

**CERAMIL®**  
**HIGH TIBIAL OSTEOTOMY WEDGE**

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The porous alumina ceramic HTO wedge is an inert, biocompatible, non-resorbable implantable device with a mechanical resistance superior to that of cancellous bone. This immediate weight-bearing device is available in a range of 13 varying dimensions to ensure the required correction.

## INDICATIONS

The CERAMIL® HTO wedge is an inert, non-resorbable, bio ceramic. This product is used in bone synthesis and is designed by its shape to restore heights from 5 mm to 17 mm in cases of opening wedge osteotomies.

## MATERIAL

The CERAMIL® HTO wedge is manufactured from porous cellular alumina ceramic (Al<sub>2</sub>O<sub>3</sub>). This biocompatible, inert, non-resorbable implant has an open and interconnected porosity structure of 60% similar to that of cancellous bone. The radiolucent characteristics of the implant enables the surgeon to radiographically monitor the positioning and consolidation of the implant.

## DESIGN

The design and range of sizes enables the surgeon to select an implant that corresponds to the patient's required correction.

## MECHANICAL CHARACTERISTICS

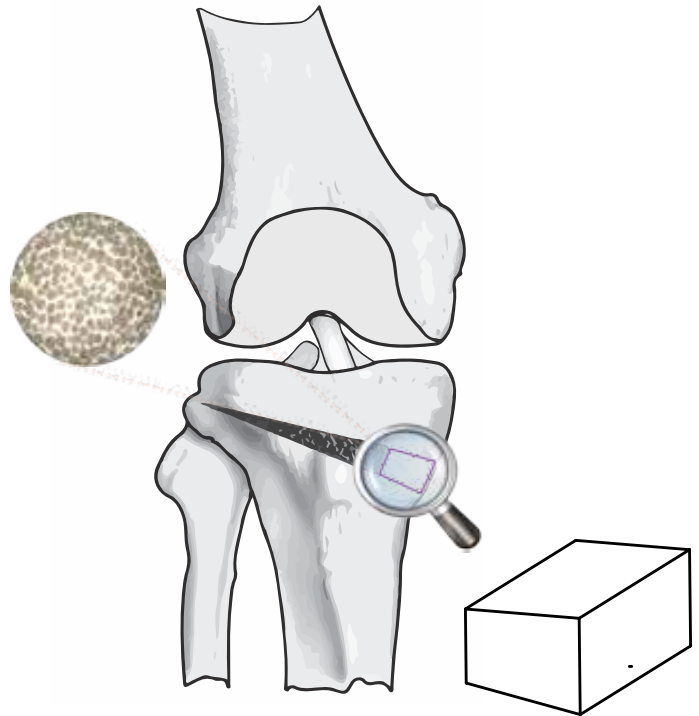
Compression tests have verified the mechanical resistance of the implant ranging from 25 to 60 MPa that is 3 times that of cancellous bone. Supplemental osteosynthesis devices will be required to support primary fixation.

### CERAMIL® HTO Porous ceramic wedge

#### Reference

#### Dimensions

|            |                |
|------------|----------------|
| M 69 CC 5  | 5,0 x 4,0 mm   |
| M 69 CC 6  | 6,0 x 4,8 mm   |
| M 69 CC 7  | 7,0 x 5,7 mm   |
| M 69 CC 8  | 8,0 x 6,2 mm   |
| M 69 CC 9  | 9,0 x 6,9 mm   |
| M 69 CC 10 | 10,0 x 7,7 mm  |
| M 69 CC 11 | 11,0 x 8,5 mm  |
| M 69 CC 12 | 12,0 x 9,3 mm  |
| M 69 CC 13 | 13,0 x 10,0 mm |
| M 69 CC 14 | 14,0 x 10,8 mm |
| M 69 CC 15 | 15,0 x 11,5 mm |
| M 69 CC 16 | 16,0 x 12,3 mm |
| M 69 CC 17 | 17,0 x 13,1 mm |



## BIOLOGICAL CHARACTERISTICS

The open and controlled interconnected porosity structure of the CERAMIL® HTO wedges ranges from 100 to 900 µm. This enables the implant to serve as a scaffold with excellent osteoconductive properties contributing towards bone generation and ingrowth. Various clinical results have shown that secondary osseointegration occurs after 3 months with total consolidation taking place from 3 to 6 months.

## ADVANTAGES

- Eliminates the need for any internal screw fixations.
- Eliminates the need for allogeneous and autogenous bone grafts or any other bone graft alternatives.
- Excellent radiolucent qualities for pre and post-operative imagery.
- Minimal instrumentation

Sterilization: 25kGy of Gamma radiation

