ENGLISH - EN

Prosthodontic procedure Aurea® Evo

Reference: PRO-00006

Version: 00

IMPORTANT INFORMATION.
READ THIS DOCUMENT CAREFULLY BEFORE USING THE PRODUCT.

Phibo Dental Solutions, S.A.
Pol. Ind. Mas d'en Cisa. C/Gato Pérez, 3-9. 08181-Sentmenat (Spain)
Tel.: +34 937151978 | Fax: +34937153997 |
email:info@phibo.com

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1. General Considerations

Phibo® products are intended to be used only by healthcare professionals specialized in odontology and implantology. It is necessary to have training in dental implantological technology for the use of any of the Phibo products.

It is also necessary to consult the information gathered in this procedure and related instructions for use (IFUs):

- **IFU-00001 Implants.**
- **IFU-00002 Implantable attachments.**
- **IFU-00003 Dental instruments Class IIa.**
- **IFU-00004 Non-implantable attachments.**
- **IFU-00005 Dental instruments Class I**

If you are not familiar with the prosthodontic procedure described here, you can contact Phibo to provide you with any information and/or training you may require to perform this procedure:

- atencionphibo@phibo.com

Before opening the package of a Phibo product, please consult the information from the product's label and IFU.

2. Introduction

The objective of this Prosthodontic Procedure is to allow for a global view of the different prosthodontic restorations that can be performed on the **Aurea® Evo Implant System**.

With the Aurea® Evo system, multiple options are available in current Implantology. This system has a wide range of attachments that allow prosthodontic restorations on Aurea® Evo implants.

The availability of Aurea® Evo attachments with different transmucosal heights allows the clinician 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.

3. Procedure by type of implant and restauration

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.

4. Impression taking

The impression can be taken by the direct transfer to the Aurea® Evo implant or by direct transfer to the Aurea® Evo abutment. Both methods serve to transfer the implant from the biological environment to a laboratory working model.

4.1. Impression taking on Aurea® Evo implant

Indications

In cases of visibly non-parallel implants.

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

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 impression coping.

Recommendations

The procedure for placing and fixing the impression coping 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 impression coping onto the implant shoulder.

Material

- ✓ Metal impression carrier for Aurea® Evo implants.
- ✓ Phibo® 1.25 mm driver.
- ✓ Aurea® Evo implant analog.
- ✓ Phibo® 1.25 mm driver.

Additional Materials (not supplied by Phibo®)

- ✓ Single tray.
- ✓ Impression material.
- ✓ Impression material adhesive.

Procedure

At the 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 impression coping 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 impression coping by moving it clockwise and counterclockwise.

Check the adjustment of the impression coping on the implant using a periapical radiograph.

Air dry the impression coping.

Apply the impression material around the impression coping.

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.
Materials required:

- Impression record.
- Impression carrier with the corresponding screw.
- Implant analog.
- Bite registration.
- Opposing arch model.

At the laboratory:
Open-tray technique: Place the implant analog on the body of the impression coping 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.
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.

4.2. Impression taking on Aurea® Evo Abutments / Angled Abutments

Indications
To transfer the implant and Aurea® Evo abutment / 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 transfer of the Aurea® Evo abutment.

Materials

- ✓ Aurea® Evo abutment / angled abutment for Aurea® Evo implants.
- ✓ Metal impression coping on the Aurea® Evo abutment / angled abutment for Aurea® Evo implants.
- ✓ Abutment protective cap, metal impression coping on the Aurea® Evo abutment / angled abutment for Aurea® Evo implants.
- ✓ Phibo® 1.25 mm driver.
- ✓ Phibo® 2.00 mm driver.
- ✓ Phibo® 2.00mm ratchet driver bit

Additional Materials (not supplied by Phibo®)

- ✓ Standard or customized tray.
- ✓ Impression material.
- ✓ Exploration probe.

Procedure

At the 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 abutment / 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 coping of the Aurea® Evo abutment and screw it.

Apply liquid impression material around the impression coping and below the “T”.

Immediately insert the tray into the mouth with the impression material.

Remove the tray once the material has set, after removing the screw from the impressing coping by dragging the impression coping.

Place the protective cap on the Aurea® Evo abutment and implant shoulder and screw it manually with the 1.25 mm driver.

Materials required for laboratory:

- Impression taken with metal impression coping for the Aurea® Evo abutment.
- Aurea® Evo abutment / angled abutment analog.
- Bite registration.
- Opposing arch model (or opposing arch model impression).

At the Laboratory:

Place the analogues to the impression coping 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.

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 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.

5. Leveling and emergence options for Aurea® Evo transmucosal abutment

Indications

To level the crown emergence to the adjacent natural teeth and soft tissue thickness.

Material

- ✓ Aurea® Evo abutment / transmucosal abutment / angled abutment for Aurea® Evo implants.
- ✓ Aurea® Evo abutment impression coping for Aurea® Evo implants.
- ✓ Aurea® Evo abutment protective cap for 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
- ✓ Aurea® Evo abutment / angled abutment analog for Aurea® Evo implants.
- ✓ Anti-rotation casting cylinder for Aurea® Evo abutment / angled abutment.
- ✓ Rotational screw retained casting cylinder for Aurea® Evo abutment / angled abutment.
- ✓ Aurea® Evo abutment / angled abutment clinical screw.
- ✓ Aurea® Evo abutment / angled abutment laboratory screw.

Additional Materials (not supplied by Phibo®)

- ✓ Impression material.
- ✓ Exploration probe.

Procedure

At the clinic:

Remove the healing abutment from the implant.

Select the Aurea® Evo abutment / 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 abutment / 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 1.25 mm ratchet tip.

If no impression is taken during the same clinical session, fasten the protection cap of the Aurea® Evo abutment / angled abutment by screwing.

At the laboratory

Two options are available to fabricate the permanent prosthesis:

- Conventional prosthesis on casting cylinder.
- Prosthesis made using CAD-CAM techniques.

Place the casting cylinder 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 casting cylinder.

Cast the casting cylinder.

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.

At the clinic:

Remove the temporary healing cap from the Aurea® Evo abutment / 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. 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.

Finish the ceramic coating and glazing.

Remove the temporary cap from the Aurea® Evo abutment / 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.

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 too much space and cover with temporary sealing material.

Note: 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.

6. Aurea® Evo Temporary restorations

Indications

Temporary restorations on Aurea® Evo implants are indicated for achieving aesthetic, biological, biomechanical, and functional objectives.

- Aesthetically, they aid in creating an appropriate emergence profile, which is influenced by implant position, depth, emergence, direction, and gingival biotype.
- Biologically, they contribute to the formation of a peri-implant sulcus, the establishment of a biological seal, and organized bone apposition.
- From a biomechanical perspective, temporary prostheses should be placed in slight underocclusion without lateral contacts to enable progressive and controlled function, optimizing axial load distribution and minimizing bending moments.
- Functionally, they facilitate the adaptation of implants to load resistance by modifying temporary crowns according to bone quality while allowing clinical and radiographic monitoring of tissue maturation.

For restoration using a temporary prosthesis, the 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 abutment post / angled abutment post.
- Aurea® Evo temporary restoration using CAD-CAM.

All 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.

6.1. Temporary restorations on Aurea® Evo Abutment

For fixed unitary and multiple restorations, the temporary mechanized titanium cap on Aurea® Evo abutment / angled abutment for temporary units, could be used, both rotational and anti-rotational.

Applicable procedures

Aesthetic and direct immediate loading.

Indirect immediate loading.

Indications

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 (Implant stability quotient) 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.

6.2. Temporary restorations on Aurea® Evo Temporary Abutment

For single and multiple fixed restorations, use the Aurea® Evo temporary abutment for temporary restoration. They are machined in titanium, with rotation and anti-rotation versions.

Applicable procedures

Direct immediate aesthetics.

Indications

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.

6.3. Temporary restorations on Aurea® Evo Abutment Post

For single and multiple fixed restorations, the Aurea® Evo abutment posts are titanium machined, in straight and angulated version, with an anti-rotational connection and a smooth transition area. They are supplied with the abutment retention screw, set at a torque of 35 N·cm and color-coded for the corresponding platform.

Fixed prostheses cemented on abutments posts are modeled after the titanium abutment.

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.

Materials

- ✓ Phibo® 1.25 mm driver
- ✓ Phibo® torque wrench
- ✓ Aurea® Evo implant analog.
- ✓ Aurea® Evo Abutment Posts.

Additional Materials (not supplied by Phibo®)

- ✓ Implant impression record.
- ✓ Impression material.

Procedure

At the clinic:

Impression taking and molding.

see the impression taking procedure with the Aurea® Evo impression coping.

Millable abutment selection and modeling

Choose the type of abutment post 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 abutment post is fixed on the Aurea® Evo implant analog.
- Check the height of the abutment post in relation to the opposing arc and the parallelism with adjacent teeth and/or abutments.
- Shape the abutment by drilling if necessary.

At the laboratory:

Preparation of the prosthesis

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

Wax directly on the abutment after it has been shaped with the corresponding drill (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 abutment post from the model.

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:

- 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 the abutment post

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.

7. Aurea® Evo permanent restorations

7.1. Permanent screw-retained restorations

Indications

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

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.

Procedure

At the clinic

Impression taking and working model preparation

See the impression procedure with Aurea® Evo abutment impression coping or with direct impression coping.

At the laboratory

Prosthesis fabrication

a) Using Conventional prosthesis on castable abutment:

   Place the casting cylinder on the Aurea® Evo abutment and the 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 casting cylinder.

   Cast the casting cylinder.

   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.

b) Using CAD-CAM prosthesis technique.

At the clinic

Structure sample

Remove the healing abutment.

Mount the Aurea® Evo abutment in the mouth and place the structure.

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.

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.

7.2. Permanent cement-retained restorations

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.

Material

- ✓ Phibo® 1.25 mm driver
- ✓ Phibo torque wrench.
- ✓ Aurea® Evo implant analog.
- ✓ Aurea® Evo abutment post.

Additional Materials (not supplied by Phibo®)

- ✓ *Implant impression record.
- ✓ *Impression material.

Procedure

At the clinic

Impression taking and plaster cast

See the Aurea® Evo impression taking procedure with the metal impression coping direct to Aurea® Evo implant.

At the laboratory

Millable abutment selection and modeling

Choose the type of abutment post 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 abutment post is fixed on the Aurea® Evo implant analog.

Check the height of the abutment post 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 abutment post with wax and prepare the abutment with the spacer.

At the 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:

- 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 abutment post

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.

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.

7.3. Permanent cement-retained restorations with bar attachment overdenture on Aurea® Evo implants

Total removable restorations through a mucosa-implant-supported ball-retained overdenture attached to implants, 2 to 4 in the mandibular area and 4 to 6 in the maxillary area, manufactured with the conventional wax-up casting cylinder technique or using the CAD-CAM technique.

Material

- ✓ Aurea® Evo abutment / transmucosal abutments.
- ✓ Aurea® Evo impression coping.
- ✓ Aurea® Evo abutment protective cap.
- ✓ Phibo® 1.25 mm driver.
- ✓ Phibo® torque ratchet.
- ✓ Aurea® Evo abutment analog.
- ✓ Rotation casting cylinder for Aurea® Evo bridge or screw-retained bar.
- ✓ Phibo Aurea® Evo clinical screw.

Additional Materials (not supplied by Phibo®)

- ✓ *Implant impression record.
- ✓ *Impression material.

Procedure

At the clinic

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 the 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 impression taking procedure for the Aurea® Evo abutment impression coping.

At the laboratory

Preparation of the prosthesis

a) Conventional prosthesis on castable abutment:

Place the casting cylinder 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 casting cylinder.

Cast the casting cylinder.

Remove the cast structure. Reline the implant shoulder support.

Test the metal structure.

b) Using CAD-CAM prosthesis technique.

At the 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 abutment / 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.

8. SUMMARY OF AUREA® EVO SCREW TORQUES

PRODUCT	TORQUE	
Aurea® Evo healing cap	25 N·cm	
Aurea® Evo healing abutment	25 N·cm	
Aurea® Evo carrier screw	Manual adjustment	
Aurea® Evo abutment screw	Temporary	25 N·cm
	Permanent	35 N·cm
Aurea® Evo laboratory screw	Manual adjustment	
Aurea® Evo clinical screw	CAD-CAM (CrCo/ Ti/ Zr with interface)	35 N·cm
	CAD-CAM (PMMA)	15 N·cm