ANIKA

Case Spotlight

Osteochondral Autologous Transfer Surgery (OATS)

using Hyalofast® One-Step Cartilage Repair



Professor Paul Y F Lee

MSK Doctors, London Sports Injury Clinic, London Cartilage Clinic

Professor Lee specialises in Sports, Regenerative, and Orthopaedic Surgery and is at the forefront of cell therapy. Being a double board-certified surgeon with five international fellowships, he has treated UK premiership footballers for sports injuries which significantly reduced their time for recovery and return to play. MSK Doctors, London Sports Injury Clinic and London Cartilage Clinic are recognised by the International Cartilage Regeneration & Joint Preservation Society as a teaching centre of excellence.



Mr Ashok Marudanayagam

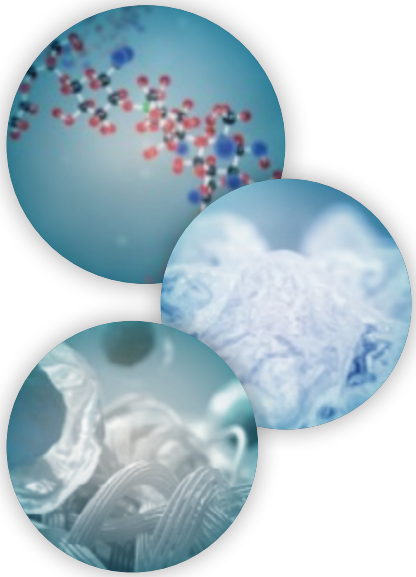
United Lincolnshire Hospitals NHS Trust

Mr Marudanayagam obtained his primary medical qualification (MBBS) from JIPMER (Jawaharlal Institute of Medical Education and Research), a reputed teaching hospital in Pondicherry, India in 1996. He obtained Diploma in Orthopaedics in 1998 and DNB (Diplomate of National Board) in Orthopaedics in 2000, FRCS (Glasg) in 2003 and FRCS (Trauma & Orthopaedics) in 2010. Mr Marudanayagam undertook a Fellowship in Foot and Ankle surgery at the University Hospital of Wales, Cardiff. He was appointed as Consultant in Trauma and Orthopaedics with special interest in Foot & Ankle surgery at Grantham & District Hospital, Grantham in 2014. He has a major interest in bunion surgery and ankle sports injury management.

Osteochondral Autologous Transfer Surgery (OATS)

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CASE & RATIONALE



Patient was a 35-year-old male with a chronic osteochondral lesion on the talus. MRI and further examination confirmed the defect measured 16mm x 8mm. An Osteochondral Autologous Transfer Surgery (OATS) was carried out to treat the osteochondral defect on the talus and Hyalofast was used to treat the donor site lesion on the medial femoral condyle.

It was decided that an osteochondral autologous transfer surgery would give the most likely chance of success for such a large osteochondral lesion and the Hyalofast would be used for the donor site which would be predominantly healthy and benefit from a hyaluronic acid-based scaffold to encourage healing of the donor site to prevent donor site morbidity.

SURGICAL TECHNIQUE

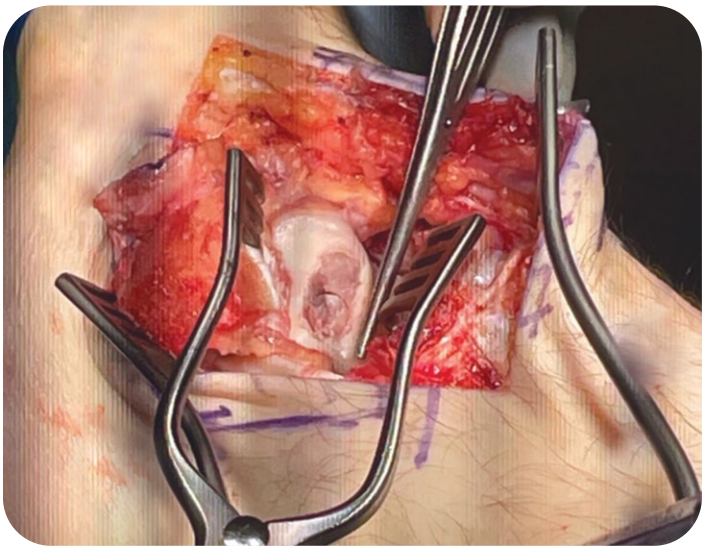


Figure 1

Cartilage defect on the talus measuring 16mm x 8mm.

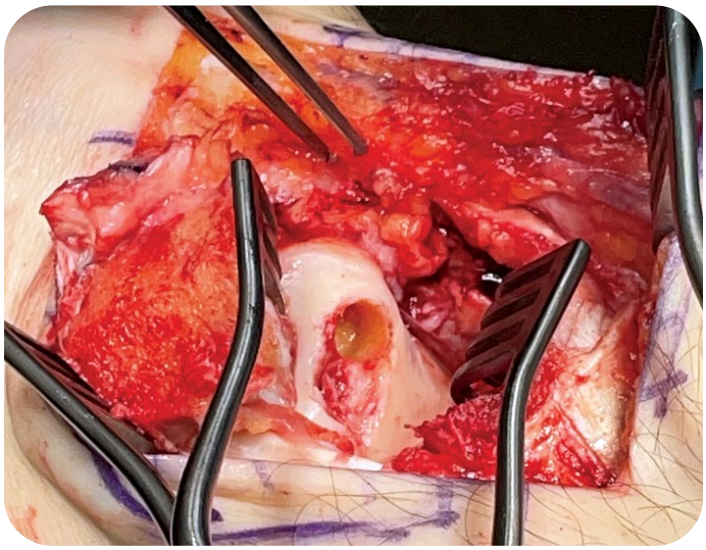


Figure 2

Two osteochondral plugs were removed from the osteochondral lesion on the talus with an OATS device to a depth of 14mm.

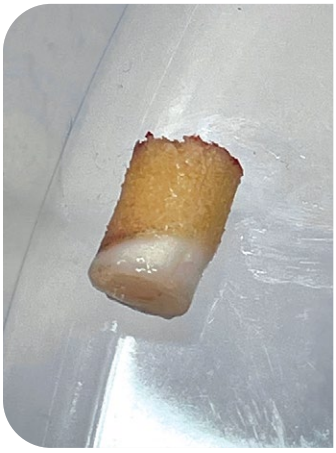


Figure 3

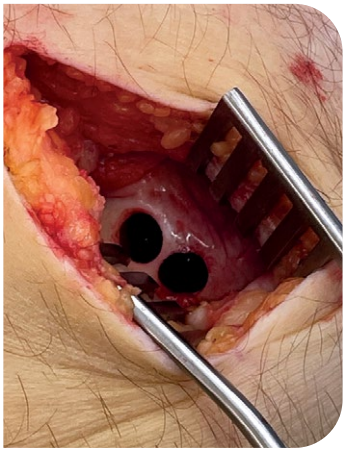


Figure 4

The harvest location was identified as a non-weight bearing site on the medial femoral condyle and two plugs of osteochondral grafts were harvested to a depth of 15mm with the OATS device.

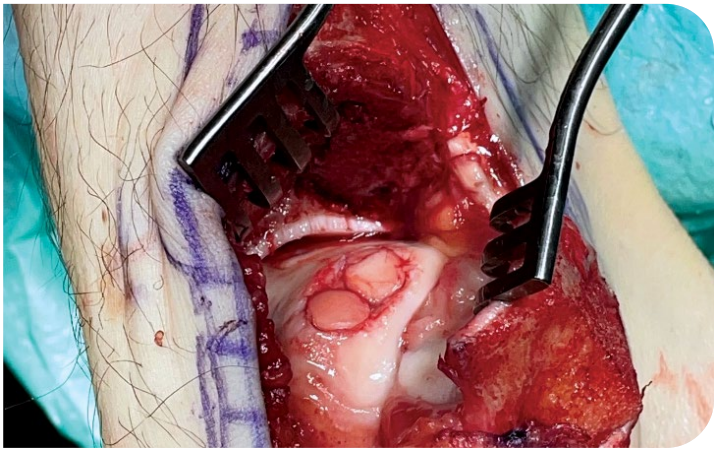


Figure 5

The 15mm autologous osteochondral plugs were inserted into the 14mm defect in the talus, impacted until flush with the surface.

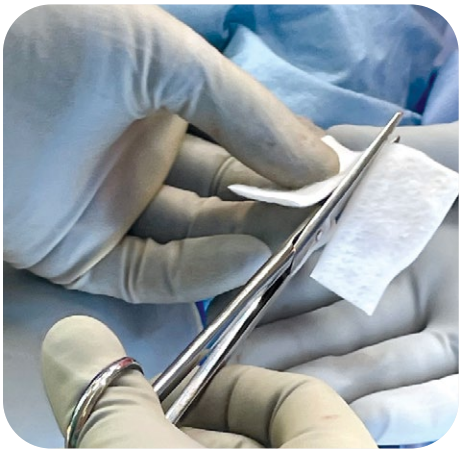


Figure 6

The Hyalofast was prepared by removing from packaging and cutting to size.

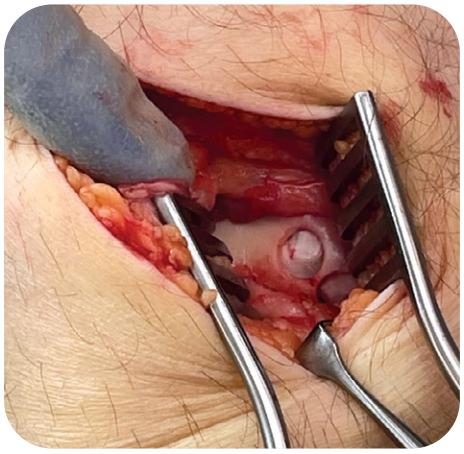


Figure 7

Hyalofast was placed into the donor site defects on the medial femoral condyle.



Figure 8

A final sheet of Hyalofast was cut from the pad and laid across the top of each donor site to contour the defect and Tisseel (Fibrin Sealant - Baxter) glue was used to stabilize the Hyalofast.

POST-OP

Patient was placed in a controlled ankle motion boot and advised to partial weight bear with crutches. The knee could be put through full range of motion as the donor site location and Hyalofast implantation site was non-weight bearing.

Hyalofast®

One-Step Cartilage Repair

Indications

Hyalofast is CE-marked as a biodegradable support for the entrapment of mesenchymal stem cells for the repair of chondral and osteochondral lesions of the human ankle and knee. It acts as a support for bone marrow aspirate or as a chondroprotective coverage, which favors in situ residence of mesenchymal stem cells after their mobilization due to microfracture or perforation procedures.



What kind of cartilage lesions?

ICRS Grade III and IV Single or multiple lesions Caused by:

- Acute trauma
- Repeated micro-trauma
- Instability and/or malalignment (in association with reconstructive and/or corrective surgery)
- Osteochondritis Dissecans (OCD)

For complete product information, including indications, contraindications, warnings, precautions, possible complications, and product storage, please refer to product IFU.

Part #	Description
651122	Hyalofast® 2X2
651120	Hyalofast® 5X5

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Parcus has joined **Anika**

Anika Therapeutics S.r.l.

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