

NEW

Guiding your shift towards synthetic solutions

Easily - Safely - Successfully



Anaesthetics

Haemostatics

Bone grafts

Membrane

R.T.R. + Membrane

Resorbable bilayer synthetic membrane
for Guided Tissue Regeneration



Why a membrane is key for a successful procedure?

Triple action of a membrane

1

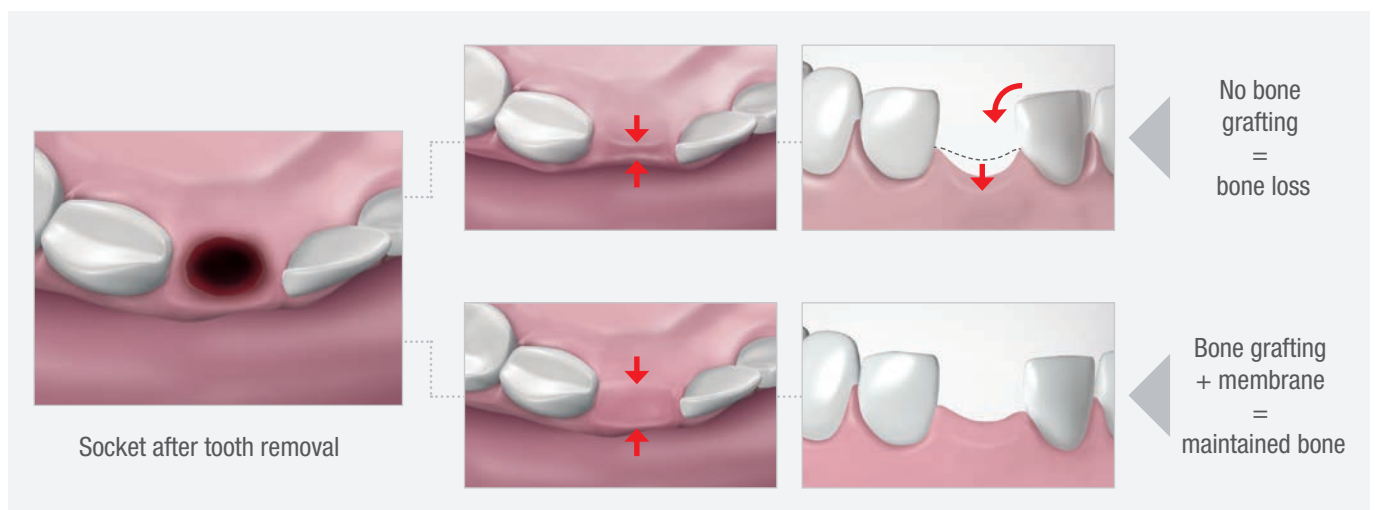
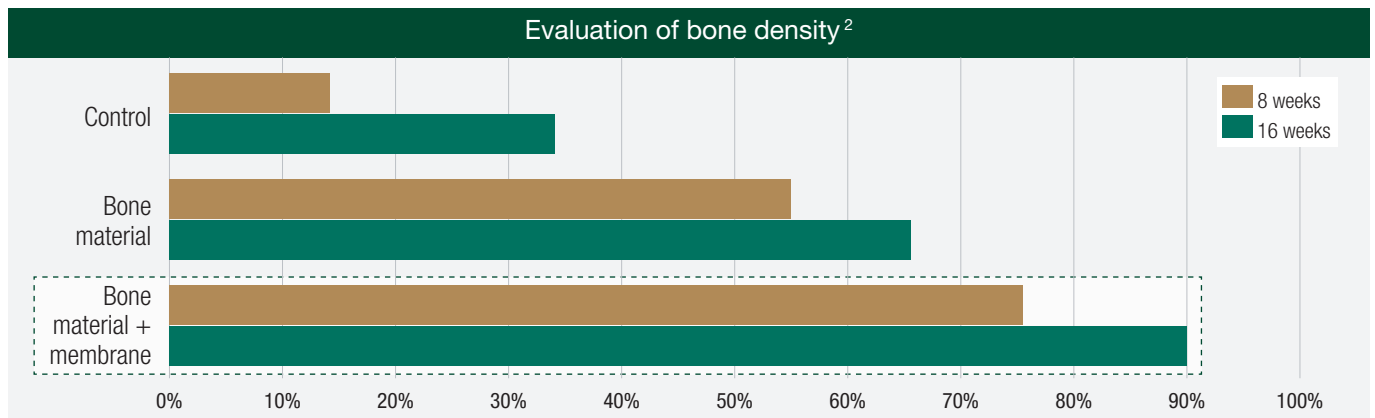
Forms barrier to prevent migration of epithelial cells and supports recruitment of bone cells from the blood clot

2

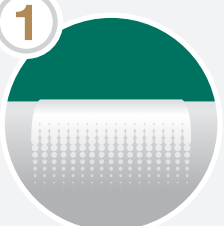
Maintains the bone graft and the blood clot


3


Prevents resorption of the bone which can lose up to 30% of its volume¹

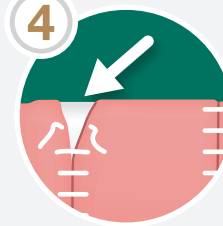



Ideal features of a membrane

- 

1
Resorbable
- 

2
Universal
use with no
risk of cross-
contamination
- 

3
Great barrier
to succeed in your
guided tissue
regeneration
- 

4
No need for
a second
intervention
if exposed
- 

5
Easy
to handle

R.T.R.+ Membrane
meets all expectations
for successful
guided tissue
regeneration.



100% resorbable

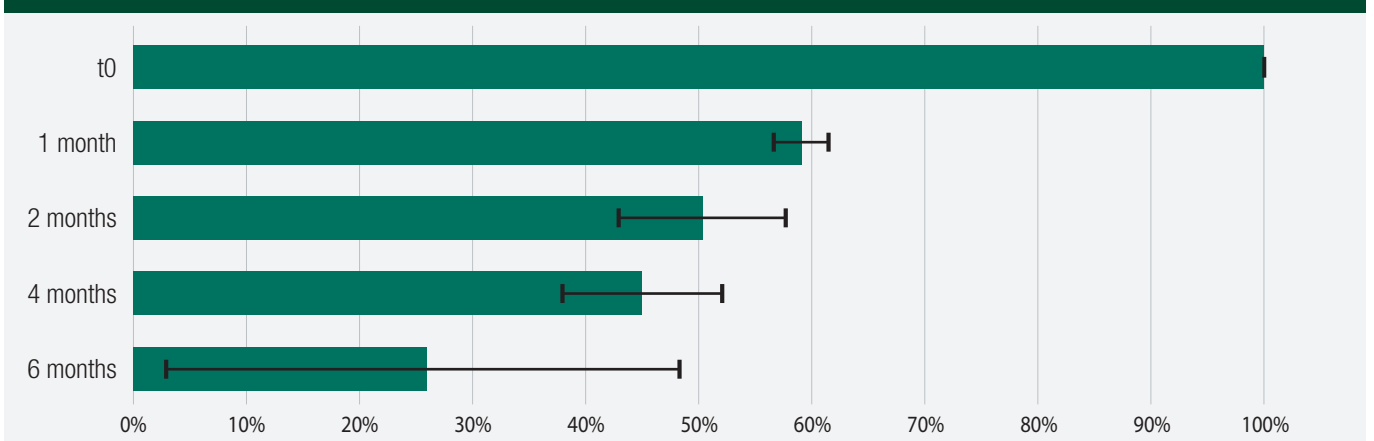
Easy
on the
patient

No need
for a second
surgery

Full
resorption in
6 months

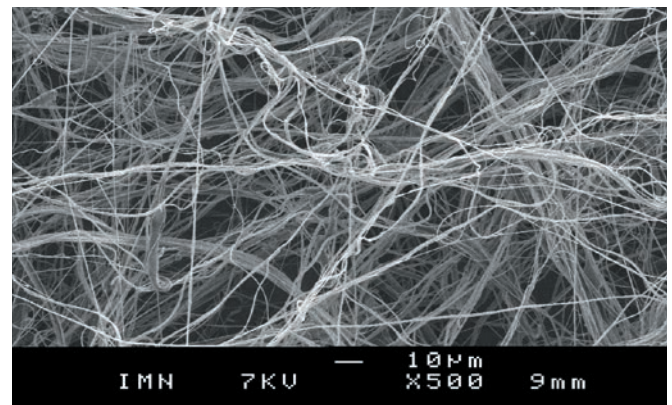
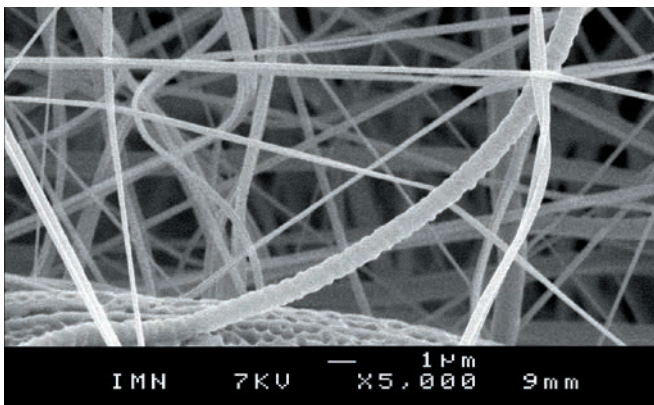


Evolution of the resorption of the membrane³



100% synthetic

A universal solution with no risk of cross-contamination



What is PLGA?

The poly(lactic-co-glycolic acid) is a biodegradable and biocompatible copolymer. 100% natural, it comes from tapioca, corn or sugar cane starch.
 PLGA = PLA (polylactic acid) + PGA (polyglycolic acid).
 PLGA is biodegraded into lactic and glycolic acids, naturally present in the body.

Great barrier to succeed in your guided tissue regeneration

A bilayer structure for greater efficiency

Barrier effect up to 4 weeks

Bone and soft tissue regeneration guaranteed up to 4 months

Technical insight

1 Upper layer

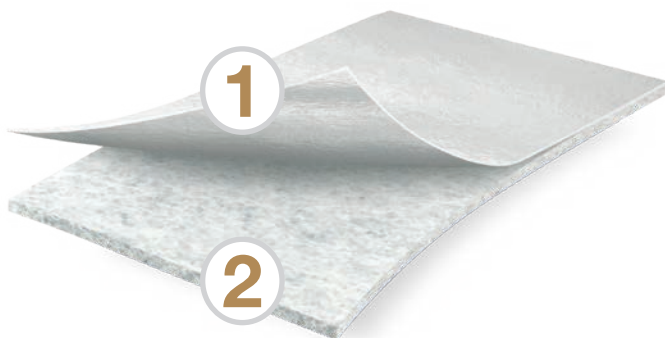
Dense layer, smooth, 25 µm.

- Barrier effect to prevent gingival growth in place of the bone.

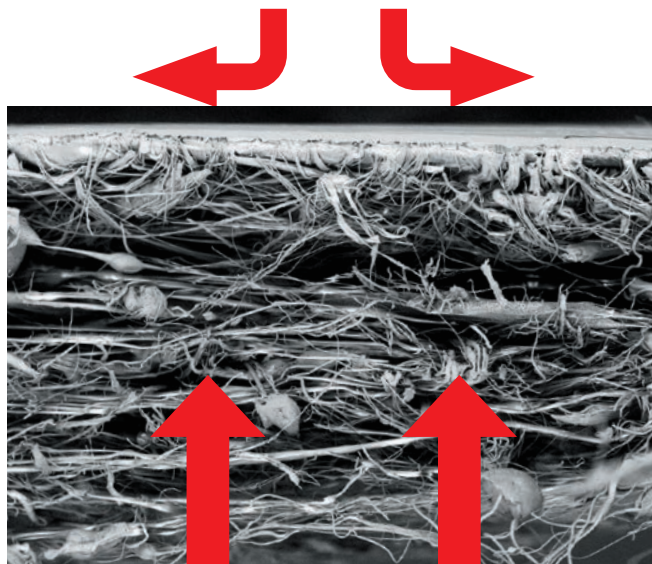
2 Lower layer

Microfibre layer, 400-500 µm.

- 85% porosity to allow bone cells to attach and develop.



Barrier effect
Prevents gingival tissue ingrowth.



Scaffold effect
Promotes cell infiltration and guided bone healing.

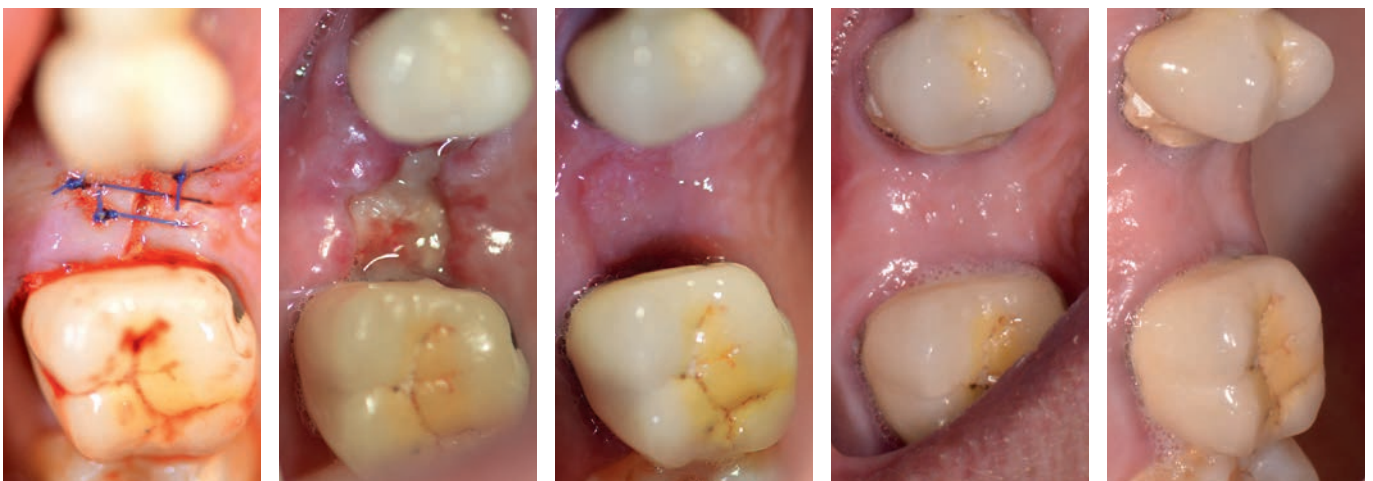
No need for a second intervention if exposed

Unsentitive
to saliva
enzymes

Does not
degrade
when exposed

In case of suture rupture, leave the membrane in place, it will guide the tissues to heal.

Technical insight



Pictures of membrane regeneration with suture rupture.

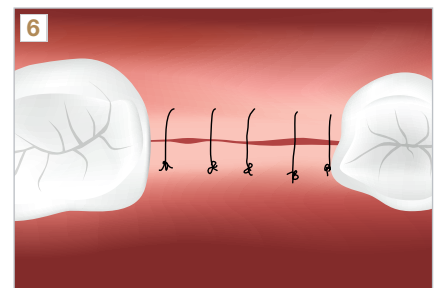
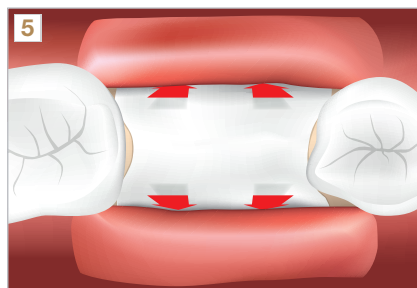
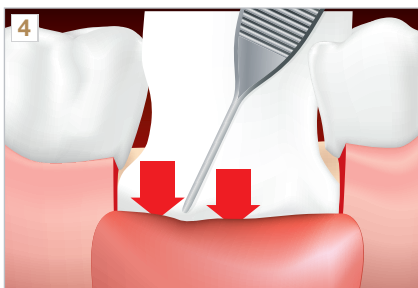
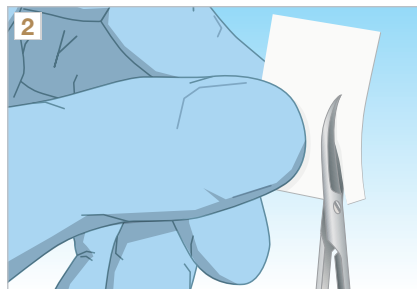
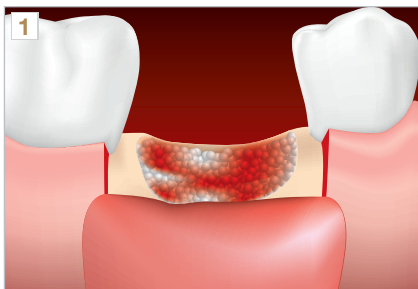
Easy to handle

Same properties
wet or dry

Doesn't fold after contact with blood.

Good adhesion
to the tissues

No need to pin or suture the membrane.



Technical specifications

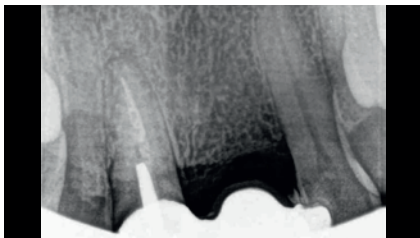
Membrane thickness	350 - 550 µm
Dense layer	Barrier function - prevents gingival growth in place of bone
Microfibre layer	85% porosity - allows bone cells to attach and develop
Available sizes	15x20 mm - 15x25 mm - 20x30 mm - 30x40 mm
Compatibility	With every bone graft
Indications	GTR, GBR
Duration of barrier effect	4 weeks
Resorption time	4-6 months
Sterilisation	γ irradiation
Shelf life	3 years

Case studies

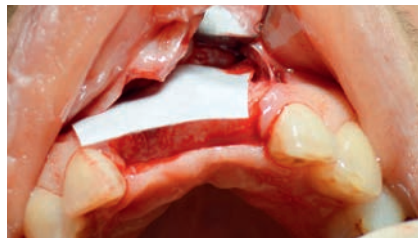
Socket preservation after soft tissue healing at 6 weeks

Dr. Hoornaert, Nantes, France

A 51-year-old patient presented with a mobile bridge to replace the upper central incisors on a single support (tooth 11 - upper right 1).



Extraction at T0: upper central incisor is extracted and a temporary prosthesis is placed.



Guided Tissue Regeneration at 6 weeks: placement of the R.T.R.+ Membrane between the flap alveolar wall covering the bone substitute.



Clinical situation at day 10: no sign of inflammation.



Implant placement at 6 months in positions 11 (upper right 1) and 21 (upper left 1).



Clinical situation at 14 months with final restoration.

Socket preservation after soft tissue healing at 6 weeks

Dr. Hoornaert, Nantes, France

A 55-year-old patient presented with loss of dental crown (tooth 36 - lower left 6) with root still present.



T0: root extraction and socket cleaning.



T6: socket preservation using R.T.R.+ Membrane.



T12: a thin layer of fibrin being epithelialised on the membrane.

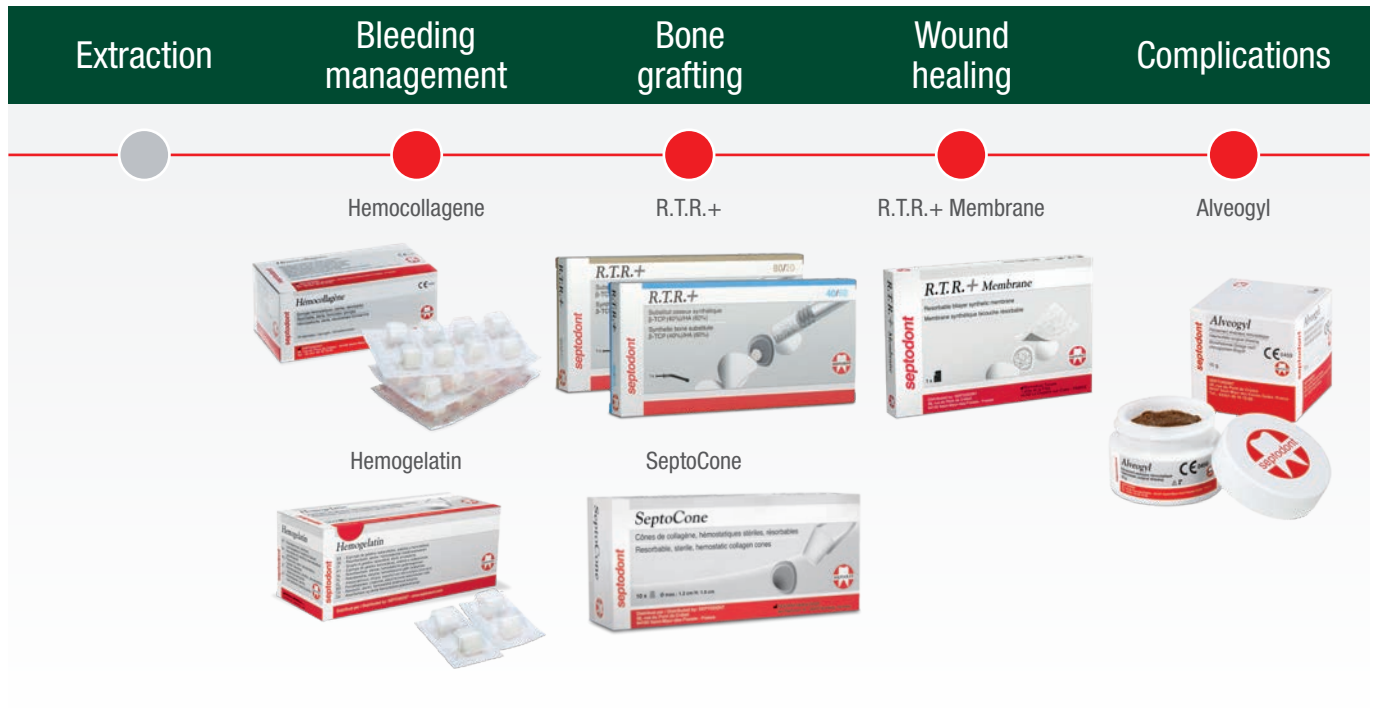


Implant placement at 6 months.

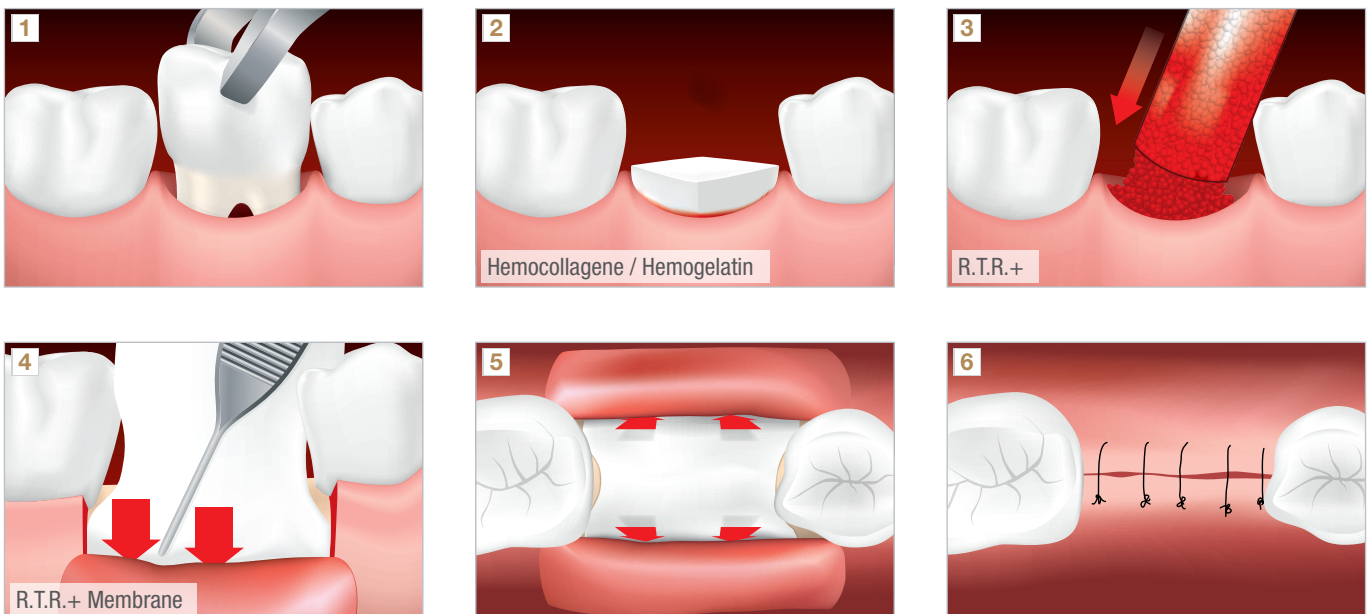


Final restoration at 8 months.

A full range of solutions to succeed in your extraction procedures



The extraction procedure



Focus on the R.T.R.+ procedure

100% synthetic, 100% resorbable

Ideal biphasic composition for bone grafting. Fully synthetic and resorbable bone graft.



The stable hydroxyapatite (HA)

Acts as a scaffold offering an ideal structure for cellular adhesion.
Provides long term stability thanks to its slow resorption.



The fast resorbing β -TCP

Immediately begins to release calcium and phosphate ions into micropores enhancing bioactivity.

80% β -TCP
20% Hydroxyapatite



- Helps natural bone formation in a short time.
- Resorption in 3 to 9 months.

40% β -TCP
60% Hydroxyapatite



- Fully respects the creation pace of natural bone.
- Resorption in 9 to 12 months.

Improve your bone grafting results





Products	Article numbers
Bleeding management	
Hemocollagene	01170
Hemogelatin	10585H
Bone grafting	
SeptoCone	10584G
R.T.R.+ 40/60	10419X
R.T.R.+ 80/20	10420Y

Products	Article numbers
Wound healing	
R.T.R.+ Membrane 15x20mm	11674T
R.T.R.+ Membrane 15x25mm	11675U
R.T.R.+ Membrane 20x30mm	11676V
R.T.R.+ Membrane 30x40mm	11677W
Complications	
Alveogyl	5712U

Sources:

- 1) Hsi Kuei Lin, Yu Hwa Pan, Eisner Salamanca, Yu Te Lin 5 and Wei Jen Chang. Int. J. Environ. Res. Public Health 2019, 16, 4616; Prevention of Bone Resorption by HA/ β -TCP + Collagen Composite after Tooth Extraction: A Case Series.
- 2) MYOUNGHWAN KIM, JOONG-HYUN KIM, JAE YEONG LEE, KIRAE CHO, SEONG SOO KANG, GONHYUNG KIM, MIN JAE LEE and SEOK HWA CHOI, In Vivo March 2008, 22 (2) 231-236; Effect of bone mineral with or without collagen membrane in ridge dehiscence defects following premolar extraction.
- 3) Internal data: resorption time measured in animal experimentation after subcutaneous application of the membrane in rats.

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