KERATOR for Implant

CLASSIFICATION: Supra-gingival, universal hinge, resilient attachment for endosseous implants.

INDICATIONS
The KERATOR Implant Anchor is appropriate for use with overdentures of partial dentures, retained in whole or in part, by endosseous implants in the mandible or maxilla.

CONTRAINDICATIONS
Not appropriate where a totally rigid connection is required.

STERILIZATION
All components and instruments are supplied NON-STERILE.
Drills and metal instruments may be sterilized following standard clinical procedures, prior to use.

STORAGE CONDITION
At room temperature
Clean, be well ventilation, low percentage humidity, cool

PROSTHETIC PROCEDURES

1. Remove Healing Abutment and measure the tissue depth from the occlusal aspect of the implant to the crest of the tissue. (Figure A)
Replace Healing Abutment. Order the KERATOR Attachments with the same height or slightly higher for each implant site. Please specify the Implant name and diameter.

2. Remove Healing Abutment. Use the Self torque part of KERATOR Magic Tool to hand place the KERATOR Implant Abutment in the Implant. (Figure B)
Alternative : Instead of using the Self torque part of KERATOR Magic Tool, use the KERATOR Torque Tip with the Hand Torque Housing to directly engage the abutment.
And tighten the abutment with the
20N/cm Torque Wrench.

**Note**: The **15degree KERATOR Angled Abutment** compensate for large divergences in implant alignment.

To engage the **15degree KERATOR Angled Abutment**, insert the abutments and tighten the retaining screw with a 0.05" hex driver tip and 20N/cm Torque Wrench.

3. Place KERATOR Impression Coping on the KERATOR Abutment. (Figure C)

   Take impression. Remove KERATOR abutment and replace with Implant Healing Abutment.

   **Note**: The Metal housing may also be used for the transfer impression.

4. (Laboratory Processing) Insert the KERATOR female Analog into the KERATOR Impression Coping and if necessary reinsert into impression. (Figure D) Pour stone model. Do not use spacer with analog.

5. (Laboratory Processing) Block out around KERATOR analog and fabricate bite block.

6. Take bite registration. Send model, bite registration to dental technician.

7. Review the master model and mount on an articulator. Set up or reset teeth on master model.

8. Try in set-up, modify as necessary. Send model, set-up and instructions to the dental technician.

9. Processing Acrylic: Invest the set-up and boil out the wax. Place the black processing male with the metal housing onto the KERATOR female Analog. Do not use the spacer with KERATOR female Analog. (Figure E)
10. Try to close the flask. If it does not close completely, check for interference with the prosthetic teeth and grind the teeth as necessary. Pack and cure the acrylic. Do not trial pack. Finish the denture, taking care not to damage the male elements.

11. Use the Removal part of KERATOR Magic Tool to remove the Black cap from the metal housing.

12. The Insertion part of KERATOR Magic Tool is used to firmly push a KERATOR Nylon cap into the empty metal housing. (Figure F) The Replacement Male must seat securely into place, level with the rim of the cap.

13. Try-in implant partial denture or overdenture. Check for sore spots and adjust occlusion if necessary.

14. Record the attachment name and order number in the patient's file.

<RELINE AND REBASE>

1. Remove each existing nylon male from its metal housing following the steps 11. Replace them with black processing males. (Figure F) The built-in spacer of the black processing male will maintain the overdenture in its upper level of vertical resiliency during the reline process. Add a small amount petroleum jelly to inside of male and female to prevent impression material from entering.

2. Take a denture reline impression. Remove impression and verify that impression is accurate for reline. Ensure that no reline material is inside black processing male or on Female.

3. Inspect impression. There should be no reline material inside black processing males.

4. Snap a KERATOR Female Analog onto each black processing male and pour reline model.

5. Add a small amount of petroleum jelly to inside of male and female to prevent reline acrylic from entering processing male. Do not use Spacers when processing with the KERATOR Analogs.

6. After processing the reline, replace the black processing males with the final KERATOR Replacement Males. (Figure G)
PATIENT CARE

The KERATOR Implant Abutments must be thoroughly cleaned daily. The use of a soft nylon bristle or end-tufted toothbrush, and superfloss to polish the abutments should be taught. A non-abrasive gel toothpaste, and an irrigation system is recommended to keep the socket of the KERATOR Abutment clean.

Patients should maintain a three to four month recall for cleaning and implant evaluation. The sulcus area around the implant abutment is the primary area of concern. Use plastic instruments for scaling the abutments. Do not use metal instruments which may create scratches on the abutment surface. Examine patients for signs of inflammation around the implant abutments, and for implant mobility.