ZIMMER BIOMET
Your progress. Our promise.®

Puros® Pericardium

Allograft Membrane

The Natural Choice For Guided Tissue And Bone Regeneration

Conformability

- Outstanding choice in cases using Puros Block Allograft coverage and large ridge augmentation procedures, where adaptability to surface contours is essential[1]
- Easily assimilated into the body's normal healing process[2]
- Exhibits multidirectional strength and helps stabilize and maintain bone growth material in the defect space[1,2]

Long-Lasting Durability

- Clinically demonstrated success in guided bone regeneration procedures[3,4]
- Provides an excellent healing environment[1,5]
- Functions as a barrier during the critical period of wound healing[2,4,6]
- Long history of effective clinical results in general surgery applications[7]

Absorbable And Easy-To-Use

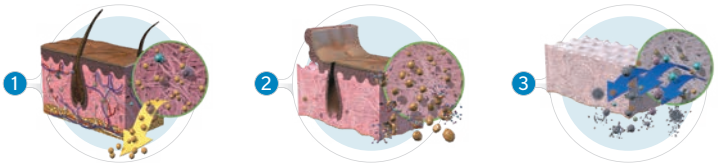
- Eliminates second-stage surgery for membrane removal,[4] reducing wound trauma and surgical chair time
- Rehydrates quickly
- Three convenient sizes can be cut to shape for specific procedures

The Unique Tutoplast Process

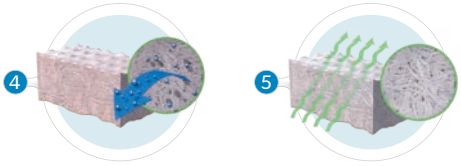
The Tutoplast Process is a validated chemical sterilization process that assures the highest standard of tissue safety; validated to achieve terminal sterility of SAL 10-6.[8]

The process preserves the valuable collagen matrix and tissue integrity while inactivating pathogens and gently removing unwanted materials, such as cells, antigens and viruses.[9,10]

For over 40 years, Tutoplast processed tissues have been used in more than five million procedures.[8]



Alkaline Treatment | Osmotic Treatment | Oxidative Treatment

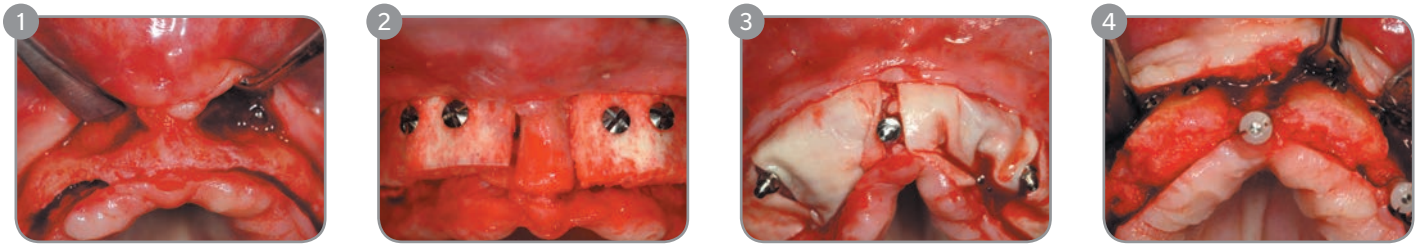


Solvent Treatment | Irradiation

Ordering Information

Catalog Number	Description
68770	Puros Pericardium Allograft, 15 x 20 mm
68771	Puros Pericardium Allograft, 20 x 30 mm
68772	Puros Pericardium Allograft, 30 x 40 mm

Take A Closer Look



Preoperative: ridge defects.

Puros Block Allograft in place.

Puros Pericardium draped over blocks.

Five months postoperative: ridge restored to desired contours.

1. Sohn DS, Shin HI, Ahn MR, Lee JS. Piezoelectric vertical bone augmentation using the sandwich technique in an atrophic mandible and histomorphometric analysis of mineral allografts: a case report series. Int J Periodontics Restorative Dent. 2010;30(4):383-391.
2. Taskonak B, Ozkan Y. An alveolar bone augmentation technique to improve esthetics in anterios ceramic FPDs: a clinical report. J Prosthodont. 2006;15(1):32-36.
3. Petrungaro PS, Amar S. Localized ridge augmentation with allogenic block grafts prior to implant placement: case reports and histologic evaluations. Implant Dent. 2005;14(2):139-148.
4. Rocci A, Martignoni M. Local enlargement of the alveolar ridge using a mineralized allogenic cortical-cancellous block graft: a clinical case study. Quintessence Int. 1999;11(12):373-380. (Italian Edition).
5. Paolantonio M. Combined periodontal regenerative technique in human intrabody defects by collagen membranes and anorganic bovine bone. A controlled clinical study. J Periodontol. 2002 Feb;73(2):158-166.
6. Shin HI, Sohn DS. A method of sealing perforated sinus membrane and histologic finding of bone substitutes: a case report. Implant Dent. 2005;14(4):328-335.
7. Keith JD, Salama MA. Ridge preservation and augmentation using regenerative materials to enhance implant predictability and esthetics. Compend Contin Educ Dent. 2007 Nov;28(11):614-621; quiz 622-624.
8. Data on file with RTI Surgical, Inc.
9. Schoepf C. Allograft safety: efficacy of the Tutoplast process. Int J Oral Implantol. 2006;7:10-15.
10. Tadic D, Epple M. A thorough physicochemical characterization of 14 calcium phosphate-based bone substitution materials in comparison to natural bone. Biomaterials. 2004 Mar;25(6):987-994.

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