

Better Quality of Life for Your Patients

Interview with PD Dr. Daniel Thoma
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What do you like about Geistlich Fibro-Gide®?

What I like most about Geistlich Fibro-Gide® is its unlimited availability and its standardized quality. In contrast to subepithelial connective tissue grafts, Geistlich Fibro-Gide® does not give a reason to worry about limitations in terms of quantity and quality. Moreover, avoiding a second surgical site reduces patient morbidity as well as my surgical time.

Do you see any risks in the use of Geistlich Fibro-Gide®?

Every surgical intervention is associated with certain risks. Thus, in the case of Geistlich Fibro-Gide®, incomplete wound healing might occur with exposure of the material to the oral cavity. Based on our clinical observations, such complications do not result in any local infection, and the material does not have to be removed. As such, I would even expect less risk than with the use of a subepithelial connective tissue graft.

When patients need a soft-tissue augmentation procedure, what do you tell them?

I usually offer my patients two options when a soft-tissue grafting procedure is indicated. Option one is the use of a subepithelial connective tissue graft. This procedure is well-documented in the literature with long-term outcomes and considered the gold standard.

As an alternative, the use of Geistlich Fibro-Gide® is suggested, which offers benefits in terms of reduced patient morbidity, surgical time and unlimited availability. My patients are informed that the use of Geistlich Fibro-Gide® is less documented, but in pre-clinical and clinical research performed over a ten year period, the outcomes were non-inferior to the gold standard.^{1,2}

How do your patients benefit, and how do you benefit from using Geistlich Fibro-Gide®?

Advantages for me are the unlimited availability and standardized quality, as well as the ease of use and faster surgeries. My patients benefit from shorter treatments, less swelling and less morbidity since no second surgery is needed. Larger areas and more sites can be treated at the same time.

“Avoiding a second surgical site reduces patient morbidity as well as my surgical time.”

PD Dr. Daniel Thoma



¹ Thoma DS. et al. J Clin Periodontol. 2016 Oct; 43(10): 874–85 (clinical).
² Zeltner M. et al. J Clin Periodontol. 2017 Apr; 44(4): 446–453 (clinical).