Stryker’s **NeuroMatrix™**
Type 1 Collagen Nerve Conduits

Digital Nerve Injury

Digital nerve with NeuroMatrix™ conduit
Nerve Repair. Without Compromise.

Stryker’s NeuroMatrix™ conduit provides an effective, tensionless repair without associated autograft morbidity.

Nerve repair without the need to harvest an autograft

- Removes the risk of donor-site deficit, scarring, and neuroma formation
- No additional OR time needed to harvest an autograft
- May reduce the need for additional anesthesia – often required with sural graft-harvest surgery

A tensionless repair for improved patient outcomes

- In many situations, a primary tensionless repair of the nerve is not possible, even with extensive mobilization. Extensive mobilization may also negatively influence the epineurial vasculature. The NeuroMatrix™ nerve conduit allows for a tensionless repair
- Studies suggest that regenerating axons accurately align themselves across a confined gap without the approximation of nerve fasicles
- Use of a conduit may allow for anatomic positioning postoperatively

Type 1 Collagen is the material of choice for peripheral nerve repair

- Semipermeable – allows small-sized nutrients and neurotrophic factors to pass, yet provides a barrier to larger, scar-forming cells
- Very well received by soft tissue – collagen is noninflammatory and better accepted by soft tissue than PGA-based conduits
- Completely resorbable and degrades through normal metabolic pathways within three to six months after implantation

Dependable. Stryker’s NeuroMatrix™ is ready when you are

- Conveniently available off-the-shelf at the time of surgery. Especially helpful when addressing severe trauma situations requiring multiple repairs
- Three-year shelf life provides greater stocking options
- Six standard sizes allow for accurate size-matching

Completely Stryker

The only collagen conduit for nerve repair brought to you by the team physicians turn to for clinical support and improving patient outcomes worldwide.
References: