straumann

STRAUMANN® EMDOGAIN

BEFORE IT'S TOO LATE

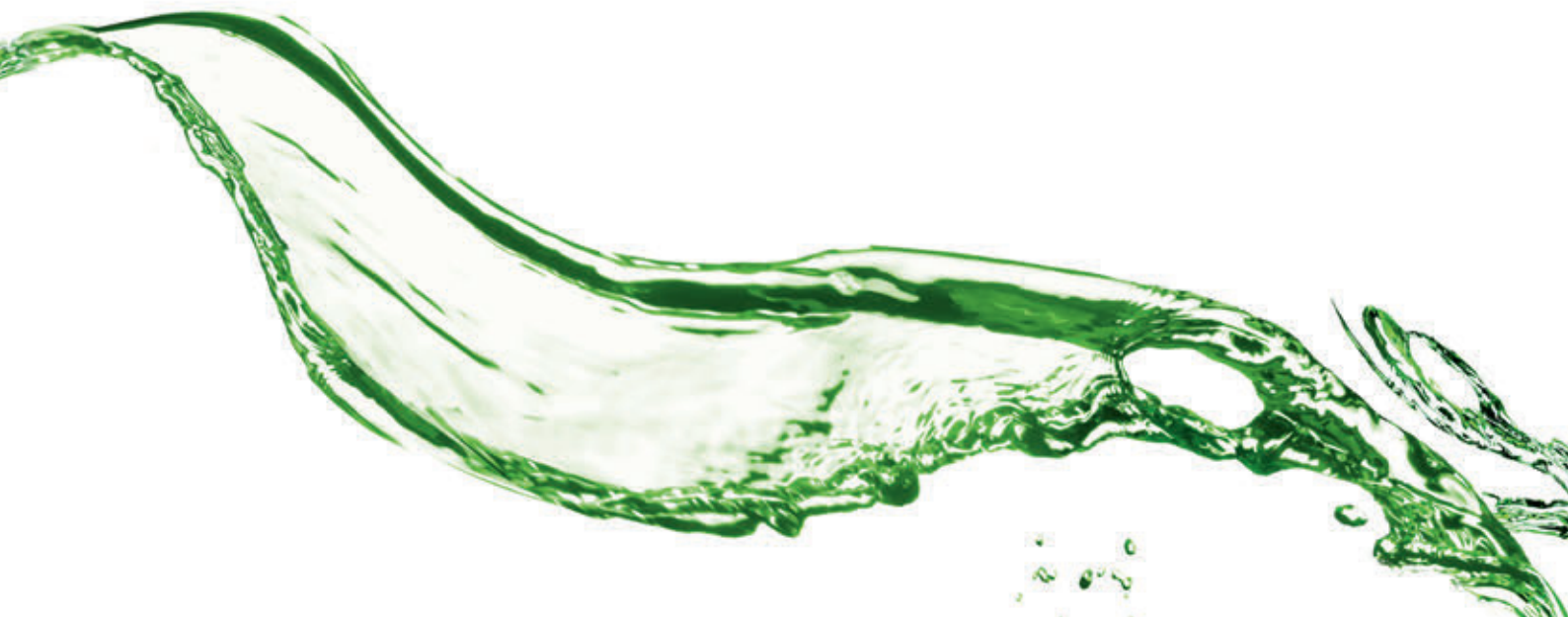
dental
bone & tissue
regeneration

botiss
biomaterials

COMMITTED TO
SIMPLY DOING MORE
FOR DENTAL PROFESSIONALS

"THE EMDOGAIN® 015 SHOULD ENABLE THE CLINICIAN TO USE THE MATERIAL MORE OFTEN SINCE IT WILL BE MORE COST-EFFECTIVE WHEN ADDED TO BONE GRAFTING PROCEDURES."

DR. DAVID COCHRAN



TOOTH PRESERVATION WITH STRAUMANN® EMDOGAIN

Emdogain® is now available in a new package size containing 5 syringes with 0.15 ml. This allows for a cost-effective treatment of smaller defects and soft tissue grafting procedures. The additional Emdogain® 015 in our regenerative portfolio enables the clinician to select the right amount of Emdogain® for the use with various* bone grafting materials, thereby enhancing the patients regenerative periodontal outcome.

5–15 % OF POPULATION SUFFERS FROM SEVERE PERIODONTITIS THAT MAY LEAD TO TOOTH LOSS[1,2]

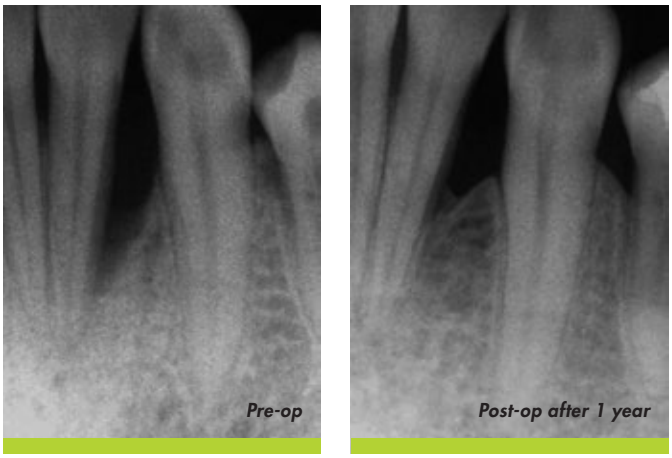
Periodontitis treatment involves controlling the causative bacteria and inflammation as well as subsequent regeneration of the lost periodontal hard and soft tissues in order to regain tooth attachment.

Biological guided regeneration

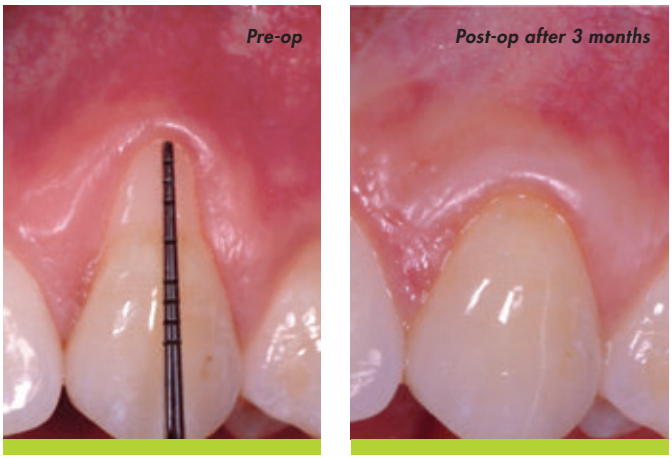
Straumann® Emdogain supports the predictable regeneration of the lost periodontal hard and soft tissue caused by periodontitis and in this way helps save and preserve the tooth[3].

Applying Straumann® Emdogain to the cleaned root surface of the periodontally diseased tooth helps to regenerate the periodontium, which includes the cementum, periodontal ligament and alveolar bone[4–8].

Regenerative surgery with Straumann® Emdogain



Courtesy of Prof. Carlos E. Nemcovsky, Tel-Aviv University



Courtesy of Prof. Zucchelli, Bologna University

* BoneCeramic™, autograft, allograft, bone-derived xenograft, ß-Tricalcium phosphate, or bioactive glass

BIOLOGICAL GUIDED REGENERATION FOR VARIOUS INDICATIONS

Straumann® Emdogain is indicated for:

1 Intrabony defects

2 Wide intrabony defects

In combination with various bone graft materials in wide defects where bone structure needs to be rebuilt or where additional soft tissue support is needed.*

3 Furcation defects (Class II furcation)

4 Recession defects

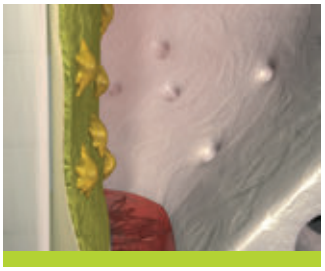
* BoneCeramic™, autograft, allograft, bone-derived xenograft, ß-Tricalcium phosphate, or bioactive glass

The following steps describe how Straumann® Emdogain helps to regenerate the periodontium over time:

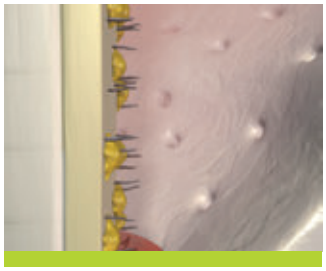
1 *When Straumann® Emdogain is applied the enamel matrix derived proteins precipitate on the root surface to form a matrix layer.*

2 *The matrix stimulates the attraction and proliferation of mesenchymal cells from the healthy part of the periodontium.*

3 *The cells secrete natural and specific cytokines and autokrine substances promoting the necessary proliferation.*



4 *Supporting cells are attracted and differentiate into cementoblasts which start with the formation of the cement matrix in which the periodontal fibers will be fixed.*



5 *The newly formed cement layer increases in thickness, extending the periodontal ligament.*

6 *Within months, the defect fills with newly formed periodontal ligament.*

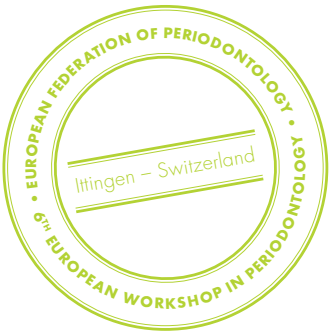
7 *As the periodontal ligament is formed, new bone continues to develop.*

8 *Straumann® Emdogain facilitates the regeneration of the complex dental structure of the periodontium, building a new functional attachment.*

"STRAUMANN® EMDOGAIN STIMULATES THE REGENERATION OF BOTH THE HARD AND SOFT TISSUES OF THE PERIODONTIUM AT THE SAME TIME."

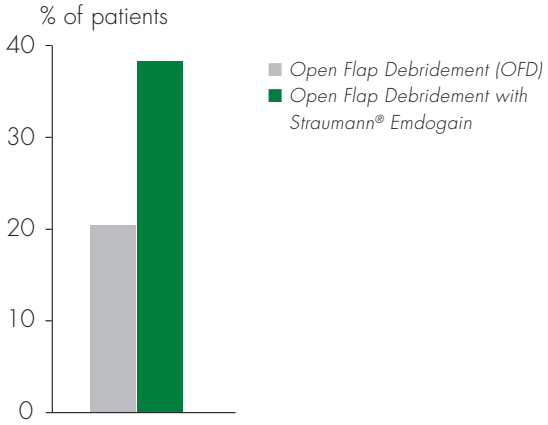
DR. DAVID COCHRAN

PREDICTABLE CLINICAL RESULTS



Confidence thanks to predictable clinical results

- Improved clinical results when treating patients with intrabony defects compared to OFD alone[9]
- Increased probability of complete root coverage achieved with a Coronally Advanced Flap (CAF) compared to CAF alone[10]
- More than 400 clinical publications demonstrate Straumann® Emdogain to have predictable clinical results



Percentage of patients with highly significant outcome (CAL gain of >4 mm) 1 year post operative[9] in the treatment of intrabony defects

"BOTH THE SCIENTIFIC EVIDENCE AND MY PERSONAL EXPERIENCE INDICATE THAT IN APPROPRIATE CASES, STRAUMANN® EMDOGAIN SIGNIFICANTLY IMPROVES ROOT COVERAGE COMPARED TO THE CORONALLY ADVANCED FLAP ALONE."

DR. MICHAEL K. MCGUIRE, DDS

MORE THAN 1 MILLION PATIENTS TREATED WORLDWIDE

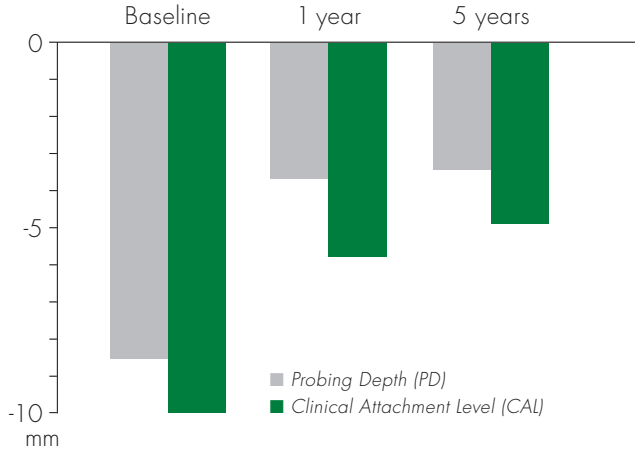
Rely on long-term clinical experience

- Documented treatment success up to 10 years[11]
- Improved attachment level maintained up to 5 years compared to baseline[12]
- Improved probing depth level maintained up to 5 years compared to baseline[12]

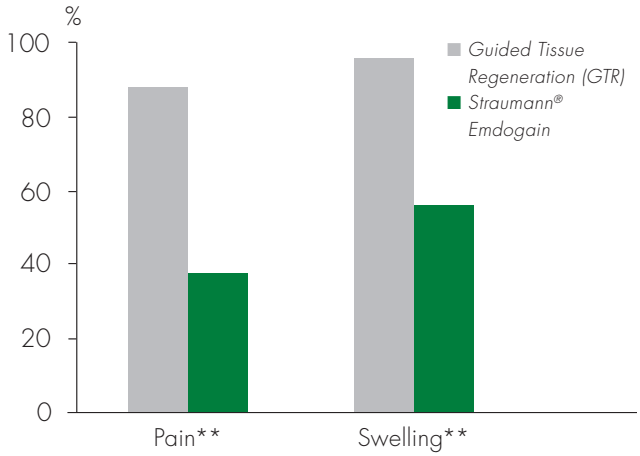
Added value for your practice due to patient satisfaction

- Clinicians reported on enhanced wound healing when using Straumann® Emdogain compared to control*[13]
- Less patients with pain and swelling compared to traditional GTR[14]
- Designed solution to improve patient comfort compared to traditional GTR[13,14] or Connective Tissue Graft (CTG)[15]

**PGA carrier alone*



Significantly improved CAL and PD following OFD with Straumann® Emdogain, measured up to 5 years[12]



*Percentage of patients with pain** and swelling** 1 week post-operative in furcation treatment with GTR or Straumann® Emdogain[14]*

***little, moderated and strong*

STRAUMANN® EMDOGAIN

NOW AVAILABLE IN 3 SYRINGE SIZES FOR YOUR CONVENIENCE.

0.15 ml **0.3 ml** **0.7 ml**

Straumann® Emdogain 0.15 ml
5 x Straumann® Emdogain 0.15 ml
Art. No. 075.098

Straumann® PrefGel 0.6 ml
5 x Straumann® PrefGel 0.6 ml
Art. No. 075.203

Straumann® Emdogain 0.3 ml
1 x Straumann® Emdogain 0.3 ml
Art. No. 075.101

Straumann® Emdogain 0.3 ml Multipack
3 x Straumann® Emdogain 0.3 ml and
3 x Straumann® PrefGel 0.6 ml
Art. No. 075.114

Straumann® Emdogain 0.7 ml
1 x Straumann® Emdogain 0.7 ml
Art. No. 075.102

Straumann® Emdogain 0.7 ml Multipack
3 x Straumann® Emdogain 0.7 ml and
3 x Straumann® PrefGel 0.6 ml
Art. No. 075.116

Straumann® Emdogain Plus
1 x Straumann® Emdogain 0.7 ml and
1 x Straumann® BoneCeramic 0.25 g
1 x Straumann® PrefGel 0.6 ml
Art. No. 075.117

References

[1] *AAP: Position Paper: Epidemiology of Periodontal diseases. J Periodontol 76, 2005;1406–1419.* [2] *Holtfreter B, et al. Prevalence of periodontal disease and treatment demands based on a German dental survey (DMS IV). J Clin Periodontol. 2010 Mar;37(3):211–9.* [3] *Dieter D. Bosshardt, Biological mediators and periodontal regeneration: a review of enamel matrix proteins at the cellular and molecular levels J Clin Periodontol 2008;35(Suppl. 8):87–105.* [4] *Pimentel SP, et al. Enamel matrix derivative versus guided tissue regeneration in the presence of nicotine: a histomorphometric study in dogs. J Clin Periodontol. 2006;33:900–907.* [5] *Dieter D. Bosshardt et al. Effects of enamel matrix proteins on tissue formation along the roots of human teeth. J Periodontal Res. 2005;40:158–167.* [6] *Sallum EA et al. Enamel Matrix Derivative and Guided Tissue Regeneration in the Treatment of Dehiscence-Type Defects: A Histomorphometric Study in Dogs J Periodontol. 2004;75:1357–1363.* [7] *Sakallioglu U et al. Healing of periodontal defects treated with enamel matrix proteins and root surface conditioning - an experimental study in dogs Biomaterials. 2004;25:1831–1840.* [8] *Cochran DL et al. The effect of enamel matrix proteins on periodontal regeneration as determined by histological analyses. J Periodontol. 2003;74:1043–1055.* [9] *Tonetti et al. Enamel matrix proteins in the regenerative therapy of deep intrabony defects - A multicentre randomized controlled clinical trial J Clin Periodontology 2002;29;317–325* [10] *Cairo F, Pagliaro U, Nieri M. Treatment of gingival recession with coronally advanced flap procedures: a systematic review. J Clin Periodontol 2008;35(Suppl 8):136–162.* [11] *Sculean et al. Ten-year results following treatment of intra-bony defects with enamel matrix proteins and guided tissue regeneration. J Clin Periodontol 2008;35:817–824.* [12] *Heden and Wennström. Five-Year Follow-Up of Regenerative Periodontal Therapy With Enamel Matrix Derivative at Sites With Angular Bone Defects J Periodontol 2006;77:295–301.* [13] *Wennstrom JL and Lindhe J. Some effects of enamel matrix proteins on wound healing in the dento-gingival region. J Clin Periodontol 2002;29:9–14.* [14] *Jepsen et al. A randomized clinical trial comparing enamel matrix derivative and membrane treatment of buccal class II furcation involvement in mandibularmolars. Part I: Study design and results for primary outcomes. J Periodontol. 2004 Aug;75(8):1150–6.* [15] *McGuire MK, Nunn M. Evaluation of human recession defects treated with coronally advanced flaps and either enamel matrix derivative or connective tissue. Part 1: Comparison of clinical parameters. J Periodontol 2003;74:1110–1125.*

International Headquarters
Institut Straumann AG
Peter Merian-Weg 12, CH-4002 Basel, Switzerland
Phone +41 (0)61 965 11 11
Fax +41 (0)61 965 11 01
www.straumann.com

botiss dental GmbH
Uhlandstr. 20–25
10623 Berlin – Germany
Fon: +49 30 20 60 73 98 30
Fax: +49 30 20 60 73 98 20
www.botiss.com

Straumann products are CE marked 05/12 152.587/en BA21012