

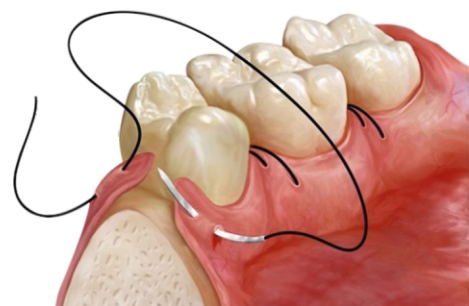
DENTAL SUTURES

Natural - Absorbable - Nonabsorbable - Monofilament - Braided - Synthetic

ABSORBABLE HAEMOSTAT

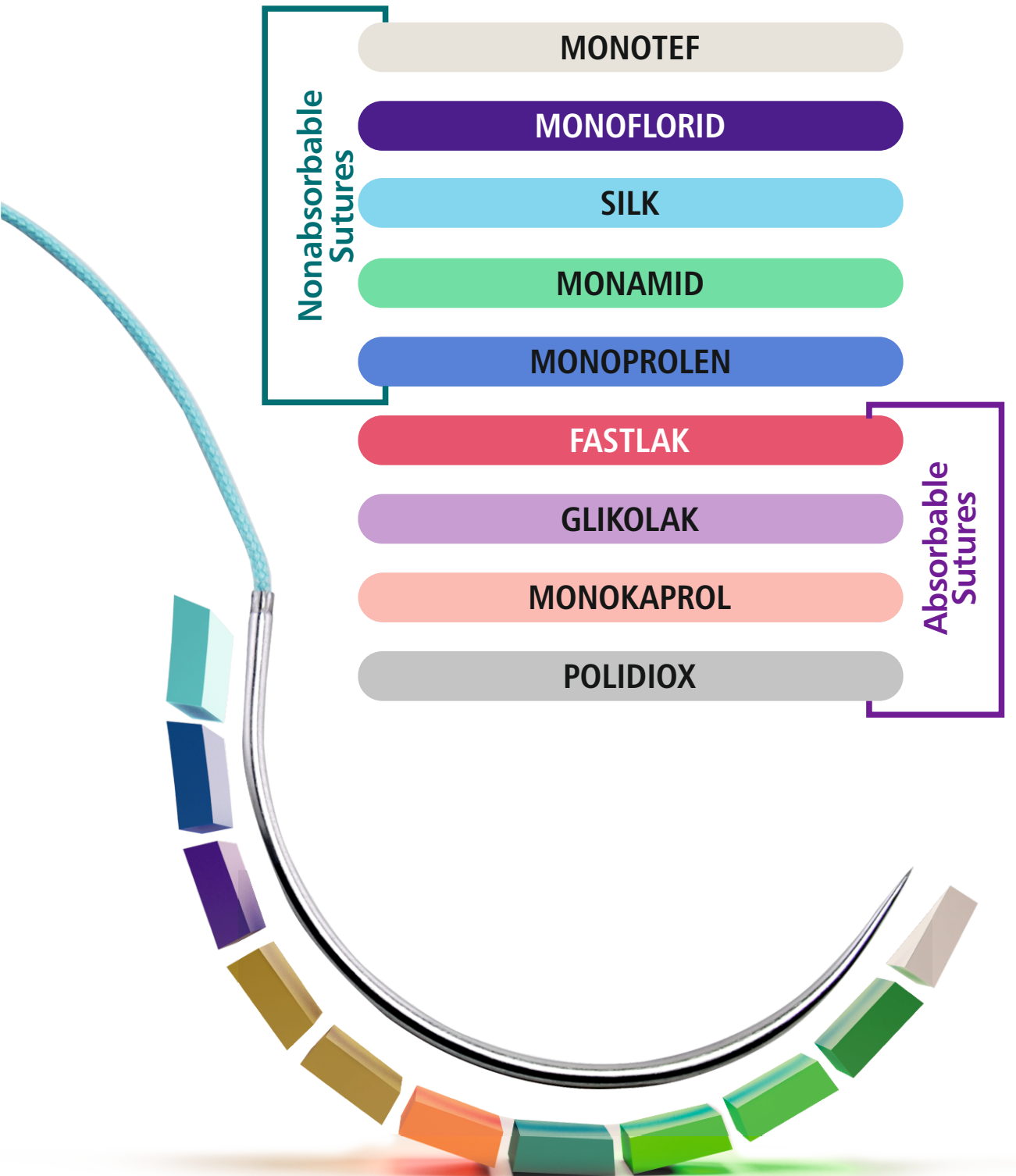
Oxidized Regenerated Cellulose - Oxidized Cellulose

Catalog Link



In Oral and Maxillofacial Surgery

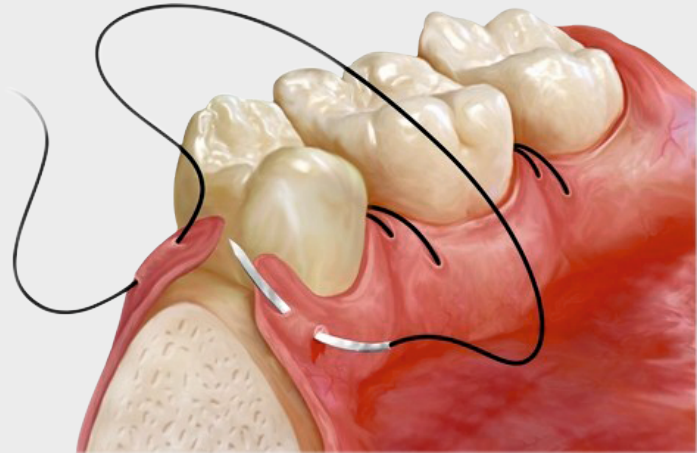
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Dental Suture Techniques and Materials in Oral Surgery



In oral and maxillofacial surgery, incision and implant design can require suturing while the placement of implant based on original anatomic position or operation properties. The last step of surgical operations that require incision/laceration is suturing. Suture techniques are critical in surgery. At this point, it is vital to select the appropriate material for traumatic surgical operations. When materials and methods to close the wound are inappropriate, the normal healing process can become longer. Additionally, one of the few indicators that patients who completed oral surgery treatment to determine the skills of the doctors is the look of the sutured wound. Generally, preference and habits of surgical doctor are effective in suture selection. Effective use of suture is only possible when the surgeon knows the properties of needles and sutures and surgeons applies these in certain areas (1).



Dental Suture

Suturing is an application to provide tissue integrity that decayed after surgical operation and controls resulting in bleeding (2). Sutures are materials that are comprehensively and commonly used in all fields of surgery (3).

1. Suture Materials

1.1. Needle Holder :

This tool holds the needle while suturing. Handle part can be locked. These needle holders are available with thick and thin ends. Needle holder tip is shorter and stronger than haemostat. The part that holds the suture is staggered-tooth and enables stability (4).

1.2. Needle :

These are high-quality steel developed to pass the suture from tissue with minimal damage. Suture needles are available in a wide range from small to large. Tips can be in round form like a sewing needle or triangle form (Figure 1).

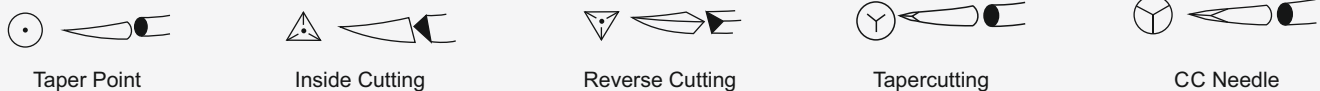


Figure 1 – Needle Tip Types (4)

Needle shapes: These needles could be straight or curved. Curved type: 1/2, 1, 4, 3/8, 5/8 or J shaped circle (Figure 2) (2, 4).

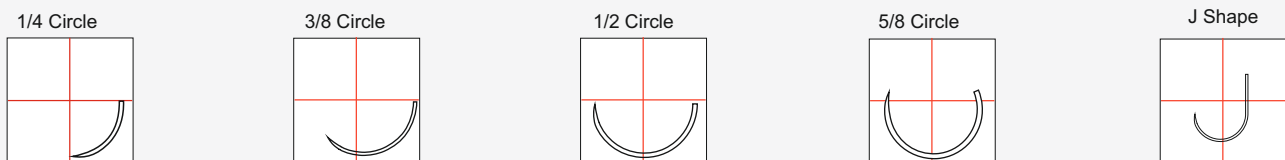


Figure 2 – Curved Needle Shapes (2)

1.3. Sutures :

Selecting appropriate sutures may depend on the biological structure of the wound and anatomic localisation. This selection is as important as the technique and experience of the surgeon. Properties of ideal suture can be listed as follows:

- 1- Perfect tension strength
- 2- Easy use
- 3- Good know safety
- 4- Minimum tissue reaction
- 5- Suitable with tissue oedema or contraction
- 6- Do not cause infection

2. Things to Be Considered When Selecting Sutures

2.1. Tension Strength :

This value is obtained by dividing weight that will cause the suture to rip to the cross-sectional area of the suture. This value is proportional to suture diameter. This value is standardised and numbered based on American Pharmacopeia. Numbering is as #/0. As number increases, diameter and tension strength decreases (2). To enable wound closure in periodontal plastic surgery, minimum tension force should be applied on suture material.

2.2. Knot Strength :

This is the force necessary to untangle the knot. This is related to the slipperiness of the suture (2)

2.3. Capillarity :

This is related to physical configuration. Sutures have monofilament and multifilament structure. Twisted and braided structure of multifilament sutures enables ease-of-use however, microcavities between filaments makes it easy for liquids to move along the suture. This property is called capillarity. High capillarity means high infection risk (2).

2.4. Elasticity:

This is the property of the suture to get back to old form and length after tension. This way, suture stretches during tissue oedema and returns to old form after oedema disappears (2).

2.5. Tissue Reaction :

This is inflammation of wound tissue around the suture. Since all suture materials are foreign, these sutures cause a mild or severe reaction. Tissue reaction is peaked between day 2 and 7. This time and intensity of the reaction are related to suture type and amount. Multifilament cause higher tissue reaction than monofilaments and natural sutures cause higher tissue reaction than synthetic options. More than normal material within wound tissue will also increase infection risk (2).

3. Suture Types for Absorption

3.1. Absorbable Sutures :

These are operation sutures generally used to close dermis to decrease tension at the edges of epidermal wounds. High tension strength, absorption time, low tissue reaction, and good knot safety are important properties. There are synthetic and natural types: While natural sutures only have plain catgut and chromic catgut, synthetic absorbable ones include polyglycolic acid (PGA), polyglycolide lactic acid (PGLA), polydioxanone (PDO), and polyglycolide caprolactone (PGCL) (Table 1) (2, 5).

Suture Type	Manufacturing Material	Tissue Support Time	Application
Polyglycolide Lactic Acid (PGLA)	Manufactured from 90% glycolide and 10% L-lactide, synthetic, multifilament	Fastlak (10-14 days) Glikolak (21-28 days)	Soft tissue closure and binding.
Polydioxanone (PDO)	Manufactured from Polydioxanone , synthetic, monofilament	60 days	Used in paediatric cardiovascular tissues and ophthalmic structures.
Polyglycolide Caprolactone (PGCL)	Manufactured from 75% glycolide and 25% co-caprolactone, synthetic, monofilament	7 days	Used in closure of surface wounds

Table 1 – Absorbable Sutures (5)

3.2. Non-Absorbable Sutures :

These sutures are durable against proteolysis and hydrolysis. These sutures can have tension strength on 60th day. Non-absorbable suture types: silk, nylon polyamide (PA), polypropylene (PP), polyester polytetrafluoroethylen (PTFE), and stainless steel (Table 2).

Suture Types	Manufacturing Material	Application
Silk	Knitted, silkworm cocoon	Used for soft tissue closure and vein binding.
Nylon Polyamide (PA)	Nylon 6 or Nylon 6.6 monofilament, long-chain aliphatic polymer	Used for skin closure, soft tissue closure and binding.
Polypropylene (PP)	This is a synthetic linear polyolefin formed from stereoisomer of isotactic crystal of polypropylene.	Used for very flexible skin closure and vein anastomosis.
Polyester (PTFE)	This suture is obtained from long-chained, linear polyester with high molecular weight.	These sutures are used in general soft tissue coating and bonding of cardiovascular, ophthalmic, or neurosurgical applications.

Table 2 – Non-absorbable Sutures (5)

Silk is commonly preferred by surgeons. These sutures are manufactured from natural proteins obtained from the silkworm cocoon. Silk is multifilament (naturally braided) and these sutures are perfect for usage, suturing, and knotting. Since it is a natural fibre, this future doesn't cause significant tissue inflammation. It has a high capillarity. Elasticity and plasticity are low. To understand the product easily, there is necessary information on suture packages for surgeons. (Figure 3) (2, 5)

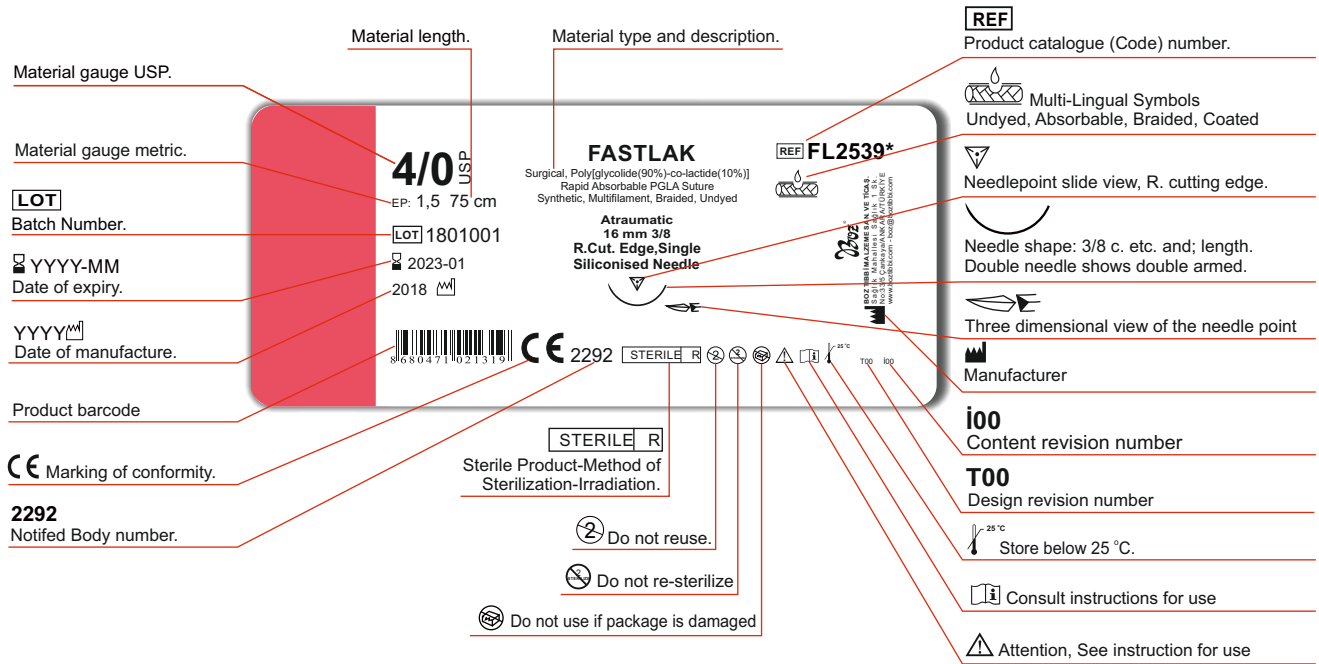


Figure 3 – Suture fabrication tag information (2)

4. Suture Principles

Needle holder should hold the needle at 1/3 back of the needle. The needle should be applied with a right angle (90°). This way, tissue ruptures are prevented. Tissue should pass from the tissue with its own curve to prevent rupture. The needle should be pricked at least 3 mm away from both sides of wound tissue and to the same dept. If two sides of the wound have different thickness, the needle should be pricked from the thin side to thick side. While suturing, tissue should not be pulled and stretched. If tissues are sutured by stretching, stitches will open. If the knot is too tight, tissue may rupture and cause ischemia. Knots should be on the incision line. Each knot should have 3-4 mm between them.

While suturing, corners or papilla are sutured first, and vertical and horizontal incisions are sutured later. If one of the wound sides is upright, the knot is positioned on the stable side, tightened, and both sides of the wound are levelled. If tissues have different thickness, suturing should be deeper on the thinner side or needle should be pricked from further of incision in the thin side, and two sides of the wound should be connected.

If there is no special case, sutures are removed in 5-7 days. When sutures are removed, the suture is held and pulled upwards with a dental tweezer or forceps and one side of the suture beneath knots are cut. Before removing sutures, it is recommended to rinse the mouth with an antiseptic (4). To decrease tension between flap edges, before suturing, flap tissue should be positioned into a designed area in passive form. Tissue trauma such as tension, rupture, or distortion should always be avoided. Gentle and careful manipulations with microsurgical instruments are beneficial.

Since each suture causes extra damage around wound edges, possibly the lowest number of sutures should be applied. 6/0 and 8/0 non-resorbed suture material should be selected. Resorbable material is selected for multi-layered closure. Sutures should not act as ligatures and minimum tension should be applied (6).

5. Dental Suture Suturing Types

Simple Suture:

This is the most common suture technique within the mouth cavity. The suture passes from one side of the wound, exits from the other side, and knotted at the top (Figure 4) (4).

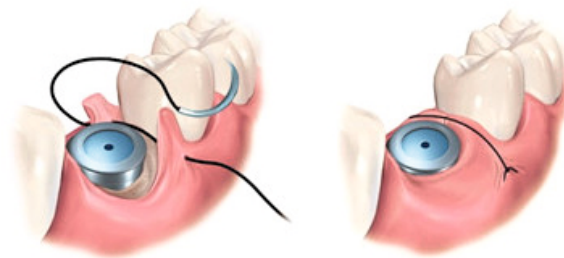


Figure 4 – Simple Suture Technique (4)

Vertical Mattress Suture:

Vertical mattress suture technique is applied in two stages especially on the tissue on the skin. Both sides of the wound are easily tightened (Figure 5) (4).



Figure 5 – Vertical Mattress Suture Technique (4)

Horizontal Mattress Suture:

Horizontal mattress suture technique tightens both sides of the wound. This is beneficial to close soft tissues. This is the easiest way to fix two papillae with a single knot (Figure 6) (4).

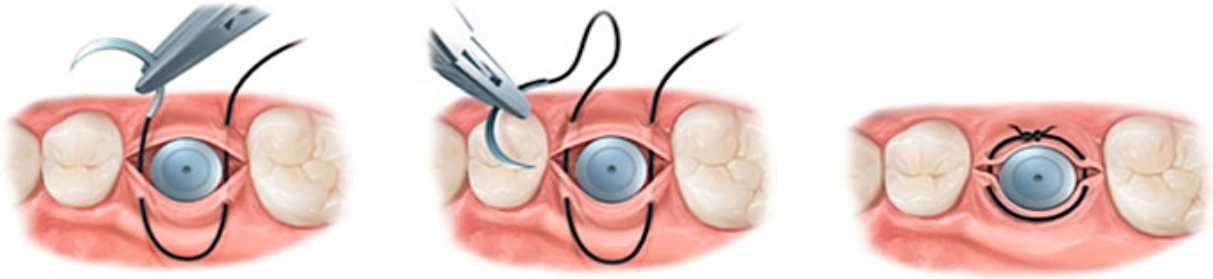


Figure 6 – Horizontal Mattress Suture Technique (4)

8 Figure Suture:

This is a modified version of horizontal mattress suture. While closing both sides of the soft tissue, 8 sutures help to preserve the position of the clot (Figure 7) (4).

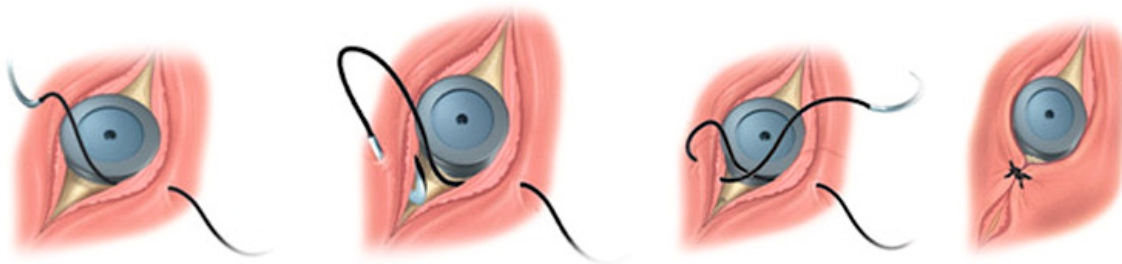


Figure 7 – 8 Suture Technique (4)

Continuous Suture:

If there is a long incision, continuous suture technique is preferred. In this technique, instead of applying a knot every time, long incision line can be sutured in a short time. This could have knotted style or simple technique (Figure 8). The disadvantage of the continuous suture is when there is a rupture, suture below can loosen (4).

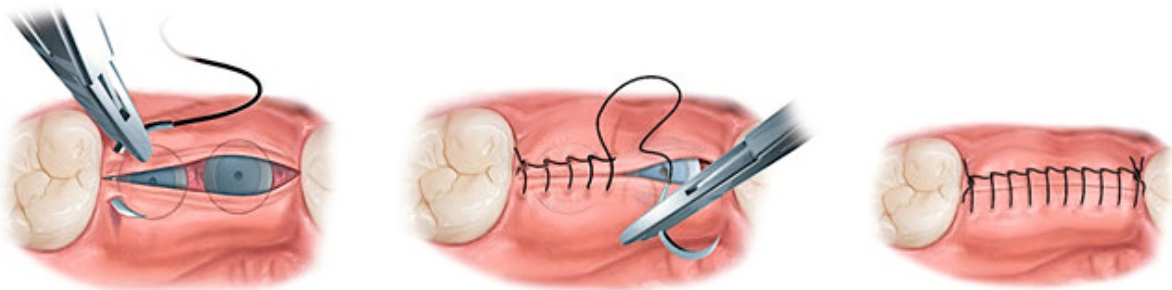


Figure 8 – Continuous Suture Technique (4)

Sling Suture:

When surgical operations are applied in limited regions, for example, if lambo is lifted from one side, this suture technique is common. This is also applied when buccal and lingual flaps are desired to be placed in different positions. Needle passed from hemisects of the tooth to the outer surface of the buccal flap, perambulates the teeth and passed from the palatal flap in distal. The suture is brought back to hemisects where suture starts, passed from the internal surface of the buccal flap and knotted (Figure 9) (7).

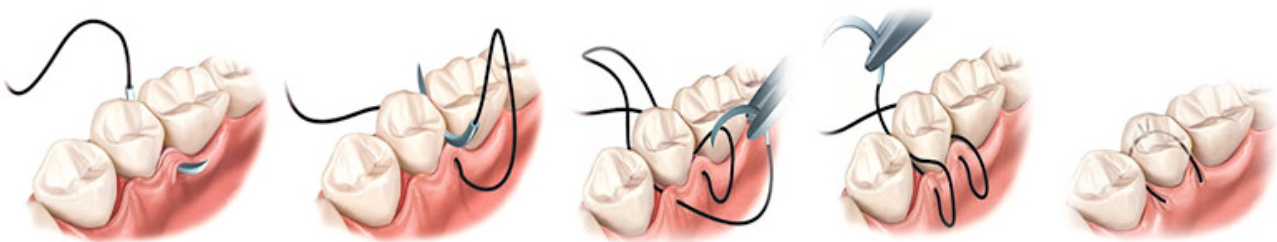


Figure 9 – Sling Suture Technique (8)

The first step of most surgical operations is the incision. A surgeon holding the bistoury should know what to do, localisation of anatomic structures around the operation field, and creating a maximum effect with minimum trauma after the intervention. Following the incision, infection around the operation field should be post-operatively prevented and suturation should be applied to close the wound to provide high-comfort to patient. Closure of the wound is as important as incision. Therefore, in addition to the experience and skills of the surgeon, material knowledge is required. In this article, information regarding common suture operation techniques and used materials which will be used are presented and explained for the dentist. To view articles, posts, and technical details regarding suture use in other surgical operation, you can use our website. Additionally, you can select and view dental suture products of Boz Medical. You can click here for your orders and support. Our sales representatives will be happy to answer all your questions and meet your demands.

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Non-absorbable Dental Sutures

MONOTEF

MONOFLORID

SILK

MONAMID

MONOPROLEN

Monotef

Surgical, Polytetrafluoroethylene (PTFE) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, White

Dental Sutures
Non-absorbable

Boz®

Definition

Synthetic Non-Absorbable

Material

(PTFE) Polytetrafluoroethylene

Coating

No Coating

Structure

Monofilament

Color

White

Size

EP : 0.5 to 3

USP : 7/0 to 3/0

Tensile Strenght Retention

Permanent

Mass Absorption

Permanent

Sterilization Method

Ethylene Oxide Gas

Main Indication

Implant

Periodontal Interventions

Frenectomy

Monotef

Surgical, Polytetrafluoroethylene (PTFE) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, White



USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Renk	Product No
18	3/8 Reverse Cutting	45	2	12	White	MT5829
		75	2	12	White	MT5558

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12,3	3/8 Reverse Cutting Premium 430 Micron	75	1,5	12	White	MT5765
16	3/8 Reverse Cutting	45	1,5	12	White	MT5772
16,2	3/8 Reverse Cutting Premium 430 Micron	75	1,5	12	White	MT5766
19	3/8 Reverse Cutting	45	1,5	12	White	MT5773
		60	1,5	12	White	MT6020

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12,3	3/8 Reverse Cutting Premium 380 Micron	55	1	12	White	MT5763
16	3/8 Reverse Cutting	45	1	12	White	MT5771
		60	1	12	White	MT5969

USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
10	3/8 Reverse Cutting Premium 330 Micron	55	0,7	12	White	MT5767
12	3/8 Reverse Cutting 330 Micron	45	0,7	12	White	MT1540
		60	0,7	12	White	MT6019
15	3/8 Reverse Cutting	45	0,7	12	White	MT5769

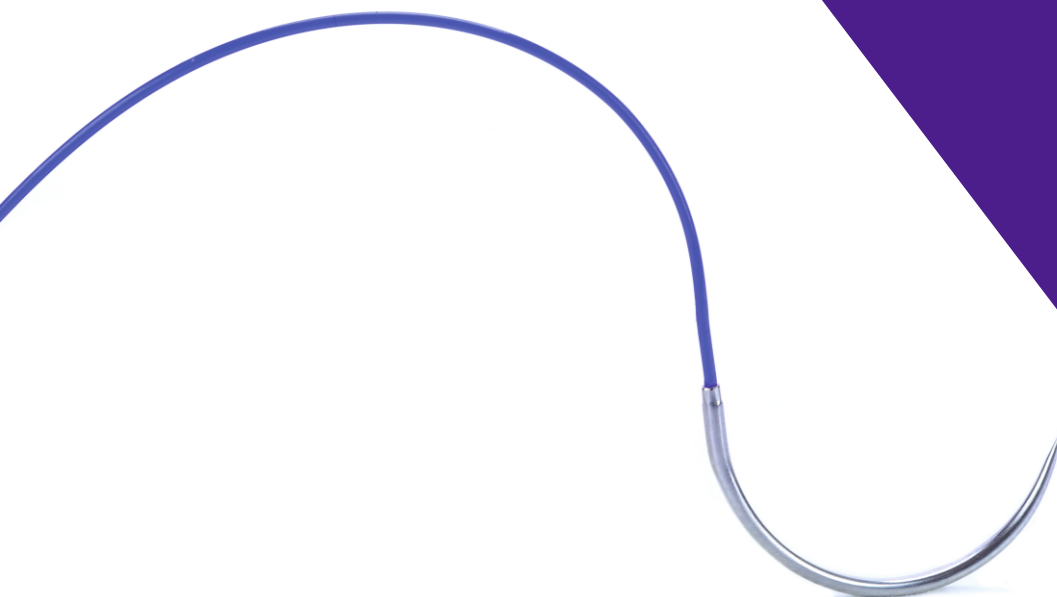
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Monoflorid

Surgical, Poly(vinylidene difluoride) (PVDF) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue

Dental Sutures
Non-absorbable

Boz®



Definition

Synthetic Non-Absorbable

Material

Polyvinylidene difluoride (PVDF)

Coating

No Coating

Structure

Monofilament

Color

Blue, Black

Size

EP : 0.2 to 5

USP : 10/0 to 2

Tensile Strenght Retention

Permanent

Mass Absorption

Permanent

Sterilization Method

Ethylene Oxide Gas

Main Indication

Tooth extraction

Implant

Periodontal Interventions

Frenectomy

Boz®

web : www.boztibbi.com
email: boz@boztibbi.com

Monoflorid

Surgical, Poly(vinylidene difluoride) (PVDF) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue



USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	45	2	12	Blue	MD3023
20	3/8 Reverse Cutting 	75	2	12	Blue	MD3169

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	45	1,5	12	Blue	MD2536
		75	1,5	12	Blue	MD2541
16	3/8 Reverse Cutting Premium 430 Micron 	45	1,5	12	Blue	MD2548
16	3/8 Reverse Cutting Premium 550 Micron 	45	1,5	12	Blue	MD2549
18	3/8 Reverse Cutting 	75	1,5	12	Blue	MD6164
19	3/8 Reverse Cutting Premium 550 Micron 	45	1,5	12	Blue	MD2653

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	45	1	12	Blue	MD2017
19	3/8 Reverse Cutting 	75	1	12	Blue	MD2207

USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	45	0,7	12	Blue	MD1669

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Silk

Surgical, Silk Suture
Nonabsorbable, Silicone coated
Natural, Multifilament, Braided, Black / White

Dental Sutures Non-absorbable

Boz®



Definition

Natural Non-absorbable

Material

Silk

Coating

Silicon Coated

Structure

Braided, Twisted

Color

Black, White

Size

EP : 0.2 to 7

USP : 10/0 to 5

Tensile Strenght Retention

Moderate Loss

Mass Absorption

Permanent

Sterilization Method

Ethylene Oxide Gas

Main Indication

20 Tooth Extraction

Impacted Tooth Extraction

Frenectomy

Apical Resection

Genioplasty

Gingivectomy

Graft

Cleft Palate Lip

Silk

Surgical, Silk Suture
Nonabsorbable, Silicone coated
Natural, Multifilament, Braided, Black / White



USP:2/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
20	3/8 Reverse Cutting   	75	3	12	Black	SB3664

USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting   	75	2	12	Black	SB3026
18	1/2 Round Body, Taper Point   	75	2	12	Black	SB3082
18	3/8 Inside Cutting   	75	2	12	Black	SB3094
18	3/8 Reverse Cutting   	60	2	12	Black	SB6024
		75	2	12	Black	SB3091
19	3/8 Reverse Cutting   	75	2	12	Black	SB3110
20	1/2 Round Body, Taper Point   	75	2	12	Black	SB3145
20	3/8 Reverse Cutting   	75	2	12	Black	SB3171
22	3/8 Reverse Cutting   	75	2	12	Black	SB3212

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting   	75	1,5	12	Black	SB2542
17	3/8 Taper cutting   	60	1,5	12	Black	SB6026
19	3/8 Reverse Cutting Premium   	60	1,5	12	Black	SB6025
19	3/8 Reverse Cutting   	75	1,5	12	Black	SB2641
19	3/8 Inside Cutting   	75	1,5	12	Black	SB2662
20	3/8 Reverse Cutting   	75	1,5	12	Black	SB2720

Silk

Surgical, Silk Suture
Nonabsorbable, Silicone coated
Natural, Multifilament, Braided, Black / White



USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 430 Micron 	75	1	12	Black	SB1855
16	3/8 Reverse Cutting 	75	1	12	Black	SB2023

USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
13	3/8 Reverse Cutting 330 Micron 	60	0,7	12	Black	SB6021
		75	0,7	12	Black	SB1620
15	3/8 Reverse Cutting 	45	0,7	12	Black	SB1643

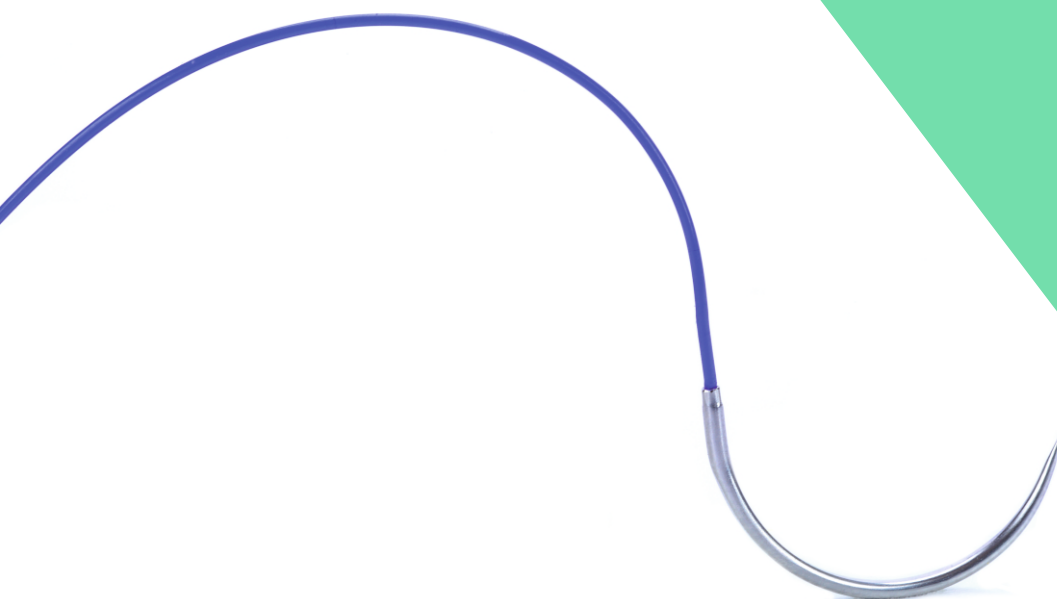
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Monamid

Surgical, Polyamide 6-6,6 (PA) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue/Black

Dental Sutures
Non-absorbable

Boz®



Definition

Synthetic Non-Absorbable

Material

Nylon 6 and Nylon 6.6 (PA)

Coating

Uncoated

Structure

Monofilament

Color

Blue, Black

Size

EP : 0.2 to 5

USP : 10/0 to 2

Tensile Strenght Retention

Moderate Loss

Mass Absoption

Permanent

Sterilization Method

Ethylene Oxide Gas

Main Indication

Tooth extraction

20 Tooth Extraction

Periodontal Interventions

Frenectomy



web : www.boztibbi.com
email: boz@boztibbi.com

Monamid

Surgical, Polyamide 6-6,6 (PA) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue/Black



USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
18	3/8 Reverse Cutting 	45	2	12	Black	MA3089
19	3/8 Reverse Cutting 	75	2	12	Blue	MA3111

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	1,5	12	Black	MA2542
		75	1,5	12	Blue	MA2541
19	3/8 Reverse Cutting 	60	1,5	12	Blue	MA6028
		75	1,5	12	Blue	MA2642
19	3/8 Inside Cutting 	75	1,5	12	Blue	MA2663

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 430 Micron 	45	1	12	Blue	MA1852
13	3/8 Reverse Cutting 430 Micron 	75	1	12	Black	MA1935
		75	1	12	Blue	MA1934
16	3/8 Reverse Cutting 	45	1	12	Blue	MA2017
		75	1	12	Blue	MA2022
16	3/8 Reverse Cutting Premium 	60	1	12	Blue	MA2133
19	3/8 Reverse Cutting 	75	1	12	Blue	MA2207

Monamid

Surgical, Polyamide 6-6,6 (PA) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue/Black



USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 330 Micron 	45	0,7	12	Black	MA1542
		60	0,7	12	Black	MA6027
13	3/8 Reverse Cutting 330 Micron 	75	0,7	12	Blue	MA1619
16	3/8 Reverse Cutting 	45	0,7	12	Black	MA1667
		75	0,7	12	Blue	MA1672

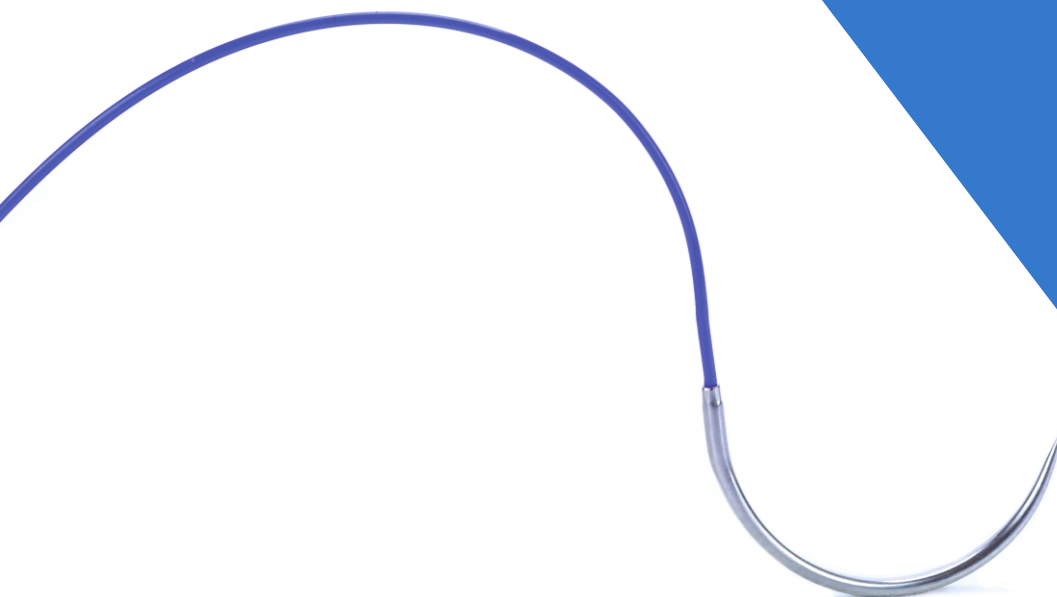
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Monoprolen

Surgical, Polypropylene (PP) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue

Dental Sutures
Non-absorbable

Boz®



Definition

Synthetic Non-Absorbable

Material

Polypropylene (PP)

Coating

No Coating

Structure

Monofilament

Color

Blue, Black

Size

EP : 0.2 to 5

USP : 10/0 to 2

Tensile Strenght Retention

Permanent

Mass Absorption

Permanent

Sterilization Method

Ethylene Oxide Gas

Main Indication

Tooth extraction

20 Tooth Extraction

Periodontal Interventions

Frenectomy

Monoprolen

Surgical, Polypropylene (PP) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue



USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	2	12	Blue	ML3027
18	3/8 Reverse Cutting 	75	2	12	Blue	ML3092
20	3/8 Reverse Cutting 	75	2	12	Blue	ML3169

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
15	3/8 Reverse Cutting 	75	1,5	12	Blue	ML2484
16	3/8 Reverse Cutting 	75	1,5	12	Blue	ML2541
19	3/8 Reverse Cutting 	45	1,5	12	Blue	ML2638
		60	1,5	12	Blue	ML6028
		75	1,5	12	Blue	ML2642
20	3/8 Reverse Cutting 	75	1,5	12	Blue	ML2731

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 430 Micron 	75	1	12	Blue	ML1854
15	3/8 Reverse Cutting 	45	1	12	Blue	ML1967
16	3/8 Reverse Cutting 	75	1	12	Blue	ML2022
16	3/8 Reverse Cutting Premium 	60	1	12	Blue	ML2133

Monoprolen

Surgical, Polypropylene (PP) Suture
Nonabsorbable, Uncoated
Synthetic, Monofilament, Blue



USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 330 Micron   	75	0,7	12	Blue	ML1547
13	3/8 Reverse Cutting 330 Micron   	45	0,7	12	Blue	ML1612
		60	0,7	12	Blue	ML6032
15	3/8 Reverse Cutting   	45	0,7	12	Blue	ML1642
16	3/8 Reverse Cutting   	75	0,7	12	Blue	ML1672
19	3/8 Reverse Cutting   	45	0,7	12	Blue	ML1705

Note: The products listed above can be produced as reverse sharp and round needles. Please contact us for information.



Boz Medical Device Industry and Trade Inc.

Absorbable Dental Sutures

FASTLAK

GLIKOLAK

MONOKAPROL

POLIDIOX

Fastlak

Surgical, Poly[glycolide(90%)-co-lactide(10%)]
Rapid Absorbable PGLA Suture Synthetic,
Multifilament, Braided, Undyed

Dental Sutures
Absorbable

Boz®



Definition

Synthetic absorbable, coated, short term wound support and short term mass absorption.

Material

Poly(glycolide-co-lactide)
glycolide 90% -lactide 10 % (PGLA)

Coating

Poly(glycolide-co-lactide) (30/70) & calcium stearate

Structure

Braided

Color

Beige (undyed)

Size

EP : 0.4 to 5

USP : 8/0 to 2

Tensile Strenght Retention

7 Days 50 % - 10-14 Days 0 %

Mass Absoption

42 days

Sterilization Method

Gamma Irradiation

Main Indication

Implant
Impacted Tooth Extraction
Periodontal Intervention
Flap

Fastlak

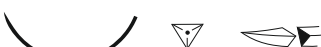
Surgical, Poly[glycolide(90%)-co-lactide(10%)]
Rapid Absorbable PGLA Suture Synthetic,
Multifilament, Braided, Undyed



USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	1,5	12	Undyed	FL2539
16	1/2 Round Body,Taper Point 	75	1,5	12	Undyed	FL2503
19	3/8 Reverse Cutting 	75	1,5	12	Undyed	FL2639

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	1/2 Round Body,Taper Point 	75	1	12	Undyed	FL1989
16	3/8 Reverse Cutting 	75	1	12	Undyed	FL2019
20	3/8 Reverse Cutting 	75	1	12	Undyed	FL2250

USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 330 Micron 	75	0,7	12	Undyed	FL1545
16	3/8 Reverse Cutting 	75	0,7	12	Undyed	FL1673

Note: The products listed above can be produced as reverse sharp and round needles. Please contact us for information.

Glikolak

Surgical, Poly[glycolide(90%)-co-lactide(10%)]
Absorbable PGLA Suture Synthetic, Multifilament,
Braided, Undyed/ Violet

Dental Sutures
Absorbable

Boz[®]



Definition

Synthetic absorbable, coated, mid term wound support and mid term mass absorption.

Material

Poly(glycolide-co-lactide)
glycolide 90% -lactide 10 % (PGLA)

Coating

Poly(glycolide-co-lactide) (30/70) & calcium stearate

Structure

Braided - Multifilament

Color

Violet (dyed) or Beige (undyed)

Size

EP : 0.4 to 5
USP : 8/0 to 2

Tensile Strenght Retention

2. Week 75 %,
Provides tissue support for at least 21-28 days.

Mass Absorption

55-70 days

Sterilization Method

Ethylene Oxide Gas

Main Indication

Impacted Tooth Extraction
Orthognathic
All-on-4
FlapGenioplasty
Frenectomy
Mucogingival
Apical Resection
Cleft Palate Lip

Glikolak

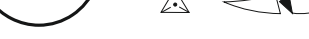
Surgical, Poly[glycolide(90%)-co-lactide(10%)]
Absorbable PGLA Suture Synthetic, Multifilament,
Braided, Undyed/ Violet



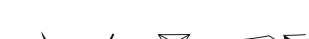
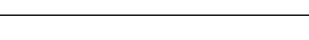
USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	2	12	Violet	GL3025
16	1/2 Round Body, Taper Point 	75	2	12	Violet	GL3005
18	3/8 Reverse Cutting 	45	2	12	Violet	GL3090
		60	2	12	Violet	GL6039
19	3/8 Reverse Cutting 	75	2	12	Violet	GL3109
20	3/8 Reverse Cutting 	75	2	12	Violet	GL3168

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	1,5	12	Violet	GL2540
16	1/2 Round Body, Taper Point 	75	1,5	12	Violet	GL2504
19	3/8 Reverse Cutting 	75	1,5	12	Violet	GL2640
19	3/8 Inside Cutting 	75	1,5	12	Violet	GL2729
20	3/8 Reverse Cutting 	45	1,5	12	Undyed	GL2716

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 430 Micron 	45	1	12	Violet	GL1850
		60	1	12	Violet	GL6036
16	3/8 Reverse Cutting 	60	1	12	Violet	GL6037

Glikolak

Surgical, Poly[glycolide(90%)-co-lactide(10%)]
Absorbable PGLA Suture Synthetic, Multifilament,
Braided, Undyed/ Violet



USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	1	12	Undyed	GL2020
		75	1	12	Violet	GL2021
19	3/8 Reverse Cutting 	75	1	12	Violet	GL2206

USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 330 Micron 	45	0,7	12	Violet	GL1541
13	3/8 Reverse Cutting 330 Micron 	75	0,7	12	Violet	GL1618
16	3/8 Reverse Cutting 	75	0,7	12	Violet	GL1674

Note: The products listed above can be produced as reverse sharp and round needles. Please contact us for information.

Monokaprol

Surgical, Poly[glycolide(75%)-co-caprolactone(25%)]
Absorbable PGCL Suture Synthetic, Monofilament,
Undyed/ Violet

Dental Sutures
Absorbable

Boz®



Definition

Short-term synthetic absorbable, closure of superficial wounds

Material

Poly(glycolide (75%)- co-caprolactone (25%)) (PGCL)

Coating

No coating

Structure

Monofilament

Color

Undyed Beige (undyed) or Violet (dyed)

Size

EP : 0.7 to 5
USP : 6/0 to 2

Tensile Strength Retention

1. Week %45 - %70
2. Week %20 Provides 7 days tissue support.

Mass Absorption

90-120 days

Sterilization Method

Ethylene Oxide Gas

Main Indication

Impacted Tooth Extraction
Orthognathic
All-on-4
Flap
Genioplasty
Frenectomy
Mucogingival
Apical Resection
Graft

Monokaprol

Surgical, Poly[glycolide(75%)-co-caprolactone(25%)]
Absorbable PGCL Suture Synthetic, Monofilament,
Undyed/ Violet



USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	2	12	Undyed	MK3024
19	3/8 Reverse Cutting 	75	2	12	Undyed	MK3108
20	3/8 Reverse Cutting 	75	2	12	Undyed	MK3167

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	1,5	12	Undyed	MK2539
18	3/8 Reverse Cutting 	45	1,5	12	Undyed	MK2625
		60	1,5	12	Undyed	MK6035
		75	1,5	12	Undyed	MK2626
19	3/8 Reverse Cutting 	75	1,5	12	Undyed	MK2639
		75	1,5	12	Violet	MK2640
19	3/8 Inside Cutting 	75	1,5	12	Undyed	MK2661
20	3/8 Reverse Cutting 	75	1,5	12	Undyed	MK2718

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 430 Micron 	45	1	12	Undyed	MK1849
13	3/8 Reverse Cutting 430 Micron 	75	1	12	Undyed	MK1933

Monokaprol

Surgical, Poly[glycolide(75%)-co-caprolactone(25%)]
Absorbable PGCL Suture Synthetic, Monofilament,
Undyed/ Violet



USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	45	1	12	Undyed	MK2014
		60	1	12	Undyed	MK6034
		75	1	12	Undyed	MK2019
		75	1	12	Violet	MK2021
19	3/8 Reverse Cutting 	75	1	12	Violet	MK2206

USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 330 Micron 	45	0,7	12	Undyed	MK1540
		60	0,7	12	Undyed	MK6033
13	3/8 Reverse Cutting 330 Micron 	45	0,7	12	Undyed	MK1611
16	3/8 Reverse Cutting 	75	0,7	12	Undyed	MK1670

Note: The products listed above can be produced as reverse sharp and round needles. Please contact us for information.

Polidiox

Surgical, Polydioxanone
Absorbable PDO Suture
Synthetic, Monofilament, Violet

Dental Sutures
Absorbable

Boz[®]



Definition

Synthetic absorbable, wound support through an extended healing period

Material

Polydioxanone (PDO)

Coating

No coating

Structure

Monofilament

Color

Violet (dyed)

Size

EP : 0.5 to 5
USP : 7/0 to 2

Tensile Strength Retention

2. Week 70 %, Provides tissue support for 60 days.

Mass Absorption

180-240 days

Sterilization Method

Ethylene Oxide Gas

Main Indication

Mucogingival
Apical Resection
All-on-4
Gingivectomy
Cleft Palate Lip

Polidiox

Surgical, Polydioxanone
Absorbable PDO Suture
Synthetic, Monofilament, Violet



USP:3/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
19	3/8 Reverse Cutting 	70	2	12	Violet	PX5466

USP:4/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
16	3/8 Reverse Cutting 	75	1,5	12	Violet	PX2540
19	3/8 Reverse Cutting 	45	1,5	12	Violet	PX2635
20	3/8 Reverse Cutting 	75	1,5	12	Violet	PX2719

USP:5/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 380 Micron 	45	1	12	Violet	PX1846
16	3/8 Reverse Cutting 	75	1	12	Violet	PX2021

USP:6/0

Needle Length (mm)	Needle Shape and Description	cm	EP	Unit	Color	Product No
12	3/8 Reverse Cutting 330 Micron 	45	0,7	12	Violet	PX5851
13	3/8 Reverse Cutting 330 Micron 	45	0,7	12	Violet	PX1614

Note: The products listed above can be produced as reverse sharp and round needles. Please contact us for information.



Boz Medical Device Industry and Trade Inc.

Absorbable Haemostats

REOXCEL

REOXCEL - *Sigma Knit*

REOXCEL - *Fibril*

ZEOCEL

REOXCEL®

ABSORBABLE HAEMOSTAT, OXIDIZED REGENERATED CELLULOSE (ORC)

DEFINITION

REOXCEL Absorbable Haemostat is a sterile haemostatic preparation available in the flat form with textile structure and made of Oxidized Regenerated Cellulose (ORC) (polyanhydro glucuronic acid). REOXCEL Absorbable Haemostat complies with the requirements of the United States Pharmacopoeia for "Oxidized Regenerated Cellulose ". REOXCEL Absorbable Haemostat does not contain any animal or collagen additives. REOXCEL Absorbable Haemostat can be sutured and cut without fraying. Its structure is stable and should be stored at controlled room temperature. The fabric is pale yellow and has a faint, caramel-like aroma.

REOXCEL Absorbable Haemostat can be laid on, held against, closed exactly or sutured to a bleeding surface. REOXCEL Absorbable Haemostat is applied as dry. Action mechanism of REOXCEL Absorbable Haemostat is independent from blood coagulation mechanism of the body. REOXCEL Absorbable Haemostat forms a brownish or black gelatinous mass which aids clot formation in 3-4 minutes when it contacts with blood. This gelatinous mass acts as a physical matrix to which platelets can adhere. With platelet aggregation and formation of platelet-fibrin plug, haemostasis occurs. REOXCEL Absorbable Haemostat is absorbed from the sites of implantation without tissue reaction when it is used properly in minimal amounts. Absorption depends on; tissue type, haemostat amount used and saturation degree of blood. It is completely absorbed in 7-14 days. REOXCEL Absorbable Haemostat has been shown to be bactericidal in vitro against 40 types of Gr(+) (gram positive) and Gr(-) (gram negative) microorganisms including those of.

In addition, the bactericidal effect of REOXCEL Absorbable Hemostat has been shown by in vivo studies with MRSA (Methicillin-resistant Staphylococcus aureus) and E. coli (Escherichia coli).

Product Features

- * Bactericidal Effect Against 40 Kind of Microorganisms
- * Clot Formation in 3-4 Minutes
- * Completely Absorbed in 7-14 Days
- * Can be Absorbed From the Site of Implantation Without Tissue Reaction

Usage Area

- * Laying on the graft base and forming a roof in Maxillofacial Surgery hardening with blood
- * Sinus tip hemorrhages and sinus perforations
- * Implant socket bleeding
- * Minor bleeding after shooting gaps

Product Code

Description of Product

Unit of Sale

RX0502	1,25cm x 5cm	12 Sachets per box
RX1001	2,5cm x 2,5cm	12 Sachets per box
RX1002	2,5cm x 5cm	12 Sachets per box
RX1003	2,5cm x 7,5cm	12 Sachets per box
RX1063	2,5cm x 9cm	12 Sachets per box
RX2003	5cm x 7,5cm	12 Sachets per box
RX2004	5cm x 10cm	12 Sachets per box
RX2014	5cm x 35cm	12 Sachets per box
RX3004	7,5cm x 10cm	12 Sachets per box
RX4004	10cm x 10cm	12 Sachets per box
RX4008	10cm x 20cm	12 Sachets per box
RX6009	15cm x 23cm	12 Sachets per box



REOXCEL® - Sigma Knit

ABSORBABLE HAEMOSTAT, OXIDIZED REGENERATED CELLULOSE (ORC)

DEFINITION

REOXCEL SIGMA KNIT Absorbable Haemostat is a sterile haemostatic preparation available in the flat form with textile structure and made of Oxidized Regenerated Cellulose (ORC) (polyanhydro glucuronic acid). REOXCEL SIGMA KNIT Absorbable Haemostat complies with the requirements of the United States Pharmacopoeia for "Oxidized Regenerated Cellulose ". REOXCEL SIGMA KNIT Absorbable Haemostat does not contain any animal or collagen additives. REOXCEL SIGMA KNIT Absorbable Haemostat can be sutured and cut without fraying. Its structure is stable and should be stored at controlled room temperature. The fabric is pale yellow and has a faint, caramel-like aroma.

REOXCEL SIGMA KNIT Absorbable Haemostat can be laid on, held against, closed exactly or sutured to a bleeding surface. REOXCEL SIGMA KNIT Absorbable Haemostat is applied as dry. Action mechanism of REOXCEL SIGMA KNIT Absorbable Haemostat is independent from blood coagulation mechanism of the body. REOXCEL SIGMA KNIT Absorbable Haemostat forms a brownish or black gelatinous mass which aids clot formation in 3-4 minutes when it contacts with blood. This gelatinous mass acts as a physical matrix to which platelets can adhere. With platelet aggregation and formation of platelet-fibrin plug, haemostasis occurs. REOXCEL SIGMA KNIT Absorbable Haemostat is absorbed from the sites of implantation without tissue reaction when it is used properly in minimal amounts. Absorption depends on; tissue type, haemostat amount used and saturation degree of blood. It is completely absorbed in 7-14 days. REOXCEL SIGMA KNIT Absorbable Haemostat has been shown to be bactericidal in vitro against 40 types of Gr(+) (gram positive) and Gr (-) (gram negative) microorganisms including those of.

In addition, the bactericidal effect of REOXCEL SIGMA KNIT Absorbable Hemostat has been shown by in vivo studies with MRSA (Methicillin-resistant Staphylococcus aureus) and E. coli (Escherichia coli).

Product Features	Product Code	Description of Product	Unit of Sale
* Bactericidal Effect Against 40 Kind of Microorganisms * Clot Formation in 3-4 Minutes * Completely Absorbed in 7-14 Days * Can be Absorbed From the Site of Implantation Without Tissue Reaction	RK1001	2,6cm x 2,6cm	12 Sachets per box
	RK1003	2,6cm x 10cm	12 Sachets per box
	RK2003	5cm x 7,5cm	12 Sachets per box
	RK3004	7,6cm x 10,2cm	12 Sachets per box
	RK6009	15,2cm x 23cm	12 Sachets per box

Usage Area

- * Laying on the graft base and forming a roof in Maxillofacial Surgery
- * Sinus tip hemorrhages and sinus perforations
- * Implant socket bleeding
- * Minor bleeding after shooting gaps



REOXCEL® - Fibril

ABSORBABLE HAEMOSTAT, OXIDIZED REGENERATED CELLULOSE (ORC)

DEFINITION

REOXCEL FIBRIL Absorbable Haemostat is a sterile haemostatic preparation available in the fibrous form and made of Oxidized Regenerated Cellulose (ORC) (polyanhydro glucuronic acid). REOXCEL FIBRIL Absorbable Haemostat complies with the requirements of the United States Pharmacopoeia for "Oxidized Regenerated Cellulose ". REOXCEL FIBRIL Absorbable Haemostat does not contain any animal or collagen additives. REOXCEL FIBRIL Absorbable Haemostat can be sutured and cut without fraying.

REOXCEL FIBRIL Absorbable Haemostat can be laid on, held against, closed exactly or sutured to a bleeding surface. REOXCEL FIBRIL Absorbable Haemostat is applied as dry. Action mechanism of REOXCEL FIBRIL Absorbable Haemostat is independent from blood coagulation mechanism of the body. REOXCEL FIBRIL Absorbable Haemostat forms a brownish or black gelatinous mass which aids clot formation in 3-4 minutes when it contacts with blood. This gelatinous mass acts as a physical matrix to which platelets can adhere. With platelet aggregation and formation of platelet-fibrin plug, haemostasis occurs. REOXCEL FIBRIL Absorbable Haemostat is absorbed from the sites of implantation without tissue reaction when it is used properly in minimal amounts. Absorption depends on; tissue type, haemostat amount used and saturation degree of blood. It is completely absorbed in 7-14 days. REOXCEL FIBRIL Absorbable Haemostat has been shown to be bactericidal in vitro against 40 types of Gr(+) (gram positive) and Gr (-) (gram negative) microorganisms including those of.

In addition, the bactericidal effect of REOXCEL FIBRIL Absorbable Hemostat has been shown by in vivo studies with MRSA (Methicillin-resistant Staphylococcus aureus) and E. coli (Escherichia coli).

Product Features

- * Bactericidal Effect Against 40 Kind of Microorganisms
- * Clot Formation in 3-4 Minutes
- * Completely Absorbed in 7-14 Days
- * Can be Absorbed From the Site of Implantation Without Tissue Reaction

Usage Area

- * Laying on the graft base and forming a roof in Maxillofacial Surgery hardening with blood
- * Sinus tip hemorrhages and sinus perforations
- * Implant socket bleeding
- * Minor bleeding after shooting gaps

Product Code

Description of Product

Unit of Sale

RF1002	2,6cm x 5,1cm	10 Sachets per box
RF2003	5cm x 7,5cm	10 Sachets per box
RF2004	5,1cm x 10,2cm	10 Sachets per box
RF3003	7,5cm x 7,5cm	10 Sachets per box
RF4004	10,2cm x 10,2cm	10 Sachets per box



ZEOCEL®

ABSORBABLE HAEMOSTAT, OXIDIZED CELLULOSE (OC)

DEFINITION

ZEOCEL Absorbable Haemostat is a woven sterile hemostatic agent formed of oxidized cellulose (OC) (polyanhydro glucuronic acid). It has been manufactured from alpha grade cotton. Agent is a pale yellow material and has a caramel like smell. As it is stored in controlled room temperature, there might be a slight change in color in time but this does not effect the performance of the material. ZEOCEL Absorbable Haemostat complies with the requirements of the United States Pharmacopoeia for "Oxidized Cellulose". ZEOCEL Absorbable Haemostat does not contain any animal or collagen additives.

ZEOCEL Absorbable Haemostat can be applied to bleeding surface in different forms. The haemostatic agent material can be closed exactly, pressured against or sutured to the desired usage area. ZEOCEL Absorbable Haemostat should be used as dry. . Action mechanism of OC ZEOCEL Absorbable Haemostats is independent from blood coagulation mechanism of the body. ZEOCEL Absorbable Haemostats form a brownish or black gelatinous mass which aids clot formation in 3-4 minutes when it contacts with blood. This gelatinous mass acts as a physical matrix to which platelets can adhere. With platelet aggregation and formation of platelet-fibrin plug, haemostasis occurs When ZEOCEL Absorbable Haemostat is used only as needed, it will be absorbed from the site of usage without tissue reaction. Absorption of the haemostatic agent from the used site depends on the amount of haemostatic agent used, tissue type and blood saturation degree. The material will be fully absorbed in 7-14 days. ZEOCEL Absorbable Haemostat has been shown to be bactericidal in vitro against 40 types of Gr(+) (gram positive) and Gr(-) (gram negative) microorganisms including those of.

Product Features

- * Bactericidal Effect Against 40 Kind of Microorganisms
- * Clot Formation in 3-4 Minutes
- * Completely Absorbed in 7-14 Days
- * Can be Absorbed From the Site of Implantation Without Tissue Reaction

Usage Area

- * Laying on the graft base and forming a roof in Maxillofacial Surgery hardening with blood
- * Sinus tip hemorrhages and sinus perforations
- * Implant socket bleeding
- * Minor bleeding after shooting gaps

Product Code

Description of Product

Unit of Sale

ZC0502	1,25cm x 5cm	12 Sachets per box
ZC1001	2,5cm x 2,5cm	12 Sachets per box
ZC1002	2,5cm x 5cm	12 Sachets per box
ZC2003	5cm x 7,5cm	12 Sachets per box
ZC2004	5cm x 7cm	12 Sachets per box
ZC2014	5cm x 35cm	12 Sachets per box
ZC3004	7,5cm x 10cm	12 Sachets per box
ZC4004	10cm x 10cm	12 Sachets per box
ZC4008	10cm x 20cm	12 Sachets per box
ZC6009	15cm x 23cm	12 Sachets per box



Comparison of Suture Size

A

USP values are stated for the non-absorbable mono and multifilament, absorbable multifilament sutures in the columns under A.

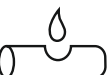
USP	Metric	Suture Diameter, mm	% reduction
3	6	 0.600-0.699	
2	5	 0.500-0.599	28
1	4	 0.400-0.499	33
0	3.5	 0.350-0.399	30
2/0	3	 0.300-0.349	25
3/0	2	 0.200-0.249	43
4/0	1.5	 0.150-0.199	40
5/0	1	 0.100-0.149	50
6/0	0.7	 0.070-0.099	53
7/0	0.5	 0.050-0.069	49
8/0	0.4	 0.040-0.049	42
9/0		 0.030-0.039	
10/0		 0.020-0.029	

B

USP values are stated for the monofilament absorbable sutures in the columns under B.

USP	Metric	Suture Diameter, mm	% reduction
3			
2	5	 0.571-0.610	
1	4	 0.500-0.570	18
0	3.5	 0.400-0.499	30
2/0	3	 0.340-0.399	32
3/0	2	 0.250-0.339	37
4/0	1.5	 0.200-0.249	35
5/0	1	 0.150-0.199	40
6/0	0.7	 0.095-0.149	52
7/0	0.5	 0.050-0.094	66
8/0			
9/0			
10/0			

Multi-Lingual Symbols

Symbol	Definition	Example Product
	Dyed, Absorbable, Braided, Coated	GLIKOLAK, GLIKOSORB, Antibacterial GLIKOLAK Plus, GLIKOSORB Plus Antibacterial
	Dyed, Absorbable, Monofilament	MONOKAPROL, POLIDIOX, Antibacterial MONOKAPROL Plus, POLIDIOX Plus Antibacterial
	Dyed, Non-absorbable, Braided, Coated	SILK, POLISIL
	Dyed, Non-absorbable, Monofilament	MONOPROLEN, MONOFLORID, MONAMID
	Dyed, Non-absorbable, Twisted, Coated	SILK
	Undyed, Absorbable, Braided, Coated	FASTLAK, FASTSORB, GLIKOLAK, Antibacterial GLIKOLAK Plus
	Undyed, Absorbable, Monofilament	MONOKAPROL, Antibacterial MONOKAPROL Plus
	Undyed, Non-absorbable, Braided, Coated	SILK
	Undyed, Non-absorbable, Monofilament	MONOTEF, MONOWIRE
	Undyed, Non-absorbable, Twisted, Coated	SILK, TEMPOWIRE



Catalog Link