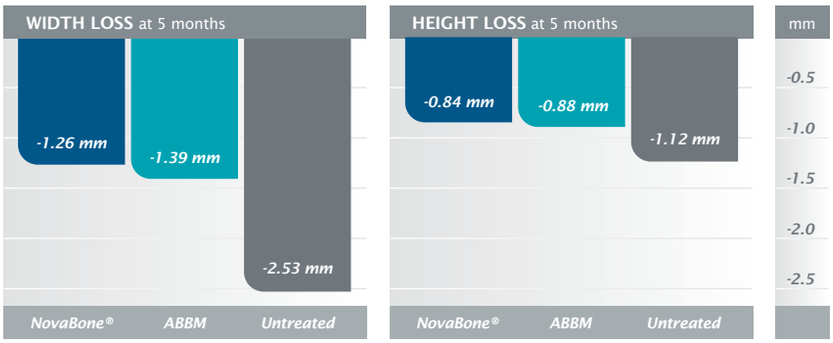
OSTEOGENICS BIOMEDICAL | NOVABONE®

NovaBone® Dental Putty – Socket Preservation

In a blinded randomized controlled trial comparing dimensional changes at 5 months following socket preservation using NovaBone® Dental Putty or anorganic bovine bone mineral (ABBM), both groups showed a statistically significant reduction in ridge width loss. NovaBone® treated sites showed comparable results to sites treated with ABBM in both width and height changes.[1]



NovaBone® Dental Putty Histomorphometry

In four separate studies, histomorphometric evaluation of cores taken from extraction sockets grafted with NovaBone® Dental Putty showed vital bone regeneration and significant graft resorption.[2,3,4,5]

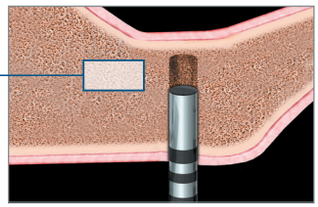
	Number of Sites	Average Re-Entry Time	Mean Vital Bone Content	Mean Residual Graft
2015 Lanka et al.[2]	*N = 10*	*4.9 months*	*47.15%*	*17.4%*
2014 Kotsakis et al.[3]	*N = 17*	*5.7 months*	*31.76%*	*11.47%*
2012 Lanka et al.[4]	*N = 20*	*4.9 months*	*49.57%*	*4.3%*
2011 Gonshor et al.[5]	*N = 22*	*5.4 months*	*48.2%*	*2.4%*

1. Kotsakis GA, et al. A randomized, blinded, controlled clinical study of particulate anorganic bovine bone mineral and calcium phosphosilicate putty bone substitutes for socket preservation. Int J Oral Maxillofac Implants. 2014 Jan–Feb;29(1):141–51. 2. Lanka M, et al. Alveolar ridge preservation with the socket–plug technique utilizing an alloplastic putty bone substitute or a particulate xenograft: a histological pilot study. J Oral Implantol. 2015 Apr;41(2):178–83. 3. Kotsakis GA, et al. Histomorphometric evaluation of a calcium–phosphosilicate putty bone substitute in extraction sockets. Int J Periodontics Restorative Dent. 2014 Mar–Apr;34(2):233–9. 4. Lanka M, et al. Socket grafting with calcium phosphosilicate alloplast putty: a histomorphometric evaluation. Compend Contin Educ Dent. 2012 Sep;33(8):e109–15. 5. Gonshor A, et al. Histologic and Clinical Evaluation of a Bioactive Calcium Phosphosilicate Bone Graft Material in Postextraction Alveolar Sockets. Int J Oral Imp and Clin Res. 2011;2(2): 79–84.

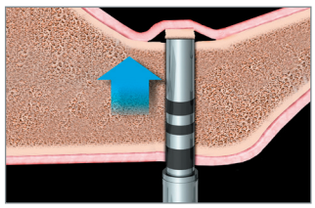
OSTEOGENICS BIOMEDICAL | NOVABONE®

Minimally Invasive Transcrestal Sinus Augmentation with NovaBone® Cartridge System

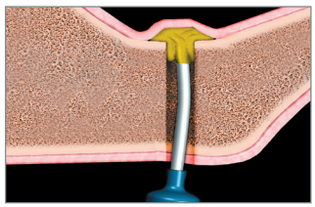
There are several ways to access the sinus via a crestal approach to elevate the sinus membrane prior to augmentation. Once access is gained to the sinus membrane, bone graft delivery into the sinus can be challenging. The NovaBone® Cartridge System simplifies the delivery of the graft into the sinus. The tip of the cartridge is 2.8 mm in diameter and is designed specifically to deliver the graft material into the sinus through a crestal approach. The putty's consistency can help prevent membrane tears, and the hydraulic pressure created when delivering the putty to the sinus elevates the sinus membrane with minimal instrumentation.



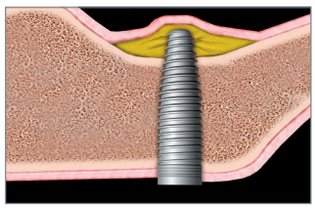
Step 1:
An osteotomy is prepared to less than 1 mm from the sinus floor.



Step 2:
An osteotome is then used to gently fracture the bone at the apex of the osteotomy.



Step 3:
The canula from the cartridge tip can be pressed against the surface of the bone and the putty can then be injected into the area resulting in membrane elevation with hydraulic pressure from the putty.



Step 4:
An implant can then be placed in the augmented area.

Applicable References

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