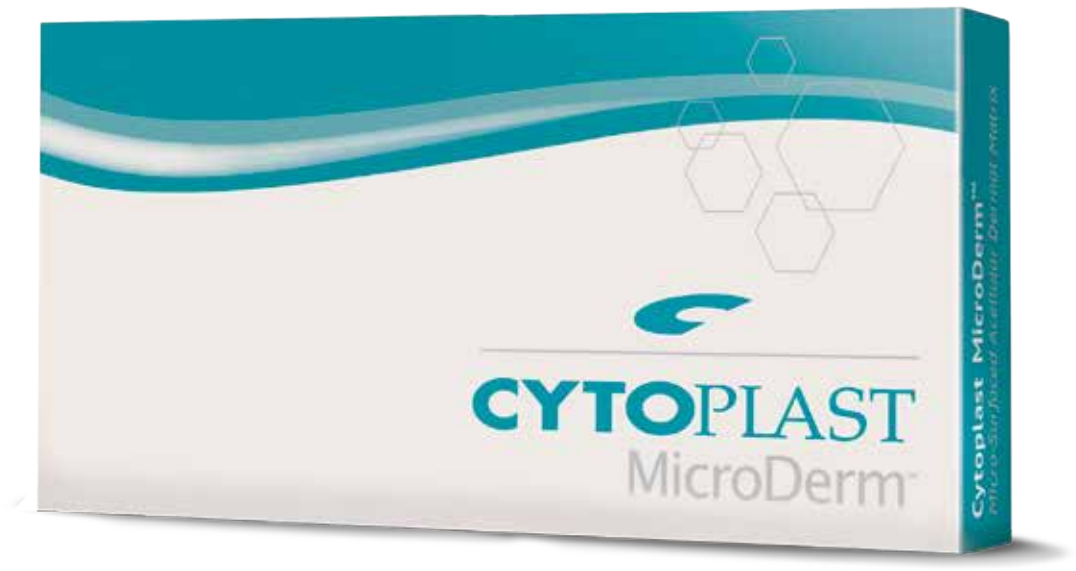
OSTEOGENICS

Now with 6X the Micro-Cuts



CYTOPLAST MicroDerm™

Acellular dermal matrix with patented surface micro-cuts

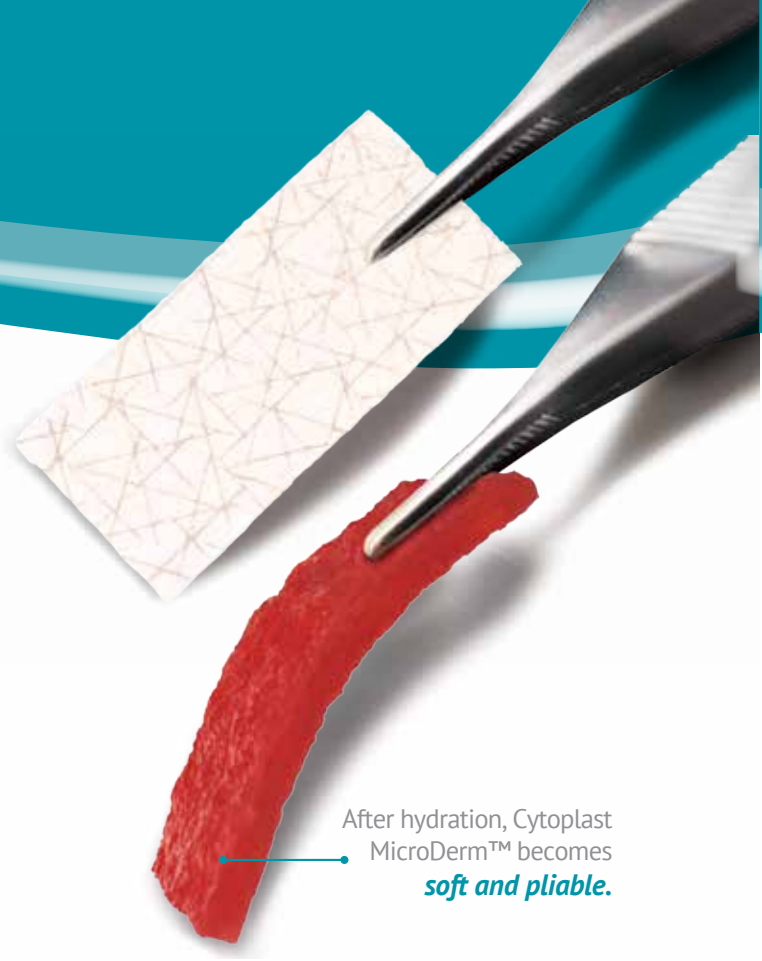


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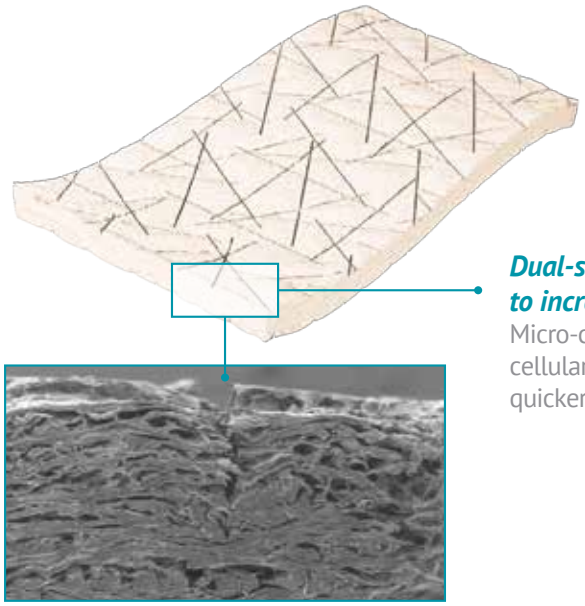
Now Enhanced with 6X the Micro-Cuts

Benefits include:

- ***Increased surface area at the graft-to-host interface[1]***
- ***Increased cellular infiltration[1]***
- ***Increased hydrophilicity of graft—hydrates in 60 seconds***
- ***Ease of trimming and suture placement***



After hydration, Cytoplast MicroDerm™ becomes ***soft and pliable.***



Dual-sided micro-cuts to increase surface area

Micro-cut channels allow for increased cellular infiltration into the graft and quicker integration with host tissue.

"The *early healing* and *soft tissue appearance* is really *where Cytoplast MicroDerm shines.* Tissue never looks this good so early on with traditional allograft."

Shaun Rotenberg, DMD, MS



1. Marinelli et al. Histologic Evaluation of Wound-Bed Preparedness Following Microsurfaced Skin Grafts for the Treatment of Deep Burn Wounds: Results from a Randomized Controlled Trial. Poster presented at 2023 AMSUS Annual Meeting; February 13, 2023; National Harbor, MD.

CASE STUDY: **Novel Microsurfaced ADM as a Predictable Alternative to the Subepithelial Connective Tissue Graft for Root Coverage Procedures**

This is a 61-year-old female who presented with 3-4 mm recession on teeth 11-12 and 20-22 with minimal attached tissue. There was no root modification, and the site was treated with Cytoplast MicroDerm™ via a vestibular tunnel access approach and sutured with Glycolon™. The patient was treated with a traditional connective tissue graft on the same teeth on the right side and stated that this was a much better experience.

Case Photos Provided by Shaun Rotenberg, DMD



1a. Pre-op



2a. Incisions



3a. Tunnel



4a. Graft



5a. Trimming graft



6a. Graft in place



7a. Sutured



8a. Two weeks post-op



9a. Four weeks post-op



10a. Ten months post-op



1b. Pre-op.



2b. Tunnel



3b. Sutured



4b. Two weeks post-op



5b. Four weeks post-op



6b. Ten months post-op

CYTOPLAST MICRODERM™ TIPS *for* TUNNELING *with* VESTIBULAR ACCESS *for* ROOT COVERAGE

Tips courtesy of ***Dr. Shaun Rotenberg***

1. *Once the recipient site has been prepared, select the most appropriate Cytoplast MicroDerm™ size (1x1 cm, 1x2 cm, 1x4 cm, 2x4 cm).*
2. *Cytoplast MicroDerm™ trims easier when it is dry; it can be trimmed with surgical scissors.*
3. *Cytoplast MicroDerm™ can be inserted into the recipient site dry or hydrated; however, it is recommended to insert it into the recipient site dry for easier manipulation.*
4. *If you hydrate Cytoplast MicroDerm™ prior to tunnel insertion, complete hydration generally takes less than 60 seconds.*
5. *Prolonged hydration over 3 minutes can affect tensile strength of the material in relation to suturing and handling.*
6. *While not required, tension sutures can be used to pull Cytoplast MicroDerm™ into the recipient pouch or tunnel.*
7. *To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing.*
8. *Once Cytoplast MicroDerm™ is in place and is stabilized, the overlying flap should be coronally advanced and secured tension-free.*
9. *Cytoplast MicroDerm™ and the flap should be secured together with single or continuous sling sutures. A monofilament suture such as Glycolon™ (absorbable) or PTFE (non-absorbable) is recommended.*
10. *Cytoplast MicroDerm™ should be completely covered by the overlying flap to achieve ideal results.*

Technical Specifications

- Acellular dermis meets or exceeds all FDA and AATB guidelines for safety
- Terminally sterilized to a SAL of 10^{-6}
- Packaged dehydrated
- No antibiotics, no rinsing
- Not side specific



Available Sizes

	Thick (1.75 +/- .25 mm)	Thin (1.25 +/- .25 mm)	
1 cm x 1 cm	CMD101TK	CMD1010	(1 per box)
1 cm x 2 cm	CMD1020TK	CMD1020	(1 per box)
1 cm x 4 cm	CMD1040TK	CMD1040	(1 per box)
1 cm x 6 cm	CMD1060TK	CMD1060	(1 per box)
2 cm x 4 cm	CMD2040TK	CMD2040	(1 per box)