Socket grafting without primary closure is now predictable in the esthetic zone for implant placement, with Impladent's new CollaForm® Singles absorbable bovine collagen and OsteoGen® synthetic bioactive resorbable graft, which has been on the market for 26 years. OsteoGen is physicochemically and crystallographically similar to human trabecular bone.*

With the introduction of the "Tooth Extraction Kit," CollaForm Singles and OsteoGen, averaging $55 per extraction, socket preservation is cost-effective and a key principle for successful grafting restoration. CollaForm (12 mm by 20 mm by 3 mm thick) features handling advantages of being soft, non-sticky, exceptionally flexible and compressible in nature for ease of adaptability.

After tooth extraction or removal of any and all root fragments (Fig. 1A), debride and enucleate all fibrous tissue to the lamina dura (Fig. 1B). Medullary blood from the marrow works best for remodeling/modeling of new bone formation.

Perforate lamina dura anatomically correct and collect blood to mix with OsteoGen resorbable bone graft. Control bleeding.

Pack OsteoGen synthetic bioactive resorbable bone graft into the extraction site. Note that the graft is radiolucent on day of placement (Fig. 1C).

Place a CollaForm Single wound dressing over the graft and crisscross suture. Take an X-ray after grafting to compare with X-ray after six months. Depending on the defect site, patient's age or metabolism, an X-ray can be taken five or six months after surgery to show radiopaqueness as OsteoGen converts to new bone formation (Fig. 1D).

The mechanical properties of OsteoGen are less than trabecular bone and will not compromise the host bone chemically or mechanically, making it an ideal graft material for implant placement (Fig. 1E).

For more product information and promotional discounts, contact Impladent, Ltd., at (800) 526-343 or visit www.impladentltd.com.