

OSTEOINDUCTAL®

INTENSIVE STIMULATIVE - REGENERATIVE. ORIGINAL!

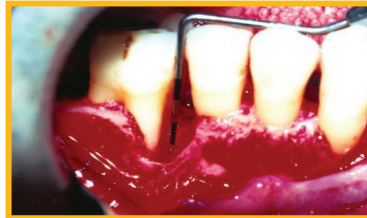
Examples of applications - Instructions for use

1. Periodontal, intraosseous defects

General instructions:

Perform the flap operation and perform curettage of the defect. Since OSTEOINDUCTAL® has very low consistency, if possible apply the sutures before treatment with OSTEOINDUCTAL®, but do not make these saliva-tight. Under constant bleeding control, fill the defect from the bottom upwards and fasten the sutures so far that OSTEOINDUCTAL® also remains in the alveolus. The contents of a 1ml syringe can treat approx. 7-8 periodontal, intraosseous defects. Except for longer operations extending beyond one sextant, neither antibiotics nor analgesics are required in the normal case.

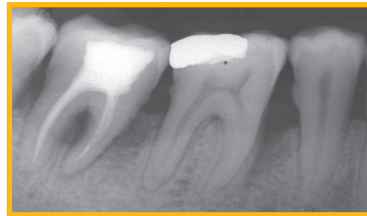
Example:



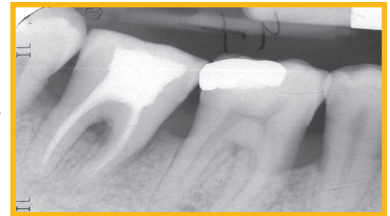
intraosseous periodontal defect exposed



OSTEOINDUCTAL® in situ



initial radiographic image



Radiographic image at 6 months after surgery

2. Root apex resections and cystectomies

General instructions:

Intrasulcular incisions and the use of periodontal flaps should be applied preferably in these cases. In particular, divergent relieving incisions for the flap should be created and these should cover the wound opening generously. After the flap has been separated with as little trauma as possible, the granulation tissue or cyst sac is removed thoroughly until one reaches the healthy bone and can perform the root apex resection. As soon as bleeding has been brought under control and the cavity has been irrigated with physiological saline solution, the bone defect is filled from the bottom upwards with OSTEOINDUCTAL® until it overflows. The material should be used with as little pressure as possible. The contents of a 1ml syringe can be used for up to two larger apical defects. The flap is then repositioned and fixed with 2 sutures. Saliva-proof closure is not indicated since the wound exudation otherwise can lead to swelling in the area of the flap. In the normal case no treatment with antibiotics is required.

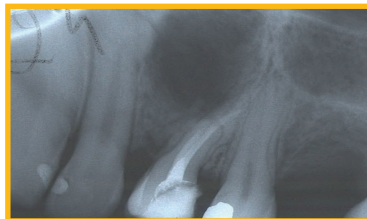
Example:



Large cystic lesion exposed



The defect filled with OSTEOINDUCTAL®



Radiographic image of the defect before the surgery



Radiographic image of the defect 2 months after the surgery

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3. Bone regeneration after extraction (socket grafting)

General Instructions:

Gingival flaps should be formed with relieving incisions before the extraction. The extraction should then be as atraumatic as possible. The wound is then rinsed with saline solution, filled from the bottom upwards up to slightly overflowing with OSTEOINDUCTAL® and finally sutured as tightly as possible. The volume of a 1ml syringe can fill up to 5 alveoli. If necessary a free mucous membrane transplant can also be used to close the alveolar opening.

Example:



The postextractional defect



The postextractional defect filled with OSTEOINDUCTAL®



The flap, provided with internal release incisions to increase its mobility, is pulled over the alveolar opening



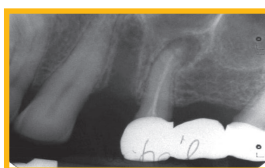
The tight sutures in place, securing the content of the defect



Buccal view at one month postoperatively



Occlusal view at one month postoperatively: Notice the perfect postoperative healing



Pre-operative radiograph of the empty alveolus



Radiograph at one month: Notice the early trabecular bone formation

For all preceding treatments the sutures may not be removed before 10 days after the treatment. In larger defects OSTEOINDUCTAL® must be filled with a bone replacement material and/or autologous bone to achieve greater consistency and to prevent the collapse of the flaps. Postoperative treatment includes careful, 0.2% chlorhexidine irrigation of the affected regions. Since the material has low consistency, excessive rinsing, smoking and suction inside the wound space should be avoided. It is recommended that the progress of bone healing is observed at intervals of 2, 4 and 6 months.

Assist. Prof. Dr. Dr. Stefan-Ioan Stratul, March 2006