

Surgical Guidelines

The goal of grafting is to regenerate sufficient bone to support the dental implant in the long term. The following guidelines have been used successfully by Professor Dr. Peter Fairbairn, London, UK, for over 13 years. It is recommended that you read the following publication before using ethoss®: "Protocol for Bone Augmentation With Simultaneous Early Implant Placement: A Retrospective Multi-Centre Clinical Study"*.

Pre-Surgery:

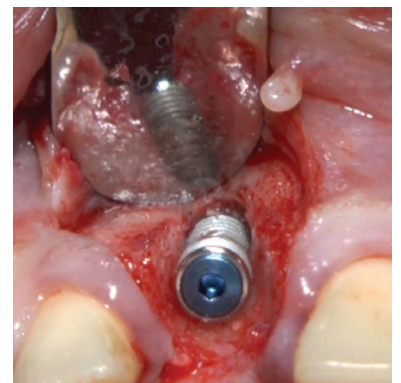
1. Tooth extraction should be performed atraumatically to preserve host bone.
2. By leaving the site for 3 weeks, the soft tissue is given sufficient time to heal.

Site preparation:

1. A papillae preserving flap should be raised so that all of the proposed defect/ implant site can be seen.
2. Great care should be taken to remove all granulation tissue. This is a very important step since it ensures that the graft is in contact with bone.
3. At this stage, the implant can be placed, ensuring primary stability. Alternatively, if it is preferred, the site can be grafted and the implant placed at a later date (12 weeks is normally suitable)

Preparing ethoss®:

1. As per the instructions for use, draw back the plunger to the 1cc mark for 0.5cc packs, or 2cc mark for 1cc packs. Before removing the end cap, hold the syringe horizontal and tap it to remove any compaction that might have occurred in transit or storage.
2. Hold the syringe vertically and remove the end cap.
3. Fill with sterile saline, replace the cap and tap or shake the syringe for 10 seconds until the fluid has soaked into the powder.
4. Remove the end cap, place a slightly damp (with sterile saline) gauze over the end of the syringe and express any excess fluid**.
5. Your ethoss® is now ready to use.



Surgical Guidelines (cont.)

Applying ethoss®:

1. ethoss® can either be syringed directly into the site or into a bowl and applied using a sterile instrument of your choice.
2. The material will start to become firm after 1 minute so it should be placed into the site quickly.
3. Once in the site ethoss® can be shaped as required using either a slightly damp (with sterile saline) gauze and finger pressure, or an instrument of your choice.
4. Do not overfill the site.
5. ethoss® is hydrophilic so will readily settle into the defect even in a bloody site.
6. An important step is to apply a slightly damp (with sterile saline) gauze to the graft for at least 3 minutes. Patience at this stage produces a consistent result.
7. ethoss® has a built in membrane (Calcium Sulphate) so no further membrane is necessary.
8. Once ethoss® becomes firm and you feel resistance from the graft you are clear to being suturing.
9. Full and, importantly, passive soft tissue closure is required. Monofilament sutures are preferred.

Post-Surgery:

1. When using ethoss®, there are no special post-surgical requirements that would not be followed with any other graft material. Our preference is to instruct the patient to use blue®m products post-surgery in order to reduce the likelihood of infection and ensure good tissue healing.
2. Implant can be placed or restored after a 12 weeks healing phase.

Sound clinical judgement should be used at all times.

* International Journal of Dentistry, 2015, Article ID 589135.

** It has been found that a dry mix is preferential when filling buccal defects. This is achieved by pressing the plunger harder when expressing the excess fluid into the gauze. It has also been found that a wetter mix is preferable when using ethoss® in extraction sites. This allows the ethoss® to flow better. A wetter mix is achieved by using only light pressure when expressing the excess fluid into the gauze. A visual aid showing how the dry and wet mixes should look as shown in the video on our website (www.ethoss.co/how-to-use).

