PARAGON
IMPLANT ACADEMY
& CONSULTING

# Pilot Guide Surgical Sequence

1) Double check that water is on and confirm fit of guide

2) Initial Pilot *Through Soft Tissue* to 6mm. Remove Guide. Place Guide Pin. **XRAY** - Pano (ideal) or PA

3) Take your time assessing your xray and guide pin clinically
   a. Buccal-Lingual position
   b. Mesio-Distal position
   c. Angle of Emergence to opposing and adjacent teeth

   ** If you determine an angle change is needed, will need to drill using a precision/bayonet bur or lindemann bur without the guide in place. After Change Angle, take new Xray to Confirm angle*

4) Place Guide Back on - Finish drilling with **pilot to full depth** as prescribed on the plan. **XRAY** (PA)

5) TRANSITION TO FREEHAND SURGERY – Flap the site and go to next size drill to depth, assessing position clinically after each drill by replacing the drill into the osteotomy after drilling completed. Take an **XRAY** (PA) after first freehand drill to ensure have not changed angulation.

6) Assess the Density of the Bone. If bone feels soft, may consider stopping drilling sequence one drill LESS than recommended final width.

7) Continue Drilling sequence until have reached planned width and depth, checking position after each drill. Keep wrist locked and follow adjacent root-*If you question angle after drilling, take **XRAY***

8) **Change Speed of Motor** to placement speed at 30 N/cm Torque. Place Implant using the handpiece. Note the final Torque Value of the placement.

   ** If torque out, change motor to 50 N/cm and place to depth. If torque out at 50 N/cm; Remove implant, use drill tap, next size drill or dense bone drill and attempt placement of implant again*

9) Place Cover Screw (If torque under 30 N/cm) or Healing Abutment. **XRAY** (PA) first, then suture

10) Place Gauze and check hemostasis before patient dismissal – 10 second count without bleeding

* After each drill, check the internal walls with osteotomy probe for apical stop and lateral perforations

* Any time you meet excess resistance, stop and assess why

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## Fully Guided Surgical Technique

0) Remember to irrigate the osteotomy with sterile water through the guide after each drill

1) Double check that water is on and confirm fit of guide

2) Assess KT. Soft Punch - Have 4mm band of KT on the facial of the implant site if tissue punch?
    a. If no, flap beyond guide extensions and confirm guide seating fully (not held up by tissue)

3) Initial Pilot to 6mm. Remove Guide. Place Guide Pin. **XRAY** - Pano (ideal) or PA

4) Take your time assessing your xray and guide pin clinically.
    a. Buccal –Lingual position
    b. Mesio-Distal position
    c. Angle of Emergence to opposing and adjacent teeth

5) Place Guide Back on - Finish drilling with **pilot to full depth** as prescribed on the plan. **XRAY** (PA)

    ** If you determine an angle change is needed, will need to drill using a precision/bayonet bur or lindemann bur without the guide in place. Will need to finish the case freehand.*

6) Assess the Density of the Bone. If bone feels soft, may consider stopping drilling sequence one drill PRIOR to recommended final width (underprepare osteotomy)

7) Continue Drilling sequence until have reached planned width and depth, checking position after each drill. *If you question angle after drilling, take an **XRAY** (PA)*

8) **Change Speed of Motor** to placement speed at 30 N/cm Torque. Place Implant using the handpiece. Note the final Torque Value of the placement

    ** If torque out, change motor to 50 N/cm and place to depth. If torque out at 50 N/cm; Remove implant, use drill tap, next size drill or dense bone drill and attempt placement of implant again.*

9) Place Cover Screw (If torque under 30 N/cm) or Healing Abutment. **XRAY** (PA) first, then suture

10) Place Gauze and check hemostasis before patient dismissal – 10 second count without bleeding

* After each drill, check the internal walls with osteotomy probe for apical stop and lateral perforations

* Any time you meet excess resistance, stop and assess why