



# MEDPOR<sup>®</sup> biomaterial

MEDPOR has been a trusted name in the industry since 1985, with hundreds of thousands of procedures performed, and hundreds of published clinical reports in reconstructive, cranial, oculoplastic, and cosmetic applications.

Our MEDPOR product line provides you an array of porous polyethylene solutions for your reconstruction and augmentation needs. We understand that biocompatibility characteristics of implants are paramount to help surgeons achieve positive patient outcomes. The omni-directional pore structure of our polyethylene implants may increase implant acceptance by allowing the patient's native tissue to integrate with the implant. In addition to our comprehensive line of stock MEDPOR implants, we offer CT-based patient specific implants, putting the implant design in your hands. 30+ years of proven clinical history



- MEDPOR is easy to work with. The material can be trimmed with a blade in the sterile field, carved and feathered intra-operatively for an excellent final fit.
- No pre-placing of fixation plates. MEDPOR can be easily drilled and fixated and is designed to accept screws and plates without cracking, giving the surgeon more flexibility in fixation options and placement.
- MEDPOR surgical implants can be cut with a variety of surgical instruments. Implants may require fitting to the defect area at the time of surgery. The implant edges can be delicately shaped and feathered for a smooth transition from the implant to the patient's own bony contour.
- MEDPOR surgical implants are provided sterile and should not be resterilized.
- Do not place or carve the implant on surgical drapes, surgical clothing or any other surface that may contaminate the implant with lint and other particulate matter.

# **MEDPOR TITAN<sup>®</sup>**

Combines high-density polyethylene and titanium mesh in a single implant for increased flexibility, shape retention, radiographic visualization and strength<sup>1.</sup>

#### **Configurations**

#### ΜΤΜ

Titanium mesh embedded within porous, high-density polyethylene.

#### MTB

Titanium mesh embedded within a porous polyethylene matrix with a solid, barrier surface on one side, potentially allowing for fibrovascular ingrowth only on the porous side of the implant.

#### BTB

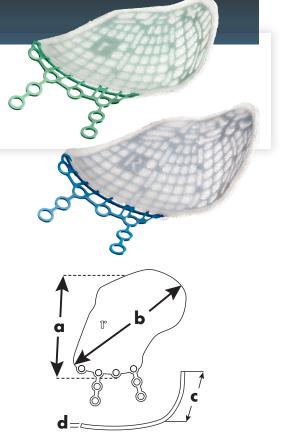
Titanium mesh embedded within solid, non-porous high-density polyethylene. The smooth barrier surface can prevent fibrovascular ingrowth.

#### 3D Orbital floor

Implants designed using CT-scan data to approximate the anatomy of the orbital floor & medial wall to enhance the effectiveness and efficiency of reconstruction. MEDPOR coating minimizes sharp edges even if the plates require modification, and the superior, non-porous barrier side helps prevent tissue ingrowth along the aspect of the globe.

	Catalog #	Description
	81041	MEDPOR TITAN 3D Orbital floor, MTB left small
-	81042	MEDPOR TITAN 3D Orbital floor, MTB right small
-	81043	MEDPOR TITAN 3D Orbital floor, MTB left large
	81044	MEDPOR TITAN 3D Orbital floor, MTB right large
-	01-01820	Plate holding forcep

Plate	Α	В	С	D
Large L/F	R 36mm (1.4 in.)	37mm (1.4 in.)	17mm (0.6 in.)	1.2mm
Small L/F	R 32mm (1.2 in.)	35mm (1.4 in.)	13mm (0.5 in.)	1.2mm



B

# TITAN Orbital Floor and Wall (OFW)

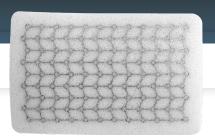
US Patent 7,655,047

CAT#	Description	A (mm)	B (mm)	C (mm)	Thickness
81034	MAX MTM	42	41	1.0	0.85
81035	MAX MTB - Left	42	41	1.0	1.0
81036	MAX MTB - Right	42	41	1.0	1.0

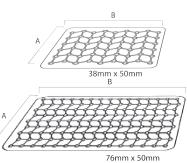
A	
A	Read Read Read Read Read Read Read Read

#### CAT# Description A (mm) B (mm) C (mm) Thickness 81030 MTM 42 41 0.5 0.85 81031 MTB - Left 42 41 0.5 1.0 81032 MTB - Right 42 41 0.5 1.0 81033 BTB 42 41 0.5 0.6

# TITAN implants



CAT#	Description	A (mm)	B (mm)	Thickness
81020	MTM	50	76	0.85
81021	MTM	38	50	0.85
81022	MTM	38	50	1.50
81023	MTM	50	76	1.50
81024	BTB	38	50	0.60
81025	BTB	50	76	0.60
81026	MTB	38	50	1.00
81027	MTB	50	76	1.00
81028	MTB	38	50	1.60
81029	MTB	50	76	1.60



# TITAN fan

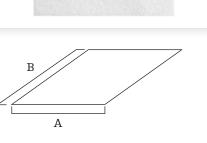
#### Available in two configurations, with or without a BARRIER

CAT#	Description	A (mm)	B (mm)	Thickness
81049	MTM	40	61	0.85
81050	МТВ	40	61	1.00

### Sheets

MEDPOR biomaterial sheets provide the surgeon with options for craniofacial reconstruction and augmentation.

CAT#	Description	A (mm)	B (mm)	Thickness
83020	Micro thin sheet	38	50	0.25
83022	Micro thin sheet	38	50	0.35
8438	Micro thin sheet	30	50	0.40
83029	Micro thin sheet	38	50	0.45
83030	Micro thin sheet	50	76	0.45
	1			1
7210	Ultra thin sheet	38	50	0.85
7212	Ultra thin sheet	50	76	0.85
7214	Ultra thin sheet	76	127	0.85
6330	Sheet	38	50	1.50
6331	Sheet	50	76	1.50
8662	Sheet	76	127	1.50
9562	Sheet	38	50	3.00





0.35mm
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0.45mm

0.85mm

0.40mm

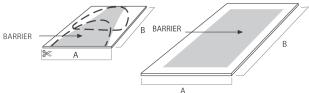
Thickness \_\_\_\_

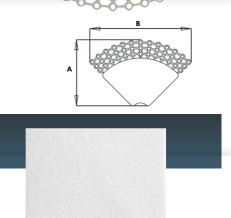
1.50mm

3.00mm

# BARRIER sheets

CAT#	Description	A (mm)	B (mm)	Thickness
8305	Orbital floor implant	38	50	1.00
9305	Orbital floor implant	38	50	1.60
8312	Rectangle	50	76	1.00
9312	Rectangle	50	76	1.60



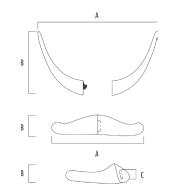




## Contoured two-piece chin implants

The contoured two-piece chin implant is designed with a gradual taper and concave posterior surface to provide an excellent anatomical fit to the bony anatomy.

CAT#	Description	A (mm)	B (mm)	C (mm)
86000	Contoured two-piece chin	72	42	3
86001	Contoured two-piece chin	74	42	5
86002	Contoured two-piece chin	78	50	7
86003	Contoured two-piece chin	80	55	9
85001	Chin sizer set for contoured two-piece (silicone, non-sterile)			

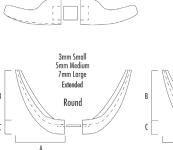


### RZ extended chin implants

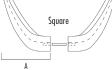
The RZ extended chin implants are available in designs with square or round anterior projections. The extended chins contain a notch for mental nerve passage and provide tri-dimensional projection (anterior, lateral and inferior).

The two-piece design is joined at the midline by a separate tab that allows individual placement of the left and right portions.

CAT#	Description	A (mm)	B (mm)	C (mm)
8313	RZ extended round chin - small	45	47	3
8314	RZ extended round chin- medium	45	47	5
8315	RZ extended round chin - large	45	47	7
8316	RZ extended square chin - small	45	47	3
8317	RZ extended square chin - medium	45	47	5
8318	RZ extended square chin - large	45	47	7
9954	Chin sizer set for extended designs (s	ilicone, non	-sterile)	·
	1			







## Button chin

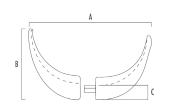
The MEDPOR button chin implant, designed in a three dimensional configuration, is an option for augmentation to the medial anterior point of the chin.



## Two-piece chin implants

The two-sectional components of this anatomical MEDPOR chin design allow for easy insertion and placement of the implant. The surgeon can then link the components together for proper alignment. Sizer set available.

CAT#	Description	A (mm)	B (mm)	C (mm)
8320	Small projection	56	33	5
8321	Medium projection	56	36	7
8322	Large projection	57	38	9
9953 Chin sizer set for two-piece design (silicone, non-sterile)				



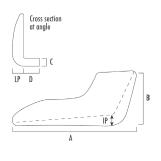


### Angle of the mandible implants

The ES angle of the mandible series is designed to provide a modest inferior ridge and lateral profile for augmentation and correction of deficient mandibular angles.

The E series is a reconstructive set of angles with larger dimensions available for significant augmentation. The lateral projection as well as the inferior ridge has greater bulk than the ES series.

CA	Т#	Description	A (mm)	B (mm)	C (mm)	D (mm)	IP (mm)	LP (mm)
75	537	Ramus with inferior ridge E-5 - left	79	32	5	10	5	7
75	538	Ramus with inferior ridge E-5 - right	79	32	5	10	5	7
75	539	Ramus with inferior ridge E-10 - left	79	32	10	10	10	7
75	540	Ramus with inferior ridge E-10 - right	79	32	10	10	10	7
75	541	Ramus with inferior ridge ES-5 - left	79	32	5	4	5	5
75	542	Ramus with inferior ridge ES-5 - right	79	32	5	4	5	5
75	543	Ramus with inferior ridge ES-10 - left	79	32	10	4	10	5
75	544	Ramus with inferior ridge ES-10 - right	79	32	10	4	10	5



Cross section at angle

### Lateral augmentation onlay shape

The lateral augmentation onlay mandible angle is designed to provide augmentation to the lateral profile at the posterior body of the angle. The lateral augmentation onlay mandible provides 6.5mm's of thickness at the angle of the mandible. A small inferior ridge along the ramus allows the implant to conform to the mandibular border.

	1							
7535 Mandible angle - left	47	38	3	3	3	6.5	L B B	R
7536 Mandible angle - right	47	38	3	3	3	6.5		<u> </u>

### Contoured mandibular angle implants

The MEDPOR contoured mandibular angle is anatomically shaped for augmentation of the mandibular ramus and body to the mental foramen. The anatomical shape of this implant is designed to minimize dead space under the implant as well as the need for reshaping at the time of surgery.

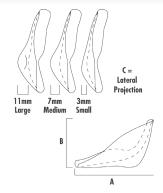
CAT#	Description	A (mm)	B (mm)	C (mm)	D (mm)	
88037	Contoured mandibular angle - left	59	29	7	11	
88038	Contoured mandibular angle - right	59	29	7	11	



The RZ mandibular angle implants are wraparound designs that conform to the posterior and inferior borders of the mandible angle.

Sizer set available.

CAT#	Description	A (mm)	B (mm)	C (mm)
9955	Mandibular angle RZ left - small	65	35	3
9956	Mandibular angle RZ right - small	65	35	3
9957	Mandibular angle RZ left - medium	65	35	7
9958	Mandibular angle RZ right - medium	65	35	7
9959	Mandibular angle RZ left - large	65	35	11
9960	Mandibular angle RZ right - large	65	35	11
9566 RZ mandibular sizer set (Silicone, Non-sterile)				



### Individually designed implants

MEDPOR implants are built from patient CT data and offer you the ability to design an implant that fits your patients re-constructive or augmentation needs.

Each MEDPOR implant kit contains two (2) identical sterile implants and one (1) sterile host bone model (defect area). The host bone model is provided as a preoperative guide to demonstrate orientation and fit of the customized implant(s).

# **Facial iD**<sup>®</sup>- Reconstruction and augmentation









CAT#	Description
54440510	MEDPOR patient specific midface
54440610	MEDPOR patient specific mandible augmentation
54440710	MEDPOR patient specific midface augmentation



#### Craniomaxillofacial

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1: Holck, D., Foster J., and Dahl T., "Custom Shaped Porous Polyethylene-Titanium Mesh Orbital Implants for Internal Orbital Floor/Medial-Wall Fracture Repair" ASOPRS 37th Annual Fall Scientific Syllabus, pp190, November 15-16, 2006

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