

CERASORB®

PROVEN TO BE EQUIVALENT TO AUTOGENOUS BONE



NEW V
SUCC
DEMO

amorphous phase β -Tricalcium Phosphate

500-1000 μm

1.0 cc

Research Triangle Park, NC 27709-2339

RESORBS IN 4-12 MONTHS FORMING NEW VITAL BONE RESORBS IN 4-12 MONTHS FORMING
PATIENTS SUCCESSFULLY USED IN 350,000 PATIENTS SUCCESSFULLY USED IN 350,000 P
DEMONSTRATED IN 125+ PUBLISHED PAPERS OVER 10 YEARS DEMONSTRATED IN 125

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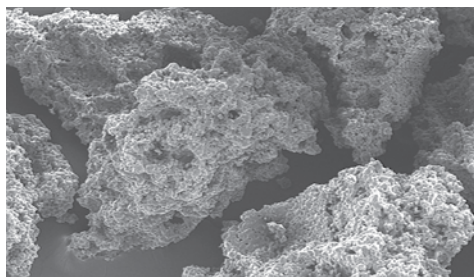


THE NEW LEADER IN BONE REGENERATION

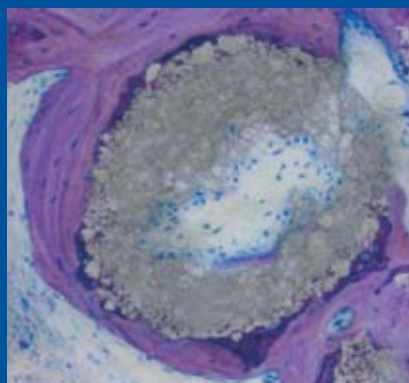
CERASORB®

The Newest Development in Bone Regeneration

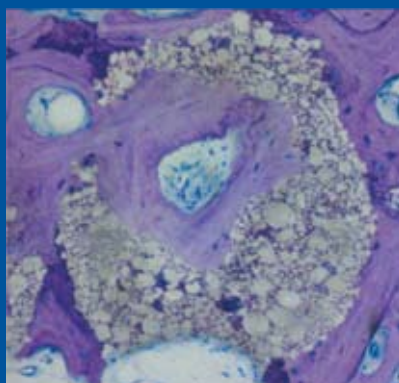
Cerasorb® provides maximum porosity for better resorption in bone grafting procedures. Made of a new generation of pure-phase β -tricalcium phosphate, the product provides a unique interconnecting scaffolding that allows it to be completely resorbed while simultaneously creating new bone formation. As a result, it produces bone quality comparable to patients' harvested bone, the gold standard for bone grafting techniques.



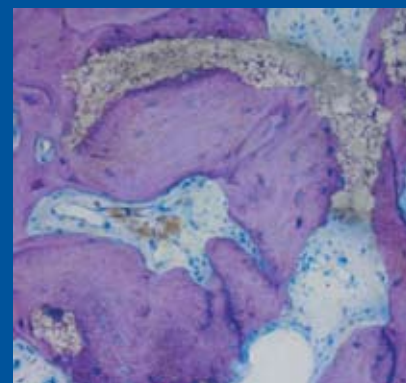
Cerasorb® produces bone comparable to patients' harvested bone.



Central connective tissue penetration



Formation of osteons



Remnants surrounded by bone

POROSITY

Cerasorb® M has a unique 62% interconnecting porosity, which increases osteoconductivity within the grafted area while allowing integration of the blood within the pores of the material.

OSTEOCONDUCTIVITY

The capillary effect of the blood within the Cerasorb® granules promotes the rapid formation of osteoblasts which stimulates vital bone growth.

PREDICTABILITY

Cerasorb® M with its consistent porosity and calcium phosphate ratio, similar to a patient's own bone, provides predictable resorption and new bone formation in 4–6 months.

All three images taken from the same specimen 4.5 months after augmentation with Cerasorb®, demonstrating stages of granule resorption and contact between osteoblasts and osteocytes (courtesy of Professor Plenk, Vienna).

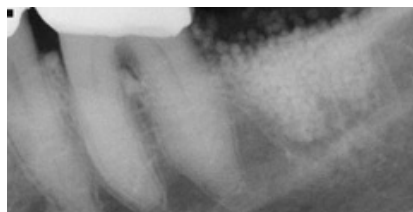
CERASORB®

Clinical Results

Cerasorb's easy handling allows for precise bone graft placement. Cerasorb® is gamma-sterilized and is available in double-sterile packs with easy-to-use product labels for detailed patient documentation.

Cerasorb's high quality ensures maximum safety in all cases because it is a pure synthetic and resorbable material. Cerasorb® demonstrates excellent tissue compatibility, locally and systematically.

Unlike biologically-based materials, there are no risks of incompatibility, allergy or transmission of disease.



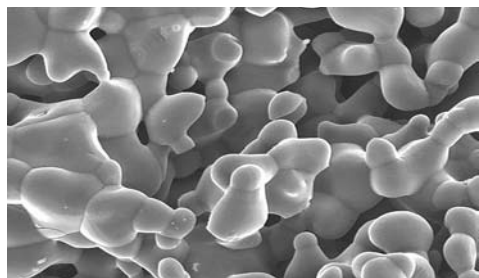
Augmentation with Cerasorb® M after socket extraction at 4 month. Note how Cerasorb® M can be monitored radiographically. Images courtesy of Dr. Robert Horowitz, Scarsdale, N.Y.



Pre-op before sinus elevation using Cerasorb®, Dr. Ziv Mazor, Tel Aviv, January 2004.



Post-op with implants placed. Cerasorb® resorbed into new bone, Dr. Ziv Mazor, Tel Aviv, January 2005.



Photomicrograph shows the interconnecting open porosity with micro, meso and macro pores (5µm–500µm)

“There are a lot of choices when it comes to selecting grafting materials. I've found over the years that when my patients need a resorbable, bone remodeling grafting material that is predictable, especially in defects for future implant placement, Cerasorb® is an excellent choice. It can be used alone or in combination with other materials as required.” Joel L. Rosenlicht, D.M.D.

CERASORB®

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Clarification of Mixing Instructions for Cerasorb® M Dental

1. Remove all residual bone and necrotic tissue from the implant bed before applying Cerasorb®.
2. Thoroughly freshen the bone in the implant region.
3. Mix Cerasorb® with autologous blood from the defect region before filling the defect.
4. Fill the defect completely with a mixture of Cerasorb® and blood. Cerasorb® must be in direct contact with vital bone. Avoid excessive compression or fracture of the granules.
5. Membrane materials may be used, depending upon the size of the defect.



Place Cerasorb® in a sterile container.

Add blood obtained from defect site.

Cerasorb® is ready to use when fully saturated.

CERASORB® M DENTAL		
Item Number	Description	Granule Size
S05-M0150	5 vials–0.5cc/vial	150–500µm
S05-M0500	5 vials–0.5cc/vial	500–1000µm
S05-M1000	5 vials–0.5cc/vial	1000–2000µm
S10-M0150	5 vials–1.0cc/vial	150–500µm
S10-M0500	5 vials–1.0cc/vial	500–1000µm
S10-M1000	5 vials–1.0cc/vial	1000–2000µm
S20-M0150	5 vials–2.0cc/vial	150–500µm
S20-M0500	5 vials–2.0cc/vial	500–1000µm
S20-M1000	5 vials–2.0cc/vial	1000–2000µm

GRANULE RECOMMENDATION

- 150-500µm for periodontal bone defects
- 500-1000µm for small and intermediate-size cysts and grafting of alveolar defects
- 1000-2000µm for large cysts, sinus elevations and augmentation

P.O. Box 12339
Research Triangle Park, NC 27709-2339

Contact us for workshops and training appointments.
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