ALVEOLAR RIDGE PRESERVATION USING THE BIOACTIVE OSTEoGEN® BONE GRAFTING PLUG WITHOUT A MEMBRANE

SURGICAL PROTOCOL
For Doctors Immediate Attention:

**Doctors**: Please ask your patients if they are allergic to collagen. Advise the patient not to drink alcohol, use mouthwash or chlorhexidine for 2 weeks, as it is toxic to fiberblast and may retard healing and crestal bridging of soft tissue.

**Fig. 1** Extraction & Debridement:
Following anesthesia, extract tooth using standard atraumatic flapless protocol. After tooth removal, thoroughly curette socket to remove all soft tissue debris with a serrated curette, round bur, fissure bur or Lindemann bur. ¹⁻³

**Fig. 2** Surgery:
After debridement, remove the Periodontal Ligament in its entirety, flush socket with sterile water. Make holes and remove the Lamina Dura (Palatally) where trabecular bone is available to procure medullary blood from the Alveolar Process containing osteoclast cells and to trigger the Regional Acceleratory Phenomenon (Rap).⁴ Profuse bleeding will be absorbed by the OsteoGen® Plug and will help prevent dry socket. Do not hydrate the Plug prior to delivery. ⁵,⁶

**Fig. 3** Requiring Excess Plug 3-5.0mm Above Occlusion:
Measure the depth and width of the socket for plug quantity selection. Hold the OsteoGen® Bone Grafting Plug with sterile tweezers, taper plug apically and deliver into tooth root dry. Compact the plug aggressively. The Plug should be large enough, with excess of 4.0 to 5.0 mm above occlusal plane, so that it can be compressed into and fill the entire socket, up to the soft tissue level. Do not place plug to the crestal bone height!

**Fig. 4** Making a Membrane:
Plug compression is achieved by using a Plugger® Instrument to align and compact the bone grafting crystals closer together creating a bioactive membrane barrier which controls migration of connective tissue.⁷⁻⁹ Use more than one Plug if necessary for multiple roots. Fill and unite roots superiorly from the root trunk to the level of the soft tissue crest. Leave the top of the Plug intact so that it can be compressed into the socket.

**Fig. 5** Radiolucent to Radiopaque:
With Plug in place, passively suture using crisscross technique. No membrane is required. Crestal soft tissue should bridge across in 9-14 days. The non-ceramic OsteoGen® is low-density graft. Extraction site will be radiolucent on the day of placement. On average, resorption time of Plug is 4-5 months depending on patient's age, metabolism and root size. Gradually the OsteoGen® Plug progressively resorbs and is replaced by host bone. The site will become radiopaque and ready for implant installation.

Please read Product Insert.

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BIBLIOGRAPHY


2. Kosinski T: Simple and predictable socket preservation techniques all dentists can implement regardless of extraction or grafting experience. *The Profitable Dentist* Summer 2016:46-50


