

TIPS and TECHNIQUES for TUNNELING SUCCESS

Courtesy of **Dr. Shaun Rotenberg**

- Once the recipient site has been prepared, select the most appropriate Cytoplast MicroDerm™ size (1x1 cm, 1x2 cm, 1x4 cm, 2x4 cm).
- Cytoplast MicroDerm™ trims easier when it is dry; it can be trimmed with surgical scissors.
- 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.
- If you hydrate Cytoplast MicroDerm™ prior to tunnel insertion, complete hydration generally takes less than 60 seconds.
- Prolonged hydration over 3 minutes can affect tensile strength of the material in relation to suturing and handling.
- While not required, 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 is stabilized, the overlying flap should be coronally advanced and secured tension-free.
- Cytoplast MicroDerm™ should be completely covered by the overlying flap to achieve ideal results.



“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*

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)
2 cm x 4 cm	
CMD2040TK	CMD2040 (1 per box)



CYTOPLAST

MicroDerm™

SURGICAL PROTOCOL

1. *Pre-operative root planning is performed using curettes or ultrasonic instrumentation in order to remove the bacterial biofilm and smear layer. Once complete, the recipient site can then be prepared as a subperiosteal pouch (single tooth) or tunnel (multiple teeth).*
2. *A vestibular access incision is made as an access for instrumentation and for graft insertion in order to limit damage to the gingival margin while creating the recipient site.*
3. *The recipient site should extend laterally to include all teeth to be treated and apically, past the mucogingival junction.*
4. *To finalize the recipient site preparation, a micro periosteal elevator is inserted through the sulci of the teeth to be treated until communication with the subperiosteal tunnel is made. At that time, the overlying flap should be able to be coronally advanced 1–2 mm coronal to the CEJ.*
5. *Once the appropriate size Cytoplast Microderm has been selected, the material 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.*
6. *To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing.*



CYTOPLAST

MicroDerm™

SURGICAL PROTOCOL

7. *In order to secure Cytoplast Microderm, coronally advance the overlying flap with sling sutures using Resorba® Glycolon™. The sutures should pass through both the graft and the flap for added stabilization. Ideally, little to no graft material should be left exposed.*
8. *The needle should pass through the overlying flap and graft and under the interproximal contact point until it reaches the lingual aspect of the tooth. The needle is then passed under the contact on the opposite side of the tooth so that it can be retrieved on the buccal.*
9. *The needle then engages the overlying flap and graft once more and is reintroduced to the lingual under the interproximal contact.*
10. *The needle is then passed under the contact on the initial side of the tooth so that the suture knot is located on the buccal.*
11. *The sling suture should be used to coronally advance both the flap and the graft in a tension-free manner allowing for coverage at least 0.5 mm coronal to the CEJ.*
12. *Each tooth included in the flap should receive its own sling suture. Finally, the vestibular access incision is closed using interrupted sutures.*
13. *The patient should return for a post-operative visit approximately 2 weeks following the procedure.*

