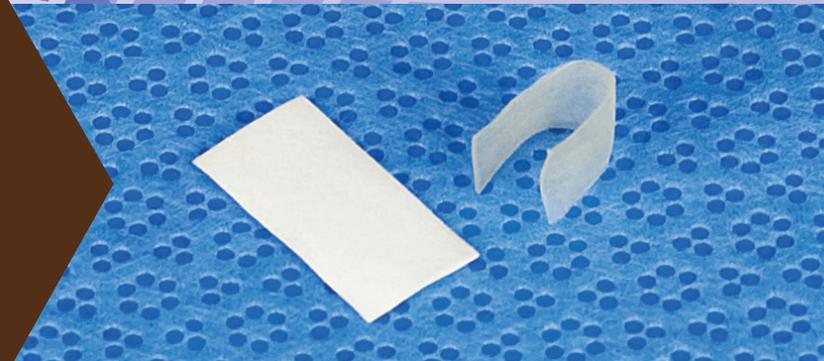


OSSIFLEX™

Flexible Bone Membrane



✓ Guided Tissue Regeneration

Placing a membrane between bone graft and gingiva avoids premature epithelial down-growth.

✓ Oronasal Fistulas

Ossiflex are thin and flexible, but strong enough to keep food particles from traveling through oronasal defects.

✓ Cleft Palates and Cranio-Facial Defects

Ossiflex are ideal for closing cranio-maxillo-facial defects. They can support mucoperiosteal advancement flaps for closure of palatal defects.

✓ Fracture Bridging and Mandibular Canal Protection

Ossiflex can be used to contain particulate graft in bony voids and placed over open mandibular canals to protect the neurovascular bundle.



The Bone Graft Experts

Selected References for Use of Ossiflex Bone Membrane in Dental Applications

Guided Tissue Regeneration

Guided Tissue Regeneration (GTR) is a procedure designed to promote the in-growth of bone- and periodontic ligament-forming cells while preventing the invasion of faster growing cells such as gingival and connective tissue cells. This is best achieved by placing a resorbable membrane to create a protected space for bone and periodontic ligament regeneration.¹⁻⁶

“Guided bone regeneration has proven to be predictable therapy with a wide variety of clinical applications.”¹

“Homologous bone membranes proved capable to seal the extraction socket, securing the position of the blood-clot within the socket, a prerequisite for transformation into bone.”²

“Laminar bone does not require a secondary surgical procedure for removal.”³

1. Fugazzotto PA. The use of demineralized laminar bone sheets in guided bone regeneration procedures: report of three cases. *Int J Oral Maxillofac Implants.* 11: 239-244, 1995.
2. Rosenquist B, Ahmed M. The immediate replacement of teeth by dental implants using homologous bone membranes to seal the sockets: clinical and radiographic findings. *Clin Oral Impl Res.* 11: 572-582, 2000.
3. Scott TA, Towle HJ, Assad DA, Nicoll BK. Comparison of bioabsorbable laminar bone membrane and non-resorbable ePTFE membrane in mandibular furcations. *J Periodontol.* 68: 679-686, 1997.
4. Rankow, Henry J, Krasner, Paul R. Endodontic applications of guided tissue regeneration in endodontic surgery. *Oral Health.* 86(12): 33, 1996.
5. Mundell RD, Mooney MP, Siegel MI, Losken A. Osseous guided tissue regeneration using a collagen barrier membrane. *J Oral Maxillofac Surg.* 51: 1004-1012, 1993.
6. Majzoub Z, Cordioli G, Aramouni PK, Vigolo P, Piattelli A. Guided bone regeneration using demineralized laminar bone sheets versus GTAM membranes in the treatment of implant-associated defects. A clinical and histological study. *Clin Oral Implants Res.* 10:406-414, 1999.

Oronasal Fistulas

“Cartilage provides a reliable framework for repair of oronasal fistulae in cats.”⁷

7. Cox CL, Hunt GB, Cadier MM. Repair of oronasal fistulae using auricular cartilage grafts in five cats. *Veterinary Surgery* 36: 164-169, 2007.
8. Soukup JW, Synder CJ, Gengler WR. Free auricular cartilage autograft for repair of an oronasal fistula in a dog. *J Vet Dent.* 26(2): 86-95, 2009.

Cleft Palates and Cranio-Facial Defects

“The use of barrier membranes for bone regeneration is especially beneficial in the cases of severely affected soft tissue.”⁹

“We have found that use of a collagen membrane is a useful adjunct.”¹⁰

9. Duskova M, Leamerova E, Sosna B, Gojic O. Guided tissue regeneration, barrier membranes and reconstruction of the cleft maxillary alveolus. *J Craniofac Surg.* 17(6):1153-1160. 2006.
10. Scott JK, Webb RM, Flood TR. Premaxillary osteotomy and guided tissue regeneration in secondary bone grafting in children with bilateral cleft lip and palate. *The Cleft Palate – Craniofacial Journal.* 44, 5. 2007.
11. Le BT, Woo I. Alveolar cleft repair in adults using guided bone regeneration with mineralized allograft for dental implant site development: a report of 2 cases. *J Oral Maxillofac Surg.* 67: 1716-1722, 2009.
12. Retzepi M, Donos N. Guided bone regeneration: biological principle and therapeutic applications. *Clin Oral Impl Res.* 21: 567-576, 2009.

Mandibular Canal Protection

“After implant placement, the patient experienced normal function and no mandibular symptomatology.”¹³

13. Reiser GM, Manwaring JD, Damoulis PD. Clinical significance of the structural integrity of the superior aspect of the mandibular canal. *J Periodontol.* 75(2): 322-326, 2004.