

# foundation™

Collagen-Based Bone Filling Augmentation Material



## A Revolutionary New Bone Augmentation Material

Used clinically in Japan since 1998, Foundation is now available in the United States. It is not a bone substitute, but rather stimulates new bone growth at an accelerated pace.

Following an extraction, Foundation is placed into the socket. The surrounding cells and capillaries gradually infiltrate Foundation. As the extraction socket heals, it is filled with new augmented bone. Foundation is helpful in maintaining bone following any permanent extraction and it produces a rapid buildup of the patients own bone in the socket. It is shaped in "bullet" form for easy placement and is available in both small and medium sizes.

## Features

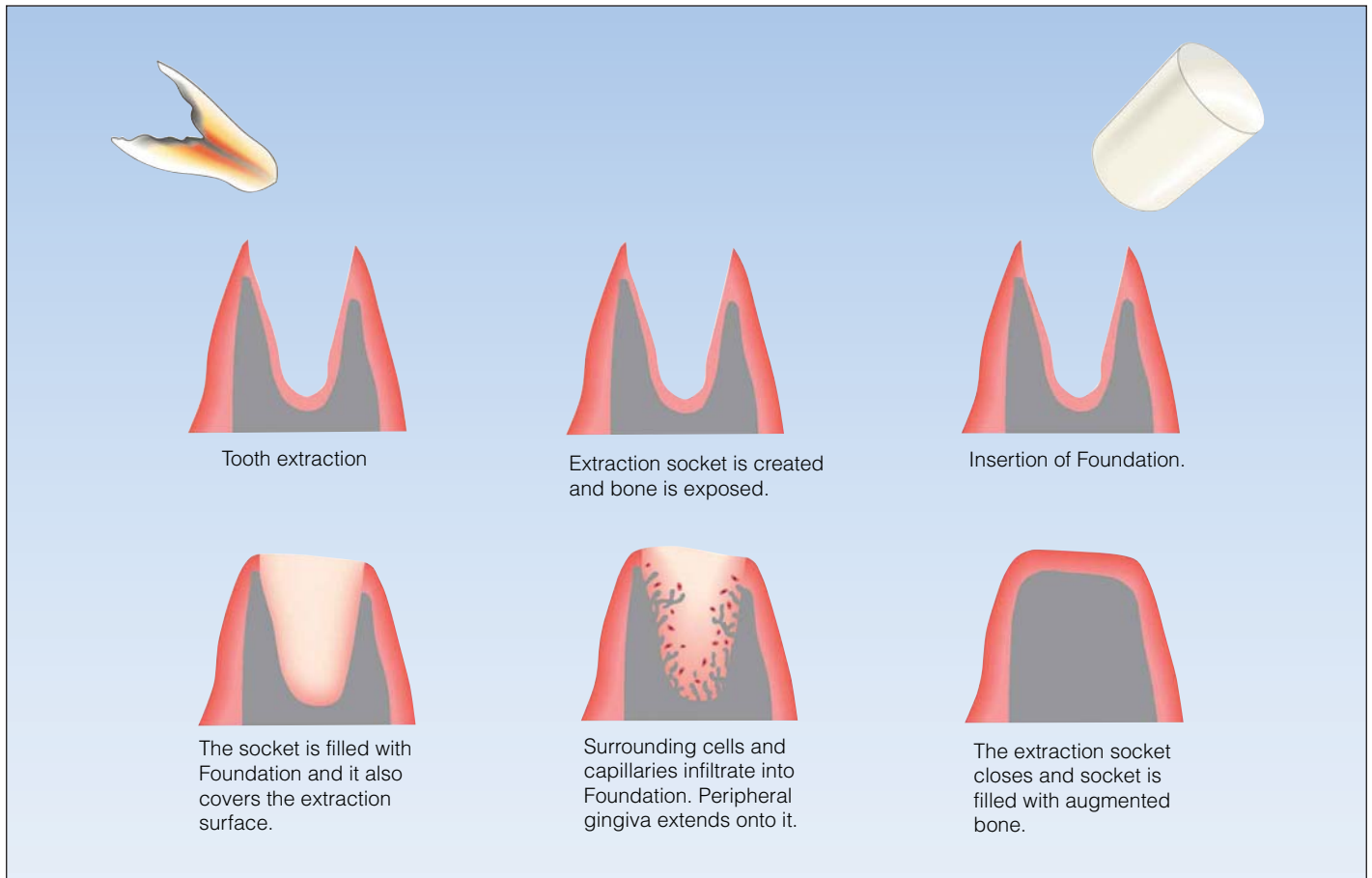
- Collagen-based, bone filling augmentation material
- Stimulates new bone growth at an accelerated pace
- Origin from "atelo-collagen," which minimizes antigenicity
- "Cross-linked" to achieve biocompatibility
- Helpful in maintaining bone following any permanent tooth extraction
- Promotes faster growth of bone and implants may be placed sooner in sockets with augmented bone.
- Bullet shaped for easy placement in extraction sockets
- Available in two sizes, small and medium
- Can be trimmed or cut with a sterile instrument for a better fit

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**To order or for more information,  
call 888-JMORITA (566-7482).**

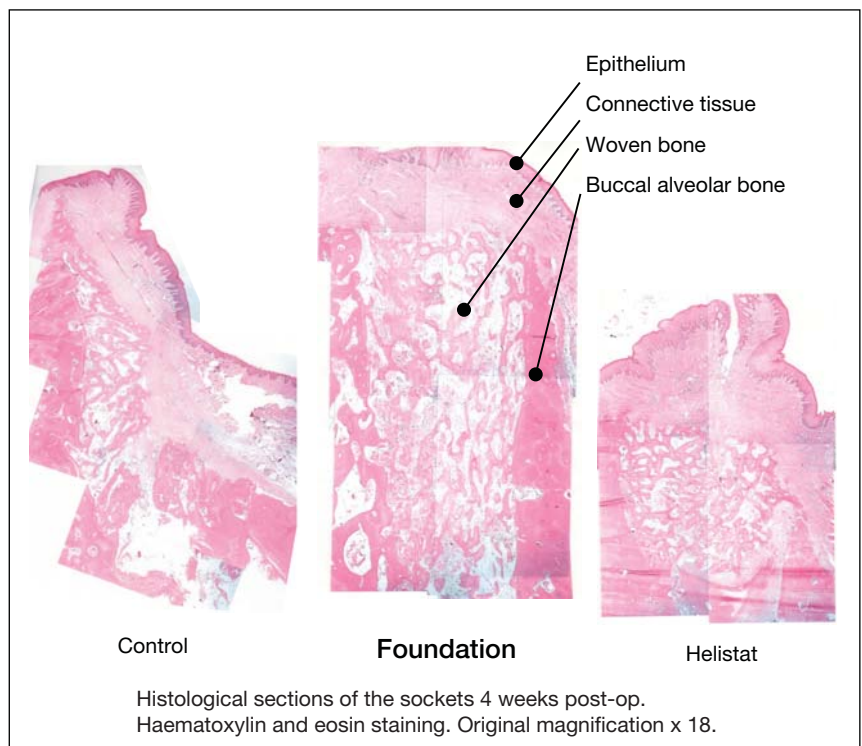
Foundation is made of atelo-collagen to minimize antigenicity. The atelo-collagen has been cross-linked by heat treatment in order to achieve biocompatibility. The product is processed in a sponge block and then it is formed into a bullet shape for easy placement into the extraction socket. It consists of fibrillar and heat-denatured atelo-collagen. Fibrillar atelo-collagen provides scaffolding for surrounding cells and the heat-denatured atelo-collagen stimulates infiltration of the cells into the product. Contents are sterile and non-pyrogenic.



### In vivo studies using beagles

The extractions were performed in beagles under anesthesia. After the extractions, the sockets were prepared to be uniform in size and subsequently filled with Foundation, Helistat (a collagen hemostat), and with nothing, which served as the control. The gingiva was sutured.

These photographs are histological sections of the extraction sockets 4 weeks post-op. The extraction socket filled with Foundation has woven bone throughout the socket and has maintained bone height, while the other materials demonstrate a failure to maintain the pre-op alveolar bone.



# Examples of Clinical Applications

## Case 1: Extraction of tooth #8 due to fracture in a 41 year-old female

This case shows the extraction of tooth #8 due to fracture. After curetting the socket, an S size Foundation was placed and the gingiva was sutured to secure it. Two and a half months after the filling, Foundation augmented the alveolar ridge which allowed for an excellent cosmetic result with the fixed bridge.



Immediately after the suture



2.5 months after the filling



After prosthesis

Courtesy: Implant & Tissue-engineering Dental Network-Tokyo, Kato Dental Clinic, Japan

## Case 2: Extraction of a premolar due to fracture in a 31 year-old male

This case shows a single tooth implant that was placed after extraction due to fracture. The root of the premolar was extracted and the socket was filled with an S size Foundation. An x-ray was taken immediately after filling the socket with Foundation. 8 weeks post-op, there is horizontal bone augmentation in the socket. At this point, the bone augmented by Foundation was ready to be prepared and an implant was placed. 4 weeks post-implantation (12 weeks post-Foundation placement), the bone surrounding the abutment was filled in and the implant was firm.



Immediately after filling the socket with Foundation



8 weeks after the filling



After implantation of an abutment



4 weeks after the implantation

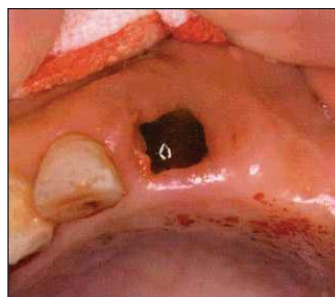
Courtesy: Mastumi Dental Office, Japan

## Case 3: Extraction of tooth #8 due to severe periodontal defect in a 65 year old female

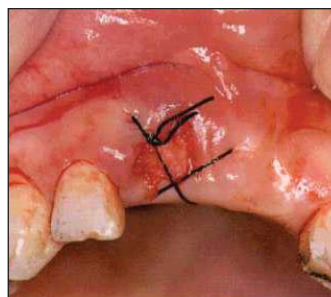
This case shows the extraction of tooth #8 due to advanced periodontal disease. #9 is a pontic. The tooth had severe gingival recession and the pus discharge confirmed an infection was present. The extraction was performed after controlling the infection with an antibiotic regimen. After the extraction, the edge of the gingiva was removed from the inside of the socket to the top of the alveolar bone and unhealthy granulation tissue in the socket was curetted. The resorption of the labial bone reached the root apex. An S size Foundation was used and the gingiva was sutured to secure it. Two weeks after extraction, the socket was closed. At 18 weeks post-op, it is clearly shown that Foundation augmented the alveolar ridge and created a very good esthetic result.



Before the extraction



Immediately after the curettage



Immediately after filling



18 weeks after the filling

Courtesy: Kodama Dental Clinic, Japan



**Case 4: Extraction of wisdom tooth due to pericoronitis in a 64 year-old diabetic male**

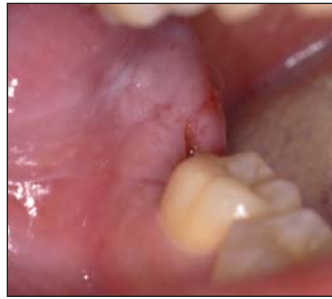
The extraction of a wisdom tooth was performed in a 64 year old patient with a history of diabetes, arrhythmia, and hypertension. The extraction socket was filled with an M size Foundation and was secured with sutures. 7 days post-op, the extraction socket was completely closed.



Filling with Foundation



2 days after the filling



4 days after the filling



7 days after the filling

Courtesy: the Department of Dentistry and Oral Surgery, Higashi Omiya General Hospital, Japan

**Case 5: Extraction of tooth #30 post-hemisection due to a chronic periapical abscess in a 26 year-old female**

The extraction of tooth #30 was performed due to severe bone loss caused by a chronic periapical abscess. After the extraction, the unhealthy gingiva was removed and granulation tissue was curetted from the inside of the socket. Curetting also helps to increase the presence of healthy tissues that will infiltrate into Foundation after it is placed into the socket. Sutures were placed to secure Foundation. 1 week post-op, the extraction socket was completely closed. 8 weeks post-op, the augmented bone had filled in sufficiently for implant placement. 6 months post-op, the implant and restoration are both doing well.



Before the extraction



Immediately after extraction



Immediately after the filling



1 week later



8 weeks later



6 months after the filling of Foundation

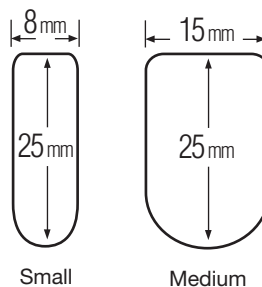


Courtesy: Kodama Dental Clinic, Japan

**Ordering Information**

Each box of Foundation contains either 10 small or 5 medium units, individually packaged, in a sterile container.

- Foundation, size small (10 units)      27-500-100
- Foundation, size medium (5 units)      27-500-200



\* Shown actual size



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