OsteoGen® Plug

IMPLADENT LTD
REGENERATIVE SOLUTIONS

ULTRADENT

ORDERING

OPS625-5 OsteoGen Plug Slim 5pk
5 x plugs

OPS625-10 OsteoGen Plug Slim 10pk
10 x plugs

OPL1020-5 OsteoGen Plug Large 5pk
5 x plugs

OPL1020-10 OsteoGen Plug Large 10pk
10 x plugs

OPXL1520-5 OsteoGen Plug Extra Large 5pk
5 x plugs

SIZES

SLIM

LARGE

EXTRA LARGE

OsteoGen® Plug

ONE STEP BONE GRAFTING SOLUTION:
SOCKET PRESERVATION WITHOUT THE NEED FOR A MEMBRANE

1010665AR02 120221

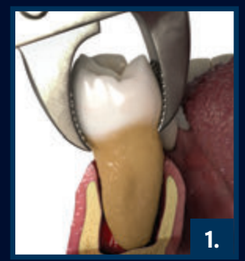
800.552.5512 | ULTRADENT.COM

ULTRADENT

KEY BENEFITS

- The OsteoGen® Bone Grafting Plug is an easy and affordable way to clinically deliver bone graft. It's mainly used for ridge maintenance and socket preservation.
- The idea is simple: a collagen plug is filled with OsteoGen® non-ceramic bone graft crystals. This creates the OsteoGen® Bone Grafting Plug.
- The result is a bone graft combined with a collagen plug for ease of clinical delivery—without the need for a membrane.
- The OsteoGen® Bone Grafting Plug combines Bioactive Resorbable Calcium Apatite with a bovine Achilles tendon collagen matrix. This creates a structure that mimics the organic and inorganic components of physiologic bone.
- OsteoGen® is a bioactive and resorbable calcium apatite-based bone graft. It is physiochemically and crystallographically similar to human bone.[1]
- The OsteoGen® non-ceramic production process yields a resorbable bone graft with a unique Ca:P ratio. It is NOT a ß-TCP and NOT a non-resorbable dense ceramic HA (nor is it a biphasic mixture of the two).
- The Bovine Achilles Tendon collagen carries the bone graft for easy and efficient delivery to the site. Thus, the hassle and time spent mixing and packing particulate bone grafts is eliminated—and so is the potential for particulate wash out.
- The Type I collagen acts as a wound dressing—not only to stabilize the clot, but also to absorb and deliver blood flow to the slowly resorbing graft (a feature critical for the initiation of bone formation and early angiogenesis).
- The collagen found in the OsteoGen® Plug provides a scaffold for keratinized tissue to develop over the grafted site.
- The OsteoGen® Bone Grafting Plug will show radiolucent on the day of placement. It becomes radiopaque in 3–5 months when it has been replaced with host bone. Implant placement can then be achieved.

STEPS TO SUCCESS



Extract tooth and thoroughly debride site in order to increase the healing capacity of the affected tissues[2]

Insert OsteoGen® Plug to deliver bone graft and absorb blood flow. This will stabilize the clot and initiate early bone formation and angiogenesis

Approximate tissue and crisscross suture over top to keep OsteoGen® Bone Grafting Plug in place. **There is no need to use a membrane to cover.**

While OsteoGen® Plug resorbs, the OsteoGen® bone graft crystals offer a slowly resorbing bioactive scaffold for bone formation while the collagen provides a scaffold for developing tissue

The OsteoGen® crystals resorb over 3–5 months (patient specific) and will turn from radiolucent to radiopaque—which indicates sufficient bone formation

CLINICAL APPLICATIONS

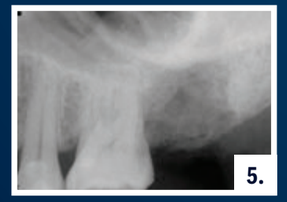
Clinical images courtesy of Brigham Stoker DDS

Tooth 12, set to be extracted.

The surgical site was initially debrided to induce bleeding and establish the Regional Acceleratory Phenomenon.

Insert appropriately sized OsteoGen® Bone Grafting Plugs and allow blood to absorb.

When OsteoGen® Plugs are in place, suture over top of socket to contain. No membrane is required.



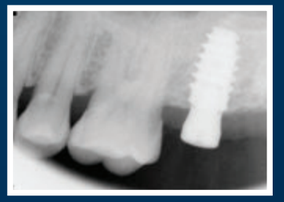
OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement.

Clinical images courtesy of German Murias DDS, ABOI/ID

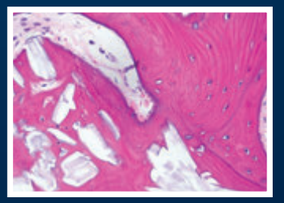
As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque.

The collagen promotes keratinized soft tissue coverage over the graft.

Solid bone is seen upon reentry prior to implant placement. In this image, a core sample was retrieved.



Implant is placed. Note the histology below showing mature osteocytes in lamellar bone formation.



Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact absent of any fibrous tissue encapsulation.[3-4]

1. Valen (2002) 2. Frost (1983) 3. Spivak (1990) 4. Ricci (1992)