This leaflet provides an overview of autologous[1] stem cell treatment for cartilage lesions. It will help answer some general questions. You should also consult with your healthcare professional.

What does the surgery involve?

The procedure takes place under sedation or a general anaesthetic (GA). Syngenit uses your own autologous cells derived from bone marrow stem cells and / or adipose (fat) tissue. The cells are concentrated and may be combined with carrier or scaffold materialsand implanted with a fibrin glue. Platelet rich plasma (PRP) can be prepared from your blood to support the regeneration process. Your surgeon will discuss which of these options are most suited to your treatment.

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.

Rehabilitation

You will be encouraged to follow a rehabilitation programme to get you back to an active life as soon as possible. Rehabilitation is an important part of your surgical recovery and we can advise and refer you to specialist physiotherapy services. You may also be offered stimulation therapies in the following months.

Am I suitable for this procedure?

You must consider and formally consent to undergo this or any type of procedure. You should also commit to giving yourself the best opportunity for a successful outcome. 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 patient tissues 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 body. Patients are encouraged to consider their diet and exercise choices to optimise surgical readiness and have a BMI[2] less than 35.

Will healthcare Insurers cover the cost of the treatment?

Some regenerative procedures are considered for cover by insurers, but this can vary. Patients should anticipate contributing towards or self-paying for certain procedures.

[1] Autologous (definition): Cells or tissues obtained from the same individual.

[2] Body Mass Index (definition): An approximate measure of whether someone is over or underweight calculated using their weight and height.

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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Ref. 24April2024_v1.0

Syngenit™ SURGICAL

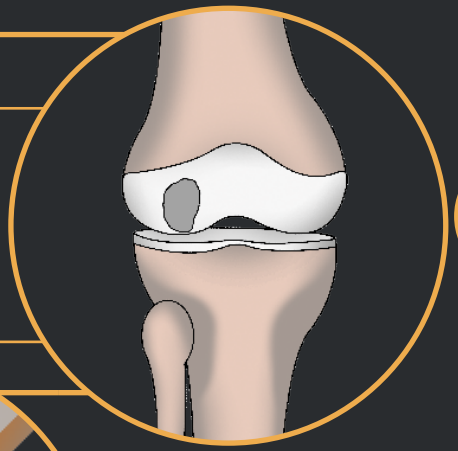
PATIENT INFORMATION LEAFLET

SYNGENIT™ SURGICAL

Autologous Stem Cell Therapy for Cartilage Lesions of the Knee

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.



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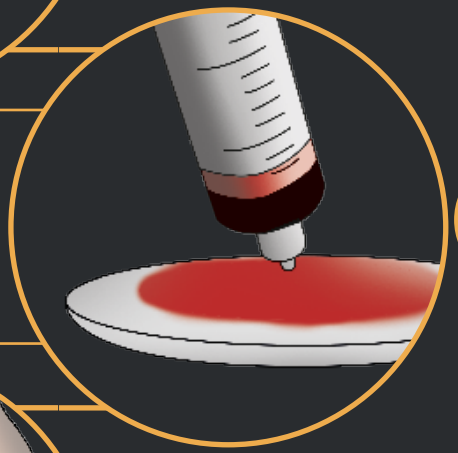
Bone marrow aspirate is harvested from the patient and used to produce bone marrow aspirate concentrate which contains the stem cells.

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



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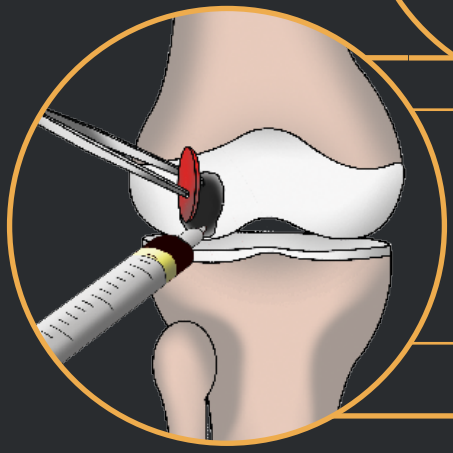

The pad containing the stem cells is placed into the cartilage defect and secured using a fibrin glue.

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.

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