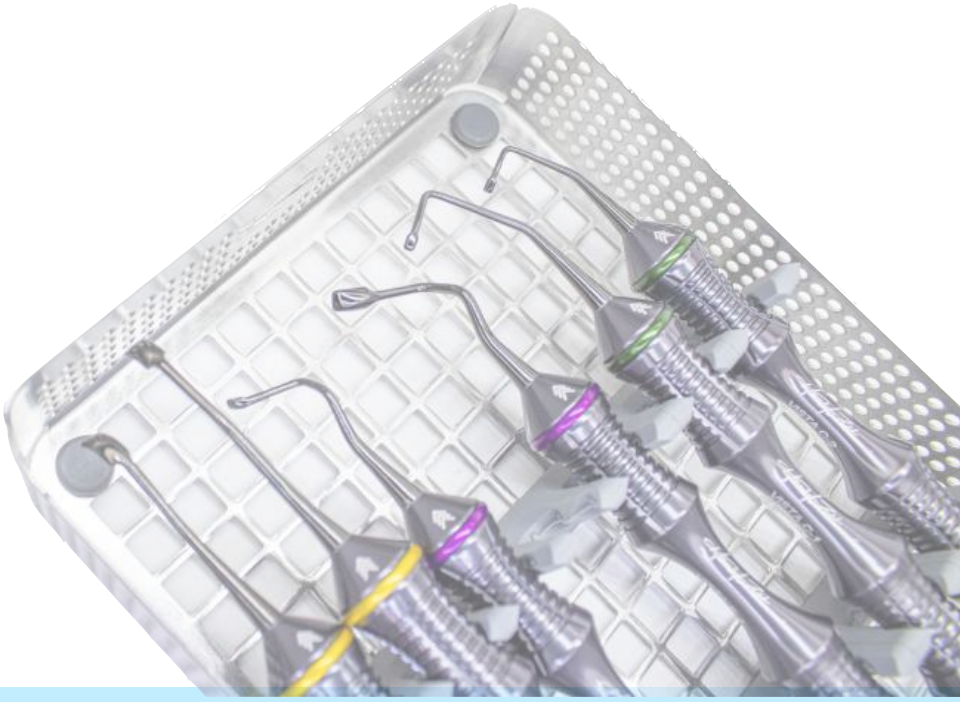
VISTA ABC

Vestibular **I**ncision **S**ubperiosteal **T**unnel **A**ccess

Surgical Manual



REGENimmune

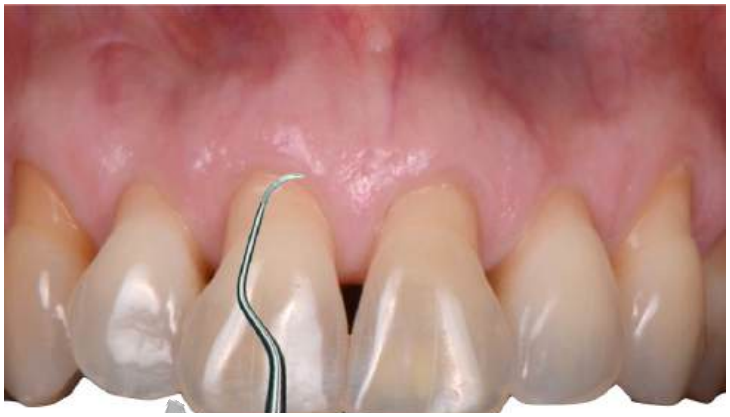
VISTA ABC

VISTA ABC*lux*

VISTA ABC+

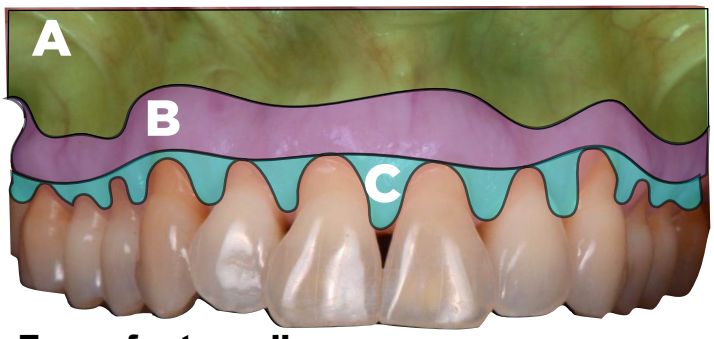
VISTA ABC PRO

Feature	VISTA ABC	VISTA ABC+	VISTA ABC Lux	VISTA ABC Pro	VISTA Companion kit
Material	Surgical stainless steel	Titanium handles + ceramic-coated surgical steel tips	Advanced light-weight alloy + ceramic-coated surgical steel tips	Titanium handles + ceramic-coated surgical steel tips	Titanium handles + ceramic-coated surgical steel tips
Weight	Heaviest	Light	Lightest	Light	Light
Grip	Textured stainless	Ribbed titanium	Premium lightweight alloy with color-coded handles	Ribbed titanium	Ribbed titanium
Durability	Highest durability	Highly durable	Highly durable	Highly durable	Highly durable
Included Instruments	A set of 6 VISTA elevators: A1, A2, B1, B2, C1, C2 + cassette	A set of 6 VISTA elevators: A1, A2, B1, B2, C1, C2 + cassette	A set of 6 VISTA elevators: A1, A2, B1, B2, C1, C2 + cassette	A set of 6 VISTA elevators: A1, A2, B1, B2, C1, C2 + cassette + 7 microsurgical instruments: Castro viejo needle holder, micro scissors, tissue forceps, suture forceps, scalpel handle, mirror handle, perio probe	Cassette + 7 microsurgical instruments: Castro viejo needle holder, micro scissors, tissue forceps, suture forceps, scalpel handle, mirror handle, perio probe
Tip Design	Super sharp working tips	Serrated working tips	Super sharp working tips	Serrated working tips	
Target User	Entry-level / cost-sensitive	Everyday surgical use	Staff-friendly color coding	Expert surgeon	Expert surgeon who already owns a VISTA ABC kit



Thorough scaling and root planing is to be performed, being careful not to injure gingival margins.
The choice of application of root conditioning material, such as EDTA, is at the discretion of the clinician.

Initial Incision: Maxillary Anterior Area:
The midline frenum is the most convenient location for access to maxillary anterior teeth. The midline incision can also provide access to most of the posterior teeth. Allow 5mm of distance between coronal extent of incision and gingival margin.



Zones for tunneling::
The treatment sites in maxilla and anterior mandible are divided into 3 zones:
Zone A: vestibular zone apical to mucogingival junction. A-1 & A-2 are used for tunneling this zone.
Zone B: Attached keratinized gingiva. B-1 and B-2 are used for tunneling in this zone
Zone C: Papillae. C-1 and C-2 are used here.

Perform odontoplasty to flatten parts of the root extending outside of gingival housing, being mindful of the proximity to the pulp. Cervical restorations apical to CEJ have to be completely removed and root irregularities are to be flattened.

Initial Incision: Maxillary Posterior Area:
The vestibular area anterior to maxillary canine is a convenient location for access to posterior maxilla.

Additional Incisions:
In order to gain access to posterior regions, it may be helpful to place additional incisions closer to the sites being treated. Additional incisions can facilitate tunnel elevation and introduction of graft material.

Mandibular Anterior and Posterior Incisions:
The vestibular area anterior to the mandibular canines is a convenient location for access to both mandibular anterior and posterior teeth.
It is often necessary to make the vestibular incisions anterior of both canines to effectively reach the mandibular anterior teeth or in cases where the whole mandibular arch is treated.

Caution: In every location, the incision should begin at least 5 mm away from the closest gingival margin in order to minimize the risk of the tissue between the incision point and gingival margin tearing during tunnel elevation.

A-1

Begin elevation of a subperiosteal tunnel using VISTA-A1 elevator. Orient each elevator with the concave side and sharp tip facing bone. The leading edge of each elevator has to remain in contact with bone throughout tunnel elevation.

A-2
(S-shaped end)

The S-shaped end of VISTA-A2 elevator can be used for tunnel elevation in areas apical to the mucogingival junction.

B-1 and B2

VISTA-B1 and B-2 elevators are used to extend the tunnel from the vestibular zone past the mucogingival junction.

A-2
(C-shaped end)

The C-shaped end of VISTA-A2 elevator can be used when the tunnel is extended beyond the distal aspects of canines.

C-2

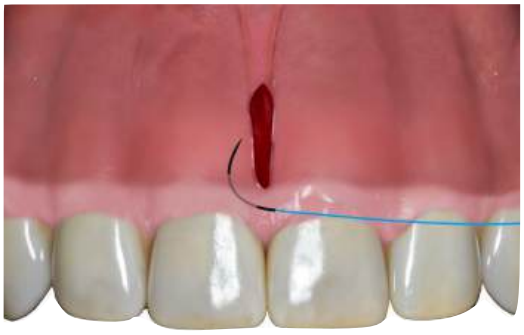
VISTA-C2 elevator can be used to extend the tunnel to interproximal embrasures in the vicinity of the initial incision (up to 2-3 teeth away).

C-1

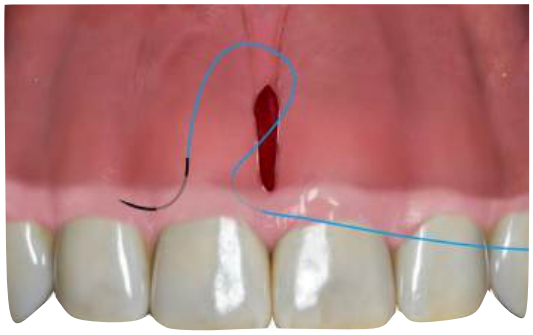
VISTA-C1 elevator is well-suited to reach interproximal embrasures of teeth that are further away from initial access incision.

Double Mattress Suture

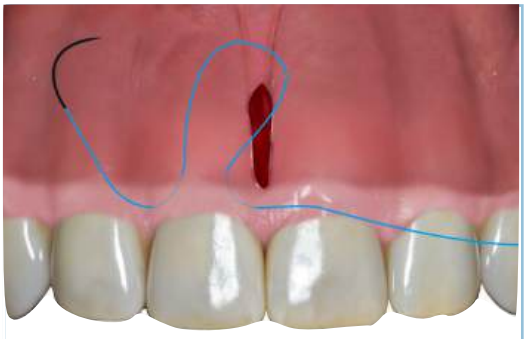
In areas of higher tension or around wider teeth, the double-mattress suture helps distribute the tension of the coronally advanced gingiva across four suture threads, ensuring even stabilization and reducing localized stress. Coronally anchored suturing also helps increase thickness gain by fixing the gingival margin in its new position.



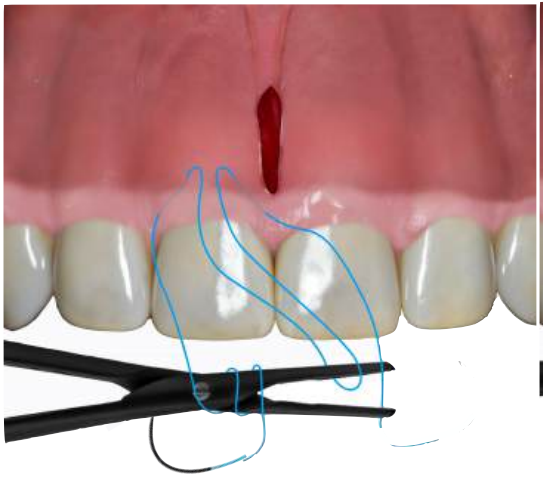
Insert the needle parallel to the gingival margin, approximately 3–5 mm apical to the margin.



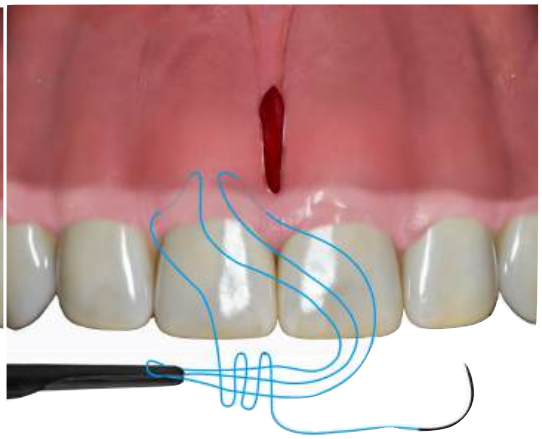
Pass the suture through the tissue and withdraw the needle. Tie a knot on the suture outside the tissue.



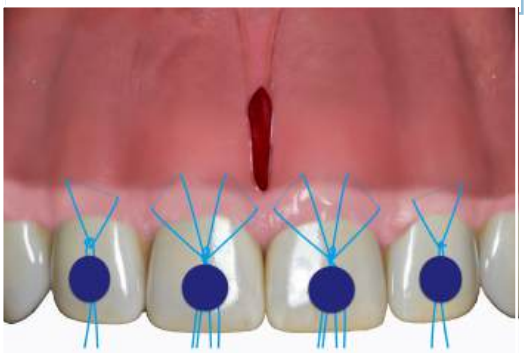
Adjust the knot to approximately 2–3 mm coronal to the gingival margin.



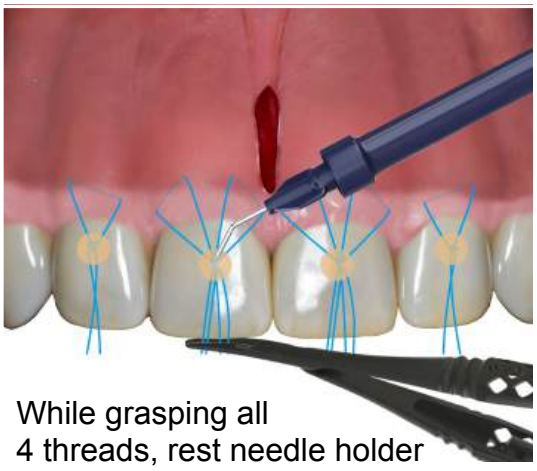
Wrap the suture three times clockwise around the needle holder. With the jaws open, grasp the loop and the free end.



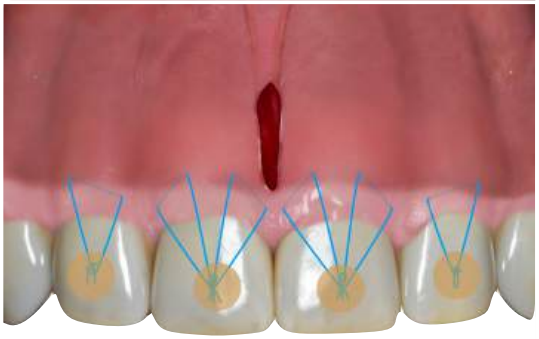
Clamp the loop and tail, withdraw through the coil to form the first knot. Then tie a counterclockwise second knot to lock it.



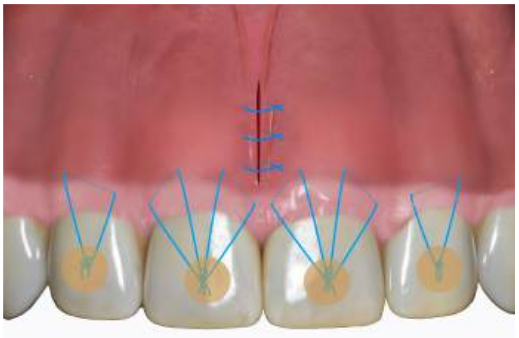
Etch the teeth for approximately 10 seconds. Rinse thoroughly and dry.



While grasping all 4 threads, rest needle holder on the incisal edge of each tooth to maintain the desired tension and coronal position. Flowable composite is applied over the knot.



Insert the graft into the tunnel and stabilize it either with or independent of the coronally anchored sutures. Autogenous CTG, dermal matrix, collagen matrix, or PRF may be used at the clinician's discretion..

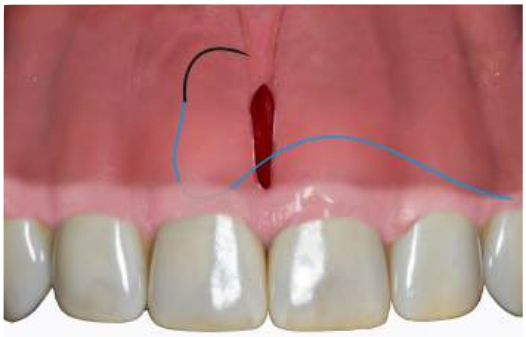


Cut suture ends with blade to avoid exposed sharp ends. If necessary add more composite to submerge suture edges. Approximate vestibular incision with sutures.

Single Loop Suture

In cases with relatively low tension during coronal advancement and a small gingival margin dimension, the single loop suture technique is appropriate.

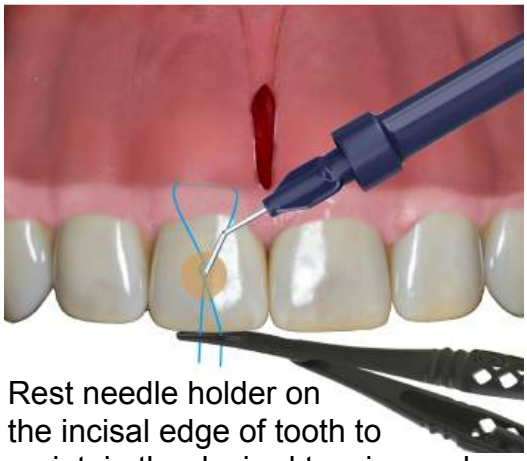
Insert the needle parallel to the gingival margin, approximately 3–5 mm apical to the margin.



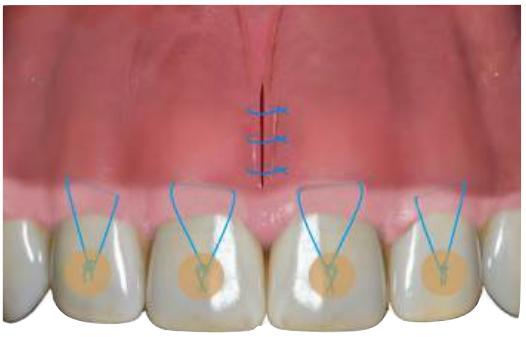
Pass the suture through the tissue and withdraw the needle. Tie a knot on the suture outside the tissue.

Adjust the knot to approximately 2–3 mm coronal to the gingival margin.

Etch the tooth for approximately 10 seconds. Rinse thoroughly and dry.



Rest needle holder on the incisal edge of tooth to maintain the desired tension and coronal position and apply flowable composite over the knot.



To ensure patient comfort, the ends of the suture are carefully cut with a scalpel blade, ensuring that no free ends extend out of the composite.

Pre-operative Care

- Address all active disease—caries, periodontal inflammation, and endodontic infection—**prior to surgery**.
- Ensure **optimal oral hygiene**.
- **Antibiotic pre-medication** may be considered at the clinician's discretion.
- For patients on **anticoagulant therapy**, any decision to discontinue or modify treatment requires consultation with the prescribing physician.
- **Helpful supplements:**
  - *Arnica montana*: begin **5 days before surgery** and continue for **1 week post-operatively**.
  - *Turmeric*.

Post-operative Care

- Apply an **ice pack extra-orally** for the first **48 hours**.
- Rinse with **chlorhexidine mouthwash** twice daily.
- Brush gently using an **ultra-soft toothbrush**.
- Use **post-operative antibiotics** if prescribed at the clinician's discretion.

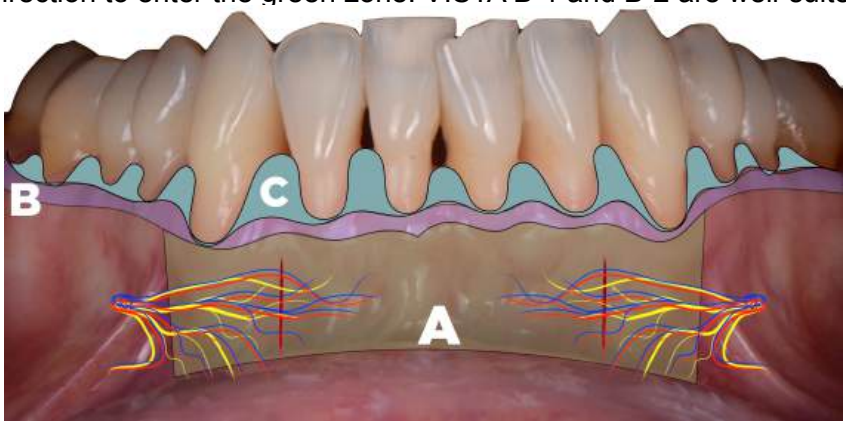
Removal of Composite Bondings and Suspensory Sutures

- Suspensory sutures and their associated composite bondings should remain in place for a **minimum of 3 weeks**.
- To remove them, begin by **cutting the sutures** near the gingival margin using **sharp, fine-tip scissors**.
- A **sharp sickle scaler** can then be used to **dislodge ("pop off") the composite bondings**.
- If the bondings cannot be removed mechanically, use a **finishing bur** to carefully grind away the composite. *Exercise caution to avoid removing enamel or any existing restoration.*
- After removal, refine the surface with a **composite polishing wheel** to achieve a smooth finish.

Caution: It is important to be aware of the mental foramen's position to avoid injury to the neurovascular bundle to help in maximizing the safety of tunnel elevation in the posterior mandible. It is recommended to use 3D imaging to localize the position of the mental foramen. The region is divided into three zones:

A) Vestibular zone: apical to the mucogingival junction
B) Attached gingiva coronal to the mucogingival junction
C) Papillary zone

Full-thickness dissection to elevate subperiosteal tunnel is carried out in zones B and C by continually maintaining contact between the instrument tip and bone, while advancing the elevator.
In zone A, the instruments shall not be pressed against bone, as that may risk injury to the neurovascular bundle. Full thickness elevation is accomplished by keeping the instruments in the B zone and lifting the instrument heal away from bone in order to elevate the mucoperiosteal complex away from bone. If it is necessary to enter the red zone, the instruments have to lifted away from bone and the convex side used to gently pull the periosteum away from bone.
The VISTA elevators are to enter the tunnel, beginning from the vestibular access and oriented in superior direction to enter the green zone. VISTA B-1 and B-2 are well-suited for this maneuver.



Zone A dissection is restricted to the anterior mandible and is not to be carried out further posteriorly than the distal of mandibular canine.
3D imaging is advised to aid in identifying the location of the mental foramen for safer tunneling.
In the posterior mandible, vestibular tunnel elevation is restricted to zones B and C.

Instructions for Handling, Care, Cleaning, and Sterilization

The VISTA-ABC surgical instruments are supplied **non-sterile** and **must be sterilized prior to use**. These instruments are reusable; however, they must be **properly cleaned, inspected, and sterilized before each clinical use**. The following steps are recommended:

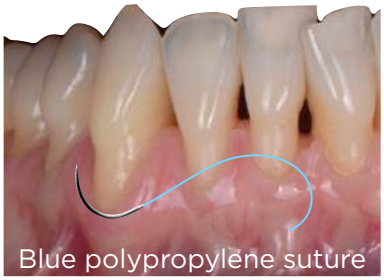
1. **Pre-Cleaning**
   - Remove all visible debris using a **soft, non-metallic bristle brush** and an **appropriate enzymatic or neutral-pH detergent**.
   - Rinse thoroughly with clean water.
   - **Dry completely** before proceeding to sterilization to prevent corrosion.
2. **Preparation for Sterilization**
   - After cleaning and inspection, place the instruments in the **custom instrument cassette**.
   - Insert the cassette into an **appropriately sized, validated sterilization pouch**, ensuring proper sealing and airflow.
3. **Sterilization**
   - Sterilize the packaged instruments using **moist heat (steam sterilization)**.
   - Follow the **validated steam sterilization parameters** recommended for these instruments (add cycle details here if needed: e.g., temperature, exposure time, drying time).

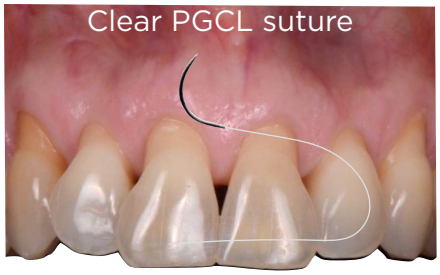
Method	Cycle	Temperature	Exposure Time
Steam	Pre- Vacuum	132°C	4 Minutes Steam Time
		270°F	20 Minutes Dry Time

Note About Instruments

Stainless steel and titanium instruments **must not be exposed** to the following chemicals, as they can cause corrosion or surface damage:
Sodium hypochlorite (household bleach), tartaric acid (stain/tartar removers), aluminum chloride, barium chloride, bichloride of mercury, calcium chloride, carbolic acid, chlorinated lime, citric acid, Dakin's solution, ferrous chloride, Lysol, mercuric chloride, mercury salts, phenol, potassium permanganate, potassium thiocyanate, stannous chloride, aqua regia, ferric chloride, sulfuric acid, hydrochloric acid, or iodine.
Additionally, **do not sterilize this kit with other instruments of dissimilar material that may be damp or if they have rust**, as rust particles can transfer during sterilization and damage these instruments.

Ref #	PRODUCT	NOTE
6612200001	VISTA ABC Elevator Kit	Uncoated surgical stainless steel instruments
6612400001	VISTA ABC lux Elevator Kit	Advanced light-weight alloy handles with color coding + ceramic-coated surgical steel tips
6612300005	VISTA ABC+ Elevator Kit	Titanium handles + ceramic-coated surgical steel tips
6612500001	VISTA ABC Pro Kit	VISTA ABC+ plus Castro viejo needle holder, micro scissors, tissue forceps, suture forceps, scalpel handle, mirror handle, perio probe
6612600001	VISTA Companion Kit	Castro viejo needle holder, micro scissors, tissue forceps, suture forceps, scalpel handle, mirror handle, perio probe
9626113381	6.0 Polypropylene Suture (10” thread length) Onyx Black C3 (13mm) Needle	Ideal tissue response. Shorter thread length (2–3 teeth per suture) helps maintain needle sharpness.
9626113382	6.0 Polypropylene Suture (18” thread length) Onyx Black P3 (13mm) Premium Needle	Ideal tissue response to monofilament polypropylene. Longer thread length.
9627113381	7.0 Polypropylene Suture (18” thread length) Onyx Black C1 (11mm) Needle	Thinner thread and smaller needle appropriate for more delicate microsurgery.
9636113381	6.0 PGCL Suture (18-inch thread length) P3 Onyx Black (13mm) Needle	Excellent tissue response. Its clear thread minimizes visibility in the esthetic zone. Resorbs in 4–6 weeks.
9606113381	6.0 PTFE Suture (24-inch thread length) Onyx Black P3 (13mm) Premium Needle	Good tissue response to monofilament PTFE. Easier to manipulate this suture. Ideal for beginners.





ADDITIONAL MATERIAL
Flowable Composite
Acid Etch Gel (35% phosphoric acid): for etching teeth
Porcelain Etch Gel (9% hydrofluoric acid): for etching porcelain crowns
#15c Scalpel
Finishing Burs (flame-shaped) for Odontoplasty
Gracey Curettes 1/2, 7/8, 11/12, 13/14 and Mini 5
Ultrasonic Scaler
Autogenous connective tissue graft (CTG); Graft Material: Acellular dermis allograft, xenograft collagen matrix, Platelet rich fibrin (PRF)

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