

Engineered to protect hard tissue grafts and soft tissues

CHARACTERISTICS

Obtained from extra fine mesenchymal tissues (pericardium of heterologous origin) using an exclusive Tecnos® process, the dried Special membranes are completely resorbable.

Once hydrated, they become translucent and flexible, guiding the growth of epithelium and preventing its invagination: their action favors therefore an optimal regeneration of the underlying bone tissue.

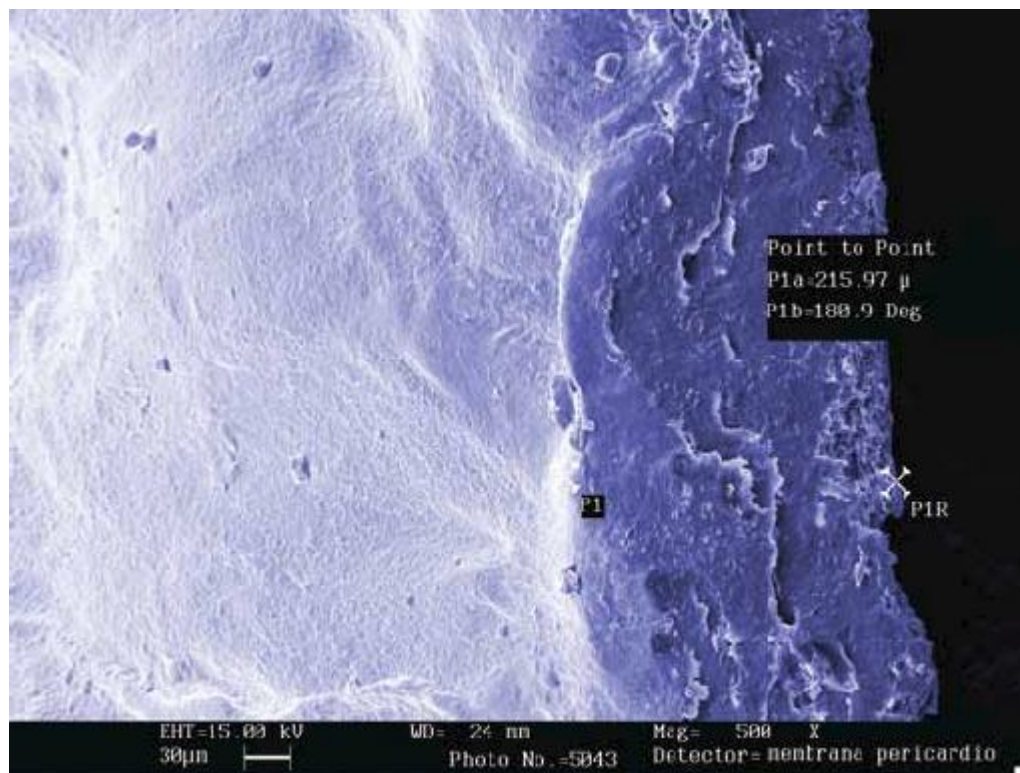
HANDLING

Membrane can be shaped with sterile scissors until the desired size is reached; it must then be rehydrated with lukewarm physiological solution. Once it acquires the desired plasticity, it must be adapted to the grafting site. It is recommended to prepare a pocket with an elevator in order to stabilize the membrane in the site after stitching the flaps. If this is not possible, the membrane can be stabilized with envelope sutures which bridle it with the gingival flaps.

CLINICAL INDICATIONS

Periodontology: the Special membrane can be used as a separator of bone and soft tissues in treatment of gingival recessions.

Implantology: protection of the sinus membrane before insertion of grafting material, closing of sinus membrane perforations, protection of grafts placed in post-extractive sockets.



SEM images of OsteoBiol® Special

Source: Courtesy of Nobil Bio Ricerche, Villafranca d'Asti, Italy



OsteoBiol® Special protecting the Schneider membrane before grafting

Source: Courtesy of Dr Donato Frattini, Legnano, Italy



Tissue of origin

Heterologous pericardium

Tissue collagen

Preserved

Physical form

Translucent dried membrane

Composition

100% pericardium

Thickness

Extra-fine: 0.2 mm

Resorption time

About 40 days

Packaging

20x20 mm, 30x30 mm

Product codes

EMO2LS | 1 Blister | 20x20 mm | Porcine

EMO2LE | 1 Blister | 20x20 mm | Equine

EMO3LS | 1 Blister | 30x30 mm | Porcine

EMO3LE | 1 Blister | 30x30 mm | Equine

Membranes and barriers

OsteoBiol® membranes and barriers

MEMBRANES

BARRIERS

Evolution

Heterologous pericardium



Dried membrane with one smooth side and one micro-rough side



Intrabony defect graft protected by OsteoBiol® Evolution
Source: Courtesy of Dr Roberto Abundo and Dr Giuseppe Corrente, Torino, Italy
For more information on OsteoBiol® Evolution see page 78

Special

Heterologous pericardium



Translucent dried membrane



OsteoBiol® Special protecting the Schneider membrane before grafting
Source: Courtesy of Dr Donato Frattini, Legnano, Italy
For more information on OsteoBiol® Special see page 92

Duo-Teck

Lyophilised equine collagen felt + bone



Dried membrane covered with micronized bone



OsteoBiol® Duo-Teck grafted
Source: Courtesy of Dr Atef Ismail Mohamed, Cairo, Egypt
For more information on OsteoBiol® Duo-Teck see page 91

Derma

Porcine derma



Dried membrane



OsteoBiol® Derma grafted in lateral sinus wall
Source: Courtesy of Dr Antonio J. Murillo Rodriguez, Eibar, Spain
For more information on OsteoBiol® Derma see page 93

Lamina

Cortical bone



Rigid dried lamina, flexible after re-hydration



OsteoBiol® Lamina for the covering of a horizontally augmented area
Source: Courtesy of Prof Dr Hannes Wächter and Dr Tobias Thalmair, Munich, Germany
For more information on OsteoBiol® Lamina see page 82

SEM image showing collagenic matrix of OsteoBiol® membranes
Source: Courtesy of Nobil BioRicerca, Villafranca d'Asti, Italy

MEMBRANES

SIZE

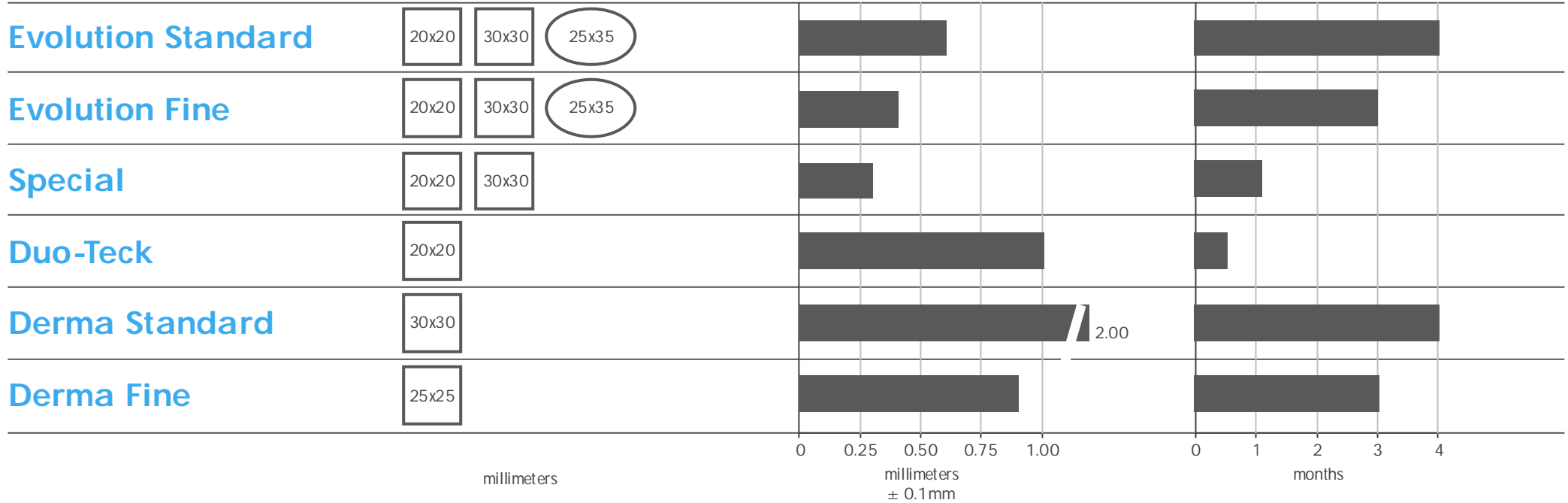
The average reported values are indicative and subject to a variability range depending on the heterologous origin of the products.

THICKNESS

The average reported values are indicative and subject to a variability range depending on the composition of the tissues of origin.

ESTIMATED RESORPTION TIME

The reported values are estimates and purely indicative: these values can therefore vary depending on the patient and grafting site.



BONE BARRIERS

SIZE

The average reported values are indicative and subject to a variability range depending on the heterologous origin of the products.

THICKNESS

The average reported values are indicative and subject to a variability range depending on the composition of the tissues of origin.

ESTIMATED RE-ENTRY TIME

The reported values are estimates and purely indicative: these values can therefore vary depending on the patient and grafting site.

