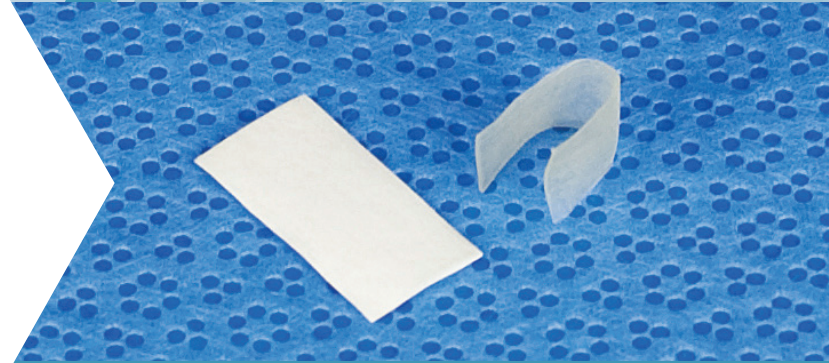


# OSSIFLEX™

## Flexible Bone Membrane



### ✓ Guided Tissue Regeneration

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

### ✓ 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

## WHAT IS OSSIFLEX?

Ossiflex is a thin, flexible sheets made of natural, biocompatible demineralized cortical bone.

## FEATURES + BENEFITS

- Avoids premature epithelial growth into areas of bone healing
- Maximizes regain of bone height
- Completely biocompatible; no removal necessary
- Easy to cut and bend to fit
- Can tack into place with mattress sutures
- Proven technology

## INDICATIONS

### ✓ Guided Tissue Regeneration <sup>1-3</sup>

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

### ✓ Oronasal Fistulas

Thin and flexible, but substantial enough to provide a strong underlayment for delicate gingival mucosal tissue.

### ✓ Cleft Palates and Cranio-Facial Defects <sup>4-6</sup>

- Ideal for closing cranio-maxillo-facial defects.
- Effective support for mucoperiosteal advancement flaps for closure of palatal defects.

### ✓ Fracture Bridging and Mandibular Canal Protection

Can contain particulate graft in bony voids and placed over open mandibular canals to protect the neurovascular bundle.

## PRODUCT INFORMATION

\*LIMITED AVAILABILITY

Size 1	1.0 x 1.0 cm	Size 3L	1.5 x 4.0 cm
Size 2	1.0 x 1.5 cm	Size 4*	2.0 x 3.0 cm
Size 3	1.5 x 2.0 cm	Size 5*	3.0 x 3.5 cm

## HOW IT WORKS

Ossiflex™ Bone membrane is the only membrane made from real bone!

Available in 5 sizes; thin enough to cut and suture, yet strong enough to resist pressure and provide an immobile substrate for bone and soft tissue regeneration.

## REFERENCES

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. 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.
3. Rankow, Henry J, Krasner, Paul R. Endodontic applications of guided tissue regeneration in endodontic surgery. *Oral Health.* 86(12): 33, 1996.
4. Duskova M, Leamerova E, Sosna B, Gojis O. Guided tissue regeneration, barrier membranes and reconstruction of the cleft maxillary alveolus. *J Craniofac Surg.* 17(6):1153-1160. 2006.
5. 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.
6. Retzepe M, Donos N. Guided bone regeneration: biological principle and therapeutic applications. *Clin Oral Impl Res.* 21: 567-576, 2009.



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The manufacturer of Osteoallograft, the veterinary world's first real bone allograft.

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## 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.<sup>1-6</sup>

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

***“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.”<sup>2</sup>***

***“Laminar bone does not require a secondary surgical procedure for removal.”<sup>3</sup>***

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.”<sup>7</sup>***

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.”<sup>9</sup>***

***“We have found that use of a collagen membrane is a useful adjunct.”<sup>10</sup>***

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.”<sup>13</sup>***

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.