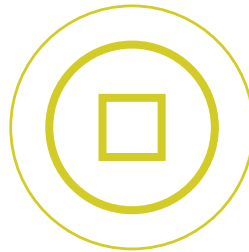


FYxoss[®] selftap

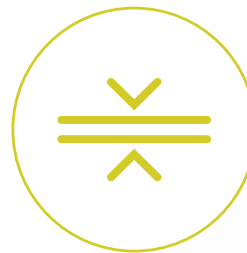


FYxoss® selftap screw features



0.8 mm square insert for the wrench which is extended into the screw head for:

- › Excellent directional control
- › Optimal transfer of the tightening torque



Ultra-flat screw head



Trapezoidal thread for high retention even in soft bone

- › Reduction of the torque during insertion
- › Stability with better locking effect



A sharp tip and three prismatic cutting edges enable self-tapping

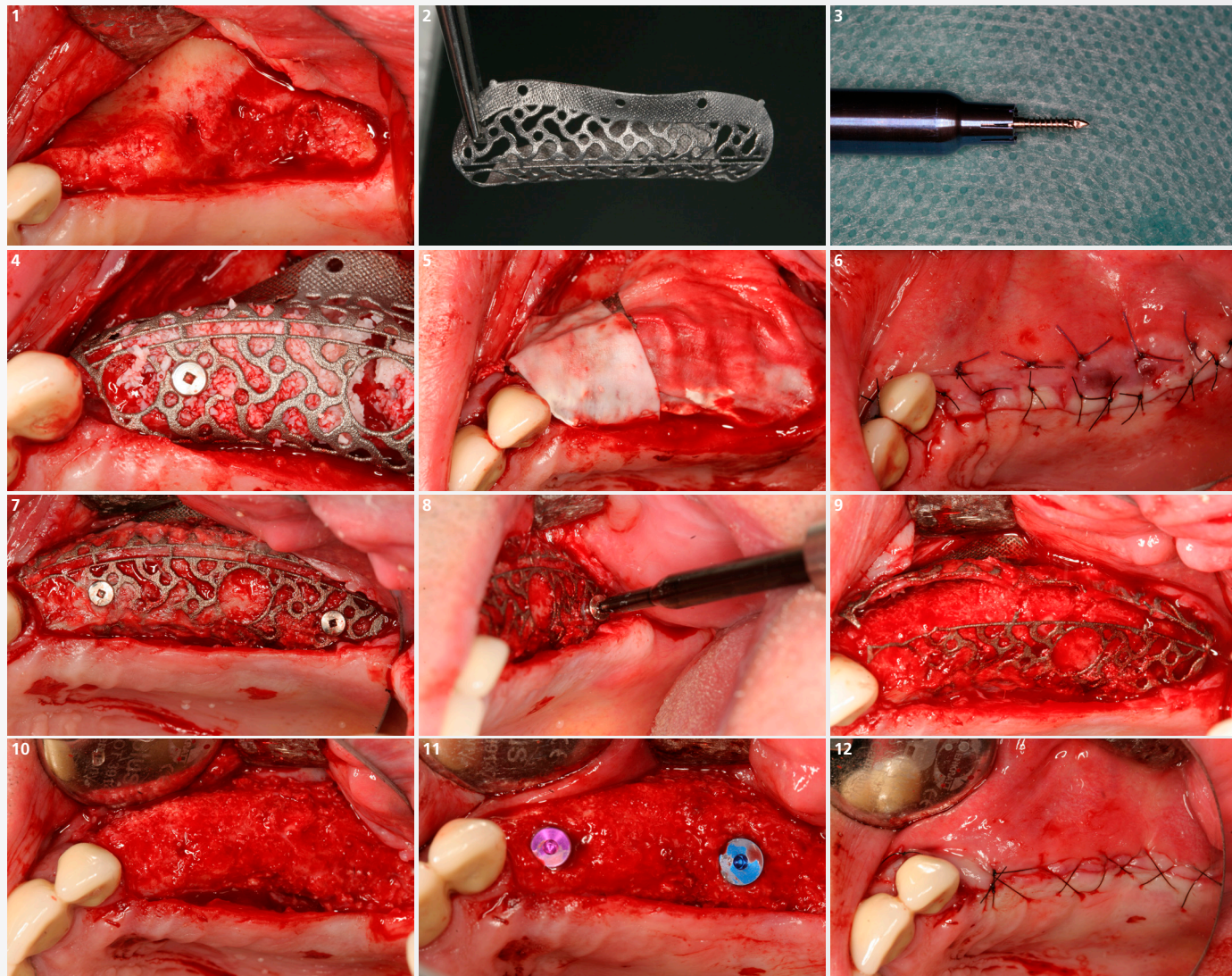
Innovative self-tapping system

Thanks to the innovative FYxoss® selftap system, the screws can be threaded **without predrilling** into Class II-IV bone according to Adell. For Class I bone, suitable drills are included in the set.

With the specially developed stop, **excellent directional control** and **overall stability** can be achieved even in challenging situations. The special tip design guarantees **reduced axial forces** vs. conventional self-tapping systems.



FYxoss® selftap combined with Yxoss CBR®



1 Initial clinical situation before augmentation.

2 Yxoss CBR® protect patient-specific titanium scaffold.

3 In this case, Yxoss CBR® protect is fixed with the 7 mm FYxoss® selftap screw. It is self-tapping due to the sharp tip with three prismatic cutting edges.

4 Two FYxoss® selftap screws are inserted occlusally to fix the Yxoss CBR® protect filled with a 50:50 mix of autologous bone chips and Geistlich Bio-Oss®.

5 After that, the defect is covered with a Geistlich Bio-Gide® membrane.

6 Resorbable deep mattress and single button sutures are used to ensure a tension-free closure of the mucoperiosteal flap over the Yxoss CBR® scaffold.

7 Situation following a 6-month healing period.

8 After unscrewing the FYxoss® selftap screws with the original 0.8 mm insertion bit the Yxoss CBR® can be removed.

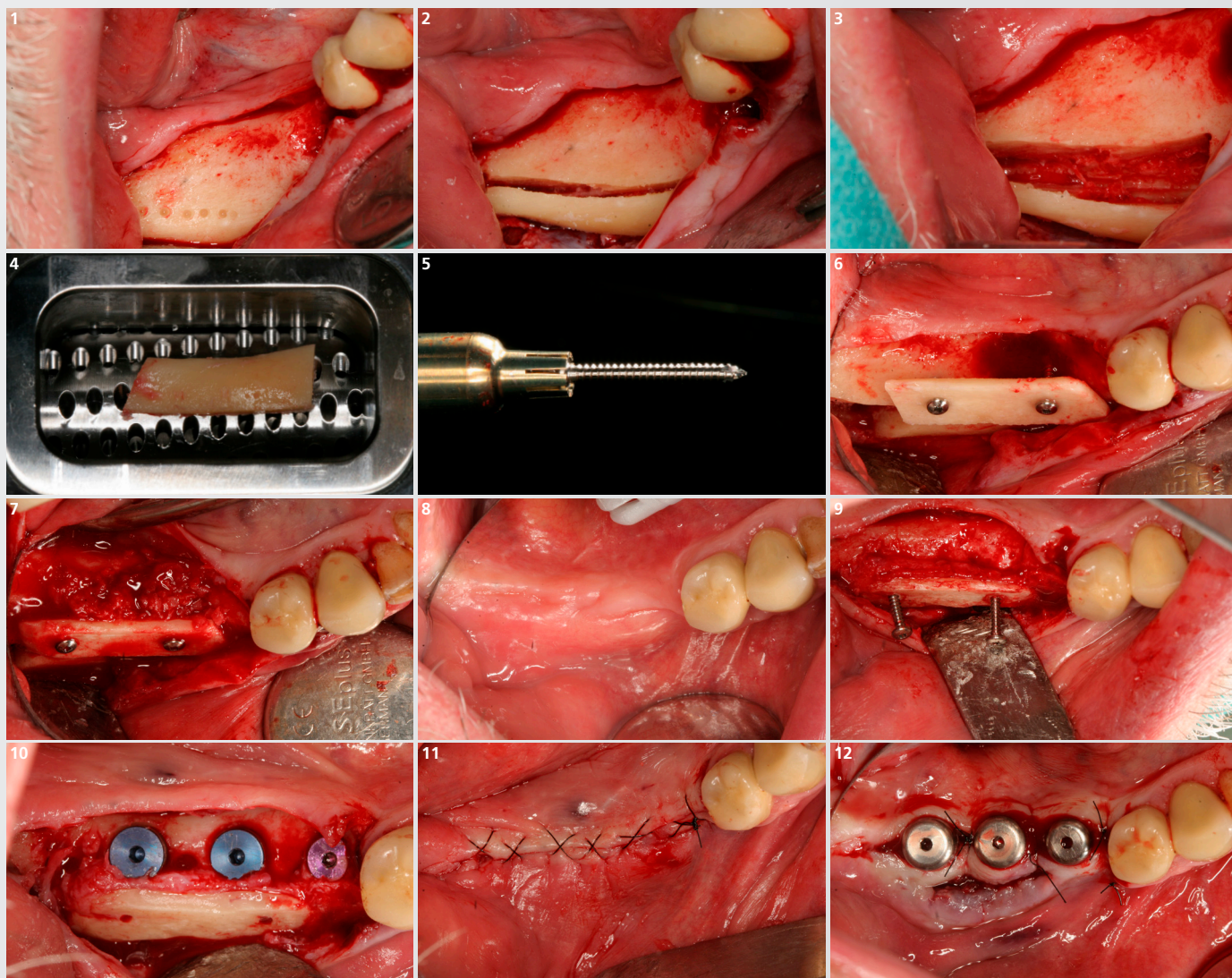
9 The predetermined breaking points are cracked with a raspatory. Next, the two scaffold parts can be removed separately.

10 Regenerated and vascularized bone after removal of the Yxoss CBR®.

11 The implants can be inserted into the regenerated bone.

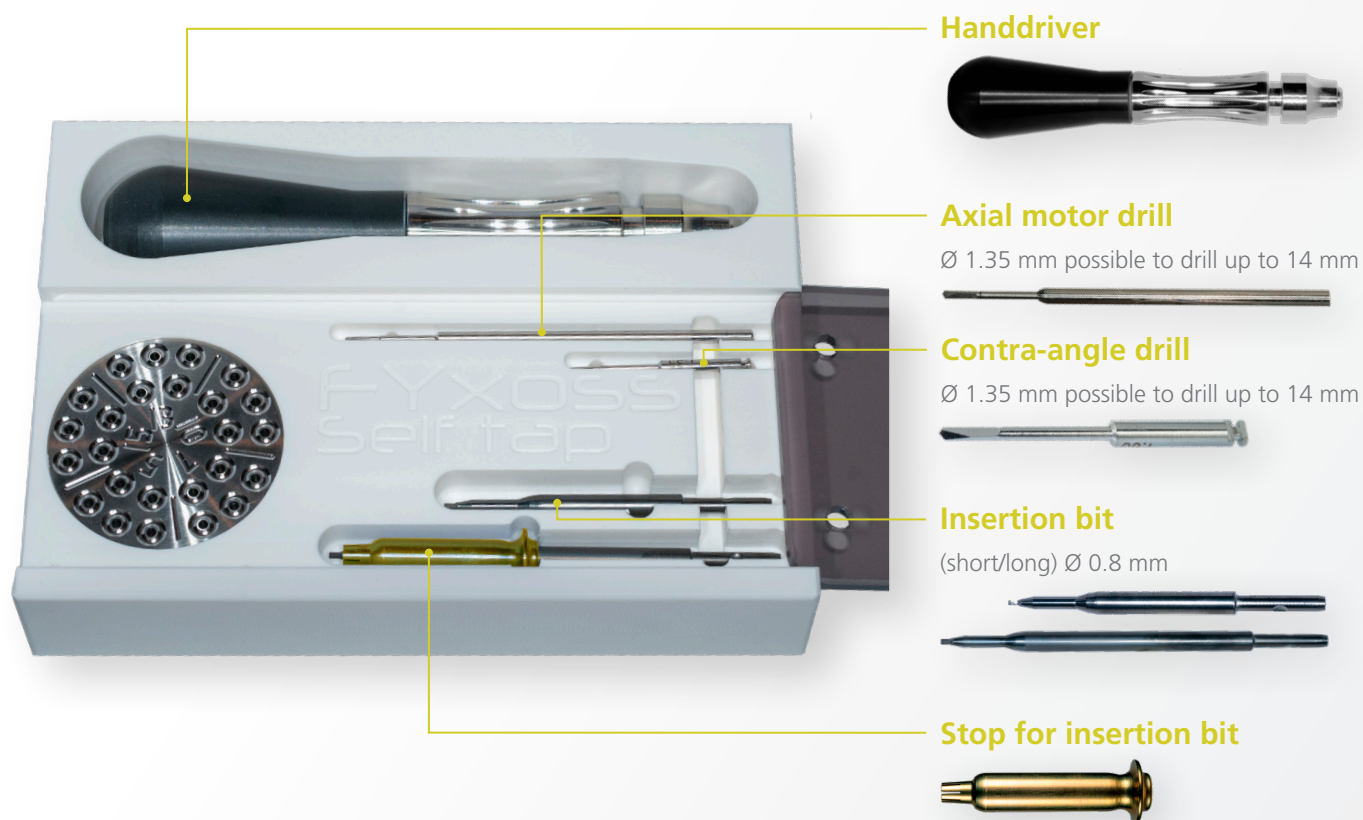
12 The defect was closed with a continuous suture. After about 4 months of healing gingiva formers will be inserted to prepare for the final restoration.

FYxoss® selftap combined with the shell technique



- 1 The cortical bone is punctually perforated with a rose drill in the region of the jaw angle to mark the harvesting site of a bone block intended to be thinned to a slice later.
- 2 As a next step, the perforations are connected by piezosurgery.
- 3 Subsequently, the bone block can be mobilized from the donor site.
- 4 A simple method to thin out the bone block into a narrow shell is to use a bone mill.
- 5 The 15 mm FYxoss® selftap screw is held in place by the stop. This stable 3D fixation of the screw head enables excellent directional control and stability.
- 6 The bone shell is fixed to the local bone with two FYxoss® selftap screws. These are characterized by their ultra-flat screw head which is very tissue-friendly.
- 7 The resulting gap is filled with autologous bone chips or a mixture of particulate autologous bone and Geistlich Bio-Oss®. Next, the defect site is covered with a Geistlich Bio-Gide®.
- 8 Irritation-free situation 2 months postoperatively.
- 9 Removal of the FYxoss® selftap screws with the original insertion bit after 3–5 months.
- 10 Implant placement in the augmented area. The small bony defect is subsequently filled with autologous bone chips obtained during implant drilling.
- 11 Wound closure after implantation.
- 12 After a 4-month healing period of the implants the gingiva formers are inserted. Also, widening of the keratinized gingiva is performed by moving the soft tissues vestibularly.

The entire system in a nutshell



FYxoss® selftap can be used for:

› Yxoss CBR® fixation



The FYxoss® selftap screws with lengths of 5, 7, and 10 mm are perfectly suited for the fixation of Yxoss CBR®. This is due to the ultra-flat, tissue-friendly screw head as well as the precisely fitting diameter of 1.35 mm.

› Shell technique



For the Shell technique, we recommend the lengths 10, 13, and 15 mm. The sharp tip and the three prismatic cutting edges enable self-tapping through the bone shell and the autologous bone.

› Bone block fixation



The trapezoidal thread of the screws enables a solid hold of the bone block on the original bone. For this technique, we recommend the lengths 10, 13, and 15 mm.



FYxoss® selftap

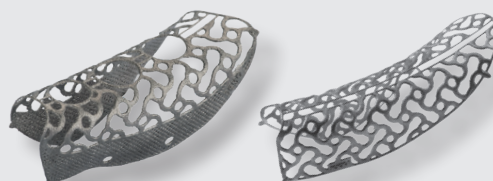
Easy ordering at
www.reoss.eu/myreoss



FYxoss® selftap is a self-tapping screw set for major bone augmentation.

Manufacturer

MC Bio s.r.l.
Via Cavour 2
22074 Lomazzo (CO)
Italy
E-mail: sales@mcbiosurgery.com
Tel. +39 02 36714257



Yxoss CBR® is an innovative solution for the regeneration of complex alveolar bone defects.

Manufacturer

ReOss® GmbH
Echterdingerstraße 57
70794 Filderstadt
Germany
E-mail: contact@reoss.eu
Tel. +49 711 489 660 60



Geistlich Bio-Oss®

Stable scaffold for new bone.^{1,2,3,4} The slow resorption of Geistlich Bio-Oss® increases the stability of the augmentation material⁵ – the best prerequisite for long-term implant survival rates.⁶



Geistlich Bio-Gide®

Stabilizes the grafted area and protects bone particles from dislocation for optimal bone regeneration.⁷ The natural collagen structure allows homogeneous vascularization, supports tissue integration and wound stabilization.⁸ The combination of flexibility, good adhesion, and tear resistance contribute to easy handling, in turn saving time, and simplifying the surgical procedure.⁹



For more information, please visit:

www.reoss.eu
www.geistlich-pharma.com

CAUTION: Not all products presented here are registered and approved for sale and usage in all countries or regions by the relevant authorities.

Geistlich Bio-Oss® and Geistlich Bio-Gide® manufactured by Geistlich Pharma AG, Wolhusen, Switzerland

Notice: FYxoss® selftap and FYxoss® classic systems are not compatible with each other.

1 Orsini G et al., J Biomed Mater Res, B: Appl Biomater 74B, 2005; 448–57.

2 Piattelli M et al., Int J Oral Maxillofac Implants 1999; 14: 835–40.

3 Sartori S, et al., Clin Implants Res 2003; 14: 369–72.

4 Traini T et al., J Periodontol. 2007 May; 78(5): 955–961.

5 Orsini G et al., Oral Diseases. 2007; 19: 357–368.

6 Jung R et al., Clin Oral Implants Res. 2013 Oct; 24(10): 1065–73.

7 Perelman-Karmon M et al., Int J Periodontics Restorative Dent. 2012 Aug; 32(4): 459–65.

8 Rothamel D et al., Clin. Oral Implants Res. 2005; 16(3): 369–378.

9 Data on File. Geistlich Pharma AG, Wolhusen, Switzerland.