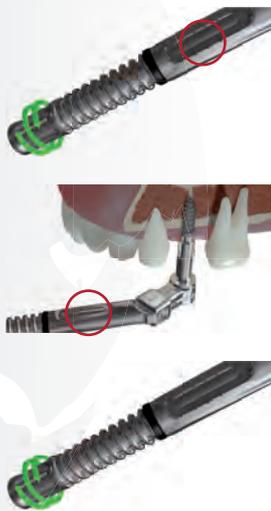


CHAMPIONS® Basic Rules

General Advice

- I. Please respect the basic rules and medical history of the patient.
- II. Before fitting an implant-supported prosthodontic restoration, observe and evaluate the medical condition, including the periodontal condition.
- III. All Champions® can be inserted using the minimally invasive implantation method (without mucoperiosteal flap reflection, "flapless") or the "classical" implantation method (with "full flap"). They are very suitable for the MIMI®-Flapless method. Flapless incisions with a scalpel or a diamond with turbine, punches, or direct gingival penetrations are also considered as minimally invasive.
- IV. The bone anatomy does not determine which titanium implant diameter is to be used (e.g.: If a bone is "wide", it does not mean that we need to insert an implant with a wide diameter). Rather, the diameter of the implant is determined by the achieved primary stability of the condensers and the implants! This philosophy makes our implant system unique and different from other implant systems or from old bone physiology theses! The peri-implant nutrition plays a crucial role in the success of implants! It is recommended that small-diameter implants should be placed (if they achieve adequate primary stability) instead of using large-diameter implants. Using a \varnothing 5.5 mm-Champions implant with excessive force could cause damage to the peri-implant structures when using a \varnothing 3.5 mm- or \varnothing 4.0 mm-Champions® implant could have achieved sufficient primary stability of 20 to 40 Ncm.



- V. Check the adjustments of the torque wrench: first, adjust it at 20 Ncm. If the torque wrench bends around the axis of the wrench head, you will reach the torque of 20 Ncm. In order to reach a higher torque, you can turn the small wheel to adjust the middle line from 20 to 40 Ncm. If the torque wrench bends again, you will reach a torque of 40 Ncm, etc.
- VI. Primary stability from 20 to 40 Ncm should be achieved in the D1 + D2 bone only through the cancellous bone! Please note especially in graphics 1 & 3: the orange drill (crestal drill \varnothing 3.8 mm) is also used to place a \varnothing 3.5 mm Champions® (R)Evolution or "New Art" in the D1 + D2 bone.
All Champions® implants should achieve final primary stability between 20 - 40 Ncm.

- VII. The Champions "Classic", the "New Art", the "Ball-Head", and the "(R)Evolution" implants can be placed iso-crestally or equicrestally since all Champions® have an integrated thinner part ("Platform Switching"). It is considered as optimal to implant 1 - 2 mm subcrestally (especially when placing (R)Evolution). In this way, the 0.5 mm-higher Gingiva-Clix (which is set on the 3.5 mm-high Shuttle) usually does not extend much above the gingival height.

VIII. Please follow the recommendations of the Implantology Consensus Conference ("Konsenskonferenz Implantologie"):

- In the maxilla, a removable prosthesis should be supported by at least 6 implants/teeth and a fixed prosthodontic restoration by 8 implants/teeth.
- In the mandible, a removable prosthesis should be supported by at least 4 implants/teeth and a fixed restoration by 6 implants/teeth.

IX. Pay attention to the sagittal jaw position.

X. A "Backward" planning is reasonable in many cases.

XI. Implant-supported superstructures must be passively fitted.

Immediate Restoration & Immediate Loading

Titanium Champions® implants can be immediately restored if primary stability at a torque of 40 Ncm is achieved.

The implants can usually be immediately loaded in the following cases ...

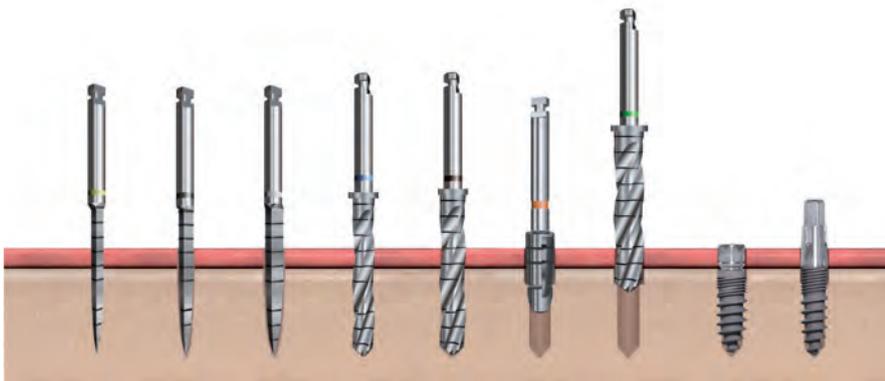
- If primary stability is achieved with a torque of 40 Ncm.
- If a passively fitted prosthodontic restoration is fitted on at least 4 titanium implants.
- If there are less than 4 titanium implants (including a single dental gap), the transition to the secondary osseointegration phase should be ensured. A single crown should be fitted 8 weeks after surgery!

Please Note

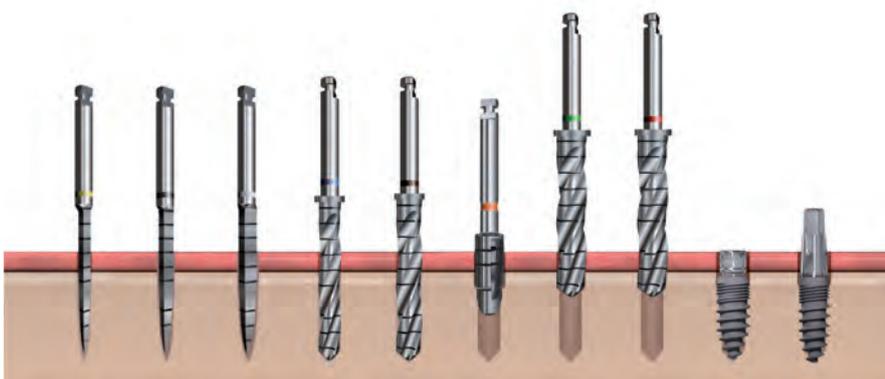
All Champions products are to be used and restored only with the original Champions instruments intended for this purpose such as Drills, Condensers, Insertion Aids, and Screwdrivers.

Drilling Sequences

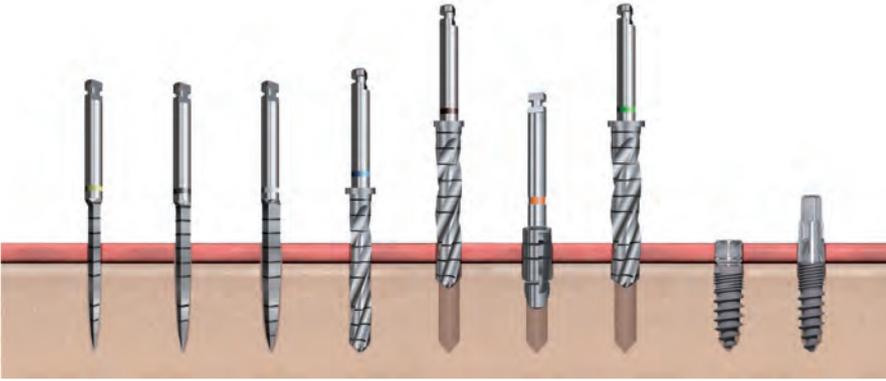
- I. If possible, drill in the following way: In the maxilla and mandible, drill 0.5 - 1 mm palatally/lingually from the center of the jaw ridge.
- II. When using the MIMI®-Flapless method, proceed in the following way: after administering anesthesia, measure the mucosa thickness with the yellow drill (laser markings start with 2, 4 and 6 mm and continue at 10, 12, 14 mm etc.) until the instrument contacts the bone.
- III. Drill at 70 rpm to a maximum of 250 rpm.
- IV. Generally, the whole cavity depth should correspond at least to the length of the Champions® implant, eventually prepared with all drills. Depending on the anatomical conditions and when in some cases, implanting subcrestally, prepare the cavity another 1 - 2 mm deeper.
- V. For a D3 or D4 bone (e.g. maxilla-posterior site), always drill 2 mm less in bone than the length of the implant to be able to have apical "grip" at 40 Ncm with a \varnothing 3.0 mm- or \varnothing 3.5 mm-Champions® implant. If you perform an indirect sinus lift, just drill until you reach the more "compact zone". Then, only use the \varnothing 3.0 mm-Condenser for an indirect sinus floor augmentation (lift) of 2 - 3 mm.
- VI. A cooling with a sterile sodium chloride solution is not absolutely necessary, but it is recommended in the D1 bone.
If you perform an "immediate implantation" (extraction and implantation in only one session), you should "collect" the bone chips that are produced by the drilling (so you may be able to re-implant them later), or you can wipe them off with a sterile swab. By keeping the drill clean through drilling sequence, the cut and compression capacity can be more effective.
- VII. After each drilling, perform the "BCC" (Bone-Cavity-Check) in all five dimensions (apical, buccal, lingual, mesial, distal) with a Champions BCC Probe!



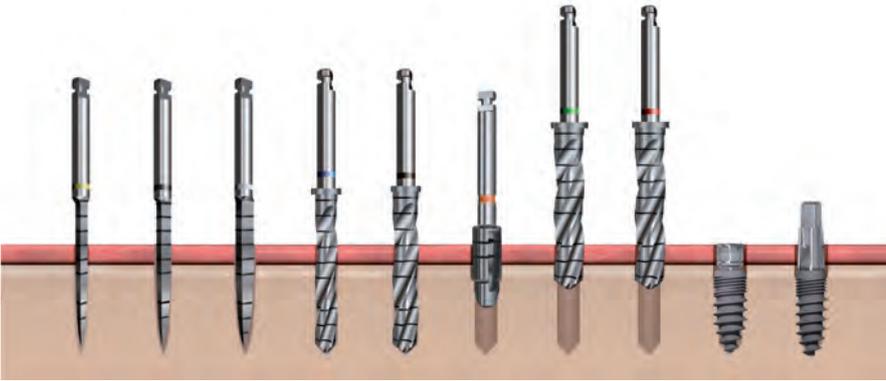
1 D1, \varnothing 3.5 mm-Square
"NEW ART" & (R)Evolution



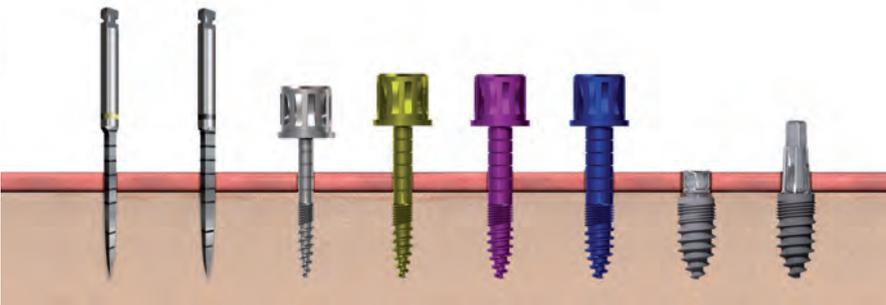
2 D1, \varnothing 4.0 mm-Square
"NEW ART" & (R)Evolution



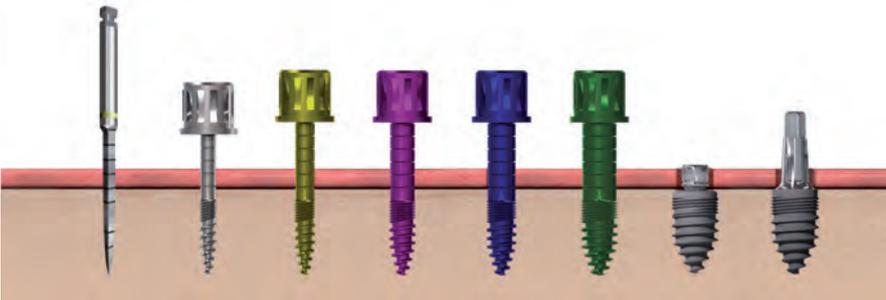
3 D2, \varnothing 3.5 mm-Square
"NEW ART" & (R)Evolution



4 D2, \varnothing 4.0 mm-Square
"NEW ART" & (R)Evolution



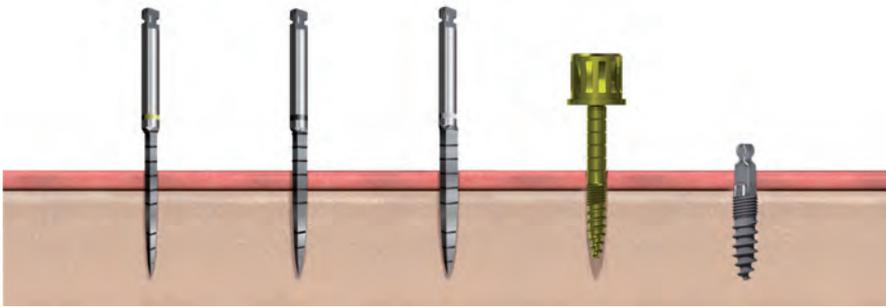
5 D3, \varnothing 4.5 mm-Square
"NEW ART" & (R)Evolution



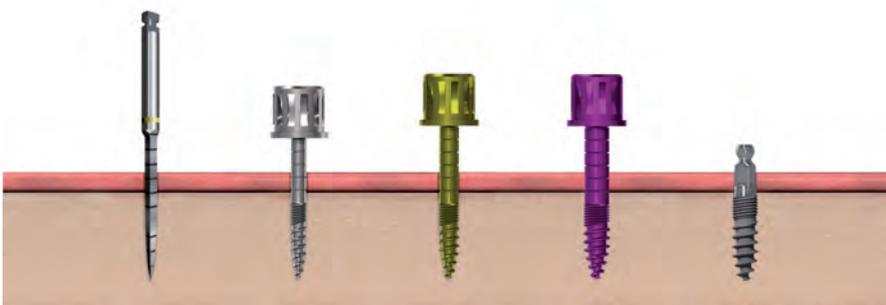
6 D4, \varnothing 5.5 mm-Square
"NEW ART" & (R)Evolution



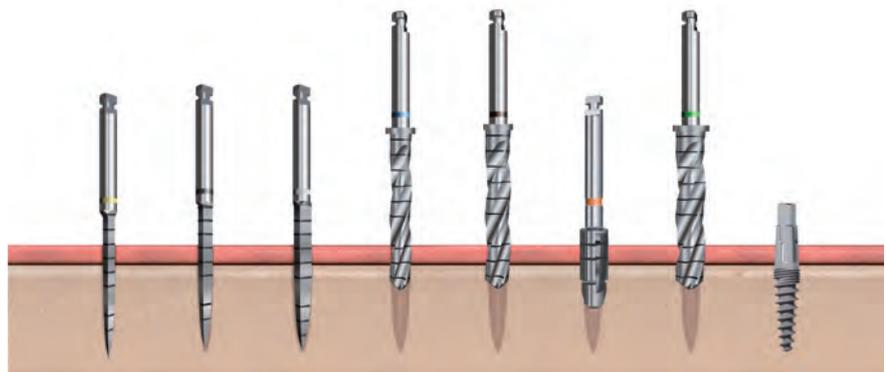
7 D1 + D2, \varnothing 2.5 mm -
Ball-Head



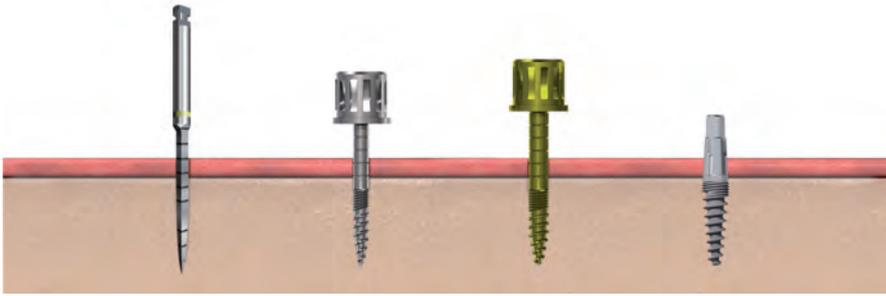
8 D1 + D2, \varnothing 3.0 mm -
Ball-Head



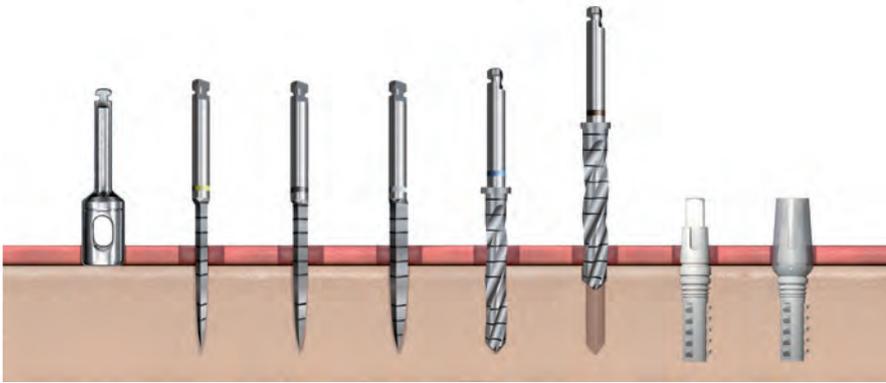
9 D3 + D4, \varnothing 4.0 mm -
Ball-Head



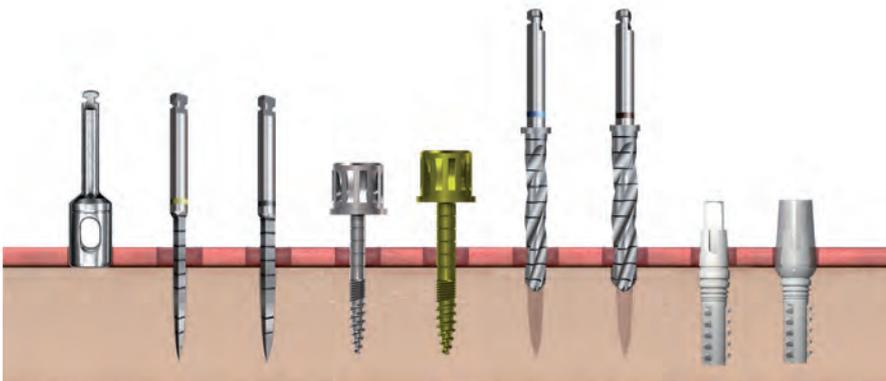
10 D1 + D2, \varnothing 3.5 mm -
Square Classic



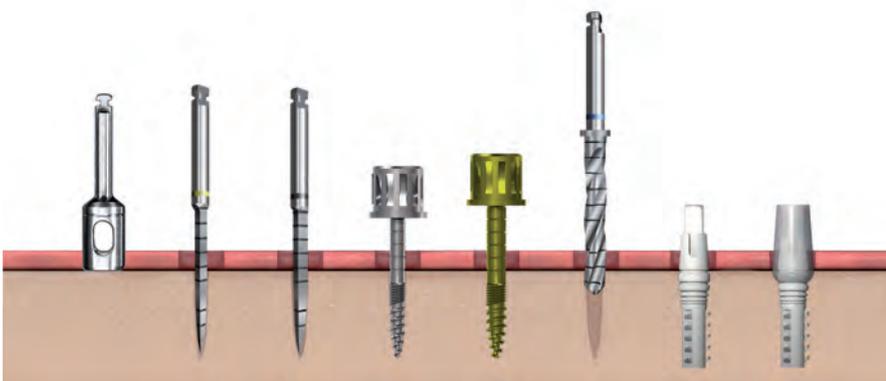
11 D3 + D4, \varnothing 3.5 mm - Square Classic



12 D1 + D2, WIN!® PEEK



13 D3, WIN!® PEEK



14 D4, WIN!® PEEK

Condenser and the MIMI®-Flapless I Method

For the D1 and D2 bone, a condenser is not absolutely necessary!



1. If you achieve primary stability at a torque of at least 30 Ncm with the \varnothing 2.4 mm-Condenser, place a \varnothing 2.5 mm-Ball-Head implant. If not, prepare the spongy bone with a \varnothing 3.0 mm-Condenser.



2. If you achieve primary stability at a torque of at least 30 Ncm with a \varnothing 3.0 mm-Condenser, place a \varnothing 3.0 mm - or \varnothing 3.5 mm-implant. If not, prepare the spongy bone with a \varnothing 3.8 mm-Condenser.



3. If you achieve primary stability at a torque of at least 30 Ncm with the \varnothing 3.8 mm-Condenser, place a \varnothing 4.0 mm-implant. If not, prepare the spongy bone with a \varnothing 4.3 mm-Condenser.



4. If you achieve primary stability at a torque of at least 30 Ncm with the \varnothing 4.3 mm-Condenser, place the \varnothing 4.5 mm-implant. If not, prepare the spongy bone with a \varnothing 5.3 mm-Condenser.



5. If you achieve primary stability of at least 30 Ncm with the \varnothing 5.3 mm - Condenser, place a \varnothing 5.5 mm- implant.

We are looking forward to seeing you in the forum at:
www.champions-forum.com (free registration for all Champions users)

My hotline: 0049 - 151- 15 25 36 92

Dr. Armin Nedjat



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Grundregeln englisch 2016 8 Seiten mit CondensorenAnleitung
26.04., 16
Version 2016-04