

OSSEOGRAFT®

(DMBM-XENOGRAFT) BONE VOID FILLER

CHARACTERISTICS

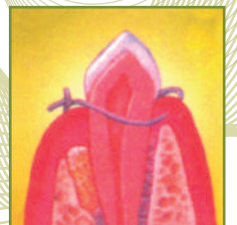
OSTEOINDUCTIVE & OSTEOCONDUCTIVE, TOTALLY RESORBABLE,
EASY TO PLACE, INHIBITS NON-OSTEOGENIC CELLS,
EASY TO HANDLE & INEXPENSIVE FOR ITS QUALITY



- ◆ The product is sterilized by ethylene oxide gas.
- ◆ Store bet. -18°C to 40°C or 0°F to 104°F.
- ◆ OSSEOGRAFT Shelf Life is 3 years.
- ◆ Available as 2 vials of 0.25 gm each.

Yet to be approved by FDA
for US distribution

 **ENCOLL**
Fremont, CA, USA



 **ENCOLL**
Enhancing life through collagen

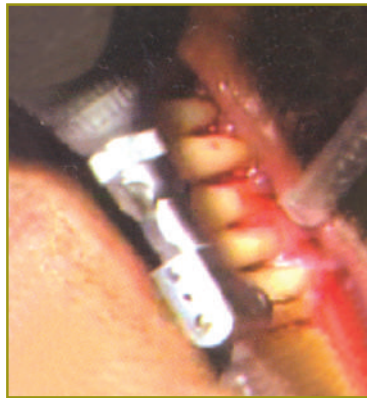
OSSEOGRAFT[®] / DMBM

BONE REGENERATION MATERIAL

High purity Type-I collagen derived from bone is essential for tissue regeneration and remodeling in any osseous defect. Osseograft / DMBM (xenograft) is one such de-mineralized bone derived Type-I collagen for bone void filling applications.

SPACE MAINTAINER:

Demineralized bone matrix (DMBM) is a traditionally used space filler for any bony defect. Osseograft is a biocompatible demineralized bone derived Type-I collagen for bone space filling purposes. It may be considered better bioactive than any mineral grafts.

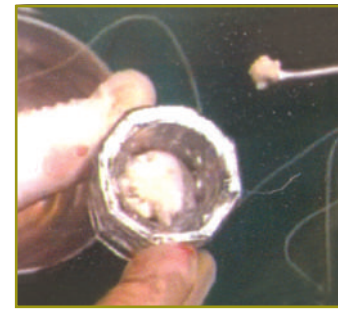


TOTALLY RESORBABLE:

Generally, the material is totally resorbed within 6-12 weeks. It is possible to modulate the resorption time to the regenerative need by changing the powder-fluid ratio.

OSTEOINDUCTIVE & OSTEOCONDUCTIVE:

The resulting material after admixing with water becomes an excellent scaffold through its 250-micron particle size and porosity for the growth of new blood vessels and Osteogenesis. New bone deposition occurs simultaneously with material resorption. The American patented technology adds better biocompatibility and bioactivity to this Osseograft.



COST-EFFECTIVE:

Many bone defects are large, and extensive amounts of material are required.

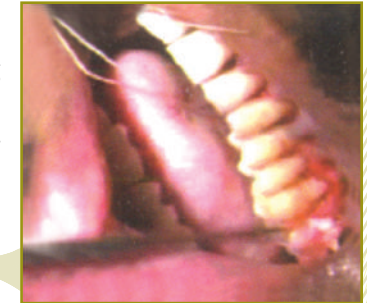
The high cost of other effective bone regenerative materials may discourage their utilization. OSSEOGRAFT/DMBM is relatively inexpensive even for large defects.

CLINICAL DATA:

The human clinical results at 4 months show a good outcome in terms of complete bone regeneration and representation of the implanted OSSEOGRAFT/DMBM. The resulting product is proven effective over any pure inorganic compounds of calcium or other mineral only graft materials.

EASE TO HANDLE AND PLACE:

Often it is difficult to shape and place bone filling materials. Irregular defect shapes often lead to the dislodgement and exposure of the regenerative material. OSSEOGRAFT/DMBM has a natural cohesiveness to form a sticky consistency and can be easily placed to accommodate to the shape.



STEP 1

Deposit the necessary quantity of the product in a sterile dish and few drops of sterile saline solution or water. Mix until the material has a pasty consistency. If excess water is added, remove the liquid by sterile gauze.



STEP 2

Small amounts of the mixture are introduced into the defect successively in portions. Each layer is then compressed gently to fill the void in the bone.



STEP 3

Position the edges of the gingival tissue and suture. No primary closure of the flap is necessary; secondary intention healing will normally produce an excellent result.

PRECAUTIONS:

Do not resterilize. Osseograft is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken. The device must be used prior to the expiration date. Discard all open Osseograft and any unused portions. Osseograft is available by medical prescription only.