

BioXclude® is recommended as an **adjunct** to standard, **Non-Surgical Scaling and Root Planing (ScRP)** procedures when:

- Periodontal pockets present depths of **≥5.0 mm**,
- Periodontal Pockets exhibit **Bleeding On Probing (BOP)**,
- Periodontal maintenance patients exhibit **site-specific breakdown** at check-ups, or
- Periodontal pockets **do not respond** predictably to **ScRP alone**.

BioXclude as an Adjunct to Non-Surgical ScRP Therapy:



Scaling & Root Planing

Perform standard scaling and root planning procedure. Apply gauze with pressure to decrease bleeding from treated site.



Hydrate Membrane

Pick up the dry 8 x 8 mm membrane with dry forceps and hydrate it by immersing in sterile saline or sterile water until the membrane is pliable (approximately 30 seconds).



Insert Membrane into Pocket

Wetted membrane is initially introduced to the pocket with cotton forceps, and a second instrument (e.g. probe, cord packer) is used to drive the membrane into the pocket.



Pack Membrane into Depths of Pocket

Exchange the forceps for a second instrument (e.g. probe, cord packer). Alternate one instrument to stabilize the membrane while the other instrument drives it into the pocket, continuing until the membrane is condensed to the bottom of the pocket.

Post-Operative Instructions

- No eating or drinking for 30 minutes following treatment.
- Avoid touching the treated areas.
- Wait 12 hours after treatment before brushing teeth.
- Wait 10 days before using floss, toothpicks, or other devices designed to clean between the treated teeth.
- Avoid foods that could hurt gums (popcorn, chips) for 1 week.
- Don't chew gum or eat sticky foods.



After 10 days, resume cleaning between the treated teeth on a daily basis.

PERIODONTAL POCKETS



Dodge, JR, and Rademacher, AM. (2021). **Dehydrated Human Amnion-Chorion Product as An Adjunct to Scaling and Root Planing.** *Perio & Prosthodontics*, 7(4):80.



(1) Evaluation of PD of periodontal pocket; (2) Hemostasis following scaling and root planing; (3) Hydration of BioXclude membrane; (4) Placement of BioXclude into instrumented pocket; (5) Use of probe to condense BioXclude into the apical extent of the treated site.

Patients	Sites	Initial PD (mm)		Final PD (mm)		CAL Gain (mm)		Resolution of BOP
		Mean	SD	Mean	SD	Mean	SD	
16	30	7.0	1.0	4.4	1.0	2.6*	0.9	83%#

*# ScRP + Arestin resulted in **CAL gain of 1.2 mm** and **25% reduction in BOP** when reported by Goodson et al., *J Perio* 2007; 78 (8): 1568-1579.



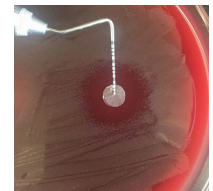
BioXclude® is the market's first **dehydrated de-epithelialized amnion-chorion allograft membrane** available for use in dental, endodontic, oral maxillofacial, and periodontal procedures.¹⁻³ Created using SNOASIS Medical's proprietary tissue processing methods, BioXclude membranes contain natural structural and **biological factors** known to play critical roles in **regulating inflammation** and **wound healing**.⁴⁻¹¹

- **Natural** – Biological membrane with dynamic structural matrices and active growth factors ⁴
- **Antibacterial** – Demonstrated efficacy against pathogenic oral bacteria ^{12,13}
- **Safe** – Non-immunogenic allograft tissue with no reported adverse immune responses
- **Backed by Science** – >50 peer-reviewed publications demonstrating its safety and efficacy
- **Proven** – Over 640,000 BioXclude membranes distributed for clinical use

Zone-of-Inhibition studies demonstrate potent antibacterial properties of BioXclude

Studies performed at the University of Colorado School of Dental Medicine Graduate Periodontics Department and the University of Texas Health Graduate Periodontics Department have shown that BioXclude has potent antibacterial properties against multiple strains of bacteria known to be relevant in periodontal disease, including *A. actinomycetemcomitans*, *P. gingivalis*, and *P. intermedia*.

→ In the experiment presented here, a small disc of BioXclude has been placed onto an agar plate that had been seeded with bacteria. The plate was then incubated to allow the bacteria to proliferate, resulting in a "fuzzy" lawn on the plate where the bacteria was able to grow. As can be observed in this experiment, no bacteria grows on or around the BioXclude disc.



1. D. Holtzclaw, R. Tofe, *J. Implant Adv. Clin. Dent.* 2, 16-37 (2017). 2. C. S. Solomon, S. G. Kim, D. Volk, M. Kellert, N. Y. *State Dent. J.* 11, 26-30 (2018). 3. S. Gulameabasse, F. Gindraux, S. Catros, J.-C. Fricain, M. Fenelon, *J. Biomed. Mater. Res. B Appl. Biomater.* 109, 1216-1229 (2021). 4. T. J. Koob et al., *A Primer on Amniotic Membrane Regenerative Healing* (MiMedx Group, Inc., 2015). 5. T. J. Koob et al., *Int. Wound J.* 10, 493-500 (2013). 6. T. J. Koob, J. J. Lim, M. Masee, N. Zabek, C. Denoziere, *J. Biomed. Mater. Res. B Appl. Biomater.* 102, 1353-1362 (2014). 7. T. J. Koob, J. J. Lim, N. Zabek, M. Masee, *J. Biomed. Mater. Res. B Appl. Biomater.* 103, 1133-1140 (2015). 8. J. Lei, L. B. Priddy, J. J. Lim, M. Masee, T. J. Koob, *Adv. Wound Care.* 6, 43-53 (2017). 9. Z. N. Maan et al., *J. Surg. Res.* 193, 953-962 (2015). 10. T. J. Koob et al., *Vasc. Cell.* 6, 10 (2014). 11. M. Masee et al., *J. Biomed. Mater. Res. B Appl. Biomater.* 104, 1495-1503 (2016). 12. H. Ashraf, K. Font, C. Powell, M. Schurr, *Int. J. Dent.* 2019, 1-7 (2019). 13. N. D. Palanker et al., *Sci. Rep.* 9, 1-11 (2019).



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