

Sphero Flex and Sphero Block Instructions



Benefits

Self-paralleling spherical implant abutments Corrects up to 15° divergence of implants

- Easier Patient insertion
- Reduced attachment wear



Sphero Block (1.8mm micro or 2.5mm standard)

- 1 Metal Housing
- 1 Pink Nylon female
- 1 rubber spacer ring
- 1 abutment
- 3 directional rings (grey, green, red)



Sphero Flex (2.5mm standard)

- 1 Metal Housing
- 1 Pink Nylon female
- 1 rubber spacer ring
- 1 abutment
- 3 directional rings (grey, green, red)





Measure the appropriate cuff height and order the correct abutments. Use the <u>Sphero Flex insertion tool</u> to thread the attachments into the implants. To avoid the possibility of gradual unthreading of the attachments, it is recommended to place a small amount of Ceka Bond on the threads of the attachment. Ceka Bond is an anaerobic, non-water soluble adhesive that will stop gradual unthreading of the abutments.

Direct Pick-up of Females



The correct retention level of insert is chosen (most commonly pink) and the nylon female is seated into the metal housing.







Insert a rubber spacer ring down around the abutment. Slide the appropriate directional ring into place, and then seat the metal housing (with nylon female) and rotate to the appropriate and desired parallel position. The directional rings will help position the attachment so that optimum parallelism is obtained.

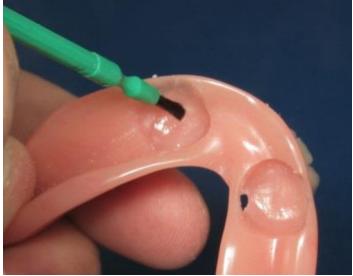
After the optimum parallel position is found, finish blocking out any undercuts and relieve the denture to accomodate the Sphero housings.





Use indicating paste or PIP to assure that the denture can fully seat without any premature contact between the housings and the denture.





Use a small round bur to cut escape vents from the relieved area out to the lingual of the denture. These lingual escape vents will eliminate the lifting or hydraulic effect of autopolymerizing acrylic resin, as well as provide an "escape" for any excess acrylic.

It is preferable that excess acrylic flows to the lingual instead of underneath the attachments! After cutting the lingual escape vents, prime the existing acrylic with monomer.





Place a low viscous mix of self curing acrylic resin into the relieved area of the denture, and seat the denture with finger pressure only on the attachment area. Do not have the patient come into full occlusion and displace soft tissue in the saddle area. This will cause the prosthesis to cant, or rotate anterior to posterior, and take the attachments out of alignment.

The prosthesis is seated in the mouth for approximately 6 minutes, or what the acrylic resin manufacturer indicates. Remove any excess resin, as well as the rubber spacer and directional rings. Finish and polish. The female may be easily changed in the metal housing to adjust retention.

Instruct the patient in the path of insertion. Have the patient insert and remove the appliance several times.

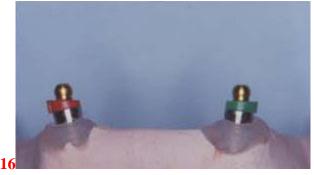
Laboratory Processed

Using Sphero Flex/Block Analogues:

Once the Sphero Flex/Block attachments are placed, and the directional rings are seated, an impression is taken. The sphere will create a recess in the impression material. The Laboratory will seat the Sphero Flex Analogue into this recess in the impression and pour the model. Place the tin spacer on the attachment analogue, seat the retention cap into the metal housing, and place the complete female on the attachment. Block out any undercuts, such as the area between the tin spacer and the metal housing, and process into the prosthesis.

OR Using Implant Analogues:





Thread the Sphero Flex attachment in to the implant analogues in the model (FIG 15). As in FIG 5 and 6, select and position the appropriate directional rings to find optimal parallelism (FIG 16).





Place the <u>Tin Spacers</u> on to the attachment. Seat the nylon retentive caps in to the metal housings using the Cap Insertion Tool. Seat the completed female on to the attachment (**FIG 17**). Block out any undercuts, such as the area between the tin spacers and the metal housing. Process as usual into the prosthesis. Remove the tin spacers and directional rings. Remove any excess acrylic resin. The final prosthesis (**FIG 18**).

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