



Dental implants are now an indispensable part of dental treatment options. With the globalization of medical infrastructures and higher standards of living, implant applications continue to increase.

Southern Implants has been a manufacturer and distributor of dental implants since 1987. Today, the Southern group is a leading biomedical engineering entity, with major intellectual property and capabilities in implantable devices, arthroplasties and tissue regeneration. Top-end professional users, who want more choices, have driven our product range to enormous and exciting heights. Striving for excellence and meeting customer needs has led to our wide product range characterized by numerous unique and innovative products, which include:

- Multiple interfaces, both internal and external, to suit customer preference.
- The MAX, a wide-diameter implant specifically designed for molar tooth replacement.
- Co-axis, the only angled-top, tapered, screw-form implant, available in angulations of 12°, 24° and 36°.
- The 55° Zygomatic implant, optimized for load distribution.
- Many products optimized for primary stability and suitable for immediate loading.
- A surface which continues to out perform those which it is trialled against.

My sincere thanks to all specialists, dentists and technicians who give continual feedback, suggestions and input. The products are our interpretation of your needs.

**Graham Blackbeard** 

Managing Director, Southern Implants

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Various Data Sheets are available on our website www.southernimplants.com

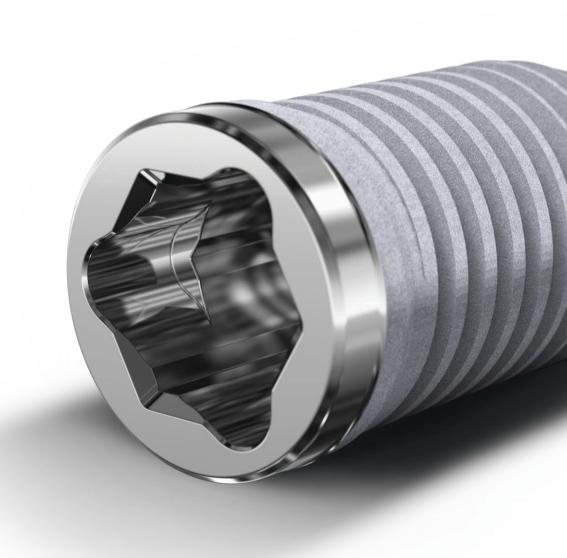
# TRI-NEX - The next generation TRI-Lobe with HEX insertion

The TRI-Lobe prosthetic interface has become the market-leader due to its user-friendliness. It is, however, not an ideal interface for driving the implant into the bone. Southern's unique TRI-NEX uses the lobes for prosthetic interfacing and a long hex for implant placement.

Increasing demand for **PRIMARY STABILITY**, means that implants are being placed with ever increasing insertion torques. The Southern external thread has proven suitability for high insertion torque without causing bone necrosis. Hence the need for an insertion drive mechanism that:

- 1. Gives precise feel and control / rigidity.
- 2. Can transmit insertion torques up to 100Ncm.
- 3. Will not distort or damage the prosthetic interface.
- 4. Will not weaken or reduce fatigue resistance of the implant.

These requirements are answered by the hex drive of the TRI-NEX implant.



## **One-Part Healing Abutments Cover Screw** HA-L-35W CS-L-35 HA-L-35 Ø3.5 OR Ø4.5 3/5/7 3/5 lengths lengths Ø3.50 Ø3.80 0.80 Ø3.80 Surface Enhanced Surface Enhanced

## **IA-LH-35 Tapered Implants**

are available in lengths of:

8.5mm	IA-LH-35-8
10.5mm	IA-LH-35-10
12mm	IA-LH-35-11.5
13.5mm	IA-LH-35-13
16,5mm	IA-LH-35-16

## **IA-LHS-35 Cylindrical Implants**

are available in lengths of:

8.5mm	IA-LHS-35-8
10.5mm	IA-LHS-35-10
12mm	IA-LHS-35-11.5
13.5mm	IA-LHS-35-13
15.5mm	IA-LHS-35-15

#### Instrumentation -

Ø3.50

#### **Converters Alternative Insertion Tools Insertion Tools** Peek Bits (Spares) I-HLH-35S I-HLH-35M I-HLHU-35S I-HLHU-35M I-PBIT-L18 I-WI-LH35S I-WI-LH35M I-WI-C \* Use with Ø3.5 Insertion Tools To fit Wrench Converts handpiece W&H Insertion Tools to be used with wrench To fit W&H To fit any \* Available in Long Handpieces Handpieces and Short Versions

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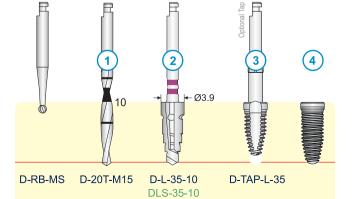
## **Tapered & Cylindrical Implants Site Preparation Sequence**

Step 1: Pilot 2mm Twist Drill to full depth of implant

Step 2: Dedicated Tapered Drill to full depth of implant

Step 3: Optional Tap for cortical bone

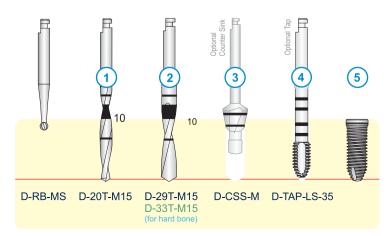
Step 4: Place implant

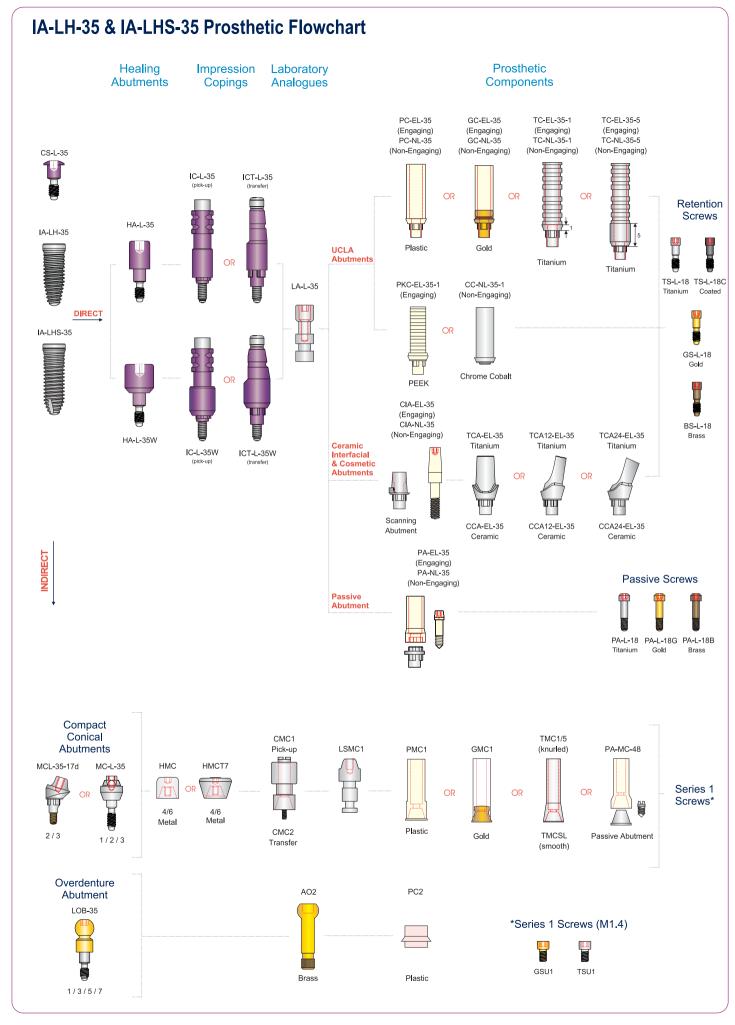


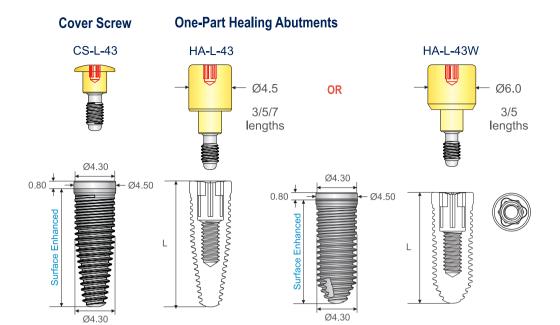
(for soft bone)

- Step 1: Pilot 2mm Twist Drill to full depth of implant
- Step 2: Twist Drill to full depth of implant
- Step 3: Optional Counter Sink
- Step 4: Optional Tap for cortical bone

Step 5: Place implant







## **IA-LH-43 Tapered Implants**

are available in lengths of:

8.6mm	IA-LH-43-8
10.5mm	IA-LH-43-10
12mm	IA-LH-43-11.5
13.5mm	IA-LH-43-13
16.5mm	IA-LH-43-16

#### **IA-LHS-43 Cylindrical Implants**

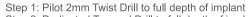
are available in lengths of:

IA-LHS-43-8
IA-LHS-43-10
IA-LHS-43-11.5
IA-LHS-43-13
IA-LHS-43-15

#### Instrumentation



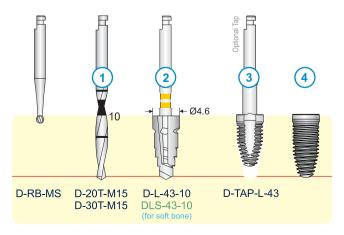
## **Tapered & Cylindrical Implants Site Preparation Sequence**



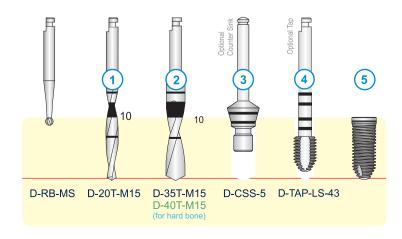
Step 2: Dedicated Tapered Drill to full depth of implant

Step 3: Optional Tap for cortical bone

Step 4: Place implant



- Step 1: Pilot 2mm Twist Drill to full depth of implant
- Step 2: Twist Drill to full depth of implant
- Step 3: Optional Counter Sink
- Step 4: Optional Tap for cortical bone
- Step 5: Place implant

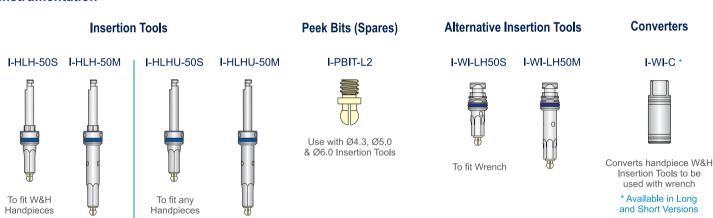


#### IA-LH-43 & IA-LHS-43 Prosthetic Flowchart Healing **Prosthetic Impression** Laboratory Copings Abutments Analogues Components PC-EL-43 GC-EL-43 TC-EL-43-1 TC-EL-43-5 (Engaging) (Engaging) GC-NL-43 (Engaging) (Engaging) PC-NL-43 TC-NL-43-1 TC-NL-43-5 (Non-Engaging) (Non-Engaging) (Non-Engaging) (Non-Engaging) CS-L-43 IC-L-43 ICT-L-43 OR OR Retention Screws HA-L-43 IA-I H-43 Plastic Gold UCLA Abutments OR Titanium PKC-EL-43-1 CC-NL-43-1 LA-L-43 TS-L-20 TS-L-20C (Non-Engaging) (Engaging) Titanium Coated DIRECT OR IA-LHS-43 Ш GS-L-20 Chrome Cobalt Gold PEEK OR CIA-EL-43 (Engaging) CIA-NL-43 (Non-Engaging) TCA-EL-43 TCA12-EL-43 TCA24-EL-43 Titanium Titanium Titanium BS-L-20 Ceramic HA-L-43W Interfacial & Cosmetic Brass IC-L-43W ICT-L-43W Abutments Scanning CCA-EL-43 CCA12-EL-43 CCA24-EL-43 Abutment Ceramic PA-NL-43 Passive Screws (Non-Engaging) Passive Abutment PA-L-20 PA-L-20G PA-L-20B Compact CMC1 Conical TMC1/5 PA-MC-48 Pick-up **Abutments** (knurled) PMC1 GMC1 LSMC1 MCL-43-17d MC-L-43 нмс **НМСТ7** Series 1 OR OR OR Screws\* 4/6 4/6 Metal Metal CMC2 Plastic TMCSL Passive Abutment 2/3/4 Transfer 1/2/3/4/5 (smooth) Overdenture AO2 PC2 Abutment LOB-43 \*Series 1 Screws (M1.4) GSU1 TSU1 Brass Plastic 1/3/5/7

## IA-LH-50 & IA-LHS-50 Implants

#### **Cover Screw One-Part Healing Abutments** CS-L-50 HA-L-50 HA-L-50W **IA-LH-50 Tapered Implants** are available in lengths of: Ø5.0 OR Ø6.0 3/5 3/5 IA-LH-50-8 8,6mm lengths lengths IA-LH-50-10 10.5mm IA-LH-50-11.5 12mm 13.5mm IA-LH-50-13 Ø5.00 IA-LH-50-16 16,5mm Ø5.20 Ø5.00 Ø5.20 **IA-LHS-50 Cylindrical Implants** 0.80 are available in lengths of: Surface Enhanced Enhanced IA-LHS-50-8 8.6mm 10.5mm IA-LHS-50-10 12mm IA-LHS-50-11.5 13.5mm IA-LHS-50-13 IA-LHS-50-15 15.5mm Ø5 00

#### Instrumentation -



#### Tapered & Cylindrical Implants Site Preparation Sequence

Step 1: Pilot 2mm Twist Drill to full depth of implant

Step 2: Twist Drill to full depth of implant

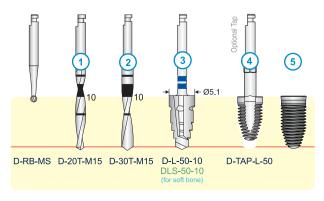
Step 3: Dedicated Tapered Drill to full depth of implant

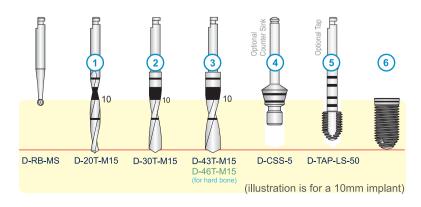
Step 4: Optional Tap for cortical bone

Step 5: Place Implant

- Step 1: Pilot 2mm Twist Drill to full depth of implant
- Step 2: Twist Drill to full depth of implant
- Step 3: Final Twist Drill to full depth of implant
- Step 4: Optional Counter Sink
- Step 5: Optional Tap for cortical bone

Step 6: Place implant

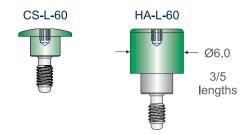




#### IA-LH-50 & IA-LHS-50 Prosthetic Flowchart **Prosthetic** Healing **Impression** Laboratory Analogues Components **Abutments** Copings CS-L-50 PC-FL-50 GC-FI -50 TC-EL-50-1/5 IC-L-50 ICT-L-50 (Engaging) (Engaging) (Engaging) TC-NL-50-1/5 PC-NL-50 GC-NL-50 PKC-EL-50-1 (Non-Engaging) (Non-Engaging) (Non-Engaging) (Engaging) Retention HA-I -50 Screws UCLA Abutments IA-I H-50 OR OR OR LA-L-50 101 ЩΨ Ų III J TS-L-20 TS-L-20C PEEK Plastic Gold DIRECT Titanium Titanium Coated IA-LHS-50 CIA-EL-50 HA-L-50W (Engaging) CIA-NL-50 (Non-Engaging) TCA-EL-50 TCA12-EL-50 TCA24-EL-50 GS-L-20 Titanium Titanium Titanium Gold Ceramic Interfacial & Cosmetic Abutments IC-L-50W BS-L-20 ICT-L-50W Brass Scanning CCA-EL-50 CCA12-EL-50 CCA24-EL-50 Abutment Ceramic Ceramic Ceramic PA-EL-50 (Engaging) PA-NL-50 (Non-Engaging) **Passive Screws** Passive Abutment PA-L-20 PA-L-20G PA-L-20B Titanium Gold Brass Compact CMCW1 Conical LSMCW1 PA-MC-60 GMCW1 HMCTW9 PMCW1 TMCW **HMCW** Pick-up Abutments MC-L-50 OR OR OR 4/6 4/6 Metal 1/5 CMCW2 Plastic Gold Passive Abutment Titanium Series 1 Transfer 1/2/3 Screws\* CMC1 TMC1/5 PA-MC-48 Pick-up GMC1 (knurled) PMC1 LSMC1 25 MCN-L-50 нмс НМСТ7 OR OR OR 4/6 4/6 Metal Metal 1/2/3 CMC2 Plastic Gold TMCSL Passive Abutment Transfer (smooth) Overdenture PC2 AO2 Abutment LOB-50 \*Series 1 Screws (M1.4) GSU1 TSU1 Brass Plastic 1/3/5/7

## **IA-LH-60 Implants**

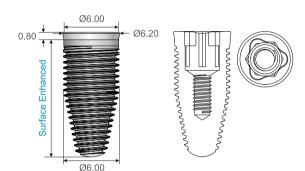
## Cover Screw One-Part Healing Abutments



#### **IA-LH-60 Tapered Implants**

are available in lengths of:

8.6mmIA-LH-60-810.5mmIA-LH-60-1012mmIA-LH-60-11.513.5mmIA-LH-60-1316.5mmIA-LH-60-16













IA-LH-60-8

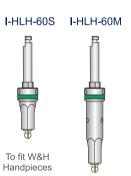
IA-LH-60-10 IA-LH-60-11.5

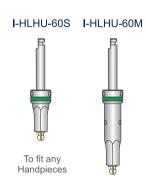
IA-LH-60-13

IA-LH-60-16

#### Instrumentation -

#### Insertion Tools





## Peek Bits (Spares)



Use with Ø4.3, Ø5.0 & Ø6.0 Insertion Tools

# Alternative Insertion Tools

I-WI-LH60



To fit Wrench

# I-WI-C \*

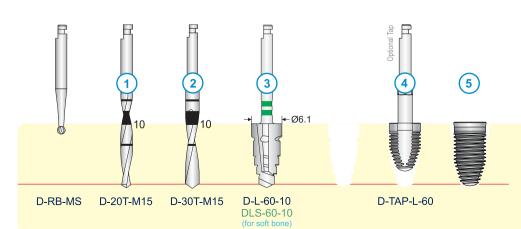
Converters



Converts handpiece W&H Insertion Tools to be used with wrench

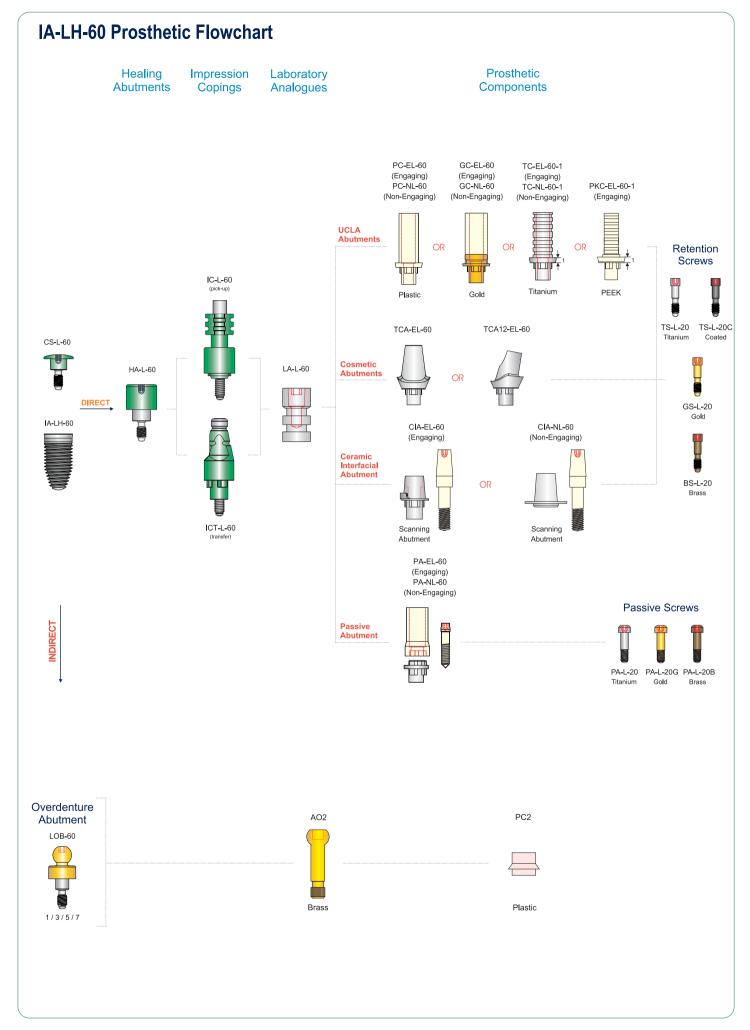
\* Available in Long and Short Versions

#### **Site Preparation Sequence**



- Step 1: Pilot 2mm Twist Drill to full depth of implant
- Step 2: Twist Drill to full depth of implant
- Step 3: Dedicated Tapered Drill to full depth of implant
- Step 4: Optional Tap for cortical bone
- Step 5: Place Implant

(illustration is for a 10mm implant)



# The TRI-NEX Co-Axis range

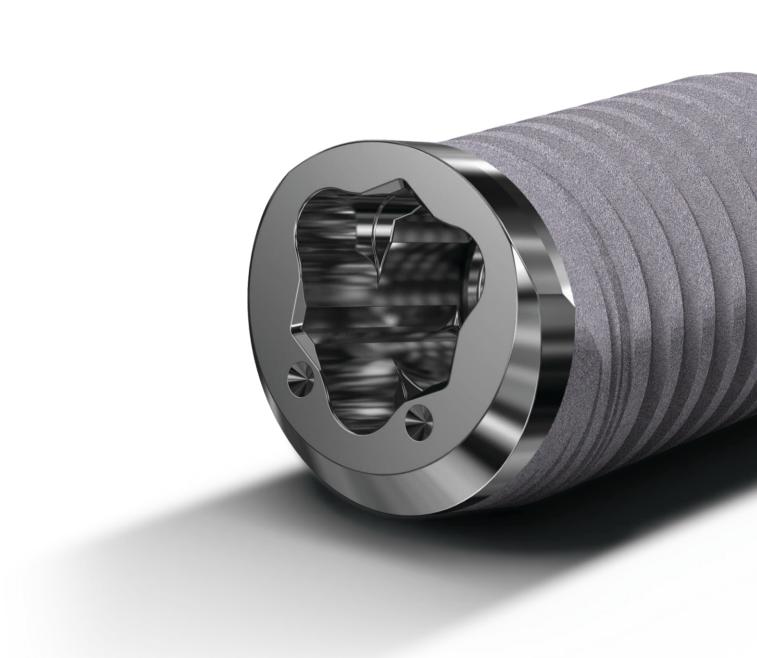
The TRI-NEX Co-Axis implant is indicated for use in situations where the long axis of a conventional implant would not coincide with the long axis of the restoration and would therefore result in a restorative compromise.

The most common example of this is encountered where an implant is placed in the anterior maxilla at a labially inclined angle, as dictated by the anatomy of the alveolus, resulting in the screw access hole of the prosthetic crown passing through the labial face of the crown. The TRI-NEX Co-Axis implant effectively solves this problem by having the prosthetic platform and screw hole of the implant tilted at an angle of 12 degrees to the long axis of the implant. The axis of the retaining screw is therefore also offset within the body of the implant.

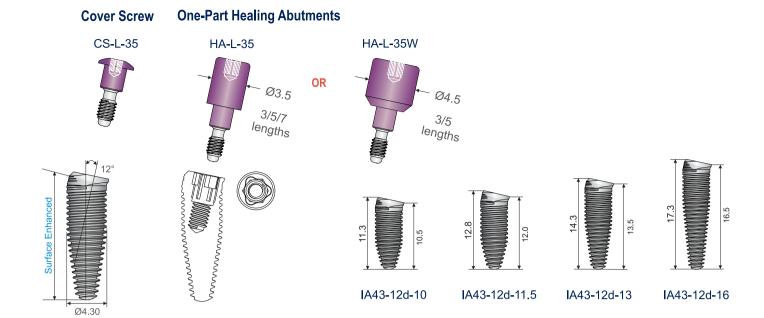
The Co-Axis concept can be applied to solve many other situations where inclined placement of implants is either unavoidable or even an advantage. For example where avoidance of anatomical structures dictates (eg: maxillary sinus, mental foramen) or where bony anatomy can be maximised by inclined placement of an implant. An elegant and truly innovative solution to a frequent problem in implant dentistry.

#### **Advantages**

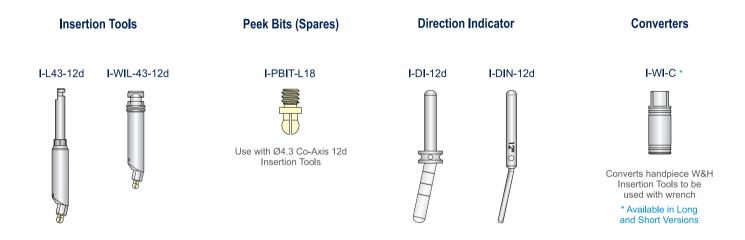
- 1. The TRI-NEX Co-Axis solution greatly simplifies the restorative treatment of an inclined implant by eliminating the need for angle correcting abutments or custom abutments. This reduces the number and cost of components required, reduces the complexity and cost of laboratory work as well as the number of patient visits required.
- 2. Aesthetic advantages result from having no need for labially placed screw access holes.
- 3. Avoidance of anatomical structures by inclined implant placement, without incurring prosthetic complications, is made possible by exploiting the Co-Axis concept.
- The TRI-NEX Co-Axis implant allows for maximal utilisation of available bone anatomy and may result in the advantage of being able to use either a longer or larger diameter implant.
- 5. Screw retained restorations can be used instead of cemented restorations.
- 6. Immediate loading protocols are greatly facilitated by use of the TRI-NEX Co-Axis implant by making screw retained restorations routinely attainable.
- 7. The tapered TRI-NEX Co-Axis implant provides an anatomically correct implant for ideal use in the anterior Maxilla.



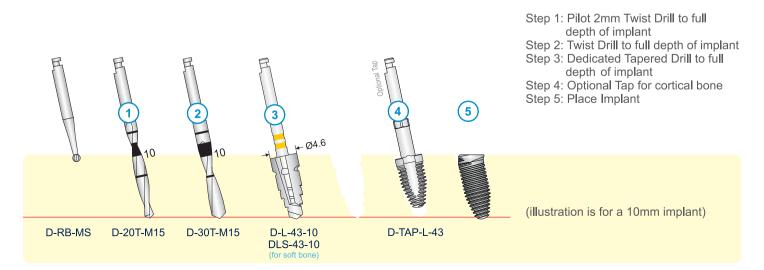


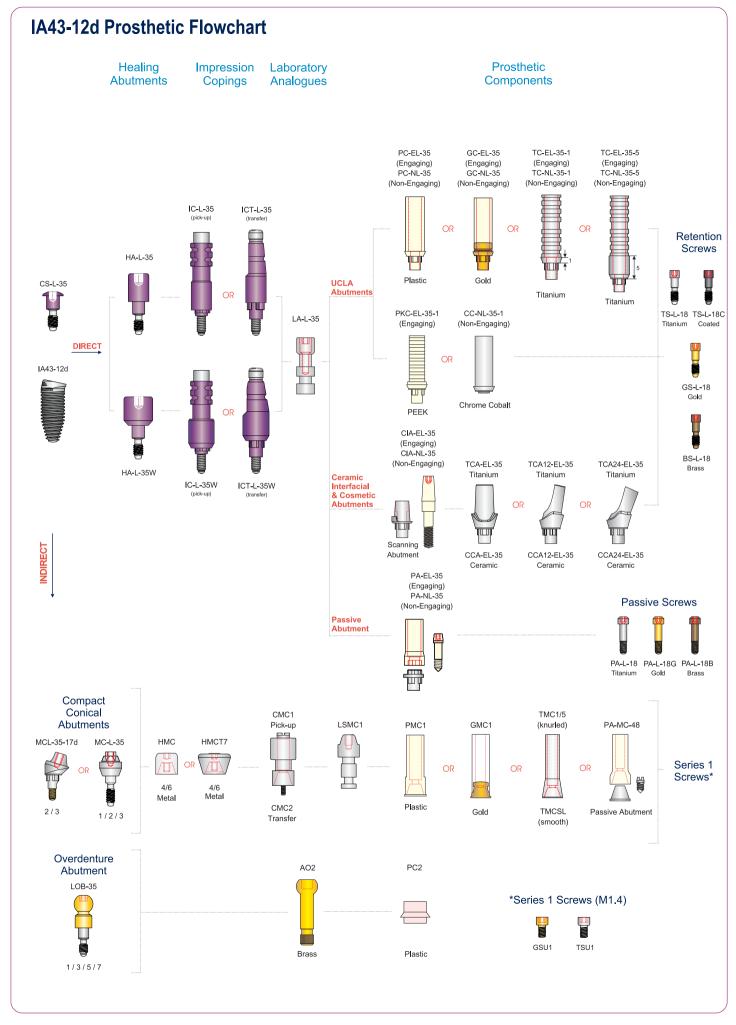


#### Instrumentation



## **Site Preparation Sequence**



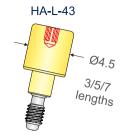




OR



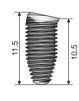




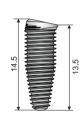


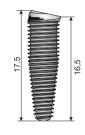












IA50-12d-10

IA50-12d-11.5

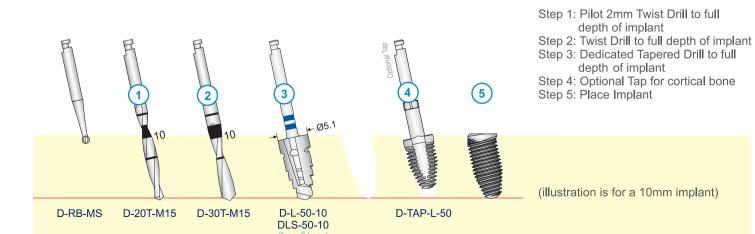
IA50-12d-13

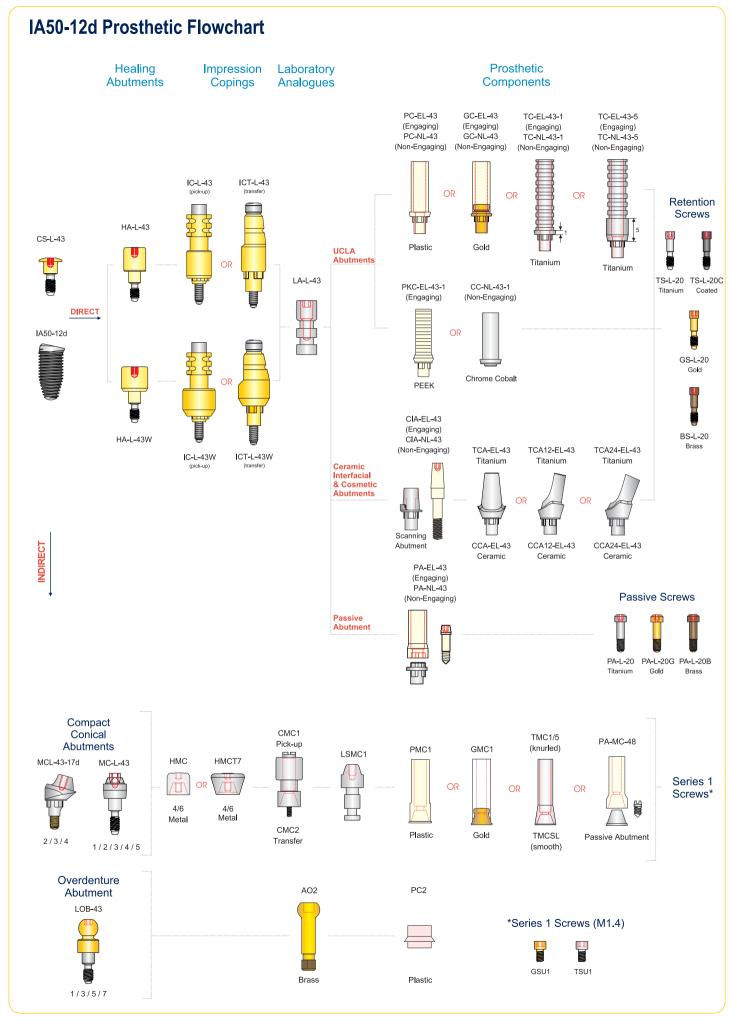
IA50-12d-16

#### Instrumentation

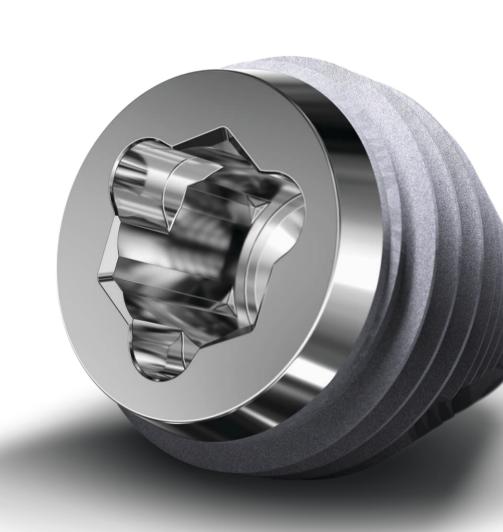
#### **Insertion Tools** Peek Bits (Spares) **Direction Indicator** Converters I-L50-12d I-WIL-50-12d I-PBIT-L2 I-DI-12d I-DIN-12d I-WI-C \* Use with Ø5.0 Co-Axis 12d Insertion Tools Converts handpiece W&H Insertion Tools to be used with wrench \* Available in Long and Short Versions

## **Site Preparation Sequence**





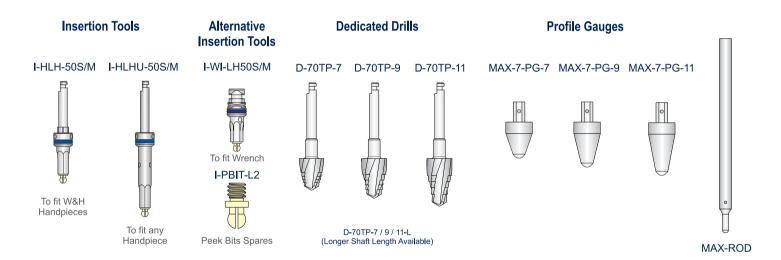
# The TRI-MAX® Implant The concept of the TRI-MAX® implant, as with the MAX and MAXIT, provides for a design of implant and a surgical protocol which makes immediate placement of the implant into a multi-rooted molar socket attainable. The TRI-MAX® implant features a body with larger than conventional diameter to achieve primary stability from engagement of small portions of the perimeter bony wall of the specially prepared molar socket. The greater taper of the implant body allows for maximal preservation and engagement of inter-radicular bone within the socket of a molar with divergent roots. In the case of a molar tooth with tapering root form, the implant body has a natural fit to the socket shape. The tapered geometry of the implant allows excellent primary stability to be achieved in most molar sockets.



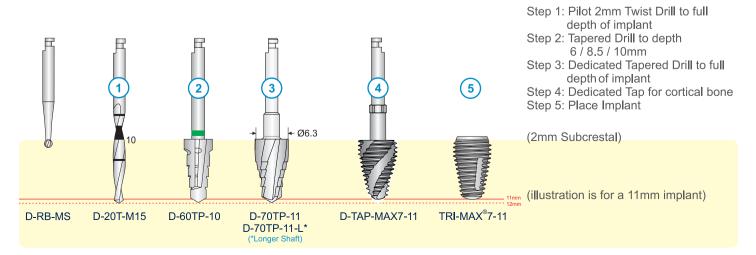




## TRI-MAX®7 Drills & Additional Instrumentation

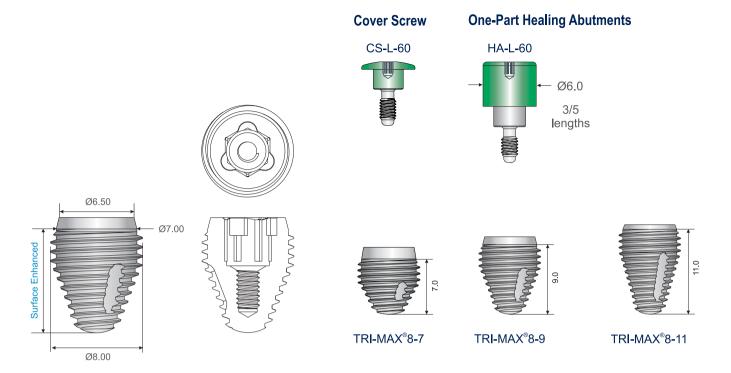


#### **Site Preparation Sequence**

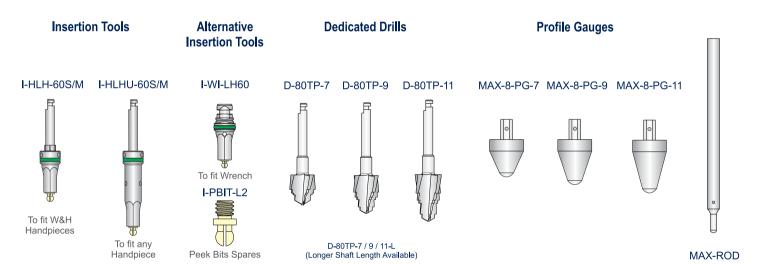


#### **TRI-MAX®7 Prosthetic Flowchart Prosthetic** Healing Impression Laboratory Abutments Analogues Components Copings PC-EL-50 GC-EL-50 TC-EL-50-1/5 IC-L-50 ICT-L-50 (Engaging) (Engaging) (Engaging) PC-NL-50 GC-NL-50 TC-NL-50-1/5 PKC-EL-50-1 (Non-Engaging) (Non-Engaging) (Non-Engaging) (Engaging) Retention HA-I -50 Screws UCLA CS-L-50 Abutments OR LA-L-50 THE P TS-L-20 TS-L-20C Plastic Gold Titanium PEEK Titanium Coated DIRECT TRI-MAX®7 CIA-EL-50 HA-L-50W (Engaging) CIA-NL-50 (Non-Engaging) TCA-EL-50 TCA12-EL-50 TCA24-EL-50 GS-L-20 Titanium Titanium Titanium Gold Ceramic Interfacial & Cosmetic Abutments IC-L-50W BS-L-20 ICT-L-50W Scanning CCA-EL-50 CCA12-EL-50 CCA24-EL-50 Abutment Ceramic Ceramic Ceramic PA-EL-50 (Engaging) PA-NL-50 (Non-Engaging) Passive Screws Passive Abutment PA-L-20 PA-L-20B PA-L-20B Titanium Gold Brass Compact CMCW1 Conical LSMCW1 PA-MC-60 GMCW1 HMCTW9 PMCW1 TMCW **HMCW** Pick-up Abutments MC-L-50 OR OR OR 4/6 4/6 Metal Metal 1/5 CMCW2 Plastic Gold Passive Abutment Titanium Series 1 Transfer 1/2/3 Screws\* CMC1 TMC1/5 PA-MC-48 Pick-up GMC1 (knurled) PMC1 LSMC1 25 MCN-L-50 нмс НМСТ7 OR OR OR 4/6 4/6 Metal Metal 1/2/3 CMC2 Plastic Gold TMCSL Passive Abutment Transfer (smooth) Overdenture Abutment AO2 PC2 LOB-50 \*Series 1 Screws (M1.4) GSU1 TSU1 Brass Plastic 1/3/5/7

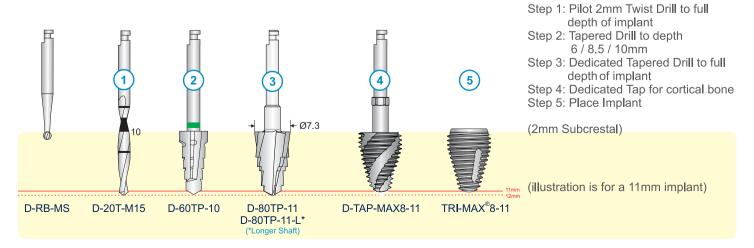


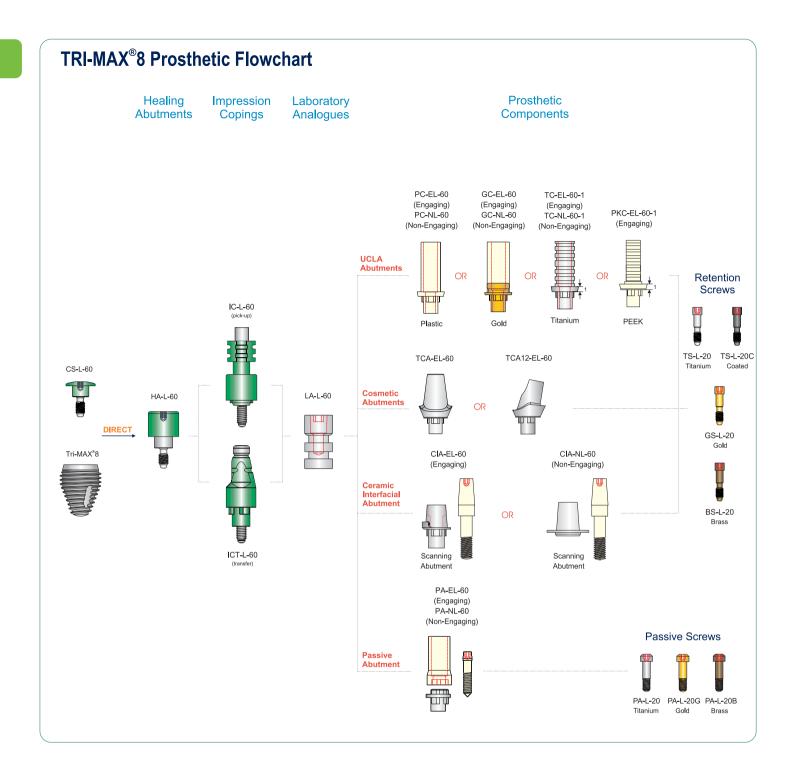


## TRI-MAX®8 Drills & Additional Instrumentation

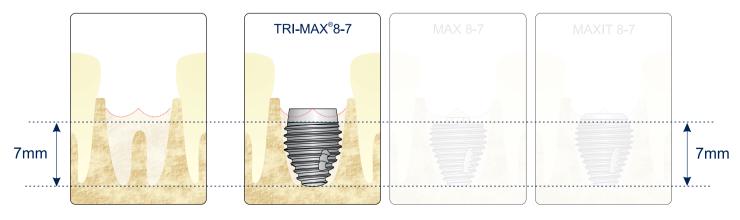


## **Site Preparation Sequence**

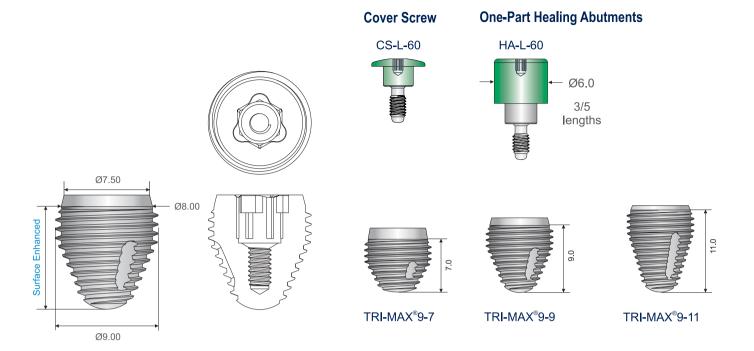




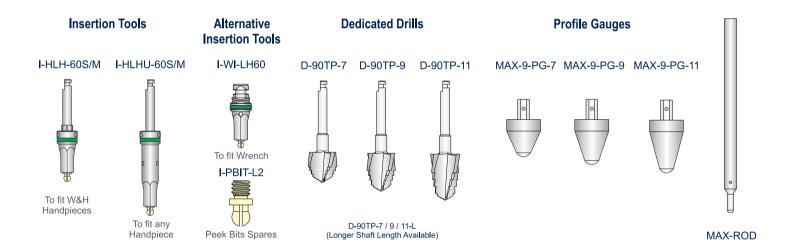
## **MAX Placement**



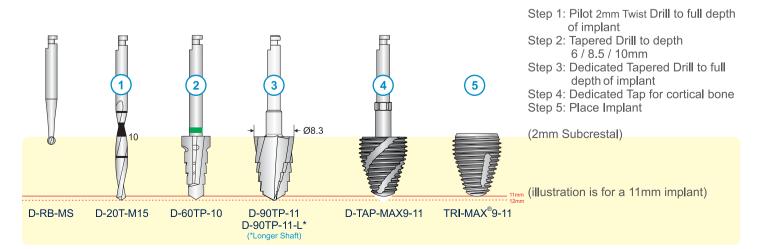




#### TRI-MAX®9 Drills & Additional Instrumentation -



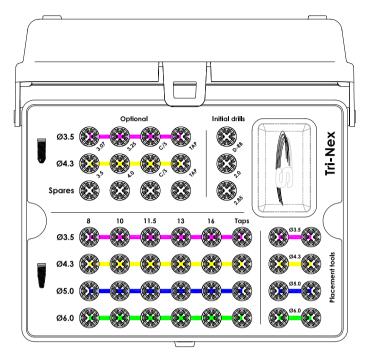
## **Site Preparation Sequence**

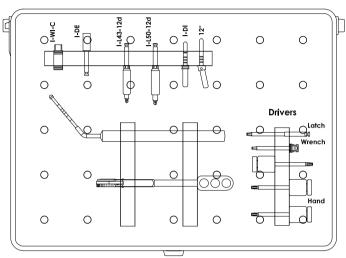


#### TRI-MAX®9 Prosthetic Flowchart Healing **Impression** Laboratory **Prosthetic** Abutments Copings Analogues Components PC-EL-60 GC-EL-60 TC-EL-60-1 (Engaging) (Engaging) (Engaging) PKC-EL-60-1 PC-NL-60 GC-NL-60 TC-NL-60-1 (Engaging) (Non-Engaging) (Non-Engaging) (Non-Engaging) UCLA Abutments OR OR Retention Screws ų III į IC-L-60 Titanium PEEK Gold Plastic TS-L-20 TS-L-20C TCA12-EL-60 TCA-EL-60 Titanium CS-L-60 Cosmetic Abutments LA-L-60 HA-L-60 DIRECT GS-L-20 Gold CIA-EL-60 CIA-NL-60 (Engaging) (Non-Engaging) Ceramic Interfacial Abutment BS-L-20 OR Brass Scanning Scanning Abutment Abutment PA-EL-60 (Engaging) PA-NL-60 (Non-Engaging) Passive Screws Passive **Abutment** PA-L-20 PA-L-20G PA-L-20B Titanium Gold Brass

# I-TRI-NEX-EG Surgical Tray for placement of TRI-NEX Tapered, Straight & CO-AXIS Implants.

(for more information see CAT-1175)

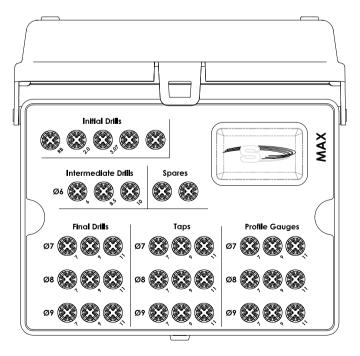


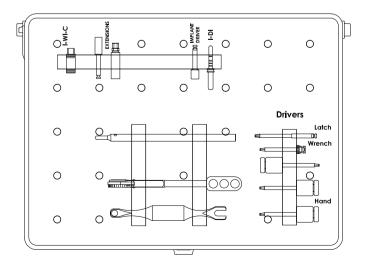


(for Cleaning & Sterilization instructions see CAT-1039)

# **I-MAX-EG** Surgical Tray for placement of TRI-MAX® Implants.

(for more information see CAT-1173)

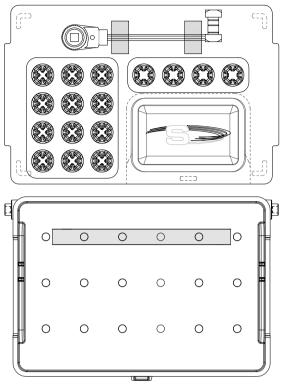


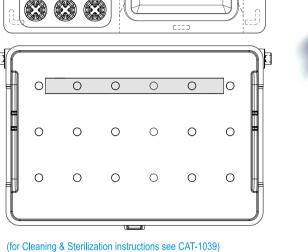


(for Cleaning & Sterilization instructions see CAT-1039)

# I-PROS-EG Prosthetic Instrument Tray

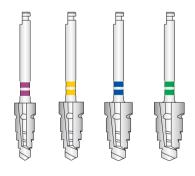
(for more information see CAT-1178)





## **TRI-NEX Tapered Drills**

## **Dedicated Tapered Drills**

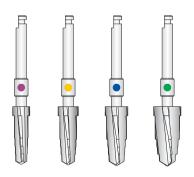


D-L-35 D-L-43 D-L-50 D-L-60

#### Available lengths for **Dedicated Tapered Drills**

(D-L-35 / 43 / 50 / 60-8) 8mm: (D-L-35 / 43 / 50 / 60-10) 10mm: 11.5mm: (D-L-35 / 43 / 50 / 60-11.5) 13mm: (D-L-35 / 43 / 50 / 60-13) 16mm: (D-L-35 / 43 / 50 / 60-16)

## **Dedicated Tapered Drills for Soft Bone**



DLS-35 DLS-43 DLS-50

# Available lengths for Dedicated "Soft Bone" Tapered Drills

(DLS-35 / 43 / 50 / 60-8) 8mm: (DLS-35 / 43 / 50 / 60-10) 10mm: 11.5mm: (DLS-35 / 43 / 50 / 60-11.5) 13mm: (DLS-35 / 43 / 50 / 60-13) 16mm: (DLS-35 / 43 / 50 / 60-16)

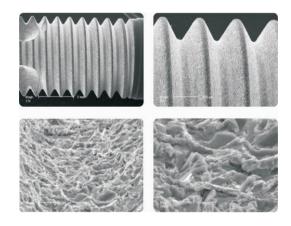
## **Southern Implants' Enhanced Surface**

The Southern enhanced surface is not a "coating", it is an **abraided rough surface of Rutile Titanium**. This is the same dense form of titanium common to "machined" surface implants (the anodic oxidation surfaces are not Rutile Titanium; they are a mixture of anatase and amorphous titanium which are less dense and softer forms of titanium).

- A. The first experimentation with this Southern Enhanced surface was in **1992**. After extensive validation it was **put into widespread clinical use in 1997**. It is achieved by a subtractive process in which specifically sized and shaped, sharp cornered, Alumina particles (A1<sub>2</sub>0<sub>3</sub>) are blasted with decontaminated air onto the implant surface with controlled pressure, displacement and time.
- B. The particle size of 110μm is supported by the work of Soskalne (Israel) and Wennerberg (Sweden) on the one hand and Ronald (Norway) on the other. Based on their research, greatest bone to titanium bond strength is obtained with abrasion particles **greater that 75μm and less than 170μm**.
- C. Szmukler-Moncler has analyzed and compared the popular implant surfaces in publications and a presentation at the AO, San Francisco 2004. He reports that the Southern Surface is **remarkably consistent** and **free of contaminants** whilst those that are acid etched or oxidized are shown to be highly variable.
- D. There seems to be consensus in the literature that "moderately rough" surfaces pose no risks for the patient and are therefore **safe to use**. Moderately rough was defined by Albrektsson as  $S_a$  1.0 to 2.0µm (applied Osseointegration Research Vol 5, 2006). The Southern surface has  $S_a$  = 1.43 in one published study and  $S_a$  = 1.55 on implants analyzed by Prof. Ann Wennerberg in 2006.

Dr Mats Wikström, Chief of Clinics, Brånemark Centre Göteborg, in 2007 concluded that the Southern surface is one of the three best documented moderately rough surfaces on the market.

The Oral Implantology Research Group, University of Otago, conducted Randomized Clinical Trials (RCTs) involving Southern Implants' rough surface. These studies have gone in excess of 10 years in both mandibles and maxillas. The 8 year and 5 year results are published in Cochrane Collaboration reports. Standardized radiographs show marginal bone loss of all the implants to be well within the criteria set by Albrektsson & Zarb (1993, 1998) as well as Fourmousis & Bragger (1999).



In conclusion, it is a well documented surface with a consistent manufacturing process.





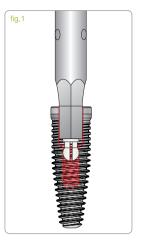


## **Implant Placement for TRI-NEX Implants**

#### Pick-up and placement procedure

- 1. The tool I-HLH is used to pick up the implant from the packaging.
- 2. The dimples of the tool and lobes of the implant should line up. This allows alignment of a lobe buccally.
- 3. The hexagon must be fully engaged before torque is applied to the implant to prevent any damage.
- 4. The hexagon is fully engaged when the straight portion of the hexagon tool is almost completely sunken in the implant (fig.1)
- 5. The implant is placed in the prepared site and screwed in with a motor unit at 10 to 15 rpm while applying downwards pressure.

Important: The Peek bits (I-PBIT-L18 / L20) should be replaced on a regular basis. General wear & tear are to be expected with regular use. Items sold separately.



## Instructions for Inserting the Placement Tool for the TRI-NEX Co-Axis Implant

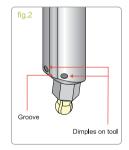
#### Insertion tool insertion protocol

- 1. Identify the two dimples on the implant platform. This side lines up with one of the lobes and the micro-grooves (fig.1).
- 2. Identify the dimples on the tool (fig.2).
- 3. Line up the dimples on the placement tool with the dimples on the implant. Push the tool into the implant until the placement tool fits flush with the implant (fig.3).

#### Insertion tool removal protocol

- 1. To remove the placement tool from the implant, pull the placement tool in the direction perpindicular to restorative platform and parallel to prosthetic axis (fig.4).
- 2. The placement tool will be removed in the direction of the pulling force (fig.5).











Important: The Peek bits (I-PBIT-L18 / L20) should be replaced on a regular basis. General wear & tear are to be expected with regular use. Items sold separately.

## **TRI-NEX Natural Horizontal Offset**

The **horizontal offset** or **platform shifting** concept implies that the prosthetic components, emerge from the implant at a diameter smaller than the diameter of the implant neck. In this way, the prosthetic connection is displaced horizontally inwards from the perimeter of the implant, creating space for a collar of soft tissue at the abutment/implant interface. This concept has been widely published with reports of improved bone response.

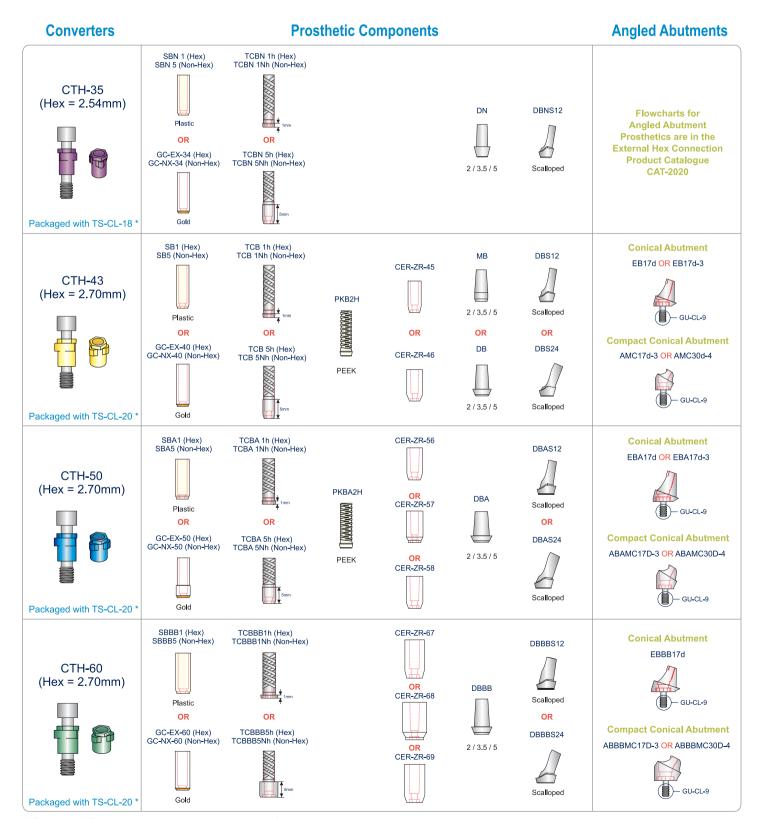
In the figure to the right a TRI-NEX implant is shown with its 12° angled Cosmetic Abutment attached. Please note the horizontal offsets as indicated.



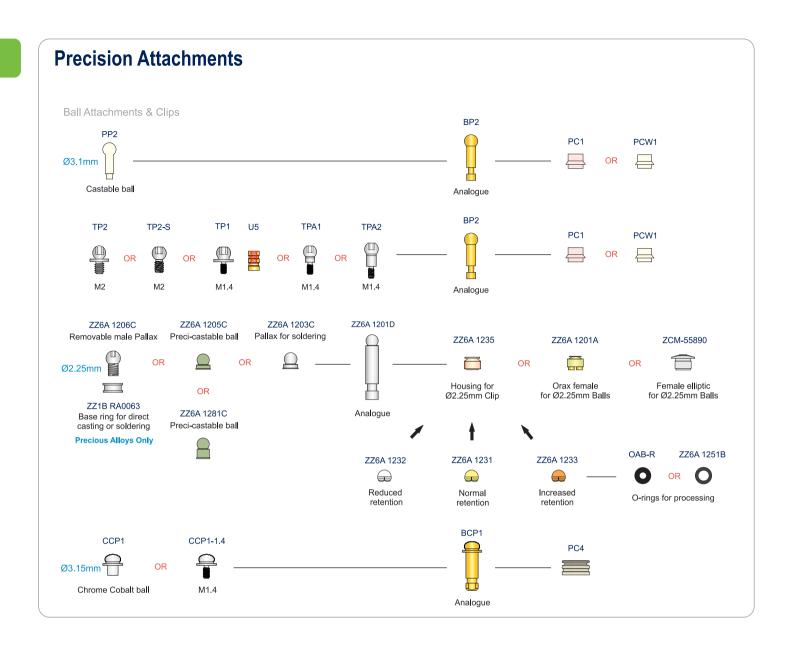
## **Converters to External Hex**

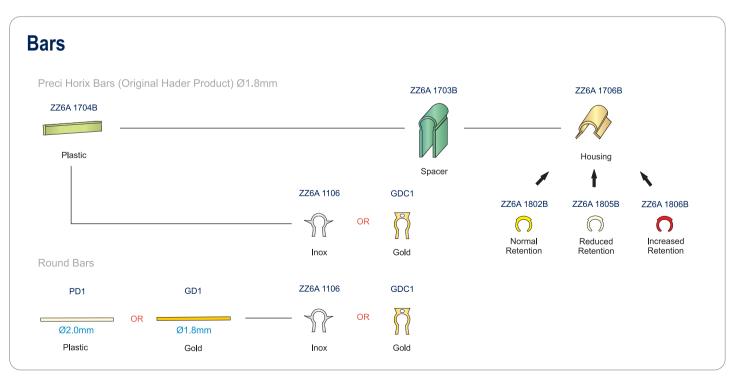
This component is used to convert the internal TRI-NEX to an external hex connection. These converters are supplied with a special prosthetic screw and it is essential that this screw is used in conjunction with the prosthesis.

A conventional TRI-NEX impression is taken in the chair and a model is cast by the laboratory using the TRI-NEX analogue. The converter is then placed in the analogue and the prosthesis can now be manufactured. The prosthesis is supplied on the model to the restorative dentist and the converters are then placed in the same position in the mouth before the prosthetics are introduced.



<sup>\*</sup> Converter Screws can be purchased seperately









The following symbols are used on our packaging labels and they indicate the following:





Manufacturer



Colour code

- 3 Implant image
- Implant details and size





**Batch code** 



Use by mm-yy



**CE** mark



Sterilization using Irradiation



Do not reuse



Do not Resterilize



Caution



Consult instruction for use



Contains the product code and lot number.

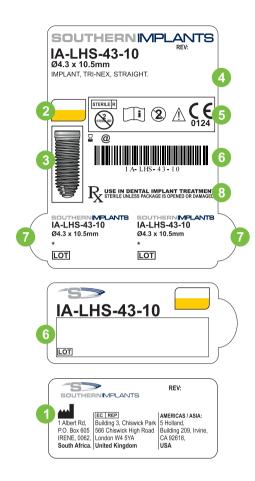
7 Sticker

For documentation purpose.





Caution: (US Only) US Federal Law restricts this device to sale to, or on the order of a licenced dentist or physician



Images are for illustration purposes only and do not necessarily accurately represent the product.

















SECTION A-A

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