

A Comprehensive Guide to Screw Tightening Techniques

Author of the text: Francesco Biaggini

Introduction:

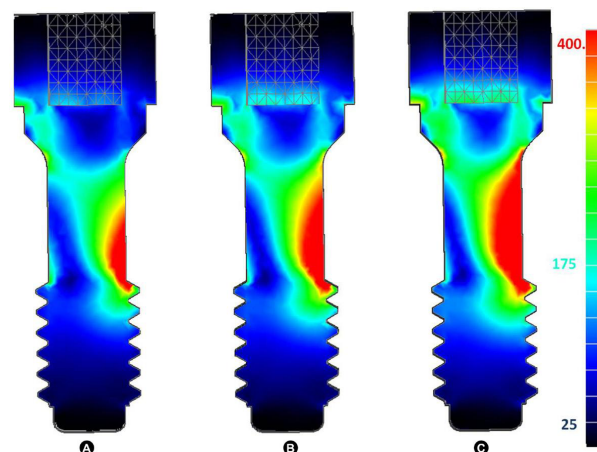
In the field of implantology, the safety and effectiveness of the treatment critically depend on the precision of the techniques used and the quality of the materials employed. One of the most crucial aspects of this process is the correct tightening of the screws that connect the implant to the abutment and the final prosthesis. The science and art of tightening these screws, through controlled application of torque and management of preload, are fundamental to ensuring the mechanical stability of the entire implant system. Inadequate tightening can lead to complications such as screw loosening, fracture, or even implant failure, compromising the success of the treatment and patient satisfaction. This text will explore in detail the correct tightening procedure, discussing the importance of applying optimal torque and monitoring preload to prevent screw loosening. Through the analysis of the mechanical principles involved, best clinical practices, and common mistakes to avoid, we aim to provide the dentist specialized in implantology with a comprehensive guide that not only informs but also stimulates critical reflection on optimizing tightening procedures to improve the outcomes of dental implants.

Importance of Torque and Preload

The tightening torque and preload in a dental implant screw are crucial concepts that work together to ensure the mechanical stability of the implant-prosthesis interface. Torque refers to the rotational force applied to tighten the screw, while preload is the internal traction force generated in the screw as a result of tightening. This tension keeps the components together, countering the masticatory forces acting on the implant. Preload, a direct consequence of the applied torque, is essential to prevent screw loosening, as it creates a friction force between the contact surfaces of the implant and the abutment, reducing the risk of the screw loosening under load. Correct application of preload ensures that the distribution of forces is uniform along the implant-prosthesis interface, minimizing stress points that could lead to mechanical failures.

Determining Optimal Torque

The optimal torque value varies depending on the material of the screw, its dimensions, and the engagement system used by the implant manufacturer, as well as the type of implant, and is determined experimentally, through mechanical tests, by the manufacturer. Applying torque lower than the recommended value can lead to insufficient preload, increasing the risk of loosening. Conversely, excessive torque can cause permanent deformations of the screw or implant, compromising the longevity of the entire structure. Strategies for Correct Torque Application The use of calibrated torque wrenches allows for the precise application of the recommended torque. It is essential to follow the manufacturer's instructions and use properly maintained tools to ensure the reliability of the tightening process.



Impact of Retorque

Retorque, or the practice of reapplying torque after a certain period from the initial insertion, can compensate for the initial relaxation of the materials and maintain adequate preload over time. This practice is recommended to ensure that the prosthesis remains stable, especially in cases where a high masticatory load is anticipated. See correct tightening procedure.

Effects of Cyclic Load

Cyclic masticatory loads can lead to progressive loosening of the screws. Research suggests that the implant's design, the quality of its realization, and the correct application of tightening torque are key factors in minimizing the effect of cyclic loads. Understanding these mechanisms is essential to prevent the mechanical failure of dental implants. Innovative Technologies and Materials

The evolution of screw materials and innovations in implant design can significantly influence the management of torque and preload.

Materials with better fatigue resistance properties and designs optimized for uniform load distribution help reduce the risk of loosening and fracture of the screw. One such material is TiN Coating.

Technical Focus on TiN Coating

The treatment with titanium nitride (TiN) coating is an advanced technique used on connection screws in implantology to improve performance and durability. This coating offers several key advantages that contribute to the reduction of loosening and fractures, essential for the long-term success of dental implants.

TiN significantly increases the surface hardness of the screws. This increased hardness reduces wear due to the friction that occurs during tightening and daily use. Reducing wear helps maintain the integrity of the screw thread, minimizing the risk of loosening over time. The TiN coating has excellent corrosion resistance properties. Dental implants are constantly exposed to an aggressive environment in the mouth, characterized by the presence of saliva and pH variations. TiN protects the screws from corrosion, preventing material degradation that could lead to weakening and, eventually, fractures.

The treatment with TiN improves the biocompatibility of the screws. This aspect is crucial in dental implantology, as more biocompatible materials promote better integration with the surrounding bone tissue. Good integration reduces the microscopic movement of the screws, further decreasing the risk of loosening.

The TiN coating can reduce the coefficient of friction between the screw and the implant material. This allows for more effective and uniform tightening of the screws, ensuring optimal force distribution and reducing the risk of mechanical overload that could lead to fractures.

In summary, the treatment with TiN coating on screws in dental implantology offers significant improvements in wear resistance, corrosion resistance, and biocompatibility, contributing to reducing loosening and fractures. These advantages are crucial for improving the longevity and reliability of dental implants, ensuring better outcomes for patients.

Clinical and Practical Considerations

In clinical practice, an accurate assessment of the implant situation of the patient is fundamental, considering factors such as bone density and the position of the implant, to determine the most appropriate tightening protocol.

Customizing the treatment, based on a solid understanding of mechanical principles and the specific characteristics of the implant, is crucial for long-term success.

Insight into the Elastic and Plastic Phases:

Screws, as fastening elements, are subjected to various stresses during their use, which leads them to work in different elastic and plastic phases.

When a screw is subjected to load, its behavior depends on the magnitude of the load applied and its distribution over time. The working phases of the screw can be described as follows: Elastic Phase

Linear Elasticity:

Initially, when a load is applied to a screw, it deforms proportionally to the intensity of the load.

This phase is characterized by Hooke's law, according to which deformation is directly proportional to the applied load.

During this phase, the screw returns to its original shape once the load is removed, without any permanent damage.

Load Distribution:

In a joint tightened with screws, the load is distributed among the different screws. Ideally, this distribution should be uniform, but in practice, variations in assembly and tolerances can lead to a non-uniform load distribution.

Prestress and Operational Load:

Screws are often pre-tightened to generate an initial tension that helps keep the parts together.

The operational load adds to this pre-tightening, and the screw continues to work in the elastic phase until the sum of the tensions exceeds the material's elastic limit.

Plastic Phase

Yielding:

If the applied load exceeds the elastic limit of the material, the screw enters the plastic phase. In this phase, the screw deforms permanently and does not return to its original shape once the load is removed.

This can reduce the effectiveness of the screw in keeping the parts tightened.

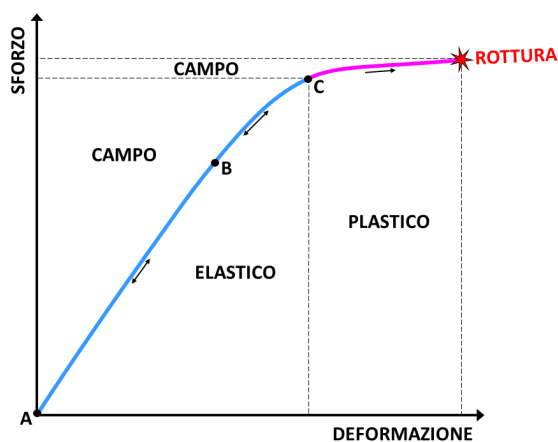
Load Distribution after Yielding:

Once a screw begins to deform plastically, the load distribution among multiple screws in a joint can change, with less stressed screws starting to bear more load to compensate for those that have deformed.

Breakage:

If the load continues to increase beyond the plastic phase, the screw can eventually break. Before breaking, the material may show a phenomenon called "necking," where the area of the screw's cross-section locally reduces.

The transition between the elastic and plastic phase is critical for the design of joints tightened with screws, as ideally screws should operate within the elastic limit to ensure repeatability and reliability in the fastening. Understanding the behavior of screws under load is essential for designing safe and reliable structures, considering the material's yield limits and the expected operational conditions.



Correct Tightening Procedure

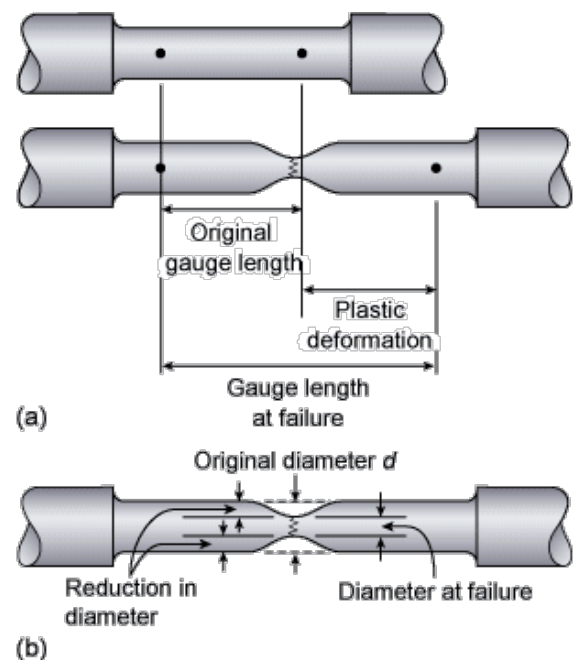
Tightening screws in dental implantology is a precision operation that requires attention to detail and an understanding of fundamental mechanical principles. The correct tightening procedure is crucial to ensure the long-term stability of the implant and to minimize the risk of complications such as screw loosening or fracture. The starting point for correct tightening is selecting the appropriate torque value, which varies depending on the type of implant and the screw used. Each manufacturer specifies a recommended torque value, based on studies that determine its effectiveness in generating the necessary preload without exceeding the material's resistance limit. The use of calibrated torque wrenches is essential to apply the specified torque accurately. Tools used for tightening must be periodically calibrated, checked, or replaced to ensure that the applied torque value matches the set value. Calibration of tools prevents the application of excessive or insufficient torque, both factors that can compromise the integrity of the implant.

In the case of structures supported by multiple implants, such as multiple fixed prostheses, the use of a sequential tightening technique is recommended. This approach involves initially applying a reduced torque to all screws, followed by a final tightening to the recommended value. This methodology ensures a uniform distribution of preload and reduces the risk of improper tensions on the implant-prosthesis interface. Retightening, or retorque, is a step that involves reapplying torque after an initial period from the insertion of the screw. This process compensates for the initial relaxation of materials and maintains the desired preload.

The practice of retorque is particularly important in areas subject to high masticatory loads, where the risk of screw loosening is greater.

A classic example of retightening or retorque is when the screw is tightened, a control radiograph is taken, the patient is spoken to for 5/10 minutes, and the screw is tightened again at the same torque previously given.

Periodic maintenance of dental implants includes checking the torque of the screws. This check allows early identification of any loosening and reapplication of the recommended torque when necessary. Detailed documentation of each tightening and retorque procedure facilitates the long-term management of the implant. It is always recommended to replace the screws if they are unscrewed for a thorough check on the implant or if they are found already loosened or unscrewed.



Clinical Considerations

In clinical practice, it is essential to carefully assess the specific situation of each patient. Factors such as bone quality, implant position, and the presence of parafunctional habits can influence the choice of torque value, while remaining within the range indicated by the manufacturer, and the frequency of retorque and screw replacement. Customizing the treatment based on a solid understanding of mechanical principles and the specific characteristics of the implant is crucial for long-term success. In conclusion, a correct tightening procedure requires not only the use of appropriate tools and knowledge of technical specifications but also a holistic approach that considers the clinical conditions of the patient and the peculiarities of the implant. Following these guidelines, the professional can optimize the longevity and functionality of dental implants, ensuring satisfactory results for the patient.

Conclusion

Screws in implantology represent a crucial element in the success of dental implants, acting as a fundamental link between the implant itself and the overlying prosthesis. The correct tightening procedure, the application of adequate torque, and the management of preload are determining factors in preventing loosening and ensuring the durability and reliability of the implant over time.

A deep understanding of the mechanical principles governing the tightening of screws, combined with the adoption of strategies based on scientific evidence and good clinical practices, allows dentists to confidently face the challenges associated with implantology. The use of calibrated tools, adherence to manufacturer specifications, regular maintenance, and careful evaluation of the patient's clinical conditions and the adoption of screws with TiN Coating are indispensable steps to minimize the risk of complications and maximize the success of the implant. Furthermore, the ability to identify when and how to correctly apply torque, along with awareness of practices to avoid, contributes to optimizing the integration of the implant and the longevity of the prosthesis. Continuous training and updates on the latest research and innovations in the field represent a fundamental commitment for professionals eager to excel in implantology. In conclusion, optimal management of screws in implantology requires a combination of technical knowledge, clinical skills, and attention to detail, to ensure long-lasting functional and aesthetic results. Prosthodontists, through a reflective and evidence-based approach, can overcome technical challenges and ensure safe, reliable, and successful treatments for their patients.

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