

ProChondrix[®] CR

Cryopreserved Fresh Osteochondral Allograft

Operative Technique

Knee



Description and Indication

ProChondrix CR is a cryopreserved fresh osteochondral allograft product that may be used in a variety of orthopaedic reconstructive procedures to aid in repair of articular cartilage lesions.

Operative Technique

Patella Articular Surface Lesion

Step 1

The patient should be placed supine on the operating table. If desired, a standard arthroscopic knee set up is used with a leg holder allowing for a routine knee arthroscopy to be performed prior to the arthrotomy and ProChondrix CR insertion. Extension can be accomplished by placing the foot onto a sterile Mayo stand.



Fig. 1

Operative Technique

Step 2

A parapatellar arthrotomy is performed on the same side as the lesion, large enough to allow for eversion of the patella.

Exposure is often improved by placing a Hohmann retractor in the femoral notch. Excision of some of the fat pad can also aid in exposure.

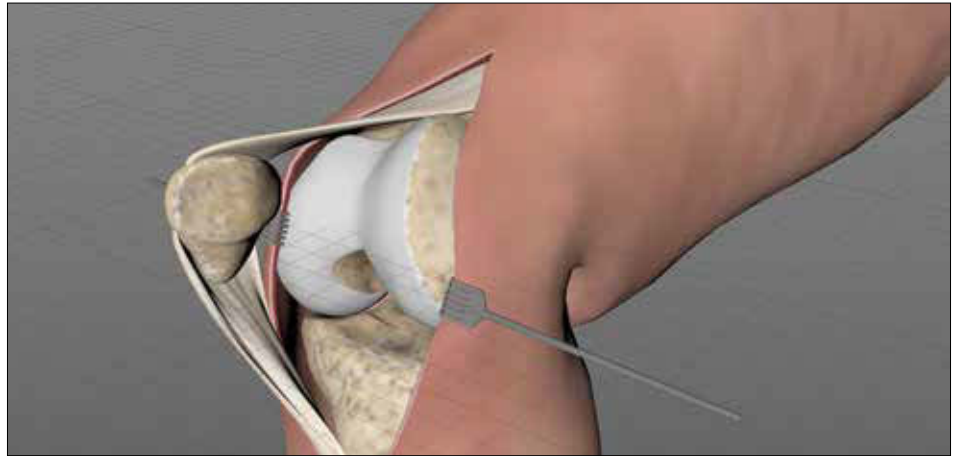


Fig. 2

Step 3

The lesion and surrounding cartilage are carefully inspected. If necessary, use the sizing instrumentation to determine lesion size and ensure the appropriate sized ProChondrix CR graft is used and the corresponding sized instrument assembly is utilized.

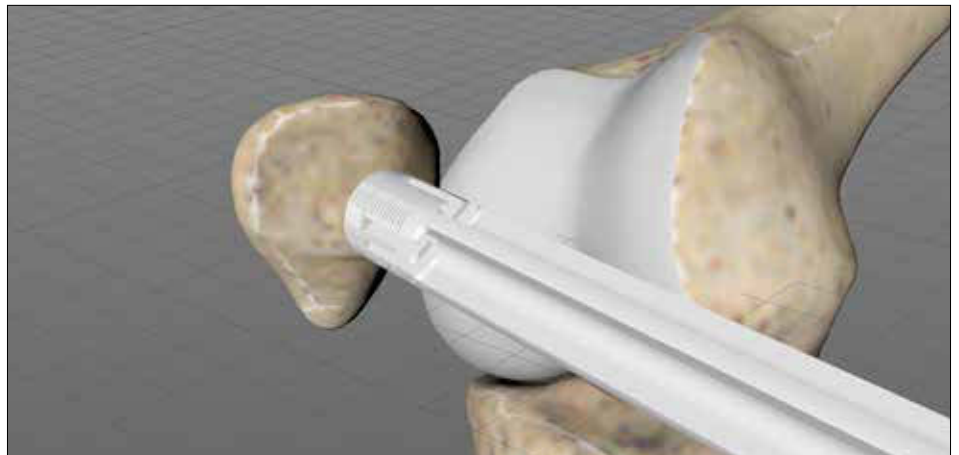


Fig. 3

Step 4

With the patella everted and securely held, use the ProChondrix Disposable Instrument set that corresponds with the desired size ProChondrix CR graft, excise the osteochondral defect including all damaged and loose cartilage. The defect should be debrided to the subchondral bone layer. A curette can then be used to remove remaining remnants of fibrous tissue and cartilage, ensuring the native articular cartilage maintains healthy, vertical walls.

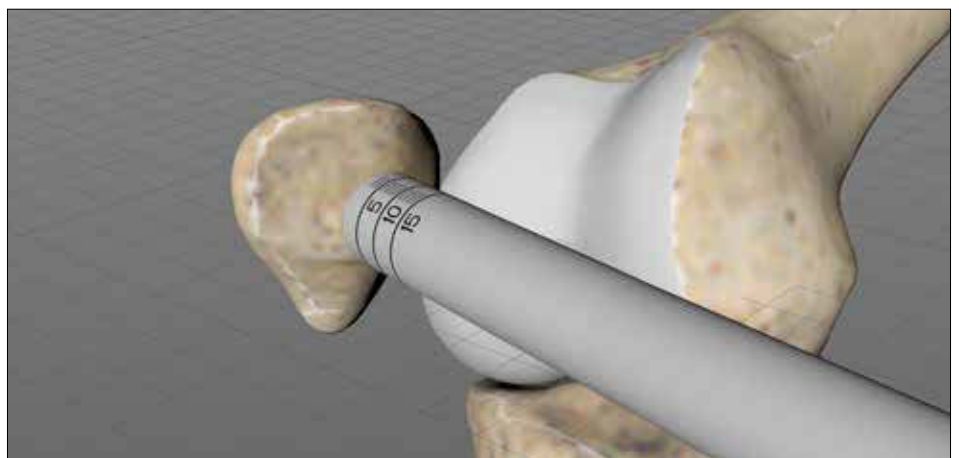


Fig. 4

Operative Technique

Step 5

If desired, perform bone marrow stimulation per surgeon preference.

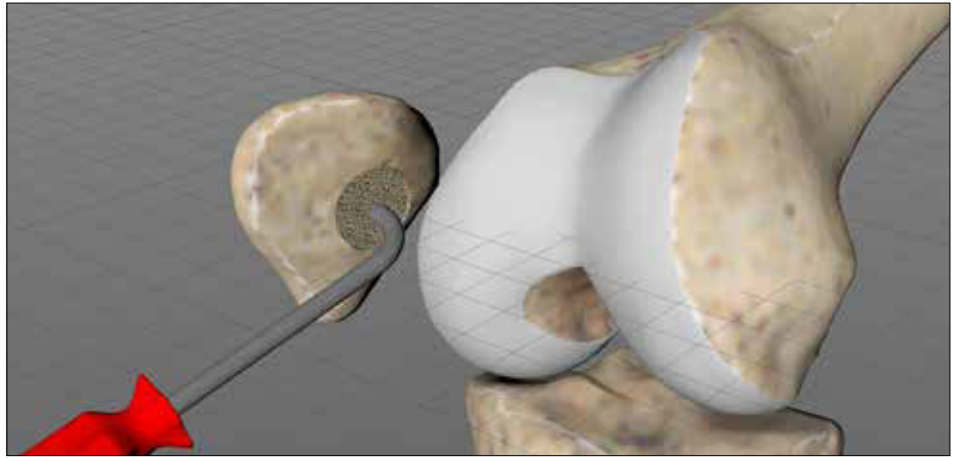


Fig. 5

Step 6

The osteochondral defect is then prepared for ProChondrix CR application by completely drying the defect.

Implant the ProChondrix CR graft into the prepared osteochondral defect with the laser etched side down towards the subchondral bone. Graft fixation should be done using the surgeon's preferred material and technique. Ensure the graft does not protrude above the surrounding native articular cartilage surface.

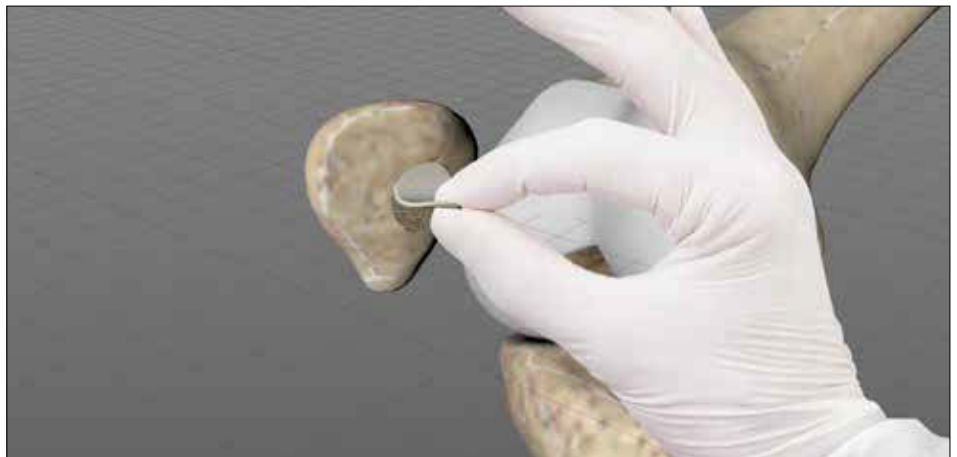


Fig. 5

Step 7

Wound closure is performed per the surgeon's preference.

Operative Technique

Femoral Condyle Articular Surface Lesion

Step 1

The patient should be placed supine on the operating table. If desired, a standard arthroscopic knee set up is used with a leg holder allowing for a routine knee arthroscopy to be performed prior to the arthrotomy and ProChondrix CR insertion. The top of the leg holder is put on loosely so that it may be removed and the knee can be brought into deep flexion if necessary to improve access to posterior femoral condyle lesions.



Fig. 7

Operative Technique

Step 2

A parapatellar arthrotomy is performed on the same side as the lesion. Exposure is often improved by placing a Homan retractor in the femoral notch. Excision of some of the fat pad can also aid in exposure. Flexion and extension of the knee can be used to expose lesions that are more posterior or anterior respectively.

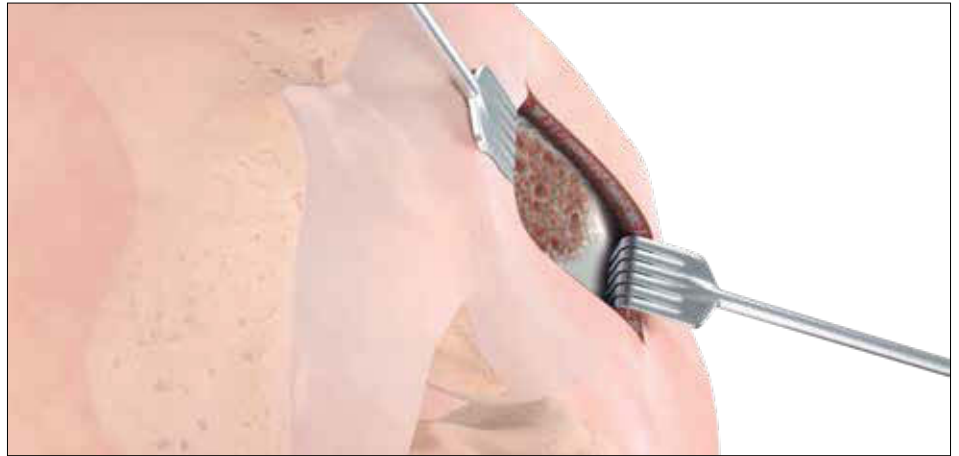


Fig. 8

Step 3

The lesion and surrounding cartilage are carefully inspected. If necessary, use the sizing instrumentation to determine lesion size and ensure the appropriate sized ProChondrix CR graft is used and the corresponding sized instrument assembly is utilized.



Fig. 9

Step 4

Using the ProChondrix Disposable Instrument set that corresponds with the desired size ProChondrix CR graft, excise the osteochondral defect including all damaged and loose cartilage. The defect should be debrided to the subchondral bone layer. A curette can then be used to remove remaining remnants of fibrous tissue and cartilage, ensuring the native articular cartilage maintains healthy, vertical walls.



Fig. 10

Operative Technique

Step 5

If desired, perform bone marrow stimulation per surgeon preference.

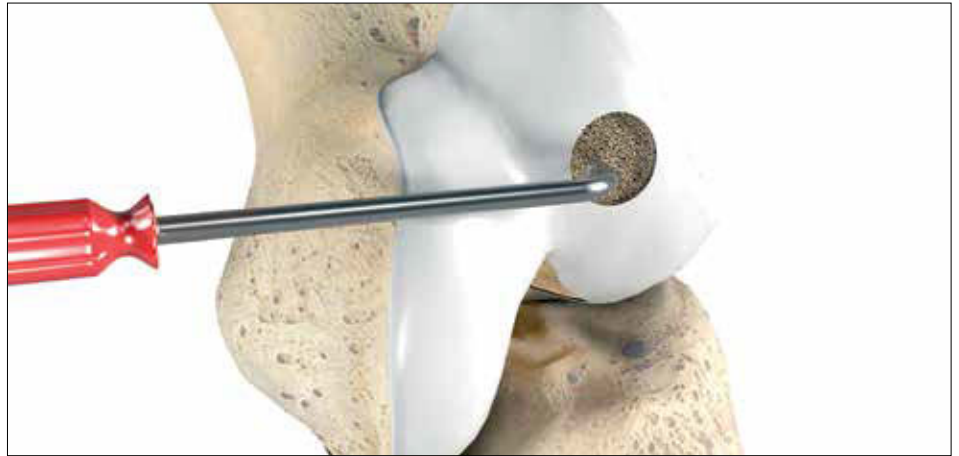


Fig. 11

Step 6

The osteochondral defect is then prepared for ProChondrix CR application by completely drying the defect.

Implant the ProChondrix CR graft into the prepared osteochondral defect with the laser etched side down towards the subchondral bone. Graft fixation should be done using the surgeon's preferred material and technique. Ensure the graft does not protrude above the surrounding native articular cartilage surface.

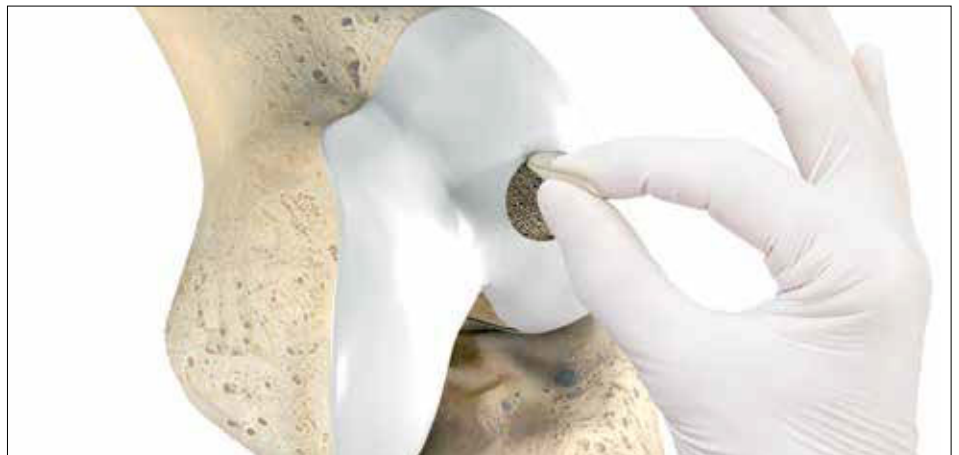


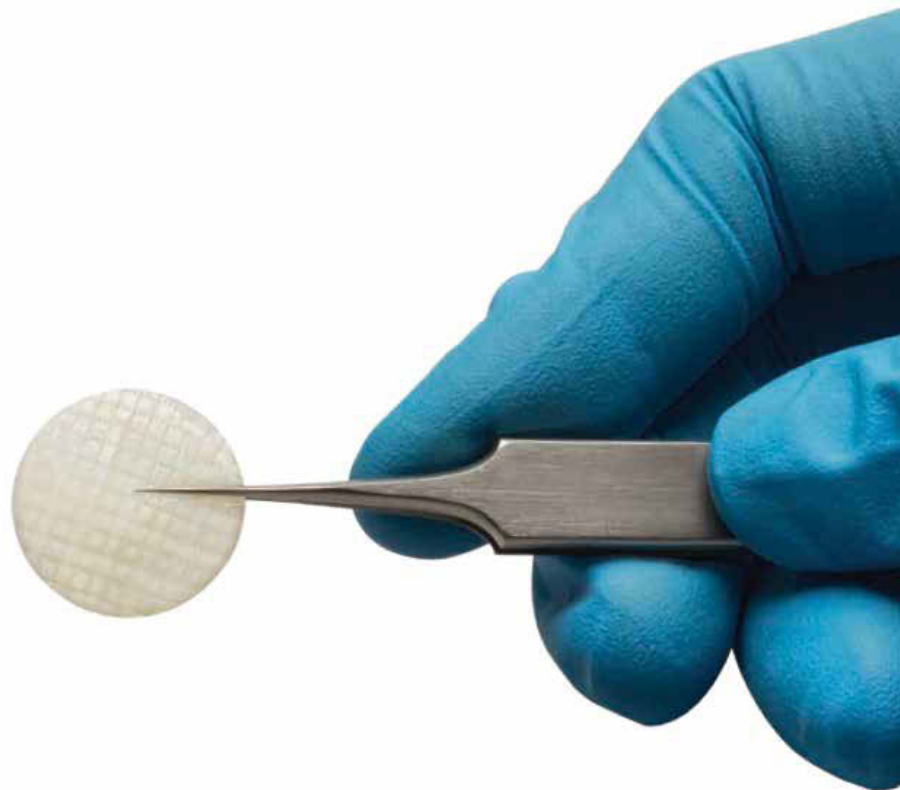
Fig. 12

Step 7

Wound closure is performed per the surgeon's preference.

Ordering information

Ref #	Description
0234110011	ProChondrix CR 11mm
0234110013	ProChondrix CR 13mm
0234110015	ProChondrix CR 15mm
0234110017	ProChondrix CR 17mm
0234110020	ProChondrix CR 20mm
58160-11	Prochondrix Disposable Instrumentation - 11mm
58160-13	Prochondrix Disposable Instrumentation - 13mm
58160-15	Prochondrix Disposable Instrumentation - 15mm
58160-17	Prochondrix Disposable Instrumentation - 17mm
58160-20	Prochondrix Disposable Instrumentation - 20mm
58161-01	Prochondrix Disposable Instrumentation Sizers - 7 Piece (7mm-20mm)
58161-02	Prochondrix Disposable Instrumentation Sizers - 3 Piece (15mm-20mm)



Notes

This document is intended solely for the use of healthcare professionals. A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

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