Preserved bone collagen

Grafting bone collagen into the defect creates a precise biological condition: the cells responsible for the formation of new bone tissue, produce collagen fibers that are then saturated by calcium minerals. It’s the same three-dimensional structure of collagen that allows the nucleation of crystals of bone apatite through a physical phenomenon called epitaxy. In addition, the type I bone collagen stimulates, both at cellular and subcellular level, an extremely high number of processes involved in bone regeneration. The presence of bone collagen in OX® is also demonstrated in polarised light: collagen fibres, having a regular texture, presents a refractivity characteristic that makes it look lighter.

Total remodeling

OSTEOXENON® is reabsorbed and remodelled through the action of osteoclasts. This happens with entirely physiologic kinetics, as well as the patient’s bone is fully remodeled within 12-18 months, as it happens for OSTEOXENON®. After this period it is completely replaced by the patient’s bone. This is possible because OX®, unlike other materials, is recognized as the optimum substrate by osteoclasts that reabsorb it physiologically, only in this case, in fact, the regenerative process may end with the complete replacement of the graft. If the material is reabsorbed and is reabsorbed physiologically there can be no loss of volume. If the material is reabsorbed too quickly (e.g. calcium phosphate) or too slowly (e.g. synthetic hydroxyapatites) the volume of new endogenous bone is not equal to the grafted volume.

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In over twenty years of scientific research and clinical practice, Bioteck® has made an important contribution to the clinical/scientific knowledge in the field of tissue biology. The Bioteck Academy is the meeting place of all the professionals that continuously contribute to the development of this knowledge and Bioteck® products. The Academy has developed a culture of sharing scientific knowledge aimed at the dissemination of best techniques and practices in the various areas of regeneration surgery and is open to all professionals who decide to participate in the activity by sharing their clinical experience.

More information on the activities of the Academy can be found at: www.bioteckacademy.com
GRANULES IN VIAL
OX37 Cancellous 0.25 g = 0.5 cc (0.5 – 1 mm)
OX30 Cancellous 0.5 g = 1 cc (0.5 – 1 mm)
OX33 Cancellous 1 g = 2 cc (2 – 3 mm)
OX34 Cancellous 1 g = 2 cc (2 – 4 mm)
OX36 Cancellous 1 g = 2 cc (0.5 – 1 mm)
OX38 Cancellous 2 g = 4 cc (0.5 – 1 mm)
OX39 Cancellous 2 g = 4 cc (2 – 3 mm)
OX40 Cortical 0.5 g = 1 cc (0.5 – 1 mm)
OX35 Cancellous–cortical mix 0.25 g = 0.5 cc (0.5 – 1 mm)
OX31 Cancellous–cortical mix 0.5 g = 1 cc (0.5 – 1 mm)
OX32 Cancellous–cortical mix 1 g = 2 cc (0.5 – 1 mm)
OX41 Cancellous–cortical mix 2 g = 4 cc (0.5 – 1 mm)

GRANULES IN SYRINGE
OX21 Cancellous–cortical mix 2 syringes 0.25 ml
OX22 Cancellous–cortical mix 2 syringes 0.50 ml
OX23 Cancellous–cortical mix 1 syringe 1 ml

BLOCKS
OX51 Cancellous block 1pc 10 x 10 x 10 mm
OX52 Cancellous block 1pc 10 x 10 x 20 mm
OX54 Cancellous block 2pcs 10 x 20 x 3 mm
OX55 Cancellous block 2pcs 10 x 20 x 5 mm
OX65C Cancellous–cortical block 1pc 15 x 30 x 5 mm

FLEX
OX01 Flexible cancellous sheet 1pc 25 x 25 x 3 mm
OX02 Flexible cortical sheet 1pc 25 x 25 x 2 – 2.5 mm

COLLAGEN MEMBRANE
BCG-XC30 Collagen membrane 1pc 30 x 25 x 0.2 mm

CORTICAL MEMBRANE
OX03 Cortical membrane 1pc 25 x 25 x 0.2 mm
OX04 Cortical membrane 1pc 50 x 25 x 0.2 mm

APPLICATION TABLE

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*In combination of horizontal + vertical augmentation

Periodontal defect (very small, difficult access)
Infrabony defects (1-3 walls)
Furcation defects (class I or II)
Peri-implant defect (up to 3 exposed threads)
Peri-implant defect (> 3 exposed threads)
Post-surgical socket (preparation)

Shan HI (thin, lateral)
Shan HI (thick, horizontal)

Horizontal ridge augmentation (onlay)
Vertical ridge augmentation (vertical) (Ludovichetti approach)

Volumetric preservation (esthetics)

As an alternative to OX31/32
Also for membrane tear if < 5 mm
As an alternative to OX21/22
To fill gaps, if present
As an alternative to OX-51/52/54/55
As an alternative to OX-31/32
As an alternative to OX-31/32
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