

Guiding your shift towards synthetic solutions



Anaesthetics

Haemostatics

Bone grafts

Membrane

R.T.R. + Membrane

Resorbable bilayer synthetic membrane for Guided Tissue Regeneration



Why a membrane is key for a successful procedure?

Ideal features of a membrane

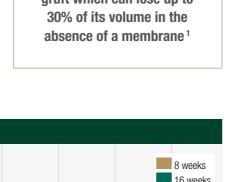
Triple action of a membrane

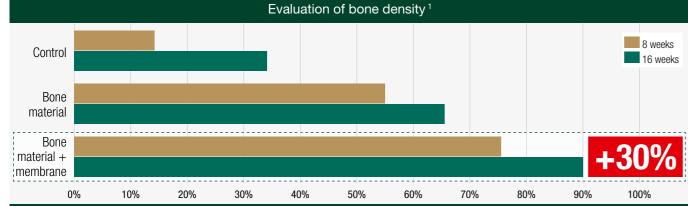
Forms barrier to prevent migration of epithelial cells and supports recruitment of bone

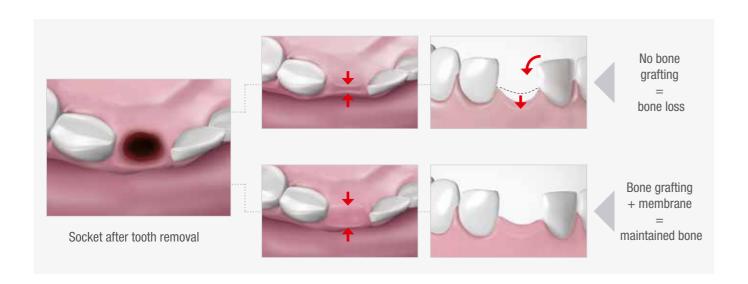
cells from the blood clot

Maintains the bone graft and the blood clot

Prevents resorption of the graft which can lose up to 30% of its volume in the









R.T.R.+ Membrane meets all expectations

for successful guided tissue regeneration.



100% resorbable

100% synthetic

Easy on the patient

No need for a second surgery

Full resorption in 6 months







Evolution of the resorption of the membrane² 1 month 2 months 4 months 6 months

A universal solution with no risk of cross-contamination

Safe

No risk of transmission of animal pathogens.

Suitable for everyone

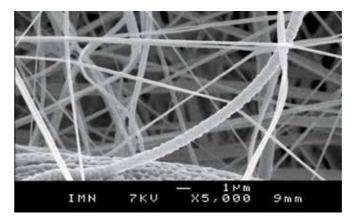
Includes patients who avoid animal by-products for cultural or lifestyle reasons.

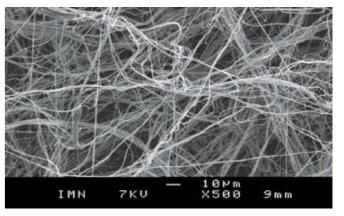
The unique 100% PLGA membrane

Without glutaraldehyde

Longer maintenance of functional performance

No loss of integrity.





What is PLGA?

The poly(lactic-co-glycolic acid) is a biodegradable and biocompatible copolymer. 100% natural, it comes from tapioca, corn or sugar cane starch.

PLGA = PLA (polylactic acid) + PGA (polyglycolic acid).

PLGA is biodegraded into lactic and glycolic acids, naturally present in the body.

R.T.R.+ Membrane R.T.R.+ Membrane

Great barrier to succeed in your guided tissue regeneration

No need for a second intervention if exposed

A bilayer structure for greater efficiency

Barrier effect up to 4 weeks

Bone and soft tissue regeneration guaranteed up to 4 months

Unsensitive to saliva enzymes

Does not degrade when exposed

Technical insight

1 Upper layer

Dense layer, smooth, 25 µm.

- ▶ Barrier effect to prevent gingival growth in place of the bone.
- 2 Lower layer

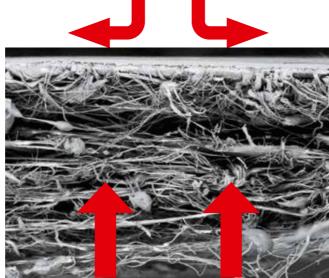
Microfibre layer, 400-500 µm.

▶ 85% porosity to allow bone cells to attach and develop.



Barrier effect

Prevents gingival tissue ingrowth.



Scaffold effect
Promotes cell infiltration and guided bone healing.

In case of suture rupture, leave the membrane in place, it will guide the tissues to heal.

Technical insight











Pictures of membrane regeneration with suture rupture.

R.T.R.+ Membrane R.T.R.+ Membrane

Easy to handle

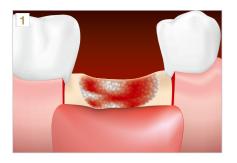
Case studies

Same properties wet or dry

Doesn't fold after contact with blood.

Good adhesion to the tissues

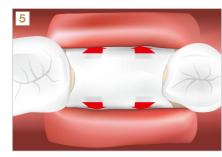
No need to pin or suture the membrane.

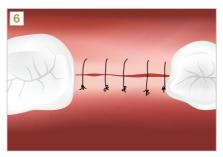












Technical specifications

Membrane thickness	350 - 550 µm
Dense layer	Barrier function - prevents gingival growth in place of bone
Microfibre layer	85% porosity - allows bone cells to attach and develop
Available sizes	15x20 mm - 15x25 mm - 20x30 mm - 30x40 mm
Compatibility	With every bone graft
Indications	GTR, GBR
Duration of barrier effect	4 weeks
Resorption time	4-6 months
Sterilisation	γ irradiation
Shelf life	3 years

Socket preservation on the day of extraction

Dr. Hoornaert, Nantes, France

A 51-year-old patient presented with a mobile bridge to replace the upper central incisors on a single support (tooth 11 - upper right 1).



Extraction at T0: upper central incisor is extracted and a temporary prothesis is placed.



Clinical situation at day 10: no sign of inflammation.





Implant placement at 6 months in positions 11 (upper right 1) and 21 (upper left 1).





Clinical situation at 14 months with final restoration.

Socket preservation after soft tissue healing at 6 weeks

Dr. Hoornaert, Nantes, France

A 55-year-old patient presented with loss of dental crown (tooth 36 - lower left 6) with root still present.



T0: root extraction and socket cleaning.



Implant placement at 6 months.



T0: socket preservation using R.T.R.+ Membrane.



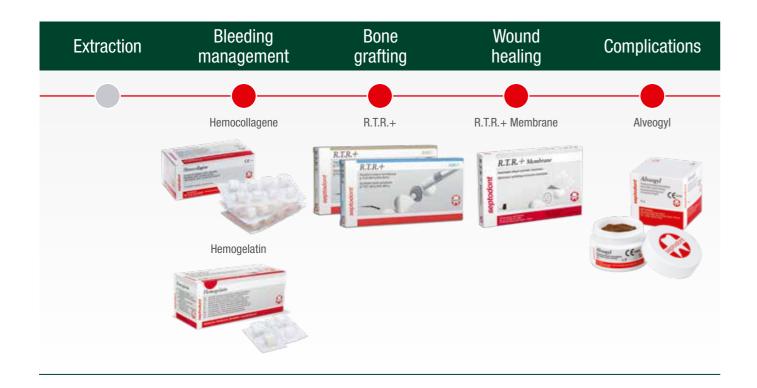
T12: a thin layer of fibrin being epithelialised on the



Final restoration at 8 months.

A full range of solutions to succeed in your extraction procedures

Focus on the R.T.R.+ procedure



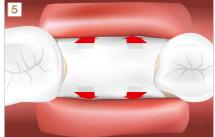
The extraction procedure

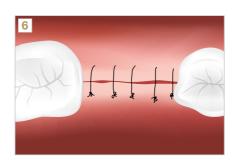












100% synthetic, 100% resorbable

Ideal biphasic composition for bone grafting. Fully synthetic and resorbable bone graft.



The stable hydroxyapatite (HA)

Acts as a scaffold offering an ideal structure for cellular adhesion.

Provides long term stability thanks to its slow resorption.



The fast resorbing **B-TCP**

Immediately begins to release calcium and phosphate ions into micropores enhancing bioactivity.

80% ß-TCP 20% Hydroxyapatite



- Helps natural bone formation in a short time.
- Resorption in 3 to 9 months.

40% ß-TCP 60% Hydroxyapatite



- Fully respects the creation pace of natural bone.
- Resorption in 9 to 12 months.

Improve your bone grafting results









Products	Article numbers	
Bleeding management		
Hemocollagene	01170	
Hemogelatin	10585H	
Bone grafting		
R.T.R.+ 40/60	10419X	
R.T.R.+ 80/20	10420Y	

Products	Article numbers	
Wound healing		
R.T.R.+ Membrane 15x20mm	11674T	
R.T.R.+ Membrane 15x25mm	11675U	
R.T.R.+ Membrane 20x30mm	11676V	
R.T.R.+ Membrane 30x40mm	11677W	
Complications		
Alveogyl	5712U	

Sources:

- 1) MYOUNGHWAN KIM, JOONG-HYUN KIM, JAE YEONG LEE, KIRAE CHO, SEONG SOO KANG, GONHYUNG KIM, MIN JAE LEE and SEOK HWA CHOI, In Vivo March 2008, 22 (2) 231-236; Effect of bone mineral with or without collagen membrane in ridge dehiscence defects following premolar extraction.
- 2) Internal data: resorption time measured in animal experimentation after subcutaneous application of the membrane in rats.



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