

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.

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### What is syngenit™ Injectables Plus?

Syngenit Injectables Plus is a single surgery used to regenerate damaged articular cartilage. The procedure uses your own bone marrow stem cells in combination with fibrin glue.

### What does the surgery involve?

The procedure normally 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. The Bone Marrow Aspirate Concentrate (BMAC) is combined with fibrin glue and injected into the prepared defect. A fibrin glue cap is then applied to seal in the stem cells.

### 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 generally available to smokers or those with a BMI over 35.

### DISCLAIMER:

This document is for general information purposes and does not constitute an incentive or directive to receive or undertake the surgical techniques described herein. Patients should discuss their clinical needs with appropriate healthcare professional(s) and make an informed decision as to the most appropriate treatment for them. The authors of this document accept no responsibility or liabilities for the decisions made by the patient. Any patient considering their clinical options hereby understands and accepts this statement.

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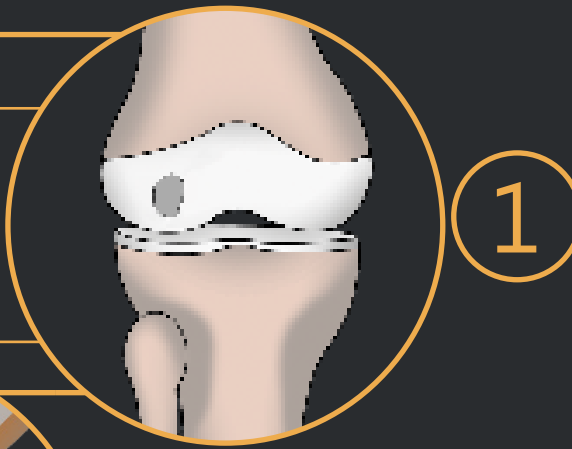
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PATIENT INFORMATION LEAFLET

SYNGENIT™  
Autologous Stem Cell Therapy

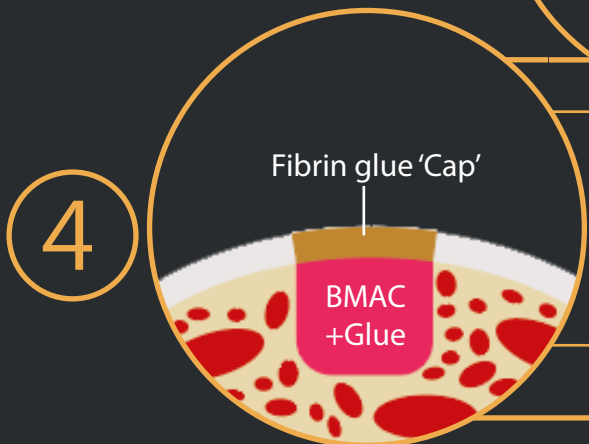
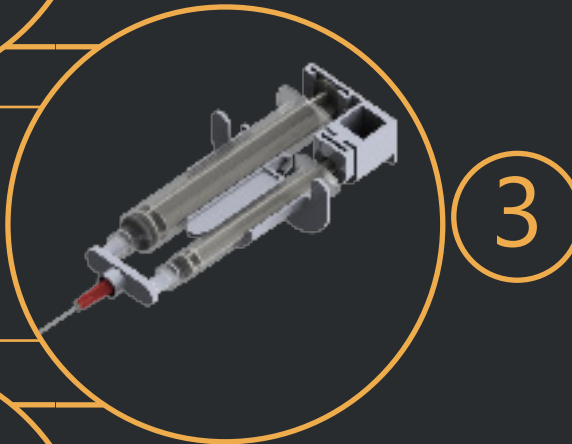
# Procedure Overview

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 Bone Marrow Aspirate Concentrate (BMAC) is used in conjunction with fibrin glue.



The defect is prepared and BMAC + fibrin glue is added followed by a fibrin glue 'cap'.

## Rehabilitation (Knee Surgery)

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.

## Defect Sizes and their solutions

