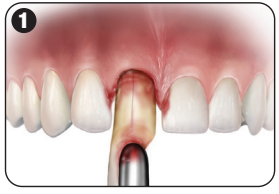
Technique Guide

Simple Steps for Minimally Invasive Ridge Preservation

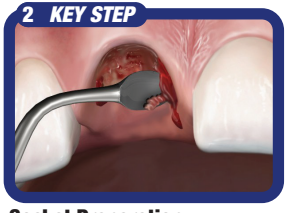
SUNSTAR GUIDOR®

***easy-graft*® CLASSIC**
alloplastic bone grafting system

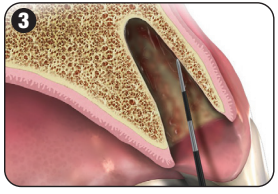
Prep.



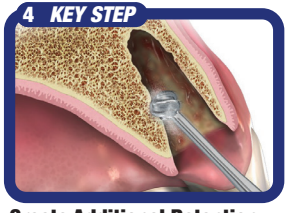
Atraumatic Extraction



Socket Preparation
Thoroughly clean alveolar walls.
Cause bleeding.

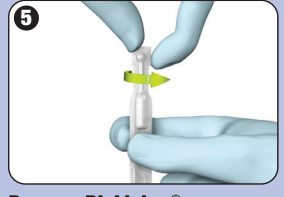


Socket Evaluation

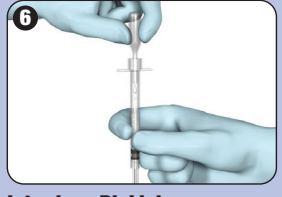


Create Additional Retention
In mesial and distal walls.

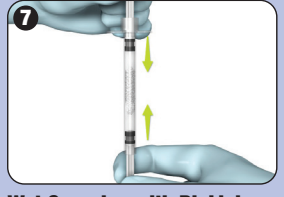
Dispense.



Prepare BioLinker®



Introduce BioLinker



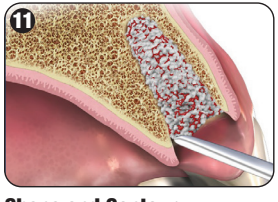
Wet Granules with BioLinker

Expel Excess BioLinker

Shape.

Inject Material into the Site

Compress Material Firmly



Shape and Contour
GUIDOR® *easy-graft*® hardens in contact with body fluids in approximately one minute.

Watch the step by step clinical video at
http://us.guidor.com/easy-graft

Frequently Asked Questions

Most dimensional changes of the socket ridge occur in the first 3 - 6 months after a tooth extraction.[1] Minimally invasive ridge preservation procedures using a bone grafting substitute are an effective technique for preserving ridge dimensions.

Why is preparation of the socket a key step?

It is important to remove all granulation tissue and GUIDOR® *easy-graft*® requires bleeding from the host bone in order to activate the material's unique hardening properties. As such, the walls of the socket should be freshened (e.g. with a sharp curette or round bur) without jeopardizing the integrity and viability of the socket walls or the interradicular bone (if present).

Is it okay to leave small amounts of granulation tissue in the defect?

No. All granulation tissue should be removed to ensure proper healing.

How much buccal wall is needed for minimally invasive ridge preservation technique to work?

Do not use the minimally invasive ridge preservation technique if more than one-third of the buccal wall is lost. Surgical bone augmentation/guided bone regeneration is required.

Is additional retention necessary?

Creating retention in the lower half of the socket without jeopardizing the integrity of the alveolar wall is recommended and helps hold the bone graft in place.

How do I ensure the granules are wet in Step 7?

To ensure the liquid activator wets all of the granules, move the plunger and the plug back and forth slowly 1-3 times.

How hard should I compress GUIDOR *easy-graft* in Step 10?

The material should be firmly compressed into the extraction site. The granules are pressure-resistant and designed to resist breakage.

Should I overfill the defect?

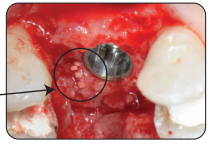
No. The material should reach the height of the alveolar bone as GUIDOR *easy-graft* will expand from small amounts of water absorption. Additionally, when leveling the surface, ensure that no granules stand out.

Do I need a membrane?

Membranes should be used to retain the bone grafting material to horizontal defects. Additionally, membranes are recommended for critical indications, such as buccal defects during implant placement and a missing buccal wall.

What will I see during re-entry?

Upon re-entry, granules may be seen in the soft tissue because of their distinct white color.

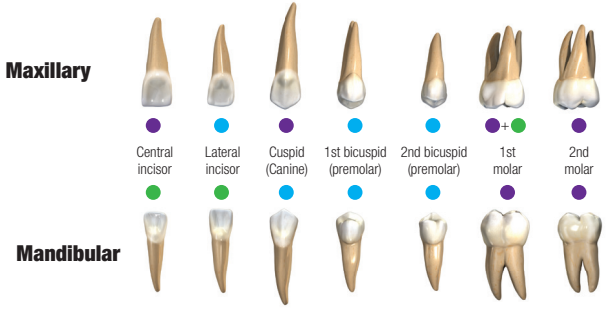


(Courtesy of Dr. Minas Leventis, DDS, MSc, PhD)

How much GUIDOR *easy-graft* is needed to fill a socket?

The following estimates are based on GUIDOR *easy-graft* placement in dentiform sockets. Material needs in clinical use may vary.

GUIDOR *easy-graft* Size	Part #	Color Code
Large	C11-008	
Medium	C11-078	
Small	C11-018	



Contraindications

GUIDOR *easy-graft* should not be used in pregnant or nursing women.

Possible Adverse Effects

Possible adverse reactions associated with the use of the device include: eye, respiratory and skin irritation.

Refer to Instructions for Use in packaging or at ***http://us.guidor.com/IFU***

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1. Tan WL, Wong TLT, Wong MCM, Lang NP. A systematic review of post-extractional alveolar hard and soft tissue dimensional changes in humans. *Clin. Oral. Impl. Res.* 23(Suppl. 5), 2012, 1–21

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