in the mouth.

o Check the fit of the structure.

 Adjustments of the abutment shoulder to the implant.

 Passivity.
 Relationship with the gingiva.
 Contact points.
 Occlusion.
• Remove the structure from the mouth and assemble it back into the working model.
• Replace the healing abutment.

STRUCTURE FINISHING
• Finish the ceramic coating and glazing.

PLACEMENT OF MILLABLE ABUTMENT
• Remove the healing abutment from the implant.
• Place the abutment or abutments on the acrylic resin positioning guide and thread the retention screw until the abutment is fixed, gently tightening by hand.
• Tighten the color-coded retention screw using the 1,25 mm driver tip and the torque wrench at a torque of 35 N·cm.

PLACEMENT OF THE PROSTHESIS
• Mount the prosthesis structure on the abutment in the mouth.
o Check the fit of the structure.
 Adjustments of the abutment shoulder to the implant.
 Passivity.
 Relationship with the gingiva.
 Contact points.
 Occlusion.
• Seal the entry hole in the screw using temporary sealing material.
• Cement the prosthesis. If you plan to remove the prosthesis for maintenance, use temporary cement.
• Wait until it sets and remove the excess cement.

6.3 PERMANENT CEMENT-RETAINED RESTORATIONS WITH BAR ATTACHMENT.
OVERDENTURE ON Phibo AUREA®EVO IMPLANTS

AUREA®EVO AND TRANSMUCOSAL ABUTMENTS.
• Total removable restorations through a mucosa-implant-supported ball-retained overdenture attached to implants, 2-4 in the mandibular area and 4 to 6 in the maxillary area, manufactured with the conventional wax-up castable abutment technique or using the CAD-CAM technique.

ATTACHMENTS AND MATERIAL

CLINIC

• AUREA®EVO abutment and transmucosal abutments.

• AUREA®EVO impression carrier.

• AUREA®EVO abutment protective cap.

• Phibo® 1.25 mm driver

• Phibo torque ratchet

• *Implant impression record.

• *Impression material.

*Material not supplied by Phibo.

LABORATORY

• AUREA®EVO abutment analog.

• Rotation castable abutment for Phibo AUREA®EVO bridge or screw-retained bar.

• Phibo AUREA® EVO clinical screw.

• Phibo® 1.25 mm driver

CLINICAL OPERATING PROCEDURE

PLACEMENT OF THE AUREA®EVO OR TRANSMUCOSAL ABUTMENT ON THE IMPLANT

• Remove the healing abutment.

• Select the AUREA® EVO abutment suitable for the thickness of the gingival tissue and occlusal emergence plane.

• Fix the AUREA®EVO abutment retention screw with a 1.25mm manual driver and pass it through the coronal hole in the abutment until it protrudes at the end.

• Position the AUREA®EVO abutment on the implant, by engaging the lobes, and adjusting them with small turns. Adjust the screw manually.

• Tighten AUREA®EVO abutment screw by applying a force of 35 N·cm using the torque wrench and the 2.00 mm ratchet tip.

• If no impression is taken during the same clinical session, attach the AUREA®EVO abutment protective cap.

• Check the fit with the outer cone of the implant.

IMPRESSION TAKING AND WORKING MODEL PREPARATION

See the AUREA®EVO abutment impression carrier procedure.

LABORATORY

PREPARATION OF THE PROSTHESIS

Conventional prosthesis on castable abutment.

• Place the castable abutment on the AUREA®EVO abutment + AUREA®EVO abutment analog on the working model. Fix it gently using the laboratory screw.
• Check the adjustment of the soft tissue from the implant shoulder to the free gingival margin, for the preparation of the restoration emergence profile.
• Model the structure in wax or resin for casting onto the castable abutment.
• Cast the castable abutment.
• Remove the cast structure. Reline the implant shoulder support
• Test the metal structure.

CLINIC

STRUCTURE SAMPLE

• Remove the plastic cap from the AUREA®EVO abutment or the temporary prosthesis.
• Attach the bar to the abutments by manual torque.
• Attach the overdenture on the bar in the mouth.
• Check the fit of the structure.
    • Occlusion.
    • Adjustment and position in support areas.
• Remove the mouth structure and the bar.
• Replace the protective cap.

STRUCTURE FINISHING

• Shape the overdenture or bar appropriately.

PLACEMENT OF ABUTMENTS AND PERMANENT PROSTHESIS

• Remove the protective cap from the AUREA®EVO or transmucosal abutment or temporary prosthesis.
• Attach the bar to the implants using the 1.25 mm driver.
• Tighten the bar using the 1.25 mm driver tip and the torque wrench at a torque of 25 N·cm.
• Mount the overdenture on the bar in the mouth.
• Make the necessary adjustments.

6.4 PERMANENT CAD-CAM RESTORATIONS

(see Phibo CAD-CAM instructions for use).

7. AUREA®EVO TORQUES

SCREWED TO IMPLANT

PRODUCT	COMMERCIAL REF.	TORQUE	
Aurea Evo NP/RP/WP locking screw	Included in Aurea Evo implant ref.	Manual adjustment	
Aurea Evo NP/RP/WP healing abutment	Included in Aurea Evo implant ref.	Manual adjustment	
Aurea Evo NP/RP/WP carrier screw		Manual adjustment	
Aurea Evo NP/ RP/WP abutment screw	Included in the Aurea Evo abutment ref.	35 N·cm	
Aurea Evo NP/RP/WP millable abutment screw	Included in	temporary millable abutment screw	25 N·cm
		permanent	35 N·cm
Aurea Evo angled abutment and NP/RP millable angled abutment screw	Included in the Aurea Evo ref. in angled abutment and millable angled abutment	35 N·cm	
Aurea Evo NP/ RP/WP temporary abutment screw	EVO NP 52.0 EVO RP 52.0 EVO WP 52.0	25 N·cm	
Aurea Evo NP/RP/WP Laboratory Screw	EVO NP 47.0 EVO RP 47.0 EVO WP 47.0	Manual adjustment	
Aurea Evo CAD-CAM NP/RP/WP screw	PTD097TS PTD098TS	CAD-CAM (CrCo/ Ti/ Zr with interface)	35 N·cm
		CAD-CAM (PMMA)	15 N·cm
Aurea Evo shaft screw NP/RP/WP	TOREXPIM16 TOREXPIM18	CAD-CAM (CrCo)	35 N·cm

SCREW-RETAINED ABUTMENT

PRODUCT	COMMERCIAL REF.	TORQUE	
Aurea Evo NP/RP/WP temporary abutment healing cap and Ti NP/RP temporary angled abutment healing cap	EVO NP 49.0 EVO RP 49.0 EVO WP 49.0 EVO NR 30.0	25 N·cm	
Aurea Evo NP/RP/WP abutment carrier screw and CA NP/RP angled abutment carrier screw	Included in the Aurea Evo abutment ref. carrier screw and angled abutment CA carrier screw	Manual adjustment	
Aurea Evo NP/RP/WP abutment and NP/RP angled abutment permanent clinical screw and CAD-CAM screw	EVO NW 15.0	Temporary (coping) Permanent (cast) CAD-CAM (CrCo/Ti/Zr)	15 N·cm
Aurea Evo NP/RP/WP abutment and abutment		CAD-CAM PMMA	15 N·cm
NP/RP angled laboratory screw	EVO NW 19.0	Manual adjustment	
Aurea Evo NP/RP/WP abutment shaft screw	TORPPIM14	CAD-CAM (CrCo)	25 N·cm