

# SAFESCRAPER TWIST



**The gold standard  
in intraoral bone  
harvesting**

Safescraper TWIST provides an easy method to obtain ideal autologous cortical bone for grafts in any type of defects with a minimally invasive technique.

Easy to use, Safescraper TWIST makes autologous bone always available in any condition, both for small and large harvests.

The exclusive cutting performance of the blade allows cortical shavings to be collected, while preserving maximum cell vitality, which is essential for graft integration. The bone collected is already combined with blood and ready to be positioned in the defect, or it can be temporary maintained in aseptic conditions in the transparent chamber.



# SAFESCRAPER TWIST



## Benefits of the device

### Ready to use

the disposable device is presented in individual sterile packages. Its sterility in an undamaged package is guaranteed for 3 years

### Minimally invasive

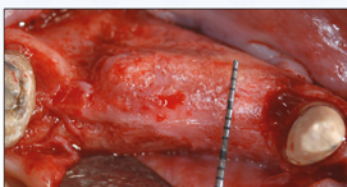
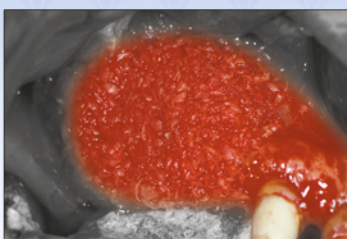
the manual harvesting technique is non-traumatic and well tolerated by the patient

### Useful

cortical bone can be harvested from any intraoral site, including near to the bone defect

### Versatile

it is the ideal device for both extensive and minor harvesting procedures. Its curved tip version facilitates access in all intraoral donor sites



courtesy of Dr. Ferdinando D'Avenia (Italy)

## Properties of the cortical graft

### High cells vitality

The manual harvesting technique preserves the cellular component of the graft. The cortical shavings obtained by the Safescraper TWIST blade contain living and well-preserved bone cells, particularly osteocytes (mean vitality: 45-72%), but also osteoblasts, osteoclasts and osteoprogenitor cells

### Ideal morphology

The cortical bone obtained with Safescraper TWIST looks like a elongated and convoluted shaving of a mean length of 1.3 mm and thickness ranging between 150 and 250  $\mu$ m

## Advantages of the disposable semicircular blade

- Maximum cutting efficiency
- Accelerates the harvesting time
- Collects cortical bone shavings of appropriate size and thickness for the graft integration
- Excellent control during the harvesting procedure
- Effective on any bone surface (plane, concave, convex)
- No contamination due to the wear of the device
- 160° cutting area range

BONE AUGMENTATION TREATMENT/OPERATION	RECIPIENT SITE FEATURES	BONE GRAFT VOLUME
Post-extraction alveolar defect	Self-containing intra-bony defect or four-walls defect of premolar root volume.	0,25-0,3 cc.
Sinus lift via crestal approach, single implant placement	INDIRECT Schneider membrane elevation (Smartlift)	0,3 cc.
Sinus lift via crestal approach, single implant placement	DIRECT Schneider membrane elevation (detachment via "Endosinus" or "Endosinus"-like instruments)	0,4 cc.
Sinus lift via lateral approach, 3 implant sites	Lateral window antrostomy, implants in position 4, 5 and 6 featuring residual bone height 7-8 mm, 6-4 mm, 3-2 mm respectively.	2 cc.
Sinus lift via lateral approach, 3 implant sites	Lateral window antrostomy, implants in position 5, 6 and 7 featuring residual bone height 6-4 mm, 3-2 mm, 1-2 mm respectively.	3 cc.
Peri-implant dehiscence, single implant	Healthy mesial and distal adjacent teeth. Maximum implant surface exposition: 5 threads and 1/3 of the dental implant diameter	0,4 cc.
Peri-implant dehiscence, 2 adjacent implants	Healthy mesial and distal adjacent teeth. Maximum implant surface exposition: 5 threads and 1/3 of the dental implant diameter	0,7-0,8 cc.
Peri-implant dehiscence, 3 adjacent implants	Healthy mesial and distal adjacent teeth. Maximum implant surface exposition: 5 threads and 1/3 of the dental implant diameter	1,0-1,2 cc.
Peri-implant bone defect/ dehiscence; horizontal alveolar ridge atrophy, 1 implant site	Lack of distal dental elements. Implant surface exposition > 5 threads and/or > 1/3 of the dental implant diameter	1 cc.
Peri-implant bone defect/ dehiscence; horizontal alveolar ridge atrophy, 2 implant sites	Lack of distal dental elements. Implant surface exposition > 5 threads and/or > 1/3 of the dental implant diameter	1,6-1,8 cc.
Peri-implant bone defect/ dehiscence; horizontal alveolar ridge atrophy, 3 implant sites	Lack of distal dental elements. Implant surface exposition > 5 threads and/or > 1/3 of the dental implant diameter	2,0-2,6 cc.
Vertical alveolar defect, 3 implant sites	Lack of distal dental elements. 5 mm vertical deficiency.	2,5-3 cc.

Ref. 3598 SAFESCRAPER TWIST - Straight version, chamber capacity: 3 cc

Ref. 3987 SAFESCRAPER TWIST - Curve version, chamber capacity: 2.5 cc



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