GraftNet™ Autologous Tissue Collector

Arthrex®

GraftNet™
AUTOLOGOUS TISSUE COLLECTOR

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The suction-activated GraftNet device is designed to collect autologous tissue for a multitude of applications. When connected to an arthroscopic shaver, the GraftNet device may be used to collect bone debris, soft tissue, or cartilage from a surgical site. This recovered autologous tissue is collected in an easily accessed, sterile filtered chamber. The GraftNet autologous tissue collector makes gaining access to autograft tissue as simple as Resect and Collect™.

- Universal adapters make for easy assembly
- Collect autologous bone, cartilage, or soft tissue
- Quickly access recovered tissue volume
- Control the particulate size when using a shaver device

Applications for Use

Bone

- When preparing the tunnels for ACL reconstruction procedures, use the GraftNet™ device to recover bone. The collected bone graft may be used to backfill an autograft bone-tendon-bone (BTB) harvest site, or to prefill the anterior cruciate ligament (ACL) tunnel when using an autograft or allograft All-Inside construct.
- A suction wand may be helpful to recover bone in nonarthroscopic environments.
- Once recovered, the autograft can be mixed with Arthrex ACP® platelet-rich plasma (PRP) or concentrated PRP from BMA processed with the Arthrex Angel® system.

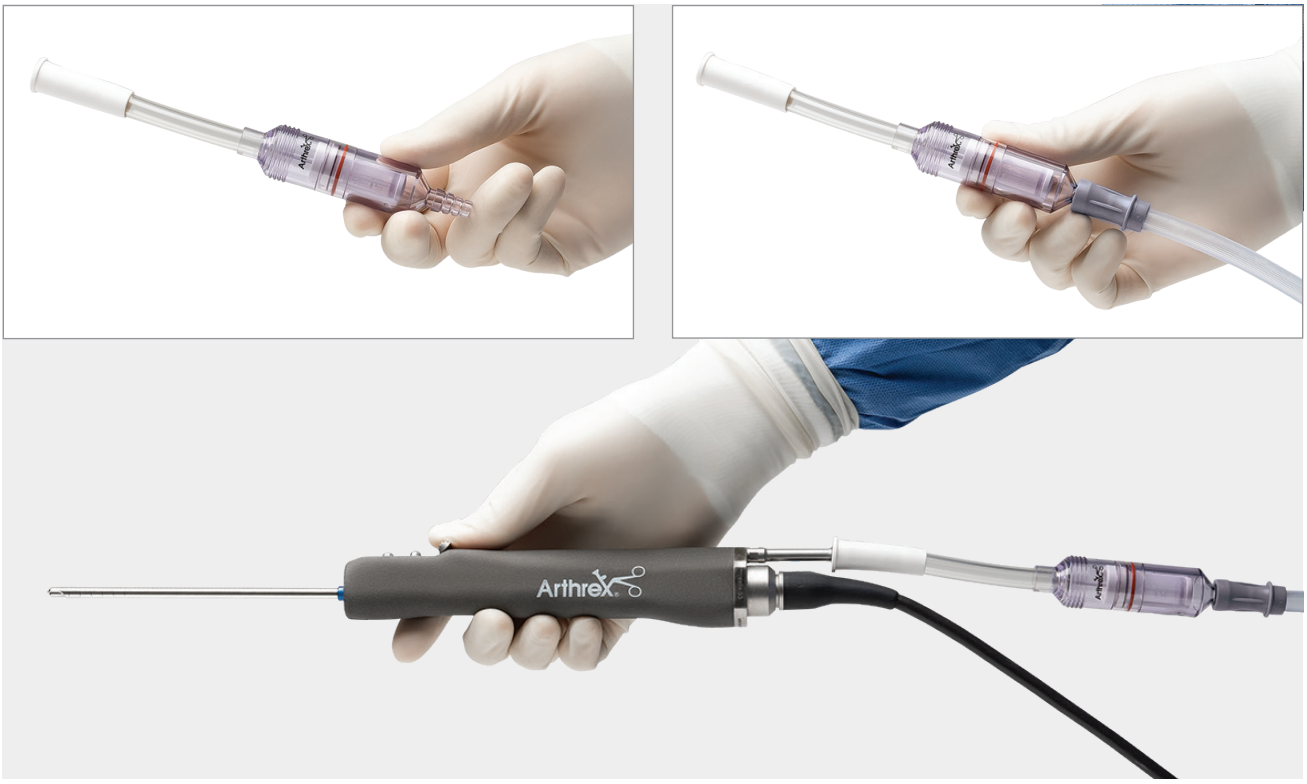
Cartilage

- Autograft OATS® procedures are the benchmark when treating small, symptomatic articular cartilage lesions.
- Assemble the GraftNet tissue collector and use the BoneCutter™ device in oscillate mode to resect a particulated osteochondral autograft from OATS harvest sites.
- Data indicates chondrocytes maintain excellent viability (>80%) and metabolic activity post resection, and add a cellular component when mixed with BioCartilage® extracellular matrix.[1]

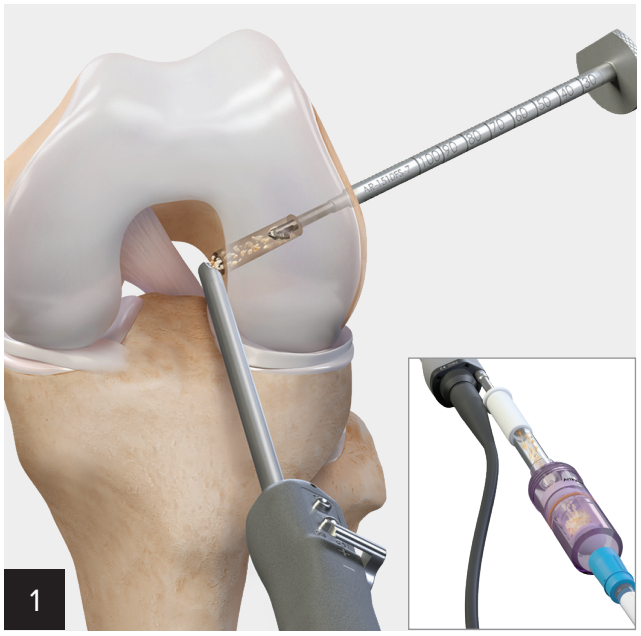
Soft Tissue

- Subacromial bursa during rotator cuff repair, remnant stump during ACL reconstruction, or other soft- tissue structures may be recovered for use during various procedures. These soft tissues may then be utilized to augment the procedure by incorporating into the repair or reconstruction.
- The presence of a potential soft-tissue or wound infection often requires collecting a sample of the affected tissue.
- The GraftNet tissue collector allows for simple and effective collection of resected tissue into a sterile, closed device.

Directions for Use

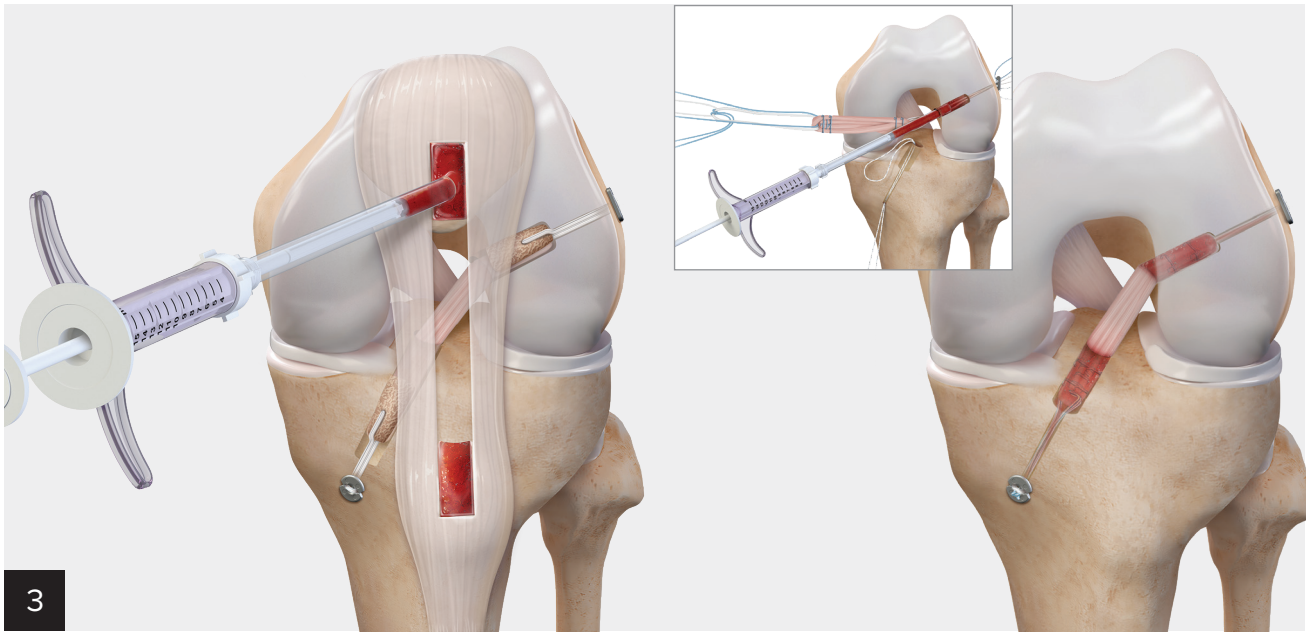


Attach the GraftNet device in line with suction and a shaver or suction wand.



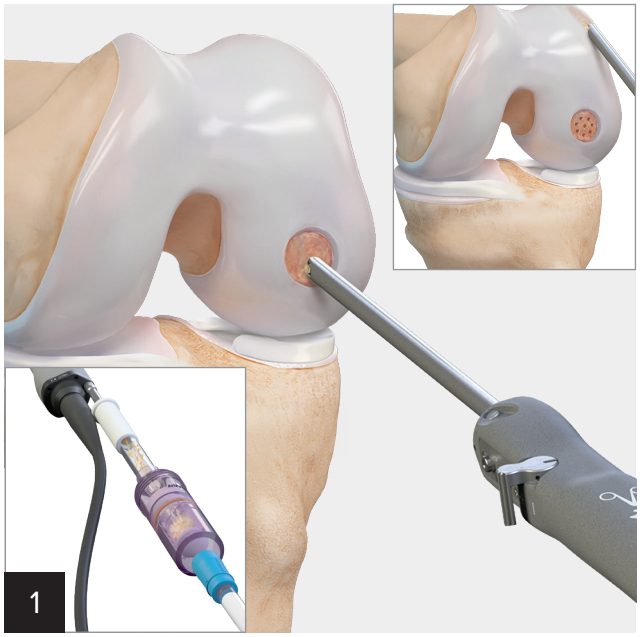
During preparation of the ACL tunnels with the FlipCutter® III device, collect the bone debris using the shaver or suction wand.

Following collection of the bone graft, disconnect the tissue collector from the shaver and suction. The GraftNet™ device is disassembled and the plunger withdrawn to gain access to the autologous tissue. The bone graft may then be loaded into the BioXpress™ graft delivery device and mixed with Arthrex ACP® PRP or cPRP from BMA processed with the Angel® system.



Deliver the autologous bone graft to the autograft BTB harvest site in the patella and tibia, taking care to completely fill the bone defects.

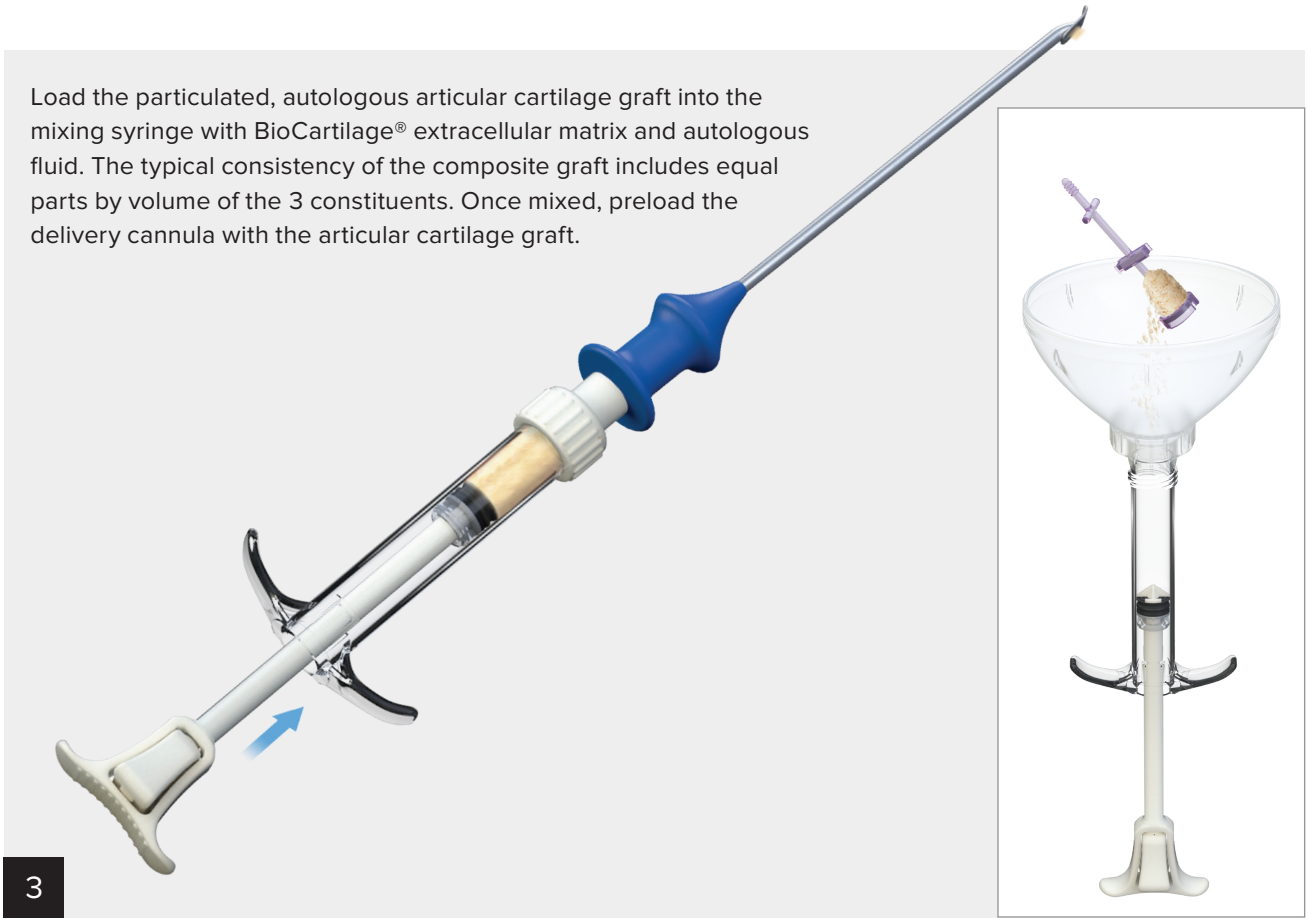
The collected autogenous bone graft may also be used to prefill the ACL tunnels prior to passing and fixation of the ACL reconstruction graft.

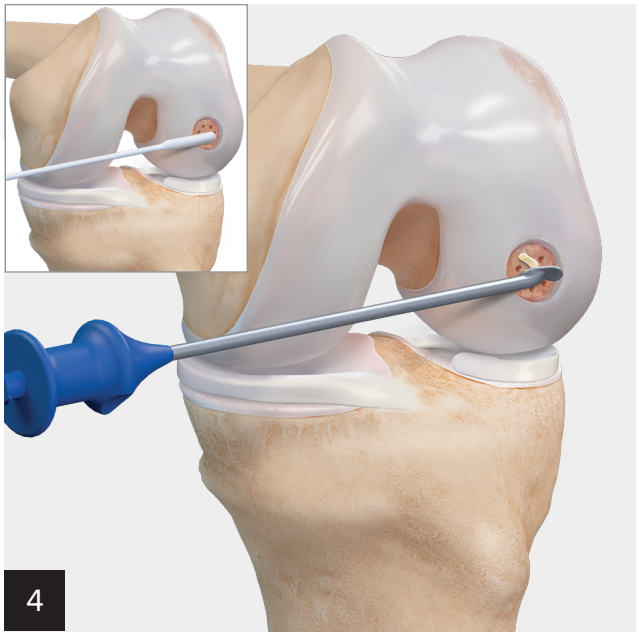


To prepare an articular cartilage defect, collect the damaged articular cartilage using the GraftNet™ device attached to an arthroscopic shaver. The shaver is typically used in aggressive oscillate mode with the BoneCutter™ device or Torpedo™ device. Additionally, autologous articular cartilage may be recovered from Autograft OATS® harvest sites.

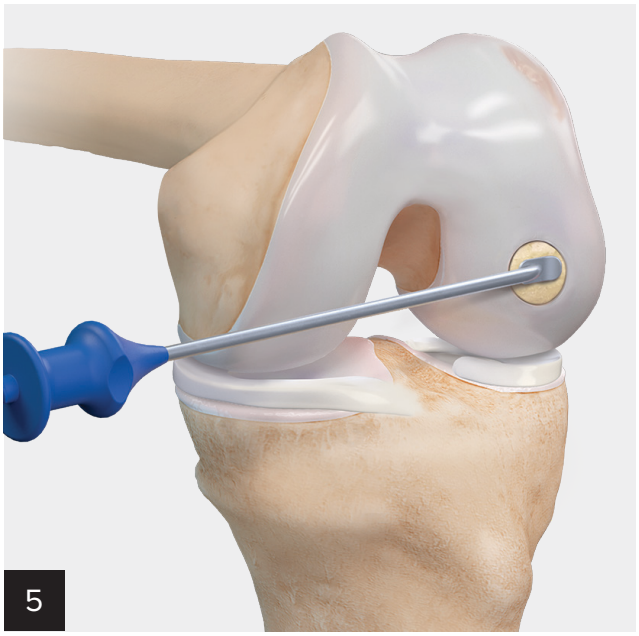
Debride the articular cartilage defect with a ring curette to stabilize borders with perpendicular margins. Use the PowerPick™ device to perform the bone marrow stimulation procedure.

Load the particulated, autologous articular cartilage graft into the mixing syringe with BioCartilage® extracellular matrix and autologous fluid. The typical consistency of the composite graft includes equal parts by volume of the 3 constituents. Once mixed, preload the delivery cannula with the articular cartilage graft.

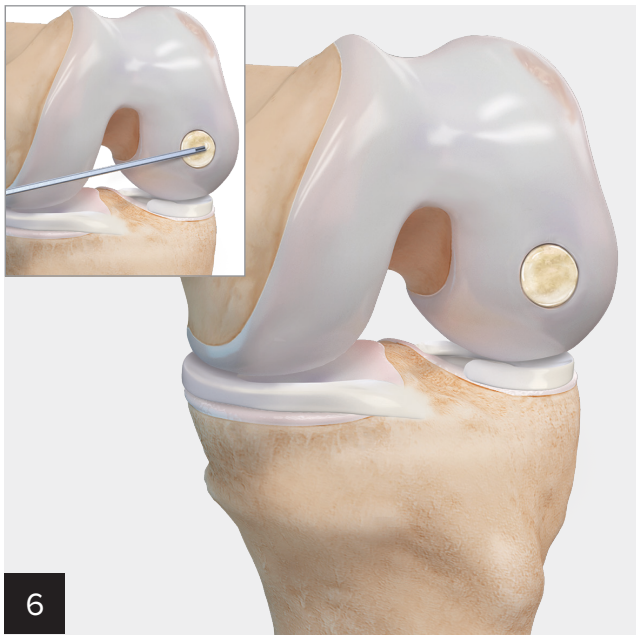




Using a combination of suction and cannulated swabs, remove the arthroscopy fluid and dry the articular cartilage defect. Advance the delivery cannula toward the lesion to apply the articular cartilage graft to the defect. Optionally, assemble the fat pad retractor prior to this step to contain the fat pad and distract the joint.

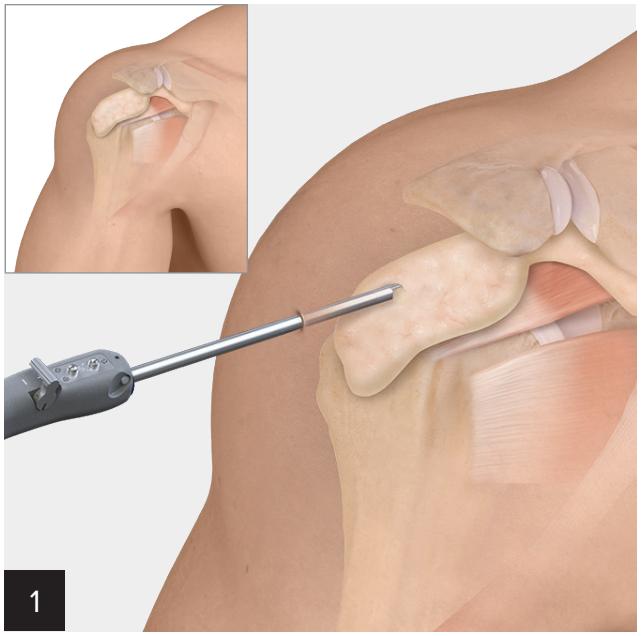


Using the ArthroPaddle™ feature of the delivery cannula, smooth the articular cartilage graft into the defect so that it remains flush or slightly recessed to the surrounding cartilage.

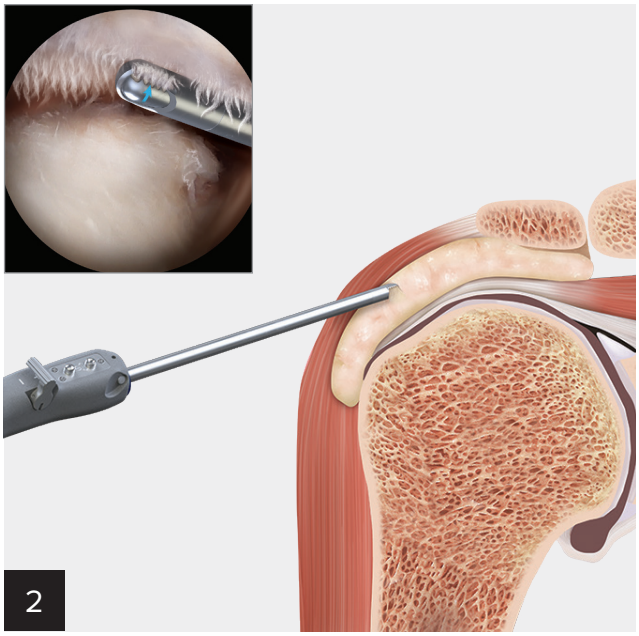


Apply a thin layer of fibrin over the articular cartilage graft. Alternatively, autologous thrombin may be applied over the defect. Do not manipulate for approximately 5 minutes after application. The knee may be gently ranged before closure.

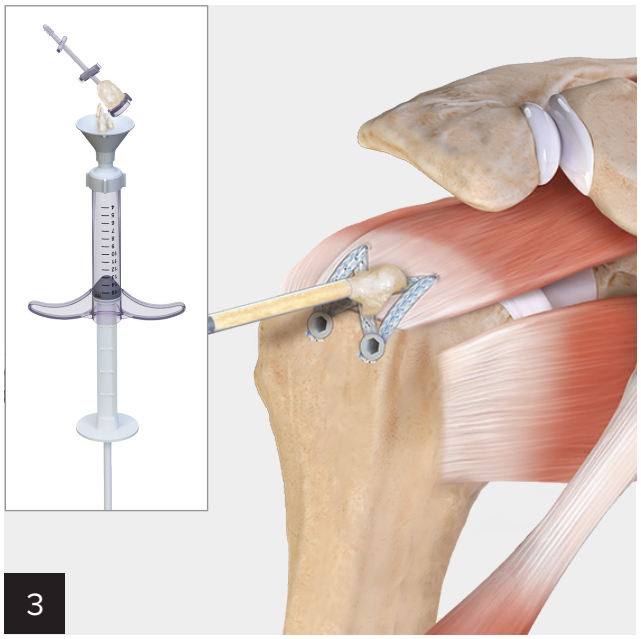
Rotator Cuff Repair Augmentation With Subacromial Bursa



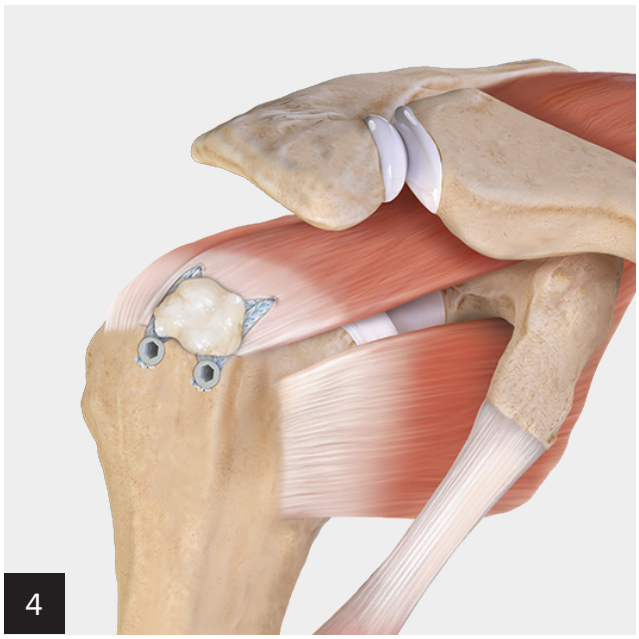
The subacromial bursa is often resected to aid visualization of the repair site during preparation of the subacromial space for rotator cuff repair. These soft tissues contain growth factors and cells that may be utilized to augment rotator cuff repair.



To collect the subacromial bursa, prior to resecting the tissue, place the GraftNet™ device in line with the shaver handpiece and the suction tubing. Utilize standard technique to perform the bursectomy.

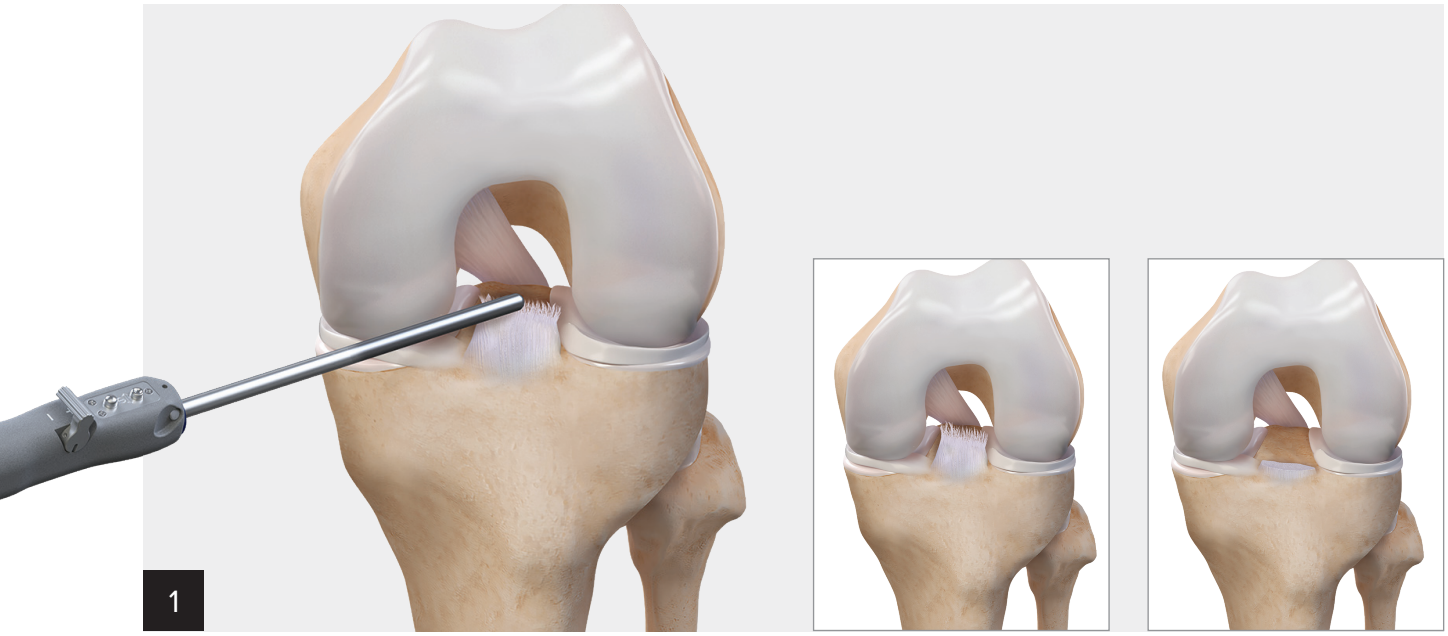


Once the desired volume of subacromial bursal tissue is collected, the GraftNet device may be disassembled and the bursectomy completed as desired. The bursal tissue is then transferred to the BioXpress™ graft delivery device and set aside until the completion of the case.

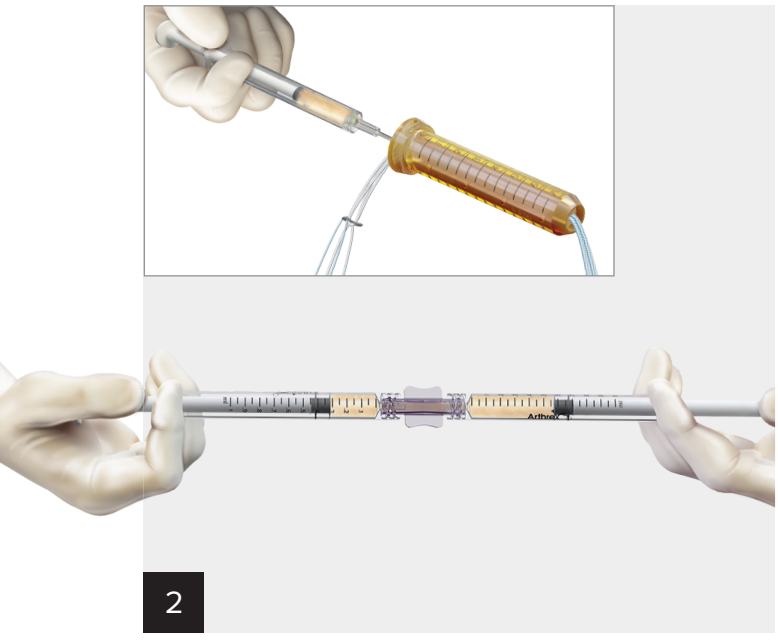


At the completion of the rotator cuff repair procedure, the subacromial bursal tissue is then delivered on top of the repair site to augment the tissue at the repair site.

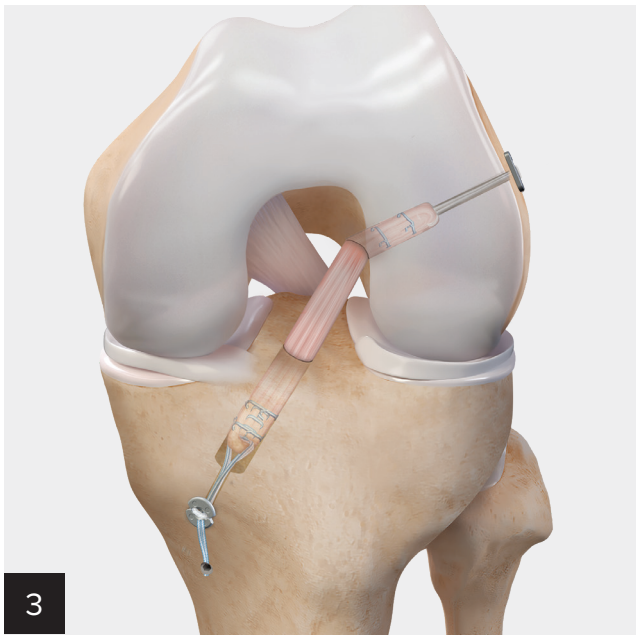
ACL Reconstruction Augmentation With ACL Stump Tissue



Following an ACL rupture, the stump tissue may be resected and utilized during the reconstruction procedure. By placing the GraftNet™ device in line with suction and shaver, the particulate ACL stump tissue may be collected during standard preparation of the joint. The ACL stump tissue is then withdrawn from the GraftNet device and transferred to a syringe.



Using a female-to-female luer connector, the tissue may then be transferred back and forth approximately 20 times to achieve the desired injectable graft. The autologous ACL stump tissue is then injected into the GraftLink® tendon, taking care to avoid the suture construct.



The ACL stump tissue-augmented GraftLink construct may then be passed and fixated using the ACL TightRope® II implant.

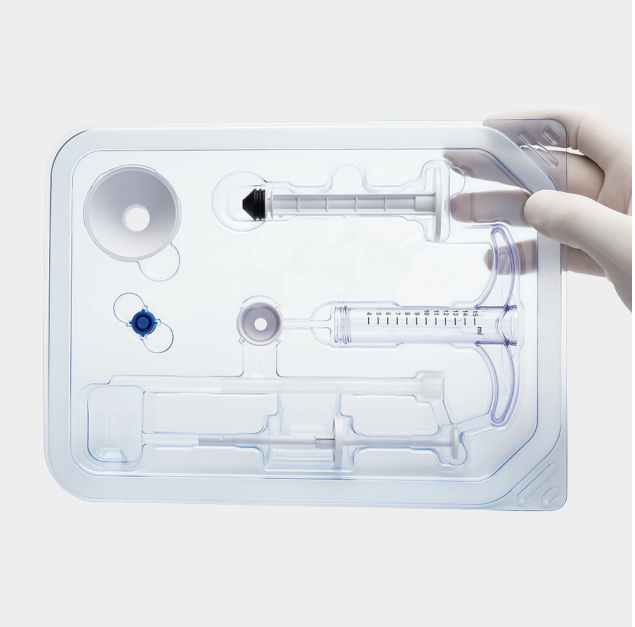
Ordering Information

GraftNet™ Autologous Tissue Collector

Product Description	Item Number
GraftNet Autologous Tissue Collector	ABS-**1050**

Optional Accessories

Mixing and Delivery Kit, large joint	ABS-1000-**L**
Mixing and Delivery Kit, small joint	ABS-1000-**S**
Mixing and Delivery Kit, hip joint	ABS-1000-**H**



BioXpress™ Graft Delivery Device

Product Description	Item Number
Blunt Tip Cannula, 10 cm	ABS-10053-**10**
Angled Tip Cannula, 10 cm	ABS-10053-10-**45**
Blunt Tip Cannula, 15 cm	ABS-10053-**15**
Angled Tip Cannula, 15 cm	ABS-10053-15-**45**

Reference

1. Arthrex, Inc. Data on file (APT 03989). Naples, FL; 2019.

arthrex.com