MIS® | CONNECT™

Step-by-Step

The MIS CONNECT abutment system is a one-time solution which moves the restorative platform away from the implant bone junction allowing the peri-implant seal to remain undisturbed.

It offers doctors the ability to maximize the tissue-level restoration concept, enabling the entire prosthetic procedure and restoration to occur far from the bone.

The CONNECT also offers the biological advantage of a reduction in micro-movements and micro-leakage of bacteria at the bone level.

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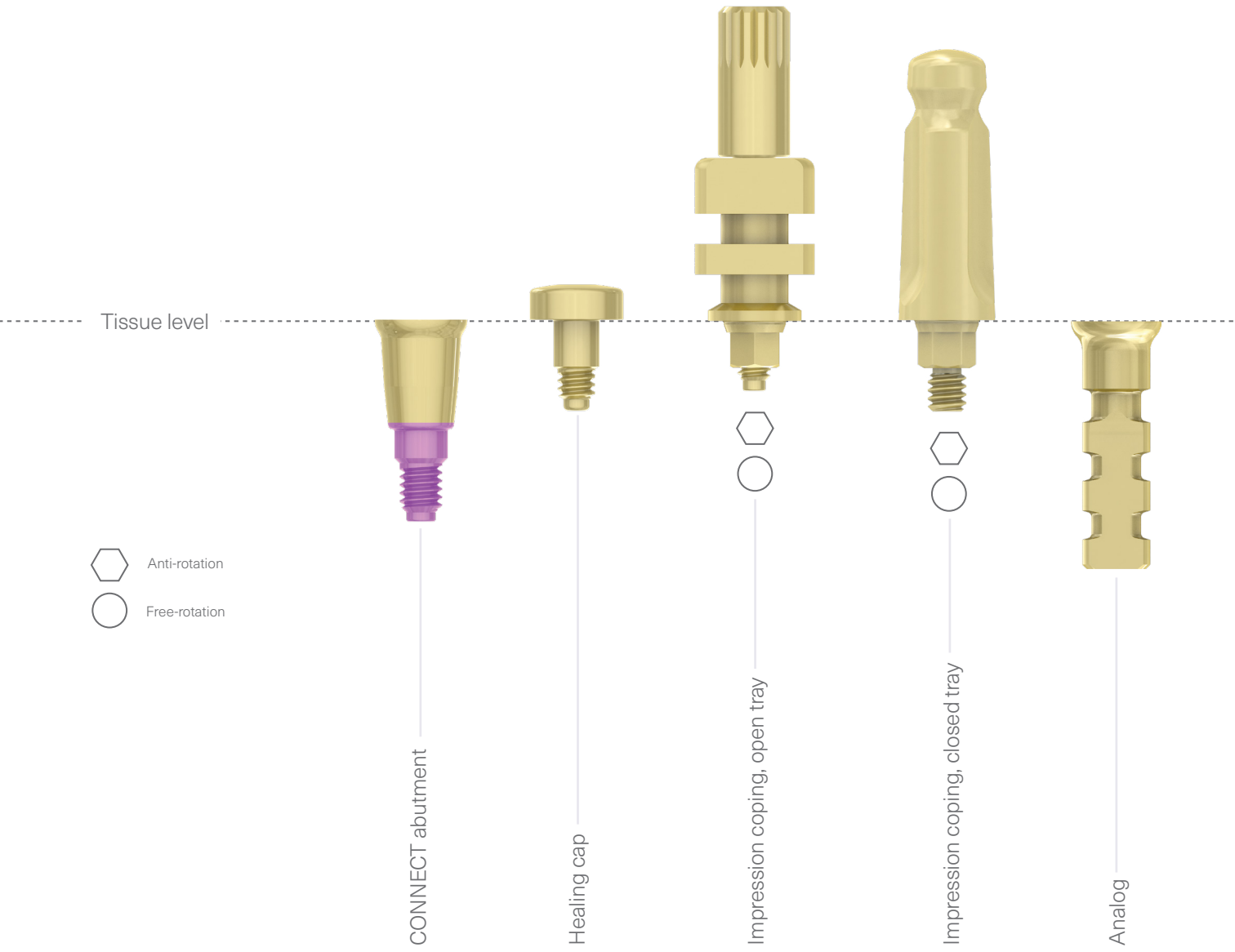
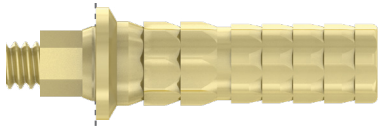
MIS CONNECT System



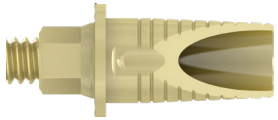
Digital model analog

Scan post

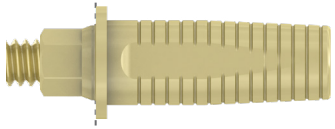
Temporary cylinder



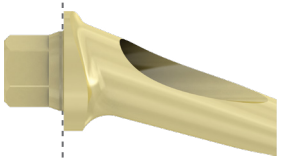
Final esthetic abutment, H6mm



Final esthetic abutment, H8mm



Angulated cementable abutment

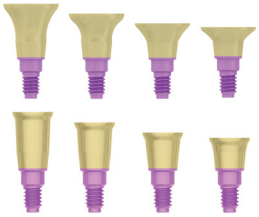


Step-by-step Guide for Placement of the CONNECT

1.

Measure the gingival height at the implant site with a periodontal probe.

2.



Choose the appropriate diameter and height of the CONNECT abutment, according to the socket area and the measured mucosa height.

To optimize esthetic results, select a connect abutment at least 1 mm above bone crest and 1.5 mm below the lowest point of the gingival margin.

3.

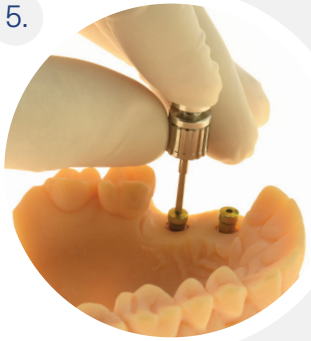
Use the plastic gripping tool to screw in the CONNECT abutment to the implant and then remove the tool with a slight bending motion.

4.

Tighten the abutment with 30 Ncm of torque, using the CONNECT insertion tool.

- In case of implant insertion torque < 30 Ncm:
  Tighten the CONNECT abutment with 15 Ncm torque. Then, at the end of the healing period, but before final impression taking tighten it further to 30 Ncm.

5.



Place a CONNECT healing cap for the duration of the healing period using a maximum torque of 15 Ncm OR load with temporary restoration torqued to 20 Ncm.

6a.

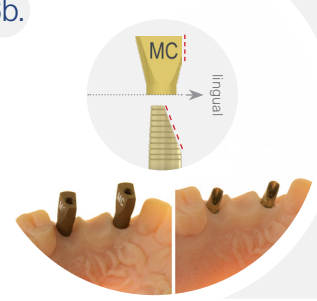
! Re-tighten the CONNECT with a torque of 30 Ncm before impression taking

To take an impression on the CONNECT platform:

a. Traditional (analog) restoration procedure - Both free and anti-rotation open tray impression copings can be used with elastomeric impresssion material.

- Long and short impression coping screws are provided in each package for optimal impression taking.

6b.



b. Digital restoration procedure - Attach the scan post to the CONNECT, orienting the narrow flat side of the connect towards the desired direction of the screw channel of the final esthetic abutment and scan.

- The narrow flat side of the scan post directly aligns with the orientation of the of the final esthetic abutment's screw channel opening.

7.

Use CONNECT analog or digital analog according to the impression procedure.

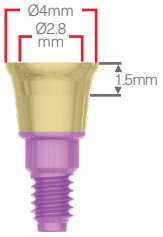
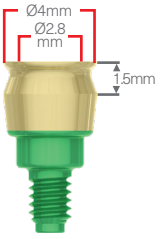
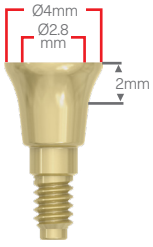
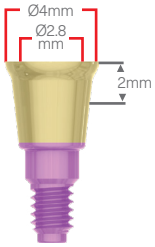
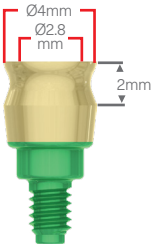
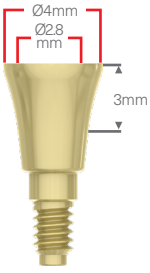
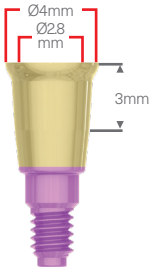
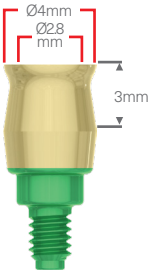
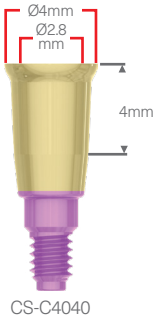
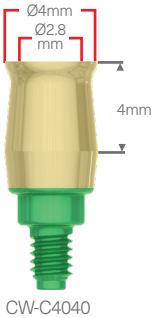
8.

Use the final abutment for the final restoration.
Tighten the final restoration with a torque of 30Ncm.

- For cases using an angled screw channel, use the angled screw channel screw (sold separately - MM-SA160), using the angled screw channel prosthetic key (MT-ELR10) and tighten to 25Ncm.

- Note: When creating a multi-implant bridge the maximum angle correction of diverging implants on the free rotating final esthetic abutment is 40° (20° for each implant).

CONNECT System **Ø4mm**

	NARROW	STANDARD	WIDE
H=1.5		 CS-C1540	 CW-C1540
H=2	 CN-C2040	 CS-C2040	 CW-C2040
H=3	 CN-C3040	 CS-C3040	 CW-C3040
H=4		 CS-C4040	 CW-C4040

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CONNECT System Components **Ø4mm**

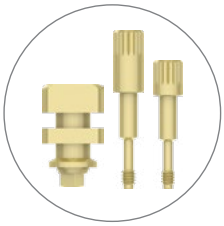
Healing cap

MM-H0540 - 0.5mm
MM-H1540 - 1.5mm
MM-H3040 - 3.0mm

Impression coping for closed tray, free/anti rotation
Requires MT-IT100 key

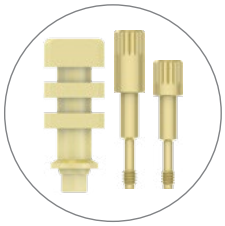
MM-IC040 - Free-Rotation
MM-ICI40 - Anti-Rotation

CONNECT short impression coping for open tray, free/anti rotation, height 7mm



MM-IO040 - Free-Rotation
MM-IOI40 - Anti-Rotation

CONNECT long impression coping for open tray, free / anti-rotation, height 11mm



MM-IO011 - Free-Rotation
MM-IOI11 - Anti-Rotation

Temporary cylinder, free/anti-rotation

MM-TC041- Free-Rotation
MM-TCI41- Anti-Rotation

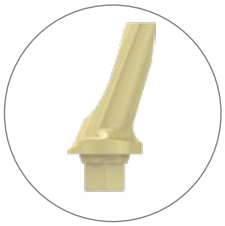
*Final esthetic abutment free/anti-rotation, height 6mm

MM-CE046 - Free-Rotation
MM-CEI46 - Anti-Rotation

Final esthetic abutment free/anti-rotation, height 8mm

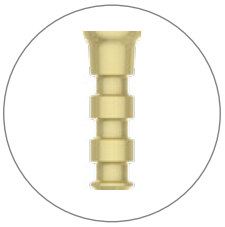
MM-CF048 - Free-Rotation
MM-CFI48 - Anti-Rotation

CONNECT angulated cementable abutment, 20°, anti rotation



MM-AN204

Abutment analog



MM-RSM41

Scan post anti-rotation

MM-SP104

Digital model analog

MM-MAN40

*For use with CONNECT final esthetic abutment (MM-CE046, MM-CEI46) in cases of angled screw channel up to 20 degrees. Requires angled screw channel key (MT-ELR10 or MT-ESR10 Tool).

CONNECT Shared Tools and Components

Long/short ratchet insertion tool

MT-CLR21 - Long
MT-CSR21 - Short

Long/short motor insertion tool

MT-CLM21 - Long
MT-CSM21 - Short

Prosthetic screw for angled screw channel* (Sold separately)

MM-SA160

CONNECT prosthetic screw

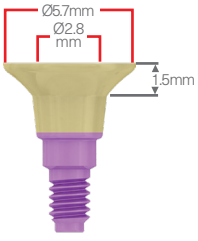
MM-S0160

CONNECT System **Ø5.7mm**

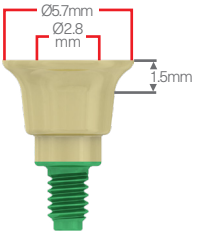
STANDARD

WIDE

H=1.5



CS-C1557



CW-C1557

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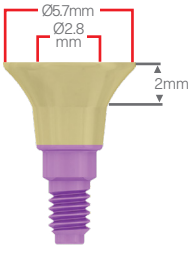

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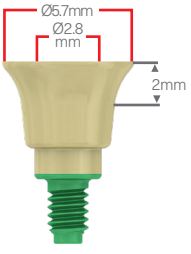

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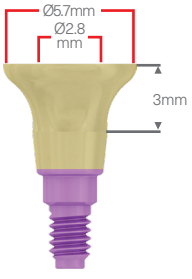

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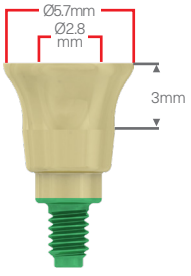
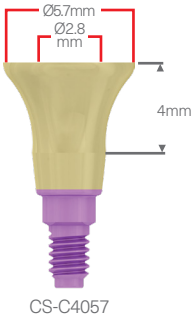


CW-C3057

H=4



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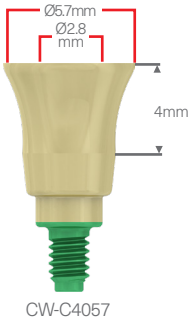

CW-C4057

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CONNECT System Components **Ø5.7mm**

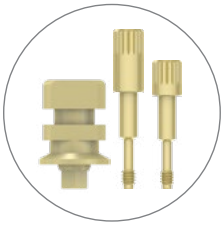
Healing cap

MM-H0557 - 0.5mm
MM-H1557 - 1.5mm
MM-H3057 - 3mm

Impression coping for closed tray, free/anti rotation
Requires MT-IT100 key

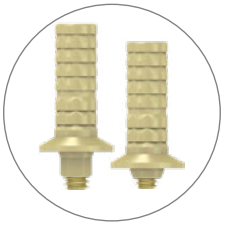
MM-IC057 - Free-Rotation
MM-ICI57 - Anti-Rotation

Impression coping for open tray, free/anti-rotation



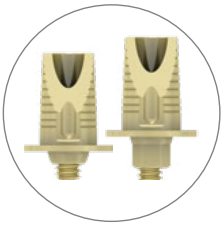
MM-IO057 - Free-Rotation
MM-IOI57 - Anti-Rotation

Temporary cylinder, free/anti-rotation



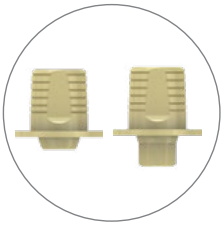
MM-TC057- Free-Rotation
MM-TCI57- Anti-Rotation

Final esthetic abutment free/anti-rotation, height 6mm



MM-CE056 - Free-Rotation
MM-CEI56 - Anti-Rotation

Final esthetic abutment free/anti-rotation, height 4mm



MM-CF054 - Free-Rotation
MM-CFI54 - Anti-Rotation

Abutment analog

MM-RSM57

Scan post anti-rotation

MM-SP105

Digital model analog

MM-MAN57

*For use with CONNECT final esthetic abutment (MM-CE056, MM-CEI56) in cases of angled screw channel up to 20 degrees. Requires angled screw channel key (MT-ELR10 or MT-ESR10 Tool).

CONNECT Shared Tools and Components

Long/short ratchet insertion tool

MT-CLR21 - Long
MT-CSR21 - Short

Long/short motor insertion tool

MT-CLM21 - Long
MT-CSM21 - Short

Prosthetic screw for angled screw channel* (Sold separately)

MM-SA160

CONNECT prosthetic screw

MM-S0160

CONNECT FAQs

What are the advantages of using the CONNECT abutment system?

Some of the advantages of using the CONNECT include:

- Distancing the prosthetic platform from the bone, which leads to reduced bone remodeling.
- One time abutment
- Solid abutment – no screw chimney with unavoidable contamination.
- Narrow profile
- Bone level implant transforms to customized tissue level implant.
- Simple, traditional or digital prosthetic workflow.
- In case of significant tissue alteration, the CONNECT may be replaced to the desired height.
- Flexibility in choosing the appropriate height of the CONNECT according to thickness of the mucosa.
- Guarantees placement of clean and sterile parts in contact with the gingiva.

For which indications would I use the CONNECT?

- One stage procedure – With healing cap on top
- Immediate loading – With temporary cylinder on top
- Two stage procedure: implant submerged, or CONNECT with 0.5 mm healing cap submerged
- Single unit restoration
- Multiple implant restoration

Which implants is the CONNECT compatible with?

Conical connection implants: C1 (NP, SP, WP) and V3 (NP, SP).

Which tools do I need in order to use the CONNECT?

For CONNECT abutment: CONNECT insertion tool
For prosthetic screws and healing caps: MT-RDL30 - 0.05 Inch Hex Driver
For closed-tray impressions (MM-IC040): MT-IT100 - Closed-tray impression coping tool
For digital impressions – scan body (MM-SP104): MT-RDL30 - 0.05 Inch Hex Driver
For angled screw channel (MM-SA160): MT-ELR10 - Long ratchet key for angulated screw and MT-ELM10 - Long motor key for angulated screw

What kind of connection does the CONNECT have?

The CONNECT is assembled to the implant using a 12 degree conical connection with a torque of 30 Ncm for NP, SP & WP. The internal connection which interfaces with the superstructure, is a double hex connection, which enables 12 different options of positioning.

How do the strength and durability of the CONNECT compare with other systems?

R&D tests have shown that even with a narrow and modular profile, the CONNECT has outstanding mechanical properties and will not be released overtime, even as a single unit crown.

Is the CONNECT integrated into a digital workflow?

Yes. CONNECT system components are integrated in both 3Shape and Exocad libraries.

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