



NEW

SAFESCRAPER TWIST

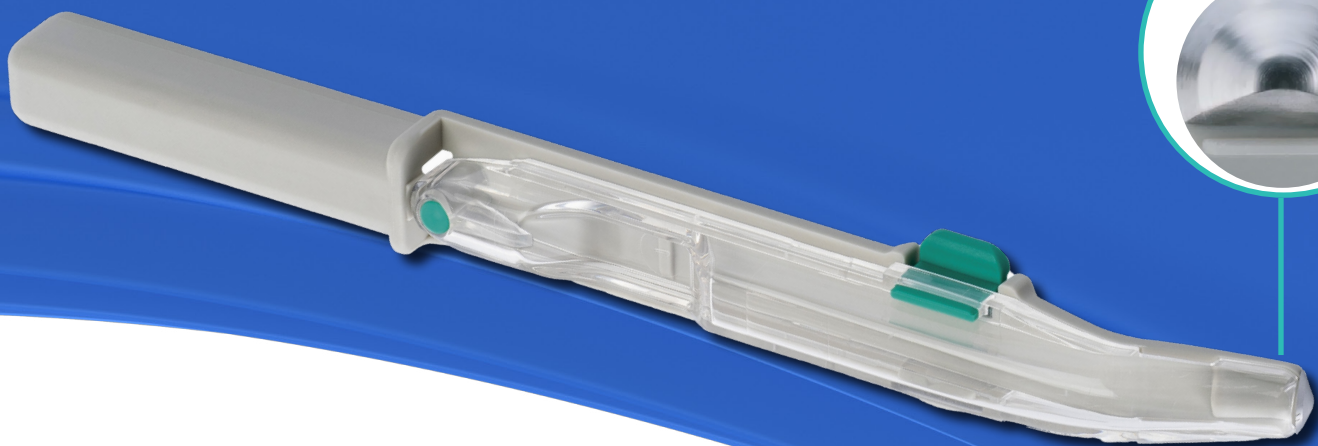
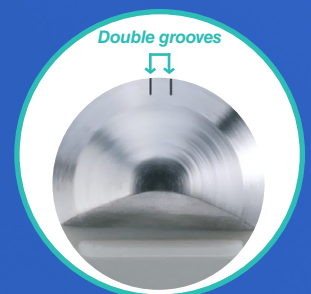
curve VOLUMIZER

Developed from the long-standing experience of the META SAFESCRAPER family, the NEW VOLUMIZER offers the same proven performance while collecting a larger volume of bone with every scrape.

The Safescraper Volumizer enables rapid and accurate collection of quality autologous cortical bone with many viable osteocytes. The presence of these cells promotes graft acceptance, neovascularisation and bone regeneration.

The gathered bone, now mixed with blood, is prepared for delivery to the surgical site or can be combined with **Geistlich Bio-Oss®**. Additionally, it may be kept temporarily under sterile conditions within the clear chamber.

20% more volume
more info over the page



Product Code: MET-5501





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Advantages of the Volumizer

- ✓ Based on state-of-the-art technology and current medical practices
- ✓ Ergonomic curved body is easier for surgeons to use
- ✓ Blade has a cutting range of 160°
- ✓ Works on plane, concave and convex surfaces
- ✓ Effective for both small and large bone defects
- ✓ Devices are disposable and come ready to use in single sterile packages

Enhanced Stability: The dual cuts on the blade enable the scraper to penetrate the bone more deeply, functioning like rails along the collection path.

Efficiency: For the same amount of bone collected, the Volumizer gathers at least 20% more material in volume compared to what is collected by the existing Safe-Scraper Twist.

Less Invasive: The manual collection method is less traumatic and is generally well accepted by patients.

Versatile: Cortical bone can be harvested from any site within the mouth, even close to the bone defect.

Bone Augmentation Treatment/Operation	Recipient Site Features	Bone Graft Volume
Post-extraction alveolar defect	Self-contained intra-bony defect or four-wall defect of premolar root volume	0.25-0.3 cc.
Sinus lift via crested approach, single patient placement	INDIRECT Schneiderian membrane elevation (Smartlift)	0.3 cc.
Sinus lift via crested approach, single patient placement	DIRECT Schneiderian membrane elevation (Detachment via 'Endosinus' or 'Endosinus-like' instruments)	0.4 cc.
Sinus lift via crested approach, 3 implant sites	Lateral window antrostomy, implants in position 4, 5 & 6 featuring residual bone height 7-8mm, 4-6mm, and 2-3mm respectively	2 cc.
Sinus lift via crested approach, 3 implant sites	Lateral window antrostomy, implants in position 5, 6 & 7 featuring residual bone height 4-6mm, 2-3mm and 1-2mm respectively.	3 cc.
Peri-implant dehiscence, single implant	Healthy mesial and distal adjacent teeth. Maximum implant surface exposure: 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 exposure: 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 exposure: 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 dental exposure > 5 thread and/ or > 1/3 of the dental implant diameter	1 cc.
Peri-implant bone defect/dehiscence; horizontal alveolar ridge atrophy, 2 implant site	Lack of distal dental elements. Implant dental exposure > 5 thread 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 site	Lack of distal dental elements. Implant dental exposure > 5 thread 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. 5mm vertical deficiency	2.5-3 cc.