



Allograft Cartilage Transplant Utilizing MOPS

Osteochondral allografts are used to treat focal cartilage defects and offer patients an long term solution avoiding end stage surgeries such as arthroplasty.

The ACT™ instruments from CONMED Sports Tissue and Biologics bring a high level of precision and ease to the transplantation of allograft cartilage.

Size-specific instruments are easily identifiable, while cutting instruments quickly and easily prepare the implant site as well as the graft used for implantation.. All positioning instruments are designed to help achieve perpendicularity, giving your surgeries a higher degree of accuracy.

*The ACT kits should be requested through international-orders@mtf.org at the time of the OC Allograft Order.

ACT Brochure



MOPS Technology - What is it?

The Missouri Osteochondral Preservation System helps overcome some of the challenges for osteochondral allograft transplantation.

The Problem: Studies show that osteochondral allograft transplant procedures have significantly higher success rates when grafts have greater than 70% chondrocyte viability at the time of implantation. There is a very short window where sufficient chondrocyte viability in grafts can be maintained.

The MOPS Solution:

MOPS preservation and storage services create osteochondral allografts with consistently high viable chondrocyte density. MOPS has been shown to maintain more than **twice the average viable chondrocyte density for twice as long** as allografts preserved and stored using standard tissue bank (SOC) methods. **98.8% viable chondrocyte density at 40 to 55 days**

What Does this Mean?

Longer Shelf Life

- 98% at 40-55 days rather than Below the minimum essential level at 28 days with standard protocols

Lower Revision Rates

- The consistently high chondrocyte viability in MOPS-preserved grafts at the time of transplantation is considered to be a major factor contributing to these more successful outcomes. [See NEW study below for evidence](#)

	MOPS Allografts ¹	SOC Allografts ¹
Viable Chondrocyte Density	98.8% at 40-55 Days	22.9% at 21-28 Days
Grafts over 70% Viability Threshold	100%	27%

New Journal of Arthroscopy Evidence

MOPS Study Journal of Arthroscopy

The Missouri Osteochondral Preservation System Is Associated With Better Short-Term Outcomes Than Standard Preservation Methods When Performing Osteochondral Allograft Transplantation Using Shell Grafts for Patellofemoral Lesions. *Abdul Fettah Buyuk, M.D., James P. Stannard, M.D., Kylee Rucinski, M.H.A., Cory R. Crecelius, M.P.T., and James L. Cook, D.V.M., Ph.D*

***Study link in "MOPS Study Journal of Arthroscopy" Button. Please share with your surgeon customers to provide data proving MOPS is the best option for OCA treatment.**

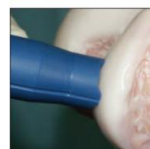
Purpose: To compare outcomes after whole-surface osteochondral allograft (OCA) transplantation

Results:

OCAs stored using standard preservation methods were transplanted in 12 patients, OCAs stored using MOPS methods were transplanted in 46 patients. **Graft survival rate at final follow-up was significantly greater for MOPS OCAs (98%) compared with SP OCAs (75%),** whereas 2-year functional graft survival rates (MOPS 98% vs SP 83%) were not. **Reoperation rate was significantly greater for SP cases compared with MOPS cases**

Conclusions: OCA transplantation using MOPS shell grafts for unipolar and bipolar patellofemoral resurfacing was associated with **statistically significant and clinically meaningful improvements from preoperative levels of pain and function. The 2-year functional graft survival rate was 83% in the SP group and 98% in the MOPS group,** such that MOPS was associated with better short-term outcomes than SP methods. Level of Evidence: Level III, retrospective analysis of registry data.

SURGICAL TECHNIQUE



STEP 1
Choose a Lesion Gauge that covers the lesion completely. One of the legs will be your twelve o'clock position. The other two legs are the four and eight o'clock positions.



STEP 2
Place the Guide Pin through the center of the Lesion Gauge and drill to a sufficient depth. Mark the cartilage at the twelve, four and eight o'clock positions.



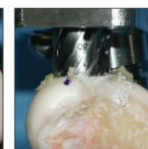
STEP 3
Select the Lesion Reamer of the same color code as the Lesion Gauge. Attach the Lesion Reamer to the drill and place over the Guide Pin. Advance to the desired depth while irrigating.



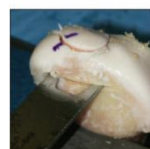
STEP 4
Place the Depth Gauge into the named hole and take measurements at the twelve, four, and eight o'clock positions. You can place marks directly on the Depth Gauge.



STEP 5
Place the allograft in an optimal position in the GraftStation™. Insert the appropriate bushing into the alignment guide. Place the Lesion Gauge used in the first step into the guide. With the clamping mechanism unlocked, move the guide around until the best fit is obtained in all planes. Move the clamp into the locked position. Mark the twelve o'clock position and extend the mark into the area that will become the implant.



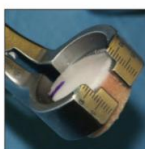
STEP 6
Place the appropriate GraftMaker™ instrument on the reamer and place into the GraftStation guide. Advance the GraftMaker through the allograft to the desired depth. Irrigation is recommended while creating the graft.



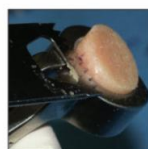
STEP 7
Using a sagittal saw, make a cut across the allograft below the maximum depth desired.



STEP 8
Remove the allograft from the GraftStation and release the prepared graft.



STEP 9
Transfer the depth measurements to the graft. Place the graft into the Graft Forceps, lining up the depth markings with the underside of the forceps jaws.



STEP 10
Lock the forceps in position. Using the sagittal saw, trim the graft to size.



STEP 11
Place the graft into the named hole, matching the twelve o'clock position on the graft with the same position on the patient's cartilage, and press fit as far as possible with finger pressure. Note: Prior to graft insertion, dilation may be necessary. Use the corresponding saw dilator to the graft size.



STEP 12
Place the appropriate Tamp over the graft and gently tap to finish graft placement.

Patent Pending
891-250-8887C4

NON-STERILE INSTRUMENTS, MUST BE AUTOCLAVED. CONTENTS COMPATIBLE WITH AUTOCLAVE (STEAM STERILIZATION).

AUTOCLAVING PARAMETERS FOR INSTRUMENT CASES WITH INSTRUMENTS
Pre-vacuum Steam: 132 Degrees C - 15 Minutes
Gravity Steam: 132 Degrees C - 15 Minutes
Minimum Dry Time - 40 Minutes

MTF
SPORTS MEDICINE



Surgical Tips and Pearls

Thanks to **Jamie Reid** and **James Cartan** for some of the following

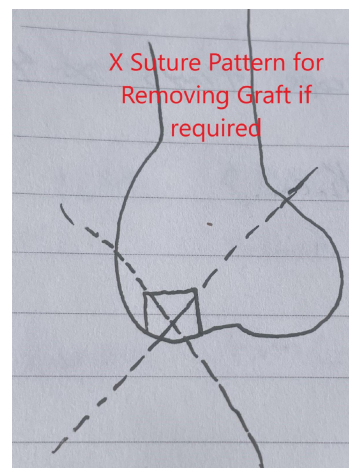
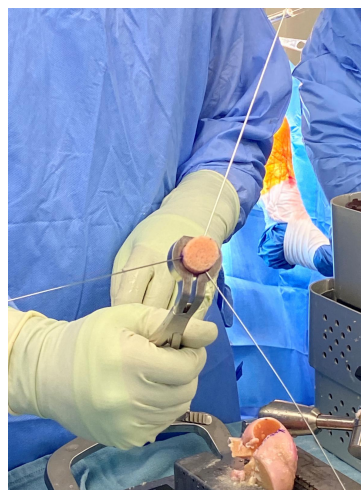
Choose Lesion Gauge which covers the lesion completely, it is critical to ensure it is perpendicular to articular surface.

Scope is your friend - use it to assist with visual confirmation

Place two #2 suture in an X pattern under the plug when you are placing it in patients femur...it will allow you to "pop" the plug out if you don't like the fit (see drawing)

Distinctly mark the 12 position (or 4 or 8). This helps with orientation when moving the plug from prep stage to implantation

Since marking pens can run, utilizing K-wires to mark the depth measurements of the graft ensures proper positioning of the graft forceps prior to trimming with a sagittal saw (see image)





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