

This leaflet provides an overview of autologous stem cell treatment for cartilage lesions. It will help answer some general questions. You should also consult with your healthcare professional.

What is syngenit™ surgical?

Syngenit surgical is a single surgery used to regenerate damaged articular cartilage. The procedure uses your own bone marrow stem cells and blood as a glue. This technology has been in clinical use for many years.

What does the surgery involve?

The procedure takes place under a general anaesthetic. Bone marrow will be taken and the bone marrow stem cells concentrated using a machine in the operating room. Following the removal of any damaged cartilage, the concentrated cells will be placed onto a pad and placed into the area prepared by the surgeon. The pad will be held in place by a biological glue which is made in the operating theatre from your own blood.

Questions and consent before my operation?

The healthcare team will discuss your individual care. If you do not understand anything, please ask. You will also see your surgeon prior to the surgery to ask any final questions and confirm your consent.

Will it be painful?

You are likely to expect some mild to moderate pain after the surgery, which will usually be well controlled with painkillers. Individuals heal at different rates and you may need painkillers on discharge and until you feel comfortable.

Are there risks?

Although rare there are risks such as infection, stiffness, numbness around the scar, blood clots, pain, swelling and failure. Your surgeon will explain each of these in more detail before the procedure.

Am I suitable for this procedure?

If you are a smoker it is important that you stop a minimum of 3 months before the surgery and for at least a year afterwards. Smoking interferes with cell growth in bones and cartilage and there is considerable evidence that the results of this type of surgery are worse in patients who smoke. Similarly, being overweight increases the stresses through the stem cell graft and predisposes it to failure. Surgeries are therefore not available to smokers or those with a BMI over 35.

Write your notes and questions here.

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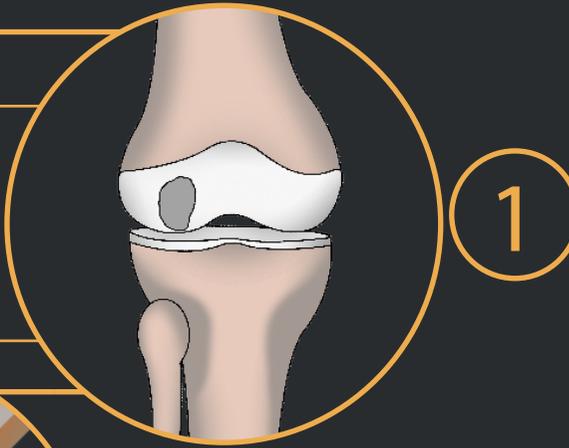


PATIENT INFORMATION LEAFLET

SYNGENIT™ SURGICAL
Autologous Stem Cell Therapy for
Cartilage Lesions

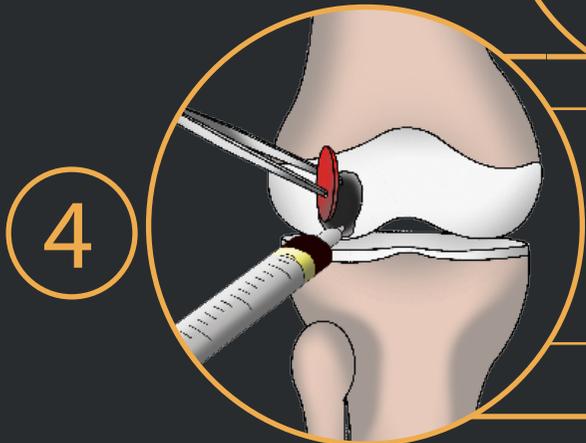
Procedure Overview

The osteochondral defect is identified prior to the surgery using Magnetic Resonance Imaging (MRI). An arthroscopic procedure may also be used to verify the defect is suitable for this treatment.



Bone marrow aspirate is harvested from the patient and used to produce bone marrow aspirate concentrate which contains the stem cells.

The surgeon will prepare the cartilage defect. The bone marrow aspirate concentrate is applied to a pad.



The pad containing the stem cells is placed into the cartilage defect and secured using a glue derived from the patient's blood. The glue is also prepared in the operating room.

Rehabilitation (Knee Surgery)

For the first week your knee will be in a brace holding your leg straight. You will then begin active exercises with the assistance of a physiotherapist.

Mobilisation with crutches will start when you feel able. Your therapist will work with you as you rehabilitate.

You will be encouraged to follow the knee rehabilitation programme to get you back to an active life as soon as possible. This protocol is designed to mobilise the knee whilst avoiding excessive stress on the joint, such as impact or twisting.

Rehabilitation is an important part of your surgical recovery and we can advise and refer you to specialist physiotherapy services.