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 [instagram.com/medbone_biomaterials](https://www.instagram.com/medbone_biomaterials)

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clavidegollas.com



CATALOG • BONE GRAFT • DENTAL SURGERY

Biomaterials, engineering life.®



Medbone®

Our company was founded in 2008, with the purpose of filling a gap in the market in the area of synthetic bone graft manufacturing.

Our Biomaterials are commercialized worldwide and are being used in more than 90 countries, in orthopedic, dental and veterinary surgeries.

Medbone is constantly expanding the range of applications, in order to respond to the growing needs of health professionals through the development of new medical devices. We are focused on constant innovation, with the help of our R&D department, with protected industrial property.

Biomaterials, engineering life.®

Welcome to Medbone

Claudia Ranito

FOUNDER

Mission

Develop and manufacture high quality medical devices, enabling healthcare professionals in the healthcare area to have innovative tools that contribute to improve the living conditions of patients.

All our products have synthetic origin, which has major advantages compared to other solutions on the market: there is no risk of infections, no contraindications, and all of our products are 100% resorbable, mimicking natural bone.

Medbone wants to meet the needs of the market. For that reason, we work every day in the development of new products and with increasingly diversified applications.

Qualification

Medbone's products are developed and made from resorbable biomaterials based on calcium phosphates.

All products are manufactured under the strictest quality controls, keeping our biomaterials at the highest scientific and quality standards, and are available in various geometries: granules, blocks, cylinders, wedges and even in customized sizes and shapes.

Medical devices manufactured by Medbone have similar properties to natural bone, allowing a better quality of life for people. A key feature of our products is the presence of interconnected pores or channels within the material. The channels must be large enough (typically 0.05 mm in diameter) to enable the invasion of blood vessels and cells, hence enabling material biodegradation and bone ingrowth within the bone substitute.

Manufacture High **QUALITY** Biomaterials

RESORBABLE Products

Develop **INNOVATIVE** tools to healthcare professional

High **IMPROVEMENT** of patient quality of life

BIOCOMPATIBLE

OSTEOCONDUCTIVE

OSTEOGENIC

HIGH MECHANICAL RESISTANCE

OSTEOINDUCTIVE

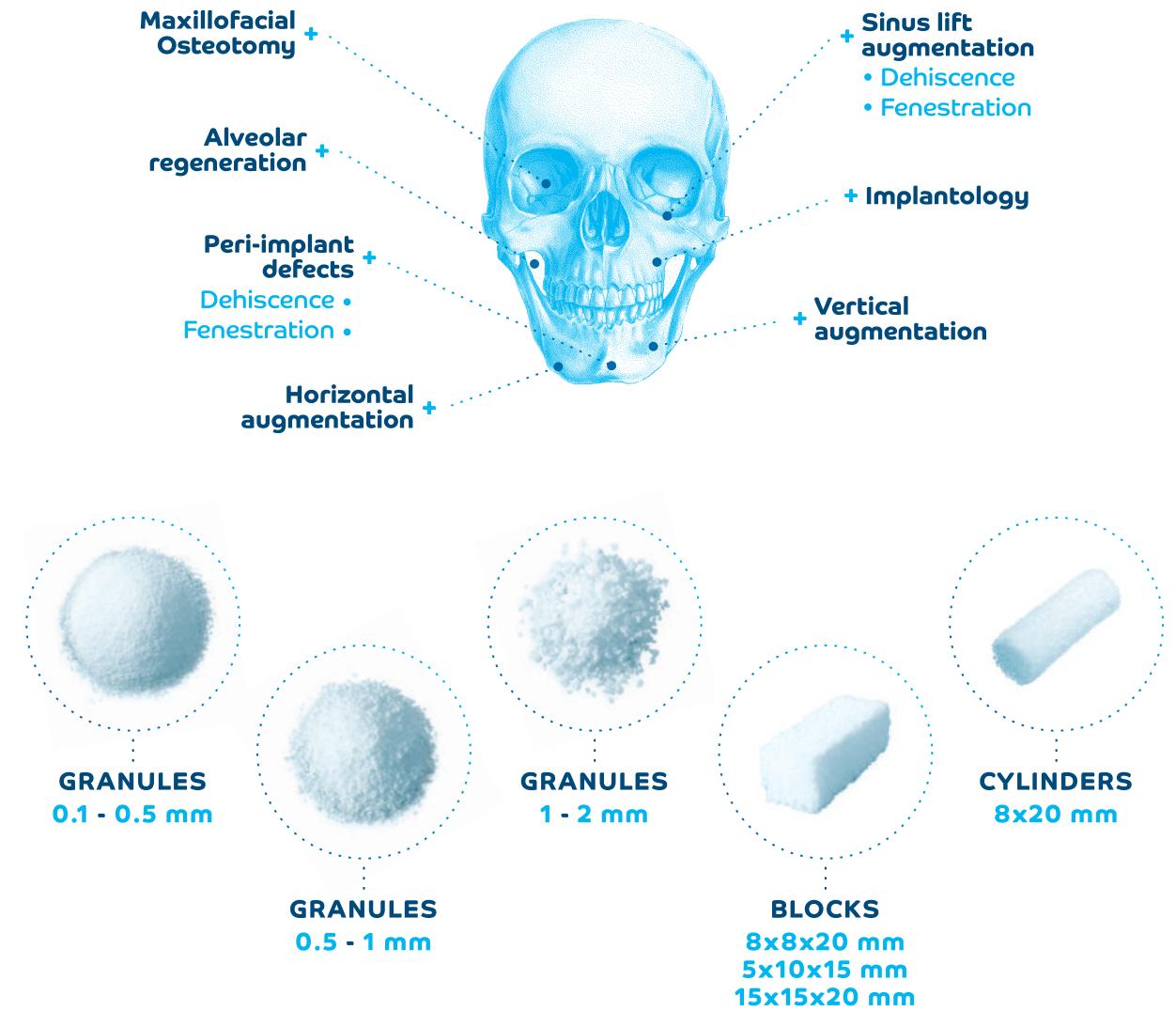
EXCELLENT RESORPTION RATE

SEVERAL GEOMETRIES

3D STRUCTURE SIMILAR TO NATURAL BONE



adbone® is intended to be used as a bone void filler or augmentation material for bone defects that are not intrinsic to the stability of the bony structure:



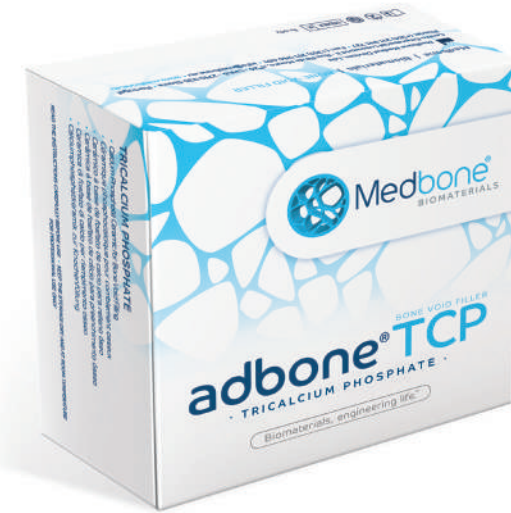
BONE GRAFT adbone[®]TCP

• TRICALCIUM PHOSPHATE •

adbone[®]TCP is a totally synthetic bone graft material made of pure beta-tricalcium phosphate (β -TCP).

As the bone healing process occurs, adbone[®]TCP is resorbed and replaced by new bone. adbone[®]TCP features a multidirectional interconnected porosity that guides bone three-dimensional regeneration by allowing fast blasts migration.

adbone[®]TCP was designed to achieve the highest degree of porosity without compromising the mechanical resistance.



BONE GRAFT adbone[®]BCP

• BIPHASIC CALCIUM PHOSPHATE •

adbone[®]BCP is a totally synthetic biphasic bone graft material made of 75% of hydroxyapatite (HAp) and 25% of beta-tricalcium phosphate (β -TCP).

adbone[®]BCP features a multidirectional interconnected porosity that guides the bone three-dimensional regeneration.

Presenting a biphasic resorption, adbone[®]BCP was designed specially for doctors who are used to working with natural bone sources, and it will be fully resorbed and replaced by new bone.



REFERENCE CODE	GEOMETRY	PARTICLE SIZE	VOLUME
TCP010505G	GRANULES	0.1 - 0.5 mm	0.5 g x 1 Unit
TCP050105G		0.5 - 1.0 mm	
TCP010505P		0.1 - 0.5 mm	0.5 g x 5 Units
TCP050105P		0.5 - 1.0 mm	
TCP010510G		0.1 - 0.5 mm	1 g x 1 Unit
TCP050110G		0.5 - 1.0 mm	
TCP010210G		1.0 - 2.0 mm	
TCP010510P		0.1 - 0.5 mm	
TCP050110P		0.5 - 1.0 mm	1 g x 5 Units
TCP050210P		1.0 - 2.0 mm	
TCP080820C	CYLINDER	8 x 20 mm	1 Unit
TCP051015B	BLOCKS	5 x 10 x 15 mm	1 Unit
TCP080820B		8 x 8 x 20 mm	
TCP151520B		15 x 15 x 20 mm	

REFERENCE CODE	GEOMETRY	PARTICLE SIZE	VOLUME
BCP010505G	GRANULES	0.1 - 0.5 mm	0.5 g x 1 Unit
BCP050105G		0.5 - 1.0 mm	
BCP010505P		0.1 - 0.5 mm	0.5 g x 5 Units
BCP050105P		0.5 - 1.0 mm	
BCP010510G		0.1 - 0.5 mm	1 g x 1 Unit
BCP050110G		0.5 - 1.0 mm	
BCP010210G		1.0 - 2.0 mm	
BCP010510P		0.1 - 0.5 mm	
BCP050110P		0.5 - 1.0 mm	1 g x 5 Units
BCP050210P		1.0 - 2.0 mm	
BCP080820C	CYLINDER	8 x 20 mm	1 Unit
BCP051015B	BLOCKS	5 x 10 x 15 mm	1 Unit
BCP080820B		8 x 8 x 20 mm	
BCP151520B		15 x 15 x 20 mm	

Advantages



HIGH POROSITY

adbone® guides the three-dimensional regeneration of bone in the defect site through osteoconduction



RADIOPAQUE

adbone® is radiopaque, allowing the monitorization of the graft osteointegration



HIGH MECHANICAL RESISTANCE

adbone® was designed to achieve the highest degree of porosity without prejudice to mechanical resistance



RESORBABLE

As natural bone healing process occurs adbone® is resorbed and replaced by new native bone



NO MEMBRANE

The use of membrane is not required unless there is risk of graft exposure



VASCULARIZATION

The interconnected porosity of adbone® forms an ideal environment for vascularization



HYDROPHILIC

The hydrophilic feature of adbone® confers an excellent cohesivity to the particles



EASY TO HANDLE

adbone® can be easily mixed with patient's blood, autologous bone marrow, saline solution or PRP and PRF



TOTALLY SYNTHETIC

adbone® does not contain animal or human tissues or derivatives

-
- AVOIDS PAINFUL REMOVAL OF AUTOGRAFT •
 - HIGH AVAILABILITY OF SYNTHETIC BONE •
 - SAFE • BIOCOMPATIBLE • REDUCES SURGERY TIME •
-

IMPLANT REMOVAL AFTER PERIMPLANTITIS

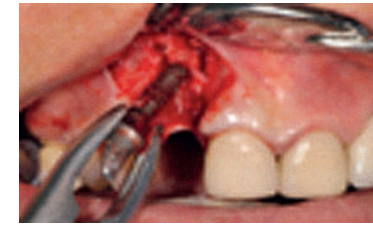
Bone Graft: adbone® TCP (0.5 – 0.1 mm) 1g

Dr. João Gaspar

Member of the Implantology Department
Egas Moniz Dental Clinic - IUEM - Portugal



1. PRE-SURGICAL VIEW



2. IMPLANT REMOVAL



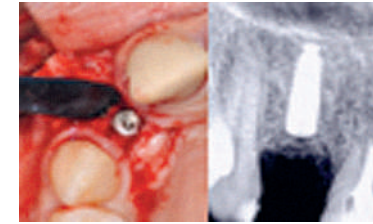
3. APPLICATION OF ADBONE® TCP



4. SUTURE



5. 4 MONTH FOLLOW-UP



6. NEW IMPLANT PLACEMENT



7. 8 MONTH FOLLOW-UP



8. 2 YEAR FOLLOW-UP

Clinical Cases **adbone®TCP**

ALVEOLAR CREST EXPANSION

Bone Graft: adbone® TCP (0.1 – 0.5 mm) 1g

Dr. Hiram Fischer Trindade

European Implantology Center - EIC
Portugal



1. PRE-SURGICAL X-RAY



2. PRE-SURGICAL VIEW



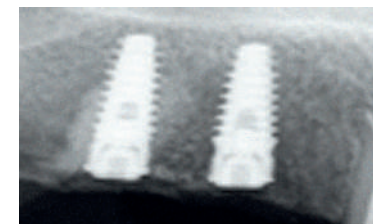
3. CREST EXPANSION



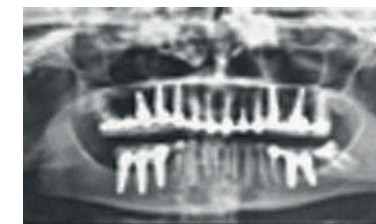
4. APPLICATION OF ADBONE® TCP



5. SUTURE



6. X-RAY 5 MONTHS POST-OPERATIVE



7. X-RAY 11 MONTHS POST-OPERATIVE

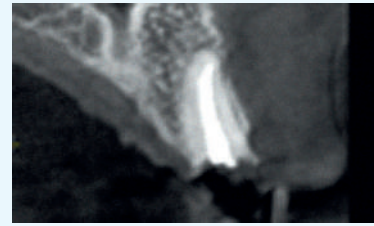


8. FINAL VIEW

**IMMEDIATE IMPLANT PLACEMENT
W/ IMMEDIATE PROVISIONALIZATION**

Bone Graft: adbone® BCP (0.1 – 0.5 mm) 1g

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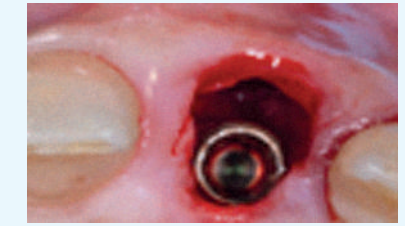
1. PRE-SURGICAL X-RAY



2. PRE-SURGICAL VIEW



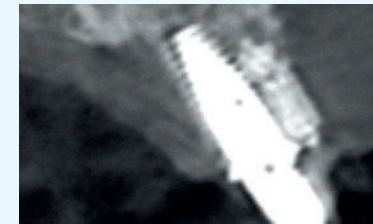
3. ROOT EXTRACTION



4. IMPLANT PLACEMENT



5. APPLICATION OF ADBONE® BCP



6. X-RAY POST-SURGICAL



7. 3 MONTH FOLLOW-UP



8. 1 YEAR FOLLOW-UP

Clinical Cases **adbone® BCP**

**PAPILLAE-SPARING INCISION IN THE
ESTHETIC ZONE**

Bone Graft: adbone® BCP (0.1 – 0.5 mm) 1g

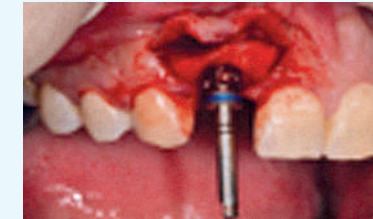
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1. PRE-SURGICAL VIEW



2. PRE-SURGICAL CONTOUR VIEW



3. IMPLANT DRILLING



4. IMPLANT PLACEMENT



5. CONTOUR AUGMENTATION



6. X-RAY POST-SURGICAL



7. 3 MONTH FOLLOW-UP



8. 3 YEAR FOLLOW-UP