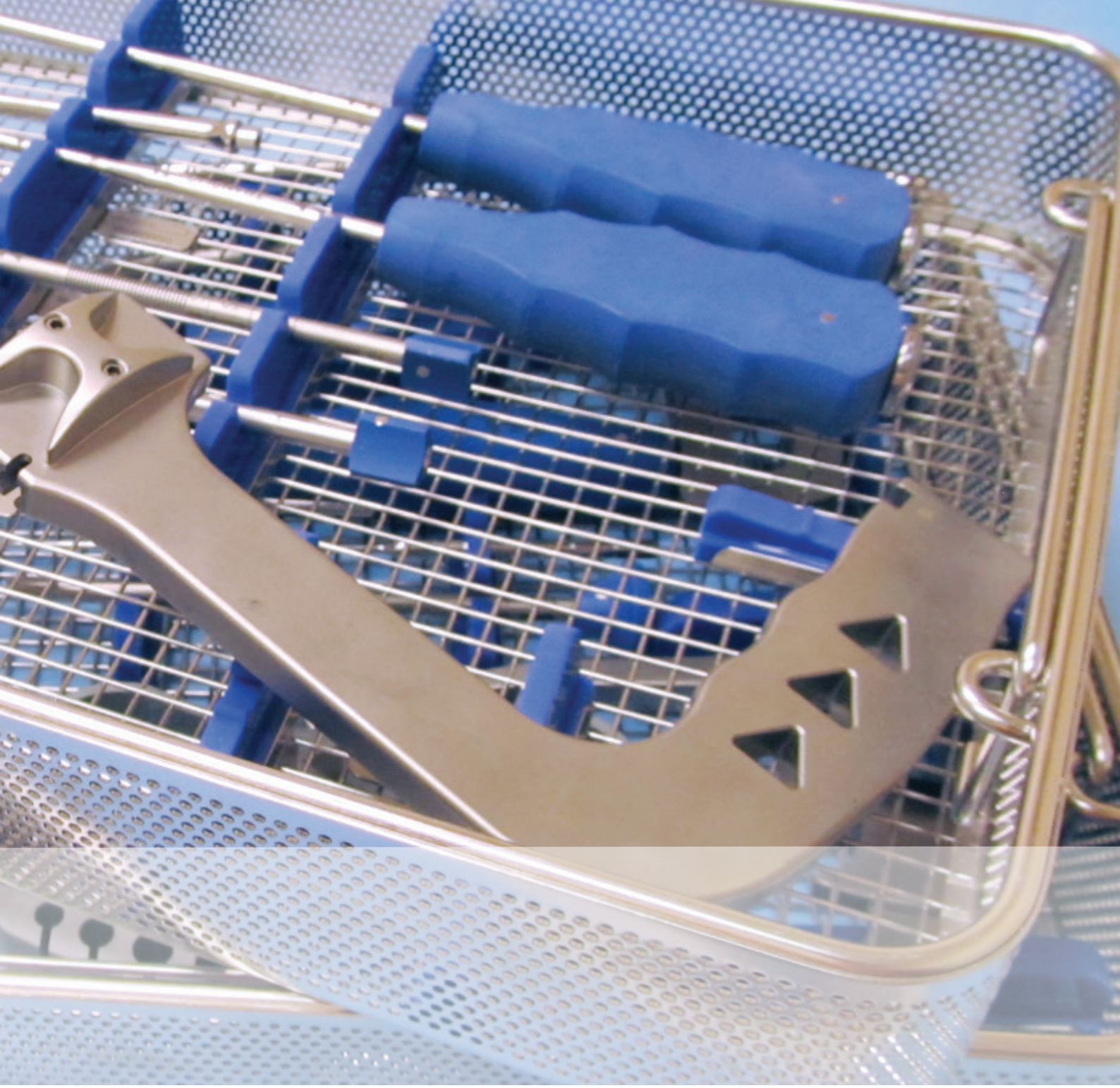


Product catalog 2020

SBM
Science & Bio Materials

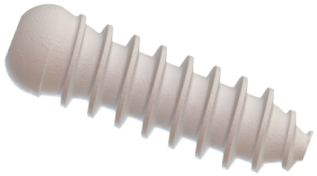
Orthopaedic
Implants & instrumentations

Anterior Cruciate Ligament reconstruction

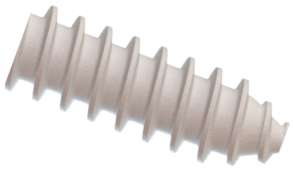
LIGAFIX® interference screws

LIGAFIX® are bioabsorbable interference screws designed for tibial and femoral fixation in ligament reconstructions. Made of Duosorb® material (β-TCP & PDLLA), LIGAFIX® implants are osteoconductive and prevent inflammatory reactions[18]: LIGAFIX® 30 (30% β-TCP) is preferred for Bone-Tendon-Bone grafts while LIGAFIX® 60 (unique 60% β-TCP) is optimized for hamstring grafts. LIGAFIX® screws are available in various diameters, lengths, composition and design, providing you with the right implant for your surgical technique. [6, 12]

LIGAFIX® 30



The diameter of the tunnel drilling has to be adapted to the screw's diameter and to the technique:
BTB: ø of the screw inferior of 1 mm to ø of the drill.
Hamstrings: ø of the screw equal to ø of the drill.



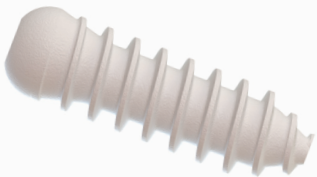
Round head LIGAFIX® 30

ø 6 mm, L 20 mm - COM3006020
ø 7 mm, L 20 mm - COM3007020
ø 7 mm, L 25 mm - COM3007025
ø 7 mm, L 30 mm - COM3007030
ø 8 mm, L 20 mm - COM3008020
ø 8 mm, L 25 mm - COM3008025
ø 8 mm, L 30 mm - COM3008030
ø 8 mm, L 35 mm - COM3008035
ø 9 mm, L 20 mm - COM3009020
ø 9 mm, L 25 mm - COM3009025
ø 9 mm, L 30 mm - COM3009030
ø 9 mm, L 35 mm - COM3009035
ø 10 mm, L 25 mm - COM3010R25
ø 10 mm, L 30 mm - COM3010R30
ø 10 mm, L 33 mm - COM3010R33
ø 10 mm, L 35 mm - COM3010R35

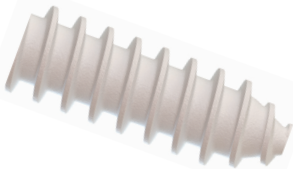
Flat head LIGAFIX® 30 (only for tibia)

ø 10 mm, L 30 mm - COM3010030
ø 10 mm, L 35 mm - COM3010035
ø 11 mm, L 30 mm - COM3011030
ø 11 mm, L 35 mm - COM3011035

LIGAFIX® 60



Only for hamstring grafts.
The diameter of the screw has to be lower or equal to the drill's diameter.



Round head LIGAFIX® 60

ø 7 mm, L 20 mm - COM6007020
ø 7 mm, L 25 mm - COM6007025
ø 7 mm, L 30 mm - COM6007030
ø 8 mm, L 20 mm - COM6008020
ø 8 mm, L 25 mm - COM6008025
ø 8 mm, L 30 mm - COM6008030
ø 8 mm, L 35 mm - COM6008035
ø 9 mm, L 20 mm - COM6009020
ø 9 mm, L 25 mm - COM6009025
ø 9 mm, L 30 mm - COM6009030
ø 9 mm, L 35 mm - COM6009035
ø 10 mm, L 25 mm - COM6010R25
ø 10 mm, L 30 mm - COM6010R30
ø 10 mm, L 33 mm - COM6010R33
ø 10 mm, L 35 mm - COM6010R35

Flat head LIGAFIX® 60 (only for tibia)

ø 10 mm, L 30 mm - COM6010030
ø 10 mm, L 35 mm - COM6010035
ø 11 mm, L 30 mm - COM6011030
ø 11 mm, L 35 mm - COM6011035

LIGAFIX® instruments

Guide pin introducer for guide pin ø 0.9 mm
LIG9000092

Guide pin (K-Wire) ø 2.5 mm for drill bits
LIG9125300-01 (x1) / LIG9125300-05 (x5) / LIG9125300-10 (x10)

Rigid guide pin:

ø 0.9 mm for ø 6, 7, 8 mm screwdriver
Lg 300 mm
LIG9109300-01 (x1) / LIG9109300-05 (x5) / LIG9109300-10 (x10)
Lg 400 mm
LIG9109400-01 (x1) / LIG9109400-05 (x5) / LIG9109400-10 (x10)
ø 1.4 mm for ø 9, 10, 11 mm screwdriver
Lg 300 mm
LIG9114300-01 (x1) / LIG9114300-05 (x5) / LIG9114300-10 (x10)
Lg 400 mm
LIG9114400-01 (x1) / LIG9114400-05 (x5) / LIG9114400-10 (x10)

Tap:
Grey for ø 6 mm screws - LIG9000296 *(optional)*
White for ø 7 mm screws - LIG9000169
Black for ø 8, 9, 10, 11 mm screws - LIG9000093

Screwdriver:
Grey for ø 6 mm screws - LIG9009017 *(optional)*
Green for ø 7, 8 mm screws - LIG9008046
Blue for ø 9, 10, 11 mm screws - LIG9009017

PULLUP® adjustable juxtacortical fixation system

The PULLUP® system provides simplicity and reproducibility in ACL reconstruction procedures thanks to its unique adjustable size during surgery and to an instrumentation compatible with single semitendinosus tendon harvest as well as classic soft tissue transplants. Discover also the new adapted version for BTB graft : the PULLUP® BTB. PULLUP® implants are made of titanium alloy and premounted sutures, available in two designs depending on the tunnel diameter.

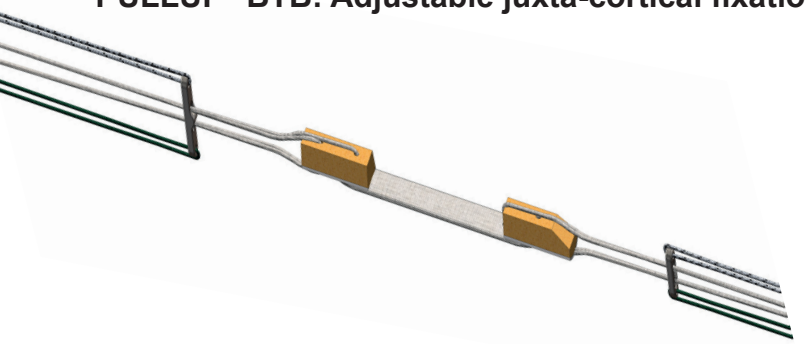
PULLUP®

PULLUP® XL

Pullup system:

PULLUP® for ø 4.5 mm cortical tunnel - PULLU01201
PULLUP XL for ø 5 to 10 mm cortical tunnel - PULXL01202

PULLUP® BTB: Adjustable juxta-cortical fixation for bone-tendon-bone grafts :



PULLUP® BTB

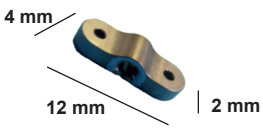
PULLUP® XL BTB

Adjustable juxta-cortical fixation for bone-tendon-bone grafts :

PULLUP® BTB for ø 4.5 mm cortical tunnel - PULLUK1201
PULLUP® XL BTB for ø 5 to 10 mm cortical tunnel - PULXLK1202

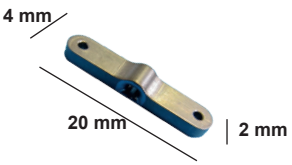
PULLUP® CLIP et PULLUP® TEX CLIP : Connectable plates

PULLUP® CLIP



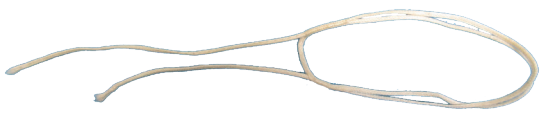
For cortical tunnels with ø 4.5 mm

PULLUP® XL CLIP



For cortical tunnels with ø from 5 to 10 mm

PULLUP® TEX CLIP

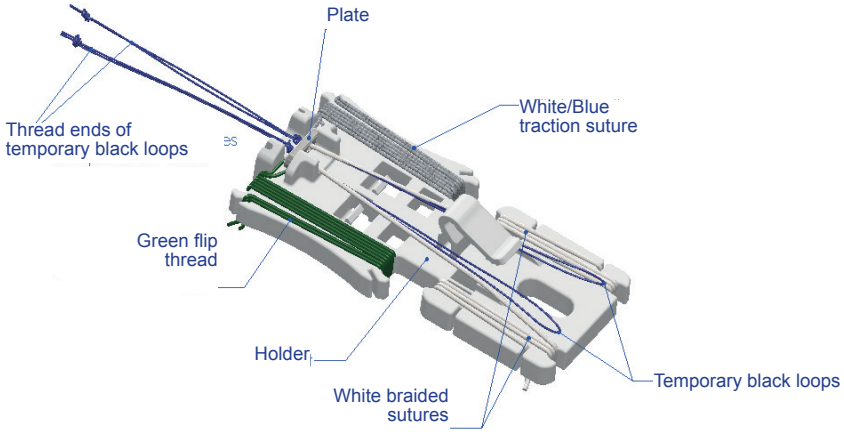


PULLUP® TEX CLIP - Loop only - PULL00LOOP
PULLUP® CLIP - Connectable plate for Ø 4.5 mm cortical tunnel PULL0CT201
PULLUP® XL CLIP - Connectable plate for Ø 5 to 10 mm cortical tunnel - PULXLCT202

BTLOOP® : Adjustable juxta-cortical fixation for bone-tendon-bone grafts

BTLOOP®

BTLOOP® XL



BTLOOP® - Adjustable fixation system for ligament reconstruction (BTB technique) in cortical tunnel Ø 4.5 mm - BTB0001709
BTLOOP® XL- Adjustable fixation system for ligament reconstruction (BTB technique) in cortical tunnel Ø 5 to 10 mm - BTBXL01709

PULLUP® instruments

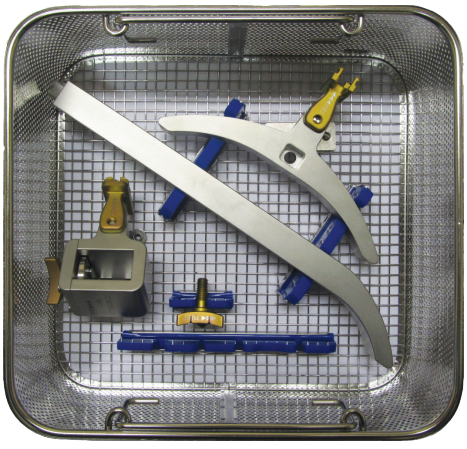
ø 4.5 mm cannulated drill bit
PULL000255

ø 4.5 mm full drill bit
LIG9045OR

Cutting pliers
PULL000219

GraftTech® preparation station

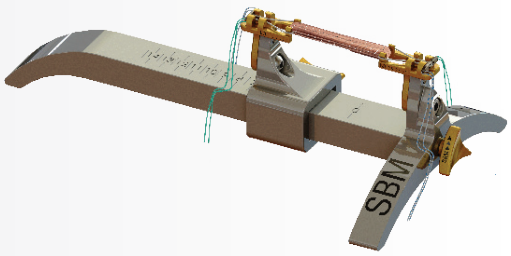
The GraftTech® preparation station enables to facilitate soft tissue graft preparation, particularly for PULLUP® constructs. It is composed of a regular base and optionnal add-ons depending of the type of graft to be prepared.



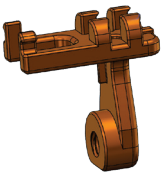
GraftTech®

GraftTech® preparation station base instrumentation monted with brackets
(including stainless steel basket and lid)

PULLTAB000



Options for GraftTech® preparation station

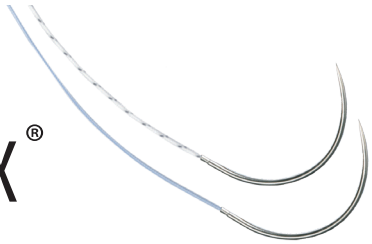


Bracket for GraftTech® holder PULL00G217
Bracket for GraftTech® slider PULL00H217

POWERTEX® Suture loaded with needle

The POWERTEX® suture loaded with needle can be used during ACL reconstruction to suture a single semitendinosus tendon harvest as well as a classic soft tissue transplants. Made up of a semicircular needle and size USP #2 / Lengh 90 mm UHWMPE (Ultra High Molecular Weight PolyEthylene) braid, POWERTEX® sutures are incredibly strong latest-generation sutures.

POWERTEX®



UHWMPE POWERTEX® Suture loaded with needle
BLUE - SUTRPBLAG1
BLACK/WHITE - SUTRPBNAG1

Common instruments for ligament reconstruction

Evolution Tibial aiming device
LIG9000214

Guide pin sleeve D4.5 for tibial evolution aiming device
LIG9000215

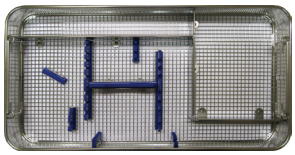
Guide pin sleeve D2.5 for tibial evolution aiming device
LIG9000264

Stopper
LIG9000051

Cannulated drill bit (long flute) L=60 mm:
ø 6 mm - LIG9006289
ø 7 mm - LIG9007289
ø 8 mm - LIG9008289
ø 9 mm - LIG9009289
ø 10 mm - LIG9010289
ø 11 mm - LIG9011289

Guide pin (K-Wire) ø 2.5 mm for drill bits
LIG9125300-01 (x1) / LIG9125300-01 (x5) /LIG9125300-01 (x10)

Rigid guide pin:
ø 0.9 mm for ø 6, 7, 8 mm screwdriver
Lg 300 mm
LIG9109300-01 (x1) / LIG9109300-05 (x5) / LIG9109300-10 (x10)
Lg 400 mm
LIG9109400-01 (x1) / LIG9109400-05 (x5) / LIG9109400-10 (x10)
ø 1.4 mm for ø 9, 10, 11 mm screwdriver
Lg 300 mm
LIG9114300-01 (x1) / LIG9114300-05 (x5) / LIG9114300-10 (x10)
Lg 400 mm
LIG9114400-01 (x1) / LIG9114400-05 (x5) / LIG9114400-10 (x10)



LIGAFIX® - PULLUP® stainless steel basket with silicones
PULLIGPA02

Outside-Inside instrument (femoral approach)

Evolution Out-In femoral aiming device
LIG90002014

Guide pin sleeve for Evolution Out-In femoral aiming device
LIG9000211

LIGAFIX® complete Oustide Inside instrumentation set
LIG90DD000

Blind Tunnel instruments (femoral approach)

Eyelet pin L 400 mm
LIG9000041-01 (x1) / LIG9000041-05 (x5) / LIG9000041-10 (x10)

Eyelet pin L 300 mm
LIG9000031-01 (x1) / LIG9000031-05 (x5) / LIG9000031-10 (x10)

Pistol-grip femoral aiming device:
ø 9 mm - LIG9009B45
ø 10 mm - LIG9010B45

LIGAFIX® complete Blind Tunnel instrumentation set
LIG90TB000

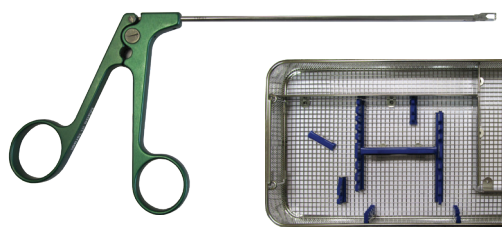












Optional instruments

SBM closed stripper

LIG90FSTRI

SBM open stripper

LIG90OSTRI

SN-SBM stripper

LIG9013554

WOLF-SBM stripper

8866.951

Chondral pick

LIG9000190

Half-size Cannulated drill bit (long flute) L=60 mm:

ø 6.5 mm - LIG9065289
ø 7.5 mm - LIG9075289
ø 8.5 mm - LIG9085289
ø 9.5 mm - LIG9095289
ø 10.5 mm - LIG9105289

Routers:

ø 6 mm - LIG9060072
ø 6.5 mm - LIG9065072
ø 7 mm - LIG9070072
ø 7.5 mm - LIG9075072
ø 8 mm - LIG9080072
ø 8.5 mm - LIG9085072
ø 9 mm - LIG9090072
ø 9.5 mm - LIG9095072
ø 10 mm - LIG9010072
ø 10.5 mm - LIG9010572
ø 11 mm - LIG9011072

Lanceolate Rigid guide pin L 360 mm

LIG9000U36-01 (x1) / LIG9000U36-05 (x5) / LIG9000U36-10 (x10)

Superelastic/Nitinol wire - diam. 0.8 mm

ø 6, 7, 8 mm screws screwdriver
Lg 300 mm
LIG9008300-01 (x1) / LIG9008300-05 (x5) / LIG9008300-10 (x10)
Lg 400 mm
LIG9008400-01 (x1) / LIG9008400-05 (x5) / LIG9008400-10 (x10)

Superelastic/Nitinol wire - diam. 1.4 mm

ø 9, 10, 11 mm screws screwdriver
Lg 300 mm
LIG9014300-01 (x1) / LIG9014300-05 (x5) / LIG9014300-10 (x10)
Lg 400 mm
LIG9014400-01 (x1) / LIG9014400-05 (x5) / LIG9014400-10 (x10)

Guide pin (K-Wire) ø 2.4 mm for drill bits

Lg 300 mm
LIG9M22300-01 (x1) / LIG9M22300-05 (x5) / LIG9M22300-10 (x10)

Eyelet pin Ø 2.4 mm for drill bits

Lg 360 mm
LIG9M00041-01 (x1) / LIG9M00041-05 (x5) / LIG9M00041-10 (x10)

PULLUP® stopper

LIG9000267

Graft gauge - half sizes

LIG9000266

LIGAFIX® ratchet screwdriver handle

LIG9000312

LIGAFIX® ratchet screwdriver rod

Ø 6 mm - LIG9000317
Ø 7/8 mm LIG9000310
Ø 9/10/11 mm - LIG9000311

LIGAFIX® ratchet tap rod

Ø 6 mm - LIG9000318
Ø 7/8 mm LIG9000319
Ø 9/10/11 mm - LIG9000320

Suture retriever pliers

LIG906012T

LIGAFIX® - PULLUP® stainless steel basket lid

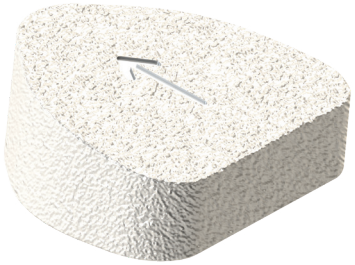
PULLIGPA01

Osteotomies around the knee

OTIS® wedges

OTIS® wedges are bioabsorbable anatomically-shaped implants designed for Opening Wedge High Tibial Osteotomy. Made of synthetic Tricalcium Phosphate (β-TCP), OTIS® wedges are available in different porosities: 30% providing a high mechanical strength and 50% favoring a faster resorption. [6, 13, 14, 16, 17]

OTIS®
OTIS 50®



OTIS® - 30% porosity, height:

6 mm - P822365222
7 mm - P822365224
8 mm - P822365226
9 mm - P822365228
10 mm - P822365230
11 mm - P822365232
12 mm - P822365234
13 mm - P822365236
14 mm - P822365238
15 mm - P822365240

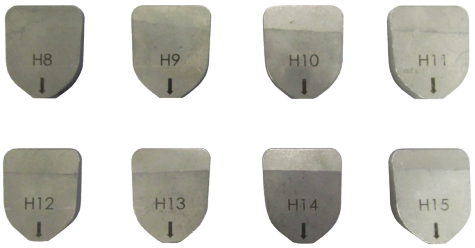
OTIS 50® - 50% porosity, height:

6 mm - P822667222
7 mm - P822667224
8 mm - P822667226
9 mm - P822667228
10 mm - P822667230
11 mm - P822667232
12 mm - P822667234
13 mm - P822667236
14 mm - P822667238
15 mm - P822667240

OTIS® instrumentation for High Tibial Osteotomy

OTIS® one-piece metallic trial implant - height:

6 mm - EVO90FAH06
7 mm - EVO90FAH07



OTIS® metallic trial implant - height:

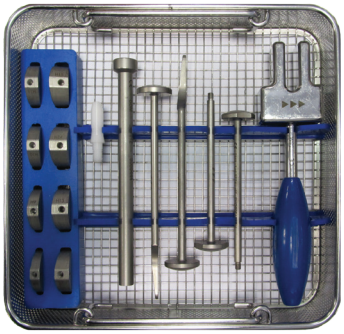
8 mm - EVO90FAH08
9 mm - EVO90FAH09
10 mm - EVO90FAH10
11 mm - EVO90FAH11
12 mm - EVO90FAH12
13 mm - EVO90FAH13
14 mm - EVO90FAH14
15 mm - EVO90FAH15

Handle for OTIS® metallic trial implants (x2)
EVO90FAMAN

Slotted hammer for OTIS® metallic trial implants
EVO90FAMAR

OTIS® impactor:

tip - EVO9069444
body - EVO9069446



OTIS® stainless steel basket with silicone holders
EVO90FA222

OTIS® complete instrumentation set for HTO
EVO90FA500

OTIS-C-PLUS® plates and screws

OTIS-C-PLUS® is an anatomically-shaped osteosynthesis designed for Opening Wedge High Tibial Osteotomy. Designed for patients with a high Body Mass Index, the plate and screws are made of stainless steel providing a high mechanical resistance while ensuring easier removal compared to other materials. OTIS-C-PLUS® a low-profile compressive plate: the screws are pre-guided to compress the wedge in order to promote bone fusion.

OTIS-C-PLUS®

OTIS-C-PLUS® plate:
left - EVO9067722
right - EVO9067522

OTIS® self-tapping locking screw ø 6.5 mm, length:

27 mm - EVO9066027
30 mm - EVO9066030
33 mm - EVO9066033
36 mm - EVO9066036
39 mm - EVO9066039
42 mm - EVO9066042
45 mm - EVO9066045
50 mm - EVO9066050
55 mm - EVO9066055
60 mm - EVO9066060
65 mm - EVO9066065
70 mm - EVO9066070

OTIS-C-PLUS® instrumentation for High Tibial Osteotomy

Note: The OTIS-C-PLUS® instrumentation includes OTIS instruments

ø 3 mm drill for temporary screw
EVO9035100

ø 3.5 mm round-headed temporary screw (x2)
EVO9069A45

Plate twister
EVO9069622

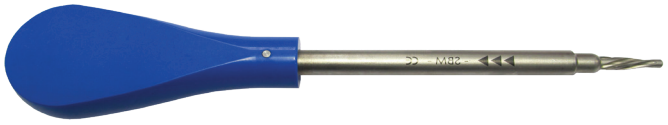
Drill guide, diameter:

ø 3.5 mm - EVO9069428
ø 4.5 mm - EVO9069430

Drill L195 mm, diameter:

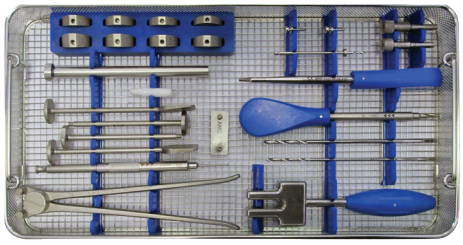
ø 3.5 mm - EVO9069432
ø 4.5 mm - EVO9069434

Depth gauge
EVO9069438



Countersink bit
EVO9040203

ø 3.5 mm hexagonal screwdriver
EVO9069436



OTIS-C-PLUS® stainless steel basket with silicone holders
EVO90FA700

OTIS-C-PLUS® complete instrumentation set for HTO
EVO90FA800

OTIS-F® plates and screws

OTIS-F® is an anatomically-shaped osteosynthesis designed for Distal Femoral Osteotomies. Versatile, the plate and screws are made of stainless steel providing high mechanical resistance while ensuring easier removal compared to other materials. OTIS-F® has low-profile dimensions and is adapted to the bone density of the femur with three types of screws to ensure proper fixation. The three compressive holes allow compression for subtraction osteotomies and normal fixation for addition osteotomies. [13, 14, 16, 17]

OTIS-F®

OTIS-F® plate:
lateral right / medial left - EVO9067822
lateral left / medial right - EVO9067922

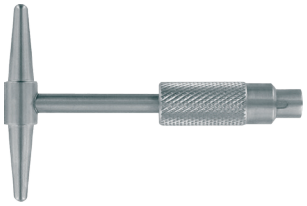
OTIS® self-tapping locking screw ø 6.5 mm, length:

55 mm - EVO9066055
60 mm - EVO9066060
65 mm - EVO9066065
70 mm - EVO9066070
75 mm - EVO9066075
80 mm - EVO9066080

OTIS-F® instrumentation for Distal Femoral Osteotomy

OTIS-F® AO drill guide: ø 3.2 mm & ø 4.5 mm
EVO90T4000

OTIS-F® AO ø 3.2 mm drill - length 145 mm
EVO900T878

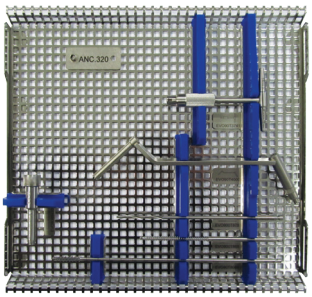


Handle for OTIS-F® AO tap
EVO90T3741

OTIS-F® AO tap ø 6.5 mm
EVO90T8086

OTIS-F® AO tap ø 4.5 mm
EVO900T868

OTIS-F® ø 4.5 mm drill guide
EVO9069430

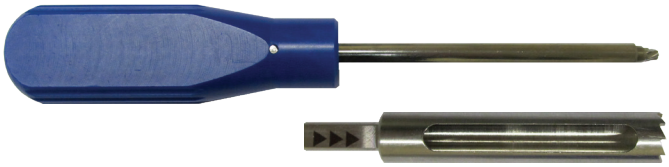


OTIS-F® in-lay with silicone holders
EVO9080000

Complete OTIS-F® in-lay for DFO
EVO9000000

Extraction kit for OTIS® plates and screws

Removing OTIS® plates can be achieved using the regular OTIS screwdriver, the extraction kit can eventually be used to remove broken screws.



Screwdriver for OTIS® screws extraction
EVO9069439

Trephine for OTIS® screw extraction
EVO9069T65

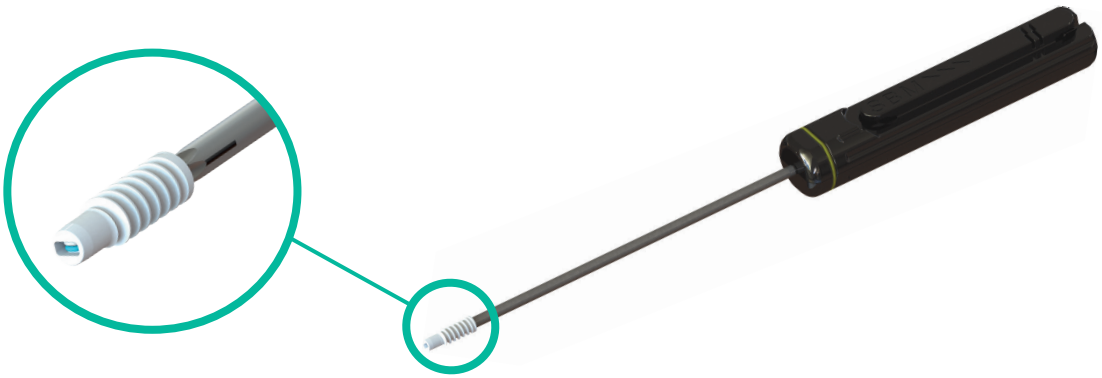
Note: The OTIS-F® plate includes locations for receiving AO type screws, ø 4.5mm for cortical and ø 6.5 mm for cancellous bone (according to the standards in force). These screws are not supplied by SBM.

Rotator Cuff Repair

FIXIT® and FIXIT® KNOTLESS : pre-loaded and knotless suture anchor

FIXIT® is a line of ready-to-use anchors for tendinous tissue fixation in arthroscopic rotator cuff repair. Available in three different sizes, and both with sutures and knotless versions, this system was designed to be quick and easy to use.

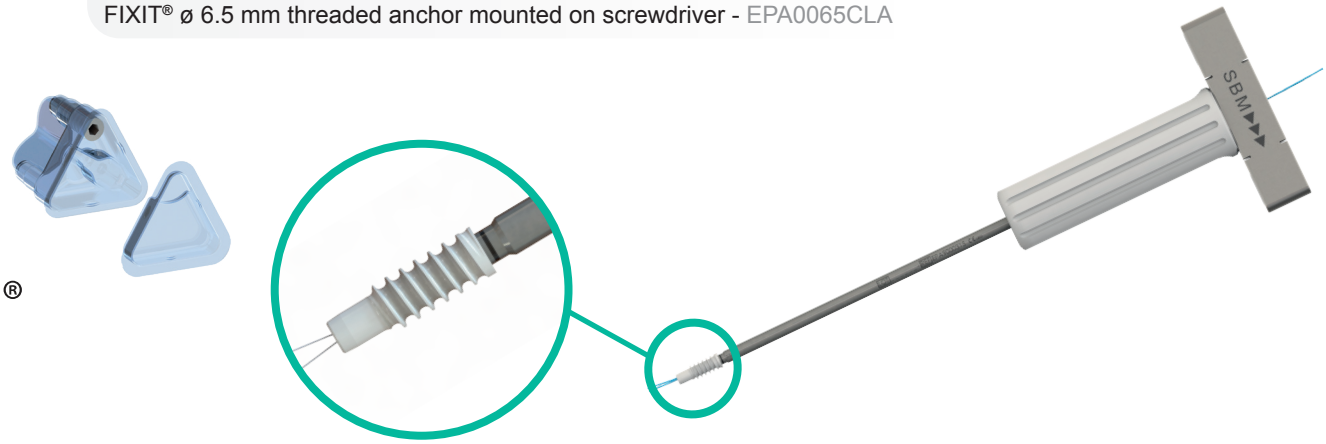
FIXIT®



FIXIT® pre-loaded suture anchor:

FIXIT® ø 4.5 mm threaded anchor mounted on screwdriver - EPA0047CLA
FIXIT® ø 5.5 mm threaded anchor mounted on screwdriver - EPA0055CLA
FIXIT® ø 6.5 mm threaded anchor mounted on screwdriver - EPA0065CLA

FIXIT® Knotless



FIXIT® KNOTLESS suture anchor:

FIXIT® knotless threaded anchor single interference - Ø 4,5 - EPAV245KNO
FIXIT® knotless threaded anchor single interference - Ø 5,5 - EPAV255KNO
FIXIT® knotless threaded anchor single interference - Ø 6,5 - EPAV265KNO

POWERTAPE®

Polyethylene sutures

- Size USP 2 / Thickness 5
- Total length: 99 cm
- Width of tape: 2 mm
- Length of tape: 19 cm

Powertape® non-absorbable surgical flat suture for rotator cuff repair:

Powertape® non-absorbable surgical flat suture - BLUE/BLUE W 2mm L 99 cm - TAPRPBB001
Powertape® non-absorbable surgical flat suture - WHITE/BLACK W 2mm L 99 cm - TAPRPBN001

FIXIT® instrumentation for rotator cuff repair

Punch tap
Size 4.5 - EPA9000240

Punch tap
Sizes 5.5/6.5 mm - EPA9000241

FIXIT® mallet
EPA9000247

Tissue Grasper
EPAGR00074

Penetrating Grasper 30° Up
EPAGR00174

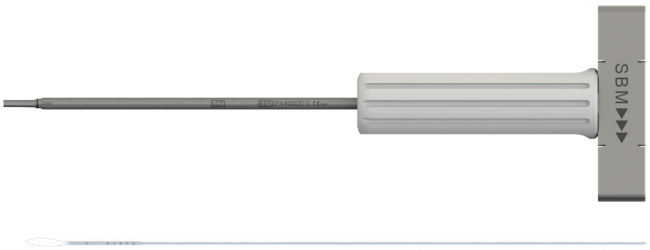
Clever Hook Right
328332bs

Clever Hook Left
328342bs

Suture Manipulator Grasper
EPAGR00274

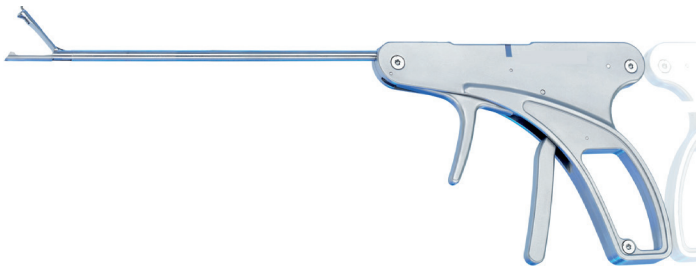
Suture Cutter
231200BS

Knot pusher
EPAKN00074



FIXIT® knotless screwdriver
NOT DISPOSABLE
EPA9000315

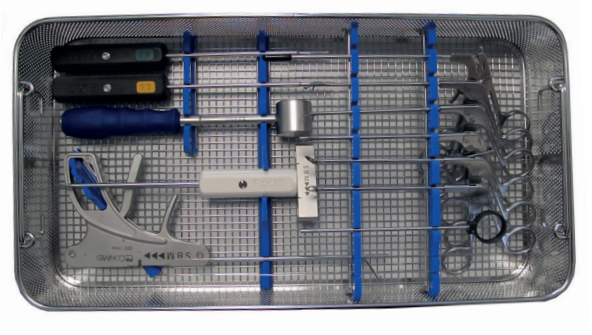
Suture retriever pin (x2)
NOT DISPOSABLE
EPA9000303



Optional instrument

Suture passer automatic Grasper
SMI-02AP

Box of 5 automatic grasper disposable Needles
SMI-02D



Complete FIXIT® basket - 1st + 2nd row with automatic grasper
EPA9000004

Bone void filling

BIO 1® bioabsorbable implants (β-TCP)

BIO 1® are high purity Tricalcium Phosphate (β-TCP) implants that are ready to use as cancellous or cortico-cancellous bone. Synthetic, bioactive and bioabsorbable, this range is perfectly safe for common bone void filling procedures and promotes bone growth thanks thanks to its osteoconductive properties. [3, 4, 5, 6, 8, 9, 11]

BIO 1®

Granules:

ø 1 mm (0.6 cc) - P822692240
ø 1 mm (2 cc) - P822692243
ø 1 mm (5 cc) - P822692244
ø 1 mm (15 cc) - P822692246
ø 1.5 mm (5 cc) - P822692444
ø 1.5 mm (15 cc) - P822692446
ø 3 mm (5 cc) - P822692644
ø 3 mm (15 cc) - P822692646

Macro-porous cubes:

4 x 4 x 4 mm (15 cc) - P822893229
4 x 4 x 4 mm (30 cc) - P822893233
4 x 4 x 4 mm (45 cc) - P822893232

Sticks:

3 x 3 x 10 mm (x 10) - P822634240
5 x 5 x 10 mm (x 5) - P822634440
5 x 5 x 10 mm (x 10) - P822634442
5 x 5 x 10 mm (x 20) - P822634441
5 x 5 x 20 mm (x 1) - P822634446
5 x 5 x 20 mm (x 6) - P822634450
5 x 5 x 20 mm (x 10) - P822634444
5 x 5 x 20 mm (x 20) - P822634445

Cubes:

5 x 5 x 5 mm (x 1) - P822693210
5 x 5 x 5 mm (x 2) - P822693220
5 x 5 x 5 mm (x 5) - P822693221
5 x 5 x 5 mm (x 10) - P822693222
7 x 7 x 7 mm (x 1) - P822693420
7 x 7 x 7 mm (x 2) - P822693421
7 x 7 x 7 mm (x 5) - P822693422
10 x 10 x 10 mm (x 1) - P822693620
10 x 10 x 10 mm (x 2) - P822693622
10 x 10 x 10 mm (x 10) - P822693624

Blocks:

10 x 10 x 25 mm (x 1) - P822694444
30 x 20 x 10 mm (x 1) - P822374400

Cylinders:

ø 6 mm / L 25 mm (x 2) - P822441442
ø 6 mm / L 25 mm (x 4) - P822441444
ø 8 mm / L 10 mm (x 3) - P822661222

Trephine hole filling:

ø 10 mm (x 2) - P822311244
ø 10 mm (x 3) - P822311245
ø 12 mm (x 2) - P822311444
ø 12 mm (x 3) - P822311445
ø 14 mm (x 2) - P822311644
ø 14 mm (x 3) - P822311645

Anatomically-shaped implants:

Ankle arthrodesis 30 x 25 x 7 x 3 mm (x 1) - P822375602
Metatarsian osteotomy 15 x 10 x 4 x 2 mm (x 1) - P822375000
Patellar filling 10 x 10 x 6 mm (x 1) - P822694220

Bibliography

1 **ri-calcium phosphate ceramics and Allografts as Bone Substitutes for postero-lateral spine fusion in Idiopathic Scoliosis : Comparative** clinical results at 4 years.
J-C. Le Huec, E. Lesprit, C. Delavigne, D. Clément, D. Chauveaux, A. Le Rebeller.
Acta Orthopedica Belgica, 1997, 63 (3), 202-11.

2 **Evolution of the local calcium content around irradiated β-TCP ceramics implants : In-vivo study in the rabbit.**
J-C. Le Huec, D. Clément, B. Brouillaud, N. Barthe, B. Dupuy, B. Foliguet, B.Basse-Cathalinat.
Biomaterials, 18, 733-738, 1998.

3 **Cellular biocompatibility and compressive strength of macroporous β-tricalcium phosphate ceramics.**
M. Sous, R. Bareille, A. Rouais, D. Clément, J. Amédée, B. Dupuy, Ch. Baquey.
Biomaterials, 19, 2147-2153, 1998.

4 **The use of Calcium Phosphates, their biological properties.**
J-C. Le Huec, D. Clément, E. Lesprit, J. Faber.
European Journal of Orthopaedic surgery and traumatology, 10, 223-229, 2000.

5 **In vivo testing of a new in situ setting β-tricalcium phosphate cement for osseous reconstruction.**
C. Niedhart, U. Maus, E. Redmann, C.H. Siebert.
J Biomed Mater Res 55: 530–537, 2001

6 **Use of β-Tricalcium Phosphate in foot and ankle surgery : a report of 20 cases.**
L. Galois, D. Mainard, F. Pfeffer, R. Traversari, J-P Delagoutte.
Foot and Ankle surgery, 7, 217-227, 2001.

7 **β-Tricalcium Phosphate ceramic as a bone substitute in orthopaedic surgery.**
L. Galois, D. Mainard, J-P Delagoutte.
International Orthopaedics (SICOT), 26, 109-115, 2002.

8 **Kapandji pinning and tuberosities fixation of three- and four-part fractures of the proximal humerus.**
Bonnevialle N., Ibnoulkatib A., Mansat P., Bonnevialle P.
Int Orthop. 2013 Oct;37(10):1965-71. doi: 10.1007/s00264-013-1926-1. Epub 2013 May 21.

9 **Pulmonary function after less invasive anterior instrumentation and fusion for idiopathic thoracic scoliosis.**
Huitema GC., Jansen RC., Dompeling E., Willems P., Punt I., van Rhijn LW.
Scoliosis. 2013 Aug 21;8(1):14. doi: 10.1186/1748-7161-8-14.

10 **β-Tricalcium Phosphate ceramic as a bone substitute in orthopaedic surgery,**
GALOIS L., MAINARD D., DELAGOUTTE J-P.
International Orthopaedics (SICOT), 26, 109-115, 2002.

11 **Computer-assisted high tibial and double-level oseotomies for genu varum deformity,**
SARAGAGLIA D., ROBERTS J., RUBENS-DUVAL B.
Techniques in Knee Surgery, 5(4) :212-217, 2006.

12 **Opening-wedge High Tibial Osteotomy with a Tricalcium Phosphate Wedge**
SARABIA-CONDESA J.M., VILLAESCUSA-MARINA S., HERNANDEZ-GARCIA C., MARTIN-FERRERO M.A.
Rev Ortop Traumatol (Madr.). 2007;51:182-7

13 **Resorbability of rigid beta-tricalcium phosphate wedges in open-wedge high tibial osteotomy. A retrospective radiological study,**
KRAAL T., MULLENDER M., DE BRUINE J.H.D., REINHARD R., DE GAST A., KUIK D.J., VAN ROYEN B.J.
The Knee, 15, 201-205, 2008.

14 **Correction accuracy and collateral laxity in open versus closed wedge high tibial osteotomy. A one-year randomised controlled study.**
GAASBEEK R., NICOLAAS L., RIJNBERG W., VAN LOON C., VAN KAMPEN A.
International Orthopaedics (SICOT) (2010) 34:201–207 DOI 10.1007/s00264-009-0861-7

15 **Outcome of opening wedge high tibial osteotomy augmented with a Biosorb wedge and fixed with a plate and screws in 124 patients with a mean of ten years follow-up,**
SARAGAGLIA D., BLAYSAT M., INMAN D, MERCIER N.
Int Orthop. 2010. DOI 10.1007

16 **Results of forty two computer-assisted double level osteotomies for severe genu varum deformity,**
SARAGAGLIA D, BLAYSAT M, MERCIER N., GRIMALDI M.
Int Orthop. (2012) 36:999–1003

17 **A retrospective analysis of medial open wedge high tibial osteotomy for varus osteoarthritic knee.**
Vaishya R.
Indian J Orthop. 2013 Mar;47(2):215. doi: 10.4103/0019-5413.108936., 2013

18 **Role of computer-assisted surgery in osteotomies around the knee.**
D. Saragaglia, Chedal-Bornu, Rouchy, Rubens-Duval, Mader, Pailhé
Knee Surg Sports Traumatol Arthrosc (2016) 24: 3387. https://doi.org/10.1007/s00167-016-4302-z

19 **Prospective study of the anterior cruciate ligament reconstruction associated with high tibial opening wedge osteotomy in knee arthritis associated with instability.**
Raju Vaishya, Vipul Vijay, Gyanendra Kumar Jha, Amit Kumar Agarwal
J Clin Orthop Trauma. 2016 Oct-Dec;7(4):265-271. Epub 2016 Jun 24.

20 **Better clinical results after closed- compared to open-wedge high tibial osteotomy in patients with medial knee osteoarthritis and varus leg alignment.**
van Egmond N., van Grinsven S., van Loon CJ., Gaasbeek RD., van Kampen A.
Knee Surg Sports Traumatol Arthrosc. 2016 Jan;24(1):34-41. doi: 10.1007/s00167-014-3303-z. Epub 2014 Sep 13.

21 **Gait analysis following medial opening-wedge high tibial osteotomy.**
Morin V., Pailhé R., Duval BR., Mader R., Cognault J., Rouchy RC., Saragaglia D.
Knee Surg Sports Traumatol Arthrosc. 2017 Mar 1. doi: 10.1007/s00167-017-4421-1.

22 **Computer-assisted osteotomies for genu varum deformity: which osteotomy for which varus?**
Dominique Saragaglia,Numa Mercier, and Pierre-Emmanuel Colle
Int Orthop. 2010 Feb; 34(2): 185–190. Published online 2009 Mar 21. doi: 10.1007/s00264-009-0757-6

23 **Clinical and Functional Outcomes of Anterior Cruciate Ligament Reconstruction at a Minimum of 2 Years Using Adjustable Suspensory Fixation in Both theFemurandTibia. A Prospective Study.**
Philippe Colombet, MD, Mo Saffarini, MEng, and Nicolas Bouguennec, MD
The Orthopaedic Journal of Sports Medicine, 6(10), 2325967118804128, DOI: 10.1177/2325967118804128, 2018

24 **Complications et échecs des reconstructions du LCA par DT4 et fixations de suspension réglables : suivi prospectif de 1148 patients**
Philippe Colombet, M.D. and Nicolas Bouguennec
Revue de Chirurgie Orthopédique et Traumatologique, Volume 104, Issue 8, Supplement, December 2018, Page S92

25 **Anterior Laxity at 2 Years After Anterior Cruciate Ligament Reconstruction Is Comparable When Using Adjustable-Loop Suspensory Fixation and Interference Screw Fixation**
Achilleas Boutsiadis, MD, PhD, Jean-Claude Panisset, MD, Brian M. Devitt,y MD, FRCS, FRACS, Frédéric Mauris, MD, Renaud Barthelemy,z MD, and Johannes Barth, MD
The American Journal of Sports Medicine; 1–10 ; DOI: 10.1177/0363546518784005, 2018

26 **Suspensory fixation device for use with Bone Patellar Tendon Bone grafts**
Philippe Colombet, M.D. and Nicolas Bouguennec
Arthrosc Tech. 2017 Jun; 6(3): e833–e838. Published online 2017 Jun 19. doi: 10.1016/j.eats.2017.02.013, 2017

27 **Adjustable button devices for all arthroscopic posterior cruciate ligament reconstruction**
Paul Brossard, M.D., Achilleas Boutsiadis, M.D., Ph.D., Jean-Claude Panisset, M.D., Frédéric Mauris, M.D., and Johannes Barth, M.D.
Arthrosc Tech. 2017 Aug; 6(4): e979–e985. Published online 2017 Jul 10. doi: 10.1016/j.eats.2017.03.010, 2017

28 **Minimaly Invasive combined anterior and anterolateral stabilization of knee using hamstring tendons and adjustable loop suspensory fixation device Surgical technique**
Achilleas Boutsiadis, M.D., Ph.D., Paul Brossard, M.D., Jean-Claude Panisset, M.D.,aNicolas Graveleau, M.D., and Johannes Barth, M.D
Arthrosc Tech. 2017 Apr; 6(2): e419–e425. Published online 2017 Apr 10. doi: 10.1016/j.eats.2016.10.019, 2017

29 **Incorporation of hamstring grafts within the tibial tunnel after anterior cruciate ligament reconstruction**
Colombet P, Graveleau N, Jambou S.
Am J Sports Med. 2016 Nov;44(11):2838-2845. Epub, 2016

30 **An anterior cruciate ligament reconstruction technique with 4 strand semitendinosus grafts, using outside-in tibial tunnel drilling and suspensory Fixation devices**
P. Colombet, M.D., and N. Graveleau, M.D.
Arthrosc Tech. 2015 Sep 28;4(5):e507-11. doi: 10.1016/j.eats.2015.05.014. eCollection, 2015

31 **Long term degradation of self reinforced poly levo dextro lactide tcp biocomposite interference screws**
F. Alan Barber, M.D., and W. D. Dockery, M.D.
Arthroscopy. 2016 Apr;32(4):608-14. doi: 10.1016/j.arthro.2015.08.037. Epub, 2015

32 **Do outcomes of outpatient ACL reconstruction vary with graft type**
L. Baverela,b,, G. Demeya, G.-A. Odric, P. Leroya, M. Saffarini d, D. Dejoura
Orthopaedics & Traumatology: Surgery & Research 101 (2015) 803–806, 2015

33 **Suspensory fixation versus novel transverse crosspin for femoral fixation in anterior cruciate ligament reconstruc - TRANSLIG**
Zehir S&R, Coll.
Arch Orthop Truama Surg 134:1579-1585 DOI 10.1007/s00402-014-2062-0 ,2014

34 **Are the tubular grafts in the femoral tunnel in an anatomical or isometric position in the reconstruction of medial patellofemoral ligament?**
NTAGIOPOULOS P-G, SHAMA B., BIGNOZZI S, LOPOMO N., COLLE, F., ZAFFAGNINI S., DEJOUR D.
International Orthopaedics (SICOT) DOI 10.1007/s00264-013-1938, 2013

35 **A new technique in double-bundle anterior cruciate ligament reconstruction using implant-free femoral fixation**
PRADO R-K, NTAGIOPOULOS P-G, FUCS P-M-B, SEVERINO N-R, DEJOUR D.
International Orthopaedics, Volume 36, Number 7, 1479-1485, 2012

36 **Bone-patellar tendon-bone graft via a single minimally-invasive approach versus a classical approach in anterior cruciate ligament reconstruction**
IONCU A., MADER R., BONIN N, TERNAMIAN P-J., DEJOUR D.
Orthopaedics & Traumatology: Surgery & Research 98, 426—431, 2012

37 **Knee laxity control in revision Anterior Cruciate Ligament reconstruction versus Anterior Cruciate Ligament reconstruction and lateral tenodesis**
COLOMBET P.
The American Journal of Sports Medicine, vol. 39 no. 6 1248-1254, 2011

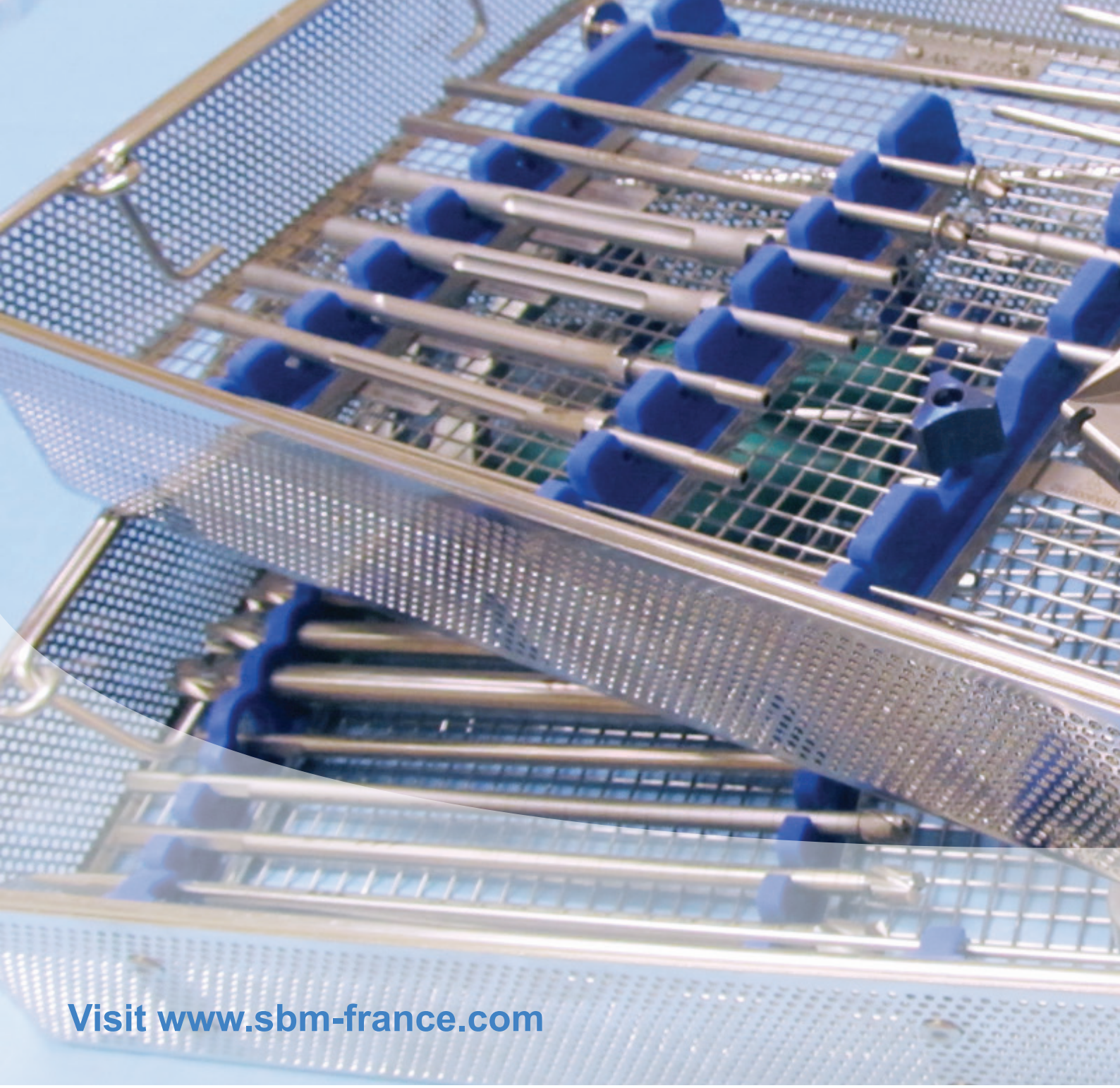
38 **Interest of an osteoconductive material in graft healing of acl reconstruction with the Hamstring Tendon**
ROBERT H.
SOFCOT 2010

39 **Biological performance of a new β-TCP - PLLA composite material for applications in spine surgery: in vitro and in vivo studies**
AUNOBLE S., CLEMENT D., FRAYSSINET P., HARMAND M-F., LE HUEC J-C.
Journal of Biomedical Materials Research, Part A, Art. 30749, 1-7, 2006

40 **Patellar Tendon Reconstruction Using Hamstring Tendon and Adjustable Suspensory Cortical Fixation**
Jordan Ovigue, M.D., Nicolas Graveleau, M.D., and Nicolas Bouguennec, M.D.
Arthroscopy Techniques, Vol -, 2019: pp e1-e5

41 **The Migratory Cortical Button: A Rare Case of Hypersensitivity to Titanium after an Anterior Cruciate Ligament Reconstruction**
Nicolas Bouguennec, MD, Philippe Colombet, MD, Nicolas Graveleau, MD, and Stephane Jambou, MD
Knee Surg Relat Res. https://doi.org/10.5792/ksrr.18.072, pISSN 2234-0726 · eISSN 2234-2451, Published Online: 18 March 2019

42 **Tibial slope and medial meniscectomy significantly influence shortterm knee laxity following ACL reconstruction**
David Dejour · Marco Pungitore · Jeremy Valluy · Luca Nover · Mo Saffarini · Guillaume Demey
Knee Surgery, Sports Traumatology, Arthroscopy, https://doi.org/10.1007/s00167-019-05435-0, 20 February 2019



Visit www.sbm-france.com

SBM (Science for BioMaterials) has been specialized in the design, manufacture and distribution of biomaterials for bone surgery since 1991. The company's priority is the development and optimization of medical devices which promote bone healing and human tissue replacement.

By completely controlling its technique in biomaterials, the company elaborates a range of innovative, 100% synthetic and absorbable systems along with specific ancillary instrumentation. Firmly established on the French domestic market, SBM has expanded its activities abroad in more than 40 countries for the sales and development of new products, in order to better meet the demands of the medical industry worldwide.

SBM
Science & Bio Materials

S.B.M. SAS

ZI du Monge
65100 LOURDES
FRANCE
Phone: (+33) 5 62 42 32 12
Fax: (+33) 5 62 42 32 52
www.sbm-france.com

S.B.M., INC.

(Subsidiary)

www.sbm-france.us

CE 0459 G MED ISO 13485