HOSPITAL INNOVATIONS

Oragraft®

Cortical Plate

Clinical Overview

The shell technique involves using a thin plate of cortical bone, secured to host bone with at least two osteosynthesis screws, to create a biologic container that maintains the necessary space for bone graft particulates. The cortical plate functions as a stable, slowly resorbed material that can be used as a substitute for autologous bone recovered from the mandibular shelf, eliminating the need for a second surgical site.

Applications

Procedures utilising the shell technique

Features & Benefits

- **Convenience:** Ready to use out of the package, no need for rehydration. The graft is preserved using LifeNet Health's proprietary Preservon® technology to maintain it in a hydrated state. Preservon-treated grafts have been shown to have strength similar to that of frozen grafts and greater than freeze-dried grafts.[1]
- **Safety:** Sterilised using patented and proprietary Allowash XG® technology, which provides a Sterility Assurance Level (SAL) of 10^{-6} without compromising the graft's inherent osteoconductive properties.[2] No need for a second surgical site, which can eliminate the risk of donor-site morbidity and/or infection.
- **Osteoconductive:** Natural bone matrix facilitates cell attachment and proliferation.

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

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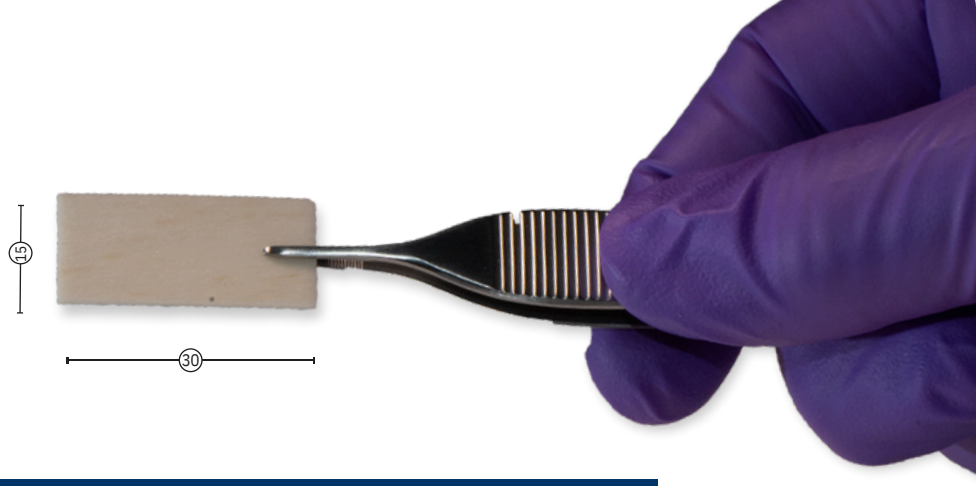

OraGraft Cortical Plate

Ambient Temperature*/5 Year Shelf LIfe

Volume	Order Code
30 x 15 x 1	CP301501

*While ambient room temperature has not been defined by regulatory bodies, LifeNet Health would recommend storage at 2°C to 37°C with excursions of less than 24 hours up to 40°C. If an excursion outside this range occurs, please contact LifeNet Health.

Instructions for use available at **LifeNetHealth.org/IFU**

References

1. Independent sources include the Virginia Commonwealth University Medical Center and the American Association of Mechanical Engineers. Data on file at LifeNet Health, Virginia Beach, VA. Technical Report #TR-0216.
2. Eisenlohr LM. "Allograft Tissue Sterilization Using Allowash XG®." 2007 Bio-Implants Brief. (#68-0089)
3. Khoury F. (2017) Augmentation of severe bony defects with intraoral bone grafts: biological approach and long-term results. http://dx.doi.org/10.1016/j.ijom.2017.02.099
4. Khoury F. and Hanser T. (2015) Mandibular bone block harvesting from the retromolar region: a 10-year prospective clinical study. Int J Oral Maxillofac Implants. 2015 May-Jun;30(3):688-97. doi: 10.11607/jomi.4117
5. Peck MT (2015) Alveolar Ridge Augmentation Using the Allograft Bone Shell Technique J Contemp Dent Pract 2015; 16 (9): 768-773
6. Pendarvis WT, Sandifer JB. (2008) Localized ridge augmentation using a block allograft with subsequent implant placement: A case series. Int J Periodontics Restorative Dent. 2008 Oct;28(5):509-515.
7. Wallowy P, Dorow A. (2012) Lateral Augmentation of the Maxilla and Mandible Using Framework Technique With Allogenic Bone Grafts. Journal of Oral Implantology, Dec 2012, Vol 38 No. 2: 661-668

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