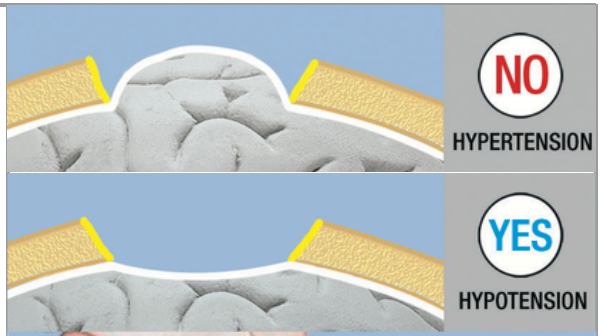
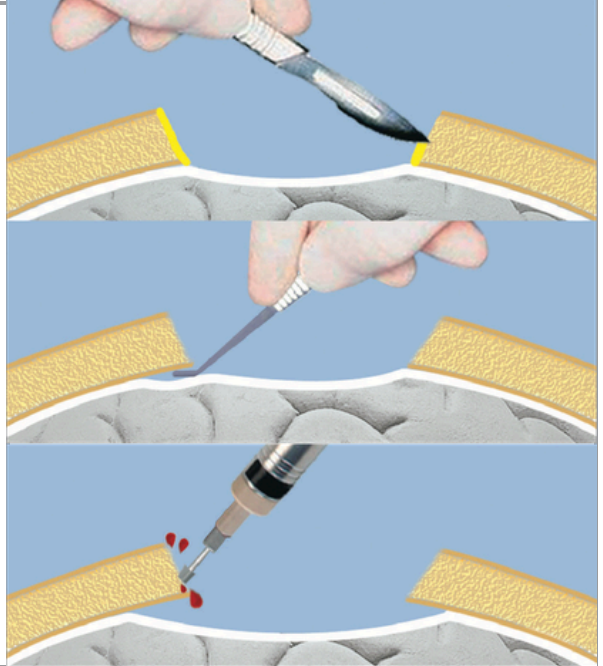
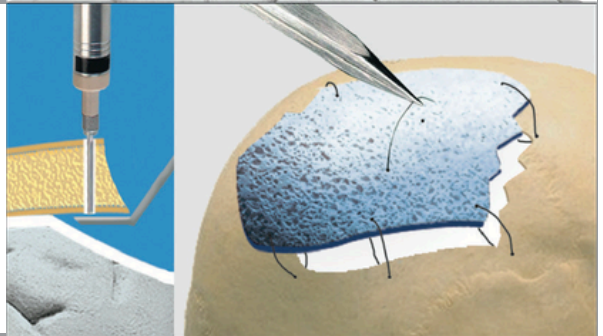
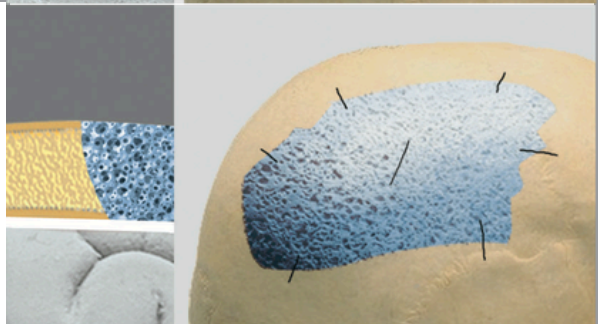


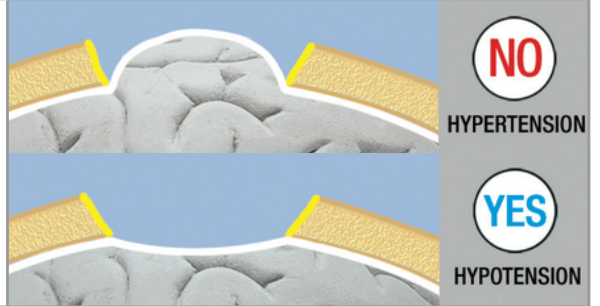
Fixation System with Non-Absorbable Suture

<p>1. Anesthesia</p> <p>This specific type of implant foresees a preventive agreement between the surgeon and the anesthesiologist to always ensure endocranial hypotension throughout the surgery, which facilitates filling of the cranial defect and does not hinder the placing of the implant. A hypertensive brain can make placing and fixation of the implant difficult.</p>	
<p>2. Preparing the implant site</p> <p>In order to fully benefit from CustomizedBone's regenerative properties and to favor the healing process, it is recommended to ensure maximum contact between the defect's bone edges (vital bone) and the implant through the following steps:</p> <ul style="list-style-type: none"> • A complete removal of fibrous tissue, if any, along the bone defect perimeter; • Blunt dissection of the dural plane from the bone edge to facilitate implant lodging; • Abrasion of bone defect edges by means of gentle drilling to cause mild bleeding (the use of diamond cutters as well as over-drilling of the bone should be avoided, both of which could cause necrosis and undesired enlargement in the defect's perimeter). 	
<p>3. Implant Fixation</p> <p>To fix the implant, the surgeon should prepare holes along the edge of the bone defect to match those present on the edge of the CustomizedBone Service and then gently fix with non-absorbable suture. Dural suspension, possible through the holes present on the implant's central region, is left to the surgeon's discretion on the basis of the patient's overall clinical presentation.</p>	
<p>1. Closing the surgical site</p> <p>Once implant fixation has been completed, standard procedures to close the surgical site can be followed.</p>	

Fixation System with PEEK Clamp

1. Anesthesia

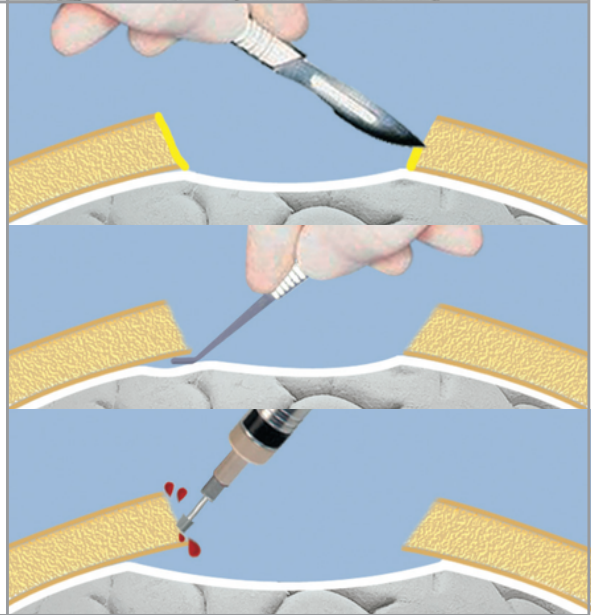
This specific type of implant foresees a preventive agreement between the surgeon and the anesthesiologist to always ensure endocranial hypotension throughout the surgery, which facilitates filling of the cranial defect and does not hinder the placing of the implant. A hypertensive brain can make placing and fixation of the implant difficult.



2. Preparing the implant site

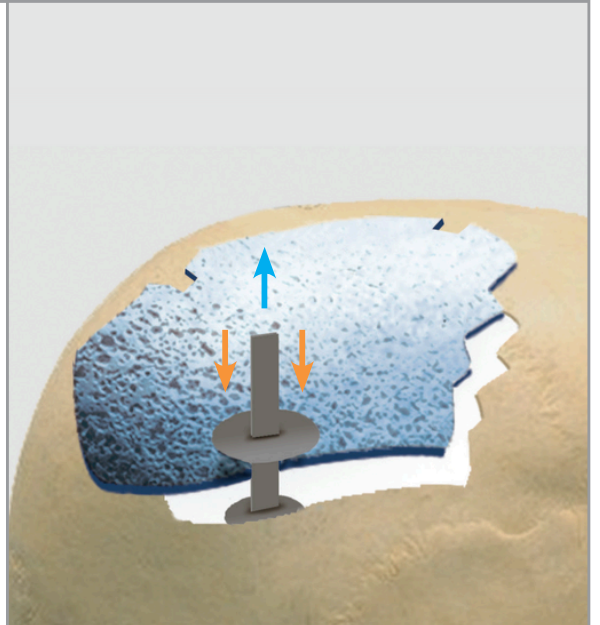
In order to fully benefit from CustomizedBone's regenerative properties and to favor the healing process, it is recommended to ensure maximum contact between the defect's bone edges (vital bone) and the implant through the following steps:

- A complete removal of fibrous tissue, if any, along the bone defect perimeter;
- Blunt dissection of the dural plane from the bone edge to facilitate implant lodging;
- Abrasion of bone defect edges by means of gentle drilling to cause mild bleeding (the use of diamond cutters as well as over-drilling of the bone should be avoided, both of which could cause necrosis and undesired enlargement in the defect's perimeter).



3. Implant Fixation

To fix the implant, the cross support of the clamp have to be hosted inside the specific slots along the margins of CustomizedBone created during the manufacturing of CustomizedBone and shared with the Surgeon during the design phase. If the slot is unable to hold the clamp cross support, the surgeon should drill the slots for the clip cross support along the margin of cranial bone according to the slots on the CustomizedBone prosthesis. Drilling should be limited to the thickness of cross support: approximately a slot of 2.5 mm wide and 10 mm long between the prosthesis and the bone should be create for the clip housing. For the clamp fixation system application, see legal manufacturer instruction for use. Dural suspension, possible through the holes present on the implant's central region, is left to the surgeon's discretion on the basis of the patient's overall clinical presentation.



1. Closing the surgical site

Once implant fixation has been completed, standard procedures to close the surgical site can be followed.

