

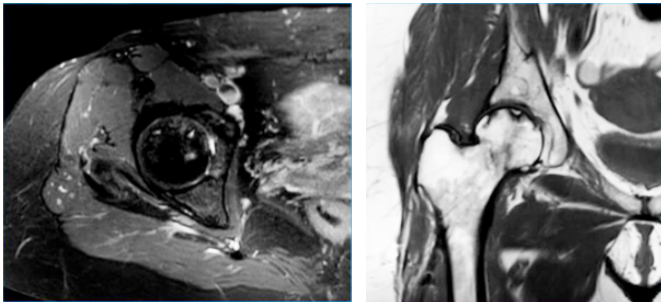


Patients can now
rest easy with Cingular's new
De-compression System.

C~DecomTM

Avascular Necrosis (AVN) is a relatively common disease characterised by death of cellular elements of the bone or marrow and occurs when the blood flow to the bone has been interrupted leading to the death of the bone.

COMMON CAUSES



- Idiopathic
- Steroid use
- Excessive alcohol use
- Trauma or Injury (fracture or dislocation)
- Blood disease like sickle cell anaemia

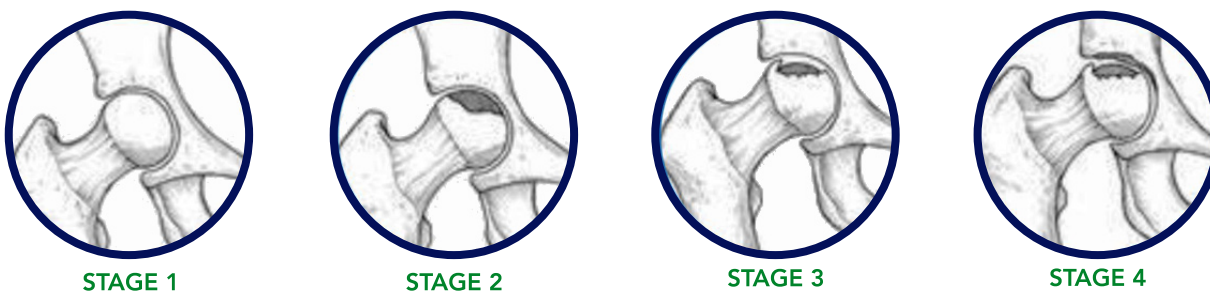
SYMPTOMS

- Persistent chronic pain
- Disrupted sleep
- Prescribed medication giving only limited pain relief
- Pain can be mild or severe and develops gradually, centre on the groin, thigh or buttock
- Develop on both sides (bilaterally) in 40% in non-traumatic cases

STAGES OF AVN

Severity of AVN is determined by the staging system based on the consensus of the Subcommittee of Nomenclature of the International Association Bone Circulation and Bone Necrosis. (Tofferi, 2008)

Staging is as follows:



[1] Core Decompression for Avascular Necrosis. United Healthcare Oxford Clinical Policy. Policy Number: SURGERY 063. 13 T2

INDICATION

Core decompression is indicated in the early stages of Avascular Necrosis, when the surface of the femoral head is still smooth and round. It is done to prevent total hip replacement surgery, which is indicated for severe cases of Avascular Necrosis and involves the replacement of the hip joint with an artificial device or prosthesis.

Core decompression is proven and medically necessary for the treating early (pre-collapse stage 1 and 2) Avascular Necrosis of the femoral head.

- > REDUCES PRESSURE
- > PROMOTES BLOOD FLOW
- > ENCOURAGES BONE HEALING

INSTRUMENTATION

- > MINIMALLY - INVASIVE
- > OPTIMAL DEBRIDEMENT
- > SAFETY AND EFFICIENCY
- > USER FRIENDLY
- > MAKES BONE REMOVAL & GRAFTING EASIER

TOOLKIT



STAGE ⁽¹⁾	CLINICAL FINDINGS
STAGE 1	<ul style="list-style-type: none"> • Patient may or may not be symptomatic • Radiography and CT scan findings are unremarkable • AVN is considered likely based on MRI and bone scan results (may be subclassified by extent of involvement) • Histology findings are abnormal
STAGE 2	<ul style="list-style-type: none"> • Patient is symptomatic • Plain radiography findings are abnormal and include osteopenia osteosclerosis or cysts • AVN is considered likely based on MRI and bone scan results (may be subclassified by extent of involvement) • Subchondral radiolucency is absent • MRI findings are diagnostic

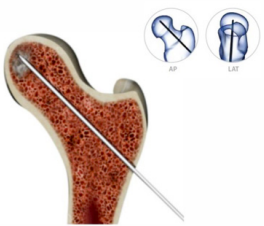


PATENTED DESIGN DECOMPRESSION BLADE

- Expandable and retractable, provides the needed working blade length to SELECTIVELY remove the necrotic bones
- Disposable and cost efficiency, disassemble and replace blade on-site of the surgery with one click
- Safe feature, no breakoff part left in the bone



SURICAL TECHNIQUE



STEP 1
Introduce Guide Wire into the position about 5mm from the endosteal surface of the femoral head under fluoroscopic guidance (both AP & LAT views).



STEP 2
Install Guide Plate System (Optional).



STEP 3
Introduce the Tissue Protector over the guide Wire, Open the Cortex bone by Canulated Drill Bit.



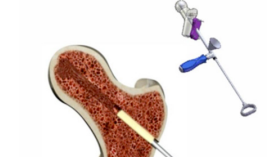
STEP 4
Harvest the cancellous bone by driving the Trephine near to the necrosis area (2-3mm from the lesion).



STEP 5
Under fluoroscopic monitoring (AP & LAT views), use the Cannulated Drill Bit through the necrotic bone until 5mm from the surface of femoral head.



STEP 6
Use the disasable Decompression Blade to remove the necrotic bone. Turn the wheel at the handle clockwise to release the blade 1-2mm each time off the necrotic bone until fully removed. Withdraw blade by counterclockwise.



STEP 7
Backfill the core with autogenous bone reserved in the Trephine. Then fulfill the working channel with allograft bone with the grafting device.



STEP 8
Remove the guide plate System, then flush and suture the surgical incision..

ORDERING INFORMATION

Core Decompression System for Avascular Necrosis of the Femoral Head

CO207-01	Cannulated Drill Bit
CO207-01-1	Adapter - Drill Bit
CO207-02	Trephine
CO207-05	Guide Wire
CO207-06	Tissue Protector
CO207-07	Universal Handle
CO207-08	Handle Decompression Blade
CO207-08-1	Disposable Decompression Blade
CO207-09	Bone Grafting Funnel
CO207-10	Bone Grafting Impeller
CO207-11	Angle Pin - Guide Wire
CO207-12	Mallet
CO207-13	Curette
CO207-14	Autogenous Bone Collection Pusher
CO207-15	Guide Plate System
CO207-16	Sterilisation Case



P: +61 426 246 267
E: cingularortho@gmail.com

www.cingular.com.au

CINGULAR ORTHOPAEDICS PTY LTD. All rights of distribution, also by photocopy, reprint (also in the form of extracts) or storing and recovery in any kind of data processing device are reserved and require our written approval. The information, illustrations, photography and general information are correct and true at the time of print. However they cannot be regarded as binding warranty of quality. The user is responsible for checking the products prior to use whether they are suited for the intended purpose. We can only be held liable for these instruments pursuant to our terms of delivery and payment. Subject to technical alterations.

CING | DECOM: 2024 (V1)