

CERASORB® FOAM

Intelligent alveolar
ridge management:
- happy patients
- your success

curasan
Regenerative Medicine



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Dear Dentist:

The atrophy of the alveolar bone that sets in immediately after a tooth extraction is inevitable. Unfortunately, within a short time this leads to significant deterioration for later conservative-prosthetic or implant-based treatment. Moreover, the degradation of the jawbone often affects the aesthetic appearance of your patient as well.

In most cases, expensive and complicated follow-up treatments can be avoided by direct regenerative measures for bone augmentation.

With CERASORB® Foam, curasan AG has developed an easily shapeable ceramic-collagen material combination that supports augmentation of the jaw bone excellently in intact as well as in defective alveolar ridges. Read the following pages to learn more about the usage of CERASORB® Foam, the benefits for your patients and your own personal added value in the treatment.

Do you have any further questions?

The corresponding sales representatives will be happy to help you.

*Best regards,
curasan AG*



References

Horowitz RA, Mazor Z, Miller RJ, Krauser J, Prasad HS, Rohrer MD: Clinical evaluation of alveolar ridge preservation with a β -tricalcium phosphate socket graft. Compendium; 2009 Dec; 30 (9): 588-603

“Clinical measurements showed preservation of alveolar width, and histologic analysis demonstrated both resorption of β -TCP (CERASORB®) and conversion to vital alveolar bone. These characteristics make this graft material ideal for use after tooth extraction in conventional and implant dentistry.”

Harel N, Moses O, Palti A, Ormianer Z: Long-term results of implants immediately placed into extraction sockets grafted with β -tricalcium phosphate: a retrospective study. J Oral Maxillofac Surg 2013, 71 (2): e63-e68

“In a 10 year retrospective study the crestal bone loss around immediate implant placed in tricalcium phosphate (TCP) grafted extraction sockets was evaluated. The use of TCP (CERASORB®) as a grafting material during immediate implant placement allowed no bone loss in 72.1% of the implants, which was very similar to the nongrafted cases for which implants were placed in favourable conditions.”



What is CERASORB® Foam?

- A highly porous material combination for bone augmentation after tooth extraction
- made from porcine collagen and phase-pure β -TCP granules (CERASORB®)
- with dual effect: Securing of the volume and effective support of bone augmentation

CERASORB® Foam – easy handling thanks to defect-adapted modelling and comfortable positioning.



References

Horowitz RA, Rohrer MD, Prasad HS, Mazor Z: Enhancing Extraction - Socket Therapy. The Journal of Implant & Advanced Clinical Dentistry. 2009 Sept; 1 (6): 47-59

“The predictable formation of vital bone in the extraction sockets treated with β -TCP of this and other studies has led to 100% success rates in implant placement and loading.”

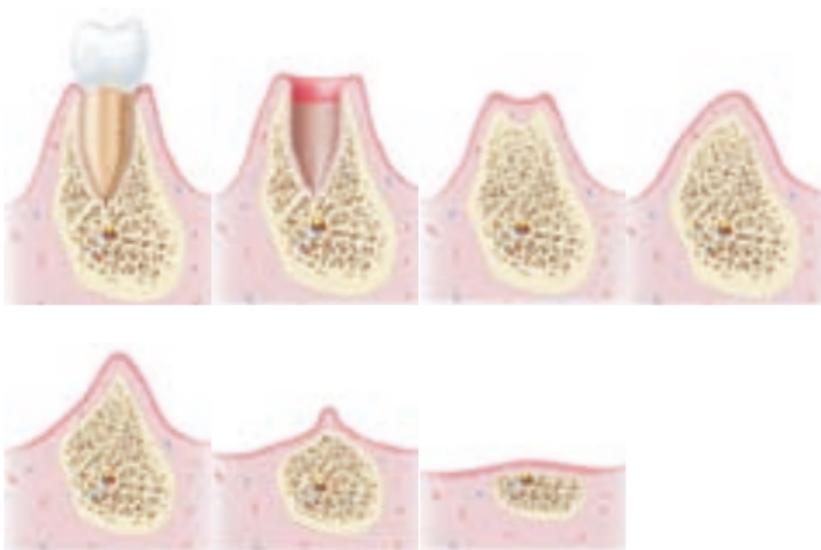
Modina T: Intellectual system of modern β -TCP materials and its role in periodontal surgery. Poster No. P0189. Poster presentation on EUROPERIO 7, 7th Conference of the European Federation of Periodontology, Vienna/Austria 6-9 June 2012. Abstract.

“Longstanding multicentre scientific and practical experience with CERASORB® gives grounds to its consideration as one of the materials having the intellectual and informative qualities (“life crystals”) that are capable of precipitating the bone regeneration process.”



Bone loss after extraction

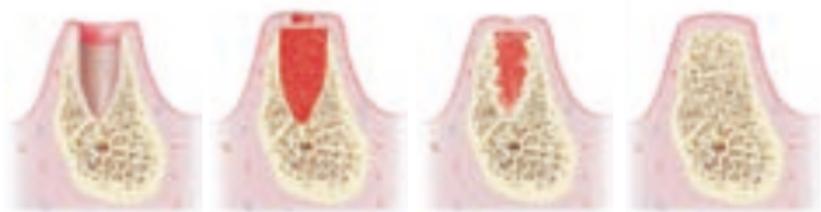
Without bone-preserving measures, absorption of the alveolar ridge occurs and continuously continues.



Atrophy of the alveolar ridge in the absence of augmentative measures

Ideal bone augmentation with CERASORB® Foam

The filling of the alveolar ridge with CERASORB® Foam promotes regeneration and new formation of autologous bone.



Preservation with CERASORB® Foam

CERASORB® Foam – easy handling thanks to defect-adapted modelling and comfortable positioning. For optimal follow-up treatment of the extraction site.

References

Soleymani Shayeste Y, Khorsand A, Mahvidy Zade S, Nasiri M: Clinical and radiographic evaluation of pure beta-tricalcium phosphate and autogenous bone graft in treatment of two to three-walled periodontal defects. J Dent Med-Tehran University of Medical Sciences 2010; 23 (3):183-190. (Abstract in English).

“The aim of this double blind study was to compare the effect of CERASORB® with autogenous bone graft (ABG) in the treatment of 24 two to three - wall periodontal defects with baseline and 3-month, 6-month and one-year follow up evaluations. Treatment with Cerasorb® compared to ABG produced the same results of improvement. Thus, the use of Cerasorb® can be suggested in treatment of infrabony periodontal defects.”

Breil-Wirth A, Jerosch J: Anwendung von CERASORB® Foam in der Orthopädie – eine prospektive Studie. Deutscher Ärzte-Verlag OUP, 2014; 3 (12): 608-615

“30 patients with a broad range of orthopaedic indications were included in the study. None of the patients showed material-associated complications or intolerance. The resorption of the CERASORB® foam began to be radiologically apparent in these patients after 6 weeks to 3 months and was largely complete after 12 months. CERASORB® Foam is a ceramic bone replacement material that is easy to work with and very effective; it has a broad spectrum of application.”

Why CERASORB® Foam?

CERASORB® Foam utilises the synergies created by the combination of collagen and CERASORB® granules in bone regeneration:

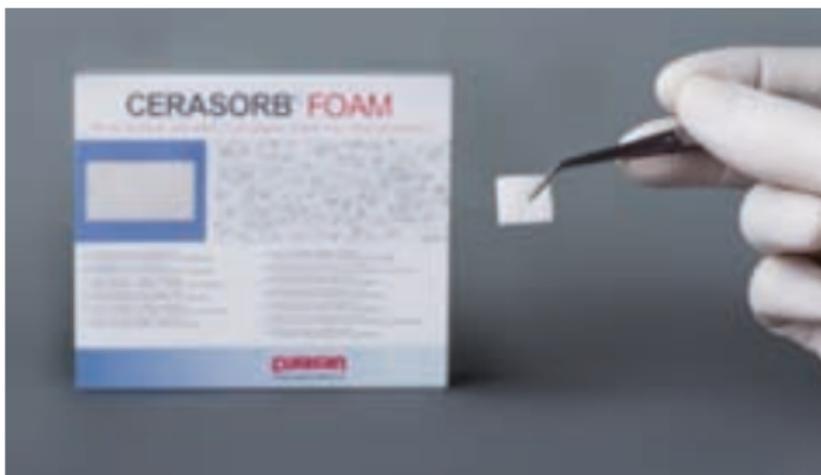
- **Collagen supports bone regeneration** already in the early phase.
- A high content of CERASORB® granules **ensures volume stability.**

CERASORB® Foam is completely degraded and replaced by autologous bone.

CERASORB® Foam – easy handling thanks to defect-adapted modelling and comfortable positioning. Promotes optimum stability of the bone for later implant treatment.

“Clinical measurements showed preservation of alveolar width, and histologic analysis demonstrated both resorption of β -TCP (CERASORB®) and conversion to vital alveolar bone. These characteristics make this graft material ideal for use after tooth extraction in conventional and implant dentistry.”¹

Product data



CERASORB® Foam

β -tricalcium phosphate foam for implantation

Resorbable ceramic collagen combination – coming in an economic package size – for filling or reconstruction of single- and multi-walled bone defects.

Dimensions L×W×H (mm)

12 mm × 12 mm × 4 mm

Volume (cm³)

c. 0.5 cm³

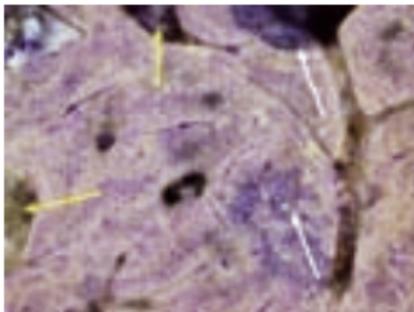
Package size

3 pcs. per package

The production of the collagen complex is carried out in Germany using a controlled, standardised process. Storage at room temperature.

CERASORB® Foam – easy handling thanks to defect-adapted modelling and comfortable positioning.

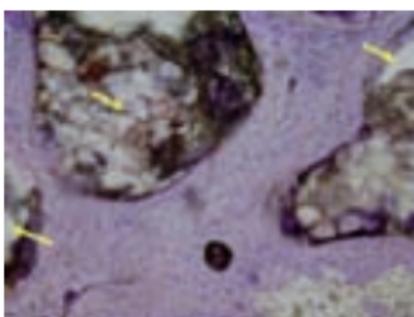
CERASORB® Foam – Complete bone regeneration



Histology after three months

The result after three months:

- Already good bone regeneration
- Incipient restructuring of the bone with formation of medullary cavities (yellow arrows)
- New bone shows excellent bone contact/ bone bonding with parallel resorption of CERASORB® Foam (white arrows)



Histology after twelve months

The result after twelve months:

- Restoration of the bone structure with cancellous bone and medullary cavities (yellow arrows)
- Almost complete resorption of CERASORB® Foam

CERASORB® Foam – easy handling thanks to defect-adapted modelling and comfortable positioning. Solid bone for better patient care.

Product safety

CERASORB® Foam is easy to handle. It can be moulded to fit defects and is convenient to place. No side effects and no interactions with drugs and other medical products have so far been reported.



CERASORB® Foam – the right size to fill the alveolus.



When moistened with blood the material can be moulded to fit the defect.



CERASORB® Foam is convenient to position.



Relaxed insertion entirely without pressure.

Alveolar preservation with CERASORB® Foam

1. Preparation of the alveolar ridge



After as gentle extraction as possible, the granulation tissue is removed in order to allow immigration of osteoblasts and ingrowth of blood vessels into the defect region and CERASORB® Foam:

- curettage with increasing abrasor size
- use of a bone reamer (Ø 3mm)
- debridement and clean exposition of the bone at the bottom of the socket with the round bur (small Ø 1–1.5 mm) and Lindemann cutter

2. In addition, for ridge preservation: Preparation of the soft tissue

- Preparation of a mucoperiosteal flap (2–3 mm for the introduction of the membrane)

3. Introduction of CERASORB® Foam



Shape the material and place it with forceps, not exerting any pressure, into the defect.



Treatment with CERASORB® Foam

...and your very personal added value

- Use of an **innovative therapy**
- **Better care** of your patients
- **Patient retention**
- **Image booster** for your practice
- **Competitive advantage** by clear positioning in the treatment after extraction

The result:

Greater economic benefit for you thanks to intelligent alveolar ridge management.

CERASORB® Foam – easy handling thanks to defect-adapted modelling and comfortable positioning.

“To me it matters that my patients are treated in such a manner that implantation or alternatively creation of a bridge is possible without complications, thanks to a uniform bone relief.”

Dieter Bilk, dental practice Bilk & Walz-Becker



4. In addition, for ridge preservation:



Introduction of the membrane

- Cut the membrane so that it overlaps the defect on all sides by about 2–3 mm.
- Close the defect with resorbable membrane (e.g. Osgide® or Epi-Guide®) in case of soft tissue with residual opening up to 4 mm.
- Close the defect with non-resorbable membrane in case of opening > 4 mm

5. Defect closure



Seal the defect with a button or mattress suture so that its closure is stress-free and saliva-tight.

6. For ridge preservation:



Membrane removal is carried out in case of a non-resorbable membrane after 4 to max. 6 weeks.



Treatment with CERASORB® Foam

The best conditions to give your patients a radiant smile

- Promotion of **regeneration** and new **formation** of autologous **jaw bone**
- **Optimum stability** of the bone for later implant treatment
- Preservation of the **aesthetic appearance** and well-being of your patients
- **Avoidance** of **expensive** and complicated **follow-up treatments**

“In a 10 year retrospective study the crestal bone loss around immediate implant placed in tricalcium phosphate (TCP) grafted extraction sockets was evaluated. The use of TCP (CERASORB®) as a grafting material during immediate implant placement allowed no bone loss in 72.1% of the implants, which was very similar to the nongrafted cases for which implants were placed in favourable conditions.”²

CERASORB® Foam – easy handling thanks to defect-adapted modelling and comfortable positioning.

