MAKE A DIFFERENCE
IN MORE INDICATIONS

Health Canada approves Straumann Emdogain for the combined use with bone graft materials*
Combine the trusted regenerative properties of Straumann® Emdogain™ with the soft tissue stability provided by a bone graft material (autograft, allograft, bone derived xenograft, β-Tricalcium phosphate, or bioactive glass) in wide defects or when additional soft tissue support is desired.

A clinical decision tree to facilitate the treatment of periodontal osseous defects has been established by Froum et al.1

The clinical decision tree recommends that Emdogain should be used in periodontal osseous defects to promote the regeneration of the tissues in the periodontium. The addition of other materials is based on defect dimensions and the need to have additional support during the healing period.

Substantial evidence to support clinical use and long-term results

In a recent systematic review by Trombelli et al., worldwide published data on clinical outcomes with “bioactive” agents (as defined by the authors) alone or in combination with bone grafts can be effectively used to treat intrabony and furcation defects and that the clinical results appear to be stable long-term. In addition, among the evaluated “bioactive” agents such as PDGF, PRP, P-15, Emdogain has by far the most substantial published evidence for its use in intrabony defects either alone or in combination with bone grafts.2

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1 Review included 1,497 English articles on clinically-tested “bioactive” agents used in periodontal therapy, published in or before December 2007, including descriptive studies, randomized controlled trials and systematic reviews. Review was conducted using the MEDLINE database and the Cochrane Oral Health Group Specialist Register, with a combination of MESH terms and keywords designed to identify all pertinent articles on the subject.
CLINICAL PROCEDURE FOR THE USE OF EMDOGAIN WITH BONE GRAFT MATERIALS

Materials evaluated with Straumann® Emdogain™ include autograft, allograft, bone derived xenograft, β-Tricalcium phosphate, and bioactive glass.

1. Pre-operative care
Treat acute periodontitis and provide patient with oral hygiene instruction 1-3 months before surgery.

2. Surgery
Make intra-crevicular incisions. If appropriate, make one or two vertical releasing incisions extending out into the alveolar mucosa. Raise full-thickness (mucoperiosteal) flaps on the buccal and palatal/lingual surfaces of the teeth.

3. Calculus removal
Only remove the granulation tissue adherent to the alveolar bone and any associated osseous defects necessary to provide full access and visibility to the root surfaces. Remove subgingival plaque and calculus.

4. Smear layer removal
Cleanse the root surface with Straumann® PrefGel® for 2 minutes. Rinse thoroughly with sterile saline. Avoid contamination of the conditioned root surface with saliva or blood after the final rinse.

5. Application
Immediately apply Straumann Emdogain onto the exposed root surfaces, starting at the apical most bone level.

6. Application
Use remaining Straumann Emdogain to moisten the bone graft material (or the medium recommended by the bone graft manufacturer).

7. Application
Apply the Straumann Emdogain/bone graft material mixture in small increments to fill the defect to the highest level of bone loss before closing the flap.

8. Closure
Complete coverage of the interproximal area and optimal soft tissue adaptation. Suture materials appropriate for extended stable closure are preferred.


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