New opportunities in implant dentistry at AAID annual meeting

More than 1,600 dentists, allied staff and exhibitors are expected to attend the American Academy of Implant Dentistry’s (AAID) annual scientific conference from Nov. 11–15 in New Orleans. The event is highly regarded in the dental profession as an innovative and valuable opportunity for continuing education, product demonstrations and networking.

The theme for the AAID meeting, to be held at the Hilton New Orleans Riverside hotel, is “New Opportunities in Implant Dentistry,” and the comprehensive scientific program will showcase an international cast of speakers and offer as many as 24 hours of comprehensive dental implant continuing education. The schedule of presentations along with abstracts and registration is avail-

Latch-head hex tool guided implant uncovering using the punch technique

In William E. Mason DDS, MS, PC

Dental implants are considered a highly predictable and accepted technique for the replacement of lost teeth.1-5 Brånemark and coworkers proposed the original osseointegrated implant technique.6 This involved a healing period of three to six months before the implants were surgically exposed and restored.6-8

It has been demonstrated since that a “one-stage” approach with or without immediate loading is a predictable technique.9 However, in cases where extensive guided bone regeneration is necessary or there is inadequate initial implant stability, a “two-stage” approach is recommended.10

Fig. 1: #12 scalpel is used to locate the hex depression in the center of the cover screw.
Dr. Samuel Low elected president of the AAP

Samuel Low, DDS, MS, of Gainesville, Fla., was installed as president of the American Academy of Periodontology Board of Trustees during its 95th Annual Meeting, held Sept. 12–15 in Denver.

Low is associate dean and professor of periodontology at the University of Florida College of Dentistry in Gainesville, Fla. He is also an advisory faculty member to the Pankey Institute for Advanced Dental Education, a dental school that focuses on hands-on educational experiences and a highly developed dental curriculum.

An AAP member since 1975, Low served on the Board of Trustees as the academy’s president-elect in 2009. Previously he served as vice president in 2008, and secretary/treasurer in 2007. Low follows outgoing President David Cochran, who will assume the role of immediate past president and will support the academy in the coming year as a member of the Board of Trustees.

“Dr. Low’s diverse background will be very valuable during his tenure as president. His experience within the AAP, as well as with the American Dental Association and in academia, will help Dr. Low successfully lead the academy throughout the next year and into the future,” said Cochran, 2009 AAP president.

“I am honored to start my year as president of the American Academy of Periodontology,” Low said. “I am anticipating a very busy and successful year for the academy, which will include advancing the science of periodontology, conducting both public and professional outreach on the importance of periodontal health, and strong leadership to further the specialty.”

As well as serving on the AAP’s Planning Committee, Education Committee and participating in multiple World Workshops in Periodontics sponsored by the AAP, Low has been involved in all levels of organized dentistry. In addition to being a trustee at the American Dental Association, Low is a consultant to the Council on Dental Practice.

Low received his dental degree, specialty training in periodontics and master’s of science in biomedical science from University of Texas Dental Branch at Houston, and his master’s of education from University of Florida College of Education.

In addition to Low, Pamela McClain, DDS, of Aurora, Colo., was installed as vice president and Nancy Newhouse, DDS, of Lee’s Summit, Mo., was installed as secretary/treasurer.

A former dental hygienist, McClain maintains a full-time private practice limited to periodontics in Aurora, Colo., and is a part-time clinical assistant professor at the University of Colorado School of Dentistry.

An AAP member since 1983, McClain previously acted as the Board of Trustees secretary/treasurer during 2009 and has also served on a variety of academy committees, including chairing the Continuing Education Oversight Committee, Strategic Planning Committee and the Annual Meeting Committee.

McClain has been a diplomate of the American Board of Periodontology since 1992.

“Dr. McClain has had an outstanding year on the Executive Committee, and in this new position as vice president I am sure that she will continue to help guide both the AAP and periodontal profession toward the future,” Low said.

In addition to running a private practice in Independence, Mo., Newhouse is also an assistant professor at the University of Missouri-Kansas City School of Dentistry. She has been a diplomate of the American Board of Periodontology since 1989.

A member of the AAP since 1985, Newhouse has previously been active in many committees including the Executive Committee, American Dental Association Liaison Committee, Task Force on Membership Value, Finance Committee, Planning Committee and Awards Committee. She has also served on the Board of Trustee since 2002.

(Source: American Academy of Periodontology)

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dental-tribune.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

Corrections

Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.

(Source: Kalora Information)
A Bone Matrix Product Containing Stem Cells.

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The proprietary processing technology that produces Osteocel® results in a viable bone matrix product that preserves the native stem cells found in marrow rich bone. It is the only product available today that has the desired beneficial properties of autograft - osteoconduction, osteoinduction and osteogenesis — and that allows surgeons to provide their patients with optimal bone growth conditions without the added risk and cost of a secondary procedure.

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Before: exposed implant

Osteocel bone graft in place prior to mesh fixation

4 months: After mesh removal

Ridge Augmentation clinical case.
In these situations, the implant is allowed to integrate while submerged. The “second stage” is a minor surgical procedure in which the head of the implant is surgically exposed and a temporary healing abutment or temporary restoration is placed to begin to establish the correct emergence profile. Definitive restorative treatment is then initiated after adequate soft-tissue healing.

The recommended technique for this second-stage surgery is an incision around the implant head to surgically remove the soft tissue. Sometimes, a full thickness mucoperiosteal flap is raised to access the head of the implant. The attached gingiva covering and just lingual to the implant head can be mobilized and moved buccally to form an adequate band of attached gingiva around the buccal surface of the implant.

A punch technique has been suggested to leave a smooth even incision around the implant head and bordering the healing abutment. The punch technique is only indicated when there is an adequate amount of attached gingiva over the head of the implant.

If alveolar mucosa covers or is adjacent to the head of the implant, and the punch technique is used, alveolar mucosa will be adjacent to the final restoration. This will result in an inadequate gingival seal adjacent to the restoration, allowing plaque accumulation, inflammation and an unesthetic result.

The punch technique requires that the implant position be accurately located so that no bone is exposed by a punch that is off center.

Sometimes, the implant can be visualized through the soft tissue, but many times locating the exact position of the implant head is difficult. The surgical stent can be an aid in locating the head of the implant also. The mesio-distal position can be determined from periapical radiographs; however, bucco-lingual position is more difficult to determine.

Fig. 2: The driver handle (Zimmer Dental).

Fig. 3: The driver handle or a similar device is used to apply pressure to the hex driver to force it into the cover screw.
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A technique developed by the author allows accurate locating of the implant head and positioning of the punch, and therefore accurate removal of the overlying soft tissue.

The technique is described as **Latch-Head Hex Tool Guided Implant Uncovering Using The Punch Technique**.

A #12 scalpel is used to locate the hex depression in the center of the cover screw (Fig. 1). A mesio-distal incision approximately 2 mm long is made over the hex depression so the latch-head driver can be inserted into the hex.

The driver handle (Zimmer Dental) (Fig. 2) or a similar device, is used to apply pressure to the hex driver to force it into the cover screw (Fig. 3). The cover screw can be unwound a few turns to blanch the gingiva, allowing the position of the implant head to be better visualized. A slow-speed round bur may be needed if bone is covering some of the cover screw. The desired diameter punch biopsy instrument is selected; they are available in 3.5 mm, 4.0 mm and 5.0 mm diameters (Ace Surgical) (Fig. 4). The latch-head driver is inserted into the cover screw (Fig. 5) and the punch biopsy instrument is inserted over the latch end of the driver (Fig. 6).

This guides the punch to accurately incise the attached gingiva, which is directly over the head of the implant (Fig. 7). The hollow cutting end of the punch biopsy instrument may need to be widened inside the plastic handle area with a long thin acrylic bur to allow the latch end of the latch-head driver to not interfere with complete seating of the cutting end over the implant head. With the latch head driver in position, not only is the location of the implant head determined, but also the angle of the implant as it emerges from the edentulous ridge is indicated (Fig. 5).

With this technique, there is accurate location of the implant head and accurate and circular removal of the soft tissue over the implant with no exposed bone (Fig. 8). It is recommended to use the smallest diameter punch allowing the temporary healing abutment to plump out the excess attached gingiva.
Dr. William E. Mason has been in private practice limited to periodontics and dental implants since 1984 in Saginaw, Mich. Mason has placed more than 2,800 implants since his implant training in 1989. He has published eight articles in the Journal of the Michigan Dental Association and two others in national dental journals. Mason is a member of the Dean’s Faculty at the University of Michigan School of Dentistry, instructing in the Graduate Periodontics Clinic. He has lectured numerous times locally and performs surgical procedures at Delta College for the instruction of dental hygiene students. He also developed and patented the Palatal Anesthesia Device (PAD), an instrument that helps make palatal injections comfortable.
At the 2009 annual meeting of the American Academy of Periodontology (AAP) in Boston, Straumann announced the full market launch in North America of its new high-performance dental implant material Roxolid™.

Straumann Ø3.3 mm Bone and Tissue Level implants are now available in the new material in the United States and Canada, offering customers a new level of confidence with small diameter implants. Ø3.3 mm implants currently generate approximately 15 percent of the company’s global implant sales.

Roxolid is an alloy of titanium and zirconium and has been designed specifically for dental implants. Its name conveys the concept of natural physical strength combined with solidity (osseointegration).

Rigorous tests in Straumann laboratories have shown the new material has higher fatigue and tensile strength than pure titanium (grade 4 annealed and cold worked), the current material of choice for dental implants. In addition, preclinical study results have indicated that bone integrated with Roxolid perform better than with pure titanium (grade 4).

The combination of enhanced strength and osseointegration opens the door for a new generation of small diameter implants, which may be particularly advantageous in situations where there is limited space between teeth, and when preserving existing bone and vascular supply is important. A further potential advantage could be the use in thin alveolar bone.

Straumann’s largest prelaunch clinical program to date

Engineered and developed by Straumann, Roxolid has been undergoing a broad program of clinical trials in nine countries, the first of which began nearly two years ago.

Involving 60 centers and more than 500 patients, this is one of the largest clinical research programs ever undertaken by a dental implant company prior to market launch. Based on reports to date, the implant survival rate exceeds 95 percent. In addition, Roxolid has been made available to 450 selected specialists in a controlled release program, in which more than 6,300 implants have now been distributed.

Initial clinical reports have already been presented by lead investigators at recent major congresses, including a review of the scientific evidence and clinical application by Prof. Hans-Peter Weber (chair of the Department of Restorative Dentistry and Biomaterials Sciences at Harvard School of Dental Medicine) at the AAP.

Although Straumann obtained regulatory clearance several months ago, the company chose not to launch Roxolid until the available data from preclinical and clinical trials, including 12-month results from completed studies, had been reviewed by a clinical advisory board of independent experts. On the basis of their unanimous recommendation, Straumann is proceeding with a full market launch, beginning in North America, the world’s largest market for dental implants. Roxolid will also become available to doctors and patients in Europe in the coming weeks.

The need for high-performance materials

Pure titanium is well known for its biological compatibility with the human body and its resistance to corrosion. The discovery that bone integrates with titanium (osseointegration) opened the way for its use in orthopedic surgery and subsequently in implant dentistry, where its physical properties were also important in order to bear the very strong forces of chewing. However, the mechanical properties are limited in the case of small diameter implants or parts, which are needed for narrow spaces.

This prompted the use of alternative materials, such as titanium alloys (e.g., Ti-6Al-4V, ‘TAV’), but additional strength came at the price of impaired osseointegration due to inferior biocompatibility and surface characteristics.

According to published research, titanium and zirconium are the only two metals commonly used in implantology that do not inhibit the growth of osteoblasts, the bone forming cells that are essential for osseointegration. In contrast, the alloy of titanium and vanadium (TAV) has been shown to compromise osseointegration.

Furthermore, TAV cannot accommodate the sophisticated microstructuring processes required for Straumann’s third generation SLActive® surface technology, which enhances osseointegration.

(Source: Straumann)
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Why orientation is so important

By Pat Rosenzweig

“She seemed so great at the interview. Why didn’t she work out?”

Lately our days are always too short, with never enough time to accomplish everything. Before it’s time to close the laptop, get some sleep and start all over again. This lack of time is translating into every aspect of our offices, including the training of new staff members — and that’s getting to be a real problem in many practices.

Hiring someone with implant experience and knowledge of our office software should be only the beginning of the new employee experience, not the entire process. Well-oriented and trained staff members are able to get much more accomplished in much shorter time frames than those who are always hunting around for the correct instruments, procedures or keystrokes.

So what makes up good orientation training? We can actually sum it all up in one word: planning.

Prior to hiring any new employee, we need to have a clear job description for the position, preferably in writing. We need to know what the specific job duties are, when and how they need to be performed and what additional side or shared duties are also parts of the job. This is now our roadmap to set up training for our new employee.

From there, we need to choose the right staff member to act as a trainer. The trainer needs to be well-trained herself, as well as being a patient teacher. Frequently, the type of personality that makes a great lead assistant or treatment coordinator isn’t the best teacher, so we need to choose the most qualified person for our trainer — which is not necessarily the staff member who’s been with us the longest.

Ideally we should begin our first training day on a day with no patients. This allows time for a basic orientation about where everything can be found, how everything works and what our software has to offer. I know many trainers would disagree with me on this, as they feel that hands-on is always the best type of training. I’m all for hands-on training, but when it begins on an employee’s first day, it’s frequently more like sink-or-swim than hands-on.

Our training plan needs to be in the form of a written checklist so we can check off completed items as we go. Also, the ideal training plan contains frequent stops to test or use the acquired skills on sample patients. While this type of training plan sounds time consuming, it only needs to be created once, then can be used over and over.

Begin orientation at the beginning. Show the new staff member how to turn on all equipment and what procedures we set in place at the start of the day. We’ve all had the experience of wasting time going into the office on our own for the first time and fumbling to find the light switches and the power switches for electronics. Use some orientation time to actually orient the new staff member to the environment.

If you’re exposing the new hire to software for the first time, have a program set up to train on the software as well as the systems. Go over the icons and procedures in a step-by-step fashion and allow lots of time for note taking.

Next, do a walkthrough of the initial phone call for desk staff or patient seating for op staff. Use a “cheat sheet” for the initial call, even if the current front desk staff usually enters patient information directly into the computer. Having a template gives a new staff member confidence that he or she is getting all the information required. Review the front desk systems and the operatory set ups. Have a written manual in place that details these areas for reference. No one will remember it all the first time around.

Finally, be patient. Every new staff member will have his or her own individual learning curve, and some of the best assistants and front desk staff I’ve worked with took a bit of time to get the hang of the software and the systems.

Pat Rosenzweig is co-founder of Mosaic Management Professionals providing management and business consulting for dental and specialty offices. Mosaic Management Professionals functions on a belief that every office is unique with its own special dynamic and its own needs. Mosaic is committed to creating a plan for each client that puts the office’s particular strengths into play. For more information, see www.mosaicmanagementpro.com.
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There are still seats available for limited attendance workshops. The cost of each limited attendance workshop is $115.

For more information, see www.aaaid.com or check on site at the registration booth. Here is the schedule:

**Thursday, Nov. 12**
8 a.m.–noon
L1A: Bone Regeneration Utilizing rhBMP-2 Technology (Melrose Room)
Alan S. Herford, DDS, MD
Francis R. Jones, DDS, MBA
Shedrick Jones, DDS, PhD
Daniel Spagnoli, DDS, Ph.D

L1A: NobelGuide™ — Minimally Invasive Procedures Using Guided Surgery for All Indications (Oak Alley Room)
Sponsored by a grant from Nobel Biocare
Jack Krauser, DMD

L1A: Bone Grafting Simple to Complex with Implant Reconstruction — Predictable? (Rosedown Room)
Edward M. Amet, DDS, MSD
Len Tolstunov, DDS

1:50 pm – 5:30 p.m.
L1A: Dental Implant Success-Failure Analysis and Implant Surgical-Prosthetic Complications. Concept of Implant Vulnerability and Implant Zones of the Jaws (Melrose Room)
John Minichetti, DMD
Matthew Young, DDS

L1A: Hard Tissue Considerations for Implant Dentistry — A Hands-on and Surgical Video Course (Melrose Room)
John Minichetti, DMD
Matthew Young, DDS

L1A: The Emergency Implant — Turn an Office Emergency into Profit (Oak Alley Room)
Jack Hahn, DDS

1:30 pm – 5:30 p.m.
L1A: Excellence in Implant Surgery through the Use of Evidence-Based Platelet Rich Plasma Procedures (Melrose Room)
James Ruthkowski, DMD, PhD
James W. Fennell, DDS

L1A: Basic Principles in Gengivo-Osseous Surgery and Soft Tissue Workshop on Lamb/Pig Jaw (Prince of Wales Room)
André P. Saadoun, DDS, MS

Friday, Nov. 15
8 a.m.–noon
L1A: Piezoelectric Surgery Technology in Dental Implantology: Hands-on Comparison of the Mectron, Acteon, EMS Units (Prince of Wales Room)
Alfred “Duke” Heller, DDS, MS
Robert L. Heller, DDS

L1A: A New Direction for Implants (Oak Alley Room)
Sponsored by a grant from Nobel Biocare
Jack Krauser, DMD

1:30 pm – 5:30 p.m.
L1A: CT Diagnostics for 3-D Implant Treatment Planning (Oak Alley Room)
Tim Kosinski, DDS

L1A: The New Morse Taper Connection Implant: A Revolution in Implant Dentistry (Marlborough B Room)
Sponsored by a grant from Neodent
Carlos dos Reis Pereira Araujo, DMD

Saturday, Nov. 14
8 a.m.–noon
L1A: No Jaw Left Behind — Multimodal Dental Implant Treatment (Marlborough A Room)
Richard Hughes, DDS

L1A: Implants Create Profitability with Sales and Marketing (Melrose Room)
Bill Blatchford, DDS

L1A: New Frontier in Implant Dentistry with Use of Laser Therapy (Rosedown Room)
Edward Kusek, DDS

L1A: No Jaw Left Behind — Multimodal Dental Implant Treatment (Marlborough A Room)
Richard Hughes, DDS

For more information, see www.aaaid.com or call AAID at (877) 335-AAID (2243) or (312) 335-1550.

(Source: AAID)
AAID Annual Meeting, New Orleans
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For more program details, check the schedule at www.DTStudyClub.com.

The symposia are free for registered Greater N.Y. Dental Meeting attendees, but pre-registration is recommended and seating is limited. For registration information, visit www.gnydm.com.
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SimPlant Academy launches new Web site

The SimPlant® Academy is the educational wing of Materialise Dental, offering computer-guided implant dentistry hands-on training sessions worldwide for beginners and more advanced users. In order to assist clinicians in starting to treat their cases with SimPlant or give existing SimPlant users the right tools to get even more out of 3-D digital dentistry, the SimPlant Academy launched a whole new Web site.

From scan to plan to guide, to the ultimate Immediate Smile®, the SimPlant Academy training courses show dental professionals step-by-step how to plan and place implants with ease and confidence thanks to SimPlant and SurgiGuide® drill guides. SimPlant Compatibility means predictable and accurate dental implant treatment, resulting in a more efficient and stress-free practice.

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Check out the global course offering online — the SimPlant Academy courses offer something for everyone and at every level. A user-friendly interface allows you to search for courses by course type, course level, country, language and starting date. Guaranteed you’ll quickly find what you are looking for. Instantly register online, and you’ll be looking forward to an amazing educational experience that just might blow the dentist socks off of you!

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The world of computer-guided implant dentistry is exciting and ever evolving. Get in touch with renowned experts in the field, be inquisitive and ask challenging questions, and lift yourself to the next level in no time.

Want to expand your knowledge even more? Get online and browse the 3-D digital dentistry movies section. Even subscribe to an RSS feed to receive notifications of new movies being posted online. Or get a profound insight in SimPlant treatment planning cases by browsing case specific presentations.

(Source: Materialise Dental)
Industry IMPLANT TRIBUNE | October 2009

BIOMET 3i announces new leadership

BIOMET 3i, a subsidiary of Biomet, announced today the appointment of Maggie Anderson to the position of president for BIOMET 3i. Biomet had previously announced on Aug. 7 that current president Steve Schierie has decided to retire from BIOMET 3i.

“We thank Steve for his 11 years of leadership at BIOMET 3i,” said Jeff Binder, BIOMET president and CEO. “He has made many contributions along the way and will be missed. We wish him the very best in his future endeavors.”

“I am excited about the future of BIOMET 3i,” Anderson said. “I am honored to be working with a world class group of global professionals in such a dynamic industry where we are only bound by the possibilities to improve the patient experience and outcomes.”

Anderson most recently served as a member of the TPG Capital management team for the last 18 months while working closely with BIOMET 3i management and key industry opinion leaders, learning the intricacies of the dental business while driving improvements around innovation.

“I am committed to preserving the core values that make BIOMET 3i great — integrity, people and a legacy of innovating, while working hard to meet our customers’ needs,” Anderson said.

Prior to joining TPG, Anderson was a director at AlixPartners, where she led the transformation efforts of New World Pasta and DJ Orthopedics (now DJO Inc.). She also spent 10 years with General Motors in diverse roles of increasing responsibility, including advanced manufacturing engineering, new program development, quality, operations, production control and logistics. She holds a BS from General Motors Engineering and Management Institute and an MBA from Wright State University.

BIOMET 3i is a leading manufacturer of dental implants, abutments and related products. Since its inception in 1987, BIOMET 3i has been at the forefront in developing, manufacturing and distributing oral reconstructive products, including dental implant components and bone and tissue regenerative materials.

For more information, call (800) 443-8166 or (361) 776-6700, or visit the company’s Web site www.biomet3i.com.

BIOMET 3i now offers Navigator for SICAT

BIOMET 3i is pleased to announce that its Navigator System — Instrumentation for Guided Surgery, is now compatible with SICAT’s 5-D implant planning software.

This compatibility will allow Navigator users to treatment plan cases within the SICAT Implant and GALLLEON® implant planning software programs. In addition, SICAT surgical guides, utilized with Navigator instrumentation, will allow for accurate osteotomy preparation and placement of BIOMET 3i Implants.

SICAT software features the following:
- Navigator-specific implant library.
- Global market support (North America, Europe and PAC Rim).
- Compatibility with DICOM data — eliminating the need to outsource scan data for file conversion.
- Confirmation of accurate surgical guide fit at the time of CT scanning because the surgical guide is created from the scanning appliance.
- Surgical guide creation utilizing milling technology — providing an alternative to rapid prototyping.

Drilling protocols, consistent with Navigator instrumentation, are provided with each SICAT surgical guide.

Maggie Anderson

The DTSC Symposia at the Greater New York Dental Meeting offer an inspiring schedule of continuing education lectures in various dental disciplines. Each scientific lecture will provide an invaluable opportunity to learn diverse aspects of dentistry and how to integrate a variety of treatment options.
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Zimmer introduces battlefield technology for oral wound care

Zimmer Dental is pleased to announce the availability of the HemCon® Dental Dressing — a revolutionary wound dressing material that utilizes a unique, proprietary technology to effectively seal the wound and minimize pain in various surgical procedures, culminating in a more positive experience for both clinicians and patients. HemCon Bandages have been a top choice for the U.S. Armed Forces in battlefield wound care since 2003.

Designed to become extremely sticky when placed in contact with blood, the HemCon Dental Dressing immediately seals and protects the wound, while simultaneously relieving pain. Safe, sterile and easy-to-use, the dressing eliminates the need for traditional sutures in a number of common dental applications — including tooth extractions, donor site soft-tissue grafts, biopsies, maxillofacial trauma and surgical flap procedures — expediently stabilizing the blood clot and dissolving over time.

The HemCon Dental Dressing, manufactured by HemCon Medical Technologies and exclusively distributed by Zimmer Dental, is made from chitosan, a biocompatible polysaccharide derived from the exoskeleton of arctic shrimp. The innovative product offering contains no human/animal clotting factors.

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