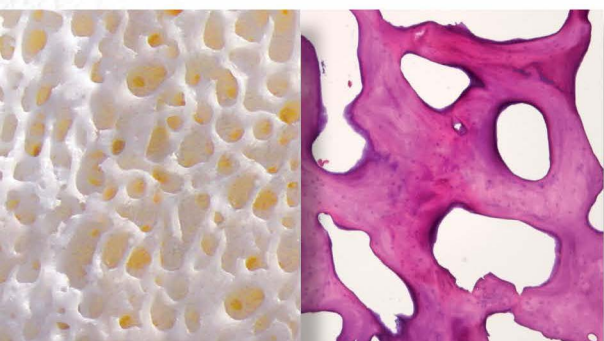




Zymo-Teck® process: the secret of the quality of grafts and membranes

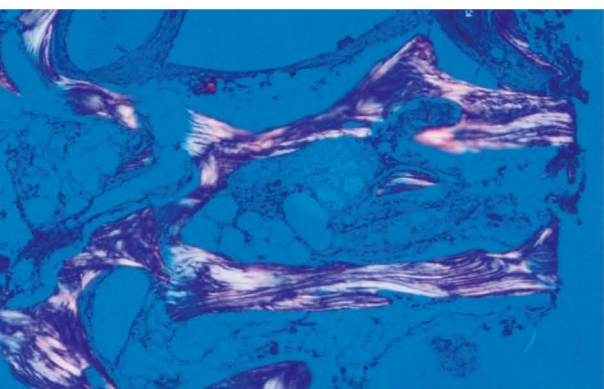


Bioteck®, a leader in the production of tissue substitutes of natural origin, has developed the exclusive deantigenation **Zymo-Teck®** process. The **Zymo-Teck®** process, unlike other processes based on high temperature treatments or using chemical solvents, uses enzymes, natural proteins able to precisely and selectively remove the various unwanted substances, making the tissues completely bio-compatible and devoid of treatment residues. **Zymo-Teck®** also preserves useful molecules, such as collagen in its natural structure and, operating at controlled temperatures, does not alter the structural characteristics of the tissues. The stringent in-line quality controls implemented by **Bioteck®** at all stages of processing guarantee the highest quality of grafts: to obtain the best surgical outcome.

Improve your knowledge about the **Zymo-Teck®** process by selecting the QR-Code on the right.

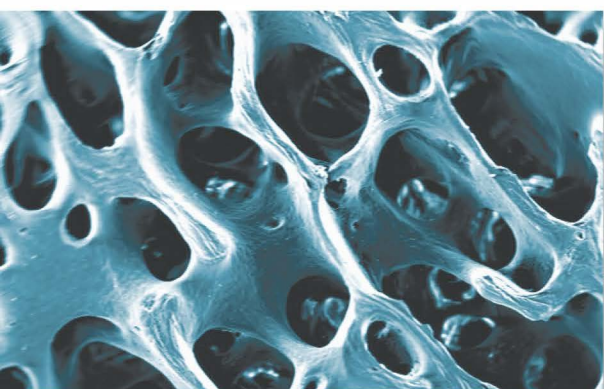


Preserved bone collagen



Grafting bone collagen into the defect creates a precise biological condition: osteoblasts, the cells responsible for the formation of new bone tissue, produce collagen fibers that are then saturated by calcium minerals. It's the same three-dimensional structure of collagen that allows the nucleation of crystals of bone apatite, through a physical phenomenon called epitaxy. In addition, the type I bone collagen stimulates, both at cellular and sub-cellular level, an extremely high number of processes involved in bone regeneration. The presence of bone collagen in **OX®** is also demonstrated in polarised light: collagen fibres, having a regular texture, presents a refractivity characteristic that makes it look lighter.

Total remodeling



OSTEOXENON® is reworked and reabsorbed through the action of osteoclasts. This happens with entirely physiologic kinetics: as well as the patient's bone it is fully remodeled within 8-12 months, as it happens for **OSTEOXENON®**: after this period it is completely replaced by the patient's bone. This is possible because **OX®**, unlike other materials, is recognized as the optimum substrate by osteoclasts that reabsorb it physiologically; only in this case, in fact, the regenerative process may end with the complete replacement of the graft. If the material is remodeled and is reabsorbed physiologically there can be no loss of volume. If the material is reabsorbed too quickly (e.g. calcium phosphate) or too slowly (e.g. synthetic hydroxyapatites) the volume of new endogenous bone is not equal to the grafted volume. **OSTEOXENON®**, however, by remodeling itself through osteoclastic activity, it keeps the grafted volume.



BiOTECK®

Bioteck S.p.A.

Headquarters:

Via E. Fermi 49 - 36057 Arcugnano (Vicenza) - Italy
Tel. +39 0444 289366 - fax: +39 0444 285272
info@bioteck.com - www.bioteck.com



Production and R&D Center:

Via G. Agnelli, 3 - 10020 Riva Presso Chieri (Turin) - Italy.

Bioteck® is an Italian company producing bone substitutes and protective membranes that are successfully used in orthopaedics, neurosurgery, oral and maxillofacial surgery.

Founded in 1995, the company continues to grow constantly and now operates in more than 50 countries around the world.



bioteck.com

A firm commitment to scientific research forms the basis for the innovative solutions offered by **Bioteck®** products. The company collaborates on numerous national and international research projects, which have driven the basic research and helped in writing important chapters in bone biology.

The in-depth knowledge acquired by **Bioteck®** through its research ensures the absolute quality of its products, which are subjected to strict environmental and quality controls, thereby guaranteeing a product meeting the highest quality and safety standards.

Bioteck® applies a policy of total transparency, opening up the doors of its Production and R&D Center for the monitoring of its innovative process and the intense scientific research carried out by its staff.



In over twenty years of scientific research and clinical practice, **Bioteck®** has made an important contribution to the clinical/scientific knowledge in the field of tissue biology.

The **Bioteck Academy** is the meeting place of all the excellences that continuously contribute to the development of this knowledge and **Bioteck®** products.

The Academy has developed a culture of sharing scientific knowledge aimed at the **dissemination of best techniques and practices in the various areas of regenerative surgery** and is open to all professionals who decide to participate in this activity by sharing their surgical experience.

More information on the activities of the Academy can be found at: **www.bioteckacademy.com**.

bioteckacademy.com

Keep you updated
on the most recent
OsteOXenon publications!



BiOTECK®

Complete line of collagenated bone substitutes and membranes

ENZYMATIC DEANTIGENATION
PRESERVED BONE COLLAGEN
TOTAL REMODELING
CLINICAL SUCCESS

cod. Y_OX_CAT1_ENG rev. 2/2020(10)



GRANULES IN VIAL

CANCELLOUS GRANULES

OSP-OX30	Cancellous Granules	1 btl / 0.5g ~1cc 0.25-1mm
OSP-OX36	Cancellous Granules	1 btl / 1g ~2cc 0.25-1mm
OSP-OX37	Cancellous Granules	1 btl / 0.25g ~0.5cc 0.25-1 mm
OSP-OX38	Cancellous Granules	1 btl / 2g ~4cc 0.25-1mm
OSP-OX50	Cancellous Granules	1 btl / 0.5g ~1cc 1-2mm
OSP-OX66	Cancellous Granules	1 btl / 1g ~2cc 1-2mm
OSP-OX33	Cancellous Granules	1 btl / 2cc 2-3mm
OSP-OX39	Cancellous Granules	1 btl / 4cc 2-3mm
OSP-OX34	Cancellous Granules	1 btl / 1g ~2cc 2-4mm

CANCELLOUS CORTICAL GRANULES

OSP-OX31	Cancellous Cortical Granules	1 btl / 0.5g ~1cc 0.25-1mm
OSP-OX32	Cancellous Cortical Granules	1 btl / 1g ~2cc 0.25-1mm
OSP-OX35	Cancellous Cortical Granules	1 btl / 0.25g ~0.5cc 0.25-1 mm
OSP-OX41	Cancellous Cortical Granules	1 btl / 2g ~4cc 0.25-1mm

CORTICAL GRANULES

OSP-OX40	Cortical Granules	1 btl / 0.5g ~1cc 0.25-1 mm
-----------------	-------------------	-----------------------------

GRANULES IN SYRINGE

CANCELLOUS CORTICAL GEL

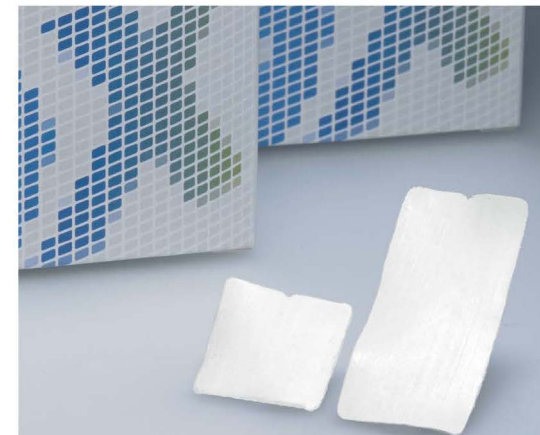
OSP-OX21n	Cancellous Cortical Gel	1 syr / 0.25 ml
OSP-OX22n	Cancellous Cortical Gel	1 syr / 0.5 ml
OSP-OX23	Cancellous Cortical Gel	1 syr / 1 ml



BLOCKS

CANCELLOUS BLOCK

OSP-OX51	Cancellous Block	1 pc 10 x 10 x 10 mm
OSP-OX52	Cancellous Block	1 pc 10 x 10 x 20 mm
OSP-OX54n	Cancellous Block	1 pc 10 x 20 x 3 mm
OSP-OX55n	Cancellous Block	1 pc 10 x 20 x 5 mm



FLEX SHEETS

FLEX CORTICAL SHEET

OSP-OX08	Flex Cortical Sheet	1 pc 21-25 x 23-27 x 0.9 mm
OSP-OX09	Flex Cortical Sheet	1 pc 21-25 x 23-27 x 0.5 mm
OSP-OX03	Flex Cortical sheet	1 pc 21-25 x 23-27 x 0.2 mm

FLEX CANCELLOUS SHEET

OSP-OX01	Flex Cancellous sheet	1 pc 25 x 25 x 3 mm
-----------------	-----------------------	---------------------



Application table

	Granules in vial						Granules in syringe	Flex Sheets			Blocks	
	OSP30 OSP36	OSP37 OSP38	OSP31 OSP32 OSP41	OSP33 OSP34	OSP39	OSP40	OSP50 OSP66	OSP21n OSP22n OSP23	OSP01	OSP02 OSP03 OSP09	OSP51 OSP54n OSP55n	
	Cancellous Granules	Cancellous Cortical Granules	Cancellous Cortical Granules	Cancellous Granules	Slow resorption Cortical Granules	Cancellous Granules	Cancellous Cortical Gel	Flex Cancellous Sheet	Flex Cortical Sheet		Cancellous Blocks	
Periodontal defect (very small, difficult access)												
Periodontal defect - Infrabony defects (1-3 walls) - Furcation defects (class I or II)										OX-43		
Peri-implant defect (up to 3 exposed threads)										OX-43		
Peri-implant defect (more than 3 exposed threads)										OX-4309		
Post-extractive socket (preservation)												
Sinus lift (Nisch, traditional)				As an alternative to OSP30/32		As an alternative to OSP30/32/39						
Sinus lift (variation according to Tulae or membrane tear, if > 5 mm)				As an alternative to OSP30/32		As an alternative to OSP30/32/39			As an alternative to OX-10/12	OX-42		
Sinus lift (Sumner)			As an alternative to OSP30/32									
Horizontal ridge augmentation* (only)	To fill gaps, if present	To fill gaps, if present					To fill gaps, if present	As an alternative to OSP30/32/ 54/55n	OX-4309			
Horizontal ridge augmentation (split crest)												
Vertical ridge augmentation and contemporary implant placement (block technique)	To fill gaps, if present	To fill gaps, if present					To fill gaps, if present			OX-4309		
Vertical ridge augmentation and contemporary implant placement (Lundichetti approach)										OX-42		
Vertical ridge augmentation* (only, two steps)	To fill gaps, if present	To fill gaps, if present					To fill gaps, if present		OX-4309			
Vertical ridge augmentation (only)	To fill gaps, if present	To fill gaps, if present					To fill gaps, if present					
Volumetric preservation (for esthetics)										OX-43/4309		

* Or a combination of horizontal and vertical augmentation