

PROSTHESIS

**BT-4**

Total recovery prosthetic line

## INTRODUCTION

Surgical protocols of implants insertion have progressively become more predictable, therefore patients' aesthetic and functional expectations are increasingly growing. The demand is currently oriented towards total and fixed prosthesis, which can possibly be placed immediately after the surgical phase.

Biotec's reply to this request is BT-4, the treatment protocol which allows the placement of a fixed prosthesis avoiding the increase of bone thickness, without the need of numerous surgeries.

## SURGICAL INDICATIONS

In edentulous patients, the physiological reabsorption of the bone doesn't always allow the necessary vertical shaping that enables the placement of implants in the posterior site, in order to ensure a suitable prosthetic statics.

The intraforaminal region of the mandibular bone and the region sited between the maxillary sinus are the only areas in which the placement of implants is allowed. In these areas, the treatment protocol implies the insertion of two straight implants in proximal position and two angled implants in distal position.

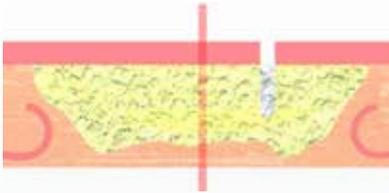
17° and 30° angled implants are able to position the last abutment in order to reduce the cantilever with a biomechanically more suitable location to realize fixed prosthesis avoiding breakage risks.

The proper positioning of these implants is favoured by a steel surgical guide which allows to determine the right distance between the implants and to give indications concerning the angle of placement.

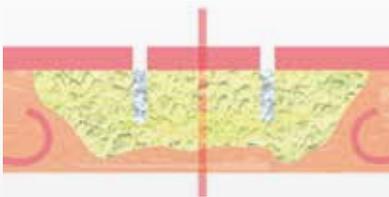


## SURGICAL GUIDELINES

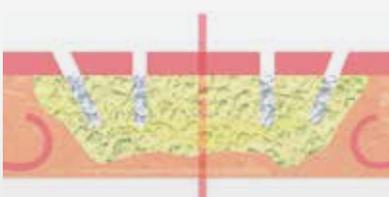
The existing guidelines refer to the placement of 2 straight implants and 2 angled implants.



Make a medial osteotomy using a  $\varnothing 2$ mm drill after the draining of the oral cavity and the detachment of the flap. Insert the surgical guide in the osteotomy and shape it as it tracks the opposite arch of the occlusal line.



Following the regular surgical procedure, insert the two proximal straight implants, considering the positions of the mandibular nerve, the maxillary sinus and the two implants to be placed afterwards. The lines on the surgical guide, as well as the guide inclination itself, will help in giving instructions. Minimum implant insertion torque recommended: 40 Ncm.



Place the two angled implants 17° or 30° distally to the straight implants, according to the regular surgical protocol. The angled implants have to emerge in correspondence with the second premolar tooth. Pay attention to the mandibular nerve and to the maxillary sinus. The diagonals of the surgical guide can be helpful to calculate the angulation. Minimum implant insertion torque recommended: 40 Ncm.



Screw all straight and angled abutments on the implants just placed. If the surgical procedure has been accurately performed, the retentive titanium screw will occur in occlusal or lingual position, to allow a satisfactory aesthetics. At this point the prosthetic procedures such as impression taking or the existing prosthesis adaptation can be started.



**BT-4** is the complete system which allows the production of immediate **implant-supported fixed prosthesis** in edentulous arcades



## BENEFITS

### **TOTAL FIXED PROsthESIS IN ONE DAY**

BT-4 allows an immediate prosthesis in edentulous patients

### **NO BONE GRAFTING**

This grants to reduce chair and recovery time

### **INCREASE OF BIOMECHANICAL STABILITY**

Ensured by the placement of implants in angled position

### **STREAMLINED SURGERY**

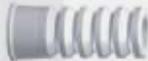
Elaborate surgeries, such as maxillary sinus lift and reconstruction with iliac crest, are not needed.

## PROsthESIS

# **BT-4**

**BT-4 moves the prosthetic connection work program from the implant interface to the abutment interface.**

**BT-4 abutments are being screwed into the implants, in order to parallelize the prosthetic emergence to enable an immediate or fast load with acrylic prosthesis screwed into BT-4 abutments through prosthetic cannulas.**

		INTERNAL HEXAGON PLATFORM IR	EXTERNAL HEXAGON PLATFORM ER
ABUTMENTS	STRAIGHT ABUTMENT H1		 265ER1A0
	STRAIGHT ABUTMENT H2	 265IR2A0	 265ER2A0
	STRAIGHT ABUTMENT H3	 265IR3A0	 265ER3A0
	ANGLED ABUTMENT H3	 266IR3L0	 266ER3L0
	30° ANGLED ABUTMENT H3	 266IR3G0	 266ER3G0
PROSTHESIS	TITANIUM PROSTHETIC CYLINDER	 267NA0A0	
	PROSTHETIC PLASTIC ABUTMENT	 207NA0A0	
	TRANSFER	 311NA0A0	
	REPLICA	 303NA0A0	
	COVER CAPS KIT	 330NA0A0.04	



**BT-4** protocol enables to realize a fixed prosthesis with predictable and economically convenient outcomes: exploiting the pre-existent bone, several complex surgeries can be avoided, with consequent decrease of treatment duration and quantity of sessions

## DESCRIPTION

Available in several heights (1mm, 2mm, 3mm) according to the various gingival thickness. Supplied with retentive titanium screw to tighten the implant. Provided with a preassembled plastic carrier that enables the transit of the dispositive towards the oral cavity, in order to allow the first turns of the screw. A 25 Ncm torque value is recommended.

Only height 3mm is available. Supplied with retentive titanium screw to tighten the implant. A reusable surgical-steel carrier\* is available to allow the transit of the dispositive towards the oral cavity, and to enable the subsequent tightening of the screw in the implant. A tapered-shank REDUCED HEXAGON DRIVER 1.2 (Code 530JD014)\* is required to allow the definitive closing. A 25 Ncm torque value is recommended.

To be screwed on straight or angled abutments. It represents the connection system with the prosthesis. It is properly being drilled, fitted in the lab and incorporated in the prosthesis. It is fixed to the abutments by a screw included in the kit. A tapered-shank REDUCED HEXAGON DRIVER 1.2 (Code 530JD014)\* is required to allow the definitive closing. A 10 Ncm torque value is suggested.

Plastic cylinder used to realize melting superstructures. Provided with retentive titanium screw. A tapered-shank REDUCED HEXAGON DRIVER 1.2 (Code 530JD014)\* is required to allow the definitive closing.

It is used to take the impression on straight or angled abutments with open tray. Provided with retentive titanium screw.

It reproduces BT-4 straight or angled abutment in the plaster model.

Temporary components, helpful to cover BT-4 abutments during the production of temporary prosthesis in order to avoid contamination. The package includes 4 titanium caps, all provided with screw (applied to close the prosthetic cannulas). A tapered-shank REDUCED HEXAGON DRIVER 1.2 (Code 530JD014)\* is required to allow the definitive closing.

\* Included in BT-4 surgical kit (to be purchased separately)



There are a lot of studies in Literature which show how rehabilitation chances from edentulism through the placement of 4-6 immediate or fast loaded implants represent a predictable protocol which is applicable to several patients and based on equal starting conditions.

## SURGICAL BT-4 KIT COMPOSITION\*



**REDUCED HEXAGON DRIVER 1.2**

Cod 530JD014



**SHORT HEXAGON DRIVER 2.0**

Cod 530JD015



**PARALLELISM PIN M1,4**

Cod 540MA007 (2 pcs included)



**SURGICAL GUIDE**

Cod 502MA006



**REVERSIBLE JD TORQUE WRENCH**

Cod 501JD002



**GUIDE BAR**

Cod 502MA002



**BONE PROFILER**

Cod 435HS430

\* Complete kit code: 655NA001

## PROTHESIS

# BT-4

A complete and correct performance of BT-4 protocol implies the use of BIOTEC-BTK implants, whose etched surface DAES favours a rapid osteo-integration.

**btk**  in the World!

We work to be implantology professionals' point of reference all over the world, developing partnerships based on trust, led by respect and targeted on the achievement of common goals.

Visit our website [www.bioteconline.com](http://www.bioteconline.com) to find out our daily growth.

**CE** Products with the EC mark.

Quality system certified UNI EN ISO 9001/2000 and UNI EN ISO 13485/2004, in accordance with Directive 93/42/EEC - Annex II(3).