

CHAMPIONS® BASIC RULES for Titanium Implants

Updated: 3 | 2019

SPECIFITIES

- I. All Champions® can be inserted using the minimally invasive implantation method (without mucoperiosteal flap reflection, “flapless”) or the “classical” implantation method (with “full flap”). They are very suitable for the MIMI®-Flapless method. Flapless incisions with a scalpel or a diamond with turbine as well as punches or direct gingival penetrations are also considered as minimally invasive.
- II. The Champions® (R)Evolution implant Shuttle (or the Gingiva-Clix clipped on to it) should end SUBgingivally or equigingivally to avoid lateral micromovements because of the denture or tongue during the first 6–8 weeks! If this is not possible, the Shuttle should be removed and hand-tightened with a surgical cover screw (height from the implant platform of 0.5 mm instead of 3.8 mm with Shuttle).
- III. **Crestal relief in D1 & D2:** primary stability from 20 to 40 Ncm should be achieved in the D1 + D2 bone only through the cancellous bone! **Please note: the orange drill (crestal drill \varnothing 3.7 mm) and a green drill (\varnothing 4.0 mm) are also used to place e.g. a \varnothing 3.5 mm-Champions® (R)Evolution or “NEW ART” implant.** All Champions® implants, when hand-tightened, should achieve final primary stability between 20–40 Ncm.
- IV. Check the adjustments of the Torque Wrench: first, adjust it to 20 Ncm. If the Torque Wrench bends around the axis of the wrench head, you will reach the torque of 20 Ncm. In order to reach a higher torque, you can turn the small wheel to adjust the middle line from 20 to 40 Ncm. If the Torque Wrench bends again, you will reach a torque of 40 Ncm, etc.

GENERAL ADVICE

- I. Please respect the basic rules and medical history of the patient.
- II. Before fitting an implant-supported denture, observe and evaluate the medical condition, including the periodontal condition.
- III. Please follow the recommendations of the Implantology Consensus Conference (“Konsenskonferenz Implantologie”):
 - In the maxilla a removable prosthesis should be supported by at least 6 implants/teeth and a fixed denture by 8 implants/teeth.
 - In the mandible a removable prosthesis should be supported by at least 4 implants/teeth and a fixed denture by 6 implants/teeth.
- IV. Pay attention to the sagittal jaw position.
- V. A “Backward” planning is reasonable in many cases.
- VI. Implant-supported superstructures must be passively fitted.
- VII. For restoring a single molar, you should place at least a \varnothing 4.0 mm-implant.

IMMEDIATE RESTORATION & IMMEDIATE LOADING

The implants can usually be immediately loaded in the following cases ...

- ... If primary stability is achieved with a torque of 40 Ncm.
- ... If a passively fitted denture is fitted on at least 4 implants/teeth.
- ... If there are less than 4 implants/teeth (including a single dental gap), the transition to the secondary osseointegration phase should be ensured. A single crown should be fitted 8 weeks after surgery!
- ... With immediate implantation and MIMI® II (horizontal distraction), the "Erni-test" (tighten up test) should be performed between the 3rd and 4th week after surgery! Here you try to manually "further insert" the implant with the Insertion Aid (without the Torque Wrench) so that the implant is minimally mobile, "hand-tightened", and achieves good primary stability, which is possible in about 3–5% of the cases! When the percussion sound tested on the implant is clear and when you cannot manually insert the implant any further (without the Torque Wrench), the implant is osseointegrated!

Please Note:

All Champions® implants are to be used and restored only with the original Champions® instruments intended for this purpose such as Drills, Condensers, Insertion Aids, and Screwdrivers!



The Surgery Tray includes all necessary tools for placing titanium implants.

CONDENSERS AND THE MIMI® I METHOD

**For the D1 and D2 bone, a Condenser is neither necessary nor recommended!
Condensers are only used for the D3 and D4 bone.**



1. After drilling with the yellow drill, the \varnothing 2.4 mm-Condenser (long) is used.



2. If you achieve primary stability at a torque of about 20 Ncm by hand-tightening with the \varnothing 3.0 mm-Condenser (long), place a \varnothing 3.5 mm-implant. If not, prepare the spongy bone with a \varnothing 3.8 mm-Condenser.



3. If you achieve primary stability at a torque of about 20 Ncm by hand-tightening with the \varnothing 3.8 mm-Condenser, place a \varnothing 4.0 mm-implant. If not, prepare the spongy bone with a \varnothing 4.3 mm-Condenser.



4. If you achieve primary stability at a torque of about 20 Ncm by hand-tightening with the \varnothing 4.3 mm-Condenser, place a \varnothing 4.5 mm-implant. If not, prepare the spongy bone with a \varnothing 5.3 mm-Condenser.



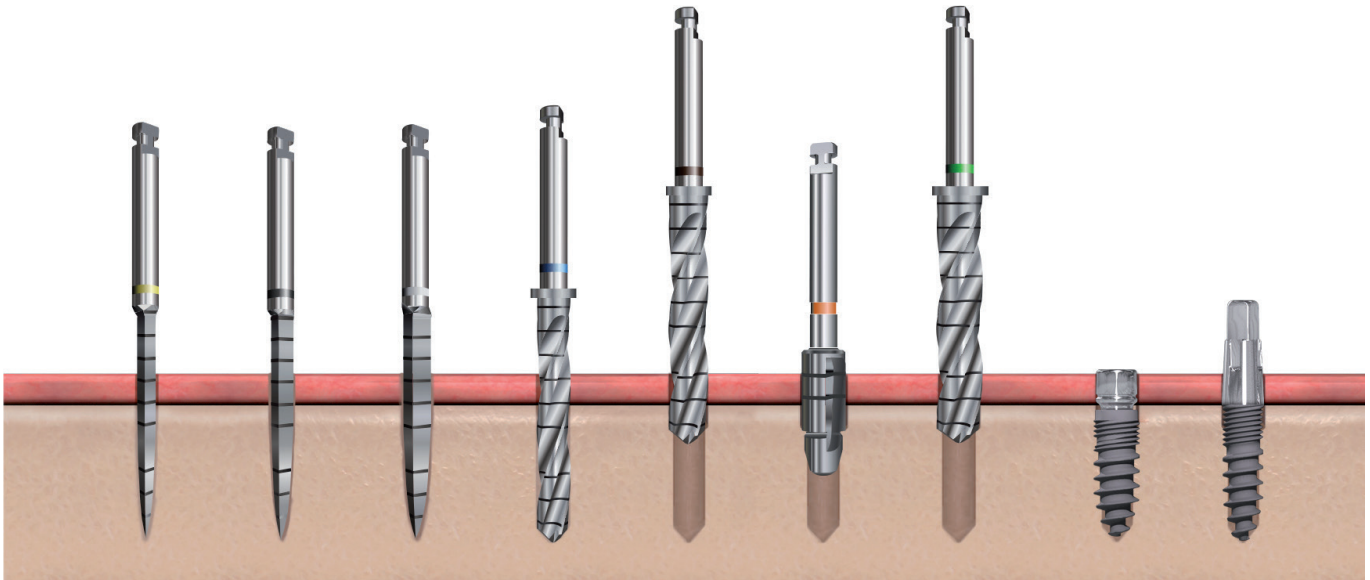
5. Finally, if you achieve primary stability at a torque of about 20 Ncm by hand-tightening with the \varnothing 5.3 mm-Condenser, place a \varnothing 5.5 mm-implant.

DRILLING SEQUENCES

- I. If possible, drill in the following way: In the maxilla and mandible, drill 0.5–1 mm palatally/lingually from the center of the jaw ridge.
- II. When using the MIMI® method, proceed in the following way: after administering anesthesia, measure the mucosa thickness with the yellow drill (laser markings start with 2 mm, 4 mm, and 6 mm and continue at 10, 12, 14 mm etc.) until the instrument contacts the bone.
- III. Drill at a maximum of 250 rpm in the cortical bone and 70 rpm in the spongy bone.
- IV. In order to achieve primary stability in the D1 and D2 bone from spongy bone, the crestal bone region should be “relieved” at least 2 mm vertically when using titanium implants.
- V. Generally, the whole cavity depth should correspond at least to the length of the Champions® implant, eventually prepared with all drills. Depending on the anatomical conditions and when in some cases, implanting subcrestally, prepare the cavity another 1–2 mm deeper.

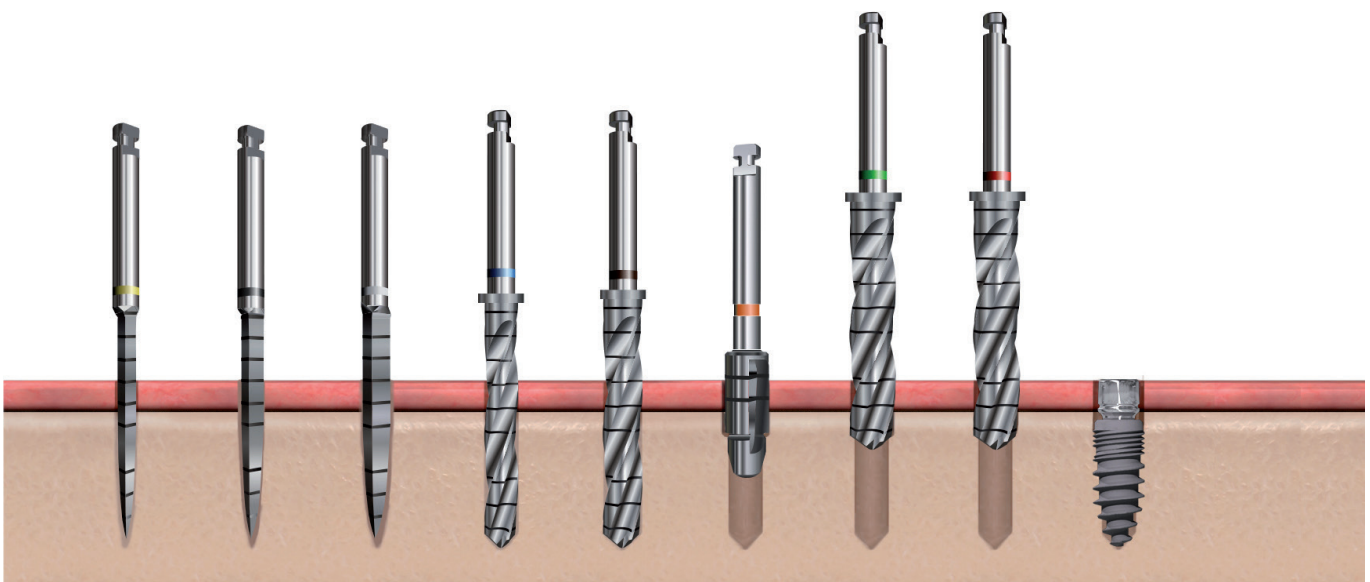


- VI. For a D3 or D4 bone (e. g. maxilla-posterior site), always drill 2 mm less in bone than the length of the implant to be able to have apical “grip” at 40 Ncm with a \varnothing 3.0 mm- or \varnothing 3.5 mm-Champions® implant. If you perform an indirect sinus lift, just drill until you reach the more “compact zone”. Then, only use the \varnothing 3.0 mm-Condenser for an indirect sinus floor augmentation (lift) of 2–3 mm.
- VII. A cooling with a sterile sodium chloride solution is not necessary. If you perform an “immediate implantation” (extraction and implantation in only one session), you should “collect” the bone chips that are produced by the drilling (so you may be able to re-implant them later), or you can wipe them off with a sterile swab. By keeping the drill clean through drilling sequence, the cut and compression capacity can be more effective.
- VIII. After the first and last drilling respectively, perform the “BCC” (Bone-Cavity-Check) in all five dimensions (apical, buccal, lingual, mesial, distal) with a Champions® BCC Probe!



Drill and Condenser sequence for a \varnothing 3.5 mm-C-Square "NEW ART" & Champions® (R)Evolution in all bone density groups (D1 to D4):

1. Prepare the whole working length with the yellow drill.
2. Prepare the cavity using the respective black, white, and blue drill.
3. Relieve the crestal area using the respective brown, orange, and green drill.
Do not position the green drill deeper than 2 mm subcrestally.
4. Place the implant.



Drill and Condenser sequence for a \varnothing 4.0 mm-Champions® (R)Evolution implant in all bone density groups (D1 to D4):

1. Prepare the whole working length with the yellow drill.
2. Prepare the cavity using the respective black, white, blue, and brown drill.
3. Relieve the crestal area using the respective orange, green, and red drill.
Do not position the respective green and red drill deeper than 2 mm subcrestally.
4. Place the implant.

We are looking forward to meeting you in the Champions-Forum in Facebook (closed group, **Link: goo.gl/P8EF5Q**) with current messages of international dentists who place our implants.

If you are not a group member yet, you can apply for membership.

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