SALVIN® Dental Specialties

SALVIN® Regenerative

SALVIN®

CytoSurg™ Non-Resorbable PTFE Membrane

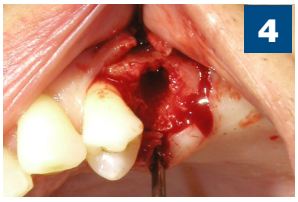
Socket Preservation

Technique Guide

The Salvin® CytoSurg™ Non-Resorbable PTFE Membrane is made of PTFE (Polytetrafluoroethylene), a synthetic polymer that is non-resorbable and biologically inert. PTFE has been used for many years in dental surgery for guided tissue regeneration and in numerous medical procedures.

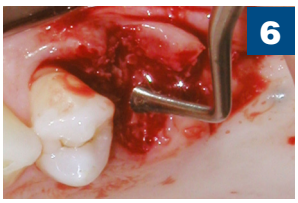
Step 1: If a failing tooth is present in the socket, extract the tooth using a minimally invasive, atraumatic extraction technique to preserve as much native bone as possible *(fig. 1)*. Atraumatic Extraction instruments such as periotomes, luxating elevators and specialty forceps are recommended to help prevent damage to the socket walls.

After the extraction, debride the socket of any residual soft tissue using a sharp curette or a carbide bur *(fig. 2)*. Decorticate the socket walls and create bleeding points to help vascularization.

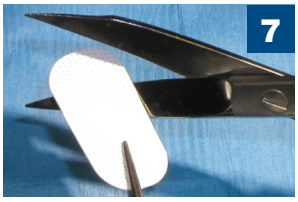


Step 2: Using a periosteal elevator, create a sub-periosteal pocket that extends 3-5mm beyond the perimeter of the socket margins both on the buccal (facial) and lingual (palatal) aspects *(fig. 3-4)*.

Step 3: Place your choice of graft material into the socket using a bone spoon or syringe. The choice of graft material selected is based on the final desired clinical result *(fig. 5)*.



Step 4: The graft material should be distributed evenly and fill the socket to within 1mm of the surrounding crestal bone *(fig. 6)*.



Step 5: Using surgical scissors, trim the Salvin® CytoSurg™ Non-Resorbable PTFE Membrane to a size that will extend 3-5mm beyond the perimeter of the socket margins *(fig. 7)*.

Step 6: Using a periosteal elevator, tuck one end of the Salvin® CytoSurg™ Non-Resorbable PTFE Membrane under the buccal flap, over the top of the grafted socket, and tuck the other end under the opposing lingual flap and interdental papilla *(fig. 8)*. Minimal flap reflection is required to stabilize the membrane. The Salvin® CytoSurg™ Non-Resorbable PTFE Membrane should rest evenly across the top of the socket margins, completely covering all graft material *(fig. 9)*. Do not attempt to stack or overlay 2 or more membranes.

The Salvin® CytoSurg™ Non-Resorbable PTFE Membrane is designed to be a passive barrier and reduce the migration of epithelial and gingival tissue cells into the bony defect.

Step 7: Using a non-resorbable suture, preferably PTFE suture, secure the Salvin® CytoSurg™ Non-Resorbable PTFE Membrane in place using a criss-cross or interrupted suture technique over the top of the membrane. Note that it is not recommended to suture through the membrane *(fig. 10-11)*. The sutures are left in place for 10-14 days before being removed.

Step 8: The Salvin® CytoSurg™ Non-Resorbable PTFE Membrane should be removed no more than 4 weeks after placement. If there is not primary soft tissue closure over the membrane *(fig. 12)*, simply grasp part of the membrane using tissue forceps and gently pull the membrane up and out of the site *(fig. 13)*. The use of a local anesthetic may be used for patient comfort.

If there is primary soft tissue closure over the membrane, make a small incision in the soft tissue to access the membrane. Then, securely grasp the membrane using tissue forceps and gently pull the membrane up and out of the site.

Step 9: Within 2-3 weeks after removing the membrane, adjacent gingival epithelium migrates across the top of the bone matrix *(fig. 14)*. Further bone remodeling will occur depending on the type of graft material used in the socket. Additional treatment options, such as dental implant placement, are up to the discretion of the clinician and the overall treatment plan for each individual patient.

Refer To Package Insert For Labeling Information

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