

ADVANCED GRAFTING SOLUTIONS FOR COMPLEX SURGERY

Osteogenic Grafting Solutions.
Mixability For Surgical Flexibility.

Synthetic Grafting Solutions.
Advancing The Delivery.

INDICATIONS
Cervical Wedges
Fractures
Percutaneous
Treatment



ALLOMATRIX[®] Injectable DBM Biocomposite

A High DBM Dosage That Stays In Place.

86% DBM, by volume, with CaSO₄ carrier combine excellent handling characteristics with high osteoinduction.

OSTEOSET[®] Pellets & Injectors

Proven, Prolific Bone Regeneration.

Clinically proven graft substitute with nineteen published references demonstrating clinical efficacy.



INDICATIONS
Contained Metaphyseal
Defects
Benign Bone Lesions
Spine Autograft
Extender

INDICATIONS
Uncontained
Defects
Autograft Extender



ALLOMATRIX[®] C Cancellous Graft

Cancellous Chips Lock Graft In Place & Provide Scaffold For Bone Regeneration.

Mid-range cancellous concentration plus donor-matched DBM — ideal for packing uncontained defects.

OSTEOSET[®] Resorbable Bead Kit

Completely Resorbable For Dead Space Management

OSTEOSET[®] Beads of surgical-grade CaSO₄ completely resorb, promoting bone repair. Can be used in the presence of infection.



INDICATIONS
Osteomyelitic Bone
Voids
Dead Space Mgmt

INDICATIONS
Lumbar Spinal
Fusion
Trauma
Impaction Grafting



ALLOMATRIX[®] CUSTOM Carrier Matrix

Simulate Autograft. Reduce Harvest Site Morbidity.

Large cancellous chips & donor-matched DBM blend seamlessly with local bone and marrow, producing a powerful signaling scaffold for bone regeneration.

OSTEOSET[®] Resorbable Mini-Bead Kit

Therapy For Diabetic Foot.

Address individual patient pathology with a completely resorbable option. Mix and customize CaSO₄ beads in 3.0 and 4.8mm sizes.



INDICATIONS
Bone Voids Secondary
To Osteomyelitis in
Diabetic Feet

INDICATIONS
Peri-Articular
Fractures



ALLOMATRIX[®] DR Peri-Articular Graft

A Firm Foundation For Fixation.

Semistructural biograft for open treatment of small peri-articular fractures, designed by leading hand and foot & ankle specialists.

MIIG[™] Minimally-Invasive Injectable Graft

Injects. Hardens. Replaced By Bone.

A breakthrough in less-invasive grafting, MIIG[™] 115 Graft injects and hardens in the defect, providing temporary fracture stabilization and bone regeneration.



INDICATIONS
Peri-Articular Fractures
Benign Bone Lesions
Closed Grafting

ENSURING THE SAFETY & QUALITY

Of Our DBM Products.



CERTIFIED OSTEOINDUCTIVITY OF DBM

All DBM utilized in Wright Medical Technology's products undergoes a human tissue culture bioassay which has been validated with human clinical results to confirm osteoinductivity. Approximately 15% of DBM donors show no activity.¹ Only DBM shown to stimulate human bone forming cells is used in Wright Medical Technology's products.

DRY POWDER FORM TO PRESERVE BMP ACTIVITY

ALLOMATRIX[®] products are the only moldable putty products available that are provided in a powdered form for reconstitution at the point of use. This provides an extra level of confidence to ensure osteoinductivity, as well as a four-year shelf life.²

DONOR MATCHED DBM & CANCELLOUS BONE

Some ALLOMATRIX[®] products contain both DBM and cancellous bone particles (CBM). In products containing DBM and CBM, the DBM and CBM are donor matched.

REGULATORY COMPLIANCE

Wright Medical Technology is an FDA registered facility and licensed tissue bank in all states requiring licensing. All human tissue utilized by Wright Medical Technology is supplied by tissue banks that comply with all legal requirements for screening, testing, handling, processing, and distributing human tissue – such as FDA registration, AATB accreditation, and state tissue bank licensing in California, Florida, and New York.

AATB ACCREDITATION

Tissue banks providing tissue for inclusion in Wright Medical Technology's products are accredited by the American Association of Tissue Banks (AATB) and comply with the voluntary standards and guidelines developed by AATB.

DONOR SUITABILITY & SEROLOGICAL SCREENING

Donors are screened through evaluation of their medical, social, and sexual history to reduce the risk of transmission of infectious disease. During allograft recovery, a blood sample is taken from each donor and screened by a CLIA certified lab as required by FDA and AATB. Tissue banks supplying tissue to Wright Medical Technology exceed FDA regulations and AATB guidelines for donor serological testing. The following is a list of serological tests required by FDA, AATB, and the Wright Medical Technology's tissue suppliers:

FDA	AATB	WRIGHT'S TISSUE SUPPLIERS
HIV 1 and 2 Antibody	HIV 1 and 2 Antibody	HIV 1 and 2 Antibody
Hepatitis C Antibody	Hepatitis C Antibody	Hepatitis C Antibody
Hepatitis B Surface Antigen	Hepatitis B Surface Antigen	Hepatitis B Surface Antigen
—	HTLV I/II Antibody ³	HTLV I/II Antibody ³
—	RPR for Syphilis	RPR or STS for Syphilis
—	—	PCR for HIV Virus
—	—	Hepatitis B Core Antibody

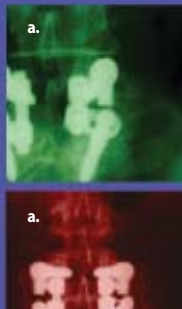
Wright Medical and its tissue suppliers do not accept any tissue that tests positive in any of the tests above.

MICROBIOLOGICAL CONTROLS

Tissues to be processed for inclusion in Wright Medical Technology's products are cultured at procurement, packaging, and completion of processing. Tissue that tests positive, at any point in processing, for the presence of Clostridium, yeast, or fungus is immediately discarded. After processing is completed, all tissue cultures must demonstrate no growth.

TERMINALLY STERILIZED FOR ADDED PATIENT SAFETY

To ensure additional safety to the recipient without compromising the activity of the DBM,⁴ terminal sterilization utilizing low dose e-beam irradiation is performed on all products containing human tissue.



1. Adelson DG, Steusschewinger J, Gillis M, et al. Rapid Quantitative Bioassay Of Osteoinduction. J Ortho Res 2000; 18:933-31.
2. Carpenter JF, et al. Rationale Design Of Stable Lyophilized Protein Formulations. Some Practical Advice. Pharm Res 1997; 14(8): 969-975.
3. Hatanan T. Lyophilized Virus Types I And II.
4. Wernstedt S, Bechtel AK. Influence Of Irradiation On The Osteoinductive Potential Of Demineralized Bone Matrix. Calcif Tissue Int 1998; 42: 255-260.