

Fortoss® VITAL Recommended Surgical Technique (Periodontics)

Pre-surgery

Initial non-surgical therapy to include full root surface debridement and thorough oral hygiene programme.

Patients should be assessed for suitability for surgery.

Anti-biotic cover to be given at the surgeon's preference.

Surgery

A crevicular incision should be made and full thickness flap elevated to expose the bony pocket

Fully curette any granulation tissue from the site.

A thorough root surface debridement is important.

The root surface may be conditioned if preferred.

Fenestrate the cortex of at least one of the bony walls.

Place Vicryl or PTFE sutures in soft tissues prior to grafting (this can be done at the end of the surgery if preferred).

Remove any excess blood from the site using a damp, sterile gauze.

Pack the VITAL mixture into the site a little at a time using an appropriate sterile instrument (flat plastic, graft plugger etc). The graft should be firmly pressed into the site using finger pressure over a sterile gauze. The defect should be over-packed to allow for any settling of the mixture. Any excessive blood can be removed from the site by using a damp sterile gauze.

Hold the gauze on the graft for approximately 30 seconds. This helps the material to harden quicker.

Full primary soft tissue closure is preferred.

A periodontal dressing should be applied to protect the site.

Appropriate anti-biotic cover may be given post-operatively at the surgeon's preference.

Post-Surgery

The patient should be followed-up 1 week post-operatively.

Sutures should be removed at 2 weeks.

The patient should refrain from brushing over the surgical area for at least 2 weeks.

After 2 weeks brushing may be commenced using an ultra-soft toothbrush – no interproximal brushes or floss should be used.

Resume full oral hygiene programme 6 weeks after surgery.

X-rays and assessment of new bone growth/clinical attachment levels should be conducted at regular intervals.

NOTE: Fortoss® VITAL is provided sterile and is a single use product. Do not re-sterilise as this will significantly affect its performance in-vivo.

The above are only guidelines for the use of the materials.

Clinical judgement regarding patient suitability and use of these materials should be used at all times.



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