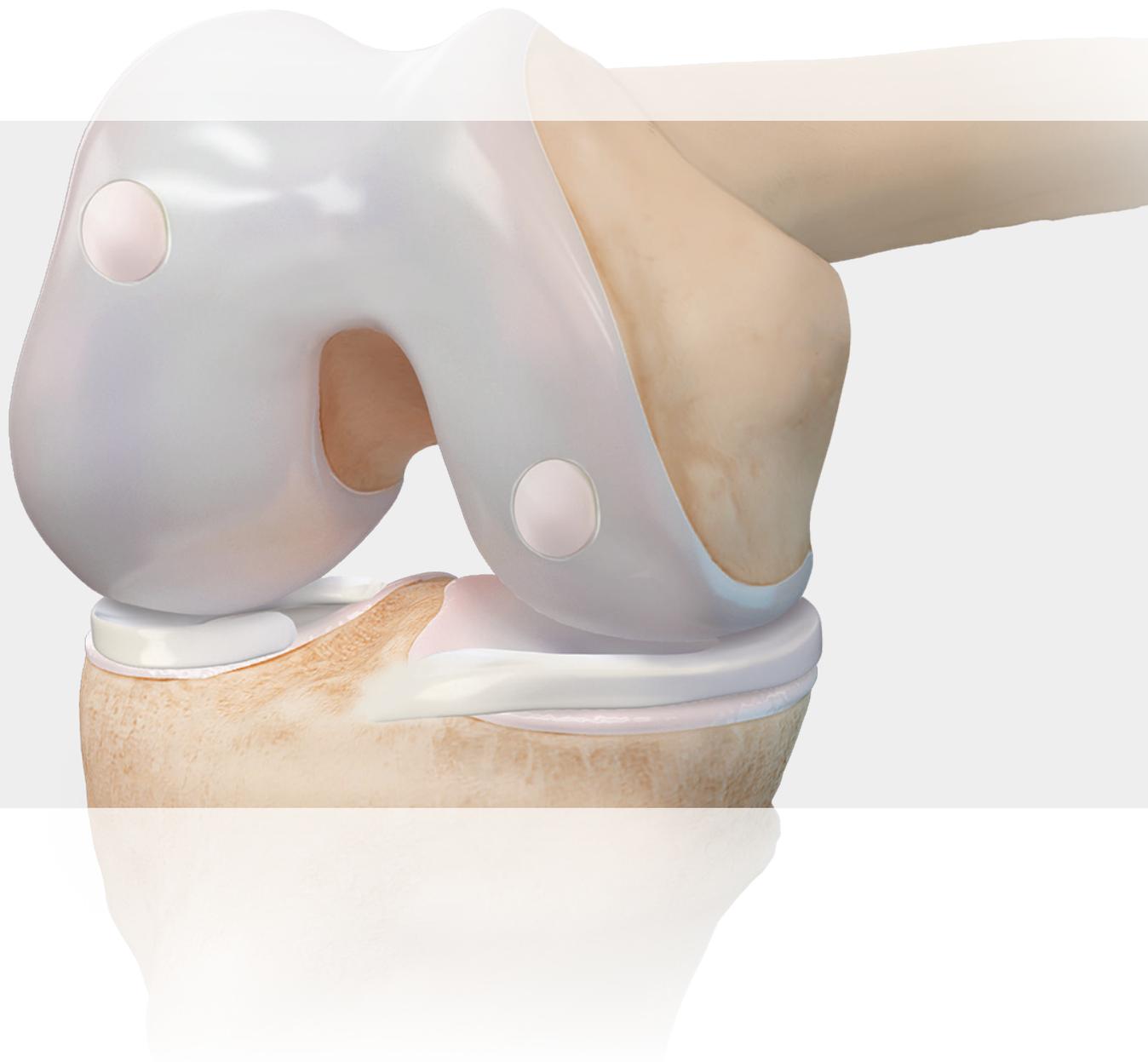


Autograft OATS[®] 2.0 Set

Surgical Technique



Autograft OATS® 2.0 Set

Surgical Approach

The single-use OATS (Osteochondral Autograft Transfer System) set facilitates harvesting of 6, 8, 10, or 12 mm osteochondral cartilage cylinders from a donor site superior and lateral to the notch or above the sulcus terminalis. A recipient socket, sized to the appropriate depth, is created in the chondral defect to accept the donor graft. The bone cylinder can be visualized through the clear graft delivery tube while it is inserted with the collared pin delivery system for press-fit fixation.

The completely disposable, size-specific system includes a recipient reamer, donor harvester, alignment rod, tamp, graft delivery tube, core extruder for controlled push-in core insertion, and optional graft driver.

The OATS 2.0 set includes depth-stop features to control the recipient site and donor plug to either 8 mm or 13 mm lengths.



Single-Use OATS® 2.0 Technique



Select the appropriate single-use OATS 2.0 set based on the size of the articular cartilage defect. Optionally, the defect may be measured with the OATS sizer/tamp instrumentation set.



Using the screw-in core extruder knob, advance the collared pin of the donor harvester until it is advanced 1 mm to 2 mm outside of the leading edge of the harvester.



Position the donor harvester perpendicular to the donor surface and remove the screw-in core extruder knob from the back of the donor harvester, allowing the sharp edge of the harvester to sit flush against the articular cartilage donor site.

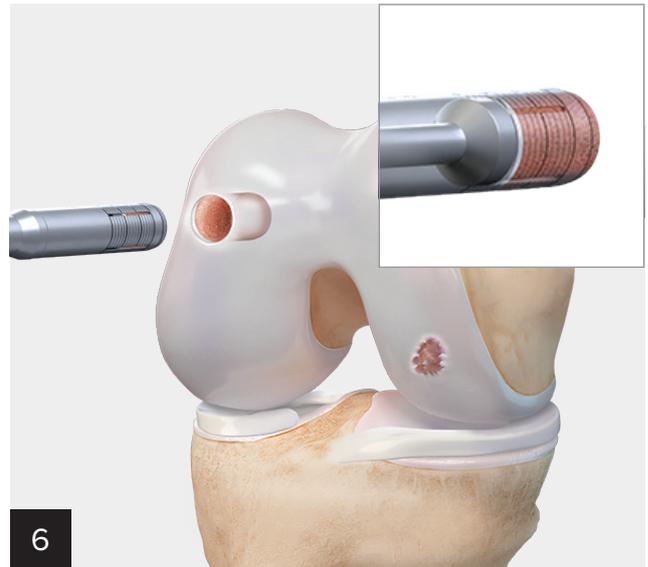


Using a mallet, impact the donor harvester to the desired depth of approximately 15 mm.



5

Use the coined edges of the harvester to assist in disengaging the graft from subchondral bone when applying pressure against the harvester's T-handle and rotating the handle 90° clockwise twice. The harvester can then be withdrawn from the donor harvester.



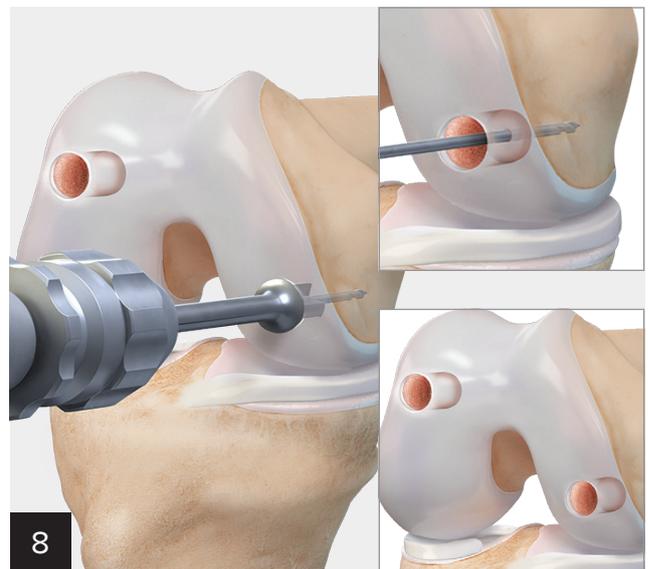
6

The core is contained in the donor harvester and should be set aside during preparation of the recipient site.



7

Place the alignment rod perpendicularly to the defect site, then drill the 2.4 mm guide pin through the articular cartilage defect.



8

Using the appropriate depth-stop reamer to replace the entire osteochondral defect (either 8 mm or 13 mm in depth), assemble the reamer over the guide pin. Following precise preparation of the recipient site, the guide pin may be removed. Optionally, the alignment rod may also be utilized to measure the recipient site depth.



9

To prepare the corresponding length of the donor plug, attach the appropriate depth stop tab to the core extruder rod. Advance the core extruder knob to secure the depth stop tab. The resulting length of the donor plug in the donor harvester will match the depth stop tab length; the bone extending beyond the donor harvester may be removed.

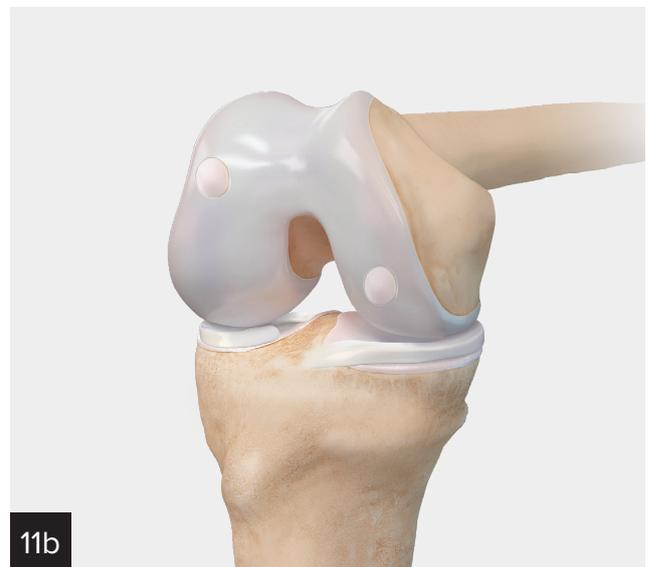


10

After placing the clear graft delivery tube over the end of the donor harvester, advance the core extruder until the recipient graft is flush with the edge of the delivery tube. Insert the beveled edge of the delivery tube perpendicularly into the recipient socket and advance the graft into the recipient socket using the core extruder.



11a



11b

Use a tamp to perform final seating of the graft. Backfill of the donor site may be achieved with an allograft backfill plug or with fresh, precut allograft cores trimmed to fit the depth of the donor site.

Ordering Information

Single-Use OATS® 2.0 Set, 6 mm-12 mm

Product description	Item number
Single-use OATS set, 6 mm	ABS-8981-06S
Single-use OATS set, 8 mm	ABS-8981-08S
Single-use OATS set, 10 mm	ABS-8981-10S
Single-use OATS set, 12 mm	ABS-8981-12S

Products advertised in this brochure / surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.





This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience, and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.

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