

Surgical Manual

Implant Placement Guide

Introduction

Welcome,

and thank you for choosing Osstem Implant products. This catalogue is designed to support dental professionals with product information, clinical workflows, and practical guidance for daily use. It is important to inform patients about the option of dental implant treatment and the potential benefits it may provide. For further information, please contact your local Osstem representative.

Important Notice

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Electronic IFU (per (EU) 2021/2226)

- Surgical Drill & KIT System is eligible for provision of electronic instructions for use (e-IFU) under Regulation (EU) 2021/2226 for professional users.
- e-IFUs are available at [website URL: ifu.osstem.com] in the official languages required by the Member State(s) where the device is placed on the market.
- The e-IFU content is consistent with the paper version; all updates are promptly reflected in both versions.
- If requested, a paper copy of the IFU will be supplied free of charge, within 7 calendar days.
- The e-IFU website maintains historical versions for traceability of all previously applicable instructions.
- Labeling on the product/package indicates the provision of e-IFU and how to access it online.

Surgical Manual | English Edition

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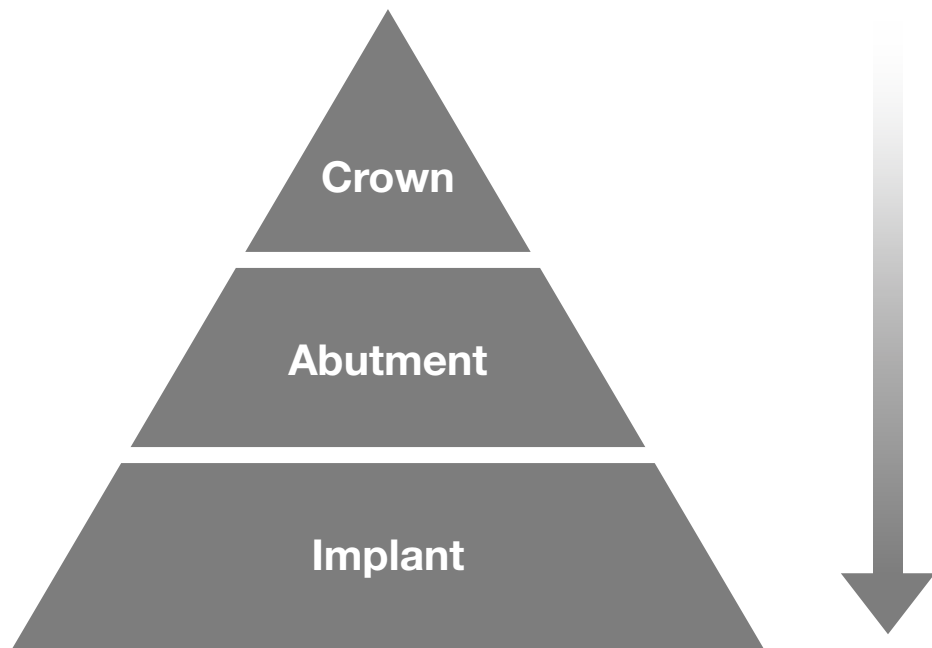
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158 00 Prague, Czech Republic

Note: *This brochure is based on the global 2021 Osstem Surgical Manual and has been visually revised and adapted for the European market. Product availability and specifications may vary by country and are subject to change without notice. Images are for illustrative purposes only. For professional use only.*

Implant Placement Guide

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Implant Placement



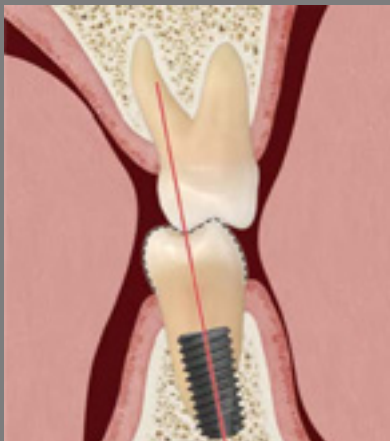
It is important to begin with planning the final prosthesis, and then lay out an Implant Treatment plan that takes the position and shape of the final prosthesis into consideration.

The implant's ideal placement position is crucial for fabricating a functional and natural-looking prosthesis.

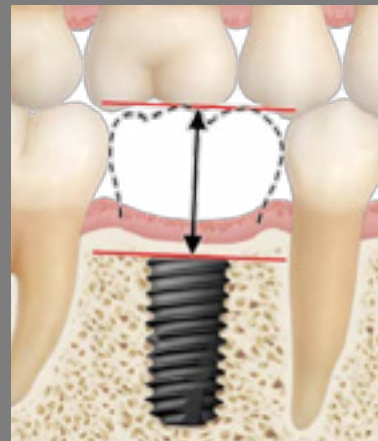
1. Placement position



2. Placement angle



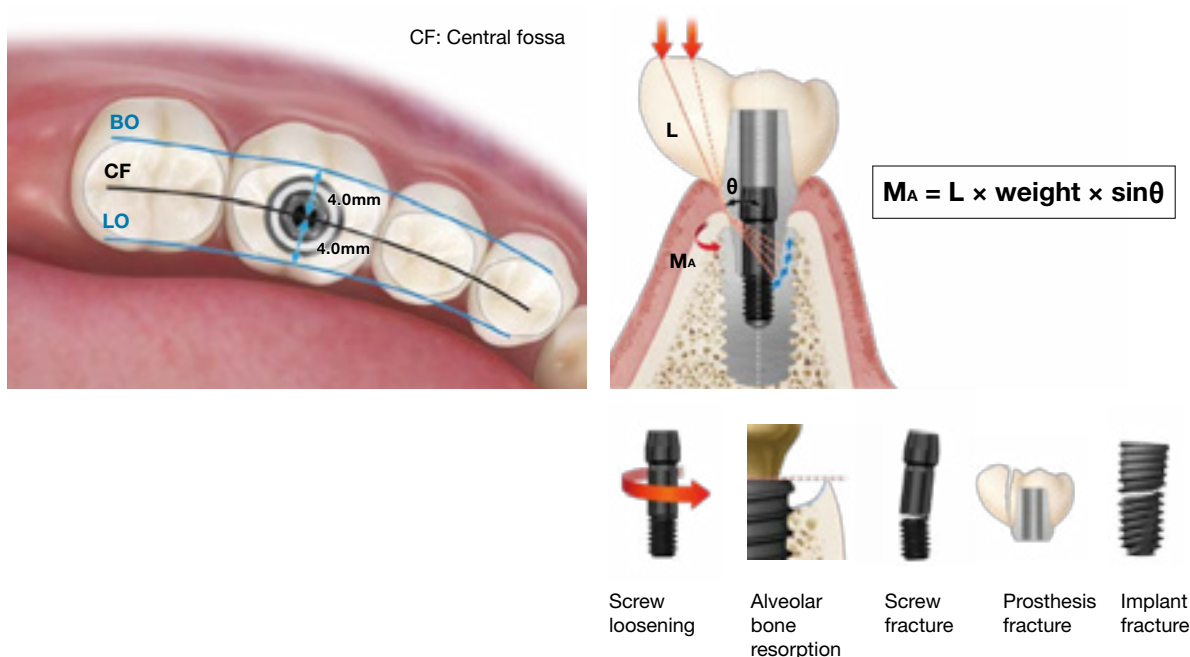
3. Placement depth



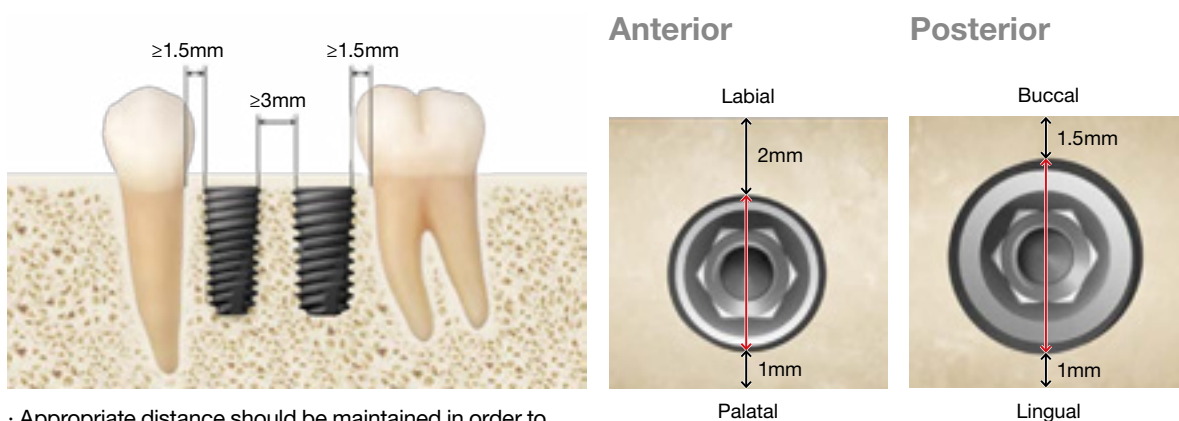
I. Placement position

1 Place implant at the center of the final prosthesis

- Plan the placement position so that the implant can be positioned at the center of the CF line of adjacent teeth. (in case the existing teeth are in ideal positions)
- The more the implant deviates from the center of the prosthesis, the more cantilever force is applied which adversely affects the prosthesis.
- Placing the implant in the center of the crown can minimize prosthesis complications that could occur in the future.



2 Place in a position that can preserve bone width around the implant



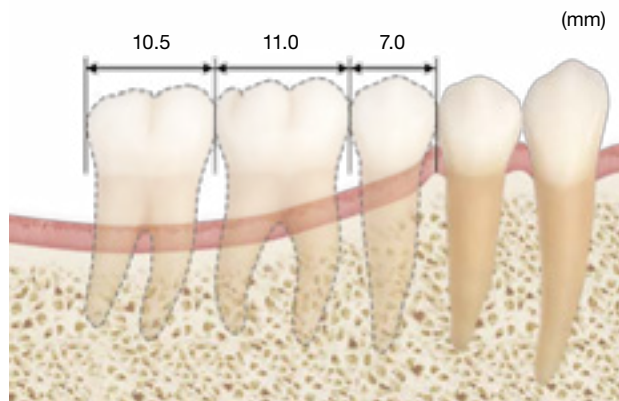
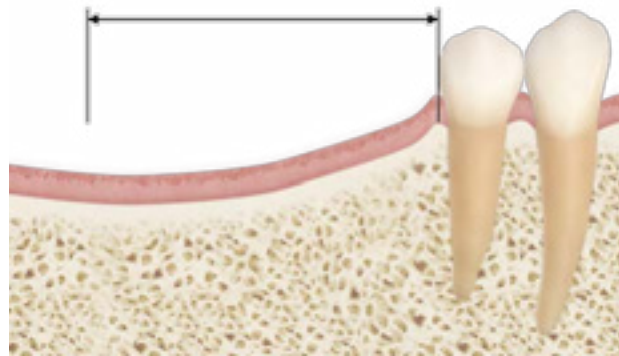
- Appropriate distance should be maintained in order to minimize alveolar bone resorption of the proximal surface.
- Minimum 1.5mm between natural teeth and the implant / Minimum 3mm between implants

- Labial side: minimum 2mm required
- Palatal side: minimum 1mm required

- Buccal side: minimum 1.5mm required
- Lingual side: minimum 1mm required

3 How to set the implant's placement position

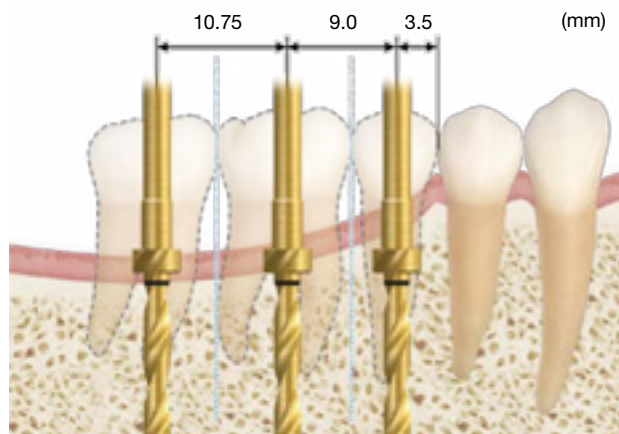
- Measure the mediolateral distance of the space for the prosthesis and allocate imaginary teeth in that space.



Average tooth diameter

2nd premolar : 7.0mm 1st molar : 11.0mm 2nd molar : 10.5mm

- Drill in the center of the prosthesis position in order to position the implant in the center of the prosthesis
- The position of the initial drill is crucial since the Guide drill guides the following bone drilling process.



Mesio-distal distance between the 1st premolar and 2nd premolar: 3.5mm ($7/2$)
 Mesio-distal distance between the 2nd premolar and 1st molar: 9.0mm ($11/2+7/2$)
 Mesio-distal distance between the 1st molar and 2nd molar: 10.75mm ($10.5/2+11/2$)

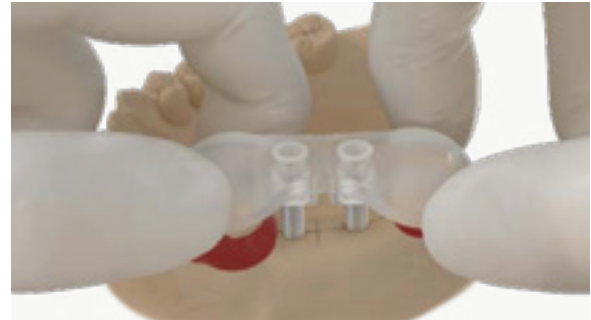
A How to set the implant's placement position using a Smart Guide

- Possible to set the exact placement position and angle by fabricating a simple surgical guide with only impression and not with CT scan.



Smart Guide [▶ p.276](#)

- * Disinfect the Smart Guide at low temperature (hexamedine, alcohol)



Smart Guide is made of Thermo Plastic which makes easy manual shaping possible.



Perform initial drilling using a fabricated Smart Guide

B How to set the implant's placement position using a Single Guide

- Possible to set the placement position and angle in an easy manner by using guides that are available in all teeth sizes.



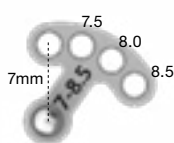
Single Guide [▶ p.253](#)



Initial drilling

C How to set the implant's placement position using a Bridge Guide

- Possible to set the placement position in multiple cases when performing initial drilling with the Single Guide and then using the Bridge Guide.



Bridge Guide [▶ p.253](#)

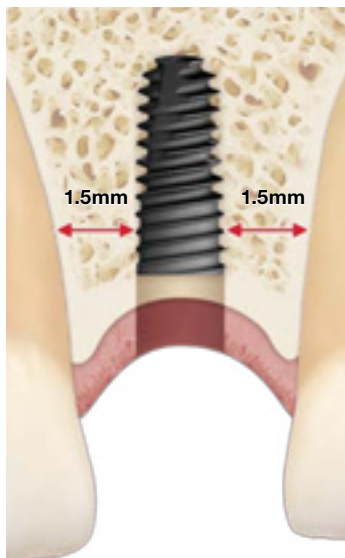
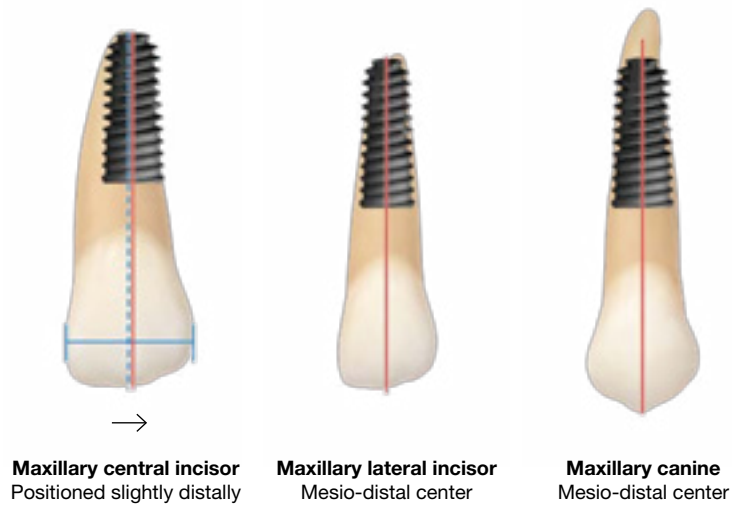


4 Appropriate placement position for each tooth

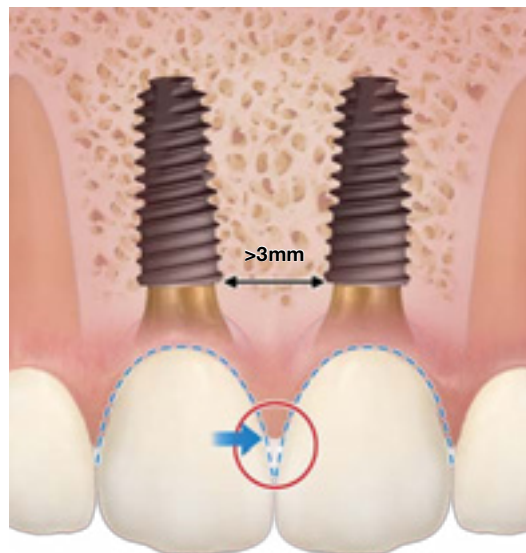
A Maxillary anterior region region

Mesio-distal position

- Implant should be positioned in the center of the final prosthesis
- * However, the maxillary central incisors should be placed 0.5~1mm more distally (in order to avoid incisive foramen and to take maxillary incisor's long axis into consideration)



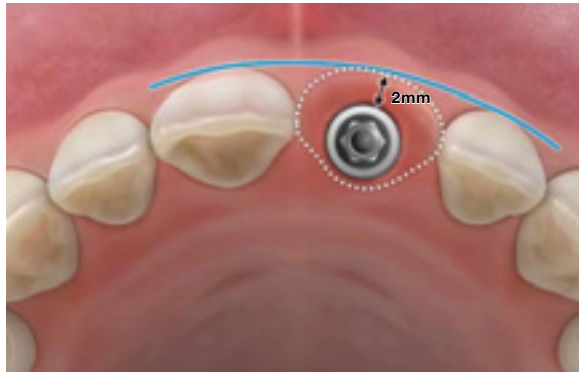
Distance between natural teeth and implant
Secure at least 1.5mm space to minimize bone resorption



Secure at least 3mm space between implants
Can regenerate 3~4mm interdental papilla from the alveolar crest.

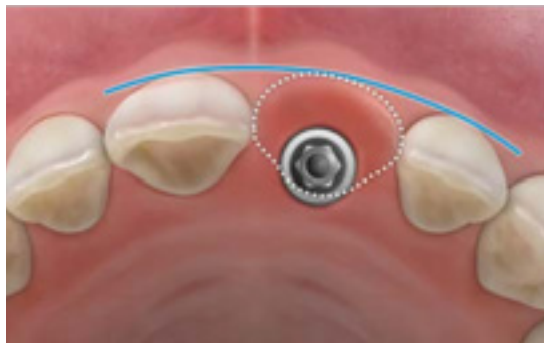
Labio-lingual position

- Place the implant 1~2mm away from the imaginary bucco-labial surface line of adjacent teeth.



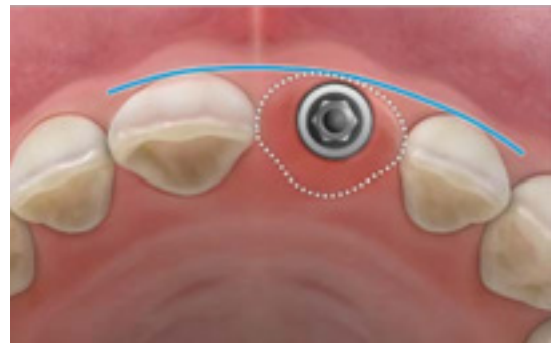
In case the implant is positioned towards the palatal surface

- Prosthesis needs to be fabricated with a Ridge lap design which is unfavorable for hygiene.



In case the implant is positioned towards the labial surface

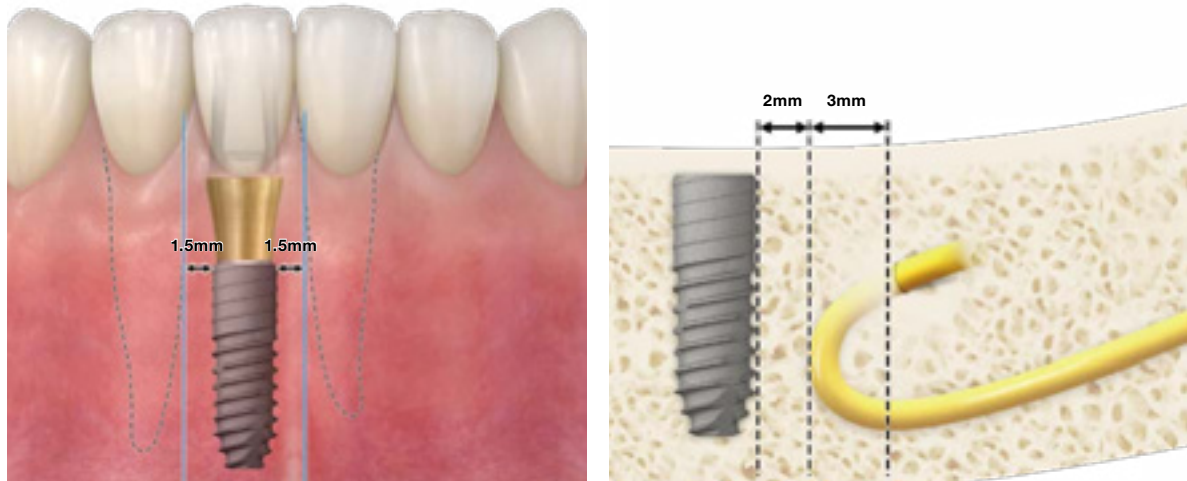
- Abutment margin will be exposed due to Gingival recession, and the crown of both side's will not have symmetrical shape.



B Mandibular anterior region

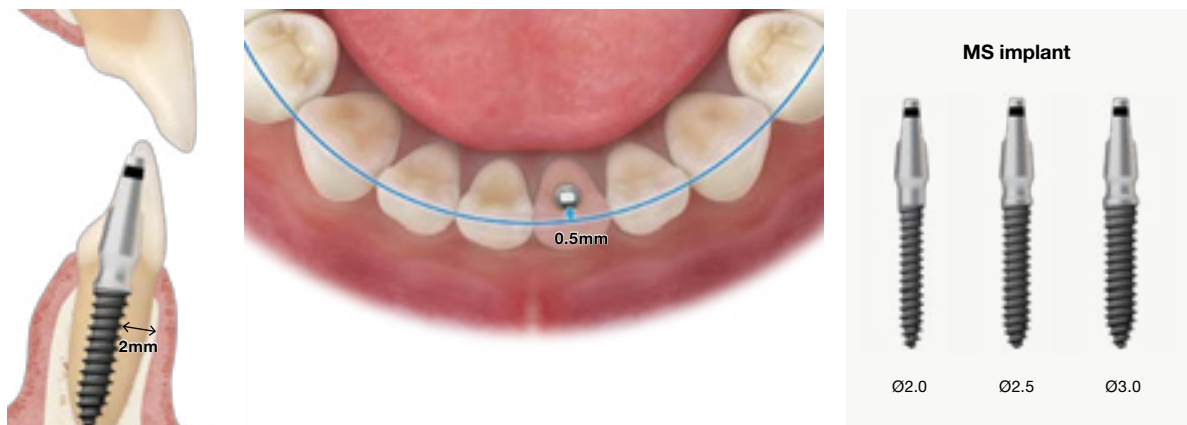
Mesio-distal position

- Implant should be positioned in the center of the final crown.
- Appropriate distance should be maintained in order to minimize alveolar bone resorption of the proximal surface.
- Distance between natural teeth and implant : at least 1.5mm
- Anterior loop should be taken into consideration and therefore the space between the implant and the mental foramen should be at least 5mm.



Labio-lingual position

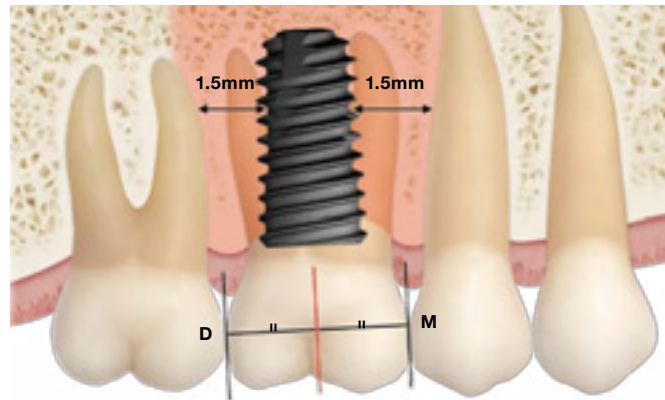
- Place the implant in slightly lingual position (approx. 0.5mm)
- Prevents bone perforation on the labial side
- Most patients with missing anterior teeth have residual bone with width of only 4mm or less.
- In this case, it is advised to select a One body type implant with small diameter and place it slightly in lingual position in order to secure at least 2mm of bone width on the labial side.



C Maxillary posterior region

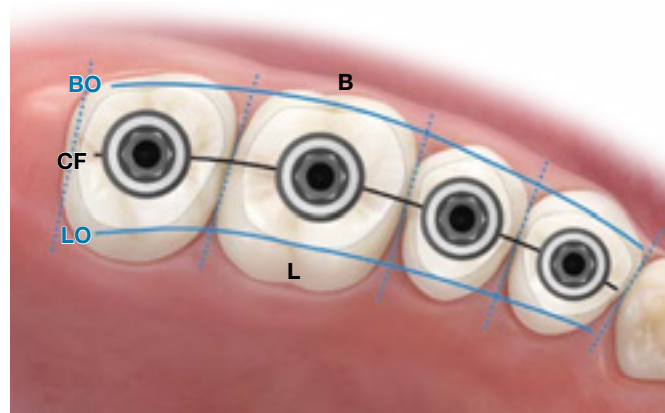
Mesio-distal position

- Implant should be positioned in the mesio-distal center of the Crown
- Distance between natural teeth and implant: at least 1.5mm

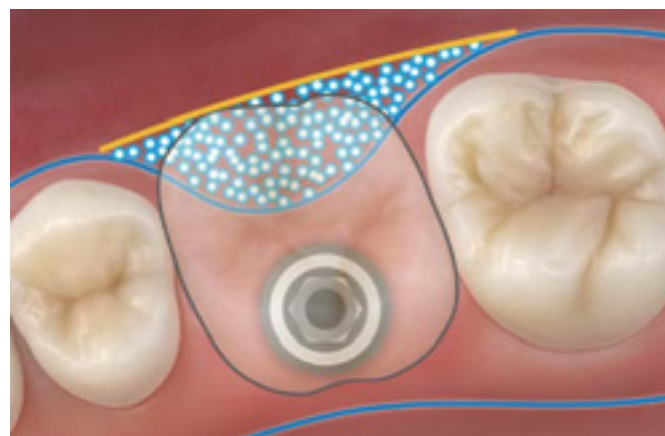


Buccolingual position

- Implant should be positioned in the mesio-distal center of the Crown
- This will position the screw hole in the center which makes fabrication of screw type or ER type prosthesis possible.



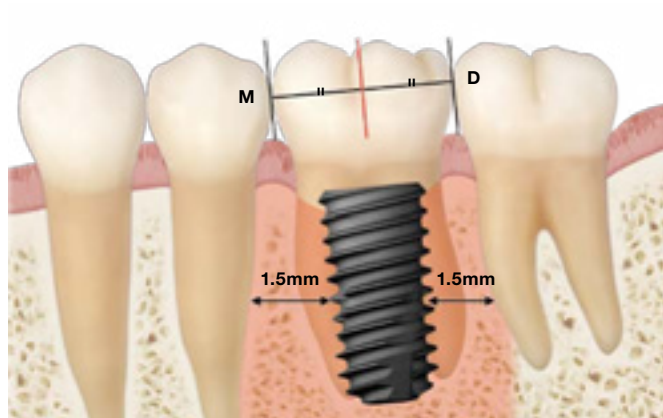
- In case the alveolar bone is resorbed on the buccal side, GBR or other additional treatments should be performed so that the implant can be placed in the center of the final prosthesis.



D Mandibular posterior

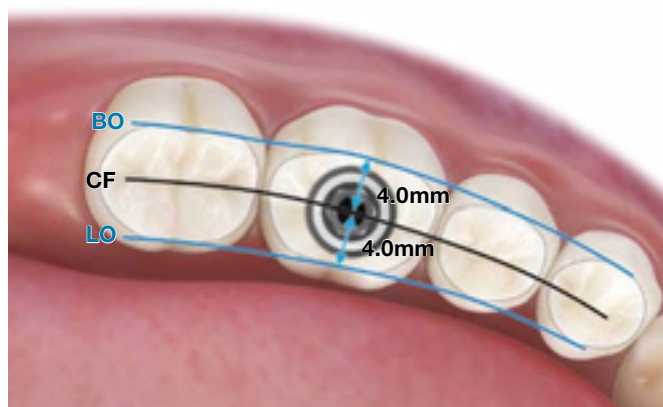
Mesio-distal position

- Implant should be positioned in the mesio-distal center of the Crown.
- Distance between natural teeth and implant: at least 1.5mm.

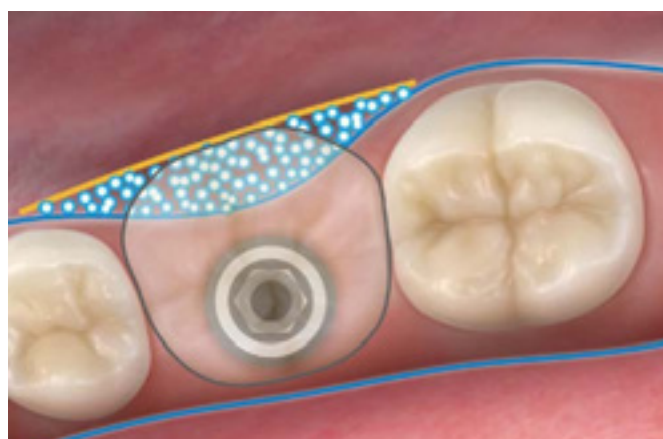


Buccolingual position

- Implant should be positioned in the mesio-distal center of the Crown
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- In case the alveolar bone is resorbed on the buccal side, GBR or other additional treatments should be performed so that the implant can be placed in the center of the final prosthesis.



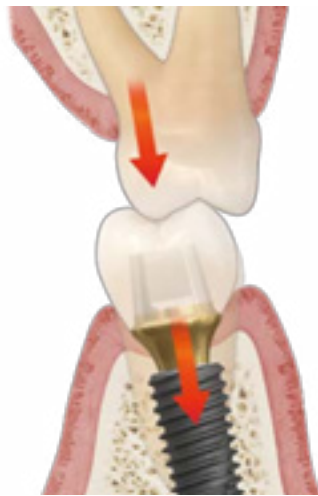
II. Placement angle (angle)

1 Place implant considering the natural tooth's long axis

When implant is placed with same angle as the root of the natural tooth, force can be distributed along the tooth long axis.

In case the Implant angle is in accordance with long axis of the natural tooth

- Implant is placed in a dynamically favorable position



In case the Implant angle is not in accordance with long axis of the natural tooth

- More Joint separation force gets applied to the implant



Angulation of natural teeth

Maxilla

The anterior teeth are more inclined to the mesial side than the posterior teeth



Mandible

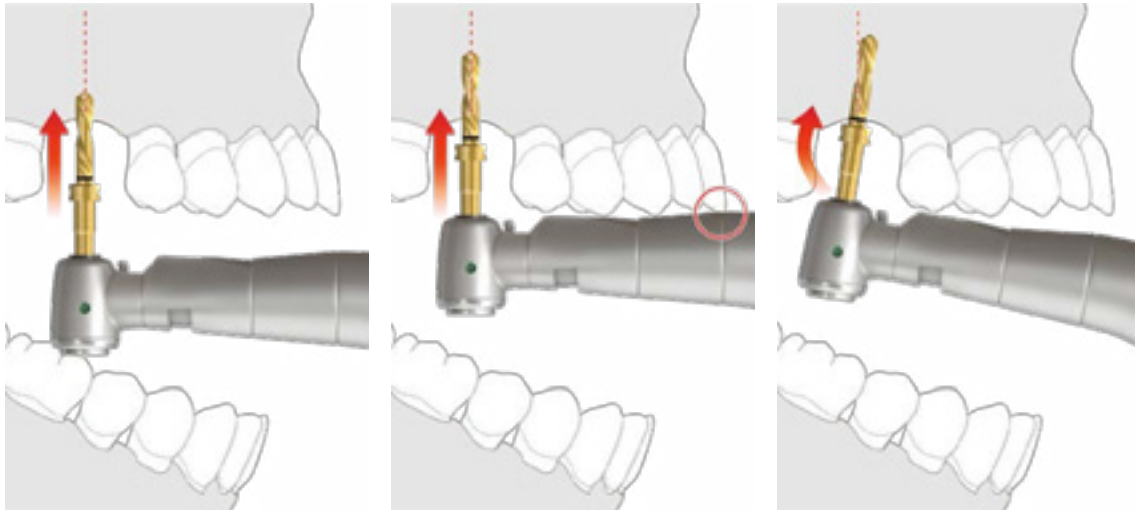
All mandibular teeth are inclined to the mesial side





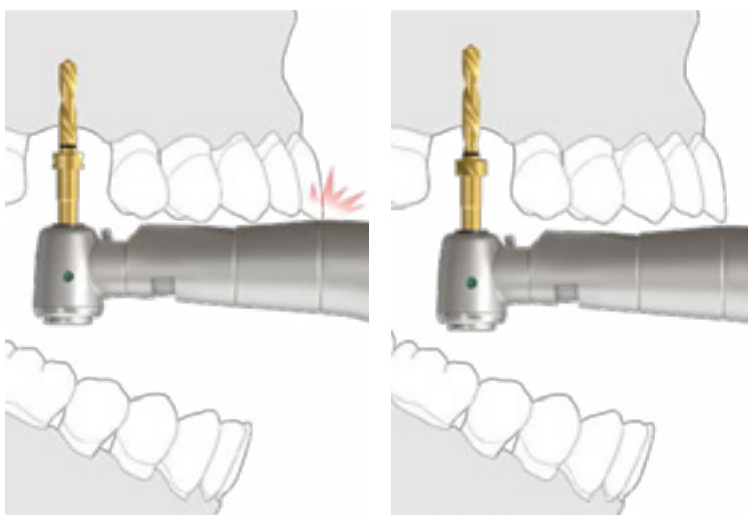
Common mistakes when setting the implant placement angle

In case a short drill is used due to short interarch distance, the handpiece might get interference from the natural teeth on the mesial side, often causing a distal angulation of the implant.



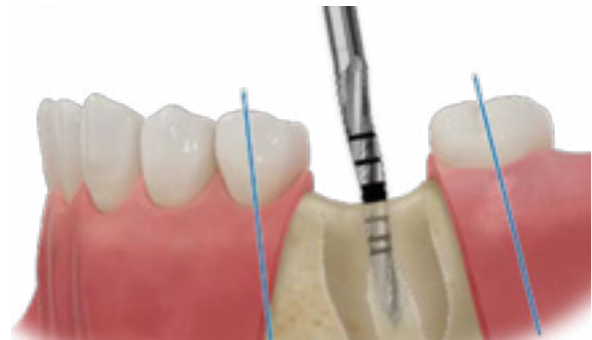
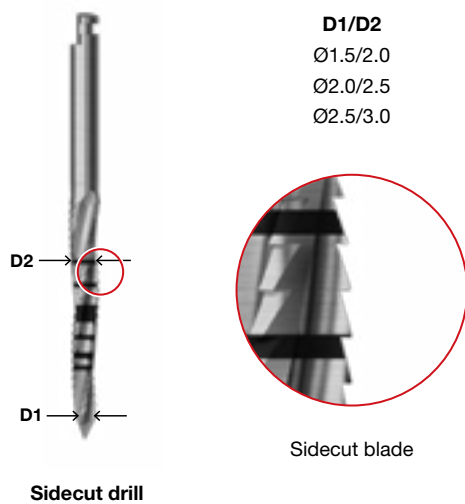
* Use a long drill

Drill approximately only about half deep than intended and then use the long specification drill in order to prevent distal angulation of the implant.



2 How to set the Implant's Placement angle

A Set the angle with the Sidecut drill



The Sidecut drill will allow the clinician to drill with the intended angle without experiencing drill slipping on inclined surfaces.



Lance drill



Sidecut drill



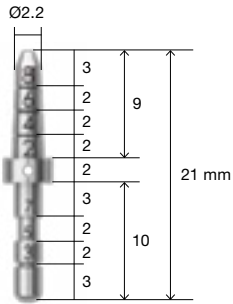
Ø3.5 Taper drill



Ø4.0 x 13mm Implant

There is a chance that the drills get pushed and slip to the buccal side due to the cortical bone on the lingual side. Therefore, it is recommended to use a drill with cutting blades on the side in order to drill in the desired direction.

B Check the angle with a parallel pin



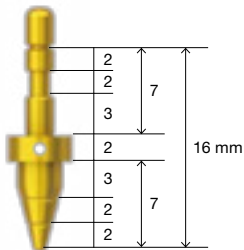
Parallel pin



Initial drilling



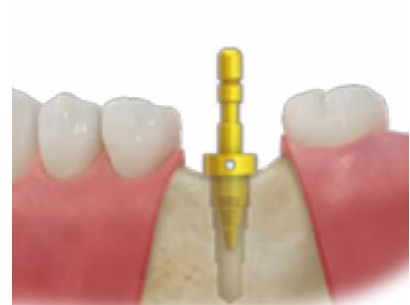
Check path



Taper parallel pin

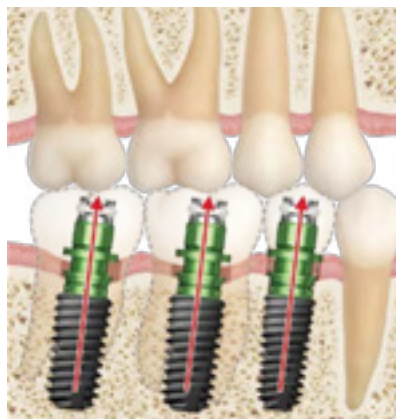
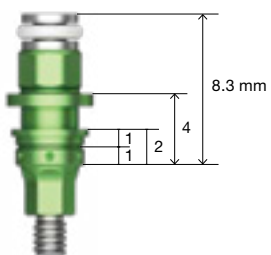


Middle drill

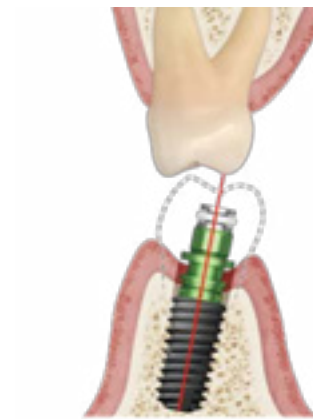


Check path

C Check angle with the Mount



Check whether the implant's central axis is headed towards the interdental space of the natural antagonist teeth.



Check whether the implant's central axis is headed towards the functional cusp.

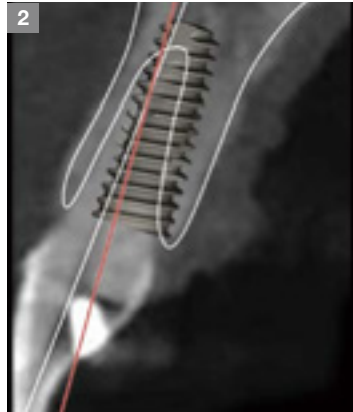
Set angle with OneGuide KIT.

[▶ OneGuide KIT: p.292](#)

- Possible to perform precise diagnosis with CT and to devise a surgery plan based on CT information.
The surgical guide reflects the surgery plan, and therefore allows implant to be placed exactly as planned.



Check alveolar bone dimensions and anatomical structures on CT image



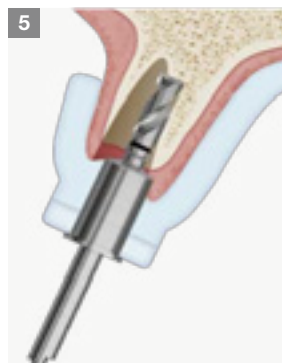
Surgery simulation with computer



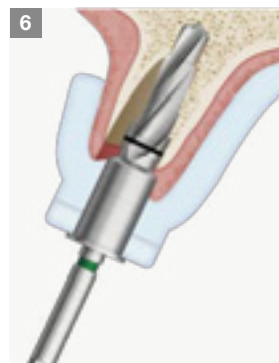
Surgical guide



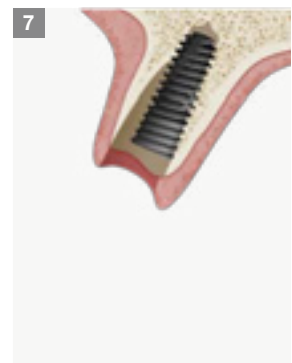
Confirm proper seating of OneGuide



Drill in the desired direction using the OneGuide Path Drill



Follow the guide to drill the bone

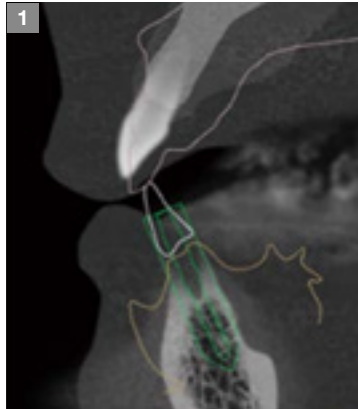


Implant placed in the planned position

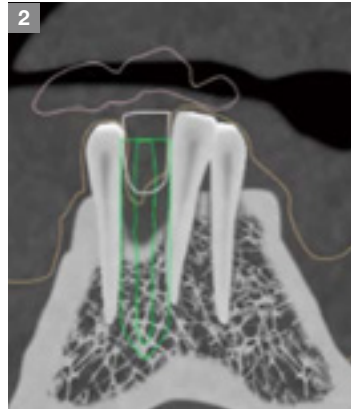
[▶ OneGuide Path Drill p.302](#)

D Set angle with OneMS KIT. [▶ OneMS KIT p.336](#)

- Using a surgical guide is especially recommended in the mandibular anterior region where the clinician has only limited placement path options due to narrow bone width and small interdental spaces. Despite these kind of clinical limitations, the Guide allows the clinician to place the implants as planned.



1 Check alveolar bone dimensions and anatomical structures on CT image



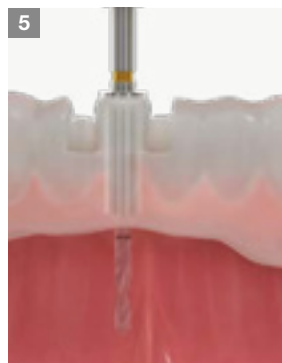
2 Surgery simulation with computer



3 Surgical guide



4 Confirm proper seating of OneGuide



5 Drill as guided by the surgical guide.



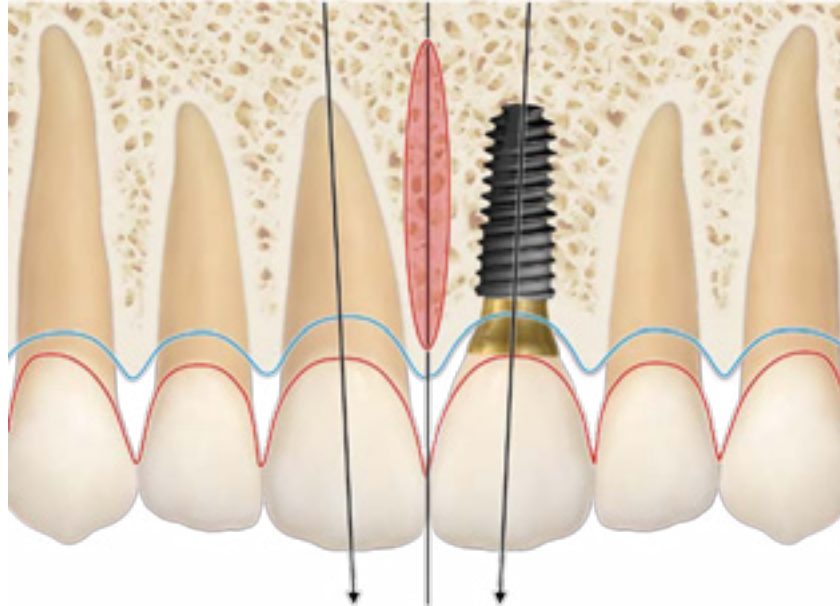
6 Implant is placed exactly as planned.

3 Appropriate Placement angle (angle) for each tooth

A Maxillary anterior region

Mesio-distal angle

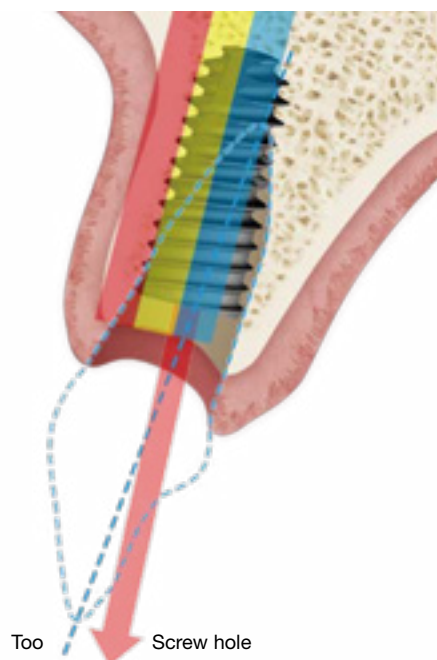
- Check path of adjacent tooth and place implant in symmetric way..
- Avoid the incisive canal when placing implant.



Labio-lingual position angle

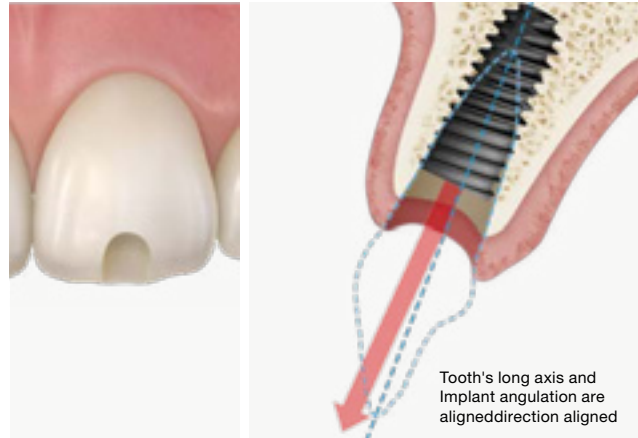
- It is recommended to take the Screw hole of final prosthesis into consideration when placing implant.
- It is recommended to place the implant inclined to the palatal side by securing 2mm of bone width on the labial side in order to prevent gingival recession.

- Danger Zone (placement X)
 - Cement Type prosthesis possible. (placement O)
 - Screw/ER Type prosthesis possible. (placement O)
- └─ Most recommended



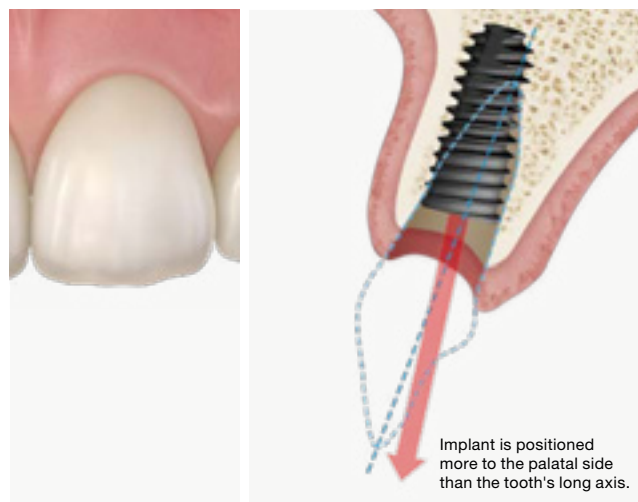
In case implant is placed with the same angle as the long axis of the tooth.

- If implant is placed with the same angle of the natural tooth's long axis, the screw hole's opening is likely to be located on the labial side or incisal edge.



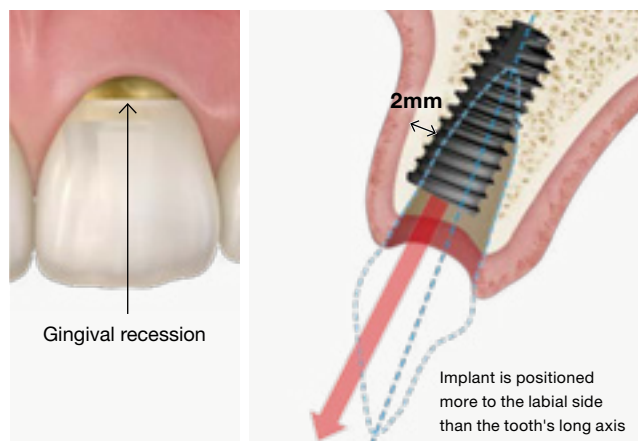
In case implant is placed with palatal inclination

- If an implant is placed in a drill hole with palatal inclination, the screw hole's opening can be positioned to the lingual side, allowing the fabrication and use of prosthesis types that are favorable for maintenance.



In case implant is placed with labial inclination

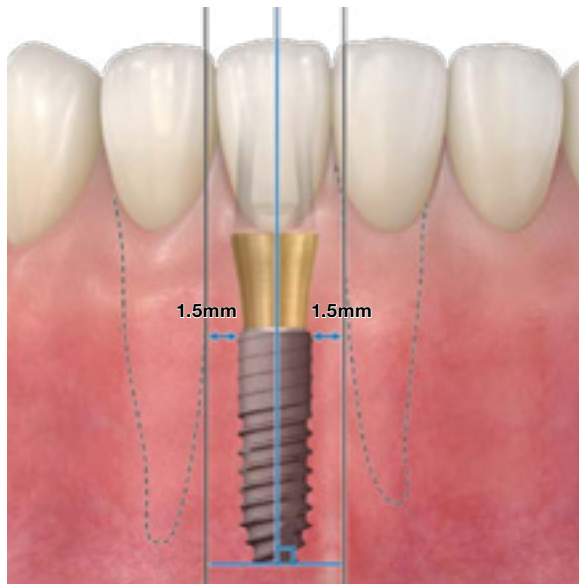
- Only Cement-type prosthesis should be fabricated and seated.
- Gingival recession will occur in case less than 2mm of bone width cannot be secured on the labial side.



B Mandibular anterior region

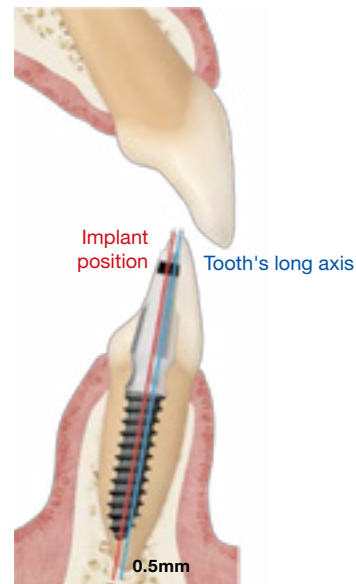
Mesio-distal angle

- It is recommended to check the adjacent natural teeth's path and to place implant in a vertical manner.
- Since the interdental space in the mandibular anterior region is very narrow, the clinician needs to take care in order to prevent the implant from contacting or damaging adjacent tooth roots.
- Check the angle of the roots with x-ray before surgery.



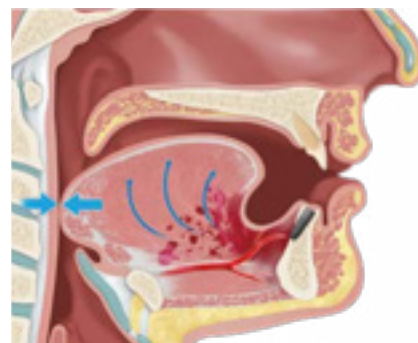
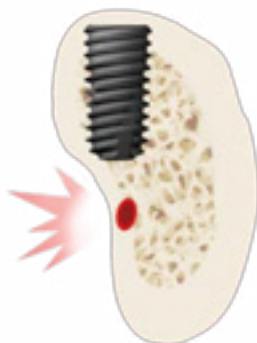
Labio-lingual angle

- It is recommended to place the implant parallel to the tooth's long axis but 0.5mm more to the lingual side.
- Usually bone resorption is more severe on the labial side than the lingual side, and therefore precaution is required since there is a high risk of placing the implant with a lingual inclination.



Precautions when deciding the implant's placement angle

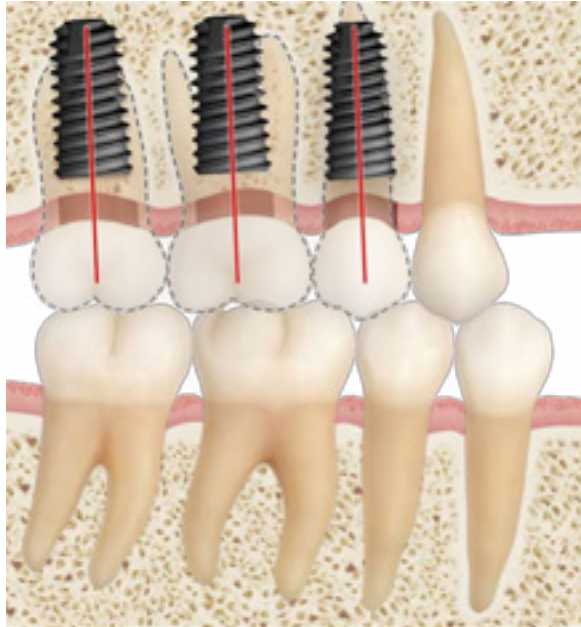
- In case strong resistance can be felt while drilling to the anterior lingual direction, it means that the drill has made contact with the cortical bone and therefore applying excessive force should be avoided.
- In case the cortical bone on the lingual side is perforated, there are chances of the submandibular artery or the sublingual artery getting damaged.
- Precaution is required, since damaging the sublingual artery will cause substantial bleeding to the oral floor and expansion of the oral floor. It could eventually force the tongue base to the back and cause airway obstruction.



C Maxillary posterior region

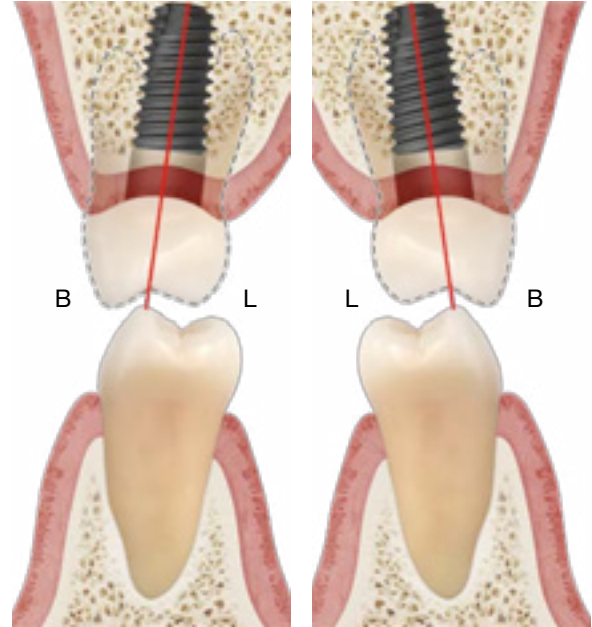
Mesio-distal position

- Implant should be placed in a position that allows its central axis to head towards the interdental space of the natural mandibular teeth.



Buccolingual position

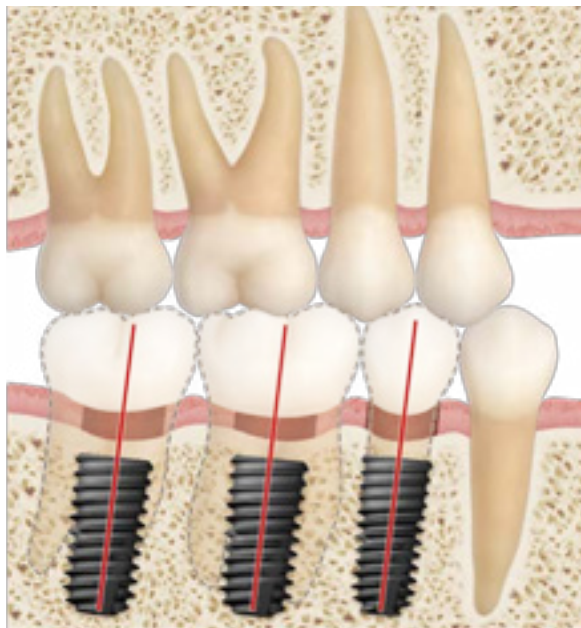
- Implant should be placed in a position that allows its central axis to head towards the mandibular tooth's functional cusp, which is the buccal cusp.



D Mandibular posterior

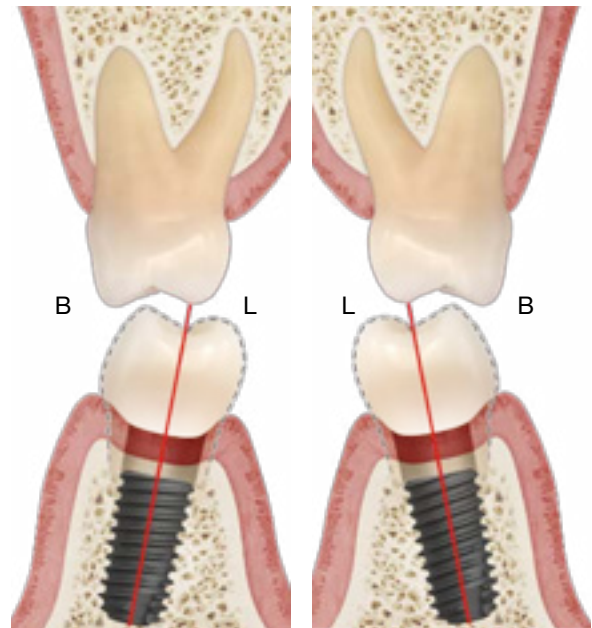
Mesio-distal position

- Implant should be placed in a position that allows its central axis to head towards the interdental space of the natural maxillary teeth.



Mesio-distal position

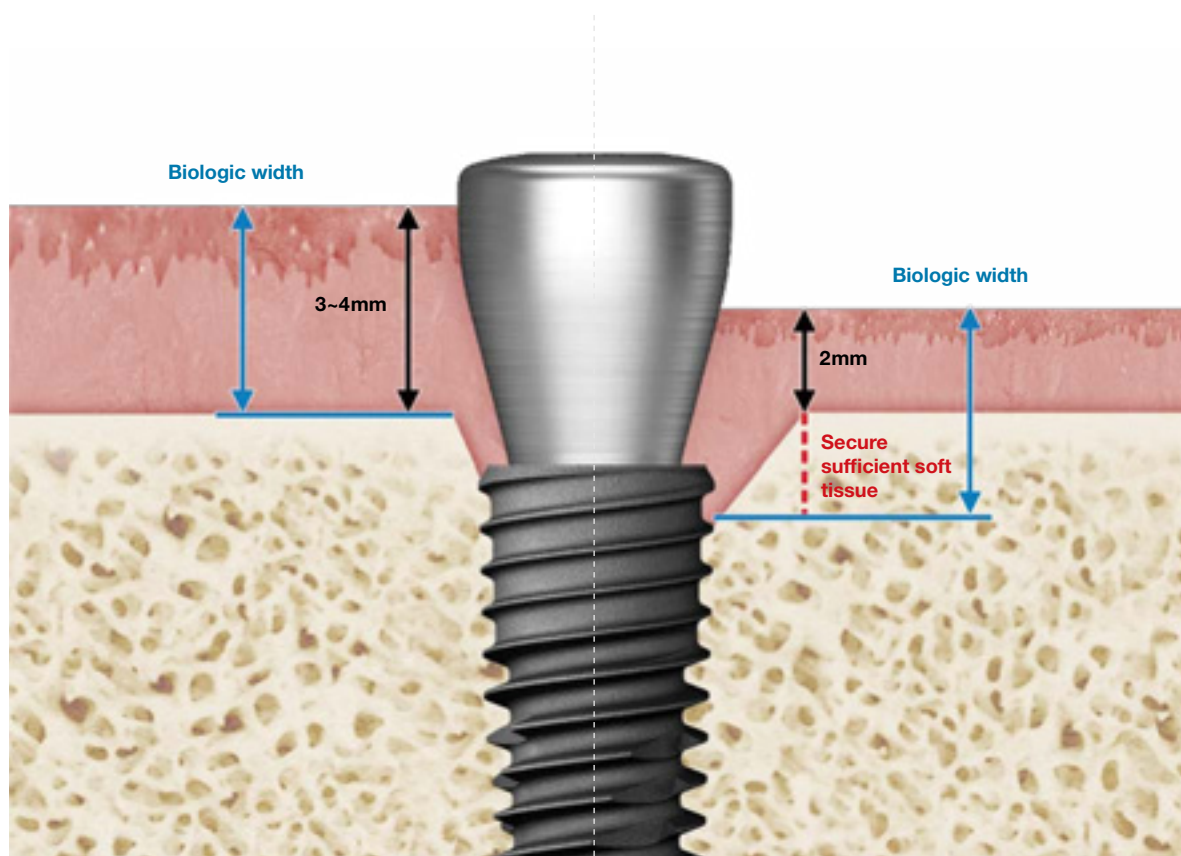
- Implant should be placed in a position that allows its central axis to head towards the maxillary tooth's functional cusp, which is the lingual cusp.



III.Placement depth

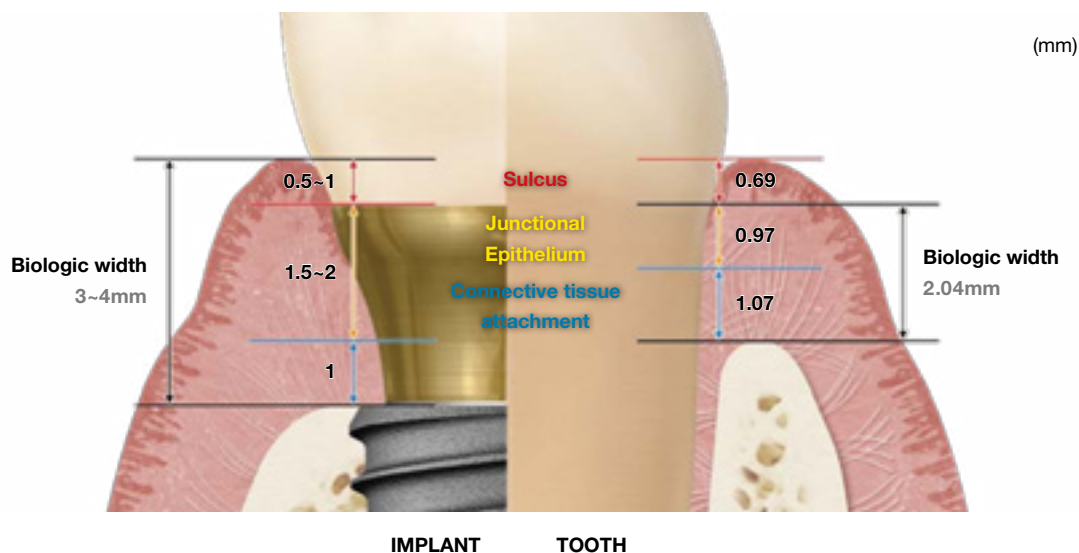
1 Placement depth considering the biological width

Placement depth should be adjusted in order to secure initial stability and to set appropriate depth that takes the biological width into consideration.

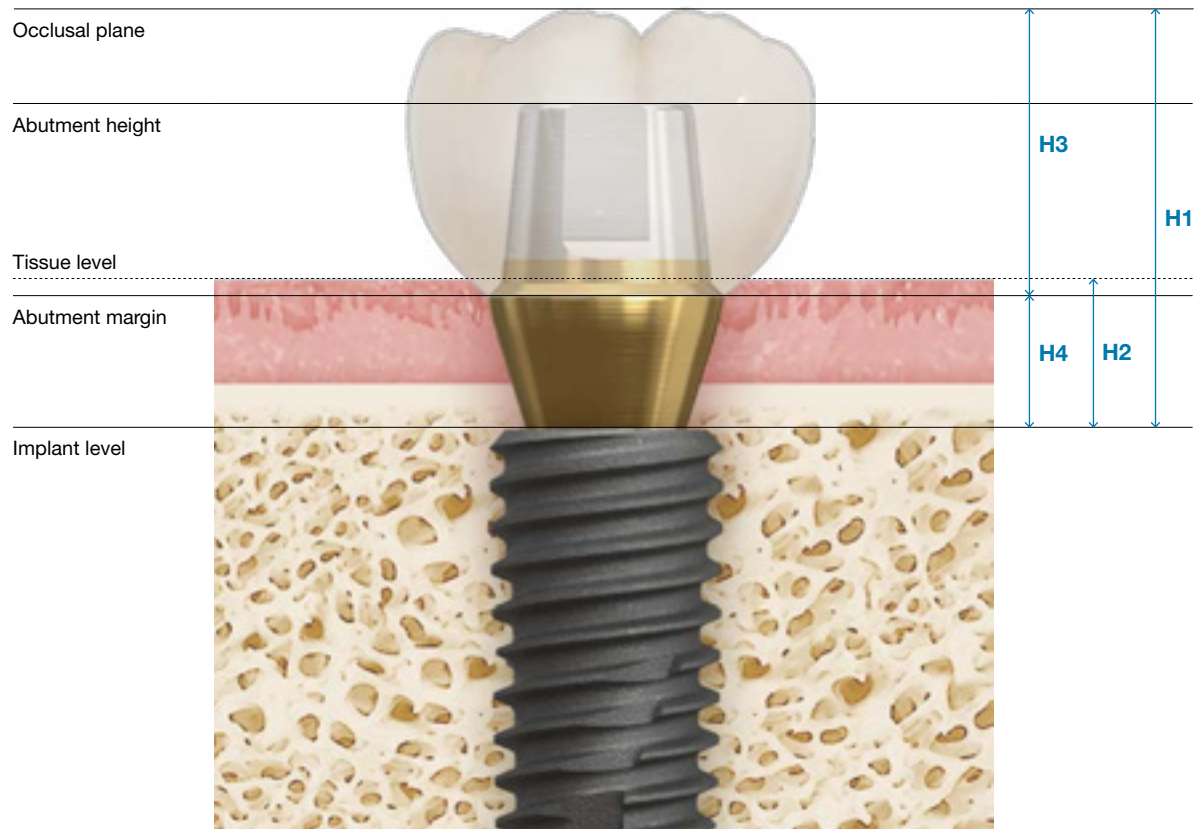


In case adequate biological width of 3~4mm thickness is present, additional bone resorption does not occur.

In case Peri-implant musoca's thickness decreases, the body will try to maintain sufficient mucosal dimension by means of bone resorption in order to protect the underlying tissue.



2 Placement depth considering the prosthesis



Height of Implant Crown

H1 Appropriate height from implant level to occlusal plane :

9mm in posterior region / 10mm in anterior region.

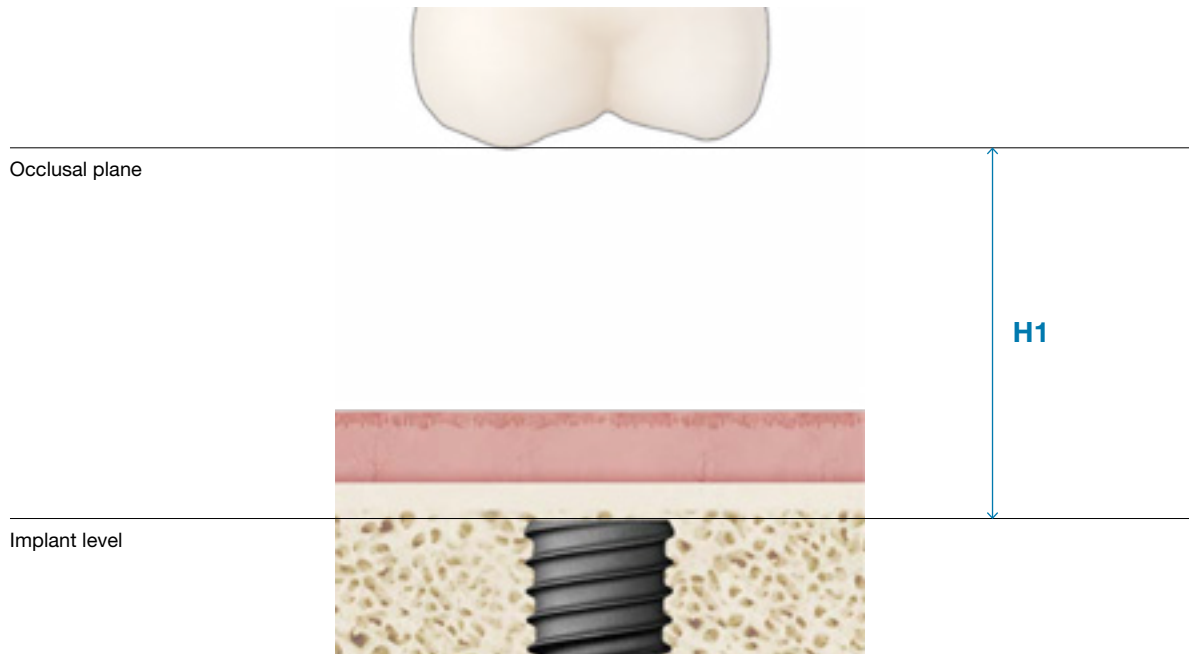
H2 Distance from implant level to tissue level

H3 Height from abutment margin to occlusal plane : more than 6mm

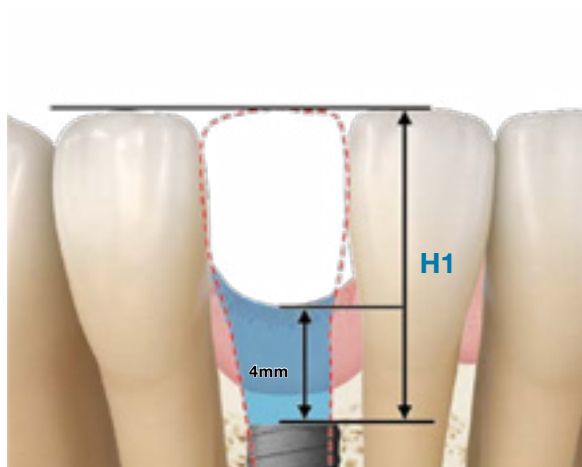
H4 Height from implant level to abutment margin : more than 3mm

H1 Appropriate height from implant level to occlusal plane

- Total Clinical Crown Height (CCH) of prosthesis

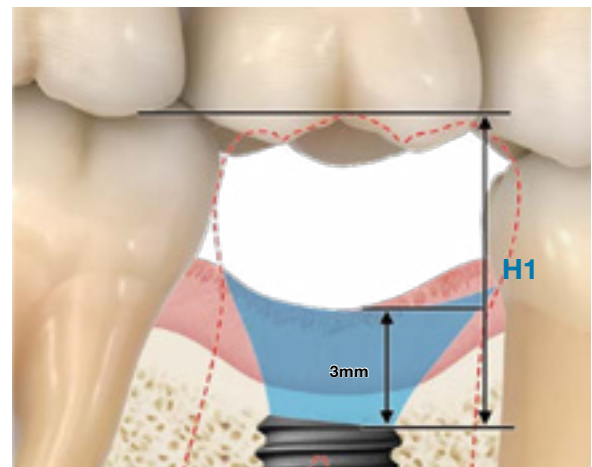


Anterior region



More than 10mm recommended (3mm of biological width + 1mm margin beneath the gingiva need to be taken into consideration)

Posterior region



More than 9mm recommended (3mm of biological width needs to be taken into consideration)

H2 Height from implant level to tissue level

- Height depends on the implant's placement depth







	Deep placement	Shallow placement
Placement depth		
Pros	Favorable for shaping emergence profile	Alveolar bone loss in alveolar crest minimized (after biological width is secured)
	Wide range of indications	Easy to take impressions
Cons	A great deal of bone loss in alveolar crest	Gingival compression due to emergence profile with a sharp angle
	Difficult to take impressions	Risk of exposure during healing period

H3 Height from abutment margin to occlusal plane : more than 6mm

- 6mm or higher : possible to fabricate a functionally stable cement-type prosthesis
- Shorter than 6mm : Consider changing the prosthesis type or the prosthesis material

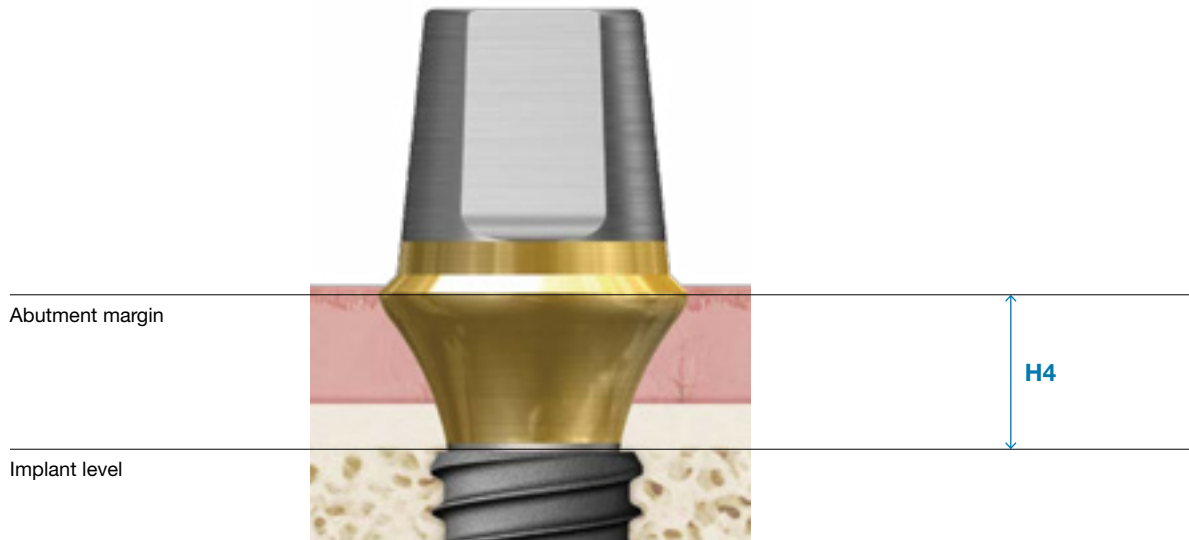


Prosthesis thickness	 Gold	 PFM	 Zirconia	 Glass ceramic
Min. thickness (mm)	0.5	2	1.5	1.5
Appropriate thickness (mm)	1.5	3	2.5	3

* Abutment Height : cement retention ability depends on the abutment height, and therefore using 4mm or higher abutments is recommended.

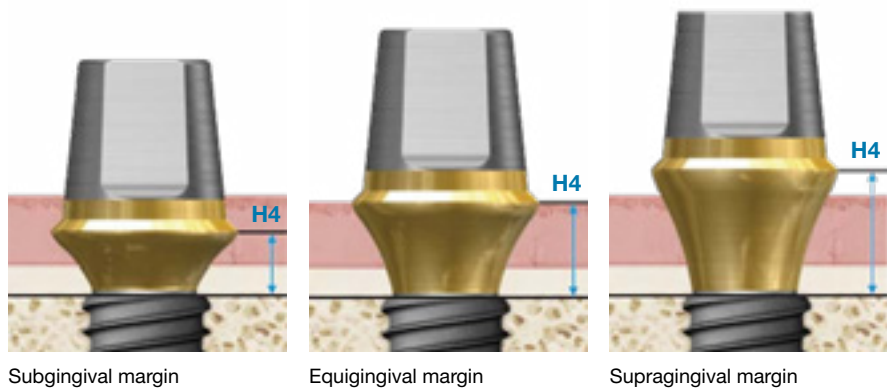
H4 Height from Implant level to abutment margin : more than 3mm

- Shorter than 3mm : Gingival compression due to fabrication of prosthesis with sharp angled emergence profile.
- 3mm or higher : favorable for fabricating prosthesis with appropriate emergence profile, but the proportion of the crown in the crown to implant ratio is too high, which makes the implant more vulnerable to lateral force.



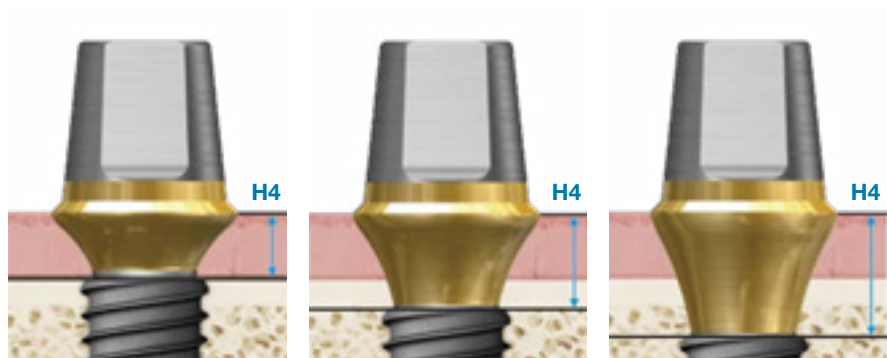
Margin height

Margin height increases in following order :
Sub < Equi < Supragingival



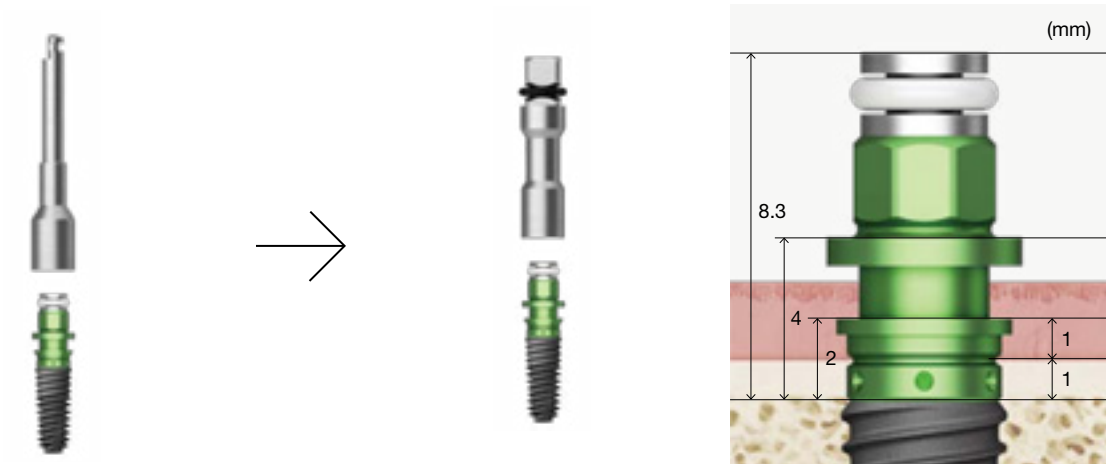
Implant placement depth

Margin height increases as implant gets placed deeper



3 How to set placement depth

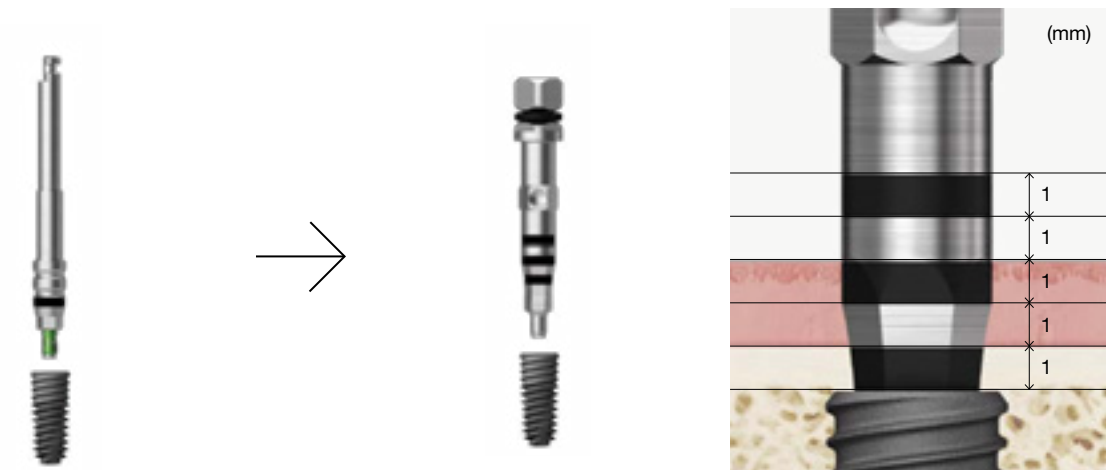
A Regular case: when placing an implant with mount



Place implant with the Mount driver

Adjust placement depth with the Mount extension

B Regular case: when placing a no-mount implant



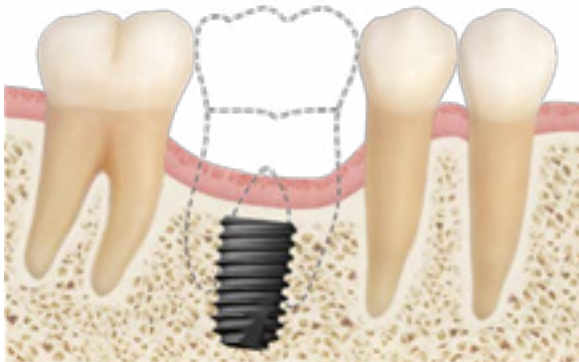
Place implant with the Nomount driver

Adjust placement depth with the implant driver

C Case with vertical bone loss:

- In case implant is placed in position with severe vertical bone resorption and without bone grafting, the portion of the crown in the crown to implant ratio increases. Therefore, it is recommended to perform vertical bone augmentation surgery by taking the final prosthesis into consideration.

In case of implantation without vertical bone augmentation



Place 1mm below bone level



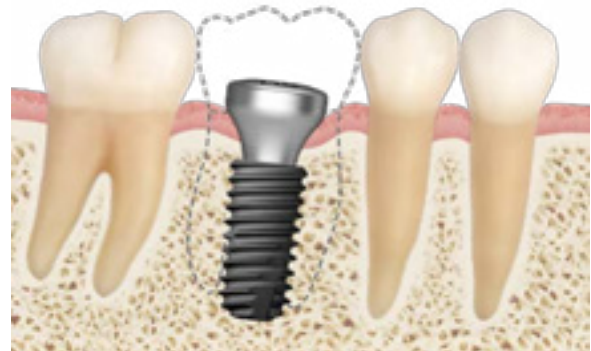
The final crown will be too long and therefore more vulnerable to lateral force, resulting in more stress concentrated to the implant.

In case of implantation after vertical bone augmentation



Perform vertical bone augmentation

[▶ OssBuilder KIT p.494](#)



Ideal prosthesis seating possible



Ideal prosthesis placement possible

Important Information and Legal Notices 2026.03 ver.1.1

1. IMPORTANT NOTICE

This catalogue is intended solely as an informational and educational guide for trained dental professionals. It does not replace the applicable Instructions for Use (IFU), product labelling, formal clinical training, treatment planning, or independent professional judgment.

All clinical protocols, drilling sequences, cleaning instructions, sterilization requirements, torque recommendations, indications, contraindications, warnings, and procedural steps must be verified against the current product-specific IFU and the applicable product label for the relevant REF/product code prior to use.

In the event of any discrepancy between this catalogue and the applicable IFU, product labelling, or other official Osstem documentation, the IFU, labelling, and official product documentation shall prevail.

2. PRODUCT INFORMATION, CHANGES, AND AVAILABILITY

All products, specifications, protocols, recommendations, illustrations, and other information contained in this catalogue are subject to change without prior notice.

Not all products may be approved, cleared, released, licensed, or otherwise available in all markets. Product availability, indications, and regulatory status may vary by country. For information on the current product portfolio, approved indications, and local availability, please contact your local Osstem representative or Customer Service and consult the current official Osstem documentation.

3. PROFESSIONAL USE ONLY

Osstem Implant products are intended for use by appropriately trained dental professionals only. Dental implant treatment involves complex professional procedures and requires appropriate education, clinical training, patient selection, treatment planning, and radiographic as well as clinical evaluation.

The suitability of any procedure must be assessed individually for each patient, taking into account anatomy, bone quality and quantity, occlusion, systemic conditions, oral hygiene, compliance, and any other relevant clinical factors.

4. PRODUCT DESCRIPTION AND COMPATIBILITY

Osstem Implant offers implant fixtures, prosthetic components, surgical instruments, and related materials for dental implant treatment. Product codes, specifications, lot numbers, dates of manufacture, and expiration dates, where applicable, must be checked on the product label before use.

Unless expressly stated otherwise in the applicable product documentation, Osstem Implant abutments, prosthetic components, instruments, and related accessories are intended to be used only with compatible Osstem Implant fixtures and components. Use in combination with components or instruments from other manufacturers may result in improper fit, incomplete locking, loosening, fracture, reduced performance, or other clinical complications.

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Sterile products supplied in sterile packaging must be used only if the packaging is intact and the expiration date has not passed. If sterile packaging has been opened, damaged, or has expired, the product must not be used.

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Products must be stored in accordance with the applicable labelled storage conditions and protected from moisture, contamination, direct sunlight, and other adverse environmental conditions.

6. CLINICAL PROTOCOLS AND PROCEDURAL GUIDANCE

Any surgical, prosthetic, drilling, insertion, loading, cleaning, maintenance, or other procedural guidance shown in this catalogue is provided for general informational purposes only and must be adapted to the individual patient, the specific product, and the current approved IFU.

Clinicians remain solely responsible for selecting the appropriate treatment protocol and for determining whether the intended procedure, component selection, loading protocol, and clinical application are appropriate for the individual case and within the approved indications for the relevant product.

7. WARNINGS, CONTRAINDICATIONS, AND POSSIBLE COMPLICATIONS

Improper patient selection, inadequate treatment planning, non-compliance with the applicable IFU, improper use, off-label use, product modification, poor oral hygiene, infection, insufficient bone quality or quantity, excessive occlusal loading, or other unfavorable clinical conditions may result in complications or treatment failure.

Possible complications and adverse events may include, without limitation, implant instability or failure, loosening, fracture, bone loss, infection, soft- or hard-tissue complications, prosthetic complications, delayed healing, or the need for revision or removal.

Contraindications and precautions must always be assessed in accordance with the applicable Osstem product documentation and accepted professional standards of care.

8. INTENDED PURPOSE

The OSSTEM Implant System is an artificial dental root that has been designed for use in dental implant treatment in order to recover lost teeth. The system is implanted via a surgical method in maxillary or mandibular bone to replace natural dental root. The OSSTEM Implant System is indicated for use in partially or fully edentulous mandibles and maxillae, in support of single or multiple-units restorations including; cemented retained, screw retained, or overdenture restorations, and final or temporary abutment support for fixed bridgework. It is intended for delayed loading. Products with diameter of 3.3 mm or less must be used exclusively for mandibular anterior teeth in order to prevent fracture due to excessive occlusal load. The Ultra-Wide Implants are intended to be used only to replace molar teeth and angled abutments are not to be used with the Ultra-Wide Implants. Evaluate the quantity of bone and radiographs to assess any potential anatomical contraindications to use of the Ultra-Wide Implant. The applicable product-specific IFU must always be consulted to confirm the intended purpose, indications, limitations, and approved clinical applications of the relevant product.

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No representation is made that this catalogue is complete, current, or error-free in every respect. Users must verify all critical information against the current IFU, product labels, and other official Osstem documentation before clinical use.

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Product illustrations, diagrams, radiographic examples, case images, and step-by-step demonstrations are for illustrative purposes only. Unless expressly stated otherwise, they are not shown to scale and do not guarantee any clinical outcome.

Example cases do not constitute a promise or representation of treatment success in any individual case.

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