UCLA ABUTMENTS

Summary

The UCLA-Type Abutment is attached directly to the implant. It provides a pattern for the creation of a screw retained veneered crown. Sterngold-ImplaMed's UCLA-Type Abutments are available in single-implant (hexed) and multi-implant (non-hexed) designs. This abutment is well suited for sites with minimal thickness of soft tissue. It is available in traditional plastic configurations, gold alloy, gold base with plastic sleeve, and in a titanium version for provisional restorations.

- Precision machined.
- 1 mm margin height.
- Titanium Prosthetic Screw included with all abutments.
- Optional Gold Prosthetic Screw.
- Narrow chimney.
- Micro - grooved finish for better wax retention, except waxing sleeve which is smooth.
- Waxing Screw included with gold abutments.

Indications

The UCLA type abutment is suitable for single and multiple tooth restorations. It is utilized with an indirect technique requiring an accurate impression of the implant. It may be utilized as a retrievable screw-retained restoration.

GOLD UCLA-TYPE ABUTMENTS

- 64% gold, 22% palladium
- Melting range 2400°F-2500°F (1320°C-1370°C)
- Assured precision fit to implant
- Includes titanium Prosthetic Screw and Waxing Screw
- Install with large external hex drivers (.048")

Item	Number Regular Platform	Wide Platform	Narrow Platform
Gold UCLA-Type Abutment, hexed	904149	904422	904514
Gold UCLA-Type Abutment, non-hexed	904151	904423	904515

UCLA WAXING SLEEVES

- Precious metal machined base for precise fit to implants
- High melting temperature alloy for use with a wide variety of dental alloys. Melting range 1320°C-1370°C (2400°F-2500°F)
- Plastic formulated to assure clean burn-out.
- Includes titanium Prosthetic Screw.
- Install with large external hex drivers (.48")

Item	Number Regular Platform	Wide Platform	Narrow Platform
UCLA Waxing Sleeve, hexed	904181	904424	904516
UCLA Waxing Sleeve, non-hexed	904185	904419	904520

PLASTIC UCLA-TYPE ABUTMENTS

- Economical
- Includes titanium Prosthetic Screw
- Plastic formulated to assure clean burn-out
- Install with large external hex drivers (.048")

Item	Number Regular Platform	Wide Platform	Narrow Platform
Plastic UCLA-Type Abutment, Hexed	904139	904420	904511
Plastic UCLA-Type Abutment, Non-hexed	904145	904421	904512

TITANIUM UCLA-TYPE ABUTMENT

- Includes titanium Prosthetic Screw
- Excellent for temporization
- Install with large external hex driver(.048")

Item	Number Regular Platform	Wide Platform	Narrow Platform
Titanium UCLA-Type Abutment, hexed	904160	904425	904518
Titanium UCLA-Type Abutment, non-hexed	904166	904426	904519

UCLA-TYPE ABUTMENT RESTORATIVE COMPONENTS

Item	Number Regular Platform	Wide Platform	Narrow Platform
UCLA Reamer	905154	905156	905155
UCLA Facing Tool 	905153	905151	905149
Gold Prosthetic Screw*	904175	904433	904522
CeraOne™ Abutment Square Driver	905232		

*This optional screw has a square drive and may be torqued to 30 Ncm

The technique herein described is a very straight forward technique that utilizes ordinary prosthodontic skills andprocedures that are familiar to the restorative dentist. The demonstration was done with a hexed (non-rotating) UCLA type abutment, which is usually used for a single restoration. When multiple connected restorations are utilized, a non-hexed configuration of the UCLA type abutment may be used. The gold alloy abutment, or the Waxing Sleeve is recommended for superior accuracy, the plastic for an economical alternative and the titanium for provisional acrylic resin restorations.

INSTRUCTIONS

DIAGNOSIS & TREATMENT PLANNING

1. Site selection is analyzed and a determination is made as to the type of treatment indicated. Consideration should be given to either a conventional fixed bridge or an implant retained restoration (Fig. 1). In the example that we will follow here, a missing mandibular second bicuspid will be replaced with an implant supported restoration utilizing the Hexed Gold UCLA Type Abutment.

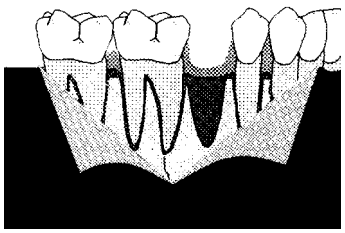

Fig 1

IMPLANT PLACEMENT

2. An external hex implant, either a cylinder or a screw, is placed in the optimum position relative to the final restoration. It is important that the head of the implant be sufficiently below the gingival level of the adjacent teeth in order to develop the proper emergence profile. If the implant head is sitting too high, it will be difficult, if not impossible, to develop the proper contours (Fig. 2).

Particular attention should also be paid to the bucco-lingual and the mesio-distal placement of the implant.

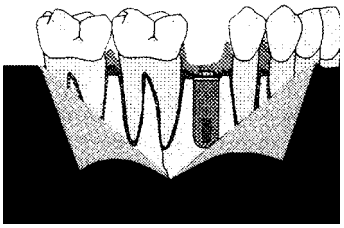

Fig 2

SECOND STAGE SURGERY

3. A Temporary Healing Abutment is placed at second stage surgery (Fig. 3). This temporary healing abutment may be either a standard 4.5mm diameter or one of our Natural Profile Healing Abutments used to establish emergence profile contours of the final restoration. The placement of the Healing Abutment will allow the gingival tissues to heal for proper contouring of the final restoration. The Healing Abutment is left in place for four to six weeks. A large hex driver (905028) or a slotted driver (905046) is the correct driver for this procedure.

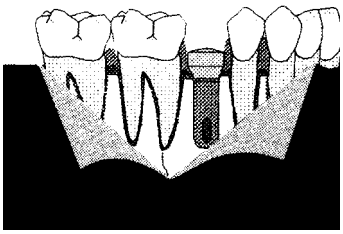

Fig 3

IMPRESSION PROCEDURES

4. A two-piece impression coping is used to record the position of the implant and the orientation of the external hex. The coping is completely seated on the external hex and held in place with the impression screw (Fig. 4). There are flat sides on the coping for orientation purposes. A confirming x-ray is necessary at this point to determine complete seating of the impression coping on the implant. An impression may then be made with the crown and bridge impression material of choice.

THE WORKING CAST

5. The two-piece impression coping is removed from the mouth, placed on an implant replica and reseated into the impression using the flat sides for proper orientation. A master cast is then poured using the appropriate die stone.

A soft tissue cast is recommended (Fig. 5).

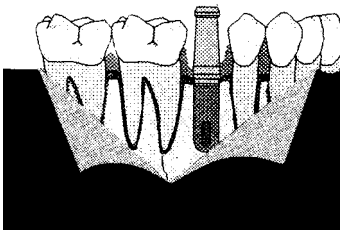

Fig 4

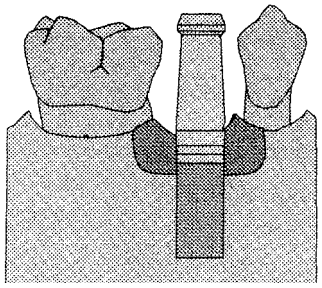

Fig 5

THE UCLA TYPE ABUTMENT

6. The impression coping is removed and the appropriate UCLA Type Abutment is seated on the analog. The final form and contours of the restoration are waxed leaving room for any aesthetic components (Fig. 6). When the casting is extended occlusally beyond the end of the UCLA abutment, such as with a Gold UCLA, the Waxing Screw is utilized. If you were to wax directly against the Waxing Screw, the hole would be too small for the Prosthetic Screw to pass through. Therefore, it is suggested that you coat the portion of the surface of the Waxing Screw that is occlusal to the abutment with a thin layer of Rubber Sep (802045) before waxing the extension.

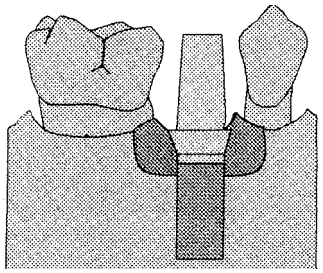

Fig 6

Note: The Gold UCLA Abutments or the Waxing Sleeve are recommended. They will provide a more accurate fit to the implant. This means that there will be less chance of the screw loosening than with the plastic version.

The soft tissue portion of the working cast can be removed to facilitate the waxing procedure.

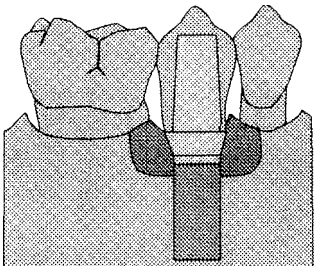

Fig 7

FABRICATING THE FINAL RESTORATION

7. The final restoration may then be completed using conventional laboratory techniques (Fig. 7). A screw-access hole is left in the occlusal surface of the completed restoration.

The UCLA Reamer is used to refine the internal surface of the chimney after casting a Plastic UCLA. The Facing Tool is used to refine the mating surface of a Plastic UCLA. The larger diameter metal rod fits into your handpiece. The flat surface abutting the smaller diameter rod may be coated with Liquid Graphite (801656). The graphite past is dried with a gentle stream of air. The rod is inserted into the UCLA from the gingival. The plastic handle is inserted into the casting from the occlusal. This is to help stabilize the casting during the polishing process. Run the handpiece at a relatively slow speed (8,000-10,000 rpm) just until the mating surface is smooth. Too much polishing can cause the inaccurate fit of a bridge.

This technique is compatible with any crown and bridge materials.

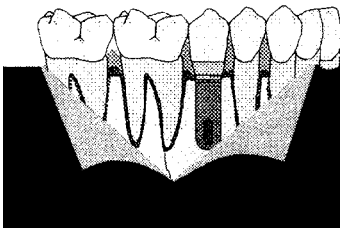

Fig 8

INSERTION OF THE FINAL RESTORATION

8. The abutment and the final restoration are returned to the mouth for try-in and evaluation. All adjustments are made and the restoration is held into place with the prosthetic screw (Fig. 8). The recommended torque for the prosthetic screw is 20 Ncm.

The access hole is closed with a cotton pellet and a light cured acrylic resin.