

Collagen Fleece for Socket Preservation

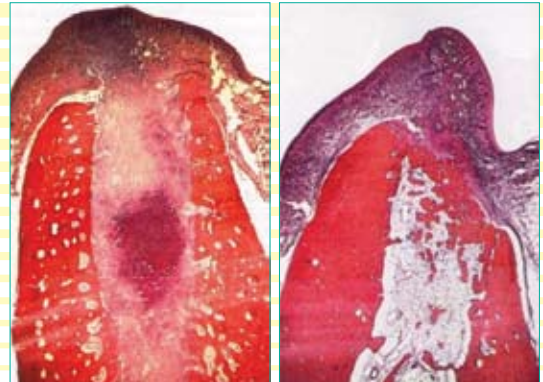


Prevents bone post-extractional reduction

Socket Preservation

Various scientific studies have revealed that

- significant bone reduction usually occurs within a few weeks after a tooth extraction, whereby the vestibular bone lamellae is particularly affected
- this bone reduction is reducible through the user of various materials for socket preservation
- the healing process normally is considerably extended at the same time, because the entire remodelling of replacement material may take a lot of time
- a significantly higher complication rate is observable during the use of bone substitute materials.



Dimensional ridge alterations following tooth extraction.
An experimental study in the dog.
Araujo et al., J Clin Periodontol 32: 212-218 (2005)



Schematic representation of the post-extractional bone reduction

Solution

Alveolar stabilization and support of the buccal lamella through a highly biocompatible, quickly absorbable collagen

Material

Collagen fleece made of porcine dermis (Type I- and III-collagen)

Mechanism of action

Hemostatic agent with short-term barrier function, i. e.

- *alveoprotect* encourages clot formation of the blood
- stabilizes the blood coagulum
- counteracts wound contraction
- protects the wound for approx. 2 - 4 weeks
- is superficially epithelialised
- encourages new bone formation
- is entirely reabsorbed



alveoprotect fleece (20 x 20 x 4 mm)

Clinical approach for socket preservation

Extraction of 2 maxillary teeth. Particular attention is paid to the prevention of vestibular bone lamella damage. Utilisation of Periotomes, if necessary. Careful extraction without subsequent digital compression.

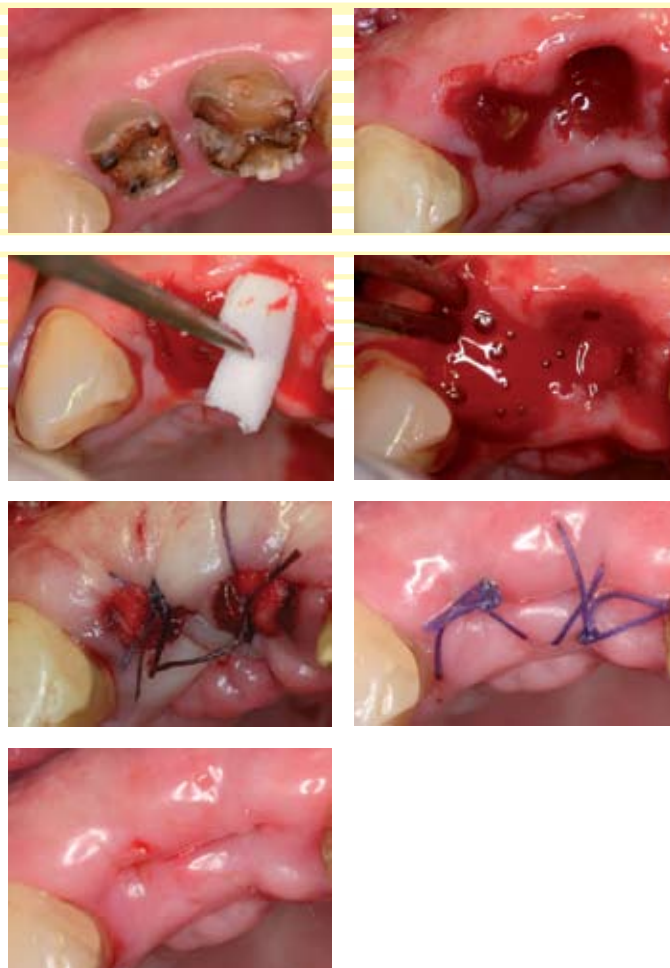
Remove *alveoprotect* from the sterile package and cut to size with scissors, if necessary. The cut sections are placed into the alveole in dry condition. The alveole is completely filled with condensing *alveoprotect* too much.

alveoprotect is immediately saturated with blood, de-aerates itself and stabilises at the alveolar walls.

Following that, an adapting suture is inserted. A total closure of the wound is not required.

After 4 days postoperative, neither swelling nor inflammation reactions are visible. *alveoprotect* accelerated the healing process. Epithelisation occurs via the organized *alveoprotect*.

The sutures were removed after 6 days.



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Literature

- Araujo, M. G. and J. Lindhe (2005). Dimensional ridge alterations following tooth extraction. An experimental study in the dog. *J Clin Periodontol* 32(2): 212-8.
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- Lekovic, V., E. B. Kenney, M. Weinlaender, T. Han, P. Klokkevold, M. Nedic and M. Orsini (1997). A bone regenerative approach to alveolar ridge maintenance following tooth extraction. Report of 10 cases. *J Periodontol* 68(6): 563-70.
- Schropp, L., A. Wenzel, L. Kostopoulos and T. Karring (2003). Bone healing and soft tissue contour changes following single-tooth extraction: a clinical and radiographic 12-month prospective study. *Int J Periodontics Restorative Dent* 23(4): 313-23.
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Sinus floor elevation

A bone flap is prepared and lifted.

A perforation takes place during the mobilization of the Schneider membrane.

alveoprotect is rehydrated in NaCl or blood.

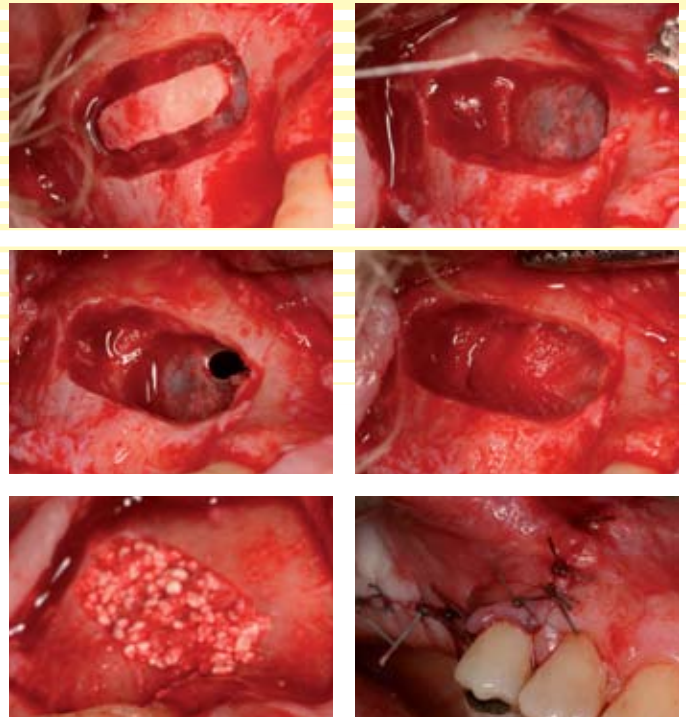
alveoprotect is placed onto the Schneider membrane.

alveoprotect adapts to the membrane and closes the opening securely.

The surgical procedure may be continued.

The sinus is subsequently filled with ossceram nano bone-substitute material size 0.8 to 1.5 mm.

Saliva-proof sutures are inserted afterwards.

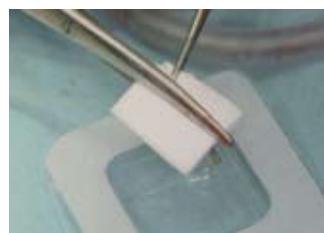


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Processing

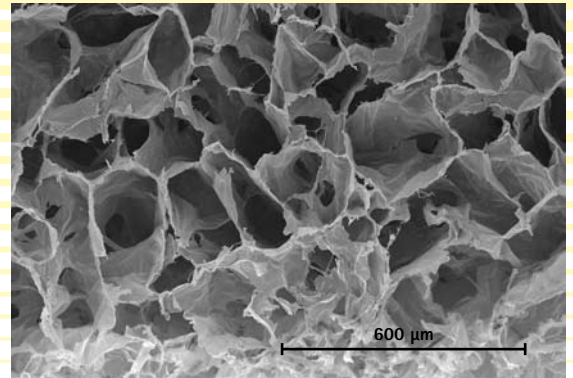
alveoprotect is easily processed.

- Depending on the indication, the thickness of alveoprotect is adjustable by moisturizing and compression
- alveoprotect is easily cut to the desired size
- alveoprotect absorbs wound blood like a sponge
- alveoprotect is structurally stable, pliable and adapts to its surroundings
- alveoprotect remains location and volume stable after application
- A plastic covering of the alveole is not required



Clinical application

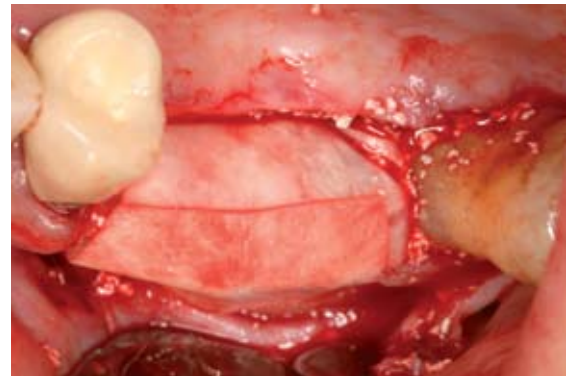
- alveoprotect is an ideal frame for the adsorption of thrombocytes, fibroblasts and osteoblasts.
- It encourages coagulum formation, as contact with blood leads to an aggregation of thrombocytes.
- Due to its high hydrophilic properties and inter-connective porosities, alveoprotect absorbs blood quickly
- The vestibular bone lamella of the extraction alveole is supported
- alveoprotect is ph-neutral and exerts a positive effect on soft tissue reactions



SEM micrograph alveoprotect (300x magnified)

Indication

- Socket preservation
- Hemostatic extraction wound treatment of patients at risk of bleeding (Marcumar, ASS)
- Sinus floor elevation
 - Protection or repair of Schneider membranes
 - Capping of the lateral window
- Periimplantar bone defects during immediate transplantation
- Filling of expansion gaps during bone splitting
- Filling of jaw defects (e.g. after cystectomy)



Augmentation capping



alveoprotect distinguishes itself through a biocompatible, natural collagen frame, which supports hard and soft tissue regeneration during many indications. Compared to many solid materials, it does not delay wound healing within the alveole, but induces a quick epithelial closure by stabilizing the blood coagulum.

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alveoprotect

- Preserves and stabilizes the jaw bone and facilitates implantation at a later point
- The pH-neutrality influences soft tissue regeneration positively and reduces inflammatory effects
- Encourages coagulum formation and provides an ideal structure for the adhesion of thrombocytes, fibroblasts and osteoblasts

Order Information



Technical data:

pH value	7.0 neutral
Barrier function	yes
Hemostatic	yes
Soft tissue reaction	positive
Resorption	2 - 4 weeks

alveoprotect collagen fleece

12 membranes 20 x 20 mm, individual sterile packing

REF AP2x2x1




ossceram nano bone-substitute material

- The β -TCP proportion is replaced by newly developed bon within a short time
- The optimized HA proportion contains the volume of the augmentation
- The nano-structure encourages new bone formation through optimal adhesion of serum proteins and collagen fibres

Order Information



ossceram nano in 2 grain sizes

Grain size	Volume	REF	Colour
0.5 - 1.0 mm	0.5 cc	OSSY1005	
0.5 - 1.0 mm	1.0 cc	OSSY1010	
0.8 - 1.5 mm	1.0 cc	OSSY1510	
0.8 - 1.5 mm	2.0 cc	OSSY1520	