

Quick Guide MONO procedure

Single-stage

MONO is a single-stage procedure recommended for:

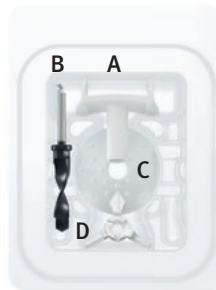
- Adult patients (18 years and above) with normal anatomy and expected bone thickness of at least 5 mm, where no complications during surgery are expected
- Patients, as per above, with a soft tissue thickness of 12 mm or less

Use of the MONO procedure is contraindicated for children and patients with expected bone thickness below 5 mm

The Quick Guide does not replace the Surgical Manual for the Ponto System or the Addendum including the MONO procedure. It is important to read the Surgical Manual and Addendum for a complete instruction in the procedure and description of patient indications, contraindications and recommended procedures, including warnings and cautions.

MONO procedure components

- MONO Surgery Kit contains:
 - A: Cannula
 - B: MONO drill
 - C: Soft healing cap
 - D: Insertion indicator



Choose abutment length

- Assess soft tissue thickness in normal state (Fig. 1)
- Be aware of possible compression of the soft tissue
- Select abutment length (Fig. 2)



Natural skin thickness	Abutment length
0.5–3 mm	6 mm
3–6 mm	9 mm
6–9 mm	12 mm
9–12 mm	14 mm

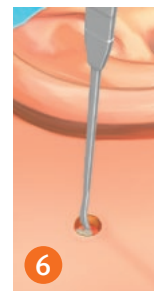
STEP 1: Prepare the site

- Use the sound processor indicator to locate the implant site (Fig. 3). This is generally 50-55 mm from the center of the ear canal with the top of the indicator placed on a horizontal line from the top of the pinna
- Place the indicator in the correct position and mark the implant site on the skin using a marker through the hole of the sound processor indicator (Fig. 3-4)
 - The indicator must not touch the pinna or patient's glasses



STEP 2: Punch and insert the cannula

- Use a Ø4 mm or Ø5 mm biopsy punch to make a circular incision in the soft tissue
- Rotate the biopsy punch to incise the periosteum (Fig. 5)
- Remove the periosteum at and around the implant using the double-ended dissector (Fig. 6-7)
- Insert the cannula (Fig. 8)
- After insertion, let go of the cannula so it can find its natural position in the soft tissue. Ensure that the soft tissue is not tensed
- Once the natural position is found, hold the cannula against the bone



Conversion from the MONO procedure to linear incision

During a MONO procedure, a decision to change to a linear incision technique can be made at any time. The MONO drill can still be used, but the drill must always be used with the cannula to prevent drilling deeper than intended.

Instructions for drilling with the cannula

The cannula is used to establish a port of entry through the soft tissue. It protects the soft tissue during drilling and ensures correct drill depth by providing a hard stop for the MONO drill. It is not a fixed position marker.

When drilling with the cannula, ensure the following:



- No soft tissue between the cannula and the bone
- Top surface of the cannula parallel to the skin
- Cannula firmly pressed against the bone throughout the procedure



- Fill the cannula with cooling fluid before introducing the MONO drill
- Continuously apply generous cooling during drilling
- Flush the cannula extensively immediately after drilling
- Sufficient irrigation before, during and after drilling is a must



- Position the drill at bone level before starting to drill
- Use a single downward and upward drilling motion to avoid overheating the bone

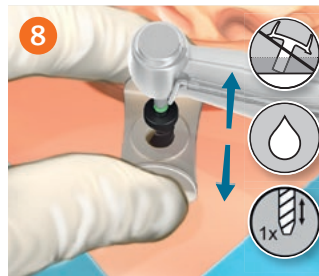


Caution

- The MONO drill must always be used together with the cannula
- The cannula provides the stop that prevents drilling deeper than intended

STEP 3: Drilling

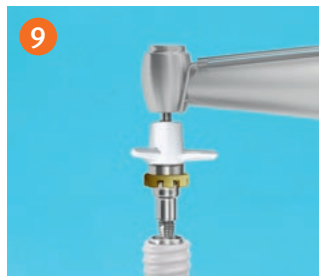
- Use a drill speed of 1500-2000 rpm
- Follow the instructions for drilling with the cannula (Fig. 8)
- Use a single downward and upward drilling motion. Keep the drilling procedure below 4 seconds to avoid overheating the bone
- Carefully check the bottom of the hole for bone
- Leave the cannula in place until you are ready to install the implant



STEP 4: Implant installation

- Pick up the implant with the pre-mounted abutment using the abutment inserter mounted to the hand piece (Fig. 9)
- Set the drill unit to low speed with automatic torque control.
 - 40-50 Ncm in compact bone
 - 10-20 Ncm in compromised or soft bone
- Remove the cannula
- When the implant engages the bone, count the number of turns: 5 turns are an indication that the implant is fully inserted (Fig. 10)

If the implant engages 4 turns or less, consider reversing the drill and reinserting, or carefully manually tighten the implant until it reaches 4.5 to 5 turns



STEP 5: Healing cap and dressing

- Apply the dressing and connect the healing cap. Depending on the dressing type used, the healing cap is placed either before or after the dressing is applied (Fig. 11-12)

