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Bioteck® is an Italian company producing bone substitutes and protective membranes that are successfully used in oral and maxillofacial surgery, Orthopaedics and Neurosurgery. Founded in 1995, the company continues to grow constantly and now operates in more than 50 countries around the world.

A firm commitment to scientific research forms the basis for the innovative solutions offered by **Bioteck**® products. The company collaborates on numerous national and international research projects, which have driven the basic research and helped in writing important chapters in bone biology. The in-depth knowledge acquired by **Bioteck**® through its research ensures the absolute quality of its products, which are subjected to strict environmental and quality controls, thereby guaranteeing a product meeting the highest quality and safety standards. **Bioteck**® applies a policy of total transparency, opening up the doors of its Production and R&D Center for the monitoring of its innovative process and the intense scientific research carried out by its staff.



Headquarters



Production and R&D Center



A Guarantee of Quality and Safety



Biochemical Lab/Quality Control



For more information:



tissue regeneration

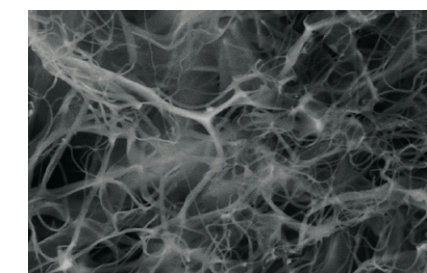
tridimensional collagen matrix

clinical success

xenomatrix

xenomatrix: soft tissue regeneration

for a faster tissue healing



Through observation under the SEM (Scanning Electron Microscope) it is possible to see the tight knit of collagen fibers that distinguishes the tridimensional Xenomatrix.
Padua University, CUGAS Service Center

Tridimensional collagen matrix

Xenomatrix is a special collagenic tridimensional matrix made of collagen extracted from equine Achilles tendon through an advanced biochemical process. It's a totally biocompatible scaffold that drives the growth of connective tissue cells. While protecting the underlying bone graft from the connective cells invasion, **Xenomatrix** provides the best substrate for the spreading of soft tissue, accelerating healing. Accelerated healing times contributes to alleviate the patient's discomfort and to decrease the probability of infection, which would compromise the whole surgery success. Healing is optimal, to achieve the best aesthetic result.

For outstanding surgical indications

Xenomatrix is indicated in all those conditions where promoting soft tissue regeneration stands for success. A first application is in the management of **post-extractive socket**. The soft tissue healing with **Xenomatrix** is undistinguishable from healing achievable by simple second intention flap closure. Clinically, faster tissue healing is observed. Epidermal and dermal tissues quality and their final thickness are just identical. Moreover, **Xenomatrix** works as a barrier, preventing connective tissue cells to invade the underlying grafted volume. Providing, therefore, the best condition for a successful bone regeneration and **socket preservation**.



Bilateral case, same patient. Spontaneous healing (up) and healing after grafting Xenomatrix BCG-XC10 (bottom). After 21 days healing at the Xenomatrix side is at a much more advanced stage.
Courtesy Dr. Alessandro Leonida - Milan

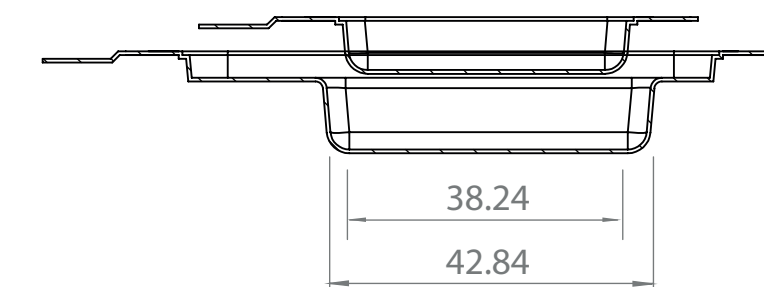


4 months after the procedure one may appreciate how application of the BCG-XC50 tridimensional matrix has resulted in complete cover of the gingival recession.
Courtesy Dr. Giacomo Tarquini - Rome

A second application is the treatment of **gingival recessions**, where grafting **Xenomatrix** makes it possible to create a substrate promoting the re-growth of soft tissue, thus avoiding grafting connective tissue from the palate and decreasing the surgical risk and side effects for the patient, achieving excellent aesthetic results.

In conditions of the utmost safety and convenience

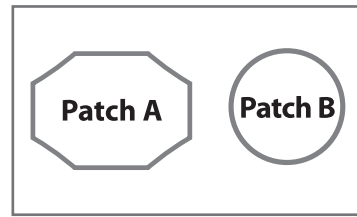
All **Xenomatrix** formats are supplied in a **double sterile blister** that assures completely aseptic handling of the matrix when it is introduced in the surgical field: the **utmost safety** combined with the **utmost convenience**.



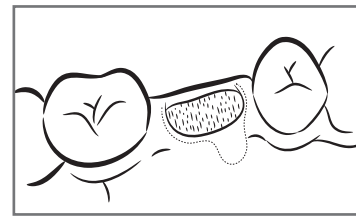
applicative technique



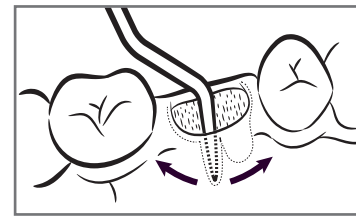
XC Collagen Xenomatrix
BCG-XC10



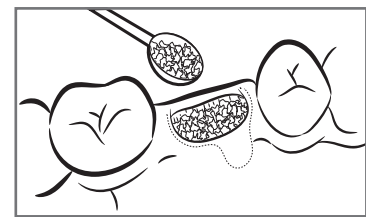
Xenomatrix is provided as two patches, A and B



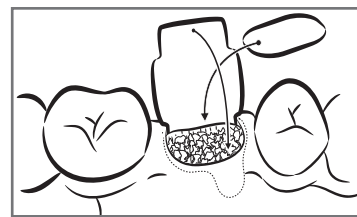
Post-extractive socket



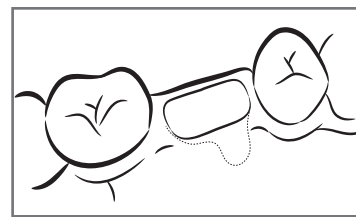
Detach the flap all around the socket



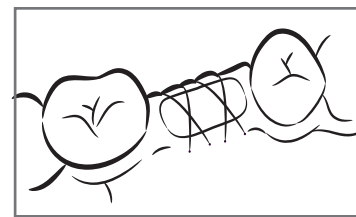
Graft the granules



a) Place one of the short extremities of patch A under the flap
b) Place patch B over the graft



Place the other extremity of patch A under the flap, covering patch B

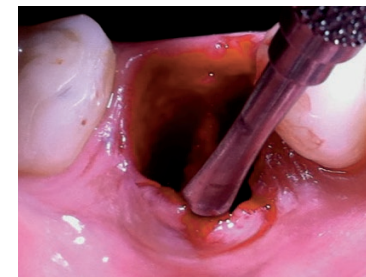


Stabilize with one or two cross stitches

surgical application



Post-extractive socket



Flap detaching, preserving the papillae



The bone graft and patch A positioning



Cross stitch, Xenomatrix being left exposed



Healing, seven days



Healing, three months



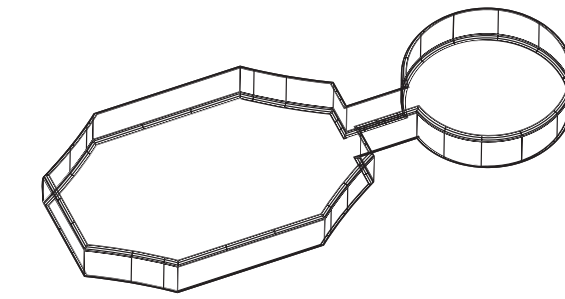
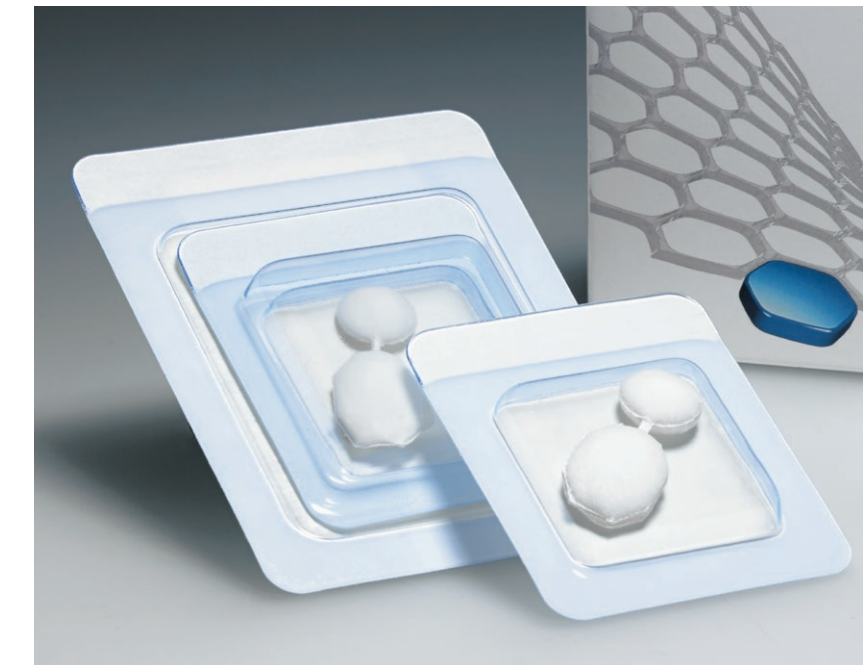
Definitive prosthetic abutment



Definitive crown

The surgical procedure shown has been developed by Dr. Alessandro Leonida, DDS, PhD.

solutions

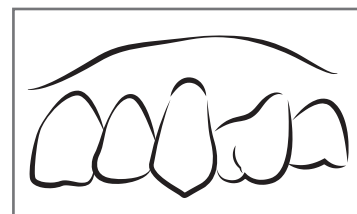


Xenomatrix Collagen Patch

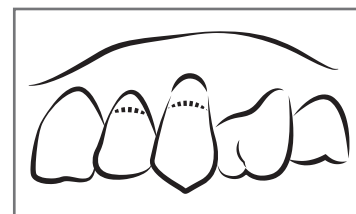
BCG-XC10 XC Collagen Xenomatrix
2 patches:
Patch A: 20 x 10 x 4 mm
Patch B: Ø 14 x 4 mm



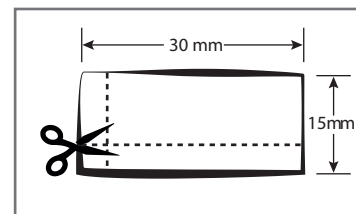
XC Collagen Xenomatrix
BCG-XC50



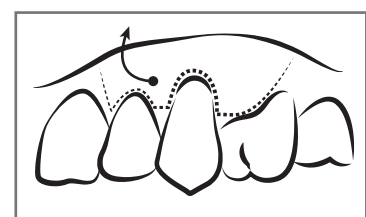
Class I or II gingival recession (according to Miller)



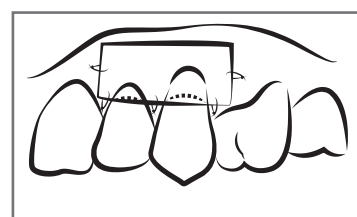
Identify the maximum achievable root coverage level



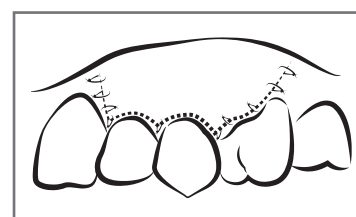
If necessary, cut out the matrix based on the number of dental elements involved and the width of the defect to be corrected



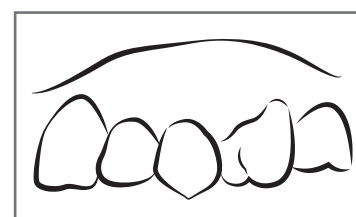
Variable (split-full-split) thickness trapezoidal flap elevation



Place the matrix at the level of the cementoamel junction (CEJ). Suture the matrix with resorbable horizontal mattress sutures and interrupted sutures at the base of the anatomical papillae



Place the flap coronally by about 1 mm to the CEJ and suture it with sling and interrupted sutures



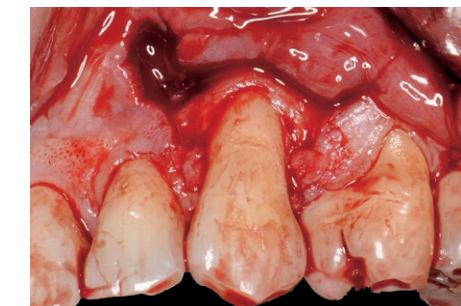
Complete cover of the gingival recessions



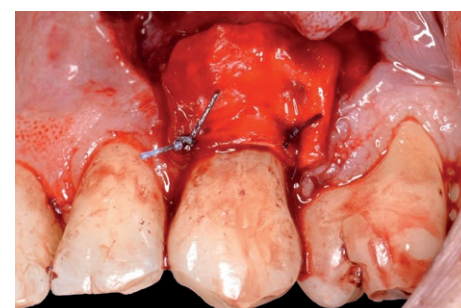
Class I or II gingival recession (according to Miller)



The exposed root portion is accurately polished paying the utmost care not to damage the marginal tissues



Modified coronal sliding flap; it is essential to achieve passive positioning



Positioning of the BCG-XC50 tridimensional matrix at the cementoamel junction level (CEJ). Suturing the same to the recipient bed using resorbable stitches

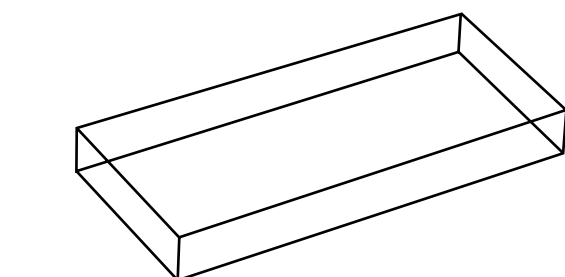
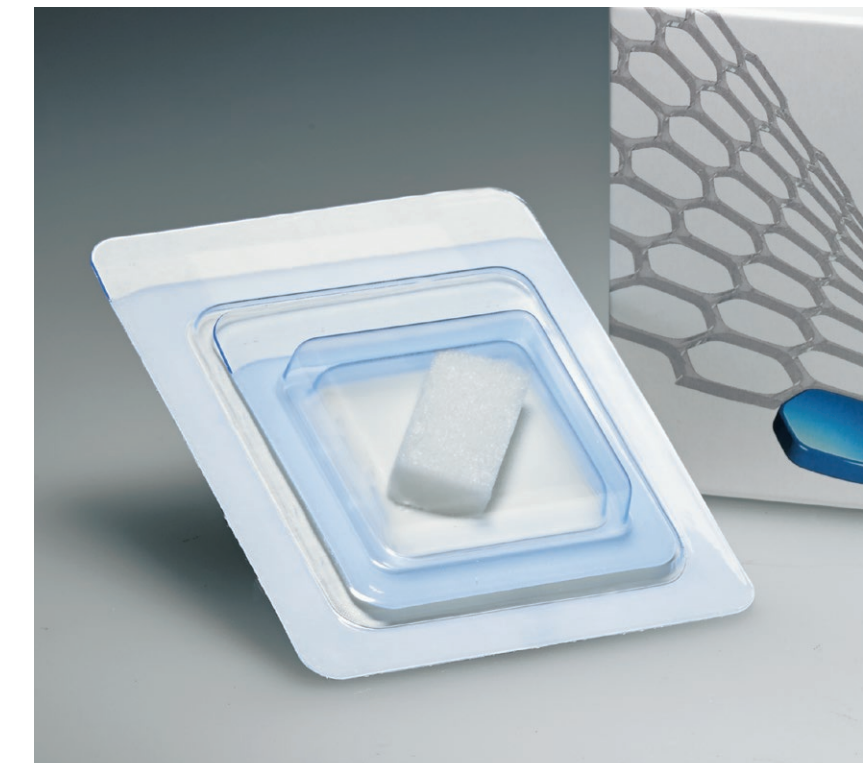


Suturing the flap with interrupted and sling sutures. It is essential to perform a tension-free suture



Healing at 4 months. Complete root coverage and an increase of the keratinized tissue thickness is observed

Courtesy of Dr. Giacomo Tarquini, DDS.



Xenomatrix Collagen Patch

BCG-XC50 XC Collagen Xenomatrix
1 piece, 15 x 30 x 4 mm