

AREX®BONE Granule

Synthetic Bone Substitute

- Bioresorbable, biocompatible.
- Excellent in-depth osteoconductive properties.



AREX®BONE Granules has been clinically successful in the following indications:

- for both epiphyseal and diaphyseal simple and complex fractures;
- filling after removal of osteosynthesis materials and after benign synovium curettage;
- non-union or pseudarthrosis, arthrodesis and osteotomies;
- prosthesis revision surgery;
- spinal fusion.

COMPOSITION

AREX®BONE Granule is a macroporous biphasic resorbable ceramic composed of 75% hydroxyapatite and 25% tricalcium phosphate.

POROSITY - PORE SIZE

The AREX®BONE Granule totally interconnected porosity ranges from 60 to 80%. The mean pore diameter of 200-500µm is compatible with human bone-cell size.

SHAPES AVAILABLE

Granules 2-3 mm irregular-shape porous granules. Particularly suitable for mixing with autologous bone and filling bony defects.

DISTRIBUTED BY



CE 0459

MANUFACTURER:
Kasios®
18, chemin de la violette
31240 L'Union - France

www.arex.fr

Design: e-moncaux.fr / Réf. 222 éd01 - © AREX® - 2013

PRESENTATION

AREX®BONE Granule is gamma ray sterilized and packed in a double packaging. Do not re-sterilize. Single use product.

REFERENCES

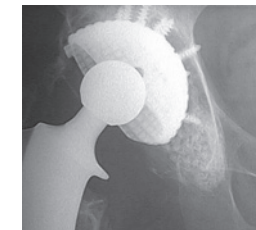
Shapes	Sizes	Quantity (weight)	Ref.
Granules	2-3 mm	5 cc (3.2 g)	AR40405CC
Granules	2-3 mm	10 cc (6.4 g)	AR40410CC
Granules	2-3 mm	20 cc (12.8 g)	AR40420CC

CLINICAL RESULTS

The great number of studies and papers published on both HA (hydroxyapatite) and (βTCP) β tricalcium phosphate show if need be the interest of such materials. For a long time these were the only calcium phosphates tested in vivo and implanted in humans. Their chemical composition close to that of bone favours biocompatibility and induces optimal osteointegration. The use of such interconnected porous biphasic ceramics (HA/TCP), as synthetic bone graft substitutes is one of the answers to safe and efficient repair of bone defects and for bone grafting.

A reference list of 406 clinical cases in different indications cases is available. After over 10 years follow-up these ceramics have resulted in entire satisfaction. Because of their synthetic origin no immunological or infectious reactions have ever been reported.

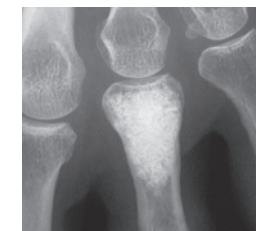
For system stabilization in the case of mechanical constraint the use of an osteosynthesis device is necessary. Clinical results are subordinated to good graft stability avoiding micro-movements, to optimal bone contact and to a healthy recipient site. Bone loss restoration has in every case been followed by rapid consolidation with perfect graft integration.



2 years



9 months



1 year



1 year