

DENTAL

Osteomesh®

Buccal Alveolar Wall Defects in Immediate Implant Loading

Surgical Guide



Surgical Guide

This is the experience in cases of **Dr. Samintharaj Kumar**, he is a General Dental Surgeon, Founder and Chief Executive Officer of Nuffield Dental Holdings Private Limited.

1 Surgical Exposure of Defect

Atraumatic tooth removal. The residual socket debride thoroughly. Incision is made on the gingiva and mucoperiosteal tissue flap elevation.

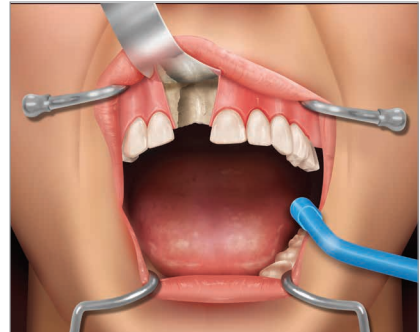


2 Insertion of Immediate Implant Fixture and Defect Site Preparation

Immediate implant placement according to implant guideline. Check the initial implant stability and evaluate bone around the implant fixture.

In complex cases with perforated or deficient buccal bone plate, the guided bone regeneration (GBR) is recommended.

Osteomesh® in combination of bone grafting material can be use.



3 Preparation of Osteomesh®

Remove Osteomesh® from sterile packaging and place it into a dry sterile bowl.

- **SIZING OF DEFECT** – select the suitable size of Osteomesh® and remove it from **single wrap** sterile packaging and place in dry sterile bowl.
- **TRIMMING OSTEOMESH®**
Using a pair of sterile surgical scissors, Osteomesh® is trimmed to the desired shape. **Cutting to remove the borders of the mesh is recommended.**
- **MOULDING OSTEOMESH®** - Fill a sterile bowl with warm saline. Refer to the table for the appropriate temperature.



Mesh Thickness (mm)	Temperature (°C)
< 0.75	42 – 45

**Note: The saline temperature should not exceed the maximum temperature stated in the table.*



- ▶ Immerse Osteomesh® for approximately **10 seconds** to make it more malleable.
- ▶ Hold Osteomesh® in the desired shape for approximately **5 seconds**.
- ▶ Remove Osteomesh® from the warm saline while holding it in its new shape for another **10 seconds**.
- ▶ Repeat step until desired shape is formed.

Warning: This description is not sufficient for immediate application of the surgical device. Instruction by a surgeon experienced in handling the surgical device is highly recommended.

Surgical Guide *cont'd*

4 Inserting Osteomesh® into the Implant Surgery Site

- **RELIEVING OF SOFT TISSUE**

As the periosteum is limited, the underside of the periosteum is scored, and blunt dissection is made at the flap edges.

- **PACKING BONE GRAFT**

Bone graft may be used to fill the defect as required. 1 - 2mm granules size is recommended.

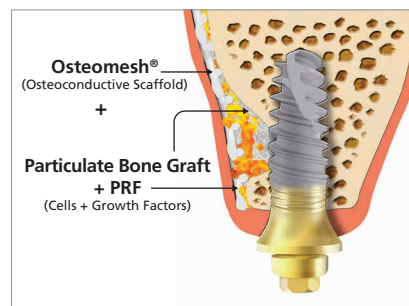
If required, **Platelet Rich Fibrin (PRF)** may be added to the particulate bone graft.

- **INSERTION OF OSTEOMESH®**

The Osteomesh® can be tucked between bone and periosteum to assist in securing the graft materials. The lateral edges of the Osteomesh® must be tucked underneath the mucosa.

- **FIXATION OF OSTEOMESH®**

Additional mattress suture or screw fixation can be used to increase stability.



5 Closure of Surgical Site

Primary wound closure without tissue tension.



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