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SURGICAL KIT

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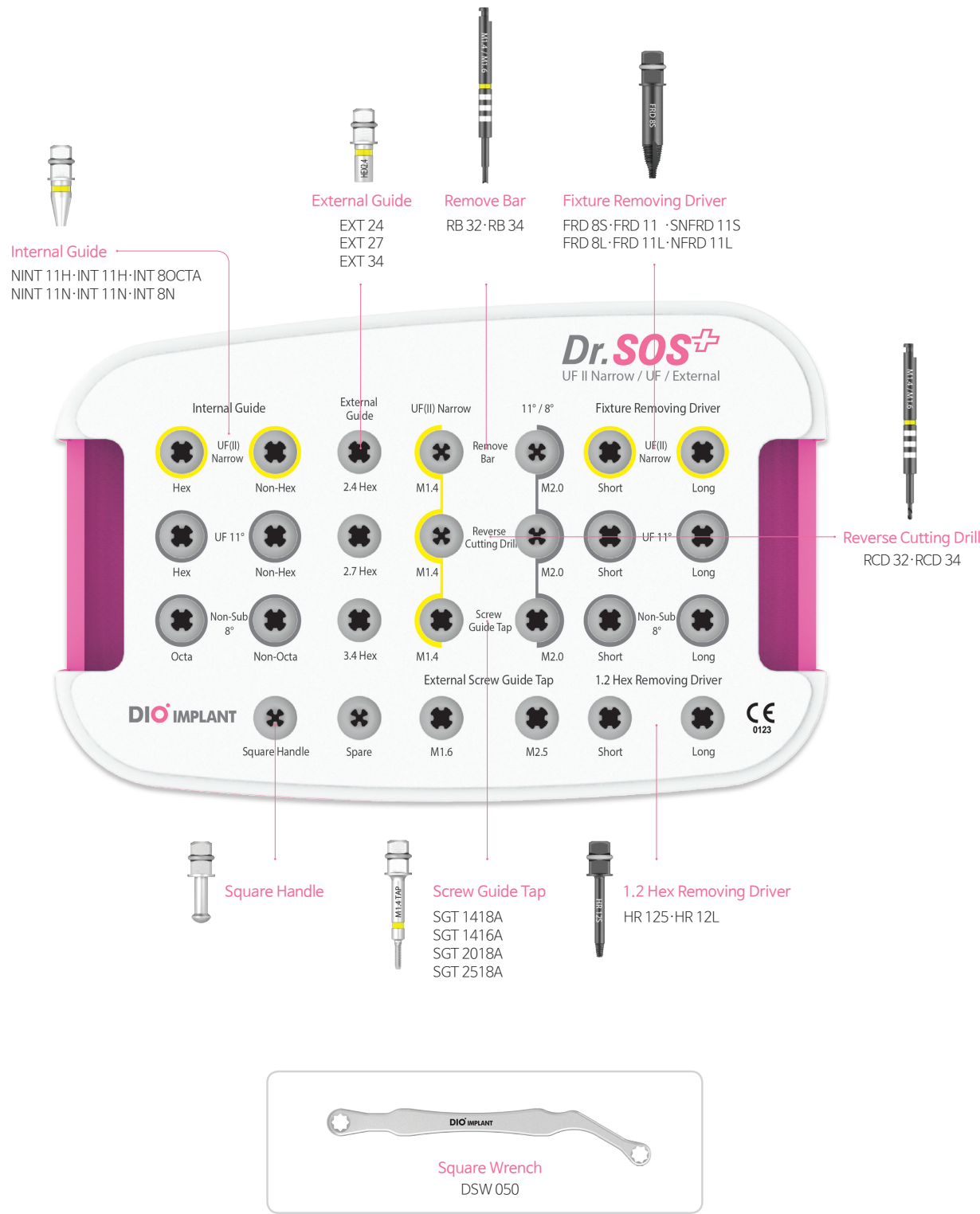
2018 PRODUCT CATALOG

Dr.SOS Kit

Kit Code | DRS 02

· Problems like fracture of screw from excessive torque, wearing of connections, and jamming of foreign matters during prosthetic part of implant installation are resolved safely and quickly.

Unit mm | Drill Scale 1 : 0.9



Surgical Tool



Internal Guide

· Guide for accurate entry of the Remove Bar and Reverse Cutting Drill into the fixture

K



UFII Narrow

Unit mm | Scale 1 : 1

Code		NINT 11H	NINT 11N
Type		 <div>Hex</div>	 <div>Non-Hex</div>



K

UFII Regular / Wide










Code		INT 11H	INT 11N
Type		 <div>Hex</div>	 <div>Non-Hex</div>

K

Non-Sub. 8°

Code		INT 8Octa	INT 8N
Type		 <div>Octa</div>	 <div>Non-Octa</div>

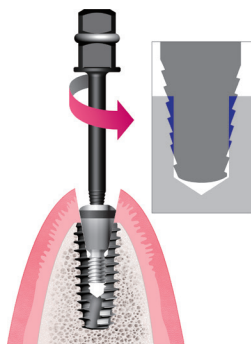
External Guide

K Hex		Unit mm Scale 1 : 1		
Code	EXT 24	EXT 27	EXT 34	
				
				
	 2.4	 2.7	 3.4	

Surgical Tool

Fixture Removing Driver







- When the fixture placed inside the mouth needs to be removed, a removing driver is connected to the fixture and friction force from reverse rotation is used to remove the fixture.
- A removing driver is connected to the conical joint inside the fixture and rotated in reverse.



K

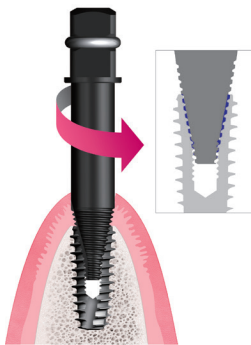
Unit mm | Scale 1 : 1

Fixture Size	UFII Narrow · External NF		UFII Regular · Wide		ISF · SM · IFI	
Code	NFRD 11S	NFRD 11L	FRD 11S	FRD 11L	FRD 8S	FRD 8L
Type	Short	Long	Short	Long	Short	Long



1.2 Hex Removing Driver

- When it is difficult to connect a 1.2 hex driver due to jamming of foreign matter in the 1.2 hex connection part and deformations such as wearing of screw thread, the abutment / screw is removed using frictional force created by reverse rotation of the removing driver.
- The removing driver is sufficiently pressed down during reverse rotation to prevent idling.






K

Hex 1.2

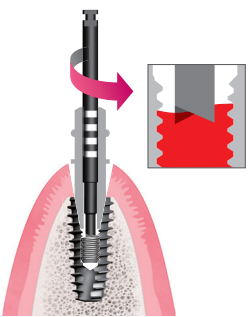
Unit mm | Scale 1 : 1

Code	HR 12S	HR 12L
Type	Short	Long



Remove Bar

- By attaching the end blade of the bar to the cross section of the fractured screw remains, remove the remains in a reverse rotation by friction





※ Drill Speed : 50~60rpm / Reverse rotation

K

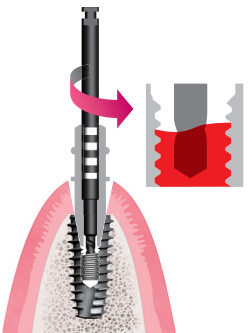
Unit mm | Scale 1 : 1

Code	RB 32	RB 34
Type	M1.4 / 1.6	M2.0 / 2.5



Reverse Cutting Drill

- After inserting the end blade of the cutting drill in the fractured screw remains, remove the remains in a reverse rotation by friction.
- When it is difficult to remove with a reverse cutting drill, remove the screw remains by inserting a 1.2 hex removing driver on the hole formed on the screw remains and drilling in a reverse rotation





※Drill Speed : 1,200RPM / Reverse rotation
※In order to prevent high heat generation, osteotomy irrigation is necessary.

K

Unit mm | Scale 1 : 1

Code	RCD 32	RCD 34
Type	M1.4 / 1.6	M2.0 / 2.5



Screw Guide Tap

-

Technical drawing of a screw with a yellow band and a diameter dimension of $\varnothing 1.4$.

- Crestal Approach Technic

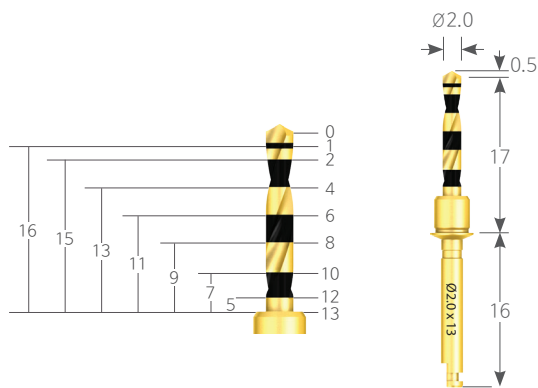
- Lateral Approach Technic

Unit mm | Drill Scale 1 : 0.9



Surgical Tool

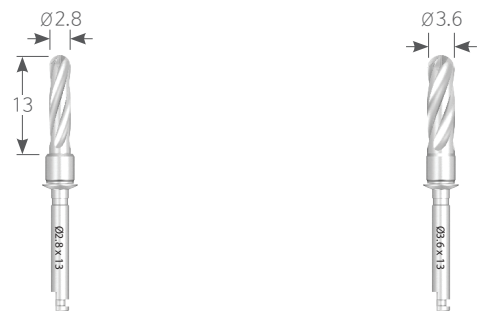
Ø2.0 Intial Drill



K D Ø2.0	Unit mm Scale 1 : 1.2
Code	SID 2013

Round Drill

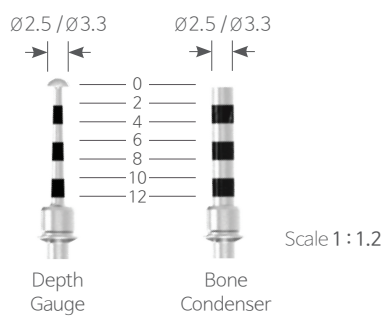
K Length 13	Unit mm Scale 1 : 1.2
Code	SRD 2813 SRD 3613



Stopper

· Stopper must be used for adjusting depth of the drill. It is distinguished by color and number.

K	Unit mm Scale 1 : 1
Code	ST02RD 03BL 04YE 05RD 06BL 07YE 08RD 09BL 10YE 11RD 12BL
Type	2 3 4 5 6 7 8 9 10 11 12



Depth Gauge

K	Unit mm
Code	SDG 2533



Bone Condenser

K	Unit mm
Code	SBC 2533



Membrane Lifter



K	Unit mm Scale 1 : 1.2
Code	WML 6627

Surgical Tool

Round Drill

K

Unit mm | Scale 1 : 1

Code	SLRD 5504	SLRD 7004
		

Core Drill

K

Unit mm | Scale 1 : 1

Code	SLCD 5504	SLCD 7004
		

Stopper

· Stopper must be used for adjusting depth of the drill. It is distinguished by color and number.

K

Unit mm | Scale 1 : 1

Code	LST 05YE	10RD	15BL	20YE	25RD	30BL
						
Type	0.5	1	2	1.5	2.5	3

Surgical Protocol

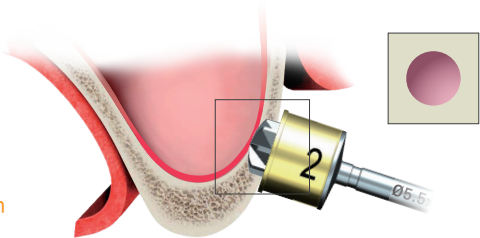
Lateral Approach Technic

· Sinus Technic based on low-speed drilling (50~100rpm) and stopper that perforates the inferior cortical wall and lifts the membrane safely and quickly

Drilling Round Drill

Rounded tip to perform drilling

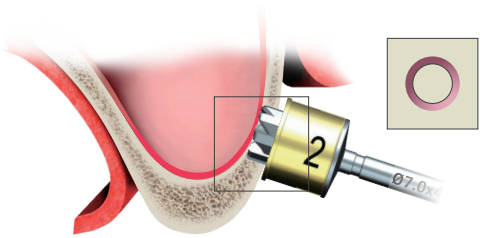
Caution
The stopper must be used. Irrigation at 1,200~1,400rpm



Drilling Core Drill

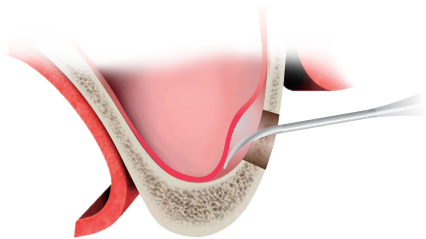
The edge of the rounded tip only can perform drilling
Beware of the remaining bone chips returning to original position after lifting of the maxillary sinus.

Caution
The stopper must be used. Irrigation at 600~800rpm



Lifting of the sinus membrane Sinus Lift

Lifting of the membrane on the lateral side



Surgical Protocol

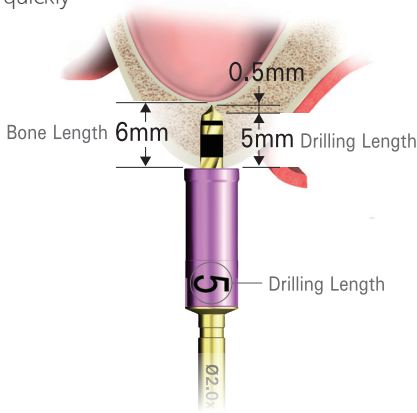
Crestal Approach Technic

· Sinus Technic based on low-speed drilling (50~100rpm) and stopper that perforates the inferior cortical wall and lifts the membrane safely and quickly

Drilling Initial Drill

Drilling is done 1~2mm short from the floor of the maxillary sinus measured by CT after attaching a stopper.

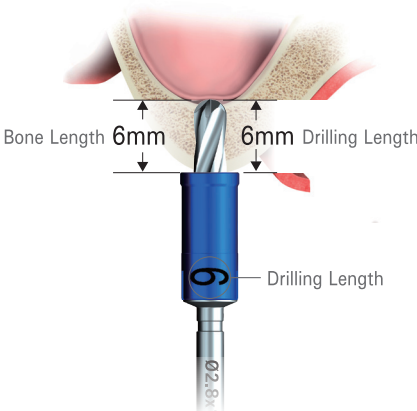
Caution
The stopper must be used to adjust depth.
Non-irritation and low-speed drilling at 50rpm



Sinus drill to perforate the bone underneath the maxillary sinus

Drilling is done to the same length as height of the residual bone of the maxillary sinus measured on CT after attaching a stopper.

Caution
The stopper must be used to adjust depth.
Non-irritation and low-speed drilling at 50rpm



Membrane lifter to lift the sinus membrane

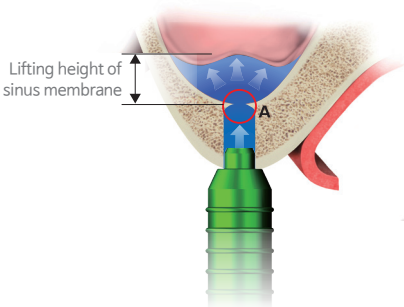
The membrane lifter is used to inject saline solution into the osteotomy site.

Caution
Amount of injection measurement starts when pressure is felt, excluding the first 0.2cc~0.5cc before pressure is applied.
※ Amount of injection before pressure can differ according to height and expansion of the bone. For 1mm of sinus lifted, 0.1cc is injected.

Caution
If inferior border (A) of the maxillary sinus is well open
If pressure can be felt during injection of saline solution, the membrane is lifted and the pressure drops and saline solution injected.

If inferior border (A) of the maxillary sinus is not open well
After pressure felt from injection of saline solution, no more pressure can be applied or the nozzle is pushed out.
→ Drill the sinus drill 1mm deeper and retry.

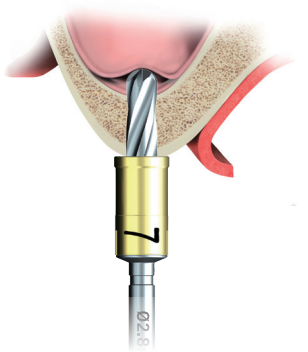
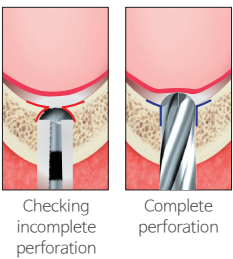
Aspiration of saline solution with the nozzle kept in the hole
If negative pressure results after aspiration of injected saline solution mixed with blood, the membrane is fully lifted.



Sinus drill (2nd) to open and expand inferior border of the maxillary sinus.

After lifting the maxillary sinus membrane, the sinus drill is used to drilled 1mm deeper to expand the entrance of inferior border of the maxillary sinus.

Caution The stopper must be used to adjust depth.



Bone condenser to inject bone graft material

The bone condenser is used to push bone graft material into the maxillary sinus through the osteotomy site.

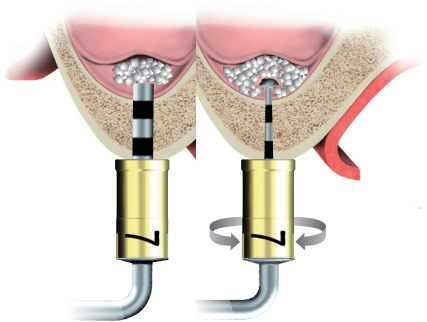
Caution
The stopper must be used to adjust depth.
Non-irrigation, low-speed drilling at 50rpm.

Caution
Determine volume of bone graft material.

When pressure is felt during injection of saline solution, the membrane is lifted.

Lifting height of the sinus membrane (mm)		1	2	3	4	5	6	7	8	9	10
Bone graft GBR (cc)	If implant is placed	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
	If implant is not placed	0.3	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.7	3.0

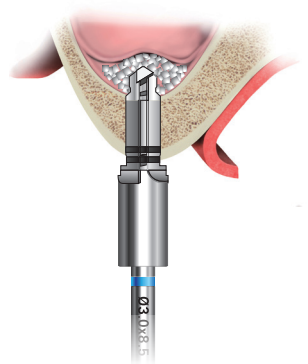
Dispersion of bone graft material
Insert a depth gauge into the maxillary sinus and rotate it to evenly disperse bone graft material.



Final Drilling Final Drill

Drill 2mm deeper than depth of the sinus drill used earlier.

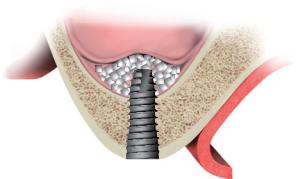
Caution Use a drill shorter than implant.



Sinus drill (2nd) to open and expand inferior border of the maxillary sinus

Implant that enters into the maxillary sinus pushes bone graft material away to disperse it. If amount of residual bone is 4mm or larger, satisfactory initial fixing force can be obtained. Also, temporary prosthesis can be restored immediately upon placement of implant.

Caution
If remaining bone is very thin with thickness of 3mm or less and initial fixing of implant fails, only bone graft on the maxillary sinus is performed without implant placement.



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