Comprehensive Tissue Management Treatment Solutions

Endobon® Xenograft Granules With OsseoGuard® & OsseoGuard Flex® Barrier Membranes

OsseoGuard Membrane

OsseoGuard Flex Membrane

Endobon Xenograft Granules

BIOMET 3i™
PROVIDING SOLUTIONS - ONE PATIENT AT A TIME™
Endobon® Xenograft Granules

- Bovine-derived hydroxyapatite that has been fully deproteinized by a two-step, high temperature process for safety.
- An essentially non-resorbable material that is ideally suited for regeneration of bone defects when effective space maintenance is required.
- Osseoconductive due to the interconnecting micro and macro pores for bony integration, which facilitate graft stability and vascular ingrowth.
- Packaged in easy to open dishes. Large volumes (5ml and 8ml) are individually packaged in 1ml containers for sterility.

Endobon® Xenograft Granules adhere to one another when hydrated for easy transfer to the defect.

Small Granules
- 500–1000µm particle size typically preferred for grafting smaller defects, such as in extraction sockets.

Large Granules
- 1000–2000µm particle size typically preferred for grafting large defects, such as sinus elevations because less material is needed with larger-sized particles.

Bone Graft Substitute

Endobon® Xenograft Granules Are Indicated For Dental And/Or Oral Surgical Procedures, Such As:
- Alveolar ridge augmentation/reconstruction
- Filling of bone defects after root resection, cystectomy and apicectomy
- Filling socket after tooth extraction
- Sinus elevation

SEM images of Endobon Xenograft Granules at 20x and 100x showing the micro and macro pores in the particles.


Manufacturer: BIOMET® France Sarl
OsseoGuard® Membranes

- Resorbable collagen membranes designed for optimal strength, resorption, handling and biocompatibility.
- Made of highly purified collagen from safe bovine sources.
- A unique manufacturing process provides both membranes with a long resorption profile (6–9 months); well suited for Guided Bone Regeneration (GBR) procedures.
- OsseoGuard Membranes provide a protective barrier against soft-tissue invasion of a defect space.
- Two different levels of flexibility for ease of use in various clinical scenarios.
- Ability to tack or suture if desired.
- Three sizes are supplied sterile and are in double peel pouches for different defect sizes.

OsseoGuard

- Slightly more rigid for space maintenance.
- Extraction sockets
- Coverage of sinus window and sinus membrane perforations
- Localized ridge augmentation

Indications:
- Extraction sockets
- Coverage of sinus window and sinus membrane perforations
- Localized ridge augmentation

OsseoGuard Flex

- Less extrinsic crosslinking for a higher degree of flexibility.
- Alveolar ridge reconstruction
- GBR in dehiscence defects
- GTR in periodontal defects

“The consistency and tear resistance are very good, even when wet.”

– Dr. Roberto Cocchetto, Italy

Manufacturer: Collagen Matrix, Inc., Oakland, NJ

† Dr. Roberto Cocchetto has a financial relationship with BIOMET 3i LLC resulting from speaking engagements, consulting engagements and other retained services.
The OsseoGuard Membrane is designed for optimal strength, resorption and handling.

- Made of highly purified Type I collagen, derived from bovine Achilles tendon.

This provides:

- Optimal strength to support suturing and good handling characteristics.
- A suture pull-out strength that is significantly higher than that of BioMend® due to its unique fibrillar matrix structure.¹
- A long resorption profile (6–9 months) suited for the healing time required in many GBR procedures.²

Manufacturer: Collagen Matrix, Inc., Oakland, NJ

Clinical Images Provided By: Dr. Francisco Enrile, Huelva, Spain.

OsseoGuard Flex® Membrane

Cross section of the OsseoGuard Flex Membrane at 100x magnification.

- The OsseoGuard Flex Membrane is designed for optimal strength and drapability, resorption and handling.
- Made of Type I and Type III collagen, highly purified from intact bovine dermis.

This provides:
- Optimal flexibility to drape over the defects.
- A long resorption profile (6–9 months) suited for the healing time required in many GBR procedures.¹
- The ability to aid in gingival healing even when left exposed in a posterior molar extraction site.²

Maxillary Molar Post-Extraction Defects


*Primary closure is recommended. If exposed, resorption time will be shorter.

¹Dr. del Castillo has a financial relationship with BIOMET 3i LLC resulting from speaking engagements, consulting engagements and other retained services.
Anterior Ridge Augmentation

**Fig. 1:** Extraction sockets of the four maxillary incisors and immediate implant placement.

**Fig. 2:** Grafting with Endobon® Xenograft Small Granules covered by an OsseoGuard® Resorbable Collagen Membrane.

**Fig. 3:** The soft-tissue flaps were closed and sutured.

**Fig. 4:** Clinical appearance of soft tissue showing excellent soft-tissue healing after four months.

**Fig. 5:** Clinical appearance of the regenerated site at four months after removing the remnants of the membrane.

**Fig. 6:** Occlusal view after four months.

Post-Extraction Defects in the Aesthetic Zone

**Fig. 7:** Post-extraction defects in the maxilla right central and lateral incisor area.

**Fig. 8:** Occlusal view of the extraction site defects.

**Fig. 9:** Facial view of dehiscence defects after implant placement.

**Fig. 10:** Occlusal view of implants and defects.

**Fig. 11:** Grafting with Endobon Xenograft Small Granules covered by an OsseoGuard Resorbable Collagen Membrane.

**Fig. 12:** Regeneration at four months after removing the remnants of the membrane.

Clinical Images Provided By: Dr. Xavier Vela, Barcelona, Spain

† Dr. Xavier Vela has a financial relationship with BIOMET 3i LLC resulting from speaking engagements, consulting engagements and other retained services.
Histological Study of Endobon® Xenograft Granules in Sinus Floor Augmentation

“*The Clinical and Histological Efficacy of Xenograft Granules for Maxillary Sinus Floor Augmentation*”, a study led by Dr. Myron Nevins’ at the Harvard School of Dentistry published in *The International Journal Of Periodontics & Restorative Dentistry* (2011 Jun;31(3):227-235), highlights the positive results that clinicians achieved when using Endobon Xenograft Granules in patients requiring sinus augmentation procedures prior to implant placement.

At six months postoperatively, the following observations were made:

- Bone formation at the osteotomy site ranging from 16.2% to 43.6% was observed in all patients.
- Histologic evaluation showed Endobon Xenograft Granules to be integrated and surrounded by woven bone and in close contact with the particles.
- No inflammatory cells were present and there were no signs of Xenograft resorption.
- Evidence was observed of woven bone undergoing remodeling and maturing to well-organized lamellar bone.

**Scientific References**


† These clinicians have current or past financial relationships with BIOMET LLC resulting from speaking engagements, consulting engagements and other retained services.
Ordering Information

OsseoGuard® And OsseoGuard Flex® Barrier Membranes

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<th>Size (mm)</th>
<th>OsseoGuard Membrane</th>
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Endobon® Xenograft Granules

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Want to facilitate re-growth of bone and soft tissue? Consider BIOMET 3i regenerative options.

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Global Headquarters
4555 Riverside Drive
Palm Beach Gardens, FL 33410
1-800-342-5454
Outside the U.S.: +1-561-776-6700
Fax: +1-561-776-1272
www.biomet3i.com
www.shopbiomet3i.com

BIOMET 3i
Dental Iberica S.L.
WTC Almeda Park, Ed. 1, Planta 1ª
Pl. de la Pau, s/n
08940, Cornellà de Llobregat
(Barcelona) Spain
Phone: +34-93-470-55-00
Fax: +34-93-371-78-49

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