STRAUMANN® EMDOGAIN
BEFORE IT’S TOO LATE

COMMITTED TO
SIMPLY DOING MORE
FOR DENTAL PROFESSIONALS
“THE EMDOGAIN® 015 SHOULD ENABLE THE CLINICIAN TO USE THE MATERIAL MORE OFTEN SINCE IT WILL BE MORE COST-EFFECTIVE WHEN ADDED TO BONE GRAFTING PROCEDURES.”

DR. DAVID COCHRAN
TOOTH PRESERVATION WITH STRAUMANN® EMDOGAIN

Emdogain® is now available in a new package size containing 5 syringes with 0.15 ml. This allows for a cost-effective treatment of smaller defects and soft tissue grafting procedures. The additional Emdogain® 015 in our regenerative portfolio enables the clinician to select the right amount of Emdogain® for the use with various* bone grafting materials, thereby enhancing the patients regenerative periodontal outcome.

5–15% OF POPULATION SUFFERS FROM SEVERE PERIODONTITIS THAT MAY LEAD TO TOOTH LOSS1,2

Periodontitis treatment involves controlling the causative bacteria and inflammation as well as subsequent regeneration of the lost periodontal hard and soft tissues in order to regain tooth attachment.

Biological guided regeneration

Straumann® Emdogain supports the predictable regeneration of the lost periodontal hard and soft tissue caused by periodontitis and in this way helps save and preserve the tooth3.

Applying Straumann® Emdogain to the cleaned root surface of the periodontally diseased tooth helps to regenerate the periodontium, which includes the cementum, periodontal ligament and alveolar bone4–8.

Regenerative surgery with Straumann® Emdogain

* BoneCeramic™, autograft, allograft, bone-derived xenograft, ß-Tricalcium phosphate, or bioactive glass

Courtesy of Prof. Carlos E. Nemcovsky, Tel-Aviv University

Courtesy of Prof. Zucchelli, Bologna University
BIOLOGICAL GUIDED REGENERATION FOR VARIOUS INDICATIONS

Straumann® Emdogain is indicated for:

1. **Intrabony defects**

2. **Wide intrabony defects**

   *In combination with various* bone graft materials in wide defects where bone structure needs to be rebuilt or where additional soft tissue support is needed.

3. **Furcation defects**
   *(Class II furcation)*

4. **Recession defects**

* BoneCeramic™, autograft, allograft, bone-derived xenograft, β-Tricalcium phosphate, or bioactive glass.
The following steps describe how Straumann® Emdogain helps to regenerate the periodontium over time:

1. When Straumann® Emdogain is applied, the enamel matrix derived proteins precipitate on the root surface to form a matrix layer.

2. The matrix stimulates the attraction and proliferation of mesenchymal cells from the healthy part of the periodontium.

3. The cells secrete natural and specific cytokines and autocrine substances promoting the necessary proliferation.

4. Supporting cells are attracted and differentiate into cementoblasts which start with the formation of the cement matrix in which the periodontal fibers will be fixed.

5. The newly formed cement layer increases in thickness, extending the periodontal ligament.

6. Within months, the defect fills with newly formed periodontal ligament.

7. As the periodontal ligament is formed, new bone continues to develop.

8. Straumann® Emdogain facilitates the regeneration of the complex dental structure of the periodontium, building a new functional attachment.

"STRAUMANN® EMDOGAIN STIMULATES THE REGENERATION OF BOTH THE HARD AND SOFT TISSUES OF THE PERIODONTIUM AT THE SAME TIME."

DR. DAVID COCHRAN
**Predictable Clinical Results**

Confidence thanks to predictable clinical results

- Improved clinical results when treating patients with intrabony defects compared to OFD alone
- Increased probability of complete root coverage achieved with a Coronally Advanced Flap (CAF) compared to CAF alone
- More than 400 clinical publications demonstrate Straumann® Emdogain to have predictable clinical results

![Graph showing % of patients with highly significant outcome (CAL gain of >4 mm) 1 year post operative in the treatment of intrabony defects]

"Both the scientific evidence and my personal experience indicate that in appropriate cases, Straumann® Emdogain significantly improves root coverage compared to the coronally advanced flap alone."

Dr. Michael K. McGuire, DDS
MORE THAN 1 MILLION PATIENTS TREATED WORLDWIDE

Rely on long-term clinical experience
- Documented treatment success up to 10 years
- Improved attachment level maintained up to 5 years compared to baseline
- Improved probing depth level maintained up to 5 years compared to baseline

Added value for your practice due to patient satisfaction
- Clinicians reported on enhanced wound healing when using Straumann® Emdogain compared to control
- Less patients with pain and swelling compared to traditional GTR
- Designed solution to improve patient comfort compared to traditional GTR or Connective Tissue Graft (CTG)

*PGA carrier alone

Significantly improved CAL and PD following OFD with Straumann® Emdogain, measured up to 5 years.

Percentage of patients with pain** and swelling** 1 week post-operative in furcation treatment with GTR or Straumann® Emdogain.

**little, moderated and strong
STRAUMANN ® EMDOGAIN

NOW AVAILABLE IN 3 SYRINGE SIZES FOR YOUR CONVENIENCE.

<table>
<thead>
<tr>
<th>Size</th>
<th>Description</th>
<th>Art. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.15 ml</td>
<td>Straumann® Emdogain 0.15 ml</td>
<td>075.098</td>
</tr>
<tr>
<td>0.3 ml</td>
<td>Straumann® Emdogain 0.3 ml</td>
<td>075.101</td>
</tr>
<tr>
<td>0.7 ml</td>
<td>Straumann® Emdogain 0.7 ml</td>
<td>075.102</td>
</tr>
<tr>
<td>0.6 ml</td>
<td>Straumann® PrefGel 0.6 ml</td>
<td>075.203</td>
</tr>
<tr>
<td>Multipack</td>
<td>3 x Straumann® Emdogain 0.3 ml and</td>
<td>075.114</td>
</tr>
<tr>
<td></td>
<td>3 x Straumann® PrefGel 0.6 ml</td>
<td></td>
</tr>
<tr>
<td>MultiPack</td>
<td>3 x Straumann® Emdogain 0.7 ml and</td>
<td>075.116</td>
</tr>
<tr>
<td></td>
<td>3 x Straumann® PrefGel 0.6 ml</td>
<td></td>
</tr>
<tr>
<td>0.25 g</td>
<td>Straumann® Emdogain Plus</td>
<td>075.117</td>
</tr>
<tr>
<td>0.7 ml</td>
<td>1 x Straumann® Emdogain 0.7 ml and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 x Straumann® BoneCeramic 0.25 g</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 x Straumann® PrefGel 0.6 ml</td>
<td></td>
</tr>
</tbody>
</table>

References