3

REASONS TO USE RTR

AFTER EACH EXTRACTION

Fully resorbable ß-TCP material

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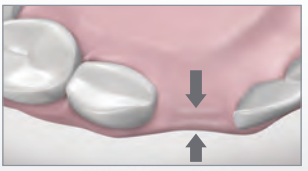
1 AVOID SPONTANEOUS RIDGE RESORPTION

After tooth extraction, spontaneous healing induces significant ridge reduction with negative impact on both aesthetics and functional aspects.



Reduced horizontal dimensions

Reduced vertical dimensions

In the first 3-6 months: it is observed*

- Horizontal loss: 29%-63% after 6 months
- Vertical loss: 11%-22% after 6 months.

*Tan, W. L., Wong, T. L. T., Wong, M. C. M. and Lang, N. P. (2012), A systematic review of post-extractional alveolar hard and soft tissue dimensional changes in humans. Clin. Oral. Impl. Res., 23: 1–21. doi:10.1111/j.1600-0501.2011.02375.x

SOCKET PRESERVATION BRINGS VALUE TO YOUR EXTRACTION PROCEDURE

- **Socket preservation helps maintain the ridge dimensions after tooth extraction:**
  - Improves aesthetic and functional outcomes
  - Limits the need for further bone augmentation surgeries

Horizontal dimensions maintained with RTR

Vertical dimensions maintained with RTR

- **Whatever the treatment plan:**
  - Implant ➔ promotes future success
  - Prosthesis ➔ improves stability
  - Even if no treatment is decided yet ➔ gives extra time

2 GET THE QUALITY OF AUTOGENOUS BONE

Autogenous bone is generally considered the "Gold Standard" in bone grafting due to its remarkable properties for new bone growth (osteoconductive, osteoinductive and osteogenic) without any risk of disease transmission.

Nevertheless, it also comes with disadvantages related to the harvesting procedure and the limited quantity of bone made available.

COMBINE CLINICAL SUCCESS AND COMFORT

- **RTR: fully resorbable**
  - ß-TCP ➔ promotes the formation of patient's new bone
  - Resorbs completely ➔ completely replaced by autogolous bone, no residue left

- **RTR: new dense bone**
  - After 4-9 months ➔ new bone is strong enough to support implant placement and loading


Extraction site filled with RTR


Bone regeneration with RTR


Successful new bone growth through full RTR resorption.

- **RTR: ready to use**
  - No harvesting procedure ➔ benefits for your practice and your patient

3

KEEPING IT QUICK AND EASY FOR YOU

Tooth extraction is a frequent procedure that is required in many clinical situations: caries, periodontal diseases, trauma … You want it to be quick and as simple as possible, adapted to the patient's physiology.

SAVE TIME AND EFFORT IN YOUR PRACTICE

- **RTR - 3 presentations to suit your clinical needs:**

RTR Cone
Simplified procedure - extra handling properties, can be used without a membrane

RTR Syringe
High precision - curved syringe, easy placement of granules

RTR Granules
Large defects - high volume of granules

- **RTR: easy contouring**
  - Extremely hydrophilic ➔ drawn into the surgical site to fill any bony void

RTR is made of pure ß-TCP (>99%), a synthetic material used for 40 years in orthopedics and dental applications for its recognised and documented bone regeneration properties.

	RTR	Autogenous bone	Allograft and xenograft	Other synthetic grafts
Fully resorbs into patient's bone	🟢	🟢	🟠	🟠
Osteo-conductive	🟢	🟢	🟢	🟠
Reliable scientific background	🟢	🟢	🟢	🟢
Ready-to-use	🟢	🔴	🟢	🟢

🟢 Materials fulfill criteria 🟠 Not all materials completely fulfill the indicated criteria 🔴 Materials do not fulfill criteria

Ogose, A., Hotta, T., Kawashima, H., Kondo, N., Gu, W., Kamura, T. and Endo, N. (2005), Comparison of hydroxyapatite and beta tricalcium phosphate as bone substitutes after excision of bone tumors. J. Biomed. Mater. Res., 72B: 94–101. doi: 10.1002/jbm.b.30136

Hong J-Y, Lee J-S, Pang E-K, Jung U-W, Choi S-H, Kim C-K. Impact of different synthetic bone fillers on healing of extraction sockets: an experimental study in dogs. Clin. Oral Impl. Res. 25, 2014; e30–e37.

Artzi Z, Weinreb M, Givol N, Rohrer MD, Nemcovsky CE, Prasad HS, Tal H: Biomaterial resorption rate and healing site morphology of inorganic bovine bone and beta-tricalcium phosphate in the canine: a 24-month longitudinal histologic study and morphometric analysis. Int J Oral Maxillofac Implants. 2004 May-Jun; 19(3): 357-68.

RTR Cone

Box of 2 cones each containing 0.3 cm^3 (Ø 6 mm, H 10 mm) of ß-tricalcium phosphate granules plus collagen* in sterile individual packaging.

RTR Granules

Box of 1 bottle containing 2 cm^3 of ß-tricalcium phosphate granules (Ø 0.5 to 1 mm) in sterile single-unit package.

RTR Syringe

0.8 cm^3 of ß-tricalcium phosphate granules (Ø 0.5 to 1 mm) in sterile syringe, individually packaged.

*bovine origin

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