ZIMMER BIOMET
Your progress. Our promise.™

Puros® Cancellous Particulate Allograft

The Natural Choice For Healthy Bone Growth.

1. Proven, Predictable Regeneration

- Acts as an osteoconductive scaffold for new bone formation[1,2]
- In large-volume applications, prospective studies have documented faster bone regeneration at six months than grafts containing sintered bovine bone matrix[3,4]
- In small-volume applications, regeneration of hard bone has been reported as early as 3-5 months[5,7]

2. Natural And Easy To Use

- Retains osteoconductive properties due to the preservation of the natural bone matrix collagen and mineral composition, trabecular pattern, and original porosity,[1,2] enabling the ingrowth of vascular and cellular connective tissue[6]
- Easy handling – quick hydration, five-year shelf life and room temperature storage

3. Tutoplast® Process

- Sterilized and preserved using the proprietary Tutoplast process, Puros Cancellous Particulate is a high-quality allograft designed for large and small volume bone regeneration procedures

The Bone Grafting Material Of Choice For Many Clinicians Due To Its History Of Well-Documented Clinical Results.

Clinical Advantages Of Puros Cancellous Particulate Allografts

Puros Cancellous Particulate Allografts have shown successful clinical results in:

- Regeneration of periodontal bone and furcation defects[1,2]
- Osseous defect regeneration[1,2,4,7]
- Regeneration of extraction sockets[5,6]
- Regeneration of gaps around block grafts[5,8]
- Horizontal alveolar crest augmentation[5,8]
- Sinus augmentation[3,4]

Take A Closer Look

Fig. A Implant placed in defective ridge.

Fig. B Puros Cancellous Particulate in place.

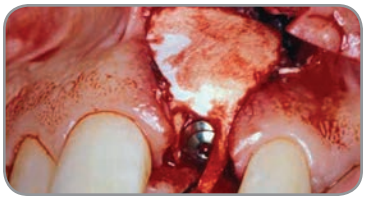


Fig. C BioMend® Membrane covering allograft.

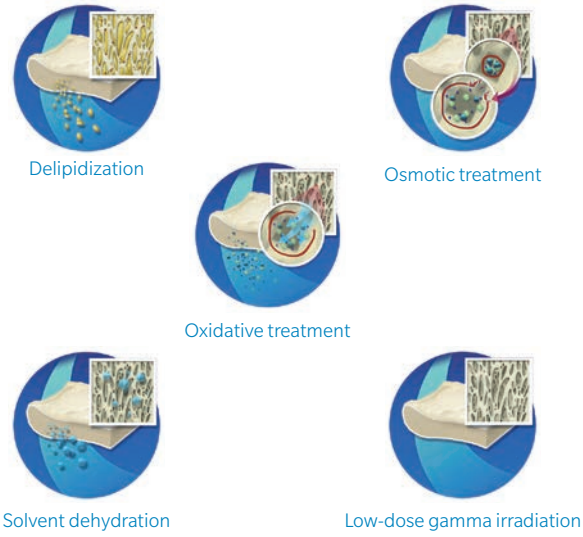
Fig. D Four months postoperative: ridge restored to natural contours.

The Unique Tutoplast Process

The proprietary Tutoplast process assures the highest standard of tissue safety and quality with minimal risk of disease transmission.[9]

The process preserves the valuable collagen matrix and tissue integrity while inactivating pathogens and gently removing unwanted materials, such as cells, antigens and viruses.[9] The result is safe, biocompatible tissue.

For over 40 years, a variety of Tutoplast processed tissues have been safely used in more than three million procedures.[9]



Ordering Information

Catalog Number	Description
68210	Puros Cancellous Particulate, 0.5 cc, 250-1000 µm
68211	Puros Cancellous Particulate, 1 cc, 250-1000 µm
68209	Puros Cancellous Particulate, 2 cc, 250-1000 µm
68212	Puros Cancellous Particulate, 0.5 cc, 1000-2000 µm
68213	Puros Cancellous Particulate, 1 cc, 1000-2000 µm
68214	Puros Cancellous Particulate, 2 cc, 1000-2000 µm

Zimmer Biomet Dental offers a comprehensive line of allografts for bone augmentation needs.

1 Davi E, Aslan M, Simsek G, Yilmaz AB. The effects of bone chips dehydrated with solvent on healing bone defects. J Int Medical Res. 2002;30:168-173.
2 Tsao YP, Neiva R, Al-Shammari K, Oh TJ, Wang HL. Effects of a mineralized human cancellous bone allograft in regeneration of mandibular Class II furcation defects. J Periodontol. 2006;77:416-425.
3 Froum SJ, Wallace SS, Elian N, Cho SC, Tarnow DP. Comparison of mineralized cancellous bone allograft (Puros) and anorganic bovine bone matrix (Bio-Oss) for sinus augmentation: histomorphometry at 26 to 32 weeks after grafting. Int J Periodontics Restorative Dent. 2006;26:543-551.
4 Noumbissi SS, Lozada JL, Boyne PJ, Rohrer MD, Clem D, Kim JS, Prasad H. Clinical, histologic, and histomorphometric evaluation of mineralized solvent-dehydrated bone allograft (Puros) in human maxillary sinus grafts. J Oral Implantol. 2005;31:171-179.
5 Block MS, Finger I, Lytle R. Human mineralized bone in extraction sites before implant placement. Preliminary results. J Amer Dent Assoc. 2002;133:1631-1638.
6 Minichetti JC, D'Amore JC, Hong AYJ, Cleveland DB. Human histologic analysis of mineralized bone allograft (Puros) placement before implant surgery. J Oral Implantol. 2004;30:74-82.
7 Block MS, Degen M. Horizontal ridge augmentation using human mineralized particulate bone: preliminary results. J Oral Maxillofac Surg. 2004;62(Suppl 2):67-72.
8 Bach L, Burstein J, Sedghizadeh PP. Cortical tenting grafting technique in the severely atrophic alveolar ridge for implant site development. Implant Dent. 2008;17:40-50.
9 Data on file with RTI Surgical, Inc.

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