

Oracell[®] Acellular Dermis



The Natural Solution for Controlling Bone Resorption

Recent findings show that Oracell used as a barrier over extraction sites produced a significant percentage of new bone formation at 12 weeks.

Linkevicius, 2014

Studies have shown that implants in sites with thin soft tissue showed significantly more bone loss compared with implants in sites with thick soft tissue.

Fu, 2011

A thick soft tissue biotype is a desirable characteristic that will positively affect the esthetic outcome of an implant-supported restoration because thick soft tissue is more resistant to mechanical and surgical insults, is less susceptible to mucosal recession, and has more tissue volume for prosthetic manipulation.

Wallace, 2013

In a case series with four men and two women, it was noted that acellular dermis matrix (Oracell) can generate a thicker biotype, which is desirable around implants, as reports show less width of keratinized gingiva marginal tissue is associated with significantly more gingival inflammation.

It was also noted that developing ideal sites for implant placement after tooth extraction depends on controlling the resorption and remodeling phenomena that is inevitably seen during healing of extraction sites.

In contrast to other nonallograft resorbable barriers, acellular dermis acts as a scaffold permitting the ingrowth of epithelial cells.

Capito, 2012

In a study comparing cellular infiltration of four acellular dermal matrices (Dermacell, AlloDerm, DermalMatrix and Integra), infiltration distance increased steadily over time for all groups with statistically significant differences at all time points (Day 7, 21 and 42), Dermacell* was associated with the furthest cell migration and AlloDerm the least.

**Oracell for dental applications.*

Convenience

Oracell is preserved with Preservon[®]. This proprietary technology allows the decellularized dermis to be stored at room temperature and is ready to use out of the package. Using this patented technology, the need to thaw and rehydrate dermal allografts is eliminated, reducing allograft prep time to as little as 30 seconds and saving valuable operating room time without compromising product integrity.

Safety

Oracell is sterilized to an SAL of 10^{-6} , or a 1-in-1-million chance of the presence of a single viable microorganism on the graft. A SAL of 10^{-6} is achieved using low-dose gamma irradiation performed at ultra-low temperatures, rendering the tissue sterile without compromising the biomechanical or desired biochemical properties.

Processing Matters

Oracell undergoes a proprietary Matrancell[®] processing that experimentally has demonstrated less residual DNA and better tissue ingrowth than competitors.



OrACELL Acellular Dermis			
Thickness (mm)	Size (mm)	Shelf Life	Order Code
0.76 - 1.25	1.0 x 1.0	18 Months	OCELL 150
	1.0 x 4.0	3 Years	OCELL 151
	1.5 x 2.0	18 Months	OCELL 100
	2.0 x 4.0	18 Months	OCELL 101
1.26 - 1.75	1.0 x 1.0	18 Months	OCELL 250
	1.0 x 4.0	3 Years	OCELL 251
	1.5 x 2.0	18 Months	OCELL 200
	2.0 x 4.0	18 Months	OCELL 201

References

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- Fu JH, Lee A, Wang H; Influence of Tissue Biotype on Implant Esthetics, *The International Journal of Oral & Maxillofacial Implants*, Vol. 26 No. 3, 2011
- Wallace SC; Guided Bone Regeneration for Socket Preservation in Molar Extraction Sites: Histomorphometric and 3D Computerized Tomography Analysis, *Journal of Oral Implantology*, 2013 Aug;39(4):503-9
- Capito A, Tholpady S, Agrawal H, Drake D, Katz A; Evaluation of Host Tissue Integration, Revascularization, and Cellular Infiltration Within Various Dermal Substrates, *Annals of Plastic Surgery* Vol. 68, No. 5, May 2012

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