

DIVA

By **PALTOP**

Innovative Closed Sinus Lift Technology With Paltop's Cutting Edge Manufacturing Technology

DIVA possesses three unique features:

- ✓ The use of the implant to elevate the sinus membrane
- ✓ Its ability to detect sinus membrane movement through the implant
- ✓ A configuration that allows delivery of bone substitute directly through the implant

Clinical Advantages:

- Reduced Chair time & Ease of use
- Significantly lower risk of complications and patient discomfort
- Minimally invasive technology, reducing the risk of membrane damage.
- Suitable for patients with complex medical backgrounds.
- Sinus lift procedures can be performed even in cases of minimal residual bone
- Minimally invasive technology, reducing the risk of membrane damage



DIVA			
Ø 3.75 mm	L 11.5 mm	23-70001s	
Ø 3.75 mm	L 13 mm	23-70002s	
Ø 4.2 mm	L 11.5 mm	23-70003s	
Ø 4.2 mm	L 13 mm	23-70004s	
Ø 5.0 mm	L 11.5 mm	23-70005s	
Ø 5.0 mm	L 13 mm	23-70006s	



INTERNAL HEXAGONAL CONNECTION

Paltop's Internal Hex Prosthetic Components may be used with the DIVA Implants



Implant	Osteotome Sequence		
Ø 3.75	Ø2.2~Ø2.7		
Ø 4.2 mm	Ø2.2~Ø2.7	Ø2.7~Ø3.2	
Ø 5.0 mm	Ø2.2~Ø2.7	Ø2.7~Ø3.2	Ø3.2~Ø3.7

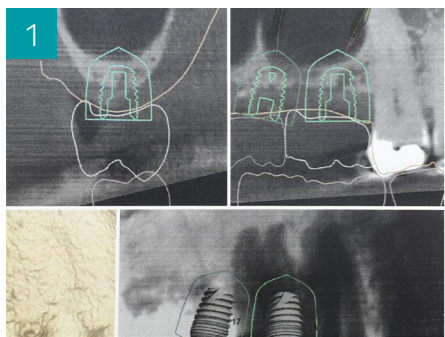
DIVA Osteotome	
Ø2.2~Ø2.7 mm	60-70090
Ø2.7~Ø3.2 mm	60-70091
Ø3.2~Ø3.7 mm	60-70092



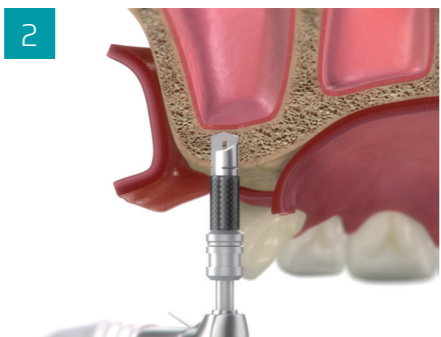
* This product is not available in all markets where PALTOP operates. In several countries PALTOP has the marketing rights for this product although not exclusively

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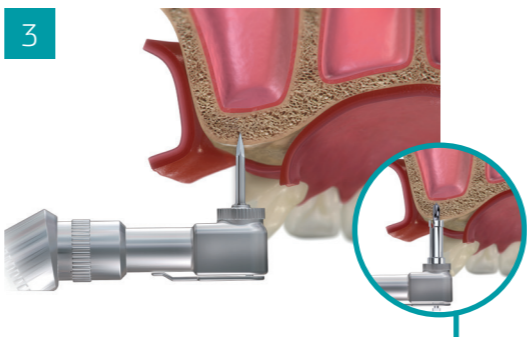
DIVA IMPLANT — SURGICAL SEQUENCE



Full treatment planning including radiographic evaluation via CBCT imaging should be completed prior to initiation of any surgical procedures. Measure the distance from the sinus floor to the apex of the dental implant via CBCT measurement tools.



After comprehensive treatment planning, use a round burr at 1200-1500rpm to mark the planned implantation site.




Initiate the surgical sequence by drilling a pilot hole using the 2mm initial drill at 1200-1500rpm using copious amounts of irrigation. The depth of the pilot hole should be 1mm below the sinus floor as determined from the CBCT imaging and treatment planning. A drill stopper can be used to assist in achieving the correct depth.



Select the tapered 2.2mm to 2.7mm osteotome and insert into the pilot hole. Simultaneously press and rotate the osteotome until the desired depth is reached. The bone will be condensed towards the sinus floor. Note: the sinus floor will fracture as pressure is applied toward the sinus floor. If placing a 3.75mm diameter implant, this should be the final diameter osteotome used. If placing a larger diameter implant, proceed to step 5.

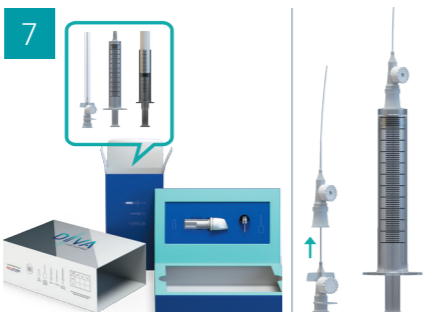
DIVA Osteotome		Implant	Osteotome Sequence	
Ø2.2-Ø2.7 mm	60-70090	Ø 3.75	Ø2.2-Ø2.7	
Ø2.7-Ø3.2 mm	60-70091	Ø 4.2	Ø2.2-Ø2.7	Ø2.7-Ø3.2
Ø3.2-Ø3.7 mm	60-70092	Ø 5.0	Ø2.2-Ø2.7	Ø2.7-Ø3.2 Ø3.2-Ø3.7



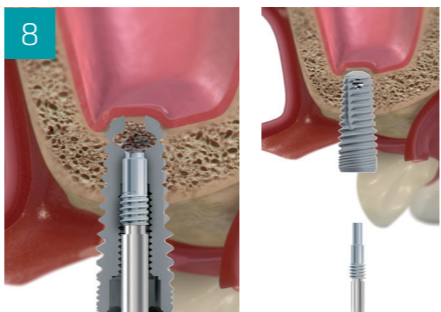
Osteotome Ø2.7mm- Ø 3.2mm: Osteotomes are used to sequentially widen the osteotomy to the matching implant diameter. To avoid over-preparation, widening Osteotome diameter should be used only as needed, and in proper succession. Select the osteotome for the size of the implant intended to be placed. The Surgical Sequence Chart can be used as a reference. Insert the osteotome into the prepared site. Simultaneously press and rotate until the desired depth is achieved. Keep the osteotome in place for 10 seconds to allow the bone to relax. With a twisting motion in the opposite direction, reverse the osteotome out of the site. The goal is to ensure adequate primary stability can be achieved during implant placement.



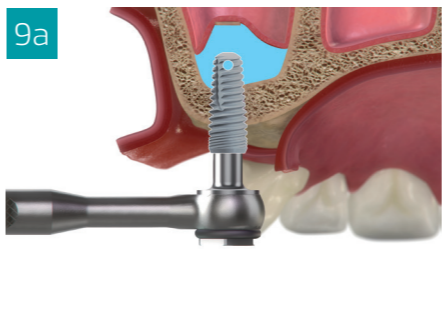
The surgical ratchet can be used to initiate placement of the DIVA implant. Connect the implant driver/ratchet to the implant and remove the implant from the packaging. Insert the DIVA implant into the prepared implant site using controlled rotation until the initial primary stability is obtained. The implant should have enough stability so that the channel screws can be removed and tightened during the procedure.



Remove syringe and cannula from the blue box in the DIVA set. Remove the needle from the cannula and discard the needle. Attach cannula to saline filled syringe.



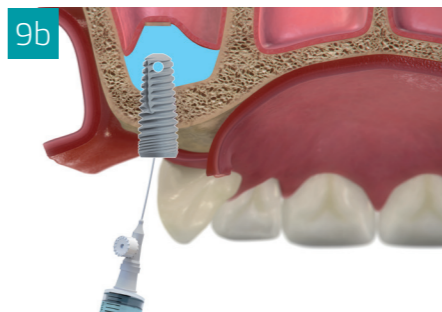
Using the supplied driver, unscrew and remove the channel screw located within the implant. Note: blood will be observed flowing through the implant channel. This is an indication that the sinus floor has fractured.



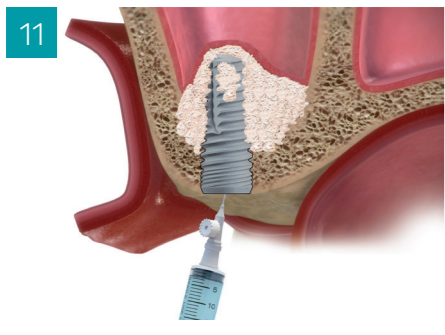
Begin to ratchet the implant slowly, advancing the implant 1mm into the osteotomy. Remove the implant driver from the implant. Gently insert the cannula into the implant until it stops. Deliver 1cc of saline through the implant. The saline solution will begin to elevate the sinus membrane. Replace the implant driver into the implant and advance 1mm into the osteotomy manually using the surgical ratchet. Again, remove the implant driver from the implant and deliver 1cc of saline through the implant, continuing the sinus elevation. The alternating pattern of implant advancement and saline delivery continues until the implant is fully seated in accordance with the treatment plan.

Note: Movements of the saline inside the implant channel according to the breathing rhythm indicates that the sinus membrane is intact. If the sinus membrane is perforated, saline will be observed flow through the nasal cavity and nose.

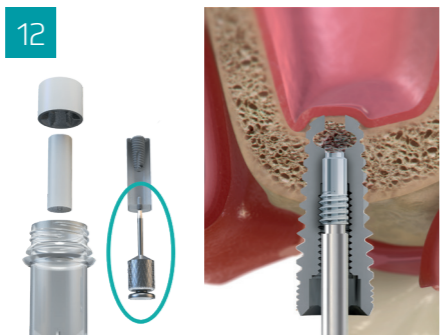
Warning: The implant should be removed, and traditional sinus elevation procedures followed if adequate primary stability of the implant cannot be achieved.



The DIVA implant can also be used to deliver bone graft material to the dilated space. Detach the saline syringe from the cannula and then attach to the BONE MATERIAL syringe. Insert the cannula tubing into the implant until it can't advance any further. Use this apparatus to inject TCP via the implant (approximately 0.5cc per implant) until the excess TCP overflows from the implant.



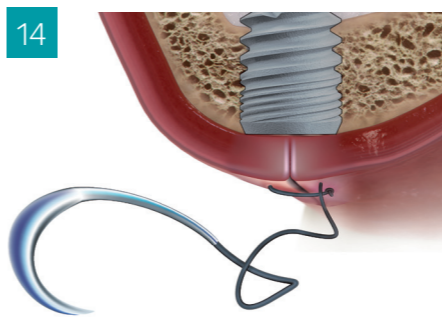
Make sure that the implant is fully seated in the bone. Detach the cannula from the Bone Material syringe and reattach to the saline syringe. Irrigate the channel with sterile saline to remove the remainder of the gel from the implant internal threads.



Remove the final channel screw from the implant package. Insert and tighten the final channel screw by hand until fully seated.



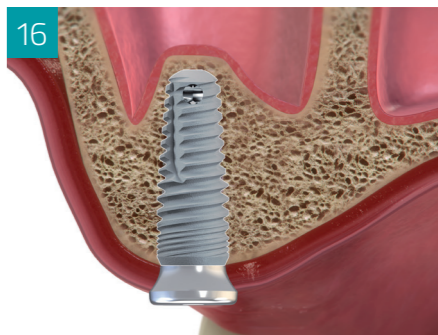
Remove cover screw from the implant package. Insert and tighten the cover screw into the implant by hand until fully seated.



In a two-stage surgery after inserting the cover screw, the flap margins are repositioned and sutured in a tension-free manner. The healing period between the first and second stages of this surgery is a 6-8 month period. Note: Before starting the second stage it is recommended to review implant placement and healing via CBCT scan.



After the 6-8month osseointegration period, remove the cover screw to expose the implant and confirm that the final channel screw has remained tight.



Insert the healing abutment. The implant is now ready for permanent prosthetic restoration.



The DIVA box contains:

- DIVA Implant with cover screw
- Internal Screw Driver
- Syringe
- Cannula
- Synthetic Bone Paste

DIVA

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