

CMI

Collagen
Meniscus
Implant



CMI

Stryker's Collagen Meniscus Implant

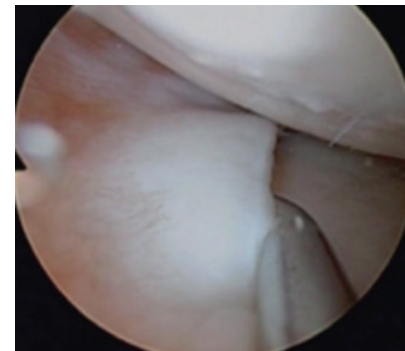
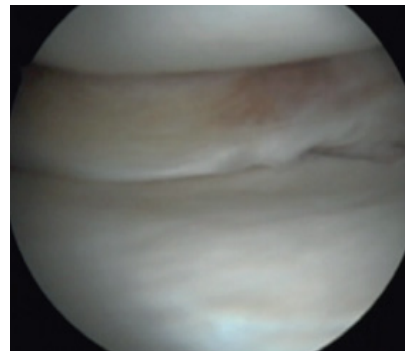
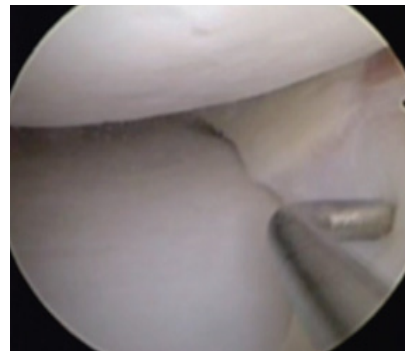
The CMI is the only approved collagen scaffold for segmental augmentation of the medial meniscus. This resorbable scaffold is made from purified type 1 collagen. The CMI is designed to reinforce and repair a meniscus defect following partial menisectomy or for use with irreparable meniscal tears.

- **311 patient randomized, controlled clinical trial**
- **More than 6,000 implants distributed worldwide**
- **14 years commercial history**
- **Extensive published literature supports safety and effectiveness**
- **10 Year follow-up in a concomitantly controlled study with 33 patients.**



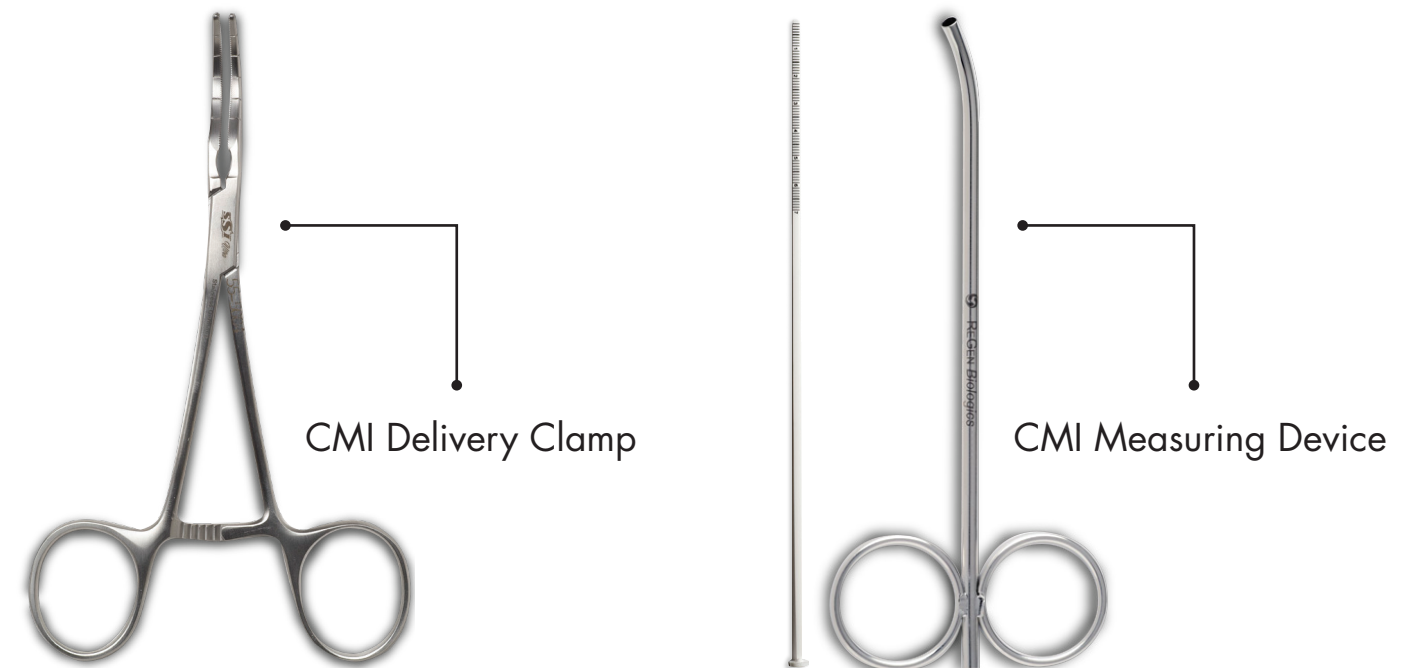
The Biologic Solution

During the U.S. clinical trial, the results of chronic CMI patients regained significantly more lost activity than the control patients, with an average meniscal surface area that increased by 97% at 1 year post-op. In the acute meniscus tear, CMI patients showed a significant increase in tissue filling the meniscus defect compared to pre-op. All patients experienced improvements in pain, Lysholm and self-assessment compared to pre-operative values; however, no statistical difference compared to the control group.¹



Optimizing Procedural Outcomes

Intuitive Instrumentation



Clinical Experience with CMI & Treatment Success

- CMI Patients with chronic meniscus injuries are almost three times less likely to need another meniscus surgery within 5 years.¹
- Within a minimum 10 year follow-up, 87% of patients benefited from implantation of the medial CMI implant with improvements in pain, activity levels and radiological outcomes superior to partial menisectomy.²
- In a 311 patient randomized, controlled, multicenter clinical trial, histological analysis showed newly formed meniscus-like fibrocartilage tissue well integrated into the host meniscus.¹

Healing is Important

As with any surgery, rehabilitation is an important part of the process. The duration of the rehabilitation program following implantation of the CMI can last six months. It offers a balanced combination of strengthening and motion exercises to protect newly formed tissue through the regeneration process, which helps to ensure the best possible generation of new tissue to fill the meniscal defect.

Part Number	Description
4300	Small Medial CMI
4301	Large Medial CMI
4608	CMI Measuring Cannula
4610	CMI Delivery Clamp
4618	CMI Disposable Measuring Rod

References

1. Rodkey WG, DeHaven KE, Montgomery WH 3rd, Baker CL Jr, Beck CL Jr, Hormel SE, Steadman JR, Cole BJ, Briggs KK. Comparison of the collagen meniscus implant with partial meniscectomy. A prospective randomized trial. *J Bone Joint Surg Am.* 2008 Jul;90(7):1413-26.
2. Zaffagnini S, Marcheggiani Muccioli GM, Lopomo N, Bruni D, Giordano G, Ravazzolo G, Molinari M, Marcacci M. Prospective Long-Term Outcomes of the Medial Collagen Meniscus Implant Versus Partial Medial Meniscectomy: A Minimum 10-Year Follow-Up Study. *Am J Sports Med.* 2011 May; 39(5):977-85. Epub 2011 Feb 4

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