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A bridge between past and future

VITE BICORTICALE GARBACCIO®

GARBACCIO BICORTICAL SCREW

Ed. n. 3.17

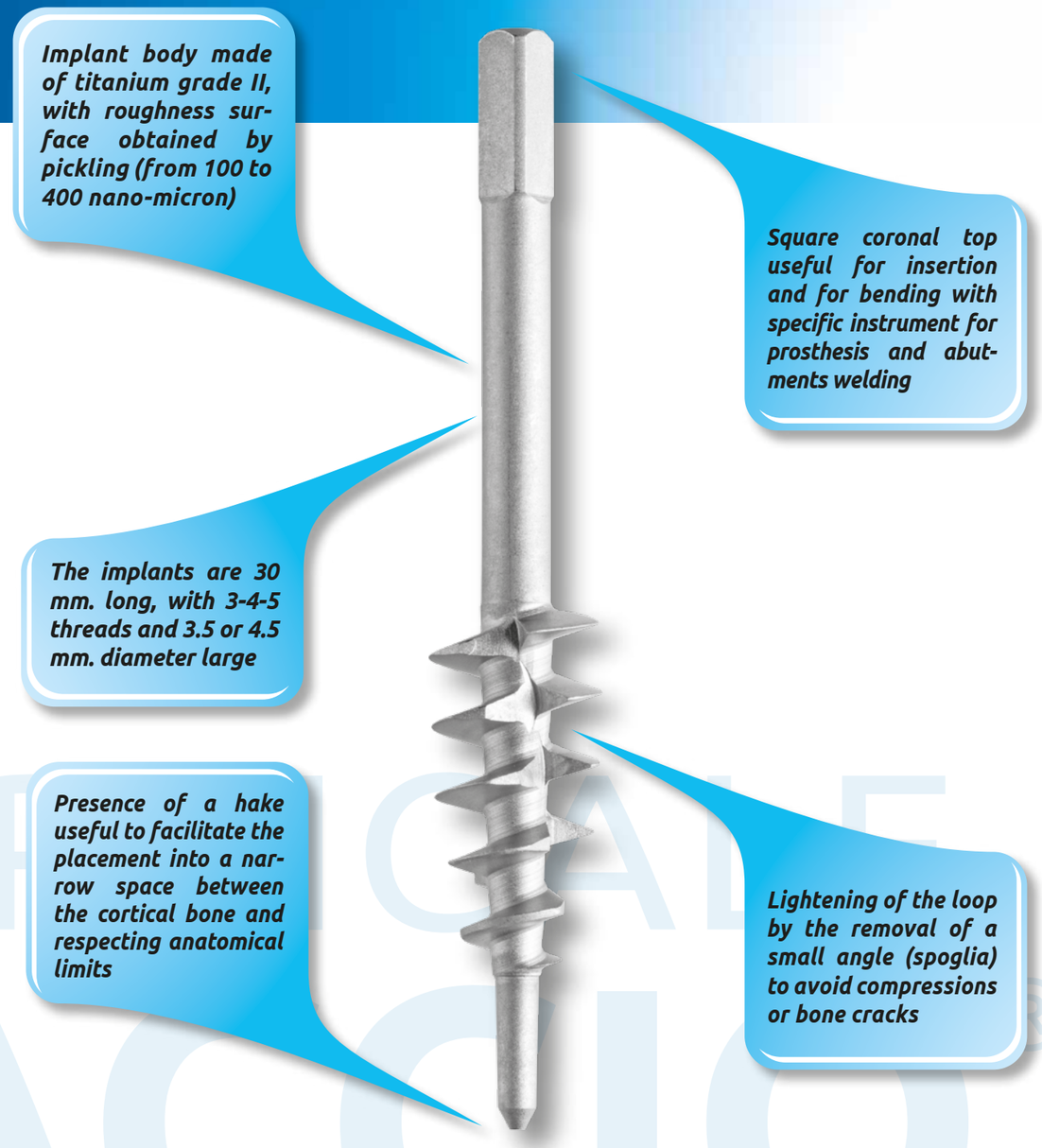
In memory of one of the Master of ever

VITE BICORTICALE
GARBACCIO®

FEATURES

VITE BICORTICALE GARBACCIO®

*Conceived by **Dr. Dino Garbaccio**, surgeon, since 1965 he worked in the field of Oral Implantology.*
*Researcher and international lecturer, in 1970 he developed a systematic having as main characteristic the constant support of the implant screw to the opposite cortical allows immediate loading, creating, at the same time, the **bicorticalism**.*
This is actually a self-tapping implant, in fact does not need any screw tap for insertion and has the characteristic to achieve primary stability and a healing by first intention.
Since 1974, the procedures and techniques of this implant system, illustrated in the following pages, have been used successfully by clinicians. But, as any experienced dentist knows, there are many ways to get a good result and, of course, the techniques described here are not the only way to meet the needs of your patients.
Hopefully, thanks to the techniques described, you can benefit from this method, so you do not have more than justify to your patients the presence of imperfections, even in the case of implants placed in a non-ideal way.



WARRANTIES AND LIMITS

Implantology is a surgical technique that consists of replacing the missing teeth with an endosseous implant.
The evaluation of the use of this method should be done with intelligence, thinking that it is not always necessary to resort to implantology to compensate for the lack of teeth. However, being a real surgery, we have to plan everything in order to avoid the slightest harm, both present and future. In addition, it is not enough to think to insert an implant: the eye of a good bioengineer would be necessary in order to prepare the abutments that will support the prosthesis, not to mention the great importance of gnathology in the purpose of a good result.
For these reasons, it is recommended to all dentists the frequency of one or more courses on endosseous implants before inserting them into clinical practice.
Since VI-STOM is not required to be able to control the factors related to the services provided by the clinician, including the selection of patients and surgical and restorative techniques, it does not assume the responsibility that goes beyond the substitution of the products due to failures, reactions and other adverse or dependent results of buyers, dentists or patients arising out of or related to the use of the Garbaccio Bicortical Implant.
Implants are produced in titanium alloy (grade II) and are available with surface roughness obtained by pickling (from 100 to 400 nano - microns).
Biomaterials research considers these highly biocompatible implants thanks to the numerous long-term studies in animals and humans. However, as with all types of coating, it is always possible to produce chipping surfaces after insertion of the implant into the bone.
For the foregoing reasons, except as specified herein, VI-STOM does not warrant that it extends beyond what is stated in the text of this warranty or beyond the description contained in the booklet within the package.
This warranty supersedes all other warranties, express or implied, including merchantability or eligibility for a particular purpose.
VI-STOM sells and guarantees to buyers who are qualified dentists who buy implants for the purpose of use and then sell them as part of their service to patients.
VI-STOM does not give written warranties to consumers, patients or users and does not authorize anyone to issue these types of warranties in writing on its own.
VI-STOM compensations (and its responsibilities) against any purchaser are limited solely and exclusively to the replacement or repair of a defective system when it is demonstrated to VI-STOM experts, within six (6) months after delivery to the purchaser, that the product was defective at the time of shipment and the product is returned to VI-STOM for review, replacement or repair.
VI-STOM is not liable to third parties for any incidental, consequential or any other type, both the complaint and potential claim based on a contract, negligence or non-contractual liability.

LEAFLET AND PACKAGING

VITE BICORTICALE GARBACCIO®

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CE 0434

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Istruzioni per l'uso:

a) la Vite Bicorticale Garbaccio è in titanio C.P.;
b) la Vite Bicorticale Garbaccio è decontaminata e sterilizzata a raggi gamma;
c) la doppia confezione va aperta solo al momento dell'uso;
d) il blister va aperto;
e) il tubetto va aperto con l'uso di guanti sterili;
f) la Vite Bicorticale Garbaccio non deve essere più usata dopo la data di scadenza;
g) la Vite Bicorticale Garbaccio è monouso, non deve essere riutilizzata. Il riutilizzo può causare infezioni o decadimento delle proprietà meccaniche;
h) la confezione integra va tenuta lontano da fonti di calore a temperatura ambiente;
i) la Vite Bicorticale Garbaccio è ad esclusivo uso odontoiatrico;
l) la Vite Bicorticale Garbaccio va inserita previa anestesia, esclusivamente locale, per avere la possibilità di evitare lesioni a carico del nervo mandibolare o dei seni mascellari;
m) la Vite Bicorticale Garbaccio va utilizzata solo dopo tutti gli esami necessari, sia ematici che radiologici, per poter escludere eventuali controindicazioni;
n) la Vite Bicorticale Garbaccio va utilizzata esclusivamente da personale legalmente autorizzato e che abbia seguito corsi specifici;
o) in caso di danneggiamento della confezione, la Vite Bicorticale Garbaccio va restituita;
p) particolare cura va data alla protesi che deve rispettare rigorosamente la gnatologia;
q) al paziente va somministrata una adeguata copertura antibiotica;
r) il paziente va informato che deve apporre particolare attenzione durante la masticazione nel periodo successivo all'intervento, sino al completamento dei controlli e al carico protesico;
s) il paziente deve essere informato sulla possibilità di gonfiore o lieve dolore durante il decorso postoperatorio;
t) l'etichetta contenuta nella confezione va applicata sulla scheda del paziente per consentire la rintracciabilità del manufatto.

Controindicazioni:

a) è sconsigliato l'uso della Vite Bicorticale Garbaccio in mancanza di adeguata quantità d'osso;
b) è sconsigliato l'uso della Vite Bicorticale Garbaccio in presenza di malattie specifiche dell'osso (es. osteoporosi);
c) è sconsigliato l'uso della Vite Bicorticale Garbaccio in presenza di malattia grave generale;
d) è assolutamente controindicato l'uso della Vite Bicorticale Garbaccio in presenza di infezioni.

SURGICAL GUIDELINES

It is obvious that before intervention it is necessary to perform any specific test and to make patients conscious accurately and correctly about the modalities of which will have to undergo, especially how much importance will have its collaboration both during and after surgery.

The anesthesia must be made only at the point where the screw is inserted, avoiding unnecessary and annoying dissection of the mucosa. If during surgery it becomes necessary to increase the dose of this anesthetic, it will be injected directly into the cavity that we are creating.

Given the ease of insertion, the operation may be carried out flapless or not, the choice will be made according to the anatomical situation. In fact, **when the crest of the bone is held between the fingers, in order to evaluate the shape and texture, it will be sufficient the tip of the drill, after that this has crossed the mucosa of a few millimeters**.

The use of the drill to start is incredibly the most important element: mounted on the handpiece, with the lowest speed possible to prevent damage from overheating, it drill, at the established point, the cortical bone and, when it passes, gives the impression from falling into the void: in fact we are in the spongeous bone. The difference between the diameter of the drill, 1.2 mm., and the body of the implant, 2.25 mm., is wanted: in fact, from now on, **you will have to proceed with the enlargement with very slow movements, without wave, surgically using the cutting action of the tool.**

After the needed initial expansion, **proceed manually** until the required depth with the hand graduated **drill**.

The integrity of the cells that surround the hole of the cortical bone is fundamental to keep the implant locking system and to prevent the peri-implant cone of resorption.

The hand graduated drill allows frustules to flow **out freely mixed with the blood**, allowing the bone cooling more than any jet of irrigated drill.

By expanding and progressing slowly, without friction, the tool will give all the information necessary to assess the true resistance encountered.

Thus we will be able to understand the actual shape and texture of spongeous bone, needed data to choose the type of screw to be used, both for diameter and number of threads.

After the intraoral radiographs obtained in the cavity,the drill is repositioned manually.

The highlighted line from the blood on the shank of the drill will give the same perfect assessment of the depth reached. This line will be compared on the body of the implant with a small notch.

At first it will be good to use the inserter round reduced which, due to its structure, it is essential to place the implant and give the first few turns even where space is really small, because the size has also the characteristic to be transmucosal: so the square of the implant can come out a few millimeters **facilitating the insertion and allowing the operator to hold between his fingers the same implant, to prevent it from falling.**

It should be noted that at the beginning the implant needs a slight push with rotation to engage and become self-sufficient.

The tools to proceed will be chosen according to the need.

The insertion technique is very important because requires well-defined movements to take full advantage of the incisiveness of notches like blade that create the bone tapping.

It must therefore proceed by **making a clockwise motion to a reciprocating movement counterclockwise with the function of lightening.**

In these phases, it is important to check the mark on the stem, which indicates that the implant actually progresses and not "cavity".

Upon reaching the opposite cortical is necessary to avoid excessive "closure" of the implant turning back and advancing (this allows the threads to be contained into the bone without creating compression in the upper zone and in the lower one). The implant is stabilized by this time between two points of the two cortical.

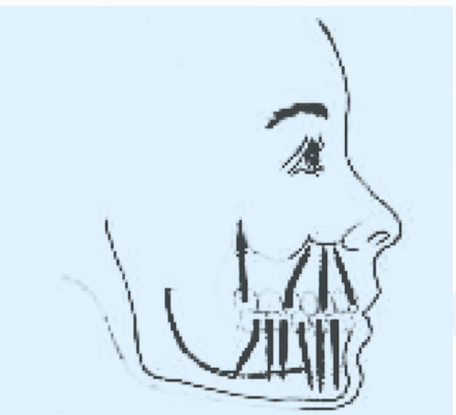
Finally, an X-ray control must ensure that the implant is correctly positioned.

At the end, the patient should not accuse the slightest disturbance.

Regarding the postoperative period is important to note the **absence of pain and swelling**.

For the rest is needed to do the normal checks, like any other implant.

The versatility of this system is shown in the following image.



PROSTHETIC GUIDELINES

Upon reaching the ideal location, **you will get the exact length of the abutment, reducing it with a bur cooled with water spray**. It will prepare the implant to the prosthesis keeping in mind that an inaccurate parallelization can create problems for the prosthesis and for the success of the system.

It is necessary to parallelize the implant immediately after insertion with the "piega-monconi" because during this phase the ischemia produced in the intraosseous lasts a few seconds and it could not get any damage.

In the case in which the square of the implant would not be eliminated , reduce the angles with a cutter edges a few tenths sufficient to permit the insertion of the "piegamonconi".

Only with an **instrument equal** to the diameter of the implant body you can get a correct angle avoiding a rounded bend that would be dangerous to the compact bite.

Of course, everything must be done with common sense in such case knowing that the best parallelization will be done before in the laboratory and then in the mouth.

PROSTHESIS

After giving impression, the transfer must be included in the model in the correct position . The emergent small abutment facilitates the aesthetic prosthesis, since it leaves more space when modeling.

To increase retention and avoid the possible rotation of the prosthesis, create, with a high-speed water-cooled drill, a longitudinal notch ather marked that, of course, also facilitates the escape of excess cement during cementing.

The cementing of the prosthesis fixed on cylindrical abutments is not less retentive than that on conical abutments which, if not perfectly parallel, can not be positioned.

For the prosthetis everyone can use the technique that feels better, from the double crown to crown aureogalvanica or directly on the abutments, as long as they comply with the rules dictated by the precision and the gnathology.

Preferably should be used provisional only in the aesthetic zone (employing all precautions to avoid detrimental movements during the healing period) but since, we have cylindrical abutments on which **the prosthesis is the locking system**, it may be preferable do the prosthesis immediately with the final restoration. In some cases it may also use the ellettro-welding with titanium bars, trying in this case to avoid any traction or twisting which could lead to the loss of the implant .

Of course, the welding may be permanent, for obvious reasons, or temporary, when it should be maintained, for aesthetic reasons , pending the final restoration.

An optimal distribution of biomechanical stress, both at the level of the provisional abutments that at the implant structures, is the primary purpose of a multi-implant provisional immediate load.

Prosthetic solutions with immediate temporary fixed on multiple systems can be secure and predictable when we resort to the technique of intraoral solidarization enabling rapid delivery and a immediate load in the same day.

The phase of provisional can be greatly accelerated and causes minimal discomfort, no interruption of function or aesthetic disadvantages for the patient. In addition to splinting implant, the provisional restoration serves as a possible guide for the final superstructure also facing the phonetic and aesthetic requirements of the patient.

1) is avoided any type of undercut

2) the side facing the gingiva is rounded, more hygienic and more easily bearable for the patient

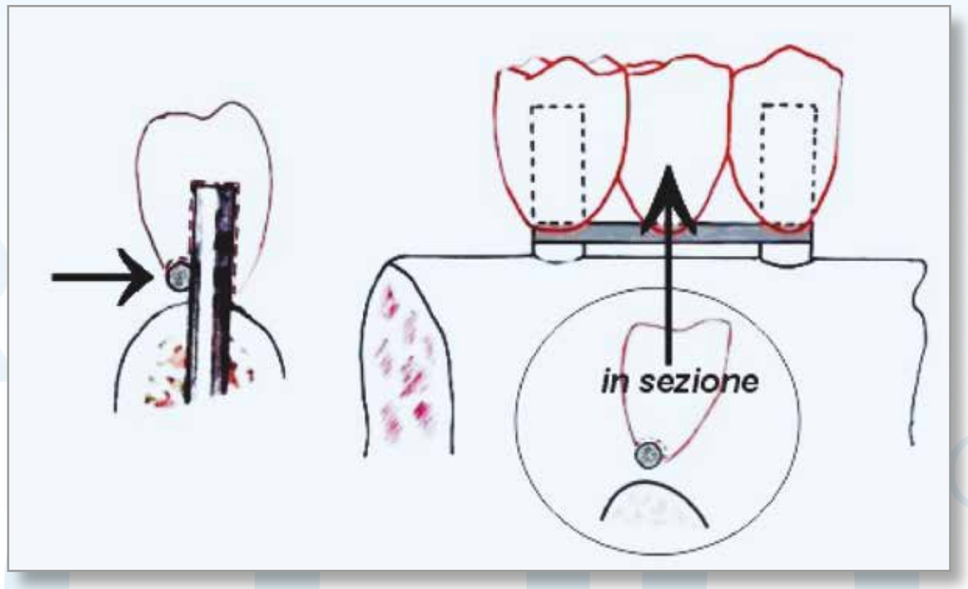
3) gives the possibility to remove the prosthesis without having to destroy

4) the support of the prosthesis is distributed not only on the screws but on the whole structure

5)) it is possible to parallelize the abutments without stressing implants

6) the telescopic type prosthesis behaves as an additional locking

In the following image may be possible to better understand the above mentioned.



CATALOGUE

TITANIUM SCREWS GAMMA STERILIZED AND PACKED ACCORDING WITH CE RULES

COD.	Ø THREADS	N. THREADS	LONG.
STANDARD			
001	*mm. 3,5*	*3*	*mm. 30*
002	*mm. 3,5*	*4*	*mm. 30*
003	*mm. 3,5*	*5*	*mm. 30*
004	*mm. 4,5*	*3*	*mm. 30*
005	*mm. 4,5*	*4*	*mm. 30*
006	*mm. 4,5*	*5*	*mm. 30*
DISTAL			
007	*mm. 3,5*	*3*	*mm. 30*
TUBER			
008	*mm. 5,5*	*5*	*mm. 35*

021	Anodized aluminium box sterilized (without instruments)

INSTRUMENTS

009	Drill 18 mm. Ø1,2 (6 pcs)
010	Drill 25 mm. Ø1,2 (6 pcs)
017	Calibratore (2 pcs)
011	Inseritore ridotto
014	Inseritore tondo corto
018	Inseritore tondo lungo
023	Levetta per inseritori tondi
012	Inseritore a snodo
019	Piegamonconi
016	Pinzetta in titanio
015	Transfers (5 pcs)
025	Chiave cricchetto
027	Inseritore da cricchetto

REPLACEMENT OR RESALE POLICY

Contact the Company or the Area Vendor to agree the refund, bearing in mind that this does not guarantee that the product will be accepted for refund.
All return conditions must be met for the processing of the same.
A copy of the corresponding invoice /DDT must be attached to the shipment.
Send all returns to:
VI-STOM S.a.s.
Via Esperanto, 9/26 - 17031 ALBENGA (SV) - Italy

ORDER REFERRALS

Orders can be sent to the Seller Area or by fax or telephone or mail to:
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Telefono +39 334 6477837
Telefono e Fax +39 0174 1921972
mail: **vistomsas@gmail.com**
dino@garbaccio.it
In the event of a new customer relationship, VI-STOM will send a Customer Registration Form that must be duly completed and returned together with the first order.
In case of a new customer, VI-STOM shall have a record of the client's registration, and shall immediately register and proceed with the order.

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