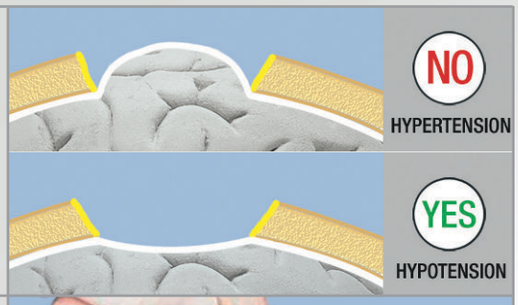
1. Anaesthesia

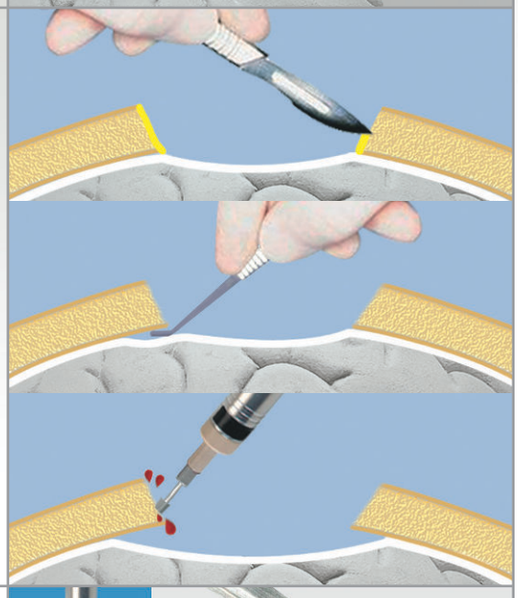
This specific type of implant foresees a preventive agreement between the surgeon and the anesthesiologist to always ensure endocranial hypotension throughout the surgery, which facilitates filling of the cranial defect and does not hinder the placing of the implant. A hypertensive brain can make placing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



2. Preparing the implant site

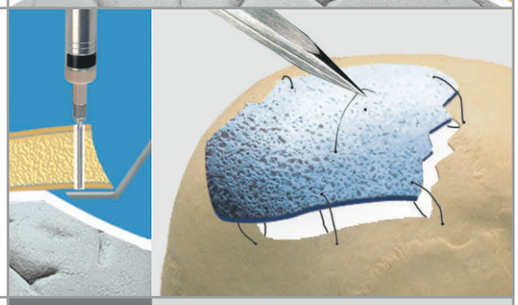
In order to fully benefit from CustomBone's regenerative properties and to favor cell colonisation, it is recommended to ensure maximum contact between the defect's bone edges (vital bone) and the implant through the following steps.

- 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).



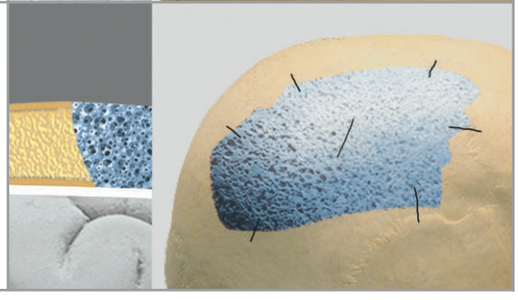
3. Implant Fixation

To fix the implant, the surgeon should prepare holes along the edge of the bone defect to match those present on the edge of the CustomBone 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.



4. Closing the surgical site

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



SURGICAL PHASE

FINCERAMICA regenerative surgery