

NON RESORB

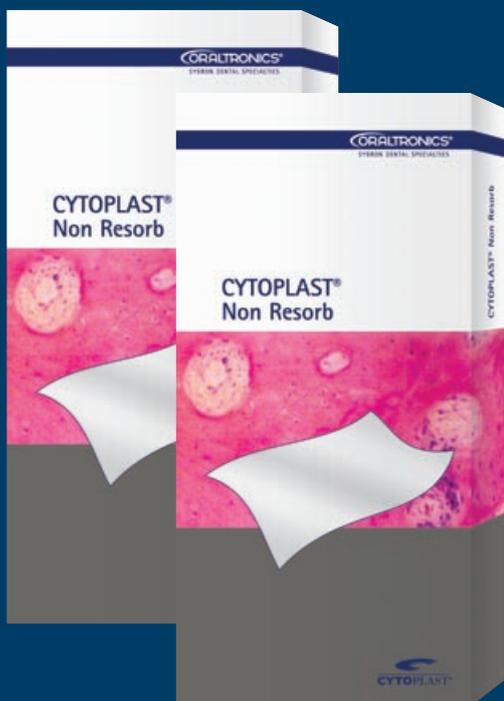
CYTOPLAST® Membrane
for the implantologist

NON RESORB

MEMBRANE



NON RESORB
CYTOPLAST® Non Resorb
Synthetic and safe



CYTOPLAST® Non Resorb

The non-resorbable membrane is indicated for large bone defects and extraction sites. A primary wound closure is not required.



The membrane

Dr. Barry Kyle Bartee



Impulses in Oral Implantology

The company Oraltronic Dental Implant Technology GmbH with headquarters in Bremen has been involved in dental implantology since 1979 and takes a leading place in research and development today. The maxime of complying with high demands for function and longevity of implants is based on a thorough selection and processing of high quality material. The same concern is devoted to augmentation techniques with membranes such as Cytoplast Non Resorb. The world-wide success of Oraltronic results from an intensive cooperation with expert engineers, prosthodontists, practicing implantologists and established scientists at institutes and

I CYTOPLAST® Non Resorb

- Large bone defects and extractions
- No primary wound closure required
- Can remain exposed
- Can be shaped in two directions
- Easy removal after 21 to 25 days, just through a small opening with a probe in one piece

CYTOPLAST® Non Resorb

The non-resorbable membrane Cytoplast Non Resorb is used primarily for large bone defects and extractions. This membrane has the advantage that due to the plastic elasticity it can

be shaped in two directions. A primary wound closure is not necessary, the membrane is used for wound coverage, the membrane can remain exposed.

universities. The membrane Cytoplast Non Resorb was developed and produced in cooperation with Dr. Barry Kyle Bartee. Dr. Bartee, medical doctor and dentist and President of the Academy of General Dentistry, South Plains Component, based these developments on his long-term practical experience as Clinical Assistant Professor as well as Founder and Member of several dental associations.

GBR and GTR using membranes

An essential precondition for long-term prognosis of an endosteal osseointegrating implant is a sufficient quantity of healthy available bone. During the past few years, techniques were developed which enable a guided bone regeneration by using membranes and/or different bone replacement materials in cases of insufficient available bone.

GBR: guided bone regeneration

GTR: guided tissue regeneration

The membrane is to fulfill two essential functions: The site of the bony defect augmented with bone replacement material should be isolated so that a proliferation of epithelial cells by the membrane area voided. The bone healing is protected and the augmented volume supported.



CYTOPLAST® Non Resorb

The non-resorbable membrane

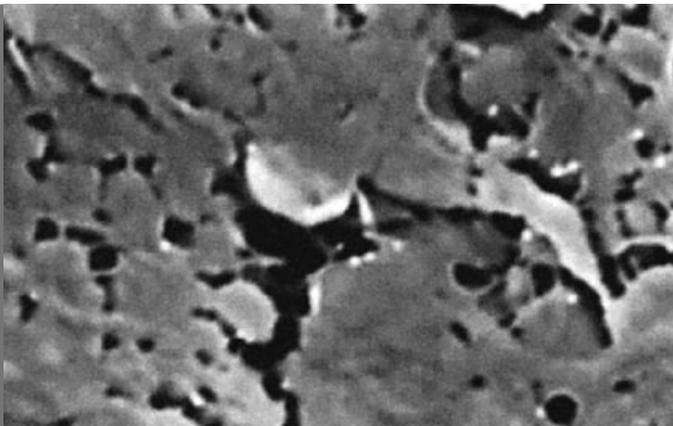
Proven membrane technology

Cytoplast Non Resorb convinces by reliable clinical results and easy handling which can be regarded as standard therapy. This non-resorbable barrier membrane has become an ideal partner in implantology and oral surgery. Cytoplast Non Resorb consists of 100 % pure PTFE (Polytetrafluoroethylene). PTFE has proven to be an absolutely bioinert and non-reactive synthetic material. PTFE is

used in the manufacture of implantable medical products and is extremely biocompatible. Cytoplast Non Resorb is very flexible and can be stretched and well adjusted and adapted. One of the advantages of this membrane is that it can remain exposed to the oral cavity, and a primary closure is not required. Also a saliva protection is not necessary as a bacterial accumulation

on the membrane does not occur. The membrane, whether completely or partially covered, can be easily removed after 21 to 25 days through a very small opening in one piece.

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Pores of less than 1.36 micron in diameter

Convincing material properties

Cytoplast Non Resorb consists of 100 % pure PTFE (Polytetrafluoroethylene). The strong fluor-carbon compound and the barrier of the carbon chain, due to strong electronegative fluor atoms, are resistant against nearly all chemical substances. There are no reactions known by which PTFE would be dissolved by body temperature so that the membrane has a

high stability against body fluids. These high bonding properties and the low polarization of the fluor atoms result in considerably lower intermolecular forces than with other polymers. This creates the basis for the anti-adhesive properties of the PTFE membrane. The homogeneity of the molecule demonstrates an extremely small allergenic potential. The Cytoplast Non Resorb surface

shows, in magnification, an even structure and linear orientation of the small porosity of less than 1.36 micron. The membrane is gas and light permeable and facilitates the distribution of the molecules over the entire surface of the membrane.

I The standard size for all cases

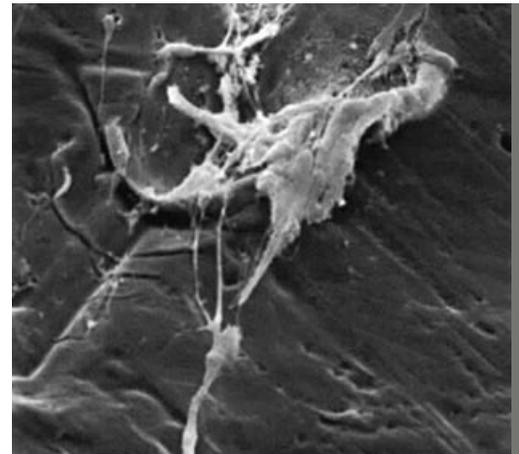
Cytoplast Non Resorb consists of completely homogeneous material. The standard size of 25 x 30 mm with a thickness of 0.2 mm can be used in one piece or in parts thereof by individual trimming, according to the wound site to be covered. There is no membrane seam so that the complete membrane size comes into use.



The easy and precise application

Cytoplast Non Resorb can be used in a multitude of indications for GTR and GBR to promote spontaneous healing and progressive regeneration. The barrier function prevents epithelial ingrowth. Bone substance in height and width is obtained, also for a later implant insertion. Cytoplast Non Resorb has proven successful in millions of clinical cases worldwide, performed by implantologists, oral surgeons, periodontists and dentists. Cytoplast Non Resorb with the ideal properties is the accompanying method of choice in implantology and oral surgery. The easy handling – just place the

membrane over the defect or augmentation site – can be regarded as a standard. The double consistency of plasticity and elasticity allows a shaping into all directions as well as trimming. The membrane can be easily adapted to the required shape which is optimal for wound coverage – if required also by manual shaping to a convex form. In the initial healing phase the membrane adheres to the wound surface and can be easily fixed without tension by simple sutures of the flaps, but without penetration of the membrane. Fixation pins which will make the removal difficult, are not necessary.



Fibroblast attached to the membrane surface

I Clinical applications

- After extraction and augmentation, no primary wound closure required
- Defect therapy
- Placeholder function for providing space for bone augmentation
- Wound coverage at immediate implant placement
- For therapy of periimplantitis
- For periodontal surgery



User reports

Bone Regeneration using the non-resorbable membrane

The Cytoplast Non Resorb membrane allows undisturbed osteoid and thus bone regeneration without epithelial and connective tissue after 3–4 weeks of subperiosteal longevity. Saliva-proof closure is not essential, as bacteria do not accumulate on the membrane. In this way, no particular soft tissue management (like periost incision etc.) is required and there is no loss of attached gingiva. The Cytoplast Non Resorb membrane is routinely used after extractions in our dental practice in order to carry out delayed immediate implantation without osseous atrophy 8–10 weeks later, to obtain better results with fixed or removable dentures, or for the skillful coverage of mouth-antrum connections.

It is extremely easy to remove these completely inert membranes. Anesthesia is not required in virtually any case because there are no clumps or adhesions occurring. Patients are accepting this slightly more time-consuming method very well and, since it is charged on a private basis, is extremely economical.

Dr. Klaas Hansen,
Dentist, Lueneburg, Germany

Statement from the University of Goettingen

We use the afore-mentioned membrane because:

- This membrane does not need to be covered completely or entirely saliva-proof to heal, thus extending the range of indications considerably.
- This membrane does not cause infections.

- The product is acceptable to patients from a financial point of view.
- We are using the product also to cover mouth-antrum connections, for GBR after tooth extractions and before implant insertions.

Furthermore, a clinical study was conducted on using this membrane for the treatment of periimplantitis.

University of Goettingen,
Germany
Department of Oral Surgery
Prof. Dr. mult. Hans G. Jacobs



The main advantage...

...as compared with other techniques is the fact that the membrane can be freely exposed to the oral cavity and does not require primary coverage. This is mainly an advantage in the anterior region where, for esthetic reasons, a plastic surgery from the vestibulum would have to be performed prior to implant placement which is

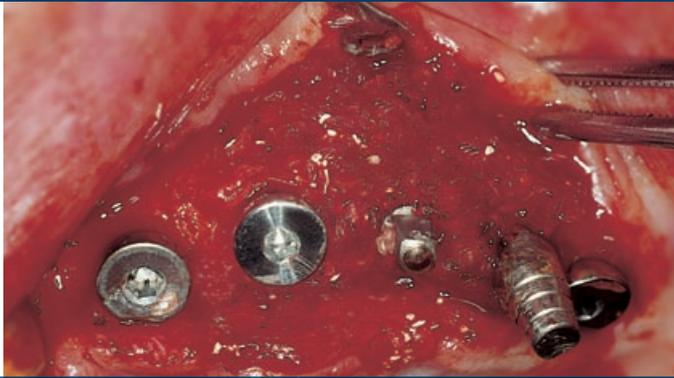
cosmetically compromised. Furthermore, another factor should not be underestimated: the membrane adapts very well to the augmented surface, there is no pin fixation required, and the membrane can be removed after approx. 3 weeks without any particular complications. For the reasons outlined above, and

based on current scientific standards, I can only recommend this membrane for dental alveolar surgery.

Dr. Dr. Bernd Kreuzer
Oral Surgeon
Aschaffenburg, Germany

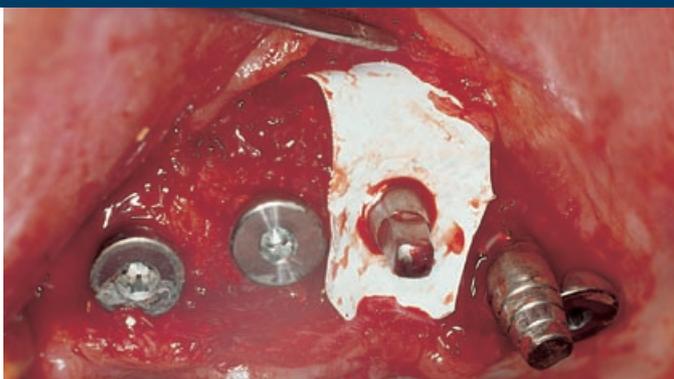
Case 1

Alveolar defect augmentation with BIORESORB® and coverage with CYTOPLAST® Non Resorb after implant insertion



Situation post-op

Pitt-Easy cylindrical screw implant and Bicortical Screw implants



Coverage of the labial alveolar bone defect with Cytoplast Non Resorb membrane at region 23



Situation after suturing and single phase insertion technique



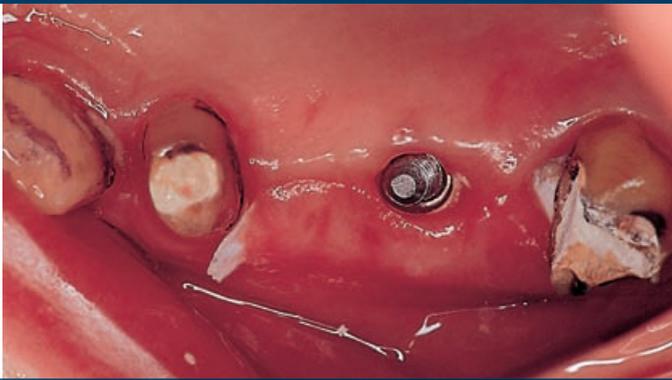
Healing status after suture removal, with gingiva formers inserted

Control X-ray after cementation of the fixed bridge from 18 to 26



Case 2

Extraction, implantation, defect augmentation with BIORESORB® and coverage with CYTOPLAST® Non Resorb



Augmentation and
membrane coverage

semi-submerged healing



Removal of the membrane
21 days post-op



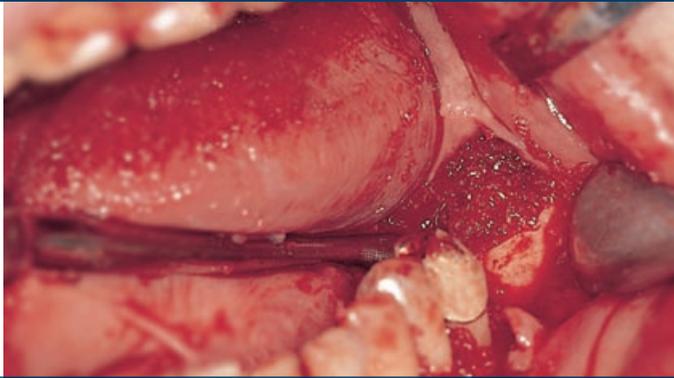
The complete membrane was
removed easily in one piece



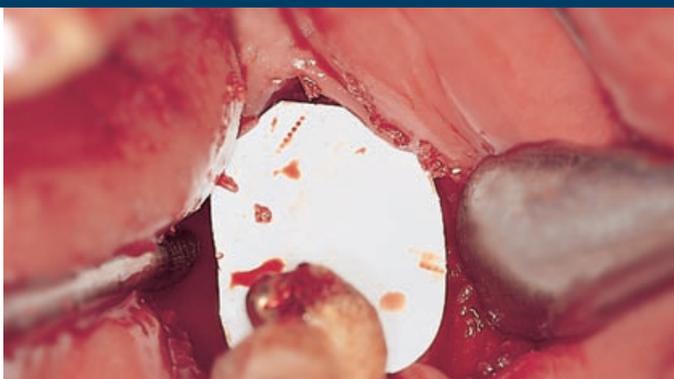
Excellent healing of the implant
and complete containment of the
augmentation volume

Case 3

Extensive coverage with CYTOPLAST® Non Resorb after extraction, cyst removal and defect augmentation with BIORESORB®, mandible



Defect augmentation after extraction and cyst removal at 36/37



Augmentation plus membrane coverage



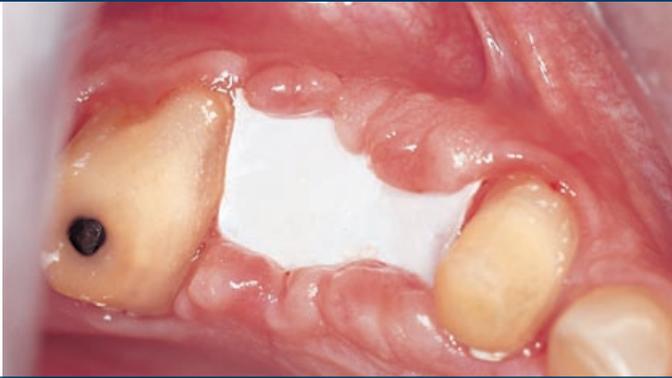
Removal of the membrane through a small remaining opening 21 days post-op



Membrane retrieved in one piece without second surgery

Case 4

**Augmentation of an extraction socket and periodontal lesion
with BIORESORB® and CYTOPLAST® Non Resorb**



Application of augmentation material and large generous coverage with membrane



Removal of the membrane 21 days post-op without second surgery



Firm osteoid structure, no loss of bone profile



Epithelial regeneration completed, excellent healing of the augmentation site

Case 5

Labial augmentation with BIORESORB® and CYTOPLAST® Non Resorb



Implant insertion and augmentation



Slight perforation of the membrane at implant post site before insertion



Healthy adaptation of the gingival tissue at the implant temporary post. Suture removal 9 days post-op. Cytoplast membrane to remain for another 12 days



Gingiva contour restored in complete harmony

CYTOPLAST® Non Resorb



Innovative products

-  PITT-EASY®
-  ENDOPORE®
-  BICORTICAL®
-  BIORESORB®
-  CYTOPLAST®

INNOVA – ORALTRONICS – ATTACHMENTS A World of Implant Solutions

The dental implant platform of Sybron Dental Specialties (SDS) brings over 85 years of combined experience in design and manufacturing of proprietary implant systems to the dental implant market.

Delivering two of the most respected, leading-edge dental implants on the market – ENDOPORE® and PITT-EASY® – we are giving you access to a world of implant solutions.

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