

Endobon[®] Procedural Tips

Comprehensive Treatment

Grafting with xenografts, such as Endobon Xenograft Granules, is an important part of patient treatment in implant dentistry. The following list includes recommendations for the use of Endobon Xenograft Granules to regenerate defect sites.

- Endobon Xenograft Granules are suggested for procedures such as: localized alveolar ridge augmentation including aesthetic contouring defects, small peri-implant defects and immediate implant placement defects.
- Endobon Xenograft Granules should be placed where direct contact with well vascularized bone is possible.
- Try to induce bleeding at graft sites by making small perforations with a bur where appropriate. This will assist in clot formation and graft stability.
- Endobon Xenograft Granules can be mixed with other suitable materials (utilized as a graft extender) that have a faster rate of turnover, if desired.
- For best results, mix Endobon Particles with bone marrow or autogenous cancellous bone to support the osseous integration.
- Do not overly compress Endobon Xenograft Granules in the site (pack loosely). Overcompression may leave little space for clot formation and growth of new bone through the scaffolding.
- Allow sufficient time for osseointegration. Since Endobon Xenograft Granules are essentially non-resorbable, new bone needs to grow between the particles and through the natural pores in the graft material. For new bone formation to occur, sites grafted with Endobon Xenograft Granules should be given approximately six months to heal prior to implant placement.
- Endobon Xenograft Granules serve as a scaffold for bone growth and can be used in conjunction with a barrier membrane, especially if primary closure cannot be achieved.
- For a clear view of the graft position, take a post-operative radiograph. Endobon Xenograft Granules prominently exhibit radiopacity.



Anterior Ridge Augmentation/Aesthetic Contouring With Endobon Xenograft Granules

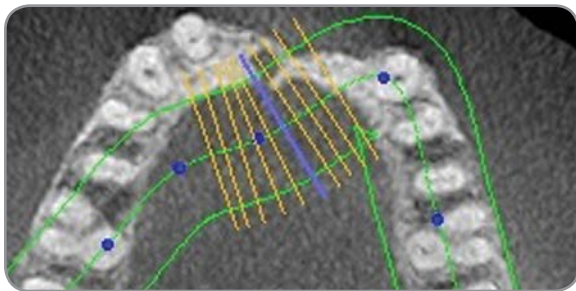
Clinical Treatment And Photographs By Dr. Michael Block†, Metairie, Louisiana



Preoperative view showing the horizontal ridge deficiency. Patient presented with a thin anterior ridge secondary to loss of teeth and bone following trauma.



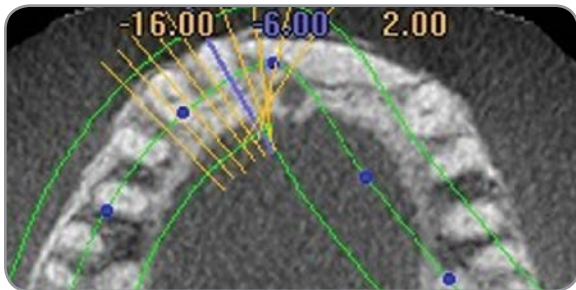
Lateral view showing the large anterior deformity. The treatment plan included at least a 6.0 mm ridge augmentation to achieve sufficient osseous structure for implant placement as well as restoration of the ridge contour.



Pre-graft axial section showing the anterior ridge defect.



The full thickness flap is raised to the nasal floor without vertical releasing incisions. The defect is grafted with Endobon Xenograft Granules combined with fibrin glue and covered with an OsseoGuard® Membrane.



Four months post-graft axial section showing the restoration of ridge form.



Four months post-graft appearance indicating sufficient ridge form for the proposed aesthetic restoration.

† Dr. Block had a financial relationship with Zimmer Biomet Dental resulting from speaking engagements, consulting engagements and other retained services.

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