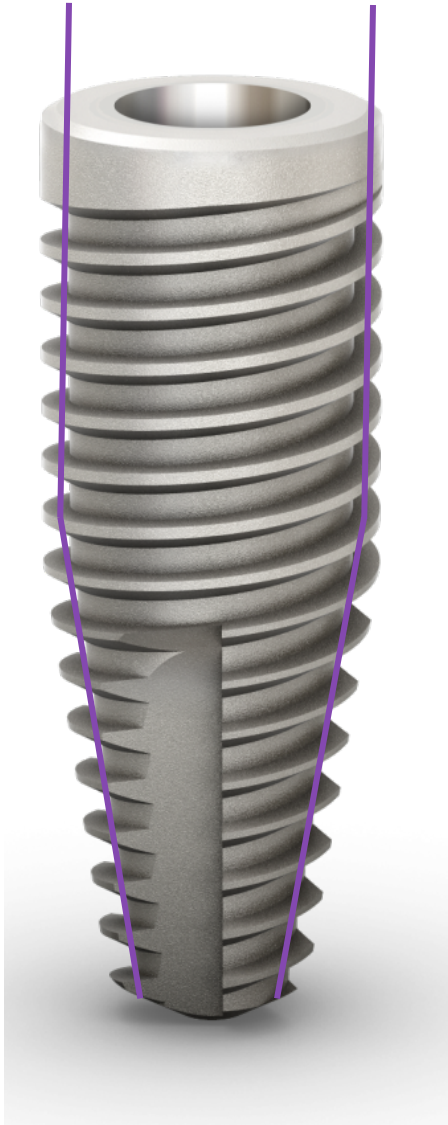


ALVIM (tapered)

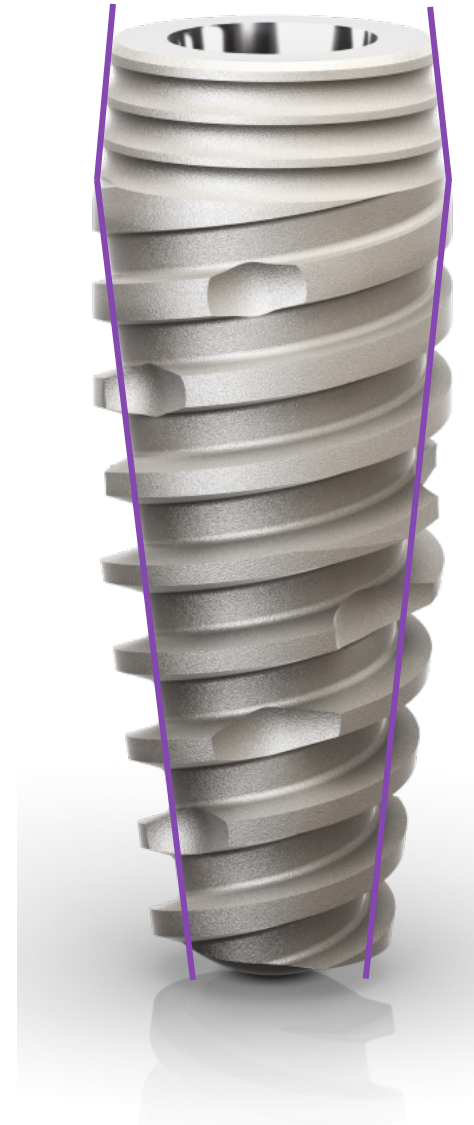


Same Drilling Protocol

Diameter
Ø 3.5, 4.3, 5.0

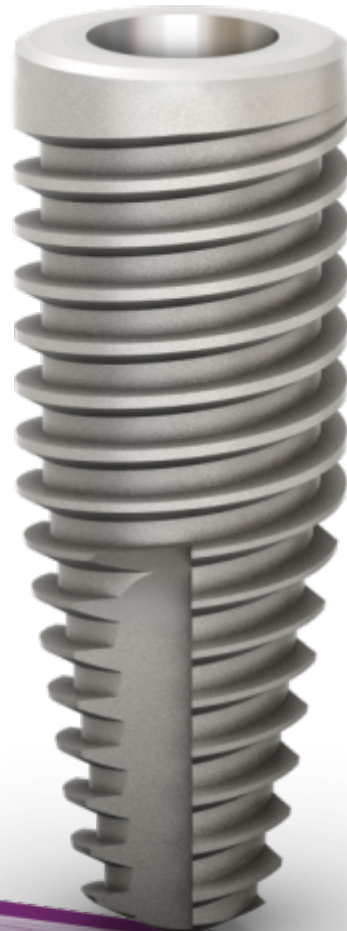
Length
8
10
11.5
13
16

DRIVE (Aggressive)



Alvim CM

Ø 3.5, 4.3, 5.0



Length

8

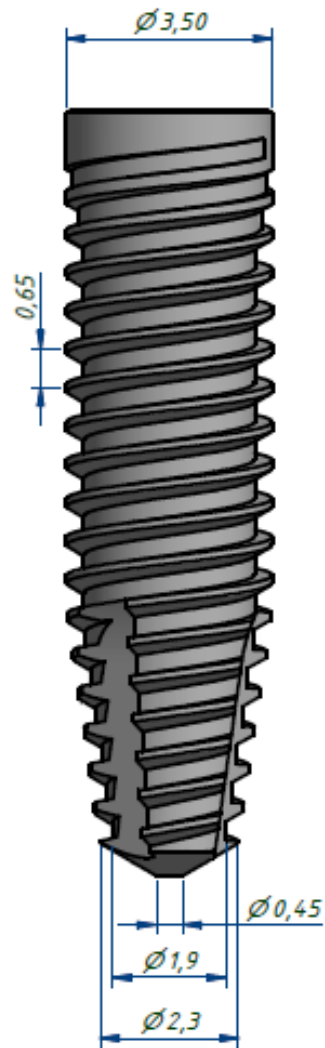
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11.5

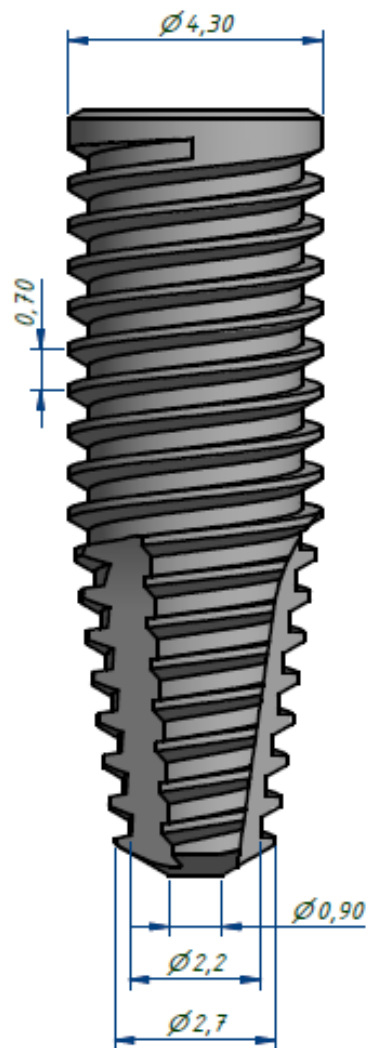
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16

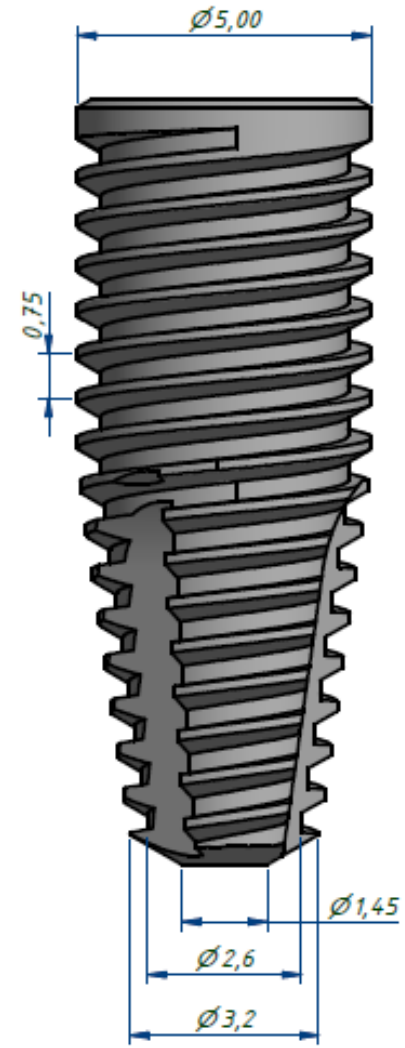
Ø3.5mm

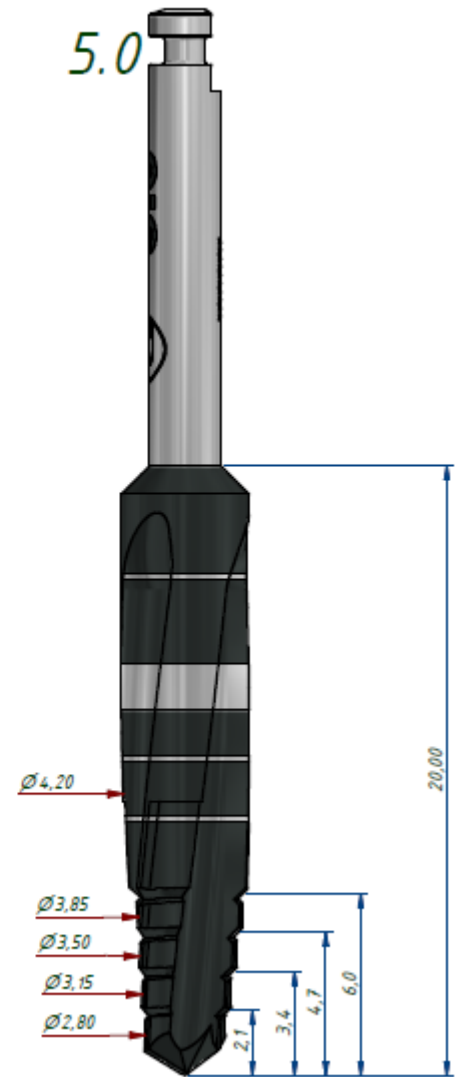
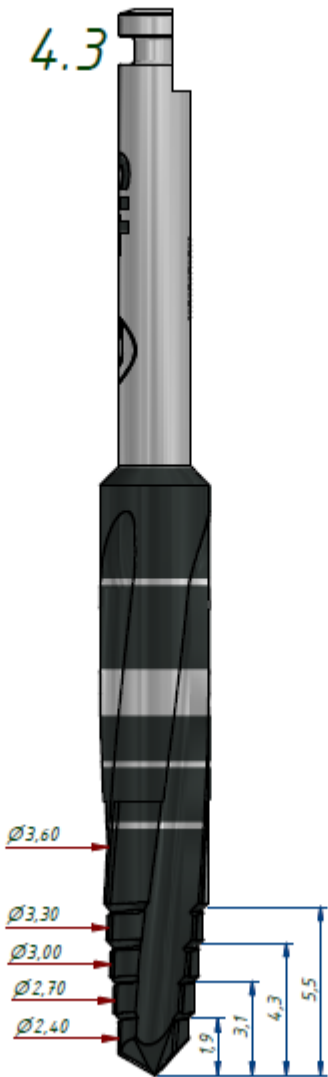
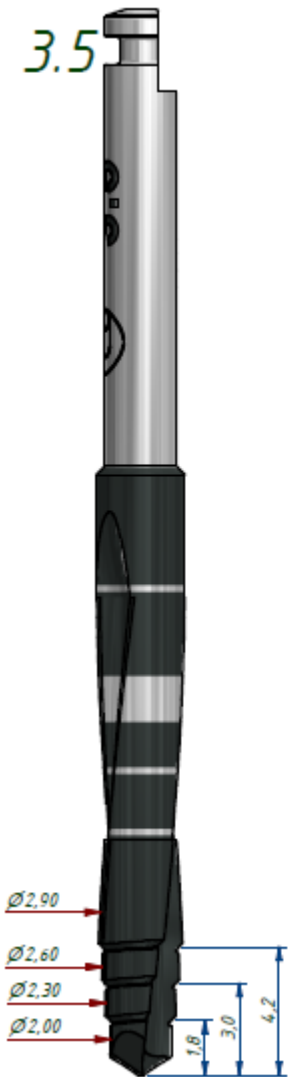


Ø4.3mm

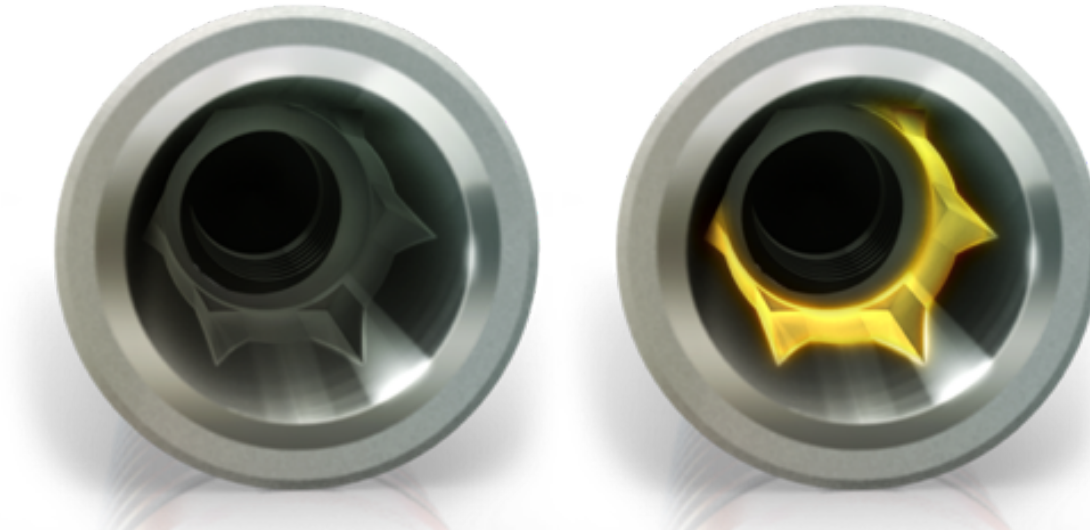


Ø5.0mm



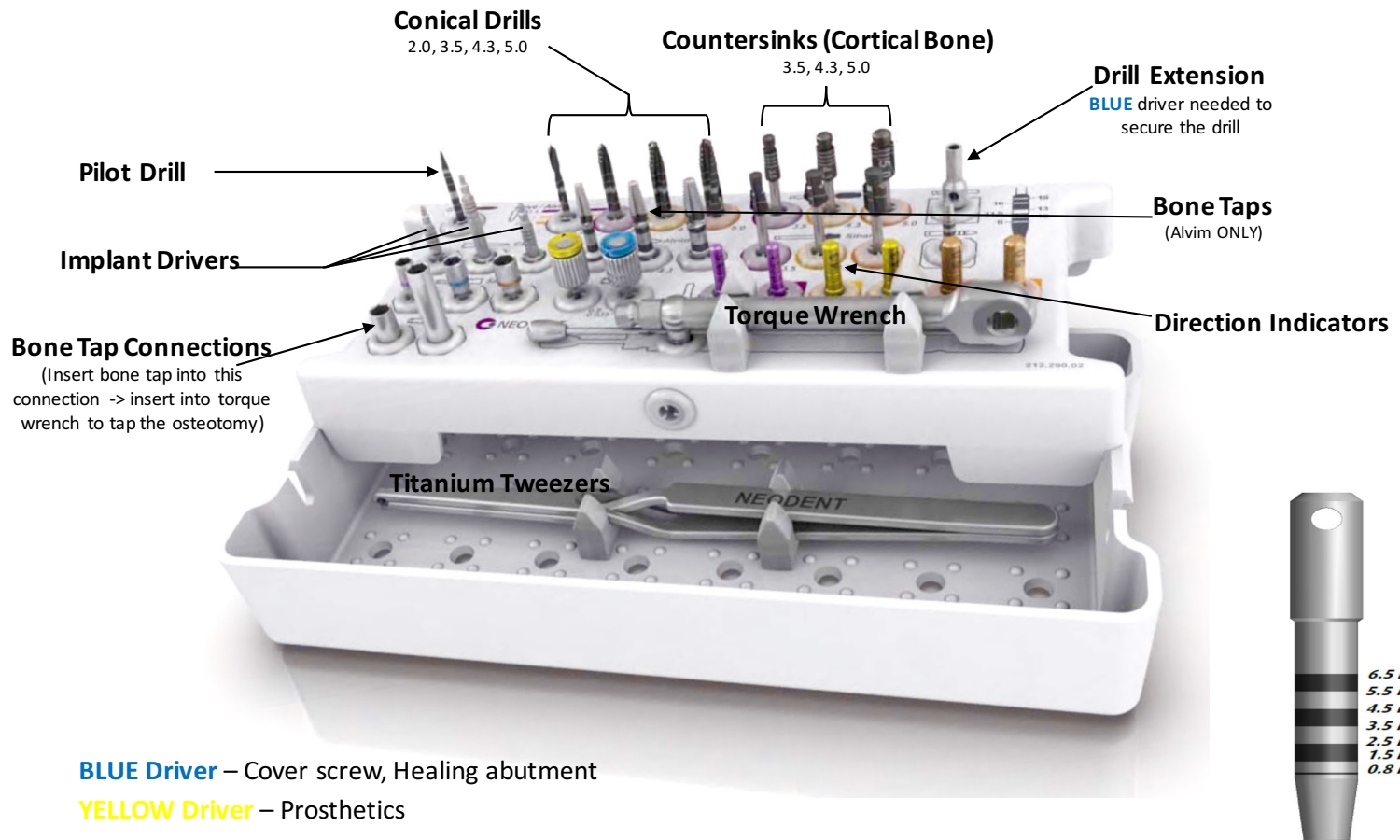


Alvim/Drive CM – 3.5, 4.3, 5.0



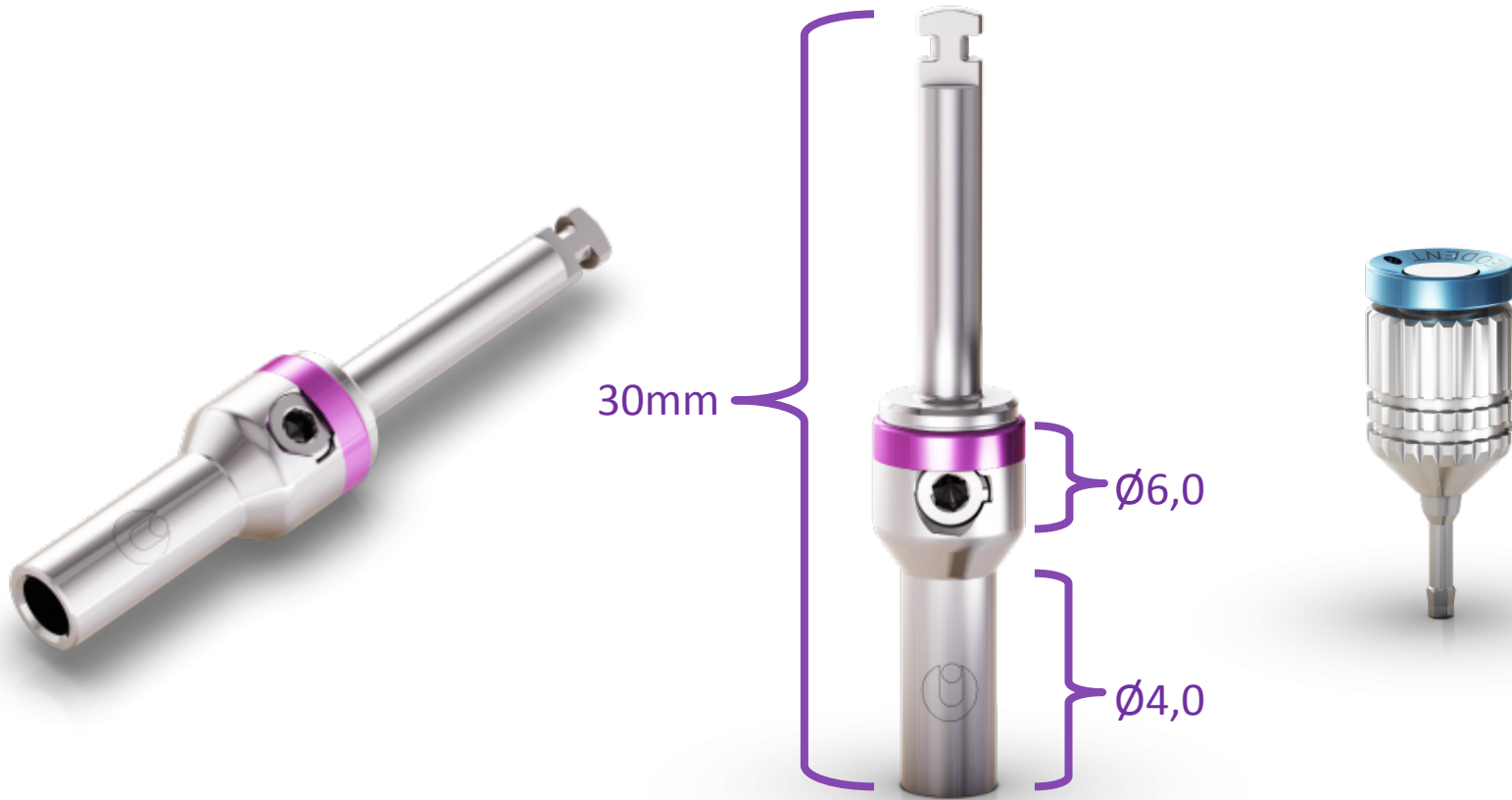
The internal connection has the same dimension for the 3 different diameters: 3.5, 4.3 or 5.0, this means that the **Implant Driver** used to place these implants is the same.

Alvim/Drive Surgical Kit



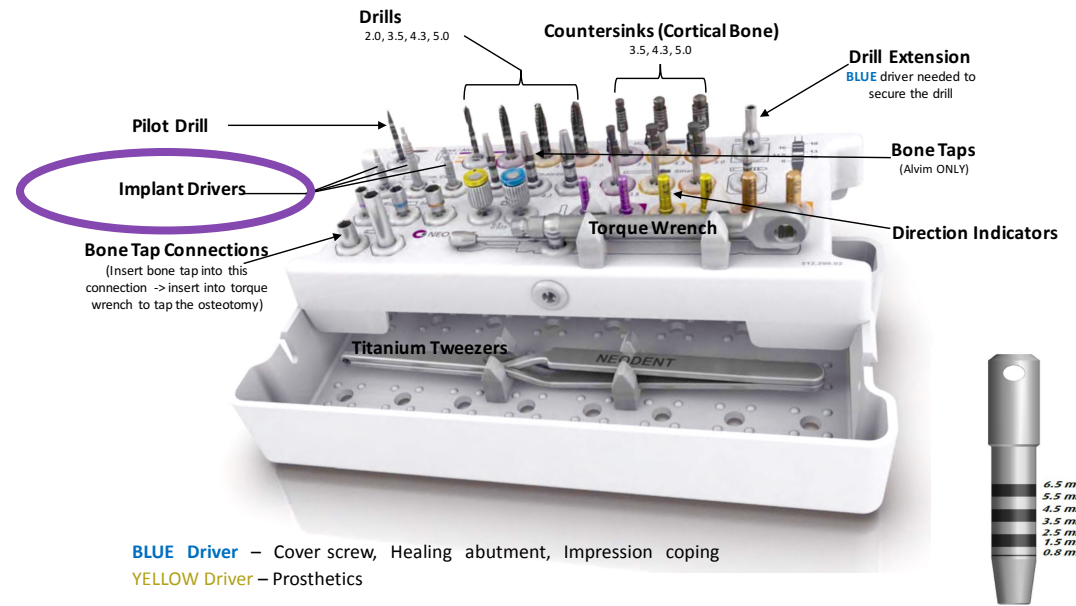
The bone taps should be used in dense bone only.

Drill Extension



Implant Driver for Alvim/Drive CM

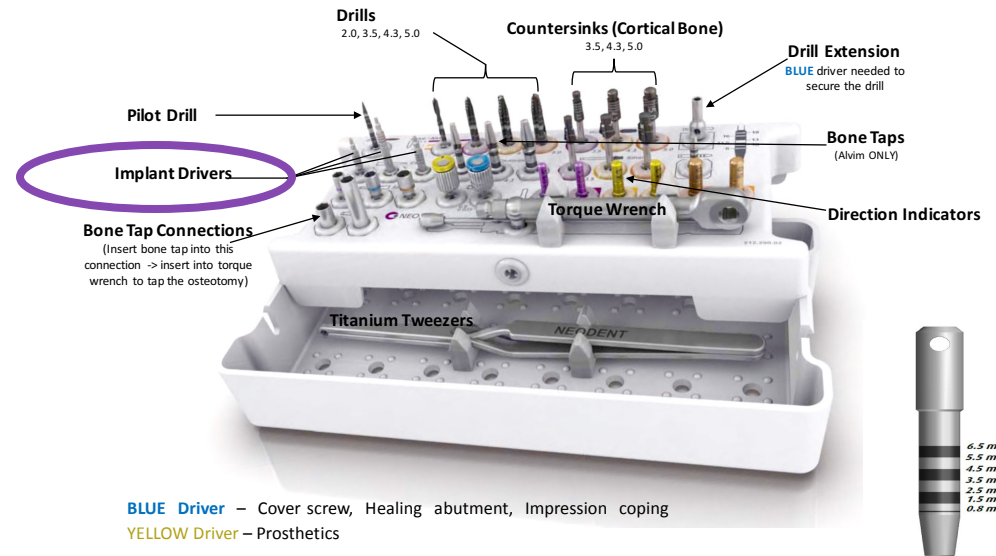
Alvim/Drive Surgical Kit



The driver to carrier and start the implant placement with the motor is the Contra angle driver, once the motor has stop you should remove this driver and place the driver for torque wrench and finish the placement

Implant Alvimr for Alvim CM

Alvim/Drive Surgical Kit

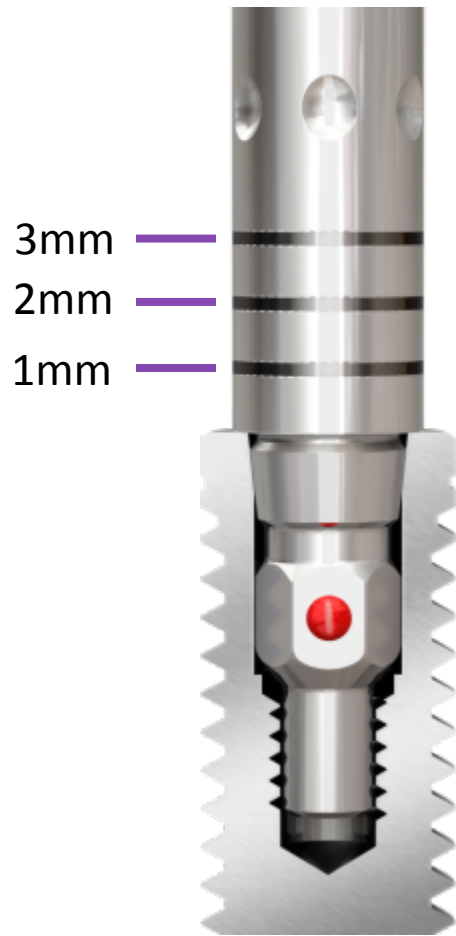


BLUE Driver – Cover screw, Healing abutment, Impression coping
YELLOW Driver – Prosthetics

The short driver is suggested to place the implant in the posterior area and the long is suggested to place the implant between adjacent teeth



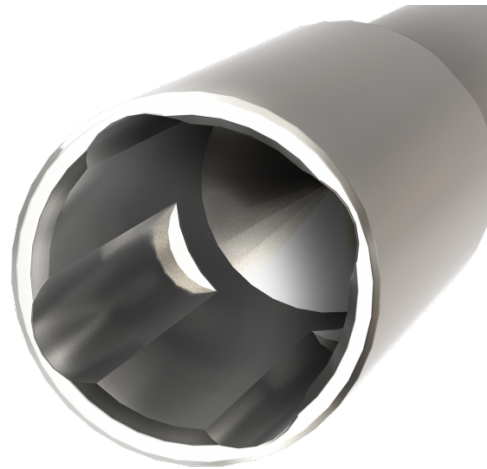
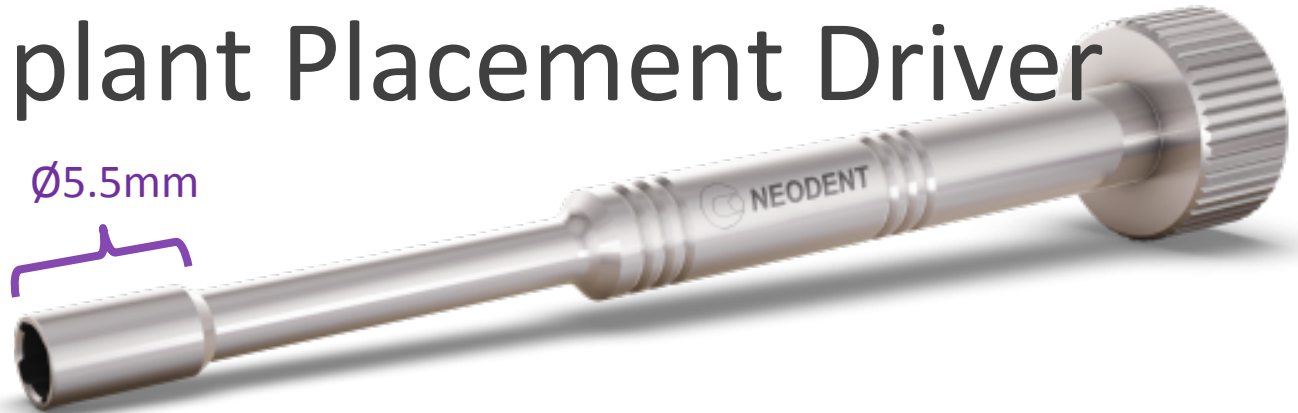
Implant Driver for Alvim CM



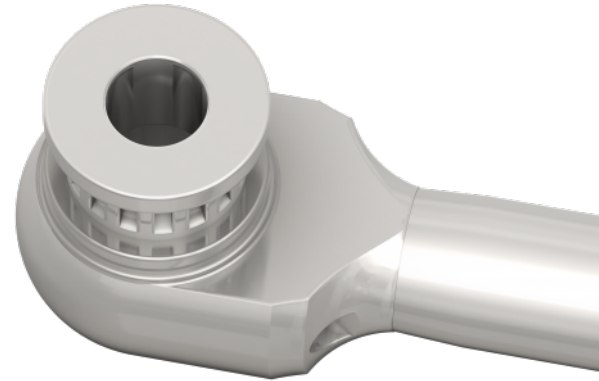
All drivers used to place the implant have 3 lines to give you an orientation regarding the bone level. the first line is 1mm, the second is 2mm and the third is 3mm

Extra Kit

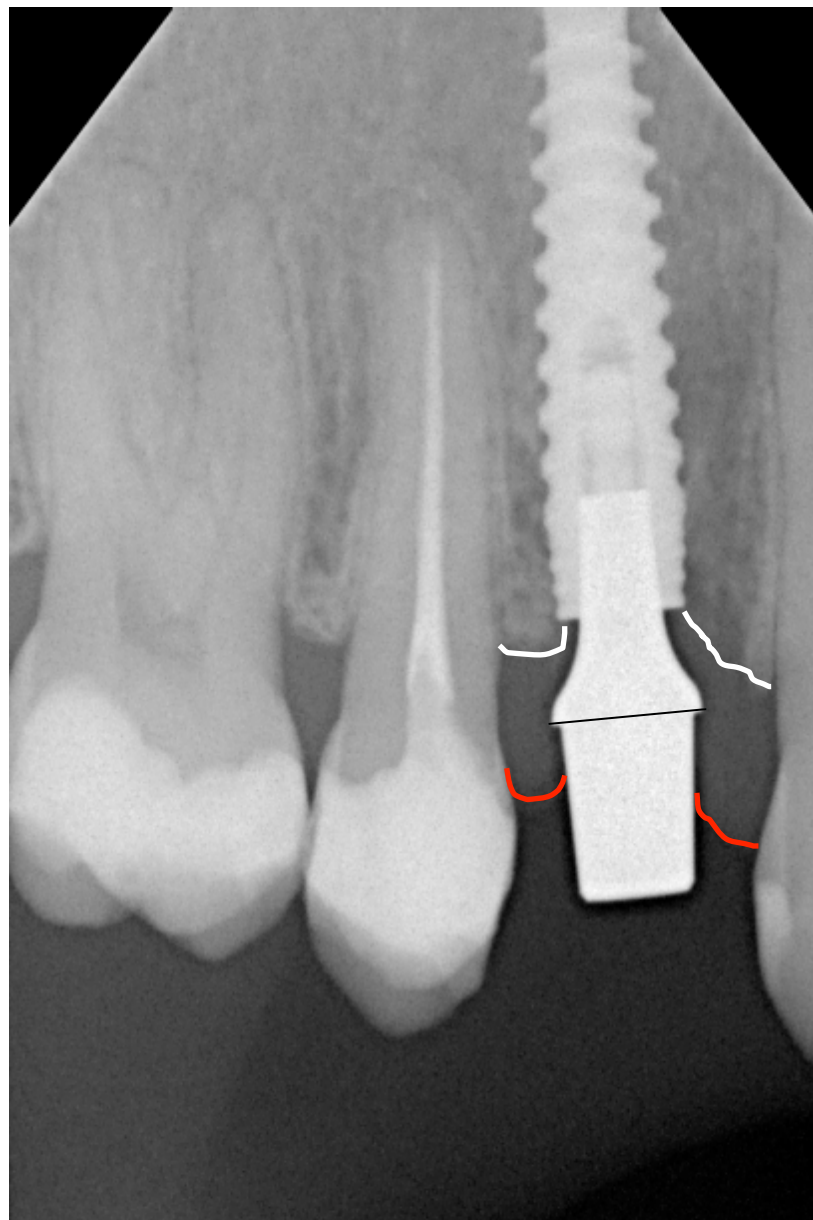
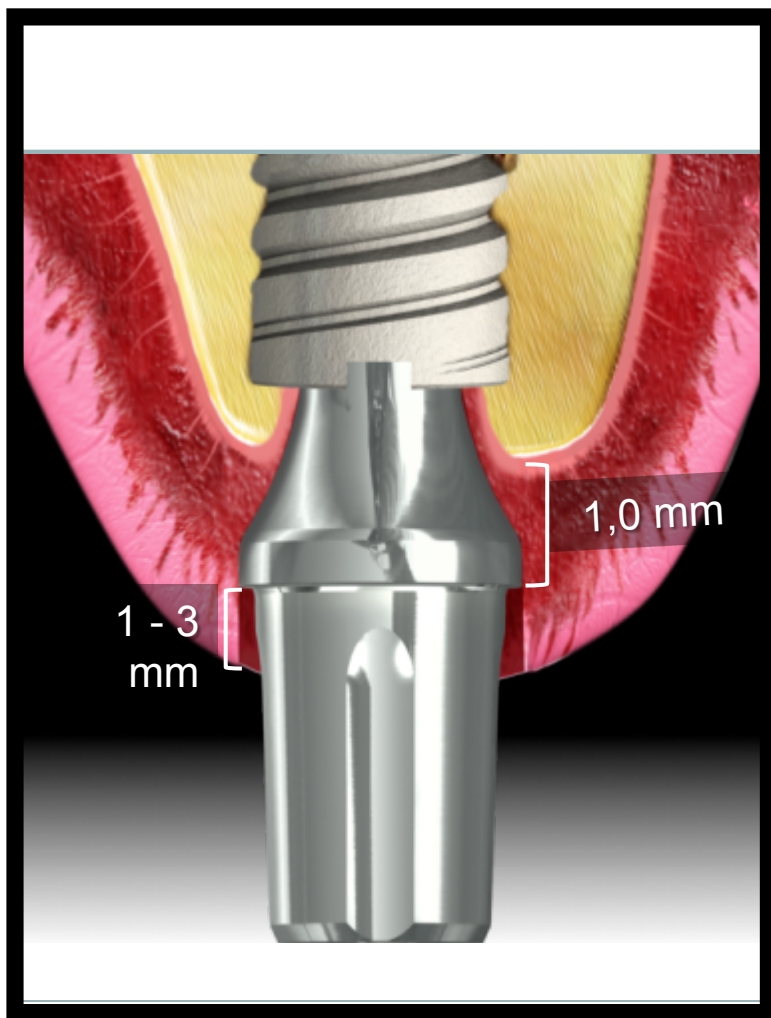
Hand Implant Placement Driver



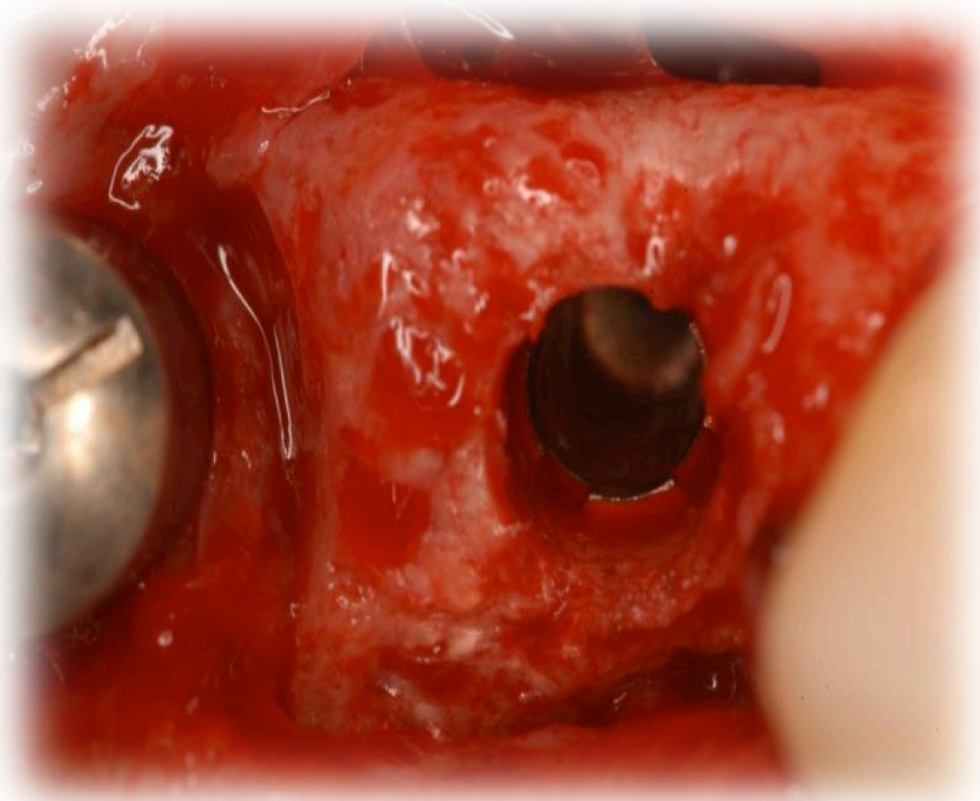
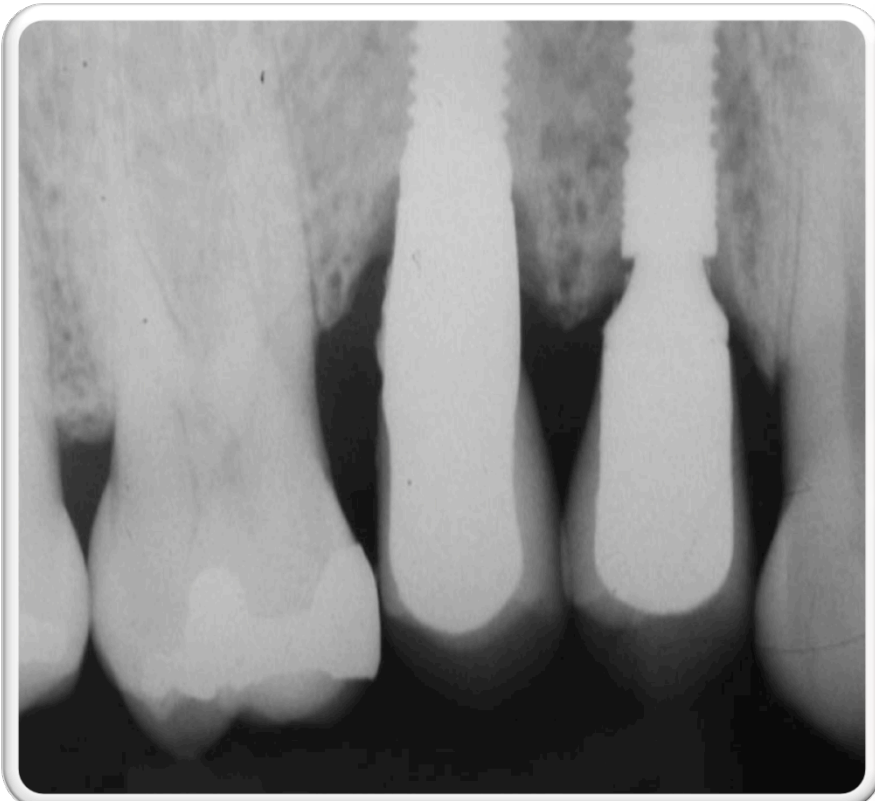
Torque Ratchet







Sartori IAM, Bernardes SR, Molinari A et al. Intermediários para Implantes CM: seleção e utilização. JILAPEO 2008 (3): 96-104.



By dr. Carlos Araujo

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Influence of interimplant distances and placement depth on peri-implant bone remodeling of adjacent and immediately loaded Morse cone connection implants: a histomorphometric study in dogs

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Key words: crestal bone remodeling, dental implants, histology, immediate loading, microgap, Morse cone connection, platform shifting

Abstract

Objective: The aim of this study was to histomorphometrically evaluate the influence of interimplant distances (ID) and implant placement depth on bone remodeling around contiguous Morse cone connection implants with 'platform-shifting' in a dog model. **Material and methods:** Bilateral mandibular premolars of six dogs were extracted, and after 12 weeks, each dog received 8 implants, four placed 1.5 mm subcrestally (SCL) on one side of the mandible and four placed equirestally (ECL) on the other side, alternating the ID of 2 and 3 mm. The experimental groups were SCL with IDs of 2 mm (2 SCL) and 3 mm (3 SCL) and ECL with IDs of 2 mm (2 ECL) and 3 mm (3 ECL). Metallic crowns were immediately installed. After 8 weeks, the animals were euthanized and histomorphometric analyses were performed to compare bone remodeling in the groups. **Results:** The SCL groups' indices of crestal bone resorption were significantly lower than those of ECL groups. In addition, the vertical bone resorption around the implants was also numerically inferior in the SCL groups, but without statistical significance. No differences were obtained between the different IDs. All the groups presented similar good levels of bone-to-implant contact and histological bone density. **Conclusion:** The subcrestal placement of contiguous Morse cone connection implants with 'platform shifting' was more efficient in preserving the interimplant crestal bone. The IDs of 2 and 3 mm did not affect the bone remodeling significantly under the present conditions.

The behavior of the bone that surrounds contiguous implants is determinant not only for long-term implant success (Chou et al. 2004) but also for achievement of desired natural-looking restorations in the esthetic zone. The preservation of the crestal bone between adjacent implants increases the probability of papilla formation, which is extremely important for the esthetic outcome (Degidi et al. 2008a).

After implant insertion and loading, crestal bone usually undergoes resorption and remodeling. Among the factors that con-

tribute to this process are interimplant distances, the distance between the contact point and the alveolar crest, implant placement depth, the type of implant/abutment connection, the macrodesign of the cervical area of the implant and possible surface treatments (Oh et al. 2002).

The interimplant distance is related to the lateral bone loss around the implants that results in vertical crestal bone loss when dealing with contiguous implants. Temow et al. (2000) evaluated this parameter on the X-rays of 36 patients treated with restored adjacent implants in a

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Clin. Oral Impl. Res. 10.1111/j.1600-0501.2009.01860.x

Date:
Accepted 13 September 2009

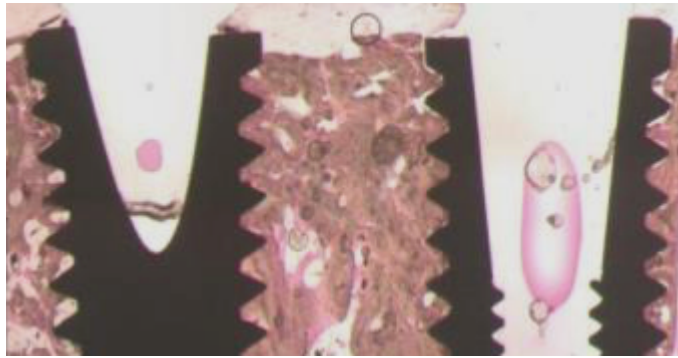
In the Media
Barros RRM, Novaes AB Jr, Muglia VA, Iezzi G, Piattelli A. Influence of interimplant distances and placement depth on peri-implant bone remodeling of adjacent and immediately loaded Morse cone connection implants: a histomorphometric study in dogs. *Clin Oral Impl Res* 2009; 10:1860-70.
doi: 10.1111/j.1600-0501.2009.01860.x

INFLUENCE OF INTERIMPLANT DISTANCES AND PLACEMENT DEPTH ON PAPILLA FORMATION AND CRESTAL RESORPTION: A CLINICAL AND RADIOGRAPHIC STUDY IN DOGS

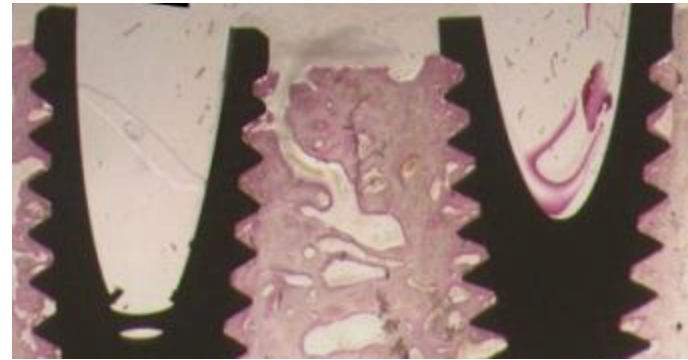
*Arthur B. Novaes Jr, DDS, MScD, DSc; Raquel R. M. Barros, DDS, MScD; Valdir A. Muglia, DDS, MScD, DSc;
Germana J. Borges, DDS*

Histomorphometrics findings

Equicrestal /2mm



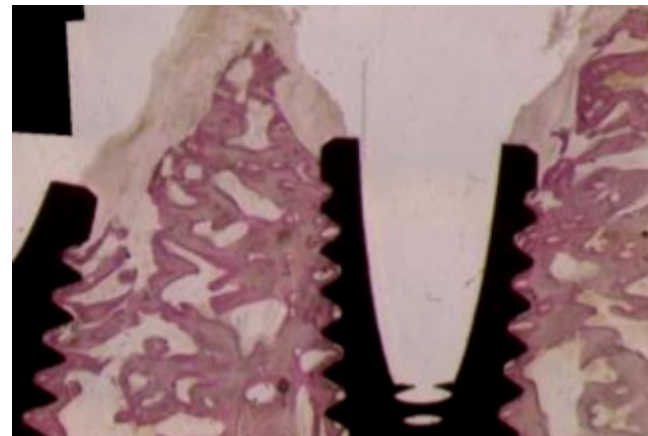
Equicrestal /3mm

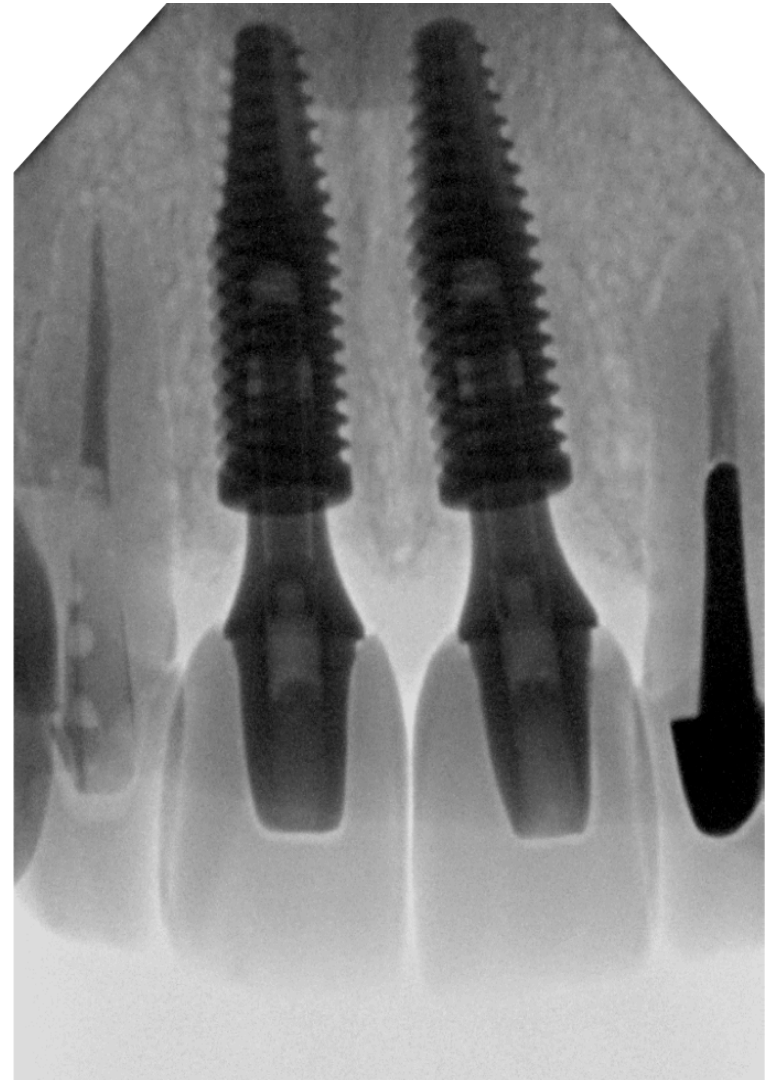
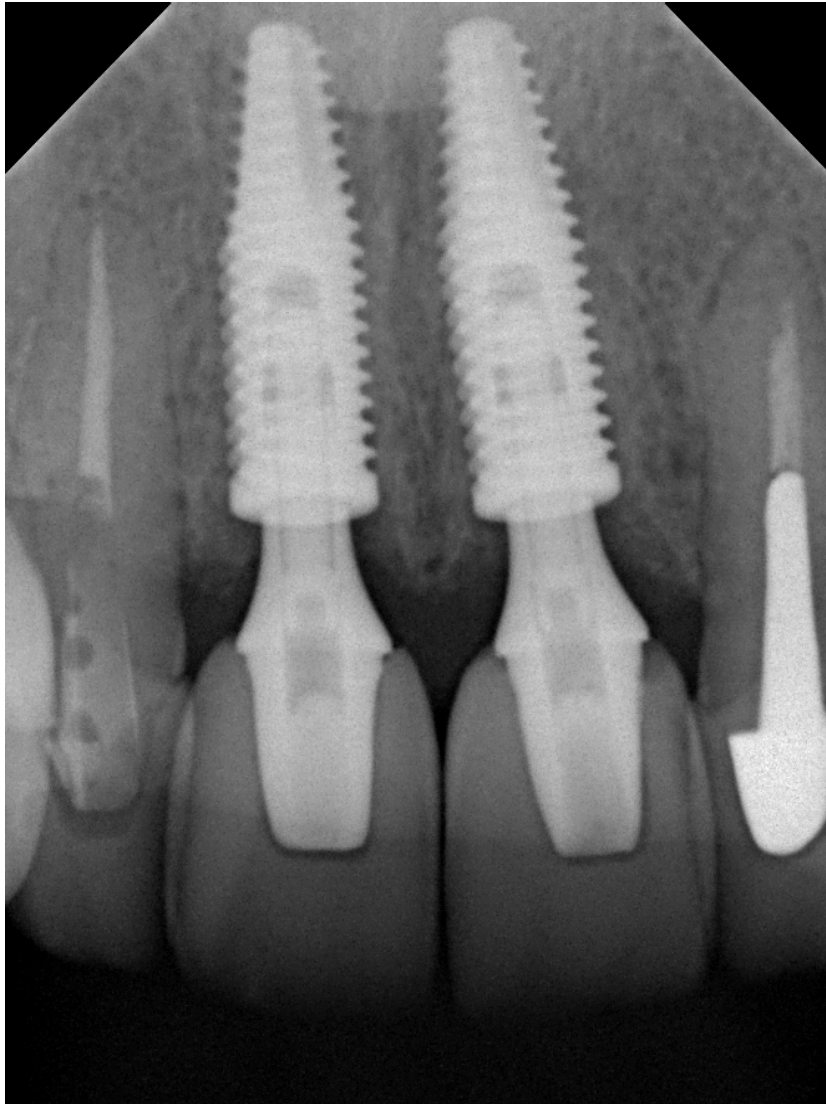


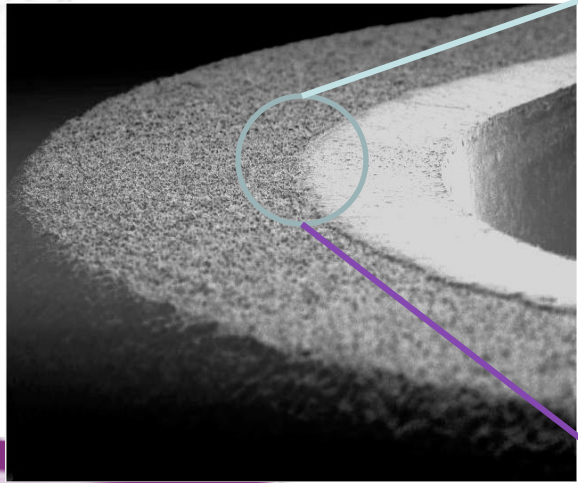
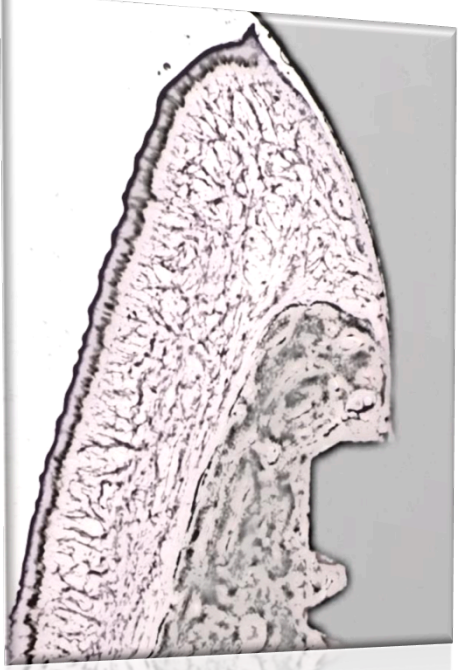
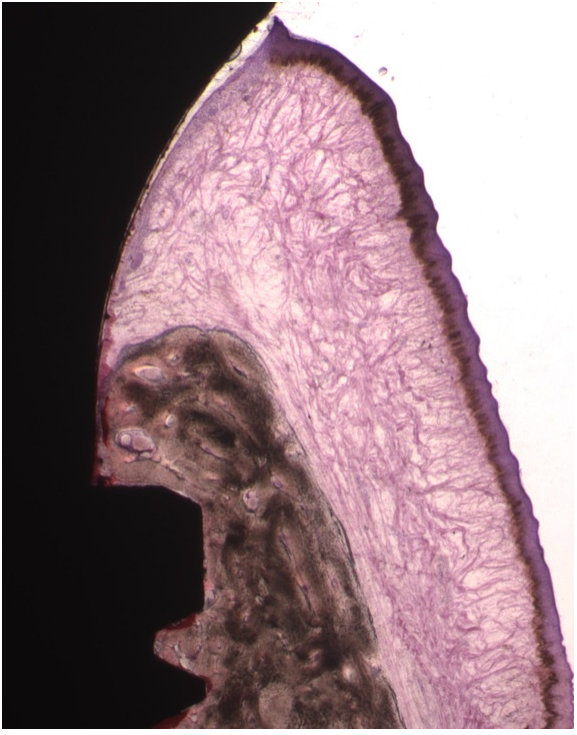
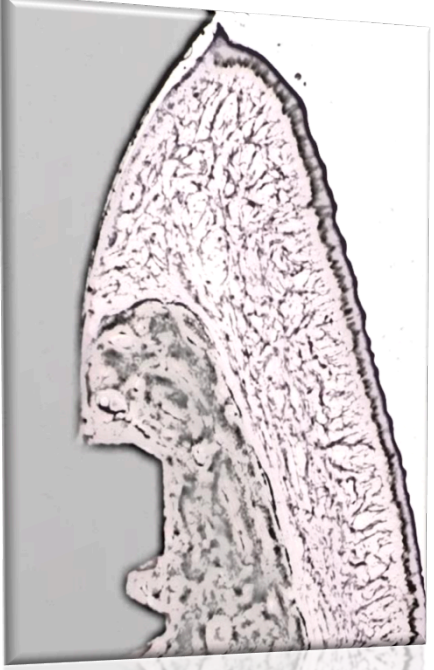
Subcrestal /2mm

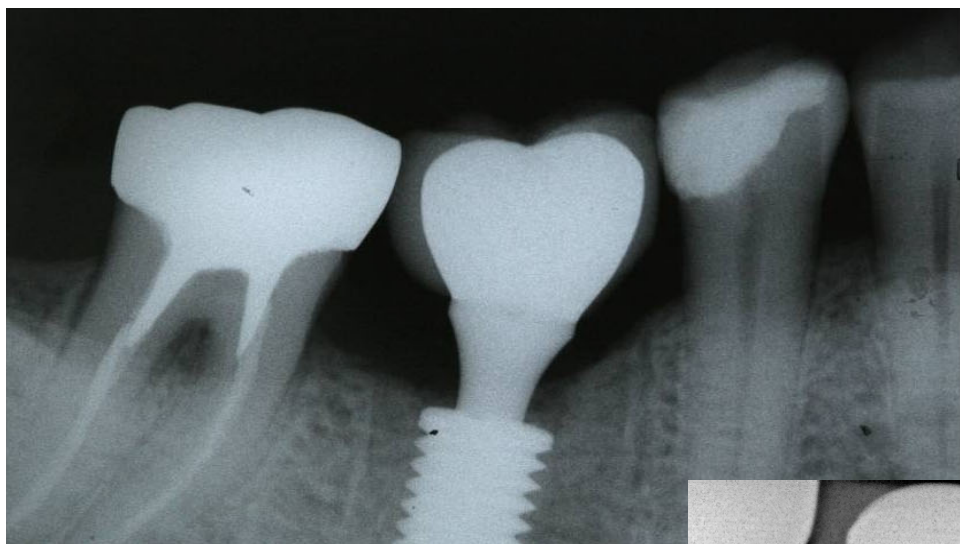


Subcrestal/ 3mm

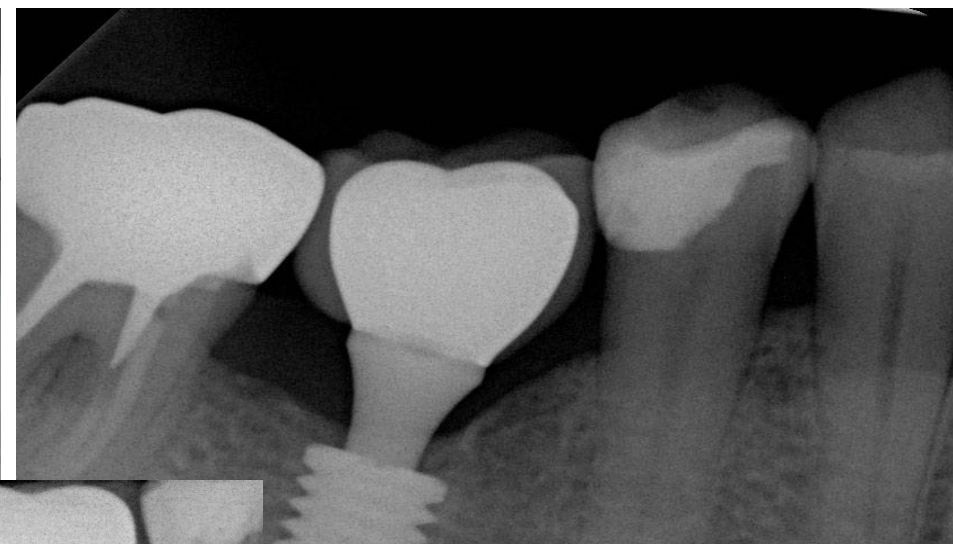




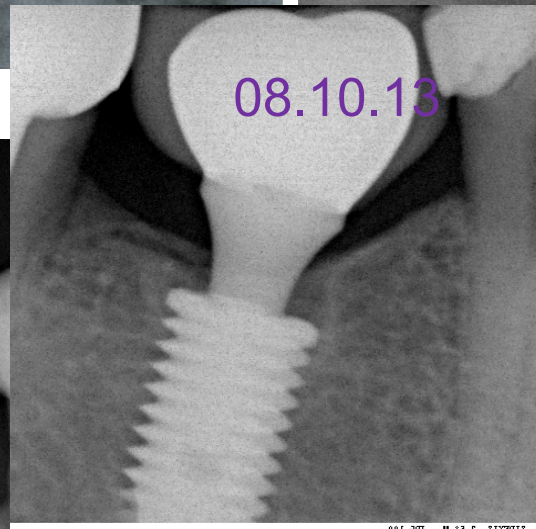




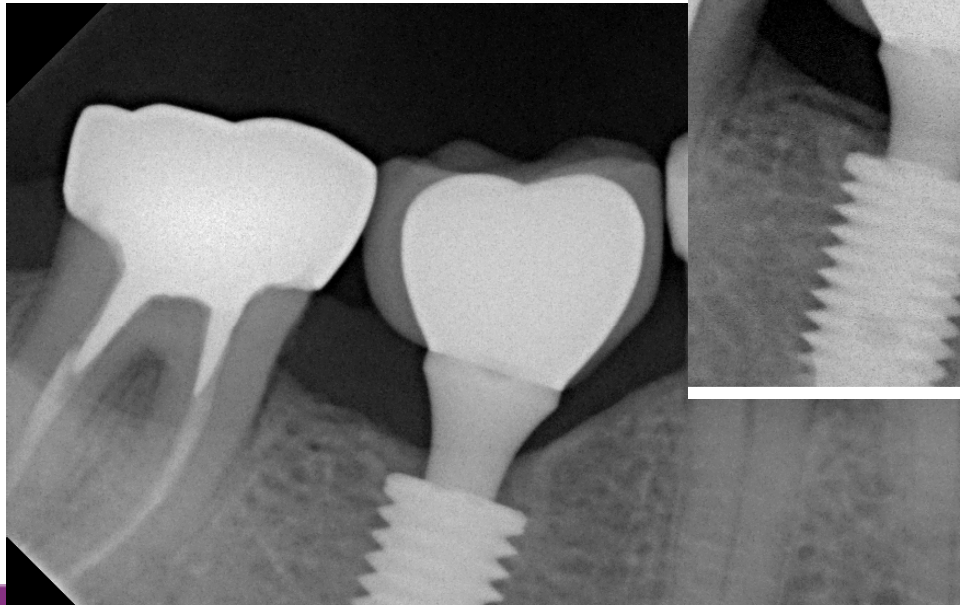
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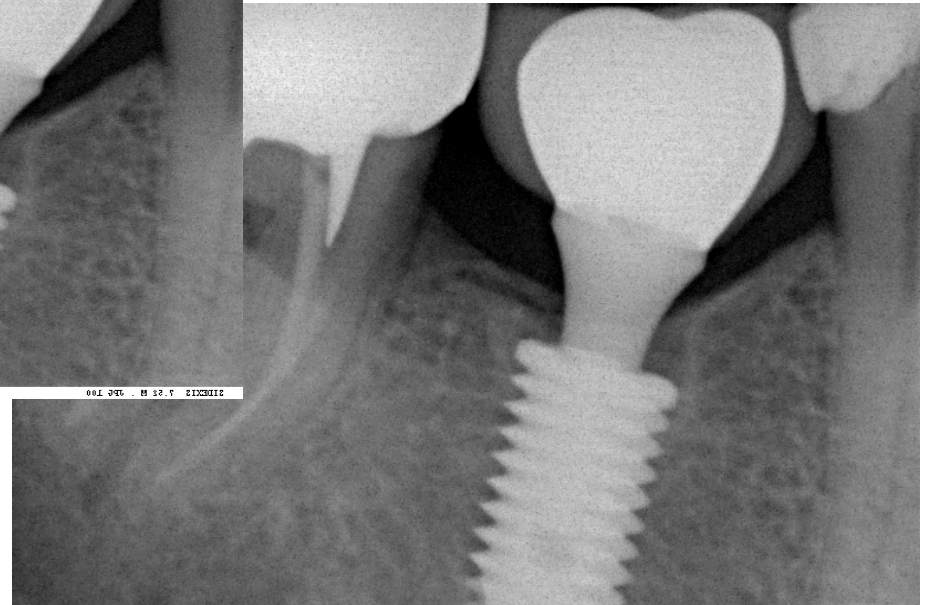
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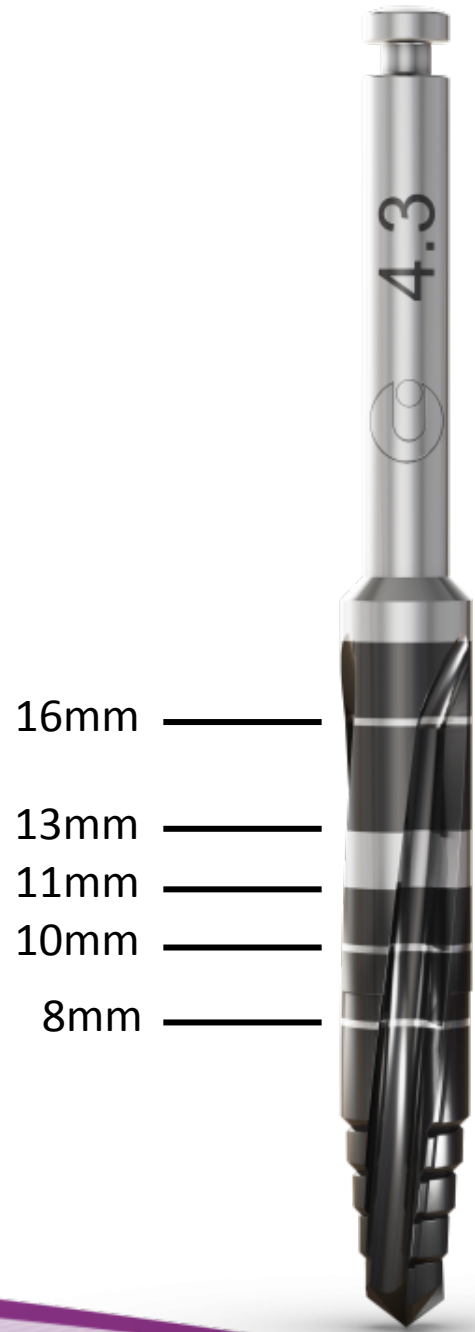
08.10.13



19.03.10



08.12.12



4.3



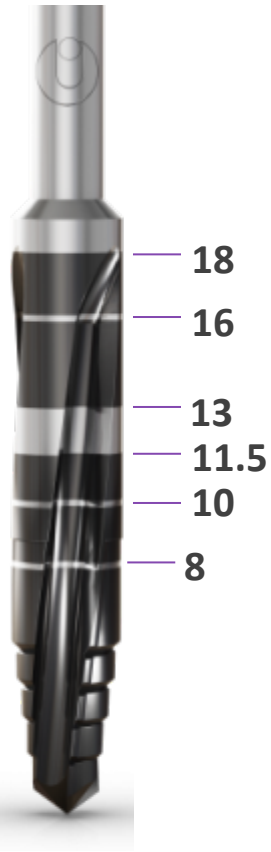
16mm

13mm

11mm

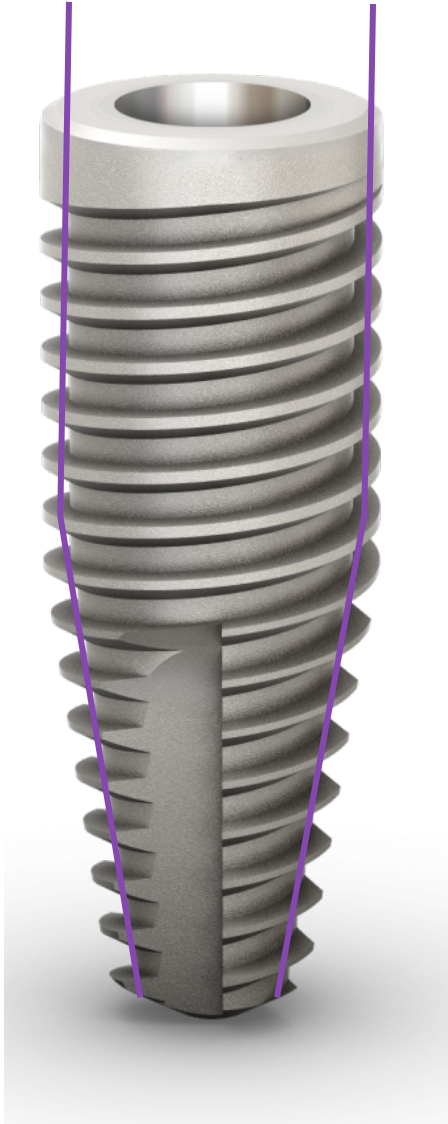
10mm

8mm



:: Drilling speed: 500 - 800 rpm
:: Placement speed: 30 rpm
:: Maximum insertion torque: 60N.cm

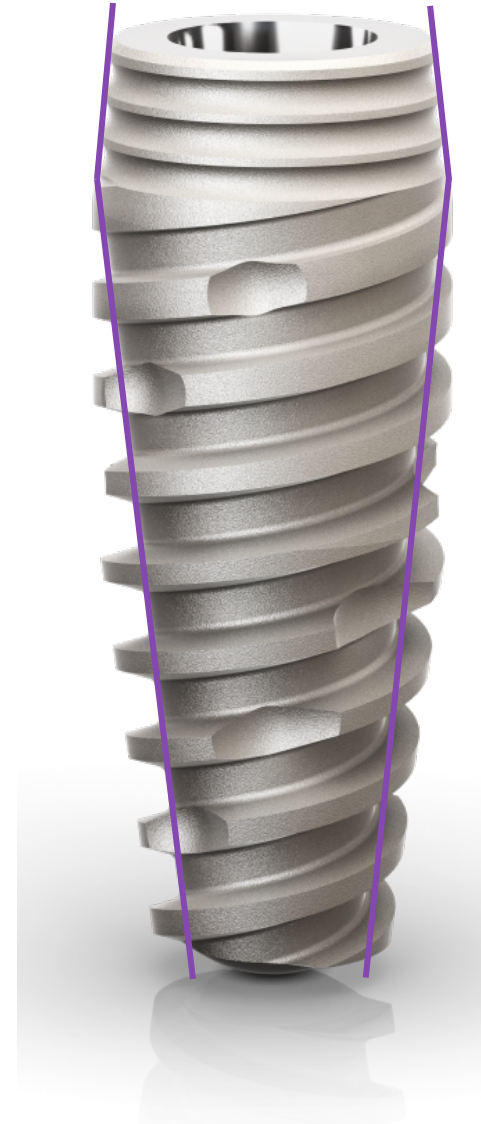
ALVIM (tapered)

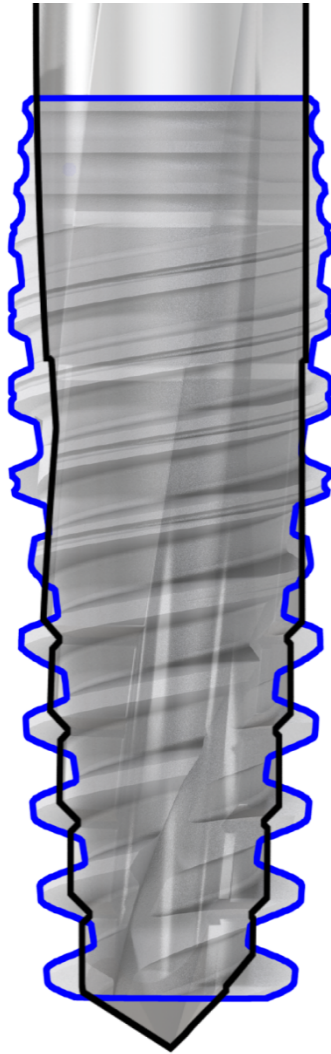


Diameter
Ø 3.5, 4.3, 5.0

Length
8
10
11.5
13
16

DRIVE (Aggressive)



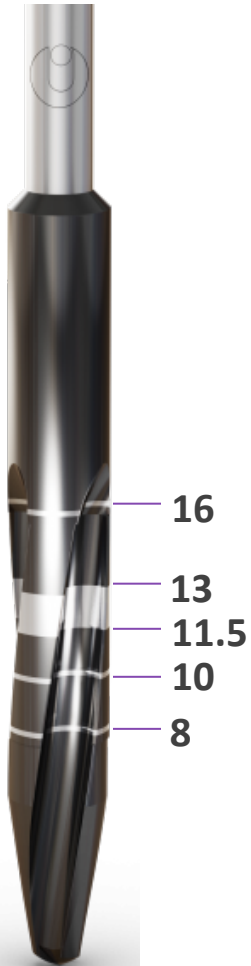







DRILL PROTOCOL

(Same Drilling Protocol for either implant)

ALVIM/DRIVE

AlvimCM $\varnothing 3.5\text{mm}$








	8.0 mm	10.0 mm	11.5 mm	13.0 mm	16.0 mm
$\varnothing 3.5$					
	109.657	109.658	109.659	109.621	109.660

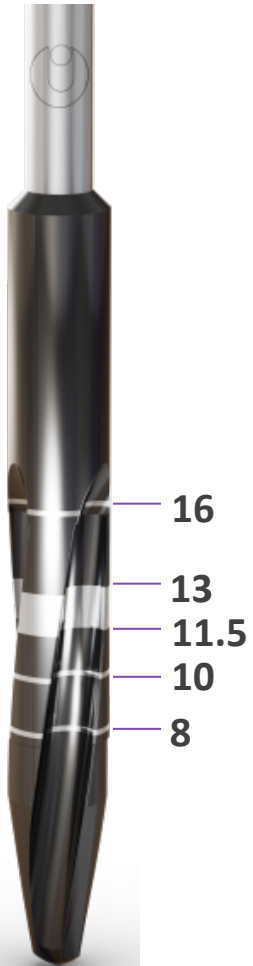


*Optional

*Optional

AlvimCM Ø4.3mm

	8.0 mm	10.0 mm	11.5 mm	13.0 mm	16.0 mm
Ø 4.3					
	109.647	109.648	109.649	109.622	109.651

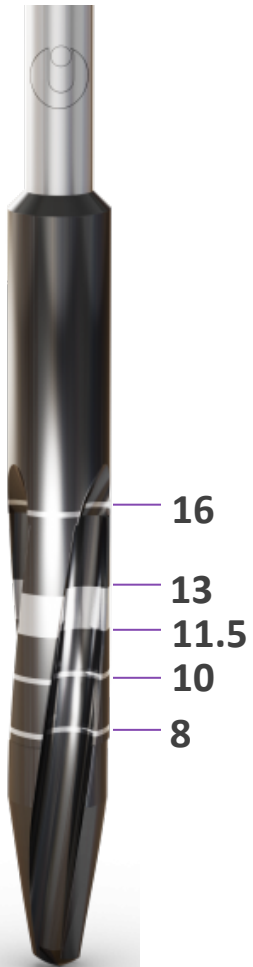


*Optional

*Optional

AlvimCM $\varnothing 5.0\text{mm}$

	8.0 mm	10.0 mm	11.5 mm	13.0 mm	16.0 mm
$\varnothing 5.0$					
	109.652	109.653	109.654	109.655	109.656



*Optional

*Optional

Hex Driver



Final abutments only!
15Ncm Max



Cover screws
Healing abutments
Impression copings



Contra-Angle (Latch)



Torque Ratchet



Hand/Finger



CM Cover Screw



CM Cover screw

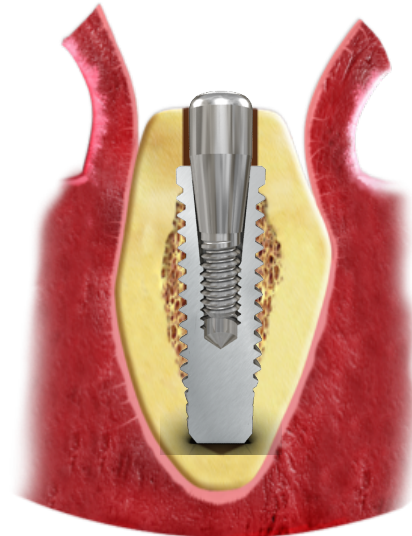
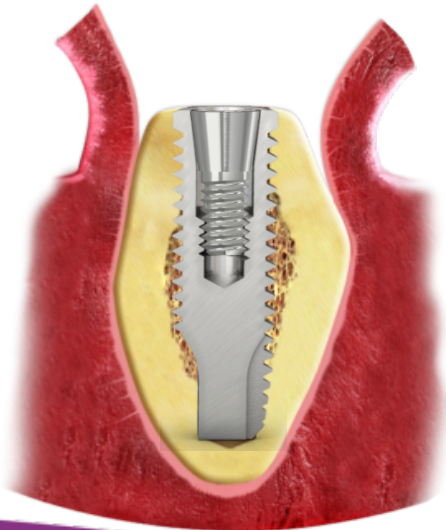
- :: Use manual screwdriver 1.2mm (104.007) for placement;
- :: Do not exceed 10N.cm torque.

0 mm

2 mm

117.013

117.017



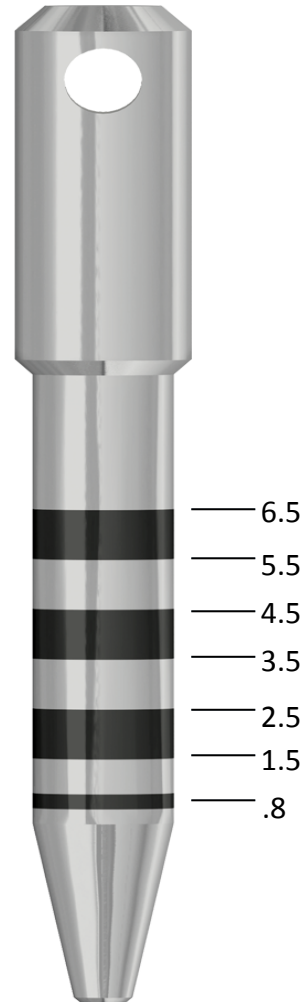


COVER SCREW

Cover screw CM 0mm – Implant bone level
The driver (blue) to place the cover screw is the hex 1.2/0.048in

Height Measure

Apical - Coronal



CM Healing Abutment

Gingival
Height

0.8 mm

1.5 mm

2.5 mm

3.5 mm

4.5 mm

5.5 mm

Ø 3.3

106.182

106.168

106.169

106.170

106.183

106.184

Ø 4.5

106.175

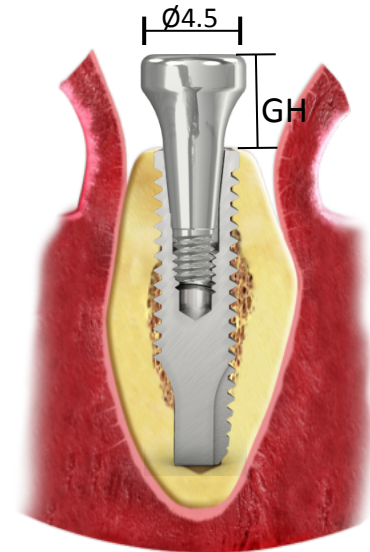
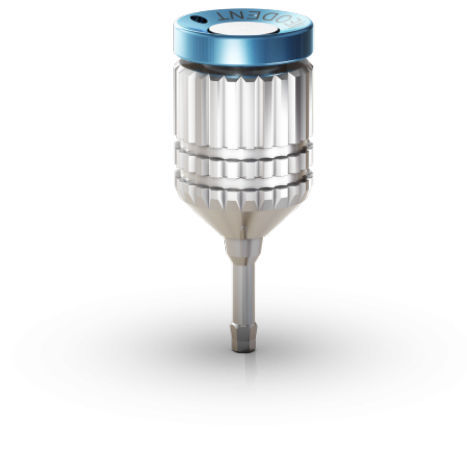
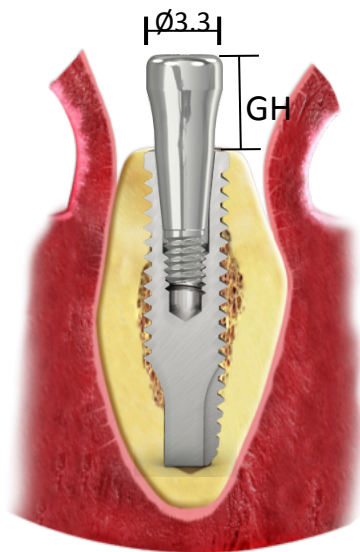
106.171

106.172

106.173

106.174

106.180



GH = 0.8, 1.5, 2.5, 3.5, 4.5, 5.5mm