Z5C – TWO-PIECE CERAMIC IMPLANT

Morse Tapered Friction connection

RECOMMENDED ABUTMENT PLACEMENT PROTOCOL*

The Morse Tapered Friction connection, a unique feature in our Z-SYSTEMS Zirkolith implants, provides a much more stable abutment/implant interface. The Morse Taper virtually eliminates any micro-gaps.

The connection is tested according to ISO 14801. The results fulfill the required values.

The cemented abutment, covered by the crown, forms a hermetic seal for the prevention of bacteria. There is no bacterial invasion of the implant abutment juncture possible.

THE WORLDS FIRST FDA-APPROVED TWO-PIECE ZIRCONIA DENTAL IMPLANTS BY Z-SYSTEMS

* There are multiple ways to place the abutment but the technique listed here is one that has proven to be predictably successful.
Z5C: INSTRUCTIONS FOR CEMENTING THE ABUTMENT

1. Secure the healing cap with dental floss and loosen carefully with raspatory/tweezers.
2. Remove healing cap.
3. Clean inner geometry with alcohol. Important: the adhesive joint must be free of grease, dust and moisture.
4. Blow out inner geometry to remove remaining liquid.
5. Z-SYSTEMS recommends Panavia™ SA Cement Automix.
7. Clean abutment pin with alcohol/dry with compressed air. Important: the adhesive joint must be free of grease, dust and moisture.
8. The areas of the abutment pin to be cemented are marked in yellow. Attention: avoid formation of bubbles during cementing.
9. Insert abutment in implant and activate taper connection by pressing in hard.
10. Light-curing (keep constant firm downward pressure on abutment while curing for 5 seconds)
11. Remove excess cement after curing (with micro-brush, then cure completely).
12. For the crown please check the requirements of the manufacturer of the crown material.
13. Please check the dynamic occlusion.

DON‘T
- Put cement in the implant
- Place cement on whole abutment
- Use prepolymerized cement

When designing the restoration, it is important to analyze the existing occlusion & guidance pattern prior to restorative treatment. Guidance in excursive movements (side-to-side) should be on natural teeth due to added sensory feedback. Involve the patient! Ask if they can feel their implant when biting/chewing. If it feels high, adjustment is needed. Both excursive movements and centric occlusion need to be checked with bite paper. If canine guidance is called for, the excusive contacts should be spread on adjacent teeth (first premolar or lateral incisor) during lateral movement. Group function will allow for a better distribution of forces over the implant. Ceramic implants tend to work better with axial loads than non-axial loads. All implants placed at an angle to the occlusal load plane, or with restorative overhangs are less than ideal and should be out of occlusion. Since natural teeth wear faster than restorations, all implants require proper occlusal adjustment yearly to reduce risk of overloading the implant.

Please always check our surgical manual!