



When just a little  
can make a  
huge difference

For you and your patient.

**Geistlich**

# Minor defect. Major outcome.

In the anterior maxilla, establishing and maintaining sufficient hard and soft tissue volume is important for achieving pleasing esthetics and functional outcomes.

So, regenerative procedures are recommended as the treatment of choice in sites lacking intact facial bone wall or exhibiting a thin bone wall phenotype.<sup>1,2</sup>

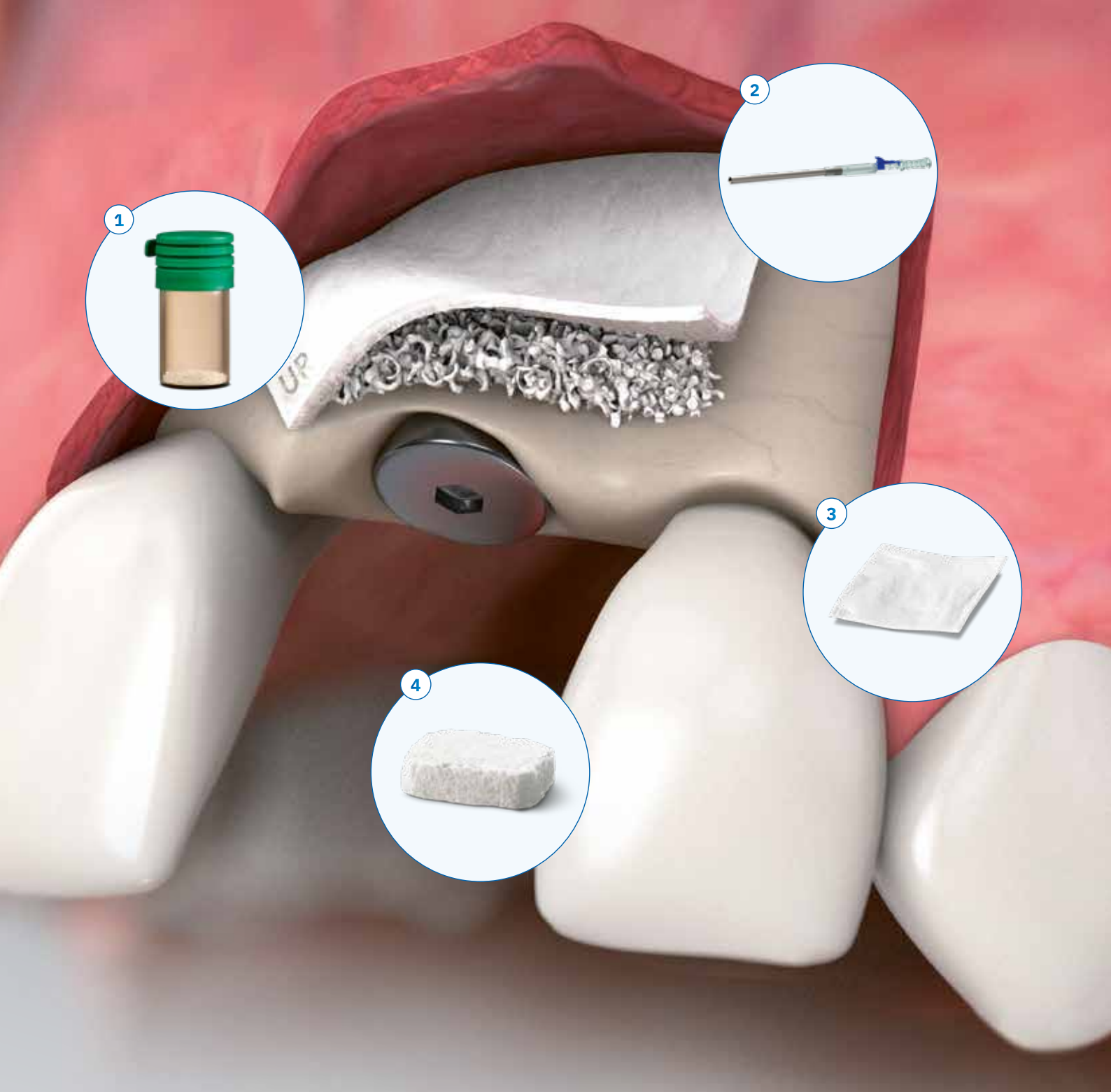
**By choosing our hard tissue regenerative solutions, which have been successfully used in millions of clinical applications<sup>3,4,5</sup>, you can achieve:**

- high predictability of long-term esthetics and clinical outcomes<sup>6</sup>
- flexibility in the choice of the final dental prosthesis (implant, bridge restoration)<sup>7</sup>
- the same implant survival rate as in pristine bone at **22–23** years follow-up<sup>8</sup>

# Never miss a thing. We've got you covered.

Whether you're performing a small or large augmentation procedure, it's important to have a wide range of products and devices at hand.

Forgetting something can have a negative impact on the patient's experience. That's why we've got you covered with a selection of our biomaterials and instruments for minor bone augmentation. You can be confident you won't miss a thing!



**1** **Geistlich Bio-Oss® – natural bone substitute**  
 Available in a wide variety of configurations (granule sizes and volumes), Geistlich Bio-Oss® particles become an integral part of the newly formed bone framework and preserve volume over the long term.<sup>9,10,11,12</sup>

**2** **MICROSS – manual bone harvesting device**  
 The exclusive microblade at the tip of the device enables you to collect patient’s bone chips in a curly morphology which has a volumizing effect. This means less autogenous bone to harvest and minimized invasiveness.

**3** **Geistlich Bio-Gide® – native collagen membrane**  
 Together with Geistlich Bio-Oss®, this leads to significantly more new bone formation vs bone substitute alone<sup>13</sup> and to stable esthetic results.<sup>14,15</sup>

**4** **Geistlich Fibro-Gide® – volume-stable collagen matrix**  
 It has been proven to provide stable augmented soft tissue both in terms of quality and quantity, with the additional benefits of not requiring a donor site and lower patient pain perception as compared to a connective tissue graft.<sup>16, 17, 18, 19</sup>



Geistlich Pharma North America, Inc.  
Princeton, NJ 08540  
Customer Care Toll-free:  
855-799-5500  
info@geistlich-na  
<https://geistlich.us>  
@geistlich\_north\_america

Discover how to make  
the difference

Start your  
journey now

Want to find out more  
about our regenerative  
solutions for minor  
bone defects?



Interested in further  
clinical indications?



#### Geistlich Bio-Oss®

Small granules (0.25 – 1 mm)  
0.25 g ~ 0.5 cc, 0.5 g ~ 1 cc,  
1 g ~ 2 cc and 2 g ~ 4 cc  
Large granules (1 - 2 mm)  
0.5 g ~ 1.5 cc, 1 g ~ 3 cc and 2 g ~ 6 cc

#### Geistlich Bio-Gide®

13 x 25 mm, 25 x 25 mm and 30 x 40 mm

#### Geistlich Fibro-Gide®

6 mm thickness  
15 x 20 and 20 x 40 mm  
3 mm thickness  
15 x 20 and 20 x 40 mm

#### Micross

1 disposable unit, chamber capacity 0.25 cc

#### References

- 1 Morton D et al., Int J Oral Maxillofac Implants. 2014; 29 Suppl:216–220.
- 2 Buser D et al., Periodontol 2000. 2007; 73(1):84–102.
- 3 Aghaloo TL & Moy PK: Int J Oral Maxillofac Implants 2007; 22 (Suppl), 49-70.
- 4 Galindo-Moreno P et al.; Clin Oral Implants Res 2010; 21 (2), 221-7.
- 5 Jung RE et al.: Clin Oral Implants Res 2013; 24 (10), 1065-73.
- 6 Buser D et al.: J Dent Res 2013; 92 (12 Suppl), 176S-82S.
- 7 Fickl S et al.: Int J Periodontics Restorative Dent 2018; 38 (1), e1-e7.
- 8 Jung RE et al.: Clin Oral Implants Res 2021; 32 (12), 1455-65.
- 9 Mordenfeld A et al.: Clin Oral Implants Res 2010; 21 (9), 961-70.
- 10 Traini T et al.: J Periodontol 2007; 78 (5), 955-61.
- 11 Maiorana C et al.: Open Dent J 2011; 571-8.
- 12 Galindo-Moreno P et al.: Clin Implant Dent Relat Res 2013; 15 (6), 858-66.
- 13 Perelman-Karmon M et al.: Int J Periodontics Restorative Dent 2012; 32 (4), 459-65.
- 14 Buser D et al.: J Dent Res 2013; 92 (12 Suppl), 176S-82S.
- 15 Jensen SS et al.: J Periodontol 2014; 85 (11), 1549-56.
- 16 Thoma DS et al.: J Clin Periodontol 2016; 43 (10), 874-85.
- 17 Zeltner M et al.: J Clin Periodontol 2017; 44 (4), 446-53.
- 18 Huber S et al.: J Clin Periodontol 2018; 45 (4), 504-12.
- 19 Thoma D et al.: J Clin Periodontol. 2020; 47 (5), 630-39.