

# FYxoss® selftap



marketed by

**Geistlich**  
the regeneration  
experts



# 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

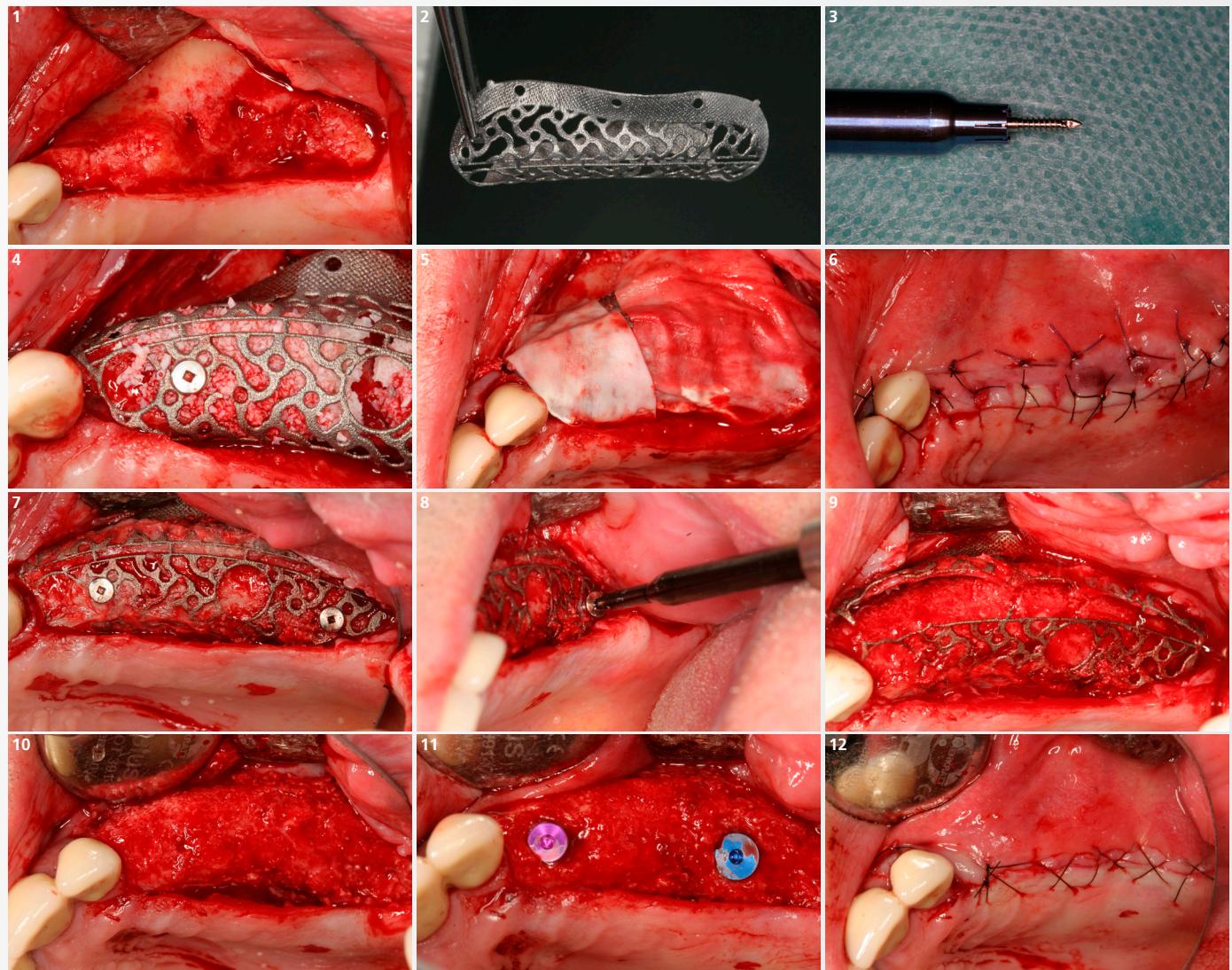
## Innovative self-tapping system

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.

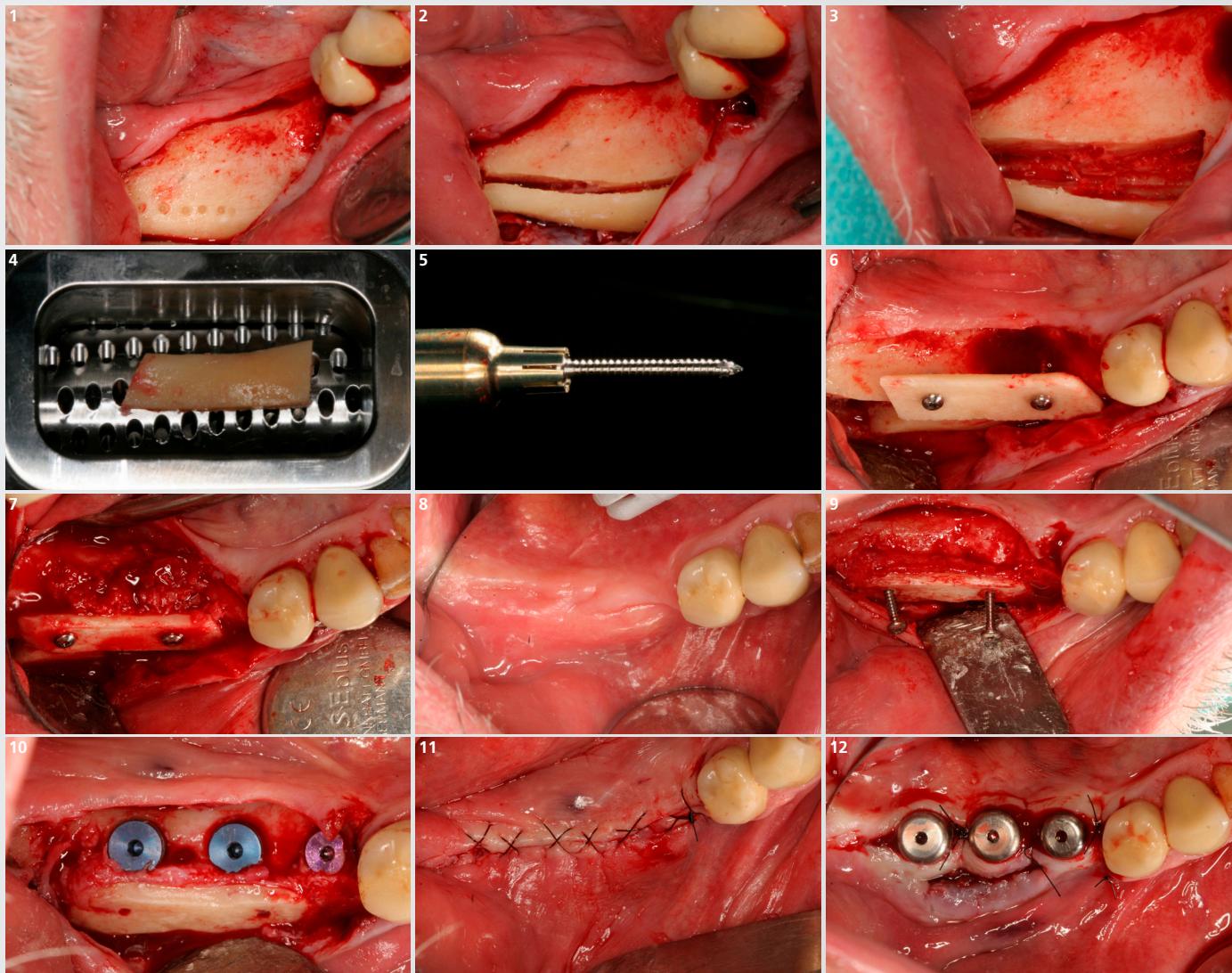
9 The predetermined breaking points are cracked with a raspatory. Next, the two scaffold parts can be removed separately.

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

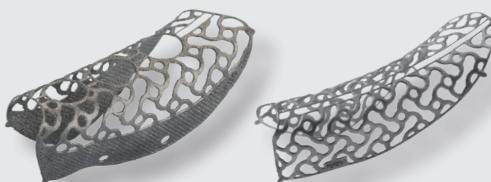
Easy ordering at  
[www.reoss.eu/myreoss](http://www.reoss.eu/myreoss)



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

#### Manufacturer

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

#### Manufacturer

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#### Geistlich Bio-Oss®

Stable scaffold for new bone.<sup>1,2,3,4</sup> The slow resorption of Geistlich Bio-Oss® increases the stability of the augmentation material<sup>5</sup> – the best prerequisite for long-term implant survival rates.<sup>6</sup>



#### Geistlich Bio-Gide®

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



For more information, please visit:  
[www.reoss.eu](http://www.reoss.eu)  
[www.geistlich-pharma.com](http://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.

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

<sup>2</sup> Piatelli M et al., Int J Oral Maxillofac Implants 1999; 14: 835–40.

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

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

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

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

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

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

<sup>9</sup> Data on File. Geistlich Pharma AG, Wolhusen, Switzerland.