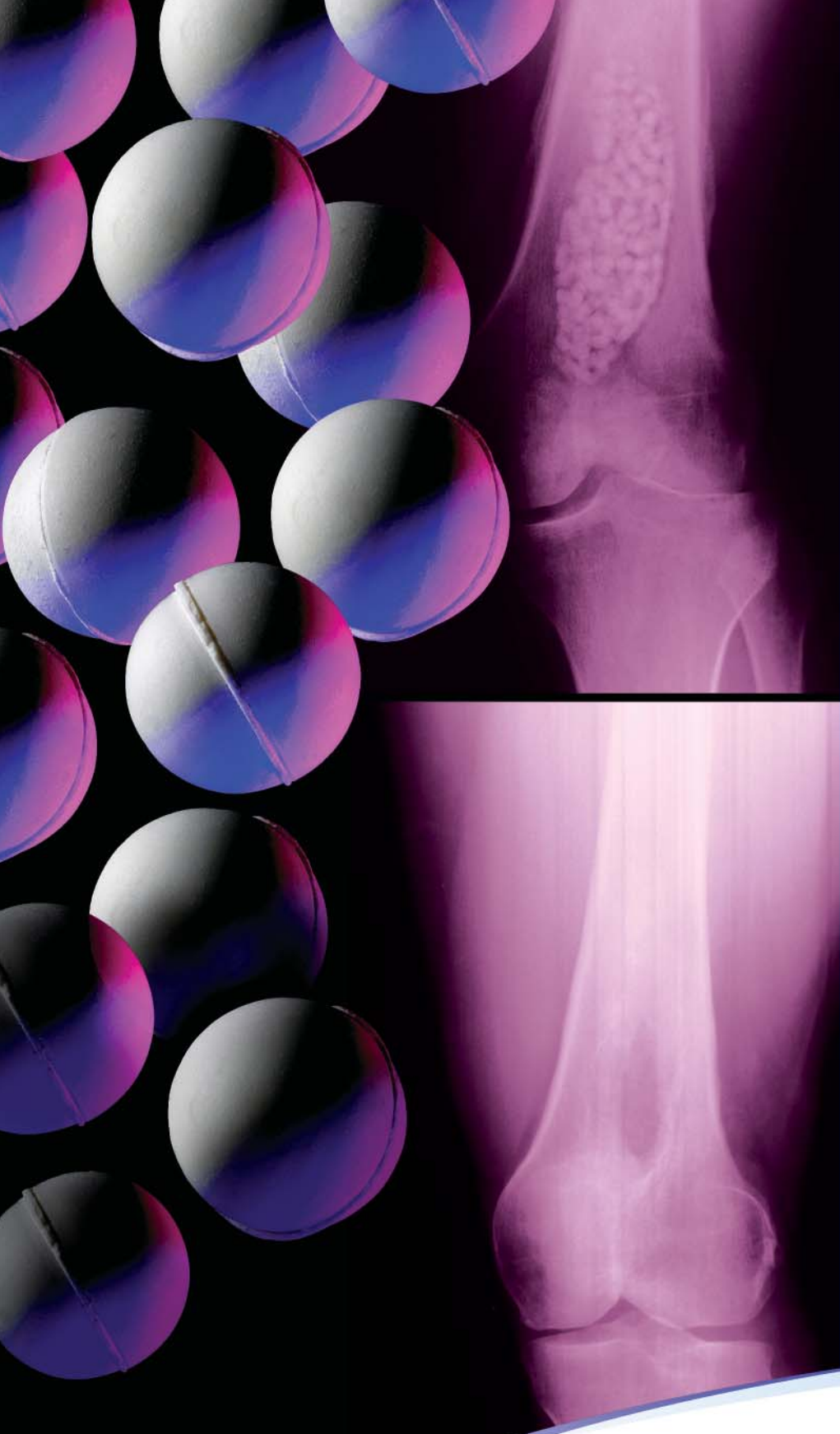


biologic solutions



**WRIGHT.**

# OSTEOSET

Resorbable Bead Kit

Completely Resorbs. Promotes Bone Repair. No Strings Attached.



# OSTEOSET® RESORBABLE BEAD KIT

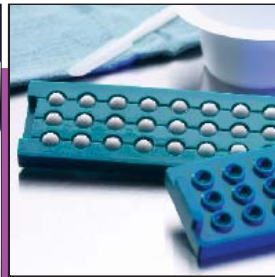
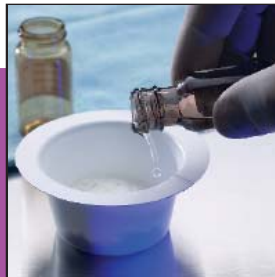
*Address  
Individual  
Patient  
Pathology  
With A  
Completely  
Resorbable  
Option*

## CLINICAL EXCELLENCE

Wright Medical's proprietary surgical grade calcium sulfate (OSTEOSET® Bone Graft Substitute) is recognized for its clinical performance as an osteoconductive matrix for bone repair. Our expertise in manufacturing highly engineered calcium sulfate hemihydrate provides you with a reliable, controlled resorption rate, which closely mimics the natural rate of bone growth.

Available in both standard and fast set, the OSTEOSET® Resorbable Bead Kit maximizes surgical options for filling osseous defects and managing dead space with custom molded, 7mm beads.

## 3 STEPS TO bead customization



MIX, MOLD & deliver

*40-year-old female with significant bone void resulting from osteomyelitis. OSTEOSET® Beads and pellets are used to fill the defect. Note the complete resorbability... and resulting bone repair.*

Pre-Op

Post-Op

Follow-Up

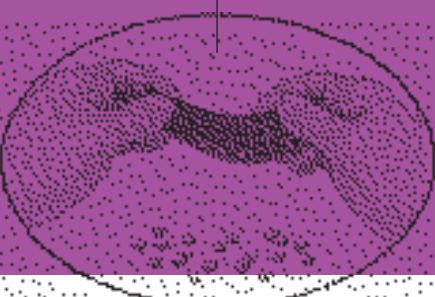
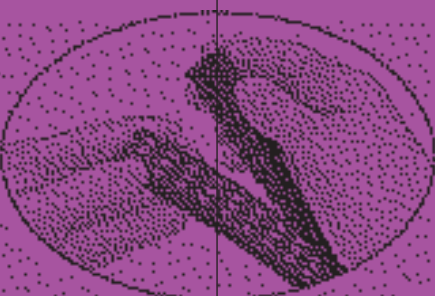
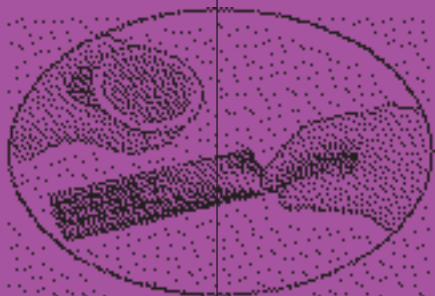
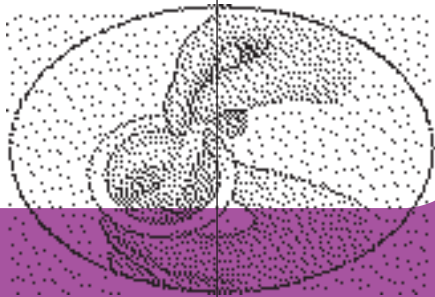
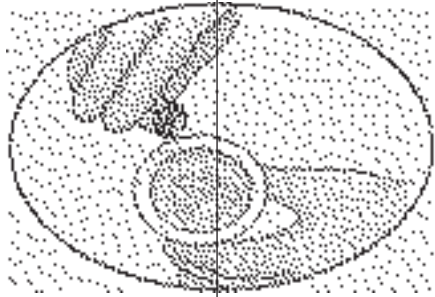


**BREAK TIES WITH CONVENTIONAL  
DEAD SPACE MANAGEMENT AND  
MAXIMIZE YOUR SURGICAL  
OPTIONS. THESE BEADS RESORB.**

## OSTEOSET® RESORBABLE BEAD KIT

COMPLETELY RESORBS. PROMOTES BONE REPAIR. NO STRINGS ATTACHED.

## MIXING INSTRUCTIONS



### STEP 1

- Add OSTEASET® Powder to mixing bowl.
- Add all of diluent.
- Allow to sit: **Standard Kit (1 minute)**  
**Fast-cure Kit (30 seconds).**

### STEP 2

- Mix thoroughly for 30-45 seconds.
- When the consistency of the mixture is paste-like (i.e. sticks to the spatula), it is ready to apply to mold.

### STEP 3

- With spatula, apply an even coat of OSTEASET® Paste to the bottom half of the Wright Bead Template as shown, ensuring complete filling of each bead cavity.  
*Each OSTEASET® Kit contains enough material to fill two bead templates.*
- After completely filling the mold half, gently tap on a flat surface to remove air bubbles.

### STEP 4

- Apply mold top and firmly press together. Excess material will extrude from vents on the top of the mold.
- Allow to sit: **Standard Kit (approximately 20 minutes)**  
**Fast-cure Kit (approximately 5 minutes)**
- Carefully separate the mold.

### STEP 5

Flex the mold to facilitate bead removal.



## ORDERING INFORMATION

### OSTEOSET® RESORBABLE BEAD KIT

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NO STRINGS ATTACHED.

<b>8400-0211</b>	<b>OSTEOSET® RESORBABLE BEAD KIT STANDARD CURE</b> (INCLUDES 2 MOLDS)	1 EA
<b>8400-0311</b>	<b>OSTEOSET® RESORBABLE BEAD KIT FAST CURE</b> (INCLUDES 2 MOLDS)	1 EA
<b>8400-0302</b>	<b>4.8mm PELLETT MOLD</b> (FOR SMALLER DEFECTS)	1 EA

## Q&A | OSTEOSET® RESORBABLE BEAD KIT

### Q: What percentage of bone growth should I expect when using the OSTEASET® Resorbable Bead Kit?

A: Bone repair with OSTEASET® pellets has been reported as high as 98% at 12 months for contained defects.<sup>1</sup> However, in defects resulting from osteomyelitis, bone repair has been reported as low as 64% at six months.<sup>2</sup> In defects created by osteomyelitis, expectations for bone repair should be modest.

### Q: What type of complications should I be aware of when using this product?

A: Overall device-related complications with OSTEASET® pellets has been reported to be 4% (drainage) in a multi-center clinical trial of 109 patients.<sup>1</sup> As with any graft material, reports of drainage are most common in areas with poor soft-tissue coverage where subcutaneous and dermal tissue is utilized for primary closure. Infection and high relative volumes of calcium sulfate are also possible contributing factors.<sup>3</sup> Wound seepage

has been described as serious in nature and not associated with purulence, wound erythema, or discomfort to the patient. Drainage is theorized to be the result of an osmotic effect caused by the presence of the pellets, that ceases once the pellets are dissolved.

In areas of poor soft tissue coverage, members of the prospective study team collectively recommend an active suction drain to be used for 48-72hrs postoperatively to minimize risk of fluid build-up.<sup>4</sup> Study physicians also recommend informing patients of drainage risk prior to utilizing this material.

For a complete list of indications, contra indications, and warnings – please reference the package insert.

1. Kelly, CM; Wilkins, RM; Gitelis, S; The use of Surgical Grade Calcium Sulfate as a Bone Graft Substitute, *Clinical Orthopaedics and Related Research*, No. 382, pp 42-50, January 2001.
2. Internal Publication; A Retrospective Study of a Bone Graft Substitute. Ref. SK846-199; 1999.
3. Personal Communication. George Cierny, MD. Atlanta, GA.
4. Gitelis, S; Pinsecki, P; Use of a Calcium Sulfate-Based Bone Graft Substitute for Benign Bone Lesions, *Orthopaedics*, Vol. 24, No. 2, pp 162-166, February 2001.



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