Renovix Guided Healing Collagen Membrane ideal for grafting procedures

By Salvin Dental staff

The Renovix® Guided Healing Collagen Membrane from Salvin Dental is getting excellent reviews from doctors using it for pre-implant grafting procedures including socket preservation, ridge augmentation and sinus lifts.

It combines the ability to drape and conform to the specific anatomy of a grafted defect, while maintaining structural integrity and elasticity.

This combination of ideal handling characteristics helps to make grafting procedures easier and more predictable, the company says.

When it comes to selecting the perfect membrane for guided bone and tissue regeneration, there are many choices. Yet most clinicians are still looking for the ideal membrane that combines the best handling and performance characteristics.

Some collagen membranes remain stiff even after being hydrated, making it difficult to position over a ridge and conform to the shape of the defect. Other membranes have no memory and resemble wet tissue paper, making it extremely difficult to manipulate during surgery.

Renovix was originally created for use in repairing pediatric cardiac defects. Cardiac surgeons needed a resorbable membrane to protect the surgical site without migration and have it cross-linked in a way that significantly reduced the chance of an inflammatory response. Based on these specific requests, the material used for Renovix was developed.

Renovix is fabricated from Type I porcine collagen, known to be one of the purest forms of collagen available, the company asserts.

It is cross-linked with polysaccharide, a naturally occurring sugar, with excellent biocompatibility. The combined performance and handling characteristics of this membrane, along with specific requests from many implant surgeons, encouraged Salvin Dental to introduce Renovix for guided bone-regeneration procedures.

Case reports and clinical documentation are an important part of the decision process when determining how regenerative products will perform.

Steve Wallace, DDS, MHS, from Wilmington, N.C., has used Renovix in more than 25 cases as a guided regeneration barrier after extraction and grafting of maxillary 1st and 2nd molars in preparation for implant placement.

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At the AO Annual Meeting
If you would like more information about Renovix or would like to give it a try, please see the team of experts at Salvin Dental at booth No. 519 at the AO Annual Meeting.

Check out the product video on the website at www.salvin.com or speak to one of the sales representatives at (800) 535-6566.

Renovix is very thin, yet has remarkable tensile strength. This characteristic provides several clinical advantages.

First and foremost, it can easily be tucked or sutured to the surgical site if needed. Next, it can be tucked into small tunnel incisions using a micro periosteal elevator without concern that the instrument will easily puncture through the membrane.

Finally, the fact that Renovix is thin and resilient enables the clinician to elevate smaller flaps, leaving more of the periosteum and blood supply undisturbed, for faster healing and less patient discomfort, according to Salvin Dental.

James Woodyard, DMD, MS, from Newburgh, Ind., made the following statement regarding his experience with Renovix: “The thinness and excellent tensile strength of Renovix allows me to create small tunnel incisions and tuck it under the tissue without tearing the membrane. With thicker membranes that I used in the past, I had to create large full thickness flaps, and many of the other thin membranes had a tendency to tear when I tried to tuck them.”

“When I decrease the size of the flap elevated and exposure of bone, I decrease post-operative swelling, pain, bone loss and discomfort for the patient. The less invasive I can be, the less complications I have. I am extremely pleased with the results that I have seen when using Renovix.”

Renovix is available in three different sizes and is individually packaged sterile for immediate use.

Many doctors like the 15 mm x 25 mm size because it will typically fully cover a grafted extraction socket from the buccal to the opposing lingual plate, maintaining full coverage over the ridge, without having to select a larger size.

This unique size reduces waste and saves money by often eliminating the need to select the next larger size, the company says.