

# COMPREHENSIVE CLINICAL GUIDE TO FULL-ARCH IMPLANT DIGITAL IMPRESSIONS



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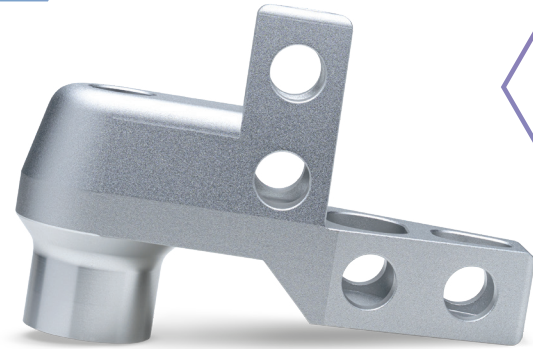
### 1 | Surgical Workflows

- OPTISPLINT

### 2 | Restorative Workflows

- Inclusive Full-Arch Scan Body
- OPTISPLINT

# 1 | SURGRICAL WORKFLOWS OPTISPLINT



Glidewell is proud to partner with Digital Arches to offer OPTISPLINT® to restore full-arch implants **predictably** and **efficiently**.

For BruxZir® Full-Arch Implant Restorations that include ti-bases, **Glidewell recommends the OPTISPLINT workflow.**

## SCANS NEEDED AT EACH WORKFLOW STAGE

Scans are needed throughout the restorative process.



### STAGE 0: PRE-SURGICAL

- CBCT
  - Dual scan (Fully or partially edentulous cases)
- Intraoral scan (upper/lower)
- Intraoral scan (bite: desired VDO)
- Facial photos or scans



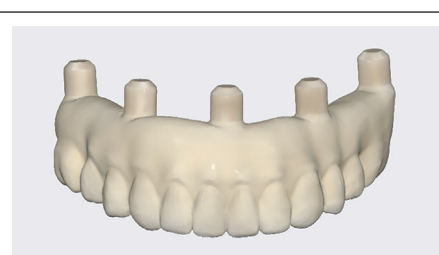
### STAGE 1: SURGICAL

#### Prior to Teeth Extraction

- Fiducial marker scan
- Intraoral scan (upper/lower)
- Intraoral scan (bite: desired VDO)

#### After Implant Placement

- Tissue scan with fiducial marker (ARCHTRACER™) and Multiunit SCANCAPS
- Implant scan: luted OPTISPLINT on SCANPLATE



### STAGE 2: RESTORATIVE

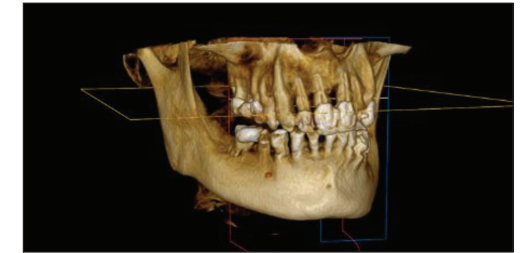
- Facial photos or scans
- Intraoral scan (seated prosthesis)
- Intraoral scan (opposing)
- Intraoral scan (bite: desired VDO)
- Tissue scan with Multiunit SCANCAPS
- Implant scan (luted OPTISPLINT on SCANPLATE)
- Extraoral 360° scan of prosthesis with OPTISPLINT scan analogs

## STAGE 0: PRE-SURGICAL PHASE

The following records are essential for treatment planning full-arch restorations. These records enable the initial design of a prosthesis to align with day-of-surgery scans to fabricate an immediate prosthesis.

### Pre-Surgical Records Needed

- CBCT scans (Dual scan for fully or partially edentulous cases)
- Intraoral scan (upper/lower)
- Intraoral scan (bite: desired VDO)
- Facial photos or scans



Begin case in *My Account*. Indicate day of surgery, type of prosthesis (FP1, FP2, FP3), and upload scans. Glidewell will prepare initial design to be finalized on day of surgery.

## STAGE 1: SURGICAL PHASE

**THE OUTCOME OF THIS PHASE IS A TEMPORARY PROSTHESIS.**

### STAGE 1 SCANS NEEDED

The following scans should be acquired on the day of surgery after fiducial marker is placed.

#### Prior to Tissue Extraction

- Fiducial marker scan: intraoral scan with ARCHTRACER
- Fiducial marker in place
- Intraoral scan (upper/lower)
- Intraoral scan (bite: desired VDO)

#### After Implant Placement

- Tissue scan: fiducial marker (ARCHTRACER) and Multiunit SCANCAPS
- Implant scan: luted OPTISPLINT on SCANPLATE

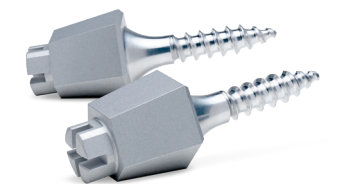
## SURGICAL WORKFLOW

### 1 Place Fiducial Markers and Scan

Place fiducial marker (e.g. ARCHTRACER, foundation guide). Take a full-arch scan with intraoral scanner capturing soft tissue and fiducial marker(s).

#### DENTATE CASES:

*Keep pre-selected teeth as additional markers if teeth are present in the pre-surgical records.*

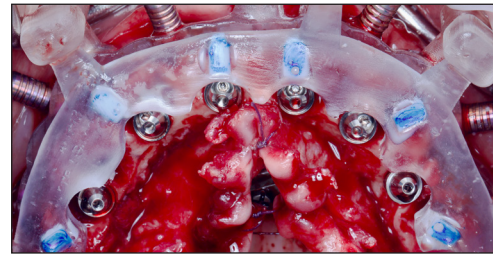


*Keep fiducial markers in place throughout surgery until all scans are completed.*

**Receive confirmation from Glidewell Lab team that all scans were received and aligned with STAGE 0 pre-surgical scans before proceeding with surgery.**

## 2 Implant Surgery

Using preferred surgical method, extract desired teeth and place implants. Secure MUAs to each implant.



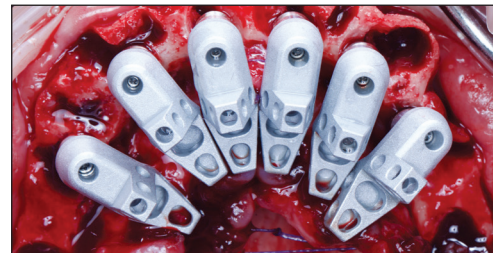
## 3 Assemble OPTISPLINT and Lute

Place screws in the OPTISPLINT Scan Body.

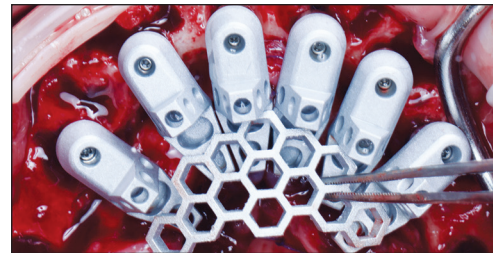


With fiducial marker still in place, secure an OPTISPLINT Scan Body on each MUA.

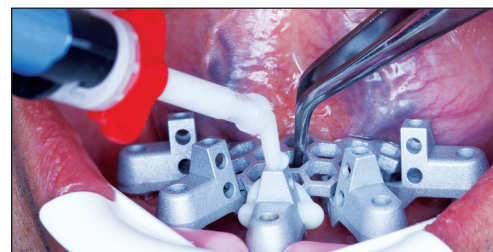
Align the OPTISPLINT wings so that they point toward each other. Lightly hand tighten.



Choose the frame that best reaches all the scan body wings. You may trim the OPTISPLINT Frame, if needed, with provided frame clippers. Rotate the scan bodies as needed to support the frame. Finish hand tightening screws.

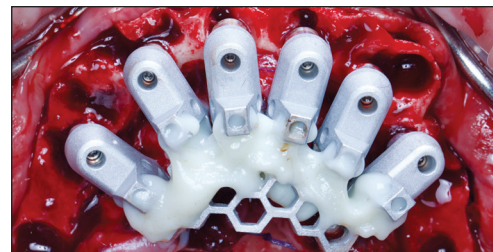


Load OPTIWELD(ER)™ Mixing Gun with the OPTIWELD Dual-Cure Composite cartridge and attach the dispensing tip with the small channel delivery component so that you can flow material onto the OPTISPLINT Frame and down through chimneys.



Working one scan body at a time, flow material through chimney and onto wing and frame. Cure with light, then move to next scan body. Ensure frame is luted securely to all scan bodies.

Make sure you do not get material on the actual scan portion of the sandblasted scan body.



## 4 Remove OPTISPLINT

Once each scan body has been locked to the frame, unscrew and remove.

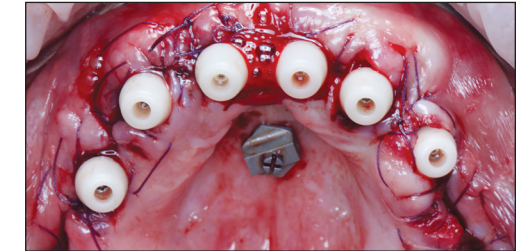


## 5 Tissue Scan

If applicable, remove foundation/bone reduction guide (keep ARCHTRACER in place).

Seat scancaps onto each MUA. Suture and scan using intraoral scanner.

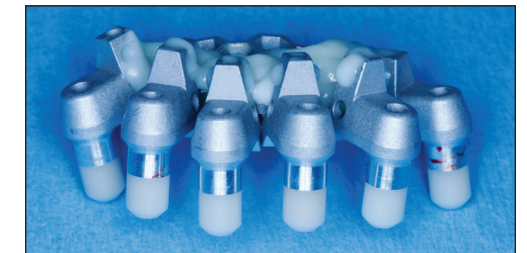
NOTE: Multiunit SCANCAPS utilize the same screws you used with the OPTISPLINT scan bodies. Attach scancaps prior to suturing.



## FINAL STAGE

### 1 Send OPTISPLINT to Glidewell

When a try-in is approved, send final scans and OPTISPLINT to Glidewell with the second set of analog scancaps for Glidewell to mill a final prosthesis.





**BruxZir<sup>®</sup>**  
FULL-ARCH IMPLANT PROSTHESIS

## SCANS NEEDED FOR RESTORATIVE WORKFLOW

### STAGE 2: RESTORATIVE

- Facial photos or scans
- Intraoral scan (seated prosthesis)
- Intraoral scan (opposing)
- Intraoral scan (bite: desired VDO)
- Tissue scan with MUA scan caps
- Implant scan with Inclusive Full-Arch Scan Body attached to MUAs
- Extraoral 360° scan of prosthesis with Inclusive MUA EOScan Bodies (check with Glidewell before scanning with other reverse scan bodies)



## STAGE 2: RESTORATIVE PHASE

### THE OUTCOME OF THIS PHASE IS A FIXED TRY-IN PROSTHESIS

*NOTE: Ensure all MUAs are torqued to manufacturer's recommendations prior to beginning workflow.*

#### 1 Confirm Bite and Adjust as Needed

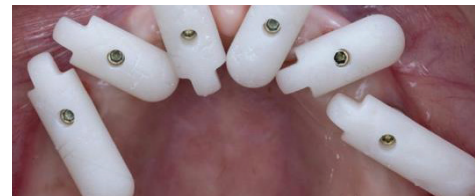
Remove temporary prosthesis after any needed adjustments.



#### 2 Scan with Inclusive Full-Arch Scan Bodies in Place

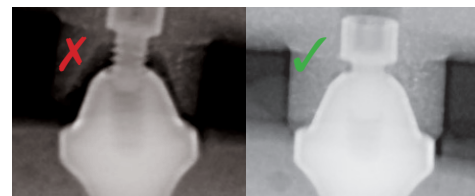
Secure an Inclusive Full-Arch Scan Body on each MUA. Rotate scan bodies to minimize distance between each scan body prior to securing.

Secure the scan body to prevent aspiration or swallowing by hand tightening the screw using the appropriate prosthetic driver.



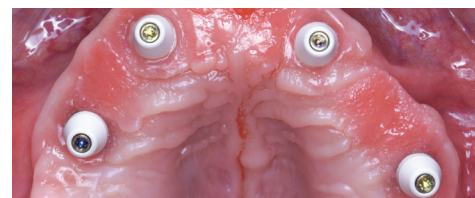
#### 3 Verify Seating

Verify proper seating of the scan body. Check for soft tissue impingement or other obstructions and confirm each scan body is fully seated onto the multi-unit abutment via bitewing radiograph.



#### 4 Tissue Scan

Seat Inclusive Multi-Unit Temporary Healing Caps onto each MUA and scan using intraoral scanner.



#### 5 Extraoral 360° Scan of Temporary Prosthesis

Attach Inclusive MUA EOScan Bodies to the intaglio surface of the prosthesis using the prosthetic screws and scan



## FINAL STAGE

### Send Scans to Glidewell

When a try-in is approved, send final scans to Glidewell to mill a final prosthesis.



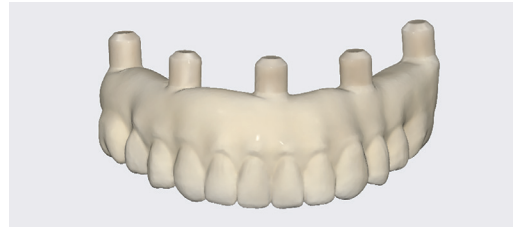
**BruxZir**<sup>®</sup>  
FULL-ARCH IMPLANT PROSTHESIS

## SCANNING TIPS

- Dry scan body prior to scanning. Minimize blood and debris on scanning surface if using during surgical procedure.
- Scan bodies should approximate each other. They can touch, but do not have to.
- Scanning when implants are closer than 8 mm:
  - If adjacent implants are closer than 8 mm, you may not be able to fully seat an Inclusive Full-Arch Scan Body on each implant site at the same time.
  - Seat all scan bodies on sites, except the two that are close together.
  - Seat a scan body on one of the conflicting sites, scan the entire mouth and then lock the arch data.
  - Keep all other scan bodies in place and remove the scan body placed on the first conflicting site. Seat a different Inclusive Full-Arch Scan Body on the second conflicting site and continue scanning by starting at one of the non-conflicting scan body sites.
- Scanner will automatically stitch the information together.

## SCANS NEEDED FOR RESTORATIVE WORKFLOW

- Facial photos or scans
- Intraoral scan (seated prosthesis)
- Intraoral scan (opposing)
- Intraoral scan (bite: desired VDO)
- Tissue scan with Multiunit SCANCAPS
- Implant scan (luted OPTISPLINT on SCANPLATE™)
- Extraoral 360° scan of prosthesis with OPTISPLINT scan analogs



## STAGE 2: RESTORATIVE PHASE

### THE OUTCOME OF THIS PHASE IS A FIXED TRY-IN PROSTHESIS

*NOTE: Ensure all MUAs are torqued to manufacturer's recommendations prior to beginning workflow.*

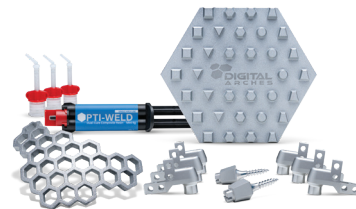
#### 1 Confirm Bite, Adjust as Needed

Remove temporary prosthesis after any needed adjustments.



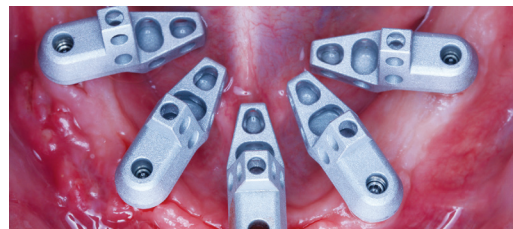
#### 2 Assemble OPTISPLINT and Lute Intraorally

Place screws in the OPTISPLINT Scan Body.

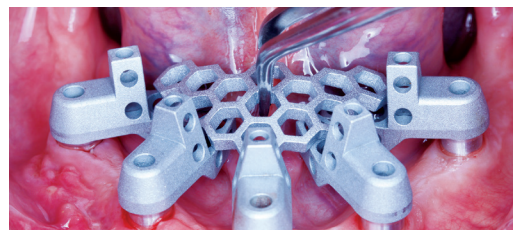


Secure an OPTISPLINT Scan Body on each MUA.

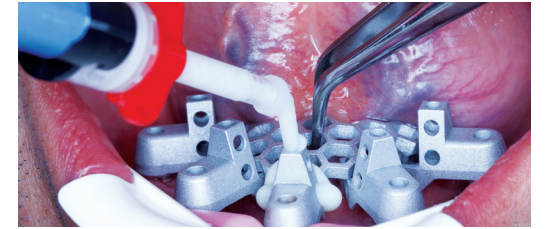
Align the OPTISPLINT wings so that they point toward each other, then lightly hand tighten.



Choose the frame that best reaches all the OPTISPLINT Scan Body wings. You may trim the frame, if needed, with provided frame clippers. Rotate the scan bodies as needed to support the frame. Finish hand tightening screws.



Load OPTIWELD™ gun with the OPTIWELD cartridge and attach the dispensing tip with the small channel delivery component so that you can flow material onto the OPTISPLINT Frame and down through chimneys.



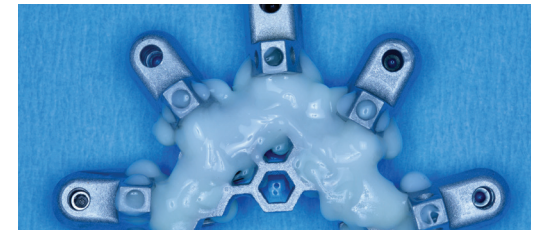
Working one scan body at a time, flow material through chimney and onto wing and frame. Cure with light, then move to next scan body. Ensure frame is luted securely to all scan bodies.



Make sure you do not get material on the actual scan portion of the sandblasted scan body.

#### 3 Remove OPTISPLINT

Once each OPTISPLINT Scan Body has been locked to the frame, unscrew and remove.



#### 4 Tissue Scan

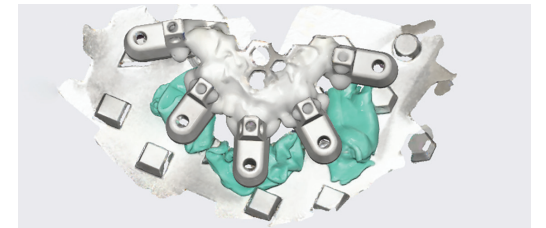
Seat OPTISPLINT Multiunit SCANCAPS onto each MUA and scan using intraoral scanner.

Note: the Multiunit SCANCAPS utilize the same screws you used with the OPTISPLINT scan bodies.



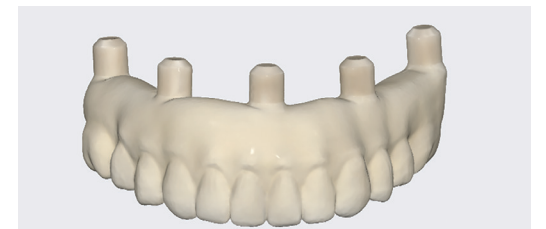
#### 5 Implant Scan (Luted OPTISPLINT on SCANPLATE)

Place OPTISPLINT on SCANPLATE and scan with intraoral scanner.



#### 6 Extraoral 360° Scan of Temporary Prosthesis

Press Analog SCANCAPS into the intaglio side of the temporary prosthesis and scan.



## FINAL STAGE

#### 7 Send OPTISPLINT to Glidewell

When a try-in is approved, send final scans and OPTISPLINT to Glidewell with the second set of analog SCANCAPS for Glidewell to mill a final prosthesis.

