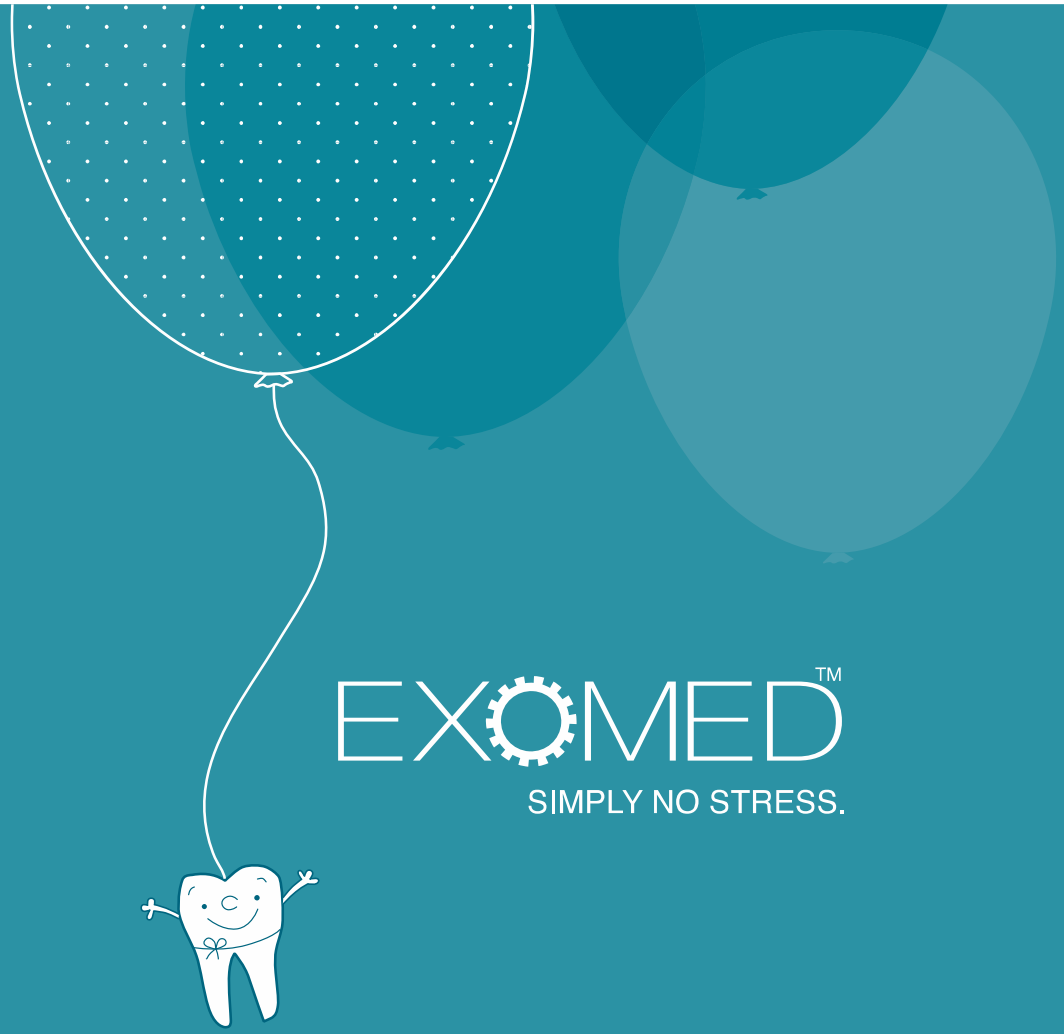


EXOMED™

SIMPLY NO STRESS.

MEDESY® Engineering

MEDESY®
Engineering

MEDESY ENGINEERING

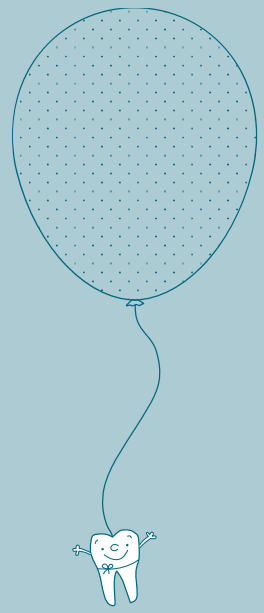
is a new company founded by the Research & Development Department of

MEDESY®
The art of quality

Worldwide renowned Italian manufacturer of high quality surgical instruments, today esteemed in 103 Countries

600 YEARS GUARANTEE

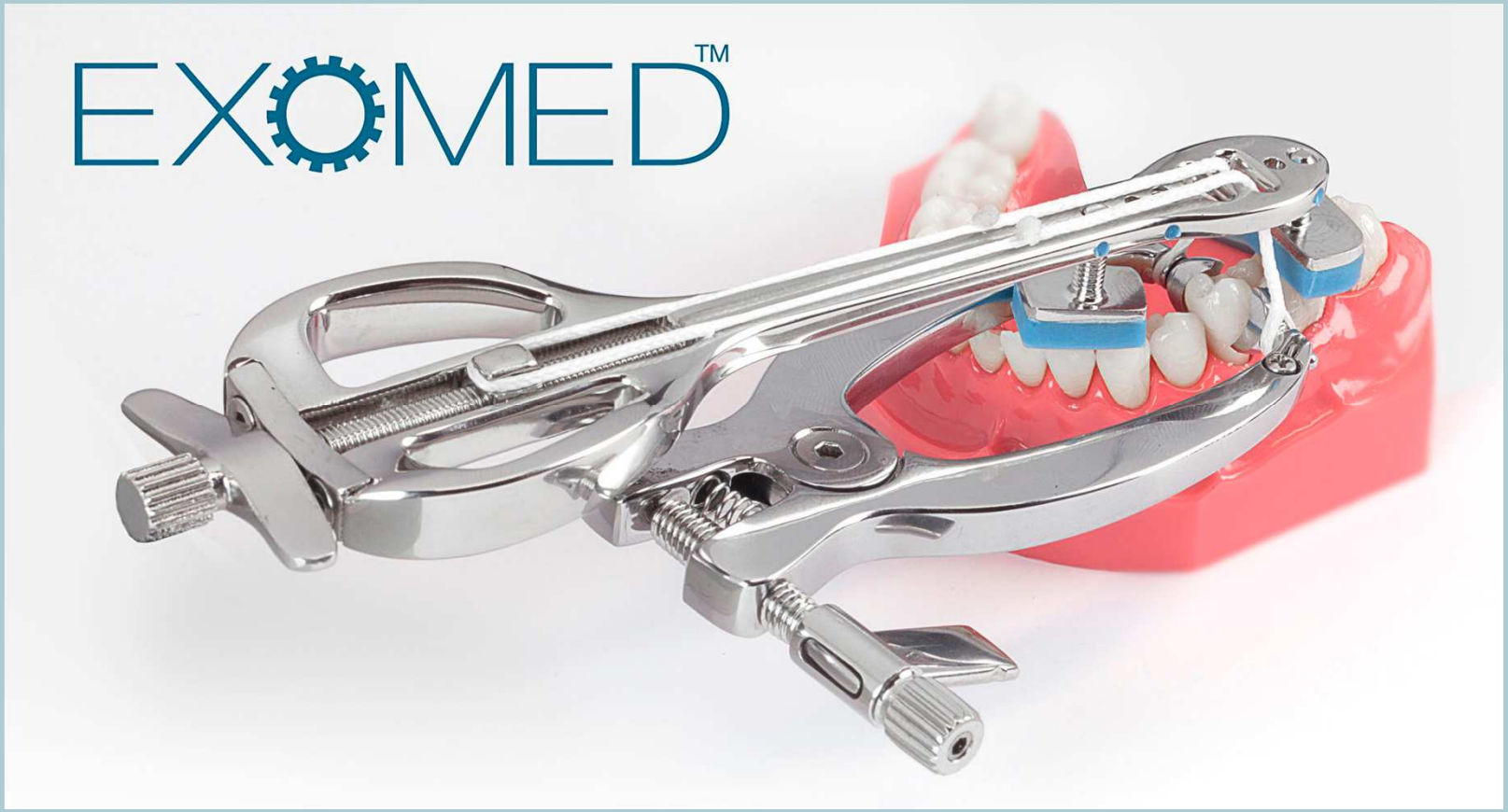
600 years of history and culture give us the best know-how and experience <u>to focus on innovation and steer into the future!</u>



EXOMED™

MEDESY® Engineering

is conceived **for odontological use only**;



as a surgical tool,
it must be utilized exclusively by
qualified and duly instructed personnel.

EXOMED™

MEDESY Engineering

- EXOMED™ is recommended to perform alveolar extractions of roots and teeth with or without crown;
- EXOMED™ ensures an extraction **with minimal trauma**;
- EXOMED™ preserves the alveolar and gingival tissues ;
- EXOMED™ is utilized in a manual way and no other additional tool is required for its functioning.

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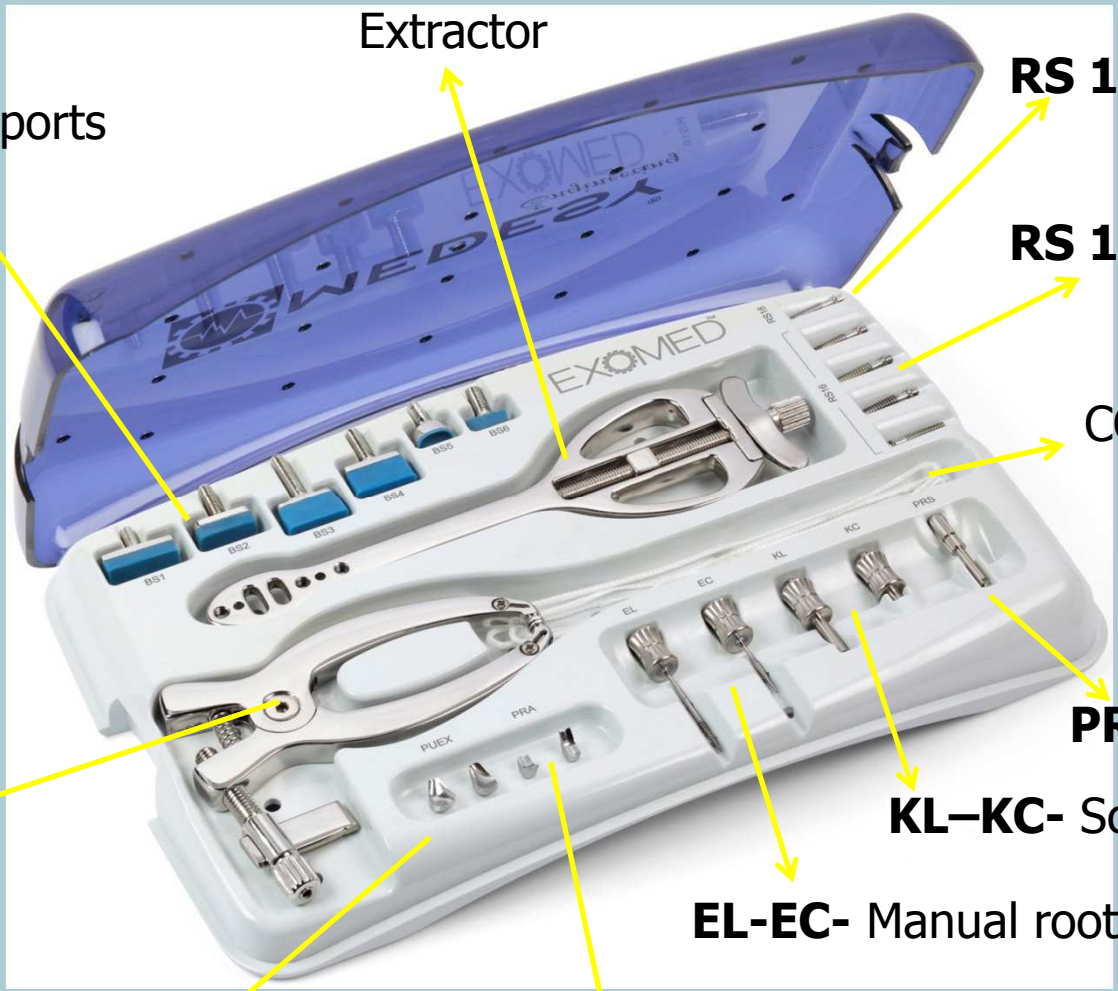
Content of the kit



Extractor

BS– Supports

RS 18– Root screws ø 18

RS 16– Root screws ø 16

COK –Kevlar cord

PRS- Bur extender

Pliers

KL–KC- Screwdrivers

EL-EC- Manual root extractors

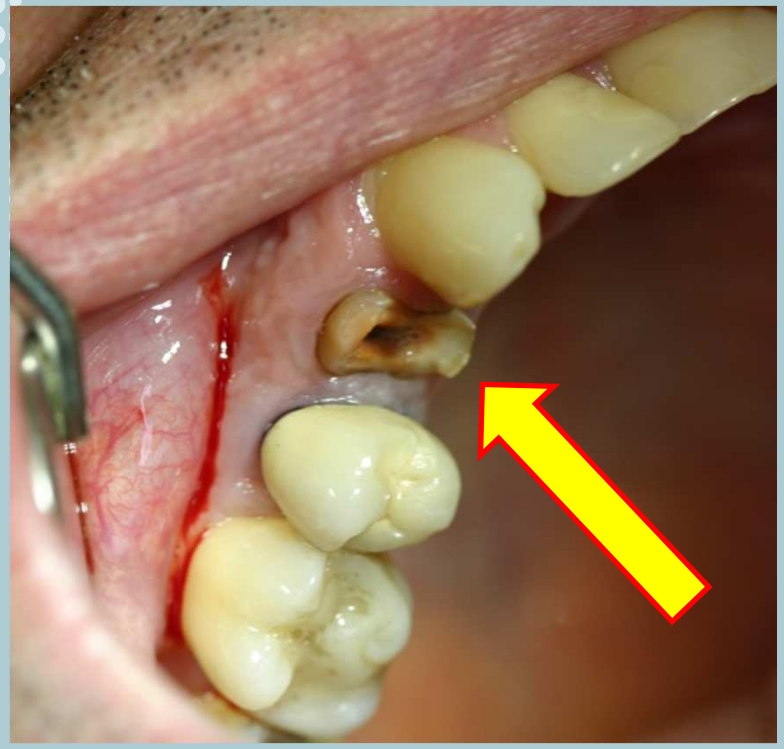
PUEX– Universal Tips

PRA– Prismatic tips for roots

** The case and all the Exomed components are fully autoclavable*

Clinical case_1

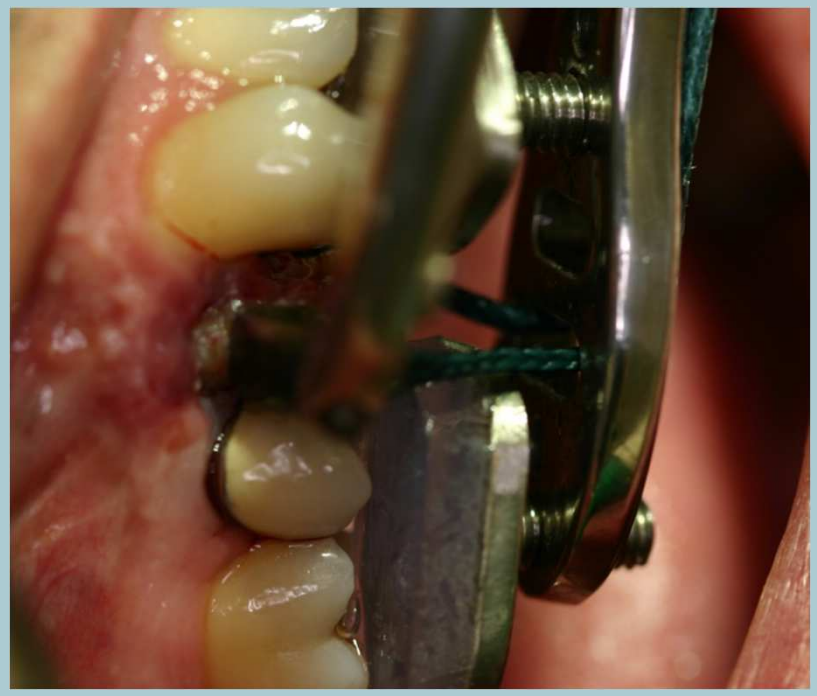
Extraction of the root of tooth #14



The exposed surface is larger than 3 mm

Clinical case_1

Extraction of the root of tooth #14



Clinical case_1

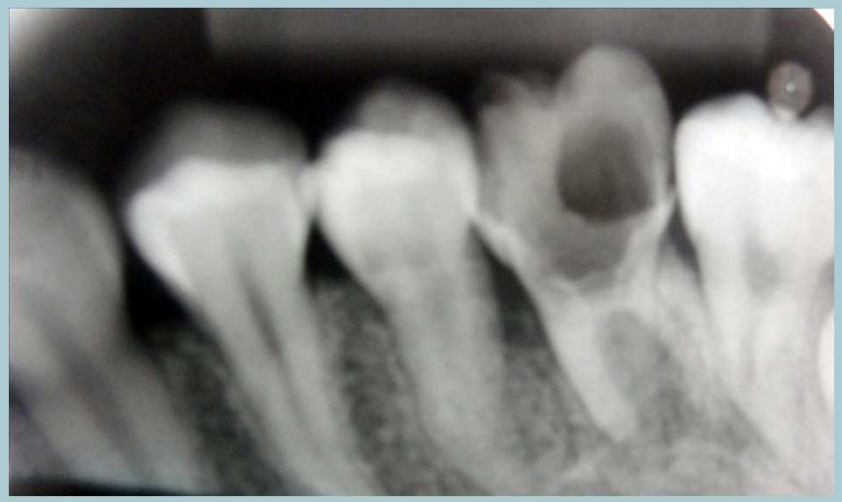
Extraction of the root of tooth #14

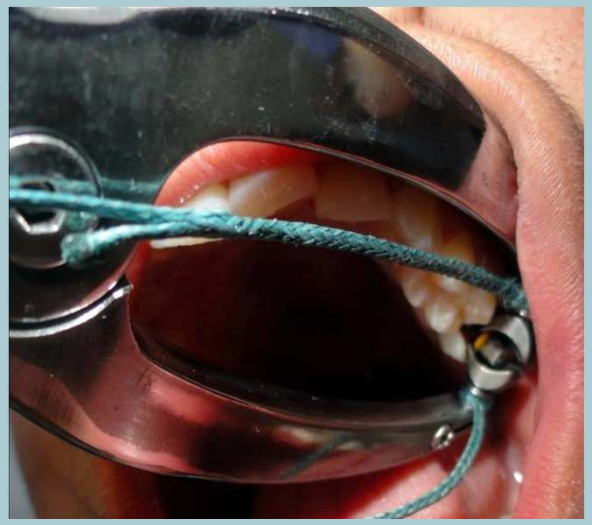
Clinical case_2

Extraction of a superior molar
weakened for loss of structure

Clinical case_2

Extraction of a superior molar weakened for loss of structure





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Clinical case_2

MEDESY® Engineering

Extraction of a superior molar weakened for loss of structure

Clinical case_2

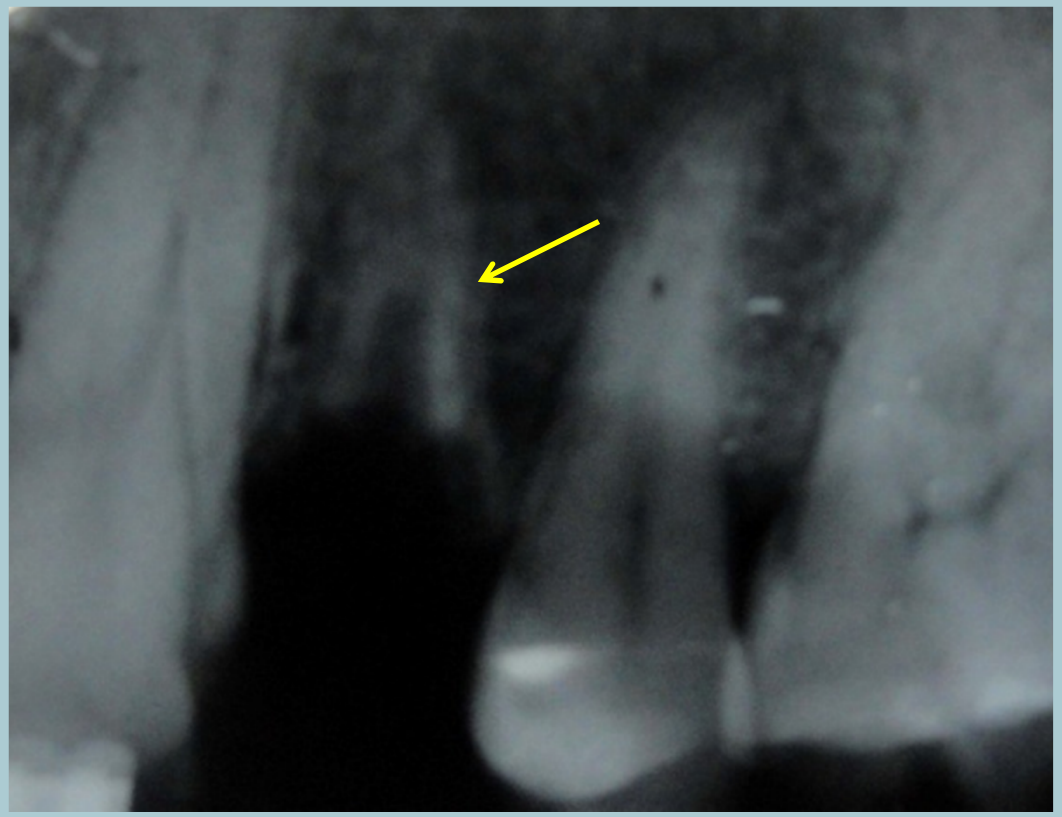
Extraction of a superior molar weakened for loss of structure

X-ray PRIOR to extraction

X-ray POST extraction

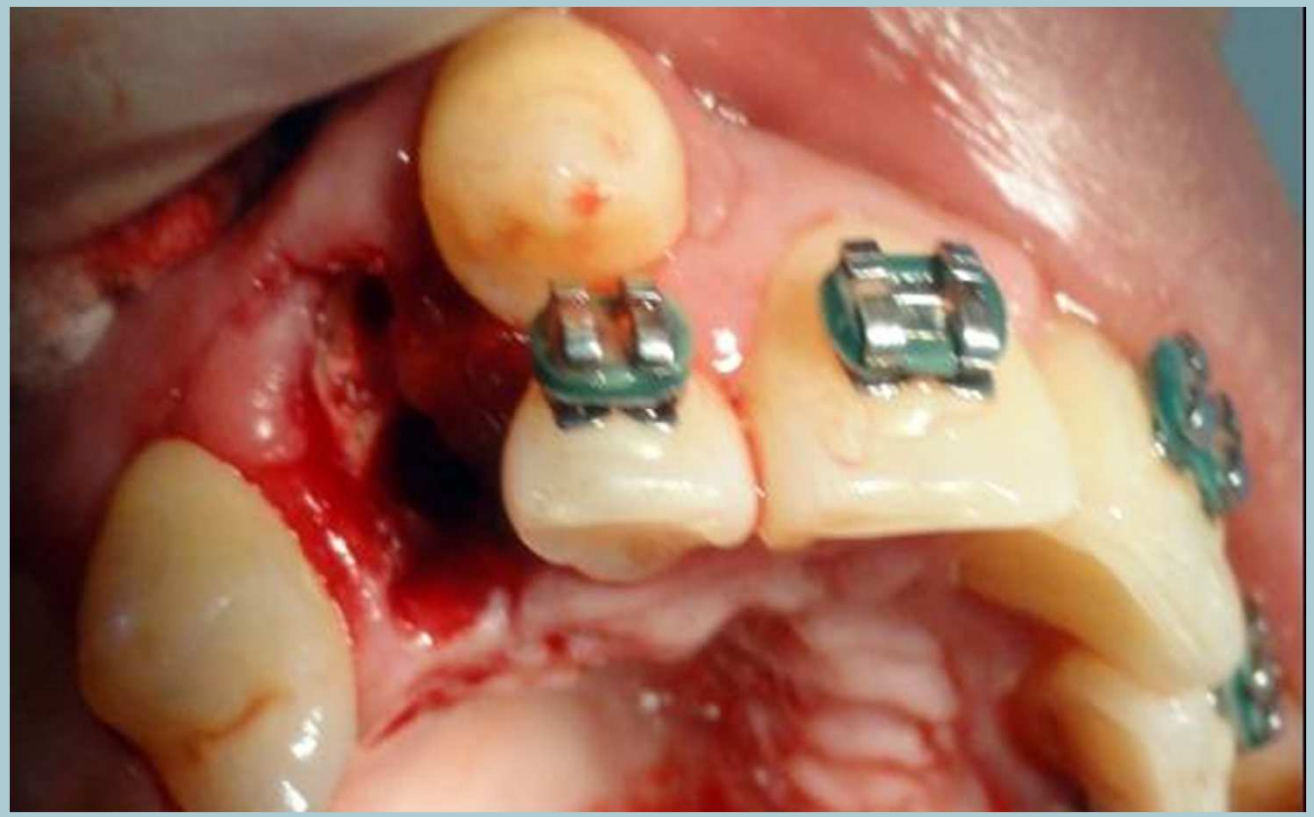
Clinical case_3

Removal of the residual root of tooth #14,
fractured during previous attempts to perform the
extraction by conventional methods (forceps and elevators)



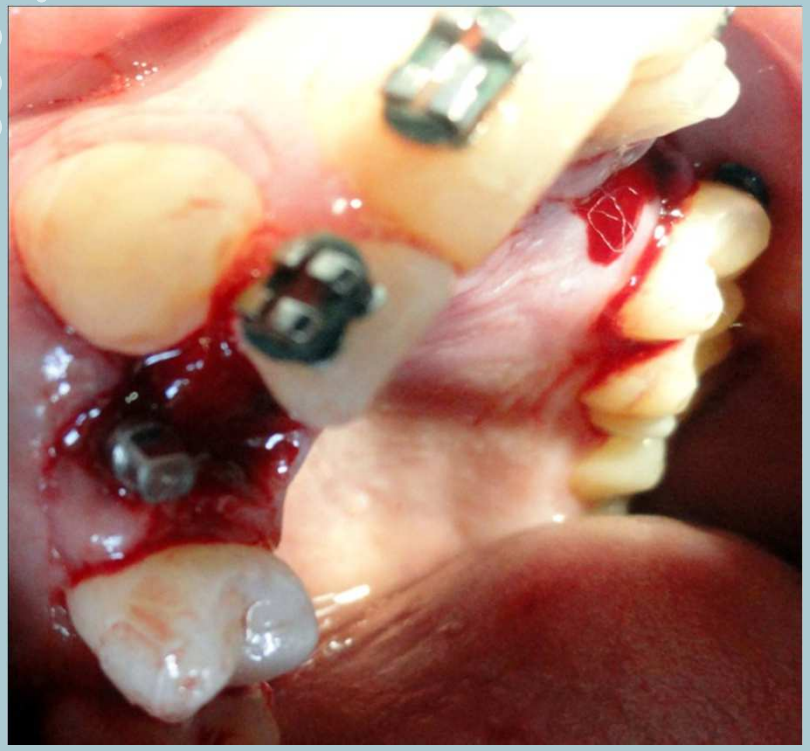
Clinical case_3

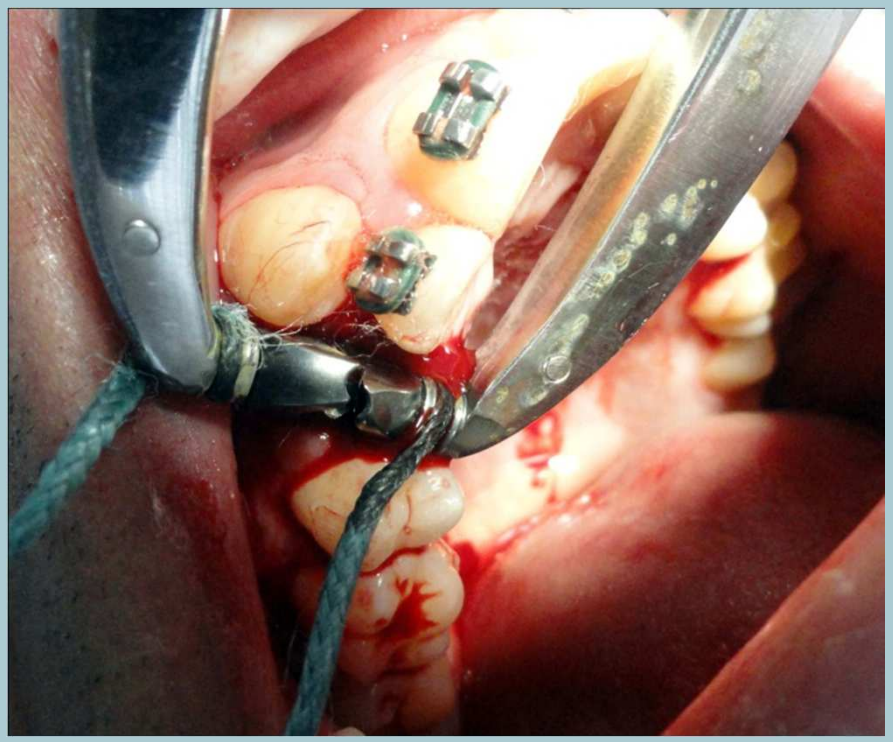
Removal of the residual root of tooth #14,
fractured during previous attempts to perform the
extraction by conventional methods (forceps and elevators)



Clinical case_3

Removal of the residual root of tooth #14,
fractured during previous attempts to perform the
extraction by conventional methods (forceps and elevators)





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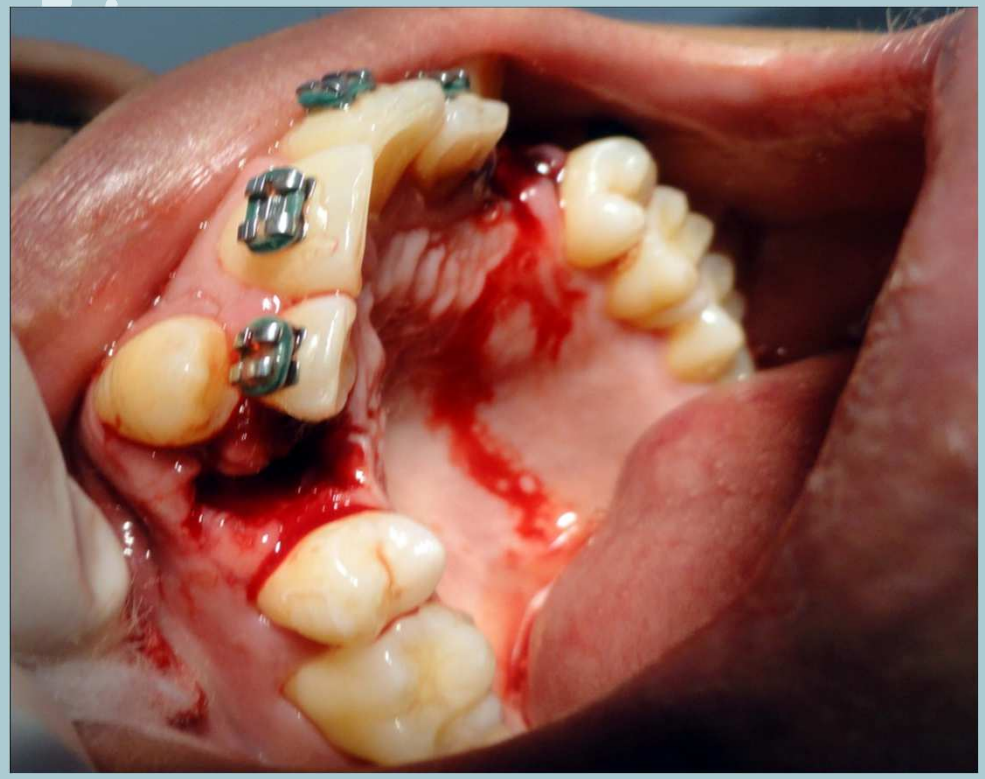
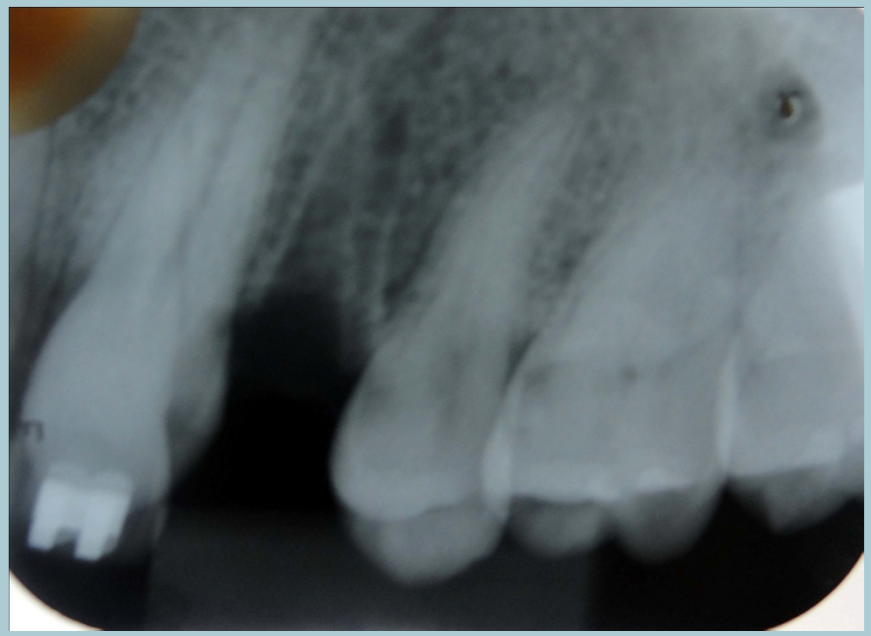
Clinical case_3

MEDESY® Engineering

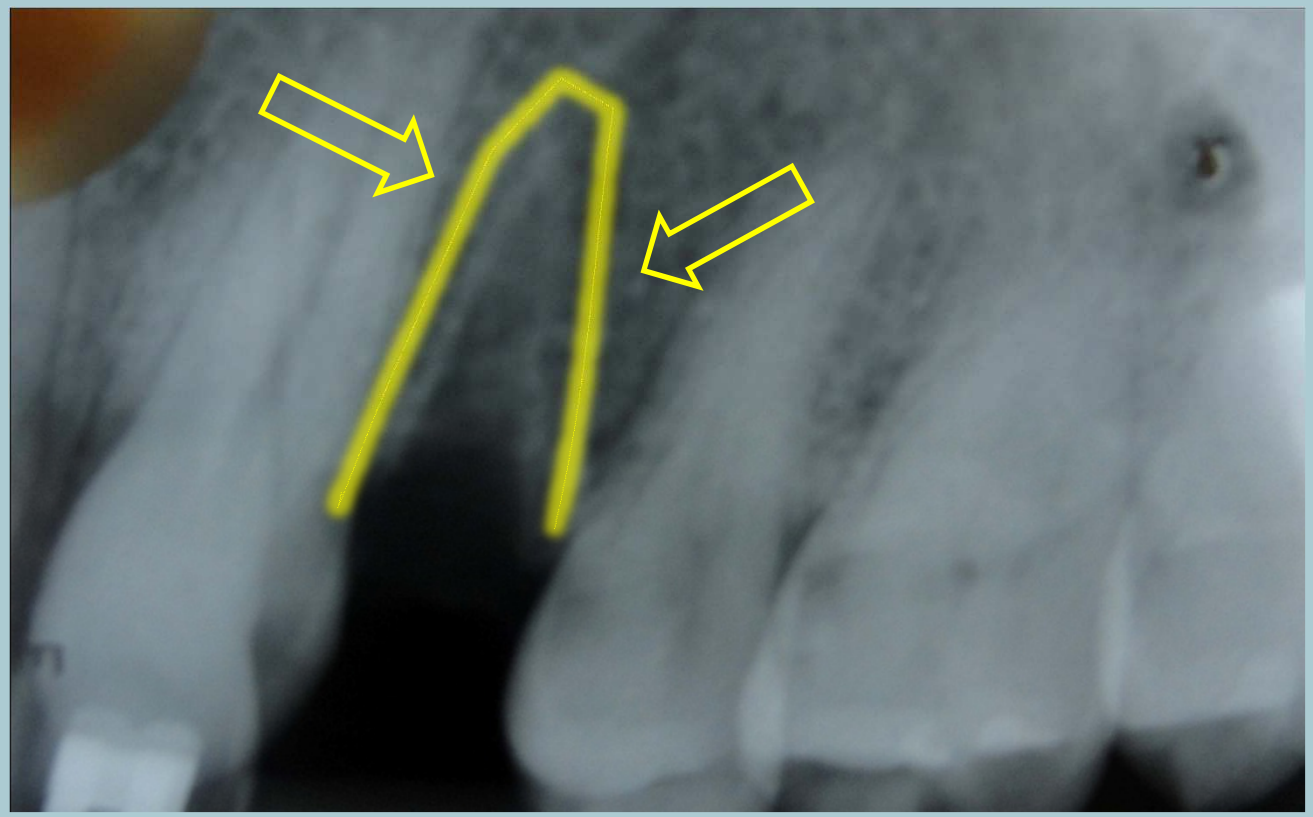
Removal of the residual root of tooth #14,
fractured during previous attempts to perform the
extraction by conventional methods (forceps and elevators)





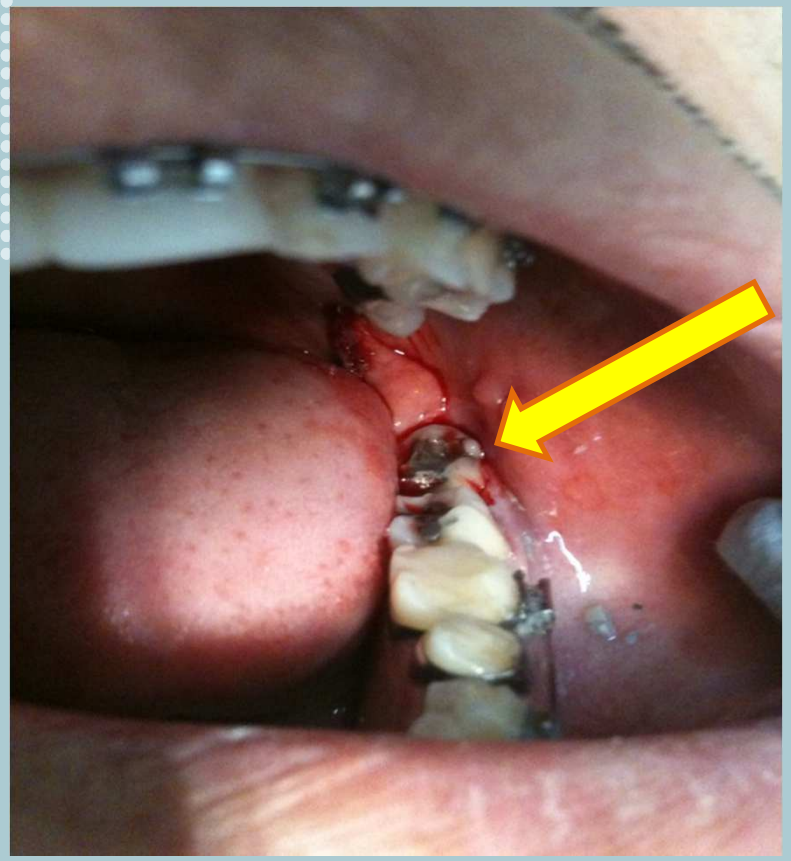
Clinical case_3

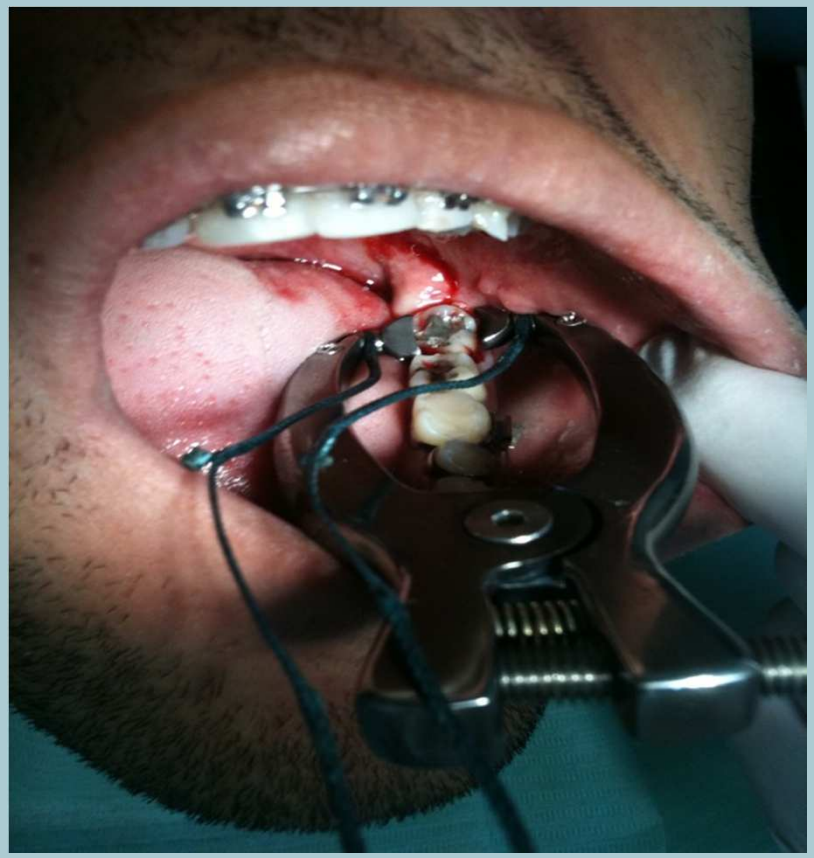
Removal of the residual root of tooth #14,
fractured during previous attempts to perform the
extraction by conventional methods (forceps and elevators)



Clinical case_4

Extraction of the tooth #38



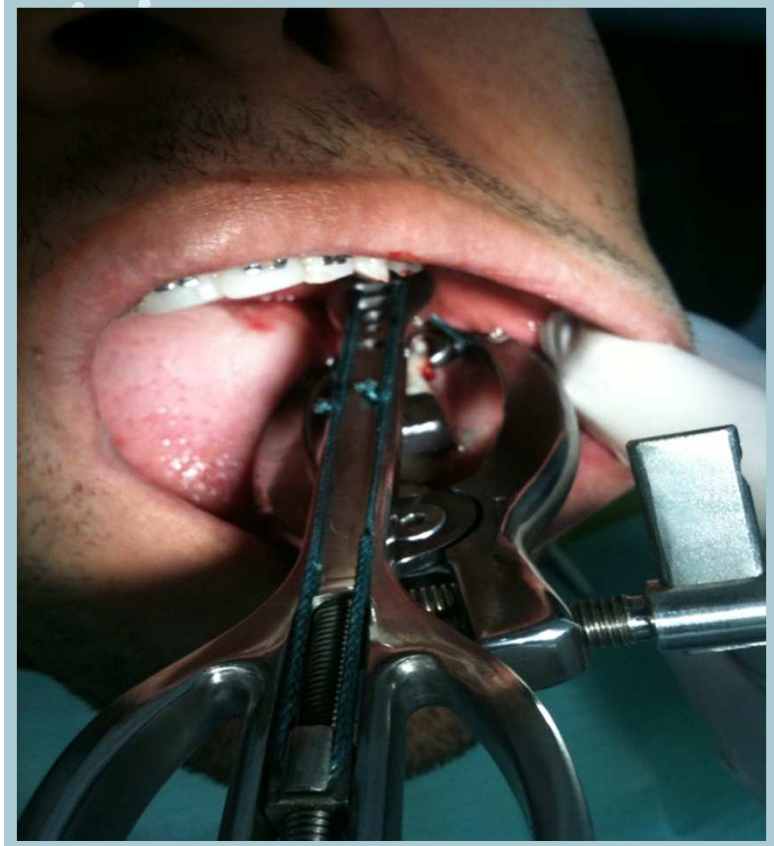


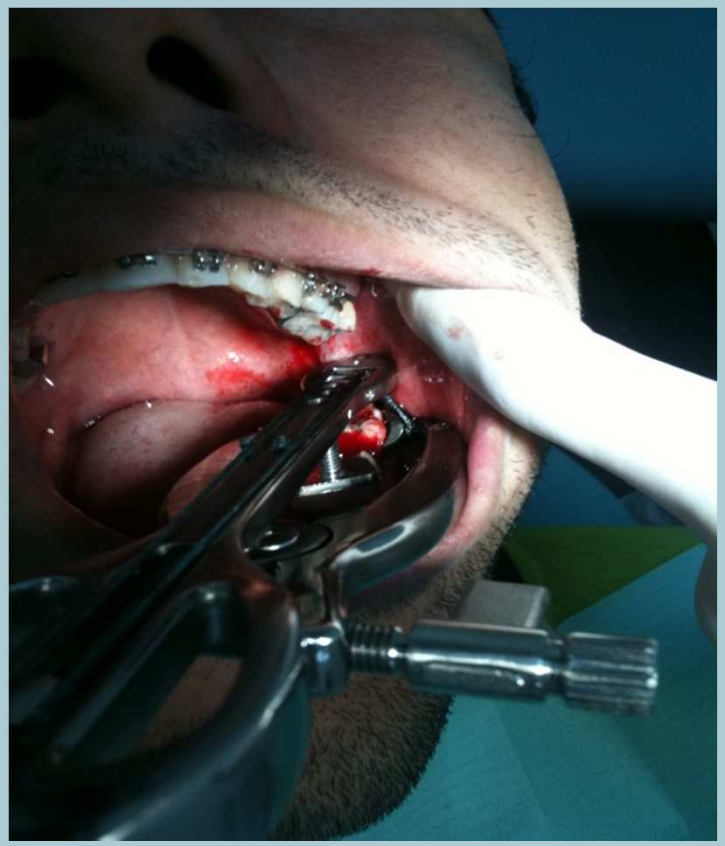
EXOMED™

Clinical case_4

MEDESY® Engineering

Extraction of the tooth #38





Clinical case_5

Extraction of Tooth #14 required as a result of a radicular fracture accompanied by abscess and fistula

Clinical case_5

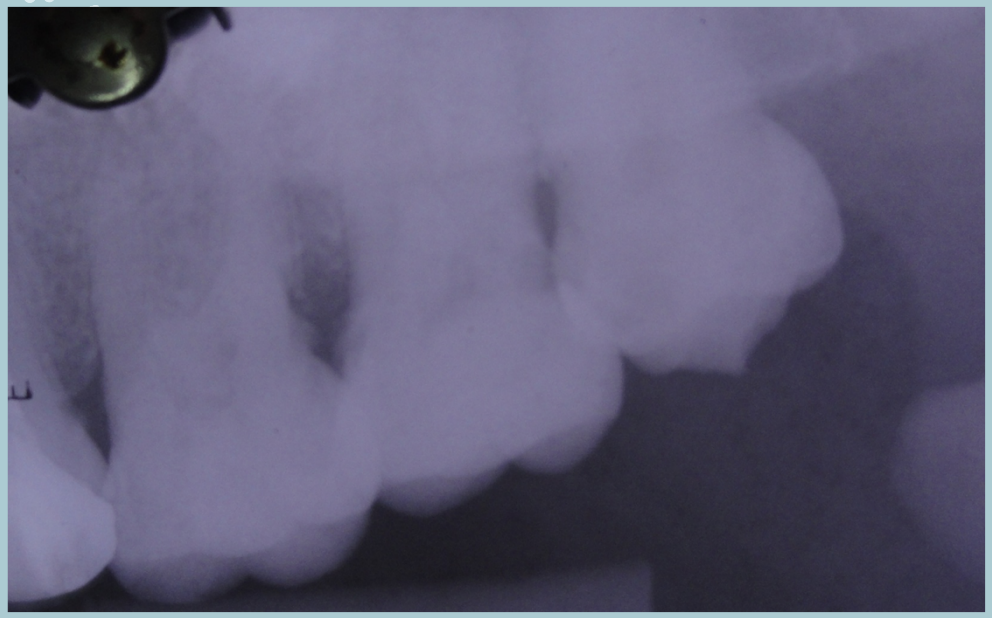
Extraction of Tooth #14 required as a result of a radicular fracture accompanied by abscess and fistula

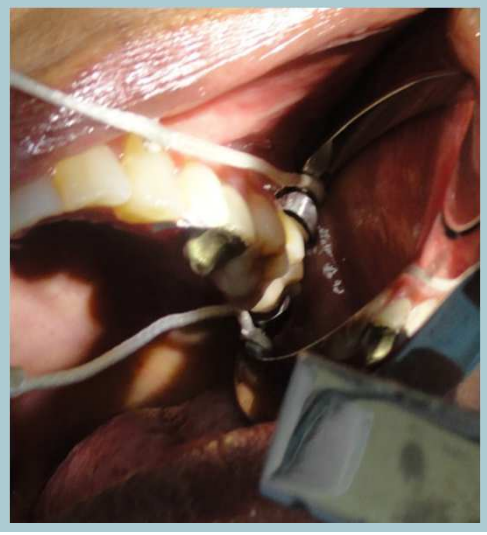
EXOMED™

Clinical case_6

MEDESY® Engineering

Extraction of tooth #18

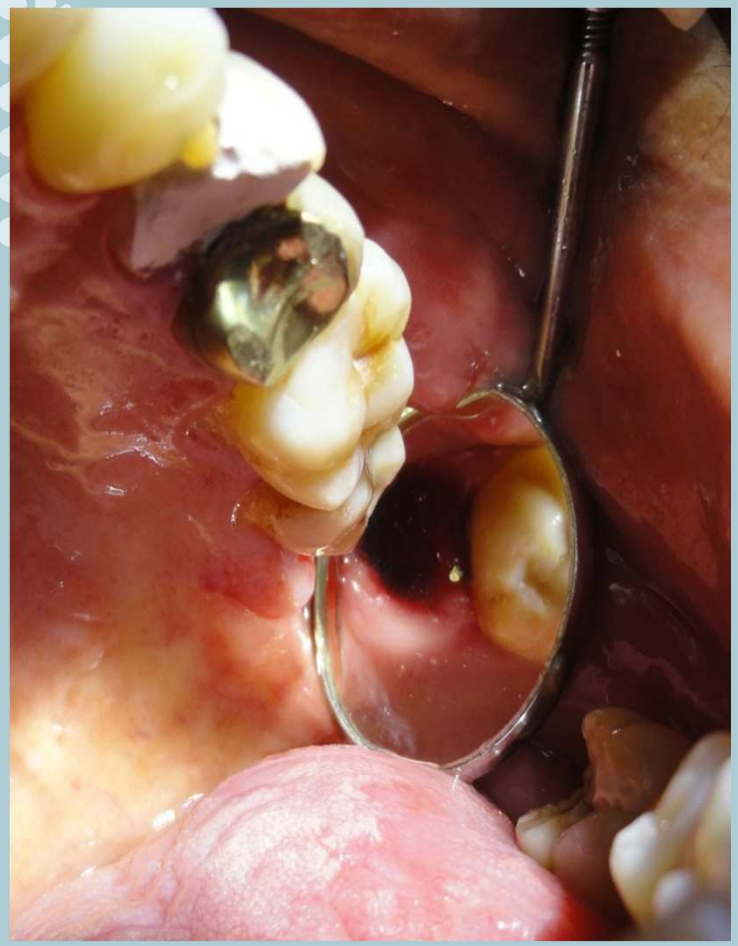




Clinical case_6

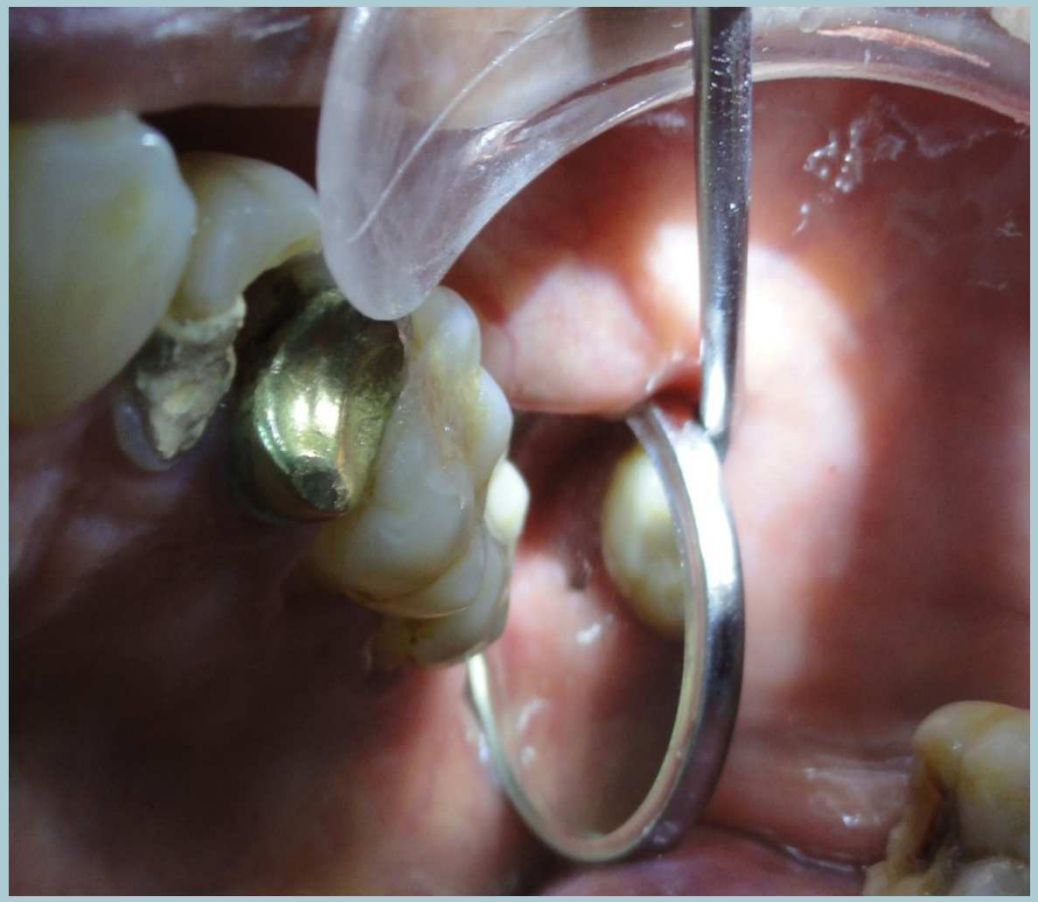
Extraction of tooth #18

POST EXTRACTION



7 DAYS after surgery

Note the speed of clinical recovery and healing



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Clinical case_7

MEDESY® Engineering

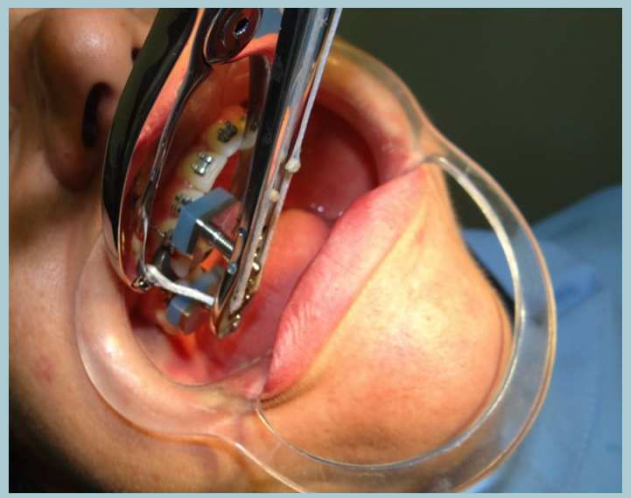
Extraction of tooth #36

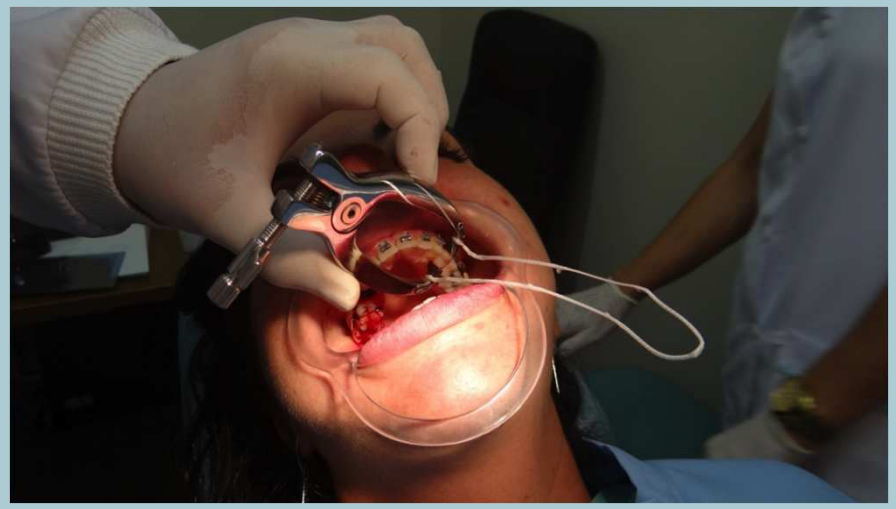
EXOMED™

Clinical case_8

MEDESY® Engineering

Extraction of teeth #14 & #24 (1° premolar) for orthodontic purpose





Clinical case_8

Extraction of teeth #14 & #24 (1° premolar)
for orthodontic purpose

EXOMED™

Clinical case_8

MEDESY Engineering

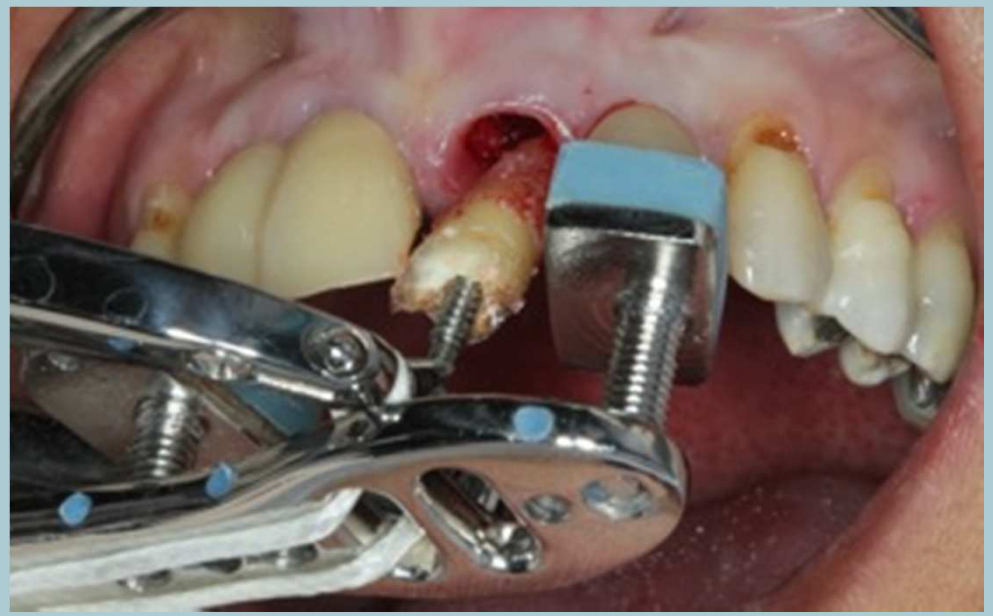
Extraction of teeth #14 & #24 (1° premolar) for orthodontic purpose

Clinical case_9

Extraction of tooth 21 and immediate insertion of the implant

Clinical case_9

Extraction of tooth 21 and immediate insertion of the implant

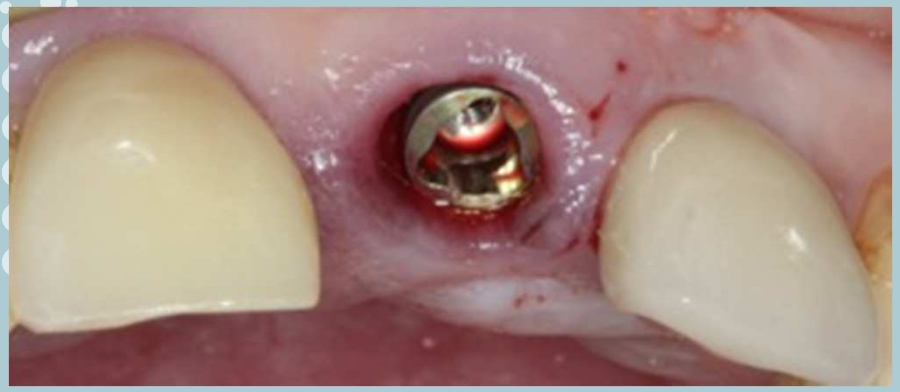


Clinical case_9

Extraction of tooth 21 and immediate insertion of the implant

Clinical case_9

Extraction of tooth 21 and immediate insertion of the implant



Clinical case_10

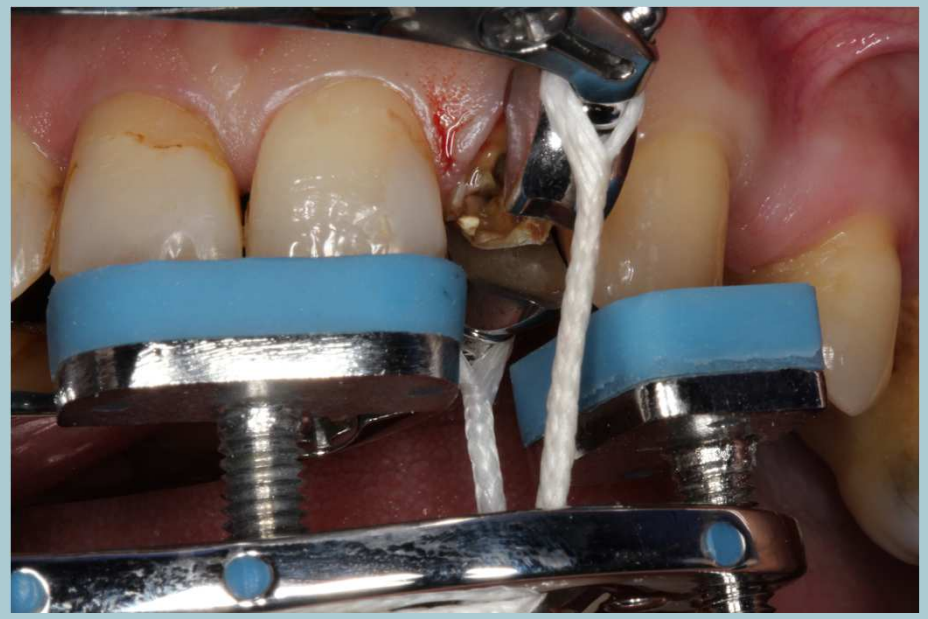
Root extraction in view of post extraction dental implant placement

Clinical case_10

Root extraction in view of post extraction dental implant placement

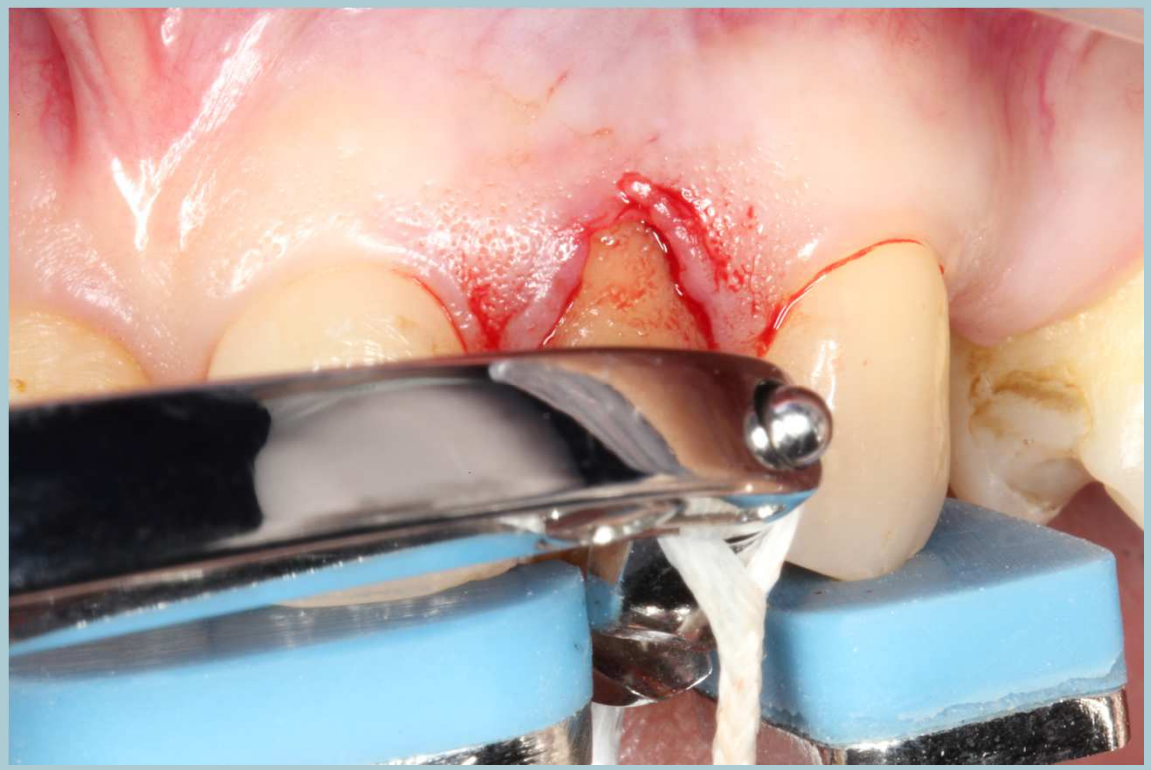
Clinical case_10

Root extraction in view of post extraction dental implant placement



Clinical case_10

Root extraction in view of post extraction dental implant placement

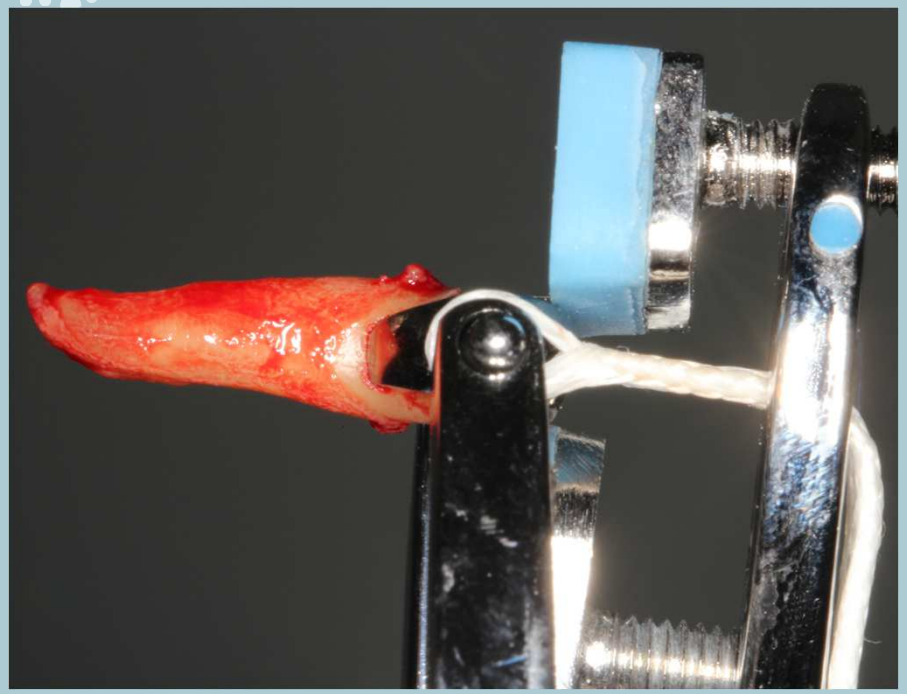


Clinical case_10

Root extraction in view of post extraction dental implant placement

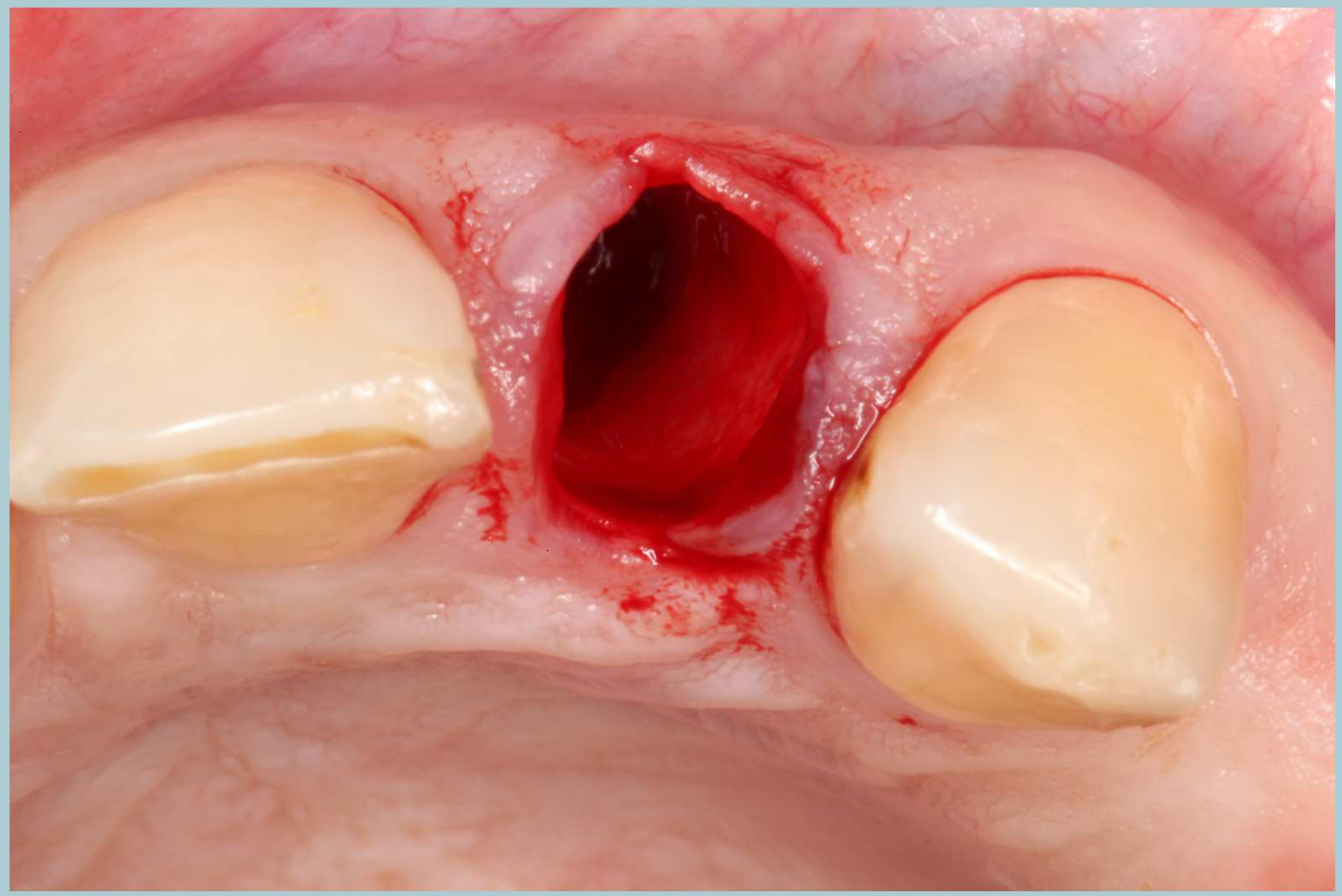
Clinical case_10

Root extraction in view of post extraction dental implant placement



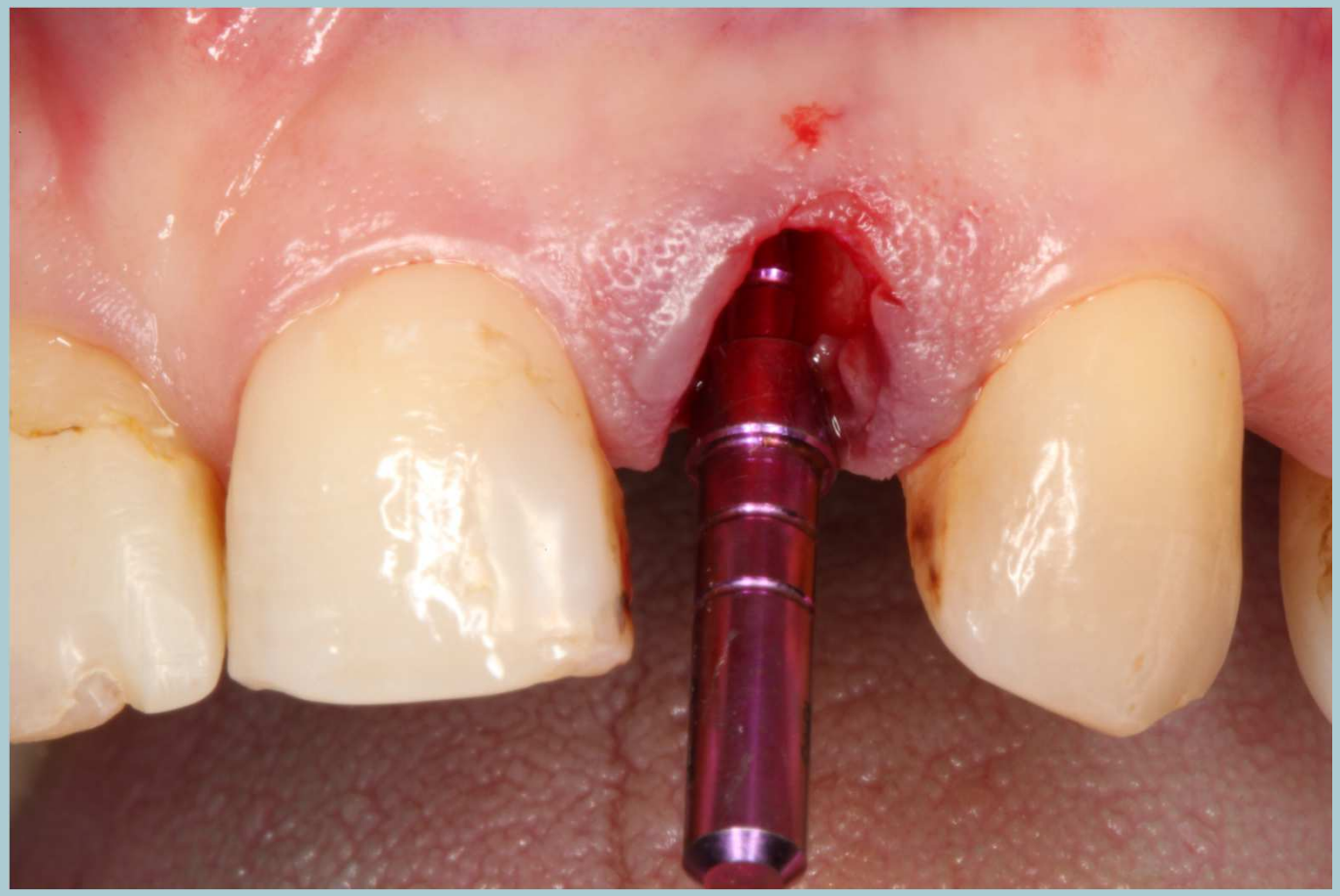
Clinical case_10

Root extraction in view of post extraction dental implant placement



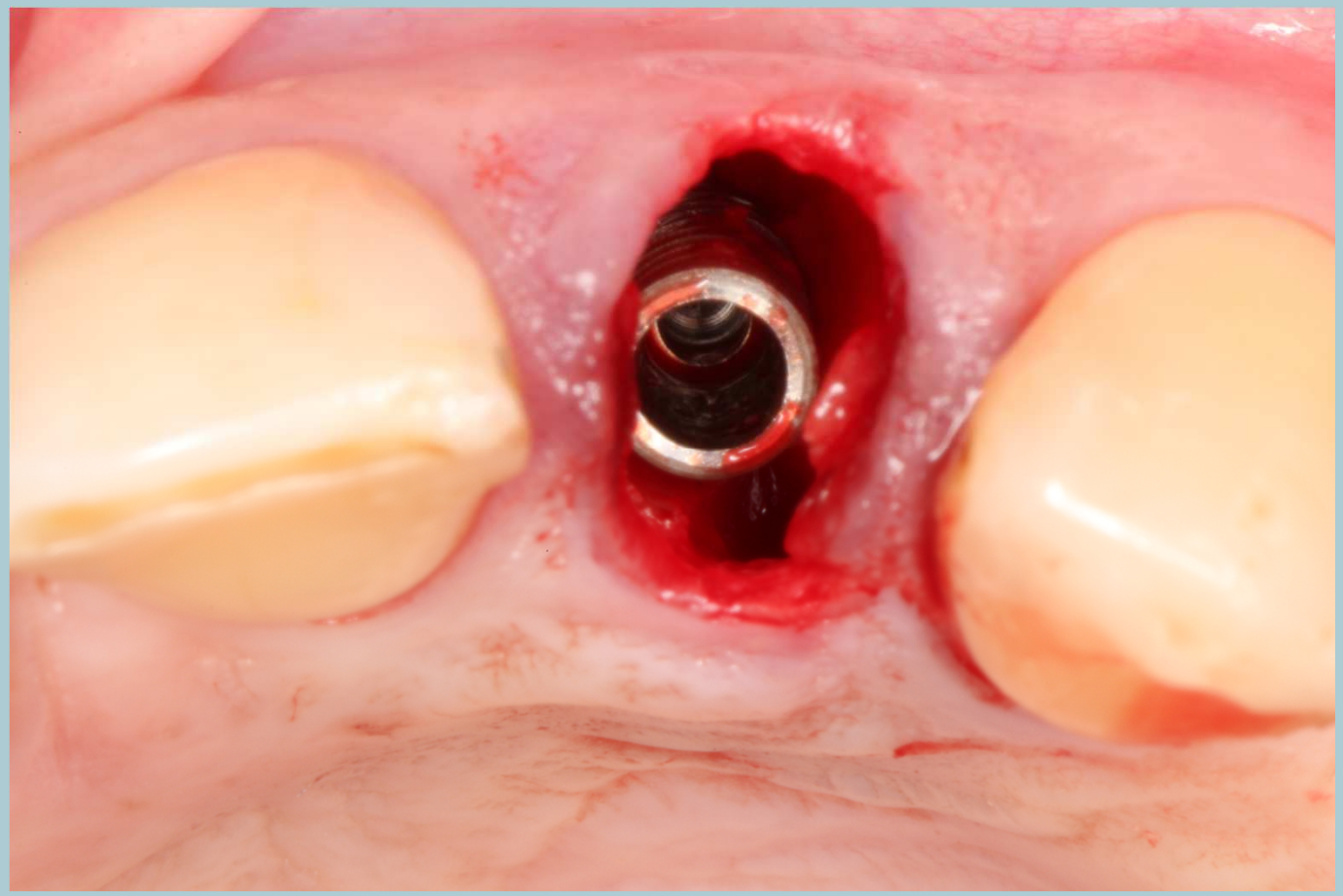
Clinical case_10

Root extraction in view of post extraction dental implant placement



Clinical case_10

Root extraction in view of post extraction dental implant placement



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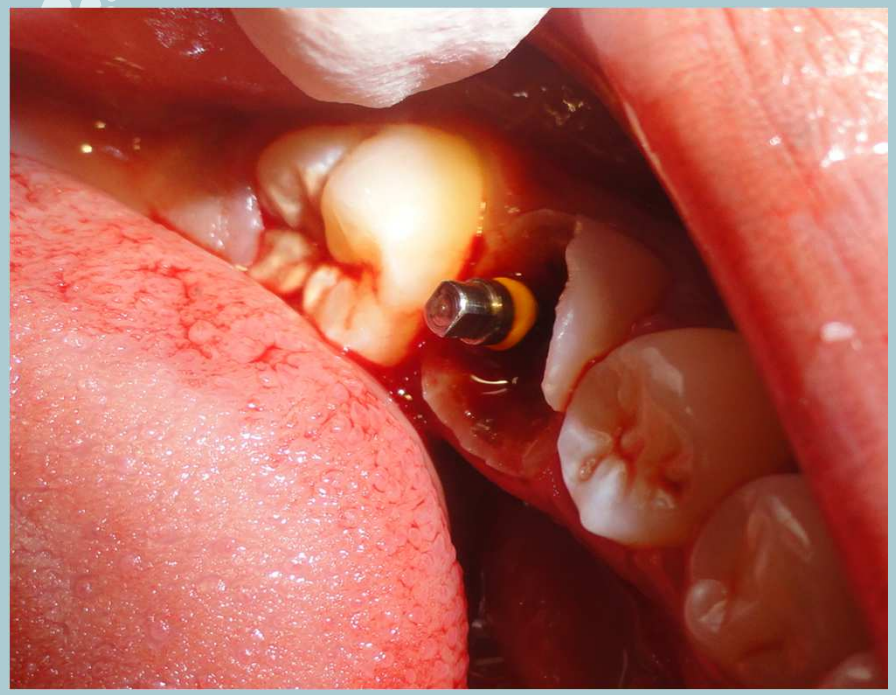
Clinical case_11

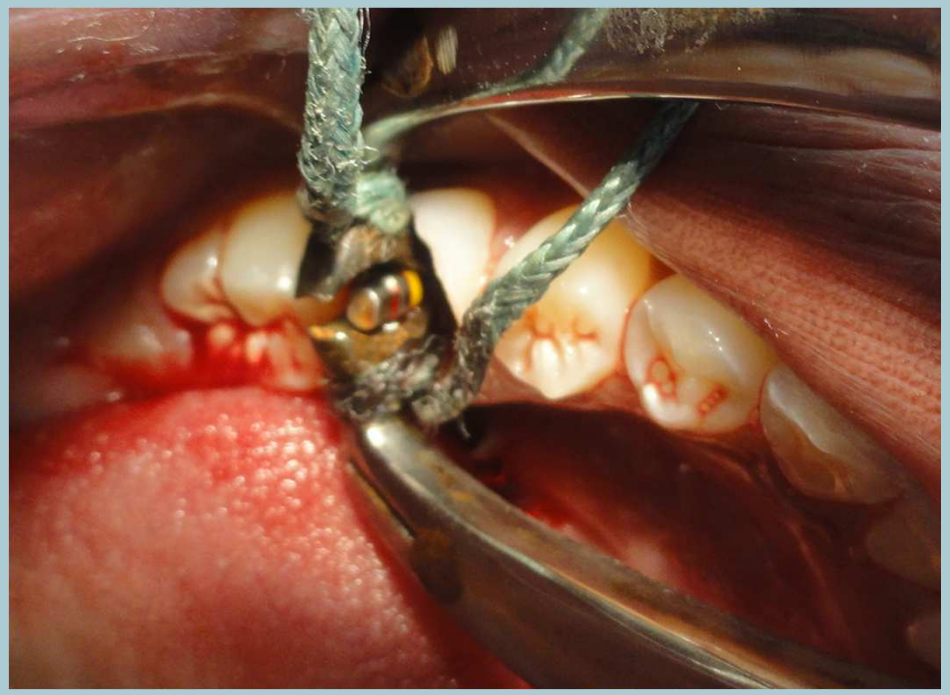
MEDESY® Engineering

Tooth #36 needing extraction because of advanced caries

Clinical case_11

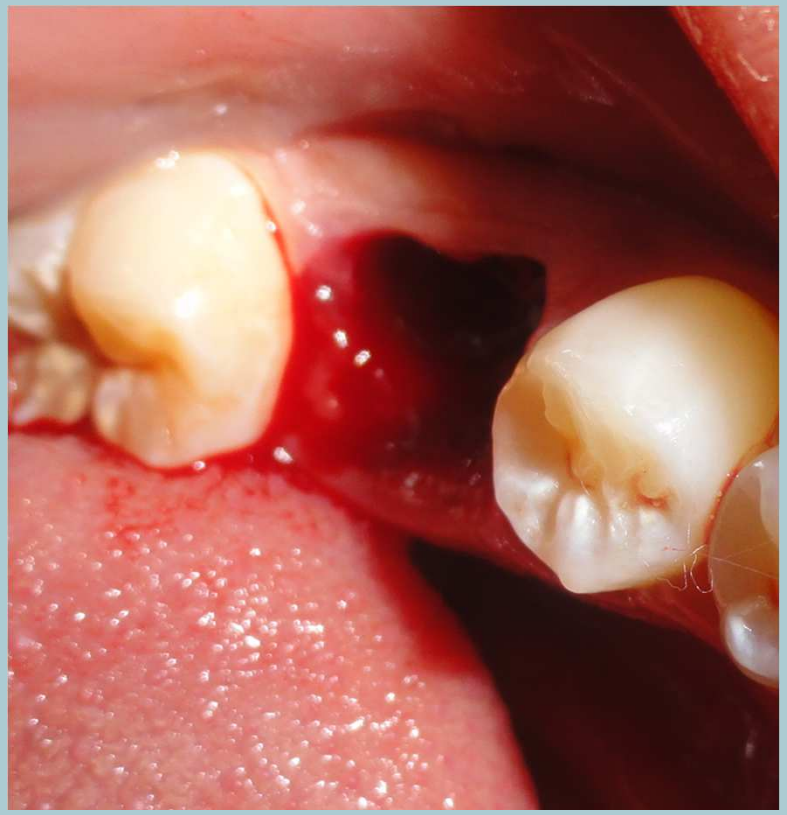
Tooth #36 needing extraction because of advanced caries





Clinical case_11

Tooth #36 needing extraction because of advanced caries



Advantages of a minimal trauma extraction:

1. Facilitates future deployment of prosthetic components;

2. Reduces considerably postoperative complications on patients, such as pain (and consequent reduction on use of analgesics), trismus, paresthesia, and upper lip sinus fistula;

3. It is reported to be highly recommended for patients suffering from pathologies which may compromise the successful result of the extraction if performed with a standard procedure, such as patients under cancer or osteoporosis treatments.

(Al-Khateeb e Alnahar, 2008; Regev ET al. 2008)

Advantages of a minimal trauma extraction:

4. It is a truthful and reliable alternative offering the possibility to insert implants in a perfect and undamaged alveolus.

5. It is observed that all the patients operated with the technique of minimal trauma extraction presented successful osteointegration and complete bone consolidation: this showed to be extremely important in view of an immediate insertion of implants since the plate buccal bone was absolutely not damaged.

(Gökçen-Röhlig, 2010; Yalcin, 2009)

other advantages of Exomed …

6. The periodontal and alveolar tissues remain ***fully*** undamaged after the extraction, no lacerations, no huge bleeding, the neighbourning tissues are practically perfect after the operation

7. The ***duration*** of the surgical treatment is absolutely reduced

8. The patient will recover from the extraction in a much shorter time.

9. The **technique** is extremely **simple**.

10. *Smaller in size than a forceps,* henceforth no need for the patient to remain full open mouth as required for extractions with conventional techniques.

other advantages of Exomed …

11. **No need to perform a sindesmotomy** and or a luxation before the extraction.

12. The extraction of ***roots*** is really simpler and faster.

13. The extraction of damaged teeth or partially ruined teeth can be successfully achieved in a simple way.

14. The extraction performed with Exomed does not require any special pulling force: the extraction is completed just with the force of two fingers.

TAKE CARE OF YOUR EXOMED™ !!

- The instrument is supplied 'NON-STERILE': it must be properly washed, rinsed and sterilized before using it. Check the instrument and all its parts.
- We recommend to clean the instrument fully and accurately before each sterilization session. If the instrument is not perfectly clean the result of the sterilization may be jeopardized.
- We recommend an autoclave saturated steam sterilization: each cycle should not exceed the duration of 7 minutes, with a temperature of 134° C and a pressure of 2,1 bar. (However check the specific advices provided by the manufacturer of the autoclave).
- **The case containing the Exomed components is also fully autoclavable.**
- We suggest to regularly lubricate all the joined parts of the instruments, a simple procedure which ensures a perfect performance and longer duration of the product. We recommend lubricants having anti-corrosive agents.

EXOMED™

IMPORTANT

MEDESY® Engineering

Exomed is an instrument designed for extractions by alveolar angle.

Pay great attention in the following cases:

1. *Ankylosis*: the use of Exomed is not advised
2. *Divergent roots*: before using Exomed proceed with the separation of the roots.
3. *Eighth superior molar*: the retro molar region is a very complex and delicate anatomical area therefore it is strongly recommended to check accurately the anatomical state of this portion in order to evaluate whether it may really absorb the pressure of the support during the extraction

EXOMED™

MEDESY® Engineering

EXOMED is a perfect device projected and developed to ensure a smooth and efficient application.
Its usage is extremely easy and rapid, nevertheless as attested for all new techniques the optimal degree of ability and rapidity ***can be reached only through regular utilization***.

Once you have purchased Exomed™ use it as often as you can:
constant and frequent training
will give you the necessary skill and expertise and
will allow you to fully benefit from
the many advantages which this valuable instrument truly offers.

Medesy is at your complete disposal for all your questions, queries and for detailed explanations,
please contact us at **exomed@medesy.it** or visit **: www.exomed.it**

EXOMED is a brand of Medesy Engineering
The present catalogue is reserved only for professional figures dealing in the dental domain.

EXOMED™

MEDESY® Engineering

Thank you for your kind attention !

Gökçen-Röhlig, B; Meriç, U e Keskin, H. **Clinical and radiographic outcomes of implants immediately placed in fresh extraction sockets.** Istanbul. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2010;109:e1-e7.

Yalcin, S; Aktas, I; Emes, Y; Kaya, G; Aybar, B; Atalay, B. **A Technique for Atraumatic Extraction of Teeth Before Immediate Implant Placement Using Implant Drills.** Implant Dentistry: December 2009 - Volume 18 - Issue 6 - pp 464-472

Al-Khateeb, T H e Alnahar, A. **Pain experience after simple tooth extraction.** American Association of Oral and Maxillofacial Surgeons J Oral Maxillofac Surg 66:911-917, 2008.

Regev, Lustmann, and Nashef. **Extraction in Bisphosphonate-Treated Patients.** J Oral Maxillofac Surg . 66:1157-1161, 2008

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www.medesy.it
info@medesy.it

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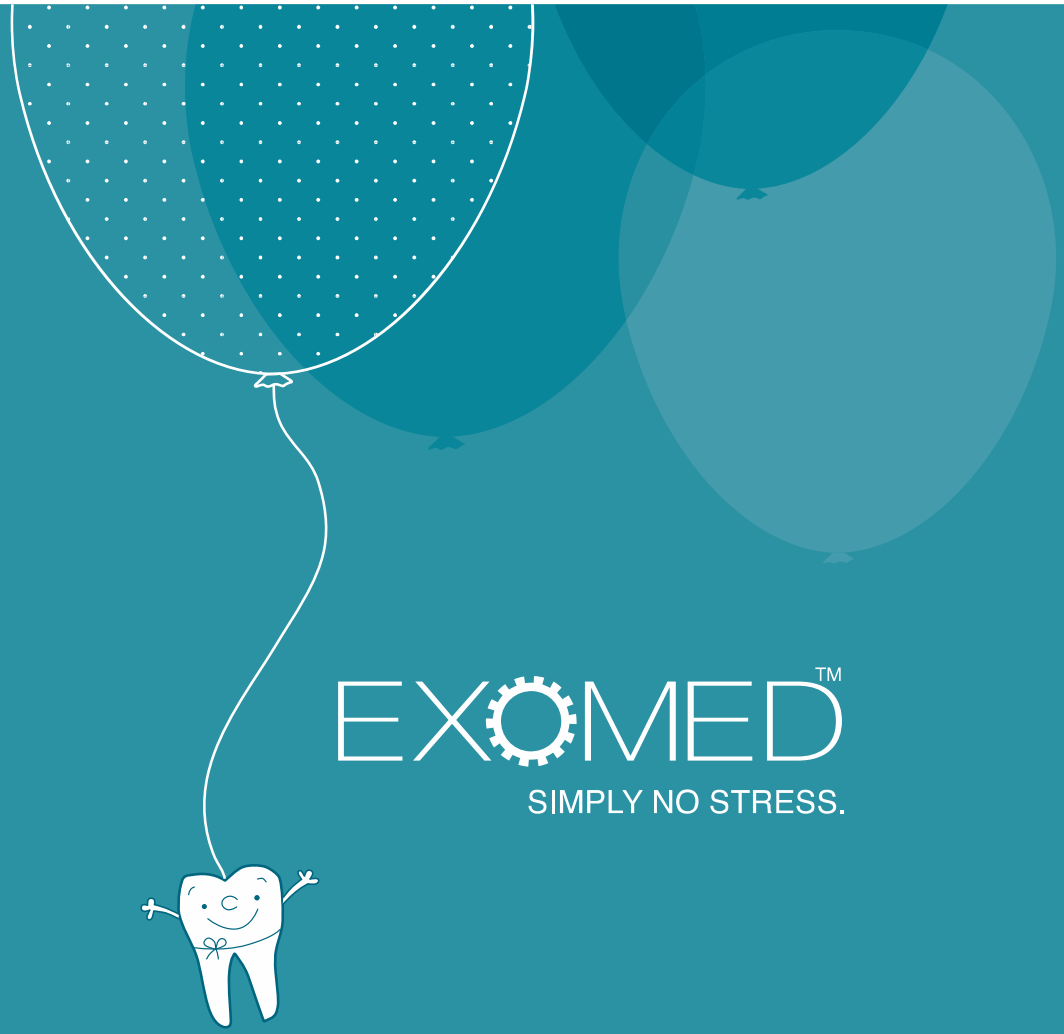

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