# OSTEOGEN® PLUG

## **ORDERING**

## **SIZES**

### **PLUGS**







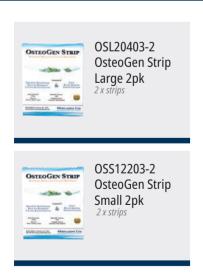


OPL1020-10 Large 10pk





### **STRIPS**









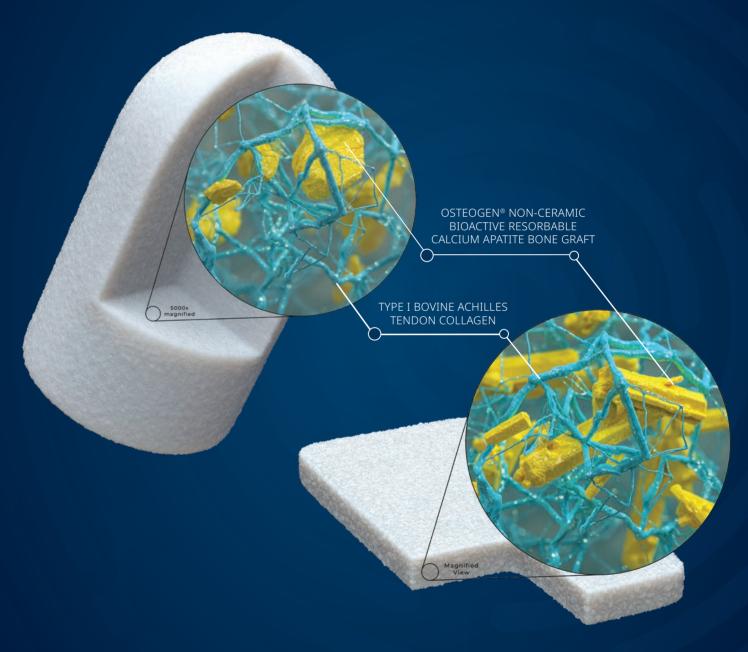




# OSTEOGEN® PLUG

#### **ONE-STEP BONE GRAFTING SOLUTION:**

SOCKET PRESERVATION WITHOUT THE NEED FOR A MEMBRANE



# OSTEOGEN® STRIP

**RESORBABLE MINERALIZED COLLAGEN BONE GRAFTING STRIP** 

## **OSTEOGEN® STRIP**

### **KEY BENEFITS**

OsteoGen® Strips infuse OsteoGen® bone graft crystals into a collagen strip to eliminate problems with particulate migration. They are a predictable and simple solution for sinus lifts and grafting gaps between the implant and extraction socket wall.

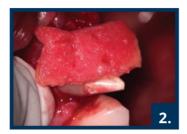
- Flexible strips easily conform to the grafting site, eliminating gaps in bony walls
- Eliminates chance of particulate wash out; crystals are contained in the collagen
- Use as a mineralized collagen cover to contain particulates in extraction sites
- Easy and effective ridge expansion, can be curved over a narrow ridge for added width
- Can be folded or layered to create added volume then packed into defect space
- Extremely porous and hydrophilic
- · Can be used as a mineralized scaffold for added growth factors or autologous serum
- Four-year shelf life







Implant is placed lingually following extraction. OsteoGen® Strip will be used to fill gaps and reinforce the buccal wall.



OsteoGen® Strip is hydrated with patient's blood from the surgical site and, if desired, autologous serum or other growth factors prior to delivery.



Buccal plate is reinforced by feeding the OsteoGen® Strip downwards between the implant and the buccal wall.



The OsteoGen® Strip is a hydrophillic material that can be hydrated with the patient's blood and substantially compressed to fill a variety of defects.



The OsteoGen® Strip can be folded after hydration and prior to or during placement with a blunt instrument for additional bone width and stability.



After placement, the OsteoGen® Strip reinforces the buccal wall while grafting the gaps between the buccal plate and he implant.

## OSTEOGEN® PLUG

#### **KEY BENEFITS**

The OsteoGen® Bone Grafting Plug is a collagen plug filled with OsteoGen® non-ceramic bone graft crystals, creating an easy and affordable way to clinically deliver bone graft. It's mainly used for ridge maintenance and socket preservation.

- No need for a membrane for socket grafting
- Combines Bioactive Resorbable Calcium Apatite with a bovine Achilles tendon collagen matrix to create 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, eliminating the hassle and time spent mixing and packing particulate and the potential for particulate wash out
- The Type I collagen acts as a wound dressing to stabilize the clot and 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 3–6 months when it has been replaced with host bone.<sup>2</sup> Implant placement can then be achieved.



Pre-operative X-ray of Tooth 12 to be extracted. Tooth 13 was extracted two months prior and was grafted with an OsteoGen® Plug.



Extraction of Tooth 12.



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



Appropriately sized OsteoGen® Plugs were inserted, and blood was allowed to absorb.



After insertion of OsteoGen® Plugs, the socket was sutured over top. No membrane was required.



Two implants placed four months later with a sinus bump on the distal implant.

