PerioCol®-GTR

CE 0434

Sterile Collagen Periodontal Membrane (fish origin) for Guided Tissue Regeneration

Introduction

Periodontitis causes pathological alterations of the periodontium, seen as loss of connective tissue attachment to the tooth, loss of supporting alveolar bone and apical migration of the junctional epithelium along the root surface. Periodontal therapy is directed at arresting the progression of these events, with the goal of stabilizing long-term prognosis of the periodontium.

The regeneration of periodontium with new connective fiber insertion, new cementum and new bone formation constitutes ideal healing. The regeneration process can only be initiated by periodontal ligament cells derived from the remaining periodontium as these are the cells capable of differentiating into new fibroblasts, cementoblasts and osteoblasts.

Nyman et al (1982) suggested the placement of a physical barrier between the flap and the root surface to exclude gingival connective tissue and epithelium from the healing process, giving periodontal ligament cells the opportunity to reproduce coagulum on the root surface. This technique was named 'Guided Tissue Regeneration' (GTR).

Various bioresorbable and non-resorbable barriers have been tried for GTR. Among non-resorbable barriers the expanded polytetrafluroethylene (ePTFE) barriers are widely used. However since these membranes require a second surgical procedure for removal, possibly jeopardizing the benefits achieved by the procedure, bio-resorbable barriers are preferred. The bio-resorbable barriers include poly (lactic acid), poly glycolic acid and their co-polymers and collagen. Various collagen barriers of bovine, rat and porcine origin have been used successfully for GTR in human intrabony and furcation defects.

A novel bioresorbable collagen barrier membrane of fish origin has been developed for GTR applications in human periodontal intrabony and furcation defects.

Collagen

Collagen is an extra cellular protein playing a major role in connective tissue. It is the most abundant protein in humans and performs multiple functions. In fish, the largest concentration of collagen is found in the skeleton, fins, skin and air bladder.

Indications

- » Periodontal intrabony and furcation defects.
- » Management of gingival recession.
- » Guided Tissue Regeneration.

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CLINICAL EVIDENCES

Ossopan Graft   Membrane placed

Pre-Op   Post-op 8 months

Pre-op   Post-op 8 months

Application & User Guide

Prior to surgery, the patient is to be given careful instructions on proper oral hygiene. A full mouth supra and sub gingival and root planning is to be performed. Surgical procedure in selected defects should be done one month after termination of presurgical phase. Following local anaesthesia, intracrevicular incisions should be made and full thickness flaps raised on buccal and lingual aspects of experimental tooth. All granulation tissues should be removed. Root conditioning can be an option. The **Periocol®-GTR** membrane is trimmed into suitable configuration to cover the defect. The membrane is soaked in distilled water before placement, to improve adhesion properties and malleability. It is then adapted over the defect extending 2-3 mm apical to the crest of the existing bone, so as to provide a broad base during placement. The flaps should be secured with interdental sutures to obtain primary closure of the individual tissues. A periodontal dressing should be given for 7-10 days. The patient should be reviewed after 1 week.

Storage

The **Periocol®-GTR** membrane must be stored in a dry place between 5° and 25°C. It is gamma sterilized with a shelf life of 3 years.

Ordering Information

CODE	DESCRIPTION	UNITS
PGMS 1001-05	**PerioCol®-GTR** , 25x30mm	Box of 5
PGMS 1002-05	**PerioCol®-GTR** , 15x15mm	Box of 5

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