straumann

# STRAUMANN® EMDOGAIN

## BEFORE IT'S TOO LATE

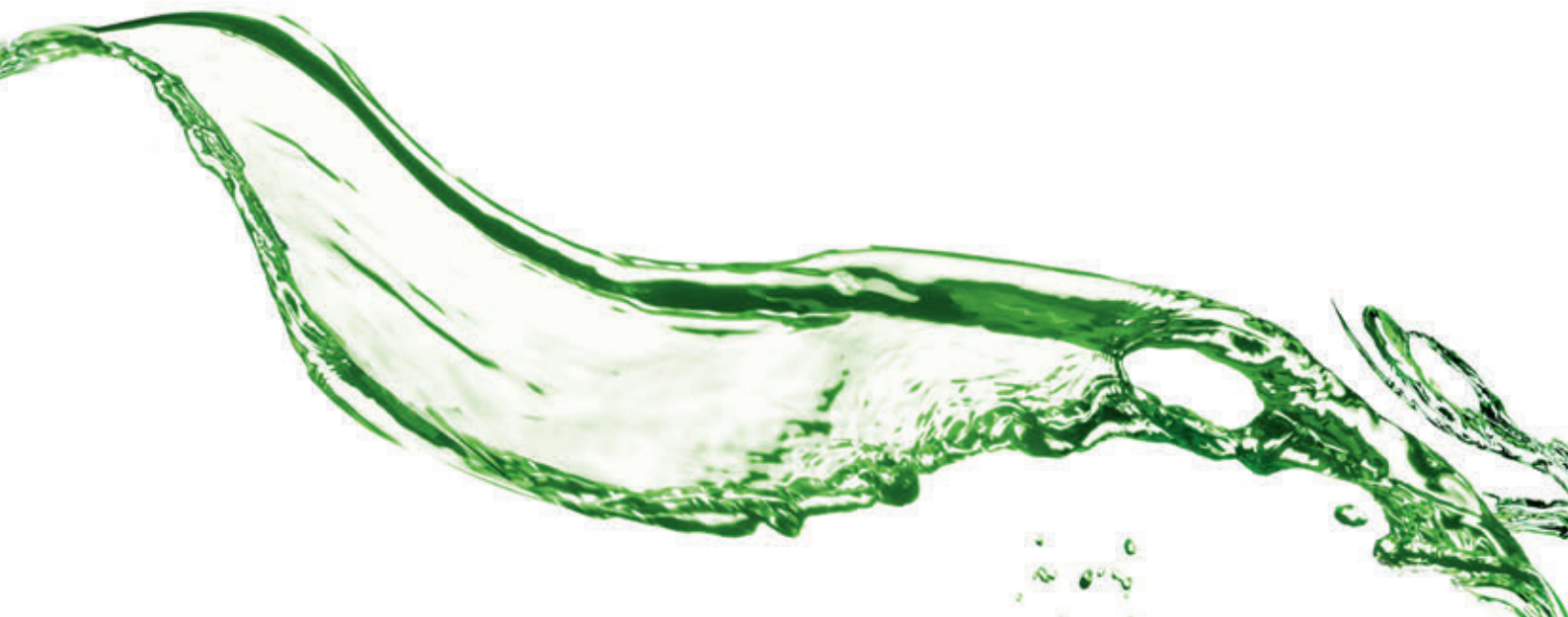

dental
bone & tissue
regeneration

botiss
biomaterials

COMMITTED TO
**SIMPLY DOING MORE**
FOR DENTAL PROFESSIONALS

"THE EMDOGAIN® 015 SHOULD ENABLE THE CLINICIAN TO USE THE MATERIAL MORE OFTEN SINCE IT WILL BE MORE COST-EFFECTIVE WHEN ADDED TO BONE GRAFTING PROCEDURES."

**DR. DAVID COCHRAN**



# **TOOTH PRESERVATION** WITH STRAUMANN® EMDOGAIN

Emdogain® is now available in a new package size containing 5 syringes with 0.15 ml. This allows for a cost-effective treatment of smaller defects and soft tissue grafting procedures. The additional Emdogain® 015 in our regenerative portfolio enables the clinician to select the right amount of Emdogain® for the use with various* bone grafting materials, thereby enhancing the patients regenerative periodontal outcome.

## 5–15 % OF POPULATION SUFFERS FROM SEVERE PERIODONTITIS THAT MAY LEAD TO TOOTH LOSS[1,2]

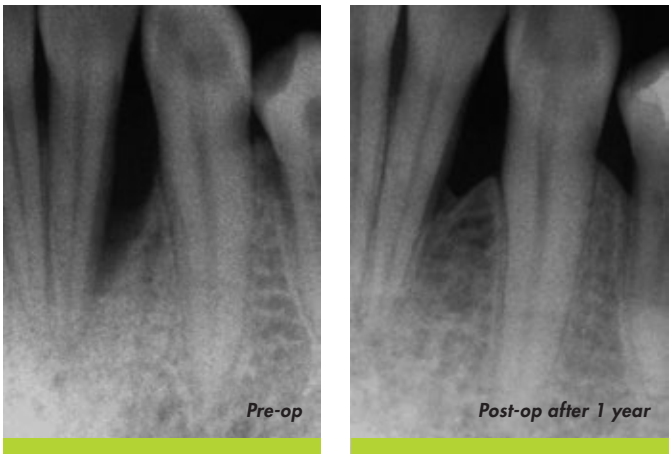
Periodontitis treatment involves controlling the causative bacteria and inflammation as well as subsequent regeneration of the lost periodontal hard and soft tissues in order to regain tooth attachment.

### Biological guided regeneration

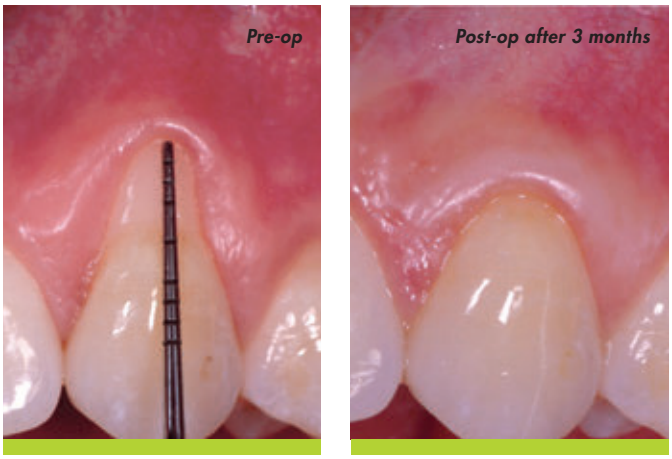
Straumann® Emdogain supports the predictable regeneration of the lost periodontal hard and soft tissue caused by periodontitis and in this way helps save and preserve the tooth[3].

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




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




*Courtesy of Prof. Zucchelli, Bologna University*

* BoneCeramic™, autograft, allograft, bone-derived xenograft, ß-Tricalcium phosphate, or bioactive glass

# **BIOLOGICAL GUIDED REGENERATION** FOR VARIOUS INDICATIONS

Straumann® Emdogain is indicated for:

## 1 Intrabony defects

## 2 Wide intrabony defects

*In combination with various* bone graft materials in wide defects where bone structure needs to be rebuilt or where additional soft tissue support is needed.*

## 3 Furcation defects (Class II furcation)

## 4 Recession defects

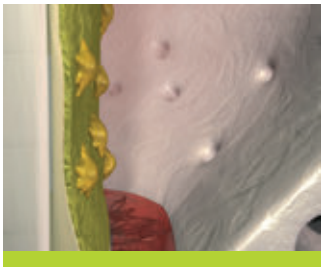
* BoneCeramic™, autograft, allograft, bone-derived xenograft, ß-Tricalcium phosphate, or bioactive glass

The following steps describe how Straumann® Emdogain helps to regenerate the periodontium over time:

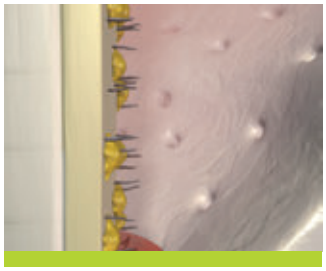
1 *When Straumann® Emdogain is applied the enamel matrix derived proteins precipitate on the root surface to form a matrix layer.*

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 autokrine 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.*

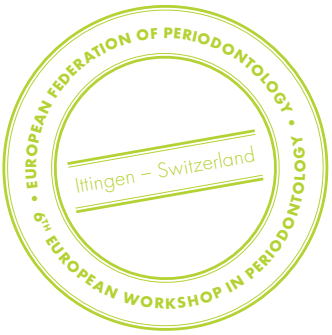
7 *As the periodontal ligament is formed, new bone continues to develop.*

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."

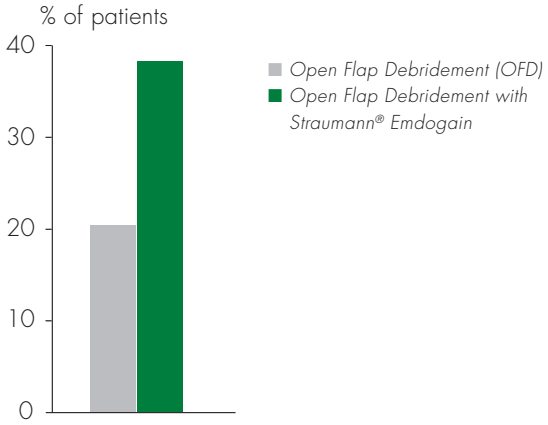
**DR. DAVID COCHRAN**

# **PREDICTABLE** CLINICAL RESULTS




## Confidence thanks to predictable clinical results

- Improved clinical results when treating patients with intrabony defects compared to OFD alone[9]
- Increased probability of complete root coverage achieved with a Coronally Advanced Flap (CAF) compared to CAF alone[10]
- More than 400 clinical publications demonstrate Straumann® Emdogain to have predictable clinical results




*Percentage of patients with highly significant outcome (CAL gain of >4 mm) 1 year post operative[9] in the treatment of intrabony defects*

"BOTH THE SCIENTIFIC EVIDENCE AND MY PERSONAL EXPERIENCE INDICATE THAT IN APPROPRIATE CASES, STRAUMANN® EMDOGAIN SIGNIFICANTLY IMPROVES ROOT COVERAGE COMPARED TO THE CORONALLY ADVANCED FLAP ALONE."

**DR. MICHAEL K. MCGUIRE, DDS**

# **MORE THAN 1 MILLION PATIENTS** TREATED WORLDWIDE

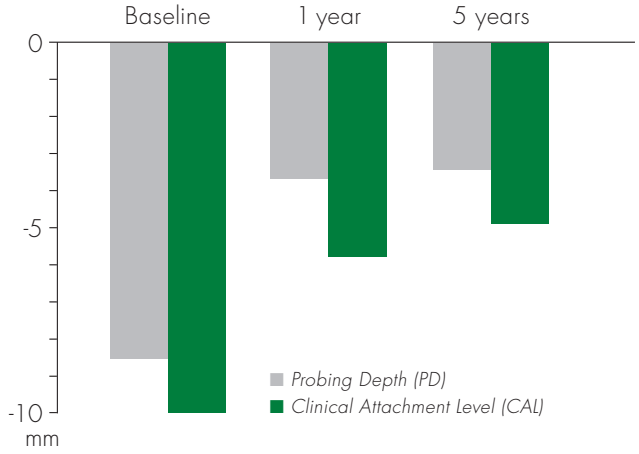
### Rely on long-term clinical experience

- Documented treatment success up to 10 years[11]
- Improved attachment level maintained up to 5 years compared to baseline[12]
- Improved probing depth level maintained up to 5 years compared to baseline[12]

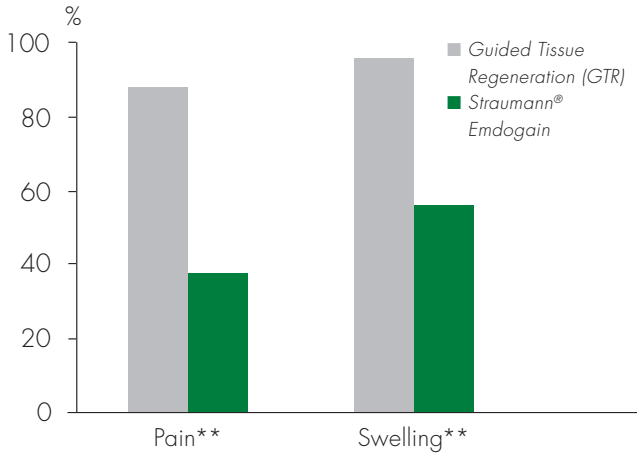
### Added value for your practice due to patient satisfaction

- Clinicians reported on enhanced wound healing when using Straumann® Emdogain compared to control*[13]
- Less patients with pain and swelling compared to traditional GTR[14]
- Designed solution to improve patient comfort compared to traditional GTR[13,14] or Connective Tissue Graft (CTG)[15]

**PGA carrier alone*




*Significantly improved CAL and PD following OFD with Straumann® Emdogain, measured up to 5 years[12]*




*Percentage of patients with pain** and swelling** 1 week post-operative in furcation treatment with GTR or Straumann® Emdogain[14]*

***little, moderated and strong*

# STRAUMANN® EMDOGAIN

## NOW AVAILABLE IN 3 SYRINGE SIZES FOR YOUR CONVENIENCE.


**Straumann® Emdogain 0.15 ml**
*5 x Straumann® Emdogain 0.15 ml*
*Art. No. 075.098*

**Straumann® PrefGel 0.6 ml**
*5 x Straumann® PrefGel 0.6 ml*
*Art. No. 075.203*

**Straumann® Emdogain 0.3 ml**
*1 x Straumann® Emdogain 0.3 ml*
*Art. No. 075.101*

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

**Straumann® Emdogain 0.7 ml**
*1 x Straumann® Emdogain 0.7 ml*
*Art. No. 075.102*

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

**Straumann® Emdogain Plus**
*1 x Straumann® Emdogain 0.7 ml and*
*1 x Straumann® BoneCeramic 0.25 g*
*1 x Straumann® PrefGel 0.6 ml*
*Art. No. 075.117*

## References


[1] *AAP: Position Paper: Epidemiology of Periodontal diseases. J Periodontol 76, 2005;1406–1419.* [2] *Holtfreter B, et al. Prevalence of periodontal disease and treatment demands based on a German dental survey (DMS IV). J Clin Periodontol. 2010 Mar;37(3):211–9.* [3] *Dieter D. Bosshardt, 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, et al. 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] *Dieter D. Bosshardt et al. Effects of enamel matrix proteins on tissue formation along the roots of human teeth. J Periodontal Res. 2005;40:158–167.* [6] *Sallum EA et al. 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] *Sakallioglu U et al. 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 et al. The effect of enamel matrix proteins on periodontal regeneration as determined by histological analyses. J Periodontol. 2003;74:1043–1055.* [9] *Tonetti et al. 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 et al. 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 and Wennström. 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] *Wennstrom JL and 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 et al. A randomized clinical trial comparing enamel matrix derivative and membrane treatment of buccal class II furcation involvement in mandibularmolars. Part I: Study design and results for primary outcomes. J Periodontol. 2004 Aug;75(8):1150–6.* [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.*



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