

# GLOSSARY OF PARTS, PIECES, AND TERMINOLOGY

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Please remove this portion of the handout from the rest of the handouts. Make several copies, and keep them with your implant inventory. This way, any time you are communicating with labs, assistants, or new employees, this packet can be used as a reference for all the weird and seemingly complex terms below:

- |            |                 |
|------------|-----------------|
| Fixture?   | Internal Hex?   |
| Open tray? | Abutment screw? |
| Coping?    | Cover screw?    |
| Transfer?  | Healing cap?    |
| Body?      | Analog?         |
| Driver?    | Screwmentable?  |
| Locator?   | Hex driver?     |



## SURGICAL PHASE

You have laid a flap, drilled a hole into the bone, and now it is time to place the implant.



This is the **implant**. It is also called:

- **Implant body**
- **Fixture**

If you look closely, just inside of the platform is an **Internal Hexagon** shape. Below that, you can see *threads* that can accept an **Internal Screw**.



Here is what it looks like inside the tissue/bone.





# How do you get the implant from the packaging to the surgical site?

## DRIVERS

Your implants will come packaged in one of two ways:



Without the **abutment** already attached



Or, with the **abutment** already attached

In order to ***grip the implant without touching it***, you will need a **Driver**.

It is *very* important to be able to differentiate between all the different types of drivers.



Let's start with the implant that was packaged without an abutment.



Grip the implant by using a **hex driver**.

- This has a **hexagonal shape** at its end, and engages with the internal hex of the implant.

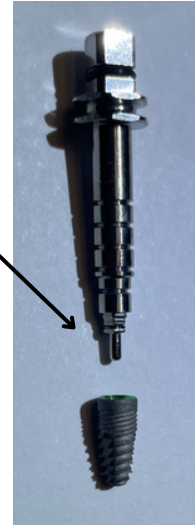
Notice the difference between the two **tails** of these drivers.



With this one, you can attach **this square shaped part . . .**



With this one, you can insert your implant with your handpiece. **(Make sure to reduce your RPMs)**



a) To a square-head finger driver, and insert the implant with your thumb and forefinger



b) To a square-head torque wrench, and insert the implant by rotating the torque wrench



c) To a square-head, handpiece-latch driver, inserting the implant with your handpiece **(make sure to reduce RPMs)**



d) First to the finger driver, and then to a round-head torque wrench



e) **in the anterior**, by using a square-head screwdriver



f) **most commonly**, a combination of several of the above options, using handpiece or fingers first, then driving the deepest few threads with a torque wrench

Or, if you have an implant that is already packaged with the abutment:

This *square shaped head* is the **same size** as the square drivers on the previous page. You can attach it . . .



a) To a square-head finger driver, and insert the implant with your thumb and forefinger



b) To a square-head torque wrench, and insert the implant by rotating the torque wrench



c) To a square-head, handpiece-latch driver, inserting the implant with your handpiece (**make sure to reduce RPMs**)



d) First to the finger driver, and then to a round-head torque wrench



e) **in the anterior**, by using a square-head screwdriver



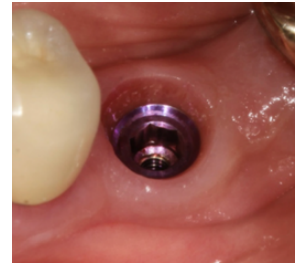
f) **most commonly**, a combination of several of the above options, using handpiece or fingers first, then driving the deepest few threads with a torque wrench



## Now you have successfully placed your implant. Hooray!

Now it must be covered so that gum tissue and food doesn't accumulate around the internal hex and the internal threads.

This can be done in two ways:



### 1) With a **cover screw**

This is a very short screw that is often placed at the time of surgery. Its short profile allows for tissue to grow over it.



The driver used for this is often called an **abutment driver**, and often has a small hex shaped head.

2) Or, if you feel that the implant already has a high level of stability at the time of surgery, you can cover the platform with:

- a) A **healing cap**
- b) A **healing collar**
- c) A **healing abutment**

(All 3 of these are the same thing)



These are much taller than the cover screw, and therefore do not allow tissue to grow over them. They allow for clean rounded emergence profile at the time of 2nd stage.

Use the same **abutment driver** to place these.



## IMPRESSION PHASE

You now have a stable, integrated implant, surrounded by healthy tissue with a smooth emergence. It is now time to take an impression, but how?

### IMPRESSION ABUTMENTS

These are also called **impression copings**. They attach to the implant via a **hexagonal connection**.

They can be:

- a) **open tray**, with sharp, 90-degree ridges
- b) **closed tray**, with smoother ridges

Sometimes, the abutment that comes with the implant packaging could be used as an impression abutment.



**Open tray abutment**  
(Also called a **pick-up coping** or **pick-up abutment**)

Notice the sharper ridges. A hole needs to be drilled in the impression tray.



**Closed tray abutment**  
(Also called a **transfer coping** or **transfer abutment**)

Notice the smoother ridges. No adjustment needs to be made to the impression tray.









## SCAN BODY

**If you have a scanner,** instead of taking traditional VPS impression, simply seat the scan body. Make sure the *hex from the scan body* matches the *internal hex* of the implant, and simply do a scan.



## ANALOGS

**Analogs** are *exact replicas* of the implant in terms of the:

- Platform
- Internal Hex
- Internal threads

They are used by the lab when pouring up models so that there is an exact replica of the implant *in the correct position* inside the model.



### For closed tray impressions:

The impression abutment must be removed from the mouth, then attached to the analog, then the abutment must be snapped back into the impression.

### For open tray impressions:

After the impression material hardens up, unscrew the impression abutment, remove it *along with the impression material/tray*, then attach the analog to the abutment inside the impression.

### For scan body impressions:

You don't need an analog.