



primotec®

to replace
Triad® Gel
for fabricating
Guide Right™ Surgical Guides



PRIMOTEC USA

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metatouch

a lubricant to prevent the guides from sticking to the casts and to your fingers while you manipulate it to form the body of the Diagnostic and Surgical guides



Light cure composite material

Box with 12 rods of 8.3 grams

single packed

Item #: PS100

primosplint

light cured composite splint material

in general light cured composite is the most precise, distortion-free and antiallergenic material for night guards and more

primosplint

- Light cured composite rods, MMA and peroxide free – for function therapy bite splints and many more applications
- extremely precise • no noticeable shrinkage • expansion or distortion
- no heat needed to model
- very quick and easy to work with
- can be easily bonded to other materials (PMMA-acrylic or suck down matrix)
- fully autoclavable – no distortion on implant surgical guides during steam autoclaving
- cures reliably in most conventional light curing units
- MMA and peroxide free – lowest allergic potential for the patient no taste or smell

<https://www.primotecusa.com/home>



metablue

light cured modeling composite gel from the syringe, that burns out cleanly and completely and is aligned specifically to be used with the metacon light cured wax system.

metablue

- ready to use, one component material from the syringe, burns out cleanly and completely
- very good and precise modeling characteristics
- connects directly to the light cured Metacon wax
- is processed "cold" – no danger of thermal tension when connecting Metacon segments
- no separator needed on zirconium, metal or porcelain surfaces
- no danger of "melting through" on the block-out or relief wax (in case of partials)
- long working time (>20 min.) short light curing time (
- absolutely precise after polymerisation – no noticeable shrinkage or distortion
- easy to grind with conventional carbide burs or universal rubber polishers



primopattern LC Gel
red and clear

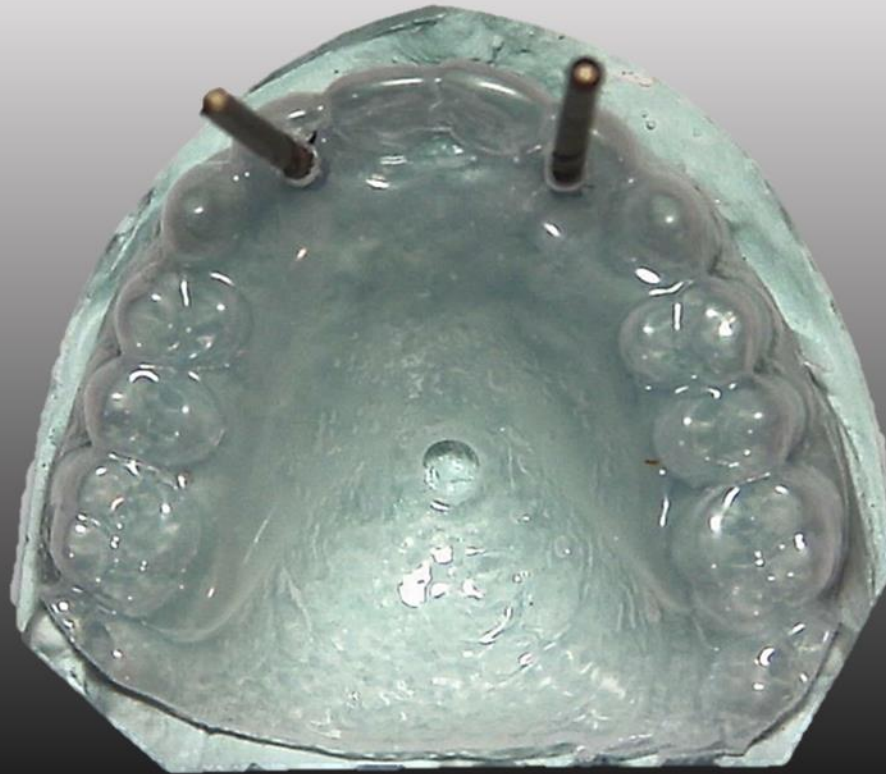


primotec light cured *splint material* stored in a light shield container

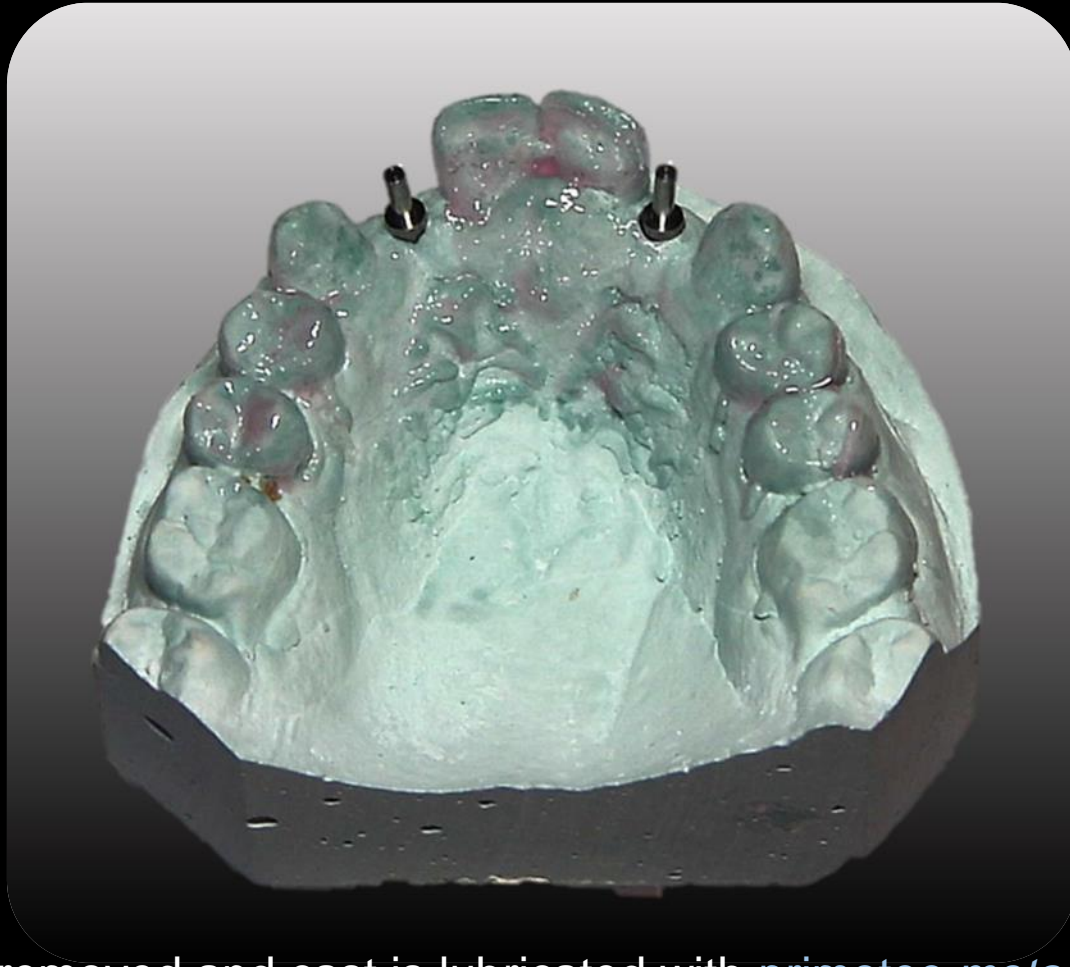


Typical Case 1

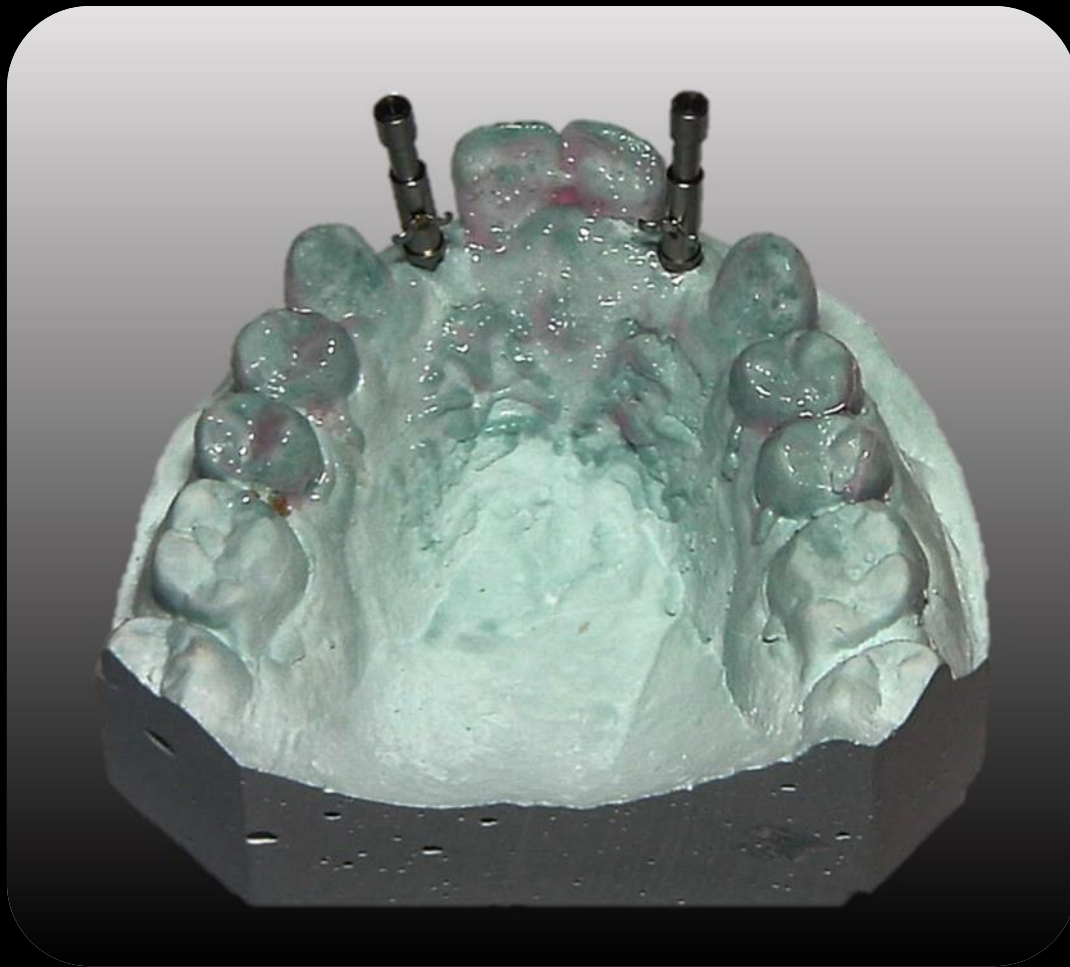
Hand drilled 3/32" holes to indicate planned implant positions & axis in cast using vacuform for replacement of #7 & #10



Insertion of 3 mm Diagnostic Guide Posts
through vacuform in to the cast



Vacuform is removed and cast is lubricated with *primotec metatouch lubricant*
3mm Guide Posts are replaced with
a narrow 2mm Diagnostic Guide Post and 2mm Guide Sleeves

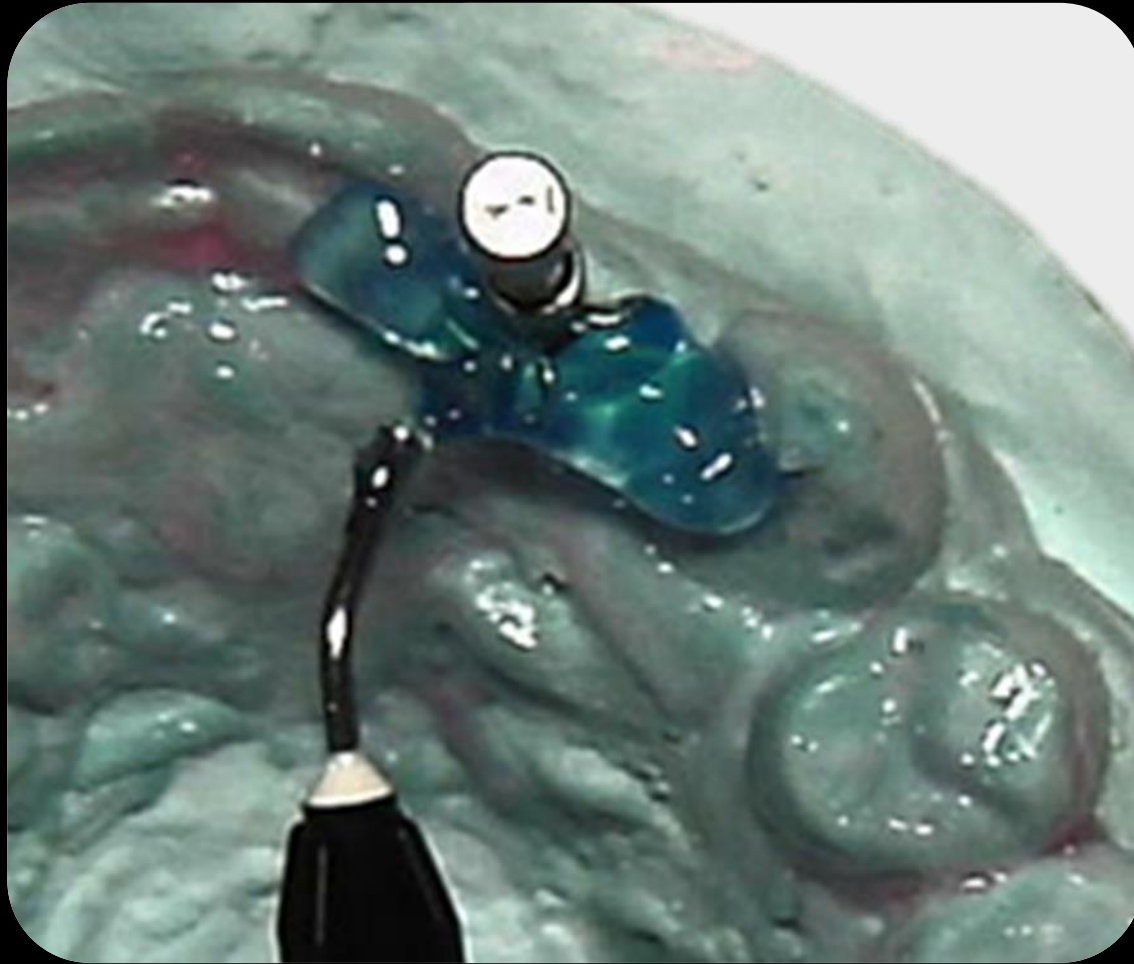


2mm Thin-walled Diagnostic Guide Sleeve - With Cleat

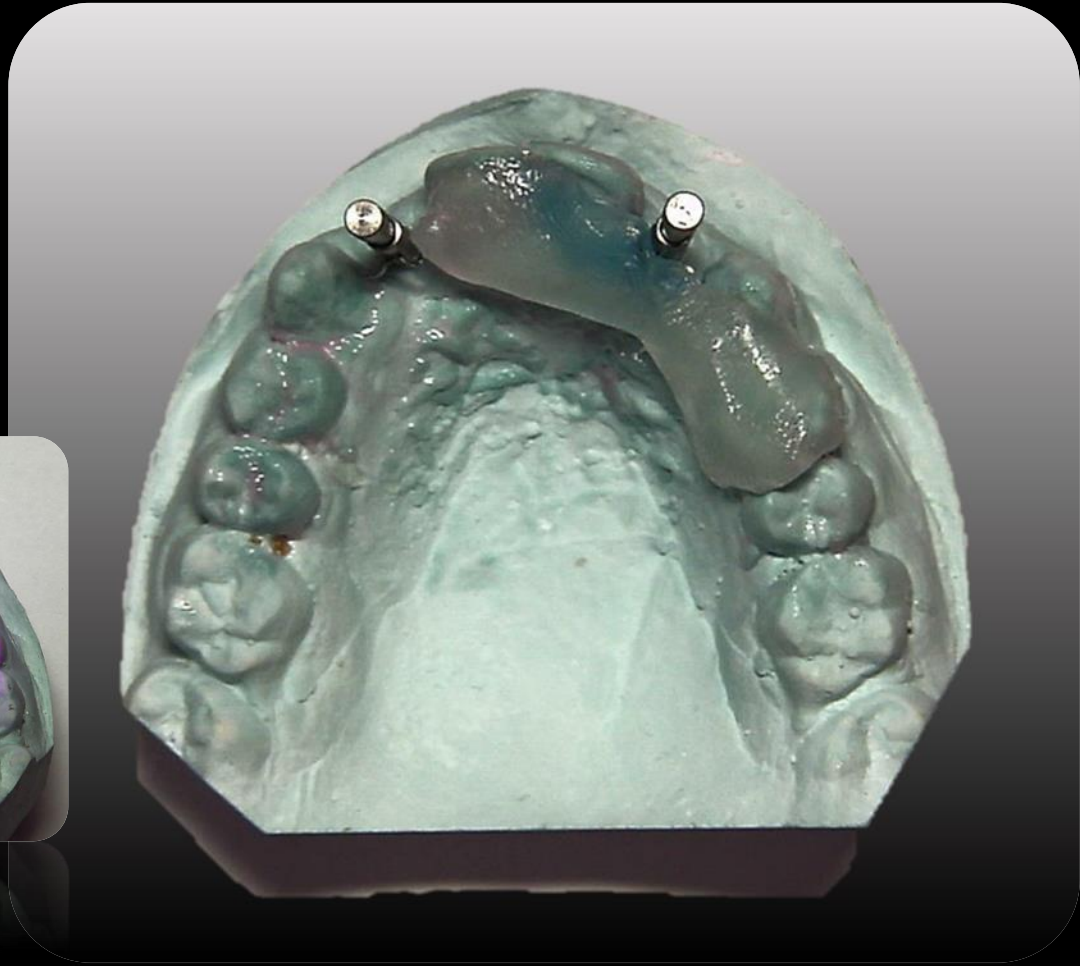
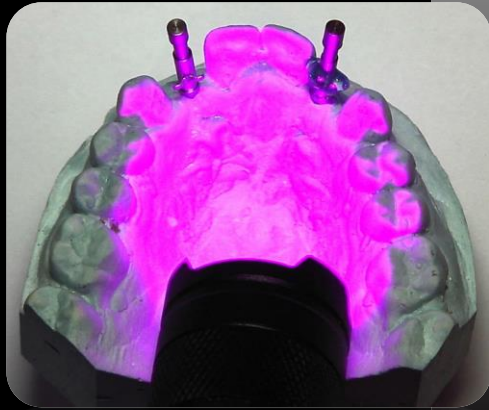
2-Piece Guide Post Upper Removable Part (URP) with Cap - 2.0mm OD



Initial addition of *primotec metablue gel* to surround & capture the Guide Sleeve cleat. The *splint material* then bonds to the *metablue gel*



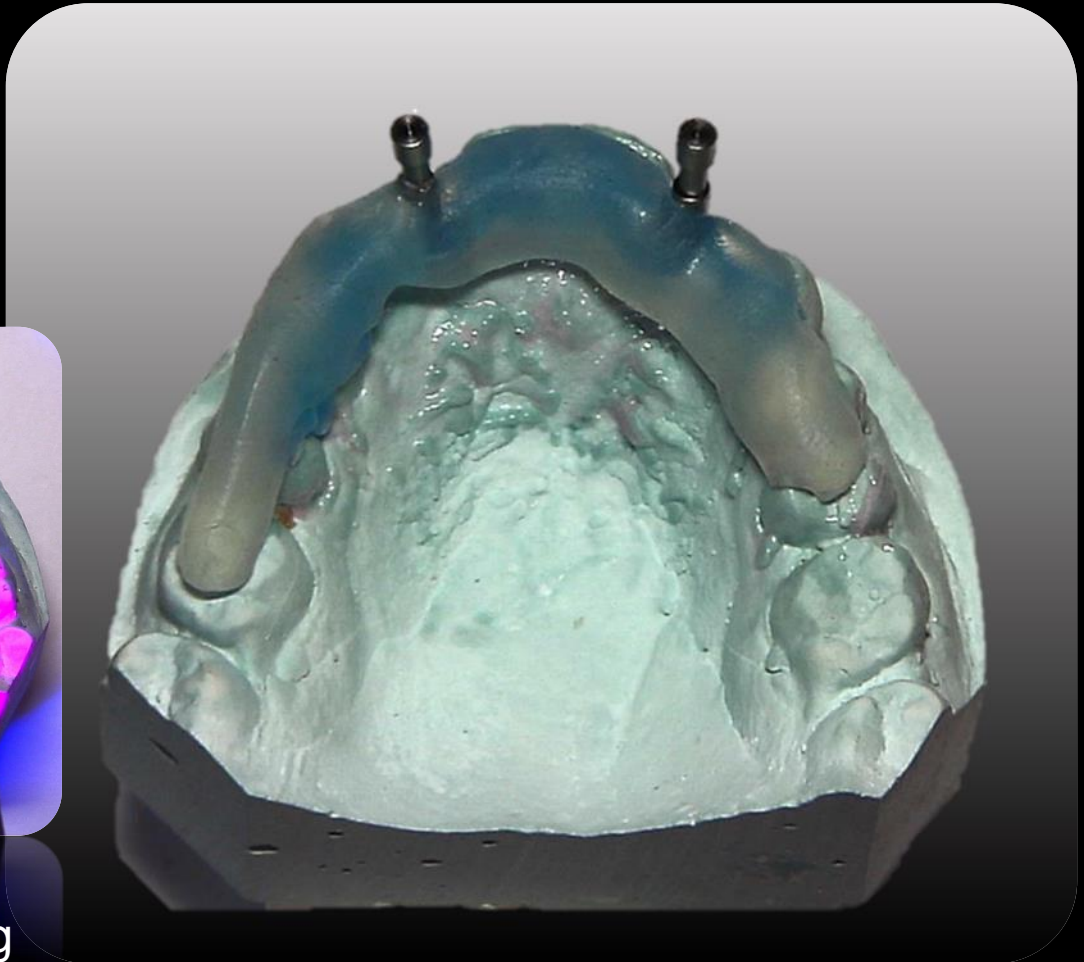
Higher magnification of the Initial addition of *primotec metablue* to capture the Guide Sleeve cleat to prevent the sleeve from rotating



Cast is re-lubricated prior to placement of *primotec splint material* to form the Diagnostic Guide & cured with a 365-500 nm UV light source



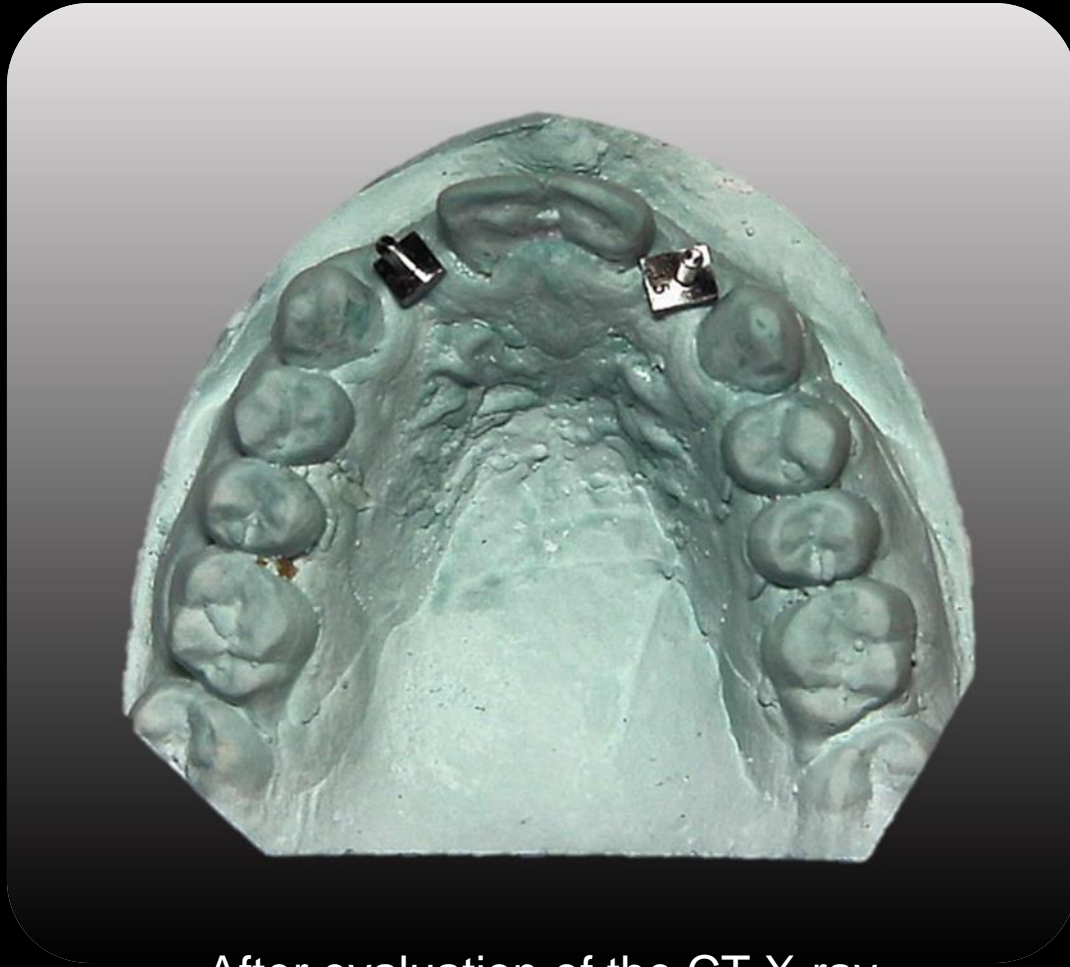
Final UV light curing



Completion of the Diagnostic Guide fabrication.



Completed & cured Diagnostic Guide



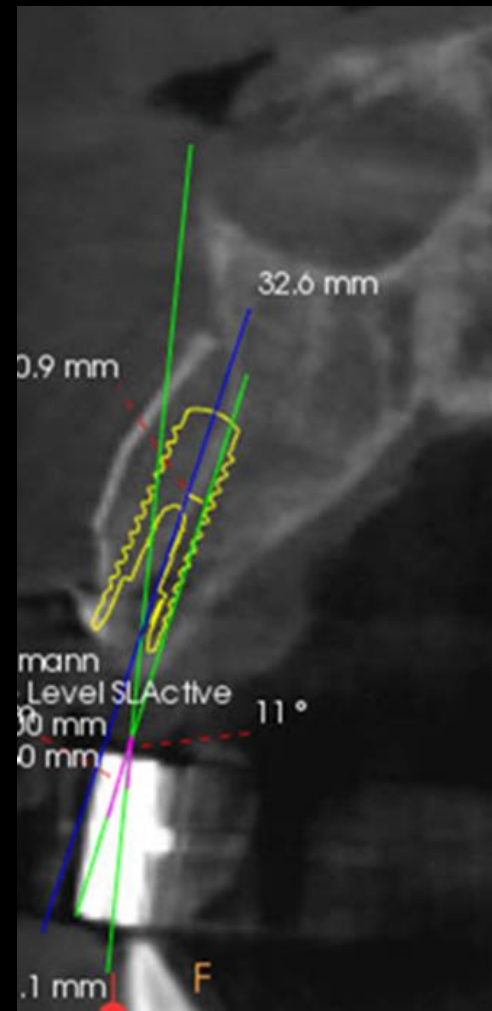
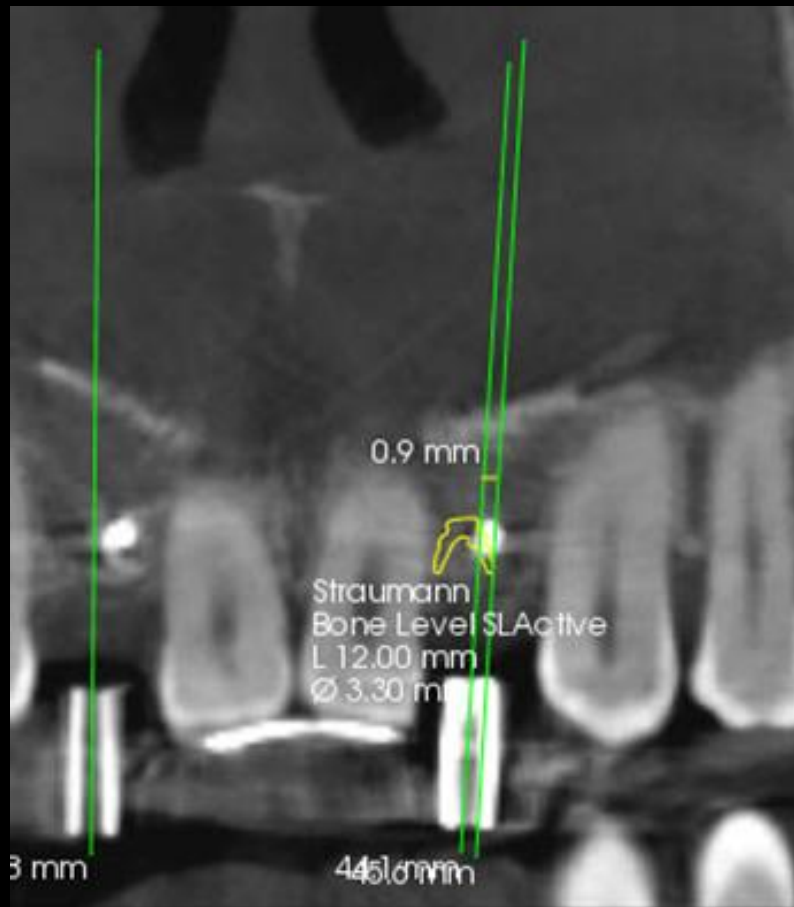
After evaluation of the CT X-ray
the angle corrected 2-piece Lower Part Offset Guide Posts are placed



#7



CT taken three months post augmentation with Diagnostic Guide in place



10

CT taken three months post augmentation with Diagnostic Guide in place

This case was augmented with OsteoGen® & Infuse™ Bone Graft prior to taking the CT with the Diagnostic Guide in place

The titanium mesh is visible in the CT images taken 4 months after the augmentation was completed.



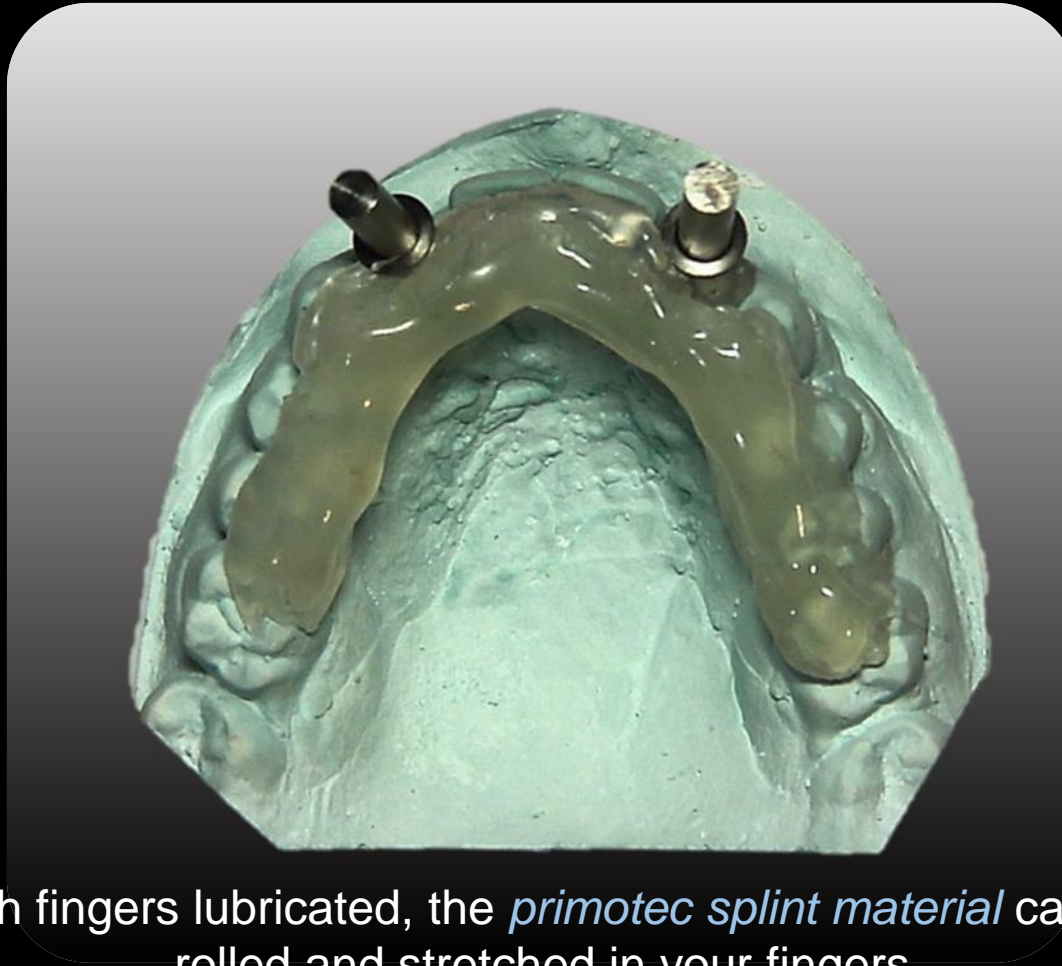
The placement of 2-Piece 3.9mm Upper Removable Parts (URP) is followed by placement of 3.9mm or 4mm Guide Sleeves



4.0mm Guide Sleeves with lip & cleats positioned to lingual on the corrected guide posts (lower parts)

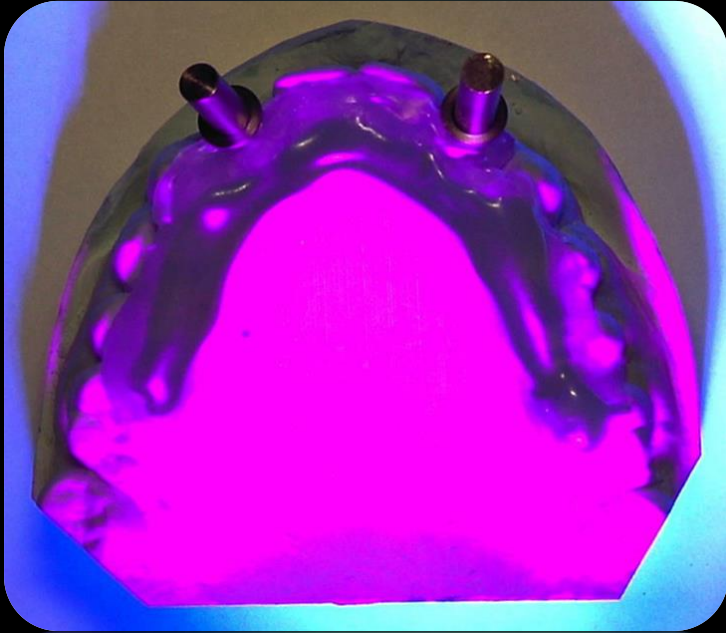


The cast is again lubricated with *metatouch separating media*
The guide is developed by first flowing the *primotec metablue*
to capture the cleats on the palatal surfaces



With fingers lubricated, the *primotec splint material* can be rolled and stretched in your fingers & applied to the lubricated cast with the *cured metablue captured cleat* to complete the development of the Surgical Guide.

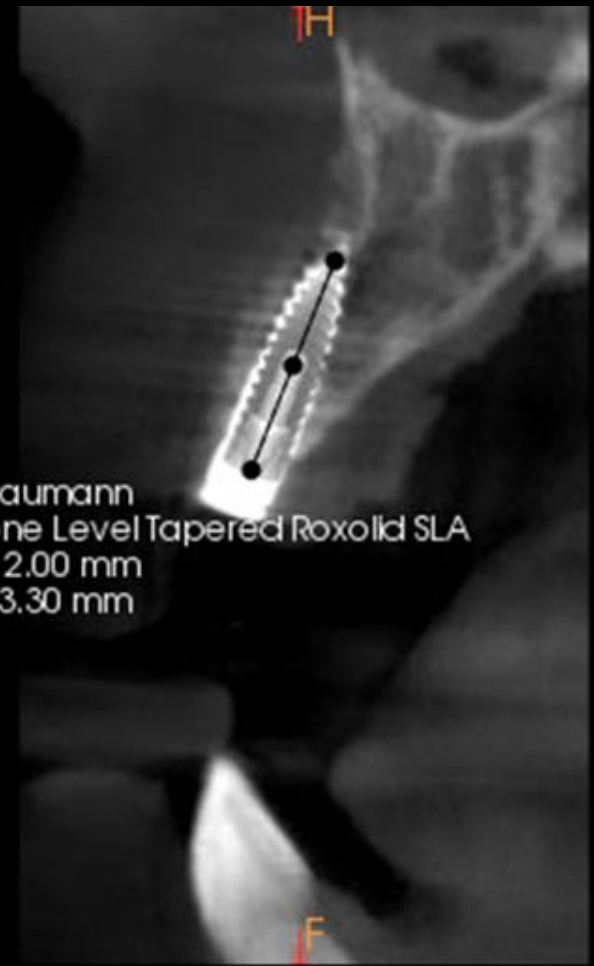
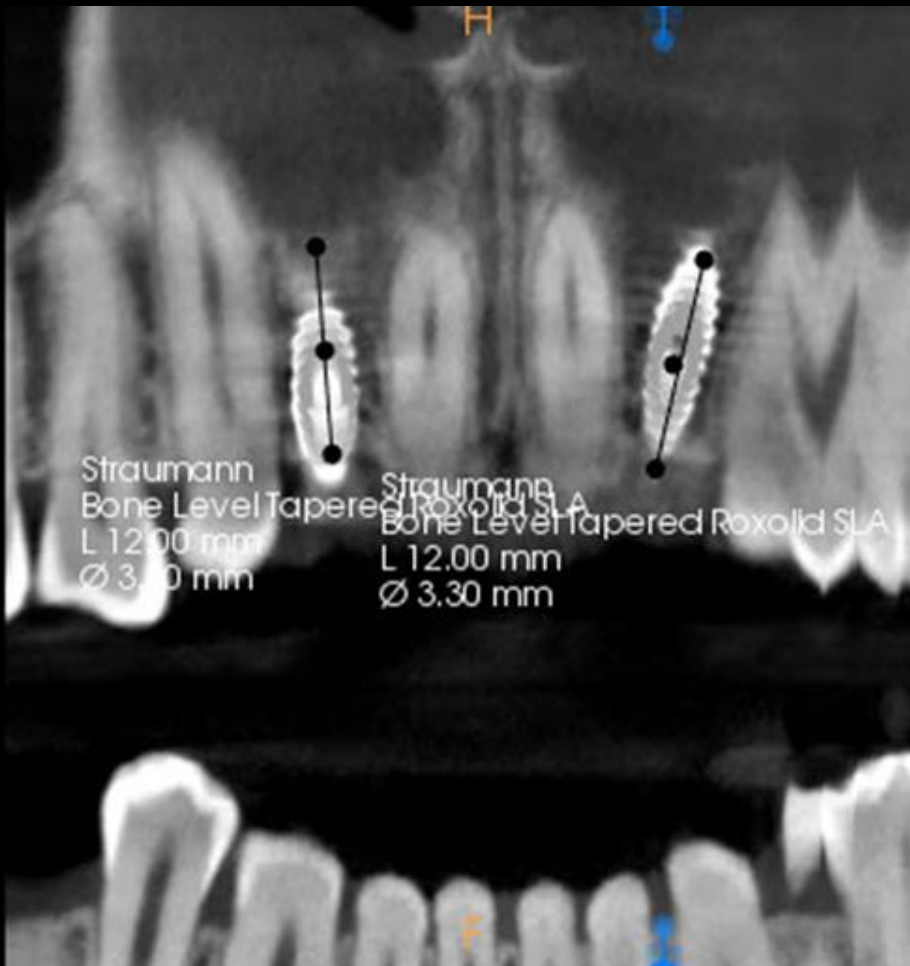
** One inch of the *splint material* can be stretched to 2.5 inches



UV light cured



Completion of the Surgical Guide



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Post Surgical CT of Implant Placement

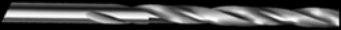



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Post Surgical CT of Implant Placement

Guide Right™ Components used in Case 1

www.deplaque.com

- 3/32" drill 
- 2mm Thin-walled Diagnostic Guide Sleeve - With Cleat 
- 2-Piece Guide Post Upper Removable Part (URP) with Cap - 2.0mm OD 
- 3mm Diagnostic Guide Post 
- 2mm Guide Sleeve 
- 2-Piece Lower Part Offset Guide Posts 
- 2-Piece 3.9mm Upper Removable Part (URP) 
- 3.9mm or 4mm Guide Sleeve with lip & cleat 
- Hand Held 365 nm UV light [available on e-Bay](#)



Case 2

Initial cast with temporary partial denture in place to help with the placement of the Diagnostic Guide Sleeves



A *vacuform shell* is made over the cast with *removable partial denture* in place



The vacuform shell is used as a *diagnostic set up* when placed on the cast of the patient without the partial denture in place.



3/32" holes drilled through the vacuform shell of the cast indicating the preliminary planned implant osteotomies in the cingulum areas



Undercuts may need to be blocked out before the cast is lubricated with Primotec *metatouch separating media*



3/32" holes drilled
to indicate the planned implant axis for the implant osteotomies



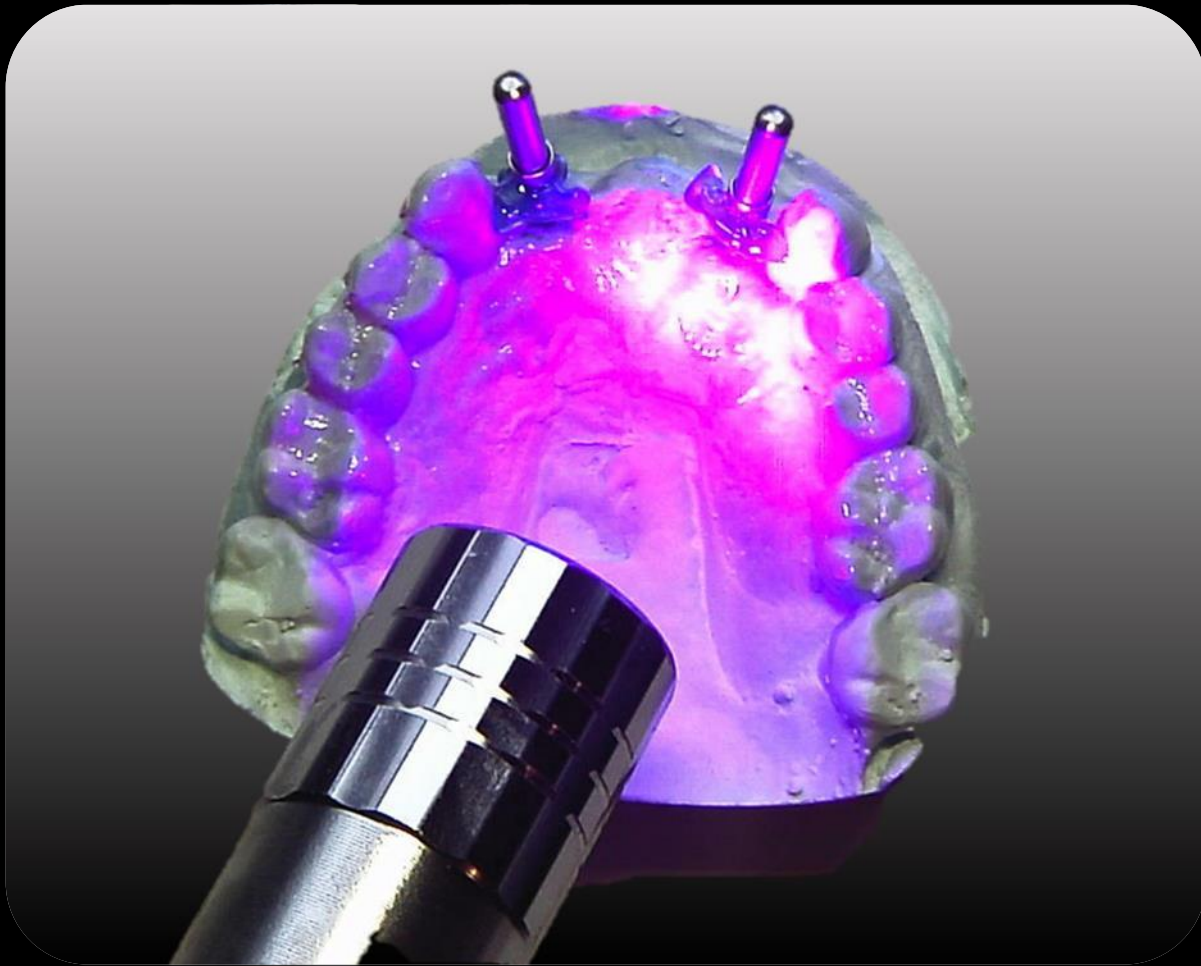
3mm Guide Posts & 3mm Guide Sleeves with the cleats positioned palatally to form Diagnostic Guide



primotec metablue LC gel
is used to capture the retention cleats
(any of the Primotec gel products can be used)



First application of the primotec *metablue* light cured gel applied to capture the Guide Sleeve retention cleats



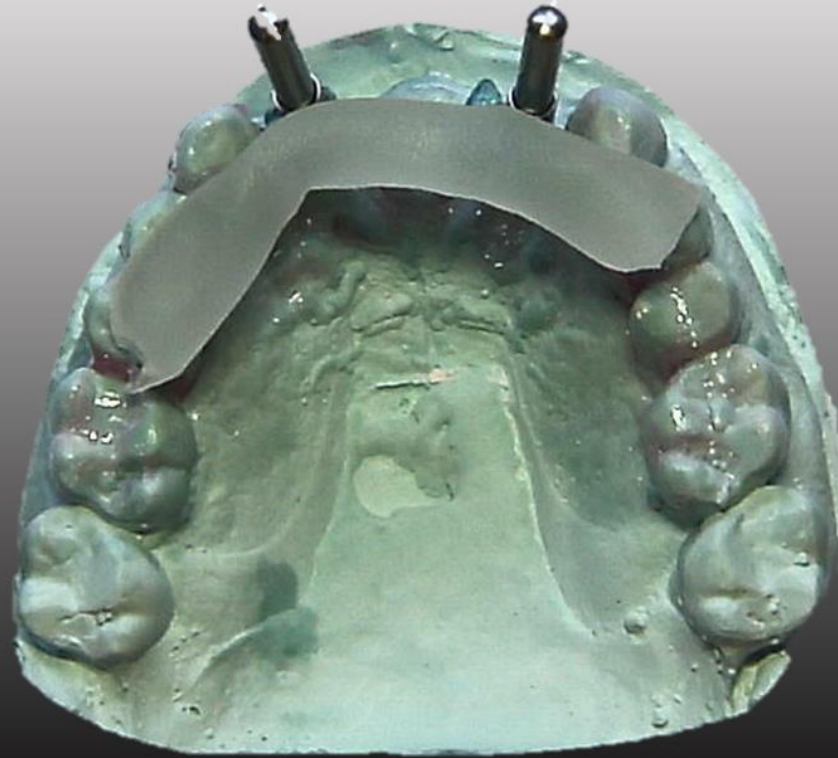
Curing the initial application of the primotec *metablue* gel
with hand held 365 nm UV light
available on e-Bay



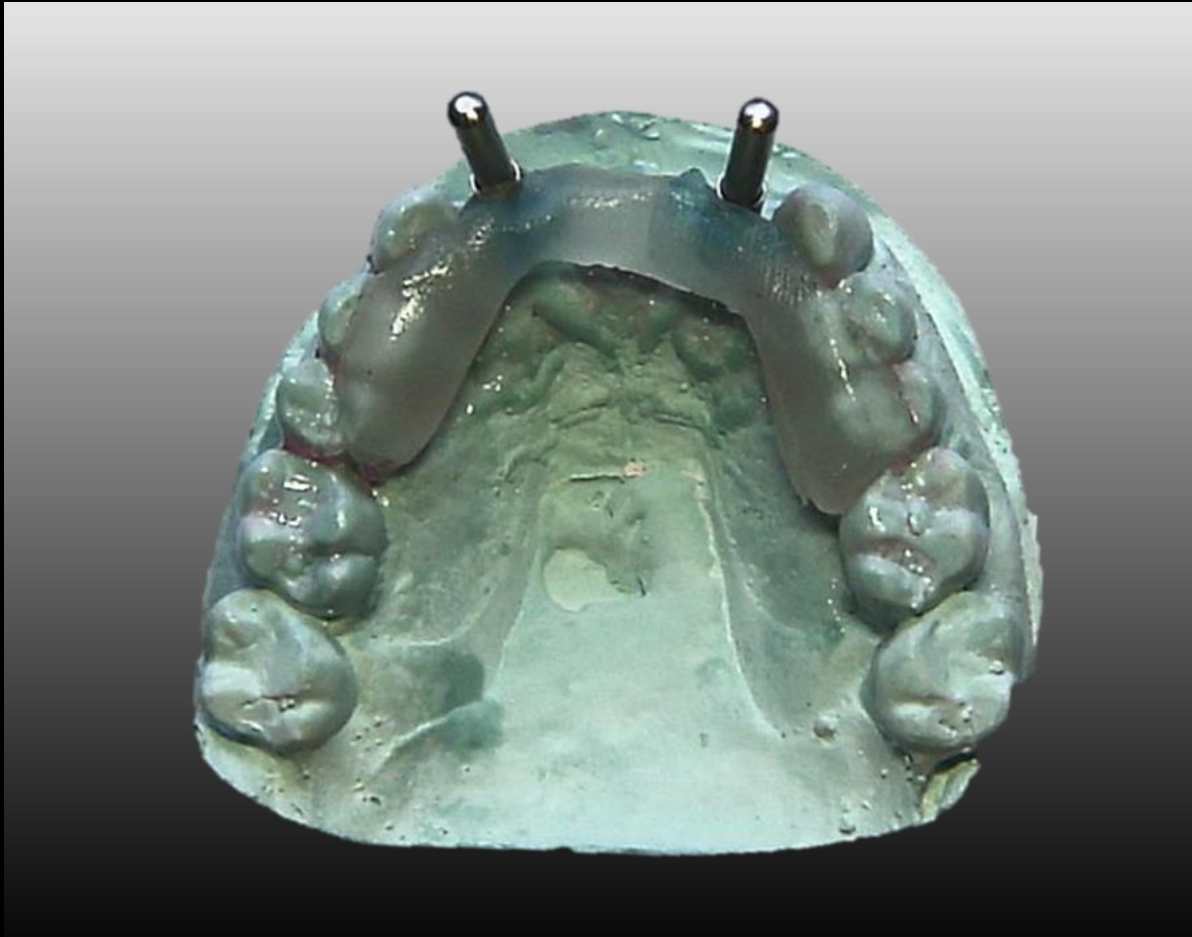
Application of additional *metablue* to capture cleat on the Surgical Guide Sleeve



Higher magnification of *metablue* application
which **must be cured for a minute before application of the** *splint material*



Application of one inch of *primotec splint material* after working it out by stretching



primotec *splint* is manipulated with fingers and pressed onto the *metablue* and the adjacent lubricated teeth

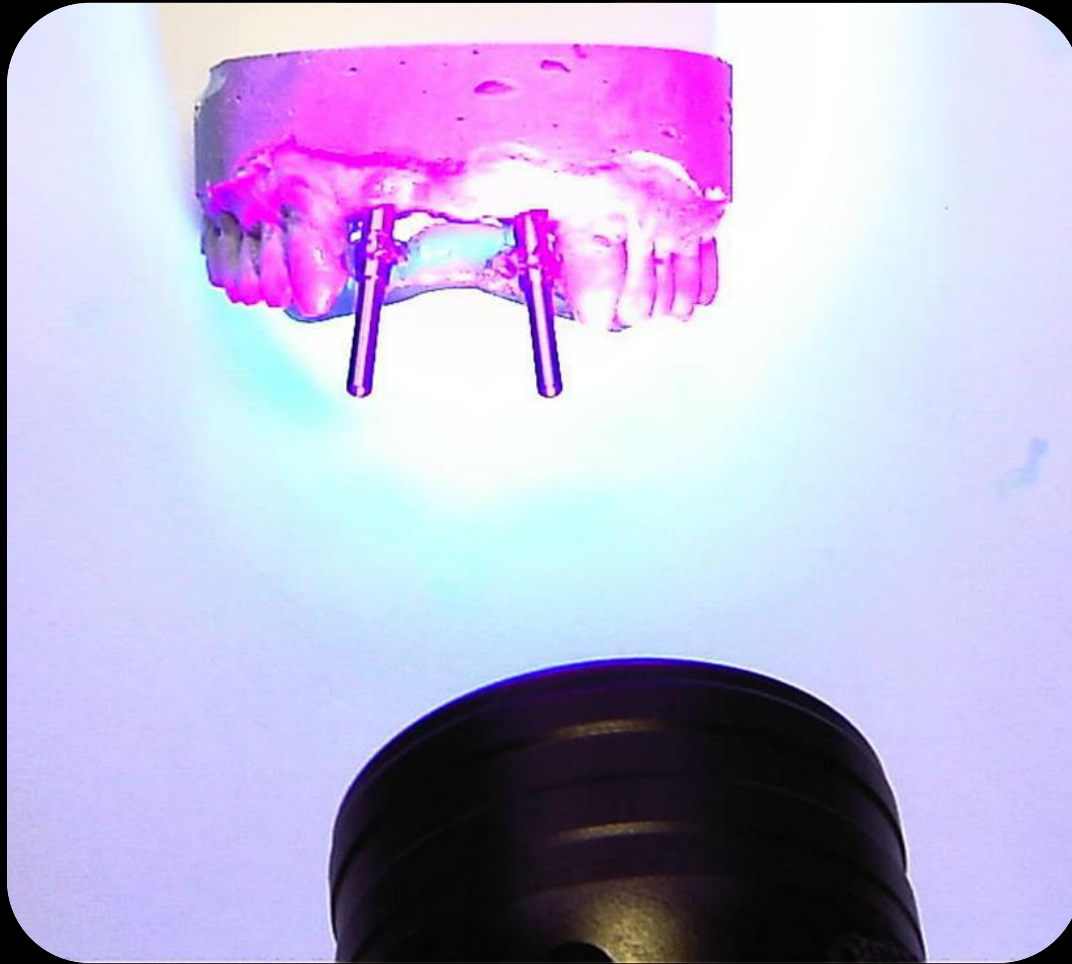


Anterior view of the application of the *primotec splint material*



Initial curing of the Diagnostic Guide
UV light application for one minute

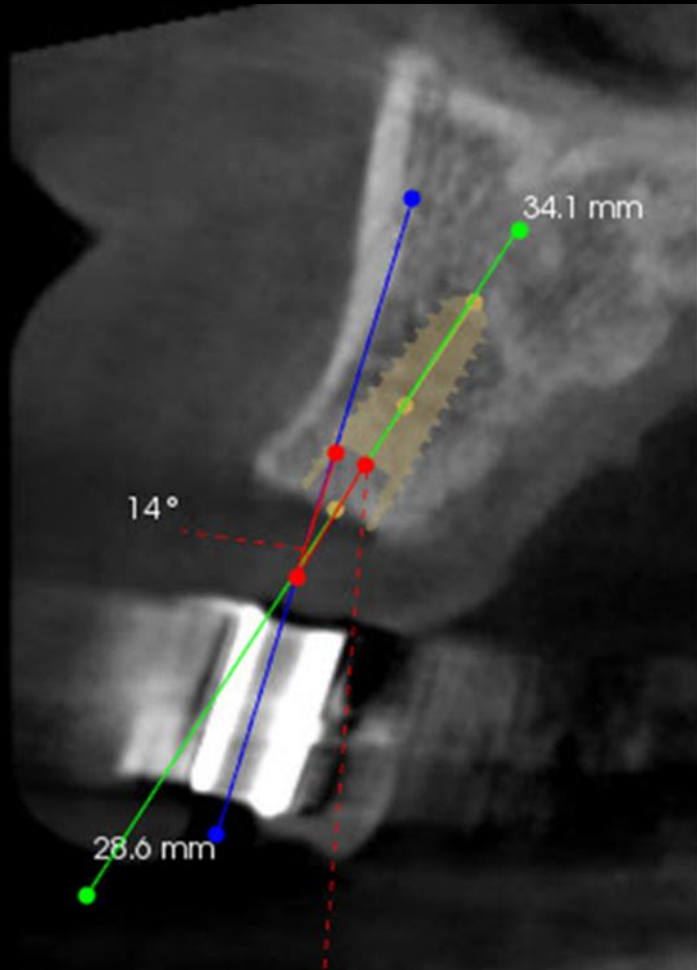




Final 5 minute cure
with a Gator Cable 365 nm UV light

RECOMMENDED CURING UNITS:

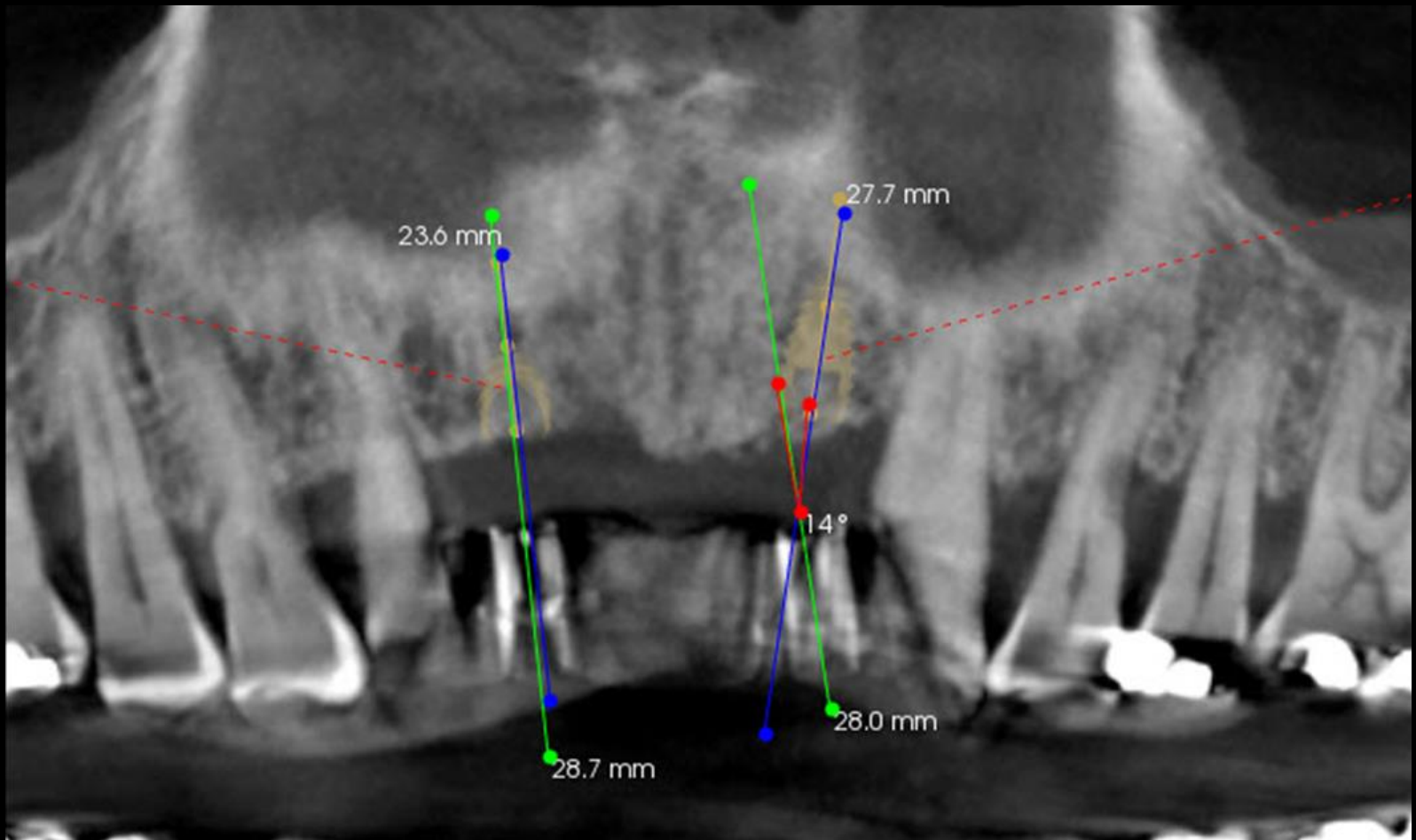
- Gator Cable 365-500 nm UV light or other UV light - on Ebay
- Maxi Light - www.practicon.com
- Light curing units - www.primotec.com



#7
14° buccal correction



#10
no correction in bucco-lingual direction



#7

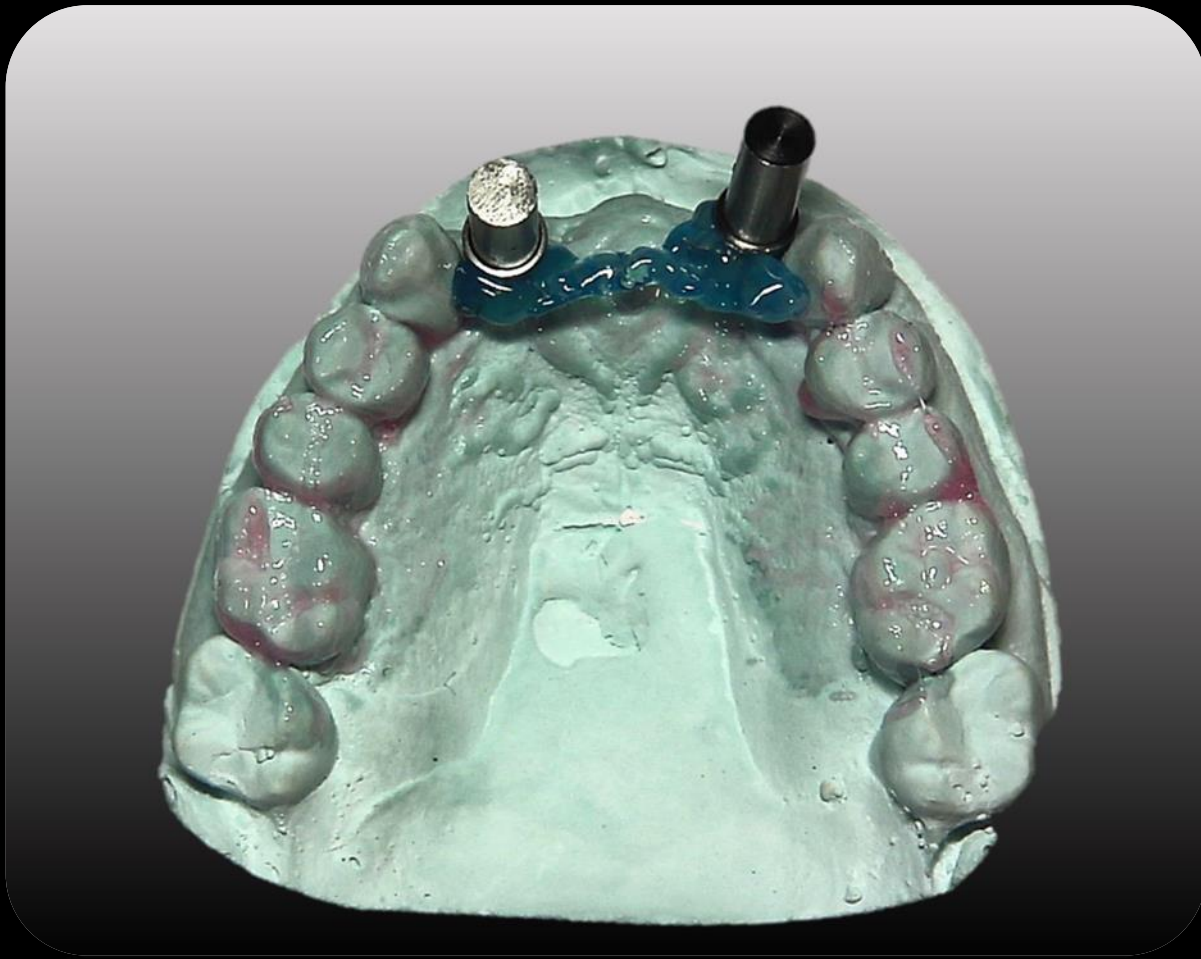
no change mesio-distal

#10

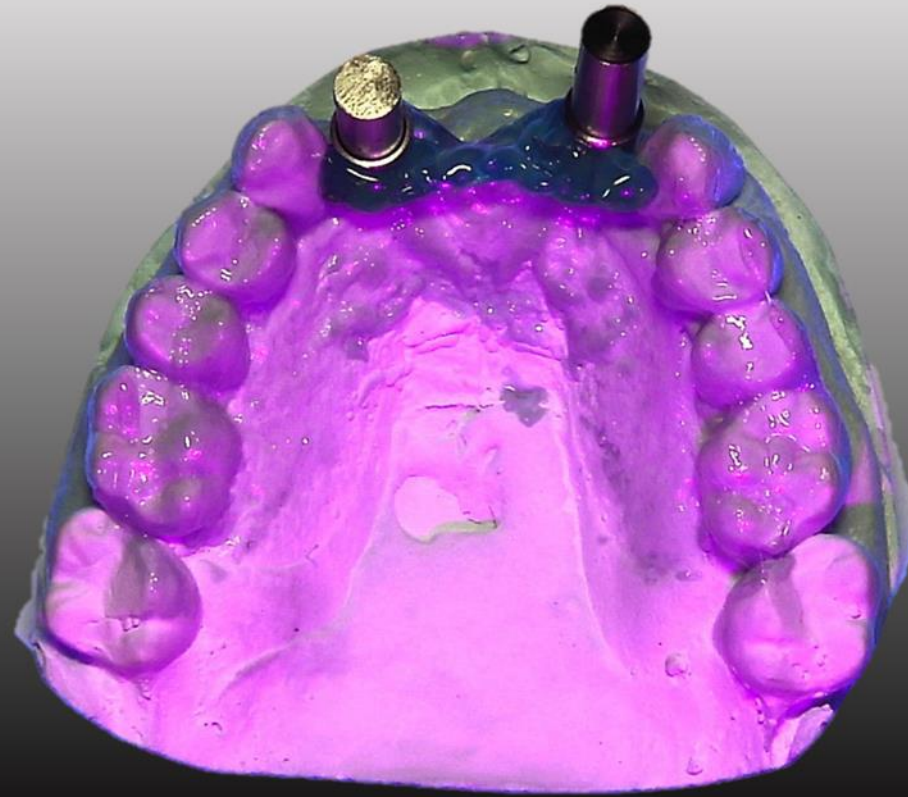
requires a 14° correction mesio-distally



After the linear/angle positioning corrections are made
5mm Upper Removable Guide Posts Parts (URP) & 5mm Guide Sleeves are placed
Cast is re-lubricated with *metatouch lubricant*
metablue resin is added to capture the cleats & cured
before adding the *splint* to form the Surgical Guide.



Additional resin application
to bridge the two sleeves and prevent rotation of the guide sleeves



Quick 1 minute initial curing of the *metablue resin*
with 365 nm UV light



Adding *primotec splint* after stretching & molding it with your fingers lubricated with *metatouch lubricant*



Trim the Surgical Guide
to eliminate any flash extending over the ends of the guide sleeves

Guide Right™ PRODUCTS Used in Case 2

www.deplaque.com

