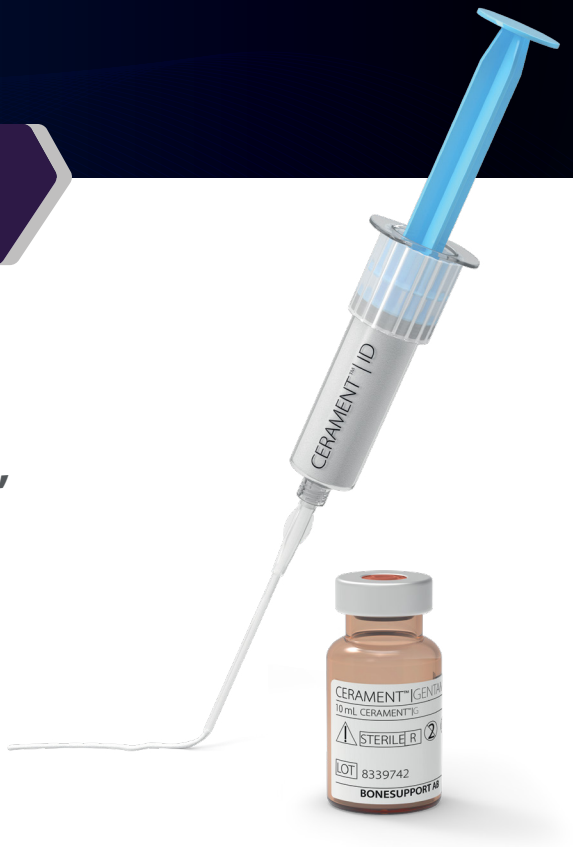
BONESUPPORT™

CERAMENT® G
with Gentamicin

DIABETIC FOOT OSTEOMYELITIS



Cutting Amputation Rates[1]

Proven in thousands of patients worldwide, CERAMENT G enables a single-stage surgical approach that can:

- **Cut amputation rates from 18% to 2%[1]**
- **Reduce risk of future reinfection[1, 2,3]**
- **Shorten hospital stays[1]**

CERAMENT G with Gentamicin, the first and only FDA-authorized bone remodeling technology that elutes antibiotics, offers a new and powerful solution.

Its unique formula of hydroxyapatite and calcium sulfate promotes bone remodeling while the gentamicin has a bactericidal effect, drastically reducing re-infection[1, 2,3] and re-ulceration[1] rates as well as risk of amputation[1,4].

To learn more about how CERAMENT G with Gentamicin works, scan this QR code.

CERAMENT G Offers Surgeons a Unique Solution

CERAMENT G is the only FDA-authorized bone remodeling technology that elutes antibiotics. This means surgeons can provide diabetic foot patients with targeted infection control while promoting effective bone regeneration—all in one surgery.

Preserving Limbs and Restoring Health

The CERAMENT portfolio is supported by 350+ research publications and abstracts of preclinical and clinical studies. To learn more about select evidence for DFO, click here or scan this QR code.

Chow et. al (2024)[1]

PUBLICATION

ANZ Journal of Surgery (2024)

SUMMARY

Single-stage procedure including debridement and using CERAMENT G or CERAMENT® V with Vancomycin* (protocolized, 103 patients) vs. debridement without local antibiotics delivery (conventional, 33 patients).

RESULTS

- **Fewer operations (1.2 vs. 3.5 per patient)**
- **Shorter hospital stay (12.6 vs. 25.1 days)**
- **Lower amputation rate (2% vs. 18%)**

Vasukutty et al. (2022)[4]

PUBLICATION

The Diabetic Foot Journal (2022)

SUMMARY

47 patients with diabetic foot osteomyelitis treated by debridement or reconstructive surgery, with CERAMENT G used to manage the dead space, followed up for a mean of 33 months.

RESULTS

- **94% limb salvage rate**
- **88% infection control and healing**

Niazi et al. (2019)[2]

PUBLICATION

The Foot (2019)

SUMMARY

70 patients with diabetic foot ulcers and osteomyelitis treated by surgery, CERAMENT G and systemic antibiotic, followed up until infection eradication or ulcer healing – mean 10 months.

RESULTS

- **90% infection eradication**
- **12 week mean ulcer healing time**

Drampalos et al. (2018)[3]

PUBLICATION

The Foot (2018)

SUMMARY

Description of a novel bone-preserving technique for the treatment of calcaneal osteomyelitis in diabetic patients, using CERAMENT G. 12 patients were followed up until ulcer healing – mean 16 weeks.

RESULTS

- **100% infection eradication**
- **0 fractures**

***Availability of CERAMENT is dependent on regulatory status in individual markets, contact your local representative.**

1 Chow et al. 'Definitive single-stage surgery for treating diabetic foot osteomyelitis: a protocolized pathway including antibiotic bone graft substitute use.' ANZ J Surg. 2024 May 17. doi: 10.1111/ans.19032. Epub ahead of print. PMID: 38760999.

2 Vasukutty et al. 'Limb salvage surgery in diabetic foot infection: encouraging early results with a local antibiotic carrier.' The Diabetic Foot Journal. 2022;25(2):1–5.

3 Niazi et al. 'Adjuvant antibiotic loaded bio composite in the management of diabetic foot osteomyelitis – A multicentre study'. Foot (Edinb). 2019; 39:22,22-27.

4 Drampalos et al. 'Single stage treatment of diabetic calcaneal osteomyelitis with an absorbable gentamicin-loaded calcium sulphate/hydroxyapatite biocomposite: The Silo technique.' Foot (Edinb). 2018;34:40-44.

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