

Straumann® Emdogain®
More than regeneration.
Peace of mind.



Tooth Preservation with Straumann Emdogain

Periodontitis is associated with a loss of tooth-supporting tissues which is irreversible and the main reason for tooth loss if left untreated. **Straumann® Emdogain®** is the gold standard when it comes to the regeneration of lost periodontal tissues in a safe and predictable way. Long-term clinical studies have demonstrated that Emdogain can effectively help save teeth and revert gingival recessions.^{11,15,16}

Furthermore it initiates and promotes periodontal tissue regeneration that leads to the esthetic outcome your patient desires.

5–15% OF POPULATION SUFFERS FROM SEVERE PERIODONTITIS THAT MAY LEAD TO TOOTH LOSS^{1,2}

Periodontitis treatment involves controlling the causative bacteria and inflammation, as well as subsequent regeneration of the lost periodontal hard and soft tissues in order to regain tooth attachment.

Guided regeneration

Straumann Emdogain supports the predictable regeneration of the lost periodontal hard and soft tissue caused by periodontitis, helping to save and preserve the tooth.³

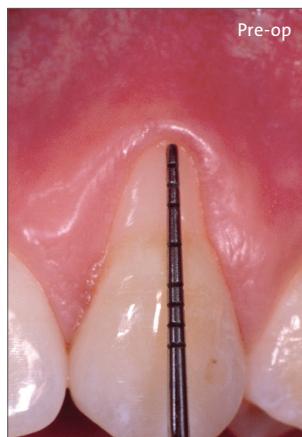
Applying Straumann Emdogain to the cleaned root surface of the periodontally diseased tooth helps to regenerate the periodontium, which includes the cementum, periodontal ligament and alveolar bone.^{4–8}

Regenerative surgery with Straumann Emdogain



Emdogain with periodontal surgery.

Courtesy of Prof. Carlos E. Nemcovsky, Tel-Aviv University



Emdogain in combination with a Coronally Advanced Flap (CAF).



Courtesy of Prof. Zucchelli, Bologna University



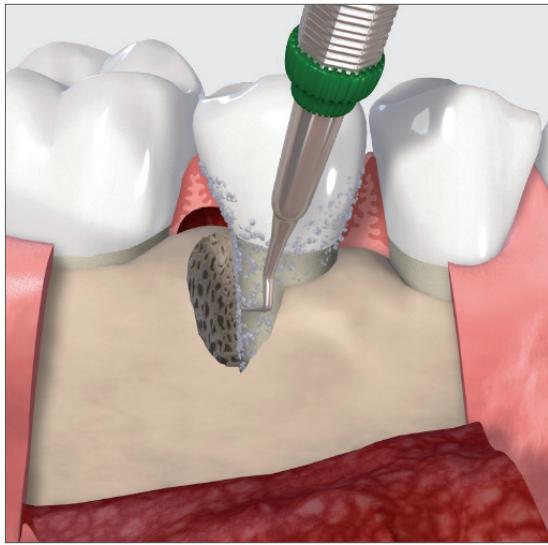
“Emdogain® is a really unique protein mixture. It influences a number of different cells and a number of different processes.”

DR. DAVID COCHRAN

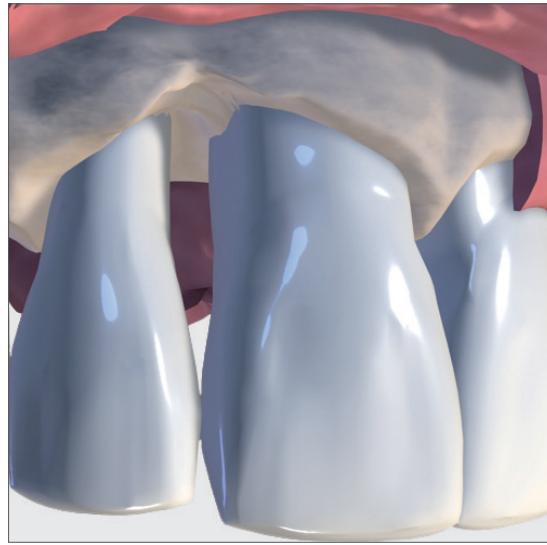
Guided Regeneration For Various Indications

STRAUMANN® EMDOGAIN® IS INDICATED FOR:

1 Intrabony defects due to moderate or severe periodontitis

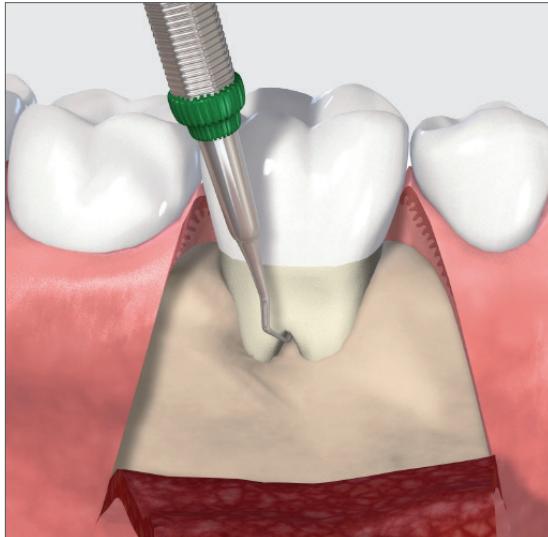


2 Wide intrabony defects

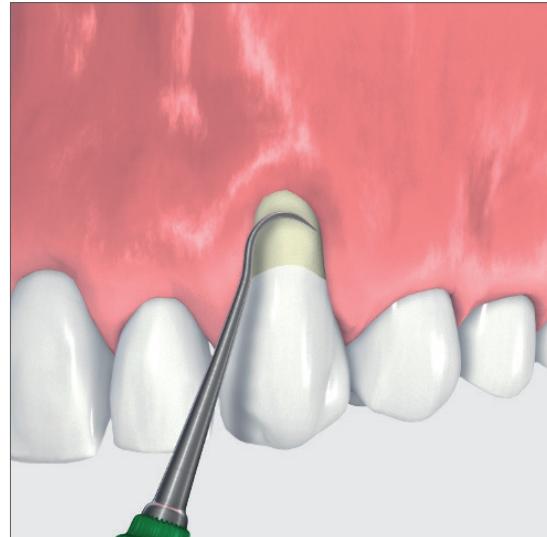


In combination with bone graft materials* in wide defects or where additional soft tissue support is needed.

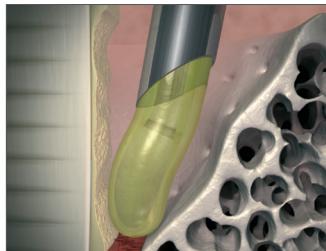
3 Class II mandibular furcation defects with minimal interproximal bone loss.



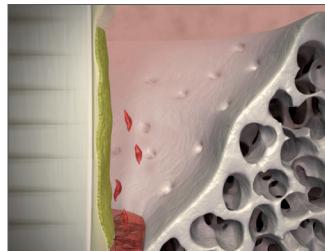
4 Recession defects in combination with surgical coverage procedures such as coronally advanced flap.



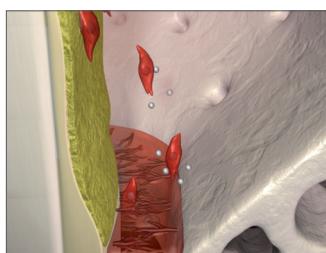
**THE FOLLOWING STEPS DESCRIBE HOW STRAUMANN® EMDOGAIN®
HELPS TO REGENERATE THE PERIODONTIUM OVER TIME:**



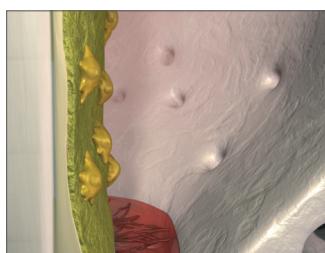
1 When Straumann Emdogain is applied the enamel matrix derived proteins precipitate on the root surface to form a matrix layer.



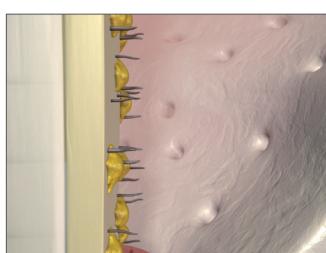
2 The matrix stimulates the attraction and proliferation of mesenchymal cells from the healthy part of the periodontium.



3 The cells secrete natural and specific cytokines and autocrine substances promoting the necessary proliferation.



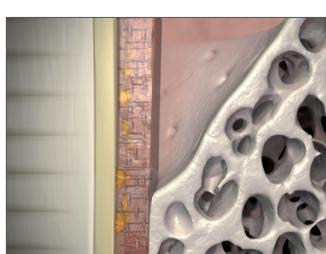
4 Supporting cells are attracted and differentiate into cementoblasts which start with the formation of the cement matrix in which the periodontal fibers will be fixed.



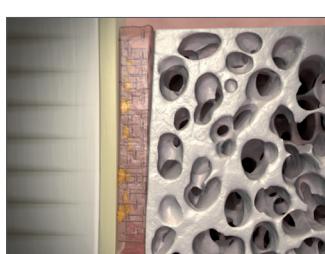
5 The newly formed cement layer increases in thickness, extending the periodontal ligament.



6 Within months, the defect fills with newly formed periodontal ligament.



7 As the periodontal ligament is formed, new bone continues to develop.



8 Straumann Emdogain facilitates the regeneration of the complex dental structure of the periodontium, building a new functional attachment.

“ Straumann Emdogain stimulates the regeneration of both the hard and soft tissues of the periodontium at the same time. ”

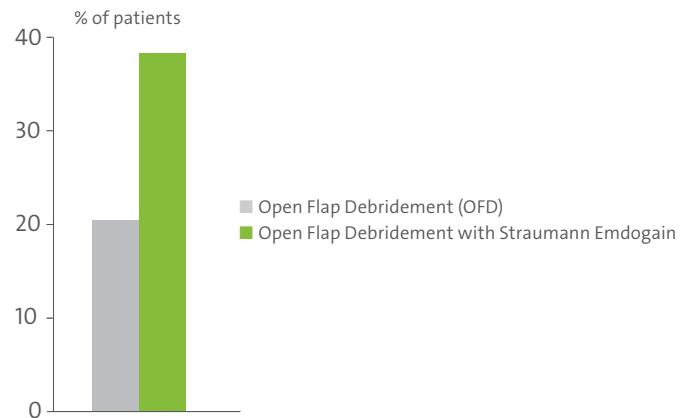
Dr. DAVID COCHRAN

Predictable Clinical Results



Confidence thanks to predictable clinical results

- Improved clinical results when treating patients with intrabony defects compared to OFD alone⁹
- Increased probability of complete root coverage achieved with a Coronally Advanced Flap (CAF) compared to CAF alone¹⁰
- More than 600 clinical publications scientifically document results with Straumann® Emdogain® to have predictable clinical results



Percentage of patients with highly significant outcome (CAL gain of >4 mm)
1 year post-operative in the treatment of intrabony defects⁹

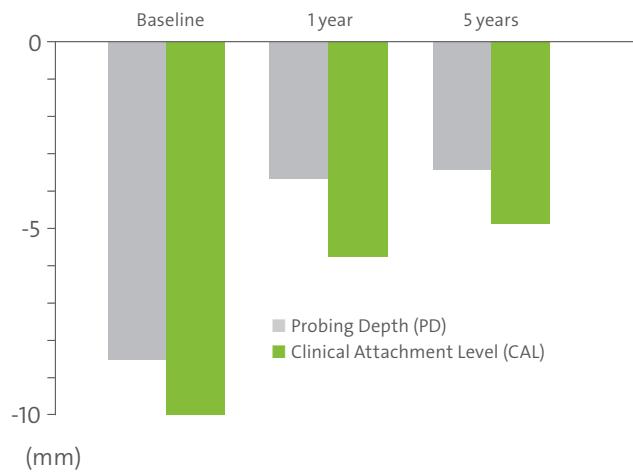
“ Both the scientific evidence and my personal experience support that with the appropriate case, Straumann® Emdogain® significantly improves root coverage compared to the coronally advanced flap alone. ”

DR. MICHAEL K. McGUIRE

MORE THAN 1 MILLION PATIENTS TREATED WORLDWIDE*

Rely on long-term clinical experience

- Documented treatment success up to 10 years^{11,16}
- Improved attachment level maintained up to 5 years compared to baseline¹²
- Improved probing depth level maintained up to 5 years compared to baseline¹²



Significantly improved CAL and PD following OFD with Straumann Emdogain, measured up to 5 years¹² compared to baseline

Added value for your practice due to patient satisfaction

- Clinicians reported on enhanced periodontal wound healing when using Straumann® Emdogain® compared to PGA carrier alone¹³
- Less patients with pain and swelling compared to traditional Guided Tissue Regeneration (GTR)¹⁴
- Designed to improve patient comfort compared to traditional OFD¹³, GTR¹⁴ or connective tissue graft (CTG)¹⁵ alone



Percentage of patients with pain** and swelling** 1 week post-operative in furcation treatment with GTR or Straumann Emdogain¹⁴

*Based on units sold.

**Little, moderate and strong

Straumann Emdogain

AVAILABLE IN 3 SYRINGE SIZES FOR YOUR CONVENIENCE



0.15 ml



0.3 ml



0.7 ml

Straumann Emdogain 0.15 ml
5 x Straumann Emdogain 0.15 ml
Art. No. 075.098W

Straumann PrefGel 0.6 ml
5 x Straumann PrefGel 0.6 ml
Art. No. 075.203W

Straumann Emdogain 0.3 ml Multipack
3 x Straumann Emdogain 0.3 ml and
3 x Straumann PrefGel 0.6 ml
Art. No. 075.114W

Straumann Emdogain 0.7 ml Multipack
3 x Straumann Emdogain 0.7 ml and
3 x Straumann PrefGel 0.6 ml
Art. No. 075.116W

REFERENCES

1 AAP: Position Paper: Epidemiology of Periodontal diseases. *J Periodontol* 2005;76:1406-1419. **2** Holtfreter B, Kocher T, Hoffmann T, Desvarieux M, Micheelis W. Prevalence of periodontal disease and treatment demands based on a German dental survey (DMS IV). *J Clin Periodontol*. 2010;37:211-219. **3** Bosshardt DD. Biological mediators and periodontal regeneration: a review of enamel matrix proteins at the cellular and molecular levels *J Clin Periodontol* 2008; 35(Suppl. 8):87-105. **4** Pimentel SP, Sallum AW, Saldanha JB, Casati MZ, Nociti FH Jr, Sallum EA. Enamel matrix derivative versus guided tissue regeneration in the presence of nicotine: a histomorphometric study in dogs. *J Clin Periodontol*. 2006;33:900-907. **5** Bosshardt DD, Sculean A, Windisch P, Pjetursson BE, Lang NP. Effects of enamel matrix proteins on tissue formation along the roots of human teeth. *J Periodontal Res*. 2005;40:158-167. **6** Sallum EA, Pimentel SP, Saldanha JB, Nogueira-Filho GR, Casati MZ, Nociti FH, Sallum AW. Enamel Matrix Derivative and Guided Tissue Regeneration in the Treatment of Dehiscence-Type Defects: A Histomorphometric Study in Dogs *J Periodontol*. 2004;75:1357-1363. **7** Sakallioğlu U, Açıkgöz G, Ayas B, Kırılıçlı T, Sakallioğlu E. Healing of periodontal defects treated with enamel matrix proteins and root surface conditioning - an experimental study in dogs *Biomaterials*. 2004;25:1831-1840. **8** Cochran DL, King GN, Schoolfield J, Velasquez-Plata D, Mellonig JT, Jones A. The effect of enamel matrix proteins on periodontal regeneration as determined by histological analyses. *J Periodontol*. 2003;74:1043-1055. **9** Tonetti MS, Lang NP, Cortellini P, Suvan JE, Adriaens P, Dubravec D, Fonzar A, Fourmousis I, Mayfield L, Rossi R, Silvestri M, Tiedemann C, Topoli H, Vangsted T, Wallkamm B. Enamel matrix proteins in the regenerative therapy of deep intrabony defects - A multicentre randomized controlled clinical trial *J Clin Periodontology* 2002; 29; 317-325. **10** Cairo F, Pagliaro U, Nieri M. Treatment of gingival recession with coronally advanced flap procedures: a systematic review. *J Clin Periodontol* 2008;35(Suppl 8):136-162. **11** Sculean A, Kiss A, Miliauskaitė A, Schwarz F, Arweiler NB, Hannig M. Ten-year results following treatment of intra-bony defects with enamel matrix proteins and guided tissue regeneration. *J Clin Periodontol* 2008;35:817-824. **12** Heden G, Wennström JL. Five-Year Follow-Up of Regenerative Periodontal Therapy With Enamel Matrix Derivative at Sites With Angular Bone Defects *J Periodontol* 2006;77:295-301. **13** Wennström JL, Lindhe J. Some effects of enamel matrix proteins on wound healing in the dento-gingival region. *J Clin Periodontol* 2002;29:9-14. **14** Jepsen S, Heinz B, Jepsen K, Arjomand M, Hoffmann T, Richter S, Reich E, Sculean A, Gonzales JR, Bödeker RH, Meyle J. A randomized clinical trial comparing enamel matrix derivative and membrane treatment of buccal class II furcation involvement in mandibular molars. Part I: Study design and results for primary outcomes. *J Periodontol*. 2004;75:1150-1156. **15** McGuire, MK, Nunn M. Evaluation of human recession defects treated with coronally advanced flaps and either enamel matrix derivative or connective tissue. Part 1: Comparison of clinical parameters. *J Periodontol* 2003;74:1110-1125. **16** McGuire MK, Scheyer ET, Nunn M. Evaluation of human recession defects treated with coronally advanced flaps and either enamel matrix derivative or connective tissue: comparison of clinical parameters at 10 years. *J Periodontol*. 2012;83:1353-1362.

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