

# SHORT IMPLANT

**TIPOLOGY** SHORT Implant system has been developed upon engineering principles that allow the employment of reduced height implants in every bone class. They can be often placed where longer implants cannot be positioned.

**SURGERY** SHORT Implants ensure a good safety margin during surgery, avoiding to approach some critical anatomic structures such as mandibular nerve and maxilla sinus.

**BENEFITS** Sinus lifts and bone graft protocols will be reduced to the minimum, and also the healing process between the two surgery phases will be significantly briefer, with a decisive cut of the surgery related costs.

## 1 SWITCHING PLATFORM

- Preservation of the crestal bone
- Widen contact area between implant surface and abutment
- Single prosthetic connection for all internal hexagon diameters

## 2 WIDEN THREADS

- Maximum contact between implant and bone
- Better osteointegration
- Double-angled threads
- Optimal primary stability

## 3 MORPHOLOGY

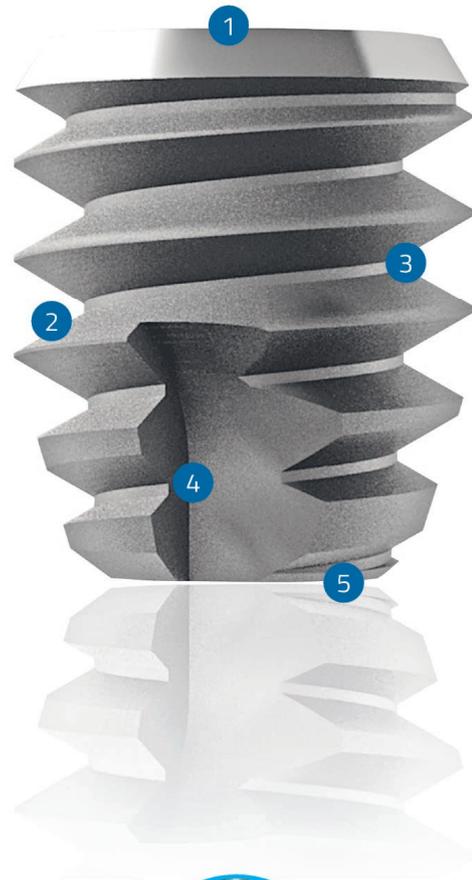
- Cylindrical shape
- Optimal adherence implant-bone
- Simplified osteotomy sequence with calibrated drills equipped with stopper
- Ideal choice in molar region with little residual bone

## 4 LONGITUDINAL CUTS

- Enhance the progress
- Ease the repositioning of the bone during the insertion
- Ensure anti-rotation during the second stage of the surgery

## 5 FLATTENED APEX

- Reduces to the minimum the vertical size
- Exploits the entire length of the implant as a contact surface with the bone tissue



**ACID ETCHED  
SURFACE**

# Short

## Internal hexagon Short implants

### Measurements and codes



H	Ø 4,25 ■	Ø 5,0 ■	Ø 6,0 ■
5,0 mm	SHORT 4,25-5	SHORT 5-5	SHORT 6-5
6,0 mm	SHORT 4,25-6	SHORT 5-6	SHORT 6-6
7,0 mm	SHORT 4,25-7	SHORT 5-7	SHORT 6-7
Platform	<b>Normal</b>	<b>Normal</b>	<b>Normal</b>

Normal



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# Surgical protocol Short implants

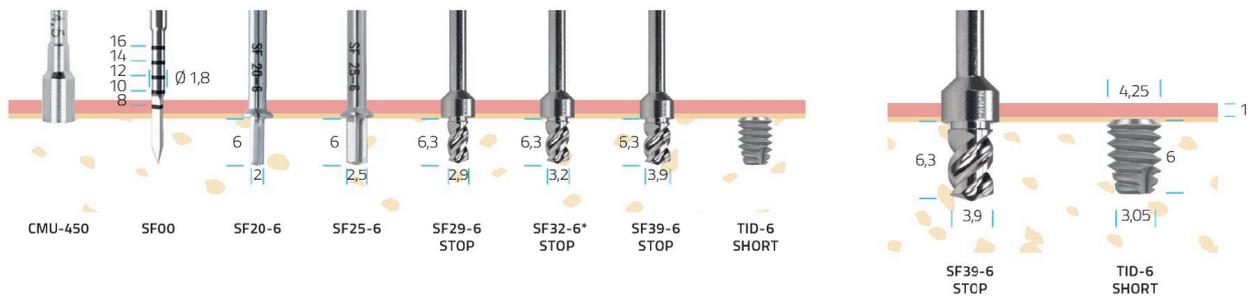
## Surgical sequence for D1/D2 or D3/D4 bone

For the less invasive flap-less technique, we recommend the use of the handpiece punch CMU-450. To achieve a good SHORT implant site preparation we suggest a procedure that take advantage of a gradual drilling. The first osteotomy step has to be carried out under a good irrigation with sterile solution. Besides, it has to be used a discontinuous drilling technique, in order to avoid the heating of the bone.

The design of the drills with stopper is a warranty for a safe and intuitive bone preparation. It is recommended to work at high number of rounds, for an optimal preparation in D1 and D2 bone.

### Bone level Short implant $\varnothing$ 4,25 h 6 mm

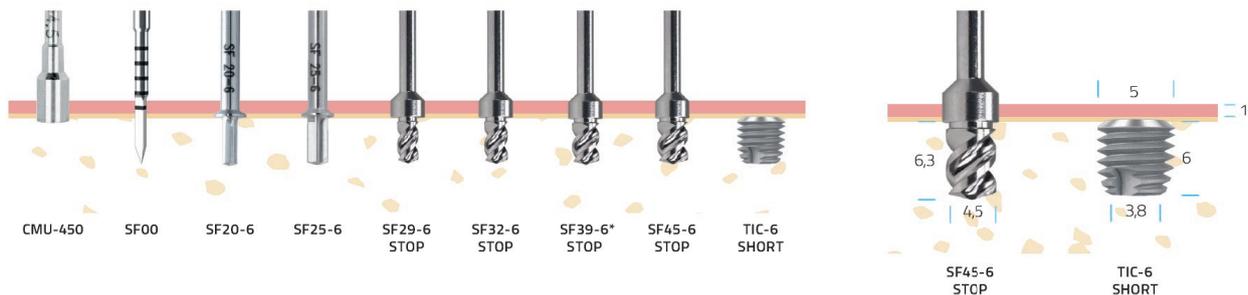
D1/D2 bone



\*Short implants can be placed with an intermediate drill in D3-D4 bone, achieving a good primary stability.

### Bone level Short implant $\varnothing$ 5 h 6 mm

D1/D2 bone



\*Short implants can be placed with an intermediate drill in D3-D4 bone, achieving a good primary stability.

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.