

Access Abutment

Screw-retained straight and angulated abutment solution for optimized retrievability

Retrievability of implant supported prosthetics ensures complete control and ease of maintenance without compromise. The Access Abutment provides an axial angulated and straight extension to the implant that facilitates working to, and restoration on, abutment level rather than directly on the implant.

Features & benefits

A range of heights and angulations – The Access Abutment design expands the indications for the Neoss® system by allowing for a screw-retained restoration requiring 10°, 20° and 30° of angulation with as little as 4.5 mm of interocclusal space. It fits Neoss implants Ø3.5–6.0 mm.

Esthetic low profile – The Access Abutment balances strength and esthetics. The emergence profile is designed to eliminate potential soft tissue problems.

Easy positioning – The design rationale allows the clinician to position the Access Abutment, tighten the screw and remove the holder offering a truly user-friendly placement protocol. Achieving passivity, framework delivery, and if required, retrievability are all made simple with the Access Abutment.

Neoss4+™ – Access Abutments offer a cost-effective solution for rehabilitation of fully edentulous patients by using four implants or more, i.e. Neoss4+, to support a full-arch prosthesis. Access Abutments provide an ideal solution for reangulation of tilted posterior implants (tilted posterior implants to maximize contact with bone and thereby increase stability, supported by a minimum of two straight implants in the anterior).

Overdenture – Favorable angulation can be an issue when using attachments. Access Ball Abutment and Access Equator Abutment offer an elegant and unique solution to this problem. Wear is minimized by adjusting the angulation of the implants to 10, 20 or 30° for improved seating and removability.

Indications

Esthetic screw-retained multi-unit restorations

- Multiple unit screw-retained straight and angled restorations
- Fully edentulous or partially edentulous arch
- Retrievable solutions for titanium, gold or ceramic restorations

Note: The use of angulated Access Abutments for a bridge restoration on two small diameter implants is not recommended for the posterior region. Access Abutments are not available for Ø3.25 mm implants.



Assortment

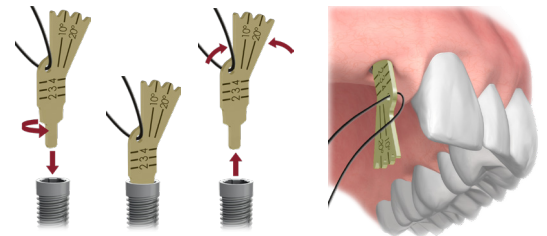
Art. No.	Description
31238	Access Abutment 1.5 mm
31215	Access Abutment 3.0 mm
31216	Access Abutment 4.0 mm
31218	Access Abutment 6.0 mm
31219	Access Abutment 10° 2.6 mm
31243	Access Abutment 10° 4.6 mm
31221	Access Abutment 20° 2.6 mm
31244	Access Abutment 20° 4.6 mm
31223	Access Abutment 30° 2.9 mm
31245	Access Abutment 30° 4.9 mm
31225	Access Impression Coping 8 mm and Replica
90183	Scan Body Intra-Oral Neoss Access (IO 1B-A)
90176	Screwdriver Scan Body – 25 mm
31226	Access Ti NeoLink® Multi
31227	Access Gold NeoLink® Multi
31334	Access Ball Abutment 1.0 mm
90207	Access Equator Abutment Kit 0.5 mm
90208	Access Equator Abutment Kit 1.5 mm
31301	Access Provisional Ti Abutment Multi
31266	Access Burnout Abutment Multi – 2 pcs
31229	Access Prosthetic Screw – 1 pc
31257	Access Provisional/Laboratory Screw – 5 pcs
31265	Access Laboratory Screw – Long – 5 pcs
31231	Access Replica – 5 pcs
51149	Neoss Angulation Gauge

Procedure

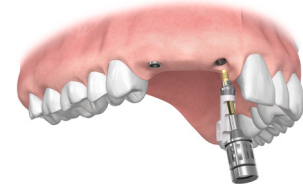
Clinical Procedure – Access Abutment Placement

1. Select appropriate Access Abutment using Neoss Angulation Gauge.
2. *Access Abutment, Angulated:* The appropriate angulated abutment is placed on the implant and oriented in the correct position (six possible positions) using the pre-mounted abutment holder. Keep the pressure on the holder to avoid rotation of the abutment when tightening the screw. The abutment screw is then tightened using the Neoss screwdriver.
Access Abutment, Straight: The appropriate straight abutment is placed on the implant and screwed into position using the pre-mounted abutment holder.
3. Final tightening of the abutment screw to 32 Ncm is carried out using the Ratchet and the Neoss screwdriver.
4. The disposable holder is removed from the abutment.

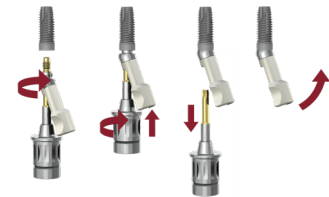
Note: The angulated abutment is preferably mounted at implant surgery or at second stage surgery for optimal tissue healing. Placement in already healed tissue might require additional soft tissue surgery for adequate seating of the angulated abutment. A radiograph can be taken to confirm accurate seating of the abutment.



Neoss Angulation Gauge



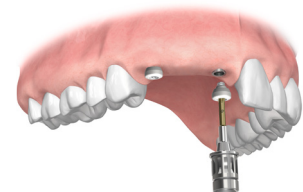
Pre-mounted abutment holder



Positioning and tightening of abutment

Impression Procedure and Provisionalizing

1. Position the Access Impression Coping (laser-marked) onto the abutment and tighten the coping screw. The impression procedures, open or closed tray, are described in section 3.4 in the Neoss Implant System Manual. The impression is sent to the dental laboratory.
2. Place an Access Healing Abutment or a temporary restoration, see sections 1.4 and 3.3.2 in the Neoss Implant System Manual.



Placement of Healing Abutment

Laboratory Procedure

1. Access Abutment Replicas are secured in the copings located in the impression.
2. Pour the model including a soft tissue profile if possible.
3. Produce the restoration either by casting using Gold Neolinks, as described in section 3.5 and 3.5.2 in the Neoss Implant System Manual, by using a milled framework in titanium or ceramic as described in section 3.5.3 or by Ball abutment or Equator abutment as described in section 3.10.

Alternatively, utilize dedicated Access Scan Body for a digital impression and proceed with a digital workflow.

Final Restoration Placement

1. Remove the Access Healing Abutment or the temporary restoration from the abutments.
2. Connect the restoration to the abutments with prosthetic screws. Start with the central screw (if applicable) and tighten the remaining screws alternating between left and right sides.
3. Tighten the prosthetic screws to 20 Ncm using the Ratchet and the Screwdriver.
4. Block out the screw access channel with gutta-percha. Use a suitable material such as light curing composite to fill in the screw access channel.



Placement of final restoration