# Cerasorb

**What are the ingredients in Cerasorb?**
A new generation of pure-phase beta-tricalcium phosphate is specifically made to provide unique interconnecting porosity which encourages cell growth

**For which grafting indications can I use Cerasorb?**
Cerasorb can be used for virtually all oral surgical indications, including socket extractions, ridge augmentations, periodontal defects, sinus lifts and other bony defects. Clinicians describe the variety of indications in the 130 publications found in the Literature section.

**What granule sizes of Cerasorb should I use in different indications?**
Size Recommendations for Clinical Indications

| Granule Size | Indication | Amount |
|---|---|---|
| 150-500µ m | Periodontal defects, socket extractions | 0.5-0.9cc |
| 500-1000µ m | Ridge preservation & augmentation, sinus lifts | 1.0-2.5cc |
| 1000-2000µ m | Large bony defects, cysts | Various |

**How do I prepare Cerasorb?**
Prepare the graft bed removing bone fragments and necrotic tissue. Then, the Cerasorb granules should be mixed with the patient's fresh blood from the defect or with venous blood at about a 1/3 blood to 2/3 ratio. The bone defect should be completely filled with intact mixed granules, avoiding overfilling. The mucoperiosteal flaps can be sutured for primary closure or the surgeon may place a surgical dressing or membrane such as EpiGuide to keep the granule /blood mixture in place. The porous structure of Cerasorb gives excellent radio-opaqueness as it resorbs which allows the healing process to be monitored as the bone cells and blood vessels grow into the matrix.

**Why is Cerasorb better than other synthetic bone grafting materials?**
Because of its manufacturing process, Cerasorb is pure-phase β-TCP and does not contain other components such as hydroxyl apatite (HA) found in older ceramics, and thus, its resorption occurs completely, uniformly and parallel to the formation of the surrounding bone.

**Why is Cerasorb preferable to biologically-derived bone grafting products?**
With Cerasorb, patient education and consent forms do not need to address problems involving allergic reactions or the potential risks of infection transmission from materials bovine bone, processed bone matrix or cadaveric DFBDA.

**Should I use Cerasorb in all extractions or only for sockets where implants will be placed?**
Bone grafting with an osteoconductive material like Cerasorb should be used for all

socket extractions, whether or not dental implant placement is planned. Recent studies have shown that not using GBR techniques can lead to a loss of 40-60% of the ridge in only a few years. These studies have shown that effective GBR techniques can minimize that loss to 10-15%.

**How long will it take for Cerasorb to resorb and be incorporated into bone? How can I tell that the bone can support a dental implant?**
In most situations, Cerasorb is completely resorbed in 4-12 months and its porous scaffold during that time helps the natural bone formation to occur. In addition, Cerasorb granules are radio-opaque, resorbing gradually from the inside out, so clinicians can easily monitor the site's status (see examples in clinical section). Detecting no granules or just granule "shells" assures that vital bone has grown into the area to support a new implant

**Do I need to use a membrane for all grafting procedures or to keep Cerasorb in place?**
Most clinicians prefer placing a membrane over the surgical site to protect the area and the osteogenesis process from disruption as it heals. A membrane can also help hold the Cerasorb granules in place but the unique polygonal shape of the granules will hold them together when properly prepared.