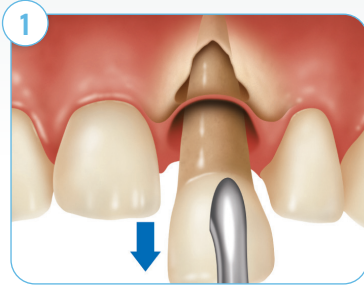


Socket Repair Membrane

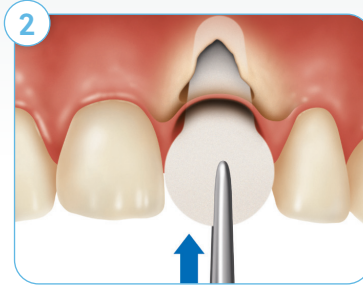
Technique for Facial Plate Defects

Atraumatically Extract Tooth Using a Flapless Technique



1 Prepare the bone graft material according to the Instructions for Use. Utilizing an atraumatic, flapless technique, carefully extract the tooth and completely debride the socket.

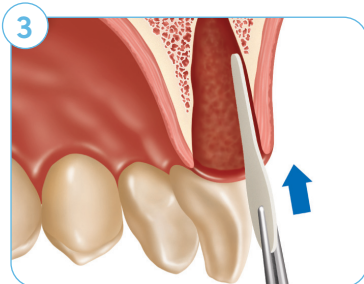
Shape and Prepare Membrane



2 Remove the Socket Repair Membrane from the packaging. Insert the small end of the pre-cut membrane into the socket, ensuring that it extends over the facial defect both laterally and apically. Establish how much of the membrane's large end will be needed to fold

closely over the top of the socket to facilitate closure after grafting. Remove the membrane and trim as needed.

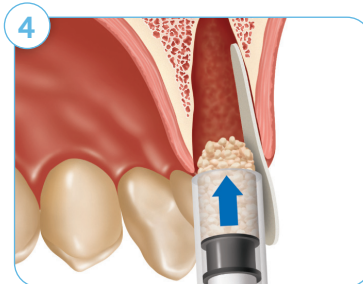
Line Facial Defect With Membrane



3 Insert the small end of the membrane into the socket and against the facial tissue.

Caution: To help maintain blood supply to the remaining facial plate, do not lift the periosteum off the bone.

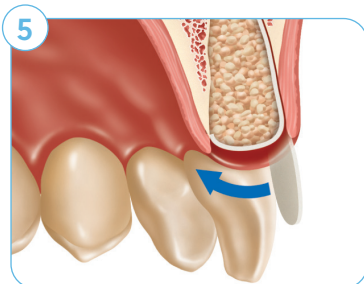
Augment Socket With Bone Graft Material



4 Augment the socket with graft material using a sterile syringe or sterile applicator. To fill the syringe, pull back on the plunger and gently press its tip into the hydrated graft material. Repeat until the plunger is filled. After placing bone graft material into socket, firmly compress

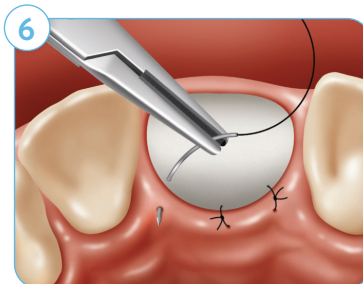
with a sterile instrument. This will prevent voids at the apex of the socket and push the facial tissue labially for better ridge shape.

Close Socket With Membrane



5 Gently close the socket by folding the membrane over the bone graft material until the membrane approximates with the palatal/lingual tissue. The membrane should be stable due to the graft material pressing it against the facial plate.

Suture Membrane to Soft Tissue



6 Place at least 2 to 3 interrupted 5-0 absorbable sutures to secure the membrane to the palatal/lingual tissue.

Note: Typically, no sutures on the labial/buccal aspect are needed since the membrane will be held by pressure of the graft material.

Note: This guide is for educational use only.

See directions for use for additional information on this product.

Socket Repair Membrane

Technique for Facial Plate Defects

The Socket Repair Membrane is designed to assist wound healing in alveolar facial plate repair and residual ridge preservation following atraumatic, flapless, single-root tooth extraction.

- Socket grafting can help to preserve bone volume for implant placement and improve aesthetic results.¹
- The socket repair procedure is a flapless technique designed to preserve natural soft tissue architecture and vascularity.²
- Guided bone regeneration is performed inside the socket by lining the defect with the bioabsorbable collagen membrane prior to filling with bone graft material.² The membrane is designed to stabilize the graft material and block fibrous tissue ingrowth.²
- An external extension of the membrane is folded over the top of the socket and sutured to the palatal/lingual soft tissue to help contain the graft material² and aid in stabilizing the clot for healing.³
- As with any socket grafting procedure, minor loss of coronal graft particles may normally occur until soft tissue healing provides complete coverage.²
- Membrane is usually completely resorbed 26-38 weeks following surgery.*

Suggested surgical components for this procedure:

1. Socket Repair Membrane
2. Bone graft material from ZimVie Dental (e.g. Puros® Particulate or RegenerOss® Resorbable Xenograft)
3. 1 cc open-bore syringe or sterile applicator to deliver the bone graft material
4. Tissue forceps
5. Scissors to trim membrane
6. 5-0 absorbable suture

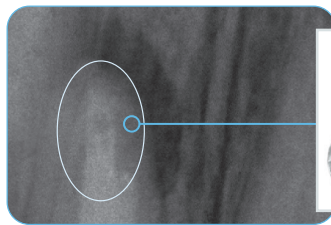
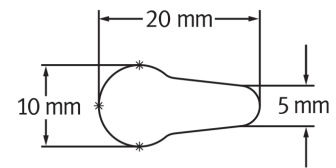


Figure 1 Periapical pathology caused loss of buccal plate of bone.

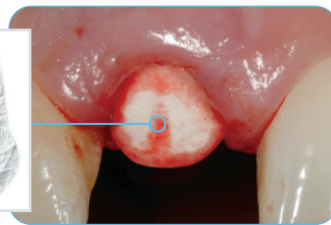


Figure 2 Membrane placed in socket.

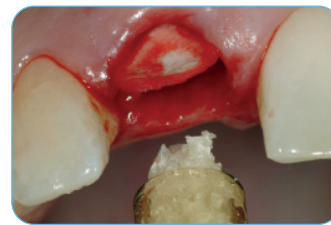


Figure 3 Puros Particulate delivered into socket.



Figure 4 Membrane sutured in place.



Figure 5 Tissue healing at two weeks.



Figure 6 Final aesthetic result.

Clinical photos ©2010 Dennis Tarnow, DDS, and Richard Smith, DDS. All rights reserved Individual results may vary. *When not exposed the resorption rate is 26-38 weeks; if left exposed, resorption time is shorter.

Ordering Information:

Socket Repair Membrane
Catalog Number 0154

References

1. Sclar AG. Ridge preservation for optimum esthetics and function: the "Bio-Col" technique. Postgraduate Dentistry. 1999;6:3-11.
2. Elian N, Cho SC, Froum S, Smith RB, Tarnow DP. A simplified socket classification and repair technique. Pract Proced Aesthet Dent. 2007;19:99-104,quiz 106.
3. Bunyaratavej P, Wang HL. Collagen membranes: a review. J Periodontol. 2001; 72:215-229.

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