



CENTRO ODONTOIATRIA OPERATIVA Srl
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a fianco

GUIDED TISSUE REGENERATION MATERIAL SYSTEM COLLAGENE AT® - IDROSSILAPATITE AT®

Medical Device CE 0373 I.S.S.



HOME
PAGE



049 68 11 23
049 880 86 61



CONTACT
US

MANUFACTURER: CENTRO DI ODONTOIATRIA OPERATIVA S.r.l. BIOMATERIALS AND RESEARCH DIVISION

SYSTEM
COMPONENTS

WARNINGS AND
USE INSTRUCTIONS

TECHNICAL
CARDS

PHOTOGRAPHIC
SEQUENCES

OPERATING
INSTRUCTIONS

INFORMATIONS
& ORDERS

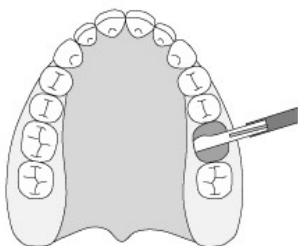
SPECIFIC INDICATIONS AND INSTRUCTIONS FOR GUIDED REGENERATION MATERIALS SYSTEM COLLAGENE AT® IDROSSILAPATITE AT®

ORAL SURGERY: FILLING OF POST-EXTRACTIVE SOCKETS

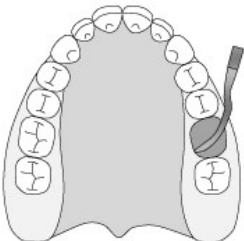
The filling of post-extractive sockets with Idrossilapatite AT® and Collagene AT® membranes prevents bone atrophy and promotes bone growth avoiding epithelial and soft connective tissue cells migration inside the socket.

The filling can be performed without slipping of flaps to close the socket; in this case the membrane is exposed and must be covered with a surgical dressing till the healing tissue growth.

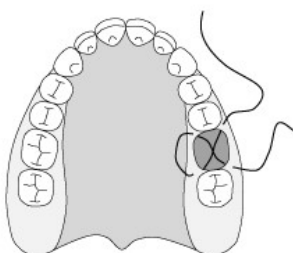
- 1) after tooth extraction, make a surgical incision with scalpel all around the alveolar ridge;



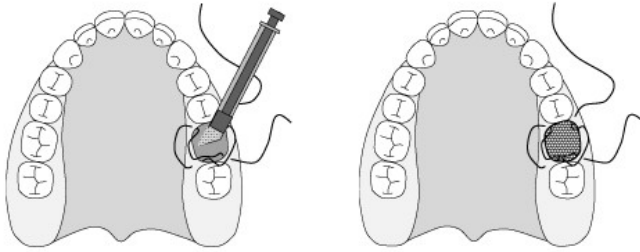
- 2) expose bone all around the socket for few millimeters;



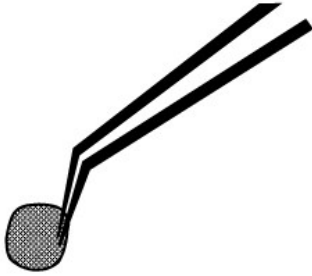
- 3) pass the sutures without tying. Use simple sutures or crossed sutures. Sutures must pass over the socket;



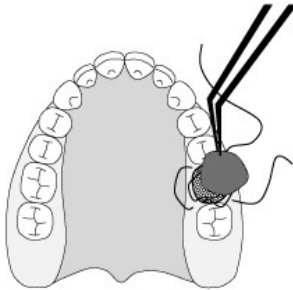
- 4) fill the socket completely with Idrossilapatite AT® and press with a dry gauzes;



5) cut a quadrangular Collagene AT[®] membrane wide enough to cover the bony socket margin for about two millimeters;



6) apply the Collagene AT[®] membrane with dental tweezers and adapt it with blunt instruments;



7) press with dry gauzes;

8) tie and complete the sutures;



9) apply a surgical dressing;



10) prescribe a pharmacological treatment and advise to avoid chewing in the operated zone till sutures removal.

11) After one week remove surgical dressing and sutures.

Warning: apply a surgical dressing again, if needed, till the healing tissue covers all the socket.

GUIDED TISSUE REGENERATION MATERIAL SYSTEM **COLLAGENE AT® - IDROSSILAPATITE AT®**

Medical Device CE 0373 I.S.S.



HOME
PAGE



049 68 11 23
049 880 86 61



CONTACT
US

MANUFACTURER: CENTRO DI ODONTOIATRIA OPERATIVA S.r.l. BIOMATERIALS AND RESEARCH DIVISION

SYSTEM
COMPONENTS

WARNINGS AND
USE INSTRUCTIONS

TECHNICAL
CARDS

PHOTOGRAPHIC
SEQUENCES

OPERATING
INSTRUCTIONS

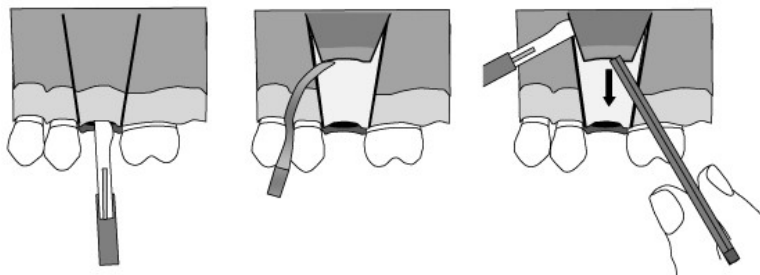
INFORMATIONS
& ORDERS

SPECIFIC INDICATIONS AND INSTRUCTIONS FOR GUIDED REGENERATION MATERIALS SYSTEM COLLAGENE AT® IDROSSILAPATITE AT®

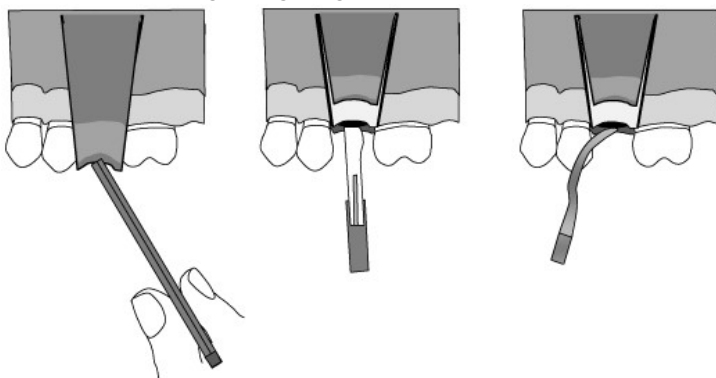
ORAL SURGERY: FILLING OF SINUS-ORAL POST-EXTRACTIVE COMMUNICATION

The application of two Collagene AT® membranes, one on the sinus side, the other in occlusal side of the socket, and the filling of the socket with Idrossilapatite AT® allows to close the sinus-oral communication.

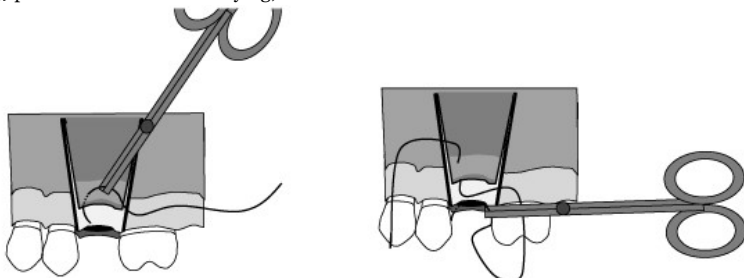
- 1) after tooth extraction and diagnosis of sinus-oral communication, make a surgical incision with scalpel all around the socket;

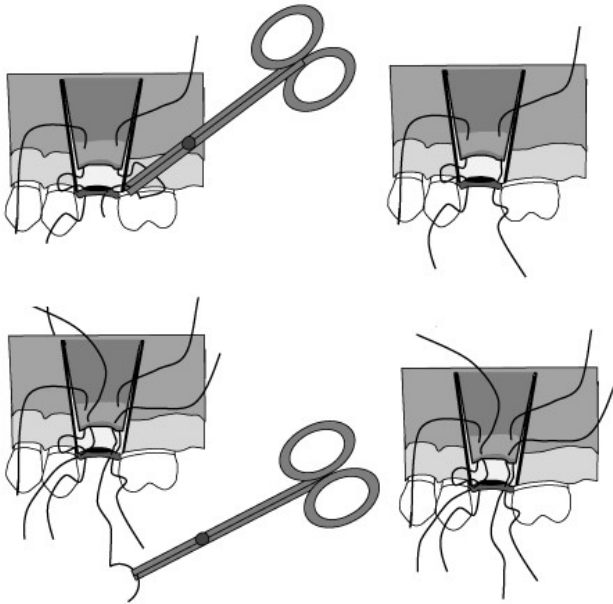


- 2) reflect buccally a full thickness mucoperiosteal flap exposing bone margin with two vertical incisions, with 20-30 degrees angle, to get a valid mobilisation;

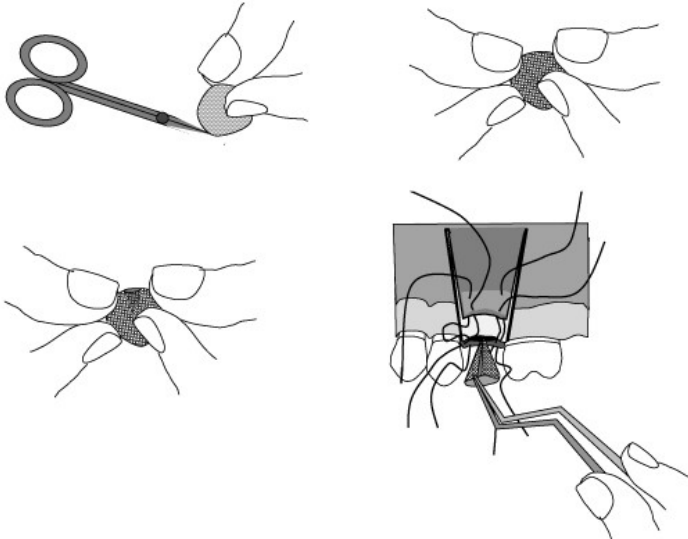


- 3) pass the sutures without tying;

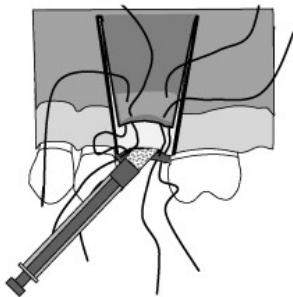




4) cut a quadrangular Collagene AT® membrane and apply it in the socket depth corresponding to the communication; the membrane must be very wide to cover the deep bone margin for many millimeters;

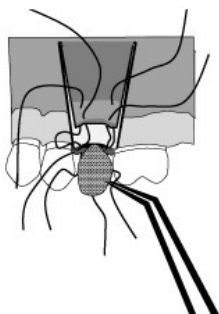


5) fill the socket completely with Idrossilapatite AT®;

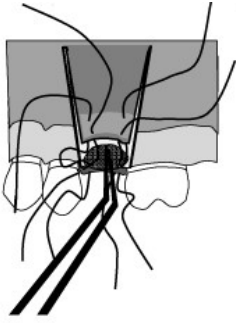


Warning: press with a gauze with moderate pressure, to avoid the hydroxylapatite displacing into the maxillary sinus.

6) cut another quadrangular Collagene AT® membrane wide enough to cover occlusal socket bone margins for about two millimeters;

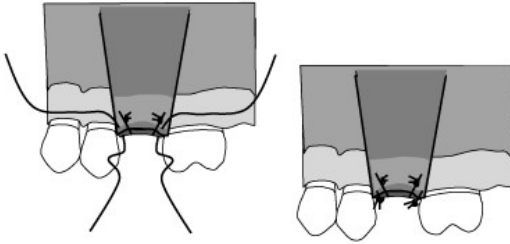


7) apply the Collagene AT® membrane with dental tweezers and adapt with blunt instruments on the occlusal socket margins;



8) press with dry gauzes;

9) tie and complete the sutures;



10) apply a surgical dressing;

11) prescribe a pharmacological treatment and advise to avoid chewing in the operated zone till sutures removal.

After one week remove surgical dressing and sutures.

Warning: if wound dehiscence occurs, apply a surgical dressing again, till the healing tissue covers all the socket.

GUIDED TISSUE REGENERATION MATERIAL SYSTEM **COLLAGENE AT® - IDROSSILAPATITE AT®**

Medical Device CE 0373 I.S.S.



HOME
PAGE



049 68 11 23
049 880 86 61



CONTACT
US

MANUFACTURER: CENTRO DI ODONTOIATRIA OPERATIVA S.r.l. BIOMATERIALS AND RESEARCH DIVISION

SYSTEM
COMPONENTS

WARNINGS AND
USE INSTRUCTIONS

TECHNICAL
CARDS

PHOTOGRAPHIC
SEQUENCES

OPERATING
INSTRUCTIONS

INFORMATIONS
& ORDERS

SPECIFIC INDICATIONS AND INSTRUCTIONS FOR GUIDED REGENERATION MATERIALS SYSTEM COLLAGENE AT® IDROSSILAPATITE AT®

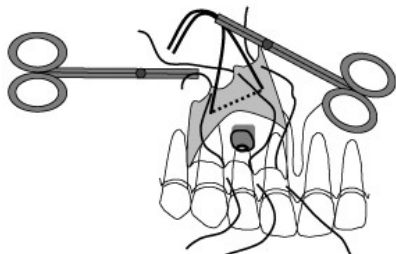
ENDODONTIC SURGERY: FILLING OF PERIAPICAL CAVITIES

The use of guided regeneration materials Idrossilapatite AT® and Collagene AT® allows new bone growth in the periapical zone without residual cavity.

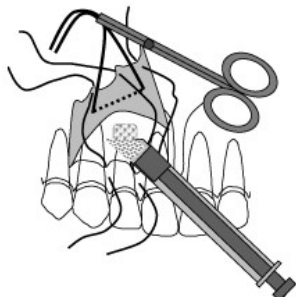
- 1) after apicectomy is performed, remove all soft tissues inside the periapical lesion;



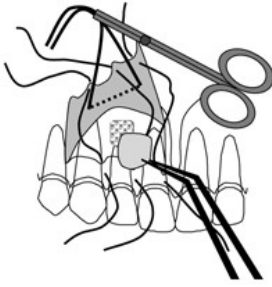
- 2) pass the sutures without tying and prepare the guided regeneration AT materials.



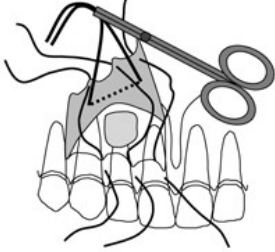
- 3) put Idrossilapatite AT® into the cavity and press with flat obturators and dry gauzes till the complete filling of the periapical cavity;



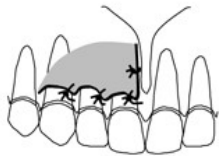
- 4) apply a Collagene AT® membrane of suitable sizes, covering the bone margins for about two millimeters;



5) adapt the membrane with blunt dry instruments and dry gauzes;



6) tie and complete the sutures so that the flap covers the membrane and the bone completely;



7) prescribe a pharmacological treatment and advise to avoid chewing in the operated zone till sutures removal.

After one week remove sutures.

Warning: if wound dehiscence occurs, let the wound heal applying a surgical dressing for protection.

GUIDED TISSUE REGENERATION MATERIAL SYSTEM **COLLAGENE AT® - IDROSSILAPATITE AT®**

Medical Device CE 0373 I.S.S.



HOME
PAGE



049 68 11 23
049 880 86 61



CONTACT
US

MANUFACTURER: CENTRO DI ODONTOIATRIA OPERATIVA S.r.l. BIOMATERIALS AND RESEARCH DIVISION

SYSTEM
COMPONENTS

WARNINGS AND
USE INSTRUCTIONS

TECHNICAL
CARDS

PHOTOGRAPHIC
SEQUENCES

OPERATING
INSTRUCTIONS

INFORMATIONS
& ORDERS

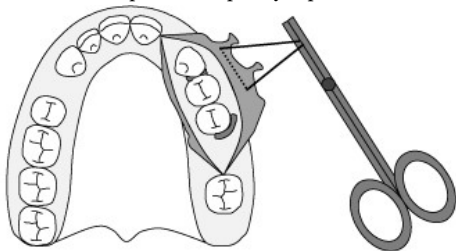
SPECIFIC INDICATIONS AND INSTRUCTIONS FOR GUIDED REGENERATION MATERIALS SYSTEM COLLAGENE AT® IDROSSILAPATITE AT®

PERIODONTAL SURGERY: GUIDED REGENERATION IN INTRABONY POCKETS

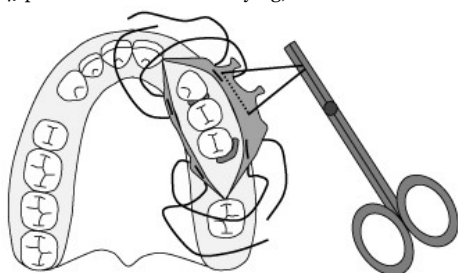
The filling of intrabony pockets with Idrossilapatite AT® and the placing of Collagene AT® membranes permits the growth of new periodontal and bone tissues, due to the barrier effect which avoids the soft epithelial and connective tissue cells migration.

Guided bone regeneration and guided periodontal tissue regeneration are as greater as deeper and narrower are the intrabony pockets.

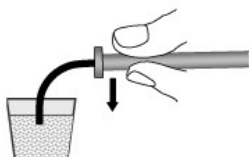
- 1) reflect the flaps and completely expose the intrabony pockets;



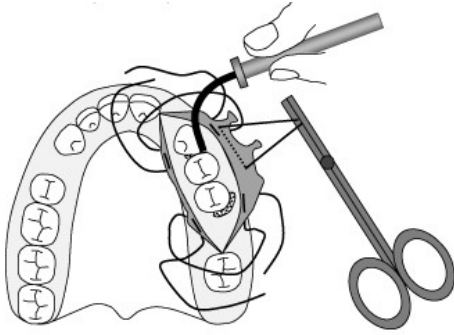
- 2) remove all the soft tissue inside the pockets;
- 3) completely clean and polish the dental walls of the pockets;
- 4) pass the sutures without tying;



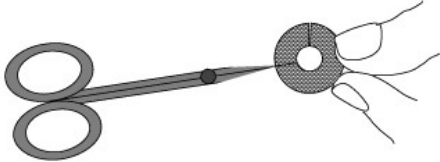
- 5) prepare Idrossilapatite AT®;



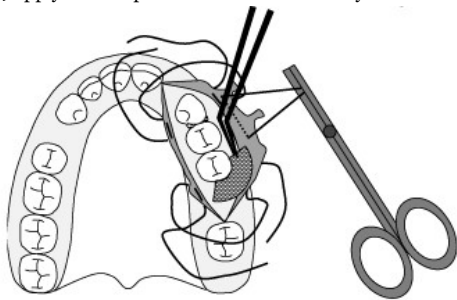
- 6) introduce the Idrossilapatite AT® pressing with a flat condenser and dry gauzes till the complete filling of the pockets;



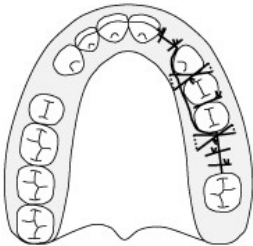
7) cut a circular Collagene AT® membrane wide enough to cover the bony and dental walls of the pockets for about two millimeters;



8) apply and adapt the membranes with dry blunt instruments and dry gauzes;



9) tie and complete the sutures. The flap must completely cover the membranes;



10) protect the surgical zone with a surgical dressing;

11) prescribe a pharmacological treatment and advise to avoid chewing in the operated zone till sutures removal.

After one week remove surgical dressing and sutures.

Warning: if wound dehiscence occurs, let wound heal applying more surgical dressings.

GUIDED TISSUE REGENERATION MATERIAL SYSTEM **COLLAGENE AT® - IDROSSILAPATITE AT®**

Medical Device CE 0373 I.S.S.



HOME
PAGE



049 68 11 23
049 880 86 61



CONTACT
US

MANUFACTURER: CENTRO DI ODONTOIATRIA OPERATIVA S.r.l. BIOMATERIALS AND RESEARCH DIVISION

SYSTEM
COMPONENTS

WARNINGS AND
USE INSTRUCTIONS

TECHNICAL
CARDS

PHOTOGRAPHIC
SEQUENCES

OPERATING
INSTRUCTIONS

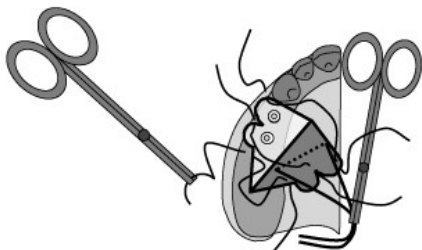
INFORMATIONS
& ORDERS

SPECIFIC INDICATIONS AND INSTRUCTIONS FOR GUIDED REGENERATION MATERIALS SYSTEM COLLAGENE AT® IDROSSILAPATITE AT®

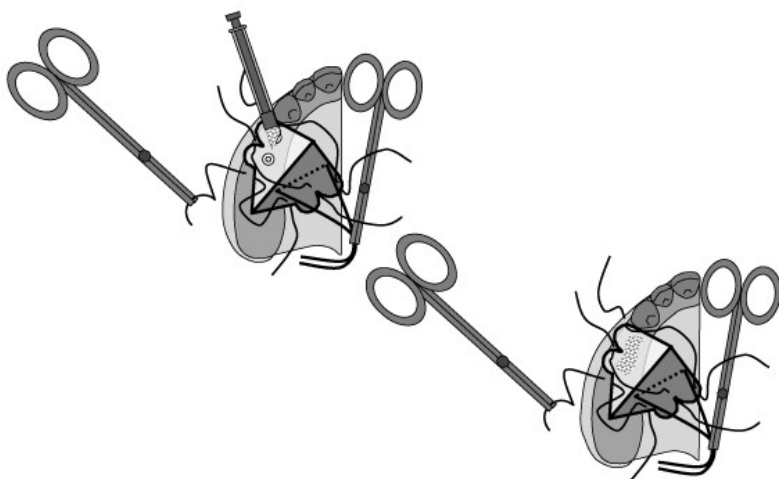
IMPLANT SURGERY: APPLICATION OF REGENERATION MATERIALS TO PREVENT POST-OPERATIVE RIDGE ATROPHY

The application of guided regeneration materials into the micro-space around and on the implants promotes osteoblasts migration in the underlying space reducing the risk of ridge atrophy after implant surgery.

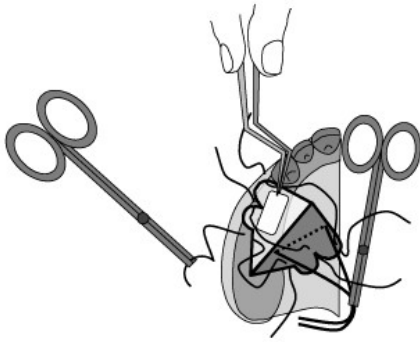
- 1) after the implants insertion, pass the sutures without tying and prepare the guided regeneration AT materials;



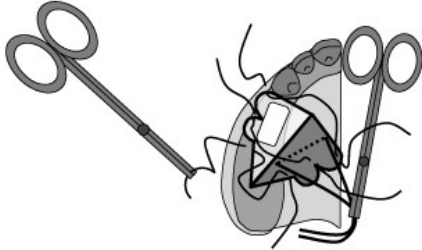
- 2) put the Idrossilapatite AT® pressing with dry gauzes to cover the implants;



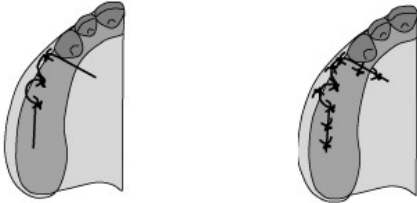
- 3) apply a Collagene AT® membrane of suitable size to cover the bone margins for about two millimeters;



4) adapt the membrane with dry blunt instruments and dry gauzes;



5) tie and complete the sutures so that the flap completely covers the membrane;



6) prescribe a pharmacological treatment and advise to avoid chewing in the operated zone till sutures removal.

After one week remove sutures.

Warning: if exposure of the guided regeneration materials AT occurs, allow delayed wound healing applying a surgical dressing.

GUIDED TISSUE REGENERATION MATERIAL SYSTEM **COLLAGENE AT® - IDROSSILAPATITE AT®**

Medical Device CE 0373 I.S.S.



HOME
PAGE



049 68 11 23
049 880 86 61



CONTACT
US

MANUFACTURER: CENTRO DI ODONTOIATRIA OPERATIVA S.r.l. BIOMATERIALS AND RESEARCH DIVISION

SYSTEM
COMPONENTS

WARNINGS AND
USE INSTRUCTIONS

TECHNICAL
CARDS

PHOTOGRAPHIC
SEQUENCES

OPERATING
INSTRUCTIONS

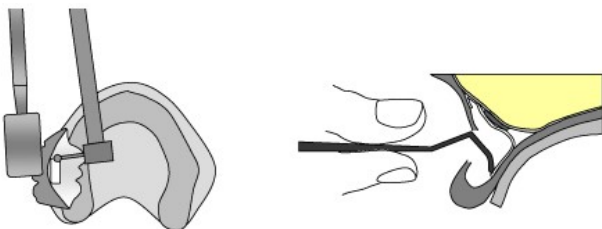
INFORMATIONS
& ORDERS

SPECIFIC INDICATIONS AND INSTRUCTIONS FOR GUIDED REGENERATION MATERIALS SYSTEM COLLAGENE AT® IDROSSILAPATITE AT®

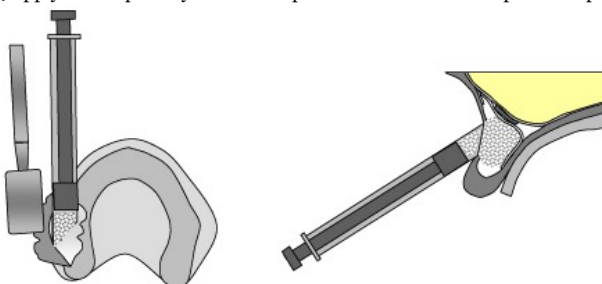
IMPLANT SURGERY: GUIDED BONE REGENERATION IN MAXILLARY SINUS LIFT

The application of guided regeneration AT materials permits new bone growth in the space obtained after maxillary sinus lift.

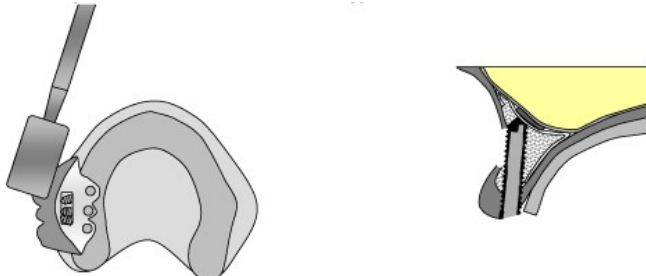
- 1) perform the bony window to reach the maxillary sinus and lift the sinus mucous membrane;



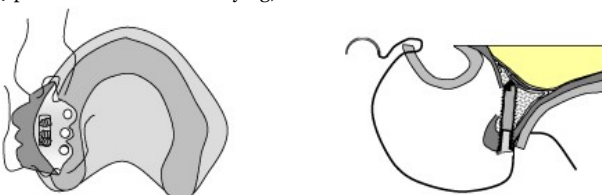
- 2) apply a first quantity of Idrossilapatite AT® in the most apical and palatal areas, gently pressing with dry gauzes;



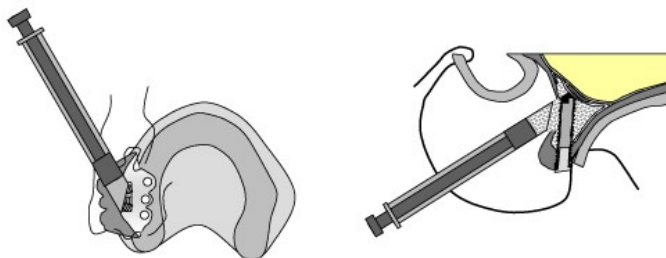
- 3) insert the implants after making the holes in the residual alveolar ridge;



- 4) pass the sutures without tying;

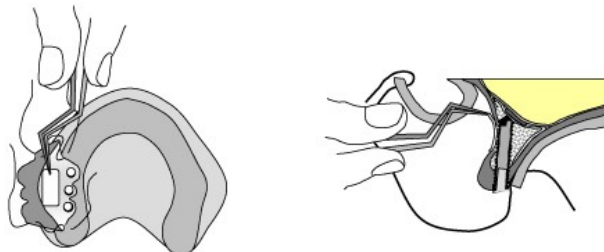


- 5) apply more Idrossilapatite AT® and compact it with dry gauzes;



6) cut a quadrangular Collagene AT[®] membrane and apply on the bony window.

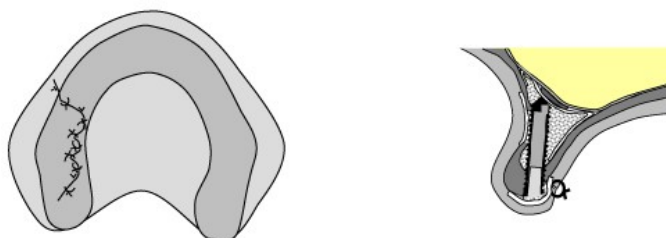
The membrane must be wide enough to cover the bony window margins for at least two millimeters;



7) apply the membrane with dental tweezers and fit it with dry blunt instruments on the bony window margins;

8) gently press the membrane with dry gauzes;

9) tie and complete the sutures;



10) prescribe a pharmacological treatment and advise to avoid chewing in the operated zone till sutures removal.

Warning: if sinus-oral communication occurs during the sinus membrane lifting, apply another Collagene AT[®] membrane covering the margins of communication for many millimeters to close the communication; insert gently and carefully Idrossilapatite AT[®] material to avoid dispersion inside of the maxillary sinus.

After one week remove sutures.

Warning: if exposure of guided regeneration AT materials occurs, allow delayed wound healing applying a surgical dressing.

