

Socket Preservation Without Flap Elevation Or Primary Closure



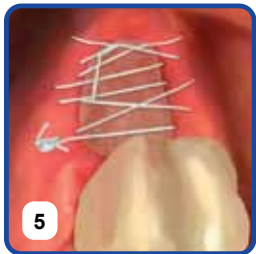
A contained extraction socket should be filled with bone graft to height of crestal walls. BioXclude should be placed on top of bone graft material with **minimal flap reflection**.

Place **dry** untrimmed 12x12 mm BioXclude using **dry** forceps. Orientation during placement does not matter. BioXclude may be placed UP or DOWN.



As BioXclude hydrates, using a blunt **wetted** instrument, tuck the membrane under the gingival margins approximately 1 mm. A second **wetted** instrument can be used to anchor the membrane while tucking under gingival margins. Drops of irrigant can speed up membrane hydration. Damp gauze can be used to help adapt BioXclude over the underlying graft while absorbing excess fluids.

Suture from **connective tissue side out** to avoid nicking the membrane. A PTFE suture is recommended for site closure due to its persistent tensile strength.



There is **no** requirement to suture through the membrane. Place two separate reverse figure eight sutures over the membrane for a molar site or one for a non-molar site.

Appearance During Healing With Non-Primary Closure



Immediate Post-Op (A)



1 Week



2 Weeks



4 Weeks

Post-Operative Guidance When Left Exposed To The Oral Environment



For the first 3 days, the patient should refrain from rinsing, sucking, and spitting. Overly aggressive rinsing with any solution during this early phase of healing can dislodge BioXclude.

Oral rinses are used to kill bacteria. To varying degrees, oral rinses adversely impact the health of gingival cells, thus slowing wound closure. Fortunately, Purion® processed amnion-chorion allograft membranes have demonstrated natural anti-microbial / anti-bacterial properties.



After 3 days, gentle rinsing with tap water may commence for the next 4-7 days. Only tap water should be used during this timeframe. At 10 days, the patient may begin using an oral rinse for plaque control.

GROWTH FACTOR • ANTI-BACTERIAL • PAIN RELIEVER • OCCLUSIVE BARRIER



GENERAL HANDLING GUIDANCE



- No need to trim BioXclude
- More BioXclude = **More Growth Factors**
- May be left exposed in situations similar to site preservation
- Orientation during placement does not matter
- Does not have to be evenly / perfectly spread out over the grafted site
- Excess BioXclude can fold onto itself
- Can be placed against dental implant collars
- Can be placed over grafted dental implants and internal fixation (plates & screws)
- **Should be placed over exposed roots**



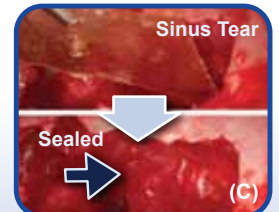
Nothing Better Around Teeth



Adapting into Root Concavity



Adhering to Implant Collar



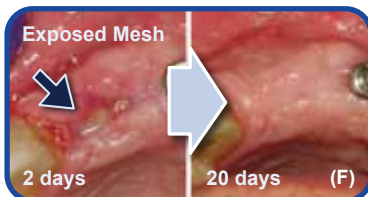
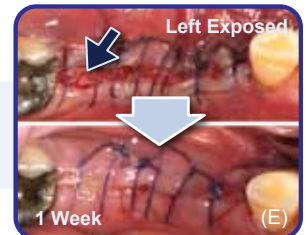
Simple, Fast, Effective Repair

- Control bleeding prior to placement
- Can be placed dry
- Can be placed after "flash hydration"
- Use **dry** instruments when handling dry BioXclude
- Use **wetted** instruments once it begins to hydrate

- Extend 3 mm over bony walls
- No sutures or tacks are required
- Naturally self-adherent once hydrated
- Use damp gauze to absorb excess fluid
- Use damp gauze / wetted blunt instrument to help adapt and adhere to the site

Adjunctive Use Of BioXclude

May be left exposed when used over collagen membranes in situations similar to ridge augmentations. Intentionally left exposed at post-op with near complete closure observed at 1 week (as shown). Do not intentionally leave BioXclude exposed when placed over non-resorbable materials.



Placement over titanium mesh allows for wound closure in the event of dehiscence. At 2 days, flap dehiscd, exposed BioXclude over mesh covered with granulation tissue at 20 days, and complete closure observed at 5 months (as shown).

Placement under secondary material helps stabilization of particulate bone grafts and minimizes micro-movement providing an optimal environment for clot formation.



Use as a safe, economical, off-the-shelf growth factor to aid with healing in any dental-oral maxillofacial surgical procedure, when placed over and / or under secondary material such as collagen membrane, connective tissue graft, dPTFE, and titanium mesh.

Commitment To Being A Great Partner

If during surgery BioXclude becomes unusable, Snoasis Medical will provide a replacement graft at no cost. This approach to business stands in line with our Core Values.



Thank You: Kris Hart, DDS (Castle Rock, CO) for helping identify and explain the Site Preservation Without Flap Elevation or Primary Closure (SPWFC) protocol. Nicholas Gadler, DDS (El Cajon, CA) for the surgical videos showing the SPWFC protocol. (A) Barton Foutz, DDS (Henderson, NV) for the case utilizing the SPWFC protocol. Clinical photos courtesy of (B) Muyeenuel Hassan, BDS, DDS, MS (Detroit, MI), (C) Dan Holtzclaw, DDS, MS (Austin, TX), (D) Daniel Cullum, DDS (Coeur D Alene, ID), (E) Hsun-Liang Chan, DDS, MS (Waterford, MI), and (F) Raymond Kimsey, DDS (Coral Gables, FL).



Monday - Friday
6:30 am - 6:00 pm (MST)
www.snoasismedical.com



t: 866.521.8247
f: 720.259.1405
e: sales@snoasismedical.com