

KONO-S and CLOSE BL IMPLANTS

TIPOLOGY The two implant systems are suited in every bone class, with a conical-root shape. Their major peculiarity is the strong mechanical connection, achieved through the friction between implant and abutment surfaces with Cone Morse connection.

CONNECTION Cone Morse internal hexagon with fastening screw. Stable and air-tight, it avoids any kind of micro-movement, no matter the diameter of the implant.

SURGERY KONO-S neck is optimal for a crestal level surgery, while CLOSE BL eases the clinician's work in esthetic regions, allowing a sub-crestal surgery.

1 PLATFORM SWITCHING

- Preservation of the biological space
- Use of the gingival margin against infiltration
- Preservation of the bone level

2 INTERNAL CONE MORSE CONNECTION 5°

- Cold welding, total connection between implant and abutment
- Eliminates micro-movements
- Avoids the unscrewing of the prothetic fastening screw
- It does not bare any load, therefore it does not risk any rupture
- Optimal hexagon height
- Easy to collect the impression in every condition
- Warranty against the rotation of the abutment

3 HYBRID THREADED-MACHINED NECK

- Optimal engagement with the bone
- Cortical bone preservation
- Effective bio-mechanical behavior

4 TRIPLE DECOMPRESSION INCISION

- Enables clot outflow and avoids the rotation of the implant in the second phase surgery

5 OSTEO-CONDUCTIVE TREATED NECK, WITH INVERTED CONICITY (CLOSE BL)

- Cortical bone preservation
- Alveolar bone management

6 CONICAL BODY AND MACRO-THREAD

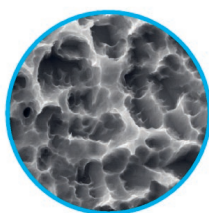
- Enhances the possibility of an expansion in soft bone
- Compacts the bone
- Imitates dental roots

7 ATRAUMATIC PENETRATING APEX

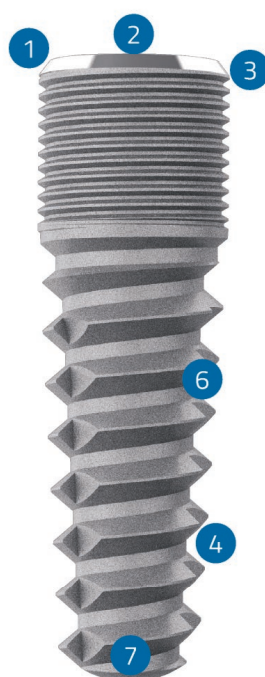
- Allows the implant to penetrate minimally prepared sites
- Helps lifting the sinus maxillary membrane
- Avoids perforation risks



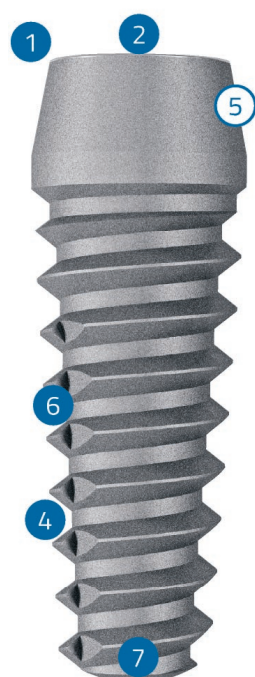
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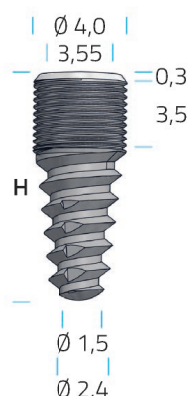
Kono s



Close BL

Kono S Internal hexagon, Cone Morse connection implants with medium thread

Measurement and codes

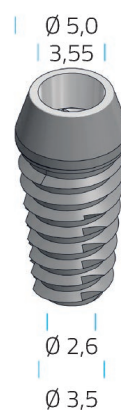
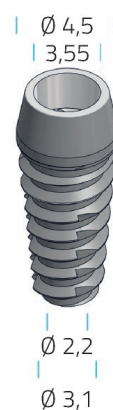
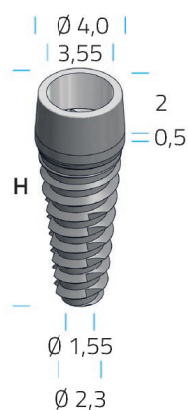


| H | Ø 3,5 ■ |
|------------|---|
| 10,0 mm | TIBc-10-kono s |
| 11,0 mm | TIBc-11-kono s |
| 12,0 mm | TIBc-12-kono s |
| 14,0 mm | TIBc-14-kono s |
| 16,0 mm | TIBc-16-kono s |
| Connection | Cone Morse |

| H | Ø 4,0 ■ | Ø 4,5 ■ | Ø 5,0 ■ |
|------------|--|--|--|
| 8,5 mm | TIDc-8,5-kono s | TILc-8,5-kono s | TICc-8,5-kono s |
| 10,0 mm | TIDc-10-kono s | TILc-10-kono s | TICc-10-kono s |
| 11,5 mm | TIDc-11,5-kono s | TILc-11,5-kono s | TICc-11,5-kono s |
| 13,0 mm | TIDc-13-kono s | TILc-13-kono s | TICc-13-kono s |
| 14,5 mm | TIDc-14,5-kono s | TILc-14,5-kono s | - |
| Connection | Cone Morse | Cone Morse | Cone Morse |

Close BL Cone Morse connection implants, internal hexagon

Measurement and codes



| H | Ø 3,5 ■ |
|------------|---|
| 10,0 mm | CLOSE 3,5-10-BL |
| 11,0 mm | CLOSE 3,5-11-BL |
| 12,0 mm | CLOSE 3,5-12-BL |
| 14,0 mm | CLOSE 3,5-14-BL |
| 16,0 mm | CLOSE 3,5-16-BL |
| Connection | Cone Morse |

| H | Ø 4,0 ■ | Ø 4,5 ■ | Ø 5,0 ■ |
|------------|--|--|--|
| 8,5 mm | CLOSE 4-8,5-BL | CLOSE 4,5-8,5-BL | CLOSE 5-8,5-BL |
| 10,0 mm | CLOSE 4-10-BL | CLOSE 4,5-10-BL | CLOSE 5-10-BL |
| 11,5 mm | CLOSE 4-11,5-BL | CLOSE 4,5-11,5-BL | CLOSE 5-11,5-BL |
| 13,0 mm | CLOSE 4-13-BL | CLOSE 4,5-13-BL | CLOSE 5-13-BL |
| 14,5 mm | CLOSE 4-14,5-BL | CLOSE 4,5-14,5-BL | - |
| Connection | Cone Morse | Cone Morse | Cone Morse |

Cone Morse

Surgical protocol Kono s and Close BL implants

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Surgical sequence for D1/D2 or D3/D4 bone

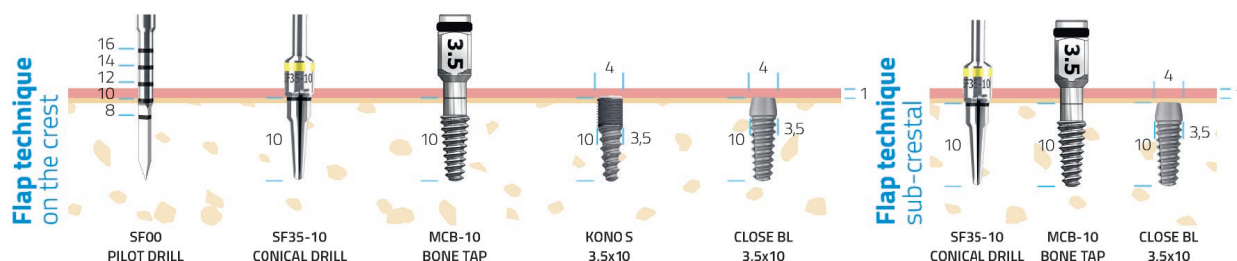
With the same drill set, the Practitioner can choose to work with Kono s or Close BL for a crestal positioning. The drill longer than the implant it's useful for the sub crestal technique with Close BL.

On a mandibular compact bone it is recommended a gradual drilling and the use of a bone tap, while on maxillary D3/D4 bone it is recommended to carry out more or less under prepared osteotomy, depending on the quality of the bone, to reach the desired initial stability.

In sub crestal technique, even with post extractive implants, to achieve an optimal healing of the bone on the neck of the implant it is recommended to use a drill 1mm longer than the implant.

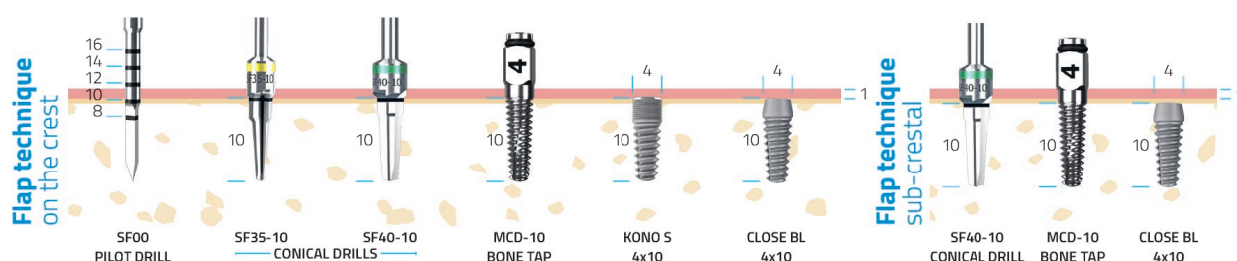
Kono s and Close BL with Cone Morse connection Ø 3,5 h 10

D1/D2 bone



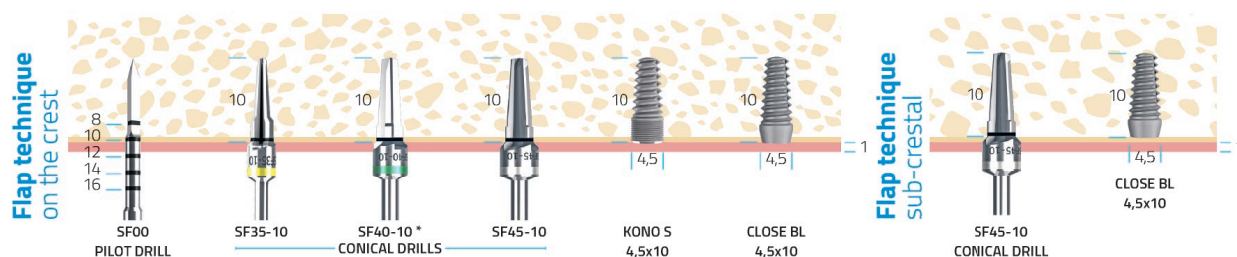
Kono s and Close BL with Cone Morse connection Ø 4,0 h 10

D1/D2 bone



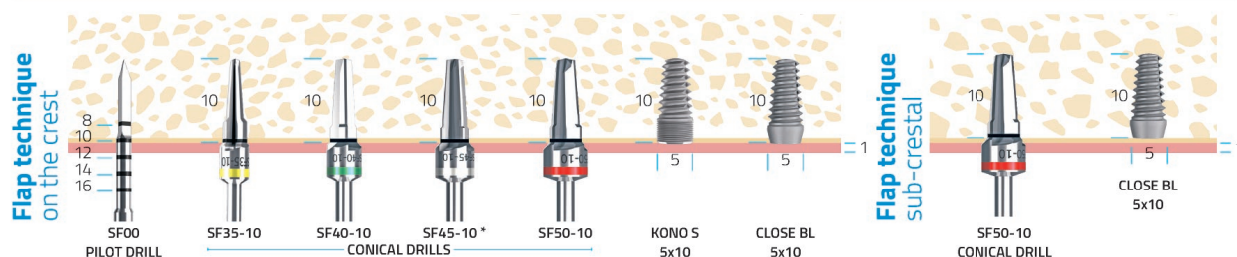
Kono s and Close BL with Cone Morse connection Ø 4,5 h 10

D3/D4 bone



Kono s and Close BL with Cone Morse connection Ø 5,0 h 10

D3/D4 bone



Protocols and sequences are just suggested with an illustrative purpose. It's up to the surgeon to select the best surgical option for the anatomy of the patient.

* On D3-D4 bone intermediate drills must be employed.