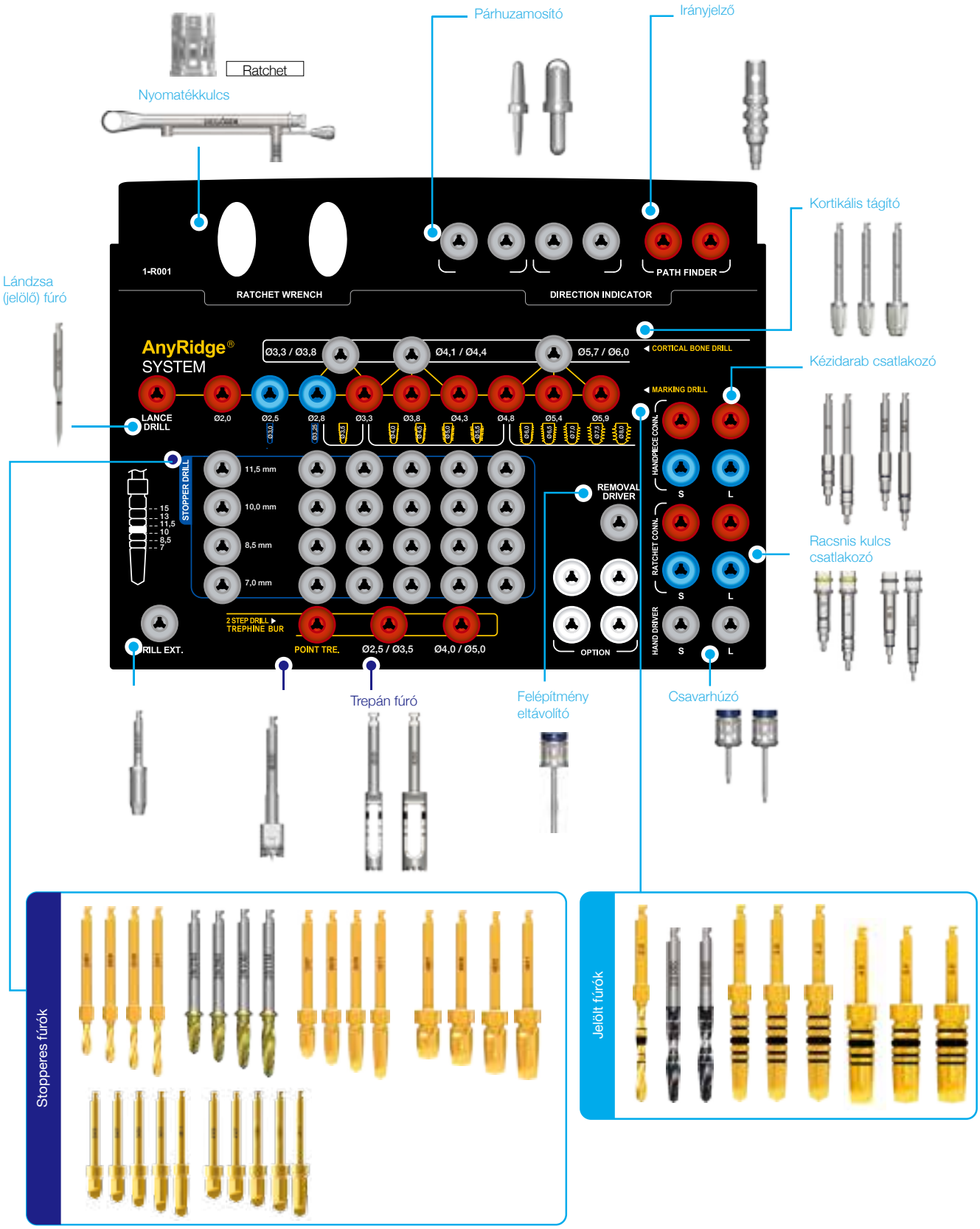
# MegaGen Kit



# I. AnyRidge® sebészeti tálca: teljes készlet

Könnyebb és biztonságosabb a kívánt mélység elérése stopper fúrókkal.

| Cikkszám |
| --- |
| KARIN3001 |

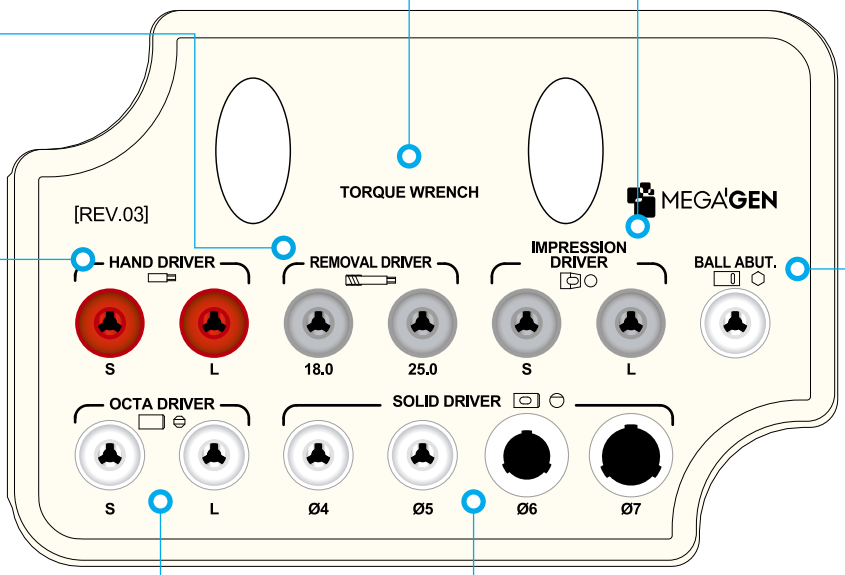


# II. AnyRidge® protetikai készlet

Protetikai készlet, minden szükséges alkatrésszel, eszközzel.

| Cikkszám |
| --- |
| KANPK3000 |


Ratchet




Fej eltávolító csavarhúzó (Menetes szárral)

Kézi csavarhúzó

Zártkanalas lenyomatvételi fej rögzítő

Gömbfej rögzítő

Octa fej rögzítő

AnyRidge Solid fej rögzítő

# SurgyStar

Ultrasonic Piezo Implant Surgery.

| Termék | Cikkszám |
|---|---|
| SurgyStar | DM01 |

**Indikációk:**

- csontfűrész
- csontgyűjtés
- gerinc repesztés
- sinus membrán eleváció
- apicoectomia


**Specifikációk:**

- LCD kijelző (5,7”, egyszerűen kezelhető, operáció közben is.)
- Multifunkciós lábkapcsoló
- Működési frekvencia: 24 kHz - 30 kHz
- Tisztítási funkció
- Automatikus védelem: nem megfelelő használat esetén megszakítja a működést (áram, víz)

A csomag tartalma: sebészeti egység, lábkapcsoló, 2 kézidarab szett, autoklávozható tálca, tápegység, vízellátást biztosító csövek, sóoldat tartó, nyomatékkulcs, sebészeti hegy készlet (11 alap hegy + 3 db)

# SurgyStar Plus+

Ultrasonic Piezo Bone Surgery.

| Termék | Cikkszám |
|---|---|
| SurgyStar Plus+ | DM02 |

**Indikációk:**

- csontfűrész
- csontgyűjtés
- gerinc repesztés
- sinus membrán eleváció
- apicoectomia
- állsebészet
- orrplasztika

**Specifikációk:**

- Színes TFT kijelző (4,8”, egyszerűen kezelhető, operáció közben is.)
- Multifunkciós lábkapcsoló
- Működési frekvencia: 20 kHz - 30 kHz
- Fényes, optikai kézidarab (100.000 LUX)
- Méretek (szél x mag. x mély.): 189 mm x 175 mm x 265 mm
- Praktikus kialakítás, beépített perisztaltikus pumpával
- Automatikus védelem: nem megfelelő használat esetén megszakítja a működést (áram, víz)
- Tápegység elektromos adatok: 100-240 V, 50-60 Hz

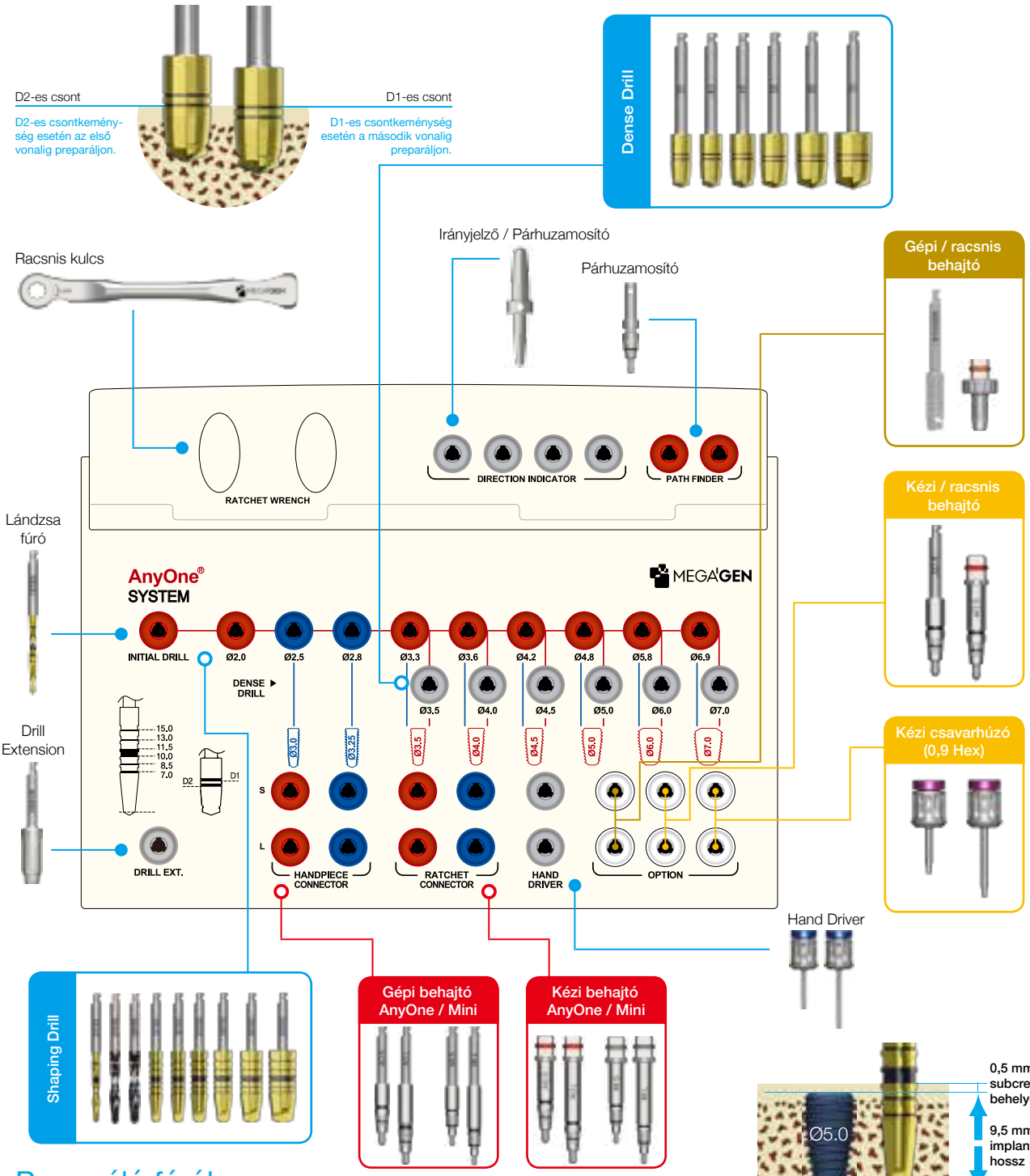
A csomag tartalma: sebészeti egység, lábkapcsoló, 2 LED kézidarab szett, autoklávozható tálca, tápegység, vízellátást biztosító csövek, sóoldat tartó, nyomatékkulcs, sebészeti hegy készlet (13 alap hegy + 1 db).

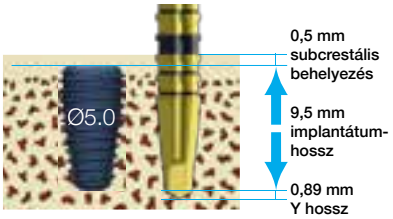
# III. AnyOne® sebészeti tálca

## Kortikális tágító- Kompakt fúró

| Cikkszám |
|---|
| KAOIN3003 |

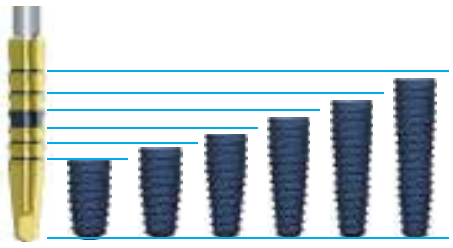
- Kompaktabb D1, D2 csontállomány esetén, használja a kompakt fúrókat a megfelelő primerstabilitás elérése érdekében.




## Preparáló fúrók

- Minden egyes fúró szárán mélységi jelölések találhatók (7,0 mm-15,0 mm között)
- A kettős jelölés (bordázat és lézer jelölés) biztosítja a pontos mélységellenőrzést a preparálás során.



| Fúró átmérő | Ø 2,8 | Ø 3,3 | Ø 3,6 | Ø 4,2 | Ø 4,8 | Ø 5,8 | Ø 6,9 |
|---|---|---|---|---|---|---|---|
| Y hossz | 0,58 | 0,59 | 0,68 | 0,85 | 0,89 | 0,94 | 0,94 |

- Valós fúró hossz: a fúrók megadott hossza általában nem jelzi az Y-végződés hosszát.
- A Preparáló fúrók 0,5 mm-el hosszabbak, mint a megadott implantátum hosszak, így automatikusan a subcrestális behelyezés adódik, amennyiben a fúróprotokollt követi.

- Egy Ø 5,0 x 10 mm implantátum behelyezése esetén a fúróprotokoll 10,89 mm mélységig preparál. Például: 0,5 mm (subcrestális koncepció) + 0,89 mm (Fúró Y-végződése) + 9,5 mm (Implantátum valós hossza)

# IV. R2GATE™ teljes sebészeti tálca

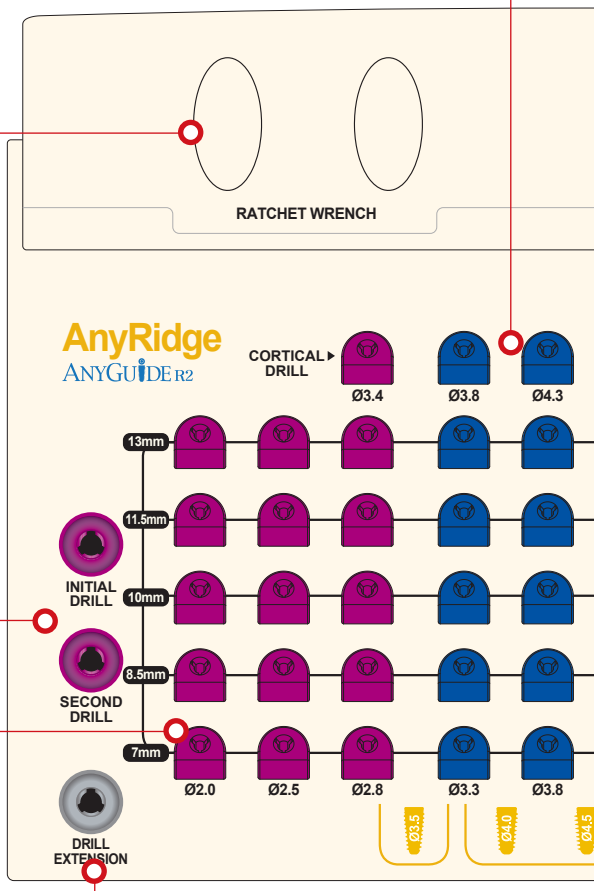
# AnyRidge implantációs rendszerhez

- Amennyiben egy adott implantációs rendszert használ, kiválaszthatja az ahhoz illeszkedő teljes R2Gate készletet.
- Az R2Gate sebészeti készlet tartalmazza az összes fúrót és eszközt, amely az R2GATE Guide™ és az R2GATE™ által digitálisan tervezett szimultán sablonos sebészethez szükséges. Kiváló segítség a minimál-invazív műtétek végrehajtásához, valamint tökéletes klinikai eredmények eléréséhez.

| Cikkszám |
| --- |
| KAGIN3000 |

## Kortikális tágító

D1-es és D2-es típusú, kompakt csontállomány esetén javasolt kortikális csont preparációjához.



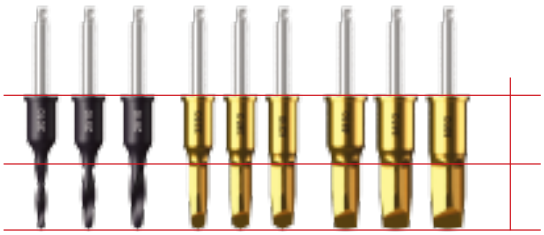

## Jelölő fúró

Jelölő fúró I. Jelölő fúró II.

Az implantátum pontos helyének, irányának megadásához.

## Guide Stop Drill

Fúró átmérő : Ø 2,0 ~ Ø 5,9
Fúró hossza : 7,0 ~ 13,0 mm



Szimultán sebészeti sablon hossza : 13,5 mm

Fúró hossza : 7,0 ~ 13,0 mm

## Fúrószár hosszabbító

## Bone Profiler

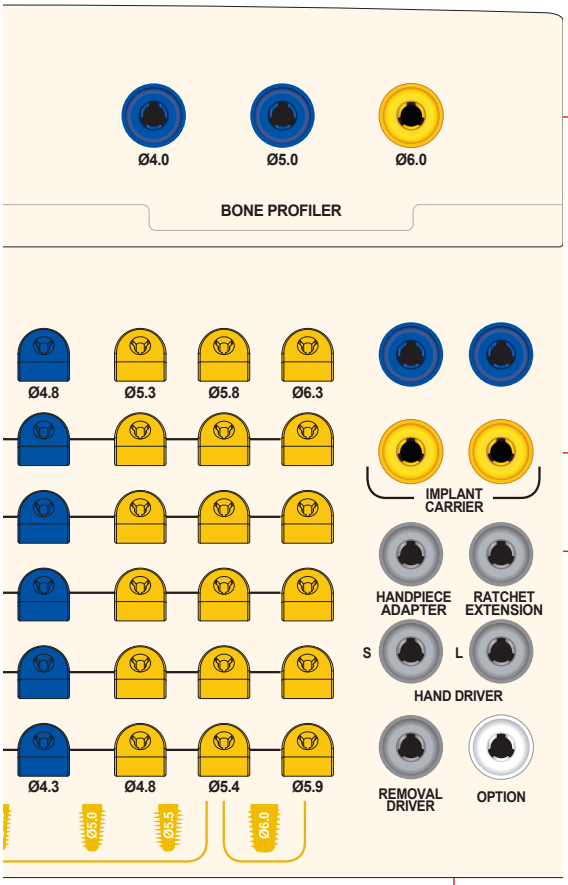
A Bone Profiler használata a kortikális csont pontos alakítására javasolt, ZrGen fej használata esetén. (Implantátum behelyezése előtt / javasolt fordulatszám: 600-1000)

## Implantátum behajtó

: Kézi behajtó
: Gépi behajtó

- R – AnyRidge Regular
  (ø 3,5 ~ø 4,5)

- W – AnyRidge Wide
  (ø 5,0 ~ ø 6,0)




## Kézi csavarhúzó

: 1,2 hex driver (Short)
: 1,2 hex driver (Long)
: Abutment Remover Driver

## Behajtó-adapter

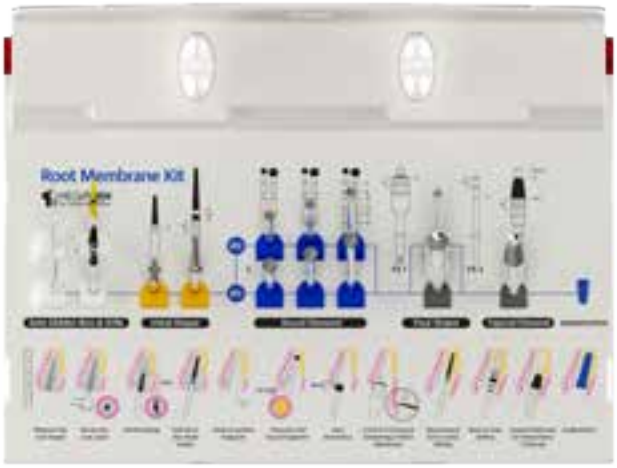
## Behajtó-hosszabbító

# V. Root Membrane Kit

A legkiválóbb esztétikai eredmények azonnali implantáció során.

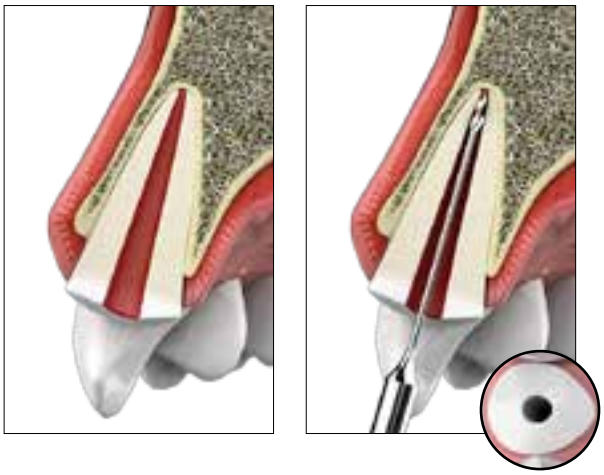
Takarítson meg időt és tapasztalja meg a kivételes esztétikai hatást!

| Cikkszám |
| --- |
| RMK3000CS |
| RMK3000MM |
| RMK3000HY |
| RMK3000CH |
| RMK3000KB |



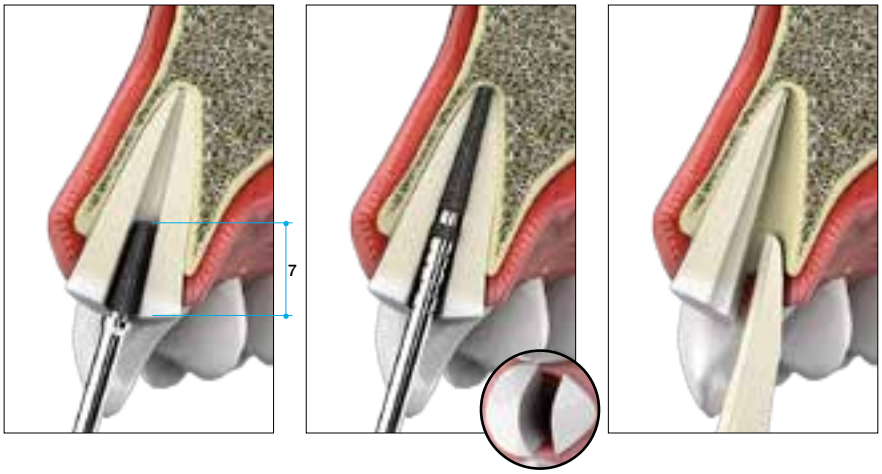

## ▸▸ How to use Root Membrane Kit

1. After measuring the length of root canal, secure the root canal using the Gate Glidden Drill and Bur.



2. Use Initial Shaper (IS1) to perform an initial root split about 7mm so that lingual surface becomes slightly rounded.

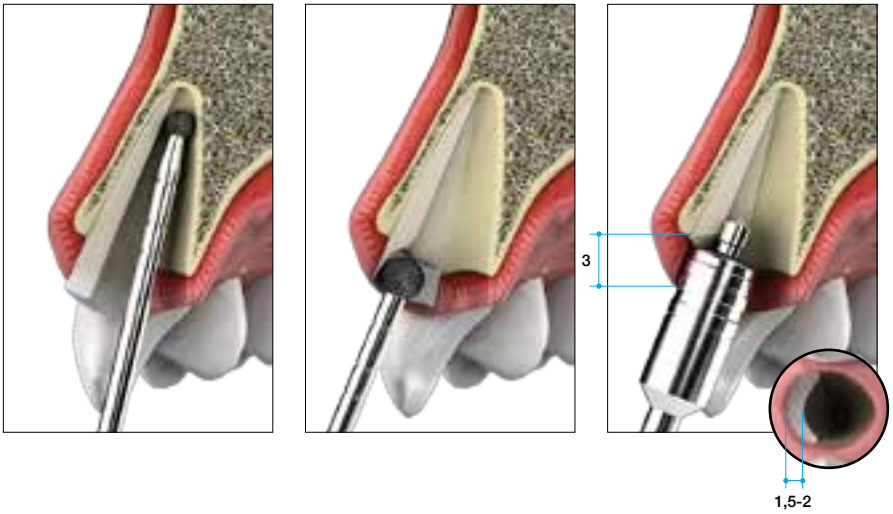
3. Then use the Initial Shaper (IS2) to expand as the length of the root and remove the palatal side fragment.



4. Use a round Diamond Drill that matches the length and size of the root fragment. Then trim the remaining roots forming a crescent moon when viewed from the occlusal surface. The ideal thickest central part of Root fragment is 1.5-2mm when viewed from the occlusal surface.

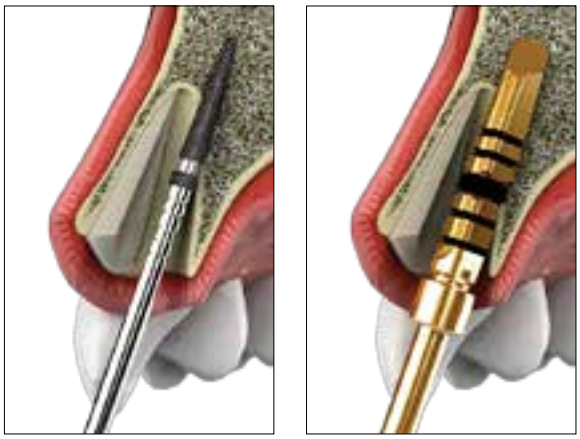
5. Perform the initial trimming so that the crestal part of the root fragment on the gingival part descends 3mm below the tip of gingiva.

6. Use the Final Shaper (FS1: for low speed or FS2: for high speed) to trim and smoothen the root fragment (Crestal) remaining below the tip of the gingiva.



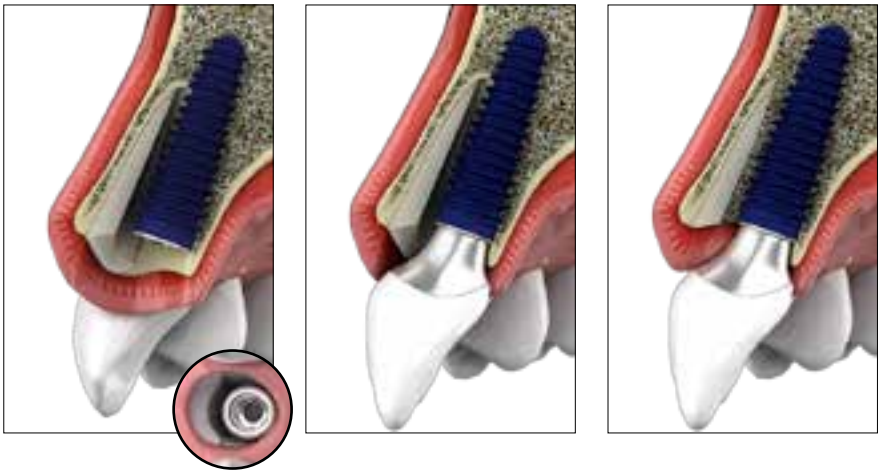

7. To prevent slip of the common drill along the slot, initial drilling should be done using an initial shaper (IS2) after matching the direction in which the fixture is to be placed.

8. After that, it needs step-by-step drilling.



9. Due to the feature of immediate placement, there is no resistance on the labial side, so labial shifting is likely to occur when the fixture is placed.
To prevent this, trim the palatal side bone before fixture placement by using tapered diamond.
It's kind of counter sinking drilling. You can adjust the depth of the tapered diamond according to the diameter of the fixture being placed.

10. Place the fixture without touching the remaining root fragment.
If a gap between the root fragment and the fixture is wide, perform a little bone graft.



# ▸▸ Advantage of Root Membrane KIT


Root Membrane technique has already been recognized through long-term clinical evidence and articles of many prominent Clinicions. Also, it has become a New Trend among clinicians in the World especially US, Europe and Japan.

Courtesy of Dr. Mitsias E. Miltiadis & Dr.Konstantinos D. Siormpas

"Root Membrane technique"

"Socket Shield technique"

"Root Submergence technique"

"Partial Extraction Therapy"

**Root Membrane KIT is the answer for you!**

## Best Diamond Drill for Root Membrane Technique

MegaGen's Root Membrane Kit is made by combining the best quality of dental diamond drill technology from 50-year-old Japanese company called "Hinatawada Precision manufacturing."
The reason why MegaGen selected Hinatawada is that it is a Japanese premium diamond drill company which has been recognized as one of the world's top class products by the philosophy of craftsmen.
Also, Hinatawada has the most advanced technology for Root Membrane technique; no wabbling , cutting power, and durability that cannot be found anywhere in the world.

**Advantages of MegaGen Diamond Drill**

1. It does not give excessive vibration to the teeth, and you can get a smooth formed surface.
2. 3-4mm long diamond drill does not wabble when it is used at high speed rotation. (Rotation accuracy: less than 3 microns)
3. The sharpness of the diamond drill is maintained for a long time.
4. The diamond drill, which is made with high precision by grinding process, can be treated with the same feeling always because there
   is no deviation per product.
5. By increasing the hardness of the diamond drill, you can avoid the risk of bending during treatment, thus making it safer.
6. It has high rotation accuracy and small shaft vibration, so it prevents abrasion of the handpiece bearing part

## Perfect match with AnyRidge

The strong point of Root membrane technique is Immediate Implant Placement. Strong initial stability guarantees a high success rate. AnyRidge Implant system of MegaGen and Root membrane technique is in harmony with strong initial stability and fast osseointegration.

**AnyRidge Knife Thread Design**

Knife Thread® with an oblique shape is designed of round face and narrow thread. Therefore, it can obtain an optimal ISQ because it is placed without damaging the unique architecture of cancellous bone. Also, it gives even stress distribution.

**AnyRidge Xpeed Surface Treatment**

XPEED® surface treatment technology is that the $Ca^{2+}$ ions which increase osseointegration rate on fixture surface can be reached through the chemical reaction with 0.5 micrometer thickness. Also, there is no problem of absorption of the coating layer after scaling deterioration, BIC and Removal Torque values are excellent.

## The Root Membrane Technique: Human Histologic Evidence after Five Years of Function

- Miltiadis E. Mitsias, Konstantinos D. SioRoot Membranepas, Gerogios A. Kotsakis, Scott D. Ganz, Carlo Mangano, Giovanna Iezzi

Our present human histologic study supports the assertion that the Root Membrane technique is effective in preventing bone resorption of the buccal bone plate of the anterior maxilla, five years after the placement of an immediate implant. This human histologic evidence that Root Membrane can preserve the buccal bone plate is of great value since it can help validate the clinical use of this surgical technique to maintain the hard and soft tissues over time and to optimize aesthetic results.

The retrieved tissue sample, which included the implant, the root membrane, the space between them, and the buccal bone plate, appeared intact. Only palatally to the fixture, and in the most coronal area, it appear evident that the trauma had detached the surface of the implant from the palatal bone; that area was of less importance for the present histologic evaluation and, therefore, the sample could be considered in perfect condition for histologic and histomorphometric analysis. The histomorphometrical evaluation showed a bone-to-implant contact of 76.2%.

Trabecular, mature bone at the interface of the implant was observed. The bone was present between the implant and the root. The root membrane and the buccal bone plate appeared intact without any signs of resorption.

Compact bone in the mediat thirds and apical portion of the implant were evident. No gaps were present at the interface.

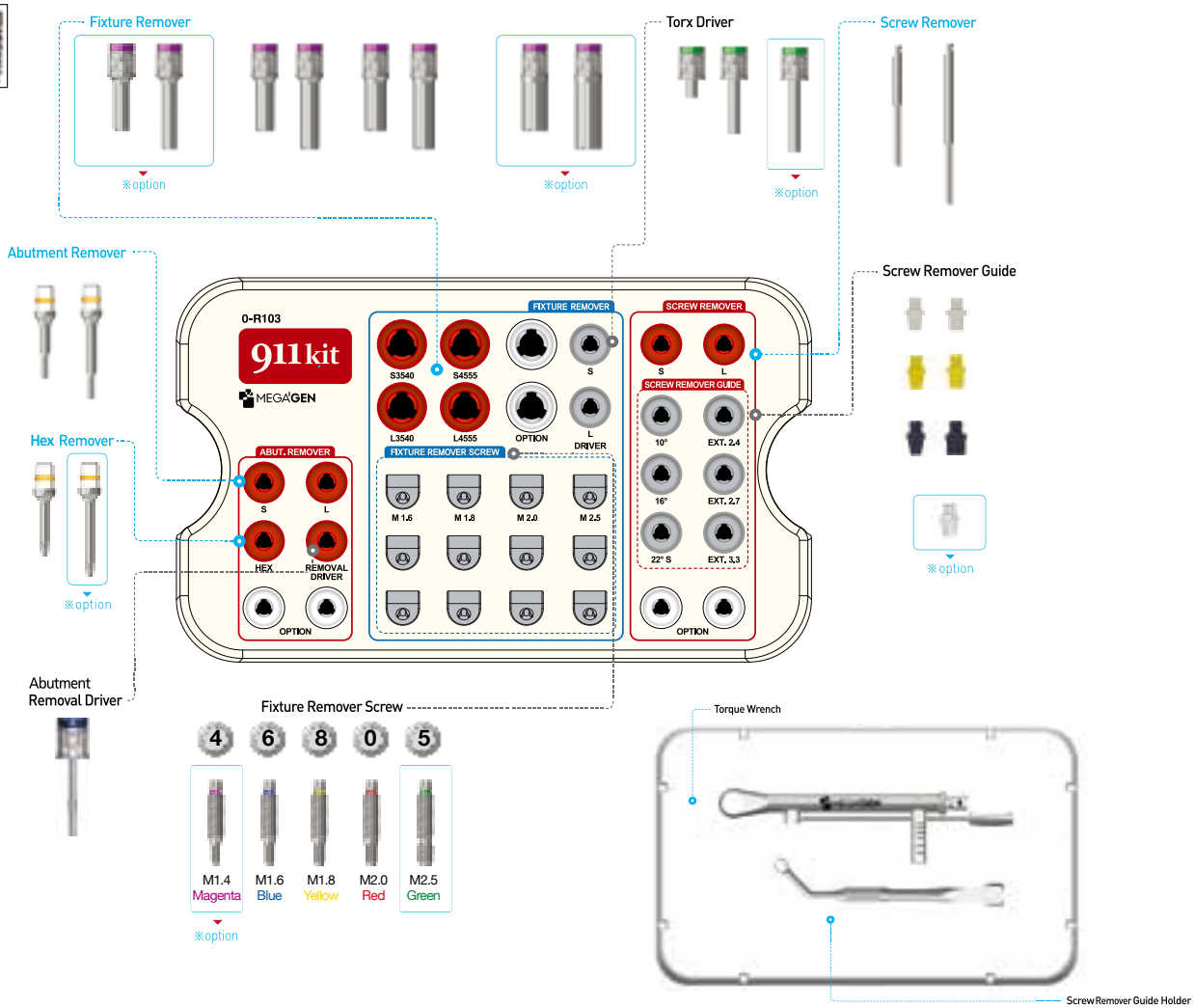
In the apical portion of the root, it was observed that the cementum migrated from the residual root to the implant surface. Acid fuchsin-toluidine blue 40x.

Hindawi
BioMed Research International
Volume 2017, Article ID 7269467, 8 pages
https://doi.org/10.1155/2017/7269467

# VI. 911 készlet

A tökéletes megoldás implantátum-, fej-, átmenő csavartörés esetén fellépő katasztrófák kezelésére.

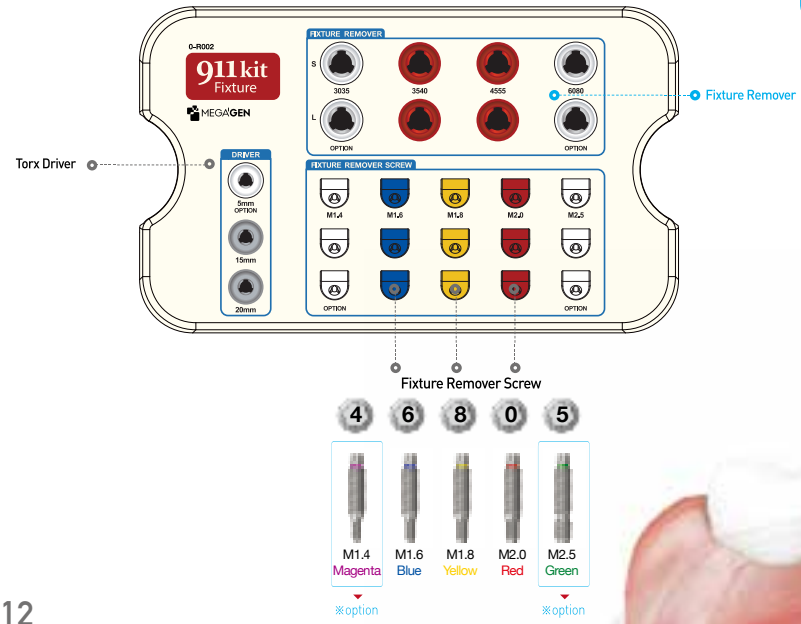
| Cikkszám |
|---|
| KPSCS3000 |




## ➲ 911 Implantátum eltávolító készlet

Egyszerűsített változata az eredeti 911 KIT-nek.

| Cikkszám |
|---|
| KPSFS3000 |

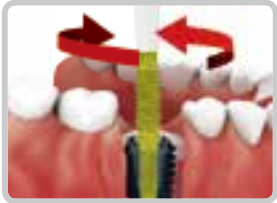



# ▸▸ How to use 911kit

## Fixture Remover

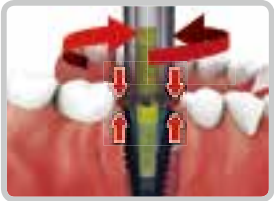
- Fixture Remover Screw: Single use only
- Do not use in case of a gap in Fixture Remover

Remove the prosthesis of the fixture to be removed, and the surrounding bone.



Select a Fixture Capture Screw of the same size as the fixture internal screw. Use the Torx Driver to turn the screw clockwise (40Ncm~70Ncm) to place in the fixture. (Use of torque less than 40Ncm for M1.6, and 60Ncm for other products may lead to loosening)

Select a Fixture Remover that fits the fixture diameter. Turn the fixed Fixture Remover Screw counterclockwise until it touches the fixture. (For a torque of greater than 300Ncm, it is recommended to use a Trephine bur)



Fixture and Fixture Remover are tightly connected as rising force and descending force are combined. (Suction is needed; debris may happen on removal of a fixture)

Using Torque Wrench, turn counterclockwise and pull out fixture and Fixture Remover. (No more than maximum torque per fixture)

Removed fixture can be pulled out, turning Fixture Remover and fixture clockwise, holding onto vice plier.

## Abutment Remover

- Can use for abutments that use M1.8 & M2.0 screws.
- Cannot use for abutment that use M1.6 and M2.5

Insert the Abutment Remover in the fractured abutment hole.

Use the Ratchet Wrench to turn clockwise in order to join the abutment and the Abutment Remover as one body. (Ratchet Wrench is included in surgical kit)

Move the Abutment Remover sideways while pulling up to remove it. (Use of excessive force may traumatize the fixture or the bone)

Secure the separated abutment in a vice or vice pliers. Use the Ratchet Wrench to turn counterclockwise to separate the abutment with the Abutment Remover.

## Screw Remover

Remove the broken Abutment Screw and the abutment.

Select the correct Screw Remover Guide that fits the fixture connection to join.

Secure the Screw Remover Guide and insert the Screw Holder in the Screw Remover Guide hole.

Push the Screw Remover downwards while rotating counter clockwise to separate it from the fixture internal screw.
(rpm: 30~50, Torque : 30 Ncm)

Remove the pieces of broken screw from the fixture internal screw using forceps.

When separating the holder from the guide, push in the direction of the arrow to separate.

## Hex Remover

In cases that Abutment Screw, Cover Screw or Healing Abutment's hex is damaged.

Use the Ratchet Wrench to turn counterclockwise to join the abutment with the Abutment Remover as one body. (Use a torque of less than 40Ncm., Ratchet Wrench is included in surgical kit.)

Place the removed abutment in the vice. Use the Ratchet Wrench to turn clockwise to separate the abutment with the Hex Remover.