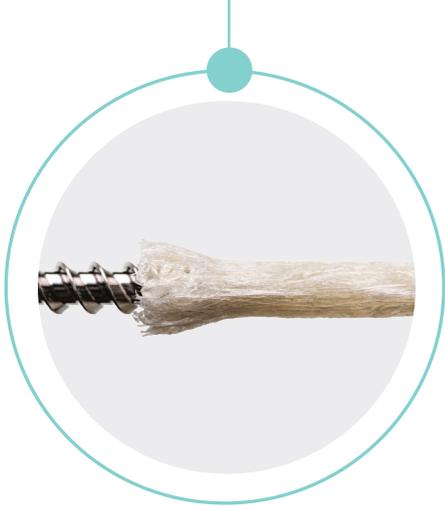


InfluxTM
FIBRANT

A N C H O R

isto
BIOLOGICS

READY, SET, REINFORCE.



Loosening of screws is one of the most common complications reported in musculoskeletal surgery.^{1,2} So when it comes to revisions, screw refinement, and patients with compromised bone, you will need immediate fixation strength. Fibrant™ Anchor offers just that.

Fibrant Anchor is made from 100% cortical allograft in a form designed to fit screws of varying diameters. The unique form allows for bone grafting around the screw and cortical bone interface that improves insertion torque and pullout force.

- ▶ Screw centering design and tapered shape to ease insertion into prepared sites
- ▶ Proximal flare resists downward migration during insertion
- ▶ Delivers osteoconductive graft material with osteoinductive potential to stimulate bone formation for long-term fixation

STRENGTH YOU CAN COUNT ON



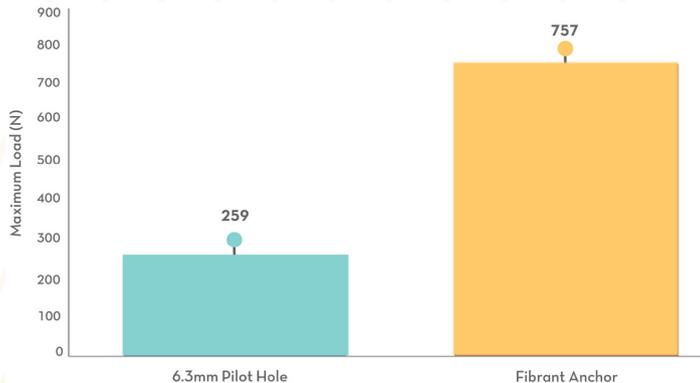
Anchor your pedicle screws in place with longer, stronger fibers.

- ▶ Anchor offers stability and bone preservation in revision surgeries
- ▶ Anchor eliminates the need to up-size the screw in revised screw placement
- ▶ Anchor increases fixation in compromised bone when inserted prior to the screw

PHENOMENAL FIXATION

ANCHOR IMPROVED FIXATION 2.9X

OSTEOPOROTIC MODEL

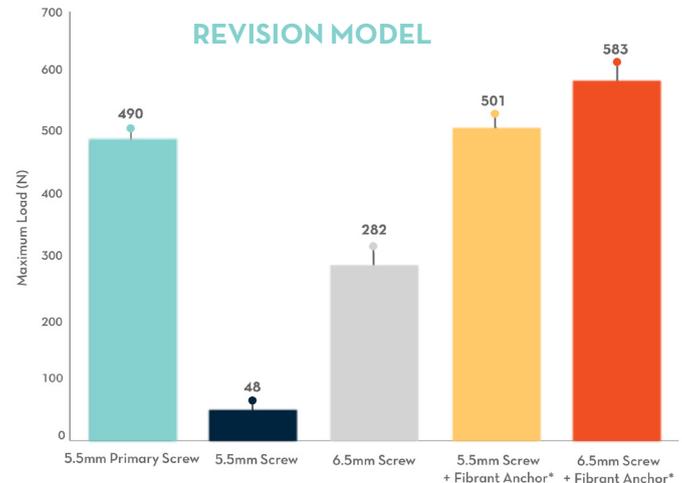


- ▶ Pull-out force for a 7.5mm screw in the 6.3mm control hole was compared with pull-out force for Anchor + 7.5mm screw inserted in the same size hole

Pull-out strength testing was performed using sawbone foam (1522-09;10pcf), a bone analog specified in ASTM standards for screw pull-out testing. (Screw pull-out at 20mm/min. N=5 per group)

ANCHOR RESTORED FIXATION STRENGTH

REVISION MODEL



- ▶ In the above model of revision surgery, the initial 5.5mm primary screw provides a revision site when pulled out

**Using corresponding Anchor size*



FORM & REMODEL

Ovine Anchor implants were evaluated in the metaphysis of the proximal tibia and distal femur of sheep using an established model for investigation of the implant-bone interface. Anchors were inserted into 6.0mm diameter cancellous defects and then 5.5mm pedicle screws were inserted into the Anchor.

HISTOLOGY

- ▶ Samples were processed for histology and analyzed at four and 12 weeks
- ▶ New bone formation was confirmed at four weeks*
- ▶ *At 12 weeks, bone remodeling progressed forming new woven bone in apposition to the screw and the edge of the defect ***

