

MAIN CHARACTERISTICS SUBPERIOSTEAL IMPLANTS

IMPLANT STRUCTURES

- Manufactured with Titanium grade XXIII (23).

Grade XXIII (23) titanium is very similar to grade V (5) titanium, except that grade XXIII (23) has less oxygen, nitrogen and iron. This makes the alloy more ductile and has better fracture toughness.

Grade XXIII (23) titanium, with its added palladium content, offers superior corrosion resistance to Ti Grade V (5). This makes it an excellent choice for medical implants, where resistance to body fluids and corrosion is crucial.

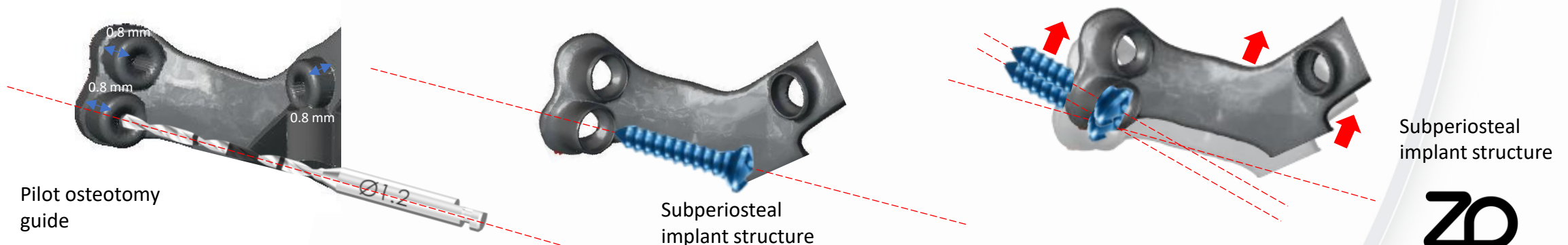


OSTEOTOMY GUIDE

- Designed with pilot screw holes.

The osteotomy guide screw holes have a piloted insertion design that protrudes from the guide by 0.8mm. This design obligate the pilot drill to be inserted in a certain direction, which is the direction the screws were planned by the engineers.

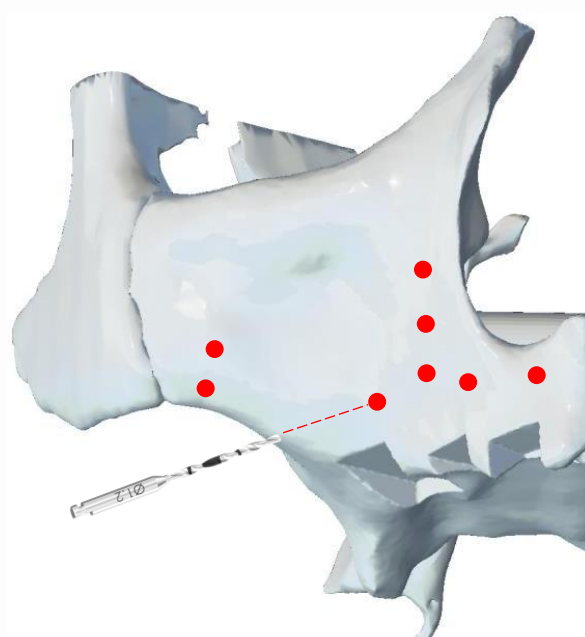
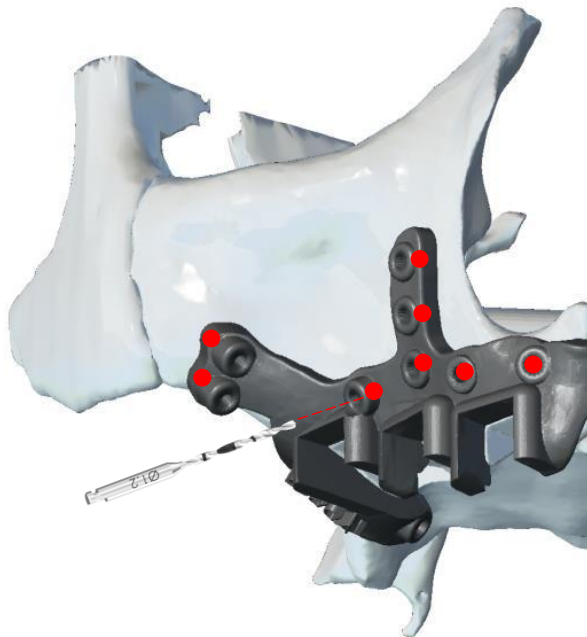
With this design the screws will never be introduced in a direction different from the planned one and will not affect dangerous anatomical spaces, moreover the implant structures will be positioned in the planned position, since an incorrect drilling facilitates the incorrect direction of the osteotomy screws and a possible displacement of the implant structures.



OSTEOTOMY GUIDE

- Designed with all the screw holes of the structures.

The osteotomy guide includes all screw access holes corresponding to the implant framework structures. Once the osteotomy guide is removed, all screw sites will be pre-drilled. When positioning the implant structures, the osteotomies will align centrally within the corresponding framework screw holes.

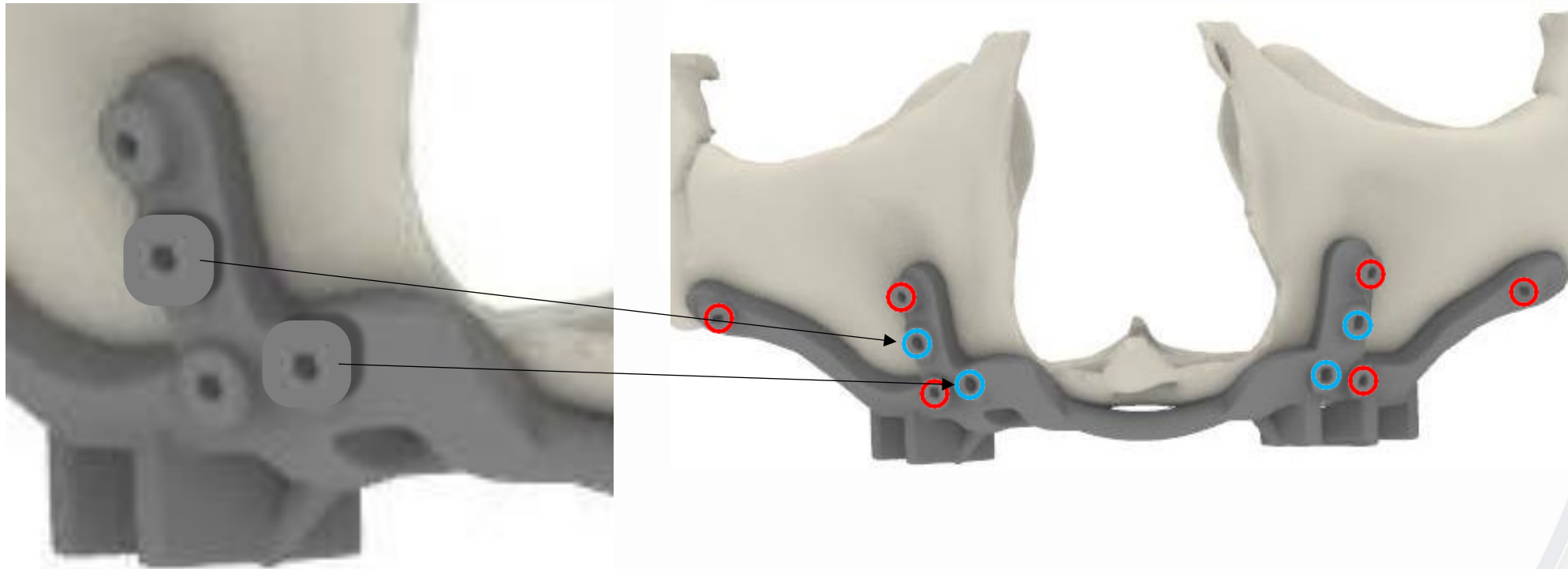


OSTEOTOMY GUIDE

- Identification of the guide fixation pilot holes versus the fixation holes of the implant structures.

Squares: Guide fixation holes, 1.5 × 9 mm screws.

Circles: Subperiosteal implant fixation holes, 2.0 mm screws.

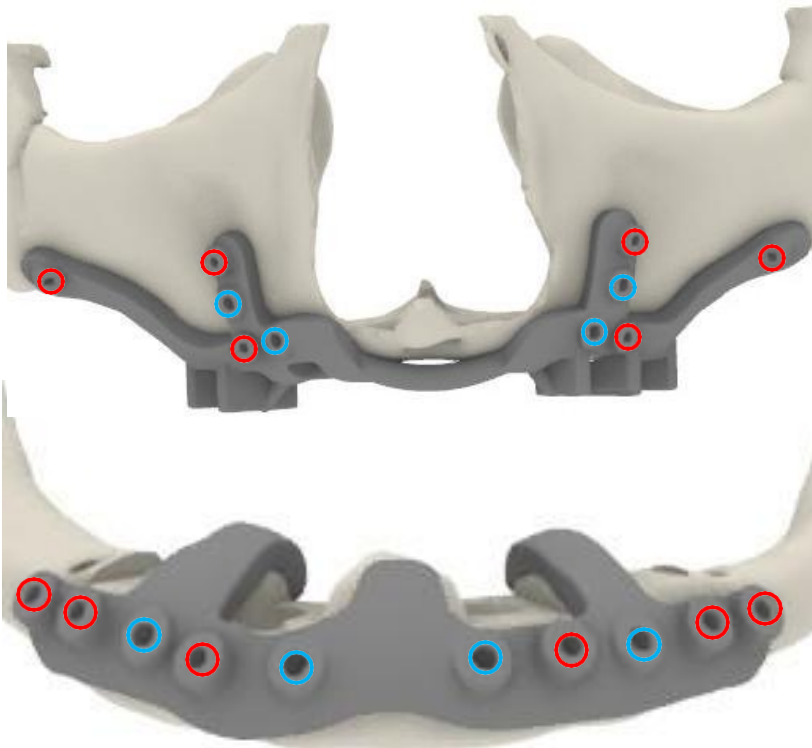


OSTEOTOMY GUIDE

- Pilot holes of the osteotomy guide adapted to the maxilla.

Pilot drill Ø 1.2 mm for the maxilla and Ø 1.4 mm for the mandible.

Drilling depth according to bone quality and the length of the osteosynthesis screw.



MAXILLARY OSTEOSYNTHESIS DRILL



MANDIBULAR OSTEOSYNTHESIS DRILL



OSTEOTOMY GUIDE

- Drawer design.

The drawers of the guide are designed for correct positioning of the arms of the implant structures. The arms are 5mm, on each side of the drawers 1mm is added to allow the arms to be positioned correctly as the drill cannot reach the right angle of the drawers.

- Enlarged vestibular step.

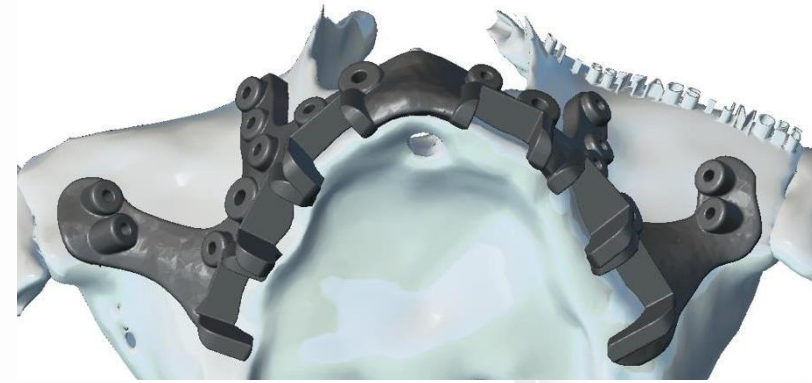
A larger vestibular step is designed to provide a support point for the osteotomy reamer, so that the cut is parallel to the guide and the arms of the structures will passively seat to the bone.



OSTEOTOMY GUIDE

- Macro osteotomy guide.

The macro structure fits the osteotomy guide to verify correct osteotomies of the drawers. If the macro fits, the osteotomies are correct, if they do not fit the osteotomies should be improved.



OSTEOTOMY REAMER

- 2.0 mm diameter milling cutter.

Special 2.0 mm tungsten carbide bur for horizontal cutting, for a correct osteotomy that allows to reach the angles of the drawers of the osteotomy guide.



IMPLANT STRUCTURES

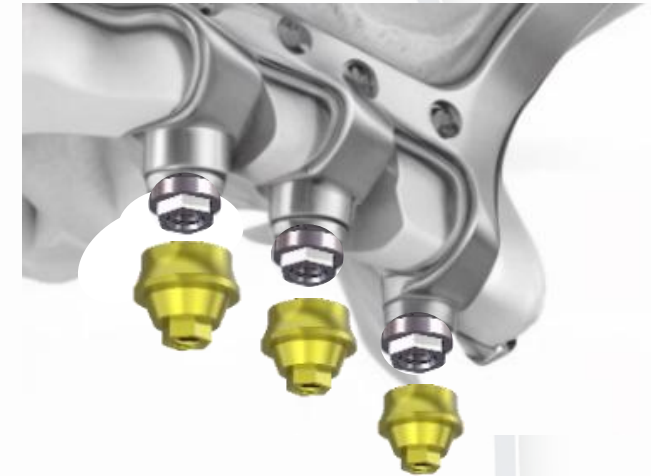
- Implant connections.

Subperiosteal implant frameworks can be fabricated with Multi-unit abutment connections or external hex connection (Branemark RP) in order to be able to screw Multi-unit abutments.

- Yellow nitrided Multi-Unit abutments.

Antibacterial gold coating reduces wear, increases screw retention and improves esthetics.

Preservation of titanium biocompatibility and gingival integration.



External hex implant connection



Multi-unit abutment implants connections

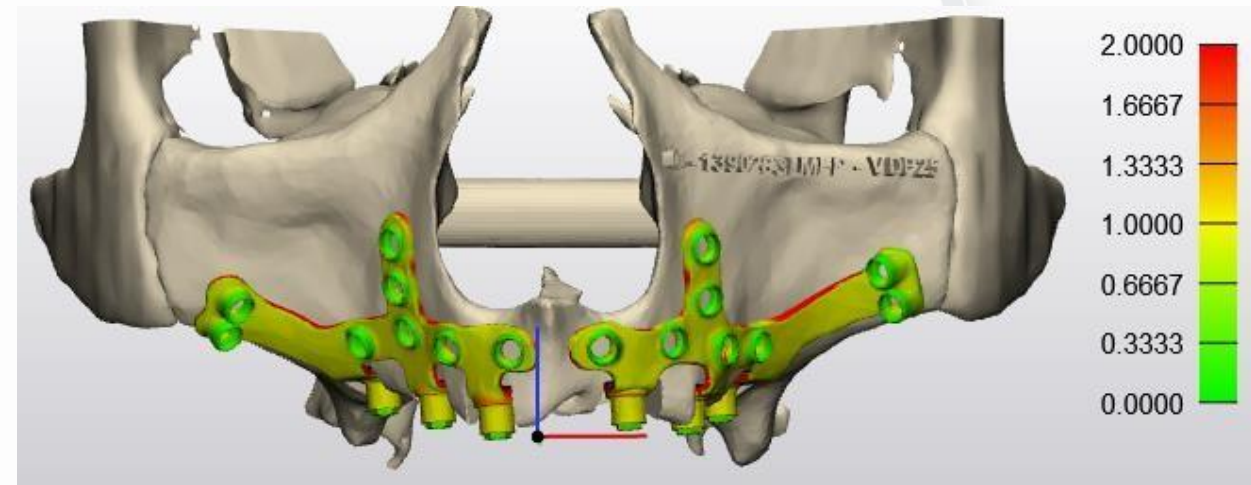
IMPLANT STRUCTURES

- Thickness of 0.8mm.

The structures are manufactured with a maximum thickness of 0.8 mm to eliminate possible future exposures and guaranteed in the final surgical report in color, green 0.8 mm.

- Flush screws.

The structures are designed with flushes for the heads of the osteotomy screws, the flush is designed according to the screw angle to eliminate possible exposures.



CT CAPTURE

- Clinical CT Cone Beam can be used.

CT Cone Beam, thanks to the use of artificial intelligence post-processing, facilitates the conversion of Dicom files into high quality and reliable 3D images.



KUNE IMPLANTS ENGINEERS

- Engineers specialized and trained in craniofacial and maxillofacial.

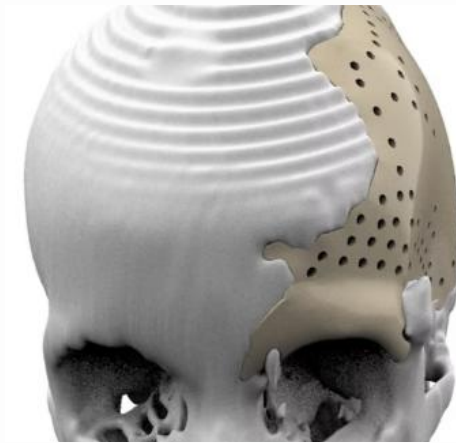
Kune implants are specialists in craniofacial and maxillofacial treatments, so their engineers have a high level of knowledge, substantially improving the planning of subperiosteal implants.
<https://www.kuneimplants.com/>.

- Revision in remote control.

The medical professional or prescriber can request a remote control meeting to visualize in detail the planning made by the engineers, to make improvements or simply to verify in more detail the suggested planning.



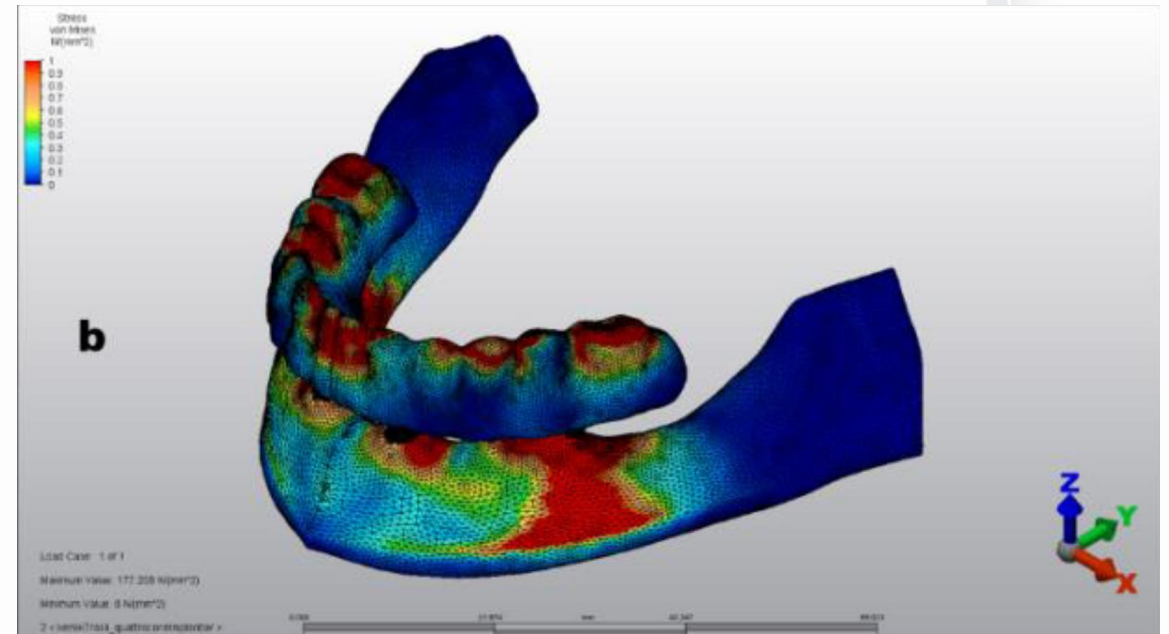
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4p
surgical GUIDES

- Finite element study.

Kune implants performs during the entire planning and design process of subperiosteal implants, finite element studies to detect deficiencies and weak points, with the objective of making small modifications and eliminating failures in the medium and long term.



SURGICAL REPORT

- Extensive surgical report.

Kune Implants engineers a comprehensive and extensive surgical report of approximately 25 to 30 pages to perform a successful surgery.

Informe Quirúrgico Final
Nº 03 - 897TACS - JMO25
Versión: V01

Contenido					
Ida	PSI Solution	Referencia	Descripción	Materia	Previsualización
1	SI - L	03 - 897TACS - JMO25	Implante Subperióstico Izquierdo	T-6A-4V	
1	SI - R	03 - 897TACS - JMO25	Implante Subperióstico Derecho	T-6A-4V	
1	SG - O	02 - 897TACS - JMO25	Guía Quirúrgica de Osteotomía Maxilar	Poliamida	
1	SG - P	02 - 897TACS - JMO25	Guía Quirúrgica de Compensación de Osteotomía Maxilar	Poliamida	
1	Biomodelo	01 - 897TACS - JMO25	Biomodelo Anatómico	Poliamida	
1	Biomodelo	01 - 897TACS - JMO25	Biomodelo Anatómico Osteotomizado	Poliamida	

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CONFIDENCIAL

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Informe Quirúrgico Final
Nº 03 - 897TACS - JMO25

Informe número	03 - 897TACS - JMO25
Nombre del paciente	Antonia Cerda Suau
Nombre del médico	Jose M. Orgaz
Hospital / Clínica	Globadent Balear
Tipo de cirugía	Cirugía Guiada de Implantes Subperiósticos

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Detalle de colocación del Implante Subperióstico - Colorimetría

Perspectiva: Mista

Plano: Coronal / Axial

Espesor: 0,8 mm

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Información de guiado quirúrgico

Desdentar al paciente, si procede, minimizando la modificación sobre la cortical externa del hueso maxilar para evitar desajustes en el posicionamiento de la guía quirúrgica posterior.

¿Cómo bloquear los subperiósticos?

ATENCIÓN!

La correcta posición de las estructuras implantológicas en el maxilar, una vez realizadas las osteotomías con las guías de corte, es uno de los factores más importantes para el éxito del tratamiento.

Se recomienda posicionarias y alomillarias presionándolas ligeramente en sentido vestibular, evitando ejercer una presión oclusal directa, ya que esto podría desviar la posición de la estructura respecto a lo planificado y diseñado.

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Diseño - Detalle Guía Quirúrgica de Osteotomía Maxilar

Nº	Diámetro (mm)	Descripción	Observaciones
1	1,5	Fijación	Oblícuo inferior
2	1,5	Fijación	Oblícuo inferior
3	1,5	Fijación	Oblícuo inferior
4	1,5	Fijación	Oblícuo inferior
5-17	1,2	DR	Fijación de referencia

Importante: En independiente utilizar la fresa de 1,2 mm (D-1274P1) en todas las inserciones de la guía quirúrgica, tanto para como axial, siguiendo el orden indicado en la tabla.

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Anatomía Osteotomizada

Perspectiva: Frontal

Plano: Coronal

Perspectiva: Inferior

Plano: Axial

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Instrumentos quirúrgicos - Guía quirúrgica de Osteotomía

TORNILLO GUÍA DE OSTEOTOMÍA

TORNILLO 1,2 mm	ALARGACIÓN	LONGITUD	REFERENCIA
	8 mm	10 mm	VAL 002

FRESA PARA TORNILLO OSTEOTOMÍAS

DIÁMETRO	COLOR	LONGITUD	LONGITUD LIT.	REFERENCIA
1,2 mm	VERDE	1,5, 5,5 + 0,4 mm	1,2 mm	D-1274P1-01

PUNTA / MANEJO AUTORETENTIVO MANUAL CONTRAÁNGULO

GRANDE	CHICA	REFERENCIA	LONGITUD	REFERENCIA
1,2 mm	1,2 mm	Punta larga 1 mm	1,2 mm	GAUT10
1,2 mm	1,2 mm	Punta corta 0,8 mm	1,2 mm	GAUT10

Material suministrado por:

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Anatomía Osteotomizada - Colorimetría

Perspectiva: Mista

Plano: Coronal / Axial

Espesor: 5 mm

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Diseño - Detalle Implante Subperióstico Derecho

Nº	Diámetro (mm)	Descripción	Longitud del tornillo (mm)
1	2,0	Fijación	6
2	2,0	Fijación	6
3	2,0	Fijación	9
4	2,0	Fijación	6
5	2,0	Fijación	11
6	2,0	Fijación	6
7	2,0	Fijación	6
8	2,0	Fijación	11
9	2,0	Fijación	9

Orden de colocación de tornillos recomendado: seguir el orden indicado en la tabla.

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NEW SURGICAL MATERIAL

- New surgery kit.

All instruments and osteotomy screws are delivered in a surgical kit, to facilitate the surgery and to have all the material grouped together.

