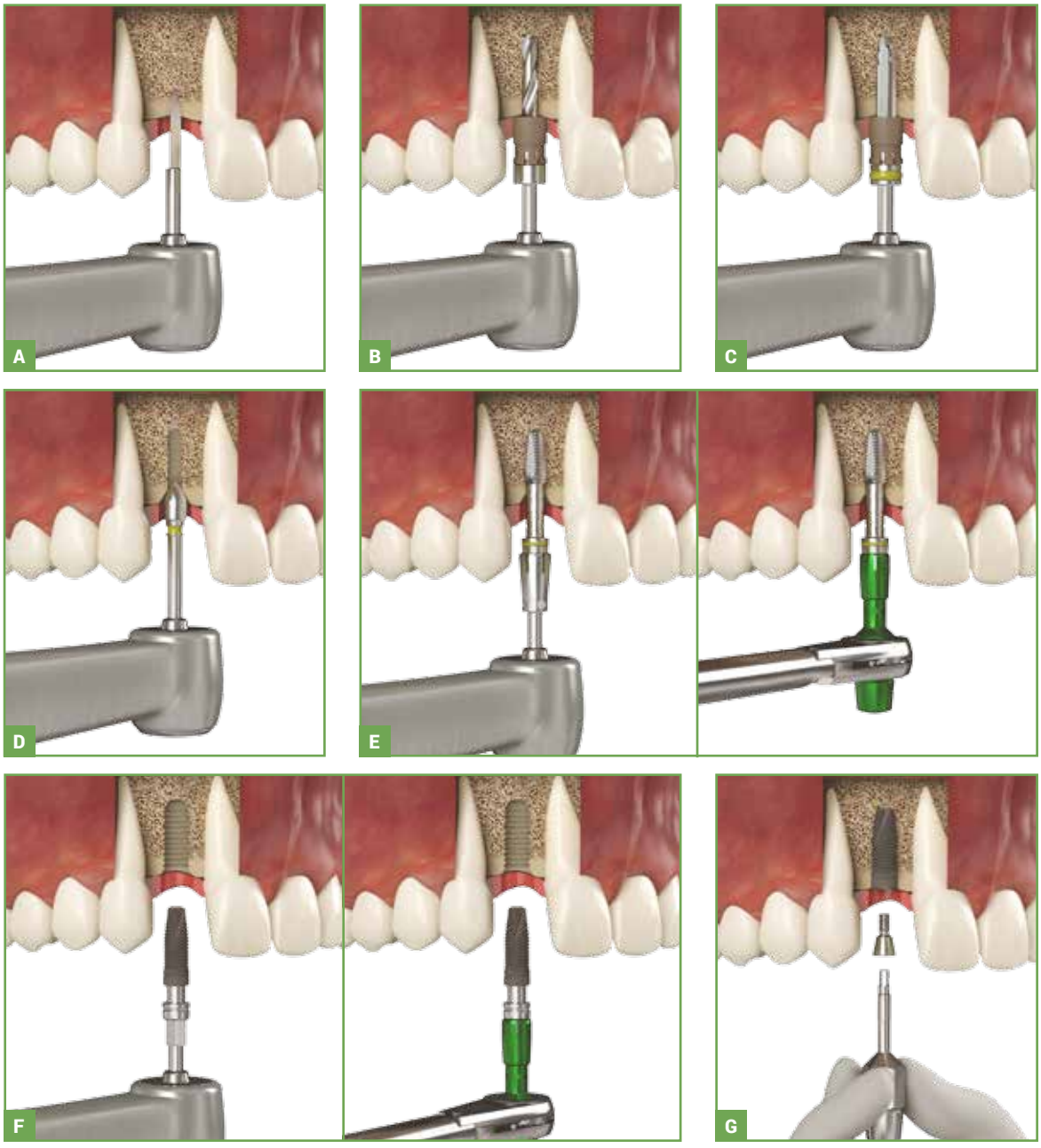
Surgical protocol



A. After **opening the surgical** flap, proceed with **the incision of the cortical using** the dedicated reamer (Code P1OSD). Recommended speed from **800 to 1000 rpm**.

B. In order to **perforate the bone tissue**, the Pilot drill equipped with a depth stop (universal) is utilized (Code P1PD), which can be found in the surgical kit. Max recommended speed **800 rpm**.

C. Enlarge **the perforation previously made with** the dedicated reamer equipped with a depth stop (universal), which can be found in the surgical kit. Use the reamers in sequence up to the colour code of the implant being utilised (see page 13). Max. recommended speed **800 rpm**.

D. **Preparation of the shoulder** using the dedicated countersink (Colour code). Max. recommended speed **600 rpm**.

E. Procedure with **bone tapping performed using the micromotor** (Code P1KC) or **manually with the torque ratchet** using the adapter (Code P1KMC1).

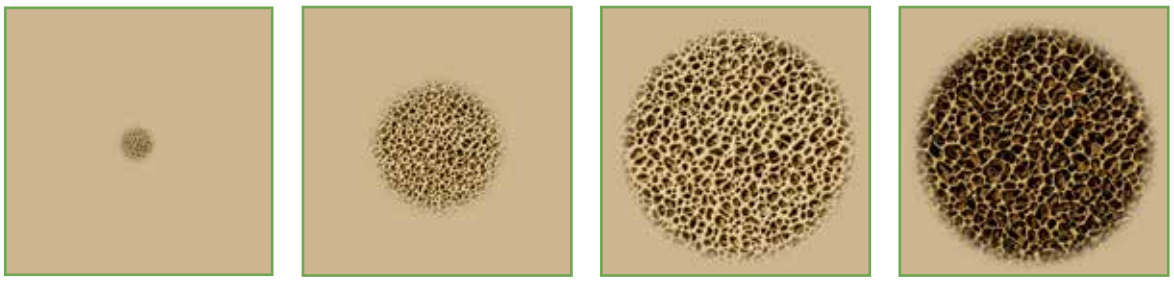
F. Remove the implant (friction fit) from its housing inside the package using the **dedicated handpiece** screwdriver (Code P1CK). Alternatively, with the same wrench, it is possible to use the **adapter** (P1KMC) **to perform the screwing operations with the torque ratchet** (P1DKW). It is recommended to tighten the implant to a torque value **of 50 Ncm**.

G. Tightening the surgical screw.

Surgical protocol - REF and colour codes

Implant	Lanceolate drill	Pilot drill	Reamer	Countersink	Bone tap	Implant	Further indications
mm 3.5	P1OSD	P1PD	P1DR01 (1°)	P1PS35A	P1BT35		
mm 4.0	P1OSD	P1PD	P1DR02 (2°)	P1PS40A	P1BT40		In the case of D1 bone, it is highly recommended to use the reamers in sequence
mm 4.5	P1OSD	P1PD	P1DR03 (3°)	P1PS45A	P1BT45		
mm 5.0	P1OSD	P1PD	P1DR04 (4°)	P1PS50A	P1BT50		
mm 3.5 W	P1OSD	P1PD	←	P1PS35A	P1WBT35		Optional
mm 4.0 W	P1OSD	P1PD	P1DR01 (1°)	P1PS40A	P1WBT40		Optional
mm 4.5 W	P1OSD	P1PD	P1DR02 (2°)	P1PS45A	P1WBT45		Optional
mm 5.0 W	P1OSD	P1PD	P1DR03 (3°)	P1PS50A	P1WBT50		Optional

Bone quality



The term bone density is commonly used in surgical implant treatments and within an implant's success and failure reports due to its importance in determining the contact between the bone and the implant itself, as well as for stabilising the same.

It is divided into four groups based on the structure and the proportions of the compact and trabecular bone tissue.

D1: Compact cortical bone

D2: Porous cortical bone, cancellous bone, and dense trabeculation

D3: Porous cortical bone, cancellous bone, and loose trabeculation

D4: Cancellous bone with trabeculation

The bone density evaluation is essential for determining the surgical protocol for DeepNeck implants.

In this regard, it is recommended to respect the following guidelines:

Bone type	Recommended surgical protocol	Recommended thread type
(D1-D2)	Complete protocol using fine bone tapping instruments	Narrow thread
(D3-D4)	Reduced protocol (undersized reaming) without bone tapping	Wide thread