ROOTT

DRILLING PROTOCOL FOR ROOTT S IMPLANTS

CAVITY PREPARATION

Every person has a unique bone structure and the clinician has to adapt the drilling protocol to the individual bone quality and anatomical situation. Our drilling protocol is an optimal scheme for different types of bones: D1, D2-D3, D4.

IMPORTANT!
WHEN PREPARING THE CAVITY FOR THE IMPLANT, ALWAYS ENSURE COOLING.
USE ONLY SHARP INSTRUMENTS.

DRILLING SPEED

Recommended drilling speed:
- initial drilling – 1200–1500 Rpm;
- pilot drilling – 900–1200 Rpm;
- form drilling – 200–800 Rpm.

Implantologist is responsible of drilling speed choice, taking into consideration his experience, preferences and special necessities of the patient.

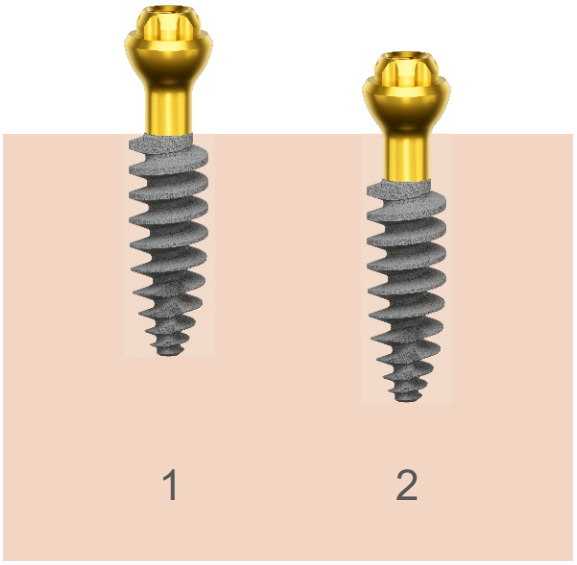
Important notice: this protocol was prepared with a max speed of 700 rpm, with insertion torque for implants is from 35 to 50 Ncm.

IMPLANT POSITION

1. The length of the implant thread without the neck. Placing the implant to the bone till the start of the implant neck and till the end-point of the implant thread.

2. The length of the implant thread + implant's neck. Placing the implant to the bone till the abutment level, leaving only abutment over the bone.

For the 2nd option, drilling should go 2.0 mm deeper than chosen implant thread length.

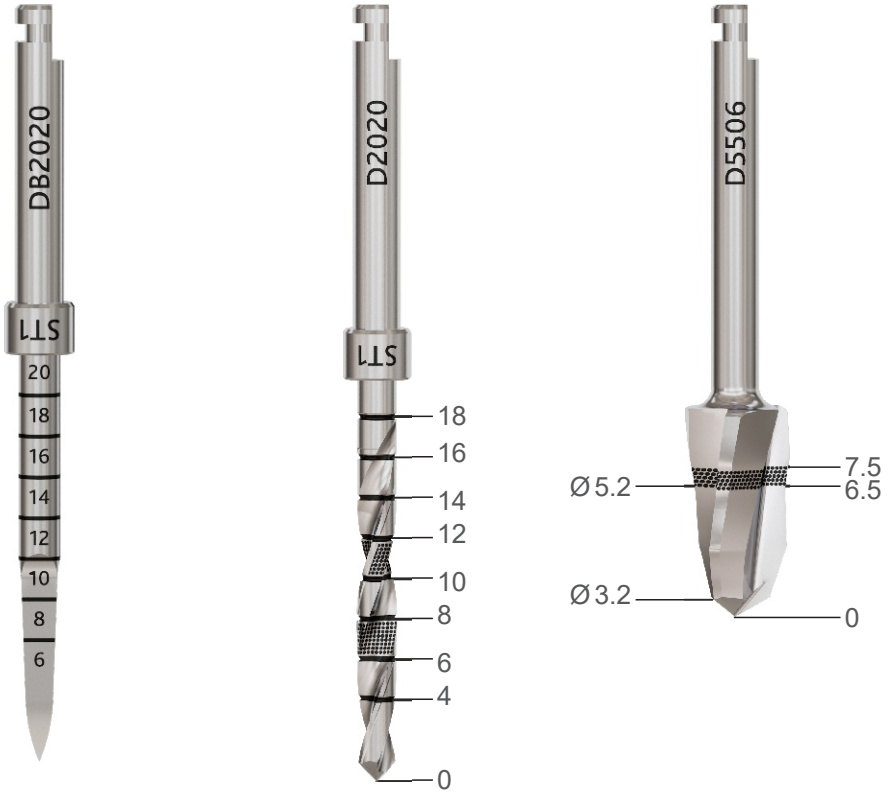


IMPLANT INSTALLATION USING TAPERED DRILLS

Lance drill DB2020 can be used for initial drilling by setting the drilling axis before using pilot drill D2020.

Drill with tapered drills to the appropriate depth, required for a specific case. If after using the previous drill the torque is still more than 50 Ncm while inserting the implant, the cavity has to be widened. Just widen the osteotomy with drill D5506.

All drills have laser marking, which indicates drill's depth in the bone. Markings are lasered every 2 millimetres, pilot drill from 4 to 18 mm, tapered drills from 4 to 16 mm.



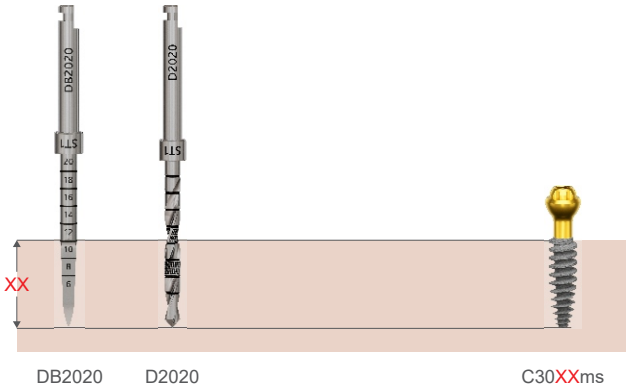
Tapered drills have V-shaped tips, for better correlation with the implant, 3 cutting edges offer good stability. The tapered shape reduces frictional heating. Variable helix for enhanced drilling control and twisted flute for bone extraction. Angled back cutting edge allows compressing of bone when drilling in counter-clock wise (reverse).

$Ø_2$	2.5	2.8	3.2	3.6	4.0	4.3	4.6	5.0	5.3
$Ø_1$	2.0	2.3	2.5	2.8	2.8	3.0	3.5	3.8	4.0

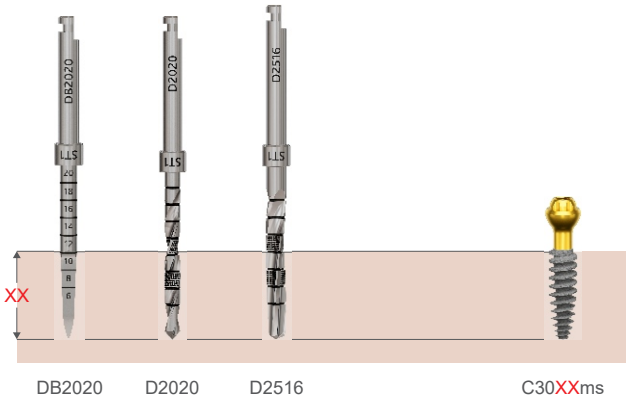
NOTE
For the best result it is recommended to use a smaller diameter drill and try inserting the implant.

IMPLANTS **C30XXms**

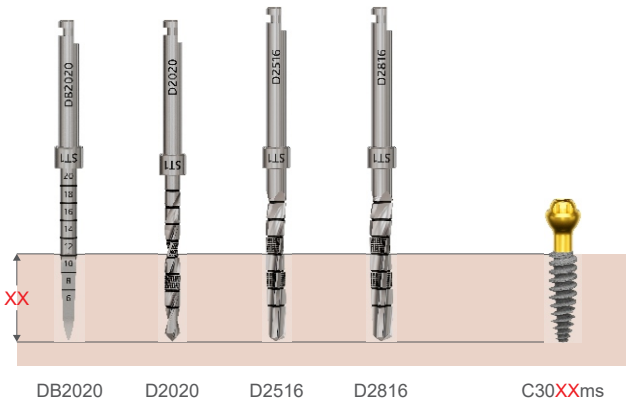
D4
BONE



D2-D3
BONE



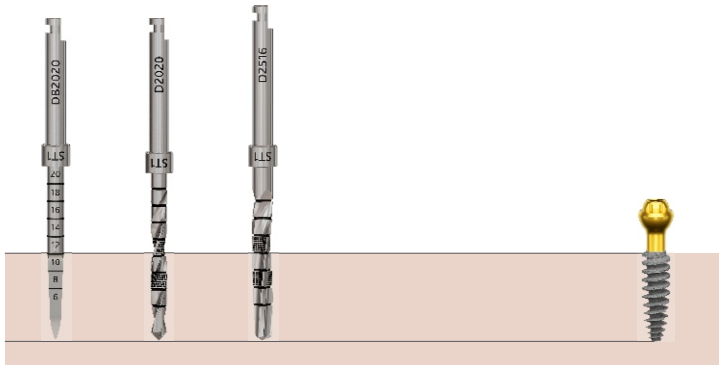
D1
BONE



Here xx is the length of the implant, mm

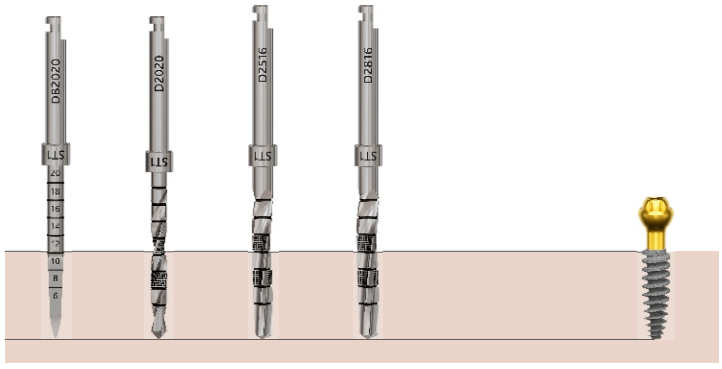
IMPLANTS **C3506ms-C3510ms**

D4
BONE



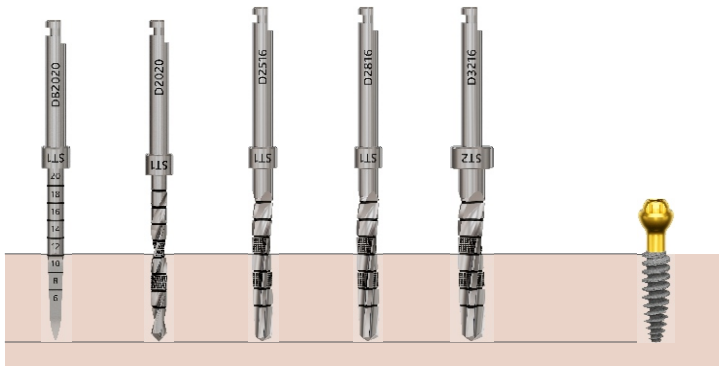
DB2020 D2020 D2516 C3506ms-C3510ms

D2-D3
BONE



DB2020 D2020 D2516 D2816 C3506ms-C3510ms

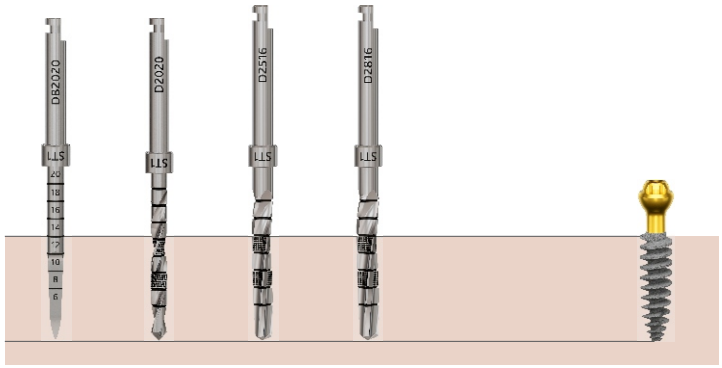
D1
BONE



DB2020 D2020 D2516 D2816 D3216 C3506ms-C3510ms

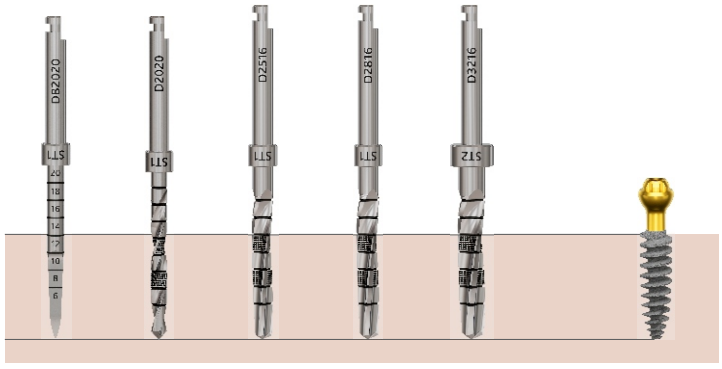
IMPLANTS **C3512ms-C3516ms**

D4
BONE



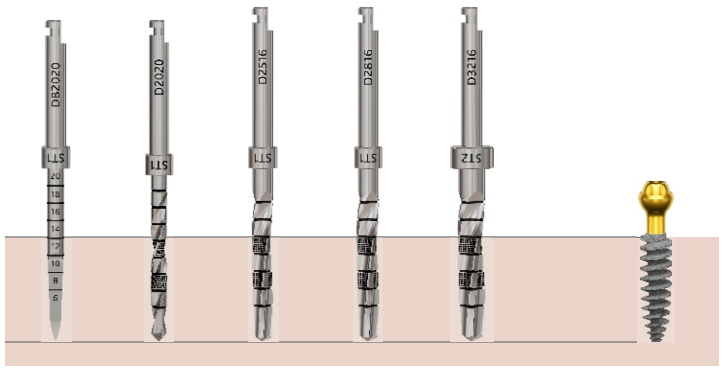
DB2020 D2020 D2516 D2816 C3512ms-C3516ms

D2-D3
BONE



DB2020 D2020 D2516 D2816 D3216 C3512ms-C3516ms

D1
BONE



DB2020 D2020 D2516 D2816 D3216 C3512ms-C3516ms

IMPLANT INSTALLATION USING TAPERED DRILLS

Implant	D4 BONE	D2-D3 BONE	D1 BONE
Ø 3.0 mm	DB2020 D2020	DB2020 D2020 D2516	DB2020 D2020 D2516 D2816
Ø 3.5 mm **L 6-10 mm**	DB2020 D2020 D2516	DB2020 D2020 D2516 D2816	DB2020 D2020 D2516 D2816 D3216
Ø 3.5 mm **L 12-16 mm**	DB2020 D2020 D2516 D2816	DB2020 D2020 D2516 D2816 D3216	DB2020 D2020 D2516 D2816 D3216