



Resorb-Vet™

Resorbable Plate and Pin System

Perfect Reconstruction
Fast and Easy to Use
Strong Fixation in Bone
Fully Resorbable



Perfect Reconstruction

Indications (non-load bearing bones)

- Cranial Fx.
- Cranial reconstruction after tumor resection or craniotomy.
- Midface Fx and reconstruction.
- Zygomatic bone Fx.
- Traumatic and congenital hard palate repair.
- Wound closure after tooth extraction.



Optimal Anatomical Adaptation

A wide range of plates and pins is available for your unique surgical need.

Plates can be cut and formed in the sterile, warm water bath for a perfect 3-D implant.



Fast and Easy to Use

Strong fixation in bone

Ultrasonic energy is employed to liquefy the Resorb-Vet™ pins and to fuse them into the bone, creating a strong, 3-D anchorage. The insertion takes only a few seconds.

The thermal impact on the bone is minimal and does not disturb bone healing and osseointegration.

Only unicortical bone is needed as the pins bond to the polymer plate creating a stable construct.



Fully Resorbable

No implant removal

- The polymer of the Resorb-Vet™ has a functional time of 6–8 weeks.
- The polymer is degraded by hydrolysis and is completely resorbed within 6–12 months.
- No metal implant-related late complications.



Resorb-Vet™ System

Versatile & Easy to use

The Resorb-Vet Plating System consists of resorbable pins and plates that are fused into the bone and together with an ultrasound powered handpiece. Other VetWelding products, like the Weldix® Anchor System and the HyLock™ System, can be applied with the same system.



Literature and Reference

1. **Langhoff, J.** "Anchoring implants into bone – an in vivo approach," Graduate School for Cellular and Biomedical Sciences, University of Berne, 2009.
2. **Pilling, E., et al.** (2007). "An experimental study of the biomechanical stability of ultrasound-activated pinned (SonicWeld Rx+Resorb-X) and screwed fixed (Resorb-X) resorbable materials for osteosynthesis in the treatment of simulated craniosynostosis in sheep." Br J Oral Maxillofac Surg 45(6): 451-456.

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