



Guidelines of Viti Bicorticali Garbaccio® (VBG).

		
VBG 4,5 mm diameter, 4 threads normal	VBG 3,5 mm. diameter, 3 threads distal	VBG 5,5 mm diameter, 5 threads tuber

These implants were called from Creator “bicortical” because they draw stable support on two corticals (the crestal entry and the deep internal) of the maxilla in which they are inserted.

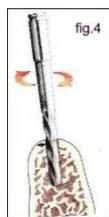
This bicorticalism serves to provide immediate better stability (improve the chances of canceling the small initial movements that compromise the permanence of the implant), to maintain the immobility of the implant over time and to dissipate the occlusal forces on a much more resistant surface, the internal cortex, and more effectively.

The implants (made by Ti Gr. 2) are built with 3, 4, 5 threads, 3.5 and 4.5 mm. diameter and 30 mm long. The "inferior distal", with apex longer than 2 mm., is only with 3 threads, while the "tuber", of diam. 5.5 mm., is 35 mm long.

The VBG are characterized by a smooth round stem (decapped) which ends with a framework for housing the insertion keys. The stem / neck is conical and has a diameter of 2.25 mm. Also the threads has a conical pattern.

Guideline:

1. Ensure the bone availability and anatomical shape of the future implant site using CBCT, TAC, orthopantomography, and intraoral study.
2. Practicing exclusively local analgesia. In the lower distal sectors, injecting anesthetic only enough to maintain a minimum sensitivity to deep pain



3. Start drilling with the 1.2 mm drill (009 -010). mounted on a rotating low speed handpiece to avoid overheating. Beyond the cortex, through the soft tissues, get to the opposite cortical stopping with the feeling of resistance of the bone wall to the drill itself.
RX control.

4. Proceed to enlargement and refinement of the initial hole with the manual calibrator (017)



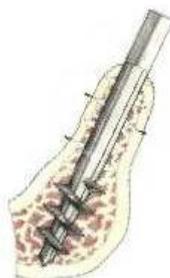
fig. 5

mounted on the digital key 017 / A

5. Proceed with the insertion of the VBG by means of a reduced insertion device (011), , short round (014) or long (018) with a slight rotation push to engage it in the implant tunnel, completing a half turn in clockwise rotation followed by a quarter turn in counterclockwise lightening.

For this purpose, possibly help with the inserter lever (023)

6. The VBG is self-centering and self-guiding so, even in thin ridges, the risk of removing the surface portion is reduced to a minimum.



7. Once the deep cortex has been reached, unscrew $\frac{1}{4}$ of a turn so as not to subject it to excessive stress

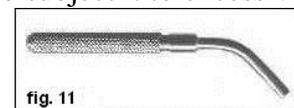


fig. 11

8. Parallelize the VBG by folding the stem with the stump bender (019))