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Because one option is not enough.

## botiss Jason® fleece COLLAGENIC HEMOSTATIC SPONGE



# botiss Jason® fleece

The formation of a stable coagulum is of great importance for the regeneration of fresh extraction sockets, but also for wound healing; this can be supported by the use of the botiss Jason® fleece.

*«The native and open-pore structure of botiss Jason® fleece ideally supports haemostasis by stabilization of the blood clot. After integration of these very easy-to-use products in the maxillofacial surgery department of the St. Lukas hospital in Solingen, we could effectively reduce the incidence of postoperative bleeding complications after tooth extraction in patients with compromised hemostasis.»*



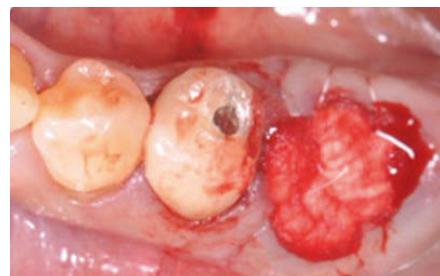
**Dr. med. dent. Robin Edel,**  
specialist for oral- and  
maxillofacial surgery,  
Praxis Dr. Wegerhoff &  
Edel, Remscheid/Germany

## FEATURES AND BENEFITS

Native collagen (type I) with a highly efficient local hemostatic effect	Supports the formation of the blood coagulum and helps to stabilize smaller oral wounds or biopsy harvesting sites.  Minimizes the risk of secondary bleeding.
botiss Jason® fleece is pH neutral (pH 7.56 in aqueous media)	Increases local tolerability and counts to the excellent biocompatibility.
Resorption within approx. 2-4 weeks	Optimal for wound protection. Avoids the penetration of food particles and saliva into the wound site.
Easy handling	Can easily be cut to the desired shape.

## PROPERTIES

Attribute	Description
Origin	Porcine dermis
Composition	Collagen type I
Thickness	~ 2 mm
Degradation time	2-4 weeks; will be completely resorbed
Product behavior	Collagenic hemostatic sponge. Supports the formation of the blood coagulum and helps to control bleeding.
Storage temperature	Room temperature (< 24 °C)
Shelf life	5 years



Courtesy of Prof Massimo Frosecchi, Florence/Italy

## APPLICATION AND HANDLING

### Shaping

Cut the Jason® fleece to the required size with a pair of scissors before application onto the wound or insertion into the wound. Should greater amounts of fleece be required for hemostasis, remove the excess material before closing the wound. Avoid over-packing the wound with collagen.

### Fixation

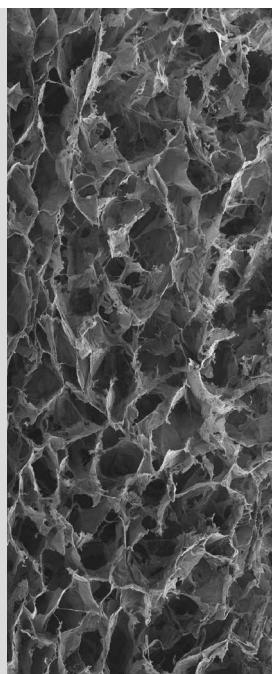
Fixation of the Jason® fleece by sutures or pins is not possible, but also not required. After shaping, press the fleece carefully onto the wound site with a clamp or a pair of tweezers until the fibrin ensures adhesion of the fleece to the wound site. Indirect fixation by cross- or holding sutures could help to keep the fleece in place when applied in extraction sockets or soft tissue harvesting sites.

### Exposure

In case of dehiscence, the wound heals without complications by granulation tissue formation and free contraction. Jason® fleece may be applied on top of a barrier membrane in unstable soft tissue situations, or for protection of the wound healing area if a wound dehiscence is expected to occur (soaked with antibiotics, where applicable).

### Rehydration

Generally, Jason® fleece is applied dry because soaking or moistening the collagen sponge prior to implantation may impair its hemostatic properties. Jason® fleece soaks up blood rapidly at the defect site.



### Recommended for

Jason® fleece is a hemostatic agent that can be applied for arterial and diffuse seeping bleedings, especially in situations in which the application of conventional hemorrhage agents is challenging and time-consuming.

Implantology, periodontology, oral and craniomaxillofacial (CMF) surgery

- Minor oral wounds
- Biopsy sites
- Soft tissue harvesting site
- Bone block harvesting sites
- Extraction sockets

### Available in the following sizes

Code	Description	Product
BO-690412	20x20 mm, 12 ea./box	botiss Jason® fleece



For further information please contact  
your local representative

## REFERENCES

Zirk et al. Prevention of post-operative bleeding in hemostatic compromised patients using native porcine collagen fleeces-retrospective study of a consecutive case series. *Oral Maxillofac Surg.* 2016. [Epub ahead of print] <http://www.ncbi.nlm.nih.gov/pubmed/27139018>

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