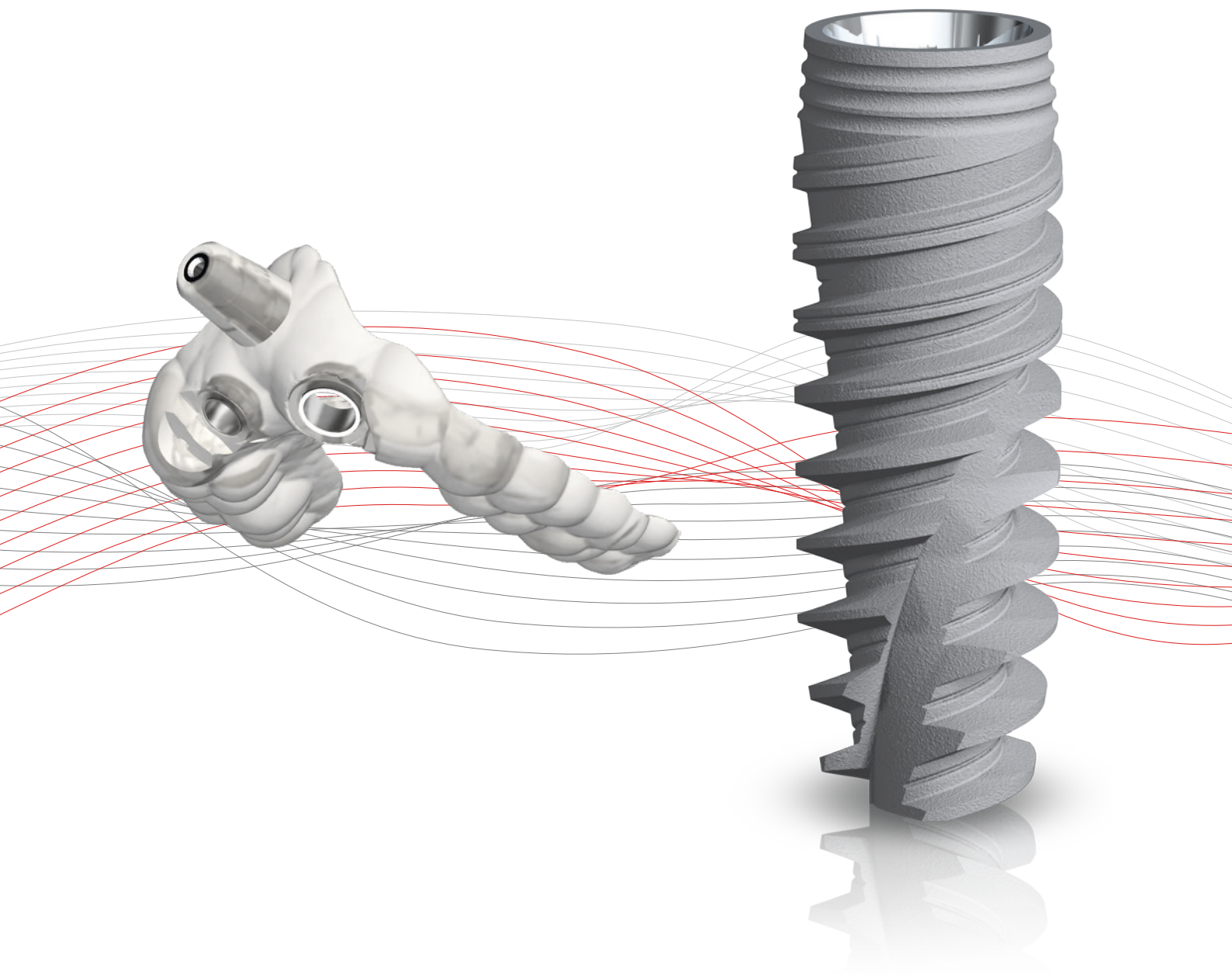


Guided surgery with NobelActive®

NobelGuide® procedures manual



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NobelGuide® treatment workflows

Single-tooth / partially edentulous workflow

The NobelGuide treatment workflow for the partially edentulous patient allows the clinician to combine a surface scan of the mastercast and prosthetic tooth setup information with a (CB)CT scan of the patient. This (CB)CT scan can be taken at any time in the diagnostic process, and there is no need for markers or a radiographic guide to be in place during the patient scan. With this combined data in NobelClinician, important intra-oral information such as the soft tissue contour and thickness can be visualized, and preliminary treatment plans can be refined and finalized according to the desired prosthetic outcome. The user can go straight to surgery or choose, at any point in the process, to order a surgical template for either guided pilot drilling or fully guided surgery. The surgical template is designed automatically with one click using the digitized surface scan of the mastercast and is no longer a replica of a radiographic guide.

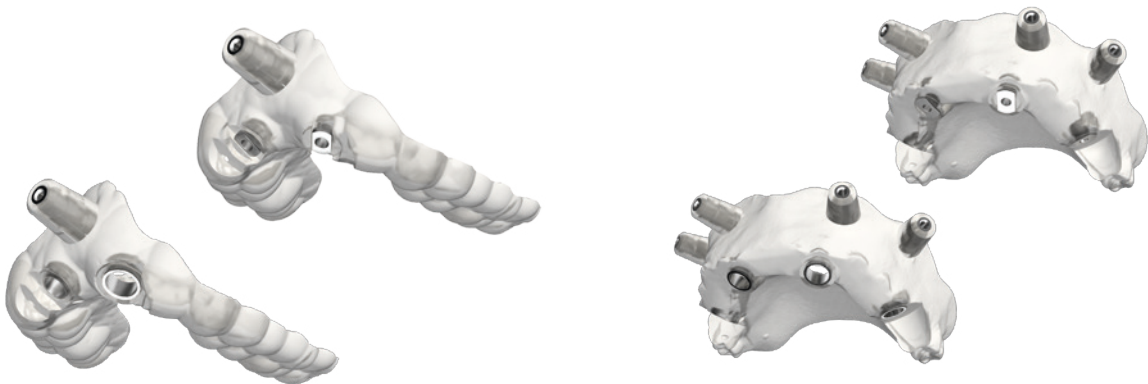
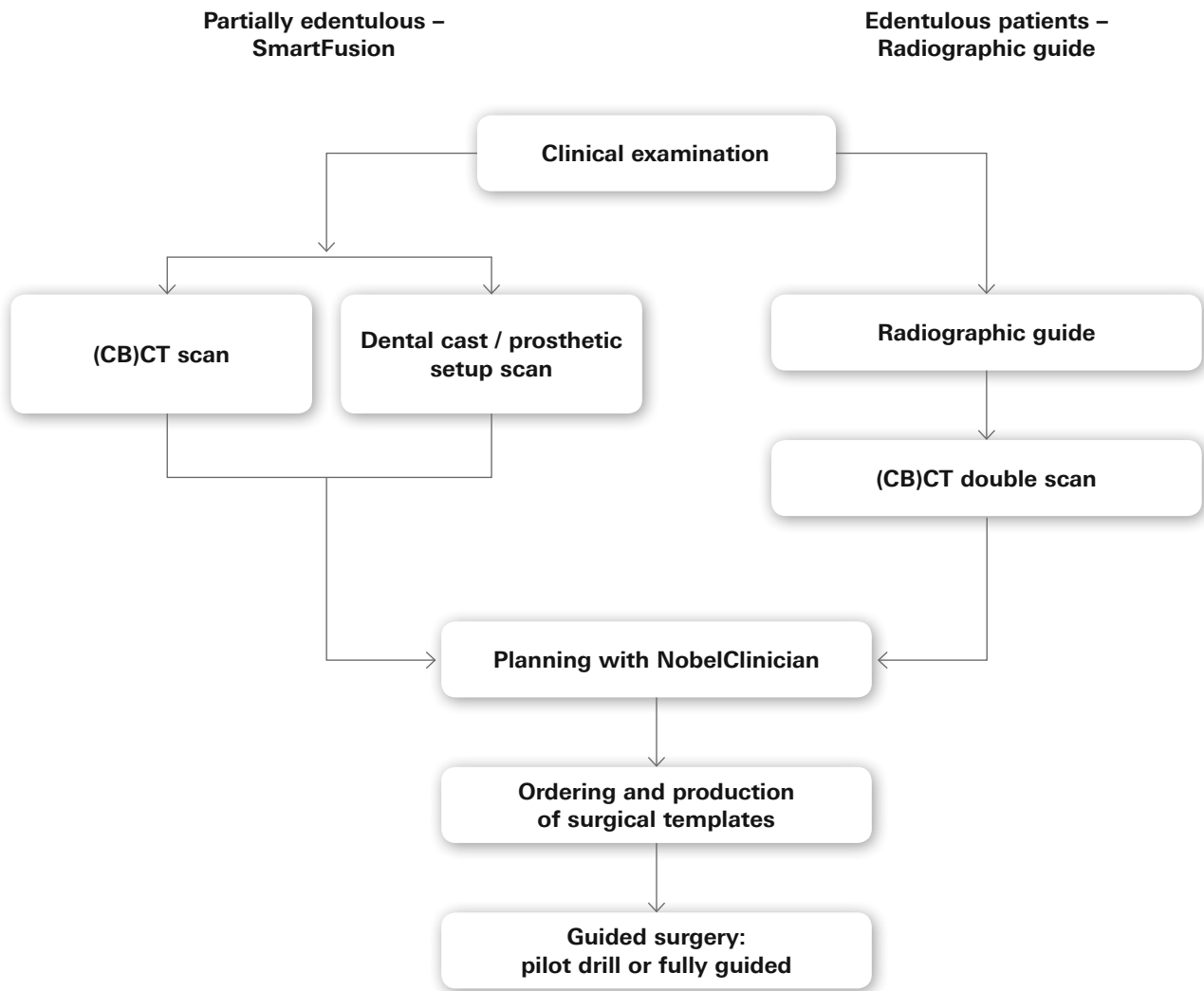
Edentulous workflow

The NobelGuide treatment workflow for the edentulous patient uses the so-called (CB)CT double scan protocol. A radiographic guide is fabricated in the dental laboratory prior to the patient scan. This is done either as a PMMA duplicate of a new diagnostic tooth setup/wax-up or a metal-free optimized denture in which radiopaque markers are placed. The patient needs to be scanned wearing this radiographic guide in the correct position. A second scan is taken of the same radiographic guide alone. These two sets of data are imported into the NobelClinician Software allowing for a prosthetic-driven treatment planning. Once the treatment plan is finalized, the user can go straight to surgery or choose, at any point in the process, to order a surgical template for either guided pilot drilling or fully guided surgery. The surgical template is automatically created in NobelClinician, based on the shape information provided by the radiographic guide. The radiographic guide therefore has to be designed in the laboratory as a prosthetic reference but the shape will also be used for the surgical template. For optimal results it is advised to use the NobelGuide Calibration Object as reference for automatic segmentation of the scanned radiographic guide. This workflow can also be used for partially edentulous patients.

Note: Current manual shows the surgical procedure for guided pilot drilling and fully guided surgery with NobelActive implants. Please refer to the NobelGuide Concept Manual for instructions on the procedure for preparing and ordering the surgical template.

Download it on: nobelbiocare.com/resources

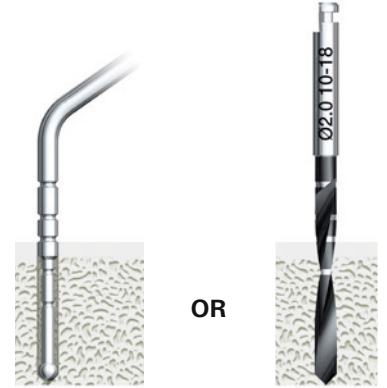
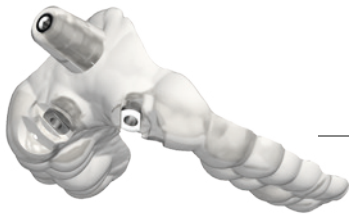




Surgical procedure quick guide

The protocols illustrate the use of NobelActive® RP 4.3 x 13 mm implants

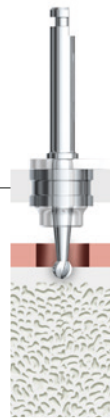
Guided pilot drilling + freehand



Depth reference
Depth Probe

OR

Depth reference
Twist Drill Ø 2.0



**Mark drill position
(if indicated)**
Guided Start Drill



Guided drilling
Guided Twist Drill Ø 2.0



Guided drilling
Guided Twist Step
Drill 2.4/2.8

Fully guided





Drilling
Twist Step Drill
2.4/2.8



Drilling
Twist Step Drill
3.2/3.6



Implant placement
Implant Driver CC RP



Guided drilling
Guided Twist
Step Drill 3.2/3.6



Screw tapping
(Mandatory)
Guided Screw Tap
RP 4.3



Implant placement
Guided Implant
Mount NobelActive
RP 4.3

Checklist before surgery

- Confirm ID tag on surgical template corresponds with treatment ID in the NobelClinician Software (order manager)
- Confirm the surgical template corresponds with the virtual treatment plan in NobelClinician
- Confirm NobelGuide Surgical Guidelines document (shipped with surgical template)
- Print treatment plan report from the NobelClinician Software
- Verify optimal fit of the surgical template on stone model and/or clinically in the patient before treatment
- If adjustment is required, carefully modify the surgical template as required with a lab bur
- If adjusted, strengthen/reinforce the outer surface of the surgical template with a compatible resin
- Confirm that surgical index, if applicable, fits the surgical template and patient's opposing jaw when occluding
- Confirm that all required implants, surgical components and instruments have been ordered and received
- Confirm prosthetic components, if applicable
- Follow the treatment protocol from the correct patient treatment plan report from NobelClinician (implants, length / diameter, drill depths), according to the Nobel Biocare Instructions for Use (nobelbiocare.com)

Extended treatment options

Indications for use

NobelActive implants are endosseous implants intended to be surgically placed in the upper or lower jaw bone for anchoring or supporting tooth replacements to restore patient esthetics and chewing function.

NobelActive implants are indicated for single- or multiple-unit restorations in splinted or non-splinted applications. This can be achieved with two-stage or one-stage surgical technique in combination with immediate, early or delayed loading protocols, recognizing sufficient primary stability and appropriate occlusal loading for the selected technique. NobelActive 3.0 implants are intended to replace a lateral incisor in the maxilla and/or a central or lateral incisor in the mandible. NobelActive 3.0 implants are indicated for single-unit restorations only.

Contraindications

It is contraindicated to place NobelActive implants in patients:

- who are medically unfit for an oral surgical procedure.
- with inadequate bone volume unless an augmentation procedure can be considered.
- in whom adequate sizes, numbers or desirable positions of implants are not reachable to achieve safe support of functional or eventually parafunctional loads.
- allergic or hypersensitive to commercially pure titanium grade 4, titanium alloy Ti-6Al-4V (titanium, aluminum, vanadium), stainless steel or DLC (diamond-like carbon) coating.

NobelActive 3.0 implants are not indicated to be used to replace a central incisor, a canine, a premolar or a molar in the maxilla, nor to replace a canine, a premolar or a molar in the mandible. NobelActive 3.0 implants are not indicated to be used for multiple-tooth replacements.

Considerations based on bone quality and quantity

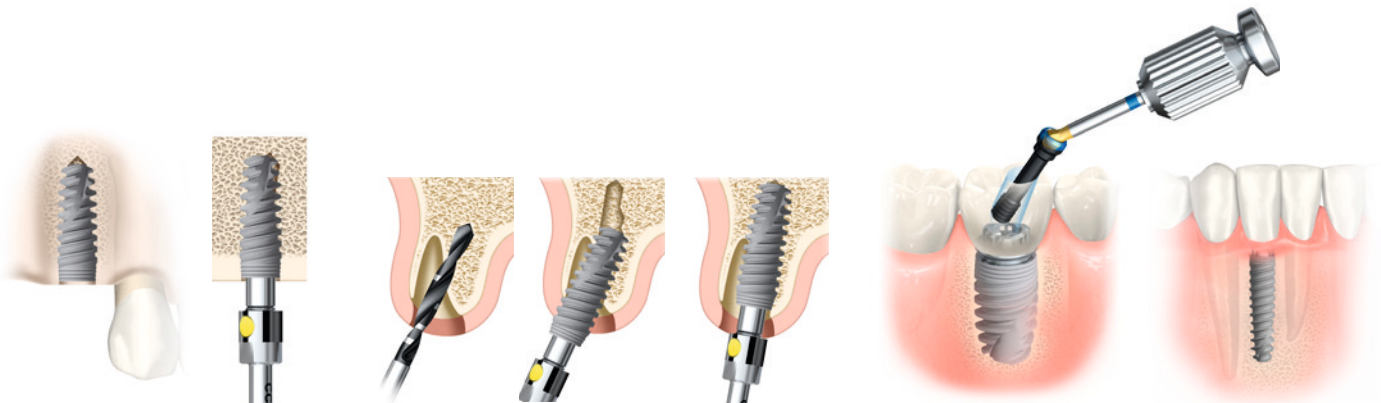
Proceed with examination and treatment planning according to established protocols.

Confirm available bone and significant anatomical landmarks such as blood vessels, nerves and concavities. Use conventional diagnostic tools, such as radiographic imaging, probing and palpation, and 3D imaging if indicated.

Traditionally, the density of compact bone provides good primary stability for the installed implant. To improve stability in softer bone qualities, the body of NobelActive is tapered. It is further enhanced by threads that increase in vertical thickness as insertion proceeds to condense bone. These features, combined with the possibility for under-preparation of site diameter in soft bone, allow for achievement of substantial stability also in predominantly cancellous bone sites (see drill protocol based on bone quality page 13).

The amount of bone available for implant retention differs from site to site. The implant is "active" enabling an angle change during insertion. This ability for redirection allows the implant to be inserted into available bone, for example within the palatal wall of an anterior extraction socket, and then be redirected for stabilization while establishing proper restorative alignment (see page 24).


To maintain vertical tissue dimension, be sure to allow at least 1.5 mm of bone both lingual to and buccal to the implant collar. The special narrowing of the implant collar diameter allows for favorable ridge adaptation when crestal ridge width is limited.



Important drilling considerations

Drills

- Drills are made of stainless steel with a diamond-like carbon (DLC) coating, which gives them their black color. They are used with external irrigation.
- Use an in-and-out motion during the drilling procedure to ensure cooling.
- Ensure the drills move freely and easily through all template sleeves and/or drill guides before any drilling (prior to surgery).
- Check that irrigation is switched on and flowing.
- Start drilling with the drill in the template sleeve and/or drill guide.
- Avoid lateral pressure on drills when drilling. Lateral pressure may damage the drill.

Maximum speed  800rpm

Caution: Drills are for single use only and must not be reprocessed. Reprocessing could cause loss of mechanical, chemical and / or biological characteristics. Re-use could cause cross contamination.

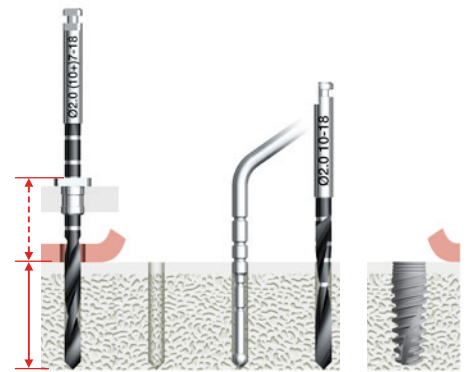
Note: Guided drills extend an additional 10mm, indicated as (10+).



Guided pilot drill

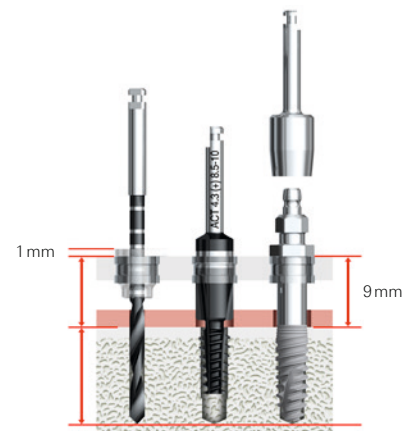
In certain clinical indications the default distance (10 mm) between planned implant (implant shoulder) and pilot sleeve is not sufficient (e.g., the implant needs to be placed deeper). In these indications the pilot sleeve collides with the surface of the bone and/or soft tissue. In order to create the surgical template, the pilot sleeve height can be adjusted in the NobelClinician Software to avoid contact with the bone and/soft tissue.

Note: Confirm the correct guided pilot drill depth by consulting the printed treatment plan report from NobelClinician and/or the NobelGuide surgical guidelines included in the surgical template package.



Fully guided

The default distance between the planned implant (implant shoulder) and the fully guided sleeve is 9 mm and the height of the Guided Drill Guides is 1 mm. The NobelGuide surgical instrumentation is designed with these measurements in mind.



Drill Stops

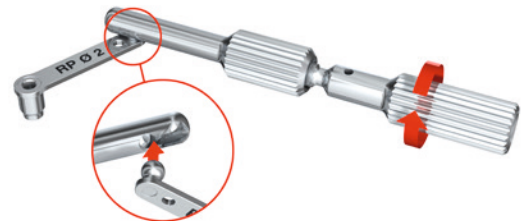
- Mount a drill stop on Twist Drills for a safe and accurate drilling procedure.
- Insert the Guided Twist Drill with the corresponding drill stop in a mounting hole with a depth corresponding to the planned depth of the osteotomy.
- Use the larger holes for drills \varnothing 3.4 and above.
- Tighten the screw using a Screwdriver Unigrip.
- The Drill Stop is now mounted at a height where it serves as a hard stop when drilling the desired depth through a drill guide embedded in the surgical template.



Drill Guide Handle

The drill guides are attached to the Handle for Guided Drill Guides by inserting the ball of the drill guide into the tip of the handle (see picture). The drill guide is locked into place by firmly tightening the upper part of the handle. Note that the drill guide is free to rotate in the socket of the handle before it is locked into place. This is to ensure that the drill guide and handle can be positioned so as not to interfere with other surgical instruments.

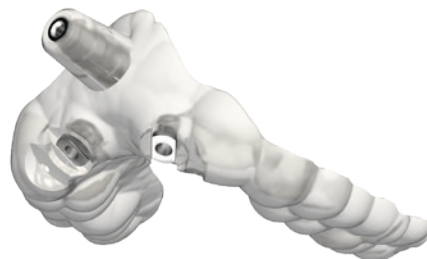
Note: Be sure to lock the drill guide into the handle outside of the patient's mouth. Because of the small sizes of the devices, care must be taken that they are not swallowed or aspirated by the patient.



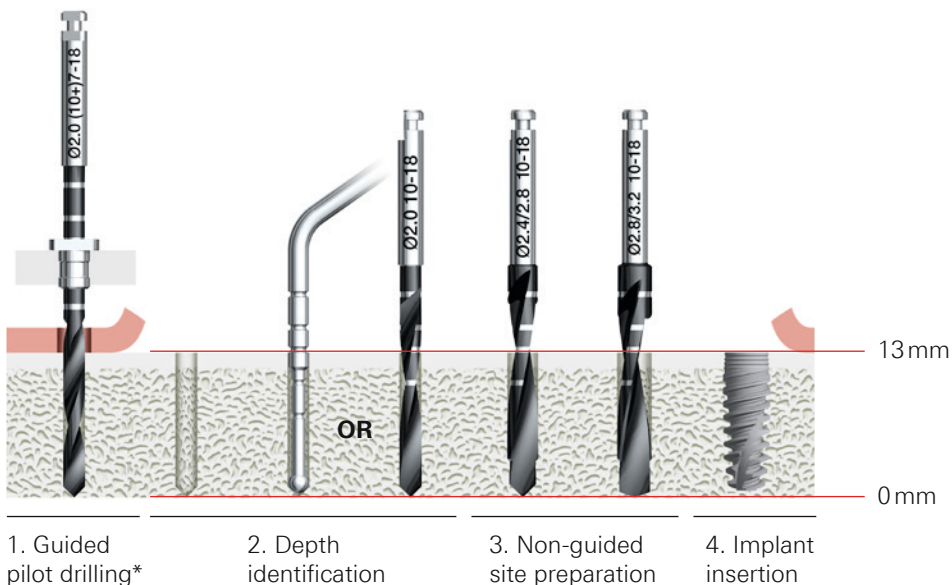
Guided pilot drilling and freehand drill sequence

Drill protocols / product reference lines

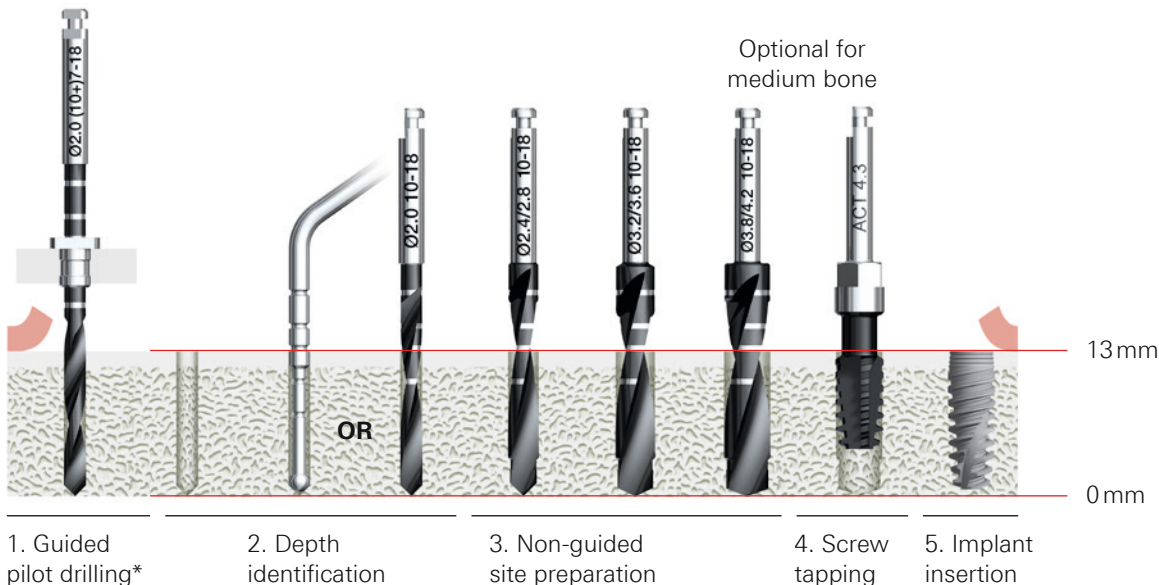
Example of guided pilot drilling followed by the freehand drill protocol for a Ø 4.3 × 13 mm implant in soft and medium / dense bone.



Soft bone



Medium / dense bone



* Confirm correct guided pilot drill depth by consulting the printed treatment plan report from NobelClinician and/or the NobelGuide surgical guidelines included in the surgical template package.

Drill protocols according to bone quality*

Recommended to ensure optimal primary implant stability when planning for Immediate Function.

Platform	Ø Implant	Soft Bone Type IV	Medium Bone Type II-III	Dense Bone Type I
3.0	Ø 3.0	1.5	2.0	2.0 2.4/2.8
NP	Ø 3.5	2.0 (2.4/2.8)	2.0 2.4/2.8 (2.8/3.2)	2.0 2.4/2.8 2.8/3.2
RP	Ø 4.3	2.0 2.4/2.8 (2.8/3.2)	2.0 2.4/2.8 3.2/3.6	2.0 2.4/2.8 3.2/3.6 (3.8/4.2)
RP	Ø 5.0	2.0 2.4/2.8 3.2/3.6	2.0 2.4/2.8 3.2/3.6 3.8/4.2	2.0 2.4/2.8 3.2/3.6 3.8/4.2 (4.2/4.6)
WP	Ø 5.5	2.0 2.4/2.8 3.2/3.6 (3.8/4.2)	2.0 2.4/2.8 3.2/3.6 3.8/4.2 4.2/4.6 (4.2/5.0)	2.0 2.4/2.8 3.2/3.6 3.8/4.2 4.2/5.0 Screw Tap

Note: All data is stated in mm.

Drills within brackets (-) denote widening of the cortex only, not drilling to the full drilling depth.

Soft bone considerations

The self-drilling capability of NobelActive allows it to be inserted into sites that have been prepared to a reduced depth. This ability becomes very useful in situations that are in close proximity to vital anatomical structures, or in softer bone when maximum condensation is desirable. Drill to 2–4 mm less than the total implant length, insert implant to drilled depth and continue to insert. The implant will drill its way to final depth.

Dense bone considerations

- Self-drilling should not be attempted in dense bone.
- Screw Taps should be used if the standard dense bone protocol is not sufficient to fully seat the implant without exceeding the recommended maximum insertion torque (max. 70Ncm for NP, RP and WP and 45Ncm for 3.0 implants).

*According to classification by Lekholm U, Zarb GA. Patient selection and preparation. In: Brånemark PI, Zarb GA, Albrektsson T, editors: Tissue-integrated prostheses: Osseointegration in clinical dentistry. Quintessence, Chicago, 1985, pp 199-209.

Required instruments

1. Guided pilot drilling



Guided Twist Drill Ø 1.5 mm*



Guided Twist Drill Ø 2.0 mm



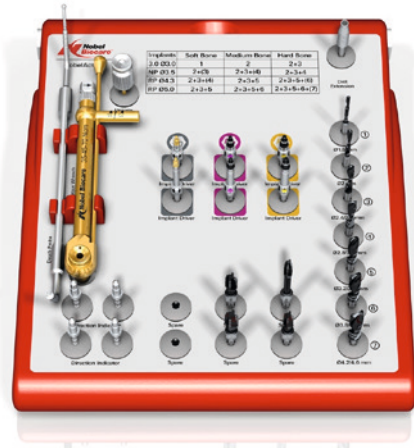
Guided Twist Drill Ø 1.5 mm



Guided Anchor Pin

} For anchoring template

2. Freehand surgery kit



NobelActive Surgery Kit

3. Disposable drills and optional Screw Taps for selected implant dimensions and bone density**



Twist Drill Ø 2.0 mm
(7–10 mm, 7–15 mm and 7–18 mm)



Screw Tap



Twist Step Drills
(7–10 mm, 7–15 mm and 7–18 mm)

* NobelActive 3.0 only.

** Please refer to page 41 for full list of available Twist (Step) Drills, Cortical Drills and Screw Taps.

Surgical access



Option 1

Perform flap elevation prior to guided drilling using the surgical template.

- Carefully position the surgical template.
- Using the first drill in the indicated drilling protocol, carefully mark the soft tissue.
- Remove the surgical template.
- Perform the incision.
- Elevate the flap by performing sub-periosteal preparation and mobilization using a raspatory or elevator.
- Carefully reposition the surgical template.*
- Perform guided drilling using the selected guided pilot drills based on the treatment plan report from NobelClinician.
- Remove the surgical template.
- Continue site preparation and/or implant insertion.



Option 2

Perform guided drilling using the surgical template before performing flap elevation.

- Carefully position the surgical template
- Perform guided drilling using the selected guided pilot drills based on the treatment plan report from NobelClinician.
- Remove the surgical template.
- Perform the incision.
- Elevate the flap by performing sub-periosteal preparation and mobilization using a raspatory or elevator.
- Continue site preparation and/or implant insertion.

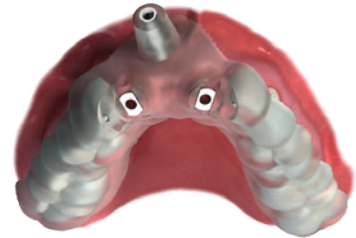
* Ensure the exact same fit and position is achieved as before soft tissue manipulation.

Detailed drilling sequence

The illustrated drilling sequence shows the use of NobelActive RP 4.3 × 13mm implants.


1 Position surgical template

- Carefully and correctly position the surgical template. Secure using anchor pins, if applicable (for details see page 27).
- Keep the surgical template stabilized at all times during the surgery.



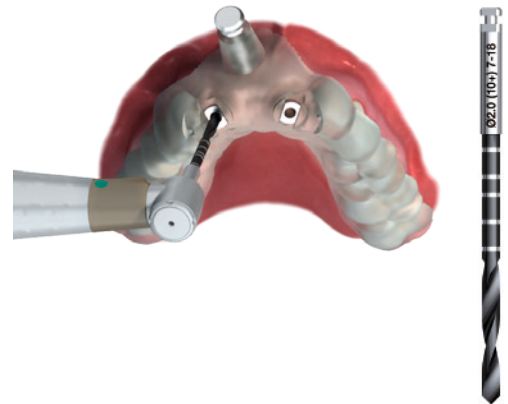
2 Drill with Pilot Twist Drill

Drill with the Guided Twist Drill $\varnothing 2.0 \times (10+)7-18\text{mm}$ to the desired depth with an in-and-out motion under profuse irrigation.

Maximum speed  800rpm

Note: Correct guided drill depth information must be confirmed by referencing the printed treatment plan report from NobelClinician and/or the NobelGuide surgical guidelines included in the surgical template package.

Caution: The guided twist drills are identified by the (10+) on the shaft. This indicates that the drills extend an additional 10mm.



3 Remove surgical template

Carefully remove the surgical template.

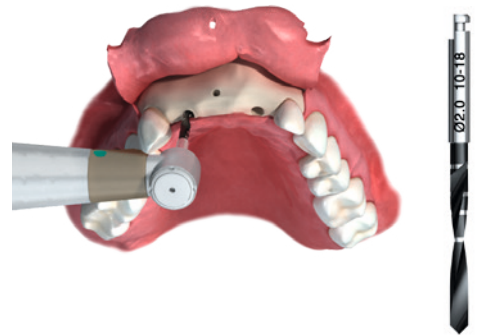
4 Confirm orientation

Use the direction indicator to confirm orientation and inclination of the preparation.




5 Identify osteotomy depth

- Identify reference for osteotomy depth for freehand surgery.
- Use a depth probe with depth markings or the non-guided Twist Drill Ø 2.0 (not while it is rotating) to identify the depth for freehand surgery with reference to the patient's anatomy.



6 Drill with Twist Step Drills

- Continue site preparation using Twist Step Drill Ø 2.4/2.8mm.
- Check orientation using Direction Indicator Ø 2.0/2.4–2.8mm.
- Finalize site preparation using Twist Step Drill Ø 3.2/3.6mm.

Maximum speed  2000 rpm



7 Widen cortex (dense bone)

Widen cortex to full cortex depth using Twist Step Drill
Ø 3.8/4.2 mm. Do not drill to full drilling depth.

Maximum speed  2000 rpm



8 Use Screw Tap (dense bone)

- Place Screw Tap RP 4.3 into prepared implant site using low speed (25 rpm).
- Apply firm pressure and begin rotating the Screw Tap slowly. When the threads engage, allow Screw Tap to feed without pressure to defined depth (until all threads on the Screw Tap have engaged bone).
- Switch the handpiece to reverse mode and back the Screw Tap out.

Low speed 25rpm 

Note: The Screw Tap WP 5.5 11.5–15 mm has a special depth marking indicating the defined depth for the 15 mm length implant.



Special depth marking for the Screw Tap
WP 5.5 11.5–15 mm

Implant insertion

1 Unpack implant

Each implant is packaged in a double aseptic vial system. The outer package has a printed label with product data including diameter and length. Its cap is color-coded to identify the implant diameter. The inner titanium casing is also marked with implant platform and size.

- Pull the red tab to disengage the plastic shrink-rap film and unscrew the color-coded lid.
- Take out the sterile inner titanium casing and lift off the plastic cap to gain access to implant.
- Record the implant size and LOT number on the patient's chart with the two peel-off labels from the outer vial.



2 Choose insertion instrument

Depending on the clinical situation and accessibility, there are three different options for inserting the implant:

- A With a NobelActive Manual Torque Wrench Surgical
- B With a Surgical Driver
- C With a drilling unit and contra-angle

Notes:

- In the anterior region it is recommended to use the manual surgical driver to facilitate good control during insertion and angulation changes.
- The surgical driver is intended to be used while grasped with finger tips only to avoid excessive insertion torque.
- It is possible to start the implant insertion manually, using the NobelActive Implant Driver and Surgical Wrench Adapter.
- For NobelActive 3.0, the NobelReplace Manual Torque Wrench Surgical or the Manual Torque Wrench Prosthetic with Surgical Wrench Adapter can also be used, as they both have a 45 Ncm marking.

Caution: Overtightening an implant may lead to damage of the implant, fracture or necrosis of the bone site. If a Surgical Driver is used to insert the implant, special care needs to be taken to avoid overtightening.



A NobelActive Manual Torque Wrench Surgical



B Surgical Driver

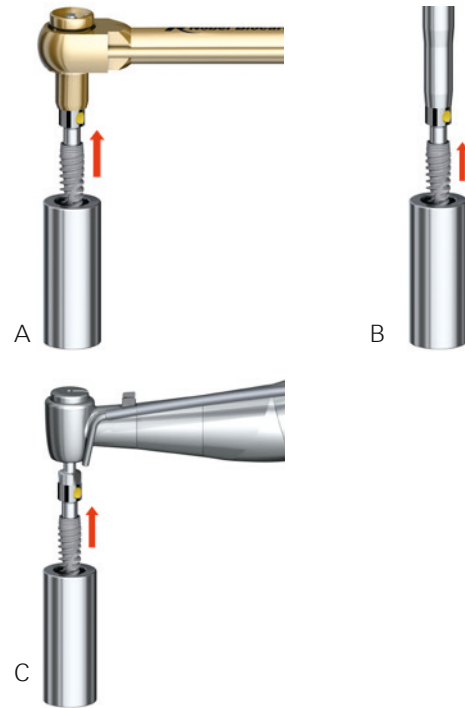


C Drilling unit with contra-angle

3 Pick up implant

- Connect the appropriate implant driver to the insertion instrument.
- Pick up the implant from the inner casing by applying light pressure on the implant driver and carefully turning the casing counterclockwise until implant driver is fully seated.

Tip: The implant drivers have markings to facilitate the insertion of the driver into the implant.




Caution: Make sure that the implant driver is fully seated.



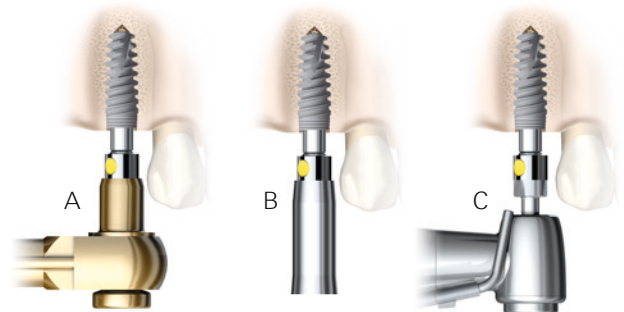
4 Insert implant

- Begin inserting the implant into the osteotomy.
- When using a drilling unit, start inserting the implant using low speed.

Low speed 25rpm  Max. torque 70 Ncm (NP, RP, WP),
Max. torque 45 Ncm (3.0)

Caution:

- The maximum insertion torque for NP, RP and WP implants is 70 Ncm and may be measured with the NobelActive Manual Torque Wrench Surgical. For NobelActive 3.0 never exceed an insertion torque of 45 Ncm.
- The surgical driver is designed to be used while grasped with finger pressure only. Use of full palm grip can yield over 200 Ncm insertion torque.
- Overtightening an implant may lead to damage of the implant, fracture or necrosis of the bone site. If a Surgical Driver is used to insert the implant, special care needs to be taken to avoid overtightening.



5 Tighten manually

- Connect the NobelActive Manual Torque Wrench Surgical to the Manual Torque Wrench Adapter and place the implant to final depth.
- For Immediate Function, the implant should withstand a final insertion torque of at least 35 Ncm. Do not exceed 70 Ncm for NP, RP and WP implants and 45 Ncm for NobelActive 3.0.
- Remove the Implant Driver with an easy upward motion.

Experiencing strong resistance

Excessive torque while inserting the implant must be avoided. It can cause deformation of the implant or connection and may result in excessive compression of the bone.

- If strong resistance (max. 70 Ncm for NP, RP and WP and 45 Ncm for 3.0 implants) is encountered at any point during insertion, rotate the implant counterclockwise approximately a 1/2 turn to enable the self-tapping capacity of the implant, then continue to insert the implant.
- If there is still strong resistance, remove the implant and place it back into the titanium casing. Widen the implant site according to the drill protocol or use Screw Tap matching the diameter of the implant.



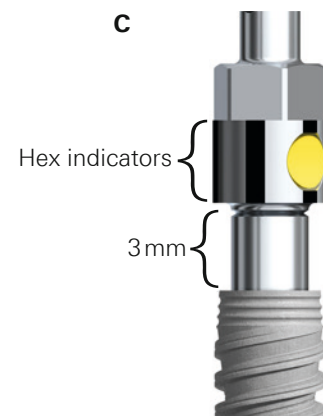
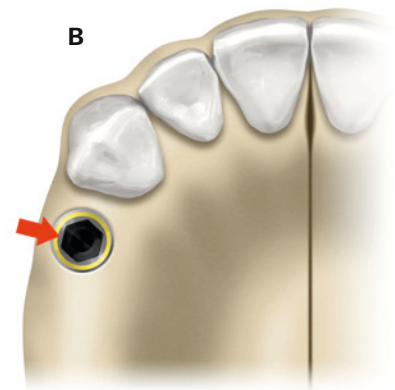
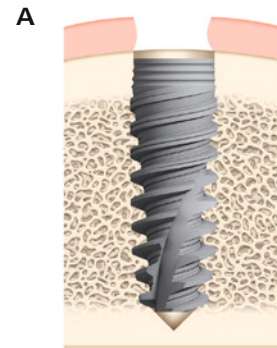
Markings for 35, 45 and 70 Ncm.

6 Final implant placement

- Available abutment margin height needs to be considered during the planning of implant placement to assure appropriate seating depth of the implant relative to the available soft tissue thickness and the planned emergence of the restoration.
- For maximum esthetic results place the implant between 0–1 mm below buccal bone (A).
- When placing the implant, align one of the black hex indicators on the implant driver parallel to the buccal wall. This ensures that one of the flat sides of the hexagon is parallel to the buccal side (B), ensuring preferred prosthetic abutment orientation.

Notes:

- The implant driver has a 3 mm height indicator to facilitate vertical implant positioning and six black lines correlating to the flat sides of the implant hexagon (C).
- If the implant driver is difficult to remove, slightly rotate it counterclockwise before lifting it up.



Hex and height indicators on implant driver

NobelActive® 3.0

Indications

- Lateral incisors in the maxilla
- Lateral and central incisors in the mandible
- Single-unit applications in the above-mentioned positions

1 Prepare implant site

Prepare the implant site according to drill protocol (see page 13).

2 Pick up implant

Open the implant package and pick up the implant from the inner casing with the implant driver for NobelActive 3.0.

3 Place and tighten implant

- Insert the implant with low speed, maximum 15 rpm, using drilling machine or by hand using Manual Torque Wrench Surgical.
- Tighten the implant with an insertion torque of maximum 45 Ncm (see marking on torque wrench). For Immediate Function a minimum installation torque of 35 Ncm is required.

If experiencing strong resistance

Excessive torque while inserting the implant must be avoided. It can cause deformation of the implant or connection and may result in excessive compression of the bone.

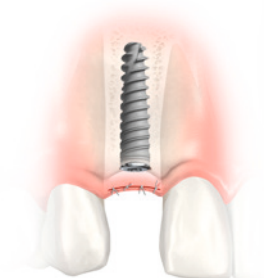
- If strong resistance (max. 45 Ncm) is encountered at any point during insertion, rotate the implant counterclockwise approximately 1/2 a turn to enable the self-tapping capacity of the implant, then continue to insert the implant.
- If there is still strong resistance, remove the implant and place it back into the titanium casing. Widen the implant site according to the drill protocol or use Screw Tap matching the diameter of the implant.

Note: For NobelActive 3.0, the NobelReplace Manual Torque Wrench Surgical or the Manual Torque Wrench Prosthetic with Surgical Wrench Adapter can also be used, as they both have a 45 Ncm marking.

4 Temporary restoration

Depending on the surgical protocol of choice, place a cover screw or abutment and suture.

Caution: All prosthetic components for NobelActive 3.0 must be tightened to 15 Ncm only using a Screwdriver Machine Unigrip and Manual Torque Wrench Prosthetic. Overtightening may lead to screw fracture.



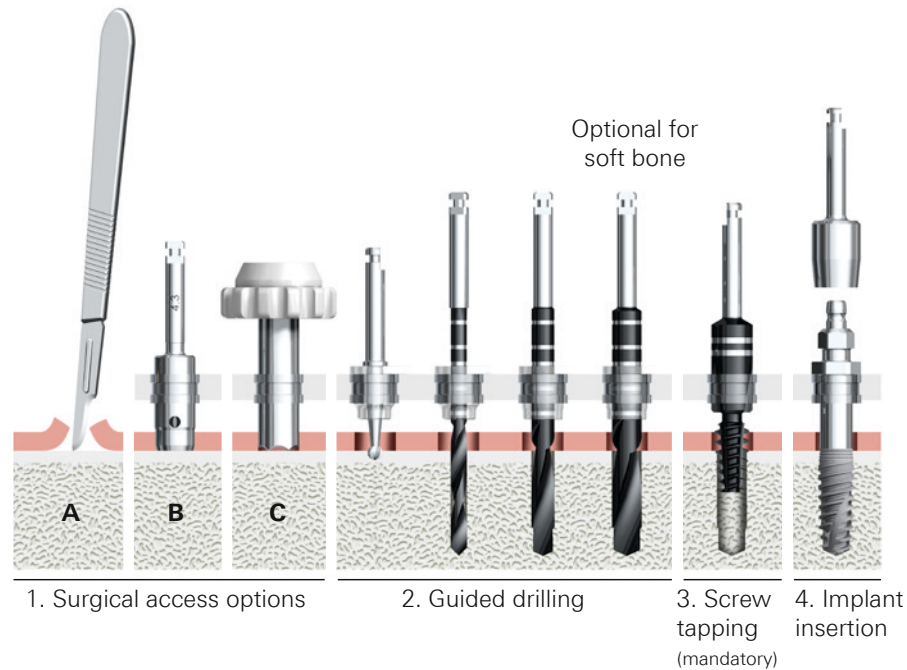
Fully guided surgery

Guided drill protocol

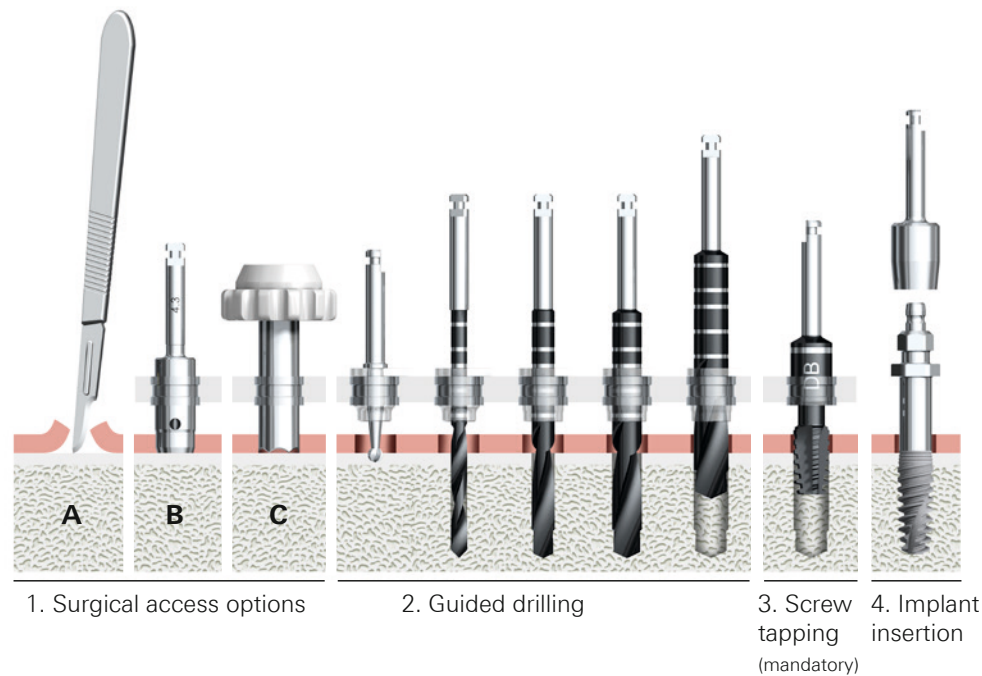
Example of the guided drill protocol for a $\varnothing 4.3 \times 13$ mm implant in soft / medium and dense bone.



Soft / medium bone



Dense bone



Drill protocols according to bone quality

During drilling procedures bone quality should be considered. Recommended drill sequences are based on bone quality to ensure optimal primary stability when applying Immediate Function. Drills are used to the full drilling depth (top of guided drill guide as reference). Drill data are stated in mm.

Optional Drills

If bone density is inconsistent (varying between medium and soft or medium and dense bone), optional drills can be added to the drill protocol to ensure the torque level does not exceed 45 Ncm. It is recommended that the Guided Counterbore NobelActive (single use) is used in medium and dense bone (maximum 800 rpm) to create adequate access for the Guided Screw Tap and/or Guided Implant Mount. The dense bone protocol is to be used when the implant cannot be fully seated.

Caution: Never exceed an insertion torque of 45 Ncm for the implants. Overtightening may damage or fracture the implant and could cause necrosis of the bone site.

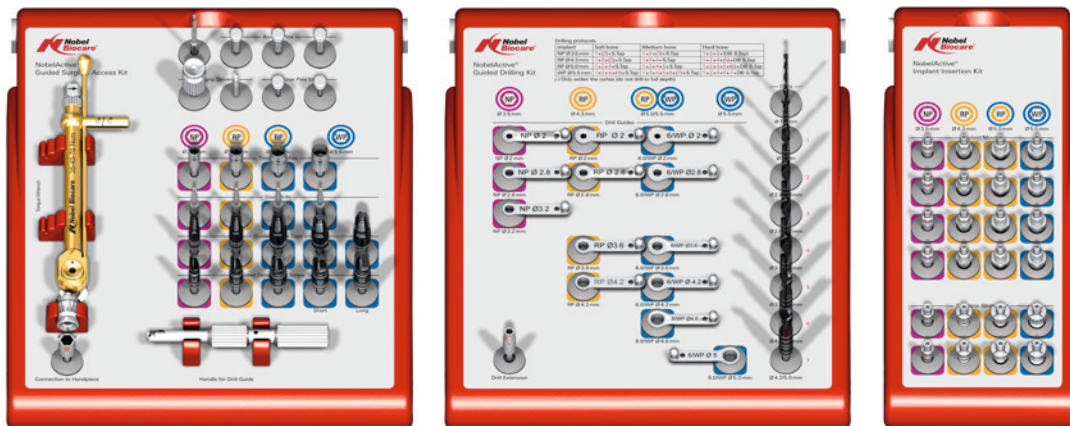
NobelActive guided drill sequence

Implant diameter	Soft bone Type IV	Medium bone Type II–III	Dense bone Type I
Ø 3.75	2.0 (2.4/2.8)	2.0 2.4/2.8 Guided Counterbore 3.75 (Guided Screw Tap 3.75)	2.0 2.4/2.8 2.8/3.2 Guided Counterbore 3.75 Guided Screw Tap 3.75
Ø 4.3	2.0 2.4/2.8 (2.8/3.2)	2.0 2.4/2.8 3.2/3.6 Guided Counterbore 4.3 (Guided Screw Tap 4.3)	2.0 2.4/2.8 3.2/3.6 Guided Counterbore 4.3 Guided Screw Tap 4.3
Ø 5.0	2.0 2.4/2.8 3.2/3.6 (3.8/4.2)	2.0 2.4/2.8 3.2/3.6 3.8/4.2 Guided Counterbore 5.0 (Guided Screw Tap 5.0)	2.0 2.4/2.8 3.2/3.6 3.8/4.2 Guided Counterbore 5.0 Guided Screw Tap 5.0
Ø 5.5	2.0 2.4/2.8 3.2/3.6 4.2/4.6 (4.2/5.0)	2.0 2.4/2.8 3.2/3.6 4.2/5.0 Guided Counterbore 5.5 (Guided Screw Tap 5.5)	2.0 2.4/2.8 3.2/3.6 4.2/5.0 Guided Counterbore 5.5 Guided Screw Tap 5.5

Note: All data are in mm and the drills within brackets denoted as optional.

Required instruments

1. NobelActive Guided Surgery Kit



NobelActive Guided Surgery Kit

2. Guided Drill Stop Kit



3. Disposable drills and optional Screw Taps for selected implant dimensions and bone density*



Guided Twist Drill Ø 2.0 mm
(7–13mm and 7–18 mm)



Guided Screw Tap
(mandatory soft/medium bone)



Guided Twist Step Drills
(7–13mm and 7–18 mm)



Guided Dense Bone Screw Tap
(mandatory dense bone)

* Please refer to page 42 for full list of available Guided Twist (Step) Drills, Guided Counterbores and Guided Screw Taps.

Special considerations

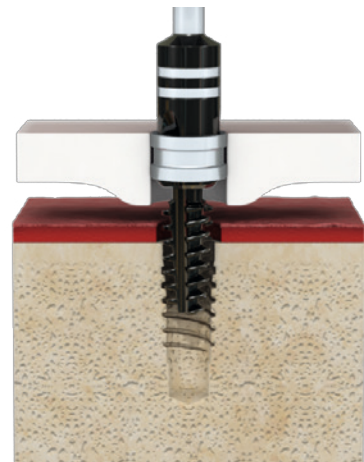
The unique thread design of NobelActive implants allows for redirection of the implant during insertion. This feature has been taken into consideration in the drilling protocol for placing NobelActive implants in conjunction with the NobelGuide surgical template.

Mandatory guided Screw Taps

Guided screw tapping is mandatory and has the following aims:

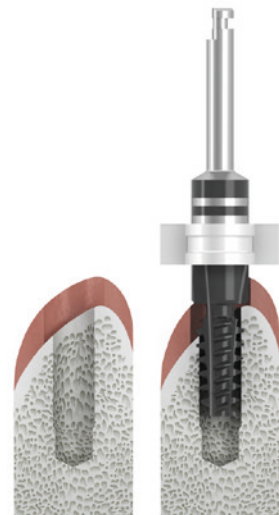
Securing insertion precision

For guided insertion of the NobelActive implant, the correct starting point is crucial. The separate dedicated Screw Taps for soft/medium and dense bone are mandatory for all indications. They define the correct insertion point for precise implant placement. Early steering means the Guided Screw Tap engages with the Guided Sleeve before encountering bone. Tapping of just two or three threads (height of cortical bone) may be enough in soft bone.



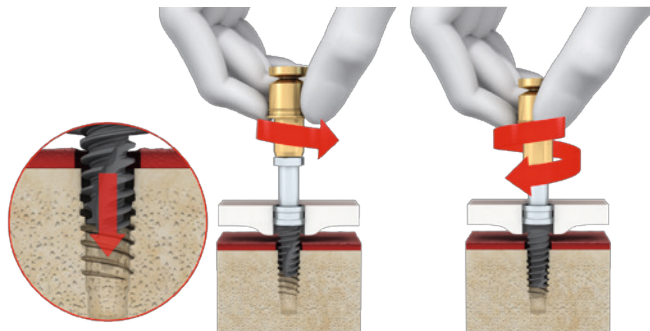
Avoid early bone contact

Before using the Screw Tap, the shape of the crest should be checked to avoid early collision between the upper half of the Screw Tap and the bone. Remove the bone to allow insertion of the Screw Tap.



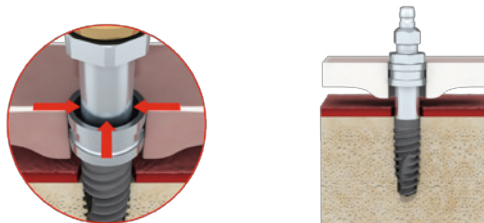
Accurate implant placement following the pre-tapped path

First, rotate the implant counterclockwise using the surgical adaptor until the implant falls into the pre-tapped thread. Then rotate the implant clockwise into the pre-tapped path. This technique ensures that the implant is placed accurately with zero friction between sleeve and implant, which enables precise torque measurements.



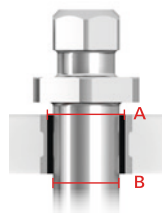
Place implant subcrestally without removing additional bone

Designed to complement the unique characteristics of NobelActive, the diameter of the Guided Implant Mount is identical to the implant shoulder, allowing for subcrestal placement without removing additional bone on the neighboring crest. The Guided Implant Mount includes a precise vertical stop. Visual control of implant installation through the sleeve is required during the full insertion procedure.



	NP	RP 4.3	RP 5.0	WP 5.5
Guided sleeve (A)	∅ 4.11	∅5.02	∅6.22	∅6.22
Implant mount (B)	∅3.52	∅ 3.90	∅3.90	∅5.08
Diameter difference	0.59	1.12	2.32	1.14

Diameter and diameter difference in mm



Surgical access

The NobelGuide concept supports flap, mini-flap and flapless procedures. Flapless procedures are aided by a guided soft tissue punch. Based on the actual case, the clinician is advised to choose the preferred option at the planning stage. Thorough clinical diagnostics and inspection are needed prior to planning – for instance to diagnose availability of keratinized mucosa around the prospective implant sites.

Notes:


- The combination of tissue grafting and Immediate Function is not recommended.
- If simultaneous bone augmentation is performed, submerged healing is indicated

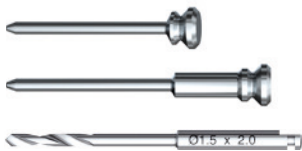
Flapless

The flapless procedure is the most straightforward procedure. The surgical template can remain at its initially installed position without the need to detach and re-position it again. This procedure is indicated for surgeons starting with the system, however punching of soft tissue must be clinically indicated (i.e. esthetics).

1 Position surgical template

Carefully and correctly position and secure the surgical template using the surgical index and anchor pins.

Maximum speed  800 rpm



2 Access surgical tissue

- Punch the soft tissue without removing the surgical template.
- The surgical template can be temporarily detached after punching to carefully remove the punched soft tissue. The surgical template is carefully repositioned and the anchor pins replaced into the existing anchorage holes in the bone.




Non-flapless (flap, mini-flap)

Keratinized tissue may be saved. Submerged placement of the implant is also possible (allowing for simultaneous bone augmentation procedures, etc.) by using a mini-flap or flap.

1 Position surgical template

- Prior to any manipulation of the soft tissue, securely position the surgical template using the surgical index to confirm position.
- Check for the correct initial positioning of the surgical template.
- Drill and place anchor pins. Use an in-and-out drilling motion with copious irrigation.

Maximum speed  800 rpm



2 Mark implant positions

- Mark the intended implant positions through the installed template by gently stamping the contour of the entry point of the implant using the Soft Tissue Punch.
- Use gentle force on the soft tissue using the Soft Tissue Punch.



3 Perform incision with scalpel

- Remove the anchor pins and the surgical template.
- Perform the incision, respecting the position of the implants (the shown flap design is for illustration only).



4 Elevate flap

- Perform sub-periosteal preparation and mobilization using a raspatory.



5 Modify surgical template

- In order to ensure that the surgical template can be repositioned in the correct location, or to prevent damage to the soft tissue flap, adjustment of the surgical template may be required.
- Slightly modify the fitting surface of the surgical template by relieving as much material as needed.
- After grinding, rinse with sterile physiologic liquid (saline) to remove any small particles.

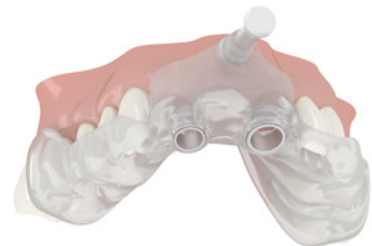
Note: Ensure adequate thickness of the surgical template is maintained at these sites.



6 Reposition surgical template

Reposition the surgical template using the surgical index and at the exact same site prepared for the anchor pins.

Note: Anchor pins may also be planned in order to assist with retracting a flap. The flanges of the surgical template itself may also be used to retain a flap.




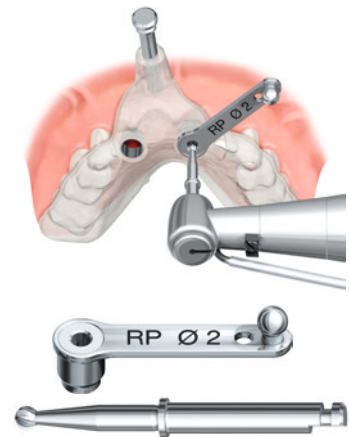
Detailed guided drilling sequence

The illustrated drilling sequence shows the use of NobelActive RP 4.3 × 13mm implants.

1 Drill with Guided Start Drill


- Start drilling one implant first, from start to finish, including guided implant insertion.
- Place the Guided Drill Guide RP to Ø 2mm in the selected template sleeve.
- Drill with the Guided Start Drill to the built-in drill stop.

Maximum speed  800rpm



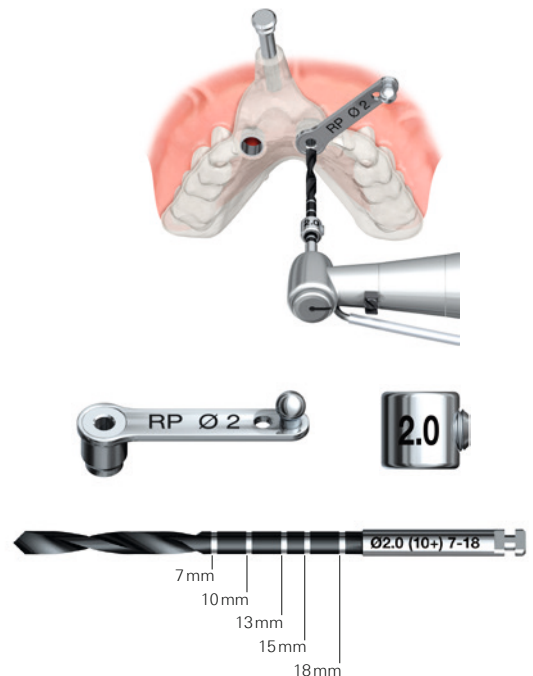
2 Drill with Guided Twist Drill

- Mount a Drill Stop Ø 2 mm on the Guided Twist Drill Ø 2 × (10+) 7–18mm for a safe and accurate drilling procedure.
- Place the Guided Drill Guide RP to Ø 2mm in the selected template sleeve.
- Drill with the Guided Twist Drill Ø 2 × (10+) 7–18mm to the desired depth with an in-and-out motion under profuse irrigation using the Guided Drill Guide for guidance.

Maximum speed  800rpm


Notes:

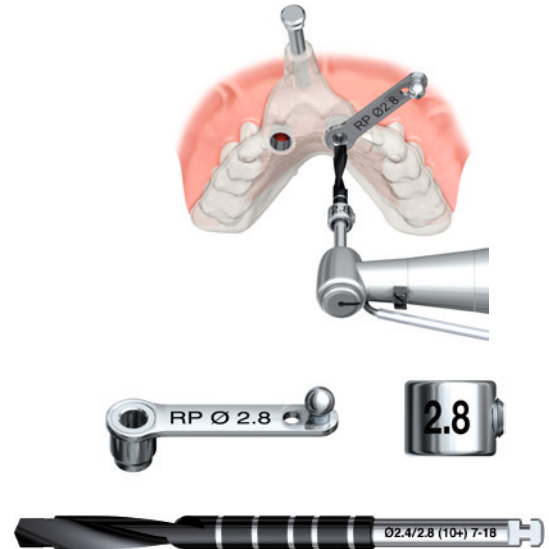
- The depth markings on the Twist Drill correspond to 7, 10, 13, 15 and 18mm implants and should be measured while level with the Guided Drill Guide.
- When using the Twist Drills, use copious irrigation and an “in-and-out” drilling motion with emphasis on bringing the tip of the drill out of the template when preparing the site to avoid overheating.
- A (10+) indicates that the drills extend an additional 10 mm.
- During surgery maximum attention must be paid to ensure that the surgical template does not move in any direction from the correct position when being manipulated with instruments, e.g., lateral shift through inadequate handling of (pilot) drill in “knife – edge” situations or shift / deformation of surgical template due to excess vertical force application during implant installation.



3 Continue drilling

- Mount the Drill Stop \varnothing 2.8mm on the Guided Twist Step Drill 2.4/2.8 \times (10+) 7–18mm.
- Place the Guided Drill Guide RP to \varnothing 2.8mm and drill to the stop with the Guided Twist Step Drill 2.4/2.8 \times (10+) 7–18mm.
- Drill with an in-and-out motion under profuse irrigation.
- Finalise site preparation using the Guided Twist Step Drill 3.2/3.6 \times (10+) 7–18mm and Guided Drill Guide RP to \varnothing 3.6mm.

Maximum speed  800rpm

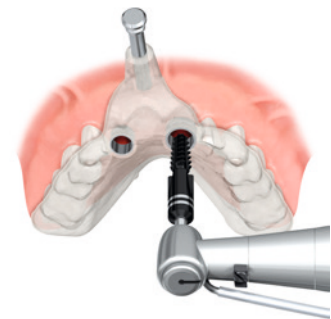


4 Mandatory screw tapping

- Place the Guided Screw Tap NobelActive RP 8.5–10mm directly into the sleeve and prepare the site to the desired depth at low speed (20–45 Ncm) and with copious irrigation.
- Carefully remove the Screw Tap to avoid damaging the prepared site.

Low speed 25rpm  Max. torque 45 Ncm

Note: If less bone condensing is required, use the Guided Screw Tap to a reduced depth. Decide how deep to tap based on the quality of the bone. In soft bone, just two or three threads (the height of the cortical bone) may be enough.



Guided Screw Tap
(mandatory soft/medium bone)



Guided Dense Bone Screw Tap
(mandatory dense bone)

Guided implant placement procedure

1 Unpack implant

Each implant is packaged in a double sterile vial system. The outer package has a printed label with product data including diameter and length. Its cap is color-coded to identify the implant diameter. The inner casing is also marked with implant diameter and length.

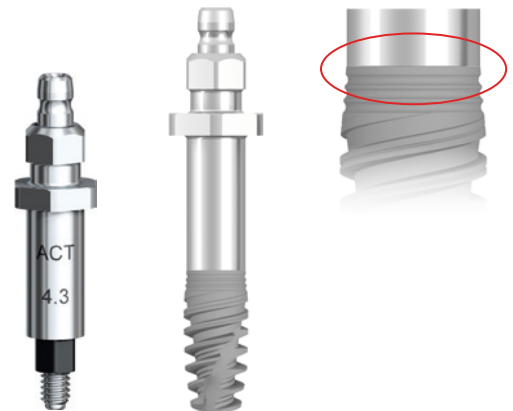
- Pull the red tab to disengage the plastic shrink-wrap film and unscrew the color-coded lid.
- Take out the sterile inner casing and lift off the plastic cap to gain access to implant.
- Record the implant size and LOT number on the patient's chart with the two peel-off labels from the outer vial.



Note: The Cover Screw is co-packed with the implant.

2 Pick up mounted implant

- Connect the Guided Implant Mount NobelActive RP 4.3 to the implant using a Screwdriver Unigrip and the surgical adapter from the Manual Torque Wrench.
- Make sure that the Guided Implant Mount is fully seated on the shoulder of the implant platform.



3 Pick up mounted implant

Pick up the mounted implant with the Surgical Adapter by holding it with two fingers.



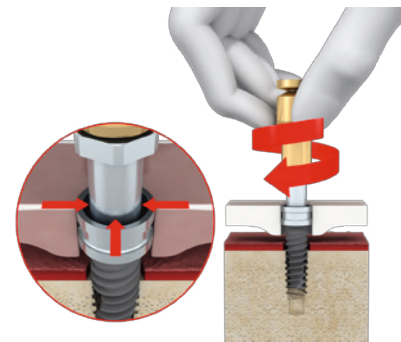
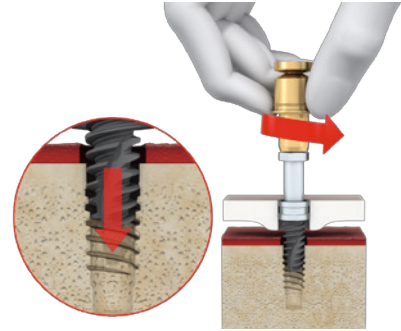
4 Manual implant insertion

- Perform the first turns of the insertion by hand. Start with a gentle left turn until you can feel the implant falling into the pre-tapped thread.
- Then turn to the right into the pre-tapped path. This technique makes it easier to find the correct pre-tapped path and optimizes the accuracy of implant placement.

Notes:

Visually check that the Guided Implant Mount is kept in the center of the guided sleeve during the entire insertion process.

Alternative: Use the Connection to Handpiece for installation by machine, starting at 30 Ncm. As the insertion of the NobelActive implant goes quickly, a very slow rotational speed is recommended. Using the machine compromises the tactile feedback for initial placement. The use of the machine for initial placement is only indicated if the mouth opening or access (in posterior region) does not allow for manual initial placement.



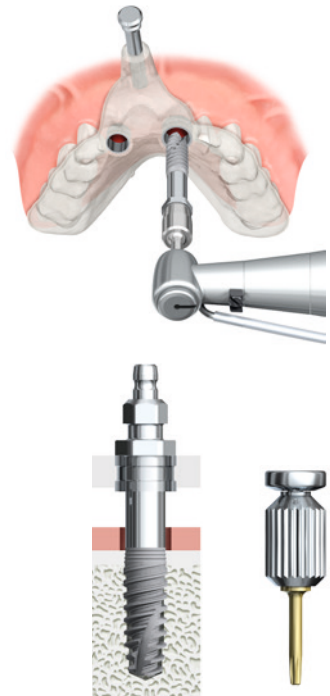
Guided implant placement – partially edentulous

Go to page 38 to continue with guided implant placement for edentulous cases.

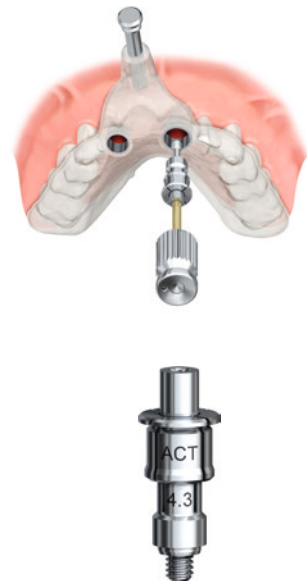
5 Insert implant with machine

- Remove the surgical adapter and continue the implant insertion with the Connection to Handpiece using the low setting on the drilling unit or use the Manual Torque Wrench.
- Insert the implant until the flange of the Guided Implant Mount NobelActive touches the outer surface of the guided sleeve in the surgical template.
- Final implant insertion can be done manually. The maximum torque for the implant is 70 Ncm and may be measured with the NobelActive Manual Torque Wrench Surgical.
- Use a Screwdriver Unigrip to remove the Guide Implant Mount.

Low speed 25 rpm  Max. torque 70 Ncm

**6 Anchor the surgical template**

- Use the Guided Template Abutment NobelActive RP 4.3.
- Tighten manually using a Screwdriver Unigrip.
- Ensure that the surgical template stays in its initial correct position for the next implant site preparation.

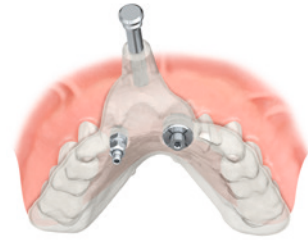


7 Place remaining implants

- Proceed with preparation of the remaining implant sites.
- Install the remaining implants according to the previously described procedure.

Notes:

- Place Guided Template Abutments on the first two implants. After placement, leave the Guided Implant Mounts seated in their final position until all implants are placed.
- If only two implants are to be placed, there is no need for a Guided Template Abutment on the second implant.



8 Remove surgical template

- Once all implants are installed, remove Guided Implant Mounts and Guided Template Abutments using the Screwdriver Unigrip.
- Remove the anchor pins and the surgical template.



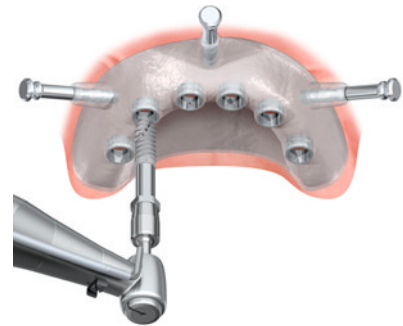
Guided implant placement – edentulous

Go to page 36 for the procedure on guided implant placement for partially edentulous cases.

5 Insert the first mounted implant

- Insert the first implant (for example in the canine position) until the flange of the Guided Implant Mount is 1 mm short of the outer surface of the surgical template sleeve.
- Leave the Guided Implant Mount in place.

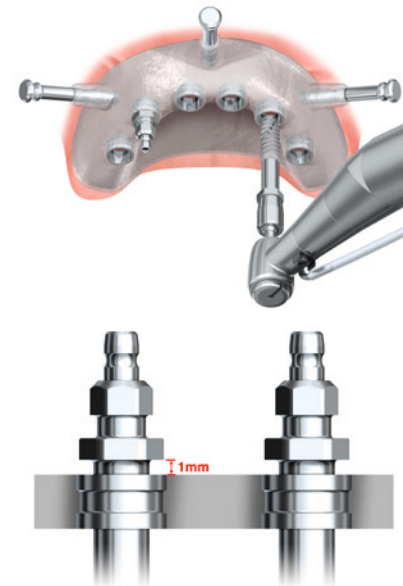
Low speed 25rpm  Max. torque 70Ncm



6 Insert the second mounted implant

- Choose the implant site strategically placed in the middle of the opposite half of the arch to obtain proper distribution.
- Prepare and insert the second implant until the flange of the Guided Implant Mount is 1 mm short of the outer surface of the surgical template sleeve.

Low speed 25rpm  Max. torque 70Ncm

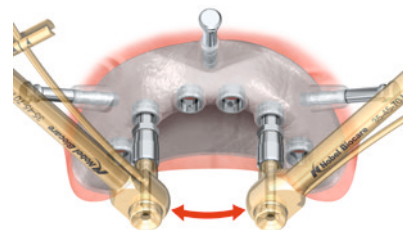


7 Finalize implant insertion

- Using the NobelActive Manual Torque Wrench Surgical, carefully seat the first and second implant until the flange of the Guided Implant Mounts slightly touch the surgical template sleeve.

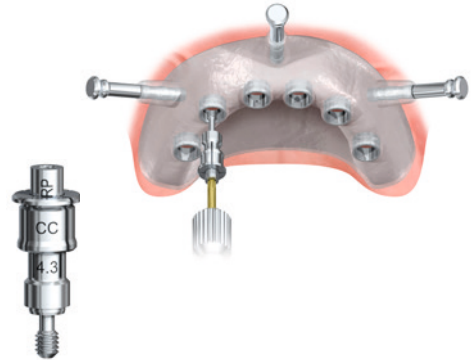
Note: Follow the described protocol to minimize the risk of over-torquing and to minimize movement of the surgical template.

Max. torque 70Ncm



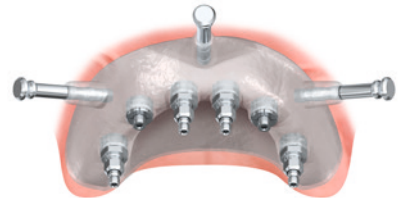
8 Anchor the surgical template

- Use the Screwdriver Unigrip to remove the Guided Implant Mounts.
- Place a Guided Template Abutment NobelActive RP 4.3 onto each of the seated implants.
- Tighten manually using the Screwdriver Unigrip.
- Ensure that the surgical template maintains its initial correct position for the following implant site preparation.



9 Install remaining implants

- Proceed with preparation of the remaining implant sites (step 1–5, page 33–36).
- Install the remaining implants until the flange of the Guided Implant Mount touches the top of the guided sleeve in the surgical template.



Notes:

- Place the Guided Template Abutments on the first two implants. After placement, leave the seated Guided Implant Mounts in their final position until all implants are placed.






10 Remove surgical template

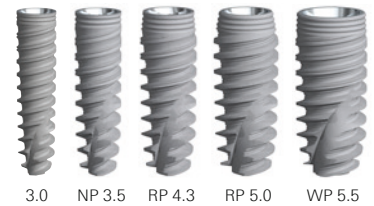
- Once all implants are installed, remove Guided Implant Mounts and Guided Template Abutments using the Screwdriver Unigrip.
- Remove the anchor pins and the surgical template.




Product overview

STERILE R NobelActive

Platform	Implant Ø	Length						
		7 mm	8.5 mm	10 mm	11.5 mm	13 mm	15 mm	18 mm
 *	3.0 mm	–	–	36769	36770	36771	36772	–
 **	3.5 mm	–	35221	34125	34126	34127	34128	35215
	4.3 mm	–	35223	34131	34132	34133	34134	35219
	5.0 mm	–	35225	34137	34138	34139	34140	35220
 ***	5.5 mm	37806	37807	37808	37809	37810	37811	–


STERILE R Cover Screw Conical Connection

	3.0	NP	RP	WP
	36775	36649	36650	37812

* NobelActive 3.0 is only indicated for the replacement of single-unit maxillary lateral incisors and single-unit mandibular lateral and central incisors. Multiple-unit restorations are neither indicated nor accommodated by restorative components.

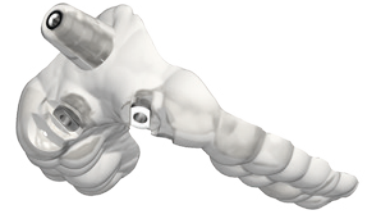
** NobelActive NP is not recommended to be used in the posterior region.

*** Color coded and cover screw included



On all Nobel Biocare implants including prefabricated prosthetic components. For further information visit nobelbiocare.com/warranty

Surgical components for guided pilot drilling



For guided pilot drilling

Guided Pilot Twist Drill for NobelActive 3.0	
Ø 1.5 (10+) 10-15 mm	37397



Guided Anchor Pins	
Ø 1.5 mm	30909
Ø 1.5 mm Short Shaft	34761



Guided Twist Drills	7-13 mm	7-18 mm
Ø 2.0 (10+)	33107	32746



Guided Twist Drill ¹	
Ø 1.5 mm x 20 mm	33066



For freehand surgery

Twist Drills	7-10 mm	7-15 mm	10-18 mm
Ø 1.5	-	31278	-
Ø 2.0	32296	32297	32299



Drill Extension Shaft	
	29164



Twist Step Drills	7-10 mm	7-15 mm	10-18 mm
Ø 2.4/2.8	32260	32261	32262
Ø 2.8/3.2	37873	34638	34639
Ø 3.2/3.6	32263	32264	32265
Ø 3.8/4.2	32275	32276	32277
Ø 4.2/4.6	37874	34582	34583
Ø 4.2/5.0	37875	37876	-



Screw Taps	3.0	NP	RP 4.3	RP 5.0	WP
	36816	36236	36237	36238	37871 ² /37872 ³



Implant Drivers	3.0	NP	RP	WP
28 mm	36773	36718	36720	37859
37 mm	36774	36719	36721	37860



37883 NobelActive Surgery Kit

Includes instruments to perform implant surgery with NobelActive implants. Drills and screw taps must be ordered separately

Surgical components for fully guided surgery



Guided Anchor Pins		Guided Twist Drill ¹	
Ø 1.5 mm	30909	Ø 1.5 mm × 20 mm	33066
Ø 1.5 mm Short Shaft	34761		



STERILE R



Tissue Punches	NP	RP 4.3	RP 5.0	WP
Guided Soft Tissue Punch 5/pkg (manual)	3222006	3222007	3222008	3222008
Guided Tissue Punch (for machine)	37153	37154	37155	38060 ⁶

STERILE R



Guided Drill Guides	NP	RP 4.3	RP 5.0	WP
RP Ø3.6				
Ø 2 mm	32814	32815	32816	32816
Ø 2.8 mm	32817	32818	38046	38046
Ø 3.2 mm	35882	—	—	—
Ø 3.6 mm	—	35883	35885	35885
Ø 4.2 mm	—	35884	32825	32825
Ø 4.6 mm	—	—	35886	35886
Ø 5.0 mm	—	—	—	32826



Guided Start Drill	Handle for Guided Drill Guide	
Ø 2.0 (10+)	37152	32813

STERILE R



Guided Twist Drills	7–13 mm	7–18 mm	Drill Extension Shaft
Ø 2.0 (10+)	33107	32746	29164

STERILE R



Guided Twist Step Drills	7–13 mm	7–18 mm
Ø 2.4/2.8 (10+)	35839	35844
Ø 2.8/3.2 (10+)	35840	35875
Ø 3.2/3.6 (10+)	35841	35876
Ø 3.8/4.2 (10+)	35842	35877
Ø 4.2/4.6 (10+)	35843	38045
Ø 4.2/5.0 (10+)	37934	37945

STERILE R



Guided Screw Taps	NP	RP 4.3	RP 5.0	WP
	35878	35879	35880	37946 ⁶ /37947 ⁷

STERILE R



Guided Dense Bone Screw Taps	NP	RP 4.3	RP 5.0	WP
	38179	38180	38181	38182 ⁶ /38183 ⁷

STERILE R



Guided Implant Mounts	NP	RP 4.3	RP 5.0	WP
	35887	35888	35889	37948



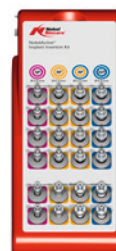
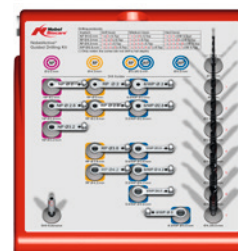
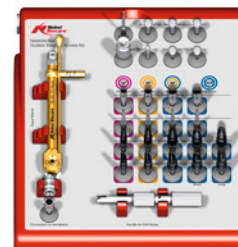
Guided Template Abutments with Screw	NP	RP 4.3	RP 5.0	WP
	35890	35891	35892	37949



5 The Guided Tissue Punch for WP/6.0-sleeve (5.5) is for NobelActive WP 5.5. Do not use Guided Tissue Punch for WP/6.0-sleeve (5.0) (art.no. 37155) or Guided Tissue Punch for WP/6.0-sleeve (6.0) (art.no. 37156).

6 For 7–8.5 mm implants.

7 For 10–15 mm implants.



37952 NobelActive Guided Surgery Kit

Kit consists of three kit boxes for guided surgical access, guided drilling and guided implant insertion. It includes instruments for NP and RP 4.3 implants. Drills and screw taps must be ordered separately.



33085 Guided Drill Stop Kit

Guided drill stops provide a stop 10 mm deeper than regular drill stops, as the corresponding guided drills are 10 mm longer than regular drills.



NobelActive Kit upgrade components

- 37954 NobelActive Guided Surgical Access Kit Box Plate: insert into NobelActive Guided Surgery Kit Box
- 37956 NobelActive Guided Drilling Kit Box Plate: insert into NobelActive Guided Drill Guide Kit Box
- 37958 NobelActive Guided Implant Insertion Kit Box

Laboratory and prosthetic components

Laboratory components for fully guided procedure

	NP	RP 4.3	RP 5.0	WP
Guided Cylinder with Pin Unigrip™ Conical Connection	37172	37173	37174	37950



	NP	RP	WP
Implant Replica Conical Connection	36697	36698	37879



STERILE R Healing abutments

	3.0			NP			RP			WP	
	3mm	5mm	7mm	3mm	5mm	7mm	3mm	5mm	7mm	3mm	5mm
Healing Abutment											
Ø 3.2	36794	36795	36796	-	-	-	-	-	-	-	-
Ø 3.6	-	-	-	36639	36640	36867	36643	36644	36872	-	-
Ø 3.8	36797	36798	36799	-	-	-	-	-	-	-	-
Ø 5.0	-	-	-	36641	36642	36868	36645	36646	36873	37813	37814
Ø 6.0	-	-	-	-	-	-	36647	36648	36874	-	-
Ø 6.5	-	-	-	-	-	-	-	-	-	37815	37816
Slim Healing Abutment	-	37669	37670	-	37666	37665	-	37667	37668	-	-

	NP			RP			WP	
	3mm	5mm	7mm	3mm	5mm	7mm	3mm	5mm
Healing Abutment Bridge								
Ø 4.0	36864	36865	36866	-	-	-	-	-
Ø 5.0	-	-	-	36869	36870	36871	-	-
Ø 6.0	-	-	-	-	-	-	37817	37818

	WP	
	6x7mm	7x8mm
Healing Abutment Anatomical PEEK	37819	37820

Temporary abutments*

STERILE R

	3.0		NP		RP		WP	
	1.5mm	3mm	1.5mm	3mm	1.5mm	3mm	1.5mm	3mm
Immediate Temporary Abutment	36777	36778	36653	36655	36654	36656	-	-



Temporary Abutment Engaging	36779	-	36663	-	36664	-	37823	37824
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STERILE R

	6.5mm	7.5mm	6.5mm	7.5mm	6.5mm	7.5mm	-
Slim Temporary Abutment	37675	37676	37671	37672	37673	37674	-

	NP		RP		WP	
	1.5mm	3mm	1.5mm	3mm	1.5mm	3mm
QuickTemp™ Abutment	36659	36657	36660	36658	-	-

Temporary Abutment Non-Engaging	36661	-	36662	-	37825	37826
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Temporary Abutment Anatomical PEEK	-	-	-	-	6x7mm	7x8mm
					37821	37822

* Abutment screw included.



Know exactly when your surgical template will arrive

Check the production status of your surgical templates within the NobelClinician Software, and the delivery status with our easy-to-use tracking tool. Register for MyNobel on nobelbiocare.com/mynobel to benefit from this and many other services and offerings.

Cleaning and sterilization

Sterile components

The devices delivered sterile have a “Sterile” marking on the label. See current cleaning and sterilization guidelines for details: nobelbiocare.com/sterilization.

Note: Implants must never be re-sterilized.



Implants

Implants are delivered sterile, are for single-use only. Do not use implants if the packaging has been damaged or previously opened.



Twist and Twist Step Drills, Counterbores and Screw Taps

Twist Drills, Twist Step Drills, Counterbores and Screw Taps are delivered sterile and for single use only.



Abutments and plastic copings

Multi-unit Abutments, Snappy Abutments, QuickTemp Abutments, Immediate Temporary Abutments and their respective plastic copings are delivered sterile and are for single-use only.



Non-sterile components

Care and maintenance of reusable instruments are crucial for successful treatment. Well-maintained instruments not only safeguard your patients and staff against infection, but are also essential for the outcome of the total treatment. See current cleaning and sterilization guidelines for details: nobelbiocare.com/sterilization.



NobelGuide surgical templates

The NobelGuide Surgical Template is delivered non-sterile. This is because pre-processing in the dental laboratory is needed to optionally prefabricate master casts that contain implant replicas at the planned implant locations in order to prepare provisional restorations prior to surgery. Use disinfecting agents described below.

In the laboratory:
Use ultrasonic cleaning with water and mild detergents. Rinse thoroughly with water, dry well and return to the protection bag in which it was delivered.

In the clinic:
Immediately prior to surgery: disinfect the surgical template in a high level disinfectant, according to the manufacturer's instructions (e.g. Chlorhexidine solution). Rinse thoroughly with sterile water and dry well, but not longer than 40 minutes.



Do not use heat or autoclave the surgical template.

Abutments and plastic copings

Some abutments made of titanium, gold alloy, and plastic (PEEK) are delivered non-sterile. For more information refer to the label on the specific abutment. It is recommended to sterilize the abutment prior to placing it in the oral cavity. For sterilization, see current cleaning and sterilization guidelines: nobelbiocare.com/sterilization

Notes:

- If modifications have been made to the abutment, clean the abutment prior to sterilization.
- Non-sterile plastic copings should not be resterilized, as they are for single use only.

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