

Puros[®] Allograft Block & Puros Allograft Cancellous Block

Changing The Concept Of Block Grafting

1. Documented Successful Bone Regeneration

- Documented graft and implant success rates^{1,3} make it a viable alternative to autogenous block grafting^{4,5}
- Multicenter data reported 91% Puros Allograft Block and 99% Tapered Screw-Vent[®] Implant survival at three years¹
- Cortico-Cancellous structure retains the remodeling capabilities of cancellous bone with the strength advantages of cortical bone needed for dimensional ridge augmentation^{1,3}



Puros Allograft Block

2. Time-Saving

- Saves time, helps to reduce pain, and can shorten the patient's rehabilitation period by eliminating the need to harvest an autogenous graft

3. Tutoplast[®] Tissue Sterilization Process

- Sterilized and preserved using the proprietary Tutoplast[®] Process, Puros Allograft Block offers a high-quality option for bone regeneration
- Retains osteoconductive properties due to the preservation of the natural bone matrix collagen and mineral composition, trabecular pattern, original porosity^{1,2,6}
- Five-year shelf life and room temperature storage



Puros Allograft Cancellous Block

A Clinically Proven Documented Solution For Restoring Volume To Severely Resorbed Ridges.^{1,3}

The Unique Tutoplast Process

Osmotic, oxidative and alkaline (if indicated) treatments break down cell walls, inactivate pathogens, and remove bacteria. Solvent dehydration allows for room-temperature storage of tissue without damaging the native tissue structure. Low-dose gamma irradiation ensures a sterility assurance level (SAL) of 10⁻⁶ of the final packaged graft.⁷

Clinical Advantages Of Puros Allograft Blocks

- Outcomes^{1,3} have been comparable to those generally reported for autogenous block grafting, but without the need for a second surgery to harvest native bone^{4,6}
- Clinical reports have documented the ability to stabilize implants 5-6 months after grafting^{1,3}

For over 40 years, a variety of Tutoplast processed tissues have been distributed in more than five million procedures.

Take A Closer Look

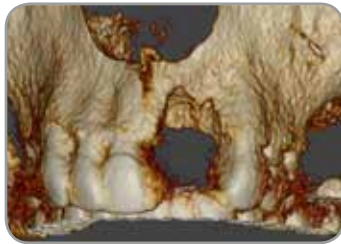


Figure A CBCT scan of initial situation.



Figure B Puros Allograft Block in place.



Figure C 9-month post-op re-entry, vascularized bone.

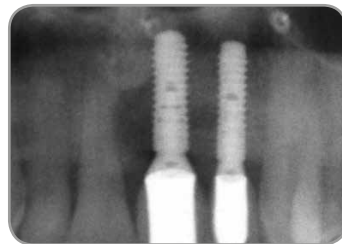


Figure D Stable bony conditions, 4 year follow-up.



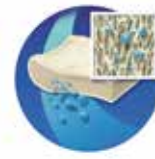
Delipidization



Osmotic treatment



Oxidative treatment



Solvent dehydration



Low-dose gamma irradiation

Clinical photos ©2011 PD Dr. Dr. Kristian Würzler. All rights reserved. Individual results may vary.

Ordering Information

Catalog Number	Description
67220	Puros Allograft Block, 15 x 10 x 9 mm
67221	Puros Allograft Block, 15 x 15 x 9 mm
67222	Puros Allograft Cancellous Block 8 x 8 x 8 mm
67223	Puros Allograft Cancellous Block 10 x 10 x 20 mm
67224	Puros Allograft Cancellous Block 10 x 20 x 20 mm

Zimmer Biomet Dental offers a comprehensive line of allografts for bone and soft-tissue augmentation needs.

- 1 Keith JD Jr, Petrunaro P, Leonetti JA, Elwell CW, Zeren KJ, Caputo C et al. Clinical and histologic evaluation of a mineralized block allograft: results from the developmental period (2001-2004). *Int J Periodontics Restorative Dent.* 2006;26:321-327.
- 2 Leonetti JA, Koup R. Localized maxillary ridge augmentation with a block allograft for dental implant placement: case reports. *Implant Dent.* 2003;12:217-226.
- 3 Keith JD Jr, Salama MA. Ridge preservation and augmentation using regenerative materials to enhance implant predictability and esthetics. *Compend Contin Educ Dent.* 2007;28:614-623.
- 4 Schwartz-Arad D, Levin L, Sigal L. Surgical success of intraoral autogenous block onlay bone grafting for alveolar ridge augmentation. *Implant Dent.* 2005 14:131-138.
- 5 Levin L, Nitzan D, Schwartz-Arad D. Success of dental implants placed in intraoral block bone grafts. *J Periodontol.* 2007;78:18-21.
- 6 von Arx T, Buser D. Horizontal ridge augmentation using autogenous block grafts and the guided bone regeneration technique with collagen membranes: a clinical study with 42 patients. *Clin Oral Impl Res.* 2006;17:359-366.
- 7 Data on file with RTI Surgical, Inc.

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