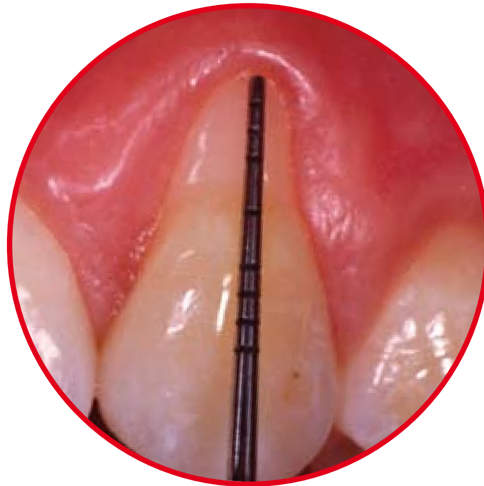
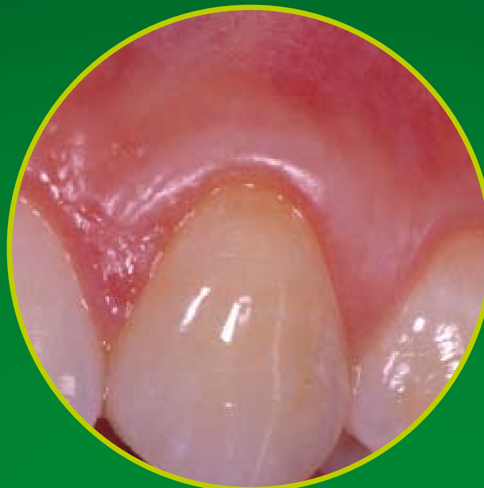
straumann®

MAKE A DIFFERENCE
REGENERATE TISSUE NATURALLY



before



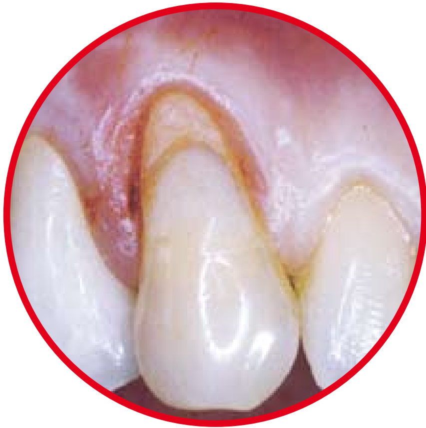
after

Straumann® Emdogain®

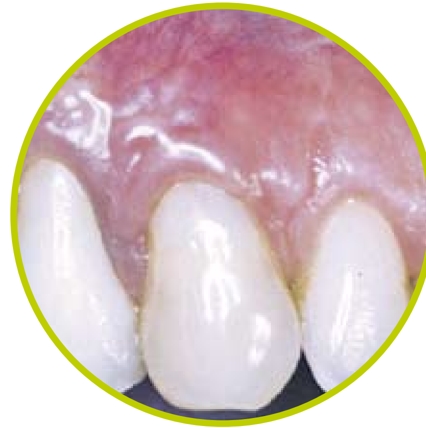
COMMITTED TO
SIMPLY DOING MORE
FOR DENTAL PROFESSIONALS

PERIODONTITIS – THE MAIN CAUSE FOR LOSING TEETH

5–15% of the population suffer from severe periodontitis[1].



Pre-operative 4 mm recession at tooth 6, with former composite filling removed. Photos: Dr. S. Hägewald, Berlin



Clinical appearance five weeks post-operative. The flap is well integrated and appears in a practically mature state.

Recession defects are of great patient concern, and can cause painful root sensitivity and an unesthetic appearance. Complete root coverage with thick and healthy looking keratinized tissue is required to eliminate these complications.

The main cause for losing teeth however is periodontitis. Caused by bacteria this inflammatory disease subsequently leads to the destruction of attachment and bone; and finally to the loss of teeth – if left untreated.

To remove calculus, the cause of periodontitis, surgical treatment such as Open Flap Debridement (OFD) is required. On their own, such traditional and other periodontal treatments, however, do not lead to the regeneration of natural tooth attachment. In contrast, attachment through long junctional epithelium is observed.

STRAUMANN® EMDOGAIN® NATURALLY REGENERATES TISSUE

Straumann Emdogain is a scientifically proven solution designed to promote the predictable regeneration of lost periodontal hard and soft tissue, helping to save and stabilize teeth.

When applied onto cleaned and conditioned root surfaces during periodontal surgery, evidence strongly suggests that Straumann Emdogain mimics the biological process of natural tooth development and enables the regeneration of new periodontal tissue[2]. On the root surface the enamel matrix proteins allow for the selective colonization, proliferation and differentiation of cells[3, 4].

Cover photos: Dr. G. Zuchelli, Bologna

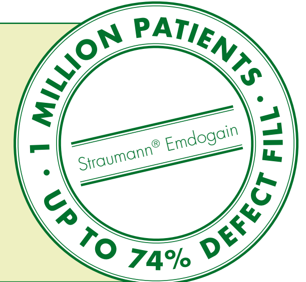
> "Straumann Emdogain stimulates both, the hard and soft tissues of the periodontium at the same time."
>
> **Dr. David Cochran, Chairman of Periodontics, University of Texas Health Science Center, San Antonio, USA**

STRAUMANN® EMDOGAIN®: EASY TO USE

The treatment with Straumann Emdogain is easily integrated in the periodontal surgery. Moreover, no second surgery is required. Straumann Emdogain is convenient and effective to use – even in areas that are difficult to treat.

Indications for use
Emdogain is intended as an adjunct to periodontal surgery as a topical application onto exposed root surfaces. Emdogain is indicated for the treatment of the following conditions:

- Intrabony defects due to moderate or severe periodontitis
- Mandibular degree II furcations with minimal interproximal bone loss
- Coronally Advance Flap for treatment of gingival recession defects
- Minimally invasive surgery technique in esthetic zones



1. Deep periodontal defect with calculus on the root surface prior to regenerative treatment with Straumann Emdogain. Destruction of periodontal attachment and bone leading to loss of tooth support.

2. Mucoperiosteal access flap is reflected and Open Flap Debridement (OFD) is performed to completely remove plaque, calculus and granulation tissue as necessary. Straumann PrefGel® effectively removes the smear layer.

3. Application of Straumann Emdogain on the cleaned and conditioned root surface starting at the most apical bone level to cover the whole root surface. Enamel matrix proteins immediately precipitate and build a layer on the root surface, initiating the regeneration process.

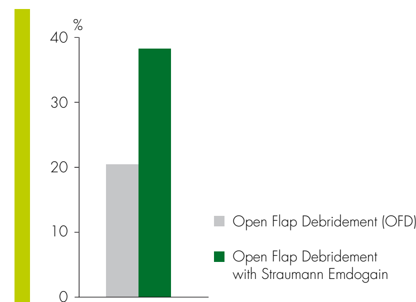
4. Successfully saved tooth through regeneration of periodontal tissue 6 to 12 months after Straumann Emdogain treatment. The regenerative process of surgically treated areas should not be disturbed by probing for 6 months after treatment.

Contraindications
Emdogain should not be used in patients with disorders or conditions including, but not limited to the following: uncontrolled diabetes or other uncontrolled systemic diseases, disorders or treatments that compromise wound healing, chronic high dose steroid therapy, bone metabolic diseases, radiation or other immuno-oppressive therapy and infections or vascular impairment at the surgical site.

SIGNIFICANTLY IMPROVED SUCCESS AND ESTHETICS*

More than 100 clinical publications in peer-reviewed journals demonstrate Straumann® Emdogain® to be safe and effective in stimulating the formation of new periodontal attachment. These clinical studies involve 3000 defects in 2500 patients.

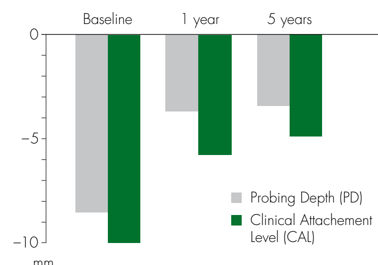
Up to 74% average bone fill 1 year following treatment with Straumann Emdogain.[6]



Percentage of patients with highly improved CAL gain of >4 mm 1 year post-operative.[5]

HIGHLY IMPROVED CLINICAL RESULTS

- Almost doubled the percentage of patients with highly improved Clinical Attachment Level (CAL) gain of >4 mm[5]
- Tripled average bone defect fill up to 74%[6]
- Increased keratinized tissue and equal or increased root coverage[12]

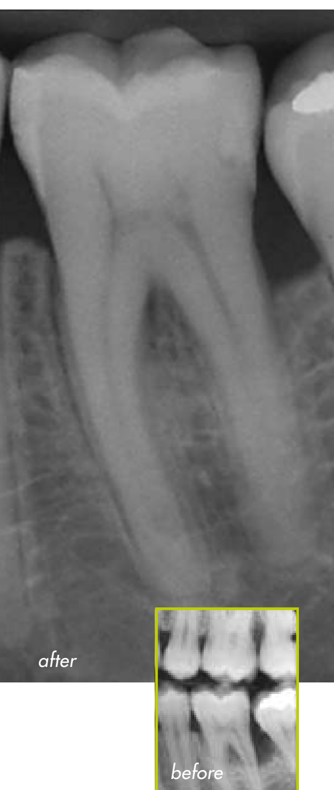


Significantly improved CAL and PD following OFD with Straumann Emdogain, measured over 5 years.[7]

Regain of clinical attachment and alveolar bone has been shown to continue for more than a year.

EMDOGAIN HAS A LONG HISTORY OF USE

- Improved attachment level maintained over 5 years[7]
- Improved probing depth level maintained over 5 years[7]



2 year post-operative x-ray of an intrabony defect with a class II lingual furcation after OFD and Straumann Emdogain treatment. High improvement in bone level and furcation closure Photos: Dr. D. Nisand, Paris

Clinicians reported on enhanced wound healing when using Straumann Emdogain.[9]

IMPROVED PATIENT SATISFACTION

- Less post surgical discomfort[10]

*As measured by bone defect fill and recession coverage compared to control treatment

1. AAP: *J Periodontol, 2005;76:1406–1419*
2. McGuire et al., *J Periodontol 2003; 74:1110& 1126*
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5. Tonetti et al., *J Clin Periodontol 2002;29:317–325*
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