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Description

CERASORB CPC is a synthetic, self-setting, biocompatible, osteoconductive and bioresorbable bone graft substitute for filling non-infected and non-load bearing bone defects. CERASORB CPC is a bone substitute material to support the bone healing process. CERASORB CPC is available in 1 ml, 3x 1 ml, 3 ml, 6 ml and 12 ml.

Composition

CERASORB CPC is a mineral bone substitute made of synthetic calcium and phosphate salts finely dispersed in a biocompatible oil phase of short-chain triglycerides (caprylic/capric triglyceride) and two emulsifiers (polyoxyl-35-castor oil and cetyl phosphate). Caprylic/capric triglycerides and polyoxyl-35-castor oil are produced from vegetable raw materials.

The setting behaviour of CERASORB CPC begins after application on contact with body fluids, e.g. blood and tissue fluids. CERASORB CPC sets in situ to form a microcrystalline, calcium-deficient hydroxyapatite (CDHA) and alpha-tricalcium phosphate, which form the major phase. The minor phase consists of calcium hydrogen phosphate (monetite) and calcium carbonate (calcite). The reaction product resembles the mineral component of natural bone in its chemical composition and crystalline structure.

Components	Percentage (%)
alpha-tricalcium phosphate (α-TCP)	48.4 - 49.9
calcium hydrogen phosphate (monetite)	20.9 - 21.6
calcium carbonate (calcite)	8.1 - 8.3
tricalcium orthophosphate	3.2 - 3.3
dipotassium hydrogen phosphate (K ₂ HPO ₄)	2.4 - 2.5
caprylic/capric triglycerides (Miglyol 812)	11.6 - 13.7
polyoxyl 35 castor oil (Kolliphor ELP)	2.1 - 2.5
cetyl phosphate (Amphisol A)	0.7 - 0.8

Intended use

CERASORB CPC is a synthetic, self-setting bone graft substitute for filling non-infected bone defects.

Area of application

CERASORB CPC is intended for filling non-infected and non-load-bearing bone defects or for the filling of bone defects that have been sufficiently stabilised by means of suitable measures.

Fields of application are in particular:

- metaphyseal bone defect fractures, e.g. tibia, radius and humerus fractures.
- bone defects after resection of benign tumours and cysts
- bone defects after removal or replacement of osteosynthesis implants
- to support the fixation of osteosynthesis implants (e.g. bone screws)

Use and Dosage

CERASORB CPC must not be used if the sterile packaging has been damaged or accidentally opened before use.

CERASORB CPC is a sterile ready-to-use bone graft substitute for single open surgical or minimally invasive application. In case of minimally invasive application, the filling of the bone defect must be monitored by means of suitable imaging procedures.

The amount of CERASORB CPC required for complete filling depends on the size of the defect present. Before surgery, it should be ensured that a sufficient number of packs is available. The implanted quantity of 21 ml CERASORB CPC per operation must not be exceeded for an adult, see precautions and warnings. The syringes contain the specified amount of CERASORB CPC as well as technical overfilling.

The information in the following table must be observed:

Product variant	Maximum number of syringes per operation
1 ml and 3x 1 ml	15
3 ml	6
6 ml	3
12 ml	1

Only the enclosed cannula may be used for the application. It should be taken into account that a portion of CERASORB CPC, which depends on the size of the cannula, remains in the cannula (Product variants 1 ml and 3x 1 ml approx. 0.1 ml; product variants 3 ml, 6 ml and 12 ml approx. 0.7 ml) and is therefore not available for the defect filling.

CERASORB CPC can also be applied without using the enclosed cannula, which reduces the amount of force required and the loss of material.

Preparation 1 ml and 3x 1ml variant

The package contains one syringe and one cannula or three syringes and three cannulas. Remove the syringe from the packaging and remove the blue cap. If necessary, place the enclosed cannula on the syringe and apply the bone substitute material into the defect by applying slow and even pressure to the syringe plunger.

Preparation 3 ml version

The packaging contains a syringe and a cannula. Remove the syringe from the packaging and remove the blue cap. If required, place the enclosed cannula on the syringe and apply the bone substitute material to the defect by applying slow and even pressure to the syringe plunger.

Preparation 6 ml and 12 ml version

The package contains a syringe and a cannula as well as a rotary dispenser consisting of a spindle and a spindle nut. Remove the syringe and the rotary dispenser from the packaging. The spindle nut must be pushed onto the rear end of the syringe body until a distinct clicking sound is heard. Check that both sides are engaged. Now turn the spindle into the spindle nut until it rests against the plunger. Remove the blue cap from the syringe. If necessary, place the enclosed cannula on the syringe and apply the bone substitute material into the defect by slowly and evenly turning the spindle.

Setting behaviour / curing

The setting behaviour of CERASORB CPC is initiated by contact with body fluids, e.g. blood and tissue fluid, which causes the bone substitute material to set.

CERASORB CPC may only be inserted after final reduction and stabilisation of the bone defect to avoid interference with the curing process.

Since the hardening of CERASORB CPC occurs by reaction with the surrounding fluid, the strength development depends on the shape and size of the filled bone defect. The bone defect should be filled within five minutes in order to avoid disintegration of the bone substitute material that has already been applied during curing. Within 15 minutes, a stable outer layer is formed. In the further course, the bone substitute material hardens from the outside to the inside and reaches a compressive strength of up to 35 MPa after a few days.

After application, CERASORB CPC should not be manipulated, e.g. by dabbing, corrective measures or by testing the hardening.

Contraindications

CERASORB CPC is not to be used in the case of:

- acute or chronic infections at the implant site, e.g. osteomyelitis
- bone defects due to malignant tumours
- bone defects in the area of open epiphyseal joints
- known intolerance to any ingredient of CERASORB CPC (see composition)

CERASORB CPC is not to be used in the following cases as there is no clinical experience so far:

- augmentations in the area of the spine
- cranioplasty
- pregnant or breastfeeding women
- children; whereby a dose limit of 3 ml CERASORB CPC per operation is known

CERASORB CPC is to be used only after individual risk-benefit assessment in the case of:

- bone metabolism disorders
- endocrinopathies
- immunosuppressive therapy
- concurrent therapy with drugs that affect bone metabolism

Intended patient group

Adults

Undesirable side effects

Possible product and treatment related side effects are: Swelling, seroma and haematoma formation, fever, allergic reaction, pain, fracture of the implant, wound healing disorders, rejection reaction, infection, delayed or no bone healing (pseudoarthrosis).

Interactions

Simultaneous treatment with resorption-inhibiting agents (especially bisphosphonates, non-steroidal anti-inflammatory drugs) may lead to slower resorption of the bone substitute.

Further interactions with other medical devices or medicinal products are not known, unless they directly affect bone metabolism, see contraindications.

CERASORB CPC is MRI safe as it is a non-metallic, non-conductive and non-magnetic bone graft substitute. CERASORB CPC is radiopaque.

Precautions and warnings

The use of CERASORB CPC is restricted to professionals familiar with the handling of bone graft substitutes, the relevant surgical techniques and the treatment of bone defects.

The doctor is responsible for the patient's treatment plan, including the duration and timing of clinical and radiological follow-up. The patient must follow the doctor's treatment plan. During the educational discussions, the patient must be informed about the circumstances of treatment with CERASORB CPC according to the instructions for use. The patient should be advised to contact a healthcare professional if they believe they are experiencing any side effects associated with CERASORB CPC.

CERASORB CPC is intended for single use on a single person. CERASORB CPC may only be applied after sufficient debridement in a well-vascularised, infection-free bone bed. In addition, correct reduction and stabilisation of the fracture must be ensured. Direct contact between CERASORB CPC and the surrounding bone is only ensured if the bone defect is completely filled.

When using CERASORB CPC, leakage of the bone substitute material into adjacent soft tissue or blood vessels must be avoided. In order to prevent embolism, it must be ensured that no bone substitute material enters open venous or arterial accesses, especially when applied under pressure in defects that are enclosed on all sides.

In the case of heavily bleeding bone defects, the bleeding must first be controlled before applying CERASORB CPC. Otherwise there is a risk that the bone replacement material will be forced out again by the bleeding pressure.

CERASORB CPC can support the stabilisation of bone defects due to its mechanical properties. However, the actual stabilisation must be ensured by other measures.

CERASORB CPC must not be mixed with aqueous solutions prior to application, including those of autologous or allogeneic origin (e.g. blood), as this may change the material properties of CERASORB CPC.

CERASORB CPC is slowly resorbed in the course of natural bone metabolism and replaced by the body's own bone. Depending on the implantation conditions and the metabolic activity at the implantation site, CERASORB CPC can also remain permanently in the body as a bone-integrated material.

Treatment of postoperative infections may be complicated by the presence of an implanted foreign body and may require removal

of the bone substitute. Revision surgery may be necessary due to undesirable side effects of the surgical procedure.

Especially in immunocompromised patients (e.g. rheumatics, diabetics) and addicts, it should be noted that there may be an increased risk of infection and implant failure. Such patients must be informed by the medical staff about the possible dangers before the operation.

For the component polyoxyl-35-castor oil contained in CERASORB CPC, very rare cases of allergic reactions and anaphylactic shock have been described in the literature. This is the reason for the aforementioned dosage restriction.

CERASORB CPC contains 24 mg of potassium per millilitre in the form of K_2HPO_4 . In patients with severely impaired renal function, adrenal insufficiency or liver cirrhosis, lower amounts of additionally ingested potassium may increase the risk of hyperkalaemia or exacerbate existing hyperkalaemia. This also applies to patients with reduced renal potassium excretion induced by medication (e.g. heparin, ACE inhibitors, potassium-sparing diuretics, spironolactone, non-steroidal anti-inflammatory drugs, cyclosporin A). Since potassium from CERASORB CPC is only released successively and the amount contained corresponds to only a fraction of the amount ingested daily with food, only a low risk is to be assumed even in the case of severely impaired kidney function.

Removal of the bone graft substitute

If removal becomes necessary, the bone substitute should be completely removed and a thorough debridement of the adjacent bone surfaces should be performed. Common surgical tools can be used for removing. After debridement, the bone defect can be filled again with bone substitute material.

Shelf life

The product must not be used after the expiry date stated on the packaging.

Storage

CERASORB CPC must be stored at room temperature (between 5°C and 25°C).

Sterilisation procedure

CERASORB CPC is a sterile medical device. Sterilisation is carried out by gamma radiation. CERASORB CPC must not be cleaned and must not be resterilised because of the risk of infection transmission and/or possible changes in the product properties. CERASORB CPC is intended for single use only.

Disposal

No special disposal is necessary for unopened products. For explanted or contaminated material, disposal is in accordance with hospital regulations.

Information

The manufacturer provides an implantation card together with the product. The physician hands the implantation card and the information to be provided for the implanted product to the patient. Users and/or patients should report any serious incident related to the device to the manufacturer and the competent authority of the Member State where the user and/or patient is located.

The Summary Safety and Clinical Performance Report (SSCP) is published on the website of INNOTERE GmbH and can be found at the following LINK: www.innotere.de/downloads.










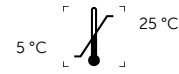











The instructions for use are also made available electronically on the website www.innotere.de/downloads. On request, the manufacturer will provide the instructions for use in paper form, free of charge within seven calendar days.

Please contact your supplier or the manufacturer for further information.

Responsible manufacturer

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Symbols

	article number
	batch number
	unique product identification
	use until
	manufacturer
	quantity
	Do not use if the sterile barrier system of the product or its packaging is damaged.
	medical device
	Radiation sterilised
	temperature limit
	Do not re-sterilise
	Do not reuse
	comply with electronic instructions for use
	magnetic resonance safe
	single sterile barrier system
	double sterile barrier system
	patient record
	ambulance or doctor
	patient identification + date of birth
	implantation date
	website with patient information