ZIMMER BIOMET
Your progress. Our promise.®

DermaSpan™
Acellular Dermal Matrix

Surgical Technique

Reinforcement of Lateral Ankle
Stabilization Procedure

Surgical Protocol by Charles Zelen, DPM, FACFAS

DermaSpan™ Acellular Dermal Matrix

Contents

Reinforcement of Lateral Ankle Stabilization

DermaSpan™ Acellular Dermal Matrix

Reinforcement of Lateral Ankle Stabilization

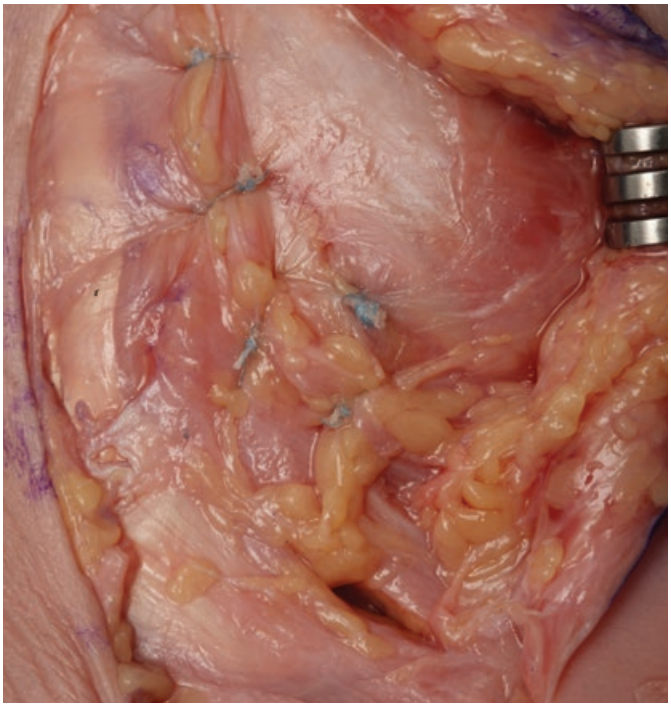

Figure 1

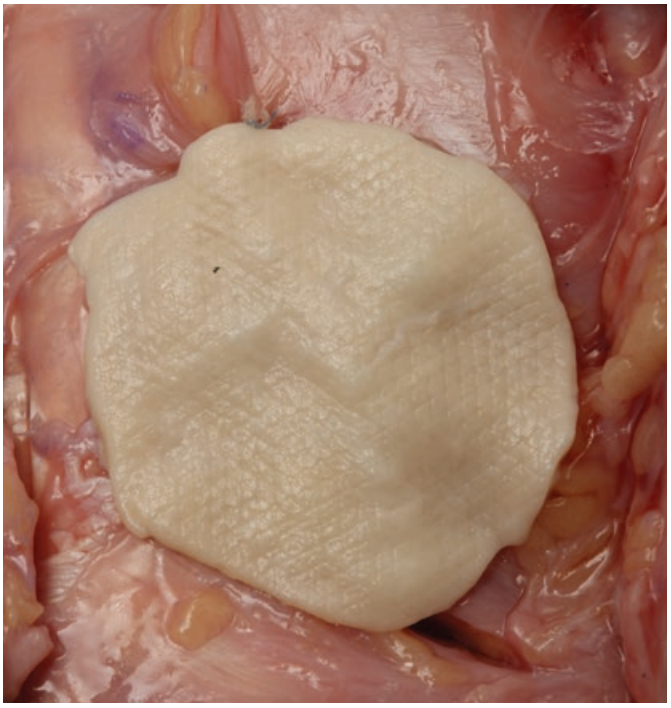

Figure 2

Perform Primary Repair

Utilizing a #2 MaxBraid suture, reduce the laxity in the Peroneus Brevis and Peroneus Longus tendons as necessary (Figure 1).

Apply DermaSpan Acellular Dermal Matrix

Rehydrate an appropriate sized DermaSpan Acellular Dermal Matrix per the rehydration instruction in the Instructions for Use. Place the DermaSpan ACD on the lateral face of the repair region ensuring that the Dermal side of the graft is contacting the tendons and the Basement side is away from the tendons. Note this is critical to allow for appropriate tissue integration of the graft during the healing process.

Align the DermaSpan ACD so that it evenly covers the entire repair region. The DermaSpan ACD should run from the lateral fibular periosteum to the inferior extensor retinaculum. Trim the DermaSpan ACD as necessary to appropriately cover the repair site (Figure 2).

This surgical technique is utilized by Charles Zelen, DPM, FACFAS. Zimmer Biomet does not practice medicine. Each surgeon is responsible for determining the appropriate device and technique to utilize on each individual patient.

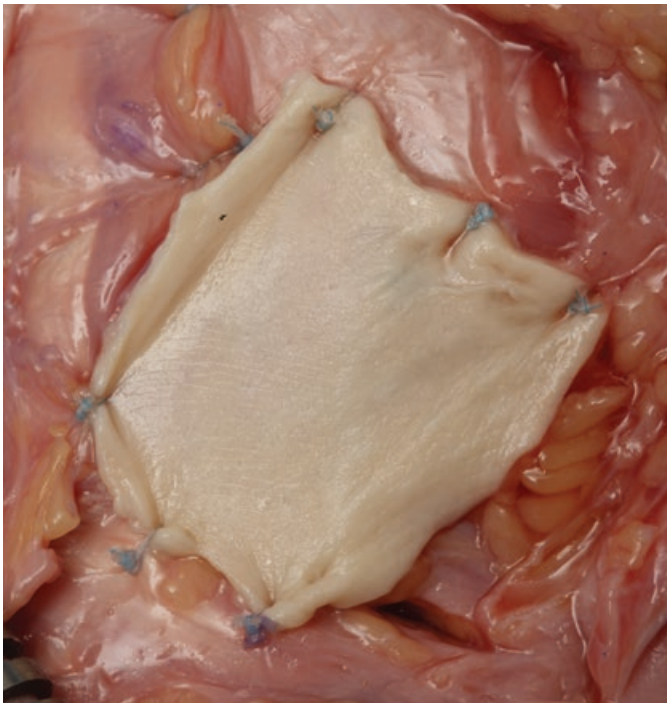

Figure 3

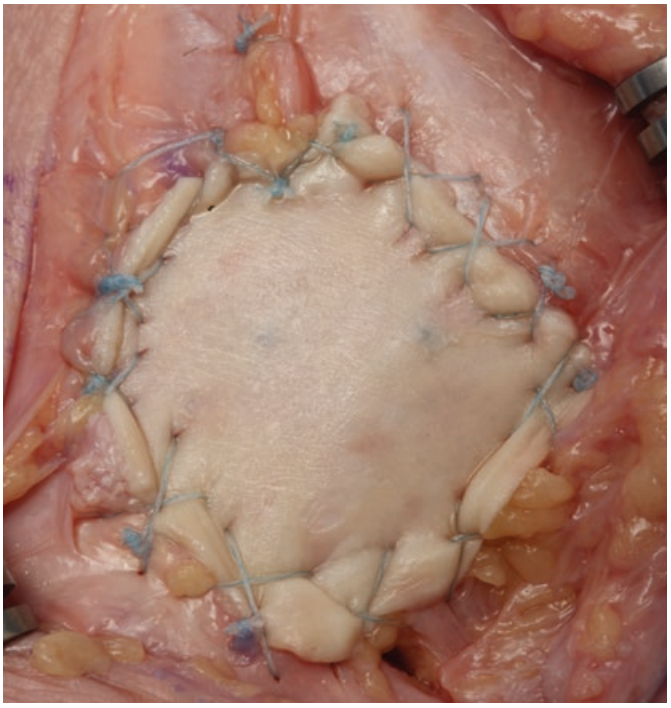

Figure 4

Tack DermaSpan ACD in Place

Apply tack sutures with 2-0 MaxBraid sutures. The first three sutures should be placed into the inferior extensor retinaculum and DermaSpan ACD. Hold the ankle and foot in a dorsiflexed and everted position. Place three more tack sutures through the DermaSpan ACD and the lateral fibular periosteum (Figure 3).

Augment Repair– Apply Lateral Trap Running Sutures Circumferentially

Utilizing 2-0 MaxBraid suture, apply lateral trap–running sutures around the perimeter of the DermaSpan ACD. Ensure that the sutures run through the DermaSpan ACD and the soft tissues surrounding the repair site including the strong area of the lateral fibular periosteum and the inferior extensor retinaculum (Figure 4). The tack sutures from initial placement may be removed at the end of the procedure, if preferred.

DermaSpan™ Acellular Dermal Matrix

Part Numbers

Non-mesh

Part Number	Size	Thickness
48-0700404	4 cm – 4 cm	0.5 mm – 0.9 mm
48-0700408	4 cm – 8 cm	0.5 mm – 0.9 mm
48-1100407	4 cm – 7 cm	0.8 mm – 1.4 mm
48-1100510	5 cm – 10 cm	0.8 mm – 1.4 mm
48-1100505	5 cm – 5 cm	0.8 mm – 1.4 mm
48-0900307	3 cm – 7 cm	0.9 mm – 1.99 mm
48-0900407	4 cm – 7 cm	0.9 mm – 1.99 mm
48-0900412	4 cm – 12 cm	0.9 mm – 1.99 mm
48-0900416	4 cm – 16 cm	0.9 mm – 1.99 mm
48-0900510	5 cm – 10 cm	0.9 mm – 1.99 mm
48-0900612	6 cm – 12 cm	0.9 mm – 1.99 mm
48-0900616	6 cm – 16 cm	0.9 mm – 1.99 mm
48-0900812	8 cm – 12 cm	0.9 mm – 1.99 mm
48-0900816	8 cm – 16 cm	0.9 mm – 1.99 mm
48-0901212	12 cm – 12 cm	0.9 mm – 1.99 mm
48-0901620	16 cm – 20 cm	0.9 mm – 1.99 mm
48-2000307	3 cm – 7 cm	2.0 mm – 3.5 mm
48-2000407	4 cm – 7 cm	2.0 mm – 3.5 mm
48-2000412	4 cm – 12 cm	2.0 mm – 3.5 mm
48-2000416	4 cm – 16 cm	2.0 mm – 3.5 mm
48-2000510	5 cm – 10 cm	2.0 mm – 3.5 mm
48-2000612	6 cm – 12 cm	2.0 mm – 3.5 mm
48-2000616	6 cm – 16 cm	2.0 mm – 3.5 mm
48-2000812	8 cm – 12 cm	2.0 mm – 3.5 mm
48-2000816	8 cm – 16 cm	2.0 mm – 3.5 mm
48-2001212	12 cm – 12 cm	2.0 mm – 3.5 mm
48-2001620	16 cm – 20 cm	2.0 mm – 3.5 mm

Mesh

48-0400404M	4 cm – 4 cm	0.4 mm – 0.8 mm
48-0400408M	4 cm – 8 cm	0.4 mm – 0.8 mm

Indications for Use

DermaSpan ACD is to be used for the repair or replacement of damaged or inadequate integumental tissue or for other homologous uses of human integument. DermaSpan Meshed ACD is to be used as a covering for skin wounds (e.g. burns, ulcers) and should not be used in load-bearing applications. The standard allograft (non-meshed) may also be used for supplemental support, protection, reinforcement or covering of tendon or ligament, but is not intended to bear the load. Each package of DermaSpan ACD is intended for use in one patient on a single occasion by a licensed physician, surgeon, dentist or podiatrist.

Contraindications

Use of DermaSpan ACD in patients exhibiting autoimmune connective tissue disease is not recommended. DermaSpan should not be used in patients with sensitivities to processing agents (see WARNINGS).

WARNINGS

Potential adverse effects that may result from placement of DermaSpan ACD include, but are not limited to wound or systemic infection; seroma; dehiscence; hypersensitivity; allergic or other immune response; sloughing or failure of the graft; and disease transmission.

- Trace amounts of processing agents include, but are not limited to, Triton X-100 and gentamicin.
- Do not re-sterilize or reuse once opened

Extensive medical screening procedures have been used in the selection of all tissue donors (see Donor Screening and Testing). Due to limitations in testing technology, testing and donor screening cannot totally eliminate the risk that human source material may transmit infectious agents or diseases.

For indications, contraindications, warnings, precautions, potential adverse effects and patient counselling information, see the package insert or contact your local representative; visit www.zimmerbiomet.com for additional product information.

Zimmer Biomet does not practice medicine. This technique was developed in conjunction with health care professionals. This document is intended for surgeons and is not intended for laypersons. Each surgeon should exercise his or her own independent judgment in the diagnosis and treatment of an individual patient, and this information does not purport to replace the comprehensive training surgeons have received. As with all surgical procedures, the technique used in each case will depend on the surgeon's medical judgment as the best treatment for each patient. Results will vary based on health, weight, activity and other variables. Not all patients are candidates for this product and/or procedure.

Caution: Federal (USA) law restricts this device to sale by or on the order of a surgeon. Rx only.

ZIMMER BIOMET
Your progress. Our promise.®

BMET0392.1 Rev.0219

Distributed By:
Biomet Biologics
56 East Bell Drive
P.O. Box 587
Warsaw, IN 46581
USA

www.zimmerbiomet.com