



i-LiNQ®



i-LiNQ[®]

The NEW biO₂logic Component
between Implant and Abutment

Vision.

i-LiNQ® is the new component, placed between the implant and the abutment. By reducing the i-LiNQ® diameter to a technical minimum at crestal bone exit, the maximum surrounding bone layer will be preserved. Thick bone layers improve crestal blood support and crestal oxygen supply at the border line to intraoral cavity. High oxygen level inside the tissue sustainably reduces the risk of periimplantitis.

We have developed the i-LiNQ® abutment system based on the vision for an optimized biological design, combined with an easy-to-use handling and a high prosthetic flexibility. i-LiNQ® simplifies procedures. i-LiNQ® does away with intraoral cement for prosthetic restorations. i-LiNQ® always realizes the „ONE time, ONE Abutment“ philosophy: the placement of the final component on the implant at time of uncovering and never taken out again.

Both the technical and the esthetic freedom for the prosthetics not only are preserved in i-LiNQ® concept, but are fundamentally extended by the modular setup of the entire i-LiNQ® family.

[Learn more!](#)

[i-LiNQ®, more options!](#)

i-LiNQ®: INNOVATIVE CONNECTION BETWEEN IMPLANT AND ABUTMENT.

i-system implants are capable to effectively maintaining crestal bone. This special characteristics is achieved because of its specific i-system implant-abutment geometry which is able to physiologically load the bone above the implant shoulder by functional loading. Functional loading – according to „Wolff’s Law of Bone Transformation“ – leads to targeted bone growth towards these loading forces.

The mandatory requirement for this very special effect is the placement of implant-abutment connection inside bone level. The sloping shoulder, the abutment’s narrow exit from bone and the ellipsoidal base deliver a double and reverse platform shift. By having a full metal post, bending movements result which transmit physiological forces from the ellipsoidal base to the crestal bone surface.

At the same time, any connection between implant and abutment placed inside the bone, determines the necessity to re-enter bone level at every single prosthetic step. As a result, epitheliums grows down the sulcus to the point it reaches the implant

platform.

Epithelium however, can never come into direct contact with bone, but always has to have a layer of connective tissue inbetween (= biological width). The only option for biology in order to reconstruct this biological width is to resorb crestal bone.

Driven by this biological process – and totally independent on the specific implant system used – all prosthetic concepts which are directly executed on bone level, will lead to prosthetically induced bone loss.

i-LiNQ® resolves this dilemma in an easy and effective way: at time of uncovering i-LiNQ® is inserted into the implant well and never taken out again. Thus i-LiNQ® treatment concept precisely follows the „ONE Time – ONE Abutment“ philosophy. In order to shape the soft tissue emergence profile, healing abutment is placed onto i-LiNQ®. All prosthetic steps take place only inside the gingival level, therefore „one story“ above the bone.

i-LiNQ® preserves the „peace“ inside the implant surrounding bone and thus efficiently avoids any interfering factors which could cause prosthetics related bone resorption.

Any prosthetically induced epithelialisation of the sulcus will be omitted and the bone level of second stage surgery will be preserved.



i-LiNQ® is a precision fit double cone, with a production tolerance of 0.005 mm. This outstanding accuracy is based on the specifications of the top level quality in worldwide manufacturing of dental implant components.

i-LiNQ® reduces the different interface geometries of implants to one single prosthetic conical connection. Thus i-LiNQ® provides a diversified prosthetic range of abutments and a high technical flexibility. Simultaneously, the need for stockage in clinic and laboratory is effectively downsized.

i-LiNQ® is available in different extension lengths from 0.35 mm to 4.50 mm plus two angulations of 0° and 15°. Thus, the insertion depth of implants can be easily compensated without severe sulcus reaming of crestal bone.

i-LiNQ® prosthetic components are easily interchangeable with each others: By use of special removal tools, any deformation and damage of the sensitive connection faces inside the implant and on i-LiNQ® or abutment components are prevented.

i-LiNQ® Connection

- ✓ high prosthetic flexibility
- ✓ indexed / non indexed positioning
- ✓ adjustable length and angulation
- ✓ adaptive abutment system

ONE Time - ONE Abutment

- ✓ no prosthetic re-entry into bone level
- ✓ reduced epithelial downgrowth
- ✓ efficient crestal bone maintenance

Sloping Shoulder Design

- ✓ form in line with crestal bone profile
- ✓ crestal bone support

Locking Taper Connection

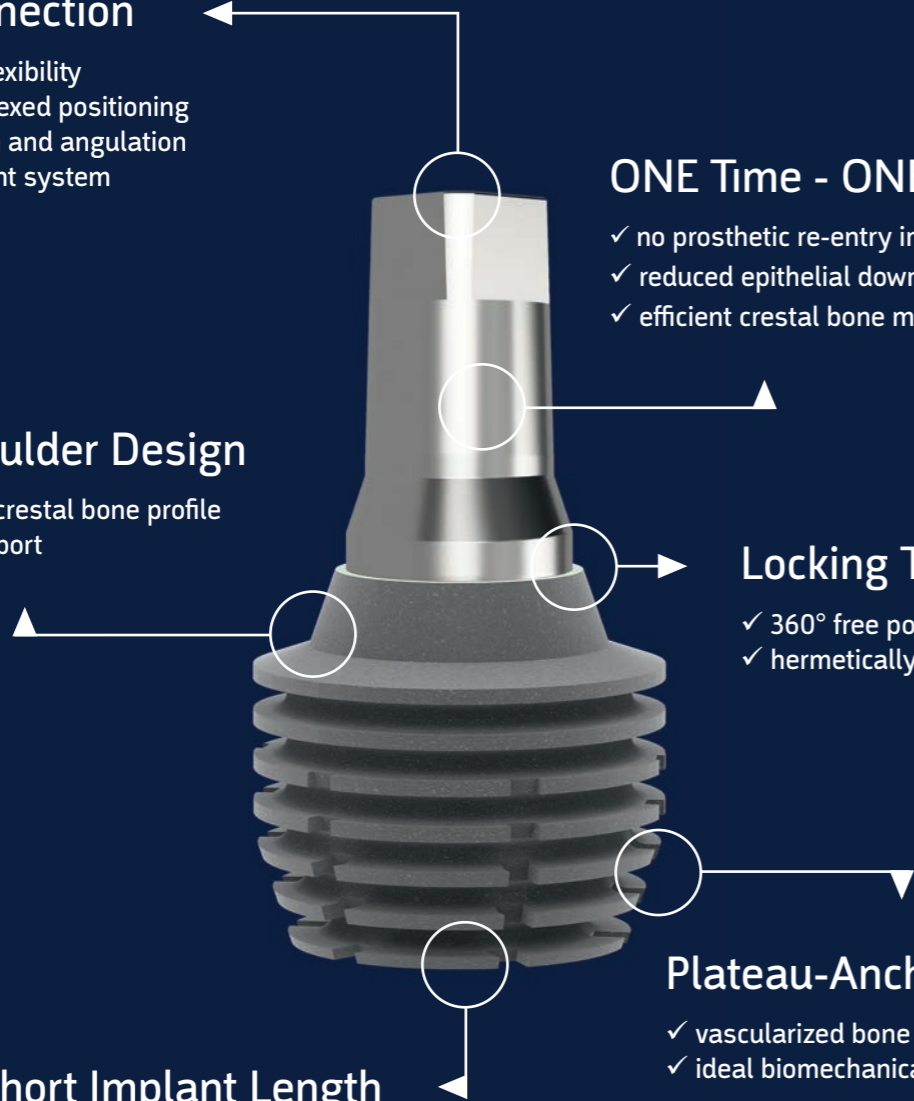
- ✓ 360° free positioning
- ✓ hermetically sealed connection

Plateau-Anchor-Geometry

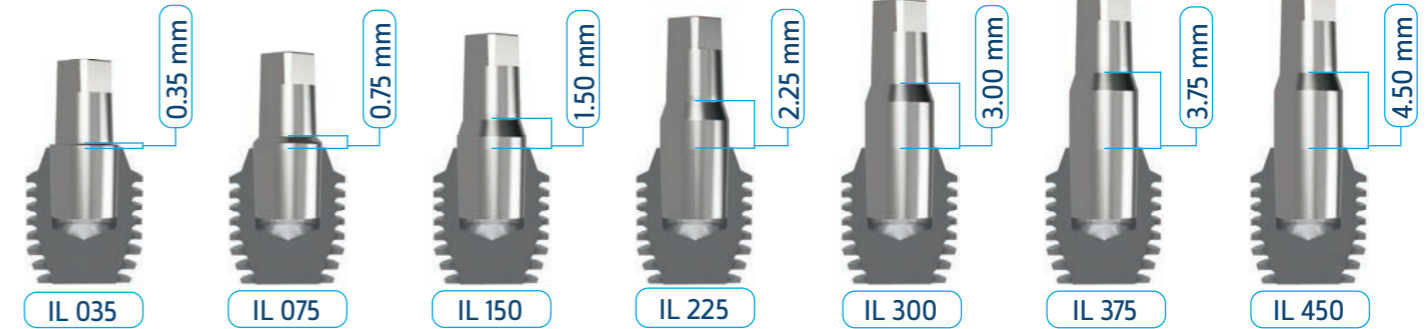
- ✓ vascularized bone between plateaus
- ✓ ideal biomechanical force transmission

Ultrashort Implant Length

- ✓ reduced blood vessel interruption
- ✓ high periimplant oxygen supply
- ✓ less risk of periimplantitis



i-LiNQ® PROVIDES SURGICAL FLEXIBILITY.



i-LiNQ® PROTECTS COLD WELDING.

With i-LiNQ® sensitive connection surfaces, which are responsible for reliably ensuring of cold welding mechanism, remain well protected inside the patient's mouth. Thus, they are safe from any mechanical manipulation during the prosthetic workflow.

In case i-LiNQ® needs to be removed from the implant, this can be executed by a special removal tool and a torque wrench. The long-term seal in implant-abutment connection and the retention mechanism will be preserved in high industrial quality: A safe guard against periimplantitis.

i-LiNQ® INDEXES YOUR PROSTHETICS.

i-LiNQ® offers you four options in index orientation which can be exactly adjusted by the 360° free positioning of i-LiNQ® inside the implant.

These options for fine adjustment guarantee a perfect positioning of prosthetic axis, especially in case of applying angled abutments.

Cemented, screw retained, conometrically connected and telescopic suprastructures can be precisely transferred from the intraoral situation to the lab model and finally back again to the patient's mouth.

i-LiNQ® OPTIMIZES DENTAL LAB WORK RESULTS.

i-LiNQ® offers all creative freedom for individualizing the final abutment in the lab or to use CAD-CAM design- and manufacturing processes.

Occlusal accuracy is provided by one precisely defined horizontal stop between the impression post and the upper face of i-LiNQ® index; as well as between the i-LiNQ® model analog and the final abutment.

Conical connections always show vertical tolerances which – despite any tolerance level accuracy in production – can never be completely avoided. i-LiNQ® compensates these vertical tolerances by its specific construction principle. Any transfer of components always refers to horizontal reference faces and therefore provides precise height adjustment.

Our „Seating-Screw-Technique“ ensures at 15 Ncm torque an exactly defined vertical penetration depth of the abutment on the i-LiNQ® cone.

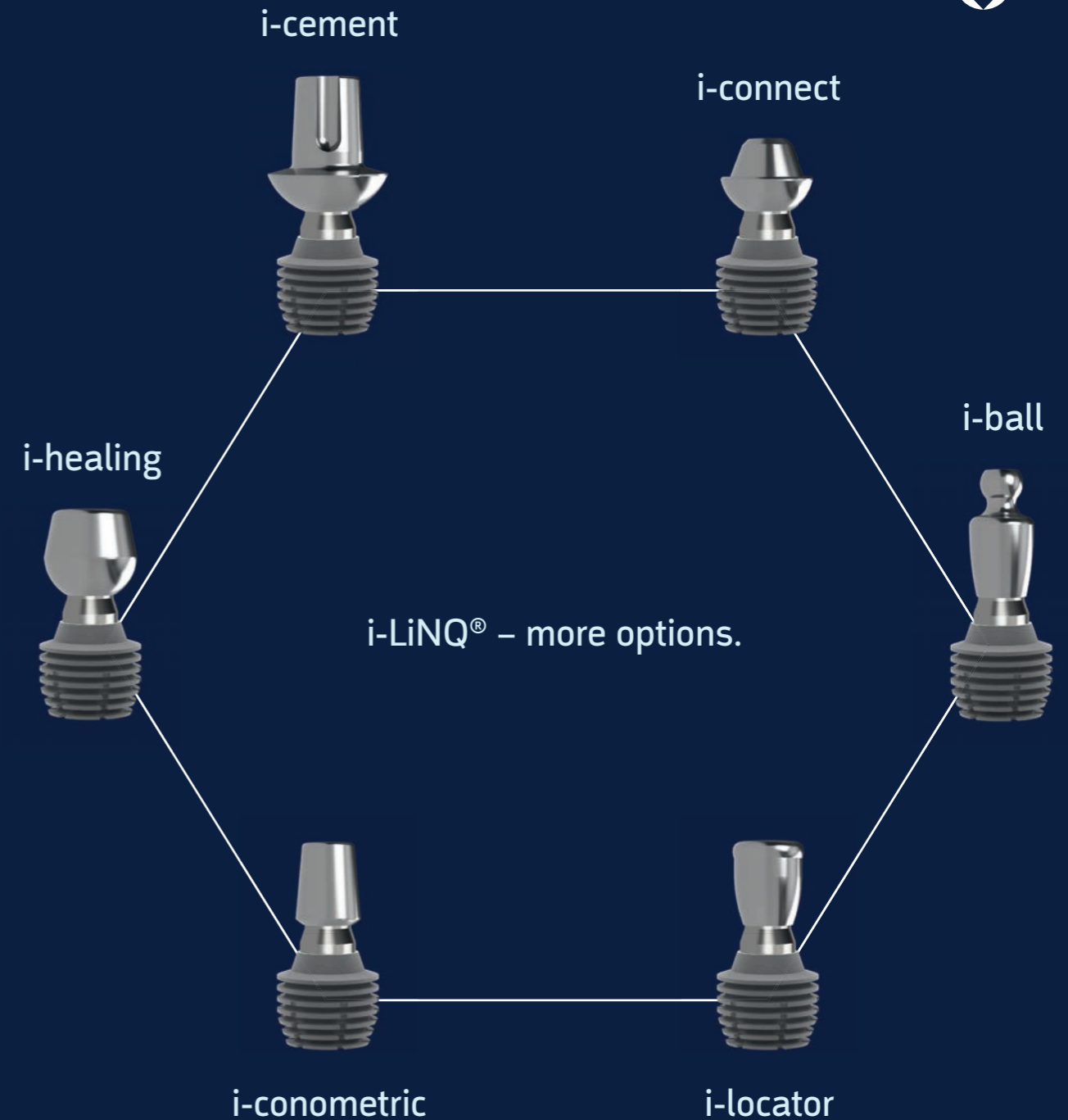
i-LiNQ® HELPS TO AVOID PERIIMPLANTITIS.

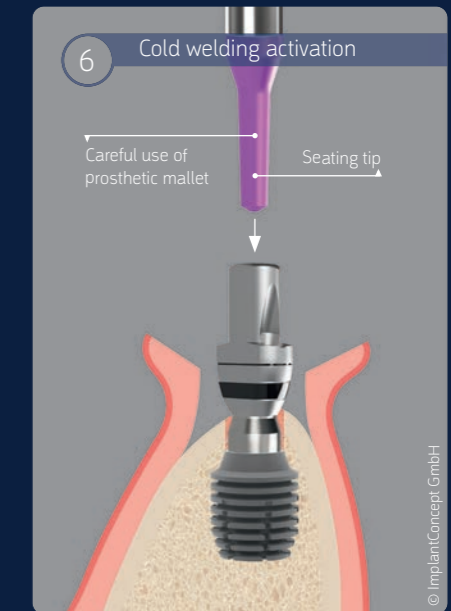
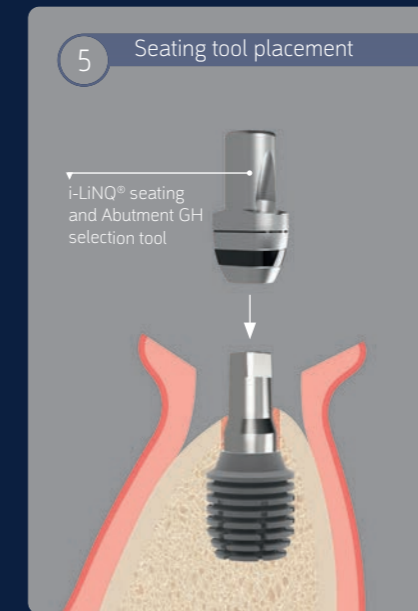
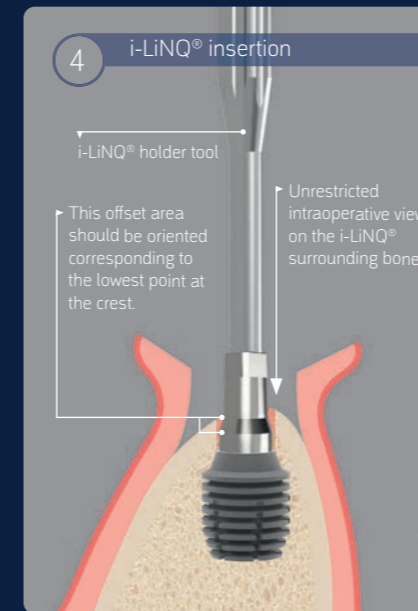
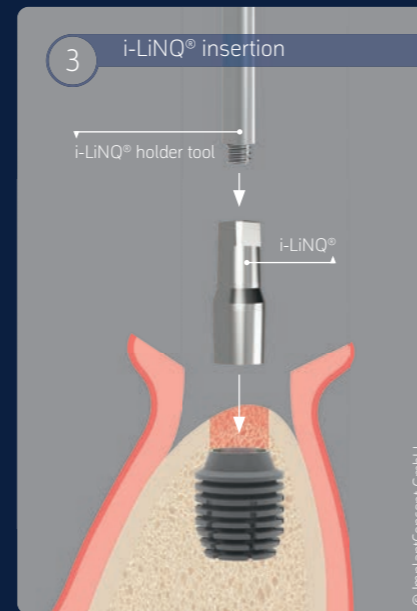
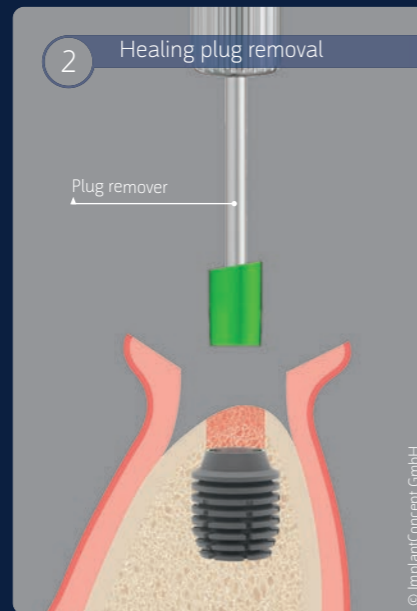
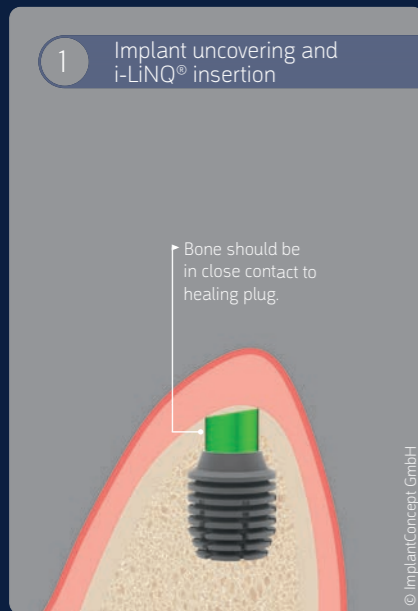
Over a long period of time we have learned from scientific data and literature that periimplantitis is highly associated with intraorally cemented crowns.

i-LiNQ® enables you to install all prosthetic restorations without intraorally applying any kind of dental cement. Either by extraoral cementation of the crown on i-cement abutment (i-LiNQ®-Crown), or by using screw retained bridgework restorations (i-connectBridge).

In addition, a conometric abutment system is available for friction grip retention of bridges (i-conometricBridge).

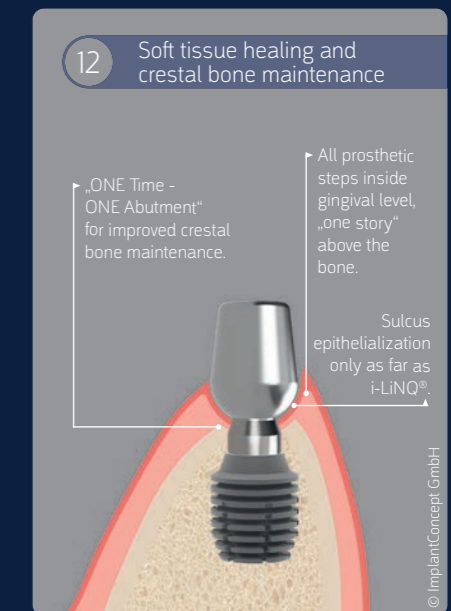
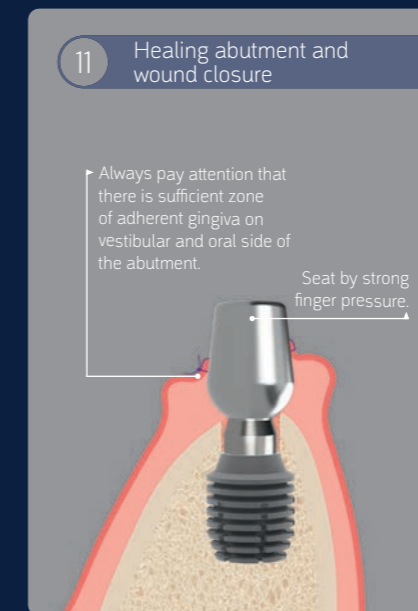
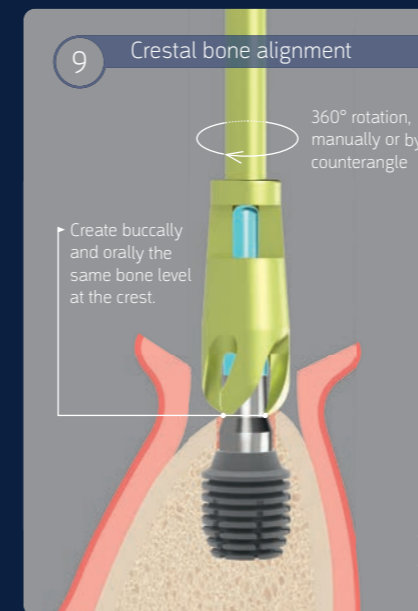
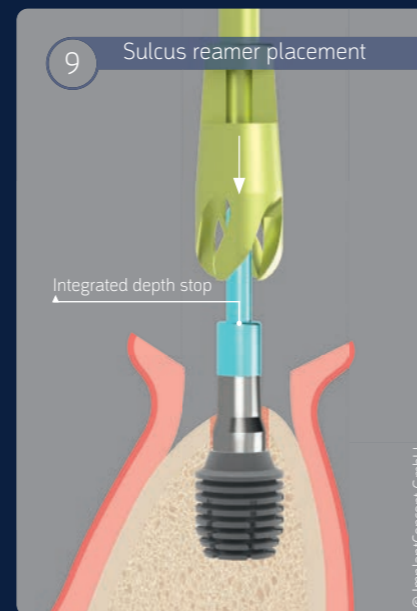
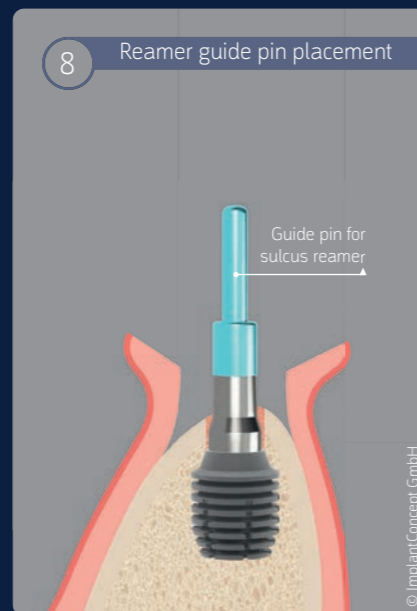
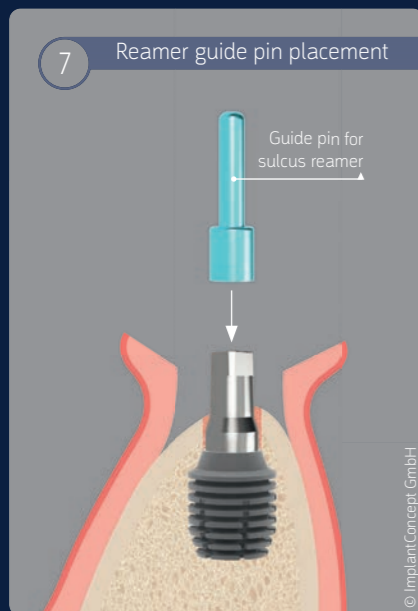
All options – i-LiNQ®Crown, i-connectBridge and i-conometricBridge – aim to avoid any intraoral cement application.



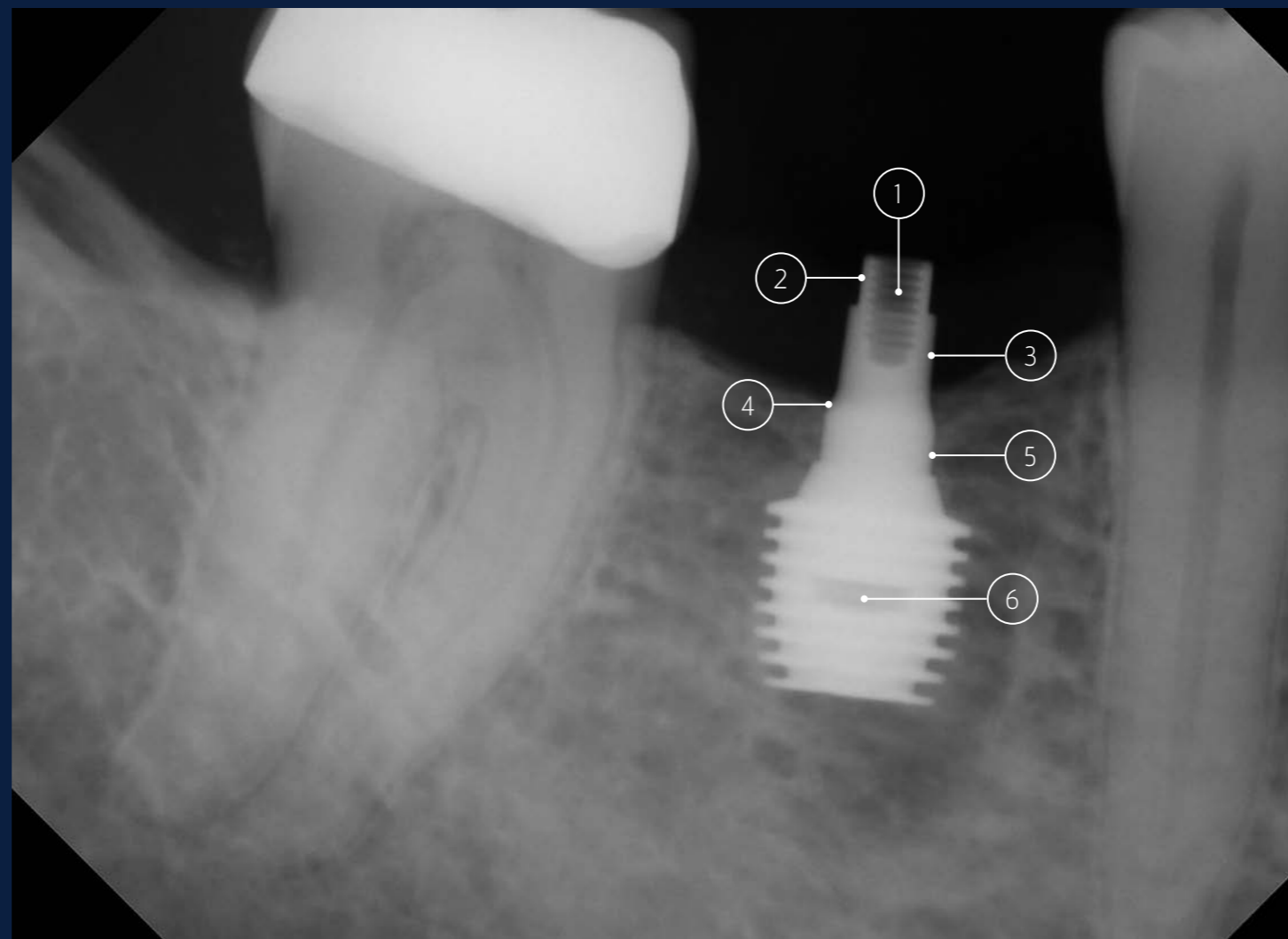


Clinical Protocol: i-LiNQ®

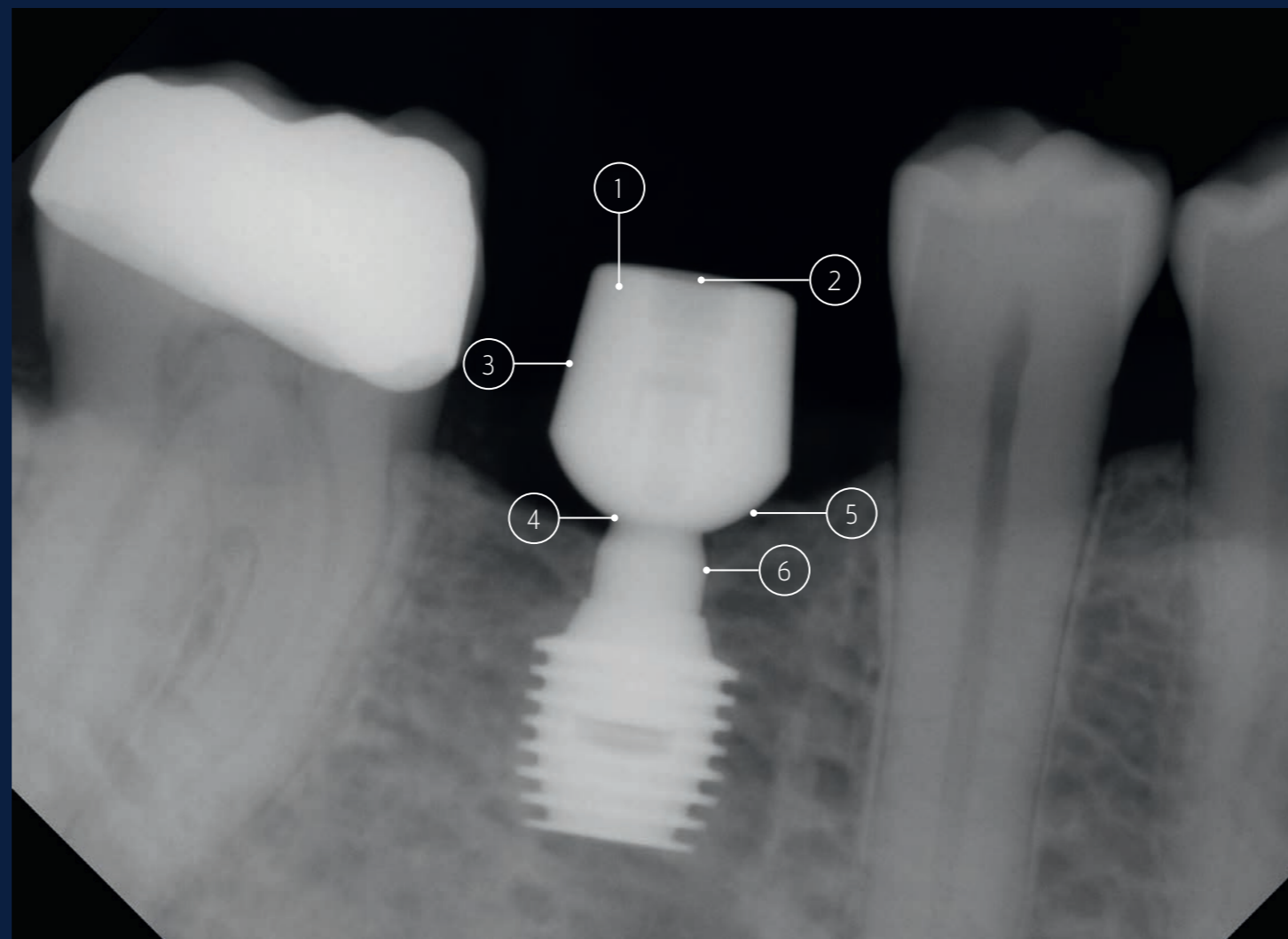
Clinical Protocol: i-LiNQ®



- ① M 1.4 internal threads
- ② Index
- ③ Conical connection i-LiNQ[®] to abutment
- ④ Offset area and extension length
- ⑤ Conical connection i-LiNQ[®] to implant
- ⑥ Free space



- ① i-healing abutment: \varnothing 4.0 - 5.0 - 6.5 short / long
- ② Access hole for removal tool
- ③ Conical outline geometry
- ④ No cold welding, only friction grip
- ⑤ Bone remodelling for biologic width
- ⑥ i-LiNQ®: One Time – One Abutment





L		straight
0.35	0°	I-SIL035 (2) (2.5) (3)
0.75	0°	I-SIL075 (2) (2.5) (3)
1.50	0°	I-SIL150 (2) (2.5) (3)
2.25	0°	I-SIL225 (2) (2.5) (3)
3.00	0°	I-SIL300 (2) (2.5) (3)
3.75	0°	I-SIL375 (2) (2.5) (3)
4.50	0°	I-SIL450 (2) (2.5) (3)



L		angled 15°
0.75	15°	I-SIL075-15 (2) (2.5) (3)
1.50	15°	I-SIL150-15 (2) (2.5) (3)
2.25	15°	I-SIL225-15 (2) (2.5) (3)
3.00	15°	I-SIL300-15 (2) (2.5) (3)
3.75	15°	I-SIL375-15 (2) (2.5) (3)
4.50	15°	I-SIL450-15 (2) (2.5) (3)

i-LiNQ®

Healing Abutment



∅

4.0
5.0
6.5

non indexed

GH

I-SILHC40 S/L
I-SILHC50 S/L
I-SILHC65 S/L

Impression Post 1piece



∅

4.0
5.0
6.5

indexed

I-SILIC40
I-SILIC50
I-SILIC65

Impression Post 3piece



∅

4.0
5.0
6.5

indexed

I-SILIP40
I-SILIP50
I-SILIP65

ACCESSORIES

i-LiNQ®

Sulcus Reamer



I-SILSR40
I-SILSR50
I-SILSR65

Guide Pin SR



I-SILSRGP

Seating Tool



I-SILIN

Holder Tool



S-MUAC

Removal Tool



I-SILRT

Model Analog



I-SILA

ACCESSORIES



Editor: Novodent SA
legally represented by general manager Bernard Jahrmann
Avenue des Sciences II, Y-Parc Technopole
CH-1400 Yverdon-les-Bains (Switzerland)
Phone: +41 24 524 28 28
email: info@isystemimplant.com
Registered with the commercial register of Vaud under
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Text: Dr. Stefan König, M.Sc. M.Sc.
Design: Dr. Stefan König, M.Sc. M.Sc.
3-D-Rendering: Assoc. Prof. Nejat Nizam
Graphics: Dr. Stefan König, M.Sc. M.Sc.
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Avenue des Sciences 11 • Y-Parc Technopole
CH-1400 Yverdon-les Bains (Switzerland)
Phone: +41 24 524 28 28
ilinqimplant.com