Instruments and surgical kit

Avinent supplies high-precision instruments designed to match implants and suitable for use with internal, external and conical connections. Avinent's two surgical boxes allow practitioners to choose the working system that best meets their needs.



The sterilization cassette OCEAN/ICEBERG

stands out for its clear layout and attractive design, making it easy to use. The drilling sequence is clearly indicated by means of a simple colour code according to the diameter of the selected implant. All the pieces are placed in a sterilizable tray with a seethrough lid, giving a clear view of the interior.

The MiniBox is versatile, as it allows practitioners to select a specific sequence and take everything required for the surgical procedure with them in a small container. The box is sterilizable and can hold all the items needed for inserting prostheses.



Advisable torque

TYPE	VALUE	
Mechanical	35 Ncm	Screw for single/Multiple abutment*
	30 Ncm	Screw for angled titanium base**
	30 Ncm	Screw for angulation correction G2 (max. 30°)**
	20 Ncm	Screw for angulation correction G1 (max. 20°)**
	15 Ncm	Screw transepithelial angled abutment
	15 Ncm	Prosthetic screw for transepithelial
	35 Ncm	Transepithelial abutment (Uniblock / 2 parts)
	30 Ncm	LOCATOR® / LOCATOR R-Tx® Abutment
	25 Ncm	RHEIN83® Abutment (OT Equator)
	15 Ncm	Temporary Abutment Ti / PEEK
Manual	≈8-15 Ncm	Scan Abutment
		Impression coping open/closed tray engaging
		Healing Abutment Ti / PEEK
		Healing cap

^{*} Regarding: Titanium base, Cemented abutment and Cemented angled abutment, Castable CoCr Base. Included: Gold screw.

^{**} Except Transep. 4.8 of M1.40 which is 15 Ncm.

Drilling speed

<u> </u>	rpm
Guide drill	800 - 1.200
Drill ø 1,6 mm	800 - 1.200
Pilot drill	600 - 800
* Drill ø 2,0 - 3,3 mm	150 - 300
* Drill ø 2,2 - 3,8 mm	150 - 300
* Drill ø 2,8 - 4,3 mm	150 - 300
* Drill ø 3,2 - 4,8 mm	150 - 300
* Drill ø 2,4 - 3,3 mm	150 - 300
* Drill ø 3,0 - 3,7 mm	150 - 300
* Drill ø 3,8 - 4,3 mm	150 - 300
* Drill ø 4,1 - 4,7 mm	150 - 300
* Drill ø 4,2 - 5,7 mm	150 - 300
* Drill ø 5,1 - 5,7 mm	150 - 300
Screw Tap	20

 $^{^{\}star}$ The biological drilling at low revolutions (between 50 and 100 rpm), allows to collect autologous bone as shown in the scientific literature.

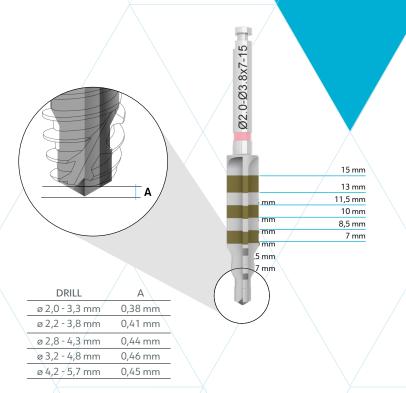
 $\frac{\text{Maximum recommended torque for implant insertion: 45-50 Ncm}}{\text{Maximum recommended speed for implant insertion: 20 rpm}}$

Drill-bit length and marking

Avinent drills carry laser markings to improve visibility during osteotomy and follow a colour code according to the diameter of the implant. The marking corresponds to the length of the implant in crestal placement, but the distances are not absolute from the tip of the instrument to the mark. The length of the drill tip is not included in the depth mark, so this distance must be taken into account when planning treatment and in carrying out the osteotomy.

Accessories CC/CC.I

Implant handle	REF.	
	L	2891
	S	1878
Implant driver	REF.	
	3,5 S	2981
7 mm	3,5 L	2984
5 mm 3 mm	4,1 S	2982
7 7 7 7	4,1 L	2985



Platform indicators

To make life easier for our costumers, Avinent screws attachments follow the color code od the implant platform.



^{*} For any additional information and instrument maintenance instructions, please check www.avinent.com

Avinent drilling protocol

The Avinent surgical drilling protocol for the ICEBERG system is suitable for all bone types. The system includes drill bits with an external shape featuring three diameters and straight cut to match the design of the implant. The finish of the drills makes it easier to locate the marks that indicate length during surgery. The biological drilling at low revolutions (between 50 and 100 rpm), allows to collect autologous bone as shown in the scientific literature.

* Hard bone drills are identified with two color indicators.

The implant is designed so that the BAS surface treated part must be placed juxtaosseously and the polished part of 1.8 mm, transmucosally.

The mechanized surface of the coronal part allows us to direct ourselves during placement at the implant insertion depth in relation to each clinical situation.

