Cytoplast™ MicroDerm product guide

Tips and techniques for tunneling success*

1 Prepare

Once the recipient site has been prepared, select the most appropriate Cytoplast MicroDerm size (1 x 1 cm, 1 x 2 cm, 1 x 4 cm, 2 x 4 cm).

2 Trim

Cytoplast MicroDerm trims easier when it is dry; it can be trimmed with surgical scissors.

3 Insert

Cytoplast MicroDerm can be inserted into the recipient site dry or hydrated; however, it is recommended to insert it into the recipient site dry for easier manipulation.

4 Hydrate

If you hydrate Cytoplast MicroDerm prior to tunnel insertion, complete hydration generally takes less than 60 seconds.

5 Prolonged hydration

Prolonged hydration over 3 minutes can affect tensile strength of the material in relation to suturing and handling.

6 Tension sutures

While not required, tension sutures can be used to pull Cytoplast MicroDerm into the recipient pouch or tunnel.

7 Ensure adaptation

To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing.

8 Secure

Once Cytoplast MicroDerm is in place and is stabilized, the overlying flap should be coronally advanced and secured tension-free.

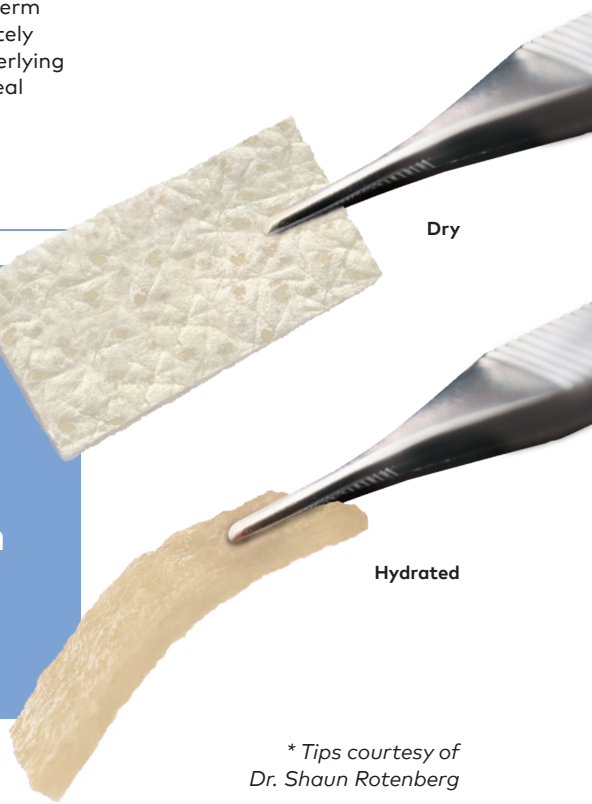
9 Cover

Cytoplast MicroDerm should be completely covered by the overlying flap to achieve ideal results.

Available sizes

Thickness 1.2 mm +/- 0.2 mm

CMD1010NB	1 x 1 cm, 1/box
CMD1020NB	1 x 2 cm, 1/box
CMD1040NB	1 x 4 cm, 1/box
CMD2040NB	2 x 4 cm, 1/box



> **"The early healing and soft tissue appearance is really where MicroDerm shines. Tissue never looks this good so early on with traditional allograft."**
>
> **Dr. Shaun Rotenberg, United States**

** Tips courtesy of Dr. Shaun Rotenberg*

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Surgical protocol

1 Plan

Pre-operative root planning is performed using curettes or ultrasonic instrumentation in order to remove the bacterial biofilm and smear layer. Once complete, the recipient site can then be prepared as a subperiosteal pouch (single tooth) or tunnel (multiple teeth).

2 Access

A vestibular access incision is made as an access for instrumentation and for graft insertion in order to limit damage to the gingival margin while creating the recipient site.

3 Extend

The recipient site should extend laterally to include all teeth to be treated and apically, past the mucogingival junction.

As refined by
Shaun Rotenberg, DMD

4 Insert elevator

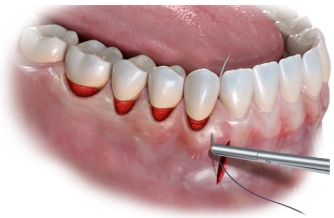
To finalize the recipient site preparation, a micro periosteal elevator is inserted through the sulci of the teeth to be treated until communication with the subperiosteal tunnel is made. At that time, the overlying flap should be able to be coronally advanced 1–2 mm coronal to the CEJ.

5 Insert MicroDerm

Once the appropriate size Cytoplast MicroDerm has been selected, the material should be trimmed dry. Cytoplast MicroDerm can be inserted into the recipient site dry or hydrated; however, hydration time should not exceed more than 60 seconds.

6 Ensure adaptation

To ensure proper adaptation, ensure that there are no folds or twists in the graft material prior to suturing.



7 Secure

In order to secure Cytoplast Microderm , coronally advance the overlying flap with sling sutures using a monofilament such as Resorba® Glycolon™ or Cytoplast PTFE sutures. The sutures should pass through both the graft and the flap for added stabilization. Ideally, little to no graft material should be left exposed.

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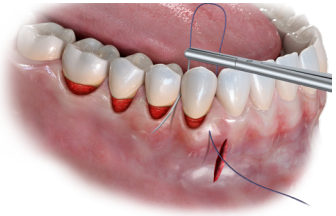
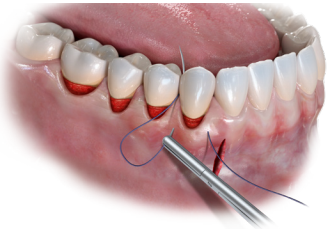
Surgical protocol – continued



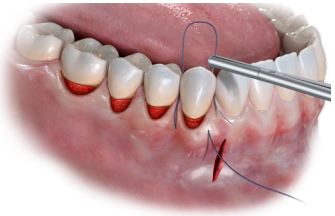
8 Thread

The needle should pass through the overlying flap and graft and under the interproximal contact point until it reaches the lingual aspect of the tooth. The needle is then passed under the contact on the opposite side of the tooth so that it can be retrieved on the buccal.



9 Engage

The needle then engages the overlying flap and graft once more and is reintroduced to the lingual under the interproximal contact.

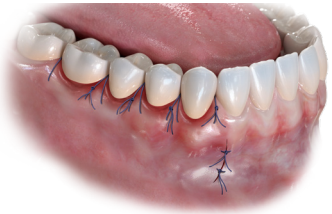


10 Knot

The needle is then passed under the contact on the initial side of the tooth so that the suture knot is located on the buccal.

11 Advance

The sling suture should be used to coronally advance both the flap and the graft in a tension-free manner allowing for coverage at least 0.5 mm coronal to the CEJ.



12 Close

Each tooth included in the flap should receive its own sling suture. Finally, the vestibular access incision is closed using interrupted sutures.

13 Post-op visit

The patient should return for a post-operative visit approximately 2 weeks following the procedure.

Register online to watch Dr. Rotenberg's webinar on-demand

bit.ly/4cLFU6f

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