

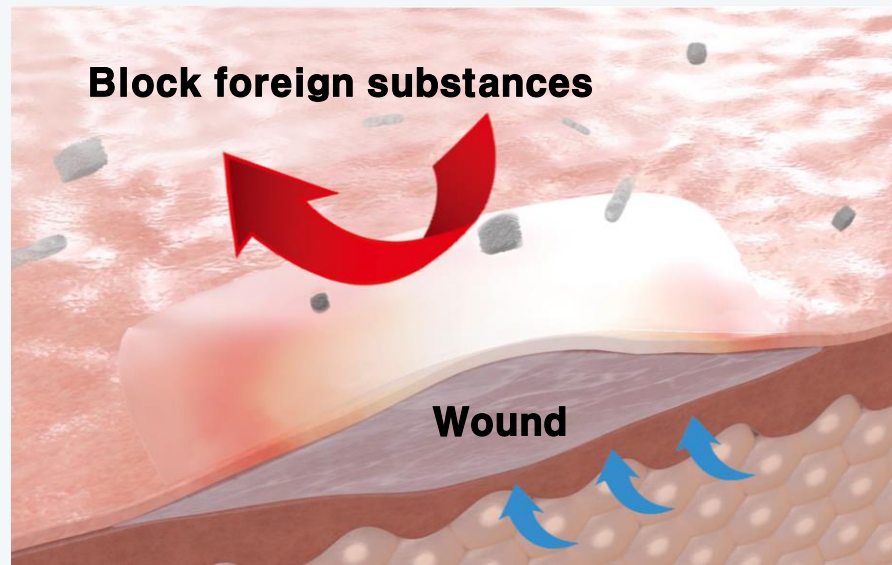
INTRA-ORAL WOUND DRESSING

Ora-Aid™



Intra-oral Wound Dressing (Ora-Aid)

Dressing system comprising a mucous-adhesive layer and a protecting layer.



Intra-oral Wound Dressing (Ora-Aid)

Protective Side

Water-insoluble polymer

Polymer on the protection side covers the wound to protect the applicable area from the external stimuli (e.g. virus, bacteria, saliva, food, etc.) in the oral cavity.

Adhesive Side

Water-soluble polymer

Reacts with water, blood and saliva changes into a gel state.

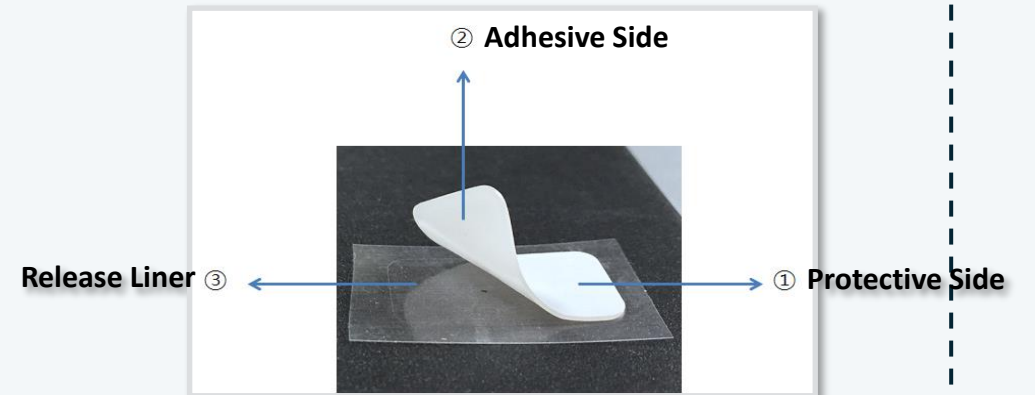
Strong adhesion when it is applied on mucosa.

Mandible : Less than 10 hours

Maxilla : Less than 20 hours

Release Liner

To shield the attachment side



- ✓ It should be trimmed according to the length of surgical site.
- ✓ The excess of saliva, blood should be removed by gauze and adapted to the surgical site with 5~10 sec of finger pressure.

FEATURES AND BENEFITS



- Protects Intraoral Wounds from food, bacterial and cigarette smoke
- Aids in homeostasis
- Protect suture thread from tongue irritation.
- Strong adhesion using hydrophilic polymer. (Self-adhesive with saliva)
- Protect the Healing factors in exudate that help heal the wounds
- Reduce pain and Sensitivity
- Prevent damage during initial wound healing period (generate blood clots and fibrin formation)
- Easy to cut into different shape/size

Wound Healing Process with Ora-Aid

Absorption of excessive exudate

Too much secretion makes Wound area macerated

Remains Healing Factors on the surface of the wound

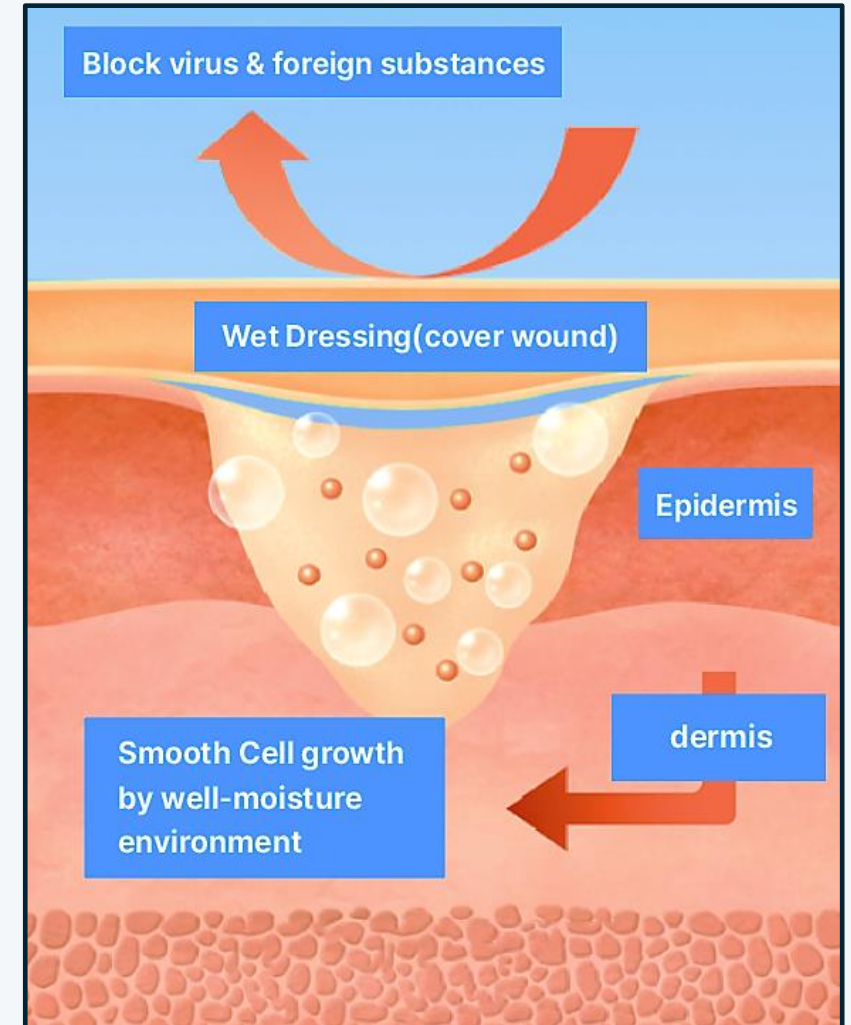
White Blood Cell Macrophage Proteolytic Enzyme
Cell Growth Factors

Protect Wound from temperature variation

Insulation improves blood supply and circulation, and makes cell move actively

Protect Wound from infection, external stimulus

Foods, smoke, infection factors



Intra-oral Wound Dressing (Ora-Aid)

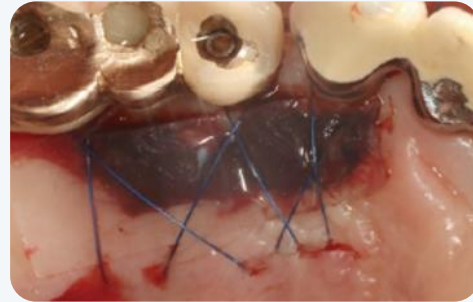


Quantity	20ea	20ea
Color	Red	Mint
Size	25x15mm	50x15mm
Code	AG-202A	AG-205A
Model	OB-23	OB-53

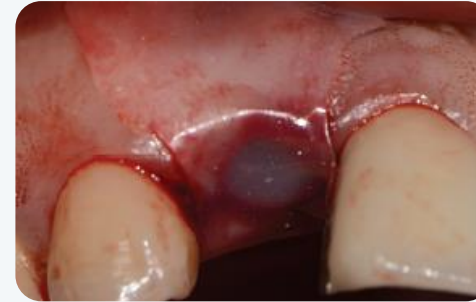
Where to use Ora-Aid ?



Socket Graft



F.G.G



Extraction



Implantation



Denture



Periodontal

Clinical case_ Socket grafting



Socket after extraction before grafting



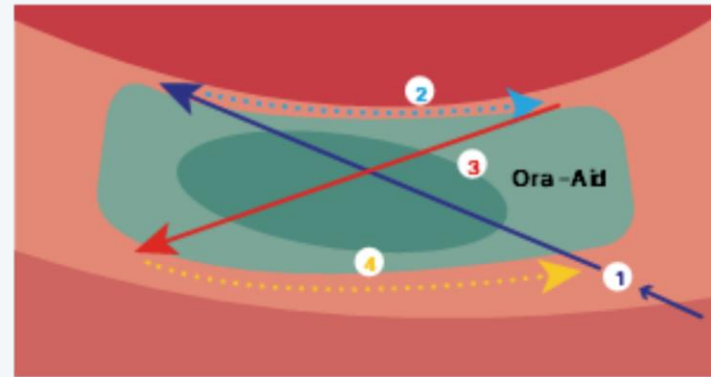
Socket grafting with bone graft material
A gap of 12 mm of exposed cement
will be protected by Ora-Aid



Ora Aid sutured in place to protect
the exposed bone graft material



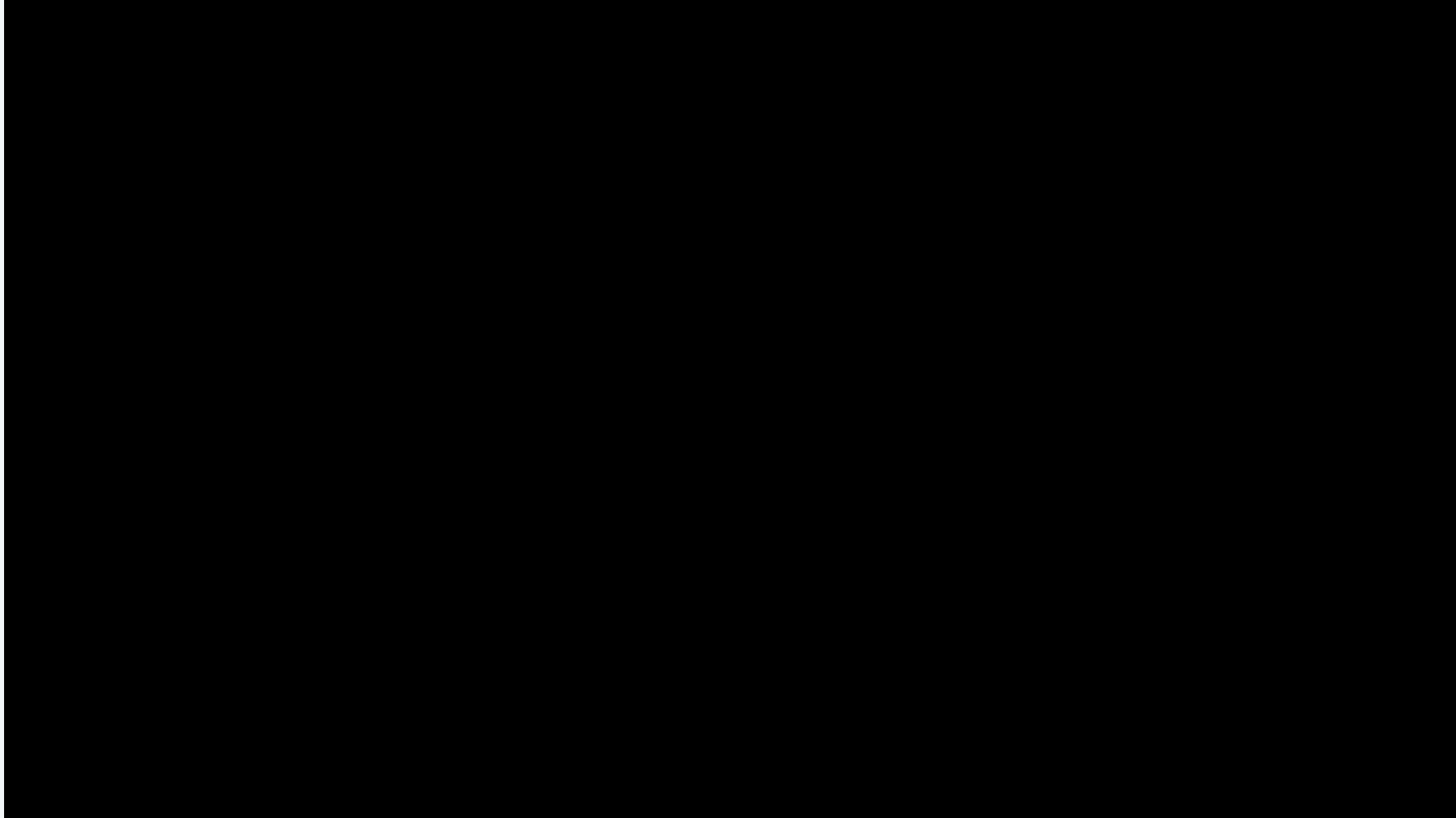
7 days post excellent reaction
between Ora-Aid / bone graft material / soft tissue
The exposed gap has almost completely closed



Suture Guide

Suture on Ora-Aid is the best way to extend attached time

▶ Socket graft case



Reference information: Please refer to our QR code or click the link for various clinical information and testimonials.

<https://youtu.be/Dg7-CSva2qU?feature=shared>

Socket grafting

Product	Membrane	Ora-Aid	Remark
Price	Expensive	More then reasonable	Some membrane price is more than US\$100 for 1ea
Sequence	Place Membrane inside of flap : Not easy Close flap : May need released incision and apply tension to close flap and it may damage to attached ligament . It is difficult procedure	If socket size is less than 12mm : Attach Ora-Aid on the wound and suture it according to provided protocol If socket size is bigger than 12mm : Stitch on the wound and same procedure with above	When wall defected, it should be use Membrane. Ora-Aid should be placed over the wound and sutured by provided protocol
Usability	Absorbable membranes Relatively good maneuverability, but less space for bone regeneration Non-absorbable membranes Relatively difficult to operate	Easy to trim in accordance with wound size, shape and to apply . Quickly adheres to the surface, saving time with no hassle .	A simple figure 8 suture can be placed over the Ora-Aid to provide longer protection for the area.

Clinical result **No difference** **Which product is more convenient to use and economical?**



After 7days

<Bond Graft Material + Ora-Aid + Suture>

Clinical case

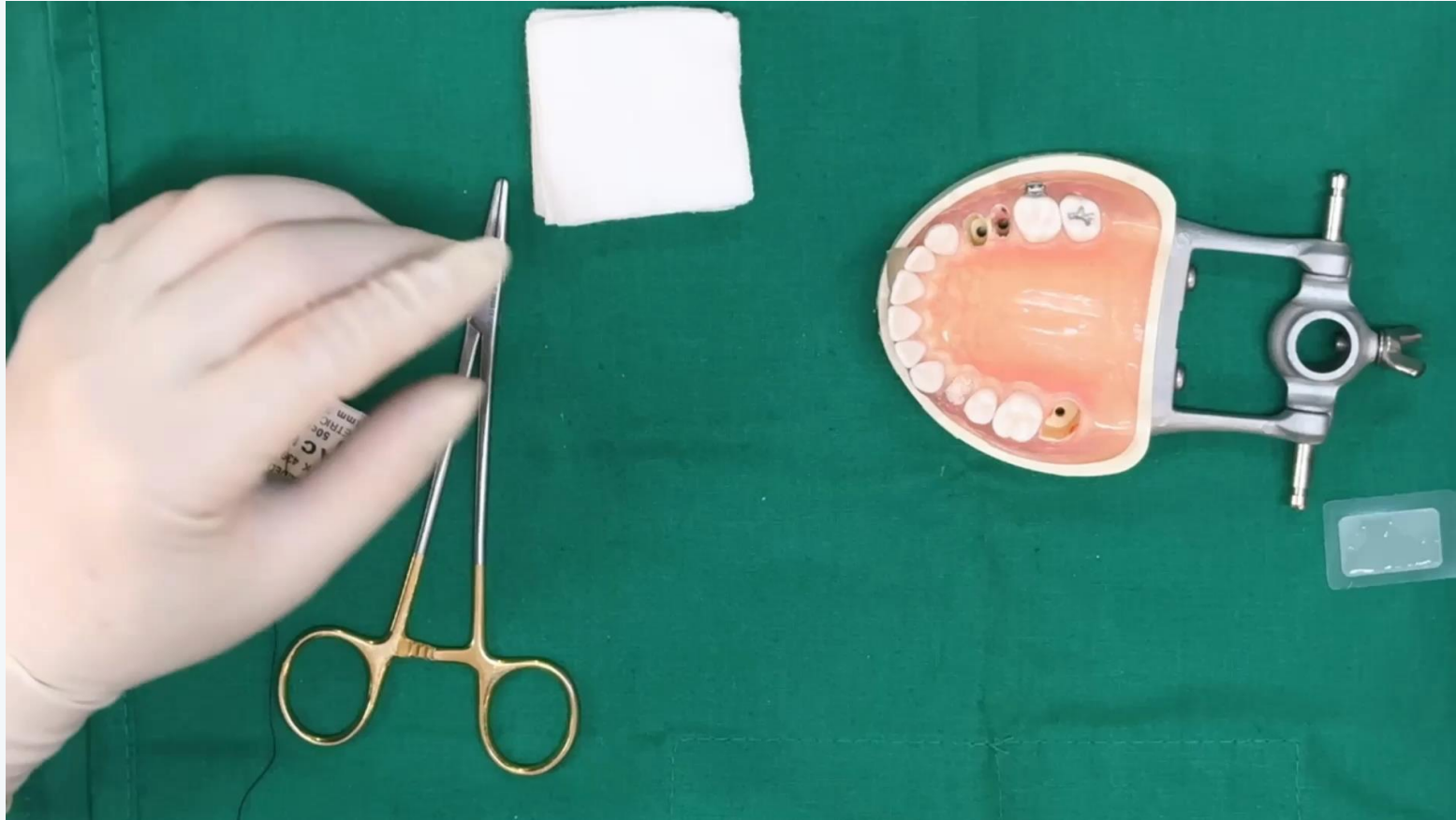


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Suture on Ora-Aid is the best way to extend attached time

► Socket graft case: Figure 8 suture

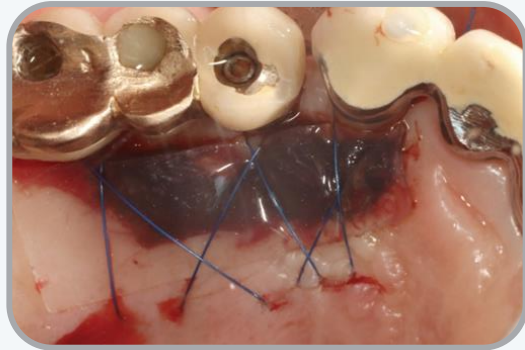


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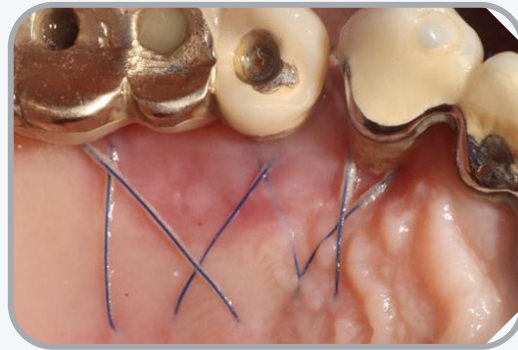
<https://youtu.be/OgYTOHuOPGA?feature=shared>

Clinical case_ FGG

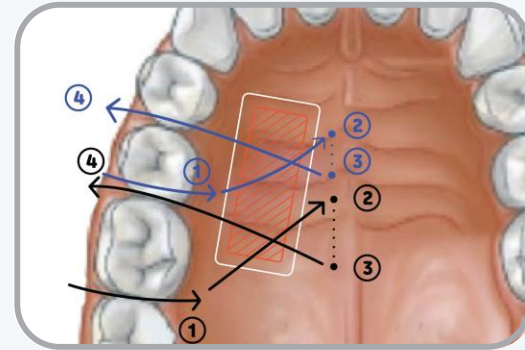
Case_1



Ora-Aid was applied to the palatal side and sutured to protect the surgical site.



10 days after the surgery, Donor site shows excellent healing



Suture Guide

Case_2



Case by Dr. kim jaeyoon

Obtain subepithelial connective graft tissue of palatal side



Case by Dr. kim jaeyoon

Donor site dressing with Ora-Aid



Case by Dr. kim jaeyoon

After 1 week donor site

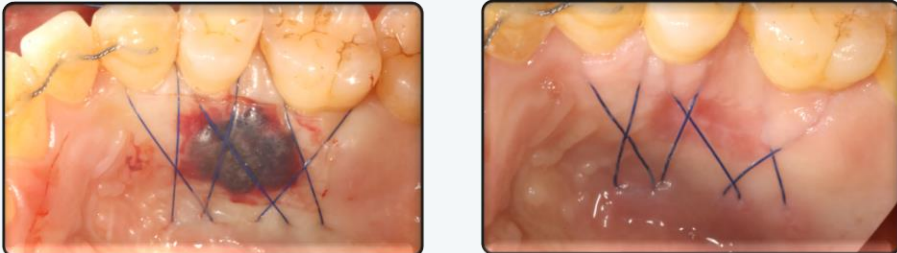

FGG(Free Gingival Graft)

How FGG cases have been treated so far

- **suturing:** Just painful
- **collagen tape and sutures:** simple, but costly, with little pain relief
- **3D printing:** Requires scanning, 3D printing, and modification; The process is cumbersome and expensive, patients tend to be uncomfortable wearing it
- **Flowable resin composite stent:** uncomfortable, not effective in reducing pain



Ora-Aid: An innovative solution for FGG cases that significantly reduces pain associated with the donor site, eliminates discomfort and foreign body sensation, and creates the best environment for healing, enabling faster hemostasis and healing.

	Ora-Aid	Remark
Price	More than reasonable	Ora-Aid: 20ea per box
Sequence	After suturing the donor site, simply attach Ora-Aid above the suture. We recommend suture if it needs to protect wounds around week.	Suture should be done by provided suture protocol.
Clinical case	 <p><Ora-Aid + Suture></p>	 <p>After 10days <Surgical + Ora-Aid + Suture></p>
Usability	The most effective way to relieve pain and support healing procedure yet easy to apply . Quickly adheres to surfaces for hassle-free .	Collagen tape at the donor site or using a flowable resin after applying Ora-Aid could be even more effective .



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CASE SERIES

Optimized Healing of the Donor Wound Area with Ora-Aid, the Miracle Mix Containing Polymers and Vitamin E: A Case Series

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Received date: November 2, 2021; Accepted date: November 16, 2021; Published date: March 31, 2022

Abstract

Aim: To assess the donor site (in the palate) wound healing in free gingival graft (FGG) procedures after the placement of Ora-aid wound dressing.

Methods: A total of five patients who underwent treatment for isolated gingival recession with free gingival graft procedure were enrolled for the study. The palatal donor site was covered with Ora-aid instead of the traditional acrylic stent. The various parameters assessed were: thickness of palate, pain using the visual analogue scale (VAS), measurement of size of surgical wound, wound healing assessment, direct visual assessment of oedema, suppuration, haemorrhage and necrosis and patient satisfaction through direct interaction/communication. Thus, the purpose of this case series was an objective observation of the donor site after the placement of Ora-aid dressing.

Results: All of the enrolled subjects showed significant improvement of the wound healing parameters. No untoward post-operative complications were reported.

Conclusion: Ora-aid can contribute to a substantial reduction in patient discomfort and thus can be a substitute for the acrylic stent.

Keywords: Ora-aid, Wound healing, Palate, Pain

Published article for FGG & CTG

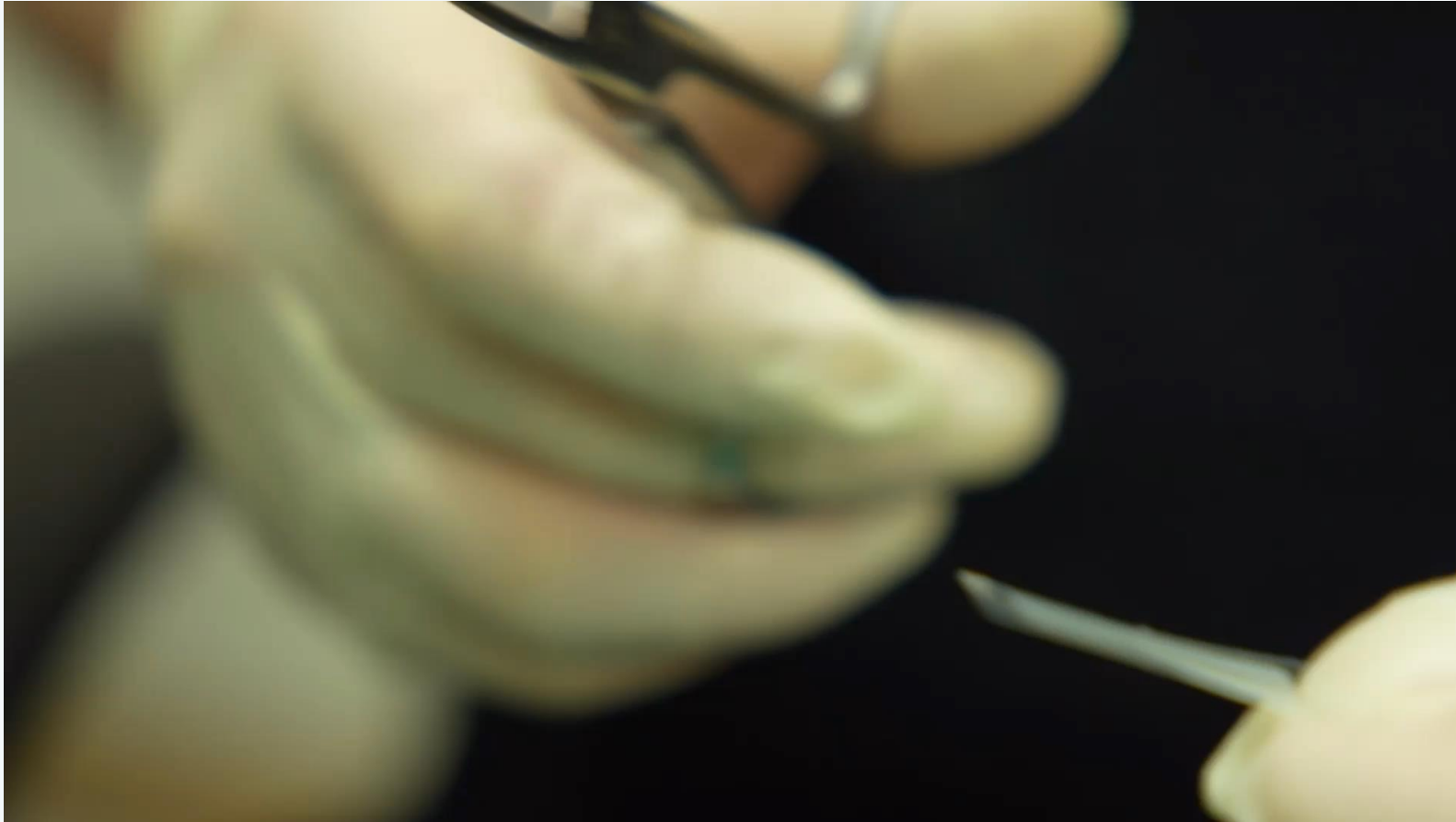
Results:

All of the enrolled subjects showed significant improvement of the wound healing parameters.

No untoward post-operative complications were reported.

Suture on Ora-Aid is the best way to extend attached time

►FGG case



Reference information: Please refer to our QR code or click the link for various clinical information and testimonials.

<https://youtu.be/FMURgLjNHMc?feature=shared>

Clinical case_ Extraction

Extraction 1



Clinical view of the OAC; the white arrows indicate oroantral communication.



OAC closure with Ora-Aid.



Clinical images from postoperative day 30.

Extraction 2



After extraction.



Apply Ora-Aid to the open socket to promote blood clotting and support healing.



After 7 days, you can see the growth and formation of granulation tissue.

Extraction

Ora-Aid is an innovative dressing that promotes rapid tissue healing after tooth extraction by increasing HGF levels in saliva and maintaining OPG levels to support soft tissue regeneration. It is particularly effective in mitigating delayed healing in smokers and facilitating more efficient oral wound recovery.

In OAC Case	Ora-Aid	SG	PRF
Advantages	Reasonable price , same recovery outcomes compared to other methods, but with the lowest VAS scores and dramatically shorter surgery time due to easy application and easy-to-handle materials	The most common techniques for protecting against blood clots that may form in the socket.	PRF accelerates soft tissue recovery by increasing fibroblast proliferation
Disadvantages	None	The porous gauze structure increases the risk of secondary infections, plaque buildup , and unpleasant odors . It's also a hassle to remove the gauze afterward.	Requiring additional technical equipment, preparation time(Average 10-15min). Additionally, collecting blood from patients may cause anxiety, and the preparation process may increase contamination risk .

Ora-Aid Features	<ul style="list-style-type: none"> Ora-Aid helps hemostasis of the surgical site and rapid natural healing of soft tissues, dramatically reducing patient pain and discomfort. Flexible and self-adhesive for easy manipulation. Quickly adheres to surfaces for hassle-free.
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Clinical case	 <p>< Acute Oroantral communication(OAC) closing with Ora-Aid ></p>	 <p>< Application of Ora-Aid after extraction of palatal lateral incisors ></p>
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Reference information: Please refer to our QR code or click the link for various clinical information and testimonials.

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Effect of novel ora-aid intraoral dressing on salivary healing markers in smokers with tooth extraction: A randomized controlled clinical study

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²Department of Maxillofacial Surgery, College of Dentistry, University of Babylon, Al Hillia, Iraq

ABSTRACT

Background and objectives. Socket healing following tooth extraction is considered a big challenge among dentists. However, there is no previous research testing the effects of novel commercial ora-aid dressing on the levels of salivary markers of wounds healing, osteoprotegerin (OPG) and hepatocyte growth factor (HGF) with relation to the smoking status among patients undergone tooth extraction.

Material and methods. The current study represents the first randomized, controlled, and clinical research conducted in Iraq from February to May 2022. Forty male outpatients (aged from 20-60 years) who visited the Surgery Clinic of the College of Dentistry, University of Babylon, Iraq, had tooth extraction. The patients were randomly allocated into four groups: smoker patients with ora-aid applied following extraction (N=11), non-smoker patients with ora-aid applied following extraction (N=9), smoker patients without ora-aid applied (gauze only; N=11), and non-smoker patients without ora-aid applied (gauze only; N=9). Levels of preoperative and postoperative (2 weeks after extraction) salivary HGF and OPG were measured.

Results. The results indicated that the levels of postoperative HGF were significantly higher in patients with ora-aid dressing compared to those without. Levels of postoperative OPG were significantly lower compared to their preoperative levels in non-smokers without ora-aid dressing. Smoking had significantly negative impacts on the levels of preoperative HGF.

Conclusions. The study concludes that commercial ora-aid attachable dressing can be safely applied on the fresh socket after tooth extraction and it can accelerate the healing of intraoral wounds by significantly elevating healing of salivary markers (HGF) and maintaining the levels of other healing marker (OPG).

Keywords: healing, ora-aid dressing, tooth extraction, salivary OPG, HGF

Abbreviations (in alphabetical order):

GLM	– General Linear Model	RANK	– Nuclear Factor Receptor Activator
HGF	– Hepatocyte Growth Factor	SD	– Standard Deviation
OPG	– Osteoprotegerin	SE	– Standard Errors

INTRODUCTION

Extraction of tooth is one of the prevalent actions made by maxillofacial surgeon and the healing of wounds following extraction is given special interests among dentists [1]. Wound healing refers to the physiological changes that aiming to restore the func-

tions and integrity of both soft and hard tissues following extraction [2]. Similar to other parts of body wounds, healing of oral socket includes sort of cellular changes starting with vascular alterations, inflammatory responses and endings with the restoration of the mislaid tissues [3]. In this regard, the interaction among secreted cytokines and growth

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Article History:
Received: 4 May 2024
Accepted: 24 June 2024

Published article for Extraction 1

Why Is Healing After Extraction Difficult?

- Tooth extraction creates challenges for oral tissue recovery.
- Smokers face delayed healing due to reduced blood flow and nicotine's effects on tissue repair.

How Ora-Aid Makes a Difference

Hepatocyte Growth Factor (HGF):

- Elevated significantly in patients using Ora-Aid.

Osteoprotegerin (OPG):

- Maintained better levels in non-smokers with Ora-Aid.
- Smoking significantly reduced HGF levels preoperatively.

Conclusions

The study concludes that commercial Ora-aid attachable dressing can be safely applied on the fresh socket after tooth extraction, and it can accelerate the healing of intraoral wounds by significantly elevating healing of salivary markers (HGF) and maintaining the levels of other healing marker (OPG).

Published article for Extraction 2

Is an Attachable Oral Wound Dressing Effective at Closing an Acute Oroantral Communication?



Yusuf Nuri Kaba, DDS,* Emrab Soylu, DDS, PhD,[†]
Abmet Emin Demirbas, DDS, PhD,[‡] and Musab Suleyman Kilavuz, DDS[§]

Background: An oroantral communication (OAC) is an acute opening after tooth extractions in the posterior maxilla that requires immediate closure. The search for a noninvasive and cost-effective OAC treatment method remains ongoing.

Purpose: This study assessed the effect of oral wound dressing (OWD) on acute OACs of 2-5 mm and compared it with suturing sterile gauze (SG) and plasma-rich fibrin (PRF).

Study Design, Setting, and Sample: A randomized, double-blind clinical trial was conducted at the Oral and Maxillofacial Surgery Department, Faculty of Dentistry, Erciyes University. The sample included patients aged >18 years, a 2-5 mm wide OAC without previous maxillary sinus pathology or surgical operation.

Predictor Variable: The primary predictor variable was the closure method used: OWD, SG, or PRF. OWD is a new produced and commercially available product that has been used for closure of oral wounds after periodontal or surgical interventions.

Main Outcome Variable: The primary outcome variable was OAC closure on postoperative day 30. The secondary outcomes were procedure duration and the pain scores of postoperative days 1, 3, and 7.

Covariates: The covariates were age and sex.

Analyses: Quantitative variables were compared between groups using the Kruskal-Wallis test. Qualitative variables were analyzed between groups using the Pearson's χ^2 test. Results with a P value <.05 were considered statistically significant.

Results: This study included 60 patients (30 females and 30 males). Clot formation was uneventful on postoperative days 1, 3, and 7 in all patients. OAC closure was successful in all patients on postoperative day 30. The success rate of OAC closure did not differ significantly between groups ($P > .05$). The surgical procedure duration was significantly shorter in the OWD group (1.2 ± 0.41 min) than in the SG (5.75 ± 0.97 min) and PRF (19.65 ± 2.74 min) groups ($P < .001$). Verbal analog scale scores differed significantly among the OWD (1.05 ± 1.43), SG (4.35 ± 2.85), and PRF (2.5 ± 1.82) groups on postoperative day 1 ($P < .001$).

Conclusion and Relevance: OWD is a less invasive and practical method for closing OACs.

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J Oral Maxillofac Surg 81:1557-1568, 2023

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Conflict of Interest Disclosures: None of the authors have any relevant financial relationship(s) with a commercial interest.

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Received July 3 2023
Accepted September 8 2023

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0278-2391/23/01099-6

<https://doi.org/10.1016/j.joms.2023.09.006>

What are the limitations of traditional OAC treatments?

- OAC has been treated with Sterile Gauze (SG) or Plasma-Rich Fibrin (PRF).
- SG needs multiple applications and does not aid healing, while PRF is invasive and time-consuming. Both methods lack efficiency.

How is Ora-Aid a better alternative?

- Ora-Aid is less invasive, promotes faster healing, and is easy to apply, making it a more practical and efficient solution for OAC closure.

Can Ora-Aid be used for general extractions?

- Yes, Ora-Aid is effective for both OAC closure and general extractions, providing wound protection and enhancing healing in various dental procedures.

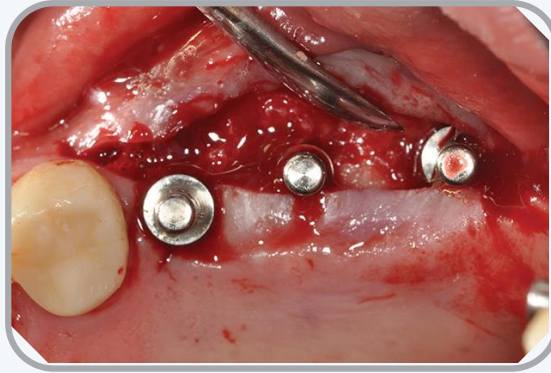
Conclusions

Oral Wound Dressing(Ora-Aid) is a less invasive and practical method for closing OACs.

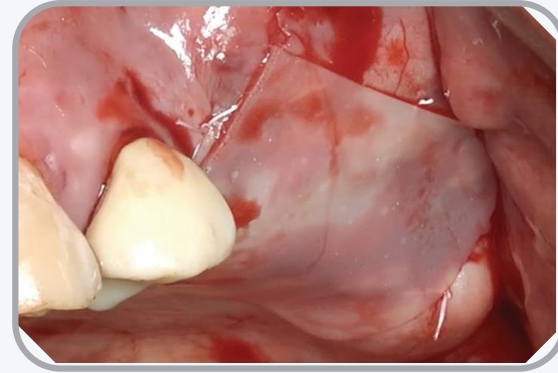
Clinical case_ Immediate Implantation



Before implant



Surgery



After surgery & suture, dressing with Ora-Aid



Excellent blood clot was formed
on next day



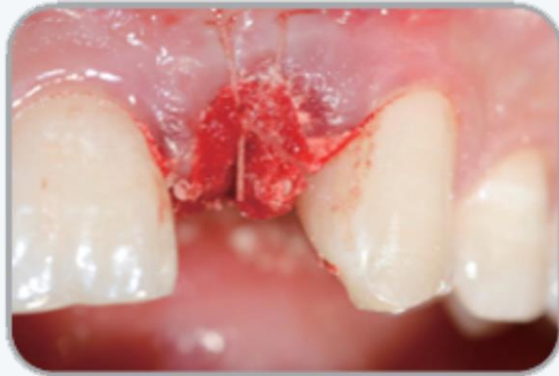
After 2 weeks



After 1 month

Clinical case_ **Implantation**

After implant placement and bone grafting



Exposed graft is protected by absorbable collagen sponge plug (Heliplug) secured in place above the graft



Apply Ora-Aid to the wound to protect it and create an ideal healing environment



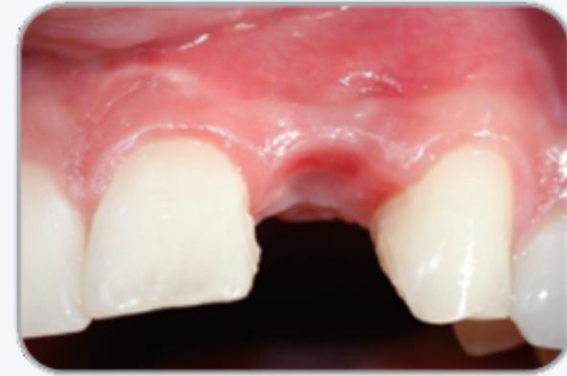
Ora-Aid placed on the wound



The temporary crown holds Ora-Aid in place without the need for sutures



Soft tissue appearance 1 week post-op




3 months post-op

Implant placement

Ora-Aid is significantly enhancing hemostasis, promoting the early formation of a blood clot, which aids in the healing process. Additionally, it protects the affected area from external stimuli and secondary infections, creating an optimal healing environment. Furthermore, it dramatically reduces the patient's pain, providing significant benefits from the patient's perspective.

While it does not remain in place for a long time without sutures, even just 2-3 hours of wound protection can have a positive effect. Its greatest advantages include pain relief and hemostatic effects, in addition to other benefits. If you want to extend the attachment time of Ora-Aid after implant placement, sutures are essential. However, if a temporary crown is applied, the same effect can be achieved without sutures as the attached Ora-Aid can be pressed by temporary crown to secure it in place.

	Ora-Aid	Remark
Price	More than reasonable	Ora-Aid: 20ea per box
Sequence	After suturing the surgical site, place an Ora-Aid, and attach a temporary crown over it.	Temporary crown anchors the Ora-Aid and holds it for an extended period of time(case1) without requiring a suture.
Clinical case	 <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center; width: 20%;">Ora-Aid placed on the wound</div> <div style="text-align: center; width: 20%;">The temporary crown holds Ora-Aid in place without the need for sutures.</div> <div style="text-align: center; width: 20%;">Soft tissue appearance 1 weeks post-op</div> <div style="text-align: center; width: 20%;">3 months post-op</div> </div>	
Features	<ul style="list-style-type: none"> • Ora-Aid helps hemostasis of the surgical site and rapid natural healing of soft tissues, dramatically reducing patient pain and discomfort. • Flexible and self-adhesive for easy manipulation. • Quickly adheres to surfaces for hassle-free. 	



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<https://tbmkorea.sharepoint.com/sites/TBMsharedfolder/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FTBMsharedfolder%2FShared%20Documents%2FOra%2DAid%20eng%2FEducational%20material%20for%20Ora%2DAid%2FSalesPoint%2FTemporary%20Crown&p=true&ga=1>

Suture on Ora-Aid is the best way to extend attached time

► Temporary Crown



Reference information: Please refer to our QR code or click the link for various clinical information and testimonials.

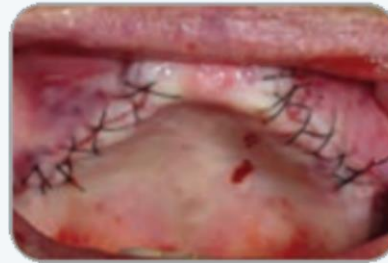
<https://youtu.be/rHgod3dRjUs?si=ckvxbXB9VpKkpMrH>

Clinical case_ Temporary Denture

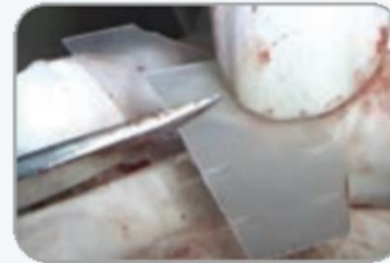
Case_1



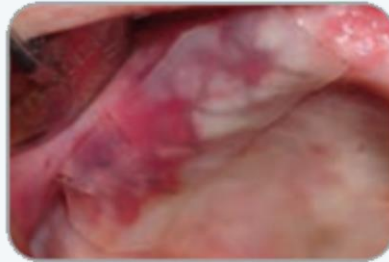
Panoramic shooting to check the location of the implant



Wiping the surgical site and blood control after implant placement.



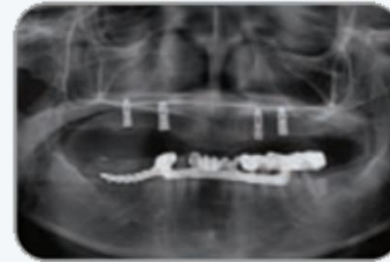
Cutting the Ora-Aid to attach it on the wound suitably



Right side application (the retention time is depends on the attachment method)



Left side application



Postoperative panormaic imaging

Case_2



Suture



Dressing with Ora-Aid



Ora-Aid helps with hemostasis at the surgical site and promotes the rapid natural healing of soft tissues, dramatically reducing patient pain and discomfort.

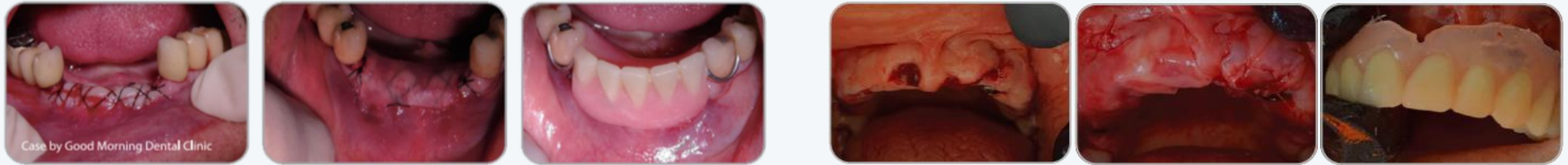
Temporary Denture

For patients needing dentures, tooth extraction is necessary, and implant placement may be required depending on the patient's condition. During the healing period, temporary dentures are essential for aesthetics and eating but can be difficult to wear due to pain. Ora-Aid acts as a protective cushion, reducing friction and irritation while promoting healing. It helps minimize pain and creates a comfortable environment for patients wearing temporary dentures.

Sequence

After suturing, apply Ora-Aid before wearing the denture.

Clinical case



Temporary Denture

Features

- **Pain Reduction:** With its thin and flexible design, Ora-Aid's dressing gently covers the wound, acting as a bumper between the wound and denture to reduce pain caused by denture use.
- **Healing:** Ora-Aid helps accelerate tissue regeneration by keeping naturally occurring growth factors on the wound surface for a longer period. This allows for faster wound healing even while wearing dentures.
- **Hemostasis Promotion:** Ora-Aid is effective in promoting hemostasis by helping to control bleeding and compressing the wound area, like gauze in a bandage. Additionally, it's made of a mucosal adhesive synthetic cellulose that reacts with saliva, making it easy to use.
- **Anti-inflammatory Effect:** By creating a barrier against bacteria and irritation, it helps prevent inflammation and reduce discomfort associated with denture use.



Reference information: Please refer to our QR code or click the link for various clinical information and testimonials.

<https://tbnkorea.sharepoint.com/sites/TBMsharedfolder/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FTBMsharedfolder%2FShared%20Documents%2FOra%2DAid%20eng%2FEducational%20material%20for%20Ora%2DAid%2FSalesPoint%2FDenture&p=true&ga=1>

Incorrect usage cases



At the moving mucosa and tongue.



Too much saliva and blood



At a dry wound



Chronic ulcer that has not improved over one month, accompanied by severe inflammation.



A space was created due to incorrect attachment.

Recommendations!

Soft tissue refers to movable parts, and Ora-Aid does not remain attached for a long time due to its movement. If it is attached to the maxillary area, it stays in place longer than on the mandible due to the lower amount of saliva.

FAQ



Q. What is Ora-Aid made from?

The adhesive side is composed of a water-soluble polymer, while the protective side consists of a water-insoluble polymer. Ora-Aid, made from polymeric materials like hydroxyethyl cellulose, has its full material list available in the original FDA filing.

Q. Do we need to remove the protection layer from Ora-Aid?

Ora-Aid is composed of two layers: a protective layer and an attachment layer. When the attachment layer completely dissolves due to moisture or saliva in the mouth, the protective layer remains adhered to the site (see additional question below concerning suturing).

Q. Can we use the Ora-Aid in the case of perforation of the sinus membrane?

Ora-Aid should not be implanted into the perforation. However, it could be used externally only to protect the extraction site. Please refer to extraction case information especially OAC case.

Q. Can Ora-Aid be sutured in place for a longer period? What is the suture protocol?

Ora-Aid is a wound dressing adhesive band made of polymer, which contains two layers. The outer layer is a protective layer that turns into an adhesive gel when it comes into contact with blood, saliva, or water.

The adhesive layer only lasts up to 6-12 hours, so if you want the protective layer for a longer duration, you need to secure the Ora-Aid in place using sutures and follow the suture protocol.

Please note that the protection layer is non-resorbable, so it will have to be removed if non-resorbable sutures are used, and in case of resorbable sutures, the protection layer will simply fall off, when it is longer secured. Please be sure to watch the suture protocol video.

FAQ



Q. Can Ora-Aid remain on the site for longer than a few hours?

Yes, in general, Ora-Aid is meant to stay on the site for around 6-12 hours. However, Ora-Aid can certainly be used to protect the site for a longer period of time. If you require a longer attachment time, you should suture the Ora-Aid to the wound, ensuring that you follow the recommended suture protocol.

Q. Why would the Ora-Aid not stick well or fall off too quickly?

If Ora-Aid did not stick well or fell off too quickly, the most likely explanation is that it was attached incorrectly to the surface of the wound or the affected area. Please be sure to follow the directions exactly. Ensure that Ora-Aid is cut into the proper shape and size. Place the Ora-Aid on the wound area and press it for 5-10 seconds to create a strong adhesion. Additionally, please note that although Ora-Aid requires some moisture for attachment, too much moisture will affect adhesion. So, in the case of excessive moisture, try to remove it using gauze on the wound. Furthermore, we recommend always attaching Ora-Aid to hard tissue. If you only attach it to soft tissue, it may not last long or adhere properly due to the movement of soft tissue and muscles.

Q. Does Ora-Aid have FDA 510-K clearance?

Yes!



Take a step with us

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Thank you!