

CERAFIX CERAFIXGENTA

LOW-MEDIUM AND HIGH VISCOSITY



Long lifetime cements

CERAFIX :

In 1984 in Europe, CERAVÉR were pioneers in the field of the low-medium viscosity. Due to acrylic resins since 1980. With a strong position thanks to its experience, CERAVÉR has developed the low-medium

LOW-MEDIUM VISCOSITY : BV

FLUID MIXTURE
EXCELLENT INTRUSION
EASIER ELIMINATION OF GASES



Pioneers in the field of low-medium viscosity, in 1984 CERAVÉR developed **CERAFIX** and **CERAFIXGENTA** cements, that are known today as **CERAFIX BV** and **CERAFIXGENTA BV**. These cements have an excellent reproducibility coming from the control of a process constantly improved.

FOR BOTH LOW AN

MANUAL INSERTION OR

LOW TEMPERATURE

EXCELLENT MECHA

Long lifetime ce

A FULL RANGE

this, CERAVÉR has acquired a **significant clinical background** and a scientific know-how in the high viscosity cements with or without gentamicin which have the same chemical composition as viscosity cements.

HIGH VISCOSITY : HV

FAST IMPLEMENTATION
LONG WORKING TIME
SHORT HARDENING TIME



CERAVÉR has developed high viscosity cements with the same chemical composition as the low-medium viscosity cements : **CERAFIX HV** and **CERAFIXGENTA HV**.

In comparison with low-medium viscosity, high viscosity is obtained thanks to the use of smaller polymer particles size.

D HIGH VISCOSITY

INJECTION BY SYRINGE

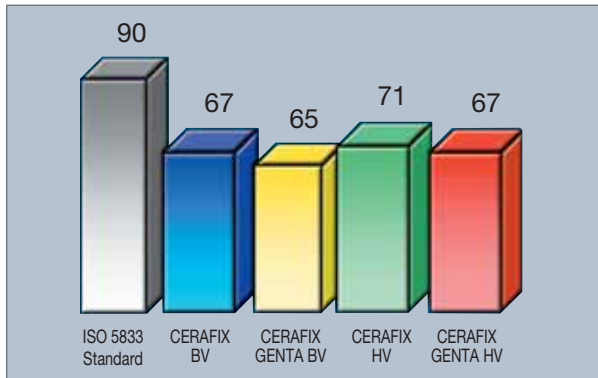
OF POLYMERISATION

NICAL PROPERTIES

ments since 1984

CERAFIX AND CERAFIXGENTA

A LOW TEMPERATURE OF POLYMERISATION



Maximal temperature of polymerisation (°C)

The maximal temperature of polymerisation of all CERAFIX cements is much lower than the maximum temperature specified in the standard.

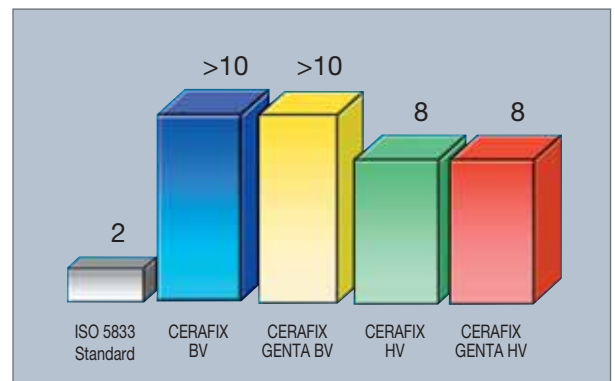
The moderate temperatures make it possible to limit thermal necrosis and **to preserve the bone**.

LIMITATION OF THE THERMAL NECROSIS

HIGH INTRUSION FOR BOTH LOW AND HIGH VISCOSITY

The intrusion, which is the capacity of cement to penetrate the bone microcavities, is more than five times higher than the standard* for our low-medium viscosity cements and four times higher for our high viscosity cements.

The high intrusion generates a **deep anchorage into the bone** and thus a long lasting anchoring of implants. It also allows, in the case of CERAFIXGENTA, an increase in **the surface of diffusion of the antibiotic**.



Intrusion (minimal values in mm)

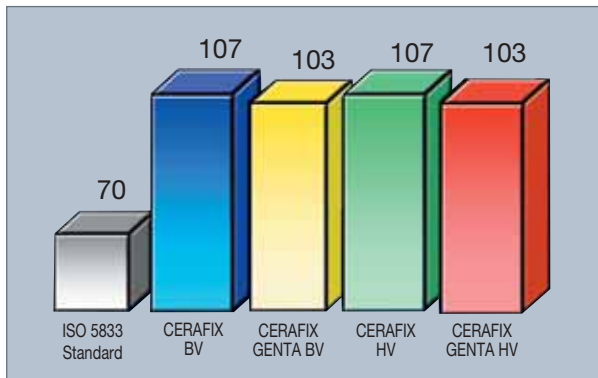
DEEP ANCHORAGE INTO THE BONE

WIDESPREAD DISTRIBUTION OF ANTIBIOTIC

* Norme ISO 5833

: OPTIMAL CHARACTERISTICS

EXCELLENT MECHANICAL PROPERTIES



Compressive strength (MPa)

Compressive strength

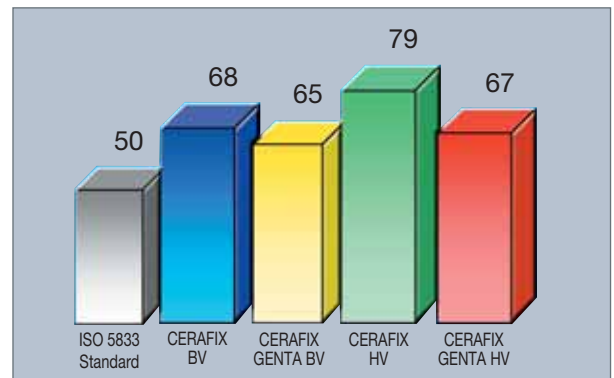
The compressive strength is measured on samples placed 72 h in water at 37°C.

CERAFIX cements show high values, close to the cortical bone one (~150MPa), which ensures **a good distribution of constraints between the bone and the implant.**

4-point flexion strength

The flexion strength is measured on a 4-point flexion machine. CERAFIX cements show high values, much higher than what the ISO 5833 standard requires, which confirms the excellent mechanical properties of our cements.

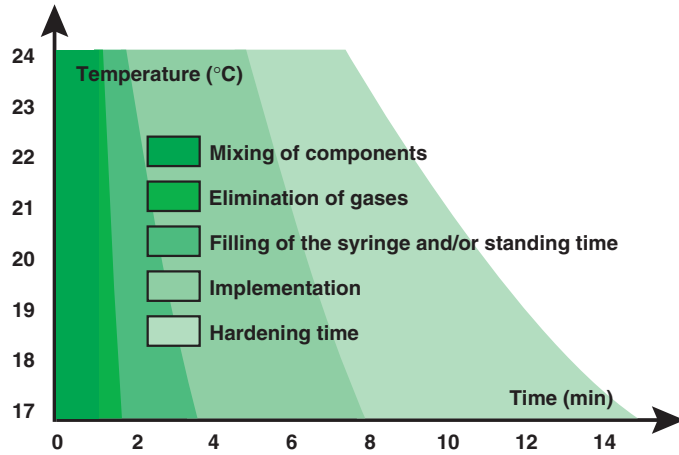
The flexion characteristics (flexion strength and elasticity modulus) are close to those of the cortical bone which allows a better distribution of the constraints.



4-point flexion strength (MPa)

**MECHANICAL PROPERTIES CLOSE TO
THOSE OF THE CORTICAL BONE**

CERAFIX HV



HI
VISCO

**HIGH
VISCOSITY**

t = 0'

t = 1'

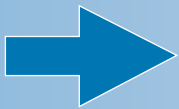
t = 1'30

PHASE 1 :
MIXING OF COMPONENTS

PHASE 2 :
ELIMINATION OF GASES

PHASE 3 :
FILLING OF THE SYRINGE

CHARACTERISTIC
TIMES AT 21°C



Homogenise the powder
Add the liquid
Mix approximately 1'

Let degas
Keep away from any heat
source

Fill the syringe with cement

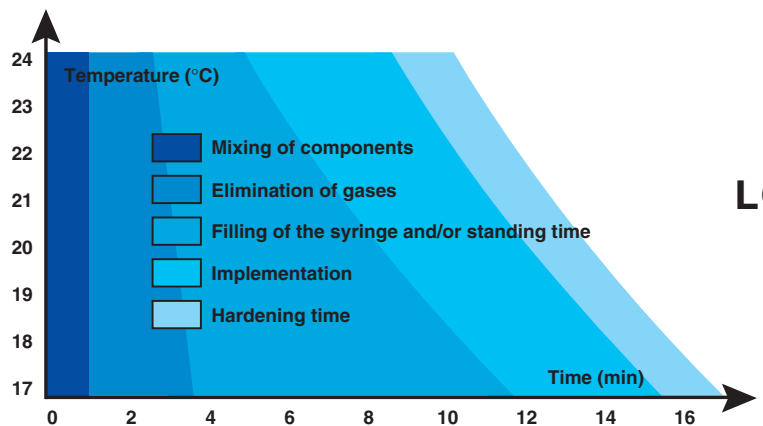
**LOW-MEDIUM
VISCOSITY**

t = 0'

t = 1'

t = 3'30

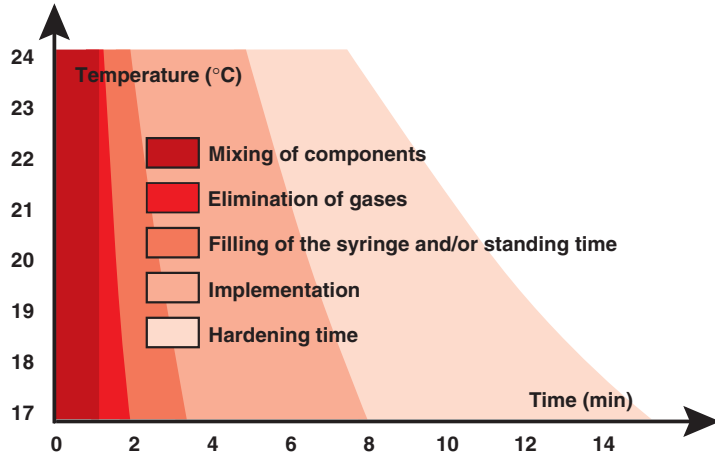
CERAFIX BV



LOW-M
VISCO

MENTATION

GH
OSITY



CERAFIXGENTA HV

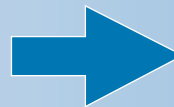
t = 2'30

t = 9'45

SE 3 :
R CATCHING IN HAND

PHASE 4 :
IMPLEMENTATION

PHASE 5 :
HARDENING TIME



Hold the implant
firmly in place

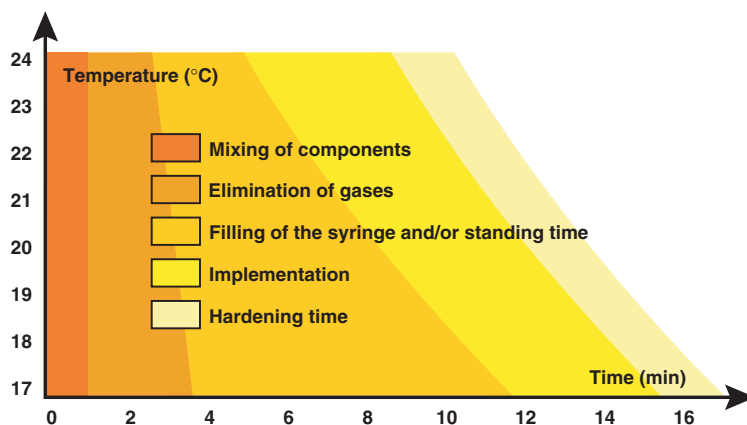
Take cement in hand
after non-sticking time

Insert or inject the cement
Insert the implant
Remove excess cement

t = 7'45

t = 12'30

EDIUM
OSITY



CERAFIXGENTA BV

A SIMPLE AND

MANUAL INSERTION OR SYRINGE INJECTION FOR BOTH LOW AND HIGH VISCOSITY



CERAFIX and CERAFIXGENTA are specifically studied for the anchorage of the cemented endoprosthesis in the **partial or total arthroplasties of hip, knee or any other articulation.**

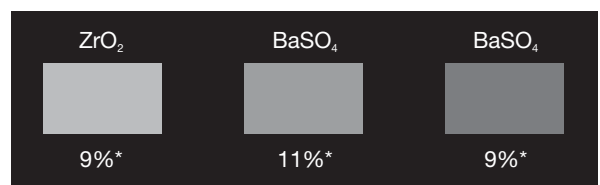
A RADIOPAQUE AGENT :

The zirconium dioxide ZrO_2 is used for all CERAFIX cements. It presents a significant scientific and clinical background since it has been used in CERAFIX and CERAFIXGENTA since 1984.

A LOWER QUANTITY OF RADIOPAQUE AGENT NEEDED FOR A BETTER RADIOPACITY



X-RAYS OPACITY OF CEMENTS
(K-D. Kühn, "Bone cements", 245-247, 2000)



* mass percentage in radiopaque agent

EFFECTIVE USE

EASIER MIXING

The mass ratio of the solid and liquid phases is a parameter of paramount importance. Its optimisation made it possible to improve the mixing of the powder and the liquid and thus to quickly obtain an homogeneous cement.

A SIMPLE AND EFFECTIVE ANCILLARY



The zirconium dioxide ZrO_2

- Thanks to its relatively low density and low hydrophily, it allows an **excellent dispersion** in cement. The homogenisation is better and the mechanical properties are optimised.
 - It significantly generates less bone resorption than barium sulfate. (J. Bone Joint Surg., Br, 79-B, 129-134, 1997)
 - It allows a better resistance to fatigue.

OPTIMISED CHARACTERISTICS

GENTAMICIN

Gentamicin (or aminoglycoside), an antibiotic from the aminoglycoside family, **is thermally stable** and **water soluble**. **It has a broad spectrum of action and is compatible with the solid and liquid** phases of cement.

Gentamicin is added to the cement formulation as gentamicin sulphate. **Gentamicin base** corresponds to the molecules that have an anti-bacterial activity. It is an important parameter which must be optimised : CERAFIXGENTA cements contain **800 mg of gentamicin base each**.

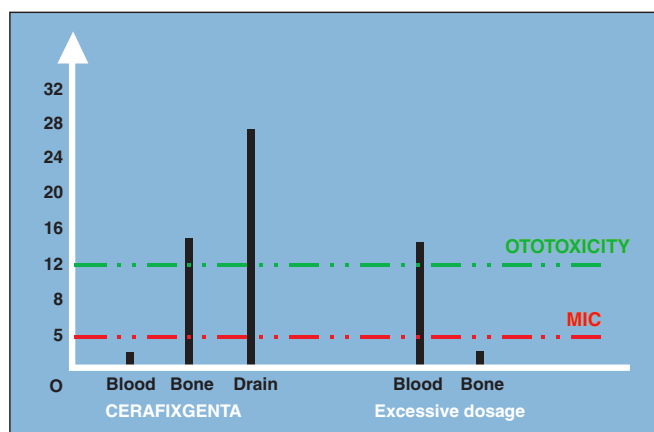
CERAFIXGENTA BV AND HV : A LOCAL ANTIBIOTHERAPY

EFFECTIVENESS AND TOLERANCE

CERAFIX-GENTAMICIN association makes it possible to obtain :

- A **blood level below the ototoxicity threshold**.
- A **bone level above the minimum inhibitory concentration** (MIC = 4 mg/L). The bacterial effect obtained is particularly indicated in the case of thin vascularization of peri prosthetic tissues.
- Local concentrations in the drains, which far exceed the MIC during the first few hours.

This ensures the **prevention of infections contracted immediately after the operation**.



Gentamicin level (mg/kg and mg/L)

AN ACTION TARGETING THE INFECTION SITE

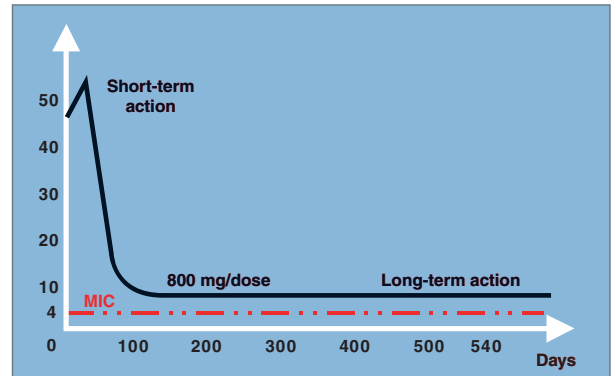
A BV AND HV

CERAFIXGENTA BV AND HV : PHARMACOKINETICS

BONE DIFFUSION

The early high concentration of gentamicin in the bone **allows a short term anti-bacterial action which prevents immediate peroperative contamination.**

Within short and long term period, **the concentration of gentamicin within the bone is higher than the MIC** and thus plays a **bacteriostatic** role, preventing the development of the germs which are then destroyed by the own mechanisms of the human body.



Gentamicin concentration in bone (mg/kg, sheep femur)

URINARY RATES

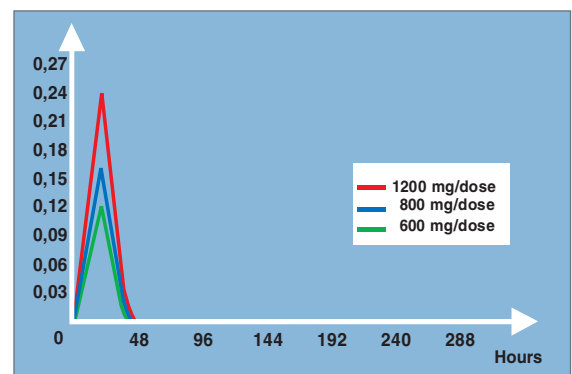
The amount of eliminated gentamicin in urine reaches a peak approximately 24 h after the injection, then decreases slowly towards level of 0,5 mg after 15 days.

Low urinary concentrations confirm the absence of systemic diffusion of the antibiotic from the cement.

SEROKINETICS

Biphasic release shows a serum peak of a maximum value of 0,16 mg/L what is lower than the threshold of ototoxicity (12 mg/L).

This results in no risk of ototoxicity or nephrotoxicity.



Gentamicin elimination serokinetics (mg/L)

A SHORT AND LONG TERM THERAPEUTIC ACTION

BIBLIOGRAPHY

- **H.J. ANDREWS, G. ARDEN, G. HART, J. OWEN,**
"Deep infection after total hip replacement"
J. Bone Joint Surg., 63 B n°1, 53-54 (1981).
- **M. BARRE, C. LEPOUSE, PH. SEGAL,**
"Embolies et chirurgie fémorale intra-médullaire"
Revue de Chirurgie Orthopédique, 83, 9-21 (1997).
- **M. BONIN, M. OMNIUS, Y. MICHEL-BRIAND,**
"Rôle de la technique opératoire dans la prévention de la contamination bactérienne en chirurgie orthopédique propre"
Méd. Mal. Inf., 6/7, 381-384 (1987).
- **H. BUCHHOLZ, R. ELSON, H. ENGELBRECHT, H. LODENKAMPER, J. ROTTGER, A. SIEGEL,**
"Management of deep infection of total hip replacement"
J. Bone Joint Surg., 63 B n°3, 342-353 (1981).
- **L. BUNETEL, F. LANGLAIS,**
"Ciments et antibiotiques : Etude expérimentale de la diffusion"
Thèse Université de RENNES (FRANCE), n° 64, (1988).
- **L. BUNETEL, A. SEGUI, M. CORMIER, E. PERCHERON, F. LANGLAIS,**
"Release of Gentamycin from Acrylic Bone Cement"
Clinic. Pharmacokinetics, 17 (4), 291-297, (1989).
- **L. BUNETEL, A. SEGUI, M. CORMIER, F. LANGLAIS,**
"Comparative study of Gentamycin release from Normal and Low Viscosity Bone Cement"
Clinic. Pharmacokinetics, 19 (4), 333-340, (1990).
- **L. BUNETEL, A. SEGUI, M. CORMIER, E. PERCHERON, F. LANGLAIS,**
"Release of Gentamycin from Acrylic Bone Cement"
Eur. J. Drug Metab. Pharmacokinetics, 19.2, 99-105, (1994).
- **J. CHARNLEY, N. EFTEKHAR,**
"Post-operative infection in total prosthetic replacement arthroplasty of the hip joint, with special references to the bacterial content of the air of the operating room"
Br. J. Surg., 56, 641-649, (1969).
- **R.J. CIPOLLE, D.E. ZASKE, K. CROSLY,**
"Gentamicin, Tobramycin, therapeutic use and serum concentration monitoring"
Individualizing drug therapy : practical application of drug monitoring, 1, 114-144, (1981).
- **R. D'AMBROSIA, M. SHOJI, R. HEATER,**
"Secondarily infected joint replacement by hematogenous spread"
J. Bone Joint Surg., 58-A, 450-453, (1976).
- **L. FISHER, G. GONON, J. CARREL, Y. VULLIEZ, G. DE MOURGUES,**
"Association méthacrylate de méthyle (ciments acryliques et antibiotiques)"
Rev. Chir. Orthop., 361-372, (1977).
- **A. SABOKBAR, Y. FUJIKAWA, D.W. MURRAY, N.A. ATHANASOU,**
"Radio opaque agents in bone cement increase bone resorption", J. Bone Joint Surg., Br, 79-B, 129-134, (1997).
- **A.J. HALL,**
"Late infection about a total hip prosthesis : report of case secondary to urinary tract infection"
J. Bone Joint Surg., 56-B, 144-147, (1974).
- **P. HERNIGOU, F. LANGLAIS, JN. ARGENSON, JY. LAZENNEC et Coll.**
"Que faut-il savoir aujourd'hui sur le ciment en chirurgie orthopédique"
Maîtrise orthop., 36, 20-23, (1994).
- **F. LANGLAIS,**
"Ciments orthopédiques aux antibiotiques : Bilan, Risques, Avenir"
J. Pharm. Clin., 3 (2), 215-226, (1984).
- **F. LANGLAIS, L. BUNETEL, A. SEGUI, N. SASSI, M. CORMIER,**
"Antibiotic loaded cements, Pharmacokinetics and concentration in bone"
Fr. J; Orthop. Surg., 2, n°3, 300-309, (1988).
- **F. LANGLAIS, L. BUNETEL, A. SEGUI, N. SASSI, M. CORMIER,**
"Ciments orthopédiques aux antibiotiques : Pharmacocinétique et taux osseux"
Rev. Chir. Orth., 74, 493-503, (1988).
- **F. LANGLAIS, M. CORMIER, L. BUNETEL, D. BLANQUAERT,**
"Prevention of infection by Antibiotic loaded cement"
In : "Complication of limb salvage", K. Brown, Montréal, 601-603, (1991).
- **T. MALLORY,**
"Sepsis in total hip replacement following pneumococcal pneumonia"
J. Bone Joint Surg., 55-A, 1753-1754 (1973).
- **P.A. RING,**
"Total replacement of the hip joint : a review of a thousand operations"
J. Bone Joint Surg., 56 B, 44-58 (1974).
- **E. SALVATTI, J. CALLAGHAN, B. BRAUSE, R. KLEIN, R. SMALL,**
"Reimplantation in infection. Elution of Gentamicin from cement and beads"
Clin. Orthop. Rel. Res., 207, 83-93, (1986).
- **S. STANLEY, D. LOWE,**
"Effect of ultraclean air in operating rooms on deep sepsis in the joint after total hip or knee replacement a randomised study"
Br. Med. J., 285, 10-13 (1982).
- **F. STINCHFIELD, L. BIGLIANI, C. NEU, T. GOSS, G. FOSTER,**
"Late hematogenous infection of total joint replacement"
J. Bone Joint Surg., 62 A, 8, 1345-1350 (1980).
- **H. WALHIG, E. DINGELDEIN,**
"Antibiotics and bone cements"
Acta Orthop. Scand., 51, 49-56 (1980).
- **K-D. KÜHN,**
"Bone cements", 245-247 (2000).

Distributed by :



PARIS NORD II - 69, rue de la Belle Etoile
BP 50263 gonesse - 95957 ROISSY CDG Cedex - FRANCE
Tel. : 01 48 63 88 63 - Fax : 01 48 63 88 99
International : Tel. : 33 1 48 63 88 63 - Fax : 33 1 48 63 88 99
www.ceraver.fr



CERAVER OSTEAL AMERICA INC.
SAINT LAURENT H4R 2E9
CANADA
Tel. : 514 856 2435
Fax : 514 856 2444

CERAVER DEUTSCHLAND
D - 61118 BAD VILBEL
ALLEMAGNE
Tel. : 06101/82 98 44
Fax : 06101/82 98 46

OSTEAL IBERICA
46009 - VALENCIA
ESPAGNE
Tel. : 6 348 10 19
Fax : 6 348 10 02

CERAVER ITALIA
47900 - RIMINI
ITALIE
Tel. : 541 78 67 78
Fax : 541 78 65 64