

bone & tissue
regeneration

botiss
biomaterials

cerabone[®] plus

NATURAL BOVINE BONE SUBSTITUTE MATERIAL
WITH HYALURONATE



HyA

biomaterials

cerabone[®]

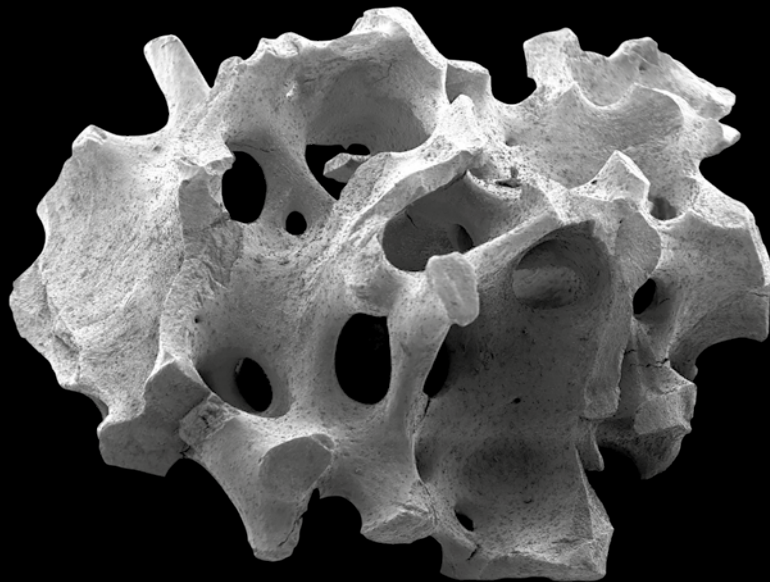
Human-like bone structure

Rough, hydrophilic surface

Ultimate volume stability

1200°C maximum safety

100% pure natural bone mineral



The purest volume stable
BOVINE BONE GRAFT.

1200TRUST.com



HyA

HYALURONATE

Biofunctionalization through Hyaluronic acid

Exceptional liquid binding capacity

Produced naturally in the body

Immunomodulatory activities¹

Proliferation of fibroblasts²

Collagen production³

**Promotes blood vessel formation
and early soft tissue healing^{4,5}**



Hyaluronic acid has been shown to enhance the proliferative, migratory and wound healing properties of cell types involved in soft tissue wound healing thus pointing to its potential indication in oral reconstructive procedures

PROF. DR. ANTON SCULEAN

¹ Stern et al. (2006) Eur J Cell Biol. 85(8):699-715.

² Greco et al. (1998) J Cell Physiol. 177(3):465-473.

³ Rooney et al. (1993) J. Cell Sci. 105, 213-218.

⁴ Sattar et al. (1994) J. Invest. Dermatol. 103, 576-579.

⁵ King et al. (1991) Surgery. 109(1):76-84.

HyA

...capable to incorporate
a liquid volume 1000 times larger than the molecule itself



cerabone®

cerabone® plus combines the established **bovine bone grafting** material cerabone® with the well-known properties of hyaluronic acid.

Thanks to the pronounced liquid binding capacities of hyaluronate, cerabone® plus forms a sticky bone material upon hydration that **provides unique application comfort** by allowing both easy up-take and delivery to the site of application.

STICKY BONE OUT OF THE BLISTER

plus

WITH **HYALURONATE**



State-of-the-art biotechnological fermentation

processes are employed for the production of the recombinant sodium hyaluronate used in cerabone® plus.

How to
**get
started**

App



lication!

approx. 0.5 ml saline solution per 1.0 ml cerabone® plus

cerabone® plus requires hydration before use which can conveniently be performed in the provided blister.

Optimal consistency can be tailored to the specific needs by adjustment of liquid volume. E.g. adding slightly less liquid results in a more stable consistency, while adding more liquid enables better dispersion.



Application in daily **clinical use**

INDICATIONS:

Implantology, Periodontology,
Oral- and CMF Surgery

- Horizontal and vertical augmentation
- Peri-implant defects
- Periodontal intrabony defects
- Socket and ridge preservation
- Sinus lift
- Furcation defects (class I and II)

RECOMMENDATIONS:

If the product appears dry following hydration and no connected mass has formed, additional saline solution can be added dropwise and mixed with the product until the desired texture is obtained. On the other hand, insufficient or excessive amount of liquid can result in a failure to form the described texture or a loss thereof. Likewise, excessive liquid at the augmentation site, i.e. in case of profuse bleeding in sinus floor- or socket augmentation, may reduce the handling of the bone graft during application and its adaptation to the defect. Intra-operatively, cerabone® plus performs optimally when bleeding at the defect site can be controlled, as in the case of well visible defects, e.g. in lateral augmentation.

SPECIFICATIONS:

cerabone® plus*

Art.-No.	cerabone® Particle Size	Content
1810	0.5 – 1.0 mm	1 x 0.5 ml
1811	0.5 – 1.0 mm	1 x 1.0 ml
1820	1.0 – 2.0 mm	1 x 0.5 ml
1821	1.0 – 2.0 mm	1 x 1.0 ml

* Please contact your local distributor to check for availability in your country.

PROPERTIES + BENEFITS

Osteoconductivity and volume stability of cerabone®

plus proven properties of hyaluronate

- Sticky and malleable following hydration
- Efficient defect filling and time-saving application
- Easy defect contouring
- Minimized displacement of single granules during application



HANDLING TIPS:



- Add liquid carefully dropwise if it is not possible to measure the volume for hydration
- Remove excess liquid from the defect site prior to the application
- Preferably use in self-containing defects
- Fixate the graft with a barrier membrane



It's amazing how fast the cerabone® plus is prepared
(much quicker than any other sticky bone)
and how well it performs in the mouth.

DR. ANDONI JONES

CLINICAL CASE BY Dr. Serhat Aslan, Izmir, Turkey

REGENERATION OF AN INTRABONY DEFECT WITH CERABONE® PLUS AND JASON® MEMBRANE



Deep non-contained bone defect at a lateral incisor



Defect augmented with cerabone® plus



Augmentation site covered with Jason® membrane



Primary wound closure

CLINICAL CASE BY Dr. Andoni Jones, Dublin, Ireland

CERABONE® PLUS FOR BONE AUGMENTATION AND SOFT TISSUE SUPPORT IN THE AESTHETIC ZONE



Implant in place with missing bone at the buccal aspect



Augmentation with autologous bone chips



Volume augmentation with cerabone® plus; Jason® membrane in place for covering



Jason® membrane pulled over the augmentation site to completely cover and stabilize the graft

CLINICAL APPLICATION OF CERABONE® PLUS

CLINICAL CASE BY Dr. Viktor Kalenchuk, Chernivtsi, Ukraine

PERI-IMPLANT BONE AUGMENTATION WITH CERABONE® PLUS AND JASON® MEMBRANE



Situation after implant placement with horizontal bone deficiency



Bone augmentation with cerabone® plus



Covering and fixation of the bone graft using Jason® membrane



Primary wound closure

CLINICAL CASE BY Dr. Laura Maestre, Valladolid, Spain

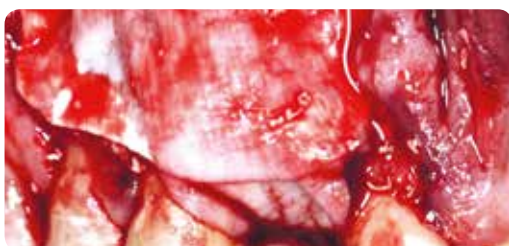
FENESTRATION DEFECT TREATED WITH CERABONE® PLUS AND JASON® MEMBRANE



Bone defect visible at the buccal aspect



Bone augmentation with cerabone® plus after application of autologous bone chips on the exposed implant



Covering of the augmentation site using Jason® membrane



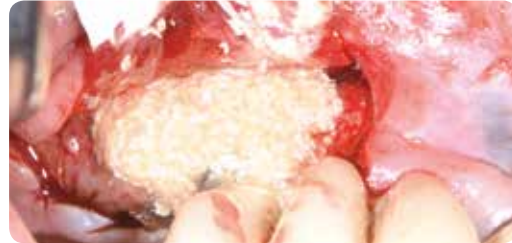
Primary wound closure

CLINICAL CASE BY Dr. Michael Norton, London, UK

CERABONE® PLUS FOR BONE AUGMENTATION OF A PERI-IMPLANTITIS-AFFECTED SITE



Implant site after decontamination



Bone augmentation with cerabone® plus, hydrated with tetracycline



Covering with Jason® membrane tightly adapted to the augmentation site



Primary wound closure

CLINICAL CASE BY Dr. László Párkányi, Szeged, Hungary

HORIZONTAL BONE AUGMENTATION USING CERABONE® PLUS AND JASON® MEMBRANE



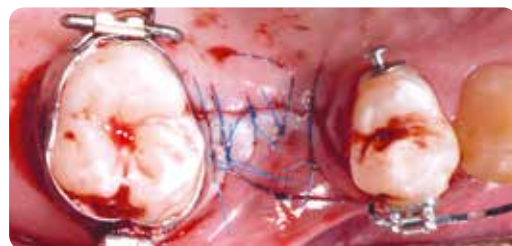
Implant in place with reduced bone volume at the buccal aspect



Augmentation with cerabone® plus



Augmentation site covered with Jason® membrane



Primary wound closure

CLINICAL APPLICATION OF CERABONE® PLUS

CLINICAL CASE BY Dr. Stuardo Valenzuela, Coquimbo, Chile

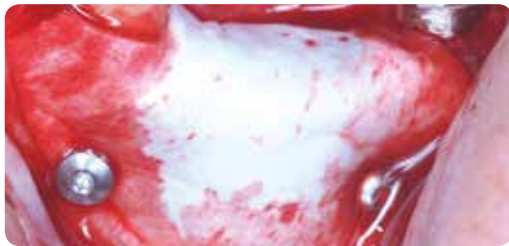
PERI-IMPLANT BONE AUGMENTATION WITH CERABONE® PLUS AND JASON® MEMBRANE



Placed implant with bone dehiscence



Bone augmentation using cerabone® plus



Augmentation site covered with Jason® membrane



Situation before suturing and flap closure

CLINICAL CASE BY Dr. Javier Sanz Esporin, Madrid, Spain

REGENERATION OF AN INTRABONY DEFECT WITH CERABONE® PLUS



Deep intrabony defect mesially of tooth 47



Application of cerabone® plus



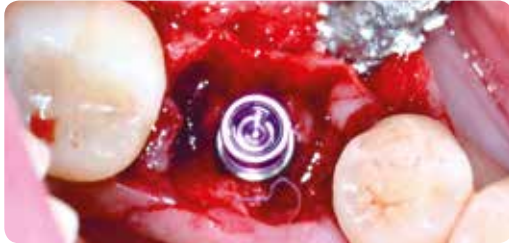
Bone defect filled with cerabone® plus, which was subsequently covered with a collagen membrane



Healing two months post-operative

CLINICAL CASE BY Dr. Rafael Block Veras, Berlin, Germany

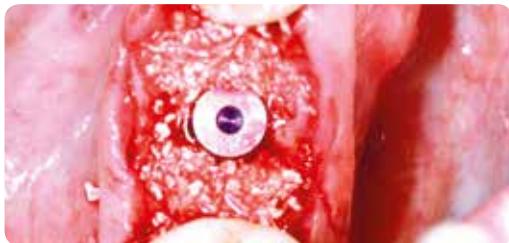
IMMEDIATE IMPLANT PLACEMENT AND PERI-IMPLANT BONE AUGMENTATION WITH CERABONE® PLUS



Implant in place; Jason® membrane applied prior to bone grafting



Easy transfer of cerabone® plus to the augmentation site



Peri-implant missing bone augmented with cerabone® plus



Insertion of the healing cap and suturing



Healing three months post-operative before implant exposure



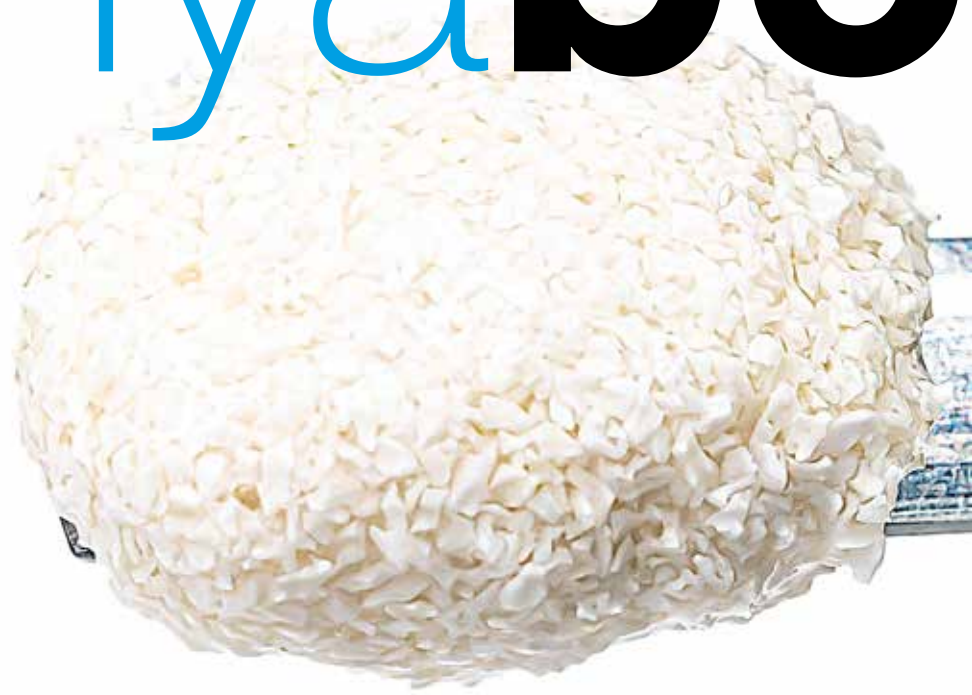
Re-entry three months post-operative



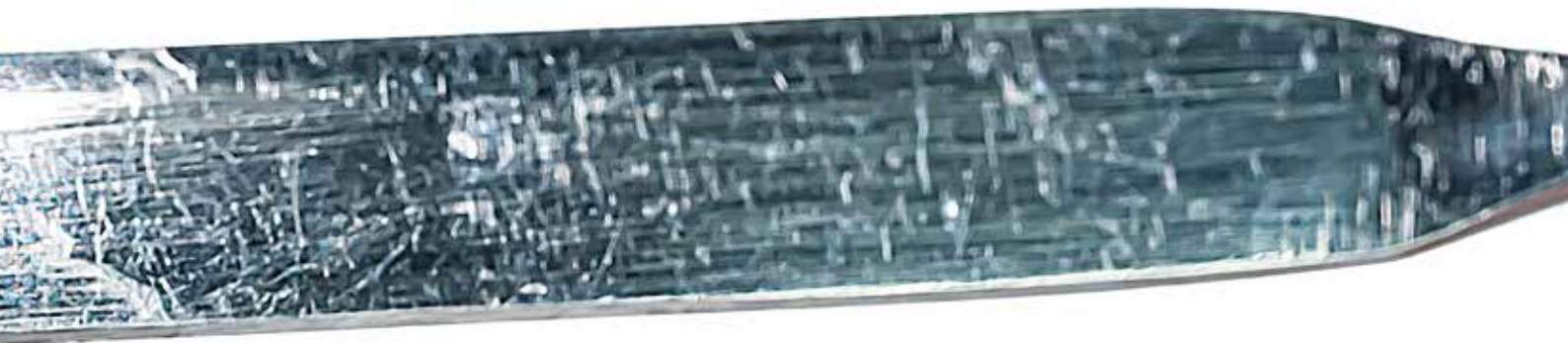
Very comfortable to use
and to apply intraoperatively.

DR. RAFAEL BLOCK VERAS

hyabo



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Innovation.
Regeneration.
Aesthetics.

soft tissue

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hard tissue

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