

STEP-BY-STEP CLINICAL GUIDE — SURGICAL APPOINTMENT
GUIDED PROVISIONAL PICK-UP WORKFLOW

GlidePro



IMPLANT SOLUTIONS

GLIDEPRO™ STACKABLE SURGICAL GUIDE

**3D-PRINTED
BONE REDUCTION MODEL**



SEATING GUIDE



**FOUNDATION
(BONE REDUCTION) GUIDE**



OSTEOTOMY GUIDE



PROSTHETIC DELIVERY GUIDE



ANGLED MUA GUIDE



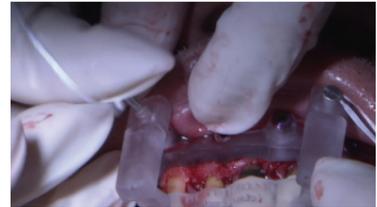


Step 1: Try in seating guide, ensure the guide fully seats on the teeth.

Note: Refer to surgical report for specific surgical notes if extraction prior to surgery is needed.



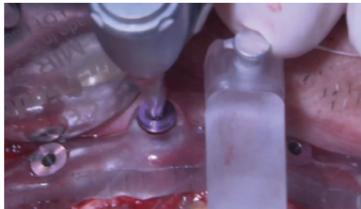
Step 2: Reflect a full-thickness flap, extending the flap to ensure the guide fully seats on the bone.



Step 3: Connect the foundation guide to the seating guide with the interlocking push pins.



Step 4: Try in the connected foundation and seating guide and verify the fit through the windows. Ensure the guide does not rock and is fully seated.



Step 5: Holding the guide in place, drill the preplanned fixation pin osteotomies using the corresponding fixation drill. Place the fixation pins.

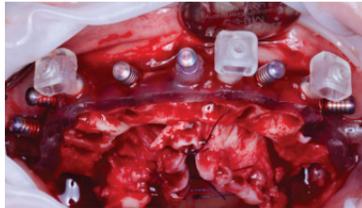
Note: Fixation drills and pins are color coded by length.





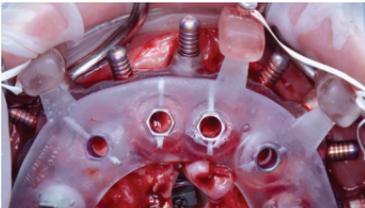
Step 6: Remove interlocking push pins and the seating guide.

Step 7: Extract remaining teeth.



Step 8: Reduce bone to the level of the foundation guide.

Note: For FPI cases the scalloping guide is incorporated into the foundation guide.

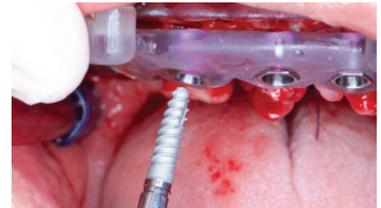


Step 9: Seat the osteotomy guide on top of the foundation guide and insert the interlocking push pins.

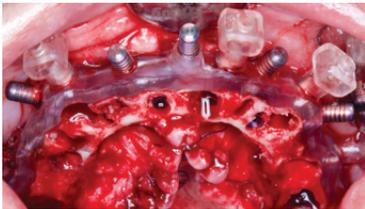
Note: If the osteotomy guide rocks, reduce interfering bone before proceeding.



Step 10: Sequentially drill osteotomies according to the guided surgical protocol or implant manufacturer's recommended guidelines.



Step 11: Place implant(s) according to the to the guided surgical protocol or manufacturer's recommended guidelines.



Step 12: Remove interlocking push pins and the osteotomy guide.



Step 13: Verify implant stability (ISQ value method is shown).

Step 14: Based on the torque and stability of the implant, determine the best loading protocol:

- Cover Screw — hand-tighten
- Healing Abutment — hand-tighten
- Multi-Unit Abutment — implant manufacturer's recommended torque value

Step 15: If the primary stability and torque are sufficient for immediate loading, proceed to temporization.



Step 16: Seat the multi-unit abutments (MUAs) and torque into place (the positions of angled MUAs will be indicated on the Angled MUA guide).



Step 17: Seat and hand-tighten the custom pre-cut temporary cylinders and block-out custom gaskets.



Step 18: Seat immediate fixed screw-retained provisional implant prosthesis into PMMA carrier. Secure onto the foundation guide using interlocking push pins.



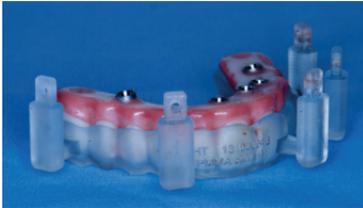
Step 19: Verify that the provisional is seating passively over the temporary cylinders with a recommended 1 mm of space around the titanium cylinders. Make adjustments if necessary.



Step 20: Insert block-out shims into each temporary cylinder.



Step 21: Flow pick-up material around temporary cylinders into the acrylic channels, securing each one to the immediate fixed screw-retained provisional implant prosthesis.



Step 22: Remove the block-out shims and unscrew the prosthesis with the luted temporary cylinders.

Note: *If an implant verification prosthesis was provided, repeat steps No. 17-21 with the second set of temporary cylinders.*



Step 23: Complete the conversion process by performing the following steps with the prosthesis outside of the patient's mouth:

- Cut cylinders if necessary
- Fill in voids with composite or pick-up material
- Adjust and polish the prosthesis
- If an implant verification prosthesis was provided, repeat the same steps above



Step 24: Remove the fixation pins allowing the foundation guide to be detached.



Step 25: Place MUA temporary healing caps to assist in suturing. Contour and suture soft tissue.



Step 26: Remove the MUA temporary healing caps. Seat the temporary prosthesis using the manufacturer's recommended torque protocol.



Step 27: Place Teflon® tape into the access channels covering each prosthetic screw. Close access channels with the material of choice.



Step 28: Verify occlusion and polish. Ideally, there should be minimal working and non-working contacts, with evenly distributed centric contacts to provide freedom of movement while minimizing lateral stresses on the implants.



Step 29: Take radiograph to confirm implant positioning.

For more information
glidewell.com/glidepro | 866-497-3692



IMPLANT SOLUTIONS

GL-6783250-020626