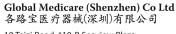
orthopaedics

SPACER LINE



Reliability, Innovation, Versatility, Safety...

in the hands of the surgeon.





The Preferred Partner in Medicare

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Reliability

SPACER: a great idea from Tecres

Prosthetic infection is one of the most serious complications in orthopedic surgery and is very difficult to treat.

The latest data available in the literature indicate that in the first two years after implanting hip or knee prosthesis, 1,6% will encounter some form of infection. (1-2)

In recent years, bacteria have developed resistance to classic antibiotics and the problem is now even more difficult to face.

Moreover, resistance to methicillin by Staphylococci (MRS) reaches peaks of 50% in Mediterranean Europe, UK and USA.³⁻⁴

The two-stage revision process is considered the standard for the treatment of prosthetic infections.

Tecres has successfully produced pre-formed spacers with antibiotic for 15 years.





Advantages for surgeons:

Saving Time:

ready to use, with preformed shapes and different sizes. It makes faster both the surgery first stage and the second one.

Safety:

the devices have mechanical and pharmacological performances standardized and certified.

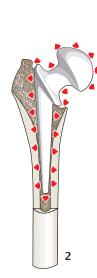
Effectiveness:

known, extended and long release of antibiotic.

Less responsibility:

using of an industrial device, not an hand-made one.





Advantages for patients

Better quality of life:

spacer allows deambulation with partial weight-bearing and permits to make some basic daily activities, this allows the patient to be independent.

- Possibility to make physiotherapy.
- Reduction of functional recovery time:

faster discharge from hospital.



Research and innovation

Excellent mechanical properties that allow the patient to deambulate with partial weight-bearing

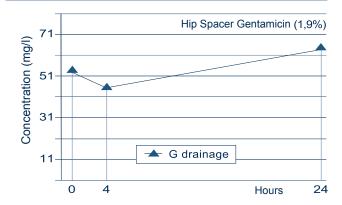
The devices have been tested as permanent prosthesis to support full weight-bearing for 6 months. (10-11) The device must be used at partial weight-bearing. (10-11)

Effectiveness and extended release of antibiotics

At implantation

The release of gentamicin presents high local concentrations (range 40-100 mg/L) in the first 24-48 hours after spacer implant. The concentrations are largely above the susceptibility of bacteria. Serum levels are low (<0.2-0.8 mg/L).⁽⁶⁾ (Fig. 1)

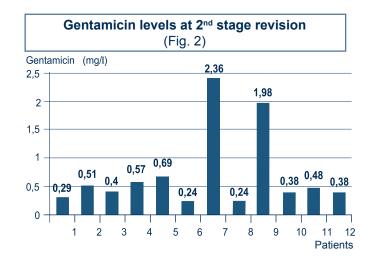
Concentration of antibiotic in drainage in the first 24h (Fig. 1)



At spacer removal

The median intra-articular gentamicin levels were 0.46 mg/L (0.24 to 2.36 mg/L) which would be considered therapeutic. The second stage revision occurred at a median of 99 days following spacer insertion.⁽¹²⁾

(Fig. 2)



After use

After 12-24 weeks in the hip, the removed spacers still released appreciable amounts (850-1800 μ g) of gentamicin, representing 0.05%-0.09% of the initial total amount, and in the range 4.7-10.0 μ g/cm².⁽¹³⁾

(Fig. 3)

Gentamicin release (Fig. 3)					
Spacer no.	Duration of implantation (months)	Residual total release µg			
1	4.0	1350			
2	4.5	1030			
3	3.0	1800			
4	6.5	1500			
5	6.0	850			
19	5.0	1320			
Mean ±S.D.	4.8 ± 1.3	1308.3 ± 337.0			

Commercial cement loaded with antibiotic is unsuitable for spacers

For both the Cement A and Cement B spacers, there was hardly any additional release after the first week. (14) (Fig. 4)

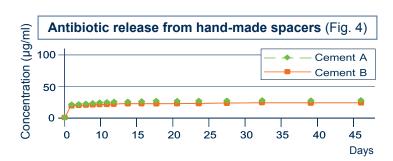
Increasing the dose of antibiotics in commercial cement:

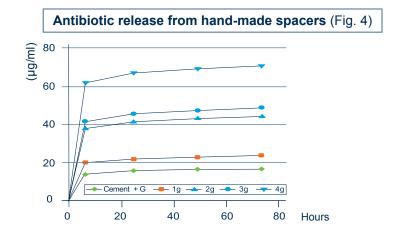
It only influences initial release

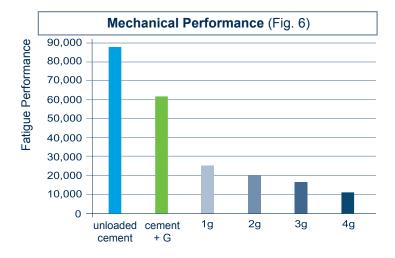
Gentamicin release was most rapid during the first 6 h and continued at a much lower rate thereafter. (15) (Fig. 5)

It significantly reduces mechanical performances

When gentamicin was added to unloaded cement (1-4 g), there was a significant reduction in the mechanical performance of the loaded cements compared to unloaded cement. (15)
(Fig. 6)



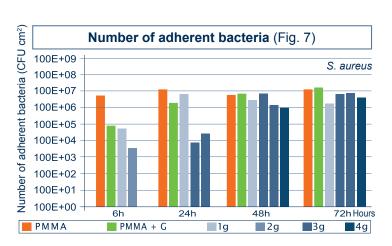




It does not protect against bacterial adhesion

The incorporation of additional gentamicin did result in an initial reduction in bacterial colonization but this beneficial effect was no longer apparent at 72 h, with the clinical strains forming biofilms on the cements despite the release of high levels of gentamicin. (15)

(Fig. 7)



Versatility

Spacer for Hip

Spacer® G - **InterSpace Hip (USA)**

The Tecres spacer resembles a femoral prosthesis. It has a load-bearing structure in stainless steel coated with gentamicin bone cement.

Available in 6 sizes (3 head sizes with standard stem and 3 head sizes with XL stem).

The proximal cementation of the neck with bone cement is suggested.

Spacer® G Flat Stem

Spacer G flat stem resembles Spacer G but has a thinner, flatter stem that fits more easily in the narrow femoral cavity. The top of the stem has been designed to preserve the greater trochanter.

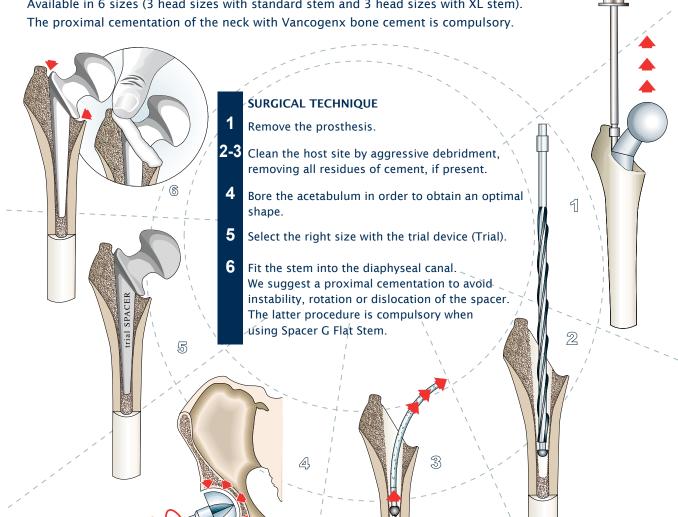
Available in 6 sizes (3 head sizes with standard stem and 3 head sizes with XL stem).

The proximal cementation of the neck with bone cement is compulsory.



The exclusive line of spacers with gentamicin and vancomycin for the infections caused by resistant bacteria Gram+ as S. epidermidis, MRS, CoNS o Entrococci.

Available in 6 sizes (3 head sizes with standard stem and 3 head sizes with XL stem).



Spacer for Knee

Spacer® K - InterSpace Knee (USA)

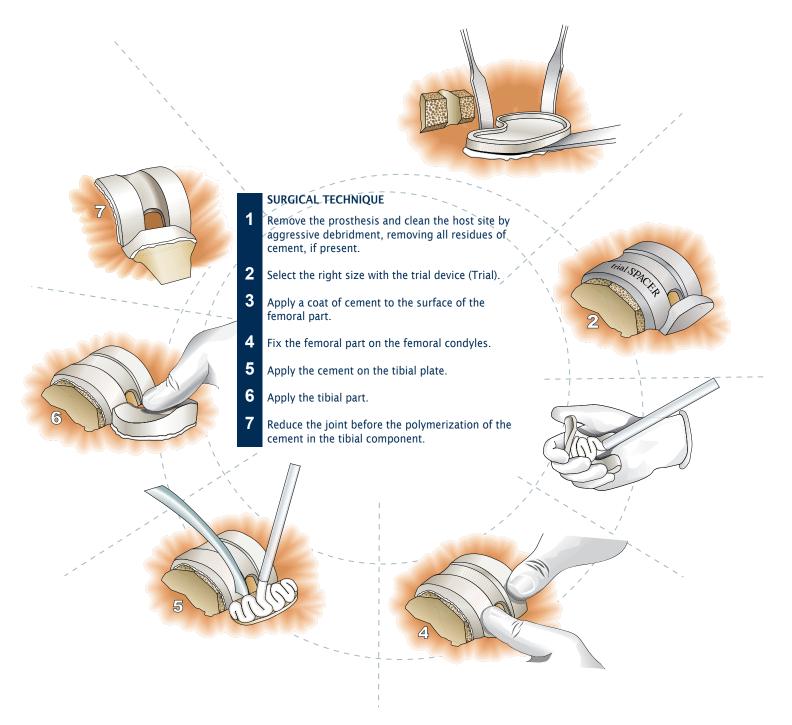
Spacer K resembles a knee prosthesis made in bone cement with gentamicin. It comprises two independent articulating elements. The tibial component has a flat base on which the femoral component articulates. Available in 3 sizes.

The proximal cementation of the neck with bone cement is compulsory.

Vancogenx® - Space Knee

The exclusive line of spacers with gentamicin and vancomycin, for the infections caused by resistant bacteria Gram+ as S. epidermidis, MRS, CoNS o Entrococci. Available in 4 sizes.

The proximal cementation of the neck with Vancogenx bone cement is compulsory.

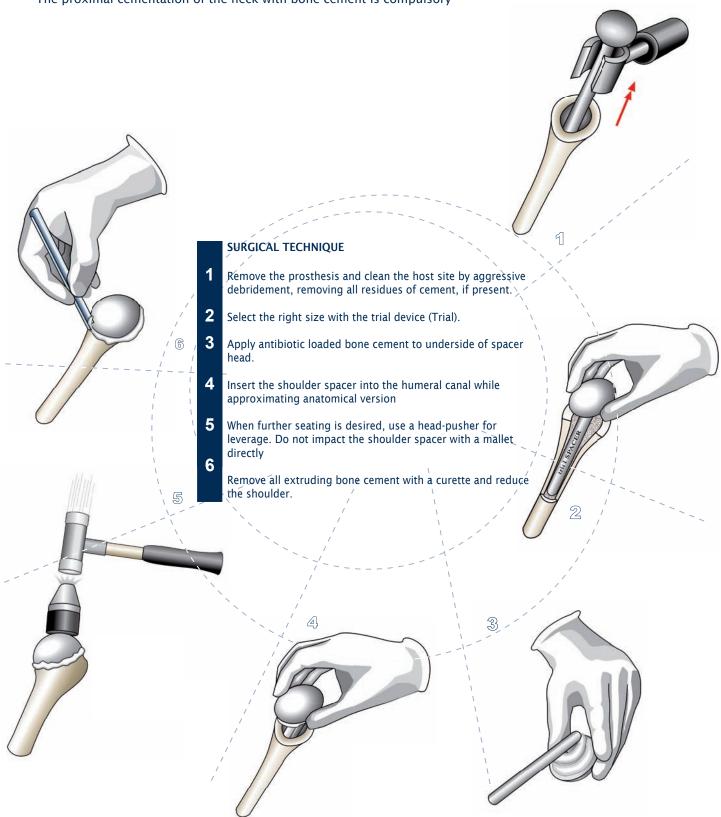


Spacer for Shoulder

Spacer® S - InterSpace Shoulder (USA)

Spacer S resembles a shoulder prosthesis, it has a load-bearing structure in stainless steel coated with gentamicin bone cement. Available in 2 sizes.

The proximal cementation of the neck with bone cement is compulsory



Safety & Effectiveness

Tecres Spacers are the most studied in the world, with more than 500 cases published on peer-reviewed journals.

CLINICAL RESULTS

Journal	1 st Author	Туре	N.pts	Cleared at FU (reimplanted)	FU mean (min-max)	Center
J Arthroplasty (2012)	Garcia-Oltra E.	Hip	35	31/32	48 (14 -85)	Barcelona-2 (SPA)
CORR (2012)	Degen R.M.	Hip	33	28 / 30	43 (24 - 70)	London, ON (CAN)
J Arthroplasty (2012)	Wan Z.	Knee	33	28 /31	44 (24 - 62)	Houston, TX (USA)
Hip Int (2012)	Romanò C.L.	Hip	183	173/183	60 (24 - 132)	Milan (ITA)
J Arthroplasty (2012)	Neumann D.R.	Hip	42	41 / 42	67 (36 - 120)	Salzburg (AUT)
BMC Infect Dis (2011)	Romanò C.L.	Hip*	20	19 / 20	57 (24 - 104)	Milan (ITA)
Musculoskelet Surg (2011)	D'Angelo F.	Hip	28	27 / 27	53 (18 - 106)	Varese (ITA)
Int Orthop (2011)	Pattyn C.	Hip	61	59 / 61	36 (9 - 84)	Ghent (BEL)
Hip Int (2010)	Gil Gonzalez S.	Hip	35	30 / 35	32 (6 - 65)	Barcelona-1 (SPA)
J Shoulder Elbow Surg (2010)	Coffey M.J.	Shoulder	16	12 / 12	18 (10 - 24)	Dayton, OH (USA)
Int Orthop (2005)	Pitto R.P.	Knee	21	19/19	24 (12 - 43)	Auckland (NZ) Bergamo (ITA)
TOTAL			507	467/492	44 M (6 - 132)	11 ≠ Centers

^{*} septic arthritis

Clinical studies published in peerreviewed journals by several
international centers have demonstrated
that the use of a preformed industrial
spacer with gentamicin produces
excellent results in functional and
biological (eradication of infection)
point of view. More than 95% were
free from infection at the latest
follow-up.

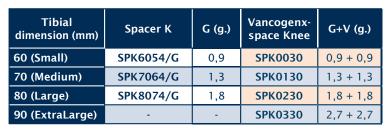
Ordering information

SPACER for HIP

Head size (mm)	Spacer G	G (g.)	Spacer G Flat Stem	G (g.)	Vancogenx- space hip	G+V (g.)
46 (Short Stem)	SPC46/G	1,1	SPC0620	1,1	SPC0030	1,1 + 1,1
54 (Short Stem)	SPC54/G	1,9	SPC0720	1,6	SPC0130	1,9 + 1,9
60 (Short Stem)	SPC60/G	3	SPC0820	2,6	SPC0230	3 + 3
46 (Long Stem)	SPC46/GXL	1,3	SPC0920	1,2	SPC0330	1,3 + 1,3
54 (Long Stem)	SPC54/GXL	2,1	SPC1020	1,8	SPC0430	2,1 + 2,1
60 (Long Stem)	SPC60/GXL	3,2	SPC1120	2,8	SPC0530	32, + 3,2

Trial			
SPG03	Spacer for hip (three-size set)		
SPG03XL	Spacer for hip XL (three-size set)		
SPC90Z0	Spacer Flat Stem (three-size set)		
SPC91Z0	Spacer Flat Stem XL (three-size set)		

SPACER for KNEE



Trial			
SPK03	Spacer for knee (three-size set)		
SPK03Z0	Spacer for knee XL (one size)		

SPACER for SHOULDER

Head size (mm)	Spacer S	G (g.)
41	SPS0020	0,4
46	SPS46/G	0,8

Trial			
SPS90Z0	Spacer for shoulder (two-size set)		

Bibliography

1. Ong KL, Kurtz SM, Lau E, Bozic KJ, Berry DJ, Parvizi J. Prosthetic joint infection risk after total hip arthroplasty in the Medicare population.

J Arthroplasty. 2009 Sep;24(6 Suppl):105-9. Epub 2009 Jun 2.

2. Kurtz SM, Ong KL, Lau E, Bozic KJ, Berry D, Parvizi J. Prosthetic joint infection risk after TKA in the Medicare population.

Clin Orthop Relat Res. 2010 Jan;468(1):52-6. Epub 2009 Aug 8.

3. EARSS Annual Report - Antimicrobial resistance surveillance in Europe 2009. Annual report of the European Antimicrobial Resistance Surveillance Network (EARS-Net) http://www.ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=580

- 4. Evans R et al. Orthopaedic infection: community-associated and healthcare-associated methicillin-resistant Staphylococcus aureus (MRSA) - AAOS 2008
- 5. Magnan B et al. Preformed acrylic bone cement spacer loaded with antibiotics: use of two-stage procedure in 10 patients because of infected hips after total replacement. Acta Orthop Scand. 2001 Dec;72(6):591-4
- 6. Bertazzoni Minelli E et al. PMMA as Drug delivery system and in vivo. Release from Spacers. In "Infection and local treatment in orthopedic surgery'

Meani E, Romanò C, Crosby L, Hofmann G Eds. Springer Verlag 2007

7. Romanò CL et al. Long-stem versus short-stem preformed antibiotic-loaded cement spacers for two-stage revision of infected total hip arthroplasty. Hip Int. 2010 Ian-Mar: 20(1):26-33.

8. Pitto RP et al. Pre-formed articulating knee spacer in two-stage revision for the infected TKA. Int Orthop. 2005 Oct:29(5):305-8.

9. Pattyn C et al. Preformed gentamicin spacers in two-stage revision hip arthroplasty: functional results and complications.

Int Orthop. 2010 Nov 30. [Epub ahead of print]

10. Baleani M et al. The mechanical behaviour of a pre-formed hip. Hip International / Vol. 13 no. 3, 2003 / pp. 159-162

- 11. Villa T et al. Experimental evaluation of the biomechanical performances of a PMMA-based knee spacer. Knee. 2007 Mar; 14(2):145-53. Epub 2007 Jan 4.
- 12. Mutimer J et al. Measurements of in vivo intra-articular gentamicin levels from antibiotic loaded articulating spacers in revision total knee replacement. Knee. 2009 Jan;16(1):39-41. Epub 2008 Sep 10
- 13. Bertazzoni Minelli E et al. Release of gentamicin and vancomycin from temporary human hip spacers in two-stage revision of infected arthroplasty. J Antimicrob Chemother. 2004 Feb;53(2):329-34.
- 14. Moojen DJ et al. In vitro release of antibiotics from commercial PMMA beads and articulating hip spacers. J Arthroplasty. 2008 Dec;23(8):1152-6
- 15. Dunne N et al. In vitro study of the efficacy of acrylic bone cement loaded with supplementary amounts of Acta Orthopaedica 2007; 78 (6): 774-'3f785

16. Degen RM et al. Does a prefabricated gentamicin-impregnated, load-bearing spacer control periprosthetic hip infection? Clin Orthop Relat Res. 2012 Apr 24. [Epub ahead of print]

17. Wan Z et al. Preformed articulating knee spacers in 2-stage total knee revision arthroplasty. Minimum 2-year follow-up. J Arthroplasty. 2012 Mar 14. [Epub ahead of print]

18. Neumann DR et al. Two-stage cementless revision of late total hip arthroplasty infection using a premanufactured spacer.

J Arthroplasty. 2011 Dec 15. [Epub ahead of print]

19. Romanò CL et al. Two-stage revision surgery with preformed spacers and cementless implants for septic hip arthritis: a prospective, non-randomized cohort study. BMC Infect Dis. 2011 May 16;11(1):129. [Epub ahead of print]

- 20. D'Angelo F et al. The use of a preformed spacer in two-stage revision of infected hip arthroplasties. Musculoskelet Surg. 2011 Apr 9. [Epub ahead of print]
- 21. Gil Gonzalez S et al. Two-stage revision of hip prosthesis infection using a hip spacer with stabilising proximal

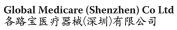
Hip Int. 2010 May 27;20 (Suppl 7) (S7):128-134. [Epub ahead of print]

22. Coffey MJ, Ely EE, Crosby LA. Treatment of glenohumeral sepsis with a commercially produced antibioticimpregnated cement spacer.

J Shoulder Elbow Surg. 2010 Sep; 19 (6):868-73. Epub 2010 Apr 14.

23. García-Oltra E, Bori G, Tomas X, Gallart X, Garcia S, Soriano A Radiological evaluation of acetabular erosion after antibiotic-impregnated polymethylmethacrylate spacer (Spacer-G). J Arthroplasty. 2013 Jun;28(6):1021-4.





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