

TeethXpress® Full Arch Three-Phase Protocol

The information below is an abbreviated workflow for a single arch. For a more detailed breakdown including reference documentation, please login to your CaseXpress™ account at: www.teethxpress.com.

PHASE 1 - PRE-SURGERY

Pre-surgery includes patient identification, restorative and surgical consultations, prosthetic work-up and treatment planning team meeting. These tasks are used to prepare for the day of surgery & conversion.

APPOINTMENTS	RESTORATIVE TASKS	LAB TASKS	APPROXIMATE CHAIR TIME	APPROXIMATE TIME IN LAB
PROSTHETIC WORK-UP	<ul style="list-style-type: none"> • Diagnostic workup • Impression & bite 	<ul style="list-style-type: none"> • Fabrication of immediate denture • Surgical guide 	90 Minutes	5 Days

PHASE 2 - SURGERY & DENTURE CONVERSION

APPOINTMENTS	SURGEON TASKS	RESTORATIVE TASKS	LAB TASKS	APPROXIMATE CHAIR TIME	APPROXIMATE TIME IN LAB
SURGERY & DENTURE CONVERSION	Surgery	Conversion	Conversion	4 Hours	N/A
POST-SURGERY FOLLOW-UP	Surgical and restorative post-op visits are scheduled to verify that healing is uneventful and to make any necessary adjustments to the temporary prosthesis.				

PHASE 3 - FINAL PROSTHESIS

APPOINTMENTS	RESTORATIVE TASKS	LAB TASKS	APPROXIMATE CHAIR TIME	APPROXIMATE TIME IN LAB
RESTORATIVE VISIT 1	<ul style="list-style-type: none"> • Seat verification jig • Take final impression • Duplicate hybrid 	<ul style="list-style-type: none"> • Scan/design • Mill CAD/CAM bar • Teeth setup 	30 Minutes	5 Days
RESTORATIVE VISIT 2	<ul style="list-style-type: none"> • Try-in frame with setup 	<ul style="list-style-type: none"> • Reset teeth if needed • Process & finish acrylic 	15 Minutes	15 Days
RESTORATIVE VISIT 3	<ul style="list-style-type: none"> • Final prosthesis delivery 	N/A	30 Minutes	N/A
ONE WEEK POST-DELIVERY CHECK				

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PHASE 1 - PRE-SURGERY NOTES

New Denture

- You will need to have a new denture made if the patient is fully edentulous. We strongly discourage using the patient's old denture.
- You will need to have an immediate denture made and delivered prior to surgery if the patient is partially edentulous or fully dentate.
- Our lab will mount the case.
- Our lab will create two bite registrations from the mounting (to be used at time of conversion).

Duplicate Denture (Surgical/Bone Reduction Guide)

- Our lab will duplicate the denture with clear acrylic.
- Our lab will indicate the amount of required ridge reduction (if necessary).

Duplicate Denture (continued)

- Our lab will trough out a lingual window for proper positioning of each Multi-unit abutment by following the proper protocol for surgery.
- Our lab will record it on the surgical guide. 15 mm of space (minimum) is required per arch for a screw retained bridge (measure length of restoration + 6 mm).
- If requested, our lab can create a bone reduction template (to be discussed with the surgeon).
- Contact your BioHorizons representative or us to ensure that you have all the parts required on the day of surgery.

PHASE 2 -SURGERY & DENTURE CONVERSION NOTES

Multi-unit Abutment Placement

- The surgeon should place the Multi-units since it will not be easy for the restorative dentist after surgery.
- Always carry an assortment of Multi-unit abutment tissue cuff heights and angles.
- Verify there is no bone or soft tissue impingement around the Multi-unit abutments.

Multi-unit Abutment Placement (continued)

- Stitches should be nice and tight around the abutments.
- Make sure the stitches do not loosen when torquing the abutments.
- Once the abutments are placed, do not remove them.

Denture Conversion

- Convert the denture using your normal protocol.

PHASE 2 -POST-SURGERY FOLLOW-UP NOTES

Recommended Diet During the Healing Phase

- A semi-solid or soft food diet is recommended while the implants osseointegrate for 3 to 4 months.
- Patients can eat anything which can easily be cut with just a fork, such as well-cooked vegetables, canned fruits, fish and some chicken. Soup is a great alternative.
- Your patient should avoid raw vegetables, fresh fruits, chewing gum, hard candy, taffy, nuts, or other similar foods until cleared by you.

For more diet guidelines, please review the [TeethXpress Soft Tissue Diet Suggestions on CaseXpress](#).

Hygiene and Maintenance

- Have your patient rinse with Chlorhexidine for the first 14 days following the TeethXpress conversion.
- After 2 weeks, your patient can use a Waterpik® and soft bristle toothbrush.
- Patients should brush using a non-abrasive toothpaste.
- Schedule regular hygiene visits every 3-6 months.
- Evaluate the prosthesis for plaque build-up or red/inflamed soft tissue.
- If tissue appears healthy during each hygiene visit, have the hygienist clean around the implants like an ovate pontic on a bridge.
- Remove the prosthesis if tissue is red or inflamed, or if calculus has built up on the acrylic.

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PHASE 2 - POST-SURGERY FOLLOW-UP NOTES (CONTINUED)

Removing the Prosthesis

- Use a driver to remove the prosthetic screws.
- Place the prosthesis in an ultrasonic with a clean bath of tartar remover or stain remover such as ProClean™.
- Soak the screws in alcohol.
- If the screws have been removed twice, replace screws.
- Torque prosthetic screws to 15Ncm.

Post-surgery (3-4 months later)

- When the patient is ready to be restored, send us the following items from the conversion:
 - **Multi-unit abutment model**
(Model made at time of surgery with the Multi-unit abutments built-in)
 - **Articulation**
(The articulator, bites and any opposing models originally mounted by our lab)
 - **Matrix**
(The matrix which was made at time of conversion)
 - **Photos**
 - **Prescription**

PHASE 3 - RESTORATIVE VISIT 1 TECHNIQUE

You will need:

- **Custom Tray** *(lab-provided)*
- **Sectioned Verification Jig** *(lab-provided)*
- **0.050" Hex Driver/Torque Wrench**
- **Lutting Material** such as Composite
- **Heavy and Light Body Impression Material**
- **Teflon® Tape**
- **Prescription**

Verification Jig

- Remove the temporary prosthesis.
- Seat each provided numbered section onto its appropriate numbered location and tighten. Utilize the long Multi-unit coping screws provided.
- Hand-tighten the long Multi-unit coping screws.
- The verification jig must not be in contact with the patient's soft tissue. Trim any excess material if needed to allow for an appropriate underlying thickness of one millimeter or more.
- Connect all sections together with a generous amount of suitable material (e.g., Triad DualLine®, Henry Schein®; Zapit, Dental Ventures of America; GC Pattern Resin™, GC America; any flowable resins or composites).
- Verify that the connections are solid, especially at the distal extremities.
- Check visually for passive fit; if the interface is sub-gingival, take a radiograph to verify complete passive seating.
- If a section is not seated passively, you must section, re-seat and re-lute the jig. Repeat until you get a perfect passive fit.

Final Impression

- To ensure a passive fit of your CAD/CAM-milled bar, it is extremely important to obtain an accurate final impression. The long Multi-unit coping screws must poke through the tray for easy cleaning of any extra impression material. You should have easy access to the coping screws.
- Unscrew each long Multi-unit coping screw and gently remove the tray from the patient's mouth.

Duplicating the Temporary

- Remove the temporary denture from patient's mouth and clean it.
- Remove the soft tissue from the provided model.
- Place the temporary denture on the model and secure it by hand-tightening two screws.
- Hand mix the provided putty material and apply to the model/temporary denture.
- Adapt the putty material into the retention grooves on the model and to the temporary denture.
- Cover the occlusion but stay away from any undercuts, which could lock the temporary denture in place.
- Once it is fully cured, remove the matrix carefully from the model and around the denture.
- Unscrew the two screws and remove the temporary from the model.
- Clean any debris from the temporary denture and place in the patient's mouth. Tighten the screws to 15Ncm.
- Fill all access holes with Teflon Tape.
- Cover access holes with acrylic or composite and finish by polishing.
- Return all components, models, impressions, and the prescription.

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PHASE 3 - RESTORATIVE VISIT 2 TECHNIQUE

You will need:

- Hybrid Bar (*lab-provided*)
- Abutment Screws (*lab-provided*)
- Final Wax Setup (*lab-provided*)
- 0.050" Hex Driver/Torque Wrench
- Prescription
- Camera

Denture Conversion

- Remove temporary denture.
- Try in the frame and setup.

Denture Conversion (continued)

- Hand-tighten each screw.
- Check for fit, form, function, shade, phonetics, and midline. Make any final adjustments.
- Take pictures.
- Replace the temporary denture in patient's mouth and tighten the screws to 15Ncm.
- Return all components, models, impressions, and the prescription.

PHASE 3 - RESTORATIVE VISIT 3 TECHNIQUE

You will need:

- Final Prosthesis (*lab-provided*)
- Final Screws (*lab-provided*)
- 0.050" Hex Driver/Torque Wrench
- Camera

Final Prosthesis Delivery

- Remove temporary denture.
- Seat the final prosthesis onto the implants.
- Hand-tighten each screw.
- Check for passivity and accurate fit.

Final Prosthesis Delivery (continued)

- Verify that the soft tissue is not impinged.
- Tighten all the screws to 15Ncm.
- Take a radiograph if the interface is below the soft tissue.
- Fill all access holes with teflon tape, then acrylic or composite and finish by polishing.
- Balance the patient's occlusion if necessary.
- Take pictures.

NOTES
