**General Information**

The Hahn Tapered Implant System consists of dental implants, prosthetic components, surgical instrumentation, and related accessories for use by qualified, licensed clinicians and laboratory technicians fully trained in their application.

For specific product identification and contents, please refer to individual product labels and the following catalog:

- Hahn Tapered Implant System Product Catalog (MKT 1297)
- Hahn Tapered Implant Guided Surgery System Surgical Manual (UM 6539)
- Hahn Tapered Implant System Restorative Manual (UM 3342)

**Online Documentation**

This Instructions for Use (IFU) document has been made available for viewing or downloading in a variety of languages at hahnimplant.com/library.aspx. To retrieve this particular document, simply locate the IFU number (IFU 6538) and select the desired language.

**Compatibility**

The Hahn Tapered Implant Guided Surgery System may only be used in conjunction with Hahn Tapered Implants. Use of third-party systems is not recommended and can lead to mechanical failure and/or unsatisfactory results.

**Disclaimer of Liability**

The guidelines presented herein are not adequate to allow inexperienced clinicians to administer professional implant treatment or prosthetic dentistry, and are not intended to substitute for formal clinical or laboratory training. These devices should only be used by individuals with training and experience specific to their clinically accepted application.

Prismatik Dentalcraft, Inc. is not liable for damages resulting from treatment outside of our control. The responsibility rests with the provider.

**MRI**

The Hahn Tapered Implant System has not been evaluated for safety and compatibility in the magnetic resonance (MR) environment. It has not been tested for heating, migration, or image artifact in the MR environment. The safety of the Hahn Tapered Implant System in the MR environment is therefore unknown. Magnetic resonance imaging (MRI) scans of a patient who bears this device may result in patient injury.

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**DENTAL IMPLANTS**

**Description**

Hahn Tapered Implants are endosseous devices manufactured from titanium alloy. They are compatible with the prosthetic components and surgical instrumentation of the Hahn Tapered Implant System.

**Indications for Use**

**Tapered Implants**

Hahn Tapered Implants are indicated for use in maxillary and mandibular partially or fully edentulous cases, to support single, multiple-unit, and overdenture restorations. The implants are to be used for immediate loading only in the presence of primary stability and appropriate occlusal loading.

**Contraindications**

Hahn Tapered Implants should not be placed in patients discovered to be medically unfit for the intended treatment. Prior to clinical intervention, prospective patients must be thoroughly evaluated for all known risk factors and conditions related to oral surgical procedures and subsequent healing. Contraindications include but are not limited to:

- vascular conditions
- uncontrolled diabetes
- clotting disorders
- anticoagulant therapy
- metabolic bone disease
- chemotherapy or radiation therapy
- chronic periodontal inflammation
- insufficient soft tissue coverage
- metabolic or systemic disorders associated with wound and/or bone healing
- use of pharmaceuticals that inhibit or alter natural bone remodeling
- any disorders which inhibit a patient's ability to maintain adequate daily oral hygiene
- uncontrolled parafunctional habits
- insufficient height and/or width of bone, and insufficient interarch space

Treatment of children is not recommended until growth is finished and epiphyseal closure has occurred.

**Warnings**

- Do not reuse Hahn Tapered Implants. The reuse of such device on another patient is not recommended due to the risks of cross-contamination or infection.
- Hahn Tapered Implants may only be used for their intended purpose in accordance with general rules for dental/surgical treatment, occupational safety, and accident prevention. They must only be used for dental procedures with the restorative components they were designed for. If the indications and intended use are not clearly specified, treatment should be suspended until these considerations have been clarified.
• The following instructions are not sufficient to allow inexperienced clinicians to administer professional prosthetic dentistry. Hahn Tapered Implants, surgical instruments, and prosthetic components must only be used by dentists and surgeons with training/experience with oral surgery, prosthetic and biomechanical requirements, as well as diagnosis and preoperative planning.

• The implant site should be inspected for adequate bone by radiographs, palpations and visual examination. Determine the location of nerves and other vital structures and their proximity to the implant site before any drilling to avoid potential injury, such as permanent numbness to the lower lip and chin.

• Absolute success cannot be guaranteed. Factors such as infection, disease, and inadequate bone quality and/or quantity can result in osseointegration failures following surgery or initial osseointegration.

### Precautions

#### Surgical Procedures

Minimizing tissue damage is crucial to successful implant osseointegration. In particular, care should be taken to eliminate sources of infection, contaminants, surgical and thermal trauma. Risk of osseointegration failure increases as tissue trauma increases. For best results, please observe the following precautions:

- All drilling procedures should be performed at 2000 RPM or less under continual, copious irrigation.
- All surgical instruments used must be in good condition and should be used carefully to avoid damage to implants or other components.
- All instruments used for guided procedures should be inserted as far as possible through the guide sleeve. To allow for proper guidance, the cylindrical section of the instrument must be engaged with the guide sleeve prior to activation of a handpiece motor.
- Implants should be placed with sufficient stability; however, excessive insertion torque may result in implant fracture, or fracture or necrosis of the implant site. The proper surgical protocol should be strictly adhered to.
- Since implant components and their instruments are very small, precautions should be taken to ensure that they are not swallowed or aspirated by the patient.
- Prior to surgery, ensure that the needed components, instruments and ancillary materials are complete, functional and available in the correct quantities.

#### Prosthetic Procedures

Following successful placement of Hahn Tapered Implants, verify primary stability and appropriate occlusal loading before proceeding with the placement of a permanent or provisional prosthesis. All components that are used intraorally should be secured to prevent aspiration or swallowing. Distribution of stress is an important consideration. Care should be taken to avoid excessive loads significantly transverse to the implant axes.

### Sterility

Hahn Tapered Implants are shipped sterile. They should not be resterilized. They are for single use only, prior to the expiration date. Do not use implants if the packaging has been compromised or previously opened.

### Storage and Handling

Hahn Tapered Implants must be stored in a dry location at room temperature, in their original packaging. Hahn Tapered Implants are packaged sterile. Do not handle implant surfaces directly. Users are advised to visually inspect packaging to ensure seals and contents are intact prior to use.

### INSTRUCTIONS FOR USE — HAHN TAPERED IMPLANTS

#### Soft Tissue Preparation

**Option 1: Tissue Excision** — Following administration of anesthesia, seat the surgical guide. If applicable, secure the guide in place, using anchor pins as needed. Select the Tissue Punch with a diameter matching that of the prescribed implant. With copious irrigation, drill until the Tissue Punch meets the bone. Remove the circular patch of soft tissue.

**Option 2: Tissue Reflection** — Following administration of anesthesia, make an incision designed for elevation of a flap. Perform alveoloplasty on the crest of the ridge, if needed, to create a more even plane in which to place the implant. Irrigation should be used for all modifications of the bone. Seat the surgical guide; secure the guide in place with anchor pins, if applicable.

#### Site Preparation

**Step 1: Alignment Drill** — Select the Alignment Drill with a diameter matching that of the implant. With copious irrigation, perforate the alveolar crest.

**NOTE:** If placing a Hahn Tapered Implant that is 3.0 mm in diameter, proceed to **Step 3: Shaping Drill**.

**Step 2: Pilot Drill (for Ø3.5 mm – Ø5.0 mm implants)** — If placing a Hahn Tapered Implant that is 3.5 mm in diameter or greater, Pilot Drills are used to deepen the osteotomy. Each Pilot Drill is labeled according to the diameter of implant for which it is intended to be used. Pilot Drills are available in three lengths: A (8 mm), B (10 mm), C (13 mm). Select the desired Pilot Drill, accounting for the size of the implant to be placed, taking care not to exceed the length of the implant. With copious irrigation, drill a pilot hole to depth.

**Step 3: Shaping Drill** — Each Shaping Drill is both diameter- and length-specific, to match the size of the prescribed implant. Osteotomy depth may be increased incrementally, beginning with shorter drill lengths, provided sufficient depth is achieved with the final drill. Select the desired Shaping Drill, accounting for bone density and the size of the implant to be placed, taking care not to exceed the length of the implant. With copious irrigation, drill to depth. The final drill should correspond with the matching implant size, with the goal of achieving high primary stability upon implant placement.

**Step 4: (Optional) Dense Bone Shaping Drill** — If indicated by the presence of dense bone, select the Dense Bone Shaping Drill with a diameter and length matching that of the prescribed implant. With copious irrigation, drill to depth.

**Step 5: (Optional) Screw Tap** — If indicated by the presence of dense bone, select the Screw Tap with a diameter matching that of the implant. Place the tap into the prepared implant site. Apply firm pressure and begin slowly rotating the tap (25 RPM maximum). When the threads begin engaging the bone, allow the tap to feed into the site without applying additional pressure. The osteotomy should be tapped through the cortical bone. Reverse the tap out of the site.
Precautions
Prior to surgery, ensure that instruments are sterilized.
Surgical instruments are shipped non-sterile.

Sterility
Surgical instruments and surgical/restorative accessories are made out of the following materials: titanium alloy, gold alloy, polymers, and stainless steel. They are designed for use with Hahn Tapered Implants and Hahn Tapered Implant restorative components.

Warnings
Prior to surgery, ensure that instruments and accessories are complete, functional, and available in the correct quantities.

Precautions
For best results, please observe the following precautions:
- Proper surgical protocol should be strictly adhered to.
- All surgical instruments used must be in good condition and should be used carefully to avoid damage to implants or other components.
- Since implant components and their instruments are very small, precautions should be taken to ensure that they are not swallowed or aspirated by the patient.

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<td>Step 4</td>
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*Available in various sizes corresponding to implant diameter and length. Do not use any drill that exceeds the diameter or length of the prescribed implant.

**Implant Placement**

**Step 1: Implant Selection** – Remove the titanium implant holder from its packaging and place it onto a sterile field. 

**Step 2: Initial Placement** – Engage the implant connection with the appropriate Implant Mount. Fasten the assembly together with a screw (provided with the Implant Mount). With the implant securely attached to the mount, squeeze the opposing end of the holder to disengage the implant from the holder. Transport the implant to the prepared site through the guide, and insert into the osteotomy. Rotate clockwise with applied pressure to engage the self-tapping grooves.

**Step 3: Advancement and Final Seating** – Assemble the Ratchet Wrench with the Surgical Adaptor. With the implant secured to the Implant Mount, seat the adaptor atop the mount and engage the connection. Turn the wrench clockwise in increments of approximately 90 degrees. Continue threading the implant into the osteotomy site until the hex flange on the Implant Mount meets the hex of the guide sleeve. Adjust the final position of the implant by aligning the hex on the Implant Mount with the hex of the guide sleeve. This will allow the restoring clinician to take full advantage of the anatomical abutment contours and minimize the need for abutment preparation. A minimum torque value of 35 Ncm upon final seating indicates good primary stability.

**NOTE:** Do not rotate after the flange fully meets the guide sleeve and the corresponding hexes are aligned. Doing so may cause the osteotomy to strip.

**Healing Component Placement**

Following implant placement, ensure that the flats of the Implant Mount and guide sleeve are aligned. Remove the Implant Mount by unscrewing it from the implant. Then remove the surgical guide. Prepare the site for healing by placing either a Healing Abutment (single-stage surgical protocol) or the Cover Screw (two-stage surgical protocol).

**Option 1: Healing Abutment** – If observing a single-stage surgical protocol, select a Healing Abutment of the appropriate height and diameter. Thread the healing abutment into place atop the implant and finger-tighten.

**Option 2: Cover Screw** – If observing a two-stage surgical protocol, thread the Cover Screw into place atop the implant and finger-tighten.

**Closure and Suturing**

If the soft tissue was reflected, close and suture the flap utilizing the desired technique. Take a postoperative radiograph to use as a baseline, and advise the patient as to the recommended postoperative procedures.

**Second-Stage Uncovery (Two-Stage Surgical Protocol)**

Following the appropriate healing period, make a small incision in the gingiva over the implant site to expose the Cover Screw. Remove the Cover Screw, and place a healing abutment or temporary abutment of the appropriate height and diameter.

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**SURGICAL INSTRUMENTS**

- **Description**
  Hahn Tapered Implant surgical instruments and surgical/restorative accessories are made out of the following materials: titanium alloy, gold alloy, polymers, and stainless steel. They are designed for use with Hahn Tapered Implants and Hahn Tapered Implant restorative components.

- **Sterility**
  Surgical instruments are shipped non-sterile. Surgical tray and instruments must be cleaned, disinfected, and sterilized prior to clinical use, according to a validated method as per the ANSI/AAMI/ISO 17665-1.

- **Warnings**
  Prior to surgery, ensure that instruments and accessories are complete, functional, and available in the correct quantities.

- **Precautions**
  For best results, please observe the following precautions:
  - Proper surgical protocol should be strictly adhered to.
  - All surgical instruments used must be in good condition and should be used carefully to avoid damage to implants or other components.
  - Since implant components and their instruments are very small, precautions should be taken to ensure that they are not swallowed or aspirated by the patient.
## SYMBOLS

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