ZAAG Retrofit Kit Instructions

Parts Identification---ZAAG RetroFit Kit

2 of each component (excluding burs)

#4335 Denture Cap Male

#4562 Female

#4543 Replacement Male

#4583 Paralleling Post

Indications

- As a retrofit for existing extracoronal attachments.
- On a new case for unilateral, or bilateral partial dentures, where a resilient prosthesis is indicated.

Contraindications

- Not appropriate for case designs requiring rigidity in function.

Features

- Save failed cases. The ZAAG RPD attachment can easily retrofit a worn out extracoronal attachment without disturbing the abutment crowns or bridge.
- ZAAG male provides long life. The advanced design of the ZAAG RPD attachment provides a dramatic increase in resistance to wear when compared to other attachments.
- ZAAG females provide a long life. The cemented ZAAG female is coated with gold colored, wear resistant titanium nitride coating that is three times harder than any cast metal, virtually eliminating wear of the permanent abutment component.
- 30 second male replacement. When its time to replace the nylon male, simply core it out of the permanent metal cap and snap in new one.

Benefits

- Provides for saving failed ERA® Removable Partial Dentures via conversion to ZAAG
- Easy and economical chairside and Laboratory procedures

- Provides for saving existing removable partial dentures when it is not known what attachment system was originally used.

Retrofitting an existing Attachment Case--Fabrication Procedures

A. Sizing the female of an existing casting

The following extracoronal attachments may be retrofitted using the ZAAG 7011 kit:

- All Stern ERA® attachments
- Ceka® M3 attachments
- Ceka® M2 attachments
- Octolink®
- Any unknown extracoronal attachment system

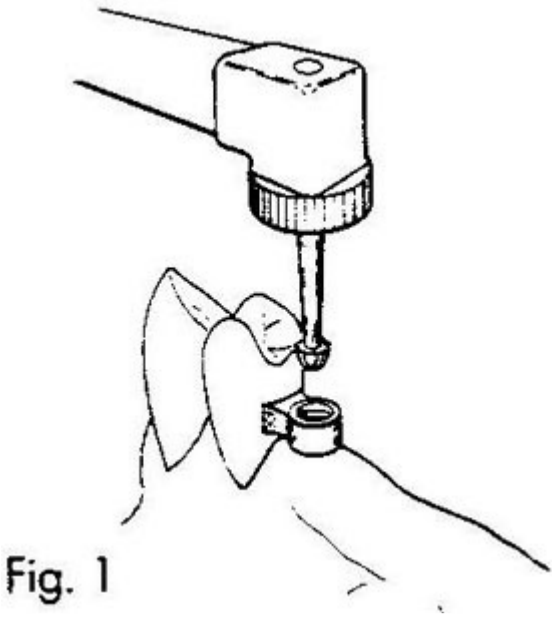

Fig. 1

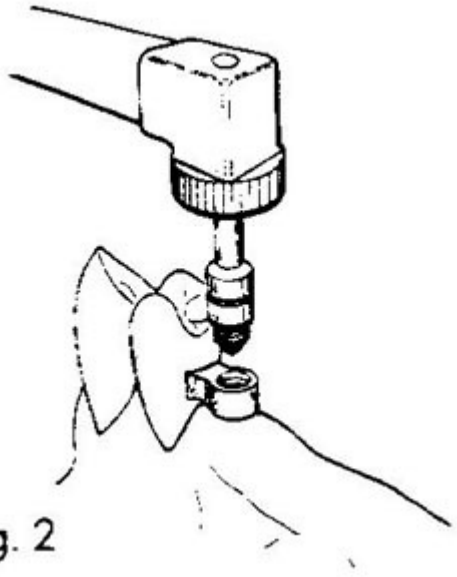

Fig. 2

1. Use the Carbide #7912 Round Bur to enlarge the female of the existing extracoronal attachment so that the bottom diameter of the ZAAG Female will pass through the center of it (**FIG 1**).
2. Use the Mini Diamond Sizing Bur #4922 with water coolant to create an upper seat in the female for the ZAAG Female to fit in to (**FIG 2**).

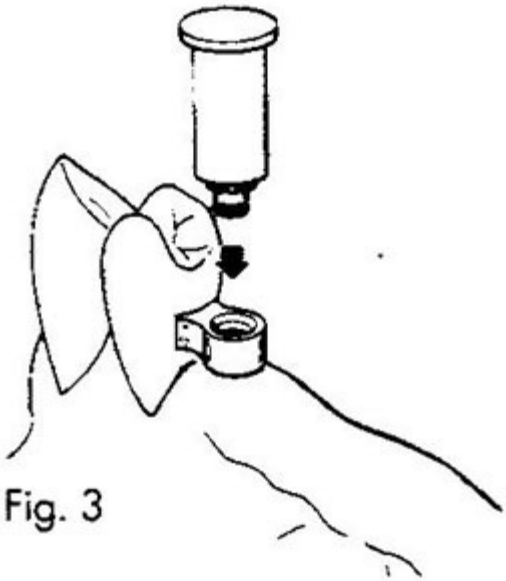

Fig. 3

3. Check the fit of the ZAAG Female using the Parallel Post as a handle (**FIG 3**). The top rim of the ZAAG Female should seat on top of the surrounding cast metal.

Note: it is very important not to countersink the ZAAG female below the level of the surrounding metal, as the ZAAG male with centering sleeve will not seat completely into the retention socket of the female, resulting in a loss of retention.

B. Cementing the ZAAG Female

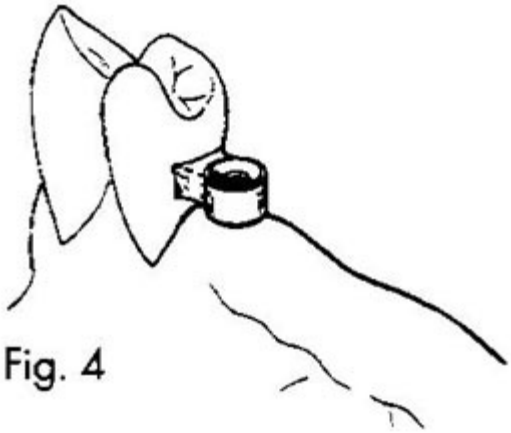

Fig. 4

Using the Parallel Post(s) as handles, cement the ZAAG female into the existing female with strong metal to metal cement (**FIG 4**). Do not touch the outer surface of the ZAAG female as this may contaminate the cement bond.
Maintain the ZAAG female as close to parallel as possible. Glass ionomer cement, or Ceka Site--an anaerobic bonding composite--work well. The ZAAG Female has been grit blasted on the outside for increased cement retention.

C. Male Placement by the Dentist

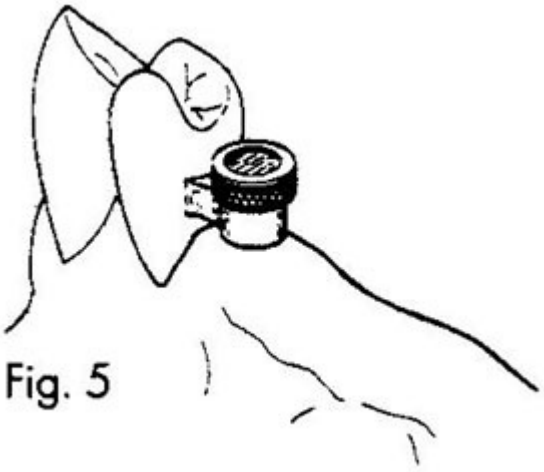
Fig. 5

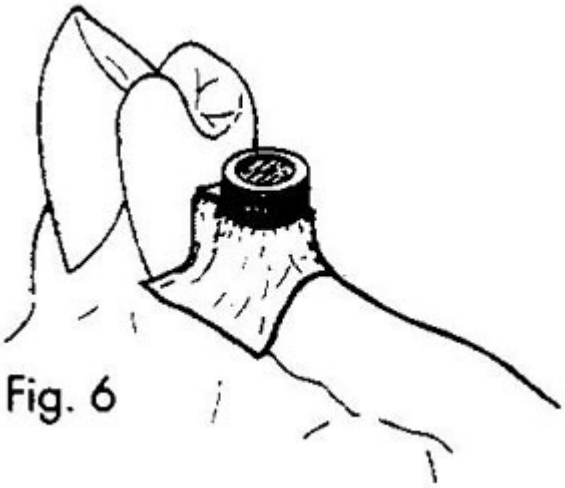
Fig. 6

1. After the cement has set completely, snap a ZAAG Cap Male into each cemented female (**FIG 5**). The black centering sleeve keeps the male centered during the pickup, and is removed after the processing to allow a resilient hinging attachment function.
2. Prepare a recess in the existing partial denture to accommodate the metal housing of the ZAAG male. There must be no contact between the existing acrylic and the metal cap.
3. **Block out the gingival space underneath the attachment** (**FIG 6**). Light cure the ZAAG male into the denture, or mix self curing acrylic resin and place a small amount in the recess of the partial denture, and around the top of the metal cap.
4. Insert the partial denture into position in the oral cavity. Guide the patient into occlusion, maintaining a proper relationship with the opposing arch. Maintain the denture in a passive condition without compression (which causes displacement of the soft tissue), while the acrylic sets (use finger pressure, do NOT have the patient bite the denture into place).
5. Remove the black centering sleeve from each ZAAG Male. Relieve the remaining acrylic over the female of the cast abutment. There should be no contact between the acrylic saddle and cast abutment.
6. Instruct the patient in the path of insertion and have the patient insert and remove the appliance several times. The snap into retention should be accomplished by finger pressure without the aid of opposing teeth.

D. Male Placement by the Laboratory

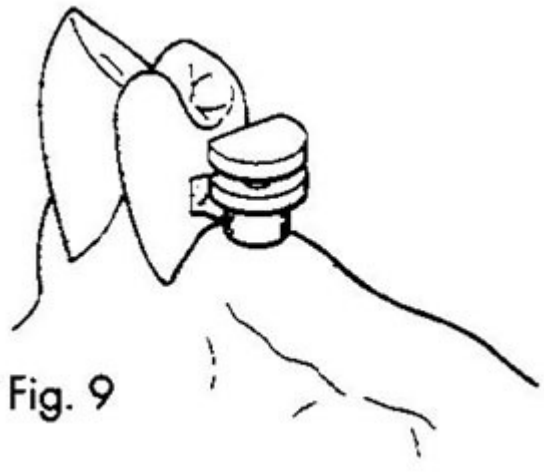
Fig. 9

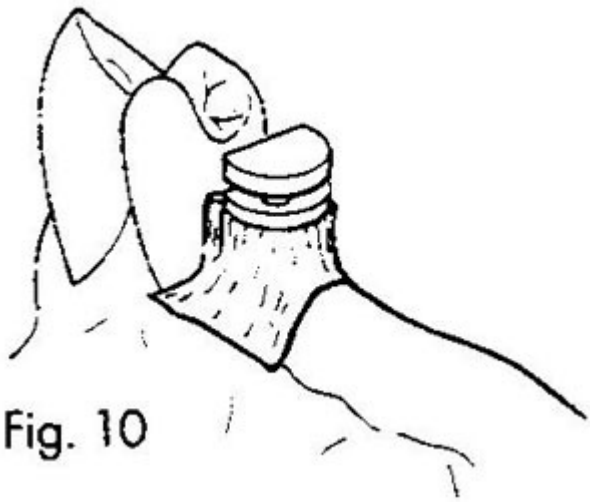
Fig. 10

1. Place a ZAAG Impression Male into each cemented ZAAG female. Position the flat on the impression male so that it faces parallel with the flat proximal plate of the cast abutment (**FIG 9**).

2. Prepare a recess in the existing partial denture to accommodate the black impression male. There must be no contact between the existing acrylic and ZAAG Impression Male.
3. **Block out the gingival space underneath the attachment** (**FIG 10**). Take a reline impression using the partial denture as a tray, exercising caution not to displace the soft tissue. The Impression Males are designed with minimum retention to be drawn in the impression. Take impression.
NOTE: A vinyl polysiloxane impression material will easily pick up the impression males. If an alginate material is preferred, retention of the Impression Male can be reduced by using a blade to cut off a small section of its retentive band.

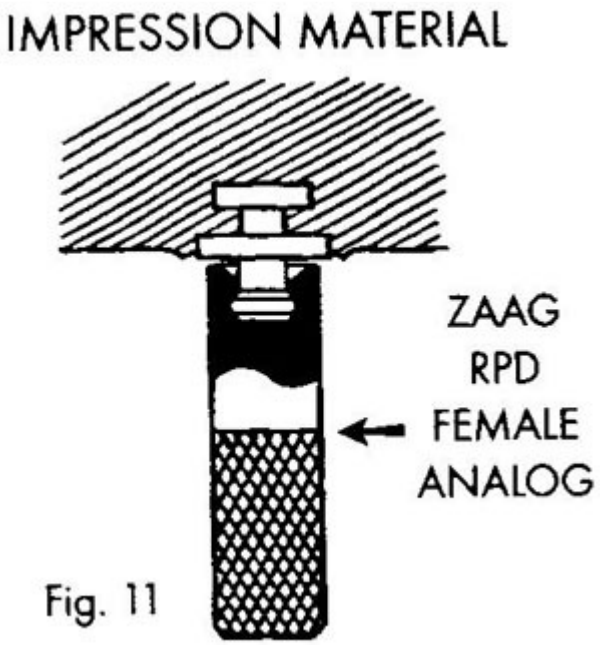

Fig. 11

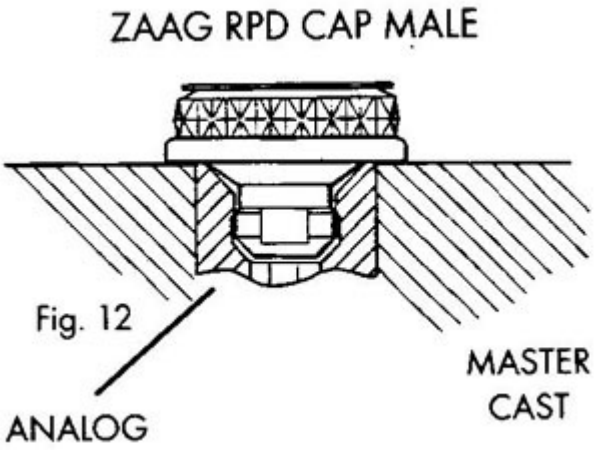

Fig. 12

4. Place a ZAAG Female Analogue onto each Impression Male in the impression. Make sure the Female Analogs are fully seated (**FIG 11**).
5. Pour the master model. Upon separation, the female analog is a part of the master cast in the exact position the ZAAG female is in the mouth.
6. Before processing the partial denture or reline, place a ZAAG Cap Male into each Female Analog in the master cast. Make sure the male is fully seated. The black centering sleeve eliminates movement of the male during processing (**FIG 12**).
7. Complete the processing.
8. Remove the centering sleeve from the male and remove the remaining acrylic over the female of the cast abutment. There should be no contact between the acrylic saddle and the cast abutment.