



Prosthodontic Procedure

Aurea® Evo

Prosthodontic Procedure Aurea[®] Evo

Reference: PROCEPROSEVOEN_rev2
Date of Revision: 2016.09.23

CE
0123

TECHNICAL INFORMATION

The information described below is not sufficient to use Phibo® dental implants; the person who handles the implant must have sufficient training and information on dental implant techniques to use Phibo® dental implants.

Read the information contained in the implant's information leaflet before using it. The instructions for using and maintaining Phibo® products are given in the documents and procedures manuals for the Phibo® implant system.

IMPORTANT BEFORE USING PHIBO®

The innovative and patented design of the Phibo® implant system includes advanced technological features developed only for professionals who understand technology as an advantage and design as a benefit.

Phibo® complies with all the European guidelines and legal requirements regarding the manufacture and distribution of medical and health products. The Phibo® implant system is certified and authorised for sale by European Notified Body ON 0123. Phibo Dental Solutions, S.L. complies with the strictest international standards on the quality of medical devices, guaranteeing perfect product quality, with the sole objective of constantly increasing client satisfaction.

The use of other components or products not manufactured by Phibo Dental solutions, S.L. that come into contact with the original components of the Phibo® implant system manufactured by Phibo Dental Solutions, S.L. in accordance with the original design specifications may seriously harm the patient's health, as these are not intended for use with the elements that are referenced in the documentation supplied by the manufacturer. Any use of components or instruments which are not the original components indicated in this document for the procedure and which come into contact with the components referenced shall automatically cancel any type of warranty covering products manufactured by Phibo Dental Solutions, S.L.

The use and application of the Phibo® dental implant system is outside of the control of the manufacturer and the user is liable for any loss or damage that may result from the use of the product, with Phibo Dental Solutions, S.L. held harmless for any loss or damage that may result from improper handling or use.

Reusing single-use products may cause deterioration, with a risk of tissue infection, surgical or prosthodontic failure and/or deterioration of patient health.

The documentation of the Phibo® implant system is periodically updated according to the state of scientific and technical knowledge. Users of the Phibo® system should request product information on a regular basis and attend the training courses on the product and technique that are held regularly. The use and placement of Phibo® implants in inappropriate sectors and the use of surgical instruments or prosthetic components not contemplated in this procedure may cause serious patient health problems as well as total loss of the product warranty. The Phibo® implant system has been designed for single and multiple dental restorations in accordance with the traditional clinical processes that are reflected in this documentation, as well as restorations using CAD-CAM. The guarantee excludes cases involving insufficient bone for implant placement, clinical risk cases such as lifts, bone fillings, advanced surgical techniques, and cases of severe or unsuitable disparallelism between implants, among others.

The Phibo® implant system is internationally distributed in various countries with different technical and healthcare regulations and laws; accordingly, there may be differences from one country to another in terms of the contents of the procedure. Consult the exclusive Phibo® distributor in your country and request the documentation for the products and their availability.

Phibo Dental Solutions, S.L. reserves the right to modify and develop the products shown in this procedure, without prior notification. All rights reserved. Reprinting or processing the contents of this publication in any format requires prior written permission from Phibo® & Phibo Dental Solutions, S.L.

Phibo® Implants, Tissue Care®, TSA®, TSH®, Avantblast®, ProUnic®, ProUnic Plus®, Duplit, Softissue, International Phibo Group®, Ific, VK, Bonetech, Genoral, Esthetic Tissue, Phibo Esthetics, Phibo® Surgical, Phibo® Prostodontics, Phibo® Scientific, are commercial and/or registered trademarks of Phibo Dental Solutions, S.L. Phibo® implants are protected by international patent. Other products and attachments are protected by patents or are patent pending.

1. INTRODUCTION

2. PROCEDURES BY IMPLANT AND PROSTHODONTIC RESTORATION TYPE

3. PROVISIONAL RESTORATIONS OF AUREA® EVO IMPLANTS

3.1 PROVISIONAL RESTORATIONS OF AUREA® EVO ABUTMENTS

3.2 PROVISIONAL RESTORATIONS OF PROVISIONAL AUREA® EVO ABUTMENTS

3.3 PROVISIONAL RESTORATIONS OF PROVISIONAL DRILLABLE AUREA® EVO ABUTMENTS

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

4.1 AESTHETIC AND DIRECT IMMEDIATE LOADING

4.2 INDIRECT IMMEDIATE LOADING

5. IMPRESSION TAKING. TRANSFER TO THE MODEL

5.1 IMPRESSION TRANSFER OVER STRAIGHT AND ANGLED AUREA® EVO ABUTMENTS

5.2 IMPRESSION TRANSFER OVER AUREA® EVO IMPLANT

6. FINAL AUREA® EVO RESTORATIONS

6.1 FINAL SCREW-RETAINED RESTORATIONS

6.2 FINAL CEMENTED RESTORATIONS

6.3 FINAL RESTORATIONS WITH OVERDENTURE

6.4 FINAL RESTORATIONS IN CAD-CAM

7. AUREA® EVO TORQUES

1. INTRODUCTION

The purpose of this prosthodontic procedure document is to provide an overview of all available attachments, and outline the procedure for the different prosthodontic restorations that can be performed over AUREA® EVO implants in the Phibo® implant system for both clinical and laboratory use. For single and multiple cases, fixed prostheses and complete restoration cases.

With the Phibo® AUREA EVO IMPLANT SYSTEM®, it is possible to combine multiple options available in implantology today.

The Phibo® AUREA EVO IMPLANT SYSTEM® offers a wide range of attachments that enable prosthodontic restorations to be performed over implants.

The availability of AUREA® EVO attachments with different transgingival heights make it possible to adapt the crown emergence profile to the adjacent natural teeth and the thickness of the soft tissue, respecting the modification of the platform to establish biological spaces favourable for maintaining the crest bone.

The cleaning, disinfecting and sterilization protocol can be found in the document entitled **PROSPLDESP..**

2. PROCEDURES BY IMPLANT AND RESTORATION TYPE

DIRECT IMMEDIATE AESTHETIC

Provisional restoration without occlusal contact is performed during the surgical procedure itself, following insertion of the implant. The provisional prosthesis is created in the laboratory or CAD-CAM production centre using the initial models and is adjusted and rebased in the clinic.

INDIRECT IMMEDIATE AESTHETIC

Provisional restoration without occlusal contact in the 24 hours following insertion of the implant. After the impression is taken, the provisional prosthesis is created in the laboratory or CAD-CAM production centre. The prosthesis is then cemented and adjusted by means of occlusion in the clinic.

DIRECT IMMEDIATE LOADING

Provisional restoration with occlusal contact is performed during the surgical procedure itself, after implant insertion. The provisional prosthesis is created in the laboratory or CAD-CAM production centre using the initial models and is adjusted and rebased in the clinic.

We recommend using a primary stability indicator to verify that the values obtained are optimum for ensuring this technique is effective.

INDIRECT IMMEDIATE LOADING

Provisional or final restoration with occlusal contact in the 24 hours following insertion of the implant. After the impression is taken, the provisional or final prosthesis is created in the laboratory or CAD-CAM production centre using the initial models and is adjusted and rebased in the clinic.

In the case of overdentures over bars, if indicated, a second adjustment will be carried out on the overdenture in the mouth.

We recommend using a primary stability indicator to verify that the values obtained are optimum for ensuring this technique is effective.

EARLY LOADING

Provisional or final restoration with occlusal contact, at six weeks in the mandible and eight weeks in the maxilla following insertion of the implant. Prosthetic procedure performed in the laboratory.

We recommend using a primary stability indicator to verify that the values obtained are optimum for ensuring this technique is effective.

DELAYED LOADING

Provisional or final restoration with occlusal contact, at three months in the mandible and six months in the maxilla, following insertion of the implant. Prosthetic procedure performed in the laboratory.

3. PROVISIONAL RESTORATIONS OVER AUREA® EVO IMPLANTS

The objectives of a provisional restoration over implants are:

AESTHETIC OBJECTIVES

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

- ☐ The position of the implant
- ☐ Depth
- ☐ Emergence
- ☐ Direction
- ☐ Gingival biotype

BIOLOGICAL OBJECTIVES

- ☐ Formation of a peri-implant sulcus
- ☐ Formation of a biological seal
- ☐ Organised bone apposition

BIOMECHANICAL OBJECTIVES

With the prosthesis in slight infra-occlusion and no angling, the objective is to achieve progressive and controlled function of:

- ☐ Axial loading
- ☐ Bending moments

FUNCTIONAL OBJECTIVES

- ☐ Functional adaptation of the implants to load resistance, achieved by modifying the provisional crowns according to bone quality.
- ☐ Control of clinical and X-ray indications of the maturation status of the tissues.
- ☐ For restoration using a provisional prosthesis, the Phibo® AUREA EVO implant system® offers two alternatives for support:
 - Restoration over AUREA® EVO straight or angled abutment using titanium coping for provisional restorations with a retention system and clinical screw.
 - Restoration over provisional AUREA® EVO abutment.
 - Restoration over drillable straight and angled AUREA® EVO abutment.
 - Provisional AUREA® EVO restoration using CAD-CAM.

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

If immediate functional loading is not indicated, a provisional aesthetic restoration is carried out, which favours adaptation and biological sealing of the soft tissue.

3.1 PROVISIONAL RESTORATION OVER AUREA® EVO ABUTMENTS

- ☐ Provisional coping over straight and angled AUREA® EVO abutments for both rotational and antirotational titanium machined provisional restorations.

GENERAL INDICATIONS

- ☐ Fixed single and multiple restorations.

APPLICABLE PROCEDURES

- ☐ Aesthetic and direct immediate loading.
- ☐ Indirect immediate loading.

OBJECTIVES

- ☐ Remodelling of the soft tissue to create an emergence profile suitable for the restoration.
- ☐ Stimulation of bone and gingival tissue repair in immediate restorations for the purposes of mechanical adaptation, biological sealing, aesthetics and effective functioning of the peri-implant sulcus.

- ☞ Immediate and progressive mechanical adaptation of the bone tissue to functional loading, formation of more structured osteoid tissue and early remodelling according to functional needs.
- ☞ Establishment of the biological spacing required for the system with platform modification.

CONTRAINDICATIONS

- ☞ Immediate loading is contraindicated when:
It is not possible to control the biomechanics of the provisional restoration in patients with joint or occlusion pathology.
- ☞ Primary stability >60 ISQ is not achieved.
- ☞ When the implant has been inserted with a torque of less than 35N· cm.

ADVANTAGES

- ☞ Allows provisional restoration over final abutment.
- ☞ Allows mechanical and functional adaptation of the bone and soft tissue (emergence profile) from the moment the implant is inserted.
- ☞ Allows adaptation of the soft tissue to progressive loading and protection of the biological seal.
- ☞ Allows early re-establishment of the immunological function of the soft tissue.

RECOMMENDATIONS

- ☞ Treatment should be performed following proper diagnosis and planning of the case.

3.2 PROVISIONAL RESTORATIONS OVER PROVISIONAL AUREA® EVO ABUTMENTS

- ☞ Provisional AUREA® EVO abutments for provisional rotational and antirotational machined titanium restorations.

GENERAL INDICATIONS

- ☞ Fixed single and multiple restorations.

APPLICABLE PROCEDURES

- ☞ Direct immediate aesthetic.

OBJECTIVES

- ☞ Remodelling of the soft tissue to create an emergence profile suitable for the restoration.
- ☞ Stimulation of bone and gingival tissue repair in immediate restorations for the purposes of mechanical adaptation, biological sealing, aesthetics and effective functioning of the peri-implant sulcus.
- ☞ Immediate and progressive mechanical adaptation of the bone tissue to functional loading, formation of more structured osteoid tissue and early remodelling according to functional needs.
- ☞ Establishment of the biological spacing required for the system with platform modification.

CONTRAINDICATIONS

- ☞ Immediate loading is contraindicated when:
It is not possible to control the biomechanics of the provisional restoration in patients with joint or occlusion pathology.
- ☞ Primary stability >60 ISQ is not achieved.
- ☞ The implant has been inserted with a torque of less than 35N· cm.

ADVANTAGES

- ☞ Greater control over the aesthetic outcome of the prosthesis.
- ☞ Resolves the adjustment deficit of the final crown to the abutment.

RECOMMENDATIONS

Treatment should be performed following proper diagnosis and planning of the case.

3.3 PROVISIONAL RESTORATION OVER DRILLABLE AUREA® EVO ABUTMENTS

- ☞ Machined titanium abutments in both straight and angular versions with antirotational connection and smooth transition zone. Procedure carried out with abutment retention screw, secured with a torque of 35 N cm and colour-coded according to the corresponding platform.
- ☞ Fixed prostheses cemented to drillable abutments are modelled based on the titanium abutment.

GENERAL INDICATIONS

- ☞ Fixed single and multiple restorations.

APPLICABLE PROCEDURES

- ☞ Aesthetic and direct immediate loading.
- ☞ Indirect immediate loading.

INDICATIONS

- ☞ To level the emergence height of the crown in relation to the adjacent natural teeth and the thickness of the soft tissue.
- ☞ When the occlusal height from the implant exceeds 6 mm.
- ☞ When it is necessary to adjust the height of the antagonist and make the insertion axis of the prosthesis parallel.
- ☞ In fixed restorations with marked disparallelism between implants.
- ☞ In single or multiple restorations where, due to the position of the implant, the entry orifice of the retention screw in a screwed prosthesis affects the aesthetic outcome of the restoration.

CONTRAINDICATIONS

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

ADVANTAGES

- ☞ Greater control over the aesthetic outcome of the prosthesis.
- ☞ Resolves the adjustment deficit of the final crown to the abutment.

DISADVANTAGES

- ☞ Difficult to remove the excess cement.
- ☞ Possibility of prolonged tissue reaction.
- ☞ Less control of crown or bridge seating during the cementing process.

PRECAUTIONS

- ☞ Retention using prosthesis cement in cantilever or extension.
- ☞ Cementing over screwed components.

ATTACHMENTS AND MATERIAL

CLINIC

- ☞ Phibo® 1.25 mm driver tip
- ☞ Phibo® dynamometric wrench.
 - * Impression registration over implant.
 - * Impression material.
- * Material not supplied by Phibo®.

LABORATORY

- ☞ Analogue of AUREA® EVO implant.
- ☞ Drillable AUREA® EVO abutments
- ☞ Phibo® 1.25 mm driver tip

INSTRUCTIONS FOR USE

IN THE CLINIC.

TAKING AN IMPRESSION AND MAKING A CAST

Refer to procedure for taking impressions with AUREA® EVO impression transfer.

IN THE LABORATORY

SELECTION AND MODELLING OF THE DRILLABLE ABUTMENT

- Choose the type of drillable abutment corresponding to:
 - Disparallelism of the implant
 - Height of the soft tissue from the implant shoulder to the free gingival margin.
 - Emergence profile of the prosthesis.
- φ Insert the selected abutment into the implant analogue adjusting the lobes in small turns and manually threading the retention screw until the drillable abutment is fixed over the AUREA® EVO implant analogue.
- φ Check the height of the drillable abutment in relation to the antagonist arch and parallelism with the adjacent teeth and/or abutments.
- φ Model the abutment by drilling if necessary.

MAKING THE PROSTHESIS

- φ Fill in the drillable abutment retention screw entry hole with wax and prepare the abutment with the spacer.
- φ Perform waxing directly over the abutment after it is modelled using the corresponding drill (if indicated) before applying the suitable separator.
- φ Model the structure in wax or in resin.
- φ Perform the casting and metal.
- φ Extract the structure cast in the cylinder.
- φ Check and adjust the shoulder.
- φ Ceramise without glazing, if applicable.
- φ Remove the drillable abutment from the model.

IN THE CLINIC

STRUCTURE TEST

- φ Remove the healing abutment from the implant.
- φ Place the abutment(s) on the acrylic resin positioning guide and thread the retention screw until the abutment is seated, gently tightening it by hand.
- φ Mount the prosthesis structure in the mouth over the abutment.
- φ Check the fit of the structure:
 - implant abutment shoulder fastening
 - passivity
 - relation to the gum
 - contact points
 - occlusion
- φ Remove the structure from the mouth and remount it in the working model.
- φ Put the healing abutment back into place.

STRUCTURE FINISH

- φ Complete ceramisation and glazing.

PLACEMENT OF THE DRILLABLE ABUTMENT

- φ Remove the healing abutment from the implant.
- φ Place the abutment(s) on the acrylic resin positioning guide and thread the retention screw until the abutment is seated, gently tightening it by hand.
- φ Tighten the retention screw, which is colour-coded, using the 1.25 mm driver tip and the dynamometric wrench, to a torque of 35 N.cm.

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

4.1 AESTHETIC AND DIRECT IMMEDIATE LOADING

The objective of immediate aesthetic treatment is to place the provisional prosthesis without occlusal contact during the actual surgical procedure following the insertion of the implants, while immediate loading involves occlusal contact.

The preparation, rebasing and fitting of the provisional prosthesis are performed directly in the mouth. The provisional prosthesis is created in the laboratory before surgery or directly in the mouth in special cases involving crowns and/or short bridges.

ATTACHMENTS, MATERIAL AND INSTRUMENTS FOR THE CLINIC

- ☞ AUREA® EVO straight or angled abutment or AUREA® EVO transgingival abutment
- ☞ Titanium coping for provisional restoration.
- ☞ AUREA® EVO abutment clinical screw.
- ☞ AUREA® EVO abutment laboratory screw.
- ☞ AUREA® EVO abutment healing cap.
- ☞ Phibo® 1.25 mm driver tip.
- ☞ Phibo® 1.25 mm wrench driver tip.
- ☞ Phibo® dynamometric wrench.
- ☞ Phibo® 2.00 mm driver tip.
- ☞ Phibo® 2.00 mm wrench driver tip.
- ☞ *Autopolymerisable resin for professionals.
- ☞ *Mixing cup and syringe dispenser.
- ☞ *Laboratory preformed resin crown or bridge, white or transparent.
- ☞ *Modelling instrument.
- ☞ *Rotary cutting, trimming and polishing instrument for hand pieces.

* Material not supplied by Phibo®

INSTRUCTIONS FOR USE

CREATION OF A SURGICAL STENT - THE PROVISIONAL PROSTHESIS.

- ☞ Perform diagnostic wax-up with the models mounted on a semi-adjustable articulator.
- ☞ Using this wax-up as a reference, create the transparent surgical stent and the provisional prosthesis.
- ☞ Make holes in the surgical stent to guide placement of the implants.
- ☞ Make holes in the occlusal side of the prosthesis for the clinical and laboratory screws.

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

- ☞ Select the most suitable AUREA® EVO abutment for the thickness of the gingival tissue and occlusal emergence plane.
- ☞ Secure the retention screw of the AUREA® EVO abutment with a manual 2.00 mm driver tip and pass it through the coronal opening on the abutment until it protrudes on the other side.
- ☞ Position the AUREA® EVO abutment in the implant, fitting the lobes together and adjusting them with small turns. Tighten the screw by hand.
- ☞ Tighten the abutment screw using a torque of 25 N·cm centimetres (since this is a provisional restoration) using the dynamometric wrench and the 2.00 mm tip.
- ☞ Place the healing cap on the AUREA® EVO abutment and suture around it. The healing cap serves as a soft tissue conformer and spacer, preventing its collapse.

INSERTION OF TITANIUM COPING FOR PROVISIONAL RESTORATIONS.

- ☞ Manually insert the coping for provisional restorations (provisional restoration support) in the AUREA® EVO or transgingival abutment.
- ☞ Check the stability of the coping.
- ☞ Insert the laboratory screw through the coping and manually screw it to the manual fixation limit. The position of the laboratory screw makes it possible to check the insertion axis of the provisional prosthesis and the location of the entry hole for the clinical screw.

ADAPTATION OF THE PROSTHESIS

- ☞ Insert the provisional prosthesis using the laboratory screw through the perforation made at the occlusal (for molars and premolars) or palatine/lingual level (for incisors and canines), until it reaches the external cone of the implant, coping and gum. Adjust the prosthesis and positioner to eliminate any interference.
- ☞ Adjust occlusion until the desired height is reached.

REBASING AND PLACEMENT OF THE PROSTHESIS.

We recommend using a rubber dam to avoid contact between the impression materials and the soft tissue.

- ☞ Remove the prosthesis, dry it thoroughly and apply a thin layer of acrylic inside the crown and around the coping.
- ☞ Apply Vaseline around the prosthesis and surgical stent in the rebasing zones to avoid adherences.
- ☞ Insert the prosthesis using the laboratory screw and remove the excess material before it sets. We recommend rotating the screw to prevent it from adhering to the resin. If spaces appear between the prosthesis and the screw, rebase it again.
- ☞ Remove the screw and the prosthesis manually once the material sets by applying light axial force with a crown and bridge extractor.
- ☞ Remove the excess material and proceed with remodelling and final polishing of the prosthesis to allow healing of the soft tissue and formation of the emergence profile.
- ☞ Insert the prosthesis into the mouth by applying light pressure until retention anchorage can be felt.
- ☞ Screw the prosthesis in with the remaining clinical screw using manual torque.
- ☞ Check the occlusion to make sure there is no occlusal contact in the case of immediate aesthetic or perform the appropriate occlusal adjustments for immediate loading.
- ☞ Apply Vaseline to the hole on the prosthesis; protect the screw with cotton wool and cover it with a temporary filler material.°

Note When placing the final prosthesis, remove the initial AUREA® EVO abutment worn by the patient with the provisional prosthesis and replace it with the final selected AUREA® EVO abutment or with another appropriate abutment.

Note This restoration procedure can be carried out using CAD-CAM. Refer to the CAD-CAM procedure.

4.2 INDIRECT IMMEDIATE LOADING

The objective of the procedure is to place a provisional restoration with occlusal contact within 24 hours of inserting the implants.

INDICATIONS

When adaptation of the prosthesis created before the procedure must be carried out in the laboratory due to its technical difficulty.

When, for any reason, the provisional prosthesis must be created in the laboratory after the surgical intervention has taken place.

ATTACHMENTS, MATERIAL AND INSTRUMENTS

CLINIC

- ☞ AUREA® EVO and transgingival abutments.
- ☞ Phibo® 1.25 mm driver tip.
- ☞ Phibo® 1.25 mm wrench driver tip.
- ☞ Phibo® dynamometric wrench.
- ☞ AUREA® EVO abutment impression transfer.
- ☞ AUREA® EVO abutment healing cap.

LABORATORY

- ☞ Analogue of AUREA® EVO abutment.
- ☞ Coping for AUREA® EVO provisional abutments.
- ☞ AUREA® EVO abutment clinical screw.
- ☞ AUREA® EVO abutment laboratory screw.
- ☞ Phibo® 1.25 mm driver tip.
- ☞ Phibo® 2.00 mm driver tip.
- ☞ Phibo® 2.00 mm wrench driver.
- ☞ *Autopolymerisable resin for professionals.
- ☞ *Mixing cup and syringe dispenser.
- ☞ *Laboratory preformed resin crown or bridge, white or transparent.
- ☞ *Modelling instrument.
- ☞ *Rotary cutting, trimming and polishing instrument for hand pieces (drills, discs, abrasive rubber, etc.).

* Material not supplied by Phibo®.

INSTRUCTIONS FOR USE

IN THE CLINIC

- ☞ Select the most suitable AUREA® EVO abutment for the thickness of the gingival tissue and occlusal emergence plane.
- ☞ Position the AUREA® EVO abutment in the implant, fitting the lobes together and adjusting them with small turns. Tighten the screw by hand.
- ☞ Secure the impression transfer over the AUREA® EVO abutment and suture around it. The transfer impression serves as a soft tissue conformer and spacer, which prevents collapse of the soft tissue.
- ☞ Take the impression. We recommend using a rubber dam to prevent the silicon from coming into contact with the sutures.
- ☞ Remove the tray with the transfer impression. Cover the AUREA® EVO abutment with the healing cap to prevent the collapse of the soft tissue while creating the prosthesis in the laboratory.

IN THE LABORATORY

- ☞ Secure the transfer impression obtained when taking the impression:
- ☞ AUREA® EVO abutment analogue

Indications for analogues:

Creation of the analogue for the AUREA® EVO abutment is indicated for provisional or final restorations when:

The gum that makes up the emergence profile of the provisional or final crown can be assumed to be free of recessions.

Disparallelism is less than that disparallelism that would be achieved by adding the angulations of two AUREA® EVO abutments that are adjacent or distant.

MAKING A CAST OF THE IMPRESSION

- ☞ After positioning the AUREA® EVO abutment in the impression transfer on the chosen analogue, the impression is cast with gypsum or plaster to make the working model. We recommend using silicone gums or gingival masks around the analogue to observe and ensure perfect fit of the accessories and prosthesis, simulating the soft tissue.
- ☞ Once the plaster or gypsum has set, extract the model, prepare it and mount it in the articulator using the impressions taken. This model can be used for carrying out alterations of the provisional restorations and for creation of the final prosthesis.

CREATION AND ADJUSTMENT OF THE PROVISIONAL PROSTHESIS IN THE LABORATORY

- ☞ Position the provisional coping in the analogue of the AUREA® EVO abutment.
- ☞ Apply pressure to the crown until a click is heard and felt.
- ☞ Check that the provisional coping is stable and immobile in this position and is perfectly fitted on the analogue of the AUREA® EVO abutment.
- ☞ Insert the screw through the provisional coping. Screw it in manually to the analogue. The position of the laboratory screw makes it possible to check the insertion axis of the provisional prosthesis and the location of the entry hole for the clinical screw.
- ☞ Adjust the coping if it interferes with occlusion until the desired height is achieved.
- ☞ Create the provisional prosthesis using standard laboratory techniques.

IN THE CLINIC

- ☞ Place the prosthesis in the mouth, applying sufficient pressure to reach the final position for adjustment of the clinical screw.
- ☞ Adjust the occlusion to achieve functional contact.
- ☞ Apply Vaseline to the hole on the prosthesis; protect the screw with cotton wool and cover it with a temporary filler material.

Note When placing the final prosthesis, remove the initial AUREA® EVO abutment worn by the patient with the provisional prosthesis and replace it with the final selected AUREA® EVO abutment or with another appropriate abutment.

Note This restoration procedure can be carried out using CAD-CAM. Refer to the CAD-CAM procedure.

5. IMPRESSION TAKING. TRANSFER TO THE MODEL.

The impression can be taken via direct transfer over the AUREA® EVO implant, abutment, or angled abutment. These methods are used to identify the position of the implant in the biological environment and transfer this position to a working laboratory model.

5.1 IMPRESSION TAKING ON STRAIGHT AND ANGLED AUREA® EVO ABUTMENTS

- ☞ Direct impression taking over the AUREA® EVO:
 - Transfer the impression onto the AUREA® EVO abutment (open antirotational tray).
- ☞ Direct impression taking over the angled AUREA® EVO abutment:
 - Transfer the metal impression over the angled AUREA® EVO abutment (open antirotational tray).

CHARACTERISTICS

- ☞ Metal transfer that is fixed to the implant with a screw.
- ☞ Designed for optimum retention and transfer.

USE

For impression taking over the straight or angled AUREA® EVO y abutment, transfer the implant and straight or angled AUREA® EVO abutment from the oral cavity to the working model. It is not necessary to remove the straight or angled AUREA® EVO abutment from the mouth.

CONTRAINDICATIONS

Severe disparallelisms.

ADVANTAGES

- ☞ Placement is quick, precise and easy.
- ☞ Easy to remove and drag with the impression material.

RECOMMENDATIONS

- ☞ The adjustment should be verified when the abutment platform is subgingival.
- ☞ An antirotational check should be performed on the impression transfer of the AUREA® EVO abutment.

ATTACHMENTS AND MATERIALS

CLINIC

- ☞ Straight or angled AUREA® EVO abutment of the Phibo AUREA® EVO implant.
- ☞ Metal impression transfer over straight or angled AUREA® EVO abutment of the Phibo AUREA® EVO implant.
- ☞ Abutment healing cap metal impression transfer over straight or angled AUREA® EVO abutment of the Phibo AUREA® EVO implant.
- ☞ Phibo® 1.25 mm driver tip.
- ☞ Phibo® 2.00 mm driver tip.
- ☞ Phibo® 2.00 mm wrench driver.
- ☞ *Standard or customised tray.
- ☞ * Impression material.
- ☞ *Examination probe.

* Material not supplied by Phibo®.

LABORATORY

- ☞ Analogue of straight or angled AUREA® EVO abutment of the Phibo AUREA® EVO implant.
- ☞ Phibo® 1.25 mm driver tip.
- ☞ Phibo® 2.00 mm driver tip.

INSTRUCTIONS FOR USE

CLINIC

- ☞ Remove the healing abutment from the implant.
 - ☞ Select the most suitable AUREA® EVO abutment for the thickness of the gingival tissue and occlusal emergence plane.
 - ☞ Secure the retention screw of the AUREA® EVO abutment with a manual 2.00 mm driver tip and pass it through the coronal opening on the abutment until it protrudes on the other side.
 - ☞ Position the straight or angular AUREA® EVO abutment in the implant, fitting the lobes together and adjusting them with small turns. Tighten the screw manually.
 - ☞ Tighten the screw of the AUREA® EVO abutment applying a torque of 35N·cm using the dynamometric wrench and the 2.00 mm wrench tip.
 - ☞ Secure the impression transfer of the AUREA® EVO abutment and screw on.
 - ☞ Apply liquid impression material around the impression transfer and under the "T".
 - ☞ Immediately insert the tray containing the impression material into the mouth.
 - ☞ After removing the screw from the transfer, remove the tray once the material sets by dragging the transfer.
 - ☞ Place the healing cap over the AUREA® EVO Abutment and screw on manually with a 1.25 mm driver tip.
- Material required for the laboratory:
 - Impression taken with the metal impression transfer for AUREA® EVO abutment.
 - Analogue of straight or angled AUREA® EVO abutment.
 - Bite registration.
 - Antagonist model (or impression of the antagonist model).

LABORATORY

- ☞ Position the analogues on the impression transfer over the AUREA® EVO abutment.
 - ☞ Using a gingival mask, cast the area corresponding to the soft tissue while waiting for the impression to set.
 - ☞ Fill the rest of the tray with plaster to obtain the working model.
 - ☞ Remove the impression of the model.
 - ☞ Trim and finish the model.
 - ☞ Mount the models in the semi-adjustable articulator.
- Perform a study of:
 - Position of the implant abutment (angulation and parallelism).
 - Spaces and dimensions available.
 - Height of the soft tissue from the implant shoulder to the free gingival margin for creating the emergence profile.
 - Type of antagonist.
 - With the information obtained, choose the attachments suitable for creating the prosthesis.

Note The AUREA® EVO abutment analogue is indicated for creating provisional or final restorations in the model, in cases where the gum that shapes the emergence profile of the provisional or final crown has no recession.

LEVELLING AND EMERGENCE OPTIONS FOR THE TRANSGINGIVAL AUREA® EVO ABUTMENT

- ☞ For standard transgingival AUREA® EVO abutments.
- ☞ For angular transgingival AUREA® EVO abutments.

CHARACTERISTICS

- ☞ Machined in titanium. With a smooth transition zone.
- ☞ Gingival transition zone with two heights, which provides two options for levelling the crown emergence height. Heights of 2, 3, and 4 mm for straight abutments and heights of 1.5 and 2.5 mm for angled AUREA® EVO abutments.
- ☞ Configuration of the prosthesis from the smooth transition area in the transgingival abutments in the shoulder of the implant on the straight or angled AUREA® EVO abutment, using the same components to prepare the prosthesis in all cases.

INDICATIONS

- ☞ To level the emergence height of the crown in relation to the adjacent natural teeth and the thickness of the soft tissue.
- ☞ All other indications for AUREA® EVO abutments.

ATTACHMENTS AND MATERIAL

CLINIC

- ☞ Straight, angled or transgingival AUREA® EVO abutment of the Phibo® AUREA® EVO implant.
- ☞ AUREA® EVO abutment impression transfer of the Phibo® AUREA® EVO implant.
- ☞ AUREA® EVO abutment healing cap of the Phibo® AUREA® EVO implant.
- ☞ Phibo® 1.25 mm manual driver tip.
- ☞ Phibo® 1.25 mm wrench driver tip.
- ☞ Phibo® 2.00 mm driver tip.
- ☞ Phibo® 2.00 mm wrench driver tip.
- ☞ Phibo® dynamometric wrench.
- ☞ *Examination probe.
- ☞ * Impression material.

* Material not supplied by Phibo®.

LABORATORY

- ☞ Analogue of straight or angled AUREA® EVO abutment of the Phibo AUREA® EVO implant..
- ☞ Antirrotational castable for straight or angled AUREA® EVO abutment.
- ☞ Screw-retained rotational castable for straight or angled AUREA® EVO abutment.
- ☞ AUREA® EVO straight or angled abutment clinical screw.
- ☞ AUREA® EVO straight or angled abutment laboratory screw.

INSTRUCTIONS FOR USE

IN THE CLINIC

PLACING THE AUREA® EVO ABUTMENT OVER THE IMPLANT

- ☞ Remove the healing abutment from the implant.
- ☞ Select the most suitable AUREA® EVO straight or angled abutment for the thickness of the gingival tissue and occlusal emergence plane.
- ☞ Secure the retention screw of the AUREA® EVO abutment with a manual 2.00 mm driver tip and pass it through the coronal opening on the abutment until it protrudes on the other side.
- ☞ Position the straight or angular AUREA® EVO abutment in the implant, fitting the lobes together and adjusting them with small turns. Adjust the screw manually.
- ☞ Tighten the screw of the AUREA® EVO abutment applying a torque of 35N·cm using the dynamometric wrench and the 1.25 mm wrench tip.
- ☞ If the impression is not taken in the same clinical session, secure the AUREA® EVO straight or angled abutment healing cap.

IN THE LABORATORY

MAKING THE PROSTHESIS

There are three options for making the final prosthesis:

- ☐ **Conventional prosthesis over castable.**
- ☐ **Prosthesis made using CAD-CAM techniques**
- ☐ **Customised prosthesis using Syntesis® abutments®**

- ☐ Place the castable over the AUREA® EVO abutment analogue. Secure it gently with the laboratory screw.
- ☐ Check the soft tissue fit from the implant shoulder to the free gingival margin to create the restoration emergence profile.
- ☐ Model the structure in wax or resin to cast the castable.
- ☐ Cast the castable.
- ☐ Extract the cast structure. Check the implant shoulder support.
- ☐ Check the metal structure, ceramise without glazing to check the anatomical properties, colour and occlusion, or finish the prosthesis if appropriate.

IN THE CLINIC

STRUCTURE TEST

- ☐ Remove the provisional healing cap from the AUREA® EVO abutment, transgingival abutment or provisional prosthesis.
- ☐ Mount the prosthesis structure in the mouth over the AUREA® EVO abutment and secure it with the final clinical screw.
 - Check the fit of the structure:
 - implant abutment shoulder fastening
 - passivity
 - relation to the gum
 - contact points
 - occlusion.
- ☐ Loosen the final clinical screw and remove the structure.
- ☐ Replace the healing abutment, the healing cap, or the provisional prosthesis.

STRUCTURE FINISH

- ☐ Complete ceramisation and glazing.

PLACEMENT OF THE FINAL PROSTHESIS

- ☐ Remove the provisional healing cap from the AUREA® EVO abutment, transgingival abutment or provisional prosthesis.
- ☐ Place the final crown bridge over the AUREA® EVO abutment
- ☐ Insert the final clinical screw into the prosthesis using the 1.25 mm driver tip.
 - Final check of:
 - adjustments to abutment shoulder or implant.
 - passivity
 - relation to the gum
 - contact points
 - occlusion.
- ☐ Tighten the final screw to a torque of 25 N·cm.
- ☐ Use cotton wool if there is a large space and cover with a temporary filler material.

IMPORTANT

After placing the appropriate abutment and taking the impression over it, the procedure described for the AUREA® EVO abutment can be performed without prior placement of the final abutment by taking an impression directly over the implant and selecting the appropriate AUREA® EVO abutments.

5.2 IMPRESSION TAKING OF AUREA® EVO IMPLANT CHARACTERISTICS

- ☐ Titanium attachment.
- ☐ Attachments available for open tray technique.

USE

- ☐ Direct impression of the implant.
- ☐ Impressions taken with the tray open using a long retention screw.

INDICATIONS

- ☐ In cases of serious disparallelism between implants.
- ☐ In all cases where it is not possible to accurately plan which type of abutment to use.

RELATIVE CONTRAINDICATIONS

- ☐ When use of AUREA® EVO abutment is planned.
- ☐ When the distance and angulation between implants make it impossible to use the metal transfer.

ADVANTAGES

- ☐ In cases of marked disparallelism, taking the impression with an open tray makes it possible to perform a precise transfer of the implants to the working model.

RECOMMENDATIONS

- ☐ Follow the indicated procedure for the seating and fixation of the impression transfer in the implant.
- ☐ In the case of significant soft tissue thickness, we recommend taking control X-ray of the seating of the transfer to the implant shoulder.

ATTACHMENTS AND MATERIAL

CLINIC

- ☐ Transfer of the platform direct metal impression to the AUREA® EVO implant.
- ☐ Phibo® 1.25 mm driver tip
- ☐ *Individual tray.
- ☐ * Impression material.
- ☐ * Impression material adhesive.

* Material not supplied by Phibo®.

LABORATORY

- ☐ Analogue of the AUREA® EVO implant
- ☐ Phibo® 1.25 mm driver tip

INSTRUCTIONS FOR USE

CLINIC

- ☐ Remove the healing abutment.
- ☐ Select the technique for impression taking (open tray) and secure 1.25 mm driver tip in the retention screw. Pass it through the transfer until it protrudes at the lower end.
- ☐ Secure the transfer screw unit to the head of the implant and manually tighten the retention screw.
- ☐ Using clockwise and counterclockwise movements, verify the stability of the transfer.
- ☐ Using a periapical X-ray, check the fit of the transfer over the implant.
- ☐ Air-dry the transfer.
- ☐ Apply the impression material around the transfer.
- ☐ Insert the tray in the mouth with the rest of the impression material and wait until it sets.

- ☞ Open tray technique: Remove the fixation screw and drag the tray with the body of the transfer.
- ☞ Place the healing abutment.
 - Material required for the laboratory:
 - Impression registration.
 - Impression transfer with the corresponding screw.
 - Implant analogue.
 - Bite registration.
 - Antagonist model.

LABORATORY

- ☞ Open tray technique: Position the implant analogue over the body of the transfer retained in the impression material and secure it with the long retention screw.
- ☞ Using a gingival mask, cast the area corresponding to the soft tissue and wait for the impression to set.
- ☞ Fill the rest of the tray with plaster to obtain the final working model.
- ☞ Open tray technique: Once the plaster has hardened, remove the retention screw and separate the model.
- ☞ Prepare and mount the model in the semi-adjustable articulator. Use the registrations taken before surgery.
 - Perform a study of:
 - Position of the implant (angulation and parallelism).
 - Spaces and dimensions available.
 - Height of the soft tissue from the implant shoulder to the free gingival margin for creating the emergence profile.
 - Type of antagonist.

With the information obtained, choose the optimum abutments for creating the prosthesis and the attachments necessary for creating the prosthesis in the laboratory.

6. FINAL AUREA® EVO RESTAURATIONS

6.1 FINAL SCREW-RETAINED RESTORATIONS

CHARACTERISTICS

The AUREA® EVO range of abutment products is machined in titanium and plastic.

Abutments and attachments are colour-coded, in all or some of their components, according to the platform, for better distinction and classification.

They include two types of abutments:

- ☐ Straight AUREA® EVO abutments.
- ☐ Angled AUREA® EVO abutments. Only available for the NP and RP platforms.

In the AUREA® EVO abutment and screw set, the screw is anodised in the same colour as the platform. There are four abutments of different heights for each platform.

All abutments for the NP, RP and WP platforms have transgingival cylindrical smooth zone heights that make it possible to level the emergence height of the crown with the adjacent natural teeth and the soft tissue thickness.

In the AUREA® EVO angled abutment and screw set, the screw is anodised in the same colour as the platform. There are two abutments of different heights for each platform.

The final fixation torque for the implant is 35 N·cm.

INDICATIONS

- ☐ Base abutment for supporting single screwed crowns, created using the conventional castable antirotational and wax-up technique.
- ☐ Base abutment supporting total or partial screwed fixed restorations, created using the conventional antirotational conventional and wax-up technique.
- ☐ Base abutment supporting overdentures on an implant-fixed bar structure, using a conventional cast on a castable or cast bar welding.
- ☐ Base abutment supporting overdentures on an implant-fixed bar structure, using CAD-CAM techniques.
- ☐ Base abutment supporting customised Syntesis® abutments.

ADVANTAGES

- ☐ Primary fixation of the abutment to the implant.
- ☐ Use in areas adjacent to a natural tooth or another implant, where the available width is minimal, for placing a narrower crown.
- ☐ Treatment using machined attachments and castables on the abutment

PRECAUTIONS

- ☐ The procedure requires precision when inserting the implant in the intermediate restoration processes and when fitting the created prosthesis.

CONTRAINDICATIONS

- ☐ When the entry hole of the final clinical screw on the crown or bridge is located in an aesthetically sensitive area.

INSTRUCTIONS FOR USE

IN THE CLINIC

TAKING THE IMPRESSION AND PREPARING THE WORKING MODEL

- ☐ Refer to procedure for impression with transfer for AUREA® EVO abutments or direct transfer.

IN THE LABORATORY

CREATION OF THE PROSTHESIS IN THE LABORATORY

- ☐ **Conventional prosthesis over castable.**
 - Place the castable over the AUREA® EVO abutment and analogue of the AUREA® EVO abutment in the working model. Secure it gently with the laboratory screw.

- Check the soft tissue fit from the implant shoulder to the free gingival margin to create the restoration emergence profile.
- Model the structure in wax or resin to cast the castable.
- Cast the castable.
- Extract the cast structure. Check the implant shoulder support.
- Check the metal structure, ceramise without glazing to check the anatomical properties, colour and occlusion, or finish the prosthesis if appropriate.

☞ **Prosthesis using CAD-CAM techniques**

☞ **Customised prosthesis using Syntesis®abutments®**

IN THE CLINIC

STRUCTURE TEST

- ☞ Remove the healing abutment.
- ☞ Mount the AUREA® EVO abutment in the mouth and place the structure.
 - Check the fit of the structure:
 - implant abutment shoulder fastening
 - passivity
 - relation to the gum
 - contact points
 - occlusion.
- ☞ Check fit with X-rays.
- ☞ Remove the structure.
- ☞ Remove the AUREA® EVO abutment
- ☞ Put the healing abutment back into place.

STRUCTURE FINISH

- ☞ Complete ceramisation and glazing.

PLACING THE AUREA® EVO ABUTMENT OVER THE IMPLANT

- ☞ Remove the healing abutment.
- ☞ Position the AUREA® EVO abutment, sealing the lobes by adjusting them with small turns.
- ☞ Screw in the structure using the final clinical screw with the dynamometric wrench applying a torque of 35 N·cm.

The abutment is retained in the implant through primary fixation.

- ☞ Place the final structure over the AUREA® EVO abutment
- ☞ Screw in the structure using the final clinical screw with the dynamometric wrench applying a torque of 35 N·cm.
 - Check the fit of the structure:
 - implant abutment shoulder fastening
 - passivity
 - relation to the gum
 - contact points
 - occlusion.
 - Check fit with X-rays.
- ☞ Fill in the screw hole using cotton wool and temporary filler material.

6.2 FINAL CEMENTED RESTORATIONS

CHARACTERISTICS

- ☞ Drillable angled abutment machined in titanium with a smooth transition zone. Supplied with the abutment retention screw, secured with a torque of 35 N.cm and colour-coded according to the corresponding platform.
- ☞ Fixed prosthesis cemented to drillable abutments are modelled based on the titanium abutment itself.

INDICATIONS

- ☞ To level the emergence height of the crown in relation to the adjacent natural teeth and the thickness of the soft tissue.
- ☞ When the occlusal height from the implant exceeds 6 mm.
- ☞ When it is necessary to adjust the height of the antagonist and make the insertion axis of the prosthesis parallel.
- ☞ In fixed restorations with marked disparallelism between implants.
- ☞ In single or multiple restorations where, due to the position of the implant, the entry orifice of the retention screw in a screwed prosthesis affects the aesthetic outcome of the restoration.

CONTRAINDICATIONS

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

ADVANTAGES

- ☞ Greater control over the aesthetic outcome of the prosthesis.
- ☞ Resolves the adjustment deficit of the final crown to the abutment.

DISADVANTAGES

- ☞ Difficult to remove the excess cement.
- ☞ Possibility of prolonged tissue reaction.
- ☞ Less control of crown or bridge seating during the cementing process.

PRECAUTIONS

- ☞ Retention using prosthesis cement in cantilever or extension.
- ☞ Cementing over screwed components.

ATTACHMENTS AND MATERIAL

CLINIC

- ☞ Phibo® 1.25 mm driver tip
- ☞ Phibo® dynamometric wrench.
 - * Impression registration over implant.
 - * Impression material.
- * Material not supplied by Phibo®.

LABORATORY

- ☞ Analogue of AUREA® EVO implant.
- ☞ Drillable AUREA® EVO abutments
- ☞ Phibo® 1.25 mm driver tip.

INSTRUCTIONS FOR USE

IN THE CLINIC.

TAKING AN IMPRESSION AND MAKING A CAST

Refer to procedure for taking metal impressions with AUREA® EVO impression transfer.

IN THE LABORATORY

SELECTION AND MODELLING OF THE DRILLABLE ABUTMENT

- ☐ Choose the type of drillable abutment corresponding to:
 - disparallelism of the implant
 - height of the soft tissue from the implant shoulder to the free gingival margin.
 - emergence profile of the prosthesis.
- ☐ Insert the selected abutment into the implant analogue adjusting the lobes in small turns and manually threading the retention screw until the drillable abutment is fixed over the AUREA® EVO implant analogue.
- ☐ Check the height of the drillable abutment in relation to the antagonist arch and parallelism with the adjacent teeth and/or abutments.
- ☐ Model the abutment by drilling if necessary.

MAKING THE PROSTHESIS

- ☐ Fill in the drillable abutment retention screw entry hole with wax and prepare the abutment with a spacer.
- ☐ Perform waxing directly over the abutment after it is modelled using the corresponding drill (if indicated) before applying the appropriate separator.
- ☐ Model the structure in wax or resin to cast the castable.
- ☐ Create the metal casting.
- ☐ Extract the structure cast in the cylinder.
- ☐ Check and adjust the shoulder.
- ☐ Ceramise without glazing, if applicable.
- ☐ Create a guide key for the position of the drillable abutment in the mouth on the model.
- ☐ Remove the drillable abutment from the model.

IN THE CLINIC

STRUCTURE TEST

- ☐ Remove the healing abutment from the implant.
- ☐ Place the abutment(s) on the acrylic resin positioning guide and thread the retention screw until the abutment is seated, gently tightening it by hand.
- ☐ Mount the prosthesis structure in the mouth over the abutment.
 - Check the fit of the structure:
 - implant abutment shoulder fastening
 - passivity
 - relation to the gum
 - contact points
 - occlusion
- ☐ Remove the structure from the mouth and remount it on the working model.
- ☐ Put the healing abutment back into place.

STRUCTURE FINISH

- ☐ Complete ceramisation and glazing.

PLACEMENT OF THE DRILLABLE ABUTMENT

- ☐ Remove the healing abutment from the implant.
- ☐ Place the abutment(s) on the acrylic resin positioning guide and thread the retention screw until the abutment is seated, gently tightening it by hand.
- ☐ Tighten the colour-coded retention screw to a torque of 35 N.cm using the 1.25 mm driver tip and the dynamometric wrench.

PLACING THE PROSTHESIS

- ☞ Mount the prosthesis structure in the mouth over the abutment.
- ☞ Check the fit of the structure:
 - implant abutment shoulder fastening
 - passivity
 - relation to the gum
 - contact points
 - occlusion
- ☞ Fill in the screw entry hole using temporary filler material.
- ☞ Cement the prosthesis. If the prosthesis will be removed for maintenance, use a temporary cement.
- ☞ Wait for the cement to set and remove any excess.

6.3 FINAL RESTORATIONS WITH BAR OVERDENTURES ON Phibo® AUREA® EVO IMPLANTS ADVANTAGES

- ☞ Simpler treatment.
- ☞ Less working time.
- ☞ Improves quality of life for elderly patients with significant bone reabsorption.

DISADVANTAGES

- ☞ Impression registrations require considerable precision.
- ☞ Precise fitting to soft tissues.
- ☞ Maintenance of the prosthesis and fixations to the bar structure.

AUREA® EVO AND TRANSGINGIVAL ABUTMENTS

- ☞ Removable total restorations by means of a gingival-supported implantoverdenture on a bar fixed to implants, 2-4 in the mandibular zone and 4-6 in the maxillary zone, created with the conventional casting cylinder and waxing technique or with CAD-CAM techniques.

ATTACHMENTS AND MATERIAL

CLINIC

- ☞ AUREA® EVO abutments and transgingival abutments.
- ☞ AUREA® EVO abutment impression transfer.
- ☞ AUREA® EVO abutment healing cap.
- ☞ Phibo® 1.25 mm driver tip.
- ☞ Phibo® dynamometric wrench.
 - * Impression registration over implant.
 - * Impression material.
- * Material not supplied by Phibo®.

LABORATORY

- ☞ Analogue of AUREA® EVO abutment.
- ☞ Rotational castable for Phibo® AUREA® EVO bridge or screwed bar.
- ☞ Phibo AUREA® EVO abutment clinical screw.
- ☞ Phibo® 1.25 mm driver tip.

INSTRUCTIONS FOR USE IN CLINIC

PLACEMENT OF THE AUREA®EVO ABUTMENT OVER THE IMPLANT

- ☞ Remove the healing abutment.
- ☞ Select the most suitable AUREA® EVO abutment for the thickness of the gingival tissue and occlusal emergence plane.
- ☞ Secure the retention screw of the AUREA® EVO abutment with a manual 1.25 mm screwdriver and pass it through the coronal opening on the abutment until it protrudes on the other side.

- ☞ Position the AUREA® EVO abutment in the implant, fitting the lobes together and adjusting them with small turns. Adjust the screw manually.
- ☞ Tighten the screw of the AUREA® EVO abutment using the dynamometric wrench and the 2.00 mm wrench tip and applying a torque of 35N·cm .
- ☞ If the impression is not taken in the same clinical session, secure the AUREA® EVO abutment healing cap.
- ☞ Check the fit with the external cone of the implant.

TAKING THE IMPRESSION AND PREPARING THE WORKING MODEL

See impression transfer procedure for AUREA® EVO abutment.

IN THE LABORATORY

MAKING THE PROSTHESIS

Conventional prosthesis over castable.

- ☞ Place the castable over the AUREA® EVO abutment + analogue of the AUREA® EVO abutment in the working model. Secure it gently with the laboratory screw.
- ☞ Check the soft tissue fit from the implant shoulder to the free gingival margin to create the restoration emergence profile.
- ☞ Model the structure in wax or resin to cast the castable.
- ☞ Cast the castable.
- ☞ Extract the cast structure. Check the implant shoulder support.
- ☞ Check the metal structure.

IN THE CLINIC

STRUCTURE TEST

- ☞ Remove the plastic healing cap from the AUREA® EVO abutment or the provisional prosthesis.
- ☞ Secure the bar to the abutments using manual torque.
- ☞ Secure the overdenture on the bar in the mouth.
 - Check the fit of the structure:
 - Occlusion.
 - Adjustments and seatings in the support zones
- ☞ Remove the structure from the mouth and the bar.
- ☞ Put the healing abutment back into place.

STRUCTURE FINISH

- ☞ Modify the overdenture or the bar as appropriate.

PLACEMENT OF ABUTMENTS AND THE FINAL PROSTHESIS

- ☞ Remove the plastic healing cap from the AUREA® EVO abutment, transgingival abutment or the provisional prosthesis.
- ☞ Secure the bar to the implants using the 1.25 mm driver tip
- ☞ Tighten the bar using the 1.25 mm driver tip and dynamometric wrench to a torque of 25 N·cm.
- ☞ Mount the overdenture onto the bar in the mouth.
- ☞ Perform the necessary adjustments.

6.4 FINAL RESTORATIONS IN CAD-CAM (see Phibo® CAD-CAM instructions for use)

7. AUREA® EVO TORQUES

SCREWED TO IMPLANT

PRODUCT	COMMERCIAL REFERENCE	TORQUE	
Aurea Evo closing screw NP/RP/WP	Included in ref. of Aurea Evo implant	Manual adjustment	
Aurea Evo healing abutment NP/RP/WP	EVO NP 01.3/4/5/6 EVO RP 01.3/4/5/6 EVO WP 01.3/4/5/6	Manual adjustment	
Aurea Evo transfer screw NP/RP/WP	Included in ref. of Aurea Evo transfer	Manual adjustment	
Aurea Evo abutment screw NP/RP/WP	Included in ref. of Aurea Evo abutment	35 N·cm	
Aurea Evo drillable abutment screw NP/RP/WP	Included in ref. of	provisional drillable abutment screw	25 N·cm
		Final	35 N·cm
Aurea Evo angled abutment and angled drillable abutment screw NP/RP	Included in ref. of Aurea Evo angled abutment and angled drillable abutment	35 N·cm	
Aurea Evo provisional abutment screw NP/RP/WP	EVO NP 52.0 EVO RP 52.0 EVO WP 52.0	25 N·cm	
Aurea Evo laboratory screw NP/RP/WP	EVO NP 47.0 EVO RP 47.0 EVO WP 47.0	Manual adjustment	
Aurea Evo CAD-CAM screw NP/RP/WP	PTD097TS PTD098TS	CAD-CAM (CrCo / Ti / Zr with interface)	35 N·cm
		CAD-CAM (PMMA)	15 N·cm
Aurea Evo axis screw NP/RP/WP	TOREXPIM16 TOREXPIM18	CAD-CAM (CrCo)	35 N·cm

SCREWED ABUTMENT

PRODUCT	COMMERCIAL REFERENCE	TORQUE	
Aurea Evo provisional abutment healing cap NP/RP/WP and angled provisional abutment healing cap Ti NP/RP	EVO NP 49.0 EVO RP 49.0 EVO WP 49.0 EVO NR 30.0	25 N·cm	
Aurea Evo abutment transfer screw NP/RP/WP and angled abutment transfer screw CA NP/RP	Included in ref. of Aurea Evo abutment transfer screw and angled abutment transfer screw CA	Manual adjustment	
Aurea Evo abutment NP/RP/WP and angled abutment NP/RP final clinical screw and CAD-CAM screw	EVO NW 15.0	Provisional (coping) Final (cast) CAD-CAM (CrCo / Ti / Zr)	25 N·cm
		CAD-CAM PMMA	15 N·cm
Aurea Evo abutment NP/RP/WP and angled abutment NP/RP laboratory screw	EVO NW 19.0	Manual adjustment	
Aurea Evo abutment axis screw NP/RP/WP	TORPPIM14	CAD-CAM (CrCo)	25 N·cm



Prosthodontic Procedure

Aurea® Evo

Phibo® Headquarters

Pol. Ind. Mas d'en Cisa
Gato Pérez, 3-9
08181 Sentmenat
Barcelona | Spain
Tel. +34 937 151 978
Fax +34 937 153 997

www.phibo.com