

CARTILAGE ALLOGRAFT MATRIX Chondral Lesions Repair PROCEDURE BROCHURE

How to Successfully Treat Chondral Lesions

Though microfracture is a common solution for small articular cartilage defects, it produces fibrocartilage^{1,2} which has been associated with poor long-term outcomes.^{2,3} Augmenting microfracture repairs with MTF's Cartilage Allograft Matrix has been shown to recreate hyaline-like cartilage⁴ that more closely resembles patient's native anatomy.

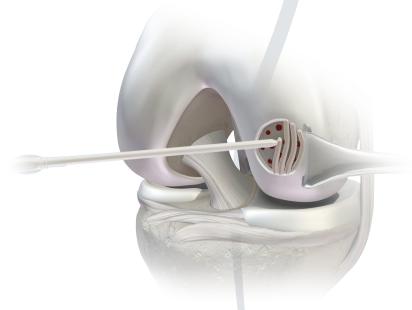






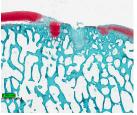
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Mfx only does not produce a full layer of hyaline cartilage

Problem:

Traditional microfracture creates fibrocartilage, poor long-term outcomes.

Articular hyaline cartilage is avascular tissue that provides joints with a low-friction and wear-resistant surface that provides shock absorption and high-load-bearing capabilities. Unfortunately, this tissue has limited regenerative capacity due to the absence of blood vessels and the low mitogenic potency of the chondrocytes. When treating cartilage defects and chondral lesions, surgeons have traditionally performed microfracture surgery to replace and create new cartilage on the articular surface.

The problem is that the cartilage created as a result of microfracture is not the same as the patient's native hyaline cartilage. Studies have shown that the main tissue formed after microfracture is fibrocartilage^{1,2,} which does not dissipate compressive force to the same degree as the original hyaline cartilage. As a result, this production of fibrocartilage may have an effect on durability and eventual failure. In fact, many researchers have observed that the long term results after microfracture are poor, with studies showing poor outcomes after 48 months.

CONMED Solution:

Improve your microfracture repair with Cartilage Allograft Matrix.

To help improve the outcomes of microfracture procedures, augmenting the microfracture technique with MTF's Cartilage Allograft Matrix could promote the growth of hyaline-like cartilage:⁴

Hyaline-Like Cartilage

As Cartilage Allograft Matrix tissue contains the extracellular matrix key components that are present in native articular cartilage, ⁴ it provides a better approach to standard microfractures as it provides a scaffold for the creation of hyaline-line cartilage. In an in-vivo animal study, it was found that the Cartilage Allograft



¹Oussedik et al. Journal of Arthroscopic and Related Surgery. Vol31, No 4 2015: 732-744

²Xu et al. Arthritis Research and Therapy (2015) 17:20

³Von Keudel et al. Eur J Radiol. 2012;81: 1618-1624

⁴Data on file, MTF

⁵Williams R. Cartilage Repair Strategies. 2007

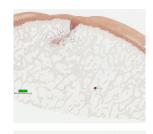
Matrix provided a layer of hyaline-like cartilage.⁴ Compared against standard microfracture, pathological O'Driscoll scoring showed that Cartilage Allograft Matrix was superior, performing 67% better in the medial femoral condyle and 50% better in the lateral proximal trochlear sulcus at six months.⁴

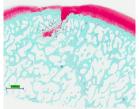
Off the Shelf Solution

Storable at an ambient temperature with a three year shelf-life, Cartilage Allograft Matrix tissue is a convenient, off-the-shelf solution for cartilage defects.

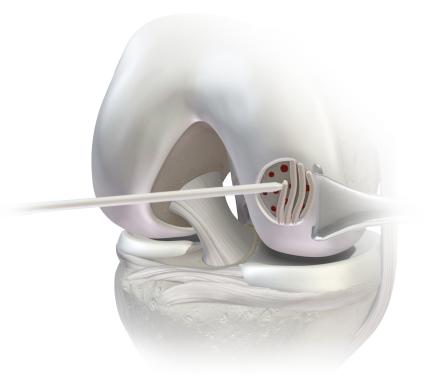
Minimally-Processed, High Quality Tissue

Cartilage Allograft Matrix is processed by MTF, one the nation's leading tissue banks. Since their inception, MTF has processed over 100,000 donors and distributed over 6 million grafts with an unparalleled safety record.





Cartilage Allograft Matrix produces a full bridge of cartilage across the defect



| Modified O'Driscoll Scores: 6 month time point4 | 25.0 | 20.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 | 21.0 |

Figure 1: Modified O'Driscoll Scoring of Medial Femoral Condyle and Lateral Proximal Trochlear Sulcus

"Compared against standard microfracture, pathological O'Driscoll scoring showed that Cartilage Allograft Matrix was superior, performing 67% better in the medial femoral condyle"





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