Wide Ponto Implant – Surgical Aspects

The wide Ponto implant has a universal hexagon abutment-implant interface which guarantees full backwards compatibility. Therefore no alterations to the surgical procedure and no new reusable instruments are required. The surgical procedure is described in the Surgical Manual for the Ponto System, but there are a few good things to note before placing a wide Ponto implant.

New wide countersinks
- To prepare the drill hole for wide Ponto implant insertion, always make sure to use a wide Ponto countersink. The wide Ponto countersinks are intended for use when preparing for a wide Ponto implant only.
- For ease of identification the two wide Ponto countersinks are marked with W3 for use with the 3 mm wide implant and W4 for use with the 4 mm wide implant.

Countersinking with the wide countersink
- To preserve as much as possible of the upper (hard) cortical bone layer, the wide countersink produces a conical recess (*figure 1 and 2*). The recess may be perceived as less distinct than the recess produced by the countersink for the 3.75 mm implant.
- The contour of the bone surface may influence the visibility of the recess and the surrounding halo. It is important that all drilling is carried out perpendicular to the bone surface (*figure 1*). This is more important than creating an intact or perfect halo.
- The depth of the recess should not exceed 0.3 mm. The wide countersink has a stop collar that helps prevent excessive countersinking. In case of soft bone it is important to pay attention during drilling in order to avoid excessive countersinking.

Insertion of the wide Ponto implant
- Make sure to maintain the drill angle used at countersinking when inserting the implant (*figure 3*).
- The torque setting should always be adjusted to suit the quality of the bone. If 40 Ncm is not sufficient to fully insert the implant in hard bone, the torque setting may be increased.
- If the flange does not reach the bone surface, the counter torque wrench can be used for manual insertion until the flange reaches the bone surface.

*This paper does not replace the Surgical Manual, where the surgical procedure is described in more detail.*