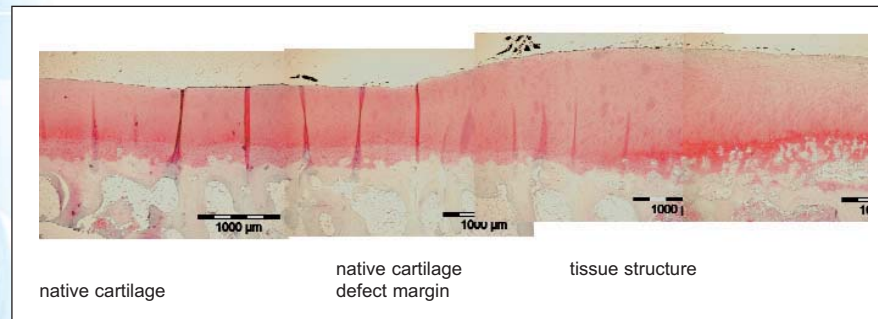




## Preclinical

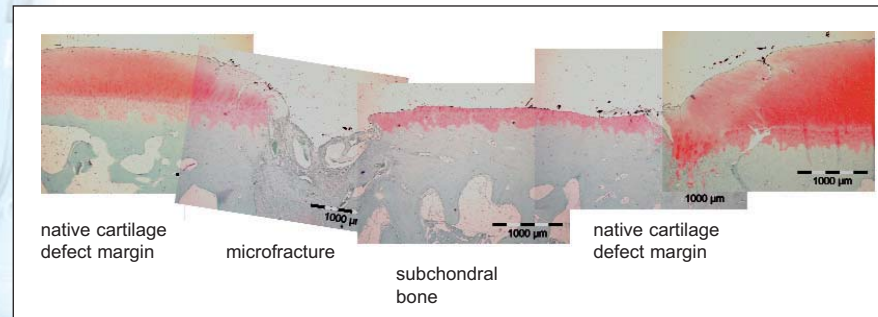
Preclinical studies suggest that chondrotissue® promotes the growth of cartilaginous repair tissue after microfracturing.



native cartilage

native cartilage  
defect margin

tissue structure



native cartilage  
defect margin

microfracture

subchondral  
bone

native cartilage  
defect margin

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## **Biotissue**

*is a leading company in the field of biological products for orthopaedics. Extensive research and development activities have now brought forth another innovative product for the management of cartilage defects.*

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## **chondrotissue<sup>®</sup>**

is used in microfracturing and Pridie drilling to induce hemostasis and protect the underlying tissue in degenerative and traumatic lesions of articular cartilage.

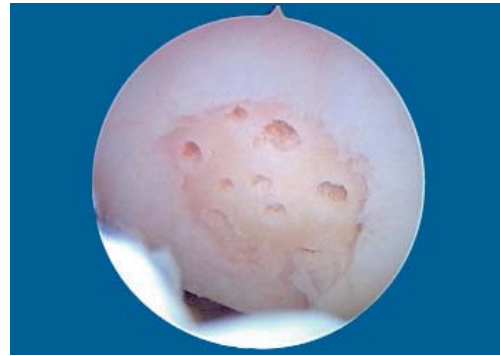
# 1 Autologous blood donation before arthroscopy



To restore the elastic properties it is recommended to mix chondrotissue® with human serum before implantation. For this purpose, about 9 ml blood should be drawn from the patient **before the arthroscopy**. Then centrifuge the blood 10 minutes or leave to stand at room temperature for about 30 minutes until the blood clot has settled.

**Important:** please use **serum monovettes**, not EDTA monovettes. If no serum is available, Ringer's solution or isotonic saline solution can be used, or if too little serum is available it can be supplemented with one of the two solutions.

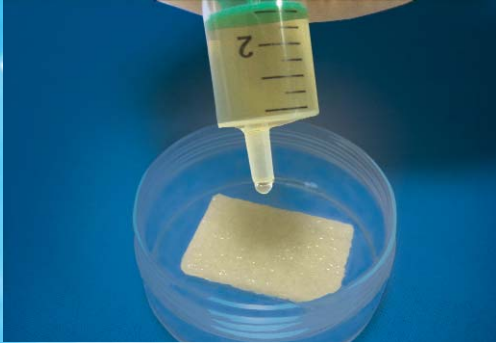
# 2 Microfracturing



After debridement, the defect should be measured and the subchondral bone perforated with an awl at a distance of about 3 - 5 mm during arthroscopy.

(Steadman et al., Microfracture to treat full-thickness chondral defects: surgical technique, rehabilitation and outcomes. J Knee Surg 2002; 15(3): 170-176)

### 3 Preparation of chondrotissue®



Cover chondrotissue® with the patient's own serum (2 - 3 ml fluid is sufficient) and leave to stand for about two minutes. This can be done directly in the supplied sterile container. The moistened chondrotissue® can be cut exactly to size to fit the defect.

### 4 Fixation of chondrotissue®



chondrotissue® can be fixed in the defect employing commonly used orthopaedic fixation methods, e.g.:

- fibrin glue: Please apply the fibrin glue to the edges of the chondrotissue® previously placed in the defect and distribute it evenly
- bioresorbable pins
- transosseous fixation
- cartilage suture

## 5 Rehabilitation

The information given below is intended only as a guide and depends on the size and the site of the defect, the patient's age and the general demands of daily living.

### Femoral and tibial defects

	Week 1	Week 2 - 6	After 6 weeks
<b>Loading/ Mobilisation</b>	Foot sole contact with walking support/ Braces	Foot sole contact with walking support/ Femorale condyle – CPM* with restriction Week 2 - 3: 0/0/60° Week 4 - 6: 0/0/90°	Increase of loading to full body weight after two weeks/ Free mobility (pain-related restriction)
<b>Walking, sport</b>	Mobilisation	Aqua gymnastics, swimming	Aqua jogging After 8 weeks: cycling After 6 months: jogging After 6 - 12 months: skiing After 18 months: contact sports

### Patellar and trochlear defects

	Week 1	Week 2 - 7	After 7 weeks
<b>Mobilisation</b>	Braces	CPM* with restriction: Week 2 - 3: 0/0/30° Week 4 - 5: 0/0/60° Week 6 - 7: 0/0/90°	Free mobility (pain-related restriction)
	0 - 14 days	Week 3 - 4	After 4 weeks
<b>Loading</b>	Foot sole contact with walking support	50% body weight with walking support; Climbing stairs only with healthy leg	Increase of loading to full body weight after two weeks

\* CPM = continuous passive motion

Please read the package leaflet for more information about the product and its use