



MAX-TL

Surgical Manual



MAX-TL IMPLANT SURGICAL MANUAL

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Product specifications are subject to change without notice.
Items illustrated are not to scale.



MAX-TL CHARACTERISTICS

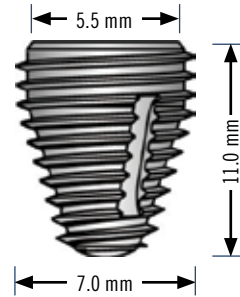
Design Features

The MAX-TL Implant features an internal 6-lobed connection and a body with a larger-than-conventional diameter to fill a molar site, ultimately achieving primary stability by engaging the perimeter of the bony wall. The MAX-TL Implant has a tapered body, an enhanced surface and is designed to fit the natural shape of a molar socket. The MAX-TL Implant provides an optimal fit in the multi-rooted immediate extraction site, minimizing bone loss and reducing treatment time. The wider implant body requires larger-than-conventional drills which generate higher torque values than regular size implants.

Dimensions

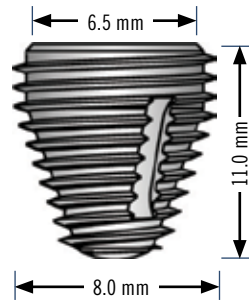
7.0

The MAX-TL ϕ 7.0 mm is available in 7, 9 and 11 mm lengths and features a ϕ 5.5 mm platform. Abutments are available in a flare of 6.0 mm.



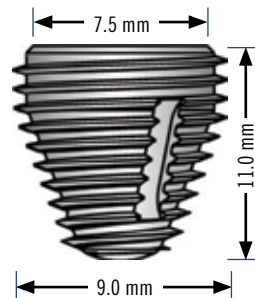
8.0

The MAX-TL ϕ 8.0 mm is available in 7, 9 and 11 mm lengths and features a ϕ 6.5 mm platform. Abutments are available in a flare of 6.0 mm.



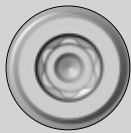
9.0

The *MAX-TL ϕ 9.0 mm is available in 7, 9 and 11 mm lengths and features a ϕ 7.5 mm platform. Abutments are available in a flare of 7.0 mm.



NOTE: 7.0 flare abutments are only available for use with the ϕ 9.0 mm MAX-TL Implant to accommodate platform size.

* Available mid-2013.



Considerations

INDICATIONS

MAX-TL Implants are intended to be implanted into the maxillary and mandibular molar region where adequate bone is available. The MAX-TL Implants provide support for fixed or removable dental prostheses in a single tooth, partially edentulous prosthesis, or full arch prosthesis. The MAX-TL Implants further add the option for immediate temporization on single and splinted multiple unit restorations when excellent primary stability is achieved and with appropriate occlusal loading, to restore masticatory function.

CONTRAINDICATIONS

Implant placement is contraindicated in patients with inadequate quality and/or quantity of bone, as well as patients with medical disorders unfit for general oral surgery procedures, e.g., blood dyscrasias, and bone dyscrasias. Additional contraindications include, but are not limited to, individuals with localized or systemic factors that could interfere with the healing process, e.g., infections, steroid therapy, smoking, and bruxism.

NOTE: Improper treatment planning and/or implant placement might result in implant failure and potential loss of the surrounding bone.

HEALING PERIOD

Any inadvertent loading of the implant should be avoided, especially during the first 6 weeks of healing to achieve optimal osseointegration.

IMMEDIATE RESTORATION

MAX-TL Implants may be immediately temporized on single and splinted multiple unit restorations when excellent primary stability is achieved and with appropriate occlusal loading. Whenever possible these restorations should be out of occlusion in both centric and eccentric positions. The patient should adhere to a soft diet and place minimal forces on these restorations for 6 to 8 weeks.

DELAYED RESTORATION

The healing period is generally 3-4 months in the mandible and 4-6 months in the maxilla, however, healing periods for each patient vary.

After the appropriate healing period the Cover Screw is removed, the Healing Abutment is placed and the gingiva is slightly sutured around. In some cases sutures might not be necessary. The Healing Abutment remains in place for approximately 2 weeks. Impressions can then be taken and the prosthetic protocol may proceed.

For additional information, please consult the *Keystone Dental TiLobe® Prosthetic Manual*.

Implant Selection and Placement

Implant selection should be made with the final restorative result as the primary consideration. The final implant position is at the discretion of the surgeon. Each case should be evaluated on the basis of placement, protocol and type of implant prior to osteotomy preparation.