

creos™ xenoprotect: strong native collagen membrane

High mechanical strength¹

- High suture retention
- High tear resistance

Easy handling

- Does not stick to instruments
- Both sides can face defect
- Low surface expansion when hydrated

Facilitates new bone formation^{2,3}

- Significantly higher new bone formation in the central portion of the defect, in comparative *in vivo* study
- Associated with significantly increased expression of growth factor *BMP-2*



High success rate proven in randomized controlled trial⁴

In an RCT published by Dr Istvan Urban et al., creos xenoprotect and Geistlich Bio-Gide® similarly reduced defect height after simultaneous GBR and implant placement.

High tensile strength and suture retention¹

- Studied *in vitro* compared to other collagen membranes
- Showed the highest suture retention when hydrated (6.1 N)
- Demonstrated the highest force at break, wet (21.2 N)

Stable during the period required for barrier function⁵

After 20 weeks in an animal model, the thickness of creos xenoprotect decreased only slightly, whereas Geistlich Bio-Gide® showed around 50% thickness loss.

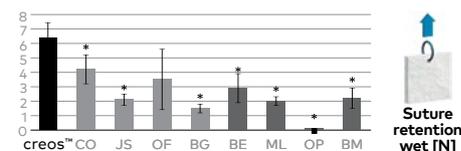
Proprietary production process

Developed at Matricel, Nobel Biocare's manufacturing site for regenerative materials in Germany, more than 30 manufacturing processes were evaluated before choosing the process that produced the best cell compatibility and mechanical strength.

Schematic showing the defect height:



Comparison of commercial membranes in a hydrated state



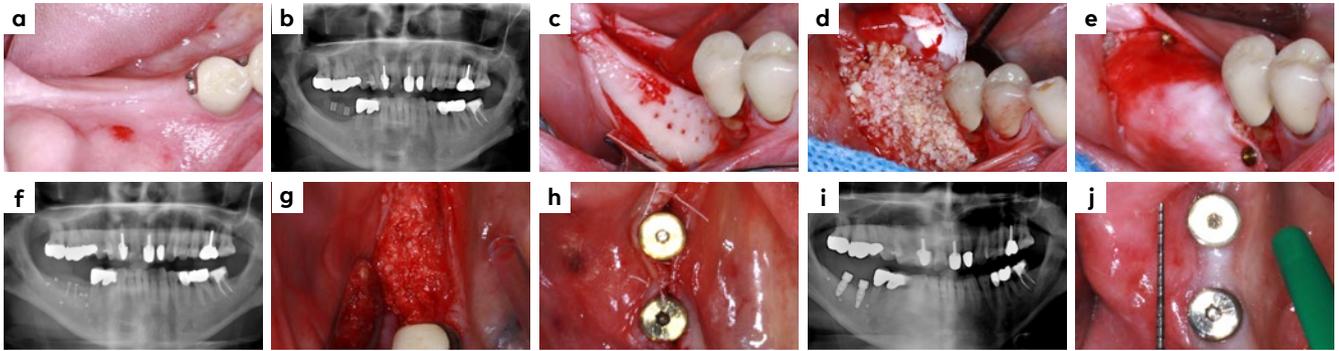
Non-cross-linked collagen membranes (NXL) – creos™ xenoprotect [Nobel Biocare]; CO: Copios [Zimmer]; JS: Jason [botiss]; OF: Osseoguard Flex [3i]; BG: Bio-Gide [Geistlich]

Cross-linked collagen membranes (XL) – BE: BioMend Extend [Zimmer]; ML: Mem-Lok [BioHorizons]; OP: OssixPlus [Datum Dental]; BM: BioMend [Zimmer]; *Statistically significant



Manufacturing site of creos xenoprotect

Clinical case



Images courtesy of Dr. B. Wessing, Germany

A 54-year-old male patient reported with missing teeth 46, 47. Poor bone quantity with 2-3 mm thickness at the crest and 8 mm and 6 mm of residual bone, respectively, on top of the nervus alveolaris inferior region.

(a, b) Pre-operative assessment

(c) Cortical perforations and tenting screws applied

(d) creos xenoprotect and bone graft applied

(e) Graft immobilized - spanning of creos xenoprotect

(f) Panoramic radiograph after GBR

(g) After 6 months: 3 mm vertical, 8 mm horizontal bone gain

(h, i) Immediately after implant placement

(j) Situation after four months' healing



Dr. Fabrizio Colombo
Oral surgeon, Italy

"Strength and elasticity of creos xenoprotect can protect and stabilize the grafted area even in the most challenging cases."



Dr. Ignacio Ginebreda
Oral surgeon, Spain

"I choose creos xenoprotect for my grafting procedures due to its exceptional handling and its track record of consistently delivering predictable outcomes."



Dr. Catherine Rivière
Periodontist, France

"I use creos xenoprotect combined with creos xenogain particularly in cases of GBR. The membrane, stabilized by pins, offers significant strength and stability."

More to explore



Scientific evidence



Clinical cases



Production & handling movie



Why creos xenoprotect?

1. Gasser A, et al. J Dent Res 2016;95(Spec Iss A): 1683 • 2. Wessing B, et al. Clin Oral Impl Res; 2017;28(11):e218-e226 • 3. Omar O, et al. Clin Oral Impl Res; 2018;29(1):7-19 • 4. Urban I, et al. Clin Oral Impl Res. 2019;30:487-497 • 5. Bozkurt A, et al. Clin Oral Impl Res; 2014;25(12):1403-1411.

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