

www.bioceramed.com info@bioceramed.com

© 2018 Ceramed II. All rights reserved.



Neocement[®]

Chitosan and calcium phosphate based cement

- Hydroxyapatite Cement with Chitosan
- Compressive strength > 4MPa
- Cement sets with **isothermal temperature** (without tissue necrosis)
- Can be molded into desired shape and **applied directly** in the voids or gaps
- Reported resorption: 6 months to 1 year



Is intended for use in filling bony voids or gaps of the skeletal system that are not intrinsic to the stability of the bony structure.

Orthopedic/Trauma	Craniofacial
Pseudoarthrosis	Skull Fracture
Bone cyst	Cranioplasty
Extremities fractures	Cranial Defects



Neocement®

Chitosan and calcium phosphate based cement

Neocement® has been used by different physicians and for filling bone voids in various clinical contexts:

- Calcaneus fractures;
- Tibial fractures;
- Pseudoarthrosis;
- Knee arthrosis;
- Skull Fracture;
- Peroneus Fracture;
- Distal Radius Fracture;
- Post-traumatic Arthropathy;
- Arachnoidal Cyst.





Neocement®

Chitosan and calcium phosphate based cement

Clinical Case #1



Patient information:	Follow-up immediately after surgery	Follow-up 1-2 months after surgery	Follow-up 4-6 months after surgery	Follow-up ≥ 1 year after surgery
Female Left calcaneus fracture	A A A A A A A A A A A A A A A A A A A	 Implant radiopacity confirmed. Low implant 	The patient initiated partial load. The Neocement [®] avoided the	Functional results such as walking without pain and articular mobility were reported.
Surgical procedure: Open reduction and plate fixation. Bone substitute implanted in contact with cancellous tissue.		 resorption reported. No migration of the bone substitution reported. No loss of contact with native bone. 	collapse of the articular surface and improved the osteosynthesis stability.	No frontier between the Neocement [®] and the bone tissue was found. The new bone formation is clear.



Neocement[®]

4

Chitosan and calcium phosphate based cement

Clinical Case #2



Patient information:	Follow-up immediately after surgery	Follow-up 1-2 months after surgery	Follow-up 4-6 months after surgery	Follow-up ≥ 1 year after surgery
Male		- Implant radiopacity	- New bone formation	- Very good progresses. BA: 0°,
Crushing tibial plateau fracture		confirmed. - Low implant resorption reported.	was reported. - Patient was submitted to another surgery to	125°. - Stable knee with good mobility and adequate muscular power.
Surgical procedure: Fracture reduction and osteosynthesis with cannulated bone screw and washer. External meniscus suture.			remove the osteosynthesis material.	- It was observed a significant growth of new bone and fracture consolidation.



Neocement®

4

Chitosan and calcium phosphate based cement

Clinical Case #3



Patient information:	Follow-up immediately after surgery	Follow-up 1-2 months after surgery	Follow-up 4-6 months after surgery	Follow-up ≥ 1 year after surgery
Female Left distal radius fracture Surgical procedure: Internal fixation with AO Support T Plate. Fracture filling with Neocement.	 No complications reported. Relevant Information: Wrist immobilization during the immediate postoperative period using dorsal forearm splint, to accelerate the recovery of the soft tissues. 	 Implant radiopacity confirmed. No information of new bone formation was reported. Relevant information: Stable subchondral fixation and start the early active mobilization of the wrist. 	 New bone formation was reported. No complications reported. Greater range of flexion and extension and greater grip strength. Good pronosupination. 	 Significant implant resorption reported. Radial and palmar inclination correction. Fracture consolidation with good osseous regeneration, allowing the patient to have a normal life.



Neocement Inject®

Chitosan and calcium phosphate injectable based cement

- Hydroxyapatite Cement with Chitosan
- Cement sets with isothermal temperature (without tissue necrosis)
- Can be molded into desired shape and **applied directly** in the voids or gaps

Is intended for use in filling bony voids or gaps of the skeletal system that are not intrinsic to the stability of the bony structure.

Orthopedic/Trauma Subchondroplasty Filling bone defects Extremities fractures Fracture reduction





www.bioceramed.com info@bioceramed.com

© 2018 Ceramed II. All rights reserved.