

**The wide spectrum of indications of Reso-Pac periodontal bandage:**

- ✓ Extraction wounds in cases of heavy smokers, hemorrhagic diathesis and the necessity of isolating postextraction socket
- ✓ Additional protection of intraoral wounds by patients with hemorrhagic diathesis
- ✓ Protection of sutures (eg. in case of closure of oro-antral communication or after surgical closure of oro-antral fistula)
- ✓ Protection of the marginal periodontium after marginal gingivectomy
- ✓ Adaptation of the gingiva after raising the mucoperiosteal flaps
- ✓ Sealing the deep periodontal curettage
- ✓ Therapy of gingivitis, gingival pockets and peri-implantitis in combination with appropriate medication
- ✓ Therapy of hypersensitivity of cervical part of the tooth in combination with fluoride
- ✓ Protection of the cervical part of the tooth after fluoridation
- ✓ Covering the sides of intraoral soft tissue grafts
- ✓ Immediate temporary relining of dentures

**Results and Discussion**

The innovative preparation Reso-Pac enriches the range of periodontal dressings. The user-friendly application features some qualities being unique for a periodontal dressing. The first thing to mention is the good adhesion to the tissues of the oral cavity. Reso-Pac differs from the competitive products by the fact that it dissolves completely, thus eliminating the annoying and mainly laborious removal procedure.

Another feature to be pointed out is the elasticity of the material, which allows a continuous healing, avoids the development of sharp edges and does not lead to pressure ulcers, as far as it is used as lining for immediate prosthesis (Fig: 9 a, b). Reapplication provides clean conditions and renews the medicament addition at the same time, if required. Once you got familiar with Reso-Pac, you won't wish to miss it in your treatment spectrum.



Reso-Pac single tube	25 g	REF 155 011
Reso-Pac 5er Pack	5 x 25 g tube	REF 155 010
Reso-Pac single-use cup	50 x 2 g	REF 155 014

**Reso-Pac® supports healing – A Different Kind of Periodontal Dressing**

**Indications, Advantages and Handling**

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- 1974 Certificate for medicine
- 1978 Qualification as specialist for Oral- and Maxillofacial Surgery
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- 2004 Degree, Doctor of Dental Medicine, University of Zagreb
- 2005 Dean's Award for Study Success
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- 2010 PhD Degree, dissertation, field of experimental laser bone surgery
- 2011 Specialist in Oral Surgery, Department of Oral Surgery, Clinical Hospital Center Zagreb,
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**Introduction**

Wounds in the oral cavity feature extremely good self-healing characteristics, however, some situations require the isolation of the intra-oral wound from the oral milieu with its germ settlements. These indications range from extractions to flap surgery as well as covering and stabilizing sutured wound borders. With the addition of medication it helps in the treatment of ulcerous gingivitis and periimplantitis.

**Other Periodontal Dressings**

Other periodontal dressings are mainly based on zinc oxide-eugenol and/or methacrylic polymers. Such dressings are mechanically held in the respective wound area. The dressings cure by themselves after mixing or when getting into contact with saliva.

However, the disadvantage of these well fixed gingival dressings is the fact that often considerable difficulties arise upon removal due to the hardness of the set material, which is on the one hand quite painful for the patient and which may endanger the wound area on the other hand.

The periodontal dressing Reso-Pac (Hager & Werken) is a very easy to handle, different kind of material. It is a hydrophilic, ready-made wound protection with extra good adhesion to the oral cavity tissue. The dressing always remains elastic and, consequently, pressure ulcers cannot develop. Besides from being a cellulose-based matrix, Reso-Pac contains myrrh, featuring disinfecting, astringent and haemostatic characteristics. At the same time, it is pleasant to the nose and taste buds. Reso-Pac is extremely user-friendly, as it does not have to be removed.

Depending on its exposure, the material dissolves within one to three days, without leaving any residues. In most indications a one-time application, which at any rate leads to a fibrin coverage of the wound area, is sufficient. If this interval is too short for the wound protection, a new dressing can be applied. When used as medication carrier this short-term repetition is even desirable regarding a reapplication of the medicament in time.



(Hager & Werken)



Video



### How to use Reso-Pac

The handling of Reso-Pac is extremely user-friendly. The good adhesion is of great importance as, otherwise, the application is bound to fail.



Use the provided key in order to squeeze the needed amount of Reso-Pac paste from the tube onto well moistened gloves (Fig: 1) or onto a moistened mixing spatula (Fig: 2)

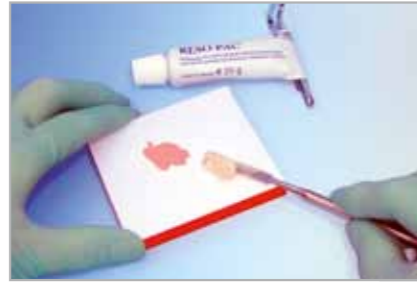


or use an adequate instrument to remove the needed amount from the single-use-cup (Fig: 3).



Reso-Pac does not adhere to moist instruments and can, therefore, safely be handled and modeled in the mouth. It turns into a smooth gel-like surface, which can be formed with the saliva-moistened cheek or lip.

When using Reso-Pac as medicament carrier, mix it with the respective medicament, e.g. a disinfectant or an antibiotic, using a spatula and mixing pad (Fig: 4).



The paste does not only feature amazing adhesion characteristics to teeth, bone surfaces and prosthetic restorations, but also to gingival sutures and areas from which a transplant has been removed, provided these have been dried with an air-syringe before.

The indications for Reso-Pac correspond to those of other periodontal dressings (table 1). However, as Reso-Pac does not have to be removed and therefore decisions when to apply it are often made more easily.

### Case study of a root fracture:

Following a physical trauma, a 25-year old patient presented with a vertical root fracture of the upper left central incisor. Its surgical extraction and an immediate implantation were indicated. The check visit three months later showed a lack of function and aesthetic appearance. A mainly vestibular bone defect was diagnosed. (1 and 2)



1) Initial clinical condition prior to explantation of the implant



2) Remained bone defect after explantation of the implant

Various treatment options were discussed with the patient and a decision in favour of the following treatment was made: An explantation and a simultaneously carried out augmentation with an autologous bone block taken from the retromolar area. Additionally, the bone defect got filled with autologous bone grafts and xenogenous bone substitute. The operative field was covered with an absorbable membrane, followed by a tension-free plastic covering. (3 and 4)



3) Intraoral autologous bone graft taken from the retro-molar area and fixed in the defect area



4) Combination of resorbable and non-absorbable sutures.

On the first postoperative day the wound condition was fragile but non-irritant and dense-graded. In course of the treatment, initial dehiscence was observed on the palatal side, becoming increasingly higher and expanding to the vestibular side. (5 and 6)



5) The appearance of the wound during the first postoperative day



6) Extensive areas of postoperative dehiscence after removal of the sutures.

On the seventh postoperative day, the sutures were removed, followed by a daily oxygen therapy carried out for one week. Still, there was no treatment outcome. On the fourteenth postoperative day, Reso-Pac was applied for the first time. Through the next ten days, the periodontal bandage was renewed every two days. (7 and 8)



7) Application of the Reso-Pac periodontal bandage, 14<sup>th</sup> postoperative days



8) Epithelisation of the postoperative area

Its elastic consistency and adhering, hydrophilic properties are obvious advantages of Reso-Pac, keeping the material in situ for up to 48 hours. The patient benefits from Reso-Pac being neutral in odour and taste. It comes in ready-to-use, hygienic, user-friendly single packages of 2g.

A continuous success in treatment was clearly visible. Within just 10 days, a complete secondary granulation and epithelisation took place. A temporary restoration could be integrated. (9 and 10)



9) The appearance of the area on the eighth postoperative day after the application of the Reso-Pac periodontal bandage



10) On the tenth day after setting the bandage, a temporary restoration