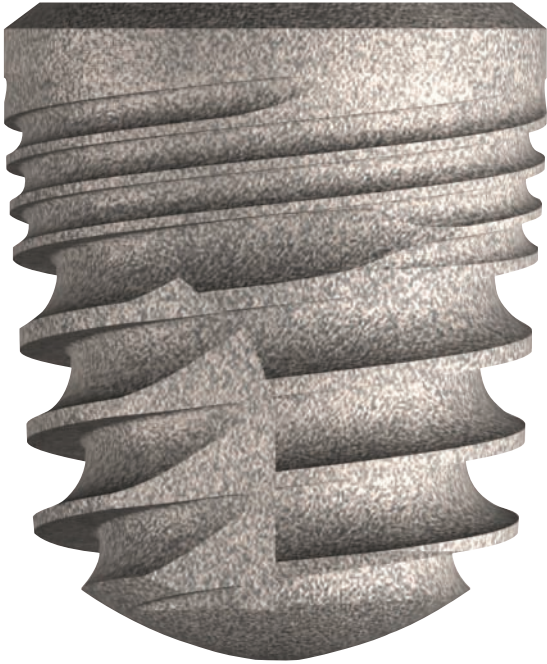




Short in Length
Long on Stability

with the Full Line of Legacy Prosthetics
Ideal in areas of limited bone height

6.0mm Length Legacy3™ Implant



Range of options

- two surface options (SBM or HA)
- five widths (3.7, 4.2, 4.7, 5.2 or 5.7mm)
- three common prosthetic platforms (3.5, 4.5 or 5.7mm)

All-in-One Packaging

- implant
- fixture-mount/transfer/final abutment
- cover screw

Short length

- eliminates the need for bone grafting, alveolar distraction or inferior alveolar nerve transposition
- minimally-invasive for greater patient acceptance

Internal-hex connection

- the shortest implant with an industry-standard, internal-hex connection
- compatible with Legacy prosthetic components
- compatible with other leading internal-hex connection systems

Cortical microthreading

- reduces marginal bone loss for long-term success

Tapered body with inverse buttress threading

- maximizes bone compression for improved initial stability
- enables immediate provisionalization due to initial stability achieved



Surgical & Prosthetic Protocol

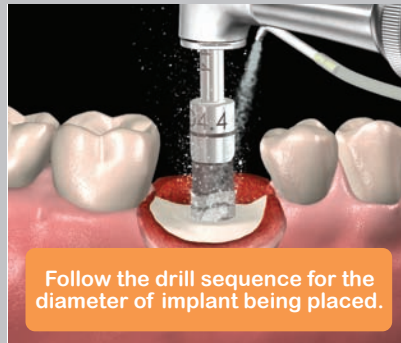
Drilling

- SD2.3
- SD2.8
- SD3.4
- SD3.8 (Optional)
- SD4.4
- SD4.8 (Optional)

Soft Bone
D5.1



Drill to the 6mm line on each drill in the surgical protocol.



Follow the drill sequence for the diameter of implant being placed.



Insert implant into osteotomy with a 2.5mmD hex tool.

Dense Bone
SD5.4

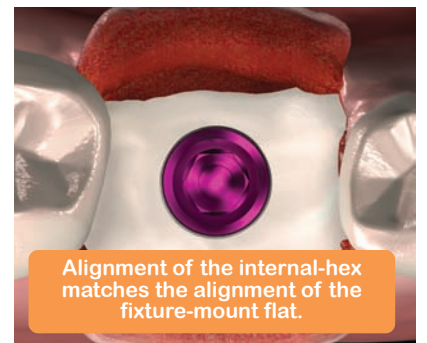
Implant Placement



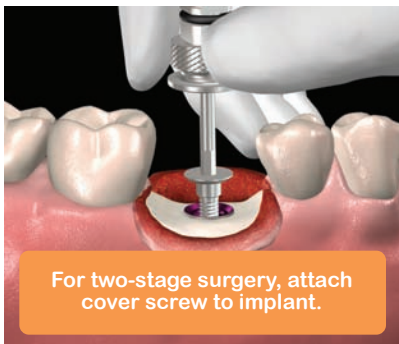
Index fixture-mount flat to the labial.



Remove fixture-mount with a 1.25mmD hex tool.



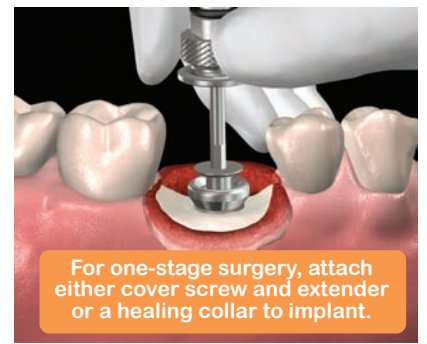
Alignment of the internal-hex matches the alignment of the fixture-mount flat.



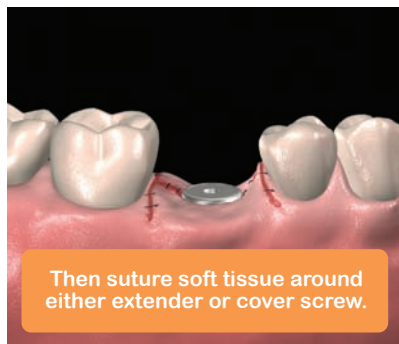
For two-stage surgery, attach cover screw to implant.



Then suture the soft tissue and submerge the cover screw.



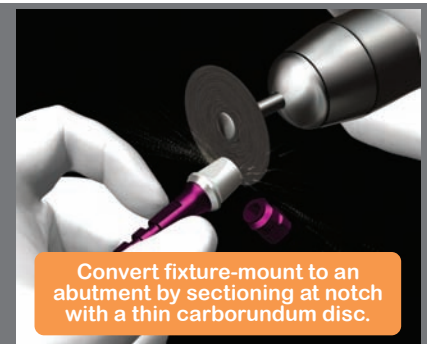
For one-stage surgery, attach either cover screw and extender or a healing collar to implant.



Then suture soft tissue around either extender or cover screw.

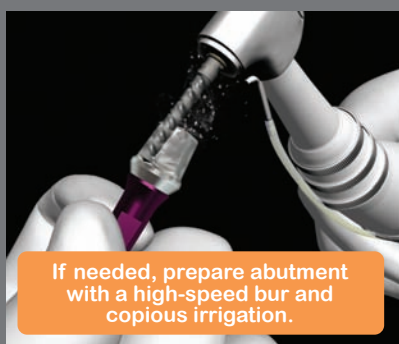


Attach fixture-mount to an implant analog with a 1.25mmD hex tool.



Convert fixture-mount to an abutment by sectioning at notch with a thin carborundum disc.

Fixture-Mount Modification for Prosthetic Use



If needed, prepare abutment with a high-speed bur and copious irrigation.



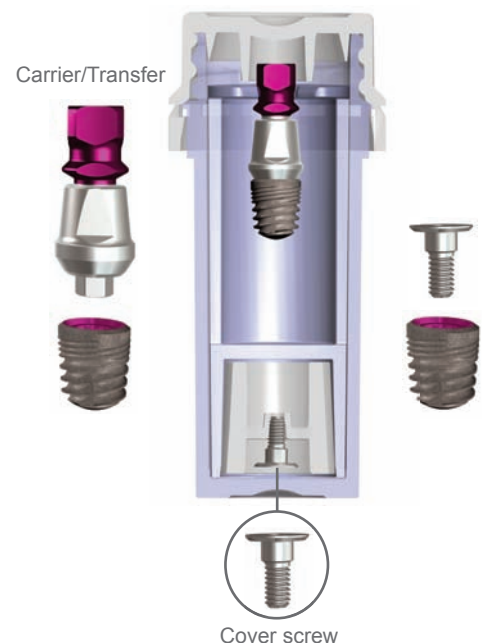
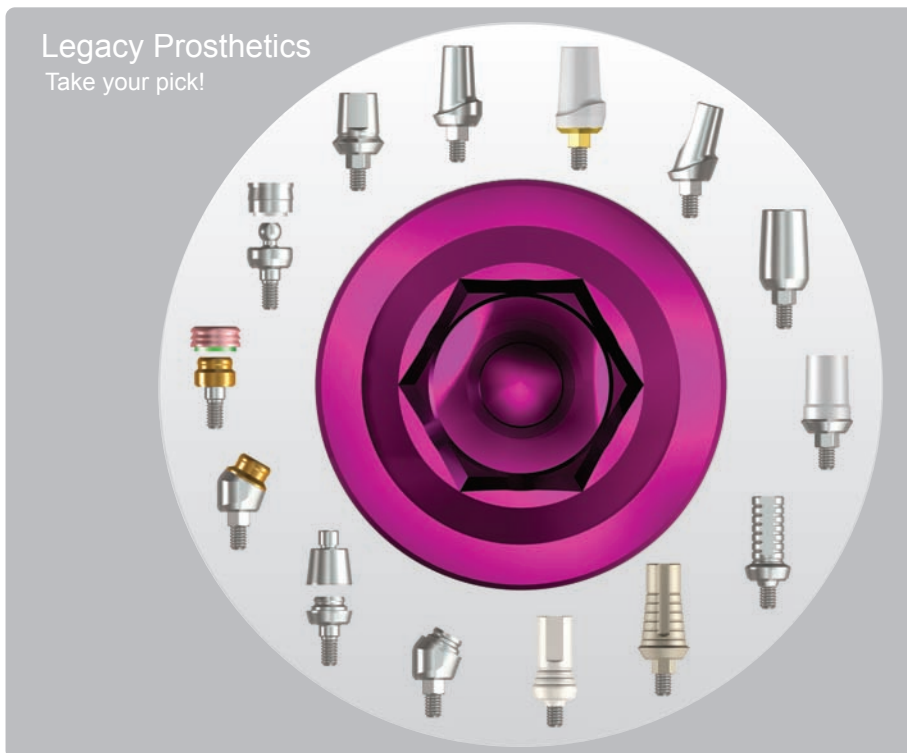
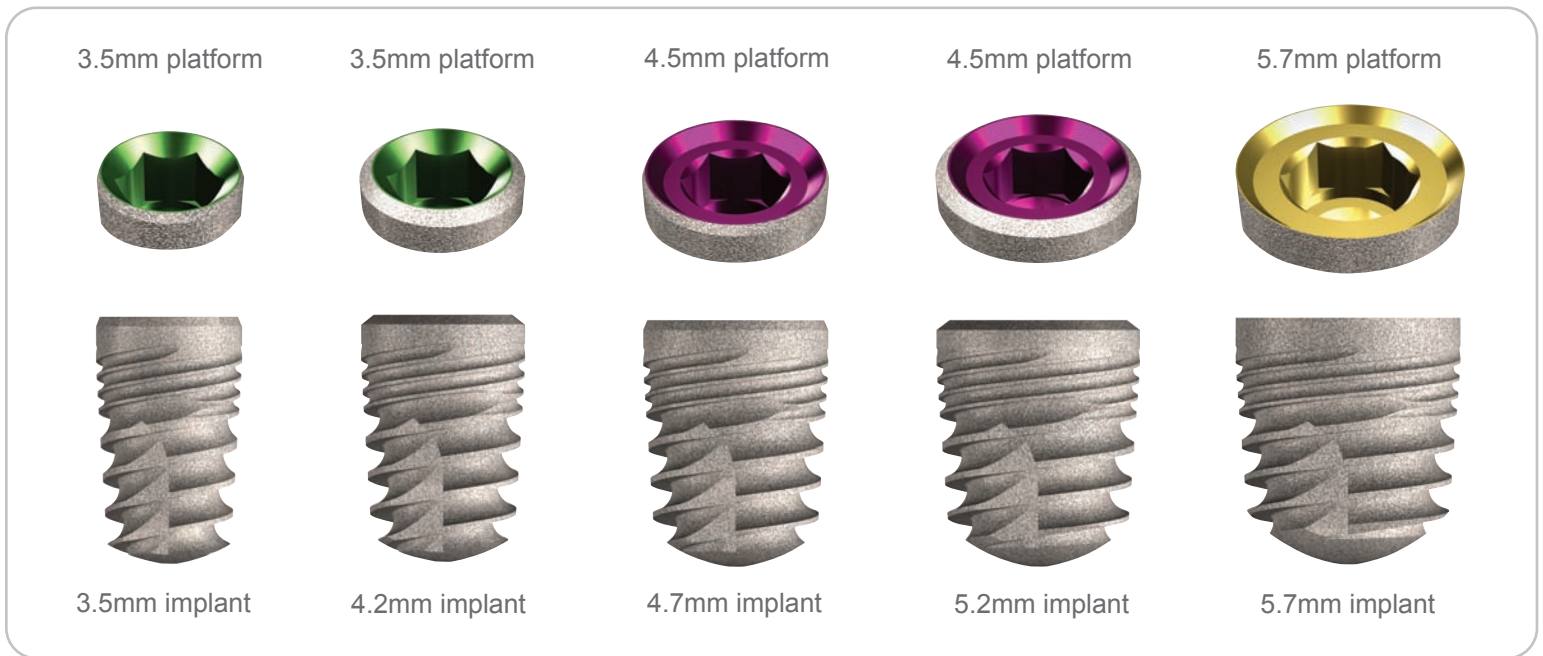
Tighten abutment to 30Ncm with a 1.25mmD hex tool and a torque wrench.



Follow your crown fabrication process for eventual placement of final restoration.

Restorative Options

The short 6.0mmL Legacy3 implants are available in a variety of implant diameters to meet your clinical needs. Each diameter features one of three common prosthetic platforms. This means the 6.0mm Legacy3 implants are compatible with any 3.5mm, 4.5mm and 5.7mmD platform Legacy prosthetic we offer. In addition, the industry-standard internal hex connection gives you the flexibility to choose prosthetics from other systems as well.



All-in-One Packaging
Includes items for two-stage surgical protocol

Rationale

Advantages of short implants vs. bone augmentation

- Less invasive
- Shorter rehabilitation treatment time
- Greater patient acceptance
- Lower risk

Surgical Benefits

- Avoidance of anatomical structures while achieving clinical success comparable to longer implants¹⁻⁵
- Increased initial stability
 - Legacy3 tapered implant body design is suited to use of an undersized osteotomy for increased bone compression⁶
 - This is critical as short implants have been shown to move more than longer implants⁷
- Reduction of marginal bone loss
 - Microthreads have demonstrated lower rates of marginal bone loss, which is a common occurrence following prosthetic application^{8,9,10}

Prosthetic Benefits

- Secure prosthetic connection
 - Internal-hex connection prevents rotation of prosthetic components
- Industry-wide compatibility
 - Industry-standard internal-hex connection minimizes your prosthetic inventory needs
- Immediate provisionalization
 - Legacy3 tapered implant body design with threading improves initial stability⁶

¹Renouard F, Nisand D. Short implants in the severely resorbed maxilla: a 2-year retrospective clinical study. Clin Implant Dent Relat Res 2005; 7 (Suppl 1): S104–S110.

²Renouard F, Nisand D. Impact of implant length and diameter on survival rates. Clin Oral Implants Res 2006;17 Suppl 2:35-51.

³Fugazzotto PA, Beagle JR, Ganeles J, Jaffin R, Vlassis J, Kumar A. Success and failure rates of 9 mm or shorter implants in the replacement of missing maxillary molars when restored with individual crowns: preliminary results 0 to 84 months in function. A retrospective study. J Periodontol 2004; 75:327–332.

⁴Friberg B, Gröndahl K, Lekholm U, Brånemark P-I. Longterm follow-up of severely atrophic edentulous mandibles reconstructed with short Brånemark implants. Clin Implant Dent Relat Res 2000; 2:184–189.

⁵Deporter D, Todescan R, Caudry S. Simplifying management of the posterior maxilla using short, porous-surfaced dental implants and simultaneous indirect sinus elevation. Int J Periodontics Restorative Dent 2000; 20:476–485.

⁶Niznick G. Achieving osseointegration in soft bone: The search for improved results. Oral Health 2000; 27–32.

⁷Pierrisnard L, Renouard F, Renault P, Barquins M. Influence of implant length and bicortical anchorage on implant stress distribution. Clin Implant Dent Relat Res 2003; 5:254–262.

⁸Lee, D.W., Choi, Y.S., Park, K.H., Kim, C.S. & Moon, I.S. Effect of microthread on the maintenance of marginal bone level: a 3-year prospective study. Clinical Oral Implants Research 2007; 18: 465–470.

⁹Hansson, S. The implant neck: smooth or provided with retention elements. A biomechanical approach. Clinical Oral Implants Research 1999; 10: 394–405.

¹⁰Nickenig et al . Marginal bone levels adjacent to machined-neck and microthreaded implants. Clin. Oral Impl. Res. 2009; 20: 550–554