

THE SURGERY RANGE :  
BRING ADDITIONAL BUSINESS





# Surgery Storytelling

# Today

Multiple products,  
Multiple information,

The collage consists of approximately 15 individual product information cards. Each card features a small image of the product, a brief description of its uses and benefits, and a price list for different quantities. The products include dental wax, separators, and other dental materials. The cards are arranged in a somewhat overlapping and scattered manner, illustrating a lack of organization in the current product presentation.

**Profits show their limits**

- Looking at each product individually
- Negotiating price product by product



**Not Sustainable  
Not Optimized effort  
for the dealer & Septodont**

More profits are made in increasing the total level of sales & the added value



# Current Surgery Product Range

All these products meet a similar consumer needs & are inter-related

## Bleeding management

- Management of local haemostasis after teeth extractions, removal of cysts, root amputations, & impacted teeth

Gelopack  
Hemocollagene  
Resorcell Gauze  
Resorcell Powder



## Bone Grafting

- Preserve the existing bone
- Recreate the osseous structure after a tooth extraction

R.T.R Cones  
R.T.R Granules  
R.T.R Syringe



## Complications

- Help rapidly alleviate pain in case of Dry socket



## Others



Septocalm  
Septo pack



# Dental extraction might be challenging

Dental extraction can generate pain & bleeding & lead to complications

## General dentist should :



- Offer an access to standard of care (preservation of alveolar ridge)
- Support the patients for best possible home return
- Manage potential post operation complications

## Patients should be offered solutions to :



- Avoid spontaneous ridge resorption
- minimize pain & complications
- maintain the ability of a treatment afterwards

# Vision

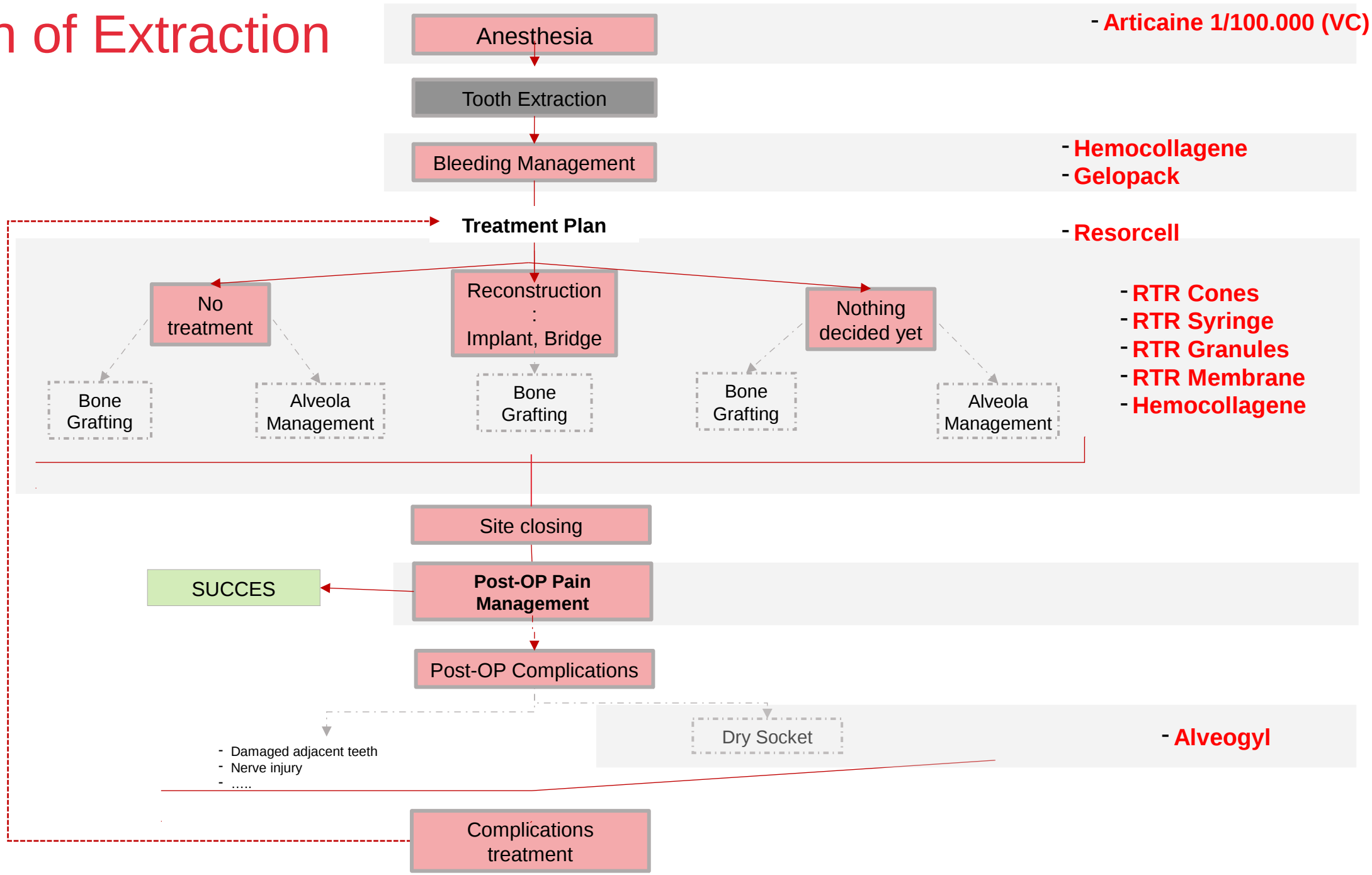
SEPTODONT ambitions to offer a wide range of solutions in dental surgery **focusing on the preservation of the alveolar socket & general dentistry practitioners.**

We aim at **best serving clinicians & patients to improve dental extraction clinical outcomes**

Thanks to our products, we envision to be one of **the first point of call** when a General Dentist decides to **initiate a tooth extraction**



# Decision of Extraction



Products Availability can vary respect to specific country regulations.

# A category management vision : One Stop for dental extraction

One stop for dental extraction



- Match dealers' desire for manufacturers to add value to their business
- Bring novelty with a new approach
- Link a whole group of products with consumer needs
- Reinforce the value chain & Rationalize the offer on the extraction procedure
- Improve sales rep efficiency : Time vs \$\$\$





# Be Clinical oriented toward dental extractions

Dentists are clinicians = workflow, practice & clinical outcomes are key

- Reps can not only "talk the talk"
- Products are not limited to technical features
- Price should not be the only decision making aspect

**Solution**

**A clinical approach  
links  
Dentists needs & Sales**

A clinical talk-track,

- Focus the discussion on medical needs
- Bring a solution to clinical issues
- Provide added value on the specific clinical procedure (dental extraction)
- Lead you directly to the benefits expected



# One Stop for dental extraction : **a full solution in one place & one deal**

## Your customers will :

- Minimize pain & complications during and after a tooth extraction
- Avoid ridge resorption & preserve bone dimensions
- Maintain the ability of a successful treatment afterwards
- Spare negative impact of teeth extraction on both esthetics & functional aspects



## You will :

- Get listened by the dentists
- Gain credibility
- Develop future referrals establishing a “clinical” relationship



Anesthesia

Bleeding  
Management

Bone  
Grafting

Management  
of Complications

# One Stop for Dental Extraction

# New Storytelling Brochure



Anesthesia

Bleeding  
Management

Bone  
Grafting

Management  
of Complications

**One Stop**  
for Dental Extraction



# One Stop for Dental Extraction

Understanding that tooth extraction remains a challenging procedure involving pain & bleeding, Septodont offers you a full solution in one place & one deal. It includes bleeding management, bone grafting and therapeutics to help you manage pain and potential complications.

## Anesthesia

As world leader in dental pain management, Septodont delivers more than just safe and effective products. We go further helping you managing pain for your practice.

### Septodont Local Anesthetics

- Several molecules to suit dentists' clinical needs
- Unique manufacturing process including a terminal sterilization step
- 100% latex free (product & manufacturing)



## Extraction

## Bleeding Management

The natural process of bleeding requires to be effectively controlled, Septodont offers a large portfolio of hemostatic products with various origin & indications to fit your needs in different clinical situations.

### Hemocollagene

- Supports local hemostasis inside the socket after extraction & use of other methods
- Totally resorbable, sterile & biocompatible
- Can be implanted & held in the socket
- Collagen promotes platelet adherence and aggregation



Native, non-denaturated, freeze-dried bovin collagen sponges

### Gelopack

- Aids in providing hemostasis and filling dead space created by extraction of the teeth, root amputations and removal of cysts, tumorous and impacted teeth



100% purified porcine gelatin sponge

### Resorcell Powder

- Stop capillary bleeding and prevent bleeding in the early dental post-operative stages



100% calcium hydrogen salt of oxidized cellulose (powder)

## Bone Grafting

When tooth removal is discussed, it is important to preserve bone dimensions & pave the way for future successful treatment plans. Septodont provides you with a large portfolio of bone grafting products.

### Bone Grafting materials

- Highly pure  $\beta$ -tricalcium phosphate
- Fully resorbable\* & osteoconductive
- Promote strong new bone formation\*\*
- Avoid spontaneous ridge resorption
- Restore volume & bone integrity within 3-6 months

### R.T.R. Cone

- Simplified procedure
- Enhanced handling
- Coated with collagen
- Can be used without membrane



### R.T.R. Syringe

- A curved syringe for
- Easy handling for hydration
- Higher precision of placement
- Optimal delivery on the defect



### R.T.R. Granules

- High volume of granules (2 cm<sup>3</sup>) for large defect grafting



## Management of Complications

After extraction, the first days are critical and there is a risk of a painful dry socket. As world leader in pain management, Septodont is committed to provide efficient post extraction solutions for successful healing & pain relief.

### Alveogyl

The ideal dry socket dressing after tooth extractions with Penghawar fibers.

- Ensures easy filling of the socket
- Helps to rapidly alleviate the pain
- Promotes hemostasis by compression
- Protects from superinfection
- Is a one step self-eliminating treatment
- No need of special attention other than observation of healing process



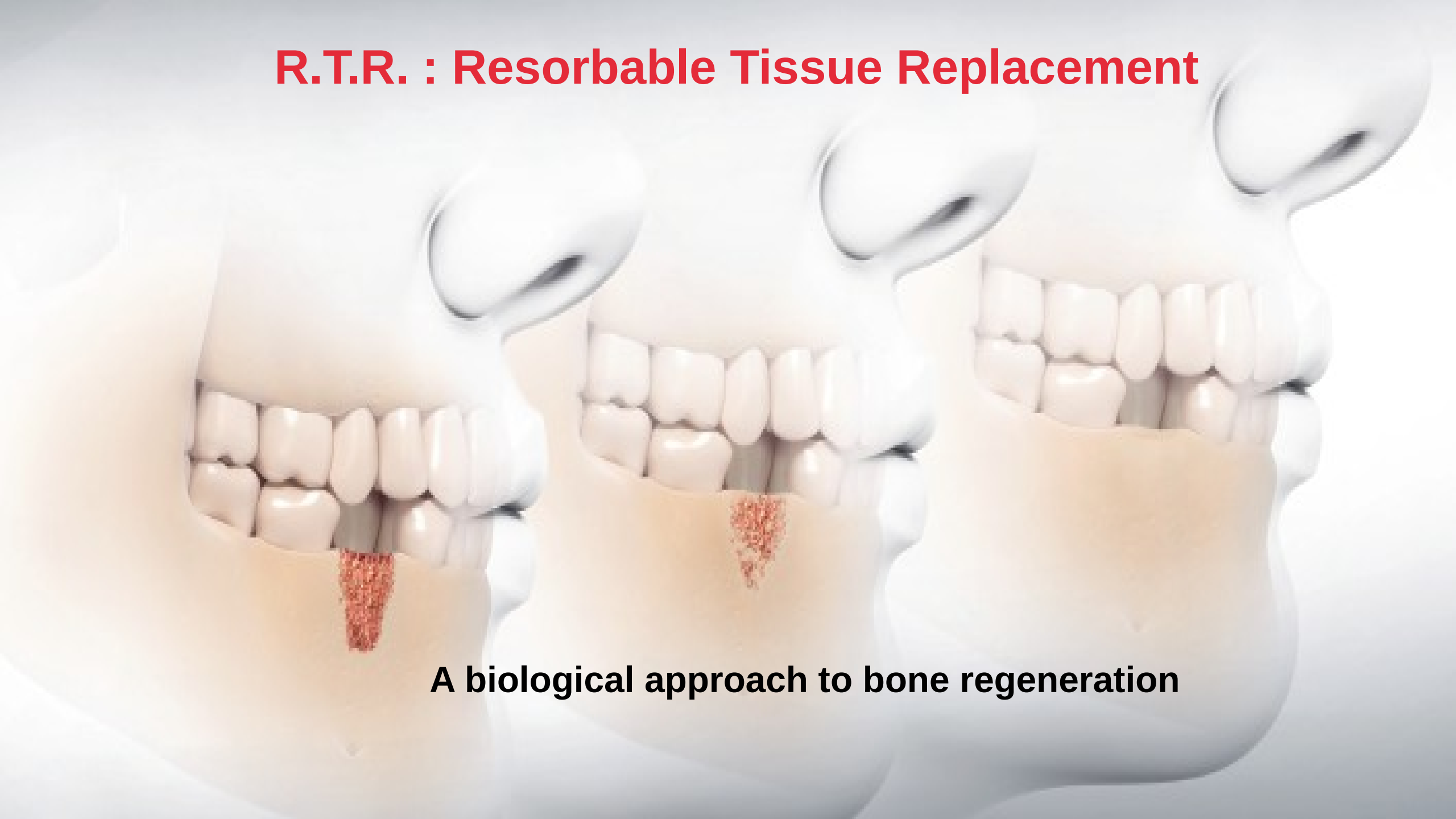
(1): Drug - (2): Medical Device





# Bone Grafting

# **R.T.R. : Resorbable Tissue Replacement**



**A biological approach to bone regeneration**

# R.T.R. : Resorbable Tissue Replacement





# Objective:

- By the end of this lecture you will have knowledge of RTR (Resorbable Tissue Replacement) and the effects of Beta Tri-calcium Phosphate
- You will be able to explain how RTR works
- You will have clinical study information and know where to obtain this information.
- You will have knowledge of the competition in the marketplace

# Definitions

- **Allograft** – cadaver bone
- **Alloplast** – an inert foreign body used for transplantation into tissues
- **Autologous** – bone harvested from a patient's own body
- **Hydrophilic** – have a strong affinity for water
- **Microporous** – having extremely small pores
- **Macroporous** – have large pores
- **Osteoblasts** – cells that synthesize bone
- **Osteogenic** – derived from or made up of bone-forming tissue
- **Osteoconductive** – guiding the reparative growth of natural bone (providing a scaffold for new bone growth)
- **Osteoinductive** – encouraging undifferentiated cells to become active osteoblasts

# MORE DEFINITIONS

- **Resorb** – to absorb again
- **Resorption** – the act of resorbing something
- **Xenografts** – bone substitutes that are from a species other than human (typically bovine)

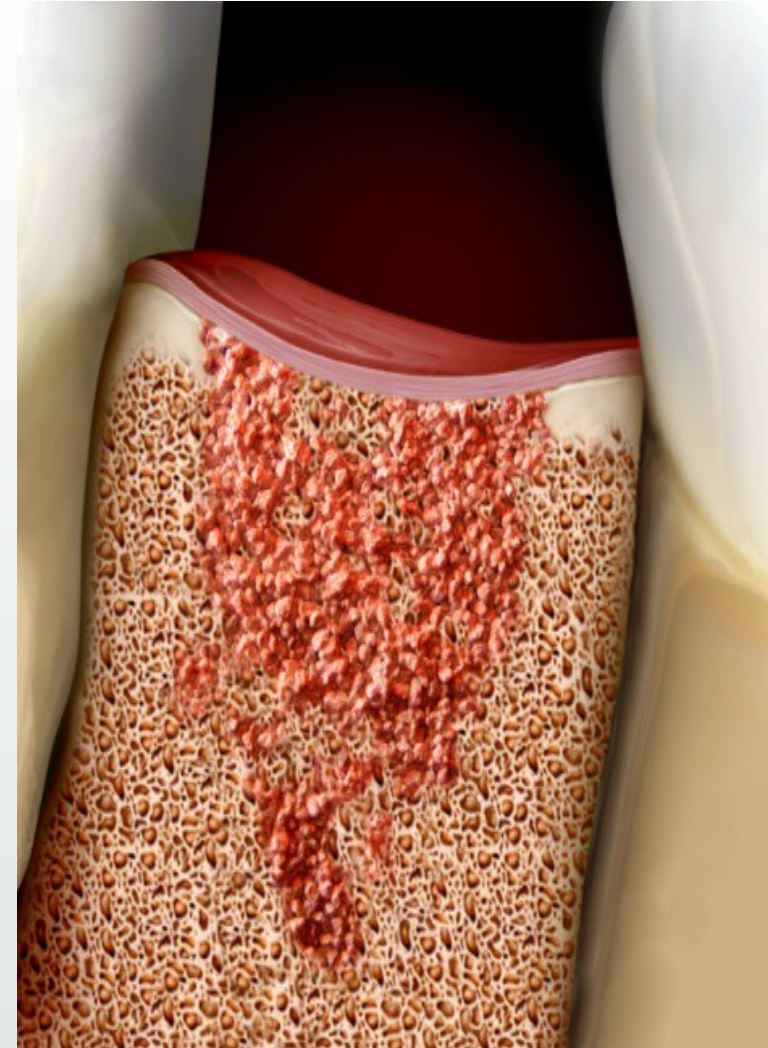
# BONE GRAFTING MATERIALS

## Bone grafting

A surgical procedure that replaces missing bone with a synthetic or a natural substitute

### When:

- After a tooth extraction
- After periodontal surgery
- In endodontics after an apicectomy
- In implantology, bone grafting can be used
  - prior to implant insertion to gain support (ridge augmentation, sinus lift)
  - or after implant placement in case of missing bone (peri-implant defects).



# BONE GRAFTING MATERIALS

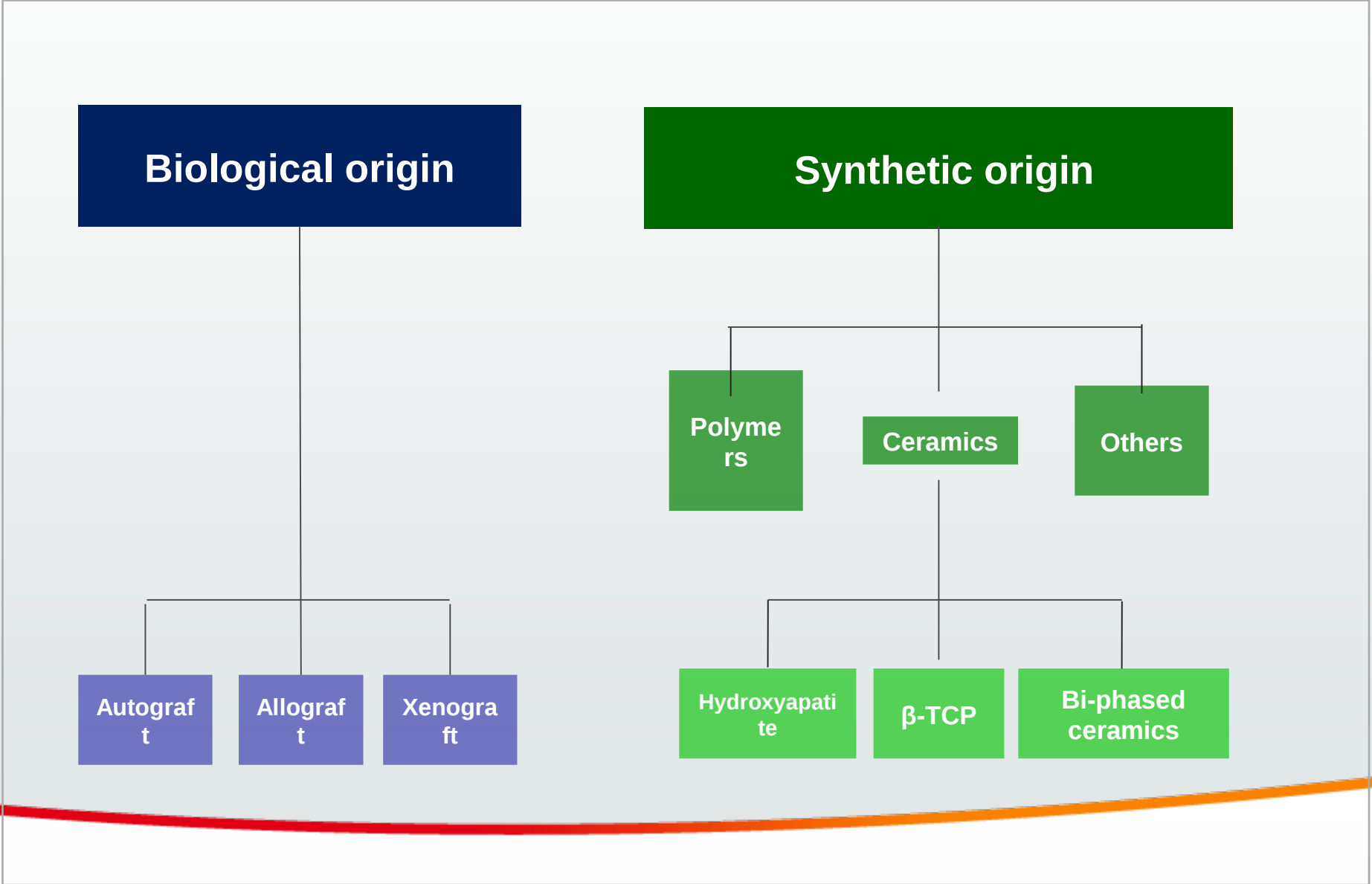
## What happens when placing bone grafting material?

- Material recovered with serum proteins, ions, lipids, glucides and cytokines
- Pores colonized by a stringy clot that will progressively be replaced by a tissue that will mineralize to form a new bone.

## Properties needed for a bone grafting material

- Not toxic, biocompatible and safe, no risk of rejection
- Resorbable
- Porosity to allow colonization by osteogenic cells
- Ease of use to facilitate the placement
- Available easily, in sufficient quantities

# Overview of bone grafts market



# What is R.T.R.?

A resorbable synthetic bone grafting material containing  $\beta$ -TCP ( $\beta$ -tricalcium phosphate) that promotes new dense bone growth

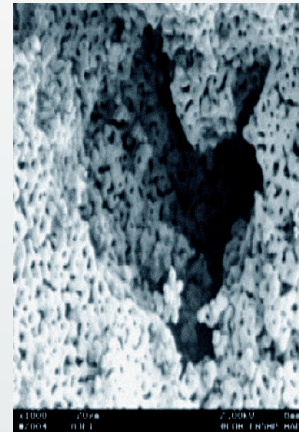


# R.T.R. delivers the Benefits of $\beta$ -TCP

## Porous structure to allow osteoconduction



Macropore magnification x135



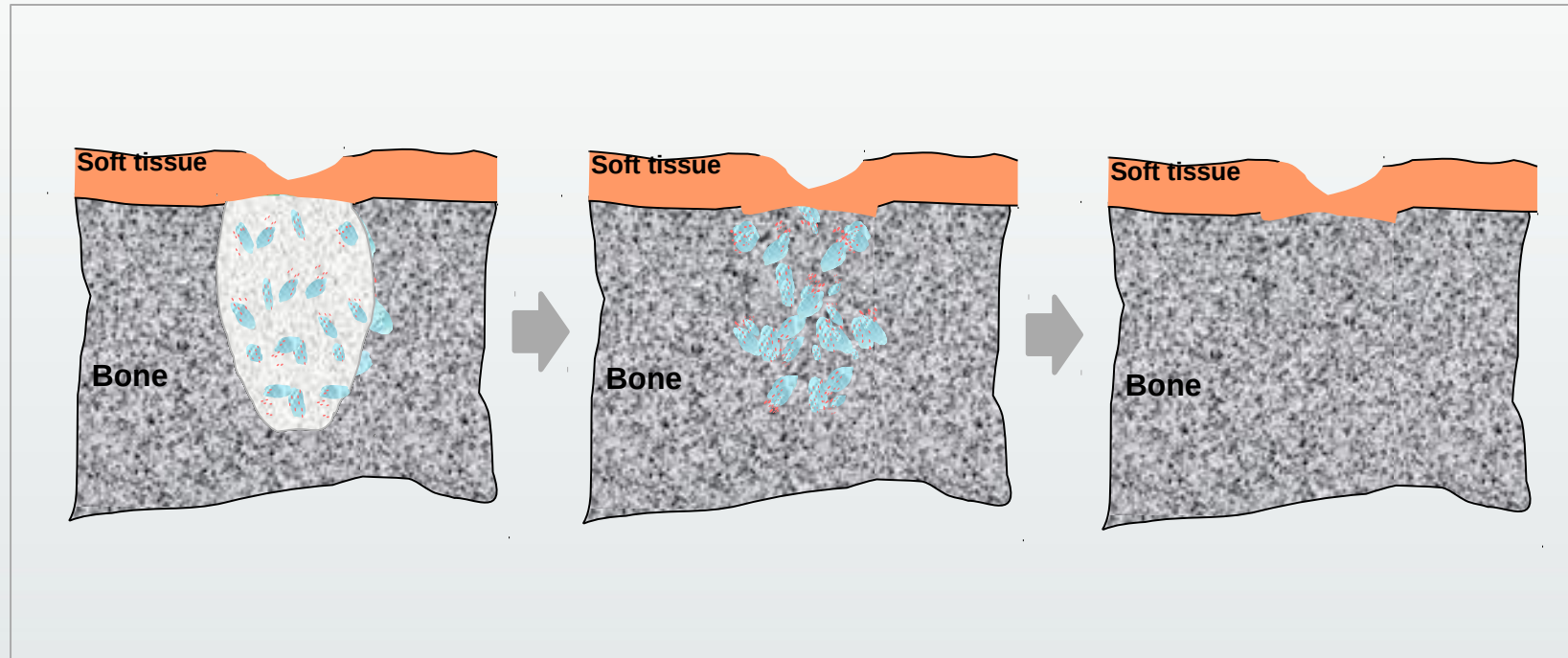
Micropore magnification x1000

- Promotes colonization by osteogenic cells with new bone formation becoming biologically fixed.



# R.T.R. delivers the Benefits of $\beta$ -TCP

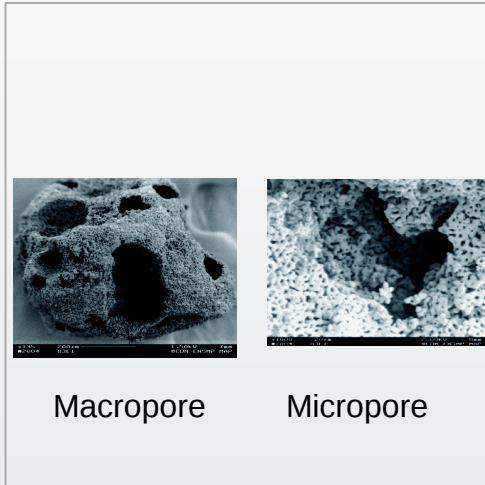
Progressively and totally **resorbable** to allow **bone regeneration**



- Releases calcium and phosphate while it resorbs to promote new bone formation

# R.T.R. delivers the Benefits of $\beta$ -TCP

**Porous structure to allow osteoconduction**



**Why should WE focus on post-extraction  
with R.T.R.?**

# RTR : Post-extraction positioning

## Enhanced differentiation & potential

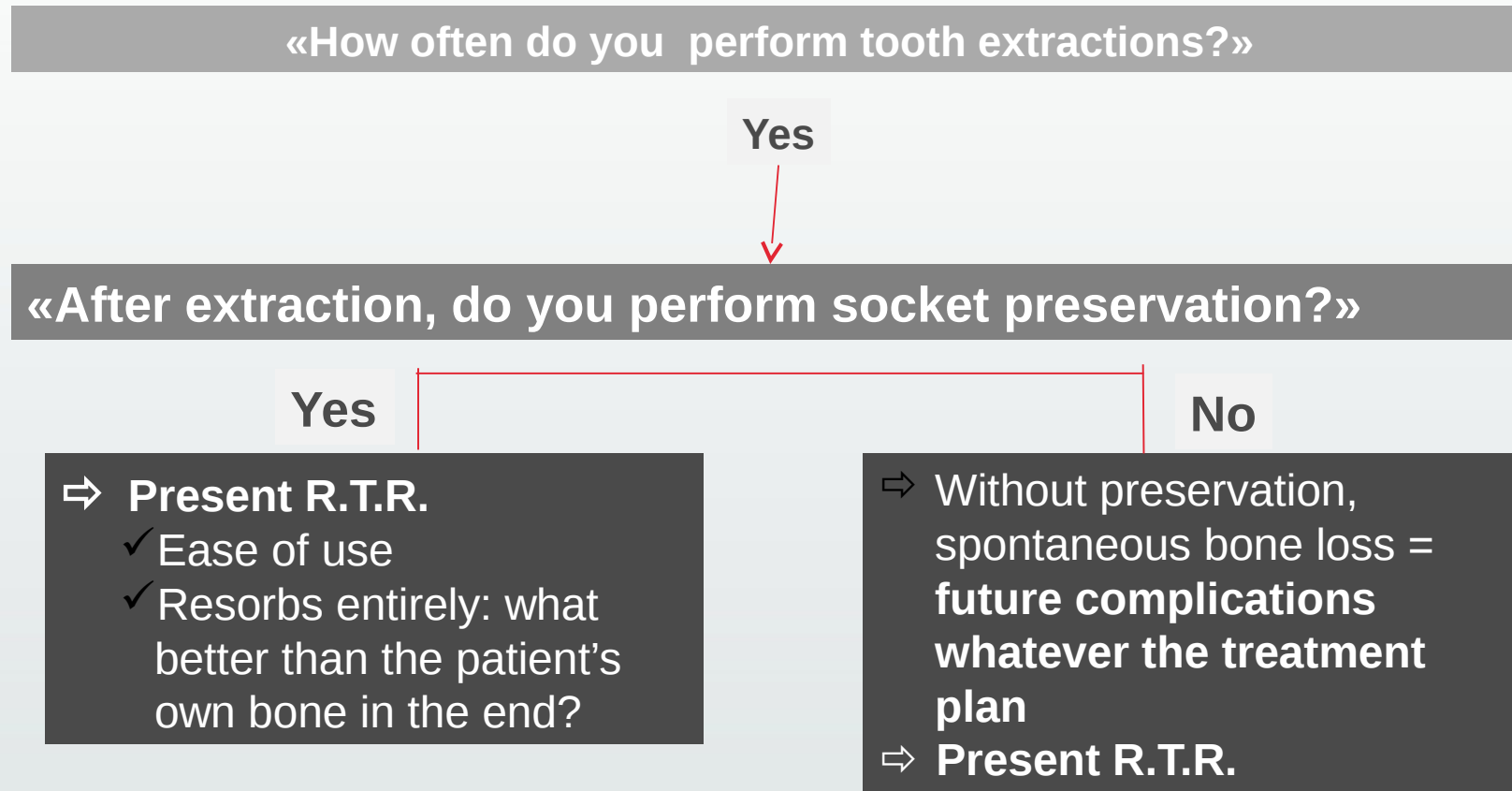
- Bone grafting is a growing market
- Tooth extraction is a common & Frequent procedure
  - > n# implant placement
  - Caries, Periodontal diseases, Fractures ...
- Not only in specialists' hands but also done by GPs
- Post-extraction socket preservation is a concern:
  - competition is less active on that indication



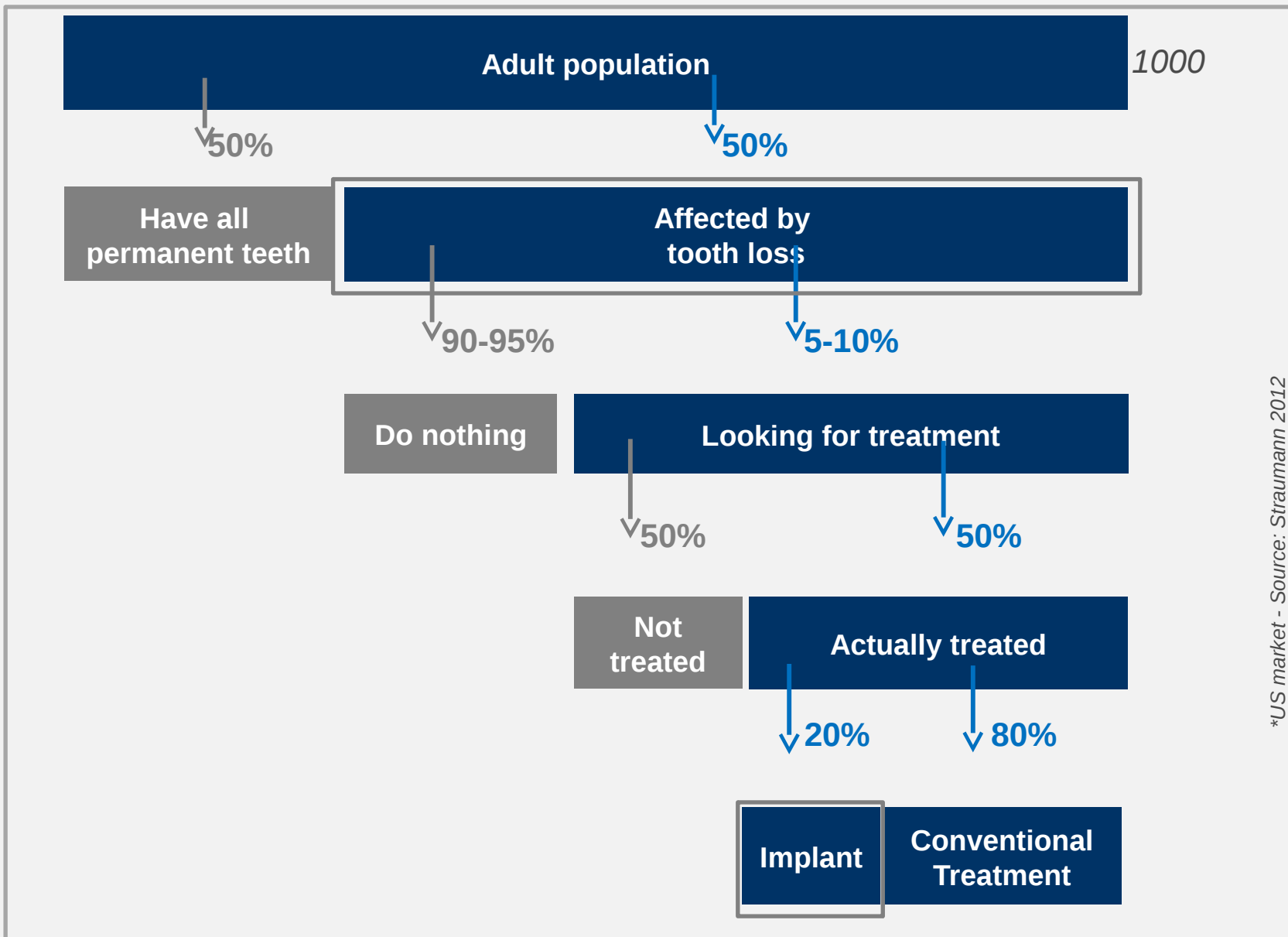
# Dental bone grafting indications

<b>Focus</b>	<b>After tooth extraction</b>	To preserve the alveolar dimensions
	<b>In Implantology</b>	To increase the bone volume prior to implant placement: ridge augmentation, sinus lift  To fill the gap around the implant
	<b>In Periodontics</b>	To gain bone volume around a tooth after a periodontal disease has attacked this support
	<b>Any other bone defects</b>	To remove a cyst at the apex...

# Post-extraction for GPS = primary target



# Especially through post-extraction positioning



\*US market - Source: Straumann 2012

**Nb procedures**

On a basis of 500

5 placements of implants

**Target**

General dentists

Implant specialists



**Why should dentists (GPs) use R.T.R. in post-extraction indication?**



# 1- To avoid spontaneous ridge resorption

## Socket preservation = value to extraction procedure

- Helps maintaining ridge dimensions
  - Better esthetic & functional outcomes
  - Limits further bone augmentation surgeries
  
- Whatever the treatment plan, pave the way for future success
  - Implant → promotes future success
  - Prosthesis → improves stability
  - Even if no treatment decided → gives extra time for decision



Reduced horizontal dimensions



Reduced vertical dimensions

## 2- To get the quality of autogenous bone

**R.T.R. = combines clinical success & comfort**

- Fully resorbable
  - Promotes formation of patient's new bone
  - Completely replaced by autologous bone
  - No residue left
- New dense natural bone
  - New bone strong enough to support implant placement & loading
- Ready to use
  - More comfort in the practice & for the patient
- Remarkable properties
  - Osteoinductive, osteoconductive, osteogenic
  - No risk of disease transmission



# 3- To keep it quick & easy in the practice

R.T.R. = saves time & effort in the practice

- 3 presentations to suit all clinical needs

- R.T.R. Cone

- → simplified procedure (handling++, membrane not needed)

- R.T.R. Syringe

- → high precision (curved syringe, impregnation ++)

- R.T.R. Granules

- → large defects (granules quantity ++)

- Easy contouring

- Extremely hydrophilic

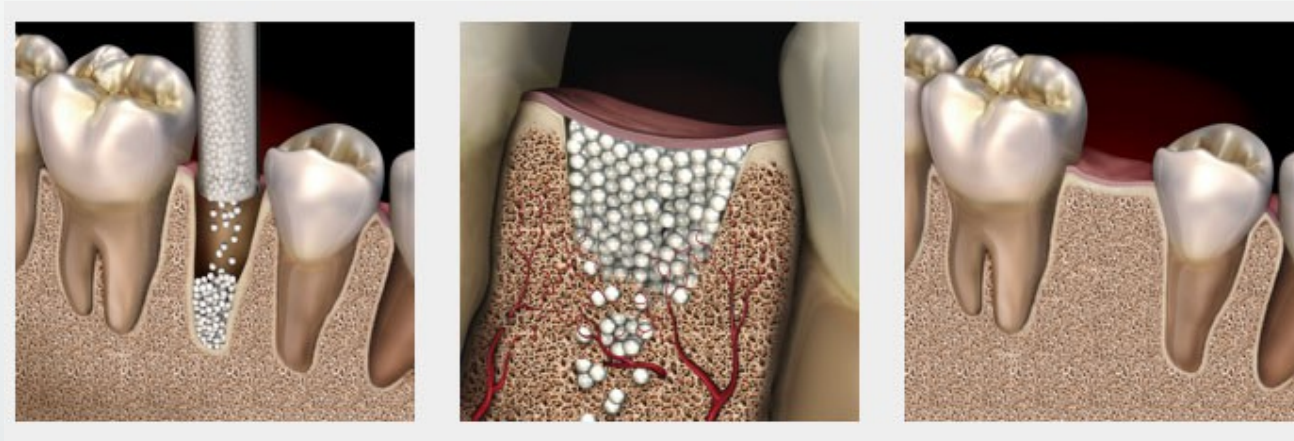


	R.T.R.	Autograft	Allograft / Xenograft	Other synthetic graft
<input type="checkbox"/> Fully resorbs into patients' bone	●	●	●	●
<input type="checkbox"/> Osteoconductive	●	●	●	●
<input type="checkbox"/> Reliable scientific background	●	●	●	●
<input type="checkbox"/> Ready to use	●	●	●	●

● Materials fulfill criteria   
 ● Not all materials completely fulfill the indicated criteria   
 ● Materials do not fulfill criteria



# How Does R.T.R Work?



# Benefits of $\beta$ -TCP



**BETA-TRICALCIUM PHOSPHATE**

**Characteristics of  $\beta$ -tricalcium phosphate**

PHASE-PURE	(complete resorption)
RESORBABLE	(new patient-own bone)
SYNTHETIC	(controlled production, Lot-conformity)
BIOCOMPATIBLE	(safe material)
POROUS	(fast vascularization)
CLINICAL PROOFED	(predictability, safety)

6:50 / 7:08

[Video 1](#)

[Video 2](#)

Prof. Mauro Labanca - Italy



# β-TCP: a solid scientific background

- More than 30 years of research & 1500 studies in dental applications
  - Biocompatibility
  - Bone regeneration properties
  - Osteoconduction & Progressive resorption

(1) **Levin M.P.** et al. (1975). A comparison of iliac marrow and biodegradable ceramic in periodontal defects. *J Biomed Mater Res.* 9: 183-195.

(31) **Hinz P.** et al (2002). A new resorbable bone void filler in trauma: early clinical experience and histologic evaluation. *Orthopedics.* 25: 597-600.

(42) **Artzi Z.** et al. (2004). Biomaterial resorption rate and healing site morphology of inorganic bovine bone and beta-tricalcium phosphate in canine: a 24-month longitudinal histologic study and morphometric analysis. *Int J Oral Maxillofac Implants.* 19: 357-368.

(53) **Kondo N** et al. (2005). Bone formation and resorption of highly purified beta-tricalcium phosphate in the rat femoral condyle. *Biomaterials.* 2005 Oct;26(28):5600-8. Epub 2005 Apr 18.

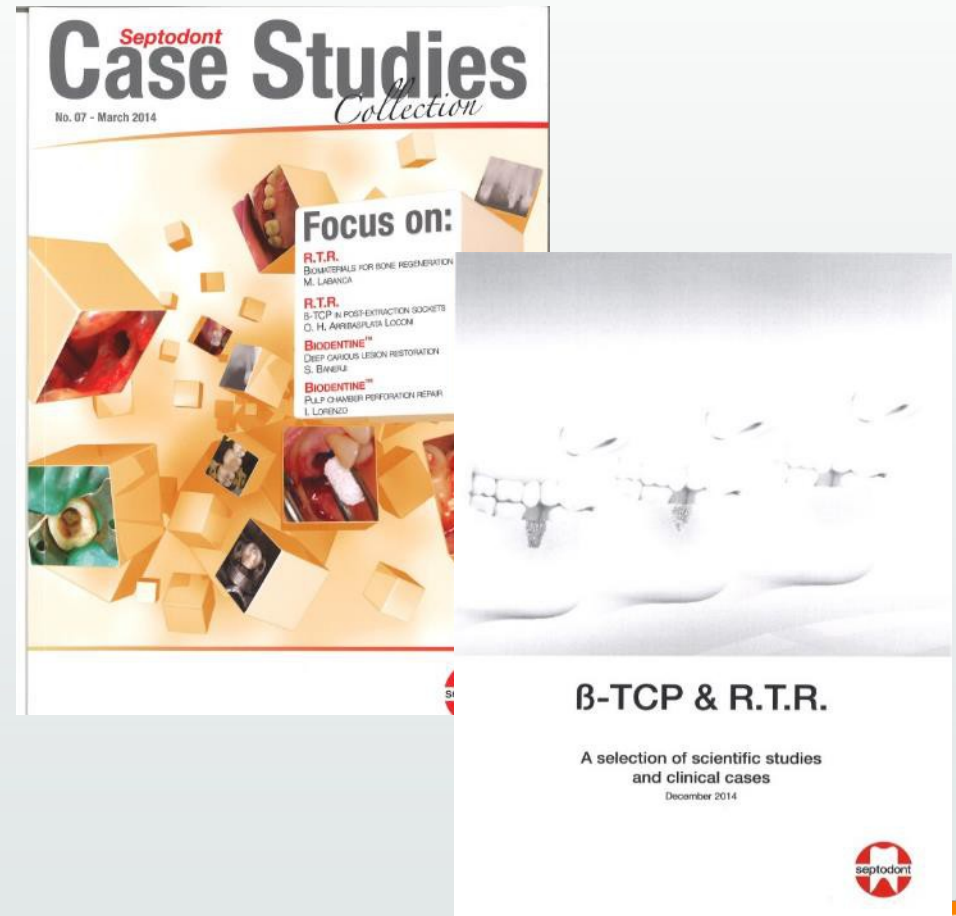
(52) **Zerbo IR** et al. Localisation of osteogenic and osteoclastic cells in porous beta-tricalcium phosphate particles used for human maxillary sinus floor elevation. *Biomaterials.* 2005 Apr; 26(12):1445-51.

« ... the TCP particles attract osteoprogenitor cells that migrate into the interconnecting micropores of the bone substitute material by 6 months. .... **Chemical dissolution**, possibly favoured by a high cell metabolism in the particles, seems the **predominant cause of TCP degradation**. The abundance of Runx2/Cbfa1 positive cells would indicate that with a greater time of healing there will be further bone deposition into these particles. »



# $\beta$ -TCP: a solid scientific background

- Complete Science File now available that includes :
  - 36 Abstracts on various procedures
  - 9 full articles
  - Various Case Studies
- Also Septodont Case Studies Collection numbers 7, 8, 9 and 10 include RTR Articles





# R.T.R. Resorbable Tissue Replacement

## CHARACTERISTICS OF R.T.R.

Synthetic	Controlled production, lot-conformity
Biocompatible	Safe material
Resorbable	Patient grows own bone
Phase-pure	Complete resorption
Porous	Fast vascularization
Multiporous	New bone can grow inside the granules
Double Sterile	Safe surgery
Ergonomic handling	Convenience
Clinical trials	Predictability, safety

# R.T.R. Resorbable Tissue Replacement

## FEATURES

## BENEFITS

Synthetic bone regeneration material

- No risk of disease transmission
- No incompatibility with host bone
- No secondary surgery needed
- No additional pain for the patient

Calcium Phosphate Ceramic

- Calcium and phosphate are the main constituents of the mineral bone substance, therefore, it is very close to the biological origin

Tri-calcium Phosphate (TCP)  
[Ca<sub>3</sub>(PO<sub>4</sub>)<sub>2</sub>]

- TCP is Resorbable over time, unlike Hydroxyapatite

β-TCP  
(= beta-phase of calcium-phosphate)

- Resorption of beta-phase occurs in a cellular process unlike the alpha structure, which transforms partly to HA in contact with tissue fluid at 37C and therefore is not completely resorbed

Granules

- Easy to apply in irregular defects
- Can be used in unlimited amounts to fill in large defects
- Great surface on which bone cells can be deposited

**Clinical practice:  
focus on post extraction**



# Post-extraction

Spontaneous healing... loss of volume

- Rapid reductions in the first 3–6 months that was followed by gradual reductions in dimensions thereafter\*
- After 6 months\*:
  - horizontal bone loss of 29–63%
  - vertical bone loss of 11–22%



➤ Functional & esthetic issues, that will impact prosthetic / implant future treatment plan

# Post-extraction

## Socket preservation

- “Alveolar ridge preservation is effective in limiting physiologic ridge reduction as compared with tooth extraction alone”

- Avila-Ortiz G et al, Effect of Alveolar Ridge Preservation after Tooth Extraction: A Systematic Review and Meta-analysis. J Dent Res. 2014 Oct;93(10):950-958. Epub 2014 Jun 25.

- “The potential benefit of socket preservation therapies was demonstrated resulting in significantly less vertical and horizontal contraction of the alveolar bone crest”

- Vignoletti et al, Surgical protocols for ridge preservation after tooth extraction. A systematic review. Clin Oral Implants Res. 2012 Feb;23 Suppl 5:22-38. doi: 10.1111/j.1600-0501.2011.02331.x.

- Reduces bone augmentation therapies through easy surgical protocol

# Post-extraction socket preservation using R.T.R. Cone

- Male patient, 24 years old.
- Fracture of 8 (2.1)
- Extraction and socket preservation before implant placement at 4.5 months.

Extraction



Placement of R.T.R. cone



Impregnation with blood



Impregnation with blood



Sutures



Temporary tooth

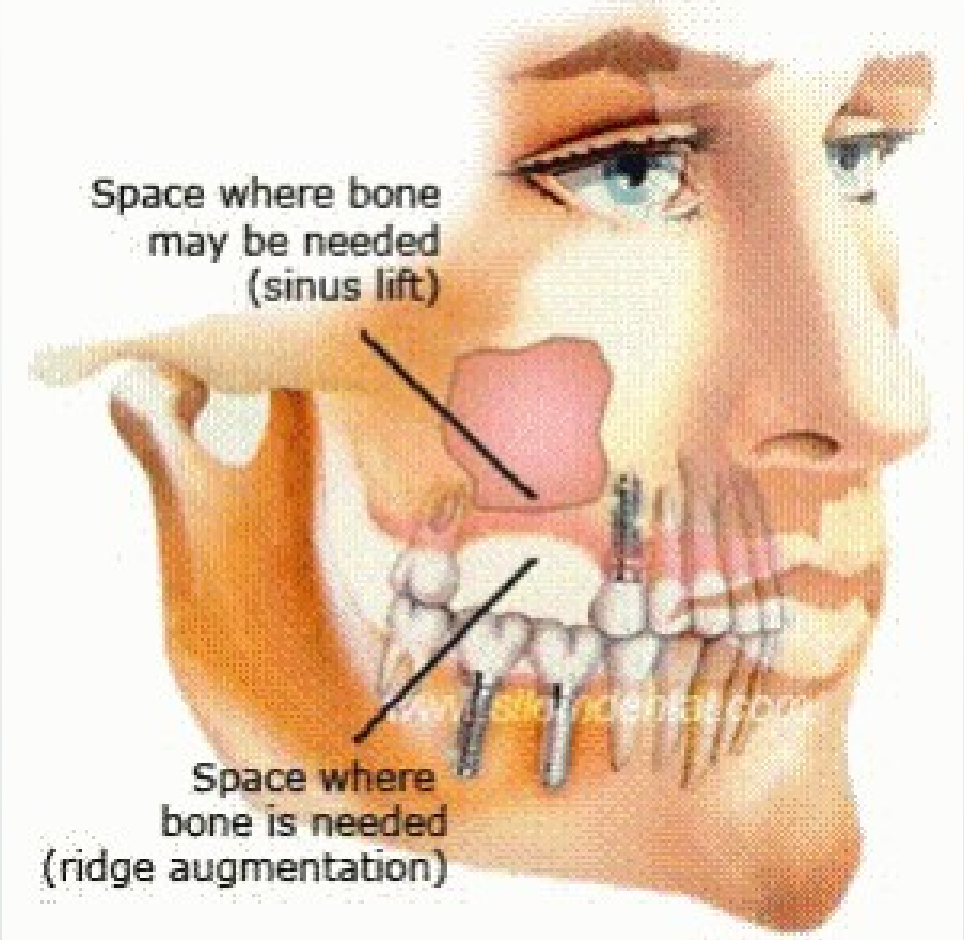


R.T.R. placed



After 2 months

# Clinical practice: other indications



# Periodontal defects with R.T.R.

- Patient, 59 years old
- Chronic periodontitis with abscess
- A 9mm pocket
- Use of RTR
- X-Ray at 6 months



↑ Figure 12



↑ Figure 13



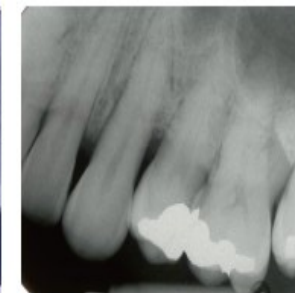
↑ Figure 14



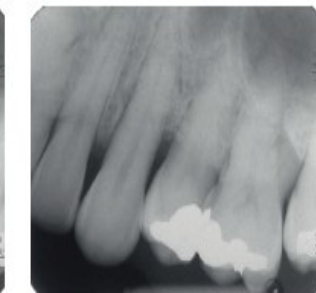
↑ Figure 15



↑ Figure 16



↑ Figure 17



↑ Figure 18

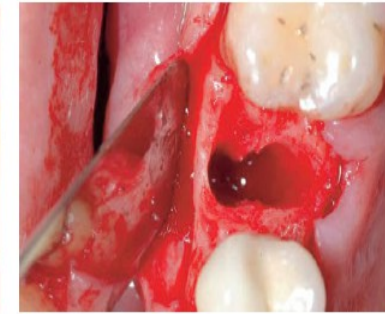


# Peri-implant defects with R.T.R.

- Patient, 36 years old.
- Fracture of 4 (2.5)
- Extraction and immediate implant placement
- Gap filled with R.T.R.
- Clinical observation at 3 months



↑ Figure 19



↑ Figure 20



↑ Figure 21



↑ Figure 22



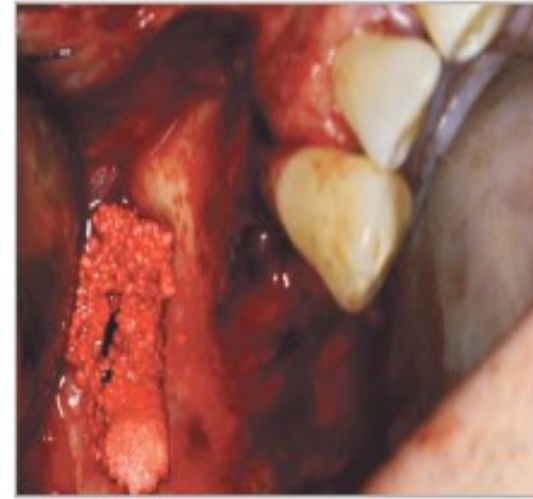
↑ Figure 23

# Sinus lift with R.T.R.

- Sinus lift- lateral window



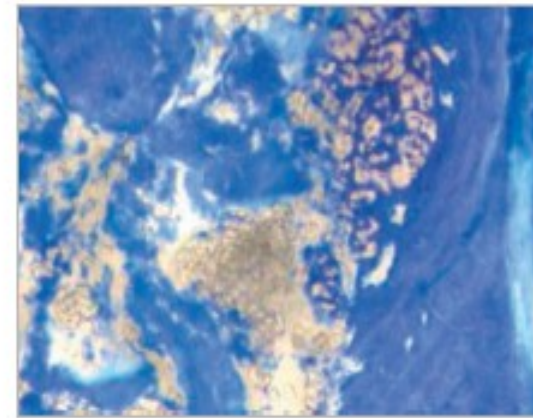
Application of R.T.R.



R.T.R. in place.



Postoperative x-ray.



Histology 7 months post surgery.

# Sinus lift with R.T.R. Syringe

- Female patient, 45 years old.
- Edentulous in teeth 3 and 4 area (2.5 and 2.6)
- Sinus lift- transcrestal
- Gap filled with R.T.R.



Fig. 12-13: Edentulism in area 25, 26 with partial atrophy of the alveolar process residue.



Fig. 14-15: Full-thickness mucosal flap in the area 25-26 and transcrestal sinus floor lift with a R.T.R. graft to a simultaneous placement of two fixtures. R.T.R. has been used also as a filler around implants.



Fig. 16-17: The good health of the superficial soft tissues and surveys Rx screening show the excellent health of deep tissues in short term.



# Apicomarginal defect with R.T.R

- Male patient, 25 years old.
- Periradicular surgery on 10 (1.2)
- R.T.R.placement & periosteal graft
- Results at 8 months



# Why should a dentist purchase RTR?

- Biocompatible synthetic product which is safe and effective for their patients.
- Provides the dentist with the security of knowing there will be no adverse reactions to the material
- Multiple indications for use which can save the doctor money.
- Bio-resorbable synthetic product giving the dentist piece of mind that nothing is left behind upon healing.
- Syringe design makes it easier to reach the hard to reach areas within the mouth saving the doctor time to see other patients.

# Why should a dealer sell RTR?

- One bone grafting material for multiple procedures saves the office money and allows the dealer to provide service and savings while placing commission dollars in their pocket.
- A bio-compatible and resorbable synthetic bone grafting option which provides the doctor and patients peace of mind and allows the dealer rep. to be a resource to the office.
- Syringe design makes this product easy to reach hard to reach areas within the mouth. Allowing the dealer to confidently provide a product that will save the doctor time which they can use as they please.



# Bleeding Management

# Hemocollagene

The natural process of bleeding requires to be effectively controlled,

Septodont offers a large portfolio of hemostatic products with various origin & indications to fit your needs in different clinical situations

- Supports local hemostasis inside the socket after extraction & use of other methods
- Totally resorbable, sterile & biocompatible
- Can be implanted & held in the socket
- Collagen promotes platelet adherence and aggregation





# Hémocollagène



Biocompatible & Resorbable  
hemostatic sponges

**Hemocollagene is indicated for local hemostasis for dental use when control of bleeding by ligaturing or other conventional means is ineffective or impractical.**

## Hemocollagene can be used on:

- Extraction sites
- Periodontal surgical wounds
- Suture sites
- Oral ulcers (non-infected or viral)
- Traumatic wounds
- Denture sores

Origin:	type 1 native, non-denatured, freeze-dried collagen of bovine origin
Features:	Class III medical device Flexible, pliable, coherent & soft 0.027g per sponge Biocompatible & well tolerated
Packaging:	Box containing 24 sponges (3 blisters of 8 Individually blister-packed sterile sponges)

# Hémocollagène

## Biocompatible & Resorbable hemostatic sponges



Features	Advantages	Benefits
Individually blister-packed sponges	Shape & size well suited for insertion inside the socket	Flexible, pliable, coherent Can be cut to size & adapted to the defect
Type 1 Collagen (bovine origin)	Biocompatible Naturally Resorbable	Indicated for local haemostasis : promote platelet adherence & aggregation
Sterile	Sterilization by gamma-ray irradiation	Ensure conservation & sterility until been opened by the practitioner
Safe	No hazardous substances  Compliance with 93/42/EEC - 722/2012	No virus transmission & animal transmissible spongiform encephalopathies Can be left in contact with injured blood vessels, gingiva, teeth & bone
Implantable & Resorbable	Can be left inside the defect after tooth extraction	Held in place with a cross stitch over the socket Product is completely resorbed at three months

# Gelopack

- Aids in providing hemostasis and filling dead space created by extraction of the teeth, root amputations and removal of cysts, tumorous and impacted teeth



100% purified porcine gelatin sponge

# Resorcell Powder

- Stop capillary bleeding and prevent bleeding in the early dental post-operative stages



100% calcium hydrogen salt of oxidized cellulose (powder)



# Management of Complications

# Dry socket

- Inflammation of the alveolar bone around the extracted tooth characterized by :
  - ❖ severe pain
  - ❖ breakdown of the clot formed within the socket  
=> making the socket empty (devoid of clot)\*
- Prevalence:
  - ❖ about 3% of routine extractions
  - ❖ > 30% for impacted mandibular third molars\*\*
- Some potential factors that may increase risk:
  - ❖ Traumatic extraction
  - ❖ Smoking
  - ❖ Oral contraception
  - ❖ Aged between 30 & 40
  - ❖ ...



\*Dry Socket: Incidence, Clinical Features, and Predisposing Factors. Babatunde O. Akinbami\* and Thikan GodspowerI, Int J Dent. 2014; 2014: 796102.

\*\* The management of dry socket/alveolar osteitis. Bowe DC1, Rogers S, Stassen LF. J Ir Dent Assoc. 2011 Dec-2012 Jan;57(6):305-10.

# Alveogyl

Dry socket? Ease the pain

## Indications

Alveogyl may be used as a **post-extraction dressing** following a difficult or **traumatic extraction** in patients having a **history of dry sockets**.

## Instructions for use

- Take a small pellet (about 0.20 g) of Alveogyl paste
- Place it gently into the prepared dental socket
- Do not suture



# Alveogyl : Product characteristics

- 1) **Convenient & easy-to-use** with a fibrous consistency (Penghawar fibers) for:
  - ❖ an easy filling of the socket
  - ❖ a good adherence to the alveolu
- 2) Help rapidly **alleviate the pain**
- 3) Promote **Haemostasis by compression**
- 4) **Protect from superinfection** (alveolar osteitis) by its barrier effect
- 5) Alveogyl is a one-step, **self-eliminating** treatment requiring
  - ❖ **No suturing**
  - ❖ **No special attention** other than observation of the **healing process**

May also be used as a post -“difficult/traumatic” extraction dressing in patients with history of dry sockets





## New Alveogyl Brochure



Alveogyl is the ideal dry socket dressing, rapidly easing your patient's pain and convenient for you to use. Alveogyl may also be used as a post-extraction dressing.

Alveogyl is a one-step, self-eliminating treatment requiring no suturing and no special attention other than observation of the healing process. It provides a soothing effect on the alveolar tissues thus helping to rapidly alleviate the pain. Its fibrous consistency, due to the Penghawar fibers, allows an easy filling of the socket and a good adherence to the alveola.

Features	Advantages	Benefits
Contains Penghawar fibers	Fibrous consistency	Good adherence to the alveolus during the entire healing process
Dry socket dressing	Promotes hemostasis by compression	Helps to rapidly alleviate the pain Protects from superinfection
No suturing required	No special attention other than observation of the healing process	Convenient and easy to use
Self eliminating treatment	One-step procedure	No need for recall appointments

### Indications

Alveogyl may be used as a post-extraction dressing following a difficult or traumatic extraction in patients having a history of dry sockets.

### Instructions for use

- Take a small pellet (about 0.20 g) of Alveogyl paste
- Place it gently into the prepared dental socket
- Do not suture

### Product Information

10 g Jar



# Alveogyl

Dry socket? Ease the pain



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[www.septodont.com](http://www.septodont.com)







# Additional Surgery Products

**Septocalm**

**Septo-Pack**



# Septocalm : Topical cauterization agent

## Indications

- Cauterization of tissue ulcers, canker sores

## Features and Benefits

- 35% trichloroacetic acid aqueous solution with caustic effect
- Immediate relief of patient's pain
- Accelerates natural healing process by promoting regeneration of damaged oral mucous membranes

## Presentation

- 13 ml bottle



The caustic effect of trichloroacetic acid immediately relieves the patient's pain and accelerates the natural healing process, by promoting the regeneration of damaged oral mucous membranes.

# Septo-Pack : Occlusive gingival dressing

## Indications

- Septo-pack is a malleable self-hardening paste.
- In periodontology: Septo-pack is a periodontal dressing for the **protection of the wounds after deep curettage or periodontal surgery.**
- It can also be used as a neutral medium to **drugs to keep them in place** at the gingival, tooth or alveolar level.
- In operative dentistry: Septo-pack is also a **temporary filling material for inlay or onlay cavities** or a gingival retraction material for cervical cavities.

## Features and Benefits

- Self-hardening paste for an easy placement in cavity
- Can be used as a neutral medium to bring local medication to dental and periodontal tissues
- Easy removal thanks to its consistency after setting

## Presentation

60 g jar



# Web Trainings



# Surgery Product Range : Training tools available for the sales reps

- 3 training videos on Osseous regeneration & Guided tissue regeneration (in English)



Regen Part 1

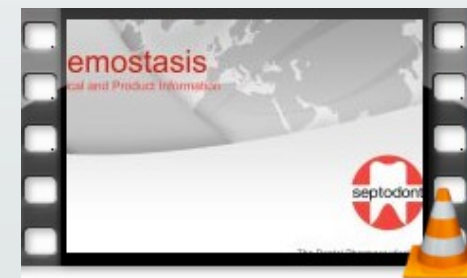
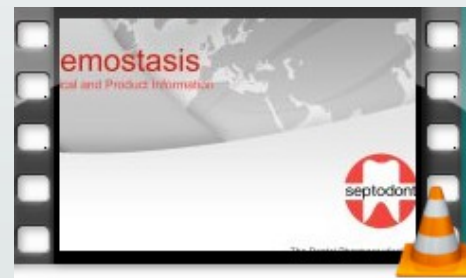
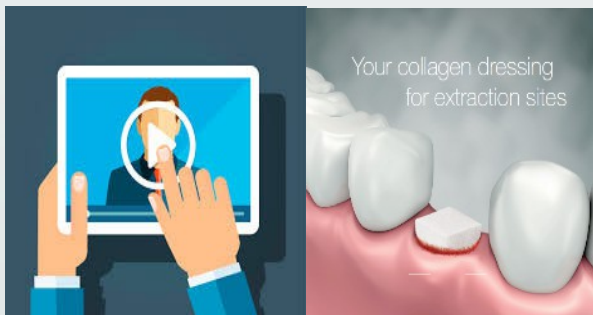


Regen Part 2



Regen Part 3

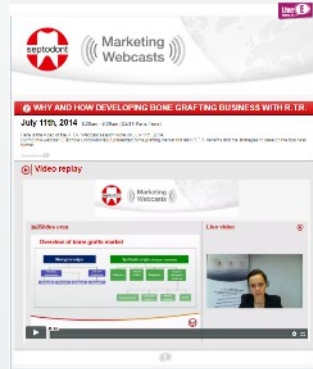
- 2 training videos on Haemostasis & Septodont Haemostatic products (in English)



# Surgery Product Range : Training tools available for the sales reps

- 3 product training videos on RTR bone grafting (in English + Spanish)

Why and how developing bone grafting business with R.T.R. ?



R.T.R. in post-extraction: strategy & new material

- Q&A on RTR Bone Grafting Material



# Surgery Product Range : Promotional Videos available for dentists



## Case study collection 16 : 2 new articles on RTR

- Clinical case of alveolar ridge preservation - Dra Selene p. Navarro Suárez (ESP)
- Periodontal intraosseous defects and postextraction compromised socket. – Dr Mario Ernesto García Briseño (MEX)

## RTR Bone Grafting Webinar on Oct 18th

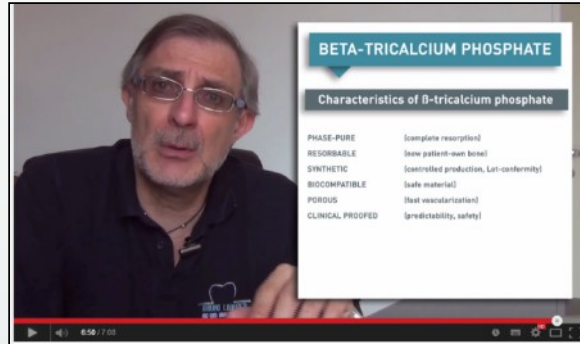
Alveolar preservation + Sinus Lift by Dr. Briseño (MEX)





# Surgery Product Range : Promotional Videos available for dentists

- 4 promotional videos for end-users



Web lecture n°1 about beta-TCP



Web lecture n°2 about clinical cases



Web lecture n°3



Product video



# Conclusion:

Septodont offers you a **full solution in one place & one deal**

- Match your wish for Septodont to add value to your business
- Bring novelty with a new approach
- Link a whole group of products with
- Reinforce the value chain
- Rationalize the offer on the extractio
- Improve your sales rep efficiency : T

