Extraction Site Reconstruction

Anterior Narrow
Ideal for narrow single-tooth extraction sites, especially where one or more bony walls are missing

Anterior Singles
Ideal for narrow single-tooth extraction sites, especially where one or more bony walls are missing

Buccal
Designed for grafting large buccal defects

Posterior Singles
Designed for grafting posterior extraction sites and limited ridge augmentation

Ridge Augmentation Configurations

Posterior Large
Designed for grafting large bony defects, including ridge augmentation

XL

XLK

Designed for very large bony defects, especially ridge augmentation

CYTOPLAST® PTFE SUTURE

the *soft* monofilament

- *The preferred suture for implant and bone grafting procedures*
- *Monofilament construction prevents bacterial wicking into surgical sites*
- *Soft for patients*

pro-fix™

precision fixation system

- *Screws are placed without the use of a mallet or pre-drilled pilot hole*
- *Cruciform drive system provides for easy pickup and transport of screws to the surgical site*

OSTEOGENICS BIOMEDICAL

REACHING NEW HEIGHTS IN **RIDGE AUGMENTATION**

CYTOPLAST® Ti–250 MEMBRANES

titanium-reinforced dense ptfe membranes

Extraction sites with deficient structural support and horizontal and vertical ridge augmentation procedures often require tenting membranes to prevent collapse. Cytoplast™ titanium-reinforced membranes offer the latest technology in tenting membranes, including application-specific sizes and the Regentex® surface, which is occlusive to bacteria. Use Cytoplast™ titanium-reinforced membranes to take your grafting procedures and predictability to new heights.

Shown actual size.

RECONSTRUCTION OF A SOCKET WITH **A BUCCAL DEFECT**

Case Photos Provided by Dr. Barry Bartee

Patient presented with a severe buccal wall defect secondary to a vertical root fracture. A chronic fistula was present.

Upon curettage and exploration of the socket, the entire buccal wall was found to be missing. Granulation tissue was removed with sharp dissection.

A combination (50:50 ratio) of mineralized and demineralized allograft bone was mixed with 25 mg of clindamycin and placed into the socket.

A titanium-reinforced dense-PTFE membrane (Cytoplast™ Ti-250 Anterior Narrow) was shaped to completely cover the facial defect and coronal aspect of the socket. The titanium frame allows easy placement and maintenance of space.

The dense PTFE membrane has a pore size of <0.3µm, making it occlusive to both soft tissue cells AND bacteria. Primary closure is not necessary.

At two weeks, healing over the membrane is excellent – no inflammatory response and infection-free.

Because the membrane is left exposed, a non-surgical removal requires only topical anesthetic after 4 weeks of healing.

Two weeks after removal of the membrane, soft tissue has re-epithelialized over the socket. Soft tissue contours are preserved.

Re-entry at 4 months shows regeneration of the ridge to its original dimensions. Implants may now be placed in an optimal location.

RIDGE AUGMENTATION WITH IMMEDIATE **IMPLANT PLACEMENT**

Case Photos Provided by Dr. Marco Ronda

Preoperative radiographs reveal inadequate bone height for ideal implant placement and restoration.

The alveolar ridge was decorticated and a high-density titanium-reinforced PTFE membrane (Cytoplast™ Ti-250 XL) was secured lingually with two pins. The membrane was bent to a desired three-dimensional shape to provide stability while utilizing the implants as tenting support.

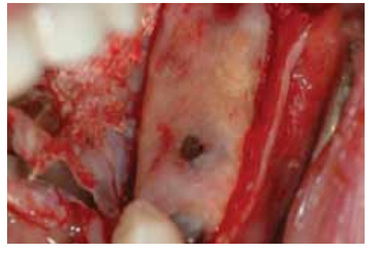
A combination (50:50 ratio) of mineralized cortical and cancellous allograft was hydrated with PRGF and placed around the implants and to the desired crestal height.

The membrane was then draped over the graft and trimmed 1 mm form the adjacent tooth and secured with three pins buccally and two pins crestally.

Primary closure was achieved using 3-0 and 4-0 PTFE sutures (Cytoplast™ PTFE Suture).

After four months of healing, the augmented site was exposed with a mid-crestal incision.

The membrane was removed, revealing an increase in ridge height. Removal of the membrane was greatly simplified due to the limited soft tissue ingrowth into the barrier.



The presence of compact bone can be seen overlying the implants.

After soft tissue healing, the restorative components were placed and a temporary bridge was seated.