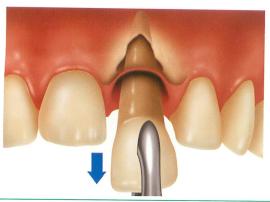
Zimmer® Socket Repair Membrane and Technique for Facial Plate Defects



1. Atraumatically Extract Tooth Using a Flapless Technique: Prepare the bone graft material (e.g. *Puros*® Particulate) according to the instructions for use. Utilizing an atraumatic, flapless technique, carefully extract the tooth and completely debride the socket.



2. Assess Shape & Prepare Membrane: Remove the *Zimmer* Socket Repair Membrane from the packaging. Insert the small end of the pre-cut membrane into the socket, ensuring that it extends over the facial defect both laterally and apically. Establish how much of the membrane's large end will be needed to fold closely over the top of the socket to facilitate closure after grafting. Remove the membrane and trim as needed.

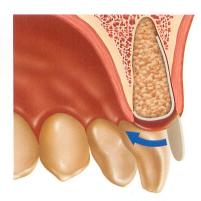


3. Line Facial Defect with Membrane: Insert the small end of the membrane *into* the socket and against the facial tissue.

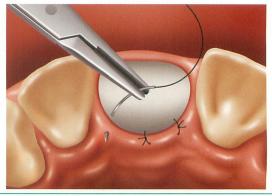


4. Augment Socket with Bone Graft Material: Augment the socket with graft material using a sterile syringe or sterile applicator. To fill the syringe, pull back on the plunger and gently press its tip into the hydrated graft material. Repeat until the plunger is filled. After placing bone graft material into socket, firmly compress with a sterile instrument. This will prevent voids at the apex of the socket and push the facial tissue labially for better ridge shape.

 $\begin{tabular}{ll} \textbf{Caution:} & \textbf{To help maintain blood supply to the remaining facial plate, do} \\ & \textbf{not lift the periosteum off the bone.} \\ \end{tabular}$



5. Close Socket with Membrane: Gently close the socket by folding the membrane over the bone graft material until the membrane approximates with the palatal/lingual tissue. The membrane should be stable due to the graft material pressing it against the facial plate.



6. Suture Membrane to Soft Tissue: Place at least 2 to 3 interrupted 5-0 absorbable sutures to secure the membrane to the palatal/lingual tissue.

Note: Typically, no sutures on the labial/buccal aspect are needed since the membrane will be held by pressure of the graft material.

