

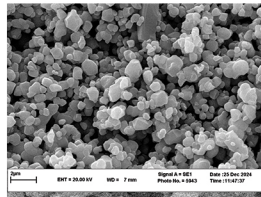


OsvehOss^{II} TCP

OsvehOss^{II} TCP is a totally synthetic bone graft material made of pure beta-tricalcium phosphate (β -TCP).



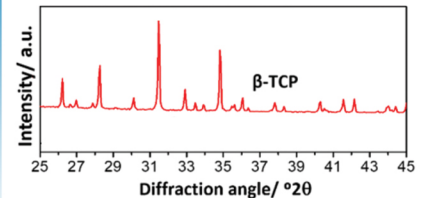
1



Micro & Macro Porose

OsvehOss^{II} TCP Micro-porous topography assists capillary action for the flow of biological fluids and the adsorption of proteins supporting cell attachment.

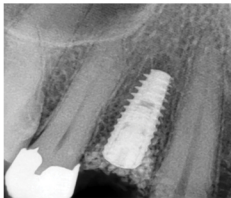
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Safe & Pure

OsvehOss^{II} TCP does not contain animal or human tissues or derivatives so, there is no immune or infection risks.

6



Radiopaque

OsvehOss^{II} TCP is radiopaque, allowing the monitorization of the graft osteointegration.

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Why choose OsvehOss^{II} TCP

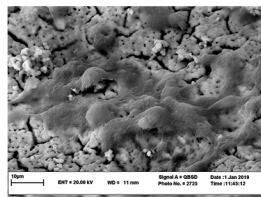
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Easy application

OsvehOss^{II} TCP can be easily mixed with patient's blood or autologous bone marrow.

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Osteoconductive

Osteoconductive scaffold supports early vascularization and rapid bone regeneration throughout the implant.

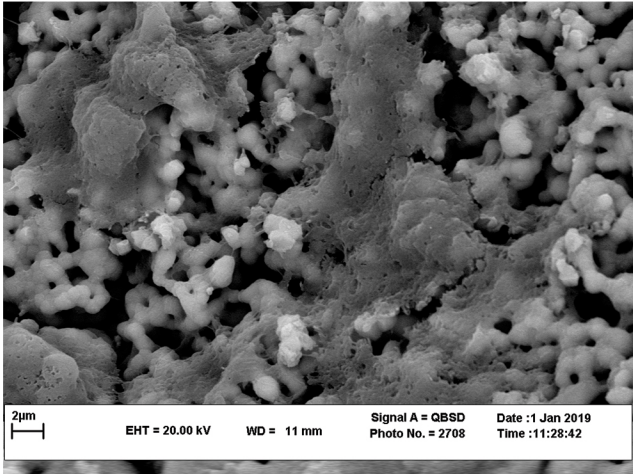
3



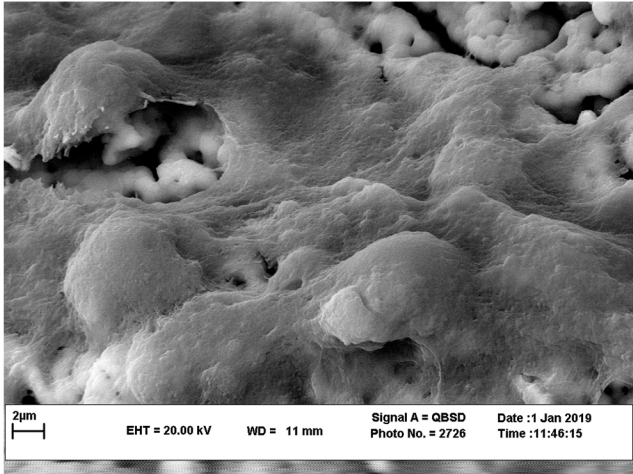
Hydrophilic

The hydrophilic behavior of OsvehOss^{II} TCP confers a high cohesivity of the particles.

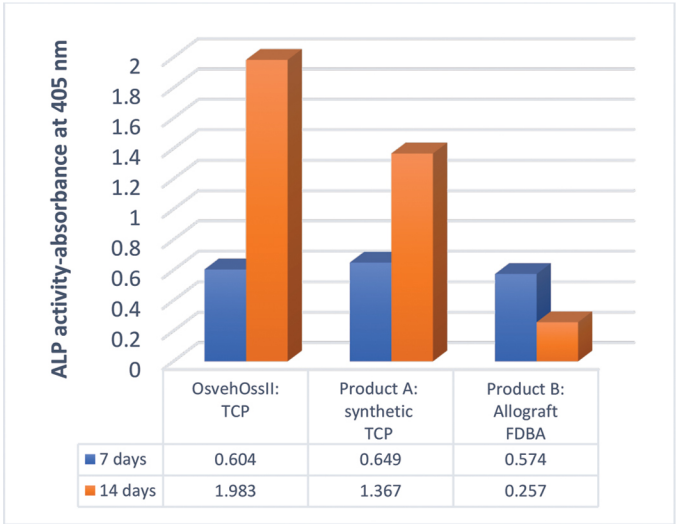
In-Vitro Studies



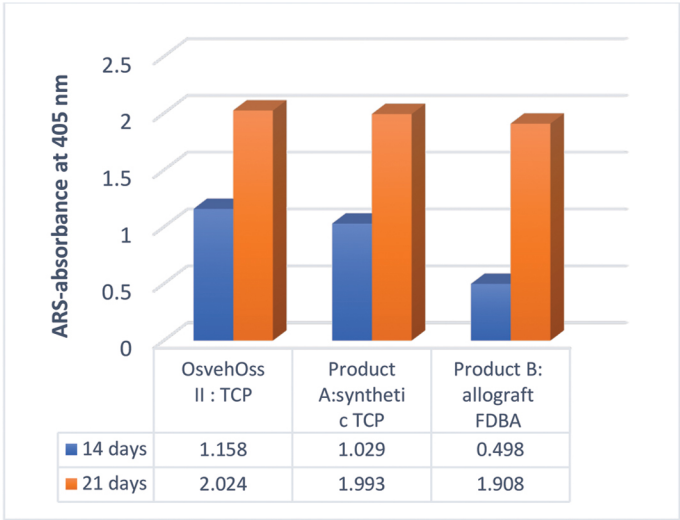
Cell attachment and proliferation
3 days after MG-63 cell culture



Cell attachment and proliferation
7 days after MG-63 cell culture

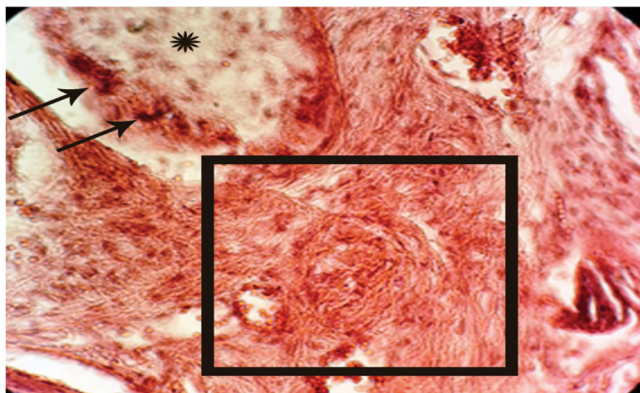


Alkaline Phosphatase Assay for indication the presence of osteoblast cells and the formation of new bone.



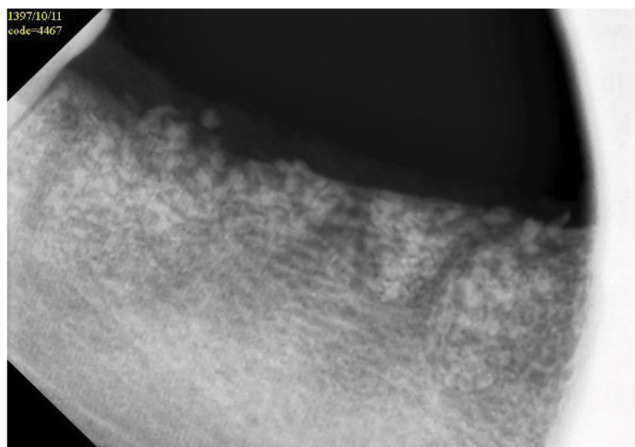
Alizarin red staining for quantification of osteoblast mineralization.

In-Vivo Evaluations



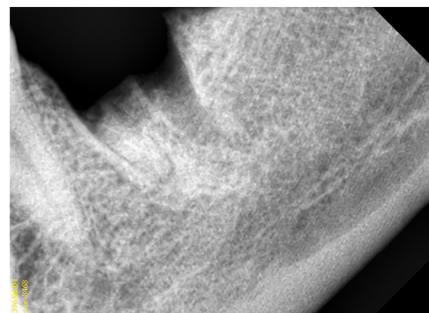
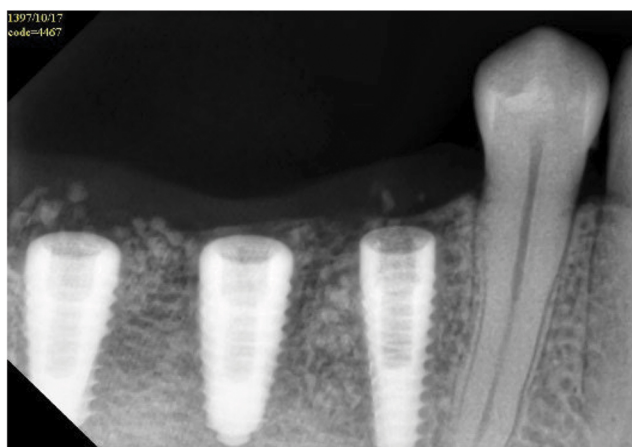
Histological and Histomorphometric Analyses

Multinucleated giant cells (arrows) and reabsorbing OsvehOss^{II} TCP granules (star), immature bone (square), 4 weeks after surgery (images courtesy of Dr. Kazemi mehrjerdi, Mashhad, IRAN)



Clinical Investigation

augmentation with OsvehOss^{II} TCP after socket extraction at 5 months. (images courtesy of Dr. Alinezhad, Mashhad, IRAN)



Instruction for use

- Remove all inflammatory tissue and debris from the implant bed using curette.
- Thoroughly freshen the bone in the implant region.
- Rehydrated **OsvehOss™ TCP** with sterile normal saline or patient's blood from the defect region before filling the defect.
- **OsvehOss™ TCP** must be in direct contact with vital bleeding cancellous or mechanically perforated cortical bone.
- Fill the defect completely with a mixture of **OsvehOss™ TCP** and blood or even better blood derivatives PRP, PRF or BMA.
- Avoid excessive compression or fracture of the granules.



1. Place **OsvehOss™ TCP** in a sterile container



2. Add blood obtained from defect site.



3. **OsvehOss™ TCP** is ready to use when fully saturated.

Product Information

REF code	Particle size	Volume × Qty	Particle Recommendation
PWT100	0.5 – 1 mm	0.5 cc × 1 vial	0.5 – 1 mm for periodontal bone defects, small and intermediate-size cysts and grafting of alveolar defects
PWT101	0.5 – 1 mm	1 cc × 1 vial	
PWT102	0.5 – 1 mm	2 cc × 1 vial	
PWT105	0.5 – 1 mm	5 cc × 1 vial	
PWT200	1 – 2 mm	0.5 cc × 1 vial	1 – 2 mm for large cysts, sinus elevations and augmentation
PWT201	1 – 2 mm	1 cc × 1 vial	
PWT202	1 – 2 mm	2 cc × 1 vial	
PWT205	1 – 2 mm	5 cc × 1 vial	



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