

CERAMENT® V with Vancomycin

CERAMENT® G with Gentamicin

CASE REPORT

Medical Education Series

Below knee amputation using CERAMENT V / CERAMENT G

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BELOW KNEE AMPUTATION USING CERAMENT® G IN BEAD FORM AND INJECTED CERAMENT V TO MOLD AND END CAP THE BONES

PATIENT HISTORY

Male, 52.

Diabetic Type 2 with a triad of microvascular complications neuropathy, nephropathy and retinopathy.

DIAGNOSIS

Failed transmetatarsal amputation where no CERAMENT was used, presented with wet gangrene. Patient also had a heel ulcer with osteomyelitis.

TREATMENT

The patient was positioned supine with a tourniquet applied.

CERAMENT G was prepared as beads per IFU.

A transverse tibial cut was made, beveling the anterior edge to reduce soft tissue pressure.

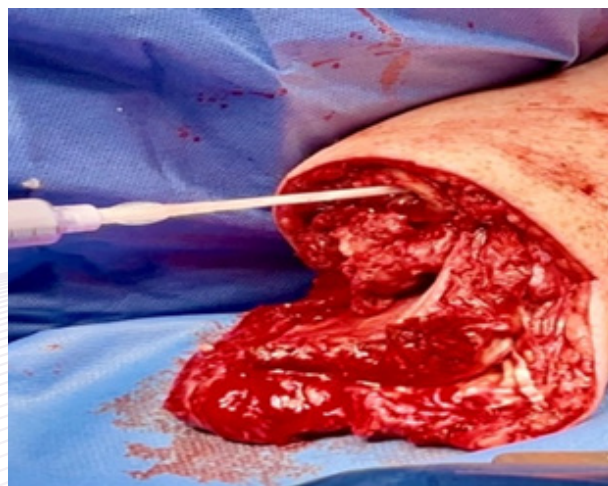
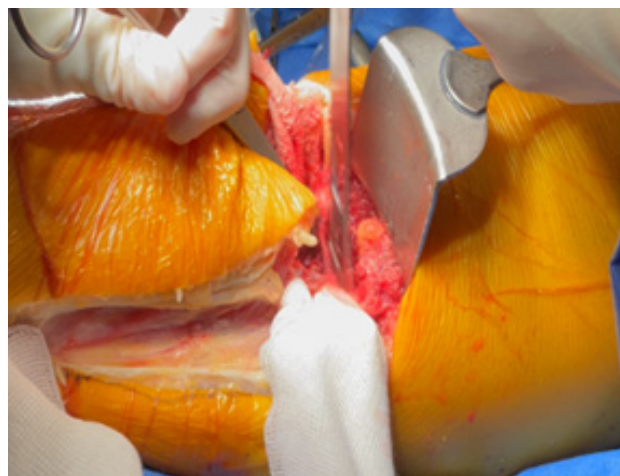
The fibula was cut to the same length to create a bone bridge. Following leg removal, the soleus was excised to thin the muscle flap.

The fibula was harvested, and a segment was used to bridge the tibia-fibula gap.

A 3.5 mm channel was drilled for the sternal wire across the bridge. CERAMENT G beads and the wire were inserted; the wire was twisted for compression and placed into the tibia's medullary canal.

CERAMENT V was prepared per IFU and injected into the medullary canals of the tibia, fibula, and bridge before final wire tightening.

Flap closed.



OUTCOME



Post-op wound closure of stump, ready for potential future prosthetic.

POST OPERATIVE X-RAY



8 weeks post op.

END RESULT



Fully healed at 12 weeks and the bridge fused and ready for the artificial limb.

TO ORDER

GLOBAL: ORDER@BONESUPPORT.COM

USA: US.SALES@BONESUPPORT.COM

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

For complete product information, including indications, contraindications, warnings, precautions and potential adverse events, see package insert.



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