Standard Plus Narrow Neck CrossFit® Implant

The Straumann® Narrow Neck CrossFit® Implant is a Standard Plus (SP) Soft Tissue Level Implant with an endosteal diameter of 3.3 mm. The NNC Implant has a machined neck of 1.8 mm in height and a narrow prosthetic platform of 3.5 mm in width. Its internal connection provides expanded prosthetic options and solutions for treatment in the upper and lower jaw, wherever space is limited.

We recommend Straumann® Smart customers to use the Narrow Neck CrossFit® Implant in the SmartArch indication only and to let the implant heal transmucosally. In this classic one-stage surgical procedure the implant is not covered with soft tissue during the healing phase, but the soft tissue is sutured around the Healing Cap. This provides a less invasive and time-saving treatment on your patients by avoiding a second surgical intervention.

Implant-abutment connection

Straumann® Standard Plus Narrow Neck CrossFit® Implants have an internal CrossFit® connection and a narrow prosthetic platform of 3.5 mm. Narrow Neck CrossFit® (NNC) Implants use the NNC prosthetic components.







Soft Tissue Level – Standard Plus (SP) CrossFit® at soft tissue level

Bone Level

Body and thread design same as Straumann® Bone Level NC Implant



Endosteal implant diameters and color code

Standard Plus Narrow Neck CrossFit® Implants are available in the endosteal diameter of 3.3 mm. A unified color code simplifies identification of instruments and implants.



Thread pitch

The implant body of the NNC Implant is parallel-walled and has a thread pitch of 0.8 mm.

Implant lengths

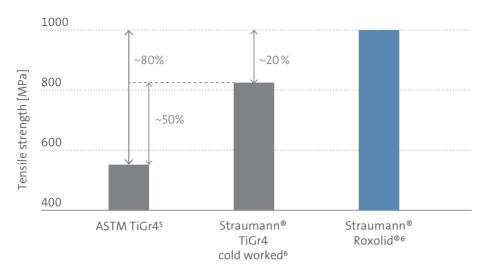
NNC Implants are available in lengths of 8, 10, 12, and 14 mm.

Implant materials

NNC Implants are available in the Roxolid® material.

Straumann® Roxolid® is a metal alloy composed of 15 % zirconium and 85 % titanium. The combination of these two metals leads to an implant material with a higher tensile and fatigue strength than comparable titanium implants have¹,².

Mechanical tests have proven that Roxolid® is actually stronger than Titanium Grade 4. The unique implant material combines high mechanical strength with excellent osteoconductivity. Thanks to their outstanding biological and mechanical properties, Roxolid® Implants offer more treatment options than conventional titanium implants^{3,4}.



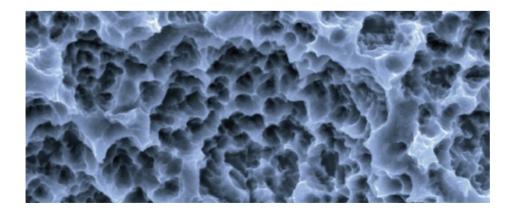
Roxolid @shows a 20 % higher tensile strength than Straumann cold worked titanium and a 80 % higher strength than standard Titanium Grade 4.

Implant surfaces

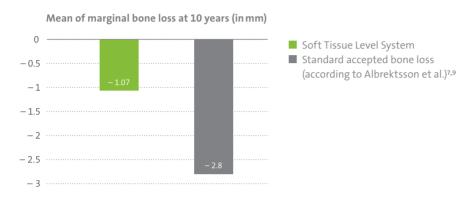
Straumann® Narrow Neck CrossFit® Implants are offered with two different implant surfaces – SLA® and SLActive®.

1. SLA® surface

The Straumann® SLA® surface is one of the most documented rough surfaces in implantology. The SLA® surface is produced using a technique that generates a macro-roughness on the implant surface followed by etching that superposes a micro-roughness. The resulting topography offers an ideal structure for cell attachment.



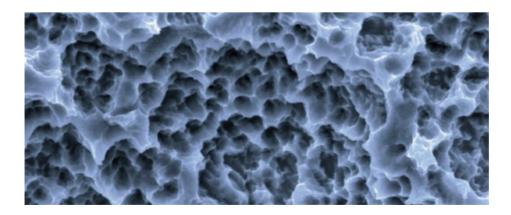
The longevity of Straumann® Soft Tissue Level Implants with the SLA® surface has been demonstrated in a long-term study. The following outstanding 10-year results on the SLA® surface were shown^{7,8}:



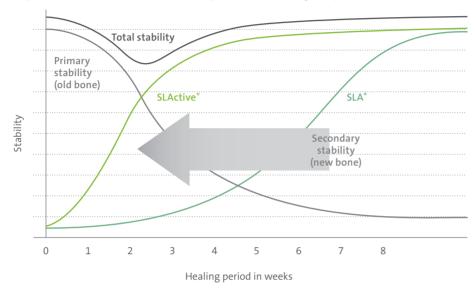
- Unchanged survival rate: in the examined 23 patients, no implants were lost between years 5 and 10
- No statistically significant bone loss occurred between 5 and 10 years
- Prosthesis survival of 96 %
- · No signs of peri-implantitis were noted at 10 years
- · Patient satisfaction was high

2. SLActive® surface

The Straumann® SLActive® surface is based on the scientifically proven SLA® topography.

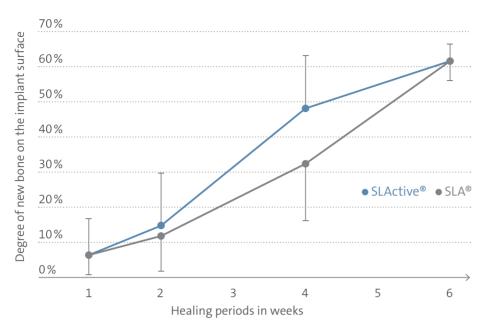


In addition, it has a fundamentally improved hydrophilic surface chemistry. SLActive® significantly accelerates the osseointegration process in the early healing phase (weeks 2-4) and delivers everything you expect from a successful and patient-friendly implant treatment.



Benefits:

- Safer and faster treatment in 3-4 weeks for all indications^{10–19}
- Reduced healing times from 6-8 weeks down to 3-4 weeks^{15,19-23}
- Increased treatment predictability in critical protocols²⁴



The SLActive® surface shows a faster integration into new bone after 4 weeks (50 %) compared to the SLA® surface (30 %).

Most early implant failures occur in the critical healing period between weeks 2 and 4 after implant placement¹⁷. Although similar healing patterns were observed for both SLA® and SLActive® Implants, bone-to-implant contact (BIC) was greater after 2 weeks and significantly greater after 4 weeks for SLActive® (p-value < 0.05)¹⁶.

With the chemically active and hydrophilic SLActive® surface Straumann has established a new standard in oral implantology.

Loxim™ Transfer Piece

Straumann® Standard Plus Narrow Neck CrossFit® Implants are delivered with the Loxim™ Transfer Piece, which is connected to the implant with a snap-in mounting. Its design offers various great features and benefits.

Pre-mounted Loxim™ Transfer Piece for ease of use

· Secures transport into mouth

Self-retaining

• Detaches with adapter after implant insertion

Small diameter/short

- Easy access to narrow interdental spaces and the posterior region
- Clockwise and counterclockwise turns
- Integrated extraction function in case of implant removal (only during implant insertion)

Alignment Pin

- · Can be re-inserted into the implant
- · Alignment in multiple implant situations

Restoration-safe torque stop

- Pre-determined breaking point protects implant connection from a higher than recommended insertion torque
- Designed for ease of implant restoration



Recommended use of SP NNC Implants for Straumann® Smart cases

Chart of minimum widths of bone for planning which SP NNC Implant to use

Implant type (endosteal diameter)	Shoulder diameter (mm)	Bucco-lingual or bucco-palatal width of bone (mm)	Recommended use for Straumann® Smart cases
SP Ø 3.3 mm NNC	3.5	5.5	For narrow edentulous bone ridges. Caution/Precaution: Small-diameter implants are not recommended for the posterior region.

Caution: Always select the largest-diameter implant that can be supported by the available bone thickness, bone quality, interdental spacing, and anticipated mastication forces.

REFERENCES

- Bernhard N. et al.: The Binary TiZr Alloy A Newly Developed Ti Alloy for Use in Dental Implants. Forum Implantologicum 2009;5(30).
- 2 Data on file
- 3 Al-Nawas B et al. A prospective non-interventional study to evaluate survival and success of reduced diameter implants made from titanium-zirconium alloy. (2012). Clin Implant Dent Relat Res 14(6):896-904.
- 4 Altuna P et al.: Clinical evidence on titanium-zirconium dental implants: a systematic review and meta-analysis. Int. J Oral Maxillofac Surg. 2016 Jul;45(7):842-50.
- 5 Norm ASTM F67 (states min. tensile strength of annealed titanium).
- 6 Data on file for Straumann cold-worked titanium and Roxolid® Implants, MAT 13336, 20131009.
- 7 Fischer K. et al.: 'Prospective 10-year Cohort Study Based on a Randomized Controlled Trial (RCT) on Implant-Supported Full-Arch Maxillary Prostheses. Part 1: Sandblasted and Acid-Etched Implants and Mucosal Tissue.' Clin Implant Dent Relat Research. 2012 Dec;14(6):808-15.
- 8 Fischer K. et al.: 'Prospective 10-year cohort study based on a randomized, controlled clinical trial (RCT) on implant-supported full-arch maxillary prostheses. Part II: Prosthetic outcomes and maintenance.' Clin Implant Dent Relat Research. 2013 Aug;15(4):498-508.
- 9 Albrektsson T, Zarb G, Worthington P, Eriksson AR. The long-term efficacy of currently used dental implants: A review and proposed criteria of success. Int J Oral Maxillofac Implants. 1986;1:11–25.
- **10** Rupp F et al.: Enhancing surface free energy and hydrophilicity through chemical modification of microstructured titanium implant surfaces. Journal of Biomedical Materials Research A, 76(2):323-334, 2006.
- 11 DeWild M: Superhydrophilic SLActive[®] implants. Straumann document 151.52, 2005.
- **12** Maniura K: Laboratory for Materials Biology Interactions Empa, St. Gallen, Switzerland Protein and blood adsorption on Ti and TiZr implants as a model for osseointegration. EAO 22nd Annual Scientific Meeting, October 17 19 2013, Dublin.
- 13 Schwarz F et al.: Bone regeneration in dehiscence-type defects at non-submerged and submerged chemically modified (SLActive®) and conventional SLA® titanium implants: an immunohistochemical study in dogs. J Clin.Periodontol. 35.1 (2008): 64–75.
- 14 Rausch-fan X et al.: Differentiation and cytokine synthesis of human alveolar osteoblasts compared to osteoblast-like cells (MG63) in response to titanium surfaces. Dental Materials 2008 Jan;24(1):102-10. Epub 2007 Apr 27.
- 15 Schwarz F et al.: Histological and immunohistochemical analysis of initial and early osseous integration at chemically modified and conventional SLA® titanium implants: Preliminary results of a pilot study in dogs. Clinical Oral Implants Research, 11(4): 481-488, 2007.
- **16** Lang, NP et al.: Early osseointegration to hydrophilic and hydrophobic implant surfaces in humans. Clin Oral Implants.Res 22.4 (2011): 349–56.
- 17 Raghavendra S et al.: Early wound healing around endosseous implants: a review of the literature. Int. J. Oral Maxillofac. Implants. 2005 May–Jun;20(3):425–31.
- **18** Oates TW et al.: Enhanced implant stability with a chemically modified SLA® surface: a randomized pilot study. Int. J. Oral Maxillofac. Implants. 2007;22(5):755–760.
- **19** Schwarz F et al.: Bone regeneration in dehiscence-type defects at chemically modified (SLActive) and conventional SLA titanium implants: A pilot study in dogs. J. Clin. Periodontol. 2007;34(1):78–86.
- **20** Buser D et al. : Enhanced bone apposition to a chemically modified SLA titanium surface. J. Dent. Res. 2004 Jul;83(7):529–33.
- 21 Schwarz F et al.: Histological and immunohistochemical analysis of initial and early subepithelial connective tissue attachment at chemically modified and conventional SLA® titanium implants. A pilot study in dogs. Clin. Oral Impl. Res. 2007;11(3):245–455.
- **22** Schwarz F et al.: Effects of surface hydrophilicity and microtopography on early stages of soft and hard tissue integration at non-submerged titanium implants: An immunohistochemical study in dogs. J. Periodontol. 2007;78(11):2171–2184.
- 23 Zöllner et al.: Immediate and early non-occlusal loading of Straumann implants with a chemically modified surface (SLActive®) in the posterior mandible and maxilla: interim results from a prospective multicentre randomized-controlled study. Clinical Oral Implants Research, 19(5), 442-450,2008.
- 24 Nicolau P et al.: Immediate and early loading of chronically modified implants in posterior jaws: 3-year results from a prospective randomized study. Clin Implant Dent Relat Res. 2013 Aug;15(4):600-612.

DISCLAIMER

Straumann® Smart is a blended training and education program focused on the education of general dentists who want to become surgically active in the field of dental implantology. The program is limited to information pertaining to straightforward implant cases and focuses on a reduced portfolio of products that are suitable for the treatment of such cases.

All clinical Straumann® Smart content – such as texts, medical record forms, pictures and videos – was created in collaboration with Prof. Dr. Christoph Hämmerle, Prof. Dr. Ronald Jung, Dr. Francine Brandenberg-Lustenberger and Dr. Alain Fontolliet from the University of Zürich, Clinic for Fixed and Removable Prosthodontics and Dental Material Science, Switzerland.

Straumann does not give any guarantee that Straumann® Smart provides sufficient knowledge or instruction for the dental professional to become surgically active in the field of implantology. It is the dental professional's sole responsibility to ensure that he/she has the appropriate knowledge and instruction before placing dental implants.

Straumann® Smart does not replace a careful and thorough analysis of each individual patient by a dental professional. Further, it does not imply any guarantee or warranty with regard to completeness of the information provided to the patient. It does not replace the dental professional's duty to inform the patient about the treatment, the products and the risks involved and to receive the patient's informed consent. The dental professional is solely responsible for determining whether or not a treatment or product is suitable for a particular patient and circumstances. Knowledge of dental implantology and instruction in the handling of the relevant products is always necessary and the sole responsibility of the dental professional. The dental professional must always comply with the individual product's Instructions For Use as well as all laws and regulations.

STRAUMANN DISCLAIMS, TO THE EXTENT POSSIBLE BY LAW, ANY LIABILITY, EXPRESS OR IMPLIED, AND BEARS NO RESPONSIBILITY FOR ANY DIRECT, INDIRECT, PUNITIVE, CONSEQUENTIAL OR OTHER DAMAGES, ARISING OUT OF OR IN CONNECTION WITH ANY INFORMATION PROVIDED TO PATIENTS, ERRORS IN PROFESSIONAL JUDGMENT, IN PRODUCT CHOICES OR PRACTICE IN THE USE OR INSTALLATION OF STRAUMANN PRODUCTS.

All clinical content as well as clinical and radiographic images are provided by courtesy of Prof. Dr. Christoph Hämmerle, Prof. Dr. Ronald Jung, Dr. Francine Brandenberg-Lustenberger and Dr. Alain Fontolliet from the University of Zürich, Clinic for Fixed and Removable Prosthodontics and Dental Material Science, Switzerland.

International Headquarters

Institut Straumann AG
Peter Merian-Weg 12
CH-4002 Basel, Switzerland
Phone +41 (0)61 965 11 11
Fax +41 (0)61 965 11 01
www.straumann.com