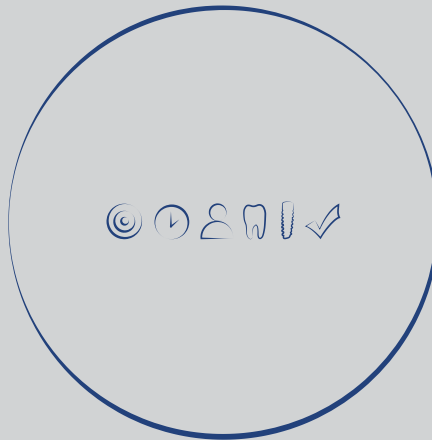


**MIS<sup>®</sup> | CONNECT**  
Tissue-Level Screw-Retained Solution



MIS exercises great care and effort in maintaining the superior quality of its products. All MIS products are guaranteed to be free from defects in material and workmanship. However, should a customer find any fault in any MIS product after using it according to the directions, the defective product will be replaced.



# TABLE OF CONTENTS

P. 8 ○

P. 9 ○

P. 10 - 11 ○

P. 12 - 13 ○

P. 14 - 15 ○

P. 16 - 17 ○

P. 18 - 19 ○

P. 20 - 21 ○

P. 22 - 23 ○

P. 24 - 25 ○

P. 26 - 27 ○

---

Introduction

---

Benefits

---

MIS CONNECT System

---

Specialized Components

---

Step by Step

---

MIS CONNECT Abutment System Ø4mm

---

MIS CONNECT Abutment System Ø5.7mm

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R&D Testing

---

Clinical Study

---

Clinical Case

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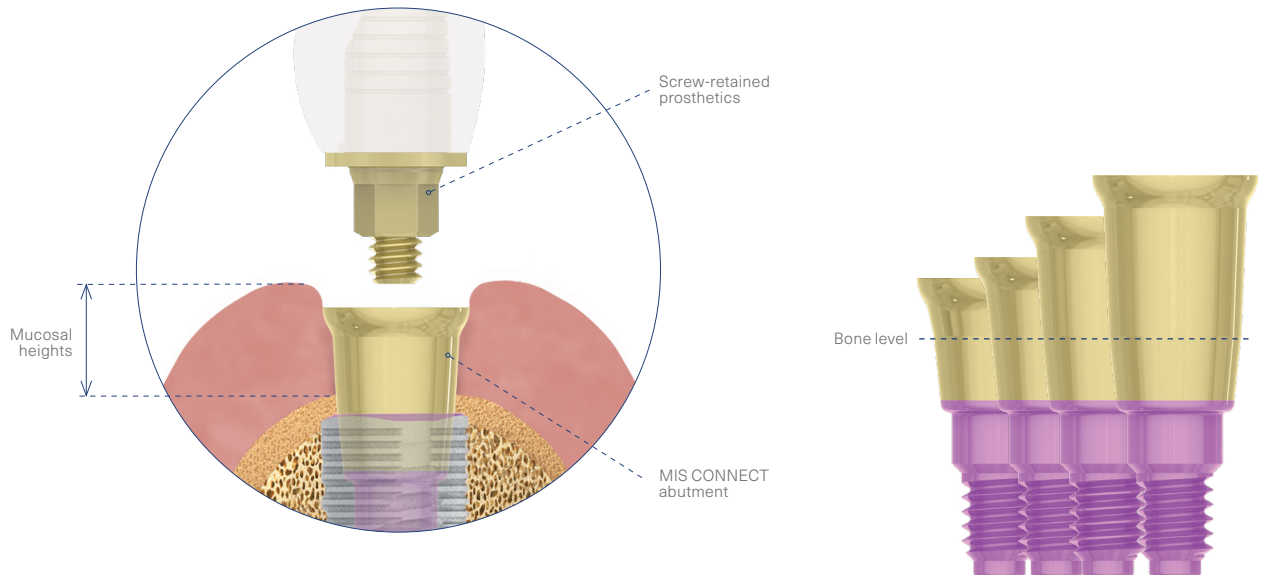
CONNECT FAQs

## Introduction

The MIS CONNECT is a stay-in abutment system which enables avoiding interference with the peri-implant gingival seal.

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, and at any level of the connective tissue.

The CONNECT is designed to reduce micro-movements and micro-leakage of bacteria at the bone level.



# Benefits



## Versatility

The MIS CONNECT system may be used in single or multiple unit restorations for digital or traditional procedures. It may also be used for both provisional and final prosthetic restorations, as well as for both one stage or II stage procedures.



## Ease of use

The CONNECT abutment is delivered sterile and comes with its own plastic grip for maximum ease of use. The system features a simple suprastructure engagement with 12 point connection and offers one line of suprastructures for all platforms.



## Esthetics

With the transmucosal CONNECT abutment (low and narrow profile) designed to facilitate a predictable and successful outcome. Using the CONNECT potentially enables creating a biologic seal around the implant/bone junction. This may provide the best possible environment to maintain bone level, and esthetic soft tissue results. In addition, the solution allows for a broader range of screw-retained prosthetics in the esthetic zone.

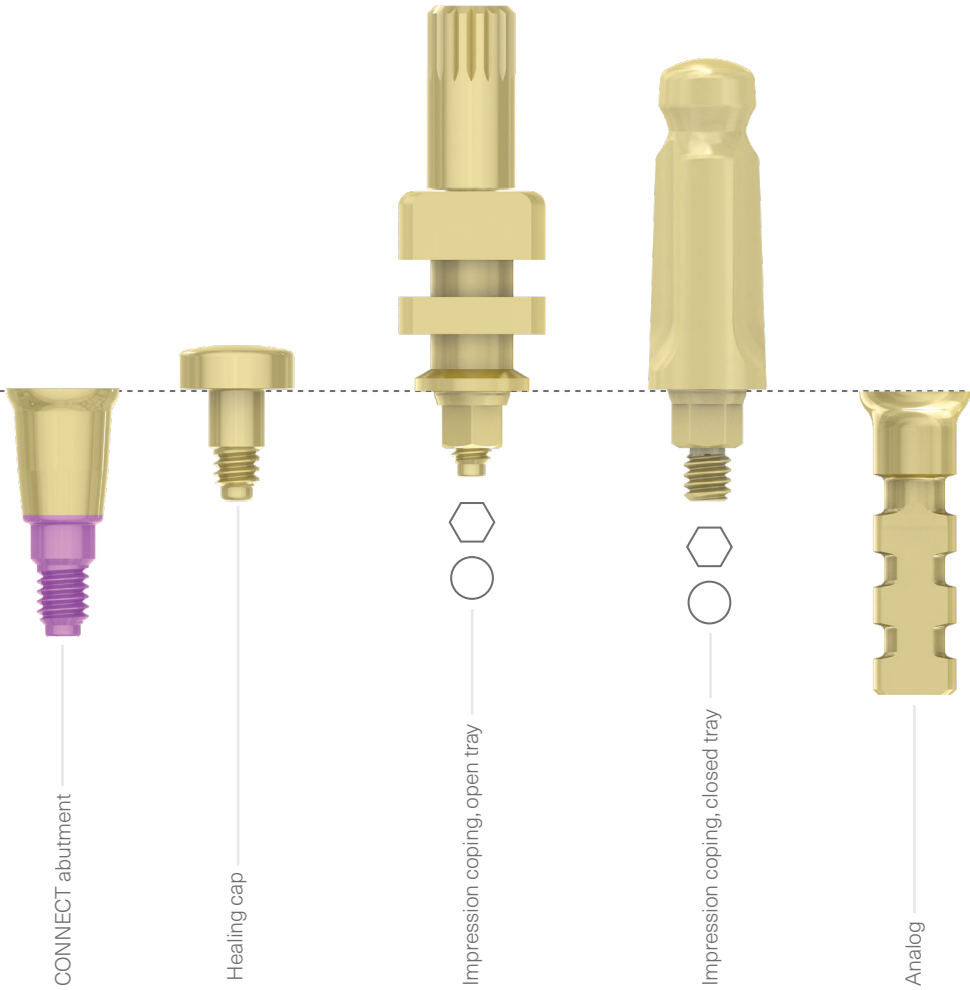
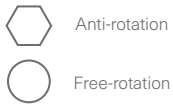


## Ultimate precision & durability

CONNECT abutments are one-piece and solid (with no separate prosthetic screw). The system enables a smooth path of insertion for bridges and connected crowns, thanks to a 40° opening of the abutment. Its internal connection presents the advantage of high accuracy and ultimate fit with the supra-structures.

# MIS CONNECT System

Tissue level







Digital model analog



Scan post



Temporary cylinder



Final esthetic abutment, H6mm



Final esthetic abutment, H8mm



CoCr plastic cylinder



Angulated cementable abutment

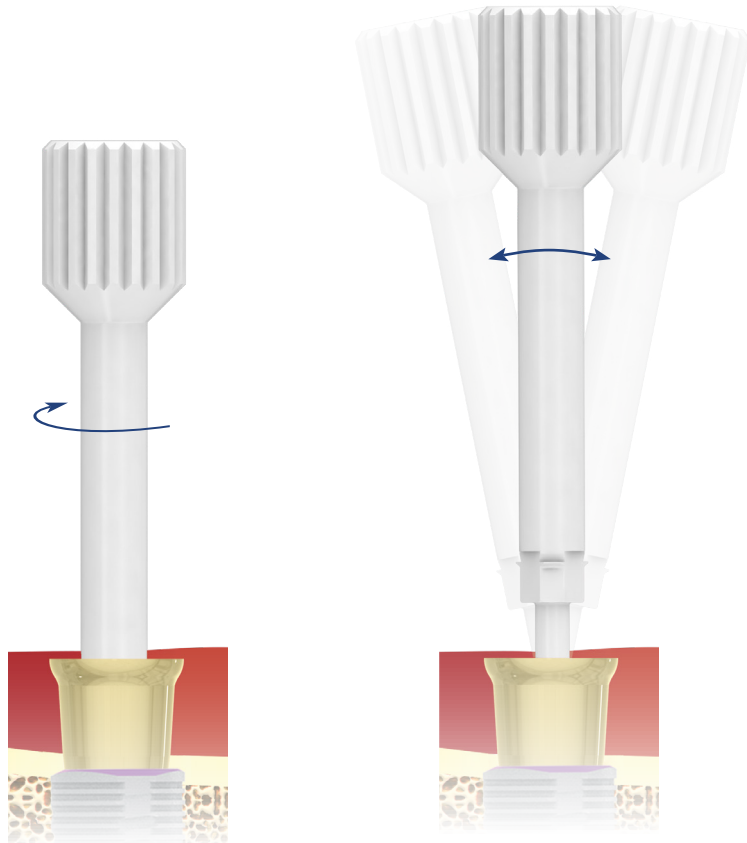


## Specialized Components

### 1. Assembly



Gingival height measurements should be taken prior to assembly.

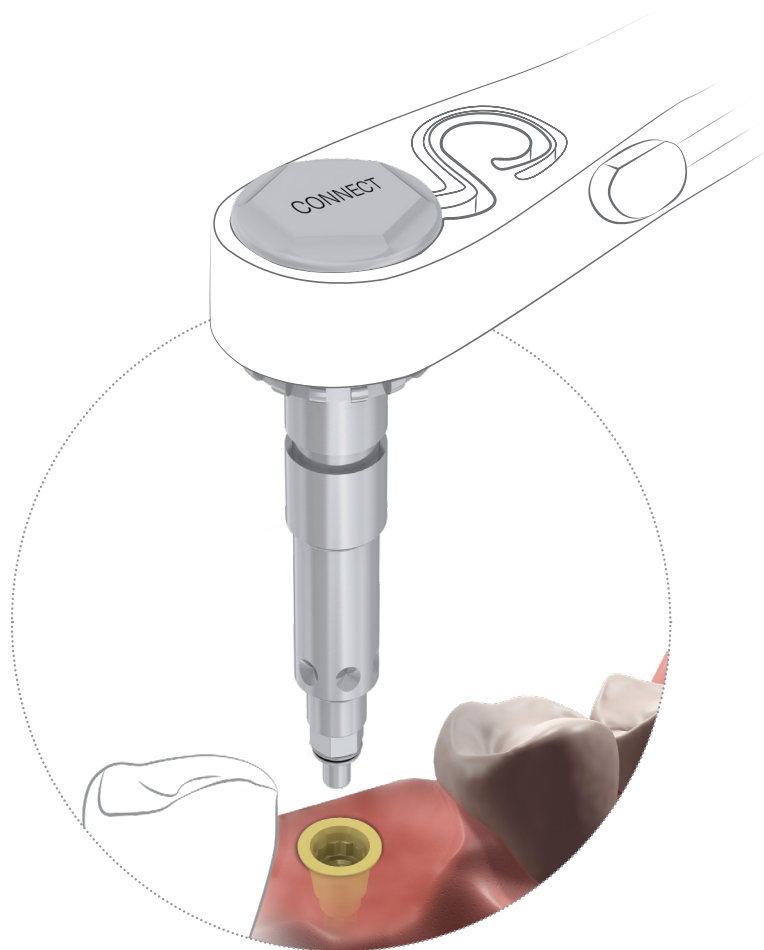


Use the plastic gripping tool to attach the CONNECT abutment to the implant.

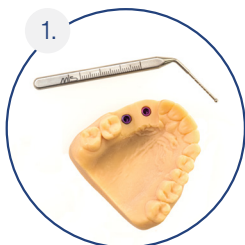
Remove the plastic tool by applying a slight bending motion.

## 2. Tightening

The CONNECT is tightened to the implant using the CONNECT insertion tool, to a recommended torque of 30Ncm.



## Step by Step

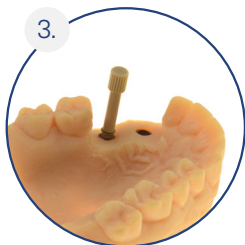


Measure the gingival height at the implant site with a periodontal probe.



Choose the appropriate height of the CONNECT abutment, according to 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.

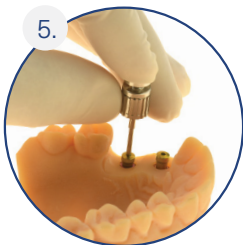


Use the plastic gripping tool to screw in the CONNECT abutment to the implant and then remove the tool with a slight bending motion.

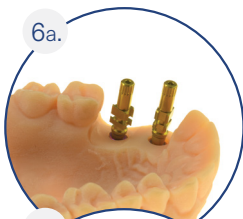


Tighten the abutment with 30 Ncm of torque, using the CONNECT insertion tool.

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.



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.

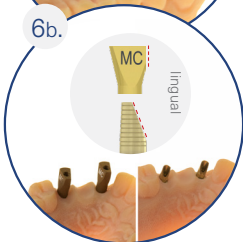


! Re-tighten the CONNECT with a torque of 30 Ncm before impression taking

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 impression material.

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

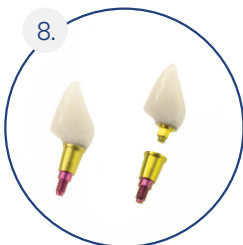


b. **Digital restoration procedure** - Attach the scan post to the CONNECT, orienting the narrow flat side of the scan post towards the desired direction of the screw channel of the final esthetic abutment and scan.

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



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



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.

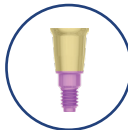
Note: When creating a multi-implant bridge the maximum angle correction of diverging implants on the free rotating final esthetic abutment is 40° (20° for each implant).

# MIS CONNECT Abutment System Ø4mm

## CONNECT Abutment



**CN-C2040** | H=2mm, Ø4mm  
**CN-C3040** | H=3mm, Ø4mm | CONNECT abutment,  
 conical connection, NP



**CS-C1540** | H=1.5mm, Ø4mm  
**CS-C2040** | H=2mm, Ø4mm  
**CS-C3040** | H=3mm, Ø4mm  
**CS-C4040** | H=4mm, Ø4mm | CONNECT abutment,  
 conical connection, SP



**CW-C1540** | H=1.5mm, Ø4mm  
**CW-C2040** | H=2mm, Ø4mm  
**CW-C3040** | H=3mm, Ø4mm  
**CW-C4040** | H=4mm, Ø4mm | CONNECT abutment,  
 conical connection, WP

## Healing Caps



**MM-H0540** | H=0.5mm, Ø4mm  
**MM-H1540** | H=1.5mm, Ø4mm  
**MM-H3040** | H=3mm, Ø4mm | CONNECT  
 healing cap

## Analogs

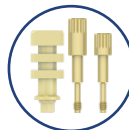


**MM-RSM41** | Ø4mm | CONNECT analog

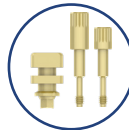


**MM-MAN40** | Ø4mm | CONNECT digital  
 model analog

## Impression Coping



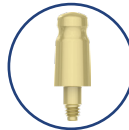
○ **MM-IO011** | C=11mm  
 ○ **MM-IO111** | Ø4mm | CONNECT long impression  
 coping for open tray,  
 free rotation/anti rotation



○ **MM-IO040** | C=7mm  
 ○ **MM-IO140** | Ø4mm | CONNECT short impression  
 coping for open tray,  
 free rotation/anti rotation



**MM-IC140** | C=8.3mm  
 Ø4mm | CONNECT Impression coping  
 closed tray, anti rotation  
 (Requires MT-IT100 key)

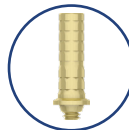


**MM-IC040** | C=8.3mm  
 Ø4mm | CONNECT impression coping  
 for closed tray, free rotation  
 (Requires MT-IT100 key)

## Temporary Cylinders



**MM-TC141** | C=10mm  
 Ø4mm | CONNECT temporary  
 cylinder, anti rotation



**MM-TC041** | C=10mm  
 Ø4mm | CONNECT temporary  
 cylinder, free rotation

## Final Esthetic Abutments



**MM-CEI46** | C=6mm, Ø4mm | CONNECT final esthetic abutment, anti rotation



**MM-CE046** | C=6mm, Ø4mm | CONNECT final esthetic abutment, free rotation



**MM-CFI48** | C=8mm, Ø4mm | CONNECT final esthetic abutment, anti rotation



**MM-CF048** | C=8mm, Ø4mm | CONNECT final esthetic abutment, free rotation



**MM-AN204** | C=8mm, Ø4mm | CONNECT angulated cementable abutment, 20°, anti rotation



**MM-CCR14** | C=14mm, Ø4mm | CONNECT CoCr plastic cylinder, anti rotation



**MM-CCR04** | C=14mm, Ø4mm | CONNECT CoCr plastic cylinder, free rotation

## Scan Post



**MM-SP104** | L=10mm, Ø4mm | CONNECT scan post, anti rotation

## Tools



**MT-CLM21** | CONNECT long motor insertion tool  
**MT-CSM21** | CONNECT short motor insertion tool



**MT-CLR21** | CONNECT long ratchet insertion tool  
**MT-CSR21** | CONNECT short ratchet insertion tool



**MM-S0160** | CONNECT prosthetic screw



**MM-SA160** | Prosthetic screw for angled screw channel (Sold separately)

# MIS CONNECT Abutment System Ø5.7mm

## CONNECT Abutments



<b>CS-C1557</b>	H=1.5mm, Ø5.7mm	CONNECT abutment, conical connection, SP
<b>CS-C2057</b>	H=2mm, Ø5.7mm	
<b>CS-C3057</b>	H=3mm, Ø5.7mm	
<b>CS-C4057</b>	H=4mm, Ø5.7mm	



<b>CW-C1557</b>	H=1.5mm, Ø5.7mm	CONNECT abutment, conical connection, WP
<b>CW-C2057</b>	H=2mm, Ø5.7mm	
<b>CW-C3057</b>	H=3mm, Ø5.7mm	
<b>CW-C4057</b>	H=4mm, Ø5.7mm	

## Healing Caps



<b>MM-H0557</b>	H=0.5mm, Ø5.7mm	CONNECT healing cap
<b>MM-H1557</b>	H=1.5mm, Ø5.7mm	
<b>MM-H3057</b>	H=3mm, Ø5.7mm	

## Analogs

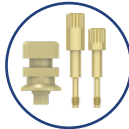


<b>MM-RSM57</b>	L= 11mm Ø5.7mm	CONNECT analog
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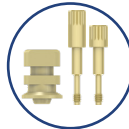


<b>MM-MAN57</b>	L= 12mm Ø5.7mm	CONNECT digital model analog
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## Impression Copings



<b>MM-IO157</b>	C=7mm Ø5.7mm	CONNECT impression coping, open tray, anti rotation
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<b>MM-IO057</b>	C=7mm Ø5.7mm	CONNECT impression coping, open tray, free rotation
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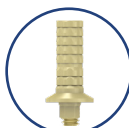


<b>MM-IC157</b>	C=8.8mm Ø5.7mm	CONNECT impression coping, closed tray, anti rotation (Requires MT-IT100 key)
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<b>MM-IC057</b>	C=8.3mm Ø5.7mm	CONNECT impression coping, closed tray, free rotation (Requires MT-IT100 key)
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## Temporary Cylinders



<b>MM-TC157</b>	C=10mm Ø5.7mm	CONNECT, temporary cylinder, anti rotation
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<b>MM-TC057</b>	C=10mm Ø5.7mm	CONNECT temporary cylinder, free rotation
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## Final Esthetic Abutments



**MM-CEI56** | C=6mm  
Ø5.7mm | CONNECT final esthetic abutment, anti rotation



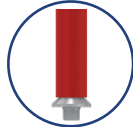
**MM-CE056** | C=6mm  
Ø5.7mm | CONNECT final esthetic abutment, free rotation



**MM-CFI54** | C=4mm  
Ø5.7mm | CONNECT final esthetic abutment, anti rotation



**MM-CF054** | C=4mm  
Ø5.7mm | CONNECT final esthetic abutment, free rotation



**MM-CCR15** | C=15.4mm  
Ø5.7mm | CONNECT CoCr plastic cylinder, anti rotation



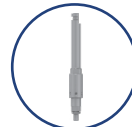
**MM-CCR05** | C=15.4mm  
Ø5.7mm | CONNECT CoCr plastic cylinder, free rotation

## Scan Post



**MM-SP105** | L=10mm  
Ø5.7mm | CONNECT scan post, anti rotation

## Tools



**MT-CLM21** | CONNECT long motor insertion tool  
**MT-CSM21** | CONNECT short motor insertion tool



**MT-CLR21** | CONNECT long ratchet insertion tool  
**MT-CSR21** | CONNECT short ratchet insertion tool



**MM-S0160** | CONNECT prosthetic screw



**MM-SA160** | Prosthetic screw for angled screw channel (Sold separately)

## R&D Testing

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.



### Fatigue test

The CONNECT abutment withstood 5,000,000 cycles at the fatigue limit of 210N for standard platform and 140N for the narrow platform.

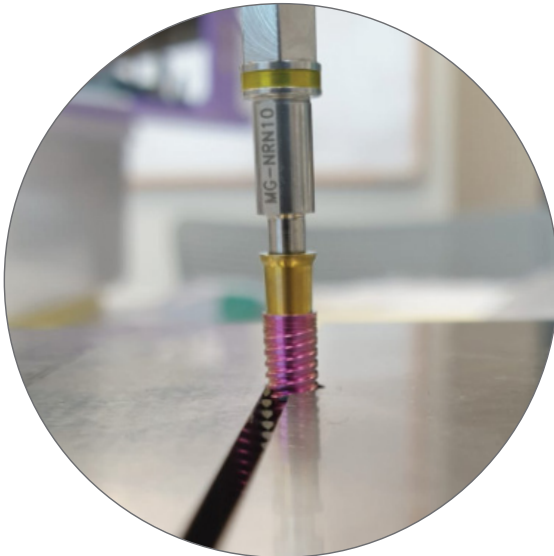
These results are equivalent to a comparable standard final abutment. No superstructure prosthetic screws were damaged or fractured during the testing.

### Screw loosening test

This tests the effect of lateral cyclic loading to see if there will be screw loosening of the MIS CONNECT.

Initially tightened at 30Ncm, then subjected to cyclic lateral loading for 1 million cycles at 150N.

No screw loosening was observed. Furthermore, reverse torque values increased by 85%.



### Fracture torque test

This tests the maximum torque value the MIS CONNECT and Implant assembly can withstand before fracture.

The MIS CONNECT was proven to withstand torque values of up to 5x the recommended tightening torque of 30Ncm.

## Clinical Study

A randomized controlled clinical trial, designed to examine if the use of the “one abutment - one time” concept presents any advantage over the traditional approach.

Prof. Tomas Linkevičius, DDS, Dip Pros, PhD  
Institute of Odontology, Vilnius University in Lithuania

### **Aim of the study**

To determine the influence of two distinct prosthetic approaches on: ▪ Crestal bone stability ▪ Level of inflammation ▪ Peri-implant soft tissue ▪ Esthetic parameters

### **Hypothesis**

The “one abutment-one time” concept using the CONNECT abutment will lead to enhanced crestal bone stability compared to a traditional approach, which involves the use of multiple abutment disconnections and soft tissue seal alteration.

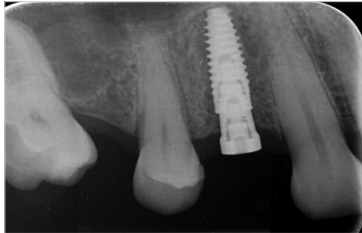
### **Study design**

Over 60 patients were enrolled and divided into two groups: Control group - restoration with conventional abutment, involving several abutment disconnections. Test group - one abutment-one time with the CONNECT abutments - no abutment disconnection. Surgical procedures were performed utilizing the MIS V3 implants (Ø3.9 x 8-11.5mm).

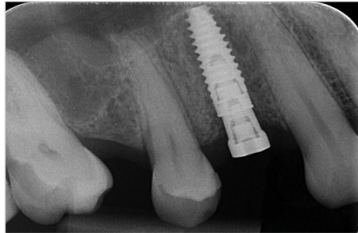
### **Preliminary results**

Radiographic evaluation of crestal bone levels (bone loss and bone remodeling). 4 weeks after final restoration delivery 73 patients (19 male, 54 female, mean age  $46.1 \pm 2.8$  y) received 73 implants (47 mandible, 26 maxilla), which all integrated, restored and were available for the assessment in 1-month post-restorative evaluation.

Preliminary results of the CONNECT abutment after 5 months, with final restoration.



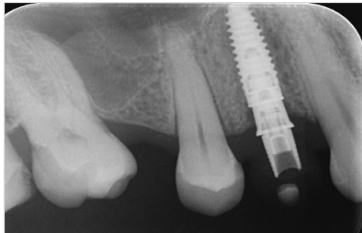
**27.6.2018** MIS V3 implant placed 2 mm subcrestally and Connect abutment immediately connected.



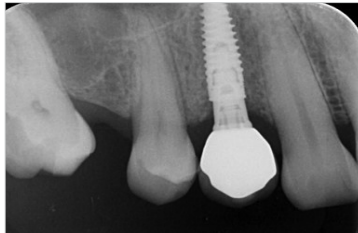
**10.9.2018** Radiologic image 2 months after healing with no bone loss.



**10.9.2018** Peri-implant soft tissues around Connect abutment.



**16.11.2018** After 1 month with a provisional restoration, no bone loss is detected.



**23.11.2018** Post-restorative situation with final Zirconia based screw-retained restoration, torqued 30Ncm to Connect abutment. No bone loss and no bone remodeling shown.



	Test (CONNECT), mm	Control (Abutment Disconnection), mm	Statistical significance (Mann-Whitney U-test)
Bone loss	0.11 ±0.23	0.67±0.4	p < 0.0001
Bone remodeling	0.53±0.45	1.29 ±0.59	p < 0.0001

Bone loss - bone resorption below the implant neck

Bone remodeling - bone resorption above the implant neck

## Clinical Case

### One-time CONNECT abutments in different diameters in the posterior maxilla

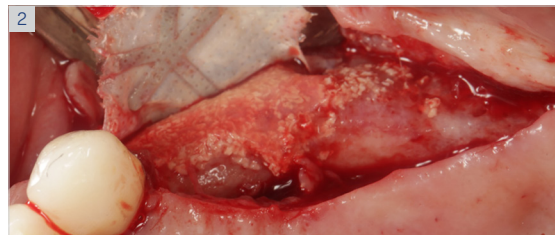
Dr. Stavros Pelekanos Practice limited to Prosthodontics and implant dentistry, University of Athens, Greece;  
Dr. Ventseslav Stankov, DDS Private practice, Plovdiv, Bulgaria

A healthy 55 year old female patient presented in the office with partial posterior edentulism in the second quadrant (missing premolars and molars). After a clinical and radiographic examination, horizontal and vertical bone defects were diagnosed. The treatment plan involved vertical and horizontal GBR, using a mixture of autogenous bone and xenograft, covered by a titanium reinforced non-resorbable membrane. 6 months post op, the membrane was removed and three MIS V3 implants were placed, replacing the 2 premolars and the first molar. At the same time, three CONNECT abutments were connected to the implants (two regular 4mm and one wide, 5.7 mm platform to the premolars and molars respectively) and covered completely with cover screws. The final torque during implant placement exceeded 30 Ncm and all the CONNECT abutments were placed with a 30 Ncm final torque. 3 months post op, the uncovering of the CONNECT abutments followed using a split flap technique, moving the keratinised tissues towards the vestibulum in order to create more stable soft tissues surrounding the implants. The CONNECT abutments were covered with A-PRF. A full digital prosthetic workflow was followed and a screw-retained full contour Zirconia FPD (fixed partial denture) was inserted a couple of weeks later.

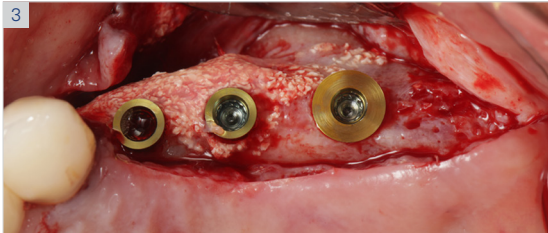
Initial situation with bone and soft tissue deficiency



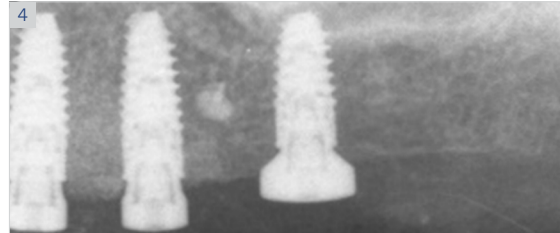
6 months after GBR with non resorbable membrane and mixture of xenograft and autogenous bone graft



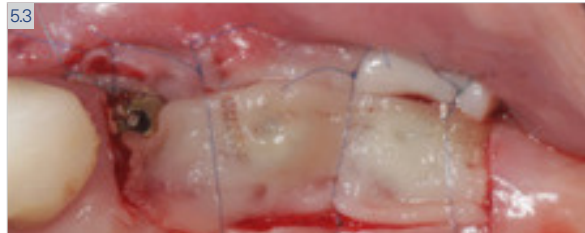
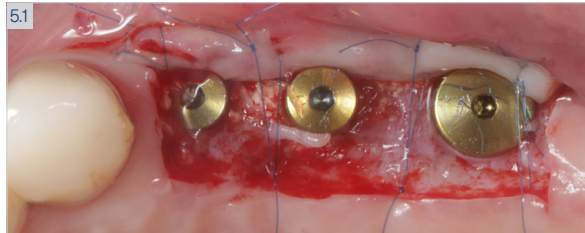
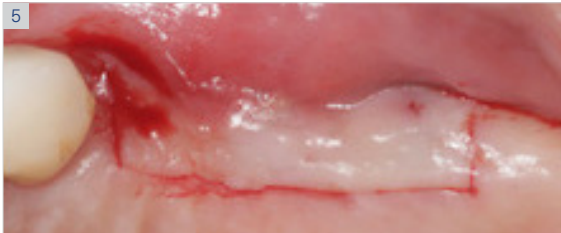
Tooth #24, 25, 26: implant placement with simultaneous one time CONNECT abutment (#26 wide platform 5,7 mm)



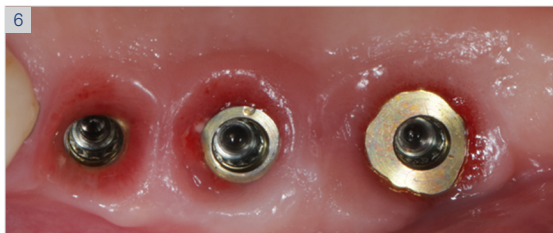
Radiographic image of implants and CONNECT abutments



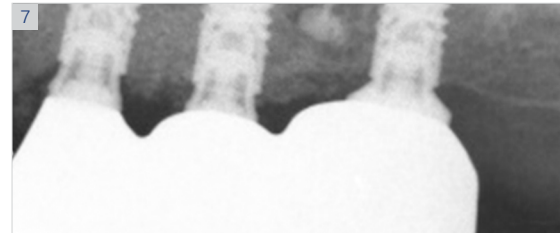
Apical reposition flap technique covered with PRF



Final clinical occlusal view after soft tissue maturation, 2 months after implant and CONNECT uncover



Final radiographic view



## 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 CONNECT 4mm.
- 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?

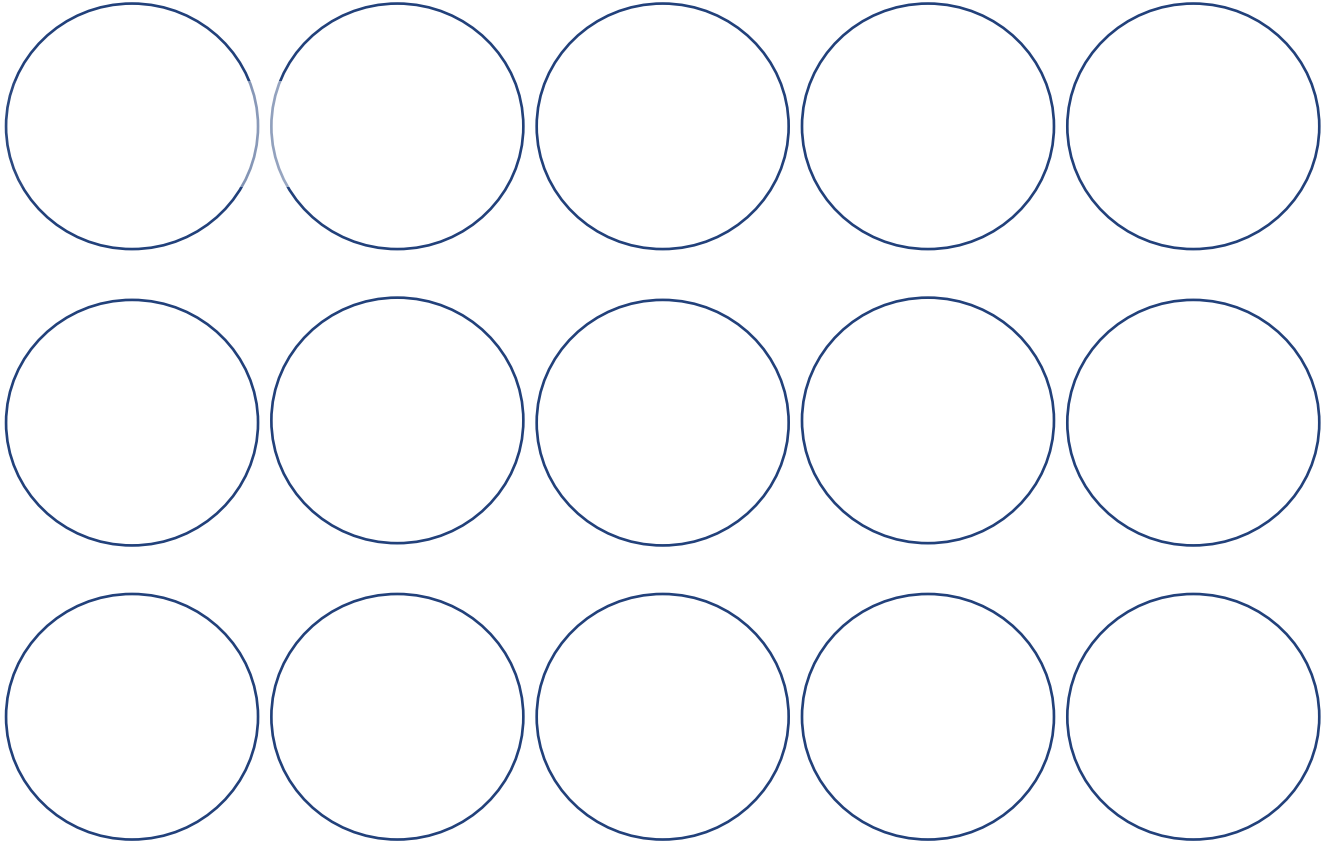
The CONNECT is assembled to the implant using a 12 degree conical connection with a torque of 30 Ncm for NP, SP & WP. The internal connection which interfaces with the superstructure, is a double hex connection, which enables 12 different options of positioning.

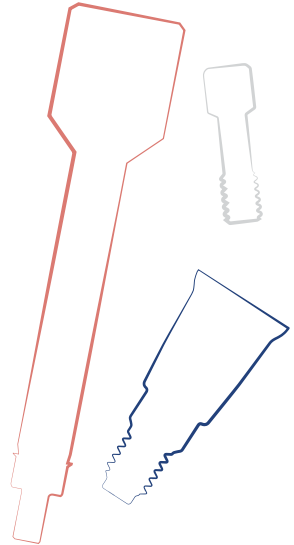
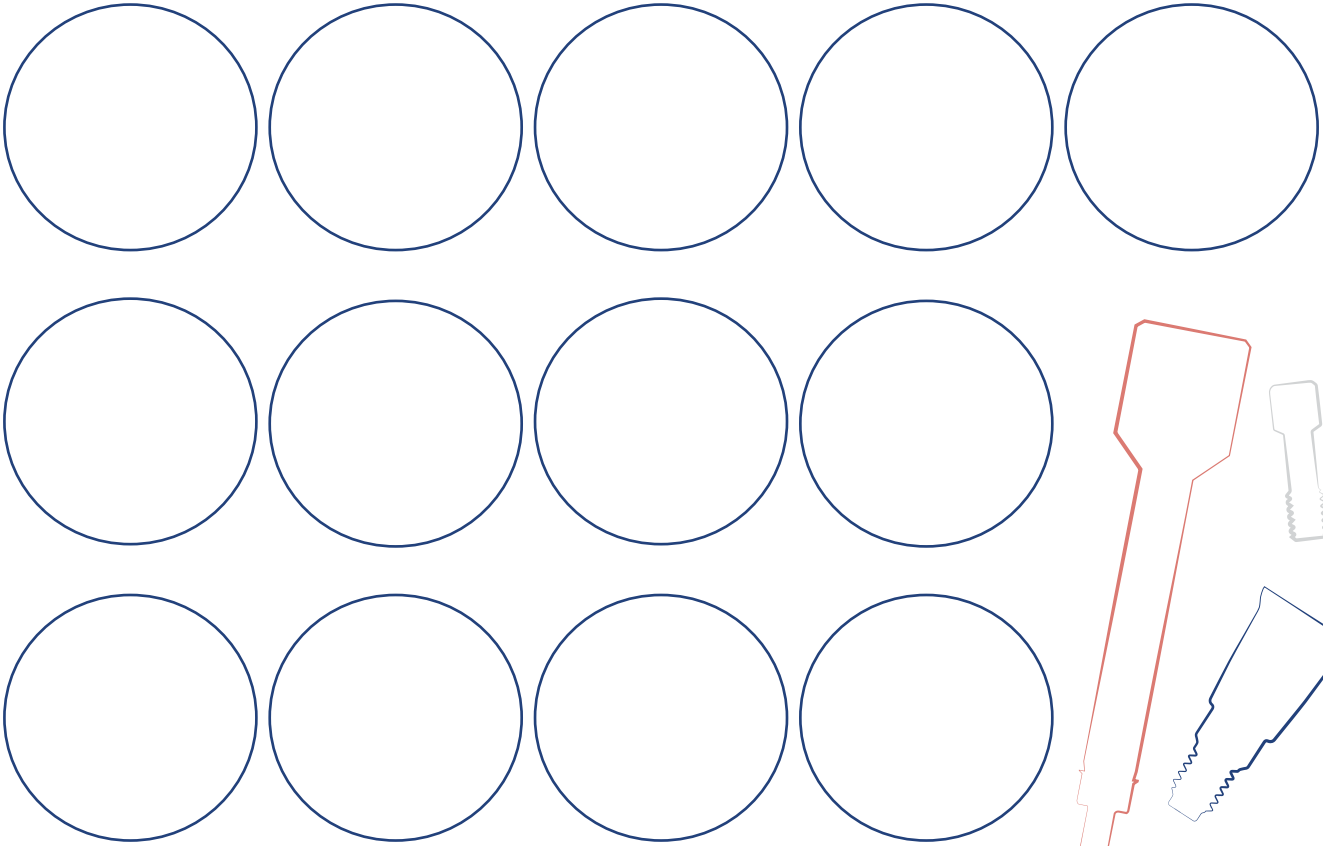
## How do the strength and durability of the CONNECT compare with other systems?

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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