Straumann® synOcta® Prosthetic System

Impression Procedures
Taking an impression with the synOcta® prosthetic system

THERE ARE TWO OPTIONS AVAILABLE FOR TAKING AN IMPRESSION:

The closed tray technique is regarded as standard procedure for taking an impression and can be used in most cases. The closed tray option allows the impression cap to snap into place.

The open tray technique is most advantageous in cases where the implant shoulder is placed very deeply and the gingiva is very close. In this case, the open tray impression procedure allows the impression cap to be screwed tightly and precisely to the implant; loosening of the impression cap following displacement by the gingiva is avoided.

Tip: To ensure accuracy of the impression procedure, do not damage the shoulder or the margin of the impression cap.

CLOSED TRAY TECHNIQUE

After removing the healing cap with an SCS screwdriver, clean both the shoulder and the internal configuration of the implant of blood and tissue residue prior to the impression procedure. Push the impression cap onto the implant shoulder until it clicks into place. Gently turn the impression cap to ensure that it is securely seated. When the cap is properly engaged, it can be rotated on the implant.

Next, properly align the octagon of the positioning cylinder with the internal octagon in the implant; then, push the positioning cylinder down into the impression cap as far as it will go. Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber). There should be no gap between the positioning cylinder and impression cap.

The closed tray impression procedure for Wide Neck implants is identical to the procedure for Regular Neck implants.
OPEN TRAY TECHNIQUE

A tray with perforations is required for this impression procedure.

After removing the healing cap with an SCS screwdriver, clean both the shoulder and the internal configuration of the implant of blood and tissue residue prior to the impression procedure. Place the impression cap onto the implant shoulder and carefully position the octagon into the implant before tightening the screw. If available space is limited, reduce the occlusal aspect of the cap by one retention ring after removing the guide screw.

The custom-made tray (light-cured resin) contains perforations for the guide screws. Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber). Once cured, loosen the guide screw and remove the impression.

Option: If occlusal space is adequate, the impression can be taken with the open tray RN impression cap with built-in handle (048.090). The impression procedure is the same.

The open tray impression procedure for Wide Neck implants is identical to the procedure for Regular Neck implants.

For easy identification, the transfer system is color-coded. The positioning cylinder, analog, and open tray impression caps are all color-coded red for Regular Neck implants. The snap-on closed tray impression cap is white. The analog and open tray impression cap are color-coded grey for Wide Neck implants. The positioning cylinder and snap-on closed tray impression cap are white.

INSTRUMENT OPTIONS

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For additional information, refer to the brochure Crown and bridge restorations with the synOcta® prosthetic system (USLIT 187).

RN  Regular Neck (Ø4.8 mm restorative platform)
WN  Wide Neck (Ø6.5 mm restorative platform)

Important: As with all products that are used intraorally, care must be taken to prevent aspiration.
Closed-tray impression procedure “Screwed”

The impression-taking procedures for implant shoulder Ø4.8 mm RN and implant shoulder Ø6.5 mm WN are identical.

All parts of the transfer system are supplied non-sterile. The parts can be disinfected as required using standard commercial disinfectants that are suitable for plastic products. Follow the manufacturer’s instructions.

Caution: The plastic components are for single use only. They must not be sterilized. In order to prevent damage to the plastic components (loss of elasticity or embrittlement), they must be protected from strong light and heat.

Step 1 – Positioning the Impression Post
- Ensure sufficient access to the implant site in order to avoid pinching in the gingival tissue.
- Clean the internal configuration of the implant thoroughly from blood, tissue, etc. prior to the impression procedure.
- Place the impression post accurately into the implant and tighten the guide screw hand-tight (using the SCS screwdriver)

Note: Ensure that the lateral planar areas of the post are facing mesial and distal.

- Place the polymer impression cap on top of the fixed impression post. Ensure that the color of the cap corresponds to the color of the positioning screw in the post and that the arrows are aligned with the oral-vestibular direction.
- Push the impression cap in apical direction until it clicks. The impression cap is now firmly seated on the impression post.
Step 2 – Impression taking

- Take the impression using an elastomeric impression material (polyvinyl siloxane or polyether rubber).

Note: Due to its low tensile strength, hydrocolloid is not suitable for this application.

- Once the material is cured, carefully remove the tray. The impression cap remains in the impression material and therefore is automatically pulled off from the impression post with the removal of the tray.
- Unscrew and remove the impression post and send it together with the impression tray to the dental technician.
Closed-tray impression procedure “Snap-on”

The impression-taking procedures for implant shoulder Ø4.8 mm RN and implant shoulder Ø6.5 mm WN are identical.

All parts of the transfer system are supplied non-sterile. The parts can be disinfected as required using standard commercial disinfectants that are suitable for plastic products. Follow the manufacturer’s instructions.

**Caution:** The plastic components are for single use only. They must not be sterilized. In order to prevent damage to the plastic components (loss of elasticity or embrittlement), they must be protected from strong light and heat.

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**Step 1 – Positioning of the Impression Cap**
Both the implant shoulder and the internal configuration must be cleaned (of blood and tissue) prior to the impression procedure. Push the RN Impression Cap (048.017V4) onto the implant shoulder until it clicks into place. Gently turn the Impression Cap to ensure that it is in the correct position. When the cap is in the correct position, it can be rotated on the implant.

**Important:** The shoulder and the margin of the Impression Cap must not be damaged to ensure accuracy of the impression procedure.

**Step 2 – Insertion of the positioning cylinder**
The octagon of the RN synOcta® Positioning Cylinder must be properly aligned with the octagon in the implant and pushed into the Impression Cap as far as it will go.
Step 3 – Impression taking

The impression is taken using an elastomeric impression material (polyvinyl siloxane or polyether rubber).

Important: Due to its low tensile strength, hydrocolloid is not suitable for this application.
The open-tray impression-taking procedure is identical for implant shoulder Ø4.8 mm RN and implant shoulder Ø6.5 mm WN.

For this impression procedure a custom-made tray with perforations is needed.

**Important:** Only the integral screw must be used. The margin and the octagon must not be damaged to ensure accuracy of the transfer procedure. For this reason, the Impression Caps are intended for single use only.

### Step 1 – Positioning of the Impression Cap

Both the implant shoulder and the internal configuration must be cleaned (of blood and tissue) prior to the impression procedure. Place the RN synOcta® Impression Cap (048.010) onto the implant shoulder and tightened it with the Integral Guide Screw. It is important to accurately position the octagon in the implant before the screw is tightened.

**Option:** If space is adequate, the impression can also be taken with the open-tray RN synOcta® Impression Cap with built-in handle (048.090).

### Step 2 – Impression taking

The custom-made tray (light-cured resin) contains perforations for the Guide Screws.
The impression is taken using an elastomeric impression material (polyvinyl siloxane or polyether rubber).

Step 3 – Once cured, the Guide Screw is loosened and the impression is removed.

Important: Due to its low tensile strength, hydrocolloid is not suitable for this application.