## REGENESORB ADVANCED BIOCOMPOSITE MATERIAL



# It's all about the material

REGENESORB material is absorbed and replaced by bone in 24 months<sup>1</sup>

## Smith&nephew

Supporting healthcare professionals for over 150 years

The difference for me with REGENESORB material is, first of all, its base is PLGA, which has different resorption characteristics and tends to resorb. Second, we also know the additives of TCP and calcium sulfate allow for induction of bone. When we have done MRI follow-ups of patients, we notice that the material actually is changing to bone, and it changes to bone much earlier, as well – usually in less than two years – and we believe that to be a **major advantage**.

> **Ian Lo, MD FRCS(C)** Assistant Professor, University of Calgary

## No other biocomposite can do this

### Full absorbtion and bone replacement in 24 months<sup>1</sup>

Ongoing efforts to further improve suture anchors include modifying their design and composition, thereby enhancing biological healing, bone formation, and repair strength in order to facilitate improved clinical outcomes.<sup>2</sup> With this in mind, **REGENESORB material provides a jump start in bone healing and formation**.

#### Faster, more complete absorption than Arthrex's biocomposite material

HEALICOIL® REGENESORB		VS	Arthrex <sup>®</sup> BioComposite <sup>™</sup> Corkscrew <sup>®</sup> FT	
6 months	18 months	Comparisons of absorption, measured via µCT, at 6 months and 18 months. <sup>10</sup>	6 months	18 months

## REGENESORB material: a unique formulation of proven materials

REGENESORB material uses a novel poly (PLGA) based biocomposite material that contains **B-tricalcium phosphate (B-TCP)** and **calcium sulfate**, both previously demonstrated to be osteoconductive.<sup>3-6</sup>



Most biocomposite materials rely solely on the osteoconductive properties of B-TCP, which provides sustained bone formation over 18 months<sup>5</sup> and acts primarily as a scaffold for enhancing new bone formation.<sup>7</sup> REGENESORB material includes a second osteoconductive material, calcium sulfate, which has been shown to work in the early stages (4-12 weeks) of bone healing<sup>5</sup> and is associated with increased levels of local growth factors.<sup>8</sup> REGENESORB material contains two osteoconductive components – B-TCP and calcium sulfate – which act during different stages in the bone healing process and through different mechanisms of action, physical and biochemical. REGENESORB Material is unique in this regard. **No other biocomposite material can claim this.** 



70%

PLDLA

30°

ßCP

Arthrex<sup>®</sup> BioComposite<sup>™</sup> Screw

### Absorbtion and bone replacement The timeline of implant

Smith & Nephew REGENESORB material is designed to remain mechanically stable for a minimum of six months before being absorbed and replaced by bone within 24 months.<sup>1\*</sup>



#### Absorption profile of solid REGENESORB implant in a preclinical model



Gross anatomy and histology images of a 9x10mm implant of REGENESORB material evaluated in a direct-in-bone sheep model. Images clearly demonstrate absorption and complete replacement by bone in 24 months. Please note this implant was designed for this preclinical study and is not an exact replica of a BIOSURE<sup>°</sup> REGENESORB Interference Screw.

## **REGENESORB material is absorbed and replaced by bone** faster than other biocomposites

#### REGENESORB material vs. PLLA/B-TCP at 18 months\*

Histology and histomorphometry also demonstrated faster material absorption of the HEALICOIL REGENESORB anchor compared with the Arthrex PLLA/B-TCP-based solid body anchor implant, with **70% absorption at 18 months** compared with 57% for the PLLA/B-TCP-based Arthrex BioComposite Corkscrew FT (p<0.001).<sup>10</sup>



#### **REGENESORB** material vs. PLLA-HA at 18 months\*





Osteoblasts forming new bone

More mature bone in the form of organized collagen sheets (lamellar bone)

REGENESORB fragment being absorbed and replaced by bone

**G** REGENESORB material has three different components (PLGA B-TCP and Calcium Sulfate), and I think they speed up biologic healing.

**Felix H. "Buddy" Savoie III, MD** Chairman of Orthopaedic Surgery; Chief of Sports Medicine, Tulane University School of Medicine

### Ordering information

Reterence #	Description		
BIOSURE° REGENESORB Interference Screw			
72204389	BIOSURE REGENESORB Interference Screw 5mm x 20mm*		
72204390	BIOSURE REGENESORB Interference Screw 5mm x 25mm*		
72204391	BIOSURE REGENESORB Interference Screw 6mm x 20mm		
72204392	BIOSURE REGENESORB Interference Screw 6mm x 25mm		
72204393	BIOSURE REGENESORB Interference Screw 6mm x 25mm Reverse Thread		
72204394	BIOSURE REGENESORB Interference Screw 7mm x 20mm		
72204395	BIOSURE REGENESORB Interference Screw 7mm x 25mm		
72204396	BIOSURE REGENESORB Interference Screw 7mm x 25mm Reverse Thread		
72204397	BIOSURE REGENESORB Interference Screw 7mm x 30mm		
72204398	BIOSURE REGENESORB Interference Screw 8mm x 20mm		
72204399	BIOSURE REGENESORB Interference Screw 8mm x 25mm		
72204400	BIOSURE REGENESORB Interference Screw 8mm x 25mm Reverse Thread		
72204401	BIOSURE REGENESORB Interference Screw 8mm x 30mm		
72204402	BIOSURE REGENESORB Interference Screw 8mm x 35mm		
72204403	BIOSURE REGENESORB Interference Screw 9mm x 20mm		
72204404	BIOSURE REGENESORB Interference Screw 9mm x 25mm		
72204405	BIOSURE REGENESORB Interference Screw 9mm x 30mm		
72204406	BIOSURE REGENESORB Interference Screw 9mm x 35mm		
72204407	BIOSURE REGENESORB Interference Screw 10mm x 20mm		
72204408	BIOSURE REGENESORB Interference Screw 10mm x 25mm		
72204409	BIOSURE REGENESORB Interference Screw 10mm x 30mm		
72204410	BIOSURE REGENESORB Interference Screw 10mm x 35mm		
72204411	BIOSURE REGENESORB Interference Screw 11mm x 25mm		
72204412	BIOSURE REGENESORB Interference Screw 11mm x 30mm		
72204413	BIOSURE REGENESORB Interference Screw 11mm x 35mm		
72204414	BIOSURE REGENESORB Interference Screw 12mm x 35mm		

\*BIOSURE REGENESORB Interference Screws with 5mm diameter require use with 5mm BIOSURE Driver.

Reference #	Description		
HEALICOIL <sup>®</sup> REGENESORB Suture Anchor** Pre-loaded with ULTRATAPE**			
72203705	HEALICOIL REGENESORB 4.75mm Suture Anchor with one ULTRATAPE Suture (Blue) and one		
72203697	HEALICOIL REGENESORB 4.75mm Suture Anchor with one ULTRATAPE Suture (Cobraid Blue) and one #2 ULTRABRAID Suture		
72203708	HEALICOIL REGENESORB 5.5mm Suture Anchor with one ULTRATAPE Suture (Blue) and one #2 ULTRABRAID Suture		
72203801	HEALICOIL REGENESORB 5.5mm Suture Anchor with one ULTRATAPE (Cobraid Blue) and one #2 ULTRABRAID Suture		
Reference #	Description		
HEALICOIL REGENESORB Suture Anchor** Pre-loaded with ULTRABRAID Suture**			
72203704	HEALICOIL REGENESORB 4.75mm Suture Anchor with two #2 ULTRABRAID° sutures (Blue, Cobraid Blue)		
72203706	HEALICOIL REGENESORB 5.5mm Suture Anchor with two #2 ULTRABRAID sutures (Blue, Cobraid Blue)		
72203707	HEALICOIL REGENESORB 5.5mm Suture Anchor with three #2 ULTRABRAID sutures (Blue, Cobraid Blue, Cobraid Black)		
Reference #	Description		
HEALICOIL REGENESORB Accessory Devices**			
72203709	HEALICOIL REGENESORB 4.75mm Threaded Dilator, reusable		
72203710	HEALICOIL REGENESORB 5.5mm Threaded Dilator, reusable		
72203951	HEALICOIL REGENESORB 4.75mm Threaded Dilator, disposable		
72203952	HEALICOIL REGENESORB 5.5mm Threaded Dilator, disposable		
Reference #	Description		
MICRORAPTOR° REGENESORB Suture Anchor			
72204983	MICRORAPTOR REGENESORB Suture Anchor with one ULTRABRAID (#1) Suture (blue)		
72204984	MICRORAPTOR REGENESORB Suture Anchor with one ULTRABRAID (#1) Suture (blue cobraid)		

\*\*Manufactured by: ArthroCare Corporation 7000 West William Cannon Drive Austin, TX 78735 USA

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#### References

1. Data on file at Smith & Nephew, report 15000897, 2012. **2**. Denard PJ, Burkhart SS. The evolution of suture anchors in arthroscopic rotator cuff repair. *Arthroscopy*. 2013;29:1589-1595. **3**. Hak DJ. The use of osteoconductive bone graft substitutes in orthopaedic trauma. *J Am Acad Orthop Surg*. 2007;15:525–536. **4**. Allison DC, Lindberg AW, Samimi B, Mirzayan R, Menendez LR. A comparison of mineral bone graft substitutes for bone defects. *US Oncol Hematol*. 2011;7:38–49. **5**. Costantino PD, Friedman CD. Synthetic bone graft substitutes. *Otolaryngol Clin North Am*. 1994;27:1037–1074. **6**. Ogose A, Hotta T, Kawashima H, et al. Comparison of hydroxyapatite and beta tricalcium phosphate as bone substitutes after excision of bone tumors. *J Biomed Mater Res B Appl Biomater*. 2005;72:94-101. **7**. Ogose A, Kondo N, Umezu H, Hotta T, Kawashima H, Tokunaga K, et al. Histological assessment in grafts of highly purified beta-tricalcium phosphate (OSferions) in human bones. *Biomaterials* 2006; 27(8) 1542–1549. **8**. Walsh WR, Morberg P, Yu Y, Yang JL, Haggard W, Sheath PC, Svehla M, Bruce WJ. Clin. Ortho, Rel. Res. 2003 Jan;(406):228-36. Daniel C Allison, Antoinette W Lindberg, Babak Samimi, Raffy Mirzayan, Lawrence R Menendez. (2011) *US Oncology and Hematology* 2011;7(1):38-49. **9**. Clark TR, Guerrero EM, Song A, O'Brien MJ, Savoie FH (2016) Do Vented Suture Anchors Make a Difference in Rotator Cuff Healing. *Ann Sports Med Res* 3(3): 1068. 10. Data on file at Smith & Nephew, study NCS248 (6-month and 18-month interim reports), 2014.