

[BIOMATERIALS]

Straumann® Biomaterials
Master any challenge.
Product portfolio





COMPREHENSIVE

Our comprehensive portfolio provides you with exactly the choice you need to master challenges from surgical/flapless periodontal regeneration, enhanced wound healing, bone regeneration, to soft-tissue management and wound care.



INDIVIDUAL SOLUTIONS

We understand that an all-rounder, one-size-fits all solution, does not always help you meet every challenge. That's why we provide individual solutions for your individual challenges.



POWERFUL

Whether it's better healing, volume preservation, speed or natural esthetic results, we provide exactly what you need to meet your challenges, backed by scientific evidence and powered by innovation.



Straumann® Biomaterials. What challenge are you going to master today?

Modern dentistry needs specific solutions to ensure maximum performance and security.

We understand that your cases are as individual as your patients. That's why we offer products you feel comfortable with and can depend on, day in, day out. You can trust in the experience and expertise, that is synonymous with Straumann®, to deliver the right solution for different situations. Whatever your patient needs: from a volume preserving xenograft, to the speed and natural results of an allograft, or a well-balanced combination, our innovative solutions provide you with exactly what you need to master your challenges.

Together with our strategic partners, Straumann® now provides a carefully selected and comprehensive portfolio in oral regeneration. Our unique biologics, complete GBR portfolio and innovative custom solutions are designed to help you master the challenges you might face in your daily practice.

Biomaterials portfolio

STRAUMANN® EMDOGAIN®



Straumann® Emdogain®
Periodontal Surgery



Straumann® Emdogain®
Wound Healing



Straumann® Emdogain® FL
Flapless Regeneration



collacone®
Collagen plug



mucoderm®
Native collagen matrix



permamem®
High-density PTFE membrane



collprotect® membrane
Dermis membrane



Jason® membrane
Pericardium membrane

HEMOSTATICS

SOFT TISSUE GRAFTS

MEMBRANES





Straumann® XenoGraft

Non-sintered granules



Straumann® XenoFlex

Collagenated xenograft cube



cerabone®

Pure natural bone mineral



maxgraft® granules / blocks

Processed allograft



maxgraft® bonebuilder

Individualized blocks



maxgraft® bonering

Cancellous bone ring



maxgraft® cortico

Cortical plate























Straumann® BoneCeramic™

Biphasic calcium phosphate granules









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Allograft	Bovine	Porcine	Synthetic
			

HEMOSTATICS



collacone®
Hemostatic collagen plug



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STRAUMANN® EMDOGAIN®



Straumann® Emdogain® FL
Flapless periodontal regeneration



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Straumann® XenoGraft

Non-sintered granules

The everyday choice for successful bone and tissue regeneration.

Straumann® XenoGraft:

- Easy to handle
- Long-term volume stability
- Successfully applied in over 500,000 cases worldwide



FEATURES AND BENEFITS

Osteoconductivity	The natural structure of Straumann® XenoGraft with interconnected porous granules facilitates the adhesion and invasion of bone forming cells and results in complete integration of the implant due to the ingrowth of cells and blood vessels.
Healing environment and volume stability	Straumann® XenoGraft undergoes superficial resorption only. The granules provide excellent space maintenance and predictably integrate into newly formed bone ensuring volume maintenance and a strong long lasting matrix for successful placement of dental implants.
Safety	In order to assure maximum safety, organic components are completely removed by solvent and temperature treatment (> 500 °C) during the manufacturing process of Straumann® XenoGraft. Favorable handling and performance are ensured due to the comparably low temperature treatment (non-sintered), which preserves the natural microstructure of natural bone. The final sterility of Straumann® XenoGraft is ensured by gamma irradiation.
Spongy consistency after hydration	Straumann® XenoGraft particles absorb liquid quickly and adhere to each other after mixing.
Easy handling and application	Straumann® XenoGraft particles stick to the spatula after hydration. Avoid condensation of the particles during application. Non compacted particles leave space for blood vessel ingrowth and formation of new bone matrix.



NIBEC CO., Ltd.

Iwol electricity-electronic Agro-industrial Complex, 116, Bamdi-gil,
Iwol-myeon, Jincheon-gun, Chungcheongbuk-do, 27816, Korea

PROPERTIES

Attribute	Description
Origin	Bovine cancellous bone particles
Composition	Calcium phosphate (100 % pure hydroxyapatite, mineral phase)
Degradation kinetics	Long-term integration of bovine particles, very slow, limited degradation
Healing-/integration time	6–9 months (depending on defect)
Storage temperature	15–25 °C
Shelf life	3 years (from date of production)

APPLICATION AND HANDLING

Rehydration

Rehydration in blood or saline solution is recommended and facilitates handling and application.

Application

- Straumann® XenoGraft can be delivered to the surgical site with surgical curette or periosteal elevator after wetting with blood or saline solution.
- Ensure maximum contact between the graft material and well vascularized, bleeding bone surface to facilitate ingrowth of new blood vessels and bone forming cells.
- A bioabsorbable membrane should be placed over the graft.

Wound closure

Ensure that soft tissue coverage of the grafted site is complete and free of tension

Healing time and Re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on his diagnosis of the patient's individual situation.

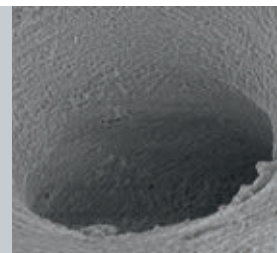
A minimum healing period of six months is recommended before re-entry to ensure stable integration of particles.

Combining with Allograft

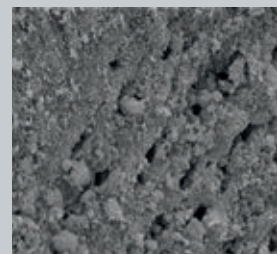
Combining of Straumann® XenoGraft with allogeneic bone combines the advantages of both materials; the biological potential of allograft and the long-term stability of Straumann® XenoFlex lead to fast regeneration of vital, strong bone.

Combining with autologous bone

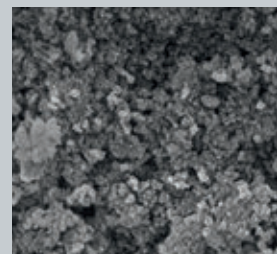
Combined use of Straumann® XenoGraft with autologous bone bring about a biological activity (osteo-inductive and osteo-genetic properties of autologous bone) and may support faster regeneration and improved formation of new bone.



1,000 × magnification



5,000 × magnification



20,000 × magnification

Available in the following sizes

Code	Volume (g/cc)	Granules Size (mm)	Product
S1-0210-025	0.25 g/0.55 cc	0.2–1.0 mm	Straumann® XenoGraft granules in bowl-type glass vial
S1-0210-050	0.5 g/1.3 cc		
S1-0210-100	1.0 g/2.4 cc		
S1-0210-200	2.0 g/4.5 cc		
S1-1020-025	0.25 g/0.68 cc	1.0–2.0 mm	Straumann® XenoGraft granules in bowl-type glass vial
S1-1020-050	0.5 g/1.55 cc		
S1-1020-100	1.0 g/2.9 cc		
S1-1020-200	2.0 g/5.0 cc		

Straumann® XenoFlex

Collagenated xenograft cube

Straumann® XenoFlex is a biomimetic composite material that resembles the native bone in its basic biphasic composition of collagen and xenogenic hydroxyapatite. It has beneficial handling characteristics and the ability to be shaped to match the individual defect situation. Straumann® XenoFlex – an efficient, easy to handle, volume stable solution for the treatment of bone defects.



FEATURES AND BENEFITS

Osteoconductivity	The natural structure of Straumann® XenoFlex with interconnected porous granules and purified collagen facilitates the adhesion and invasion of bone forming cells and results in complete integration of the implant due to the ingrowth of cells and blood vessels.
Healing environment and volume stability	<p>The collagen portion of Straumann® XenoFlex supports the initial healing environment and binding of the granules to the defect. The collagen creates the environment favorable for bone generation and is decomposed after a certain time (weeks).</p> <p>The granules undergo superficial resorption only. The granules provide excellence space maintenance and predictably integrate into newly formed bone ensuring volume maintenance and a strong long lasting matrix for successful placement of dental implants.</p>
Safety	In order to assure maximum safety, organic components are completely removed by solvent and temperature treatment (> 500 °C) during the manufacturing process of Straumann®Xenoflex. The final sterility of Straumann® XenoFlex is ensured by gamma irradiation.
Spongy consistency after hydration	<p>After hydration Straumann® XenoFlex changes to a slightly spongy consistency enabling excellent handling and defect application.</p> <p>The collagen fibers have intrinsic hemostatic properties facilitating the adhesion of proteins and signaling molecules from the blood to the embedded granules to further improve the fast bony integration of Straumann® XenoFlex.</p>
Easy handling and application	<p>Straumann® XenoFlex can be easily cut to the needed size and shape in dry and wet condition.</p> <p>The product can be placed into defect in one piece using tweezers shortening operation time.</p>



NIBEC CO., Ltd.

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PROPERTIES

Attribute	Description
Origin	Bovine cancellous bone particles Porcine collagen type I
Composition	90 % Calcium phosphate (100 % pure hydroxyapatite, mineral phase) 10 % Type I Collagen
Degradation kinetics	Fast binding at defect site due to 10 % of porcine collagen, very slow superficial degradation of bovine particles. Long term osseous integration of particles into newly formed bone matrix
Healing-/integration time	6–9 months (depending on defect)
Storage temperature	2–30 °C
Shelf life	3 years (from date of production)

APPLICATION AND HANDLING

Rehydration

Rehydration in blood or saline solution is recommended and facilitates handling and application.

Application

- Straumann® XenoFlex may be cut to the needed size in dry form or after hydration in blood or saline solution (using tweezers and scissors).
- Ensure maximum contact between the graft material and well vascularized, bleeding bone surface to facilitate ingrowth of new blood vessels and bone forming cells.
- A bioabsorbable membrane should be placed over the graft.

Wound closure

Ensure that soft tissue coverage of the grafted site is complete and free of tension

Healing time and Re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on his diagnosis of the patient's individual situation.

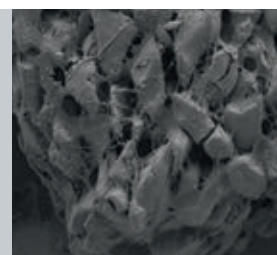
A minimum healing period of six months is recommended before re-entry to ensure stable integration of particles.

Combining with Allograft

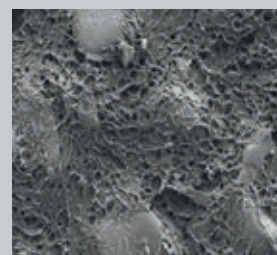
Combining of Straumann® XenoFlex with allogeneic bone combines the advantages of both materials; the biological potential of allograft and the long-term stability of Straumann® XenoFlex lead to fast regeneration of vital, strong bone.

Combining with autologous bone

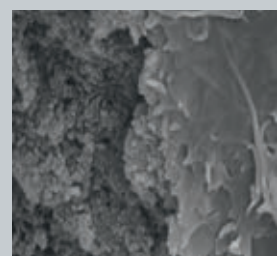
Combined use of Straumann® XenoFlex with autologous bone bring about a biological activity (osteo-inductive and osteo-genetic properties of autologous bone) and may support faster regeneration and improved formation of new bone.



50 × magnification



100 × magnification



50,000 × magnification

Available in the following sizes

Code	Dimension L×W×H (mm)	Product
NI-0110-005	6×6×3, 50 mg	Straumann® XenoFlex Block
NI-0110-010	6×6×6, 100 mg	
NI-0110-025	7×8×9, 250 mg	
NI-0110-050	9×10×11, 500 mg	

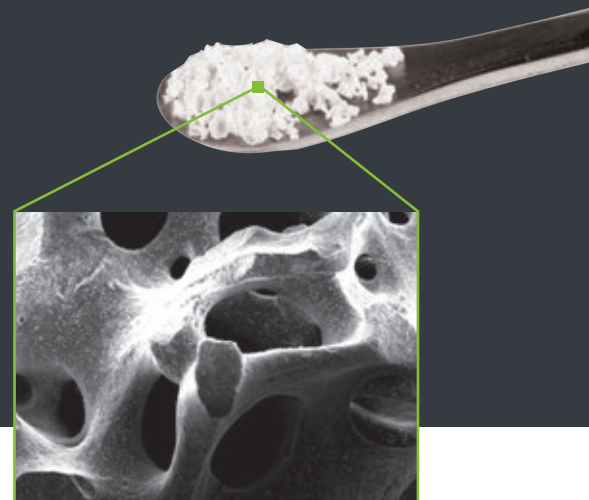
Code	Dimension Ø × L (mm)	Product
NI-0110-025S	4.6×40, 250 mg	Straumann® XenoFlex Syringe
NI-0110-050S	5.6×45, 500 mg	

cerabone®

1200 °C safety: pure natural bone mineral

cerabone® is one of the most commonly used bovine bone grafting materials in regenerative dental medicine. It is a dimensionally stable bone graft providing permanent structural support.

- Lifetime volume stability
- Over 1 million successful augmentations



FEATURES AND BENEFITS

Safety + Purity	The unique 1200 °C manufacturing process of cerabone® removes all organic components for maximum safety and leads to a 100 % pure natural bone mineral – by utilizing heat and water only (free of chemical additives). Gamma-irradiation ensures final sterility of cerabone®.
Osteoconductivity	The human-like bone structure of cerabone® with its three-dimensional pore-network and bioactive surface result in excellent osteoconductive properties. It promotes the adhesion and invasion of bone forming cells resulting in complete integration of the granules into newly formed bone matrix.
Volume stability	Due to its exceptional high purity, cerabone® provides dependable volume stability of the augmented site, which is particularly advantageous for support of the soft tissue in the aesthetic region, for preservation of the ridge shape and to protect autologous or allogenic bone from resorption.
Hydrophilicity + Depot-Effect	The interconnected pores and superior hydrophilic surface of cerabone® support the adhesion of proteins from the blood. cerabone® binds and gradually releases signaling molecules thereby providing a long-term depot-effect. In addition, the 100 % pure natural bone mineral acts as a calcium reservoir slowly releasing calcium ions important for bone remodeling.
Predictability + Evidence	The long-term success of cerabone® in regenerative dentistry has been proven by >1 Mio treated patients worldwide. Moreover, cerabone® has been in use for more than 15 years in various medical applications (e.g. craniofacial surgery, oncology and hand- and spine surgery).
Patient comfort	Because of its long-term stability, cerabone® may be specifically preferred in patients with less adequate bone quality.



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Germany

Literature:
https://www.botiss-dental.com/pdf/cerabone_LiteratureList.pdf

PROPERTIES

Attribute	Description
Origin	Bovine cancellous bone
Composition	100 % pure natural bone mineral (calcium phosphate)
Porosity	65–80 %
Mean pore size	600–900 µm
Degradation kinetics	Only superficial degradation. Lifetime volume stability.
Healing/integration time	6–9 months
Storage temperature	5–25 °C
Shelf life	3 years



Courtesy of Dr. Hassan Maghaireh, Leeds/UK

APPLICATION AND HANDLING

Rehydration

Rehydration of cerabone® in blood from the defect site or saline solution is not required but recommended, as it facilitates handling and application of the particles.

Application

- Avoid compressing the particles during application. Non compacted particles leave space for blood vessel ingrowth and formation of new bone matrix.
- Fill the defect as completely as possible.
- Ensure maximum contact between the graft material and viable bone in a well vascularized area.
- The granules should be secured with a membrane to prevent motion and migration and to ensure undisturbed bone regeneration.

Healing time and re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on the assessment of the patient's individual situation. A minimum healing period of six months is recommended before re-entry to ensure stable integration of particles.

Particle size

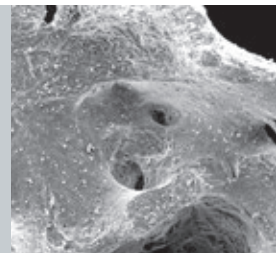
Use of small granules gives better surface contouring, especially in the esthetic region. Use of large particles enables a better revascularization of larger defects.

Mixing with maxgraft® (allograft)

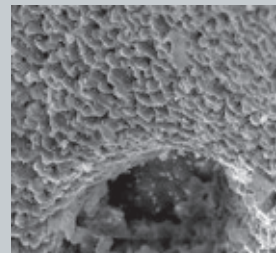
Mixing of cerabone® with allogeneic bone (maxgraft®) combines the advantages of both materials; the biological potential of maxgraft® and the long-term stability of cerabone® lead to fast regeneration of vital, strong bone.

Mixing with autologous bone

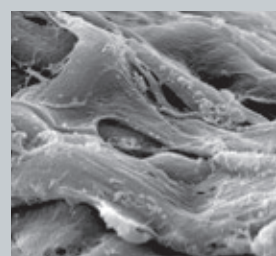
Mixing of cerabone® with autologous bone adds a biological activity (osteoinductive and osteogenetic properties of autologous bone) and supports faster regeneration and improved formation of new bone.



Three-dimensional pore-network



Hydrophilic, rough surface



Cellular osseous integration

Available in the following sizes

Code	Description	Product
BO-1510	0.5–1.0 mm, 1×0.5 cc (ml)	cerabone® small granules
BO-1511	0.5–1.0 mm, 1×1.0 cc (ml)	
BO-1512	0.5–1.0 mm, 1×2.0 cc (ml)	
BO-1515	0.5–1.0 mm, 1×5.0 cc (ml)	
BO-1520	1.0–2.0 mm, 1×0.5 cc (ml)	cerabone® large granules
BO-1521	1.0–2.0 mm, 1×1.0 cc (ml)	
BO-1522	1.0–2.0 mm, 1×2.0 cc (ml)	
BO-1525	1.0–2.0 mm, 1×5.0 cc (ml)	



maxgraft® granules/blocks

Processed allograft

maxgraft® allograft is the safe and established alternative to autologous bone. maxgraft® granules and cancellous blocks are 100 % derived from living donor bone processed under pharmaceutical conditions by the Cells and Tissue Bank Austria (C+TBA). Founded in 2004, C+TBA is one of the leading european tissue banks, recognized by numerous national authorities across the world and member of the European Association of Tissue Banks (EATB).



FEATURES AND BENEFITS

Safety and biocompatibility	The cleaning process (Allotec® process) of maxgraft® products preserves the natural structure of both the mineral phase and the organic phase (collagen). Collagen attracts endothelial cells and osteoblasts by chemotaxis. This ensures quick incorporation and natural remodeling. maxgraft® products have an impressive track record in safety with no reported cases of disease transmission.
Biofunctionality	High porosity and the physiologic content of human collagen account for the excellent osteoconductivity of maxgraft®. The natural bone structure allows complete integration of the implant due to the ingrowth of cells and blood vessels.
Hydrophilicity	Interconnected pores and rough surface morphology are fundamental to good hydrophilicity. Due to their excellent hydrophilicity, the maxgraft® products absorb liquid quickly. Adhesion of proteins and signaling molecules from the blood further improves the biological properties of maxgraft®.
Volume stability	Due to its close similarity to native bone, maxgraft® will be degraded by osteoclasts if not loaded after the healing period. Depending on the indication, the product can be mixed with a slow resorbable grafting material (deproteinized bovine bone minerals (DBBM)).
Patient comfort	maxgraft® is a safe and trusted bone regeneration solution most similar to patient's own bone. It is a true alternative to autologous bone, eliminating donor site complications such as morbidity, infection or postoperative pain.

PROPERTIES

Attribute	Description
Origin	All products originate from femoral heads explanted from living donors (hip total endoprosthesis).
Composition	Natural mineralized collagen
Porosity	65–80 %
Pore size	600–900 µm
Degradation kinetics	Fast graft incorporation and complete remodeling potential to patients' own bone.
Healing/integration time	3–4 months with particles 5–6 months in block augmentation
Storage temperature	5–30 °C
Shelf life	5 years



Courtesy of Dr. Algirdas Puišys, Vilnius/Lithuania

APPLICATION AND HANDLING

Opening

maxgraft® is delivered sterile and must be used immediately after opening in an aseptic environment.

Rehydration

Rehydration of maxgraft® granules in blood from the defect site or saline solution is not necessary but facilitates handling and application. maxgraft® blocks do not need to be rehydrated. However, larger sized bone grafts may be rehydrated in a suitable physiological medium for at least 10 minutes (e.g. physiological saline).

Application of granules

- Avoid compressing the particles during application. Non compacted particles leave space for blood vessel ingrowth and formation of new bone matrix.
- Fill the defect as completely as possible.
- Ensure maximum contact between the graft material and viable bone in a well vascularized area.

Application of blocks

- Ensure maximum contact between the block and viable bone in a well vascularized area.
- For fixation of the block, prepare a pilot hole carefully and fix the screw slowly without pressure.
- Additional use of a granulated bone substitute may be recommended for achieving the aimed esthetic bony contour and for filling possible gaps.

Covering

Always cover the augmentation site with a barrier membrane (e.g. Jason® membrane) to ensure undisturbed osseous regeneration and to prevent migration of the particles into the oral cavity.

Wound closure

Ensure that soft tissue coverage of the augmented site is complete and free of tension. Undisturbed vascularization of the augmented site is of utmost importance.

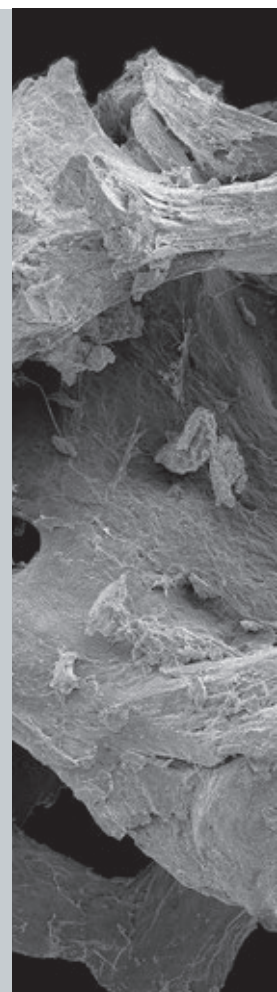
Healing time and re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on the assessment of the patient's individual situation. Depending on the defect size, the graft will be incorporated stably within approx. 3–4 months (particles in socket preservation, smaller bone defects, periodontal defects) or approx. 5–6 months (block grafting in extensive defects).

Mixing with other bone substitutes

Mixing of maxgraft® granules with autologous bone adds a biological activity (osteoinductive and osteogenetic properties of autologous bone) and supports faster regeneration and formation of new bone.

Mixing of maxgraft® granules with xenogenic materials (Straumann® XenoGraft, cerabone®) combines the advantages of both materials: the biological potential of maxgraft® and the long-term volume stability of xenogenic materials lead to fast regeneration of strong vital bone.



Available in the following sizes

Code	Description	Product
BO-30005	< 2 mm, 1×0.5 cc (ml)	maxgraft® cancellous granules
BO-30010	< 2 mm, 1×1.0 cc (ml)	
BO-30020	< 2 mm, 1×2.0 cc (ml)	
BO-30040	< 2 mm, 1×4.0 cc (ml)	
BO-32112	20×10×10 mm, 1×block	maxgraft® cancellous block
BO-32111	10×10×10 mm, 1×block	

Code	Description	Product
BO-31005	< 2 mm, 1×0.5 cc (ml)	maxgraft® cortico-cancellous granules
BO-31010	< 2 mm, 1×1.0 cc (ml)	
BO-31020	< 2 mm, 1×2.0 cc (ml)	
BO-31040	< 2 mm, 1×4.0 cc (ml)	



maxgraft® bonebuilder

3D shaped individualized, processed allogenic block

maxgraft® bonebuilder is an innovative, customized allogenic bone block which is individually designed and adjusted to the desired 3-dimensional bone contour. Based on CT/CBCT scans of the patient, the bone block is virtually designed by botiss biomaterials GmbH (Zossen, Germany) using the latest 3D-CAD technology. The final product is then milled from processed cancellous bone blocks directly in the clean room facility of the Cells and Tissue Bank Austria (C+TBA) prior to final irradiation.



FEATURES AND BENEFITS

Easy to apply	<p>The patient-individualized allogenic block is delivered sterile and</p> <ul style="list-style-type: none"> • is ready to be applied in surgery • is designed to fit perfectly to the recipient site • reduces risk of infection compared to a bone block (because repetitive intra- and extraoral handling can be avoided) • saves chair-time compared to autologous blocks
Osteoconductivity	<p>The natural structure and composition of maxgraft® provide an excellent scaffold for osseointegration:</p> <ul style="list-style-type: none"> • High porosity and the physiological content of human collagen account for the excellent osteoconductivity • Maximum contact area between the graft and the bone supports fast vascularization and integration of the graft
Preservation of mineral and organic phase of the bone	<p>The cleaning process (Allotec® process) of maxgraft® products preserves the natural structure of both the mineral phase and the organic phase (collagen). Collagen attracts endothelial cells and osteoblasts by chemotaxis. This ensures quick incorporation and natural remodeling.</p>
Hydrophilicity	<p>Interconnected pores and rough surface morphology are fundamental to good hydrophilicity. Due to the excellent hydrophilicity, the maxgraft® bonebuilder absorbs blood quickly. Adhesion of proteins and signaling molecules from the blood further improves the biological properties of maxgraft®.</p>
Volume stability	<p>Clinical experience shows that the maxgraft® bonebuilder has a high volume stability.</p>

PROPERTIES

Attribute	Description
Origin	The maxgraft® bonebuilder is manufactured from cancellous blocks originating from femoral heads explanted from living donors (hip total endoprosthesis).
Composition	Natural mineralized collagen
Porosity	Natural porosity of human cancellous bone (65–80 %)
Degradation kinetics	Fast graft incorporation and complete remodeling potential into patients' own bone. Newly generated bone will degrade if not loaded after healing period.
Healing/integration time	Approx. 6 months
Storage temperature	5–30 °C
Shelf life	5 years



Courtesy of Dr. Michele Jacotti, Brescia/Italy

APPLICATION AND HANDLING

Indication

maxgraft® bonebuilder can be used in all stable situations in which an augmentation with a bone substitute material is indicated. It is especially beneficial in indications in which extensive horizontal and limited vertical augmentation (up to 4 mm) is desired, such as:

- Block grafting in extensive horizontal/vertical defects where a predictable outcome cannot be achieved by application of bone substitute particles
- Complex 3-dimensional reconstruction of large defects

Rehydration

Larger sized bone grafts, may be rehydrated in a suitable physiological medium for at least 10 minutes (e.g. physiological saline). However, excessive rehydration prior to transplantation may compromise the physical properties of maxgraft® bonebuilder and should therefore be avoided.

Preparation of the augmentation site prior to fixation of maxgraft® bonebuilder

Perforate the cortical layer of the bone prior to fixation of maxgraft® bonebuilder to induce bleeding, which leads to the translocation of blood and growth factors into the grafting area.

Combination with xenograft or synthetic bone graft

Additional void volume should be filled with particulate grafting material (e.g. Straumann® XenoGraft, cerabone® or Straumann® BoneCeramic) to improve the esthetic outcome and to protect the soft tissue.

Guided bone regeneration (GBR)

Cover the maxgraft® bonebuilder with a resorbable barrier membrane for GBR (e.g. Jason® membrane) to prevent ingrowth of soft tissue into the bone graft.

Fixation of the maxgraft® bonebuilder

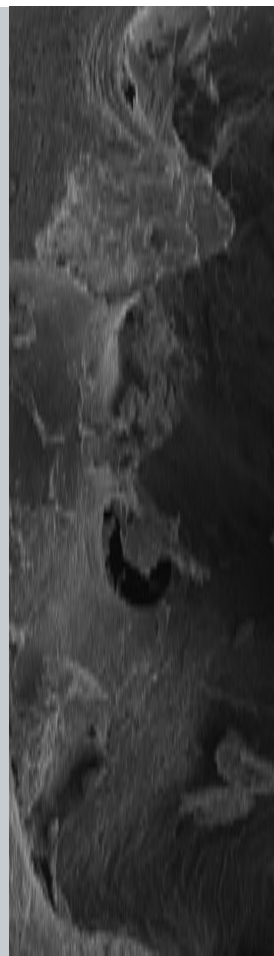
Fix the maxgraft® bonebuilder with screws for osteosynthesis, preferably with flat-headed screws to avoid perforation of the surrounding soft tissue (such as the Straumann® Bone Block Fixation 1.5 mm). Application of excessive force may cause damage to the maxgraft® bonebuilder.

Volume stability

Due to its close similarity to native bone, maxgraft® will be degraded by osteoclasts if not loaded after the healing period.

Re-entry

Depending on the defect size, the graft will be steadily incorporated within 5–6 months.



Available in the following sizes

Code	Description	Product
BO-PMla	Individualized allogenic bone graft, maximum dimensions 23×13×13 mm	maxgraft® bonebuilder

For more information visit www.botiss-bonebuilder.com.



maxgraft® bonering

Cancellous bone ring

maxgraft® bonering is a pre-fabricated ring of processed allogenic donor bone, which is placed press-fit into a trephine drill-prepared ring bed.

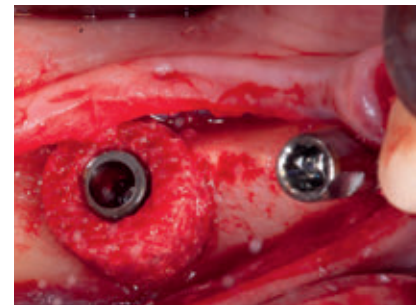


FEATURES AND BENEFITS

Simultaneous bone augmentation and implant placement	The bone ring technique reduces the entire treatment time by several months when compared to bone blocks, enabling a shorter time-to-teeth and a reduction of the overall treatment costs.
Design	The ring design is ideally suited for the reconstruction of the anatomical shape of the jaw.
Osteoconductivity	The natural structure and composition of maxgraft® provide an excellent scaffold for osseointegration. High porosity and the physiologic content of human collagen account for the excellent osteoconductivity of maxgraft®. The natural bone structure allows complete integration of the implant due to the ingrowth of cells and blood vessels.
Biocompatibility	The cleaning process (Allotec® process) of maxgraft® products preserves the natural structure of both the mineral phase and the organic phase (collagen). Collagen attracts endothelial cells and osteoblasts by chemotaxis. This ensures quick incorporation and natural remodeling of the maxgraft® bonering.
Hydrophilicity	Interconnected pores and rough surface morphology are fundamental to good hydrophilicity. Due to their excellent hydrophilicity, the maxgraft® products absorb liquid quickly. Adhesion of proteins and signaling molecules from the blood further improves the biological properties of maxgraft®.
Volume stability	Clinical experience shows that the maxgraft® bonering has a high volume stability. (Publication in preparation)

PROPERTIES

Attribute	Description
Origin	The maxgraft® bonerings are manufactured from cancellous blocks originating from femoral heads explanted from living donors (hip total endoprosthesis).
Composition	Natural mineralized collagen
Porosity	Natural porosity of human cancellous bone (65–80 %)
Degradation kinetics	Fast graft incorporation and complete remodeling potential into patients' own bone. Newly generated bone will degrade if not loaded after healing period.
Healing/integration time	Approx. 6 months
Storage temperature	5–30 °C
Shelf life	5 years



Courtesy of Dr. Bernhard Giesenhausen, Kassel/Germany

APPLICATION AND HANDLING

Anatomical requirements for the use of maxgraft® bonering technique

A thin alveolar ridge (no matter in which area of the jaw) is a contraindication for the maxgraft® bonering technique. In this case, the quantity of bone is insufficient to anchor the implant. The maxgraft® bonering technique with simultaneous sinus floor elevation (SFE) and implant placement is indicated if the residual maxillary bone height is less than 4 mm, but not less than 1 mm. These measurements are guidelines. Always consider the quality of the residual bone when using this technique. The Straumann® BL or BLT Implant together with the Closure and Fixation Cap must have sufficient primary stability within the maxgraft® bonering and residual maxillary ridge. This is to ensure that these components remain firmly in place during the surgical procedure and healing phase.

Handling and rehydration of the maxgraft® bonering

maxgraft® bonering is processed from human cancellous bone and should be handled with care. Avoid applying pressure on the material. maxgraft® bonering does not need to be rehydrated. Excessive rehydration can result in a loss of structural integrity.

Preparation of the ring bed

Preparation of the ring bed using the AlloGraft Ring surgical kit ensures close contact of the maxgraft® bonering to vital bleeding bone. This leads to uptake of blood into the maxgraft® bonering and enables fast integration of both implant and bone graft.

Use of additional bone graft and a barrier membrane

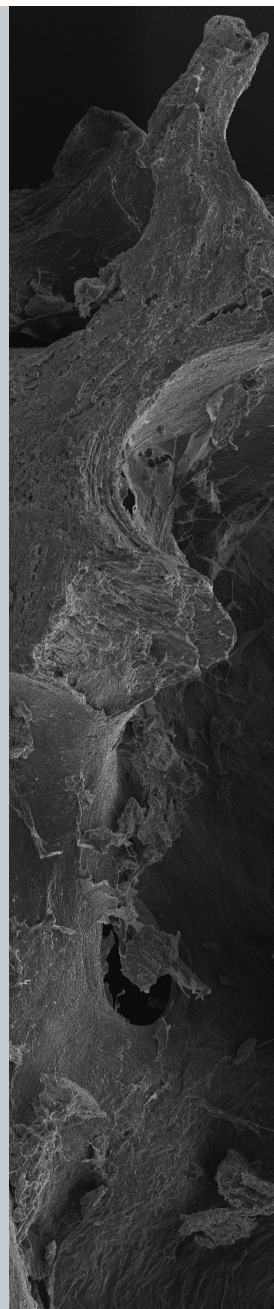
The combination with xenogenic materials (Straumann® XenoGraft, cerabone®) offers the advantages of both materials. The biological potential of the maxgraft® bonering supports fast incorporation of graft and implant. The volume-stable xenogenic material that is applied to fill void volumes and to overlay the graft acts as a barrier against resorption and improves the esthetic outcome.

Cover the entire augmentation area by a barrier membrane that has a long term barrier function (such as the Jason® membrane). Secure the membrane with pins to ensure positional stability.

Use of the Straumann® Bone Level and Bone Level Tapered Implants

To achieve sufficient primary stability, the implant should extend at least 3 mm into the residual alveolar bone ridge.

If the maxgraft® bonering technique is used with Bone Level Tapered Implants, the surgical procedure will depend not only on the bone quality but also on the residual bone. Insert the Straumann® BLT Implant at least 3 mm into the residual ridge through the maxgraft® bonering. This only applies for soft bone (type 3 or 4) and a residual bone height of 3 mm in an underprepared implant bed, so that primary stability can be achieved with the tapered apical section of the BLT Implant. If primary stability cannot be achieved with the BLT Implant, a switch to the Bone Level Implant is recommended.



We strongly recommend to also read the more detailed instructions provided in our brochure *“Basic information for the surgical procedure – maxgraft® bonering with Straumann® BL and BLT implants”*.

Use of the Straumann® Bone Level and Bone Level Tapered Implants for sinus floor elevation (SFE)

The maxgraft® bonering technique with simultaneous SFE and implant placement is indicated if the residual maxillary bone height is less than 4 mm, but not less than 1 mm. These measurements are guidelines. Always consider the quality of the residual bone when using this technique. The BL or BLT Implant together with the Closure and Fixation Cap must have sufficient primary stability within the maxgraft® bonering and residual maxillary ridge. This is to ensure that these components remain firmly in place during the surgical procedure and healing phase.

Contraindications

The maxgraft® bonering technique with simultaneous SFE and implant placement is contraindicated when the residual maxillary bone height is less than 1 mm.

Use of the Closure and Fixation Cap

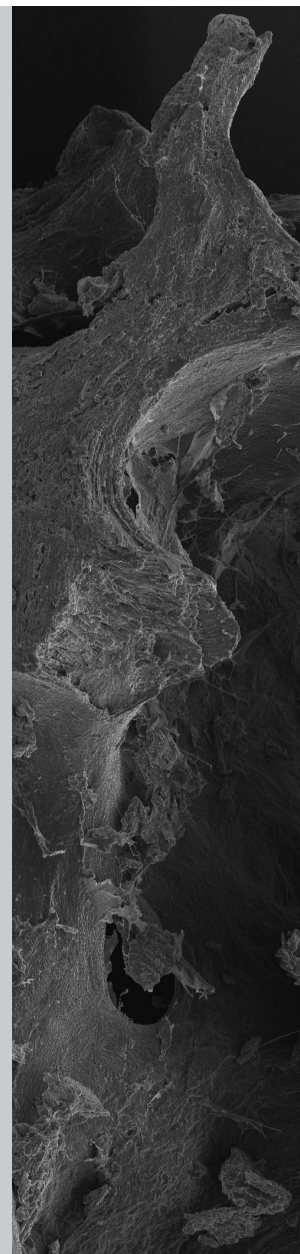
Secure the maxgraft® bonering using the Closure and Fixation Cap if the seating of the maxgraft® bonering is not sufficiently stable or the implant provides insufficient primary stability of the bone ring.

In the sinus floor elevation technique, the Closure and Fixation Cap is used for fixing the implant and maxgraft® bonering to the residual bone to provide primary stability during the healing phase.

Re-entry

The maxgraft® bonering is fixated directly with a suitable implant and provides excellent primary stability. Load the implants no earlier than 6 months after implantation to enable proper incorporation.

Please note that the regenerated bone is susceptible to natural remodeling. To avoid resorption of the bone graft caused by a lack of mechanical load, do not overly delay the final restoration.



Available in the following sizes

Code	Description	Product
BO-33160	maxgraft® bonering 3.3 L: 10 mm; D: 6 mm*	maxgraft® bonering
BO-33170	maxgraft® bonering 3.3 L: 10 mm; D: 7 mm*	
BO-33174	maxgraft® bonering 4.1 L: 10 mm; D: 7 mm**	

Instruments available as spare parts

Product	Image	Description	Material	Code
Surgical Kit				
Allograft Ring surgical set		Instrument tray complete with all instruments for the Allograft Ring surgical technique	Stainless steel	BK-33000
Closure Caps***				
Sterile NC Closure and Fixation Cap		NC Closure and Fixation Cap, Ø 5.5 mm	Ti	024.2220S
Sterile RC Closure and Fixation Cap		RC Closure and Fixation Cap, Ø 5.5 mm		024.4220S
Instruments for Surgical Kit				
Pilot Drill Ø 2 mm		Outer-Ø 2 mm	Stainless steel	BK-33001
Trephine 6 mm		Outer-Ø 6 mm		BK-33002
Trephine 7 mm		Outer-Ø 7 mm		BK-33003
Planator 6 mm		Outer-Ø 6 mm		BK-33006
Planator 7 mm		Outer-Ø 7 mm		BK-33007
Diamond Tulip				BK-33004
Diamond Disc				BK-33005
Allograft Ring fix, tweezers				BK-33010
Allograft Ring Sinus fix, tweezers				BK-33016
Instrument Tray and Rack				
Instrument Tray Allograft Ring		Tray for Allograft Ring instruments, empty, length 135 mm, width 177 mm, height 39 mm	Stainless steel	BK-33009
Instrument Rack		Rack for Allograft Ring instruments for 12 instruments with shaft, length 25 mm, height 51 mm, width 60 mm		BK-33008

Institut Straumann AG
 Peter-Merian-Weg 12, 4002 Basel, Switzerland
 (for Oxy code numbers)

Ustomed Instrumente, Ulrich Storz GmbH & Co. KG
 Bischof-Sproll-Strasse 2, 78532 Tuttlingen, Germany
 (for BO-xy and BK-xy code numbers)

- * Can be used with implants with an outer diameter of 3.3 mm to 3.6 mm
- ** Can be used for Straumann® Bone Level Implants with a diameter of 4.1 mm
- *** Use the Closure and Fixation Cap if the maxgraft® bonering is not stable after implant insertion



maxgraft® cortico

Cortical plate

maxgraft® cortico has the function of a stable, dense, avital and slowly resorbable barrier enabling safe and micro-movement free protection of the augmented area, creating the desired environment for new bone growth in horizontal and vertical dimensions.

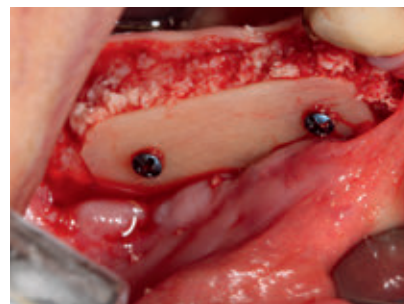


FEATURES AND BENEFITS

Safety and biocompatibility	<p>The cleaning process (Allotec® process) of maxgraft® products preserves the natural structure of both the mineral phase and the organic phase (collagen). Collagen attracts endothelial cells and osteoblasts by chemotaxis. This ensures the reliable incorporation and natural remodeling over time.</p> <p>maxgraft® products are safe and have an impressive safety track record with no reported cases of disease transmission.</p>
Biofunctionality	<p>maxgraft® cortico is an avital cortical bone plate with full remodeling potential. Due to its slow remodeling it allows outstanding space maintenance for new bone growth in horizontal and vertical dimension. The physiologic content of human mineralized collagen as well as the overall structure most similar to patient's own bone allows excellent biocompatibility and predictable integration combined with long-term stability.</p>
Easy handling; established technique	<p>The convenience of the shelf availability, predictable size and thickness of maxgraft® cortico obviates the need for bone harvesting and allows a faster and easier treatment procedure.</p> <p>maxgraft® cortico is easy to stabilize with screws, therefore micro-movements of the augmented site are easily prevented, offering best possible conditions to support bone healing.</p>
Patient comfort	<p>maxgraft® is the safe and trusted bone regeneration solution most similar to patient's own bone. It is a true alternative to autologous bone, eliminating donor site complications such as morbidity, infection or postoperative pain. It improves patient comfort by reducing the number of surgical intervention sites and/or decreases invasiveness.</p>

PROPERTIES

Attribute	Description
Origin	Donors are only accepted from selected central European countries that have successfully transferred Directive 2004/23/EU into national law. maxgraft® products are produced at the Cells+Tissuebank Austria (C+TBA), a non-profit organization aiming to provide allogenic transplants for orthopedic and dental regeneration. C+TBA is certified and audited by the Austrian Ministry of Health in accordance with the European Directives and regulated by the Austrian Tissue Safety Act (GSG 2009).
Composition	Cortical bone from human donors
Healing/ integration time	5–6 months
Storage temperature	5–30 °C
Shelf life	5 years



Courtesy of Dr. med. dent. Kai Höckl, Bad Krozingen, Germany

APPLICATION AND HANDLING

Shell technique with maxgraft® cortico

The concept of the shell technique is the preparation of a biological container which creates the necessary space for full incorporation of the particulated bone graft material. The maxgraft® cortico bone plate functions as a stable, avital and potentially resorbable barrier. It enables a safe and motion-free protection of the augmented area and helps creating the needed environment for new bone growth.

Trimming

maxgraft® cortico can be trimmed extraorally using a diamond disk to match the required size.

Rehydration

maxgraft® cortico does not need to be hydrated. However, rehydration in sterile saline for approximately 10 minutes has been shown to increase breaking strength and the flexibility of the plate.

Application of maxgraft® cortico

The plate is positioned with a distance by predrilling through the plate and the local bone. Osteosynthesis screws are used to create an immobile compartment.

To prevent perforations of the soft tissue, sharp edges need to be removed, e.g. by using a diamond ball.

Additional use of a granulated bone substitute is recommended for filling the created gap between host bone and maxgraft® cortico. The use of autologous and/or allogeneic granulated bone grafting material (maxgraft® granules) is recommended for maximum regeneration potential.

Covering

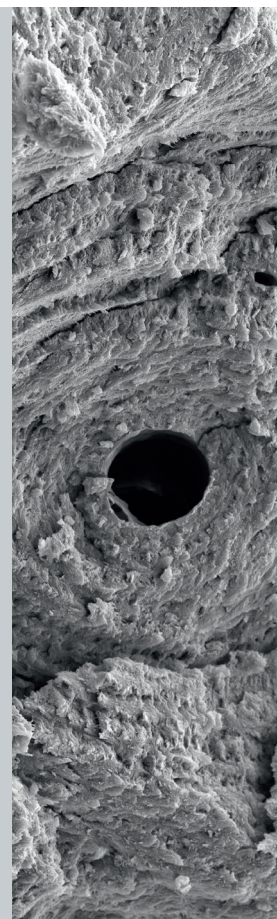
Always cover the augmentation site with a barrier membrane (e.g. Jason® membrane) to ensure undisturbed osseous regeneration, and to prevent migration of particles into the oral cavity.

Wound closure

Ensure that soft tissue coverage of the augmented site is complete and free of tension. Undisturbed vascularization of the augmented site is of utmost importance.

Healing time and re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on the assessment of the patient's individual situation and the particulated material used.



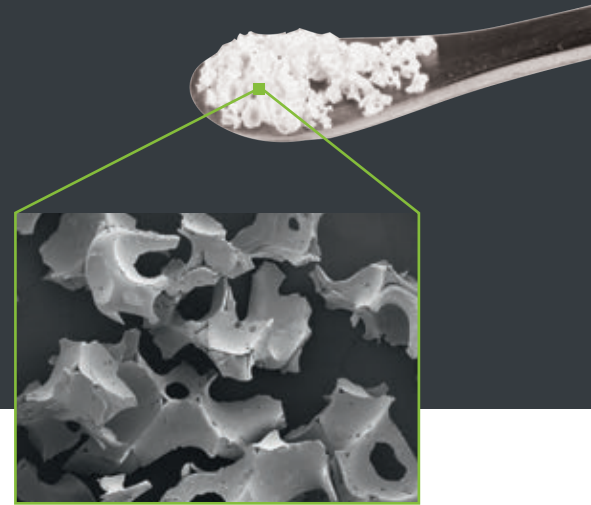
Available in the following sizes

Code	Description	Product
BO-31251	25×10×1 mm cortical bone plate	maxgraft® cortico

Straumann® BoneCeramic™

Biphasic calcium phosphate granules

One of the best documented alloplastics in the market, which offers a state-of-the-art scaffold with controlled resorption for vital bone regeneration without compromising on volume preservation.



FEATURES AND BENEFITS

Safety and biocompatibility	<p>The chemical process technology used in the production of Straumann® BoneCeramic™ ensures</p> <ul style="list-style-type: none"> • reproducibility • batch to batch consistency • biocompatibility <p>Because of its 100 % synthetic composition any risk of infection or disease transmission can be excluded.</p>
Optimized morphology	<p>Optimized 90 % porosity encourages vascularization, osteoblast migration and subsequent bone deposition. High porosity and minimum amount of material leave maximum space for new bone growth.</p>
Homogenous composition	<p>Biphasic calcium phosphate in homogenous composition: 60 % hydroxyapatite (HA) as a strong matrix for long-term bone volume preservation:</p> <ul style="list-style-type: none"> • 60 % HA prevents excessive resorption and preserves the bone volume. • 40 % β-tricalcium phosphate (β-TCP) for rapid initial bone forming cell response: β-TCP resorbs faster and is replaced by natural bone.
Biofunctionality	<p>The morphology of Straumann® BoneCeramic™ facilitates osteoconductivity, vascularization and osteoblast migration. Straumann® BoneCeramic™ serves as a scaffold for bone deposition during the bone formation process.</p> <p>The slow resorption rate of HA prevents excessive resorption and maintains the stability of the augmentate volume.</p> <p>Fast resorbing β-tricalcium phosphate (β-TCP) allows for regeneration of vital bone during healing time.</p>



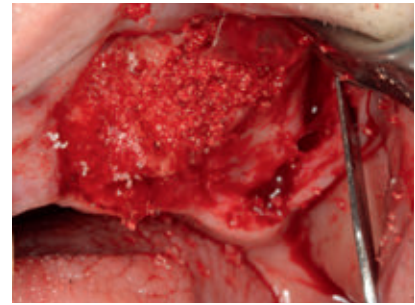
Institut Straumann AG
Peter-Merian-Weg 12
4002 Basel
Switzerland

Literature:

<https://www.straumann.com/en/dental-professionals/science/literature/bone-substitutes.html>

PROPERTIES

Attribute	Description
Origin	Synthetic
Composition	Biphasic calcium phosphate (60 % hydroxyapatite (HA), 40 % β -tricalcium phosphate (β -TCP))
Porosity	90 %
Pore size	100–500 μ m
Degradation kinetics	Natural (cell-mediated) resorption process; fast resorption of β -TCP, slow resorption of HA
Healing/integration time	6 months
Storage temperature	Room temperature
Shelf life	5 years



Courtesy of Dr. A. Stricker, Konstanz/Germany

APPLICATION AND HANDLING

Rehydration

Rehydration in blood from the defect site or saline solution is recommended and facilitates handling and application.

Application

- Avoid compressing the particles during application; non compacted particles leave space for blood vessel ingrowth and formation of new bone matrix.
- Fill the defect as completely as possible.
- Ensure maximum contact between the graft material and viable bone in a well vascularized area.

Covering

When working with particulate bone regeneration materials, the augmentation site should always be covered with a barrier membrane to ensure undisturbed osseous regeneration and to prevent migration of the particles into the oral cavity.

Wound closure

Ensure that soft tissue coverage of the grafted site is complete and free of tension.

Healing time and re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on the assessment of the patient's individual situation. A healing period of six months is recommended before re-entry to ensure stable integration of particles.

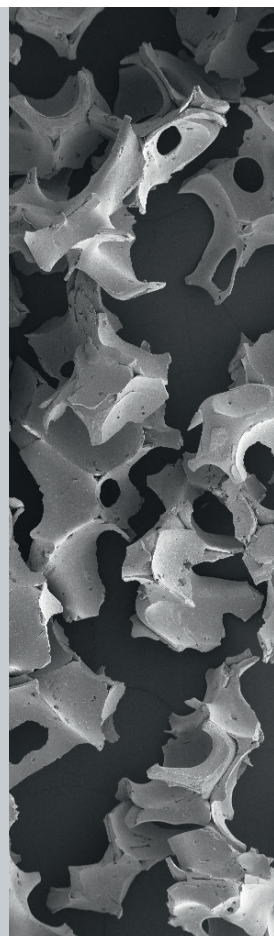
Particle size

The small granules are preferably used in the esthetic region to give a better surface contouring. It is also beneficial to use smaller granules in smaller defect sites like periodontal defects.

The large granules enable enhanced revascularization of larger defects.

Mixing with autologous bone

Mixing of Straumann® BoneCeramic™ with autologous bone adds a biological activity (osteoinductive and osteogenetic properties of autologous bone) and supports faster regeneration and improved formation of new bone.



Available in the following sizes

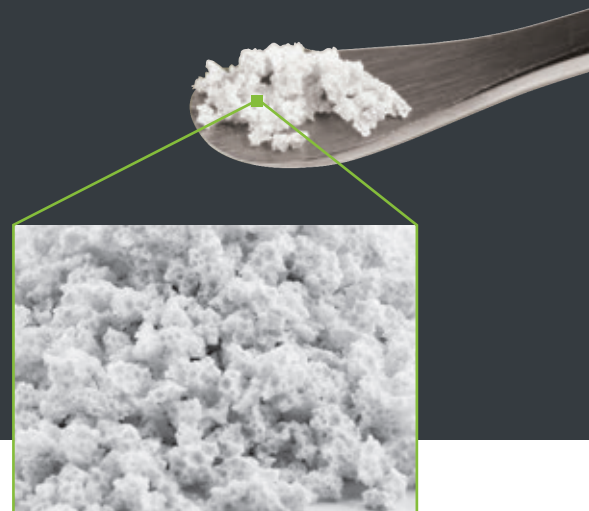
Code	Size, amount	Product
070.198	0.4–0.7 mm, 0.25 g, 0.3 cc (ml)	Straumann® BoneCeramic™ granules
070.199	0.5–1.0 mm, 0.5 g, 0.95 cc (ml)	
070.200	0.5–1.0 mm, 1.0 g, 1.9 cc (ml)	



maxresorb®

Biphasic calcium phosphate granules

Based on the knowledge on synthetic biphasic calcium phosphates maxresorb® comes with a nanostructured surface to provide ideal conditions for the adhesion of osteoblasts. The slow resorption properties facilitate true bone regeneration.



FEATURES AND BENEFITS

Reproducibility and safety	The chemical process technology used in the production of maxresorb® ensures high reproducibility and safety of the material. Because of its 100 % synthetic character any risk of infection can be excluded.
Biofunctionality	maxresorb® exhibits a controlled biphasic resorption; initial integration of the particles followed by complete resorption. While the fast resorption of β -TCP quickly offers space for new bone formation, the HA component provides volume stability for an extended time period.
Homogenous composition	maxresorb® is not only a mixture of HA and β -TCP particles. During the production process HA and β -TCP are brought together in a ceramic slurry, which is then foamed and freeze-dried to form particles containing both phases. The fast resorption of the β -TCP component continuously increases the porosity of the material promoting tissue integration by allowing ingrowth of cells and blood vessels.
Surface roughness	The prominent surface roughness of maxresorb® facilitates adhesion of cells and proteins and offers excellent hydrophilicity. maxresorb® is therefore a prominent scaffold for the migration of bone forming cells and binding of signaling molecules from the blood, which lead to accelerated integration and tissue regeneration.
Excellent handling	maxresorb® <ul style="list-style-type: none"> • mixes well with autogenous bone, blood or saline solution • retains liquids facilitating quick and extensive wetting of particles with blood or saline solution • Stickiness of wetted particles allows for quick and easy application to the defect site



botiss biomaterials GmbH
Hauptstrasse 28
15806 Zossen
Germany

Literature:

https://botiss-dental.com/pdf/maxresorb_LiteratureList.pdf

PROPERTIES

Attribute	Description
Origin	Synthetic
Composition	Biphasic calcium phosphate (60 % hydroxyapatite (HA), 40 % β -tricalcium phosphate (β -TCP))
Porosity	~80 %
Pore size	100–1000 μ m
Degradation kinetics	Complete and natural (cell-mediated) resorption; fast resorption of β -TCP (3–6 months), slow resorption of HA (> 2 years)
Healing/integration time	5–6 months
Storage temperature	5–30 °C
Shelf life	5 years



Courtesy of Prof. Dr. Dr. Daniel Rothamel, Mönchengladbach/Germany

APPLICATION AND HANDLING

Rehydration

Rehydration in blood from the defect site or saline solution is recommended and facilitates handling and application.

Application

- Avoid compressing the particles during application. Non compacted particles leave space for blood vessel ingrowth and formation of new bone matrix.
- Fill the defect as completely as possible.
- Ensure maximum contact between the graft material and viable bone in a well vascularized area.

Covering

When working with particulate bone regeneration materials, the augmentation site should always be covered with a barrier membrane to ensure undisturbed osseous regeneration and to prevent migration of the particles into the oral cavity.

Healing time and re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on the assessment of the patient's individual situation.

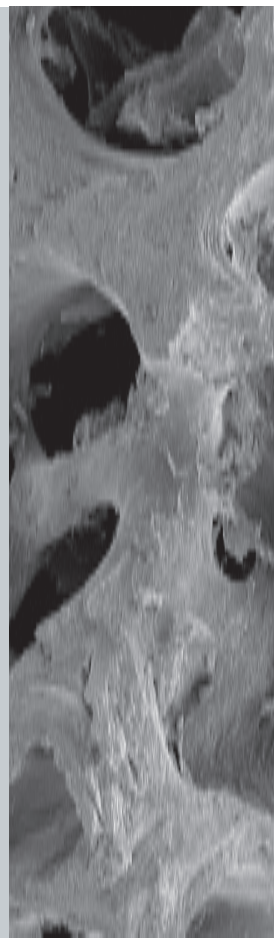
A healing time of 5–6 months is recommended before re-entry to ensure stable integration of particles.

Particle size

The small granules are preferably used in the esthetic region to give a better surface contouring. It is also beneficial to use smaller granules in smaller defect sites like periodontal defects. The large granules enable enhanced revascularization of larger defects.

Mixing with autologous bone

Mixing of maxresorb® with autologous bone adds a biological activity (osteoinductive and osteogenetic properties of autologous bone) and supports faster regeneration and improved formation of new bone.



Available in the following sizes

Code	Description	Product
BO-20005	0.5–1.0 mm, 0.5 cc (ml)	maxresorb® small granules
BO-20010	0.5–1.0 mm, 1.0 cc (ml)	
BO-20105	0.8–1.5 mm, 0.5 cc (ml)	maxresorb® large granules
BO-20120	0.8–1.5 mm, 2.0 cc (ml)	



maxresorb® inject

Biphasic calcium phosphate paste

maxresorb® inject is a non-hardening and ready-to-use bone paste composed of a water-based nano HA gel and maxresorb® particles. Owing to its specific composition, the viscous properties of maxresorb® inject allow perfect shaping, molding, fitting and complete bonding to the surrounding bone surface of the defect.



FEATURES AND BENEFITS

Easy handling	maxresorb® inject is a ready to use paste. The syringe design allows easy application to the defect site.
Viscosity and moldability	Due to its non-hardening viscous character maxresorb® inject is easily molded to the defect site. It adapts to surface contours and provides maximum bone contact.
Biofunctionality	Nano-HA particles (size ~15–50 nm) offer a very large surface area for cellular interactions and are fast resorbing. The nano-HA component, which makes up about 80 % of the material, is resorbed within 6–8 weeks. The maxresorb® granules help to maintain volume over time.
Reproducibility and safety	The chemical process technology used in the production of maxresorb® inject ensures high reproducibility and safety of the material. Because of its 100 % synthetic character any risk of infection can be excluded.
Non-hardening	maxresorb® inject is a non-hardening bone putty that promotes fast bone regeneration by ingrowth of blood vessels and cells through its porous structure.



botiss biomaterials GmbH
Hauptstrasse 28
15806 Zossen
Germany

Literature:
https://botiss-dental.com/pdf/maxresorb_LiteratureList.pdf

PROPERTIES

Attribute	Description
Origin	Synthetic
Composition	Water + nano hydroxyapatite particles (> 80 % volume), maxresorb® granules (biphasic calcium phosphate) (< 20 % volume)
Degradation kinetics	100 % resorbable in 4 phases: 1. Water (carrier) 2. Active HA (nano-HA) 3. & 4. Biphasic calcium phosphate: fast resorption of β -TCP, slow resorption of HA (>2 years)
Healing/integration time	4–6 months
Storage temperature	5–30 °C
Shelf life	2 years



Courtesy of Dr. Frank Kistler, Landsberg a. L./Germany

APPLICATION AND HANDLING

Application

maxresorb® inject can be injected directly into the defect using the syringe. It is also possible to shape it before application onto the defect or to apply it with a spatula. The paste is ready to use, but it can also be mixed with blood, autologous bone or bone substitute materials.

Covering

maxresorb® inject must always be covered with a membrane in order to stabilize the material and to ensure undisturbed osseous regeneration.

Healing time and re-entry

The appropriate healing time is patient- and site-dependent and has to be decided by the clinician based on the assessment of the patient's individual situation.

Material stability

maxresorb® inject is not the material of choice for larger augmentations due to insufficient stability. The nano-HA component, which makes up about 80% of the material, is resorbed within 6–8 weeks. The material is non-hardening i.e. does not harden upon application.

Storage temperature

Please make sure that maxresorb® inject is stored at the recommended storage temperature (5–30 °C). Higher temperatures will result in drying of the paste. Freezing of the water component may result in changes of the material properties that cannot be reversed.

Available in the following sizes

Code	Description	Product
BO-22005	1× syringe, 1× 0.5 cc (ml)	maxresorb® inject
BO-22010	1× syringe, 1× 1.0 cc (ml)	
BO-22025	1× syringe, 1× 2.5 cc (ml)	

Jason® membrane

Pericardium membrane

Porcine



The Jason® membrane is a native collagen membrane obtained from porcine pericardium, developed and manufactured for dental tissue regeneration. The advantageous biomechanical and biological properties of the natural pericardium are preserved during the production process.



FEATURES AND BENEFITS

Native collagen structure preserved during the production process	<p>High tensile strength due to the biomechanical properties of the pericardium. Allows a wide range of fixation methods, including pinning and suturing, despite the low thickness of only ~ 0.15 mm.</p> <div data-bbox="580 909 798 1057" data-label="Image"> </div> <div data-bbox="828 909 1043 1057" data-label="Image"> </div> <div data-bbox="1074 909 1291 1057" data-label="Image"> </div>
Slow degradation time due to the natural honeycomb-like and multi-layered collagen structure with an increased content of collagen type III	<p>The resulting prolonged barrier function makes the membrane the recommended choice particularly for large augmentative procedures.</p>
Low thickness of only 0.15 mm	<p>Facilitates soft tissue manipulation, particularly in challenging thin biotypes.</p> <div data-bbox="580 1375 798 1523" data-label="Image"> </div>
Easy handling and application	<p>Can be cut to shape and size in dry or wet conditions. Does not stick to itself and to instruments. Can be easily repositioned, if needed. Exceptional adaptability to surface contour after rehydration.</p> <div data-bbox="580 1673 798 1821" data-label="Image"> </div>



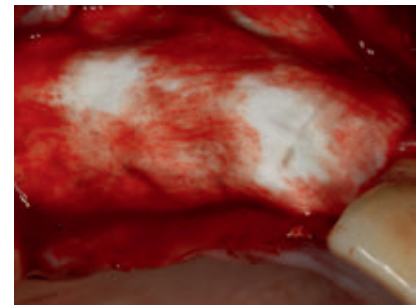
botiss biomaterials GmbH
Hauptstrasse 28
15806 Zossen
Germany

Literature:

https://www.botiss-dental.com/pdf/Jason_LiteratureList.pdf

PROPERTIES

Attribute	Description
Origin	Porcine pericardium
Composition	Native collagen type I and III
Structure	Natural multilayered collagen structure, not side-specific
Thickness	0.05–0.35 mm (~ 0.15 mm)
Fixation	Generally not required due to good surface adaptation, but possible (pinning, suturing, screwing)
Degradation time	Slow degradation with prolonged barrier function (12 weeks)
Storage temperature	Room temperature (< 30 °C)
Shelf life	3 years



Courtesy of Prof. Dr. Dr. Daniel Rothamel, Mönchengladbach/Germany

APPLICATION AND HANDLING

Rehydration

The Jason® membrane can be applied dry or rehydrated in sterile saline solution or blood. The initial placement of the dry membrane with subsequent application of the graft material is particularly advantageous for lateral augmentation of defects outside the ridge contour. After rehydration the Jason® membrane exhibits an exceptional adaptability to surface contours. Since it is not sticky, it can be easily repositioned, if required.

Placement

One side of the Jason® membrane is slightly smoother and marked with “G” at the top right corner. This side is meant to be placed towards the gingiva or soft tissue. The slightly rougher side of the Jason® membrane should face the bone. However, there is no problem if the membrane is placed the other way around. The clinical effect, if present, will be minimal, mainly due to the long-term barrier function of the Jason® membrane. The Jason® membrane should be cut and placed to overlap the defect walls by at least 2–3 mm. This way, the membrane is in close contact with the bone, and lateral ingrowth of gingival connective tissue can be prevented.

Fixation

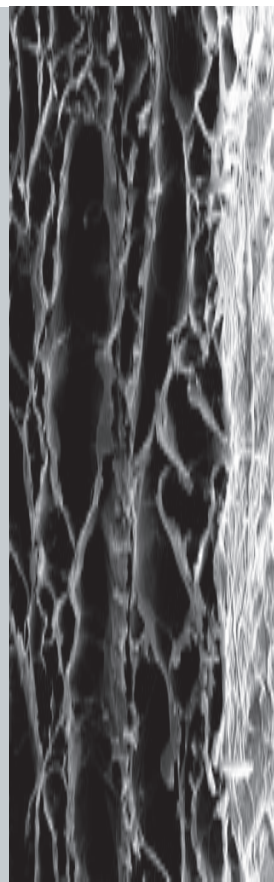
The Jason® membrane exhibits a remarkable multi-directional tear resistance. Therefore, it can easily be pinned, sutured or even screwed without rupturing. But the excellent adhesion of the membrane to the bony walls makes additional fixation unnecessary in most cases.

Exposure

Exposure of the Jason® membrane should be avoided, since fast bacterial resorption significantly reduces the barrier function of the thin membrane. In case of a dehiscence, the wound usually heals without complications by formation of free granulation tissue.

Shaping

The Jason® membrane can be cut to the desired shape and size with a pair of scissors – while maintaining sterility. It may be helpful to use appropriate templates for defining the required size of the membrane.



Available in the following sizes

Code	Description	Product
BO-681520	15×20 mm	Jason® membrane
BO-682030	20×30 mm	
BO-683040	30×40 mm	

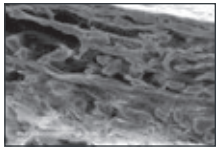

collprotect® membrane

Dermis membrane

collprotect® membrane is a native collagen membrane made of porcine dermis. Its multi-step cleaning process ensures the removal of all antigenic and non-collagenous components while preserving its natural collagen structure.



FEATURES AND BENEFITS

Native collagen structure preserved during the production process	<p>The dense collagen network with natural pores and rough surface allows for quick integration into the surrounding tissue.</p> 
Fast angiogenesis due to inherent pores of the native porcine skin	<p>Facilitates vascularization of the defect area, while the membrane maintains a barrier against soft tissue ingrowth.</p> 
Intermediate barrier function	<p>Maintaining the necessary barrier function for most indications.</p>
Easy application and handling	<p>Particularly suited for treatment of smaller defects and periodontal bone defects. Can be cut to shape and size in dry or wet conditions. Does not stick to itself and to instruments. Can be easily repositioned, if needed. Exceptional adaptability to surface contour after rehydration.</p>



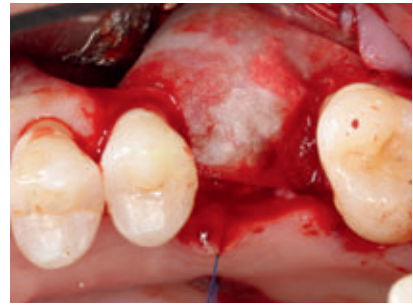
botiss biomaterials GmbH
Hauptstrasse 28
15806 Zossen
Germany

Literature:

https://botiss-dental.com/pdf/collprotect_membrane_LiteratureList.pdf

PROPERTIES

Attribute	Description
Origin	Porcine dermis
Composition	Native collagen type I and III
Structure	Dense collagen structure with natural pores
Thickness	0.2–0.5 mm (~ 0.4 mm)
Fixation	Not required due to good surface adaptation, but possible (pinning, suturing)
Degradation time	Intermediate barrier function (8–12 weeks)
Storage temperature	Room temperature (< 24 °C)
Shelf life	5 years



Courtesy of Dr. Michael Erbshäuser,
Mühldorf am Inn/Germany

APPLICATION AND HANDLING

Rehydration

collprotect® membrane can be applied dry or rehydrated in sterile saline solution or blood from the defect. Especially for lateral augmentations, it is beneficial to place a dry membrane before application of the graft material. After rehydration, the membrane can be folded over the defect and easily repositioned if required.

Fixation

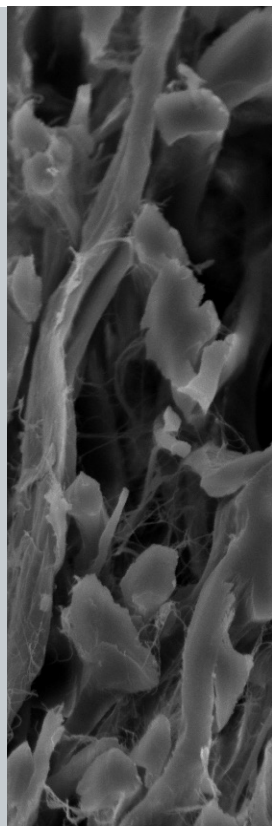
Normally, fixation is not required because of the excellent ability of collprotect® membrane to adhere to the underlying tissue and adapt to surface contours. However, collprotect® membrane supports suturing and pinning if required.

Shaping

The membrane can easily be cut with scissors or a scalpel to fit the shape of the defect. It is recommended to cut the membrane in dry state prior to application, although shaping the membrane after rehydration is also possible.

Exposure

In case of dehiscence, the wound usually heals without complications by granulation tissue formation and free contraction. Nevertheless, exposure of the membrane should be avoided since fast bacterial resorption significantly reduces the barrier function of the membrane. In unstable soft tissue situations or if wound dehiscence is expected, it is recommended to cover collprotect® membrane with a collagen fleece for protection of the wound area.



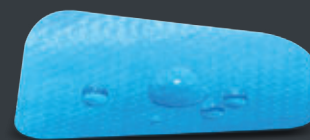
Available in the following sizes

Code	Description	Product
BO-601520	15 × 20 mm	collprotect® membrane
BO-602030	20 × 30 mm	
BO-603040	30 × 40 mm	

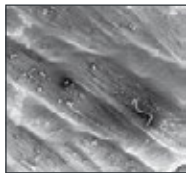
permamem®

High-density PTFE membrane

permamem® is an exceptionally thin, non-resorbable, biologically inert and biocompatible membrane made of high-density polytetrafluoroethylene (PTFE). permamem® maintains its structural characteristics both during the initial implantation and over time. Due to its dense structure the membrane acts as an efficient barrier against bacterial and cellular penetration, and may therefore be left in place for open healing in certain indications.



FEATURES AND BENEFITS

Safety	permamem® is a 100% synthetic barrier membrane, thus any risk for disease transmission can be excluded.
Impervious to bacteria	<p>The membrane is composed of biologically inert, high-density PTFE, which acts as an efficient barrier against bacterial and cellular penetration, and may therefore be used for open healing in socket and ridge preservation.</p> 
Space maintaining properties	The form stability of permamem® facilitates handling, and allows its use as a space provider for the regeneration of the underlying defect without spontaneous collapse of the membrane and the overlying soft tissue.
Easy handling and application	<p>Easy handling thanks to its thin character (thickness ~ 0.08 mm). In open healing procedures, permamem® may easily be removed after the desired healing time with a pair of tweezers. The rounded edges of the membrane avoid traumatization of the soft tissue.</p>



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Germany

PROPERTIES

Attribute	Description
Origin	Synthetic
Composition	High-density polytetrafluoroethylene (PTFE)
Thickness	~ 0.08 mm
Fixation	Easy fixation with sutures or pins
Storage temperature	Room temperature (< 30 °C)
Shelf life	3 years



Courtesy of Dr. Axel Wöst,
Bad Honnef/Germany

APPLICATION AND HANDLING

Fixation

permamem® should always be immobilized at the recipient site by pins, screws or sutures.

Shaping

The membrane may be cut to the desired shape and size with a pair of scissors or a scalpel while maintaining sterility.

Exposure

The permamem® membrane is a temporarily implantable material that prevents the integration and passage of bacteria due to the small pores of the material, thus allowing intentionally open healing of the membrane. However, the membrane may also be covered by the flap to obtain primary wound closure.

Removal

Time of removal depends on the indication (please see instructions for use). An exposed membrane may be easily removed with tweezers. If primary closure is obtained during membrane placement, opening of the surgical site will be required to remove the membrane. After removal of permamem®, the primary healing process and the reepithelialisation of the regenerating soft tissue will be completed within one month.

Available in the following sizes

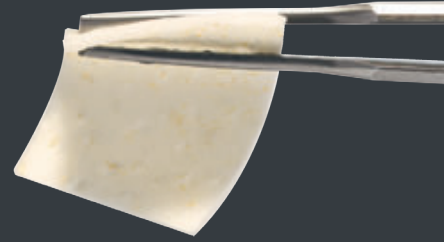
Code	Description	Product
BO-801520	15 × 20 mm	permamem®
BO-802030	20 × 30 mm	
BO-803040	30 × 40 mm	



mucoderm®

Porcine 3D collagen graft

mucoderm® provides a true alternative in certain indications to the patient's own connective tissue. This stable 3-dimensional collagen soft tissue replacement, made of porcine dermis, supports fast revascularization and soft tissue integration, including color and texture.



FEATURES AND BENEFITS

Safety and biocompatibility	The particular, certified multi-stage cleaning process of mucoderm® effectively removes all non-collagenous proteins and cells as well as potential immunogens, bacteria and viruses. Hence, mucoderm® is an absolutely safe and pure collagen type I and III matrix. mucoderm® is biocompatible and supports adhesion and proliferation of fibroblasts and endothelial cells.
3-dimensional matrix	The unique, porous structure makes mucoderm® an ideal scaffold for ingrowth of blood vessels and cells and promotes fast tissue integration and revascularization. ^{2,3}
High tensile strength	Due to the structural stability, mucoderm® can be <ul style="list-style-type: none"> • sutured, pinned or screwed • easily cut to the required size and shape • easily applied by the tunnel technique without risk of tearing the matrix apart.
Structure similar to human tissue	mucoderm® is a viable alternative to the patient's own tissue in certain indications: <ul style="list-style-type: none"> • Remodels completely into patient's own tissue within 6–9 months. • Reduces the patients' discomfort and donor site morbidity.

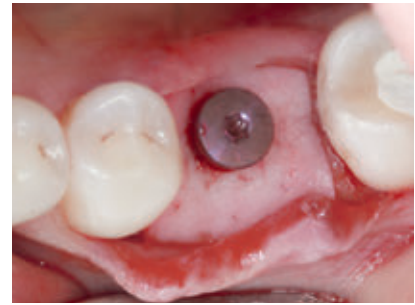


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Literature:
https://botiss-dental.com/pdf/mucoderm_LiteratureList.pdf

PROPERTIES

Attribute	Description
Origin	Porcine dermis
Composition	Native collagen type I and III
Thickness	1.2–1.7 mm
Healing/integration time	6–9 months
Storage temperature	Room temperature (< 24 °C)
Shelf life	5 years



Courtesy of Dr. Algirdas Puišys, Vilnius/Lithuania

APPLICATION AND HANDLING

Rehydration

Rehydration of mucoderm® in sterile saline solution or blood for 5–20 minutes prior to application is required. The rehydration time depends on the applied technique and the desired flexibility of the matrix; the longer the rehydration time the higher the flexibility of mucoderm®.⁴

Trimming

After rehydration, the shape and size of mucoderm® can easily be adapted to the defect by trimming it to the desired size with a scalpel or a pair of scissors.



If mucoderm® is only rehydrated for a short time and therefore is not so flexible, cutting or rounding the edges can prevent perforation of the gingival tissue during flap closure. For coverage of multi-

recession defects, mucoderm® may be elongated by cutting the matrix on alternating sides (mesh-graft-technique) and pulling both ends to extend it.

Exposure

The indication determines whether mucoderm® must be covered or may be left exposed. Exposure of mucoderm® should always be avoided in treatment of recession defects. It has to be ensured that the repositioned flap fully covers the matrix. Complete coverage of the matrix ensures ingrowth of

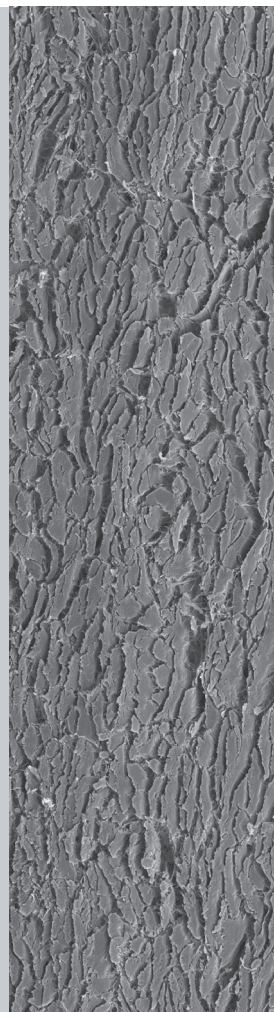
blood vessels and cells from the overlying flap and therefore a rapid incorporation of the graft. Early exposure may lead to fast resorption and contamination of mucoderm® matrix and soft tissue graft failure. Open healing is only possible if minor parts of the matrix are exposed and revascularization can occur from the surrounding margins of the flap. Open healing may also be possible, if mucoderm® is closely fixed to the underlying periosteum, e.g. if you want to increase the width of attached gingiva but not the tissue thickness.

Fixation

When preparing a split flap, mucoderm® should be sutured to the intact periosteum to ensure close contact between the matrix and the periosteal wound bed. Single button or cross sutures may be used; the use of resorbable sutures is recommended.

Postoperative care

After surgery, mechanical trauma of the treated site must be avoided. Patients should be instructed not to brush their teeth on the affected side for 4 weeks following surgery. Plaque prevention may be achieved by mouth rinsing with 0.2 % chlorhexidine solution. After surgery, the patient should be recalled weekly for plaque control and evaluation of the healing process.



Available in the following sizes

Code	Description	Product
BO-701520	15 × 20 mm	mucoderm®
BO-702030	20 × 30 mm	
BO-703040	30 × 40 mm	



The formation of a stable coagulum is of great importance for the regeneration of fresh extraction sockets, but also for wound healing; this can be supported by the use of collacone®.



FEATURES AND BENEFITS

Natural collagen (type I) with a highly efficient local hemostatic effect	<p>collacone® helps to stabilize the blood coagulum and control bleeding when applied after tooth extraction or to cover smaller oral wounds or biopsy harvesting sites.</p> <p>collacone® application is particularly beneficial in hemostatic compromised patients to prevent postoperative bleeding events.¹</p>
Rapid blood uptake	Due to its hydrophilic properties and highly porous structure, collacone® quickly absorbs blood.
Resorption within approx. 2–4 weeks	Optimal for wound protection. Prevents the penetration of food particles and saliva into the wound site.
Easy handling	collacone® is a wet-stable and moldable cone. The cone shape allows easy application.
Wound protection	The form-fitted cone shape protects the wound area from entry of food and bacteria.



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Literature:
https://www.botiss-dental.com/pdf/lason_fleece_collacone_LiteratureList.pdf

PROPERTIES

Attribute	Description
Origin	Porcine dermis
Composition	Collagen type I
Size	Height 16 mm, bottom Ø 11 mm, top Ø 7 mm
Degradation time	2–4 weeks; will be completely resorbed
Product behavior	Collagenic hemostatic sponge supports the formation of the blood coagulum and helps to control bleeding.
Storage temperature	Room temperature (< 24 °C)
Shelf life	5 years



Courtesy of Dr. Eleni Kapogianni, Berlin/Germany

APPLICATION AND HANDLING

Efficient local hemostasis

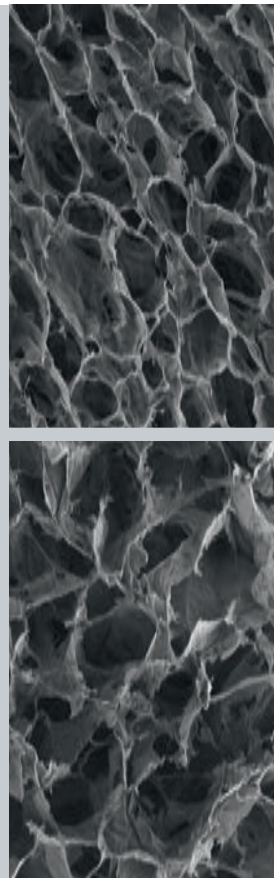
The natural collagen of collacone® has an inherent hemostatic effect. Collagen interacts directly or indirectly with receptors on thrombocytes, thereby inducing their aggregation and hence the hemostasis.

Fixation

At contact with the wet wound surface, collacone® sticks to the wound and forms a gel-like bond with the blood. Fixation by cross- or holding sutures is recommended to keep the cone in place when applied in extraction sockets.

Rehydration

Generally, collacone® is applied dry because soaking or moistening the collagen sponge prior to implantation may impair its hemostatic properties. collacone® soaks up blood rapidly at the defect site.



Available in the following sizes

Code	Description	Product
BO-511112	16 mm height, bottom width 11 mm, width on top 7 mm	collacone®

STRAUMANN® EMDOGAIN®

Straumann® Emdogain® FL

Flapless periodontal regeneration

Porcine



When applied to cleaned tooth root surfaces the unique protein composition in Straumann Emdogain® FL is able to induce the regeneration of all periodontal tissues: cementum, periodontal ligament, alveolar bone and gingiva.



FEATURES AND BENEFITS

Less surgeries	Adding Emdogain® to the initial phase of periodontal therapy helps avoiding the surgery by solving 42 % of the pockets non-surgically ²⁰
More effective	Significantly improved pocket probing depth reduction compared to the SRP procedure without Emdogain ²²
More efficient	Similar results at 12 and 24 months as if the surgery would have been performed ²¹
Less pain and inflammation	The wound healing properties of Emdogain® reduce pain reported by patients and overall inflammation markers ²³
Minimal invasive	A reduced invasiveness is allowed thanks to the new thinner cannula ²⁰ that has a diameter similar to a periodontal probe
Thinner applicator for flapless use	True periodontal regeneration can now be achieved without open flap surgery for pockets with depth of 5–9 mm after Scaling and Root planning (SRP) procedures were performed ²⁰



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4002 Basel
Switzerland

PROPERTIES

Attribute	Description
Origin	Porcine unerupted tooth buds
Composition	Enamel matrix derivative, Propylene Glycol Alginate (PGA), water
Structure	Ready to use gel
Storage temperature	Cool storage in fridge (2–8 °C)
Shelf life	2 years



Courtesy of Prof. Mario Aimetti,
University of Turin, Italy

APPLICATION AND HANDLING

Expertize and outstanding clinical support

Following decades of clinical success in regenerative periodontal surgery and thanks to the introduction of a new applicator, Emdogain®, the unique gel containing enamel matrix derivative can now be applied flapless in periodontal pockets after scaling and root planning procedures.

Effective

Emdogain® FL renders procedures more effective and eliminates more periodontal pockets as part of periodontal debridement process.²⁰

Reducing invasiveness

Using Emdogain® FL in a flapless approach leads to similar clinical results as when Emdogain® is applied with a flap surgery after 12 and 24 months.²²

Patient comfort

Moreover, it improves the quality of life of patients by reducing pain, swelling and systemic inflammation.²⁰

TREATMENT

3 year results after flapless periodontal regeneration with Emdogain® FL.

Pictures with courtesy of Dr. Orest G Komarnyckyj DDS, Phoenix AZ, USA



Left frontal incisor before treatment



PPD ≥ 9mm



3 years after treatment with
Straumann® Emdogain® FL



PPD = 1–2 mm

Available in the following sizes

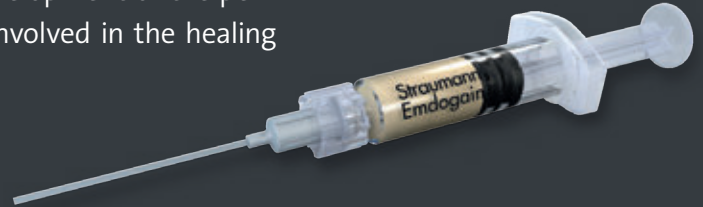
Product	Code
Emdogain® FL 0.15 ml	
1× Emdogain® FL 0.15 ml 1× PrefGel® 0.6 ml 2× cannulas	075.130
Emdogain® FL 0.3 ml	
1× Emdogain® FL 0.3 ml 1× PrefGel® 0.6 ml 2× cannulas	075.131



Straumann® Emdogain®

Periodontal surgery and oral wound healing

Straumann® Emdogain® is a unique gel containing enamel matrix derivative. This mixture of natural proteins can induce biological processes that usually take place during the development of the periodontium and may stimulate certain cells involved in the healing process of soft and hard tissues.



Refer to the instructions for use available at ifu.straumann.com

FEATURES AND BENEFITS

Emdogain® induces true regeneration	By modulating the wound healing process, Emdogain® induces the regeneration of a functional attachment in periodontal procedures (as evidenced by human histological data ^{5,6})
Emdogain® improves wound healing in oral surgical procedures	By promoting angiogenesis ^{7,8} , modulating the production of factors related to inflammation ⁹ and thanks to its anti-microbial effect toward oral pathogens ¹⁰ , Emdogain® accelerates the wound healing process of oral surgical procedures ¹¹
Emdogain® increased the predictability of your periodontal procedures	Emdogain® leads to: <ul style="list-style-type: none"> • significantly improved clinical parameters in intra-osseous defects compared to open flap debridement procedures alone¹² • increased root coverage achieved when used in a coronally advanced flap (CAF) compared to CAF alone¹³, and leads to results comparable to CAF + Connective Tissue Graft¹⁴
Emdogain® helps you achieve patient satisfaction	<ul style="list-style-type: none"> • When used to treat intra-osseous defects, Emdogain® contributes to improve your patients' dental prognosis • When used in oral surgical procedures in general, Emdogain® accelerates wound closure¹⁵, and reduces post surgical pain and swelling¹⁶ • When used in periodontal plastic procedures around teeth and implants, Emdogain® may improve the esthetics of the results thanks to improved wound healing
Emdogain® is easy to apply	Because Emdogain® is a gel, it is easy to apply, even in defects difficult to access
Emdogain® means peace of mind	Emdogain® is backed by extensive and long term clinical documentation. It is documented in over 1000 scientific publications including 600 clinical publications ¹⁷ and 10 year data ^{14,18}



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4002 Basel
Switzerland

PROPERTIES

Attribute	Description
Origin	Porcine unerupted tooth buds
Composition	Enamel matrix derivative, Propylene Glycol Alginate (PGA), water
Structure	Ready to use gel
Storage temperature	Cool storage in fridge (2–8 °C)
Shelf life	2 years

APPLICATION AND HANDLING

Emdogain® in oral regeneration

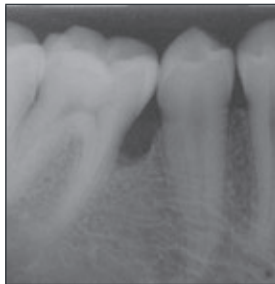
Periodontitis is associated with a loss of tooth-supporting tissues which is irreversible and the main reason for tooth loss if left untreated. Emdogain® is the golden standard when it comes to inducing the regeneration of lost periodontal tissues in a safe, easy and predictable way. Long-term clinical studies have demonstrated that Emdogain® can effectively help save teeth and revert gingival recessions.

Emdogain® in wound healing

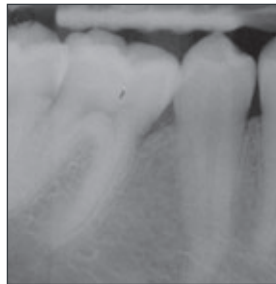
As esthetics, comfort and efficiency become more and more important when it comes to implant dentistry, Emdogain® is the solution you have been searching for. Emdogain® allows accelerated healing, minimizing discomfort for your patients through less swelling, less pain and faster recovery. Further it will initiate a natural rehabilitation that leads to esthetic outcomes.

TREATMENT

Courtesy of Prof. Carlos Nemcovsky



Before treatment
with Straumann® Emdogain®



20 years after treatment
with Straumann® Emdogain®

Courtesy of Prof. Giovanni Zucchelli



Before treatment
with Straumann® Emdogain®



8 months after treatment
with Straumann® Emdogain®



Available in the following sizes

Product	Code
Emdogain® Singlepack	
1 × Straumann® Emdogain® 0.15 ml	075.127W
1 × Straumann® Emdogain® 0.3 ml	075.101W
1 × Straumann® Emdogain® 0.7 ml	075.102W
Emdogain® Multipack	
3 × Straumann® Emdogain® 0.3 ml 3 × Straumann® PrefGel® 0.6 ml	075.114W
3 × Straumann® Emdogain® 0.7 ml 3 × Straumann® PrefGel® 0.6 ml	075.116W
Emdogain® 5-Pack	
5 × Straumann® Emdogain® 0.15 ml	075.098W
PrefGel®	
5 × Straumann® PrefGel® 0.6 ml	075.203W

Bone Block Fixation Instruments


Product	Image	Description	Material	Code
Basic Set				
Straumann® Bone Block Fixation Cassette		Cassette for Drills, Mini-screws and Screwdriver for Bone Block Fixation, length 130 mm, width 118 mm, height 25 mm	Thermo-plastic	041.032
Glide Hole Drill		Length 37 mm, stop 20 mm, Ø 1.5 mm	Stainless steel	044.125
Residual Ridge Drill		Length 37 mm, stop 16 mm, Ø 1.25 mm		044.126
Crosshead Implant Screw		Length 8 mm, Ø 1.5 mm, packaging 5 pieces	Ti	042.700V5
		Length 10 mm, Ø 1.5 mm, packaging 5 pieces		042.701V5
		Length 12 mm, Ø 1.5 mm, packaging 5 pieces		042.702V5
		Length 14 mm, Ø 1.5 mm, packaging 5 pieces		042.703V5
Screwdriver		Complete, with Screwdriver Blade and Screw-holding device for Implant Screws, crosshead Ø 1.5 mm, length 160 mm	Al/Stainless steel	040.360
Spare Parts				
Screwdriver Blade		For Implant Screws, crosshead Ø 1.5 mm, length 69 mm	Stainless steel	046.256
Screw-holding Device		For Screwdriver Blade 046.256, length 45 mm		046.257
Screwdriver Handle		For Screwdriver Blade 046.256, length 100 mm	Al/Stainless steel	046.258
Trimmer for maxgraft® cortico				
cortico trimmer®		Instrument for maxgraft® cortico adaption	Ti	BO-34000


botiss Titan Pin Set

Product	Image	Description	Material	Code
botiss Titan Pin Set				
botiss Titan Pin Set		1 × applicator 1 × dispenser for 15 titan pins 1 × titan pins 3 mm (10 pieces)		BO-440000
botiss Titan Pins 3 mm		titan pins 3 mm (10 pieces)		BO-440310

Allograft Ring Instruments

Product	Image	Description	Material	Code
Surgical Kit				
Allograft Ring surgical set		Instrument tray complete with all instruments for the Allograft Ring surgical technique	Stainless steel	BK-33000
Closure Caps				
Sterile NC Closure and Fixation Cap		NC Closure and Fixation Cap, Ø 5.5 mm	Ti	024.2220S
Sterile RC Closure and Fixation Cap		RC Closure and Fixation Cap, Ø 5.5 mm		024.4220S
Instruments for Surgical Kit				
Pilot Drill Ø 2 mm		Outer-Ø 2 mm	Stainless steel	BK-33001
Trephine 6 mm		Outer-Ø 6 mm		BK-33002
Trephine 7 mm		Outer-Ø 7 mm		BK-33003
Planator 6 mm		Outer-Ø 6 mm		BK-33006
Planator 7 mm		Outer-Ø 7 mm		BK-33007
Diamond Tulip				BK-33004
Diamond Disc				BK-33005
Allograft Ring fix, tweezers				BK-33010
Allograft Ring Sinus fix, tweezers				BK-33016
Instrument Tray and Rack				
Instrument Tray Allograft Ring		Tray for Allograft Ring instruments, empty, length 135 mm, width 177 mm, height 39 mm	Stainless steel	BK-33009
Instrument Rack		Rack for Allograft Ring instruments for 12 instruments with shaft, length 25 mm, height 51 mm, width 60 mm		BK-33008

 **Institut Straumann AG**
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 (for Oxy code numbers)

 **Ustomed Instrumente, Ulrich Storz GmbH & Co. KG**
 Bischof-Sproll-Strasse 2, 78532 Tuttlingen, Germany
 (for BO-xy and BK-xy code numbers)

Master any challenge.

REFERENCES

1 Zirk et al. Prevention of post-operative bleeding in hemostatic compromised patients using native porcine collagen fleeces-retrospective study of a consecutive case series. *Oral Maxillofac Surg.* 2016. [E-Pub vor Print-Pub] <http://www.ncbi.nlm.nih.gov/pubmed/27139018> 2 Pabst AM., Happe A., Callaway A., Ziebart T., Stratul SI., Ackermann M., Konerding MA., Willershausen B., Kasaj A. In vitro and in vivo characterization of porcine acellular dermal matrix for gingival augmentation. *J Periodont Res* 2014; Epub 2013 Jul 1. 3 Rothamel D., Benner M., Fienitz T., Happe A., Kreppel M., Nickenig HJ. and Zöller JE. Biodegradation pattern and tissue integration of native and cross-linked porcine collagen soft tissue augmentation matrices – an experimental study in the rat. *Head and Face* 2014; 10:10. 4 Kasaj A, Levin L, Stratul SI, Götz H, Schlee M, Rütters CB, Konerding MA, Ackermann M, Willershausen B. Pabst AM. The influence of various rehydration protocols on biomechanical properties of different acellular tissue matrices. *Clin Oral Invest.* 2015. 5 McGuire MK, et al. A Prospective, Cased-Controlled Study Evaluating the use of Enamel Matrix Derivative on Human Buccal Recession Defects: A Human Histologic Examination. *J Periodontol.* 2016 Feb 1:1-34. 6 Sculean A, et al. Clinical and histologic evaluation of human intrabony defects treated with an enamel matrix protein derivative (Emdogain). *Int J Periodontics Restorative Dent.* 2000;20:374–381. 7 Aspriello SD, et al. Effects of enamel matrix derivative on vascular endothelial growth factor expression and microvessel density in gingival tissues of periodontal pocket: a comparative study. *J Periodontol.* 2011 Apr;82(4):606-12. 8 Guimarães et al. Microvessel Density Evaluation of the Effect of Enamel Matrix Derivative on Soft Tissue After Implant Placement: A Preliminary Study. *Int J Periodontics Restorative Dent.* 2015 Sep-Oct;35(5):733-8. 9 Sato et al. Enamel matrix derivative exhibits anti-inflammatory properties in monocytes *J Periodontol.* Mar 2008;79(3):535-40 10 Arweiler et al. Antibacterial effect of an enamel matrix protein derivative on in vivo dental biofilm vitality. *Clin Oral Invest.* 2002 Dec;6(4):205-9. Epub 2002 Nov 14. 11 Maymon-Gil T, et al. Emdogain Promotes Healing of a Surgical Wound in the Rat Oral Mucosa. *J. Periodontol.* 2016 Jan 16:1-16. 12 Tonetti et al. Enamel matrix proteins in the regenerative therapy of deep intrabony defects – A multicenter, randomized, controlled clinical trial. *J Clin Periodontology* 2002;29:317-325 13 Tonetti MS et al. Clinical efficacy of periodontal plastic surgery procedures: consensus report of Group 2 of the 10th European Workshop on Periodontology. *J Clin Periodontol.* 2014 Apr;41 Suppl 15:S36-43 14 McGuire MK, et al. Evaluation of human recession defects treated with coronally advanced flaps and either enamel matrix derivative or connective tissue: comparison of clinical parameters at 10 years. *J Periodontol.* 2012 Nov;83(11):1353-62 15 Villa O et al. J Periodontol. A Proline-Rich Peptide Mimic Effects of EMD in Rat Oral Mucosal Incisional Wound Healing. 2015 Dec;86(12):1386-95. 16 Jepsen S, et al. A randomized clinical trial comparing enamel matrix derivative and membrane treatment of buccal Class II furcation involvement in mandibular molars. Part I: Study design and results for primary outcomes. *J Periodontol.* 2004 Aug;75(8):1150-60. 17 According to PUBMED - search term "Emdogain" or "enamel matrix derivative". 18 Sculean A, et al. Ten-year results following treatment of intra-bony defects with enamel matrix proteins and guided tissue regeneration. *J Clin Periodontol.* 2008 Sep;35(9):817-24 19 Almqvist et al. Effects of amelogenins on angiogenesis-associated processes of endothelial cells. *J Wound Care.* 2011 Feb;20(2):68, 70-5 20 Graziani F, Gennai S, Petrini M, Bettini L, Tonetti M. Enamel matrix derivative stabilizes blood clot and improves clinical healing in deep pockets after flapless periodontal therapy: A Randomized Clinical Trial. *J Clin Periodontol.* 2019 Feb; 46(2):231-240. 21 Aimetti M, Ferrarotti F, Mariani GM, Romano F. A novel flapless approach versus minimally invasive surgery in periodontal regeneration with enamel matrix derivative proteins: a 24-month randomized controlled clinical trial. *Clin Oral Invest.* 2017 Jan;21(1): 327-337. 22 Straumann Sponsored Study, data on file, study ongoing 23 Wennström JL, Lindhe J. Some effects of enamel matrix proteins on wound healing in the dento-gingival region. *J Clin Periodontol.* 2002 Jan;29(1):9-14

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