

Preamble

The instructions herein describe the different phases of the surgical intervention to be performed with the In-Kone® (NR (3.0) & ST platforms) and twinKon® implant systems.

This document should not be considered as a teaching tool on implant practice in general; no claims will be received under any circumstances.

Warning:

The installation of NR (3.0) & ST platform In-Kone® and twinKon® implants concerns surgeons who are already trained in dental implantology and who have the facilities required for this type of intervention.

NR (3.0) & ST platform In-Kone® and twinKon® systems must be used exclusively in combination with original brand components and according to the instructions presented below.

Global D declines all liability in the event of installation that fails to comply with this manual.

General precautions:

Before using any product from the NR (3.0) & ST platform In-Kone® and twinKon® ranges, please read the electronic instruction manuals. A QR code and URL link are provided on the device label.

Please also consult the information concerning patient eligibility, room organisation, preparation of surgical staff, equipment preparation, patient preparation, cleaning and decontamination of equipment.

Practical information:

The user instructions hereafter may not be reproduced or disclosed without prior permission from Global D, which reserves the right to modify the technical characteristics of the products and/or make changes or improvements to the In-Kone® (NR (3.0) & ST platforms) and twinKon® systems without prior notice.



Link to the instruction manual for the In-Kone® PRIMO and UNIVERSAL SA² implant (http://doc-globald.com/0197.html)



Link to the instruction manual for the 3.0 implant (http://doc-globald.com/0199.html)



Link to the instruction manual for the twinKon® implant (http://doc-globald.com/0188.html)



Link to the instruction manual for the surgery kit for ULTIMATE-G42 guided surgery

(http://doc-globald.com/0248.html)

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The opening up of digital technology



- High-tech manufacture of implantable medical devices
- Customised assistance





Prosthetic sills

- Prosthesis personalised using CAD/CAM
- Preservation of prosthetic interfaces



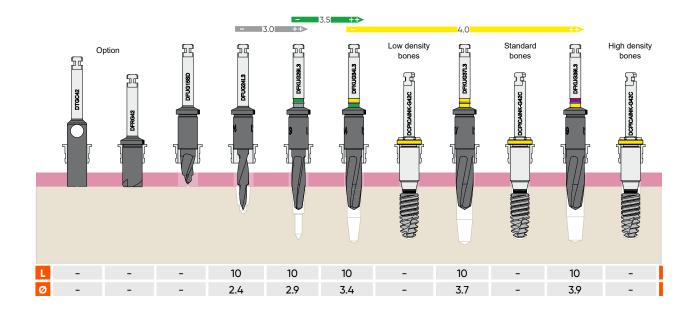
Clinical skills

- Preservation of peri-implant tissue capital
- Durability of rehabilitations

Products manufactured in FRANCE

Quick start & Prior recommendations

► In-Kone® Ø4 mm: drilling sequence L10 mm Direct drilling to the length of the implant





The surgical guides can be supported by teeth or, in the case of total edentation, the guide can be secured to the bone using fixing pins or screws.

Before planning a guided surgery intervention, please check that the **patient's mouth opening is large enough** to allow passage of the drills once the guide is in place.

If the guide is not properly locked on its supports, identify the obstructive contact points and eliminate them.

Check that the Global D protocol is available in the **design software** before using these devices. If the software does not have the data related to our protocol, please contact us.

During the planning stage, make sure that the sleeves are not touching one another and are not in contact with the adjacent teeth.

In the case of total edentation, we recommend making a **scanning prosthesis** with reference markers. This scanning prosthesis can be:

- · a duplicate of the current prosthesis,
- a temporary prosthesis,
- a diagnostic mock-up with gutta-percha type radio-opaque markers or radio-opaque titanium balls.

If you have any questions on implant planning, please contact the software publishers.

Make sure you monitor any patient movements during the scan process. Movement artifacts result in inaccuracies in the images and may lead to an incorrect diagnosis.

A. Pre-operative planning and guided surgery

 Use of the ULTIMATE G42 guided surgery protocol is compatible with the following software: BlueSkyPlan®, coDiagnostiX (DentalWings), RealGuide, Romexis® (Planmeca) and Smop. These software programmes help you plan your dental implant placements. They also help you to design surgical guides to make the surgery easier.

The list of compatible software changes regularly, so please contact Global D if the software you use is not listed in this protocol.









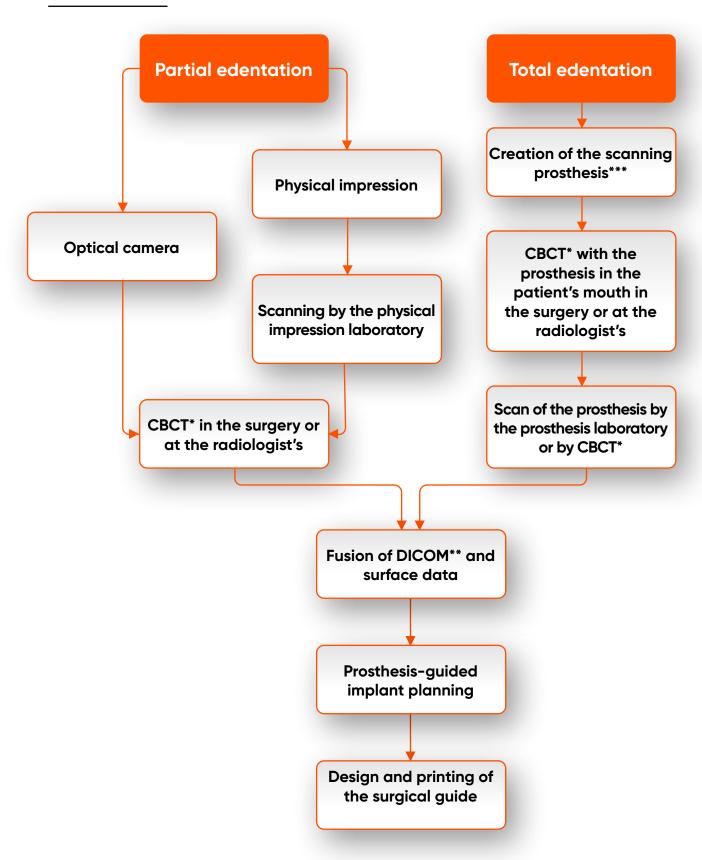


 The ULTIMATE G42 guided surgery protocol is compatible with UNIVERSAL (NR (3.0) & ST platforms) and PRIMO In-Kone® and twinKon® implants:

	Drill guiding	Implant guiding	
NR (3.0) In-Kone® Ø 3 mm L: 8.5 - 13 mm	YES	YES	
ST In-Kone® Ø 3.5 mm L: 8.5 - 13 mm ST In-Kone® Ø 4 mm L: 6 - 13 mm	YES	YES	
WD In-Kone® Ø 4.5 & 5 mm L: 6 - 13 mm	Up to drill Ø 3.9 mm, finish freehand without a guide		
twinKon® Ø 3.5 mm L: 8.5 - 13 mm twinKon® Ø 4 mm L: 6 - 13 mm	YES	NO remove the guide first	
twinKon® Ø 4.5 mm L: 6 - 13 mm	Up to drill Ø 3.9 mm, finish freehand without a guide		

B. Steps depending on the type of edentulous space

1. Flow chart





For prosthesis-guided planning, we recommend including the Wax-Up prosthesis project step.

^{*} CBCT: Cone Beam Computed Tomography

^{**} DICOM: Digital Imaging and Communications in Medicine

^{***} with radio-opaque markers to facilitate data fusion and prevent scale errors.

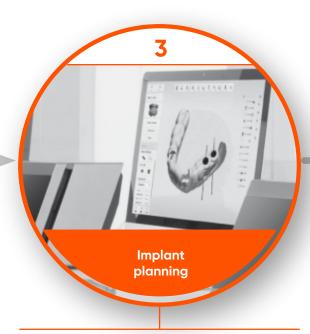
B. Steps depending on the type of edentulous space

2. Digital flow



^{*} CBCT: Cone Beam Computed Tomography

^{**}DICOM: Digital Imaging and Communications in Medicine



Data fusion, combination of intra-oral or table scans with CBCT* images (or any other open DICOM file) for a comprehensive clinical evaluation and prosthesis-guided implant planning.



Design and printing of the guide in the dental surgery or laboratory.
Installation of Steco® *** titanium guide sleeves Ø 4.2 mm, distributed by Global D.



Decontamination and sterilisation of the surgical guide according to the supplier's instructions. Implant placement.



The prosthetist or dentist can design the temporary prosthesis or the personalised healing screw beforehand on a titanium base.

1. Concept of the ULTIMATE G42 protocol

 This guided surgery protocol was developed in collaboration with experienced dentists and our Research and Development teams to be perfectly compatible with our ULTIMATE surgery protocol and to meet its requirements, i.e.:

Gradual, homothetic drilling of the implant contour to obtain primary stability distributed uniformly in the bone.

 The philosophy of the ULTIMATE G42 protocol is based on direct guide drills. No drill key type intermediary diameter reducing systems are therefore required. The protocol is designed to ensure systematic continuity of guiding of the different drills before contact with the bone.

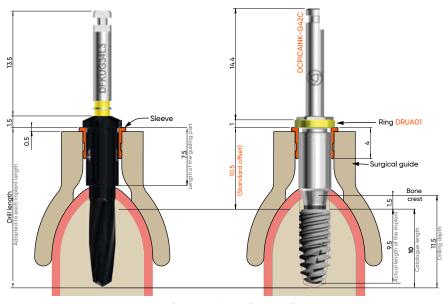
The range of drill lengths enables a unique standard offset between the drill stop on the sleeve and the neck of the implant, regardless of its length.



2. General principle

Most of the aforementioned software programmes already include or are in the process of including our guided surgery kit.

However, when designing the surgical guide, it is possible that the practitioner may have to position the sleeve(s) manually during the planning process. The offset value to be indicated depends on the implant model and the software used. We can provide complete tables on request.



2. Sleeves/Master Tubes

 The sleeves or Master Tubes to be ordered for the surgical guide have an internal diameter of 4.2 mm and an external diameter of 5.2 mm and are 4 mm high. They are Steco reference M.27.15.D420 and are available from Global D under reference DMTS4.2L4:



STECO* titanium guide sleeves
Pack of 5
Ref. (Global D) DMTS4.2L4 pack of 5
STECO reference: M.27.15.D420

The surgical guide is designed based on the practitioner's implant planning. It is
precision manufactured by 3D printing at the premises of the dental surgeon or
prosthetist. The sleeves are then placed, and glued if necessary, into the prepared
holes, arranged according to the planning.

We recommend setting in advance the internal diameter of the recess in the guide on the 3D printer to be used to achieve ideal retention, as it can vary between 5.22 and 5.3 mm.

		Global D Reference	Steco reference
G42 surgical guide sleeves	Pack of 5	DMTS4.2L4	M.27.15.D420
Sleeves for the pins	Pack of 10	DMTS1.5L10	M.27.20.D150L10
Sleeves often used with our Graftek VA1.5KL11 VA1.5KL13 and VA1.5KL15 screws.	Pack of 10	DMTS1.5L6	M.27.03.D150L6

D. Description of the ULTIMATE G42 kit

1. Standard characteristics

 The set of drills and optional initial instruments are coated with a surface treatment called DLC (Diamond Like Carbon), making the surface more resistant to wear and reducing friction between the instrument and the sleeve, which is particularly important in guided surgery.

ULTIMATE G42 drills use the same colour code as ULTIMATE drills, making them easy to store and ensuring the visual safety of each drill during the operation.



The value indicated on the plate above the drill corresponds to the main diameter and the value in brackets below is the diameter of the apex.

- The drills comprise two separate parts:
 - The 7.5 mm long self-centred part for direct guiding in the sleeve,
 - The working part of the drill, whose length depends on the drill used.



2. Optional initial instruments

The ULTIMATE G42 guided surgery kit contains optional initial instruments:

 Circular scalpel (Ref. DTGC42) for guided surgery, otherwise known as the trephine for soft tissues. This optional instrument is used to enable efficient cutting of the gum, regardless of its thickness and corresponding to the diameter of the sleeve.



(speed: 100 rpm max.)

 Bone level drill (Ref. DFRG42) for guided surgery, "levelling" drill used to flatten the bone crest in the case of an uneven, "knife-edge" ridge. It is a clipping mill for the bone crest, adapted to the diameter of the sleeve.



(speed: 600 rpm max.)

3. Characteristics of the ULTIMATE G42 drills

For each length of implant, the drills are available in increasing diameters from 2.4 mm to 3.9 mm to match the philosophy and progression sequence of the ULTIMATE surgical protocol.

The first **initial drill (Ref. DFUG15SD)** is the main drill that will determine the drill shaft required to start the guided drilling sequence. Thanks to the short offset of 10.5 mm and the 7.5 mm cutting part of this drill, the drill will necessarily be guided into the sleeve before coming into contact with the bone. This enables better accuracy from the start of the drilling operation.



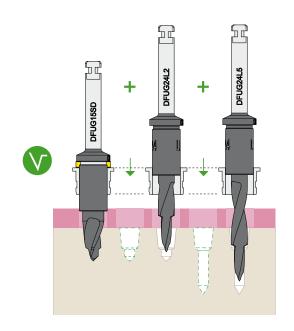
(speed: 600-800 rpm max.)

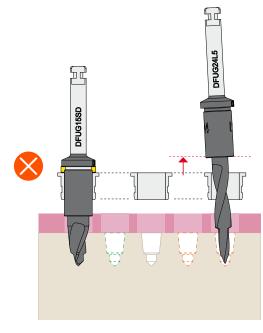
This is the quintessence of the direct guiding principle of our ULTIMATE G42 drills.

The 6, 8.5 and 10 mm long implants have direct drilling according to the planned implant length, the subcrestal depth having been determined previously during implant planning.

To ensure continuity of guiding of the drill for the installation of 11.5 and 13 mm long implants, **for each drill diameter, the 8.5 mm drill must be used** before the drill corresponding to the length of the implant.







D. Description of the ULTIMATE G42 kit

4. Principle of calibrated rings and implant driver wrenches

 The calibrated rings (Ref. DRUA01, DRUA02, DRUA03) included in the kit in sets of three units of each are spacers (rings) of different thicknesses, to enable offsetting or correction of the positions of the drills or guided instruments.



To be added to the NR (3.0) and ST platform In-Kone® implant driver wrenches to guarantee the correct depth for the implant. The yellow ring should also be added to the initial drill (Ref. DFUG15SD) when installing NR (3.0) platform In-Kone®, see p.22 of this protocol.



 Counter-angle version implant driver wrenches are specific to guided surgery because they have a centred part corresponding to the diameter of the sleeve. To ensure the correct offset, we recommend adding a 1 mm thick yellow ring to the driver wrench for In-Kone® implants (Ref. DCPICAINK-G42C). To ensure the correct offset, we recommend adding two 2 mm thick pink rings to the driver wrench for NR (3.0) platform In-Kone® implants (Ref. DCPICAINK-G42C).

See details below:

	SPACER on the initial drill Ref. DFUG15SD		SPACER on the counter-angle implant driver wrench of the corresponding implant	
NR In-Kone® Ø 3 mm	0	YES: 1 yellow (Ref. DRUA01)	00	YES: 2 pink (Ref. DRUA03)
ST In-Kone® Ø 3.5 & 4 mm	NO		0	YES: 1 yellow (Ref. DRUA01)
ST & WD In-Kone® Ø 4.5 & 5 mm	NO implant installed freehand without a guide			
twinKon® Ø 3.5, 4 & 4.5 mm				

It is also possible to remove the surgical guide and install the implants according to the conventional method. The manual implant driver wrenches are not specific to guided surgery; they are the same as those used with the ULTIMATE kit and are therefore not guided.



Three blue rings (Ref: DRUA02) 1.5 mm thick have been added to the surgery kit, they can be used for sub-drilling.



For torques greater than 40 N.cm for an NR (3.0) platform In-Kone® or 50 N.cm for an ST platform In-Kone® implant, we recommend alternating between unscrewing the implant by at least one rotation and screwing to the stop if the implant is not completely embedded at the maximum torque indicated for the counter-angle wrench, before connecting a manual wrench. If this procedure does not suffice, we recommend using conventional manual implant wrenches. When using manual wrenches, do not exceed a torque of 50 N.cm for an NR (3.0) platform In-Kone® and 70 N.cm for an ST platform In-Kone®.

5. Pins and associated drill

The surgery kit contains three pins . PINGS along with the associated drill (Ref. FIP-150G). The pins are used to stabilise the guide in cases of total edentation or absence of residual teeth to hold the guide properly in the mouth. The pins are 20 mm long and have a diameter of 1.5 mm. The drill, which is the same size, creates the drill shaft required for them to enable easy placement.



Most of the aforementioned software programmes include the pins sold by Global D. If our pins are not proposed, please contact us.

At the end of the surgical intervention, the pins must be removed before removing the surgical guide.

D. Description of the ULTIMATE G42 kit

6. Description of kit contents



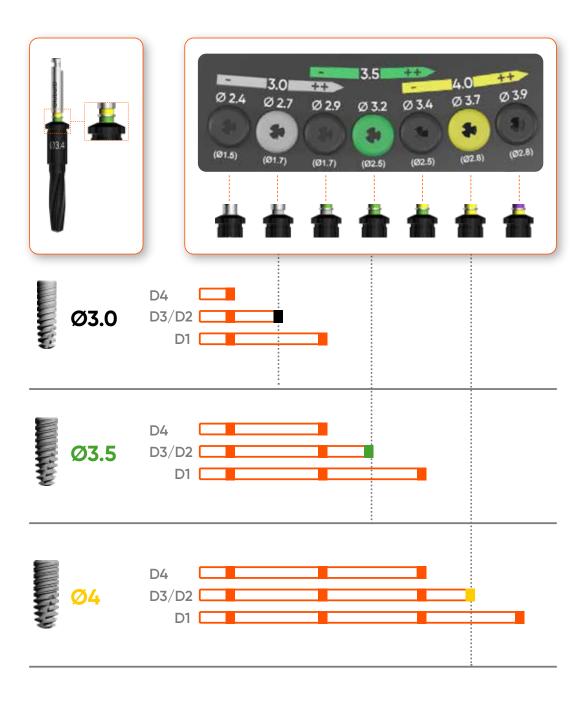
1	Circular scalpel for guided surgery	- Action	DTGC42
	, , ,		
2	Bone level drill for guided surgery	F BOWL	DFRG42
3	Initial drill for guided surgery	1	DFUG15SD
4	Calibrated ring 1 for guided surgery	0	DRUA01
5	Calibrated ring 2 for guided surgery		DRUA02
6	Calibrated ring 3 for guided surgery		DRUA03
7	Guided drill for fixing pin Ø 1.5*	- COD	FIP-150G
8	Pin Ø 1.5 to secure the guide X 3*		PINGS =

^{*}The pins (Ref PINGS) and drill (Ref FIP-150G) are medical devices manufactured and CE marked by the manufacturers SAEG (CE 0476) and Biomec (CE 0051). Please read the manufacturers' instructions before use.

9			Ø2.4 mm		DFUG24L1
10			Ø2.7 mm		DFKUG27L1
11	Drill for guided surgery		Ø2.9 mm		DFKUG29L1
12	Length 6 mm		Ø3.2 mm	CONSOLIA 10	DFKUG32L1
13			Ø3.4 mm		DFKUG34L1
14			Ø3.7 mm		DFKUG37L1
15			Ø3.9 mm		DFKUG39L1
16	Drill for guided surgery		Ø2.4 mm	CONTROL	DFUG24L2
17			Ø2.7 mm		DFKUG27L2
18			Ø2.9 mm		DFKUG29L2
19	Length 8.5 mm		Ø3.2 mm		DFKUG32L2
20			Ø3.4 mm		DFKUG34L2
21			Ø3.7 mm	The state of the s	DFKUG37L2
22			Ø3.9 mm		DFKUG39L2
23			Ø2.4 mm	(DFUG24L3
24			Ø2.7 mm	10000	DFKUG27L3
25	B. W. C		Ø2.9 mm	- CONT.	DFKUG29L3
26	Drill for guided surgery Length 10 mm		Ø3.2 mm		DFKUG32L3
27			Ø3.4 mm	Committee of the same of the s	DFKUG34L3
28			Ø3.7 mm		DFKUG37L3
29			Ø3.9 mm		DFKUG39L3
30			Ø2.4 mm	CONTROL SECTION	DFUG24L4
31			Ø2.7 mm		DFKUG27L4
32			Ø2.9 mm		DFKUG29L4
33	Drill for guided surgery		Ø3.2 mm	Lance i	DFKUG32L4
34	Length 11.5 mm		Ø3.4 mm		DFKUG34L4
35			Ø3.7 mm		DFKUG37L4
36			Ø3.9 mm		DFKUG39L4
37			Ø2.4 mm	(MARKET C)	DFUG24L5
38			Ø2.7 mm	() () () () () () () () () ()	DFKUG27L5
39			Ø2.9 mm		DFKUG29L5
40	Drill for guided surgery		Ø3.2 mm	C C	DFKUG32L5
41	Length 13 mm		Ø3.4 mm		DFKUG34L5
42			Ø3.7 mm	E- CONTROL OF THE CON	DFKUG37L5
43			Ø3.9 mm		DFKUG39L5
44			Standard	① E	DCM1.2
45	Manual hexagonal screwdrivers	1.2 mm	Short	(i)	DCM1.2C
46	Hexagonal counter-angle wrench	1.2 mm	Standard	De 1	DCCA1.2
47	Guided counter-angle implant driver wrench 3.0	Counter- angle	Ø4.2 mm	6:	DCPICATZ-G42
48	Guided short counter-angle In-Kone® implant driver wrench	Counter- angle	Ø4.2 mm		DCPICAINK-G42C
49	Implant driver wrench 3.0	Manual	Standard		DCPIMTZ
50	Standard Universal In-Kone® implant driver wrench with hex 1.2 mm	Manual	Standard		DCPIMCI2-1.2
51	Short Universal In-Kone® implant driver wrench with hex 1.2 mm	Manual	Short		DCPIMCI2-1.2-C
52	Torque wrench 15-70N.cm*				DCDYN-70D
** 4 !!	1-1		- 1 !! - 0 !- ! !	Please read the manufacturer's instructions before u	

1. General principle

For each 3.5 and 4.0 mm diameter **NR (3.0) & ST platform UNIVERSAL and PRIMO In-Kone® and twinKon® implant**, several protocols can be considered, depending on the bone density encountered. This drilling protocol is similar to the non-guided **ULTIMATE protocol**. We recommend sub-drilling (-) in cases of low density and over-drilling (++) if the bone is dense.



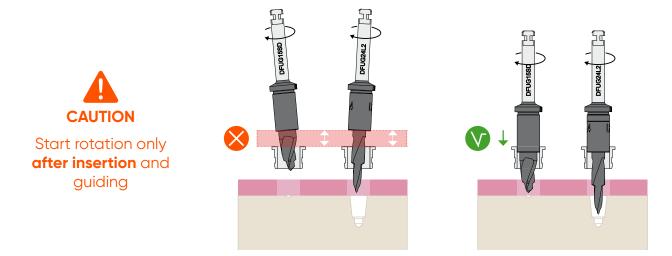


Specific counter-indication

3.0, In-Kone $^{\rm @}$ and twinKon $^{\rm @}$ implants must not be installed more than 2 mm deep

2. Specific recommendations

 Before starting the rotation, make sure the drill is in the drill shaft prepared previously to ensure centring in the sleeve.



 Before scheduling a Full Guided surgical intervention, remember to check that the patient's mouth opening is large enough to allow passage of the drills once the guide is in place.

If this is not the case, there may be a risk of friction and even blockage of the drill in the sleeve due to a possible angle of the drill.

3. General recommendations

• Beforehand, assess the quantity and quality of the soft tissues.

Consider the retraction of a (mini) flap (buttonhole incision) as an alternative to using a trephine in the case of insufficient, reduced or attached keratinised tissue.

 When installing 4.5 or 5 mm diameter implants, the preparation of the implant site cannot be finished with the guided instruments. Make sure that the instruments required for conventional methods are ready for use.

After passage of the 3.9 mm diameter drill, remove the surgical guide and finish drilling according to the bone density encountered, and finally place the implant according to the non-guided ULTIMATE surgical protocol.

- The same applies for twinKon® implants; these cannot be installed through the guide, so the guide must be removed before inserting the implant.
- During the drilling phase, make up-down movements and irrigate generously. Do not hesitate to add external as well as counter-angle irrigation.

Always drill until the built-in stop reaches the top of the sleeve to obtain the required depth of the osteotomy.

4. Optional instrumentation not provided in the kit

 In certain cases of embedded edentation in particular, a drill extension (Ref. DPROL) might be necessary; it can be added in one of the empty spaces.



• **Cortical cutters** can also be used in certain situations once the implants have been installed before inserting a healing screw or a temporary restoration.

They allow the removal of excess cortical bone above the implant and ensure passive insertion of healing screws The cutters are equipped with a centring tip placed in the implant to stabilise the instrument as it rotates. The PEEK head preserves the integrity of the connection during the operation. They can be added in the empty spaces.



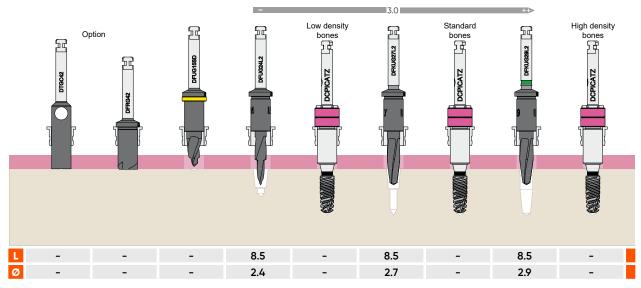
• The activator and extractor used during the temporary and final prosthetic phases for **NR (3.0) platform In-Kone® implants** can also be added to the kit.

F. ULTIMATE G42 guided surgery protocol

1. NR (3.0) platform In-Kone® implant

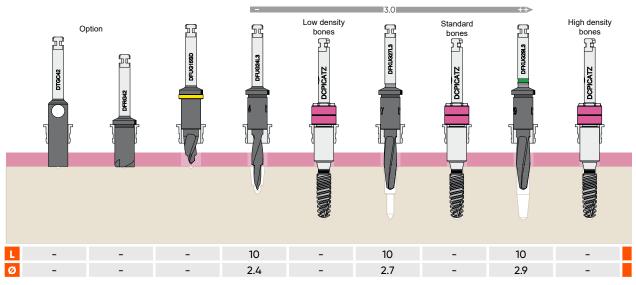
For **NR (3.0) platform In-Kone® implants**, we strongly recommend adding a yellow spacer on the initial drill (Ref. DFUG15SD) to avoid the possibility of reducing implant stability in the case of low bone density, bearing in mind that the largest diameter initial drill is 3.2 mm.

► Implant 3.0: drilling sequence L8.5 mm Direct drilling to the length of the implant

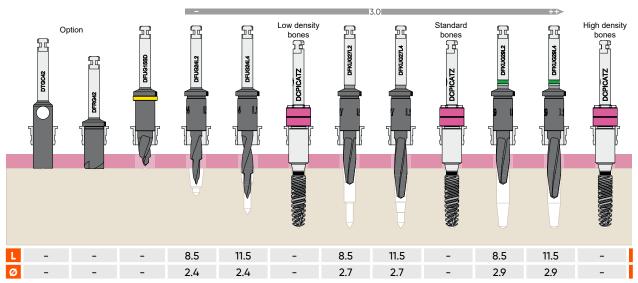


The speed of use for the circular scalpel is 100 rpm max., that of the bone level drill is 600 rpm max., the other drills should be used at between 600 and 800 rpm.

► Implant 3.0: drilling sequence L10 mm Direct drilling to the length of the implant

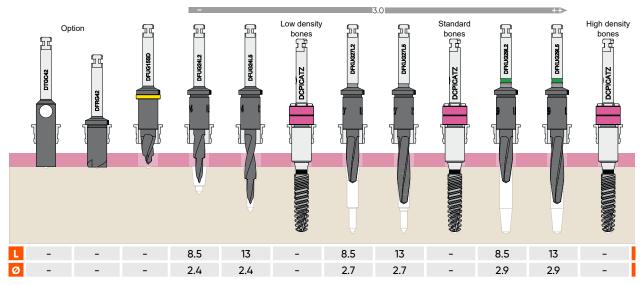


► Implant 3.0: drilling sequence L11.5 mm Drilling alternating 8.5/11.5 mm drills



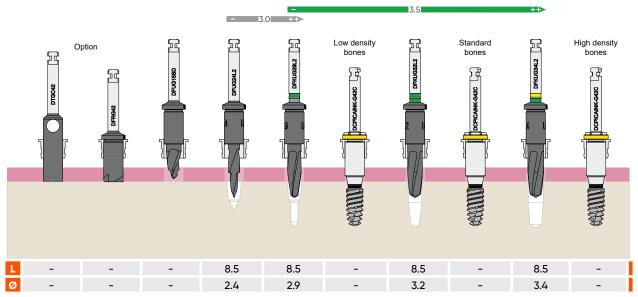
The speed of use for the circular scalpel is 100 rpm max., that of the bone level drill is 600 rpm max., the other drills should be used at between 600 and 800 rpm.

► Implant 3.0: drilling sequence L13 mm Drilling alternating 8.5/13 mm drills



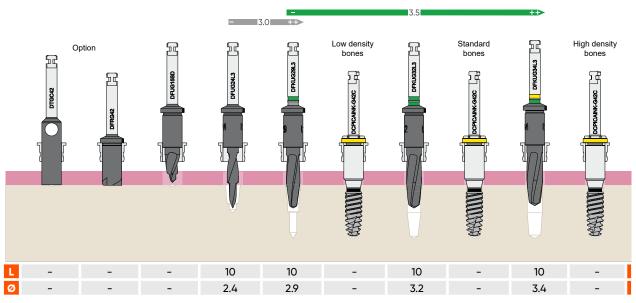
2. ST platform In-Kone® implant (Ø 3.5 & 4.0 mm)

► In-Kone® Ø3.5 mm: drilling sequence L8.5 mm Direct drilling to the length of the implant

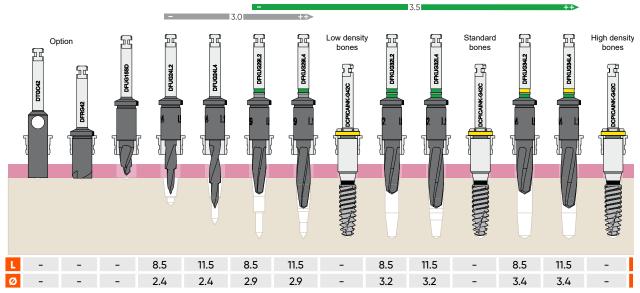


The speed of use for the circular scalpel is 100 rpm max., that of the bone level drill is 600 rpm max., the other drills should be used at between 600 and 800 rpm.

► In-Kone® Ø3.5 mm: drilling sequence L10 mm Direct drilling to the length of the implant

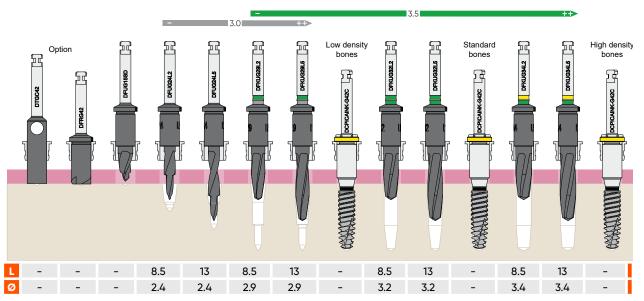


► In-Kone® Ø3.5 mm: drilling sequence L11.5 mm Drilling alternating 8.5/11.5 mm drills

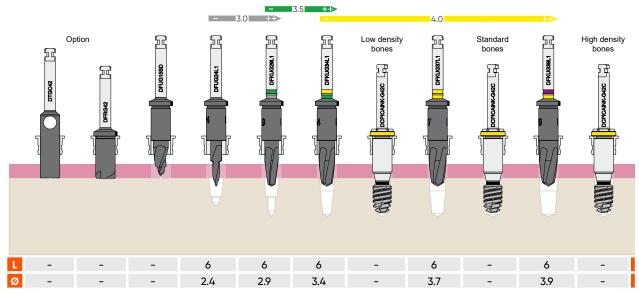


The speed of use for the circular scalpel is 100 rpm max., that of the bone level drill is 600 rpm max., the other drills should be used at between 600 and 800 rpm.

► In-Kone® Ø3.5 mm: drilling sequence L13 mm Drilling alternating 8.5/13 mm drills

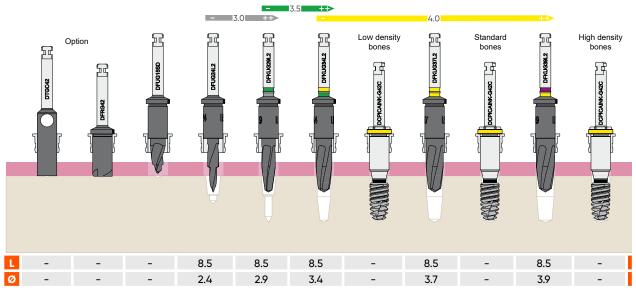


► In-Kone® Ø4 mm: drilling sequence L6 mm Direct drilling to the length of the implant

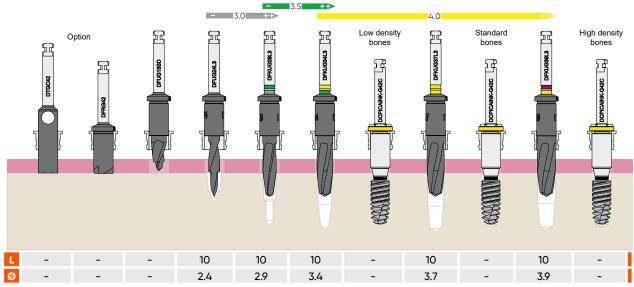


The speed of use for the circular scalpel is 100 rpm max., that of the bone level drill is 600 rpm max., the other drills should be used at between 600 and 800 rpm.

► In-Kone® Ø4 mm: drilling sequence L8.5 mm Direct drilling to the length of the implant

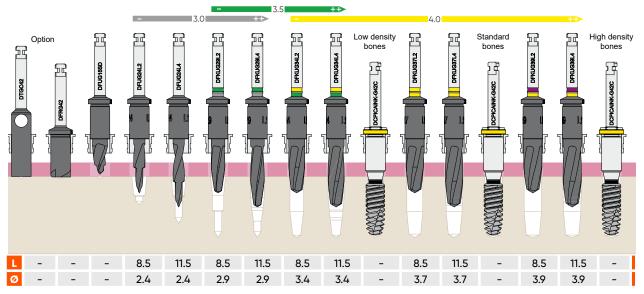


► In-Kone® Ø4 mm: drilling sequence L10 mm Direct drilling to the length of the implant

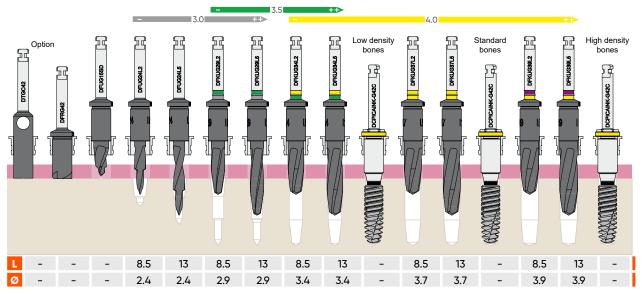


The speed of use for the circular scalpel is 100 rpm max., that of the bone level drill is 600 rpm max., the other drills should be used at between 600 and 800 rpm.

In-Kone® Ø4 mm: drilling sequence L11.5 mm Drilling alternating 8.5/11.5 mm drills



In-Kone® Ø4 mm: drilling sequence L13 mm Drilling alternating 8.5/13 mm drills



The speed of use for the circular scalpel is 100 rpm max., that of the bone level drill is 600 rpm max., the other drills should be used at between 600 and 800 rpm.

3. twinKon® implant Ø3.5 & 4.0 mm

For **3.5** and **4** mm diameter twinKon® implants, guided drilling is possible as for In-Kone® implants, the drilling protocol is the same and the implant is installed once the guide has been removed. The pre-mounted 5 mm diameter implant driver for the twinKon® implant is too large for the 4.2 mm diameter sleeve. Use the conventional implant driver wrenches (Ref. DCPICACEC and DCPICACE).

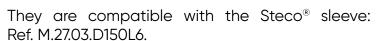
G. Instrument maintenance

- Please consult the instructions for each device for recommendations on cleaning, decontamination and sterilisation.
- Before using the instrument, check its condition and serviceability and/or grip strength to ensure the performance of the instrument. Good instrument maintenance will ensure long life for your instrumentation.
- The instrumentation is generally delivered non-sterile. It must be cleaned, inspected and sterilised before use.
- Instrumentation supplied by Global D has been cleaned of manufacturing residue (lubricant, burrs, etc.) and washed, but has not been sufficiently decontaminated to allow direct sterilisation. It must therefore be decontaminated and cleaned before any sterilisation process.
- Global D declines all liability in the event of non-compliance with these conditions.
- Consult the applicable cleaning and sterilisation instructions for more information.

H. Additional instrumentation

Osteosynthesis screws

1.5 mm diameter screws are indicated to hold the surgical guide. These cruciform, self-tapping screws are from the **Graftek range**. The following references have been included in some software programmes: VA1.5KL11, VA1.5KL13 & VA1.5KL15.





Graftek is a full range for pre-implant surgery. It comprises a wide choice of self-tapping screws available in several diameters and many lengths.

The screw type is easily identified thanks to the colour code. For more information, please consult the **Graftek** catalogue.



Subcrestal shoulder implants
The surgery



Subcrestal shoulder implants
The prosthesis



Supracrestal shoulder implants
The surgery



Supracrestal shoulder implants
The prosthesis



twinKon® Biological signature



In-Kone® Surgery manual



twinKon®4 Surgery manual



twinKon® Surgery manual



In-Kone® concept



Digital solutions



Graftek Pre-implant surgery



Compendium Vol.1



Compendium Vol.2



Compendium Vol.3



Compendium Vol.4

The products described are class I, IIa and IIb Medical Devices bearing the CE mark; they are intended for healthcare professionals in the field of dental implantology. They are used to replace missing teeth.

The CE compliance evaluation was carried out by GMED (CE0459) for class Ila and Ilb medical devices.

In France, these devices are not covered by the social security reimbursement list.

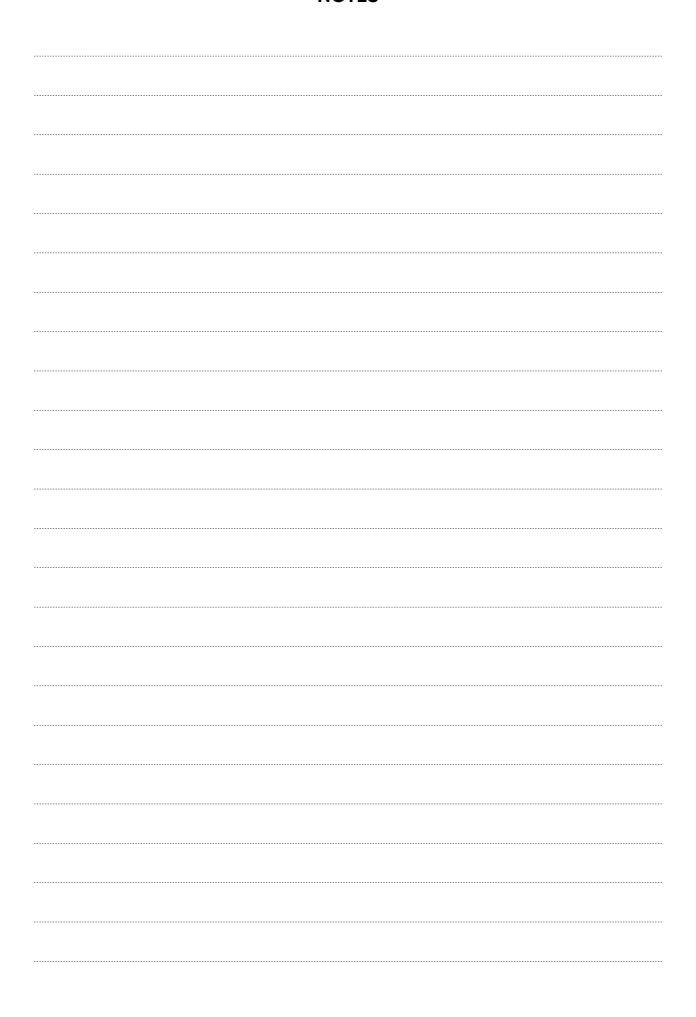
Please read the instruction manuals before using our products.

The electronic instruction manuals are available in the cloud. A QR code and URL link are included on the device label. However, the instructions can be provided by sending your request to **quality@globald.com** at no extra cost and within 7 days.

The medical devices presented here may not be available for sale in every country.

In case of doubt or if you need any further information, please contact the Global D sales team.

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