



# OraGraft® Prime

**Clinical Overview** OraGraft Prime is 100% bone fibres, demineralised to encourage bone formation and healing. The fibres interlock, allowing the graft to become mouldable upon rehydration without the use of a carrier.

**Applications** Surgical procedures that require a bone void filler

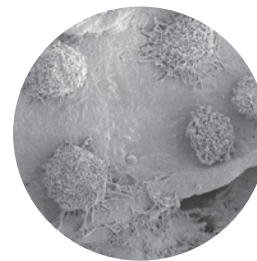
- Features & Benefits**
- **100% Bone:** Facilitates natural remodelling during the bone healing process (no human, xenograft or synthetic carriers).
  - **Osteoconductive:** The large surface area and interconnected network of demineralised cortical fibres provides a scaffold that promotes cellular attachment and cell spreading.<sup>2</sup>
  - **Osteoinductive Potential:** Optimally demineralised by LifeNet Health's patented and proprietary PAD® technology to expose natural growth factors.<sup>3-7</sup>
  - **Versatile:** Mouldable upon rehydration to conform to the surgical site.
  - **Resists Migration:** Interlocking fibres allow graft to remain intact and in place.
  - **Safety:** Sterilised using proprietary and patented technology, providing a sterility assurance level of  $10^{-6}$  to reduce the risk of disease transmission without compromising the graft's inherent osteoconductive properties or osteoinductive potential.<sup>8</sup>
  - **Convenience:** Ambient storage and rapid rehydration.



100% bone fibres



Mouldable upon  
rehydration



Hospitable environment for bone growth  
(cell attachment at one hour)

Speak to your local Business Development Manager for further information or contact us using the details below:

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**www.hospitalinnovations.com**

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## OraGraft Prime

Freeze-dried (10°C to 30°C)

Volume	Order Code	Shelf Life
0.5 cc	DF-1007	4 years
1.0 cc	DF-1008	4 years
2.5 cc	DF-1009	5 years

Instructions for use available at [LifeNetHealth.org/IFU](https://www.lifenethealth.org/IFU)

### References

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2. Murphy MB, Suzuki RK, Sand TT, et al. Short term culture of mesenchymal stem cells with commercial osteoconductive carriers provides unique insights into biocompatibility. J Clin. Med. 2013; 2,49-66; doi:10.3390/jcm2030049
3. Zhang M, Powers RM, and Wolfenbarger L. Effect(s) of the demineralization process on the osteoinductivity of demineralized bone matrix. J Periodontol. 1997; 68:1085-1092
4. Turonis JW, McPherson JC 3rd, Cuenin MF, et al. The effect of residual calcium in decalcified freeze-dried bone allograft in a critical-sized defect in the Rattus norvegicus calvarium. J Oral Implantol. 2006; 32(2):55-62
5. Herold RW, Pashley DH, Cuenin MF, et al. The effects of Varying degrees of Allograft Decalcification on Cultured Porcine Osteoclast cells. J Periodontol. 2002 Feb; 73(2):213-9
6. Mott DA, Mailhot J, Cuenin MF, et al. Enhancement of osteoblast proliferation in vitro by selective enrichment of demineralized freeze-dried bone allograft with specific growth factors. J Oral Implantol. 2002; 28(2):57-66
7. Pietrzak WS, Ali SN, Chitturi D, et al. BMP depletion occurs during prolonged acid demineralization of bone: characterization and implications for graft preparation. Cell Tiss. Bank. 2007 (Published on line)
8. Eisenlohr LM. "Allograft Tissue Sterilization Using Allowash XG (R) ." 2007 Bio-Implants Brief.

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