OSTEOGENICS

KEYS *to* SUCCESS *with* CYTOPLAST MicroDerm™

Acellular dermal matrix with patented surface micro-cuts

> Over the last year of treating my patients with Cytoplast Microderm, I have noticed my patients reporting *less swelling, less pain, and an overall better post-op experience*. I have had *no complaints* of a bad smell or taste that would occur at times when using other allografts.

Shaun Rotenberg, Periodontist

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.*

Root Coverage on #11-12 and #20-22

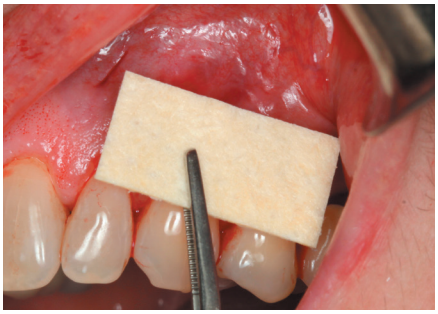
Shaun Rotenberg, DMD, MS

OSTEOGENICS
CLINICAL EDUCATION

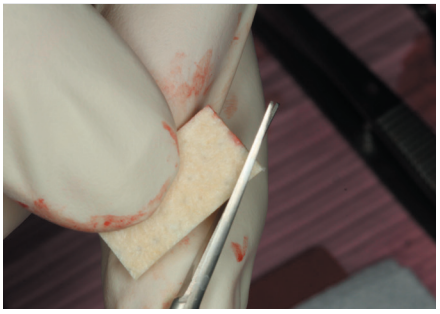
Pre-op

Incisions

Tunnel



Graft



Trimming graft

Graft in place

Sutured

Two weeks post-op

CASE 1A: Teeth #11-12

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.

Pre-operative root planning is performed using curettes or ultrasonic instrumentation in order to remove the bacterial biofilm and smear layer. In order to create the ideal recipient site, a subperiosteal pouch (single tooth) or tunnel (multiple teeth) is created by introducing a micro periosteal elevator through the sulcus after incisions using a surgical blade or knife. The recipient site should extend laterally to include all teeth to be treated and apically, past the mucogingival junction. In situations with limited access to instrumentation, a vestibular access incision can be made to reduce the risk of flap damage and to aid in flap elevation. Recipient site preparation should continue until the overlying flap can be coronally advanced at least 1-2mm past the cemento-enamel junction of all teeth planned to be treated.

Once the recipient site has been prepared, Cytoplast™ Microderm should be trimmed dry. Cytoplast™ Microderm can be inserted into the recipient site dry or hydrated; however, hydration time should not exceed more than 60 seconds. Tension sutures can be used to pull Cytoplast™ Microderm into the recipient pouch or tunnel. To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing. Once Cytoplast™ Microderm is in place and stabilized, coronally advance the overlying flap with sling sutures using Glycolon™ or PTFE. The graft material should be completely covered by the overlying flap to achieve ideal results.

CASE 1B: Teeth #20-22

This is a 61-year-old female who presented with 3-4 mm recession on teeth 11-12 and

Four weeks post-op

Nine weeks post-op

Pre-op

Tunnel

Sutured

Two weeks post-op

Four weeks post-op

Nine weeks post-op

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.

Pre-operative root planning is performed using curettes or ultrasonic instrumentation in order to remove the bacterial biofilm and smear layer. In order to create the ideal recipient site, a subperiosteal pouch (single tooth) or tunnel (multiple teeth) is created by introducing a micro periosteal elevator through the sulcus after incisions using a surgical blade or knife. The recipient site should extend laterally to include all teeth to be treated and apically, past the mucogingival junction. In situations with limited access to instrumentation, a vestibular access incision can be made to reduce the risk of flap damage and to aid in flap elevation. Recipient site preparation should continue until the overlying flap can be coronally advanced at least 1-2mm past the cemento-enamel junction of all teeth planned to be treated.

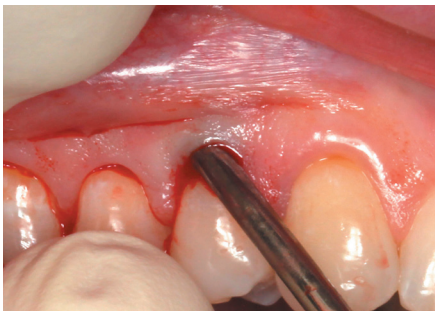
Once the recipient site has been prepared, Cytoplast™ Microderm should be trimmed dry. Cytoplast™ Microderm can be inserted into the recipient site dry or hydrated; however, hydration time should not exceed more than 60 seconds. Tension sutures can be used to pull Cytoplast™ Microderm into the recipient pouch or tunnel. To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing. Once Cytoplast™ Microderm is in place and stabilized, coronally advance the overlying flap with sling sutures using Glycolon™ or PTFE. The graft material should be completely covered by the overlying flap to achieve ideal results.

Root Coverage on #5

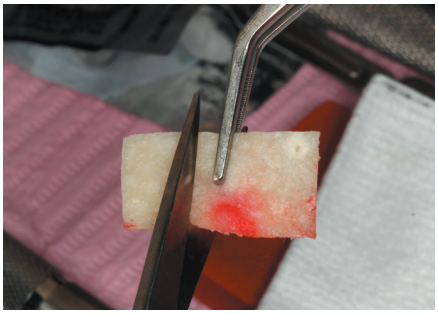
Shaun Rotenberg, DMD, MS

OSTEOGENICS
CLINICAL EDUCATION

Pre-op

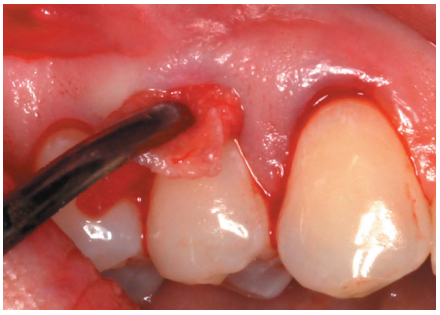


Pouch



Trimming graft

Graft in place



Placing graft

Sutured

Two weeks post-op

Seven months post-op

Tooth #5

This is a 38-year-old female with a 3 mm recession on #5 with a high esthetic demand. There was no root modification. Treated with a 1x2 cm Cytoplast MicroDerm with a pouch technique. Sutured with 5.0 Vicryl. Patient was treated with a traditional allograft 10 years prior and stated that she had a much better experience with Cytoplast MicroDerm with less swelling and less discomfort.

Pre-operative root planning is performed using curettes or ultrasonic instrumentation in order to remove the bacterial biofilm and smear layer. In order to create the ideal recipient site, a subperiosteal pouch (single tooth) or tunnel (multiple teeth) is created by introducing a micro periosteal elevator through the sulcus after incisions using a surgical blade or knife. The recipient site should extend laterally to include all teeth to be treated and apically, past the mucogingival junction. In situations with limited access to instrumentation, a vestibular access incision can be made to reduce the risk of flap damage and to aid in flap elevation. Recipient site preparation should continue until the overlying flap can be coronally advanced at least 1-2mm past the cemento-enamel junction of all teeth planned to be treated.

Once the recipient site has been prepared, Cytoplast™ Microderm should be trimmed dry. Cytoplast™ Microderm can be inserted into the recipient site dry or hydrated; however, hydration time should not exceed more than 60 seconds. Tension sutures can be used to pull Cytoplast™ Microderm into the recipient pouch or tunnel. To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing. Once Cytoplast™ Microderm is in place and stabilized, coronally advance the overlying flap with sling sutures using Glycolon™ or PTFE. The graft material should be completely covered by the overlying flap to achieve ideal results.

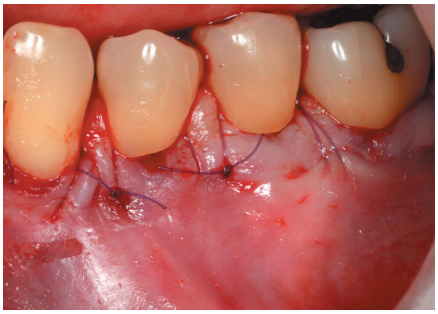
Root Coverage on #19-22

Shaun Rotenberg, DMD, MS

OSTEOGENICS
CLINICAL EDUCATION

Pre-op

Tunnel



Sutured

Two weeks post-op

Four weeks post-op

Eight weeks post-op

Teeth #19-22

This is a 56-year-old male with recession ranging 3-4 mm with minimal attached tissue on #19-22. A class V composite was removed on buccal #22 prior to procedure. There was no root modification. Treated with a 1x4 cm Cytoplast MicroDerm via a vestibular access tunnel approach. Sutured with 5.0 Glycolon sling sutures.

Pre-operative root planning is performed using curettes or ultrasonic instrumentation in order to remove the bacterial biofilm and smear layer. In order to create the ideal recipient site, a subperiosteal pouch (single tooth) or tunnel (multiple teeth) is created by introducing a micro periosteal elevator through the sulcus after incisions using a surgical blade or knife. The recipient site should extend laterally to include all teeth to be treated and apically, past the mucogingival junction. In situations with limited access to instrumentation, a vestibular access incision can be made to reduce the risk of flap damage and to aid in flap elevation. Recipient site preparation should continue until the overlying flap can be coronally advanced at least 1-2mm past the cemento-enamel junction of all teeth planned to be treated.

Once the recipient site has been prepared, Cytoplast™ Microderm should be trimmed dry. Cytoplast™ Microderm can be inserted into the recipient site dry or hydrated; however, hydration time should not exceed more than 60 seconds. Tension sutures can be used to pull Cytoplast™ Microderm into the recipient pouch or tunnel. To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing. Once Cytoplast™ Microderm is in place and stabilized, coronally advance the overlying flap with sling sutures using Glycolon™ or PTFE. The graft material should be completely covered by the overlying flap to achieve ideal results.

WATCH DR. ROTENBERG'S WEBINAR

For over 25 years, Acellular Dermal Matrices (ADM) have been used as an alternative to autogenous tissue in Periodontal Plastic Surgery. While widely used in both medicine and dentistry, there has been little enhancement to the material to improve healing and reduce complications. The purpose of this webinar is to demonstrate the improved outcomes and handling of a novel micro-surfaced ADM; Cytoplast Microderm™. The webinar will also demonstrate advanced recipient site preparation utilizing modified vestibular access tunneling techniques.

Upon the conclusion of this webinar, participants will be able to:

- *Understand the unique characteristics of Cytoplast Microderm™ and the advantages over traditional smooth surfaced allografts.*
- *Explain the handling, preparation, and use of the material.*
- *Describe advanced recipient site preparation techniques to maximize outcomes via a modified vestibular access tunnel.*

TECHNICAL SPECS

- *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

Thickness = 1.2 mm +/-0.2 mm

1 cm x 1 cm

| **CMD1010** (1 per box)

1 cm x 2 cm

| **CMD1020** (1 per box)

1 cm x 4 cm

| **CMD1040** (1 per box)

2 cm x 4 cm

| **CMD2040** (1 per box)

> I started using MicroDerm not long after it was released, and *my results have been phenomenal*. Compared to alternatives, *the post-operative healing experience is a breeze* for the patient and *my outcomes have been equally impressive*. I have not yet seen any of the common adverse events frequently seen following allograft procedures. I am excited to finally be able to offer allografting as a treatment of choice instead of historically using it as a compromised alternative.
>
> *Chad R. Matthews, Periodontist*